



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Louisiana

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	343,991
	Comprehensive managed care:	0
	Primary care case management:	753,566
	Other:	232
	Total:	1,097,789
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 Other: PERM	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment Other: Education/Communications are done by Provider Relations under DHH Program Operations	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$5,085,000.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	0
	Vacant:	Not Reported
	Investigations:	
	Filled:	45
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	2
	Vacant:	Not Reported
	Provider Enrollment	
	Filled:	15
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	Not Reported
	Vacant:	Not Reported
	Other: Not Reported	
	Filled:	3
	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)?:	Not Applicable

PREVENTION	
Total number of participating Medicaid providers:	30,902
Number of providers applied for enrollment in Medicaid:	5,429
Number of providers denied enrollment in Medicaid:	2
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), GSA's Excluded Parties List System, On-site visits, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Contact the State for further information.
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: 174
	Contractor staff: 1,124
	Field Audits
	State staff: Not Reported
	Contractor staff: Not Reported
	Provider Self-Audits
	State staff: Not Reported
	Contractor staff: Not Reported
	Combination Desk/Field audits
	State staff: Not Reported
	Contractor staff: Not Reported
	Cost report Audits
	State staff: Not Reported
	Contractor staff: Not Reported
	Total
	State staff: 174
	Contractor staff: 1,124
Overpayments (\$) identified as a result of provider audits:	Desk Audits:
	\$6,725,671.39
	Field Audits:
	Not Reported
	Provider Self-Audits:
	Not Reported
	Combination Desk/Field Audits:
	Not Reported
	Cost Report Audits:
	Not Reported
	Total:
	\$6,725,671.39

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		191
Number of referrals made to the MFCU:		191
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:	\$5,510,743.66
	Field Audits:	Not Reported
	Provider self-audits:	Not Reported
	Combination desk/field audits:	Not Reported
	Cost report audits:	Not Reported
	Total:	\$5,510,743.66
Total dollars recovered from ALL Medicaid Integrity activities		\$5,510,743.66