



Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



State of Oregon

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	94,665
	Comprehensive managed care:	386,411
	Primary care case management:	3,530
	Other:	0
	Total:	484,606
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: Provider/TPL recoveries. State staff conduct field reviews of Brokerages and CDDPs. Included is an examination of the legitimacy of billings to CMS (a sampling of targeted case management encounters are verified as is a sampling of waiver services)	
Medicaid Integrity activities that the State contracts out:	Managed care oversight, Other Other: Please contact the State for additional information.	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$2,536,907.98
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	12.25
	Vacant:	2.00
	Investigations:	
	Filled:	0.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	0.00
	Vacant:	0.75
	Provider Enrollment	
	Filled:	8.15
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	0.60
	Vacant:	0.00
	Other: NR	
	Filled:	2.00
	Vacant:	1.00
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:		53,892
Number of providers applied for enrollment in Medicaid:		19,186
Number of providers denied enrollment in Medicaid:		578
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, National Practitioners Data Bank, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Provider name/TIN match; IRS Provider name/TIN match	
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:	71
	Contractor staff:	0
	Field Audits	
	State staff:	0
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	7
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	31
	Contractor staff:	0
	Total	
	State staff:	109
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$1,426,574.04
	Field Audits:	\$ 0.00
	Provider Self-Audits:	\$1,307,584.72
	Combination Desk/Field Audits:	\$ 0.00
	Cost Report Audits:	\$1,284,027.00
	Total:	\$4,018,185.76

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		57
Number of referrals made to the MFCU:		272
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:	\$2,012,242.01
	Field Audits:	\$ 0.00
	Provider self-audits:	\$1,307,584.72
	Combination desk/field audits:	\$ 0.00
	Cost report audits:	\$1,284,027.00
	Total:	\$4,603,853.73
Total dollars recovered from ALL Medicaid Integrity activities		\$18,326,002.73