RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 27, 2016

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

Dear Secretary Dudek,

Enclosed is a six-month status report on the Auditor General's *State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards*, Report Number 2016-159, issued March 2016. 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 #2016-159
cc/enc: Joint Legislative Auditing Committee
Melinda Miguel, Chief Inspector General, EOG
Justin Senior, Deputy Secretary, Division of Medicaid
Tonya Kidd, Deputy Secretary, Division of Operations

Florida Agency for Health Care Administration
Auditor General FY 2014-15 Federal Awards Audit (Report# 2016-159)
Six-Month Status Report as of September 27, 2016

Finding# 2015-019	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
General information technology (IT) controls for the Florida Medicaid Management Information System (FMMIS) need improvement. Additionally, the FAHCA did not fairly state the status of a similar finding on the Summary Schedule of Prior Audit Findings (SSPAF).	We recommend that the FAHCA ensure the State's fiscal agent takes timely and appropriate corrective action to resolve the deficiencies noted in the HPES SSAE 16 Type II report.	HPES implemented the following corrective actions: Issue #1 and #2: ☐ The FLXIX Security Policies and Procedures Manual was modified (version 1.1) to add security procedures for monitoring and auditing Switch User ID access to production. Section 17.1.6 of the Procedure Manual – Post implementation of corrective action states: The access is monitored on a daily basis by a HPES Solution Architect and a Systems Engineer who do not have the access to the super user ID. Therefore, two independent individuals are conducting the reviews. ☐ On a weekly basis, Switch User ID access is reviewed to verify if the level of access is appropriate for the individual's job responsibilities. ☐ This corrective action was applied to production level access and not applicable to test environments. Issue #3: ☐ The FLXIX Security Policies and	Fully Corrected	Issues #1 and #2: Implemented on March 26, 2016. Issue #3: Implemented on March 26, 2016. Issue #4: Implemented on July 1, 2016 for the July quarterly Medicaid Enterprise User Provisioning Service (MEUPS) audit. Issues #5 and #6: Implemented on March 26, 2016. Issue #7: Implemented on April 2016. Cheryl Travis (850) 412-3416

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		Procedures Manual was modified (version 1.1) to add security procedures for monitoring and auditing Switch User ID access to production. ☐ The access reviews are conducted as follows (per Security Policies and Procedure Manual): o Switch User activity is recorded for each system and uploaded daily to the FLXIX SharePoint site. o The activity is reviewed by and signed off by the Leveraged Security Administrator (or FLXIX Security Officer (SO)). o Any questions about the activity are directed to the Solution Architect and the Systems individuals who performed the activities. o The review must verify that a valid Change Order (CO) or Florida Interactive Portal (FIP) was recorded for all the Switch User usage. Issue #4: ☐ Reviews are conducted each quarter		

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		and a report is delivered to Medicaid Fiscal Agent Operations (MFAO). ☐ The MFAO reviews the report as part of the HPES Report Card process. The HPE Report card assigns a score for measurable performance measures, and when the Fiscal Agent receives an unacceptable score, they are liable for liquidated damages under the current contract. Issue #5 and #6: ☐ HPES modified the system monitoring procedures to monitor Switch User Access for Unix Systems. ☐ Access and special privileges have been granted to a minimal number of HPES staff. UNIX produces a listing of the access group members. Issue #7: ☐ HPES has the system parameters appropriately configured. The result of the change is to call a verification function. ☐ Execution of this function results in		

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		the verification of the password length, as well as approximately a dozen other verifications. ***Estimated Corrective Action Date:*** Completed January 31, 2016		

Finding# 2015-033	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
The FAHCA continued to record medical assistance related payments to incorrect appropriation categories in the State's accounting records.	We again recommend that the FAHCA strengthen procedures for the accurate recording of medical assistance related payments in the State's accounting records.	The FAHCA will continue to make every effort to ensure that medical assistance related payments are accurately recorded in the State's accounting records. The FAHCA implemented an Electronic Fund Transfer (EFT) process for the payment of the medical assistance related payments allowing payments to be posted against the correct category at the time of vouchering in the event release, budget, and cash are sufficient. In the event release and budget are not sufficient to record medical assistance related payments to the correct appropriation category, a budget amendment will be	Partially Corrected	The FAHCA will continue to make every effort to ensure that medical assistance related payments are accurately recorded in the State's accounting records. The FAHCA implemented an Electronic Fund Transfer (EFT) process for the payment of the medical assistance related payments allowing payments to be posted against the correct category at the time of vouchering. However, posting to the correct category is contingent upon the availability of sufficient release, budget, and cash. In the event that release and budget are not sufficient to record medical assistance related payments to the correct appropriation category, a budget

