



Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



State of North Carolina

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	1,976,973
	Comprehensive managed care:	0
	Primary care case management:	0
	Other:	108,413
	Total:	2,085,386
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, Other	
	Other: Recoupments, pre-payment reviews, termination and suspension of providers	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Other	
	Other: Pre-payment reviews and post-payment reviews	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$18,940,130.54
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	2.00
	Vacant:	0.00
	Investigations:	
	Filled:	66.00
	Vacant:	7.75
	SURS/Data Mining:	
	Filled:	0.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	3.00
	Vacant:	1.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NR	
	Filled:	28.00
	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:		80,976
Number of providers applied for enrollment in Medicaid:		17,675
Number of providers denied enrollment in Medicaid:		260
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), On-site visits, Criminal background investigations, Credentialing, Payroll Tax Records, Check if provider has another provider number under which the provider made inappropriate payments	
	Other: Mental Health Provider Endorsement and National Accreditation	
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:	678
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	69
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	1,029
	Contractor staff:	19
	Total	
	State staff:	1,776
	Contractor staff:	19
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$25,811,965.13
	Field Audits:	\$19,308,927.12
	Provider Self-Audits:	\$417,832.95
	Combination Desk/Field Audits:	\$ 0.00
	Cost Report Audits:	\$19,735,937.00
	Total:	\$65,274,662.20

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		7
Number of referrals made to the MFCU:		24
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:		Yes
State measures cost avoidance dollars due to policy changes:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$24,336,675.41
	Field Audits:	\$ 0.00
	Provider self-audits:	\$329,598.07
	Combination desk/field audits:	\$ 0.00
	Cost report audits:	\$19,735,937.00
	Total:	\$44,402,210.48
Total dollars recovered from ALL Medicaid Integrity activities		\$150,577,541.70