

RICK SCOTT GOVERNOR ELIZABETH DUDEK SECRETARY

September 3, 2013

Ms. Elizabeth Dudek, Secretary Agency for Health Care Administration 2727 Mahan Drive Tallahassee, FL 32308

Dear Secretary Dudek,

Enclosed please find our six-month status report on the Auditor General's *Public Assistance Eligibility Determination Processes At Selected State Agencies*, Report Number 2013-133, issued March 2013. This status report is issued in accordance with the statutory requirement to report on corrective actions resulting from the Auditor General's recommendations six months from the report date.

If you have any questions about this status report, please contact Mary Beth Sheffield at 412-3978.

Sincerely,

Eric W. Miller Inspector General

EWM/szg

Enclosure: Six-Month Status Report of AG Report# 2013-133

cc/enc: Kathy DuBose, Joint Legislative Auditing Committee

Justin Senior, Deputy Secretary, Division of Medicaid Tonya Kidd, Deputy Secretary, Division of Operations



# Agency for Health Care Administration AG 10-11 Operational Audit – Multi Agency (Report# 2013-133) Public Assistance Eligibility Determination Processes At Selected State Agencies Six-Month Status Report as of September 3, 2013

#### Finding 8:

State agencies did not compare public assistance records and juvenile detention records. Our comparisons identified instances in which improper payments were made by State agencies on behalf of youths who, at the time of payment, were committed to a Department of Juvenile Justice facility.

#### **Recommendation:**

We recommend that the DCF match public assistance records with DJJ records monthly to timely identify any modifications needed in the program status of applicable youths and the youths' families. In addition, the DJJ should ensure that appropriate forms are completed and sent to the DCF and AHCA for youths in DJJ commitment.

### Agency Response as of February 28, 2013:

In the specific instance in question, according to recipient records, DJJ sent the correct form to the Area 5 office to disenroll the recipient. While action was taken to disenroll the recipient from the Children's Medical Services managed care organization, the recipient continued in managed behavioral health care, because manual input to end the Prepaid Mental Health Plan (PMHP) date span was not added in FMMIS. Medicaid Services staff has a standing call each Monday with the area office behavioral health staff who put the exemptions into FMMIS, and Medicaid Services staff will remind area office behavioral health staff that they must also manually end the PMHP date span in addition to adding the special condition code to FMMIS.

# Status as of September 3, 2013:

The Agency worked with Department of Children and Families (DCF) to ensure that Medicaid eligibility is suspended for children entering Department of Juvenile Justice (DJJ) residential commitment programs. DJJ now provides a monthly data file to DCF, and DCF closes the eligibility of youth in a DJJ residential program with a current Child in Care eligibility and closes the eligibility for Medicaid youth upon admission to a DJJ residential program. In addition, the Agency is developing a customer service request to change FMMIS in order to prevent payment of Federal Financial Participation for youth entering a DJJ residential program.

#### **Anticipated Completion Date:**

February 2014

### **Agency Contact:**

Melissa Eddleman (850) 412-4192

#### Finding 9:

The Agency for Health Care Administration did not conduct matches between Medicaid records and workers' compensation records until March 2012. Our tests disclosed Medicaid claims that, according to State records, were paid to providers who were also paid through workers' compensation insurance.

#### **Recommendation:**

We recommend that AHCA ensure the conduct of the workers' compensation data matches and the collection of amounts due from third parties.

## Agency Response as of February 28, 2013:

The Agency for Health Care Administration (Agency) and the Department of Financial Services, Division of

# Agency for Health Care Administration AG 10-11 Operational Audit – Multi Agency (Report# 2013-133) Public Assistance Eligibility Determination Processes At Selected State Agencies Six-Month Status Report as of September 3, 2013

Workers' Compensation (DFS-DWC), executed a five-year workers' compensation information data sharing agreement on April 1, 2010. However, the Agency did not begin to receive complete and usable workers' compensation data files from DFS-DWC until March 2012. The Agency's Third Party Liability contractor, Xerox State Healthcare, LLC (Xerox), is currently receiving monthly files containing workers' compensation accident information from DFS-DWC via secure file transfer protocol (FTP). DFS-DWC does not provide workers' compensation paid medical claims benefit information in the data file. Therefore, it is not possible for the Agency to match Medicaid paid claims to worker's compensation paid claims using this data file. Instead, DFS-DWC provides data regarding injured workers and insurance carriers to the Agency. The data elements contained in the file are:

