

PROGRAM INTEGRITY:

accountability

Navigating compliance with both state and federal requirements, the OHCA Program Integrity division is responsible for ensuring SoonerCare payments are made to **legitimate providers for appropriate and compliant services provided to eligible members**. It uses industry standard statistical analysis and robust auditing methodologies to perform its function with a high degree of statistical certainty. This ensures taxpayer dollars are being spent in a manner compliant with statute.

Housed in the agency's Medical Professional Service unit and led by our Chief Medical Officer and his team of physicians, nurses and medical professionals, the Quality Assurance and Quality Improvement units work to ensure services to our members are medically necessary and cost effective, based on evidence-based guidelines and accepted standards of practice.

AUDIT	FREQUENCY	DESCRIPTION	RECENT RESULTS
CMS 64	Quarterly	CMS Regional office staff performs on-site and/or desk reviews of quarterly Medicaid Assistance and Children's Health Insurance Program (CHIP) Expenditure reports.	NA
State Auditor	Annually	<ul style="list-style-type: none"> • 2017 Statewide Comprehensive Annual Financial Report • 2017 Statewide Single Audit of Federal Awards • Turnover audit 	<ul style="list-style-type: none"> • One control deficiency finding • Five findings, all minor • One minor control deficiency related to documentation
Payment Error Rate Measurement	Every three years	The PERM program is a federal program, conducted every 3 years that looks at accuracy of program payments.	OHCA's current error rate is 3.82 percent, which is below the national average of 5.7 percent.
Medicaid Eligibility Quality Control (MEQC)	Oklahoma will begin the MEQC with calendar year 2019 and will audit a sample of 800 eligibility cases.	The MEQC program requires each state to report to the Secretary the ratio of its erroneous excess payments for medical assistance under its state plan to its total expenditures for medical assistance. This audit will allow for identification of any errors in processing, or procedural weaknesses that can be addressed and strengthened.	NA
Health and Human Services (HHS) Inspector General	Periodic	Discretionary audits identified by the Office of Inspector General.	<ul style="list-style-type: none"> • One control deficiency finding • Five findings, all minor • One minor control deficiency related to documentation
CMS	Periodic	Financial Management Reviews (FMR) are category of service line item reviews; typically items with an enhanced match such as Skilled Professional Medical Personnel (SPMP) or Family Planning. Newly approved state plan services are also the focus of FMR reviews.	NA