



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



State of California

| PROGRAM CHARACTERISTICS | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 | |
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| 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 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: | 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 |