



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Texas

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	212,766
	Comprehensive managed care:	0
	Primary care case management:	0
	Other:	3,146,799
	Total:	3,359,565
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 Education/Communications, Other Other: TPL, program monitoring (e.g. onsite visits, ride-alongs, claims reconciliations, client surveys)	
Medicaid Integrity activities that the State contracts out:	SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other Other: TPL	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$35,715,057.00
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	118.00
	Vacant:	9.00
	Investigations:	
	Filled:	41.00
	Vacant:	3.00
	SURS/Data Mining:	
	Filled:	16.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	5.00
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NR	
	Filled:	6.00
	Vacant:	0.00
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)?:	No

Prevention		
Total number of participating Medicaid providers:		134,297
Number of providers applied for enrollment in Medicaid:		31,822
Number of providers denied enrollment in Medicaid:		84
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, Out-of-State licensing board, National Practitioners Data Bank, Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing	
	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:	0
	Contractor staff:	0
	Field Audits	
	State staff:	96
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	0
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	3,167
	Contractor staff:	0
	Total	
	State staff:	3,263
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	
	\$ 0.00	
	Field Audits:	
	\$2,828,295.72	
	Provider Self-Audits:	
	\$ 0.00	
	Combination Desk/Field Audits:	
	\$ 0.00	
	Cost Report Audits:	
	\$105,344,307.00	
Total:		\$108,172,602.72

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		100
Number of referrals made to the MFCU:		261
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:		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:		No
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$703,222.00
	Field Audits:	\$68,222,177.00
	Provider self-audits:	\$ 0.00
	Combination desk/field audits:	\$52,177,388.12
	Cost report audits:	\$124,338.16
	Total:	\$121,227,125.28
Total dollars recovered from ALL Medicaid Integrity activities		\$441,926,421.20