



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of New Jersey

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 278,342 Comprehensive managed care: 917,966 Primary care case management: 0 Other: Not Reported Total: 1,196,308
Organizational structure for Medicaid Integrity activities:	Hybrid Model
Activities that the State includes under the scope of Medicaid Integrity:	Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Contact the State for further information.
Medicaid Integrity activities that the State contracts out:	Other: Contact the State for further information.
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$4,069,530.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 0 Vacant: 6 Investigations: Filled: 17 Vacant: 0 SURS/Data Mining: Filled: 3 Vacant: 0 Provider Enrollment: Filled: 3 Vacant: 0 Provider Education/Communications: Filled: 4 Vacant: 0 Other: Not Reported: Filled: 4 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:	34,615
Number of providers applied for enrollment in Medicaid:	9,597
Number of providers denied enrollment in Medicaid:	1,536
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), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: FDI, Promis-Gavel, State Debarment List, NJ Wage and Labor, NJ Department of Corrections list, and Google searches.
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: 0 Field Audits State staff: 0 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: 0 Contractor staff: 0 Total State staff: 0 Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$0.00 Field Audits: \$0.00 Provider Self-Audits: \$0.00 Combination Desk/Field Audits: \$0.00 Cost Report Audits: \$0.00 Total: \$0.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	4
Number of referrals made to the MFCU:	4
Provider Suspensions & Sanctions	
State imposes provider payment suspensions due to inappropriate or fraudulent activities:	Yes
State imposes provider sanctions 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:	No
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: \$0.00 Field Audits: \$0.00 Provider self-audits: \$0.00 Combination desk/field audits: \$0.00 Cost report audits: \$0.00 Total: \$0.00
Total dollars recovered from ALL Medicaid Integrity activities	\$16,655,562.00