- Claimant Name,
- Claimant Social Security Number (SSN) or Division Assigned Number,
- Claimant Date of Birth,
- Date of Accident.
- Workers' Compensation Carrier Name,
- Workers' Compensation Carrier Address,
- Workers' Compensation Carrier Number-Assigned by Division,
- Third Party Administrator Name,
- Third Party Administrator Address,
- Third Party Administrator Number-Assigned by Division, and
- Carrier or Third Party Administrator Internal Claim Number.

Xerox matches those individuals filing a claim against a workers' compensation insurance carrier with the Medicaid recipient file. Xerox then identifies any Medicaid paid claims for the recipient matches. Xerox uses an auto-calculation process whereby any International Classification of Disease code that may relate to treatment of an injury are identified, (i.e. strains, sprains, fractures, general pain, etc.). This process returns a spreadsheet that lists the accident-related claims for each Medicaid recipient.

The spreadsheet is reviewed by Xerox's medical claims analyst and workers' compensation recovery specialist. This review compares the outcome of the systematic analysis with the known date of accident and injuries to validate if a Medicaid lien against any benefits from the workers' compensation insurance settlement is necessary.

Xerox recovery specialists review the information and make a decision regarding the appropriate method of outreach and recovery, such as initiating communication with the workers' compensation carrier, the Medicaid recipient's attorney or with the Medicaid recipient if they have not retained an attorney.

### Status as of September 3, 2013:

The Agency's Third Party Liability contractor, Xerox State Healthcare, LLC (Xerox) has been conducting workers' compensation data matches with the Department of Financial Services, Division of Workers' Compensation (DFS-DWC), since March 2012. Data files are received from DFS-DWC on a monthly basis and Xerox typically conducts the data match every 3-4 months, based upon the size of the files received. Potential tort/casualty recovery cases are initiated and pursued for those Medicaid recipients identified as having Medicaid paid claims that may be associated with a workers' compensation injury and/or settlement.

The Agency's Medicaid State Plan requires that the workers' compensation data matches identify Medicaid recipients who are injured in work related accidents, in compliance with Title 42, CFR, Section 433.138(d)(4)(i). As indicated previously, the data file received from DFS-DWC does not contain paid claims data and the Agency does not perform matches of Medicaid paid claims to workers' compensation paid claims.

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Please see the chart below depicting the workers' compensation data matches that have been conducted since March 2012:

## Workers' Compensation File Data Matches

WC File Receipt Date	Data Match Run Date	Incident Date Span	Number of Individuals Filing a WC Claim	Number of Medicaid Recipients Identified	Number of Exisiting Tort Recovery Cases	Auto-Calc Run Date	Tort Cases	Number of New Tort Cases Generated <\$250	Comments
3/23/12	3/23/2012	1/30/2003- 2/22/2012	3,756	929	0	3/30/2012	14	16	
4/16/2012 5/16/2012	5/24/2012	7/28/2003- 4/24/2012	5,310	981	2	5/24/2012	8	22	
6/18/2012 7/16/2012	8/9/2012	5/16/1980- 6/25/2012	7,629	2,005	2	8/9/2012	2	31	
8/17/2012 9/17/2012 10/16/2012 11/19/2012	12/31/2012	11/11/1980- 10/24/2012	14,658	3,839	8	1/15/2012	14	22	
12/17/2012 1/17/2013 2/18/2013	4/18/2013	5/17/1987 - 1/23/2013	9895	2687	0	4/18/2013	43	61	
3/16/2013 4/16/2013 5/16/2013 6/16/2013	7/25/2013	TBD	10572	2854	87	8/7/2013	TBD	TBD	Anticipate data analyzation will be completed in 2-3 weeks.

# **Anticipated Completion Date:**

Ongoing

## **Agency Contact:**

Frank Dichio (850) 412-4137