



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of District of Columbia

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 53,719 Comprehensive managed care: 103,067 Primary care case management: Not Reported Other: Not Reported Total: 156,786
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Third Party Liability
Medicaid Integrity activities that the State contracts out:	Audits, Provider Enrollment Other: Not Reported
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$4,155,715.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 0 Vacant: 0 Investigations: Filled: 4 Vacant: 0 SURS/Data Mining: Filled: 7 Vacant: 0 Provider Enrollment: Filled: 1 Vacant: 0 Provider Education/Communications: Filled: 0 Vacant: 0 Other: Not Reported Filled: 3 Vacant: 1
Strategic Planning	
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?: No For its managed care program(s)?: No

PREVENTION	
Total number of participating Medicaid providers:	6,773
Number of providers applied for enrollment in Medicaid:	2,114
Number of providers denied enrollment in Medicaid:	98
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), On-site visits, Criminal background investigations, Credentialing Other: All above vary by provider type
State maintains its own list of providers who have been involuntarily dis-enrolled:	No

DETECTION	
State typically extrapolates overpayments:	No
Total number of provider audits conducted:	Desk Audits State staff: 21 Contractor staff: Not Reported Field Audits State staff: 0 Contractor staff: Not Reported Provider Self-Audits State staff: 3 Contractor staff: Not Reported Combination Desk/Field audits State staff: 17 Contractor staff: Not Reported Cost report Audits State staff: Not Reported Contractor staff: 50 Total State staff: 41 Contractor staff: 50
Overpayments (\$) identified as a result of provider audits:	Desk Audits: Not Reported Field Audits: Not Reported Provider Self-Audits: \$131,699.99 Combination Desk/Field Audits: \$1,336,456.59 Cost Report Audits: \$712,346.00 Total: \$2,180,502.58

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	19
Number of referrals made to the MFCU:	25
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:	Yes
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: Not Reported Field Audits: Not Reported Provider self-audits: \$131,699.99 Combination desk/field audits: \$1,316,151.61 Cost report audits: \$4,756,189.07 Total: \$6,204,040.67
Total dollars recovered from ALL Medicaid Integrity activities	\$18,462,393.07