



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



State of Alaska

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	127,000
	Comprehensive managed care:	0
	Primary care case management:	0
	Other:	0
	Total:	127,000
Organizational structure for Medicaid Integrity activities:	Hybrid Model	
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations	
	Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$1,929,000.00

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	3
	Vacant:	Not Reported
	Investigations:	
	Filled:	Not Reported
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	Not Reported
	Vacant:	Not Reported
	Provider Enrollment	
	Filled:	Not Reported
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	Not Reported
	Vacant:	Not Reported
	Other: Not Reported	
	Filled:	4
	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)?:	Not Reported

PREVENTION	
Total number of participating Medicaid providers:	12,352
Number of providers applied for enrollment in Medicaid:	3,157
Number of providers denied enrollment in Medicaid:	129
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 Other: Not Reported
State maintains its own list of providers who have been involuntarily dis-enrolled:	No

DETECTION		
State typically extrapolates overpayments:		Yes
Total number of provider audits conducted:	Desk Audits	
	State staff:	198
	Contractor staff:	27
	Field Audits	
	State staff:	Not Reported
	Contractor staff:	2
	Provider Self-Audits	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	Combination Desk/Field audits	
	State staff:	Not Reported
	Contractor staff:	2
	Cost report Audits	
	State staff:	Not Reported
Contractor staff:	Not Reported	
Overpayments (\$) identified as a result of provider audits:	Total	
	State staff:	198
	Contractor staff:	31
	Desk Audits:	
		\$827,967.00
	Field Audits:	
		Not Reported
	Provider Self-Audits:	
		Not Reported
	Combination Desk/Field Audits:	
		\$1,572,933.00
	Cost Report Audits:	
		Not Reported
	Total:	
	\$2,400,900.00	

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		289
Number of referrals made to the MFCU:		289
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:	Not Reported
	Field Audits:	Not Reported
	Provider self-audits:	Not Reported
	Combination desk/field audits:	\$1,079,000.00
	Cost report audits:	Not Reported
	Total:	\$1,079,000.00
	Total dollars recovered from ALL Medicaid Integrity activities	\$1,441,390.00