



**FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)**



State of Nevada

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	114,799
	Comprehensive managed care:	131,975
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	246,774
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: Not Reported	
Medicaid Integrity activities that the State contracts out:	None Other: PI Activities are not contracted out	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$2,263,351.49	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	5.33
	Vacant:	Not Reported
	Investigations:	
	Filled:	8
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	10
	Vacant:	Not Reported
	Provider Enrollment	
	Filled:	0.67
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	Not Reported
	Vacant:	Not Reported
Other: Not Reported		
Filled:	0.5	
Vacant:	Not Reported	
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:	15,055
Number of providers applied for enrollment in Medicaid:	5,984
Number of providers denied enrollment in Medicaid:	12
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: Not Reported
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:	337
	Contractor staff:	Not Reported
	Field Audits	
	State staff:	155
	Contractor staff:	Not Reported
	Provider Self-Audits	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	Combination Desk/Field audits	
	State staff:	19
	Contractor staff:	Not Reported
	Cost report Audits	
	State staff:	Not Reported
	Contractor staff:	Not Reported
Total		
State staff:	511	
Contractor staff:	0	
Overpayments (\$) identified as a result of provider audits:		
Desk Audits:	\$3,583,329.65	
Field Audits:	\$18,135.00	
Provider Self-Audits:	Not Reported	
Combination Desk/Field Audits:	\$23,303.00	
Cost Report Audits:	Not Reported	
Total:	\$3,624,767.65	

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		10
Number of referrals made to the MFCU:		10
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:	\$3,331,089.25
	Field Audits:	\$31,002.00
	Provider self-audits:	Not Reported
	Combination desk/field audits:	\$23,303.00
	Cost report audits:	Not Reported
	Total:	\$3,385,394.25
Total dollars recovered from ALL Medicaid Integrity activities		\$8,008,294.34