



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



**State of Oklahoma**

PROGRAM CHARACTERISTICS		
<b>Medicaid Enrollment:</b>	Fee-for-service recipients:	260,615
	Comprehensive managed care:	Not Reported
	Primary care case management:	558,419
	Other:	Not Reported
	<b>Total:</b>	<b>819,034</b>
<b>Organizational structure for Medicaid Integrity activities:</b>	Distinct Program Integrity Model	
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining	
	Other: Not Reported	
<b>Medicaid Integrity activities that the State contracts out:</b>	Audits, Investigations, SURS/Data Mining	
	Other: Post-payment utilization reviews, prospective and retrospective drug reviews.	
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$3,096,921.01	

PLANNING		
<b>Staffing</b>		
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b>	
	Filled:	12
	Vacant:	1
	<b>Investigations:</b>	
	Filled:	Not Reported
	Vacant:	Not Reported
	<b>SURS/Data Mining:</b>	
	Filled:	12
	Vacant:	0
	<b>Provider Enrollment</b>	
	Filled:	Not Reported
	Vacant:	Not Reported
	<b>Provider Education/Communications:</b>	
	Filled:	Not Reported
	Vacant:	Not Reported
	<b>Other:</b>	
	Filled:	0.33
	Vacant:	Not Reported
<b>Strategic Planning</b>		
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?:	<b>Yes</b>
	For its managed care program(s)?:	<b>Yes</b>

PREVENTION		
<b>Total number of participating Medicaid providers:</b>		<b>31,089</b>
<b>Number of providers applied for enrollment in Medicaid:</b>		<b>16,065</b>
<b>Number of providers denied enrollment in Medicaid:</b>		<b>1</b>
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	In-state licensing board, Out-of-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: Internal data base maintained by contracts unit.	
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>		<b>Yes</b>

DETECTION		
<b>State typically extrapolates overpayments:</b>		<b>Yes</b>
<b>Total number of provider audits conducted:</b>	<b>Desk Audits</b>	
	State staff:	1,361
	Contractor staff:	17,365
	<b>Field Audits</b>	
	State staff:	20
	Contractor staff:	Not Reported
	<b>Provider Self-Audits</b>	
	State staff:	6
	Contractor staff:	Not Reported
	<b>Combination Desk/Field audits</b>	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	<b>Cost report Audits</b>	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	<b>Total</b>	
	State staff:	1,387
	Contractor staff:	17,365
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b>	\$4,455,915.67
	<b>Field Audits:</b>	\$229,388.98
	<b>Provider Self-Audits:</b>	\$84,401.57
	<b>Combination Desk/Field Audits:</b>	Not Reported
	<b>Cost Report Audits:</b>	Not Reported
	<b>Total:</b>	\$4,769,706.22

INVESTIGATION AND RECOVERY		
<b>Referrals to Law Enforcement</b>		
<b>Number of referrals accepted by the MFCU:</b>		17
<b>Number of referrals made to the MFCU:</b>		17
<b>Provider Suspensions &amp; Sanctions</b>		
<b>State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:</b>		Yes
<b>State imposes <u>provider sanctions</u> due to inappropriate or fraudulent activities:</b>		Yes
<b>Cost Avoidance</b>		
<b>State calculates the dollars cost avoided from terminating providers:</b>		No
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>		No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>		No
<b>State measures cost avoidance dollars due to policy changes:</b>		No
<b>Recoveries</b>		
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b>	\$1,479,227.11
	<b>Field Audits:</b>	\$388,282.30
	<b>Provider self-audits:</b>	\$47,063.28
	<b>Combination desk/field audits:</b>	Not Reported
	<b>Cost report audits:</b>	Not Reported
	<b>Total:</b>	\$1,914,572.69
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>		\$14,416,881.12