



Expansion of Surveillance and Integrity Review (SIRS)

Issue:

- Currently the SIRS unit in the Office of the Inspector General has 10 investigators to review more than 154,000 health care providers that receive approximately \$8.6 billion a year from Minnesota Health Care Programs under fee-for-service and managed care delivery systems.
- With more than 60 provider types, the investigators are severely limited in their ability to review the complexity of the claims, investigate cases and to proactively prevent fraud.
- The lack of resources is a major obstacle to increasing the number of on-site reviews, cases investigated with expanded claims analysis, and more to making referrals for criminal and civil prosecutions.

Proposal:

- This proposal will fund six additional fraud investigators.

Impact:

- The additional staff will investigate providers that have demonstrated significant noncompliance with regulatory requirements and have been identified as having fraud risk indicators.
- Staff will cover substantially more provider types warranting surveillance, investigations and preventative monitoring.
- The number of referrals for prosecutions and amount of recoveries is expected to increase.

Number of people affected

- Approximately 800,000 Minnesotans are enrolled in state health care programs.
- More than 154,000 providers are enrolled with DHS. There are more than 78 different provider types.

Fiscal impact:

- FY 2014: \$320,000 savings
- FY 2015: \$348,000 savings
- FY 2016: \$348,000 savings
- FY 2017: \$348,000 savings

Related information:

- Minnesota Management & Budget website: <http://www.mmb.state.mn.us/>
- Minnesota Health Care Programs fact sheet:
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4932-ENG>