Finding# 2015-033	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
		submitted to realign budget authority in accordance with actual expenditures. ***Estimated Corrective Action Date:*** Unable to give a specific corrective action date because the corrective action is dependent upon factors not within the control of the FAHCA such as when a Legislative Budget Commission meeting is held, timelines for the submission of year-end budget amendments, and year-end deadlines for submitting vouchers for payment.		amendment will be submitted to realign budget authority in accordance with actual expenditures. Budget amendments to correct postings for the payment of the medical assistance related payments normally must be presented to the Legislative Budget Commission (LBC) for consideration. The FAHCA will submit a budget amendment each time the LBC meets. The finding is partially corrected as the Agency has no control over when the LBC meets. Anita Hicks (850) 412-3815

Finding# 2015-035	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
The FAHCA did not always calculate Federal funds draws or related expenditures correctly. Additionally, the FAHCA did not always limit Federal funds draws to amounts needed for immediate cash needs.	We recommend that the FAHCA ensure draw amounts are only for immediate cash needs and that the amounts of the draws and the corresponding payments are correct.	The FAHCA will continue to refine its process relating to federal funds draws and related expenditures through training, quality and management reviews, and collaboration with contract managers and other subject matter experts. Currently, the FAHCA maintains payment logs to ensure payments are processed timely, at the correct rate, and in the correct amount. These payment logs are reconciled quarterly with FLAIR data by the Disbursement accounting staff. In addition, contract managers' meetings are held quarterly to review contract activities and ensure payments have been properly recorded in accounting records. The FAHCA amended its process for federal funds draws to require the Disbursement accounting staff to submit a request to initiate the draw of federal funds for contract payments. This allows federal funds draws to be directly linked to specific payments. The FAHCA will enhance its process by providing another round of training to staff on the proper implementation of the process, developing a checklist for a self-review by the accounting staff to check for accuracy, adding a Disbursement unit	Fully Corrected	The FAHCA continues to refine its process relating to federal funds draws and related expenditures through training, quality and management reviews, and collaboration with contract managers and other subject matter experts. Currently, the FAHCA maintains payment logs to ensure payments are processed timely, at the correct rate, and in the correct amount. These payment logs are reconciled with FLAIR data by the Disbursement accounting staff. In addition, contract managers' meetings are held quarterly to review contract activities and ensure payments have been properly recorded in accounting records. The FAHCA amended its process for federal funds draws to require the Disbursement accounting staff to submit a request to initiate the draw of federal funds for contract payments. This allows federal funds draws to be directly linked to specific payments. The FAHCA has enhanced its process by providing another round of training to staff on the proper implementation of the process, developing a checklist for a self-review by the accounting staff to check for accuracy, adding a Disbursement unit management review for quality assurance purposes, and

Finding# 2015-035	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
		management review for quality assurance purposes, and locking certain cells of the Draw/Payment template to prevent unwanted or inadvertent changes. With regard to federal funds draws not being limited to amounts needed for immediate cash needs, the FAHCA will continue to review this process. However, when the FAHCA is required to request federal funds using estimated expenditures (during holidays and office closures), there will always be a possibility of an overdraw of federal funds. This cannot be avoided entirely. The consequence of not having sufficient federal funds available to meet immediate cash needs for operations could result in hardship or adversity for Medicaid providers if funds are not available to make medical assistance related payments timely. ***Estimated Corrective Action Date:*** June 30, 2016		locking certain cells of the Draw/Payment template to prevent unwanted or inadvertent changes. In regards to federal funds draws not being limited to amounts needed for immediate cash needs, the FAHCA will continue to review this process. However, when the FAHCA is required to request federal funds using estimated expenditures (during holidays and office closures), overdraws will always be a possibility. This cannot be avoided entirely. The consequence of not having sufficient federal funds available to meet immediate cash needs for operations could result in hardship or adversity for Medicaid providers if funds are not available to make medical assistance related payments timely. Anita Hicks (850) 412-3815

