



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Nebraska

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	136,547
	Comprehensive managed care:	49,367
	Primary care case management:	42,534
	Other:	0
	Total:	228,448
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 Education/Communications, Managed care oversight	
Medicaid Integrity activities that the State contracts out:	Other: NA	
	Other: post-payment claims review	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$1,855,490.00
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	2.25
	Vacant:	0.00
	Investigations:	
	Filled:	3.75
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	1.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	0.25
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NR	
	Filled:	5.58
	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)?:	Yes

Prevention		
Total number of participating Medicaid providers:		75,136
Number of providers applied for enrollment in Medicaid:		0
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), Criminal background investigations, Check if provider has another provider number under which the provider made inappropriate payments	
	Other: Medicare Exclusion Database (MED), National Plan & Provider Enumeration System (NPPES)	
State maintains its own list of providers who have been involuntarily dis-enrolled:		Yes
Detection		
State typically extrapolates overpayments:		No
Total number of provider audits conducted:	Desk Audits	
	State staff:	0
	Contractor staff:	0
	Field Audits	
	State staff:	19
	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:	0
	Contractor staff:	0
	Total	
	State staff:	19
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$180,640.46
	Field Audits:	\$ 0.00
	Provider Self-Audits:	\$440,227.34
	Combination Desk/Field Audits:	
		\$ 0.00
	Cost Report Audits:	\$ 0.00
	Total:	\$620,867.80

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		16
Number of referrals made to the MFCU:		19
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:	\$179,931.73
	Field Audits:	\$ 0.00
	Provider self-audits:	\$440,227.34
	Combination desk/field audits:	
		\$ 0.00
Total dollars recovered from ALL Medicaid Integrity activities	Cost report audits:	\$ 0.00
	Total:	\$620,159.07
		\$25,318,022.46