

The Program Integrity Division is responsible for guarding against fraud, abuse and deliberate misuse of Medicaid program benefits; ensuring that Medicaid recipients receive necessary care at a level of quality consistent with that available to the general population; and assuring provider and recipient compliance with federal and state Medicaid rules and regulations.

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## DIVISION BRANCHES

AUDITS & COMPLIANCE	PROVIDER ENROLLMENT	THIRD-PARTY LIABILITY	RECOVERY
Helps identify and respond to issues of fraud, waste, and abuse through auditing and working closely with Unified Program Integrity Contractors, Managed Care Organizations, and providers to ensure contract and program compliance.	The branch is responsible for the enrollment and revalidation of providers, as well as performing maintenance requests to update existing provider files.	This branch identifies Medicaid recipients who have other medical insurance making Medicaid payer of last resort. The Branch also completes Estate Recovery functions and manages the Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP).	Works closely with MCOs & law enforcement partners, including the Office of Inspector General, KY Office of Attorney General, and the US Attorney's Office in order to prevent fraud, waste, and abuse and to recoup funds for Medicaid.

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