Finding# 2015-036	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
Medical service claim payments made to providers of Medicaid services were sometimes made for services claimed to have been rendered subsequent to the recipient's date of death. ***Auditor's Remarks*** In its response, the FAHCA indicated that for the 13 claims for provider type 67 (home and community based providers), Medicaid Policy allowed a 30-day grace period subsequent to the recipient's date of death. Additionally, the FAHCA indicated that it appeared that the providers entered the billing dates as the dates of service instead of the actual dates of last service. However, the FAHCA was unable to provide the cited policy upon request and notwithstanding the policy, it is unclear from the FAHCA's response how claims with	We recommend that the FAHCA ensure that appropriate electronic and manual controls are in place and operating effectively to ensure that only appropriate Medicaid claims are processed.	The Florida Medicaid Management Information System updates its date of death field upon notification of death from outside sources (Vital Statistics, Department of Children and Families, etc.). Our contracted third party liability vendor performs, under a Medicaid Program Integrity (MPI) recovery project, the auditing and recovery of claims paid subsequent to the recipients' date of death when receiving notification of the actual date of death. Follow-up Response to Original Audit: ☐ For 4 claims totaling $5,460.31, audits of the claims were ongoing. Update: Audits are complete. Medicaid has received recoupment payments on three audits with one yet to be received. ☐ For 13 claims totaling $3,484.72, the FAHCA allowed a 30-day grace period, subsequent to the recipient's date of death, for each provider to submit the claim. However, FMMIS records indicated that the claims' dates of service	Partially Corrected	In March 2016, the Agency executed an amendment with our new TPL vendor which includes a project for the identification and recoupment related to "Date of Death". *AHCA Contract No. MED175, Amendment No. 2* "Date of Death: Recipient Death: The Vendor shall identify and recover Medicaid payments made for a recipient after his/her death. Payments made for dates of service after the Recipient's Date of Death are identified for recovery. Where the payment includes services prior to the Date of Death, a pro-rated amount is identified and recovered. Provider Death: The Vendor shall identify and recover Medicaid payments made for claims with a service date after the Date of Death of the Treating Provider. Additionally, claims with a service date after the Date of Death of the Prescribing Provider will also be identified and recovered. Where the payment includes services prior to the Providers Date of Death, a pro-rated amount is identified and recovered." The TPL unit held multiple meetings with Medicaid Program Integrity and our vendor to improve post payment recoupment activities and timelines. We have instructed our TPL vendor to remove any "grace period(s)" unless specifically indicated in policy, rule, and/or statute.

Finding# 2015-036	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
dates of service subsequent to a recipient's date of death are allowable. A review of the claims' data in FMMIS indicated that for 12 of the 13 claims, the dates of service preceded the billing dates and the dates were not equivalent.		were also subsequent to the recipients' dates of death. Update: These 13 claims were for provider type 67 (home and community based providers). Medicaid Policy allows a 30-day grace period subsequent to the recipients' date of death. Although these 13 claims indicate a date of service subsequent to the recipients' date of death, all 13 fell within the 30-day grace period. No TPL recovery was initiated due to the grace period policy. The FAHCA will review the policy to determine if the policy needs clarification to take into account the date of death and the billing practices of the Home and Community Based Waiver Providers. If the policy needs to be revised, FAHCA will also see what revision needs to be made to the FMMIS. Additional Update: These providers typically bill once a month and do not enter the specific dates of service since they are typically in the clients' homes several days a month. It appears that these providers entered the billing date as the date of service as opposed to the actual date of last service. The FAHCA will provide training to these providers to		Per the Bureau of Medicaid Policy, the Agency for Persons with Disabilities (APD) conducted a training (April 2016) for their regional iBudget Waiver staff & providers which included instructions on Date of Death and Billing. "Date of Death" is now included in APD's New Providers Training/Orientation conducted twice a year and required for all new providers wanting to provide services. The reason as to why the findings or deficiencies indicated in the Auditor General's report have not been fully corrected is due to dependency upon factors not within the control of the FAHCA. The date of death field in the Florida Medicaid Management Information System (FMMIS) is updated by outside entities such as Vital Statistics and/or the Department of Children and Families. If a recipient dies, and the date of death field isn't updated immediately, the Agency has no way of knowing if this has occurred. Lee Peacock (850) 412-4139

Finding# 2015-036	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
		ensure they submit correct service date information and a provider alert will be issued concerning procedures for reimbursement following a Medicaid recipient's death. ☐ For 16 claims totaling $1,800.76, the FAHCA indicated that the claims were audited, but that the moneys had not been recouped. Update: Of these claims, five audits showed FMMIS contained improper provider address information. The TPL vendor is researching to resend the findings to the provider. The remaining 11 audits were completed with no payments yet to be received, and the TPL vendor is continuing follow-up recoupment activities. ☐ For 11 claims totaling $556.65, the FAHCA indicated that the dollar amount of the claims did not meet the threshold to pursue recoupment. Update: Recoupment thresholds are set by Medicaid Program Integrity. The TPL vendor will continue to monitor these providers for potential future recoupments.		Dan Gabric (850) 412-4137

Finding# 2015-036	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
		The TPL Unit will continue to follow-up with our vendor to ensure recoupment/payment of the outstanding identified audits. The TPL unit will meet with MPI and our vendor to determine methods to improve post payment recoupment activities and timelines. ***Estimated Corrective Action Date:*** The FAHCA will provide updates on vendor audit recovery activities on outstanding audits and hold improvement meeting(s) by July 15, 2016.		

