



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Nevada

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	125,982
	Comprehensive managed care:	168,471
	Primary care case management:	0
	Other:	0
	Total:	294,453
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, Managed care oversight	
	Other: NA	
Medicaid Integrity activities that the State contracts out:	None	
	Other: None	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$1,310,785.97
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	6.50
	Vacant:	0.00
	Investigations:	
	Filled:	15.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	8.33
	Vacant:	0.00
	Provider Enrollment	
	Filled:	1.50
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NR	
	Filled:	0.75
	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)?:	No

Prevention		
Total number of participating Medicaid providers:		15,006
Number of providers applied for enrollment in Medicaid:		8,085
Number of providers denied enrollment in Medicaid:		36
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)	
	Other: NA	
State maintains its own list of providers who have been involuntarily dis-enrolled:		No
Detection		
State typically extrapolates overpayments:		No
Total number of provider audits conducted:	Desk Audits	
	State staff:	826
	Contractor staff:	0
	Field Audits	
	State staff:	21
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	0
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	8
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	0
	Total	
	State staff:	855
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$1,335,589.53
	Field Audits:	\$275,465.11
	Provider Self-Audits:	\$ 0.00
	Combination Desk/Field Audits:	\$255,136.33
	Cost Report Audits:	\$ 0.00
	Total:	\$1,866,190.97

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		20
Number of referrals made to the MFCU:		20
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:		No
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:	\$1,815,152.60
	Field Audits:	\$124,715.11
	Provider self-audits:	\$ 0.00
	Combination desk/field audits:	\$53,630.00
	Cost report audits:	\$ 0.00
Total:		\$1,993,497.71
Total dollars recovered from ALL Medicaid Integrity activities		\$3,841,017.71