



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



State of South Dakota

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 104,465 Comprehensive managed care: Not Reported Primary care case management: Not Reported Other: Not Reported Total: 104,465
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: Contract Oversight
Medicaid Integrity activities that the State contracts out:	Not Reported Other: Quality Improvement Organization and dental claims processing (which includes program integrity functions)
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$1,998,057.00
PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 4 Vacant: 1 Investigations: Filled: 12 Vacant: 0 SURS/Data Mining: Filled: 4 Vacant: 0 Provider Enrollment Filled: 2.5 Vacant: 0 Provider Education/Communications: Filled: Not Reported Vacant: Not Reported Other: Not Reported Filled: 1.5 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)?: Not Applicable

PREVENTION	
Total number of participating Medicaid providers:	12,001
Number of providers applied for enrollment in Medicaid:	2,509
Number of providers denied enrollment in Medicaid:	180
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, 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:	No
DETECTION	
State typically extrapolates overpayments:	No
Total number of provider audits conducted:	Desk Audits State staff: 140 Contractor staff: 1,800 Field Audits State staff: 4 Contractor staff: 0 Provider Self-Audits State staff: 0 Contractor staff: 0 Combination Desk/Field audits State staff: 4 Contractor staff: 0 Cost report Audits State staff: 0 Contractor staff: 0 Total State staff: 148 Contractor staff: 1,800
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$6,516,381.00 Field Audits: \$732,960.00 Provider Self-Audits: \$33,249.00 Combination Desk/Field Audits: \$0.00 Cost Report Audits: Not Reported Total: \$7,282,590.00

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 <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:	Yes
State measures cost avoidance dollars due to policy changes:	Yes
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: \$6,516,381.00 Field Audits: \$732,960.00 Provider self-audits: \$33,249.00 Combination desk/field audits: Not Reported Cost report audits: Not Reported Total: \$7,282,590.00
Total dollars recovered from ALL Medicaid Integrity activities	\$7,282,590.00