Finding# 2015-037	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
The FAHCA did not adequately ensure that the service organization's internal controls related to the invoicing, collection, and reporting of drug rebates were appropriately designed and operating effectively.	We recommend that the FAHCA ensure that service organization internal controls related to the invoicing, collection, and reporting of drug rebates are appropriately designed and operating effectively.	This audit period was from July 1, 2014 - June 30, 2015. The contract was updated in May 2015 with additional Service Level Agreements (SLAs). These additional SLAs were added to the contract in lieu of requiring a Statement on Standards for Attestation Engagements (SSAE-16) audit. To mitigate this exclusion, the new contract manager received access to the Pharmaceutical Rebate Information Management System (PRIMS) to perform random reviews and confirm the following: invoices are mailed on time; collections are completely and accurately posted in the receivables system; and the system detail which supports the federal and state reporting is substantiated by the reconciled transaction activity and drills down to all claim level details supporting any rebate invoice. Additionally, the claim level detail can be compared to the Florida Medicaid Management Information System (FLMMIS) claims data, which ensures all information is being invoiced on behalf of the FAHCA accurately. Lastly, the FAHCA has the ability to sample any transaction at random through front-end system	Fully Corrected	Monitoring of the vendor is conducted monthly and quarterly by comparing the monthly invoice collections sent to FAHCA Financial Services Unit from the drug manufacturers to the monthly invoice collections entered into the PRIMS system by our vendor. Additionally, the monthly invoicing collections are verified to the quarterly report received by the vendor. Along with the implementation of the aforementioned reviews, a special project is also conducted to verify the drug rebate information received from the MCO Plans agrees to the drug rebate information FAHCA receives quarterly from the vendor. Tom Wallace (850) 412-4117 LaToya Redman-Wilson (850) 412-4106 Paula McKnight (850) 412-4156 Lamon Lowe (850) 412-4121

Finding# 2015-037	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
		queries. In conclusion, internal controls such as performing random reviews for the monthly and quarterly reports and verifying data ensures that invoicing, collection, and reporting of drug rebates are entered timely allowing FAHCA to monitor the efficiency of the PRIMS system. ***Estimated Corrective Action Date:*** FAHCA's internal staff plan to have a process in place to establish and implement internal control measures for invoicing, collection, and reporting of drug rebates to ensure the system is appropriately designed and operating effectively by June 30, 2016.		

Finding# 2015-038	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
The FAHCA made payments to ineligible Medicaid Program providers.	We recommend that the FAHCA ensure that Medicaid Program payments are made only to providers with Medicaid Provider Agreements in effect.	The FAHCA has opened a system change request to create a renewal process for out-of-state providers. Until such time as that is implemented, the FAHCA will monitor out-of-state provider agreement expiration dates, restrict the provider's claims when the agreement expires, and communicate with the provider regarding the need to renew their agreement. ***Estimated Corrective Action Date:*** December 31, 2016	Partially Corrected	MMIS system modifications are proceeding and are 45% complete. ***Estimated Corrective Action Date:*** December 31, 2016 Gay Munyon (850) 412-3450 Shawn McCauley (850) 412-3428 Mike Bolin (850) 412-4063

Finding# 2015-040	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
The FAHCA's established procedures did not provide for the timely monitoring of the vendor contracted to perform hospital cost report audits.	We recommend that the FAHCA ensure that the performance of the hospital cost report audits be timely monitored.	Background Information on Issue - The cost report is a combination of Medicare Title XVIII, Title V and Medicaid Title XIX. The audit of the cost report for Medicare Title XVIII and Title V portion of the cost including total hospital cost and charges are done by the Medicare Intermediary. The Myers and Stauffer CPA firm is responsible only for auditing Medicaid costs and charges on the report. The Centers for Medicare and Medicaid Services (CMS) expects the Medicare Intermediary to settle all cost reports submitted by each hospital by issuing a Notice of Program Reimbursement (NPR). In short, typically the Medicaid portion of the audit process will not be completed until the Medicare audit is completed. The Medicaid Audit Program which is utilized by Myers and Stauffer was reviewed by FAHCA and approved to be used by Myers and Stauffer. FAHCA's contracted CPA firm, Myers and Stauffer, had provided notice to FAHCA regarding the 315 completed audits. FAHCA staff downloaded a few of the audit reports from the Myers and	Fully Corrected	FAHCA procedures for timely monitoring of the contracted vendor are performed no less than bi-monthly. A bi-monthly report is reviewed, which outlines the audit work on each hospital cost report. In addition, FAHCA conducts bi-weekly monitoring calls with the vendor, and the vendor's website allows a real-time review of the audit work. Tom Wallace (850) 412-4117 Rydell Samuel (850) 412-4093 Chanda Farcas (850) 412-4097

