



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of New Mexico

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	133,013
	Comprehensive managed care:	417,942
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	550,955
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, Provider Education/Communications, Managed care oversight Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	None Other: None	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$425,000.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	2
	Vacant:	Not Reported
	Investigations:	
	Filled:	2
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	3
	Vacant:	Not Reported
	Provider Enrollment	
	Filled:	Not Reported
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	Not Reported
	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)?	Yes
	For its managed care program(s)?	Yes

PREVENTION	
Total number of participating Medicaid providers:	17,824
Number of providers applied for enrollment in Medicaid:	2,823
Number of providers denied enrollment in Medicaid:	7
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), GSA's Excluded Parties List System, 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:	27
	Contractor staff:	Not Reported
	Field Audits	
	State staff:	9
	Contractor staff:	Not Reported
	Provider Self-Audits	
	State staff:	11
	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:	47	
Contractor staff:	0	
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$330,861.73	
	Field Audits: \$35,996.29	
	Provider Self-Audits: \$27,193.67	
	Combination Desk/Field Audits: Not Reported	
	Cost Report Audits: Not Reported	
	Total: \$394,051.69	

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		23
Number of referrals made to the MFCU:		25
Provider Suspensions & Sanctions		
State imposes provider payment suspensions due to inappropriate or fraudulent activities:		No
State imposes provider sanctions due to inappropriate or fraudulent activities:		No
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:	\$330,861.73
	Field Audits:	\$62,282.79
	Provider self-audits:	\$27,193.67
	Combination desk/field audits:	Not Reported
	Cost report audits:	Not Reported
	Total:	\$420,338.19
Total dollars recovered from ALL Medicaid Integrity activities		\$2,023,778.86