



FEDERAL FISCAL YEAR 2009  
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Nebraska

PROGRAM CHARACTERISTICS		
<b>Medicaid Enrollment:</b>	Fee-for-service recipients:	139,220
	Comprehensive managed care:	35,018
	Primary care case management:	38,193
	Other:	0
	Total:	212,431
<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 Education/Communications, Managed care oversight Other: Not Reported	
<b>Medicaid Integrity activities that the State contracts out:</b>	None Other: nothing contracted out	
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$959,059.00	

PLANNING		
<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:	1
	Vacant:	0
	<b>Investigations:</b>	
	Filled:	1
	Vacant:	0
	<b>SURS/Data Mining:</b>	
	Filled:	1
	Vacant:	0
	<b>Provider Enrollment</b>	
	Filled:	0
	Vacant:	0
	<b>Provider Education/Communications:</b>	
	Filled:	0
	Vacant:	0
<b>Other: Not Reported</b>		
Filled:	0	
Vacant:	0	
<b>Strategic Planning</b>		
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?	Yes
	For its managed care program(s)?	Yes

PREVENTION	
<b>Total number of participating Medicaid providers:</b>	25,139
<b>Number of providers applied for enrollment in Medicaid:</b>	0
<b>Number of providers denied enrollment in Medicaid:</b>	0
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	In-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: Not Reported
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	Yes

DETECTION	
<b>State typically extrapolates overpayments:</b>	No
<b>Total number of provider audits conducted:</b>	
<b>Desk Audits</b>	
State staff:	143
Contractor staff:	0
<b>Field Audits</b>	
State staff:	0
Contractor staff:	0
<b>Provider Self-Audits</b>	
State staff:	9
Contractor staff:	0
<b>Combination Desk/Field audits</b>	
State staff:	0
Contractor staff:	0
<b>Cost report Audits</b>	
State staff:	0
Contractor staff:	0
<b>Total</b>	
State staff:	152
Contractor staff:	0
<b>Overpayments (\$) identified as a result of provider audits:</b>	
<b>Desk Audits:</b>	\$238,334.22
<b>Field Audits:</b>	\$0.00
<b>Provider Self-Audits:</b>	\$0.00
<b>Combination Desk/Field Audits:</b>	\$0.00
<b>Cost Report Audits:</b>	\$0.00
<b>Total:</b>	\$238,334.22

INVESTIGATION AND RECOVERY	
<b>Referrals to Law Enforcement</b>	
<b>Number of referrals accepted by the MFCU:</b>	15
<b>Number of referrals made to the MFCU:</b>	16
<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>	\$179,498.35
<b>Field Audits:</b>	\$0.00
<b>Provider self-audits:</b>	\$287,678.60
<b>Combination desk/field audits:</b>	\$0.00
<b>Cost report audits:</b>	\$0.00
<b>Total:</b>	\$467,176.95
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>	\$2,463,818.88