

## DEFINITION:

Program integrity ensures correct payments are made to **contracted providers** for appropriate and **medically-necessary services** provided to **eligible members**.

# SOONERCARE PROVIDER AUDITS

## Program Integrity and Provider Audits

The Oklahoma Health Care Authority (OHCA) protects taxpayer dollars, federal matching funds and the availability of SoonerCare services through an agencywide effort to identify, recover and prevent inappropriate provider billings and payments. This work is spearheaded by the OHCA Program Integrity (PI) division, and provider audits are part of the process.

Both the OHCA and its contracted providers share responsibility for program integrity. OHCA ensures proper payment to providers and recovers misspent funds; providers ensure they provide only medically-necessary services and follow appropriate policies.

Staff in three PI units perform or assist in provider record review audits - Clinical Provider Audits, Behavioral Health Audits, and Data Analytics and Payment Accuracy.

## How Does an Audit Begin?

Provider audits are initiated through:

- 1 referrals:** Anyone with just cause can refer a provider for review (This includes patients, family members, employees, other agencies and community members)
- 2 peer-to-peer comparisons:** Software compares all claims of "like" peers, looking for billers outside the norm
- 3 data-mining:** The OHCA utilizes large amounts of claims data that can be searched and cross-referenced based on certain scenarios or through the use of algorithms

# ARE ALL PROVIDERS REVIEWED?

Federal regulations (42 CFR §455.14) state that if the agency receives a complaint of fraud or abuse from any source OR identifies any questionable practices, it must conduct a preliminary investigation to determine whether there is sufficient basis to warrant a full review. Below is a timeline of checkpoints in the Program Integrity audit process:



## WHAT HAPPENS WHEN AN AUDIT IS FINISHED?

A PI audit can be resolved in several ways. One option is that the agency seeks to recover any overpayments to a provider. Conversely, if there is insufficient evidence to support improper payment, the case is closed.

Actions resulting from PI efforts may include:

- clarification and streamlining of SoonerCare policies, rules and billing procedures;
- increased payment integrity, recovery of inappropriately billed payments and avoidance of future losses;
- education of providers regarding proper billing practices;
- potential termination of providers from participation in the SoonerCare program; and
- referrals to the Oklahoma Attorney General’s Medicaid Fraud Control Unit.

For more information on OHCA's program and payment integrity activities, please visit our Primer found at [okhca.org/reports](http://okhca.org/reports).

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**PROVIDER RECOURSE**

Following an audit finding determination, a provider may:

- Request an informal reconsideration
- Request an administrative audit appeal
- Pay the overpayment amount in the audit finding