



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



State of Arizona

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 166,273 Comprehensive managed care: 1,142,713 Primary care case management: Not Reported Other: 49,502 Total: 1,358,488
Organizational structure for Medicaid Integrity activities:	Hybrid Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications Other: Data mining is divided up among AHCCCS Divisions and is not called SURS
Medicaid Integrity activities that the State contracts out:	None Other: None
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$2,488,304.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 3 Vacant: 0 Investigations: Filled: 57 Vacant: 0 SURS/Data Mining: Filled: 0 Vacant: 0 Provider Enrollment Filled: 15 Vacant: 0 Provider Education/Communications: Filled: 0 Vacant: 0 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:	53,424
Number of providers applied for enrollment in Medicaid:	This data is not tracked
Number of providers denied enrollment in Medicaid:	Providers are denied enrollment for multiple reasons. There is not a mechanism in place to systematically sort and track the total numbers.
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), Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Credentialing is done at the managed care level
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: Not Reported Contractor staff: Not Reported Field Audits State staff: Not Reported 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: 1 Contractor staff: Not Reported Total State staff: 1 Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits: Not Reported Field Audits: Not Reported Provider Self-Audits: \$1.00 Combination Desk/Field Audits: Not Reported Cost Report Audits: Not Reported Total: \$1.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	15
Number of referrals made to the MFCU:	22
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:	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: \$1.00 Cost report audits: Not Reported Total: \$1.00
Total dollars recovered from ALL Medicaid Integrity activities	Not Reported