



**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 <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:		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