



ANNUAL REPORT FISCAL YEAR 2023 - 2024



AGENCY FOR HEALTH CARE ADMINISTRATION
OFFICE OF INSPECTOR GENERAL

OUR MISSION

Better Health Care for all Floridians.

OUR VISION

A health care system that empowers consumers, that rewards personal responsibility and where patients, providers and payers work for better outcomes at the best price.

OUR VALUES

Accountability

We are responsible, efficient, and transparent.

Fairness

We treat people in a respectful, consistent, and objective manner.

Responsiveness

We address people's needs in a timely, effective, and courteous manner.

Teamwork

We collaborate and share our ideas.





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

September 2024

In accordance with § 20.055, Florida Statutes (F.S.), it is my pleasure to present the Agency for Health Care Administration (AHCA) Office of Inspector General (OIG) Annual Report for Fiscal Year (FY) 2023-2024. The report details the accomplishments and efforts of staff within the Internal Audit and Investigations Sections during the fiscal year.

Our Audit team provides assurance and consulting services to help ensure the efficiency and effectiveness of Agency programs and the Investigative team works to protect the Agency's resources by deterring and detecting activities such as fraud and significant employee misconducts.

The OIG is committed to promoting accountability and integrity in a professional and timely manner. We look forward to continuing our work with the Agency leadership team, management, and staff of AHCA in meeting the challenges that face the Agency in championing Better Health Care for all Floridians.

Respectfully submitted,

Brian P. Langston
Inspector General

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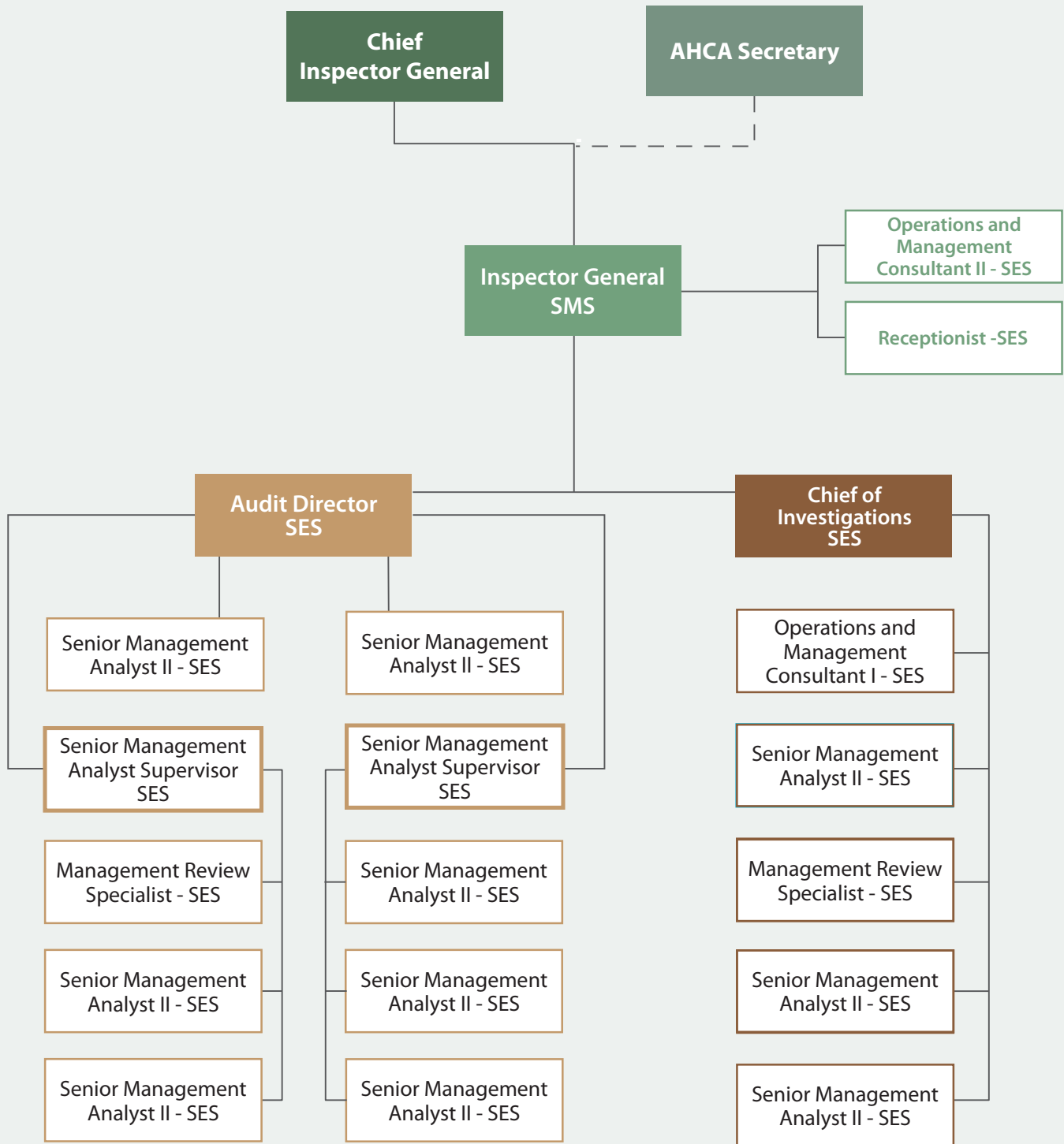
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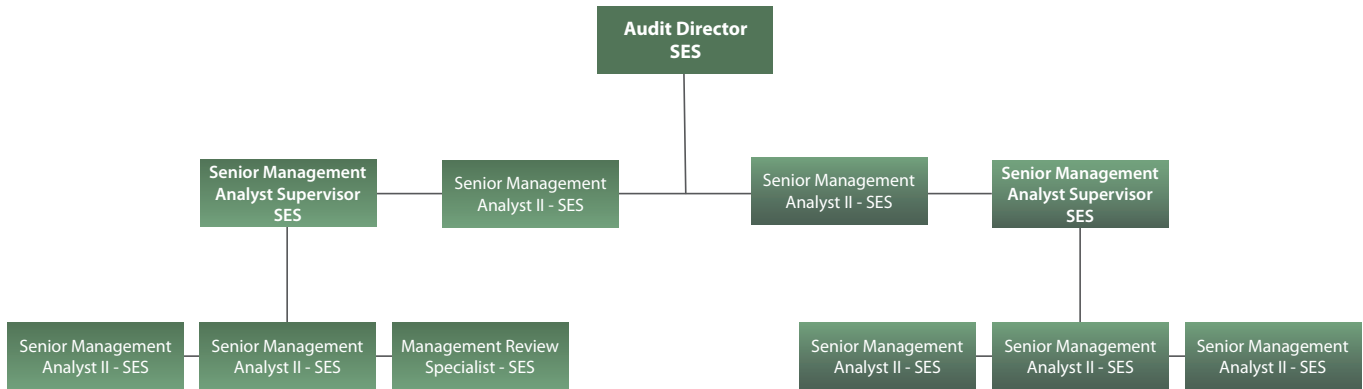
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OFFICE OF INSPECTOR GENERAL ORGANIZATIONAL CHART



