



Federal Fiscal Year 2010  
State Program Integrity Assessment (SPIA)



State of Louisiana

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	436,269
	Comprehensive managed care:	0
	Primary care case management:	887,623
	Other:	252
	Total:	1,324,144
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 Enrollment, Other Other: PERM	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications Other: NA	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$5,128,222.50	

Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	<b>Audits:</b>	
	Filled:	0.00
	Vacant:	0.00
	<b>Investigations:</b>	
	Filled:	44.00
	Vacant:	0.00
	<b>SURS/Data Mining:</b>	
	Filled:	2.00
	Vacant:	0.00
	<b>Provider Enrollment</b>	
	Filled:	15.00
	Vacant:	0.00
	<b>Provider Education/Communications:</b>	
	Filled:	0.00
	Vacant:	0.00
	<b>Other: NR</b>	
	Filled:	3.00
	Vacant:	0.00
Strategic Planning		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?:	No
	For its managed care program(s)?:	NA

Prevention	
Total number of participating Medicaid providers:	12,377
Number of providers applied for enrollment in Medicaid:	8,169
Number of providers denied enrollment in Medicaid:	2,147
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), GSA's Excluded Parties List System, Check if provider has another provider number under which the provider made inappropriate payments  Other: on site visits are conducted on certain provider types prior to enrollment but not all provider types receive on site visits. As part of licensing and credentialing, certain provider types are subject to on site visits after they are enrolled in Medicaid.
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:	32
	Contractor staff:	918
	<b>Field Audits</b>	
	State staff:	0
	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:	32
	Contractor staff:	918
Overpayments (\$) identified as a result of provider audits:	<b>Desk Audits:</b>	\$5,071,401.83
	<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>		\$5,071,401.83

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		153
Number of referrals made to the MFCU:		195
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:	\$4,557,831.12
	Field Audits:	\$ 0.00
	Provider self-audits:	\$ 0.00
	Combination desk/field audits:	\$ 0.00
	Cost report audits:	\$ 0.00
	Total:	\$4,557,831.12
Total dollars recovered from ALL Medicaid Integrity activities		\$4,557,831.12