



**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 <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:		Yes
State imposes <u>provider sanctions</u> 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