



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Kentucky

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	303,628
	Comprehensive managed care:	194,931
	Primary care case management:	458,954
	Other:	Not Reported
	Total:	957,513
Organizational structure for Medicaid Integrity activities:	Hybrid Model	
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight Other: Third Party Liability, provider sanctions, and terminations.	
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining, Provider Education/Communications Other: TPL	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$3,526,190.24	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	5
	Vacant:	1
	Investigations:	
	Filled:	12
	Vacant:	2
	SURS/Data Mining:	
	Filled:	5
	Vacant:	1
	Provider Enrollment	
	Filled:	12
	Vacant:	2
	Provider Education/Communications:	
	Filled:	Not Reported
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:	41,152
Number of providers applied for enrollment in Medicaid:	5,700
Number of providers denied enrollment in Medicaid:	18
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), GSA's Excluded Parties List System, National Practitioners Data Bank, Health Care Integrity Protection Data Bank, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Not Reported
State maintains its own list of providers who have been involuntarily dis-enrolled:	Yes

DETECTION	
State typically extrapolates overpayments:	Yes
Total number of provider audits conducted:	
Desk Audits	
State staff:	209
Contractor staff:	15
Field Audits	
State staff:	25
Contractor staff:	6
Provider Self-Audits	
State staff:	1
Contractor staff:	3
Combination Desk/Field audits	
State staff:	27
Contractor staff:	0
Cost report Audits	
State staff:	9
Contractor staff:	0
Total	
State staff:	271
Contractor staff:	24
Overpayments (\$) identified as a result of provider audits:	
Desk Audits:	\$1,900,578.00
Field Audits:	\$751,753.00
Provider Self-Audits:	\$7,998.00
Combination Desk/Field Audits:	\$1,601,761.00
Cost Report Audits:	\$452,223.00
Total:	\$4,714,313.00

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		4
Number of referrals made to the MFCU:		45
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:		Yes
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:		No
State measures cost avoidance dollars due to policy changes:		No
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$292,128.00
	Field Audits:	\$169,050.00
	Provider self-audits:	\$64,116.00
	Combination desk/field audits:	Not Reported
	Cost report audits:	Not Reported
	Total:	\$525,294.00
Total dollars recovered from ALL Medicaid Integrity activities		\$27,651,464.22