



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Ohio

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 568,251 Comprehensive managed care: 1,440,386 Primary care case management: Not Reported Other: Not Reported Total: 2,008,637
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, Provider Education/Communications, Managed care oversight Other: TPL, Prior Authorization, provider network management, clinical operations
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining Other: Hospital Inpatient/Outpatient claim reviews, Permedion studies - Hospital Utilization Contractor
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$9,181,309.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 49 Vacant: Not Reported Investigations: Filled: 53 Vacant: Not Reported SURS/Data Mining: Filled: 19 Vacant: Not Reported Provider Enrollment Filled: 3 Vacant: Not Reported Provider Education/Communications: Filled: 8 Vacant: Not Reported Other: Not Reported Filled: 39 Vacant: Not Reported
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:	96,158
Number of providers applied for enrollment in Medicaid:	17,618
Number of providers denied enrollment in Medicaid:	15
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 Other: Non agency providers are required to submit a criminal history report. Agencies are required to submit their criminal background check policy.
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: 2,725 Contractor staff: Not Reported Field Audits State staff: Not Reported Contractor staff: 8 Provider Self-Audits State staff: 21 Contractor staff: Not Reported Combination Desk/Field audits State staff: Not Reported Contractor staff: 12,055 Cost report Audits State staff: Not Reported Contractor staff: Not Reported Total State staff: 2,746 Contractor staff: 12,063
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$5,024,714.00 Field Audits: \$1,453,617.00 Provider Self-Audits: \$388,989.00 Combination Desk/Field Audits: \$129,748,544.00 Cost Report Audits: Not Reported Total: \$136,615,865.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	170
Number of referrals made to the MFCU:	174
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: \$5,321,678.00 Field Audits: \$54,150.00 Provider self-audits: \$388,989.00 Combination desk/field audits: \$101,716,776.00 Cost report audits: Not Reported Total: \$107,481,593.00
Total dollars recovered from ALL Medicaid Integrity activities	\$107,481,593.00