



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Oklahoma

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	288,261
	Comprehensive managed care:	0
	Primary care case management:	571,729
	Other:	0
	Total:	859,990
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: NA	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Other Other: For SFY 2008, OHCA contracted with APS Healthcare Midwest, Inc. to perform post-payment utilization reviews to assess appropriate use of medical services provided to SoonerCare members. The reviews pertain to (1) fee-for-service inpatient hospital retrosp	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$3,036,125.41
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	13.00
	Vacant:	0.00
	Investigations:	
	Filled:	0.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	12.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	0.00
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NA	
	Filled:	0.33
	Vacant:	0.00
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:		31,089
Number of providers applied for enrollment in Medicaid:		14,604
Number of providers denied enrollment in Medicaid:		2
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: Internal data base maintained by contracts unit.	
State maintains its own list of providers who have been involuntarily dis-enrolled:		Yes
Detection		
State typically extrapolates overpayments:		Yes
Total number of provider audits conducted:	Desk Audits	
	State staff:	1,071
	Contractor staff:	15,600
	Field Audits	
	State staff:	9
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	10
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	0
	Total	
	State staff:	1,090
	Contractor staff:	15,600
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	
		\$6,633,806.76
	Field Audits:	
		\$554,805.35
	Provider Self-Audits:	
		\$289,815.04
	Combination Desk/Field Audits:	
		\$ 0.00
Cost Report Audits:		\$ 0.00
Total:		\$7,478,427.15

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		26
Number of referrals made to the MFCU:		31
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:		Yes
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:		Yes
State measures cost avoidance dollars due to policy changes:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$3,731,511.41
	Field Audits:	\$472,153.41
	Provider self-audits:	\$138,835.84
	Combination desk/field audits:	
		\$ 0.00
Total dollars recovered from ALL Medicaid Integrity activities	Cost report audits:	\$ 0.00
	Total:	\$4,342,500.66
		\$38,180,875.94