



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Nebraska

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	139,220
	Comprehensive managed care:	35,018
	Primary care case management:	38,193
	Other:	0
	Total:	212,431
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 Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	None Other: nothing contracted out	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$959,059.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	1
	Vacant:	0
	Investigations:	
	Filled:	1
	Vacant:	0
	SURS/Data Mining:	
	Filled:	1
	Vacant:	0
	Provider Enrollment	
	Filled:	0
	Vacant:	0
	Provider Education/Communications:	
	Filled:	0
	Vacant:	0
	Other: Not Reported	
	Filled:	0
	Vacant:	0
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:	25,139
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, 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: Not Reported
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: 143
	Contractor staff: 0
	Field Audits
	State staff: 0
	Contractor staff: 0
	Provider Self-Audits
	State staff: 9
	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: 152
	Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$238,334.22
	Field Audits: \$0.00
	Provider Self-Audits: \$0.00
	Combination Desk/Field Audits: \$0.00
	Cost Report Audits: \$0.00
	Total: \$238,334.22

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	15
Number of referrals made to the MFCU:	16
Provider Suspensions & Sanctions	
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:	Yes
State imposes <u>provider sanctions</u> 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: \$179,498.35
	Field Audits: \$0.00
	Provider self-audits: \$287,678.60
	Combination desk/field audits: \$0.00
	Cost report audits: \$0.00
	Total: \$467,176.95
Total dollars recovered from ALL Medicaid Integrity activities	\$2,463,818.88