



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



State of Minnesota

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	265,324
	Comprehensive managed care:	438,093
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	703,417
Organizational structure for Medicaid Integrity activities:	Hybrid 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: Prior authorizations	
Medicaid Integrity activities that the State contracts out:	Not Reported Other: Prior authorizations	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$6,620,300.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	7
	Vacant:	Not Reported
	Investigations:	
	Filled:	16
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	1
	Vacant:	1
	Provider Enrollment	
	Filled:	17
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	11
	Vacant:	Not Reported
	Other: Not Reported	
	Filled:	Not Reported
	Vacant:	Not Reported
Strategic Planning		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?:	No
	For its managed care program(s)?:	No

PREVENTION	
Total number of participating Medicaid providers:	115,670
Number of providers applied for enrollment in Medicaid:	33,371
Number of providers denied enrollment in Medicaid:	677
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), Criminal background investigations, Check if provider has another provider number under which the provider made inappropriate payments Other: NPPES Website
State maintains its own list of providers who have been involuntarily dis-enrolled:	No

DETECTION		
State typically extrapolates overpayments:		No
Total number of provider audits conducted:	Desk Audits	
	State staff:	381
	Contractor staff:	Not Reported
	Field Audits	
	State staff:	57
	Contractor staff:	Not Reported
	Provider Self-Audits	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	Combination Desk/Field audits	
	State staff:	865
	Contractor staff:	Not Reported
	Cost report Audits	
	State staff:	162
Contractor staff:	Not Reported	
Total	State staff:	1,465
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$280,500.00
	Field Audits:	\$92,000.00
	Provider Self-Audits:	Not Reported
	Combination Desk/Field Audits:	\$4,013,000.00
	Cost Report Audits:	\$942,000.00
	Total:	\$5,327,500.00

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		35
Number of referrals made to the MFCU:		55
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:		No
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$280,500.00
	Field Audits:	\$92,000.00
	Provider self-audits:	Not Reported
	Combination desk/field audits:	\$4,013,000.00
	Cost report audits:	\$942,000.00
	Total:	\$5,327,500.00
Total dollars recovered from ALL Medicaid Integrity activities		\$6,345,700.00