

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

September 16, 2013

John H. Armstrong, MD, FACS
Surgeon General & Secretary
4052 Bald Cypress Way
Tallahassee, Florida 32399

Dear Dr. Armstrong:

Pursuant to Section 20.055(5)(g), *Florida Statutes*, our office is to update you on the status of corrective actions taken since March 14, 2013 when the Auditor General published its Report Number 2013-133, *Public Assistance Eligibility Determination Processes at Selected State Agencies*. Management's assessment of the current status of corrective actions is included in the enclosed document.

At six months after publication, management reports they have initiated all corrective actions made in response to recommendations from the Auditor General's report. Two corrective actions are completed and five are still in process.

If I may answer any questions, please let me know.

Sincerely,

James D. Boyd, CPA, MBA
Inspector General

JDB/kir
Attachment

cc: Michael J. Bennett, CIA
Director of Auditing
Kathy DuBose, Coordinator
Joint Legislative Auditing Committee



Status of Findings

Report # 2013-133
 Report Title: Public Assistance Eligibility Determination Processes at Selected State Agencies
 Report Date: September 16, 2013
 6 month Status Update

Number	Finding	Recommendation	Corrective Action Plan	Status
1	<p>The efficiency of the State's public assistance eligibility determination processes could be improved. We found that for several programs, identifying information, such as social security numbers (SSN), was not always required, no documentation was required in support of significant applicant-reported information, and some processes were duplicated by administering State agencies.</p>	<p>We recommend that the State consider requiring all applicants to submit common background information, including but not limited to, social security numbers and documentation in support of certain representations made in public assistance applications, such as, for example, the applicant's identity. We also recommend that the Legislature require the Department of Children and Families (DCF), with the cooperation of other agencies of State government, to conduct a study of the feasibility and cost-effectiveness of the centralization and consolidation of the public assistance application and eligibility determination processes.</p>	<p>Children's Medical Services (CMS) Early Steps: N/A</p> <p>Family Planning Program: County Health Department (CHD) eligibility staff and their supervisors receive training on the importance of obtaining a copy of the client's Social Security Card, if available, or verify through other sources, such as the Florida Medicaid Management Information System (FLMMIS).</p> <p>Infant, Maternal, and Reproductive Health (IMRH) Unit Liaisons will review the information available in the client's health record during CHD quality assurance/quality improvement (QA/QI) visits to verify how the SSN was verified.</p>	<p>CMS Early Steps: Previously Completed. Not applicable.</p> <p>Family Planning Program: During the scheduled November 2013 Family Planning training, the importance of obtaining a copy of all clients' SSN card, or verifying through other sources, will be a part of the agenda related to the capturing of accurate demographic data for the purpose of program reporting and data analysis.</p> <p>Completed. During QA/QI visits and desk reviews the importance of capturing accurate demographic information was discussed with each CHD visited by the IMRH liaisons. The only definitive way to ensure accuracy of information provided, such as the SSN, is through use of obtaining original copies or use of other systems which require original copies.</p>
			<p>Dental Program: The Public Health Dental Program will communicate with the CHD dental programs the importance of verifying correct entry and documentation of SSNs.</p> <p>Women, Infants and Children (WIC) Program Services: The program liaisons will be reminded of the importance of gathering timely and accurate data.</p> <p>Antiepileptic Drug Program (ADP) and Insulin Distribution Program (IDP): The IDP and ADP will participate in any discussions related to collection of common data elements. They will begin collecting SSNs, if that is identified as a common element.</p>	<p>Dental Program: Completed. March 2013 began biannual reminders to CHDs on the monthly conference call the need to verify social security and identity of all dental patients as part of DOH quality assurance plan in support of required documentation of self-reported information provided by dental patients.</p> <p>WIC Program Services: Completed. Memo created and distributed September 11, 2013</p> <p>ADP and IDP: Completed. The IDP and ADP do not collect SSNs and do not need SSNs to implement the program. At such time that there is an agency requirement to collect this information, the programs will follow that requirement.</p>



