



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of New Jersey

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	278,342
	Comprehensive managed care:	917,966
	Primary care case management:	0
	Other:	Not Reported
	Total:	1,196,308
Organizational structure for Medicaid Integrity activities:	Hybrid Model	
Activities that the State includes under the scope of Medicaid Integrity:	Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Contact the State for further information.	
Medicaid Integrity activities that the State contracts out:	Other: Contact the State for further information.	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$4,069,530.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	0
	Vacant:	6
	Investigations:	
	Filled:	17
	Vacant:	0
	SURS/Data Mining:	
	Filled:	3
	Vacant:	0
	Provider Enrollment	
	Filled:	3
	Vacant:	0
	Provider Education/Communications:	
	Filled:	4
	Vacant:	0
	Other: Not Reported	
	Filled:	4
	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:	34,615
Number of providers applied for enrollment in Medicaid:	9,597
Number of providers denied enrollment in Medicaid:	1,536
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), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: FDI, Promis-Gavel, State Debarment List, NJ Wage and Labor, NJ Department of Corrections list, and Google searches.
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:	0
	Field Audits	
	State staff:	0
	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:	0
Contractor staff:	0	
Total		
	State staff:	0
Contractor staff:	0	
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$0.00
	Field Audits:	\$0.00
	Provider Self-Audits:	\$0.00
	Combination Desk/Field Audits:	\$0.00
	Cost Report Audits:	\$0.00
	Total:	\$0.00

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		4
Number of referrals made to the MFCU:		4
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:	\$0.00
	Field Audits:	\$0.00
	Provider self-audits:	\$0.00
	Combination desk/field audits:	\$0.00
	Cost report audits:	\$0.00
	Total:	\$0.00
Total dollars recovered from ALL Medicaid Integrity activities		\$16,655,562.00