



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



State of Kansas

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 152,542 Comprehensive managed care: 136,437 Primary care case management: Not Reported Other: Not Reported Total: 288,979
Organizational structure for Medicaid Integrity activities:	Hybrid Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: TPL, Prior Authorization, PERM
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications Other: TPL, Prior Authorization, PERM
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$9,818,929.00
PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 13.6 Vacant: 0 Investigations: Filled: 0 Vacant: 0 SURS/Data Mining: Filled: 14.9 Vacant: 0 Provider Enrollment: Filled: 5 Vacant: 0 Provider Education/Communications: Filled: 17 Vacant: 0 Other: Not Reported Filled: 42.6 Vacant: 0
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)?: No

PREVENTION	
Total number of participating Medicaid providers:	27,193
Number of providers applied for enrollment in Medicaid:	7,869
Number of providers denied enrollment in Medicaid:	32
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, On-site visits, Criminal background investigations, Check if provider has another provider number under which the provider made inappropriate payments Other: Contact the State for further information.
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: 404 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: 348 Contractor staff: Not Reported Total State staff: 348 Contractor staff: 404
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$22,032,687.00 Field Audits: \$0.00 Provider Self-Audits: \$0.00 Combination Desk/Field Audits: \$0.00 Cost Report Audits: \$994,962.00 Total: \$23,027,649.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	6
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:	Yes
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: \$22,411,740.00 Field Audits: Not Reported Provider self-audits: Not Reported Combination desk/field audits: Not Reported Cost report audits: \$4,122.00 Total: \$22,415,862.00
Total dollars recovered from ALL Medicaid Integrity activities	\$34,634,510.00