INTERNAL AUDIT



ORGANIZATION AND STAFF

The purpose of Internal Audit (IA) is to provide independent, objective assurance, and consulting services designed to add value and improve Agency operations. Internal Audit's mission is to assist the Secretary and other Agency management in ensuring better health care for all Floridians by bringing a systematic, disciplined, and risk-based approach to evaluate and contribute to the improvement of the Agency's governance, risk management, and control processes. The Inspector General determines the scope and assignment of audits; however, at any time, the Agency Secretary may request the Inspector General perform an audit of a special program, function, or organizational unit.

Internal Audit operates within the OIG under the authority of Section 20.055, (F.S.). In accordance with Section 20.055(6) (c), F.S., the Inspector General and staff have access to any Agency records, data, and other information deemed necessary to carry out the Inspector General's duties. The Inspector General is authorized to request such information or assistance as may be necessary from the Agency or from any federal, state, or local government entity.

Internal Audit staff members bring various skills, expertise, and backgrounds to the Agency. Certifications or advanced degrees collectively held by members of Internal Audit include

- Certified Internal Auditor (2)
- Certified Public Accountant (1)
- Certified Inspector General Auditor (6)
- Certified Information Systems Auditor (1)
- Master of Arts in Teaching (1)
- Certified Fraud Examiner (1)
- Certified Inspector General (1)

The Institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing (IIA Standards) and the Association of Inspectors General Principles and Standards for Offices of Inspectors General require Internal Audit staff members to maintain their professional proficiency through continuing education and training. Each auditor must receive at least 40 hours of continuing education every year.

INTERNAL AUDIT RESPONSIBILITIES

Risk Assessment and Audit Plan

Internal Audit performs a risk assessment of the Agency's programs and activities each fiscal year to develop an annual audit plan. The risk assessment process includes the identification of activities or services performed by the Agency and an evaluation of various risk factors where conditions or events may occur that could adversely affect the Agency. Based on the risk assessment, Internal Audit develops an annual Audit Plan, which includes planned projects for the upcoming fiscal year and potential projects for the next two fiscal years. The plan, approved by the Agency Secretary, includes activities to be audited or reviewed, consulting engagements and budgeted hours.

Types of Engagements

In accordance with the annual Audit Plan, IA conducts various types of engagements for the Agency. These engagements include assurance or compliance audits, consulting, management reviews, or other special projects. These engagements are undertaken to provide an independent and objective analysis of processes and provide information for improving Agency operations.

