



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of California

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	3,431,291
	Comprehensive managed care:	3,631,346
	Primary care case management:	0
	Other:	32,240
	Total:	7,094,877
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model	
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	SURS/Data Mining Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$81,644,921.33	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	399.7
	Vacant:	72
	Investigations:	
	Filled:	152
	Vacant:	45
	SURS/Data Mining:	
	Filled:	89
	Vacant:	1
	Provider Enrollment	
	Filled:	85.65
	Vacant:	20
	Provider Education/Communications:	
	Filled:	295.25
	Vacant:	17.5
	Other: Not Reported	
	Filled:	377.9
	Vacant:	12.2
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)?:	Yes

PREVENTION	
Total number of participating Medicaid providers:	227,318
Number of providers applied for enrollment in Medicaid:	17,427
Number of providers denied enrollment in Medicaid:	1,286
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), 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: 67
	Contractor staff: Not Reported
	Field Audits
	State staff: 665
	Contractor staff: Not Reported
	Provider Self-Audits
	State staff: 40
	Contractor staff: Not Reported
	Combination Desk/Field audits
	State staff: 699
	Contractor staff: Not Reported
	Cost report Audits
	State staff: 2,457
	Contractor staff: Not Reported
	Total
	State staff: 3,928
	Contractor staff: 3,928
Overpayments (\$) identified as a result of provider audits:	Desk Audits: Not Reported
	Field Audits: \$117,622,086.00
	Provider Self-Audits: Not Reported
	Combination Desk/Field Audits: \$31,816,567.00
	Cost Report Audits: Not Reported
	Total: \$149,438,653.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	221
Number of referrals made to the MFCU:	221
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:	Yes
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: \$0.00 Field Audits: Not Reported Provider self-audits: Not Reported Combination desk/field audits: Not Reported Cost report audits: Not Reported Total: \$212,794,581.39
Total dollars recovered from ALL Medicaid Integrity activities	\$212,794,581.39