



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Florida

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 1,045,391
	Comprehensive managed care: 1,227,923
	Primary care case management: 538,134
	Other: Not Reported
	Total: 2,811,448
Organizational structure for Medicaid Integrity activities:	Inspector General (IG) Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Managed care oversight Other: Not Reported
Medicaid Integrity activities that the State contracts out:	Not Reported Other: Our TPL vendor also performs Generalized Analyses which result in recoveries.
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$15,092,040.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:
	Filled: 53
	Vacant: Not Reported
	Investigations:
	Filled: Not Reported
	Vacant: Not Reported
	SURS/Data Mining:
	Filled: 13
	Vacant: Not Reported
	Provider Enrollment
	Filled: Not Reported
	Vacant: Not Reported
	Provider Education/Communications:
	Filled: 12
	Vacant: Not Reported
	Other: Not Reported
	Filled: 34
	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:	71,631
Number of providers applied for enrollment in Medicaid:	16,000
Number of providers denied enrollment in Medicaid:	385
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing Other: Check if provider has another provider number under which the provider made inappropriate payments
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: Not Reported
	Contractor staff: Not Reported
	Field Audits
	State staff: Not Reported
	Contractor staff: Not Reported
	Provider Self-Audits
	State staff: 275
	Contractor staff: Not Reported
	Combination Desk/Field audits
	State staff: 3,564
	Contractor staff: Not Reported
	Cost report Audits
	State staff: Not Reported
	Contractor staff: 145
	Total
	State staff: 3,839
	Contractor staff: 145
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$0.00
	Field Audits: \$0.00
	Provider Self-Audits: \$3,187,317.84
	Combination Desk/Field Audits: \$15,400,000.00
	Cost Report Audits: \$17,386,092.00
Total: \$35,973,409.84	

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	198
Number of referrals made to the MFCU:	198
Provider Suspensions & Sanctions	
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:	Yes
State imposes <u>provider sanctions</u> due to inappropriate or fraudulent activities:	Yes
Cost Avoidance	
State calculates the dollars cost avoided from terminating providers:	Yes
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: \$0.00 Field Audits: Not Reported Provider self-audits: \$3,187,317.84 Combination desk/field audits: \$15,612,739.78 Cost report audits: \$17,386,092.00 Total: \$36,186,149.62
Total dollars recovered from ALL Medicaid Integrity activities	\$60,879,318.62