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2	<p>Our review of enrollment in 42 of the selected public assistance programs during the month of December 2011 disclosed that 43 percent of the recipients were enrolled in at least two programs. For a selection of these recipients, we compared the information shown in the records of each of the administering agencies and found numerous instances in which the information shown in the records of one agency, concerning such matters as employment status, household income, family size, and participation in other public assistance programs, differed from that shown in the records of other agencies. Such differences, in some instances, may indicate the existence of fraud or record errors resulting in improper payments.</p>	<p>We recommend that State agencies examine the feasibility of sharing data and performing additional matches in order to identify and resolve inconsistencies in recipient information.</p>	<p>Breast and Cervical Early Detection Program (BCCEDP): The program liaisons will be reminded of the importance of gathering timely and accurate data.</p> <p>Colorectal Cancer Control Program (CRCCP): The program liaisons will be reminded of the importance of gathering timely and accurate data.</p> <p>HIV/AIDS: At this time, the program has no plans to require further documentation for the reasons listed.</p> <p>Immunization: None needed.</p> <p>WIC Program Services: The program liaisons will be reminded of the importance of gathering timely and accurate data.</p> <p>HIV/AIDS: Implement daily data matches between Medicaid and the HIV/AIDS and Hepatitis Program.</p> <p>Immunization: Since eligibility is not determined at the time of vaccinating with VFC vaccine (only confirmed and recorded), this finding does not appear to be relevant to the process of using VFC vaccine.</p>	<p>BCCEDP: Completed. BCCEDP included the importance of accurate transcription of SSNs during bi-monthly conference calls with regional coordinators and during Annual Regional Coordinator Meeting 5/3/13 which included DCF staff who process Medicaid eligibility.</p> <p>CRCCP: Completed. CRCCP reminds (partnering facility) staff during quality assurance review of the patient data collection forms.</p> <p>HIV/AIDS: Previously completed.</p> <p>Immunization: Previously completed.</p> <p>WIC Program Services: Completed. Memo created and distributed September 11, 2013</p> <p>HIV/AIDS: The interface for exchanging eligibility information with AHCA has been completed and is currently running on a weekly basis. There have been no errors in transmission during the initial weekly transfer period, so the automatic transfer schedule is being updated to run on a nightly basis. This next phase is expected to be completed by September 30, 2013.</p> <p>Immunization: None needed.</p>



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3	For the records tested, the social security numbers recorded by State agencies for public assistance recipients were not always accurate.	We recommend that State agencies evaluate the need to obtain social security numbers from applicants and, when obtained, ensure that social security numbers are correct and accurately recorded in agency records.	<p>Family Planning Program: CHD eligibility staff and their supervisors receive training on the importance of obtaining a copy of the client's Social Security Card, if available, or verify through other sources, such as the Florida Medicaid Management Information System (FLMMIS).</p> <p>IMRH Unit Liaisons will review the information available in the client's health record during CHD QA/QI visits to verify how the SSN was verified.</p> <p>Dental Program: The Public Health Dental Program will communicate with the CHD dental programs the importance of verifying correct entry and documentation of SSNs.</p> <p>WIC Program Services: The Bureau of WIC Program Services will develop a memo to local WIC agencies reminding staff of the importance in collecting valid SSNs and to follow-up to obtain an actual SSN when a pseudo SSN is used for certification.</p> <p>IDP and ADP: The IDP and ADP do not collect SSNs and do not need this information to implement the programs.</p> <p>BCCEDP and CRC Programs: The program liaisons will be reminded of the importance of gathering timely and accurate</p> <p>HIV/AIDS: At this time HIV/AIDS and Hepatitis Program has no plans to require SSNs.</p> <p>Immunization: None needed. Birth record population of SSNs is already in place.</p>	<p>Family Planning Program: Previously Completed.</p> <p>Dental Program: Completed. March 1, 2013 began biannual reminder to CHDs on the monthly conference call the need to verify social security and identity of all dental patients as part of DOH quality assurance plan in support of required documentation of self-reported information provided by dental patients</p> <p>WIC Program Services: Completed. Memo created and distributed September 11, 2013</p> <p>IDP and ADP: None needed.</p> <p>BCCEDP and CRC Programs: Previously Completed.</p> <p>HIV/AIDS: Previously Completed.</p> <p>Immunization: Previously Completed.</p>

