



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



**State of Alabama**

PROGRAM CHARACTERISTICS	
<b>Medicaid Enrollment:</b>	Fee-for-service recipients: 214,904 Comprehensive managed care: 33,204 Primary care case management: 573,494 Other: Not Reported Total: 821,602
<b>Organizational structure for Medicaid Integrity activities:</b>	Distinct Program Integrity Model
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Not Reported
<b>Medicaid Integrity activities that the State contracts out:</b>	Provider Enrollment, Provider Education/Communications Other: Not Reported
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$2,023,612.80

PLANNING	
<b>Staffing</b>	
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b> Filled: 18 Vacant: 0 <b>Investigations:</b> Filled: 5 Vacant: 2 <b>SURS/Data Mining:</b> Filled: 22* (Incl. 18 above) Vacant: 0 <b>Provider Enrollment</b> Filled: 9 Vacant: 0 <b>Provider Education/Communications:</b> Filled: 29 Vacant: 0 <b>Other: Not Reported</b> Filled: Not Reported Vacant: Not Reported
<b>Strategic Planning</b>	
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?: <b>Yes</b> For its managed care program(s)?: <b>Yes</b>

PREVENTION	
<b>Total number of participating Medicaid providers:</b>	51,671
<b>Number of providers applied for enrollment in Medicaid:</b>	16,492
<b>Number of providers denied enrollment in Medicaid:</b>	5,940
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE) Other: Not Reported
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	Yes

DETECTION	
<b>State typically extrapolates overpayments:</b>	No
<b>Total number of provider audits conducted:</b>	<b>Desk Audits</b> State staff: 367 Contractor staff: 0 <b>Field Audits</b> State staff: 0 Contractor staff: 0 <b>Provider Self-Audits</b> State staff: 0 Contractor staff: 0 <b>Combination Desk/Field audits</b> State staff: 0 Contractor staff: 0 <b>Cost report Audits</b> State staff: 0 Contractor staff: 0 <b>Total</b> State staff: 367 Contractor staff: 0
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b> \$879,791.00 <b>Field Audits:</b> \$0.00 <b>Provider Self-Audits:</b> \$0.00 <b>Combination Desk/Field Audits:</b> \$0.00 <b>Cost Report Audits:</b> \$0.00 <b>Total:</b> \$879,791.00

INVESTIGATION AND RECOVERY	
<b>Referrals to Law Enforcement</b>	
<b>Number of referrals accepted by the MFCU:</b>	5
<b>Number of referrals made to the MFCU:</b>	5
<b>Provider Suspensions &amp; Sanctions</b>	
<b>State imposes provider payment suspensions due to inappropriate or fraudulent activities:</b>	Yes
<b>State imposes provider sanctions due to inappropriate or fraudulent activities:</b>	Yes
<b>Cost Avoidance</b>	
<b>State calculates the dollars cost avoided from terminating providers:</b>	No
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>	No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>	No
<b>State measures cost avoidance dollars due to policy changes:</b>	No
<b>Recoveries</b>	
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b> \$879,791.00 <b>Field Audits:</b> \$0.00 <b>Provider self-audits:</b> \$0.00 <b>Combination desk/field audits:</b> \$0.00 <b>Cost report audits:</b> \$0.00 <b>Total:</b> \$879,791.00
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>	\$1,283,635.00