



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:	<b>Audits:</b>	
	Filled:	5.33
	Vacant:	Not Reported
	<b>Investigations:</b>	
	Filled:	8
	Vacant:	Not Reported
	<b>SURS/Data Mining:</b>	
	Filled:	10
	Vacant:	Not Reported
	<b>Provider Enrollment</b>	
	Filled:	0.67
	Vacant:	Not Reported
	<b>Provider Education/Communications:</b>	
	Filled:	Not Reported
	Vacant:	Not Reported
	<b>Other:</b> 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:	<b>Desk Audits</b>	
	State staff:	337
	Contractor staff:	Not Reported
	<b>Field Audits</b>	
	State staff:	155
	Contractor staff:	Not Reported
	<b>Provider Self-Audits</b>	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	<b>Combination Desk/Field audits</b>	
	State staff:	19
	Contractor staff:	Not Reported
	<b>Cost report Audits</b>	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	<b>Total</b>	
	State staff:	511
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	<b>Desk Audits:</b> \$3,583,329.65	
	<b>Field Audits:</b> \$18,135.00	
	<b>Provider Self-Audits:</b> Not Reported	
	<b>Combination Desk/Field Audits:</b> \$23,303.00	
	<b>Cost Report Audits:</b> Not Reported	
	<b>Total:</b> \$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 <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:	Yes	
State imposes <u>provider sanctions</u> 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