PROGRAM CHARACTERISTICS

Medicaid Enrollment:	Fee-for-service recipients:	Not Reported
	Comprehensive managed care:	Not Reported
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	Not Reported
Organizational structure for Medicaid Integrity activities:	Inspector General (IG) Model	
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining Other: Not Reported	
Estimate of expenditures ($) for Medicaid Integrity activities:		$8,952,793.00

PLANNING

Staffing

Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	**Audits:**	
	Filled:	1
	Vacant:	1
	Investigations:	
	Filled:	3
	Vacant:	3
	SURS/Data Mining:	
	Filled:	6
	Vacant:	Not Reported
	Provider Enrollment	
	Filled:	4
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	0
	Vacant:	0
	Other: Not Reported	
	Filled:	35
	Vacant:	4

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)?: | **Not Applicable** |

PREVENTION

Total number of participating Medicaid providers:	**26,443**
Number of providers applied for enrollment in Medicaid:	16,354
Number of providers denied enrollment in Medicaid:	30
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), On-site visits 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:	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:	100 percent
	Contractor staff:	Not Reported
	Cost report Audits	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	Total	
	State staff:	Not Reported
	Contractor staff:	Not Reported
Overpayments ($) identified as a result of provider audits:	**Desk Audits:**	Not Reported
	Field Audits:	Not Reported
	Provider Self-Audits:	Not Reported
	Combination Desk/Field Audits:	100 percent
	Cost Report Audits:	Not Reported
	Total:	Not Reported

INVESTIGATION AND RECOVERY

Referrals to Law Enforcement

| Number of referrals accepted by the MFCU: | 44 |
| Number of referrals made to the MFCU: | 45 |

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:	Not Reported
	Cost report audits:	Not Reported
	Total:	Not Reported
Total dollars recovered from ALL Medicaid Integrity activities		Not Reported