



**FEDERAL FISCAL YEAR 2009  
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)**



**State of Oregon**

<b>PROGRAM CHARACTERISTICS</b>	
<b>Medicaid Enrollment:</b>	Fee-for-service recipients: 80,695 Comprehensive managed care: 355,718 Primary care case management: 5,547 Other: Not Reported Total: 441,960
<b>Organizational structure for Medicaid Integrity activities:</b>	Distinct Program Integrity Model
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Provider/TPL Recoveries; Institutional Revenue
<b>Medicaid Integrity activities that the State contracts out:</b>	Other: DMAP - EQRO; Certificate of Need determinations and FFS child and adolescent utilization management.
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$2,375,059.00

<b>PLANNING</b>	
<b>Staffing</b>	
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b> Filled: 14.25 Vacant: 0.75 <b>Investigations:</b> Filled: 0 Vacant: 0 <b>SURS/Data Mining:</b> Filled: 1.25 Vacant: 0 <b>Provider Enrollment</b> Filled: 10.15 Vacant: 0 <b>Provider Education/Communications:</b> Filled: 0.6 Vacant: 0 <b>Other: Cost Reconciliation Group</b> Filled: 2 Vacant: 2
<b>Strategic Planning</b>	
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?: <b>Yes</b> For its managed care program(s)?: <b>Yes</b>

<b>PREVENTION</b>	
<b>Total number of participating Medicaid providers:</b>	<b>60,030</b>
<b>Number of providers applied for enrollment in Medicaid:</b>	23,066
<b>Number of providers denied enrollment in Medicaid:</b>	1,517
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	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
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	Yes

<b>DETECTION</b>	
<b>State typically extrapolates overpayments:</b>	Yes
<b>Total number of provider audits conducted:</b>	<b>Desk Audits</b> State staff: 88 Contractor staff: 8 <b>Field Audits</b> State staff: 0 Contractor staff: 0 <b>Provider Self-Audits</b> State staff: 3 Contractor staff: 0 <b>Combination Desk/Field audits</b> State staff: 0 Contractor staff: 0 <b>Cost report Audits</b> State staff: 98 Contractor staff: 0 <b>Total</b> State staff: 189 Contractor staff: 8
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b> \$2,506,324.55 <b>Field Audits:</b> Not Reported <b>Provider Self-Audits:</b> \$0.00 <b>Combination Desk/Field Audits:</b> Not Reported <b>Cost Report Audits:</b> \$18,902,820.00 <b>Total:</b> \$21,409,144.55

<b>INVESTIGATION AND RECOVERY</b>	
<b>Referrals to Law Enforcement</b>	
<b>Number of referrals accepted by the MFCU:</b>	3
<b>Number of referrals made to the MFCU:</b>	11
<b>Provider Suspensions &amp; Sanctions</b>	
<b>State imposes provider payment suspensions due to inappropriate or fraudulent activities:</b>	Yes
<b>State imposes provider sanctions due to inappropriate or fraudulent activities:</b>	Yes
<b>Cost Avoidance</b>	
<b>State calculates the dollars cost avoided from terminating providers:</b>	No
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>	No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>	No
<b>State measures cost avoidance dollars due to policy changes:</b>	No
<b>Recoveries</b>	
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b> Not Reported <b>Field Audits:</b> Not Reported <b>Provider self-audits:</b> Not Reported <b>Combination desk/field audits:</b> \$3,606,086.51 <b>Cost report audits:</b> \$18,902,820.00 <b>Total:</b> \$22,508,906.51
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>	\$37,901,494.94