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4	DOH, Office of Vital Statistics (OVS), did not have a process in place to verify the accuracy of the information included in the death records submitted by funeral directors. Our audit tests disclosed numerous errors in OVS death records. The absence of accurate data reduces the ability of State agencies to rely on OVS information as an efficient means for detecting benefit payments that have not been timely discontinued.	We recommend that the OVS implement procedures to be followed by State agencies to report errors in OVS death records. Additionally, the OVS should consider whether additional steps may be taken, such as the performance of a comprehensive match against SSA records, to identify and resolve errors in existing OVS death records.	The department is looking at adding a new data field to data files that states the decedent's SSN is not verified by SSA for those instances where it is applicable. This fact would be indicated on the death data file distributed to agencies needing decedent's SSN.	Vital Statistics has added the additional data field for the SSA Verification Flag to the SFTP data files for the State Division of Elections, Dept of Motor Vehicles, and Clerks of Circuit Court and Department of Children and Families. These agencies are in the process of modifying their system applications to accept the modified files. Confirmed that Clerks of Circuit Court should be fully tested and in production by October 1, 2013; remaining agencies are in application/testing phase. Additionally, OVS is working with SSA to investigate/resolve records which fail the EDRS SSA Verification based on Name, DOB, SSN on a routine basis; this will help avoid having incorrect records flagged. A file has been constructed of the past month's "unverified" records to determine patterns and methods to enhance, and is being coordinated with the SSA office for review/correction. As this phase is implemented, data users will also receive any modified records which update the information based on SSA findings.
6	Data exchanges were not always processed timely, resulting in the failure to timely detect public assistance benefits that were authorized or paid on behalf of some recipients subsequent to the recipient's death.	We recommend that State agencies ensure that death record data exchanges are timely performed, any matching records be appropriately researched, and any payment errors timely resolved. Additionally, we recommend that the DCF conduct death record data exchanges for SUNCAP (a DCF program) program recipients and ensure that cases are timely closed upon a recipient's death.	<p>WIC Program: The Bureau of WIC Program Services will develop a memo to local WIC agencies outlining suggested procedures to more timely identify the death of children participating in WIC.</p> <p>HIV/AIDS: We will examine the data in the report, including the number of persons who potentially received services inappropriately, and determine the feasibility of performing such data matches.</p>	<p>WIC Program Services: Completed. Memo created and distributed September 11, 2013</p> <p>HIV/AIDS: The interface for exchanging eligibility information with AHCA has been completed and is currently running on a weekly basis. There have been no errors in transmission during the initial weekly transfer period, so the automatic transfer schedule is being updated to run on a nightly basis. This next phase is expected to be completed by September 30, 2013.</p>



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7	Data exchange processes did not always effectively identify recipients who had been incarcerated. As a result, public assistance benefits were paid by State agencies to the accounts of some individuals subsequent to the date of their incarceration.	We recommend that the DCF review its data exchange process in order to determine if alternative processes could be implemented to ensure more timely and accurate data matches. We also recommend that when the DCF identifies ineligible recipients, benefits be timely terminated and benefit recovery referrals be made when appropriate. In addition, we recommend that the Department of Economic Opportunity (DEO) revise its match process to better ensure the detection of all inmate accounts.	<p>HIV/AIDS: We will examine the data in the report, including the number of persons who potentially received services inappropriately, and determine the feasibility of performing such data matches.</p> <p>Immunization: Not applicable for Immunization Program</p>	<p>HIV/AIDS: Not applicable.</p> <p>Immunization: Not applicable for Immunization Program</p>
10	DOH did not perform timely, complete matches of records showing individuals receiving AIDS Drug Assistance to records showing individuals who were Medicaid-eligible. We noted instances where AIDS Drug Assistance Program (ADAP) benefits were improperly provided to Medicaid-eligible recipients.	We recommend that the DOH conduct periodic matches to better ensure that ADAP assistance is not provided to Medicaid-eligible persons.	<p>Monthly ADAP matches are performed.</p>	<p>Staff of the reporting unit started working on the data sharing agreement with AHCA early last year. Unfortunately, because of strict HIV/AIDS confidentiality laws and resulting legal concerns, the document went through numerous iterations. In addition, there were a number of changes in legal staff and points of contact at AHCA, further delaying the approval process. The Reporting Unit had no errors receiving the data from AHCA during the test period. The ADAP program anticipates receiving the necessary data no later than September 20th from the Reporting Unit. ADAP will begin a match on this data by the end of September 2013.</p>