



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Indiana

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 327,629
	Comprehensive managed care: 774,235
	Primary care case management: 69,683
	Other: Not Reported
	Total: 1,171,547
Organizational structure for Medicaid Integrity activities:	Hybrid Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits Other: Not Reported
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining, Provider Education/Communications, Managed care oversight Other: Not Reported
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$172,793.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:
	Filled: 10
	Vacant: Not Reported
	Investigations:
	Filled: 2
	Vacant: Not Reported
	SURS/Data Mining:
	Filled: 1
	Vacant: Not Reported
	Provider Enrollment
	Filled: 1
	Vacant: Not Reported
	Provider Education/Communications:
	Filled: 1
	Vacant: Not Reported
	Other: Not Reported
	Filled: Not Reported
	Vacant: Not Reported
Strategic Planning	
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?: Yes For its managed care program(s)?: Yes

PREVENTION	
Total number of participating Medicaid providers:	48,660
Number of providers applied for enrollment in Medicaid:	4,411
Number of providers denied enrollment in Medicaid:	28
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), National Practitioners Data Bank Other: Not Reported
State maintains its own list of providers who have been involuntarily dis-enrolled:	No

DETECTION	
State typically extrapolates overpayments:	Not Reported
Total number of provider audits conducted:	Desk Audits
	State staff: Not Reported
	Contractor staff: 0
	Field Audits
	State staff: Not Reported
	Contractor staff: 349
	Provider Self-Audits
	State staff: Not Reported
	Contractor staff: 4
	Combination Desk/Field audits
	State staff: Not Reported
	Contractor staff: Not Reported
Cost report Audits	
State staff: Not Reported	
Contractor staff: Not Reported	
Total	0
State staff: 0	
Contractor staff: 3,818	
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$17,204,669.00 Field Audits: \$961,360.00 Provider Self-Audits: \$2,053.00 Combination Desk/Field Audits: Not Reported Cost Report Audits: Not Reported Total: \$18,168,082.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	0
Number of referrals made to the MFCU:	0
Provider Suspensions & Sanctions	
State imposes provider payment suspensions due to inappropriate or fraudulent activities:	Yes
State imposes provider sanctions due to inappropriate or fraudulent activities:	No
Cost Avoidance	
State calculates the dollars cost avoided from terminating providers:	No
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:	No
State calculates cost avoidance dollars due to changes in payment systems:	Yes
State measures cost avoidance dollars due to policy changes:	No
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: \$1,713,898.00 Field Audits: \$12,092.00 Provider self-audits: Not Reported Combination desk/field audits: Not Reported Cost report audits: Not Reported Total: \$1,725,990.00
Total dollars recovered from ALL Medicaid Integrity activities	\$4,339,430.34