



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Arkansas

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 777,169
	Comprehensive managed care: 0
	Primary care case management: 0
	Other: Not Reported
	Total: 777,169
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 Other: review enrollment packets that have background issues
Medicaid Integrity activities that the State contracts out:	Provider Enrollment, Provider Education/Communications Other: Not Reported
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$1,327,342.49

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 25 Vacant: 3
	Investigations: Filled: Not Reported Vacant: Not Reported
	SURS/Data Mining: Filled: 2 Vacant: 0
	Provider Enrollment Filled: Not Reported Vacant: Not Reported
	Provider Education/Communications: Filled: Not Reported Vacant: Not Reported
	Other: Not Reported Filled: 2 Vacant: 0
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)? Not Applicable

PREVENTION	
Total number of participating Medicaid providers:	16,298
Number of providers applied for enrollment in Medicaid:	9,443
Number of providers denied enrollment in Medicaid:	3,486
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), Choice Point or Lexis-Nexis reviews, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Not Reported
State maintains its own list of providers who have been involuntarily dis-enrolled:	Yes

DETECTION	
State typically extrapolates overpayments:	No
Total number of provider audits conducted:	Desk Audits State staff: Not Reported Contractor staff: Not Reported
	Field Audits State staff: 148 Contractor staff: Not Reported
	Provider Self-Audits State staff: Not Reported Contractor staff: Not Reported
	Combination Desk/Field audits State staff: Not Reported Contractor staff: Not Reported
	Cost report Audits State staff: Not Reported Contractor staff: Not Reported
	Total State staff: 148 Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits: Not Reported Field Audits: \$3,847,328.00 Provider Self-Audits: Not Reported Combination Desk/Field Audits: Not Reported Cost Report Audits: Not Reported Total: \$3,847,328.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	1
Number of referrals made to the MFCU:	3
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:	Not Reported
Cost Avoidance	
State calculates the dollars cost avoided from terminating providers:	Not Reported
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: \$579,751.00 Provider self-audits: Not Reported Combination desk/field audits: Not Reported Cost report audits: Not Reported Total: \$579,751.00
Total dollars recovered from ALL Medicaid Integrity activities	\$6,906,884.00