



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Oregon

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	80,695
	Comprehensive managed care:	355,718
	Primary care case management:	5,547
	Other:	Not Reported
	Total:	441,960
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: Provider/TPL Recoveries; Institutional Revenue	
Medicaid Integrity activities that the State contracts out:	Other: DMAP - EQRO; Certificate of Need determinations and FFS child and adolescent utilization management.	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$2,375,059.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	14.25
	Vacant:	0.75
	Investigations:	
	Filled:	0
	Vacant:	0
	SURS/Data Mining:	
	Filled:	1.25
	Vacant:	0
	Provider Enrollment	
	Filled:	10.15
	Vacant:	0
	Provider Education/Communications:	
	Filled:	0.6
	Vacant:	0
	Other: Cost Reconciliation Group	
	Filled:	2
	Vacant:	2
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:	60,030
Number of providers applied for enrollment in Medicaid:	23,066
Number of providers denied enrollment in Medicaid:	1,517
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), Criminal background investigations, Check if provider has another provider number under which the provider made inappropriate payments Other: 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:	88
	Contractor staff:	8
	Field Audits	
	State staff:	0
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	3
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	98
Contractor staff:	0	
Total	State staff:	189
	Contractor staff:	8
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$2,506,324.55
	Field Audits:	Not Reported
	Provider Self-Audits:	\$0.00
	Combination Desk/Field Audits:	Not Reported
	Cost Report Audits:	\$18,902,820.00
	Total:	\$21,409,144.55

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		3
Number of referrals made to the MFCU:		11
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:	Not Reported
	Field Audits:	Not Reported
	Provider self-audits:	Not Reported
	Combination desk/field audits:	\$3,606,086.51
	Cost report audits:	\$18,902,820.00
	Total:	\$22,508,906.51
Total dollars recovered from ALL Medicaid Integrity activities		\$37,901,494.94