



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of South Dakota

| Program Characteristics | | |
|--|---|----------------|
| Medicaid Enrollment: | Fee-for-service recipients: | 113,765 |
| | Comprehensive managed care: | 0 |
| | Primary care case management: | 91,469 |
| | Other: | 0 |
| | Total: | 205,234 |
| 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 Enrollment, Provider Education/Communications, Managed care oversight, Other | |
| Medicaid Integrity activities that the State contracts out: | Other: Contract oversight, Waiver oversight | |
| | Other: Inpatient Hospital Claim Reivews, Dental Program, TPL Data Matching | |
| Estimate of expenditures (\$) for Medicaid Integrity activities: | | \$2,556,080.00 |
| Planning | | |
| Staffing | | |
| Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity: | Audits: | |
| | Filled: | 8.00 |
| | Vacant: | 1.00 |
| | Investigations: | |
| | Filled: | 21.00 |
| | Vacant: | 0.00 |
| | SURS/Data Mining: | |
| | Filled: | 4.00 |
| | Vacant: | 0.00 |
| | Provider Enrollment | |
| | Filled: | 2.50 |
| | Vacant: | 0.00 |
| | Provider Education/Communications: | |
| | Filled: | 0.00 |
| | Vacant: | 0.00 |
| | Other: NR | |
| | Filled: | 0.50 |
| | Vacant: | 0.00 |
| Strategic Planning | | |
| State has a documented strategic plan to address Medicaid Integrity: | For its Fee-For-Service program(s)?: | No |
| | For its managed care program(s)?: | NA |

| Prevention | | |
|--|---|----------------|
| Total number of participating Medicaid providers: | | 10,634 |
| Number of providers applied for enrollment in Medicaid: | | 2,286 |
| Number of providers denied enrollment in Medicaid: | | 29 |
| Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers: | In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Credentialing | |
| | Other: NA | |
| State maintains its own list of providers who have been involuntarily dis-enrolled: | | No |
| Detection | | |
| State typically extrapolates overpayments: | | No |
| Total number of provider audits conducted: | Desk Audits | |
| | State staff: | 0 |
| | Contractor staff: | 0 |
| | Field Audits | |
| | State staff: | 29 |
| | Contractor staff: | 0 |
| | Provider Self-Audits | |
| | State staff: | 0 |
| | Contractor staff: | 0 |
| | Combination Desk/Field audits | |
| | State staff: | 2 |
| | Contractor staff: | 0 |
| | Cost report Audits | |
| | State staff: | 40 |
| | Contractor staff: | 0 |
| | Total | |
| | State staff: | 71 |
| | Contractor staff: | 0 |
| Overpayments (\$) identified as a result of provider audits: | Desk Audits: | |
| | \$1,147,338.00 | |
| | Field Audits: | |
| | \$26,393.00 | |
| | Provider Self-Audits: | |
| | \$581,275.00 | |
| | Combination Desk/Field Audits: | |
| | \$107,897.00 | |
| | Cost Report Audits: | |
| | \$6,940,854.00 | |
| Total: | | \$8,803,757.00 |

| Investigation and Recovery | | |
|---|---------------------------------------|-----------------|
| Referrals to Law Enforcement | | |
| Number of referrals accepted by the MFCU: | | 2 |
| Number of referrals made to the MFCU: | | 2 |
| 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: | | Yes |
| State measures cost avoidance dollars due to policy changes: | | Yes |
| Recoveries | | |
| Total recoveries (\$) from provider audits: | Desk Audits: | \$1,147,338.00 |
| | Field Audits: | \$26,393.00 |
| | Provider self-audits: | \$581,275.00 |
| | Combination desk/field audits: | \$107,897.00 |
| | Cost report audits: | \$6,940,854.00 |
| | Total: | \$8,803,757.00 |
| Total dollars recovered from ALL Medicaid Integrity activities | | \$12,566,768.00 |