PROGRAM CHARACTERISTICS

Medicaid Enrollment:	Fee-for-service recipients:	646,485
	Comprehensive managed care:	Not Reported
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	646,485
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model	
Activities that the State includes under the scope of Medicaid Integrity:	Investigations, SURS/Data Mining Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	None Other: Not Reported	
Estimate of expenditures ($) for Medicaid Integrity activities:		$862,750.00

PLANNING

Staffing

Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:
	  Filled: Not Reported
	  Vacant: Not Reported
	Investigations:
	  Filled: 15
	  Vacant: 6
	SURS/Data Mining:
	  Filled: 2
	  Vacant: Not Reported
	Provider Enrollment
	  Filled: Not Reported
	  Vacant: Not Reported
	Provider Education/Communications:
	  Filled: Not Reported
	  Vacant: Not Reported
	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)?: **Not Applicable**

PREVENTION

Total number of participating Medicaid providers:	45,213
Number of providers applied for enrollment in Medicaid:	5,898
Number of providers denied enrollment in Medicaid:	6
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), Check if provider has another provider number under which the provider made inappropriate payments Other: Not Reported
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: 86
	  Contractor staff: Not Reported	

	Field Audits
	  State staff: 0
	  Contractor staff: Not Reported	

	Provider Self-Audits
	  State staff: 4
	  Contractor staff: Not Reported	

	Combination Desk/Field audits
	  State staff: 11
	  Contractor staff: Not Reported	

	Cost report Audits
	  State staff: Not Reported
	  Contractor staff: Not Reported	

	Total
	  State staff: 101
	  Contractor staff: 0	

Overpayments ($) identified as a result of provider audits:	Desk Audits:	$8,461,095.51
	Field Audits:	Not Reported
	Provider Self-Audits:	$20,621.70
	Combination Desk/Field Audits:	$300,648.70
	Cost Report Audits:	Not Reported
	Total:	$8,782,365.91

INVESTIGATION AND RECOVERY

Referrals to Law Enforcement

Number of referrals accepted by the MFCU:	9
Number of referrals made to the MFCU:	12

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:	$5,279,314.34
	Field Audits:	Not Reported
	Provider self-audits:	$20,621.70
	Combination desk/field audits:	$175,931.70
	Cost report audits:	Not Reported
	Total:	$5,475,867.74
Total dollars recovered from ALL Medicaid Integrity activities		$9,056,934.74