RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

JLAC Received 7.31.24

July 31, 2024

Jason Weida, Secretary
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308

Dear Secretary Weida,

Enclosed is a six-month status report on OPPAGA's *Biennial Review of AHCA's Oversight of Fraud and Abuse in Florida's Medicaid Program,* Report No. 24-03, issued January 2024. This status report is issued in accordance with the statutory requirement to report on corrective actions resulting from OPPAGA's recommendations six months from the report date.

Sincerely,

Brian P. Langston
Inspector General

BPL/sgb

Enclosure: Six-Month Status Report on OPPAGA Report No. 24-03
cc/enc: Joint Legislative Auditing Committee
Melinda Miguel, Chief Inspector General, EOG
Stefan Grow, AHCA Chief of Staff
Kim Smoak, Deputy Secretary, Health Care Policy and Oversight
Tom Wallace, Deputy Secretary, Health Care Finance and Data
Austin Noll, Deputy Secretary, Medicaid Policy, Quality, and Operations
Karen Preacher, Audit Director, Office of the Inspector General

Florida Agency for Health Care Administration
OPPAGA Biennial Review of AHCA's Oversight of Fraud and Abuse in Florida's Medicaid Program (Report# 24-03)
Six-Month Status Report as of July 31, 2024

Topic	Concern	Recommendation	AHCA Response	Management Response as of July 31, 2024
Performance Measures	AHCA's performance targets for overpayment identification are variable and could be enhanced	AHCA should revise its method for projecting the identification and prevention of overpayments to enhance the utility of performance targets related to overpayment. The projection consideration could factor in the number of providers or services rendered within the Florida Medicaid program, rather than relying on past years' dollar amounts, which can be variable from year-to-year—depending on Medicaid trends.	The Agency will evaluate the manner in which the LRPP items are developed as it relates to MPI, and as determined appropriate, adjustments will be made.	The LRPP measure is not used by Agency leadership to project overall fraud and abuse-related performance but is, rather, a financial projection used external to the Agency. As such, the use of identified overpayments remains an efficient performance goal. There being no further outstanding actions, this topic is complete. That notwithstanding when LRPP requirements arise for the Agency, the method for projecting performance targets will, as is typical, be further evaluated.

Topic	Concern	Recommendation	AHCA Response	Management Response as of July 31, 2024
Performance Measures	AHCA does not have formal internal performance targets for fraud and abuse	AHCA should create performance targets for agency investigations of fraud and abuse within the Medicaid program. This could include the number of investigations initiated (or convictions made) out of the total number of referrals made to MFCU.	The Agency will evaluate the manner in which the LRPP items are developed as it relates to MPI, and as determined appropriate, adjustments will be made.	Because AHCA and MPI have little influence over whether MFCU pursues an investigation and whether a prosecutor will pursue a conviction, the Agency does not agree that the recommended performance measure is a good reflection of the Agency's performance. Fraud and abuse in the Medicaid program is very fluid and therefore, the prioritization of the interventions also must be flexible. Performance targets have not previously been formalized because the goal is always to engage in as many high-quality program integrity interventions as possible and to contemplate the value (both monetary and non-monetary) for the Medicaid program. This is an ongoing and fluid process handled through routine discussions of interventions and subjects (e.g., provider types) and appropriate adjustments to the use of resources to efficiently and effectively engage in as many interventions as can be done in a high-quality manner. There being no further outstanding actions, this topic is complete.

Topic	Concern	Recommendation	AHCA Response	Management Response as of July 31, 2024
Performance Measures	The overall utility of MCO referral performance targets could be enhanced	AHCA should annually report on the total number of accepted referrals out of the total referrals submitted; and/or annually report on the number of investigations initiated (or convictions made) out of the total number of accepted referrals.	In 2016, a federal rule change mandated that MFCU referrals go directly to MFCU. This reduced MPI's ability to positively impact the preparation of the referrals and acceptance/conviction rate. However, this concern is noted, and MPI will continue to work toward improvements in the processes regarding MCO performance targets. Please see the Annual Fraud Report for more comments on this issue.	As was previously described, the MCO referrals are made directly to MFCU and AHCA does not always timely know whether they are accepted or declined; however, most (if not all) are accepted initially while MFCU evaluates whether they want to pursue the matter further. The MCOs and AHCA are without the ability to influence the conviction rate or even influence which cases MFCU decides to pursue. There being no further outstanding actions, this topic is complete. That notwithstanding, MPI will discuss with Medicaid the inclusion of additional criteria in future contracts.

Topic	Concern	Recommendation	AHCA Response	Management Response as of July 31, 2024
Data Analytics	MPI investigators rely on manual search and data entry processes; increasing automation of data entry and analysis processes could potentially increase background investigation data reliability and reduce workload	AHCA should continue to improve the reliability and efficiency of the Fraud and Abuse Case Tracking System by assuring that the system automates data entry to the greatest extent possible. For example, the system should automatically allow users to view all information related to a case, such as previously registered complaints and cases for the same provider or type of infraction. MPI might consider incorporating a version of FACTS into the Florida Health Care Connections system, so that issues identified throughout the agency via data analysis can easily be flagged for MPI review.	We do not disagree that systems can be improved. However, personnel resources which would be required to perform many of the recommended enhancements are already actively engaged with the Agency FX project and a separate effort toward automation may not be the most effective use of resources. That said, *after* critical FX systems and tools are in use by MPI, the Agency will consider incorporating a case tracking system.	As was previously discussed, any resources that could or should be used to increase the use of FACTS for investigatory purposes are dedicated to higher priorities. There being no further outstanding actions, this topic is complete.

Topic	Concern	Recommendation	AHCA Response	Management Response as of July 31, 2024
Performance Measures; Stakeholder Communication	AHCA and MFCU have not held formal, in-person meetings together or with MCOs, to provide training or guidance on the fraud referral process	AHCA should improve stakeholder communication by resuming regular, formal, in-person meetings and training with both MFCU and MCOs. Formal meetings would provide an opportunity for MCOs to receive guidance on the referral process, receive feedback on the quality of past submissions, and share insights with AHCA/MFCU.	This has already been completed to the extent reasonably practical. Most MFCU meetings and training are performed via MS Teams simply due to the location of personnel. MPI has continued to offer to facilitate further meetings with MFCU and the MCOS.	As was previously described, AHCA and MFCU have never stopped holding meetings, they were merely stopped as in-person meetings during the public health emergency (PHE) and continued as virtual meetings, with in-person meetings as the circumstances warrant. There being no further outstanding actions, this topic is complete.

Topic	Concern	Recommendation	AHCA Response	Management Response as of July 31, 2024
Oversight Program Integrity	Current reporting systems used to alert states of concurrent enrollments do not always provide timely data or notify Florida of recipients possibly enrolled in another state	AHCA should coordinate with CMS and the U.S. Department of Health and Human Services OIG to determine whether and how the agency can improve its access to more accurate and timely data about Medicaid enrollees.	AHCA has met with our CMS Regional Director and discussed the possibility of States using National TMSIS data. Currently, states are not allowed access to the PHI needed to perform this match for residents not in their state. Our CMS Regional director said he would make note of the request.	There is no update since CMS advised us that T-MSIS could not be used for that purpose.