Finding# 2015-040	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
		Stauffer website to ensure that all the necessary paperwork was provided and available for FAHCA to re-calculate the Medicaid rates based on the audited cost report. None of the 315 completed audits provided to FAHCA by Myers and Stauffer have been processed to re-calculate the Medicaid rates due to FAHCA having a backlog of audits to complete. In general, FAHCA processes audits in the order in which they are received from the contracted CPA firm. The 315 completed audits will be processed in accordance with FAHCA policy and this will ensure that FAHCA is in compliance with the contract monitoring plan. ***Estimated Corrective Action Date:*** FAHCA is currently working on the backlog of audits from the prior and current vendors. For hospitals selected for revising the Medicaid rates, this process will include completing audits from the prior vendor as well as audits completed by Myers and Stauffer, our current vendor. FAHCA is currently utilizing other staff within the bureau to work on processing the backlog of hospital audits. FAHCA anticipates completing both backlogs around March 1, 2018.		

Finding# 2015-041	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
The FAHCA computer system used to store all Medicaid Program Integrity (MPI) complaints and cases, the Fraud and Abuse Case Tracking System (FACTS), did not appear to store all complaints and cases received and established during the 2014-15 fiscal year.	We recommend that the FAHCA ensure that all complaints and cases received and established are appropriately documented in FACTS through sequential complaint and case numbers and that the reasons for missing complaint and case numbers, if any, are appropriately documented.	For the review period of July 1, 2014, through June 30, 2015, 6,481 files constituting both complaints and cases were established in the new Medicaid Program Integrity Fraud and Abuse Case Tracking System (FACTS). The creation of these cases and complaints in the new FACTS system was accomplished through a combination of: 1) migrating legacy data into the new FACTS system from the predecessor system in use since 2003; 2) test cases being created for the new FACTS system's testing and training: and 3) new cases and complaints being created to accommodate instant matters. The 305 FACTS-assigned complaint numbers and 392 FACTS-assigned case numbers that were identified in the audit as missing included an unknown quantity abandoned as duplicative before an investigation was actually initiated, test complaints and cases created for system testing and training, and possibly actual referrals related to reports of fraud, waste, and abuse. The new FACTS system and business processes were designed to ensure there was no duplication of investigative files, therefore new complaints or case file	Partially Corrected	Enhancements to the Fraud and Abuse Case Tracking System (FACTS) have been initiated through an amended contract with the FACTS vendor to track future initiated or deleted complaints and cases, including those opened in error or opened for system training or testing processes. ***Estimated Corrective Action Date:*** January 2, 2017 Kelly Bennett (850) 412-4019

Finding# 2015-041	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
		numbers duplicating legacy file numbers were abandoned by design. FAHCA recognizes this is not the optimum condition and is exploring a system remedy to ensure that a future audit log captures all system-generated complaint and case numbers along with a "reason code" if a complaint or case number is abandoned due to it being duplicative, inactivated, or closed. Because the missing numbers in FACTS do not specifically reflect evidence of missed opportunities to identify fraud, abuse, or waste and due to the likelihood that several of the missing numbers were attributed to the migration of legacy data and related system testing, further efforts to identify or reconstruct those complaints or cases will be suspended. If evidence surfaces to indicate that missing files are controlled by 42 CFR 455.14, which requires that the Medicaid agency (FAHCA) conduct a preliminary investigation upon identification of questionable practices or upon receipt of an actual complaint of Medicaid fraud or program abuse, MPI will re-establish those complaints or cases within the FACTS system and pursue them to a logical conclusion.		

Finding# 2015-041	Recommendation	Previous Management Response(s)	Status of Finding as of September 27, 2016	Management Response as of September 27, 2016 and Agency Contact
		As of February 2, 2016, the FAHCA has asked the FACTS contractor to provide a cost estimate to upgrade the new FACTS system to capture all complaint and case numbers issued for retention in an auditable log, along with a "reason code" if a complaint or case number is abandoned. If existing project funding is sufficient to accomplish this priority upgrade, the Agency will proceed with the corrective action in the current fiscal year to eliminate the likelihood of a recurrence of this finding. ***Estimated Corrective Action Date:*** Anticipated Completion Date: June 30, 2016		