



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Texas

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 212,766 Comprehensive managed care: Not Reported Primary care case management: Not Reported Other: 2,678,250 Total: 2,891,016
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 Education/Communications Other: TPL, program monitoring (e.g. onsite visits, ride-alongs, claims reconciliations, client surveys).
Medicaid Integrity activities that the State contracts out:	SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: TPL, See also Item 10c.
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$39,298,964.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	
Audits:	Filled: 108 Vacant: 13
Investigations:	Filled: 37 Vacant: 5
SURS/Data Mining:	Filled: 16 Vacant: 0
Provider Enrollment	Filled: 5 Vacant: 0
Provider Education/Communications:	Filled: 0 Vacant: 0
Other: Not Reported	Filled: 6 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)?: No

PREVENTION	
Total number of participating Medicaid providers:	134,194
Number of providers applied for enrollment in Medicaid:	30,312
Number of providers denied enrollment in Medicaid:	84
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, Out-of-State licensing board, National Practitioners Data Bank, Criminal background investigations, Credentialing Other: Not Reported
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: 0 Contractor staff: Not Reported
Field Audits	State staff: 69 Contractor staff: 0
Provider Self-Audits	State staff: 0 Contractor staff: 0
Combination Desk/Field audits	State staff: 0 Contractor staff: 0
Cost report Audits	State staff: 5,238 Contractor staff: Not Reported
Total	State staff: 5,307 Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$0.00 Field Audits: \$2,870,514.00 Provider Self-Audits: \$0.00 Combination Desk/Field Audits: \$0.00 Cost Report Audits: \$131,265,179.00 Total: \$134,135,693.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	142
Number of referrals made to the MFCU:	282
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:	Yes
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: \$710,300.00 Field Audits: \$70,651,600.00 Provider self-audits: \$0.00 Combination desk/field audits: \$57,746,832.00 Cost report audits: \$0.00 Total: \$129,108,732.00
Total dollars recovered from ALL Medicaid Integrity activities	\$336,690,147.00