



Federal Fiscal Year 2010  
State Program Integrity Assessment (SPIA)



State of California

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	3,368,919
	Comprehensive managed care:	3,997,708
	Primary care case management:	0
	Other:	31,339
	Total:	7,397,966
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  Other: Technical Assistance and Training; Program Oversight, Including Desk Monitoring and On-Site Certification Surveys, and On-Site Provider Reviews; Program Authority: Please contact the State for additional information.	
Medicaid Integrity activities that the State contracts out:	SURS/Data Mining Other: NA	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$70,485,728.57
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	<b>Audits:</b>	
	Filled:	594.20
	Vacant:	71.50
	<b>Investigations:</b>	
	Filled:	141.00
	Vacant:	45.00
	<b>SURS/Data Mining:</b>	
	Filled:	110.75
	Vacant:	4.00
	<b>Provider Enrollment</b>	
	Filled:	77.00
	Vacant:	15.50
	<b>Provider Education/Communications:</b>	
	Filled:	50.25
	Vacant:	3.50
	<b>Other: NR</b>	
	Filled:	288.50
	Vacant:	16.00
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)?:	Yes

Prevention		
Total number of participating Medicaid providers:		214,960
Number of providers applied for enrollment in Medicaid:		89,655
Number of providers denied enrollment in Medicaid:		0
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, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments	
	Other: This field does not allow enough character spaces for response. The comment box errored out and did not retain this information	
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:	<b>Desk Audits</b>	
	State staff:	12
	Contractor staff:	0
	<b>Field Audits</b>	
	State staff:	925
	Contractor staff:	0
	<b>Provider Self-Audits</b>	
	State staff:	48
	Contractor staff:	0
	<b>Combination Desk/Field audits</b>	
	State staff:	594
	Contractor staff:	0
	<b>Cost report Audits</b>	
	State staff:	2,301
	Contractor staff:	0
	<b>Total</b>	
	State staff:	3,880
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	<b>Desk Audits:</b>	
	\$439,196.00	
	<b>Field Audits:</b>	
	\$45,498,482.87	
	<b>Provider Self-Audits:</b>	
	\$1,778,704.23	
	<b>Combination Desk/Field Audits:</b>	
	\$1,516,000.00	
	<b>Cost Report Audits:</b>	
	\$55,673,046.00	
<b>Total:</b>		\$104,905,429.10

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		127
Number of referrals made to the MFCU:		127
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:	\$ 0.00
	Field Audits:	\$100,784,290.02
	Provider self-audits:	\$ 0.00
	Combination desk/field audits:	
	Cost report audits:	\$ 0.00
	Total:	\$100,784,290.02
Total dollars recovered from ALL Medicaid Integrity activities		\$100,784,290.02