



# Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



## State of New Jersey

Program Characteristics		
<b>Medicaid Enrollment:</b>	Fee-for-service recipients: 125,507 Comprehensive managed care: 1,141,364 Primary care case management: 0 Other: 481 Total: 1,267,352	
<b>Organizational structure for Medicaid Integrity activities:</b>	Hybrid Model	
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other Other: Please contact the State for additional informaiton.	
<b>Medicaid Integrity activities that the State contracts out:</b>	Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other Other: Medicaid Integrity activities are not contracted out. Please contact the State for additional informaiton.	
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>		\$4,005,000.00
Planning		
<b>Staffing</b>		
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b> Filled: 12.00 Vacant: 0.00 <b>Investigations:</b> Filled: 25.00 Vacant: 0.00 <b>SURS/Data Mining:</b> Filled: 14.00 Vacant: 0.00 <b>Provider Enrollment</b> Filled: 0.00 Vacant: 0.00 <b>Provider Education/Communications:</b> Filled: 0.00 Vacant: 0.00 <b>Other: NR</b> Filled: 15.00 Vacant: 6.00	
<b>Strategic Planning</b>		
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)? <b>Yes</b> For its managed care program(s)? <b>Yes</b>	

Prevention		
<b>Total number of participating Medicaid providers:</b>		33,636
<b>Number of providers applied for enrollment in Medicaid:</b>		10,180
<b>Number of providers denied enrollment in Medicaid:</b>		2,020
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Please contact the State for additional informaiton.	
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>		Yes
Detection		
<b>State typically extrapolates overpayments:</b>		Yes
<b>Total number of provider audits conducted:</b>	<b>Desk Audits</b> State staff: 2 Contractor staff: 0 <b>Field Audits</b> State staff: 6 Contractor staff: 0 <b>Provider Self-Audits</b> State staff: 0 Contractor staff: 0 <b>Combination Desk/Field audits</b> State staff: 0 Contractor staff: 0 <b>Cost report Audits</b> State staff: 0 Contractor staff: 0 <b>Total</b> State staff: 8 Contractor staff: 0	
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b> \$ 0.00 <b>Field Audits:</b> \$152,594.00 <b>Provider Self-Audits:</b> \$17,266.52 <b>Combination Desk/Field Audits:</b> \$ 0.00 <b>Cost Report Audits:</b> \$ 0.00 <b>Total:</b> \$169,860.52	

Investigation and Recovery		
<b>Referrals to Law Enforcement</b>		
<b>Number of referrals accepted by the MFCU:</b>		9
<b>Number of referrals made to the MFCU:</b>		14
<b>Provider Suspensions &amp; Sanctions</b>		
<b>State imposes provider payment suspensions due to inappropriate or fraudulent activities:</b>		Yes
<b>State imposes provider sanctions due to inappropriate or fraudulent activities:</b>		Yes
<b>Cost Avoidance</b>		
<b>State calculates the dollars cost avoided from terminating providers:</b>		No
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>		No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>		No
<b>State measures cost avoidance dollars due to policy changes:</b>		No
<b>Recoveries</b>		
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b> \$ 0.00 <b>Field Audits:</b> \$ 0.00 <b>Provider self-audits:</b> \$ 0.00 <b>Combination desk/field audits:</b> \$ 0.00 <b>Cost report audits:</b> \$ 0.00 <b>Total:</b> \$ 0.00	
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>		\$88,000,000.00