INTERNAL AUDIT ACTIVITIES

Completed and In-Progress Engagements

The following is a summary list of completed engagements from July 1, 2023 to June 30, 2024:

REPORT NO.	ENGAGEMENT	TYPE	DATE ISSUED/ PLANNED
AHCA-2223-02-A	Audit of Agency Cash Collection Process	Assurance	September 2023
AHCA-2324-00004-A	Audit of HCPO Federal Audit Responses	Compliance	January 2024
AHCA-2324-00003-A	Enterprise Audit of Agency Cybersecurity Controls for Incident Response, Reporting, and Recovery (IRRR)	Assurance	June 2024

The following is a list of in progress engagements as of June 30, 2024:

REPORT NO.	ENGAGEMENT	TYPE	DATE ISSUED/ PLANNED
AHCA-2324-00005-A	Online Licensure Process	Assurance	October 2024
AHCA-2324-00001-A	Audit of Prompt Payment Process	Compliance	September 2024
AHCA-2324-00002-A	Contract Monitoring	Compliance	October 2024
AHCA-2324-00008-A	Audit of Laserfiche Records Retention and Storage	Assurance	December 2024
AHCA-2324-00012-A	Audit of Agency Data Use Agreements	Assurance	October 2024
AHCA-2324-00030-A	Audit of Agency PAR Process	Assurance	April 2025
AHCA-2324-00035-AS	HCPO – Health Facility Regulations Productivity Analysis	Consulting	November 2024

Engagement Summaries

The following summaries describe the results of the engagements completed by Internal Audit during FY 2023-24:

AHCA-2223-02-A: Audit of Agency Cash Collection Process

Internal Audit conducted an audit of the Agency process for cash collection. The audit encompassed all divisions in the Agency. During the audit, we noted where improvements could strengthen controls in the following areas:

- The Agency lacked a comprehensive uniform policy and procedure for cash collection.
- The Agency was not adequately safeguarding cash.
- The Agency was not adequately safeguarding financial information.
- The Agency was not disposing of records which had met their retention schedule.

Our Office made the following recommendations:

- The Bureau of Financial Services should update applicable policies and procedures to include a uniform process for collecting cash and transporting cash from area to area, and from area to the Cash room.
- The Bureau of Financial Services should periodically monitor compliance with the updated policies and procedures.
- The Agency should safeguard physical confidential financial information under lock and key when not in use.
- The Agency should identify the physical and electronic records which may contain confidential financial information, have met their retention schedule and are ready for disposition.
- The Agency should implement an annual requirement in policy for the final disposition of financial records in compliance with applicable laws and regulations.
- The Agency should monitor the retention and disposal process.

AHCA-2223-0006-A: Audit of HCPO Federal Audit Responses

Internal Audit conducted an audit of the Division of Health Care & Policy Oversight (HCPO) Responses to Federal Audits. The purpose of the audit was to determine if HCPO had instituted corrective actions as indicated in management's responses to two HHS/OIG Federal Audits. Our audit noted one area where controls could be strengthened:

- HCPO had not amended Rule 59A-4, F.A.C., in accordance with the Agency response to Federal Audit A-04-17-08058 regarding State Emergency Plans.

Our Office made the following recommendation:

- Our Office recommended that HCPO begin the process to update Rule 59A-4., F.A.C., *Minimum Standards for Nursing Homes*, regarding state emergency plans.

AHCA-2223-04-A: Enterprise Audit of Agency Cybersecurity Controls for Incident Response, Reporting, and Recovery (IRRR)

Internal Audit conducted an audit of the Division of Information Technology (IT). The audit focused on the Agency's controls and compliance with Chapter 60GG-2.001 through 2.006, F.A.C., Incident Response, Reporting, and Recovery.

This audit has been classified as exempt and/or confidential in accordance with Section 282.318(4)(g), F.S., and thus is not available for public distribution.

Additional Projects

Internal Audit also completed the following additional duties or projects during FY 2023-24:

- Schedule IX of the Legislative Budget Request
- CIG Project: Office of the Governor Executive Order Number 20-44, Section 4 - Attestation Request – Internal Audit provided consulting assistance in reviewing the procedures and amendments to all applicable contracts and grant agreements requiring the submission of an annual report which includes compensation information

for entities named in statute with which a state agency must form a sole-source, public-private agreement or an entity that, through contract or other agreement with the state, annually receives 50% or more of their budget from the State or from a combination of State and Federal funds.

Internal Engagement Status Updates

The IIA Standards require auditors to follow up on reported findings and recommendations from previous engagements to determine whether Agency management has taken prompt and appropriate corrective action. The OIG provides status reports on internal engagement findings and recommendations to Agency management at six-month intervals after publication of an engagement report.

During FY 2023-24, the following status updates for internal engagements were published:

- Agency for Health Care Administration, Enterprise Audit for House Bill 1079 (18-Month and 24-Month Status Updates)
- Agency for Health Care Administration Enterprise Audit of Cybersecurity Continuous Monitoring (18-Month and 24-Month Status Updates)
- PCard Program Administration Audit (Six-Month Status Update)
- Public Records Process (12-Month and 18- Month Status Updates)
- Agency for Health Care Administration Enterprise Audit of Cybersecurity Identity Management, Authentication, and Access Control (Six-Month Status Update)
- Contract Monitoring Audit (Six-Month Status Update)
- Audit of Agency Cash Collection Process (Six-Month Status Update)

Corrective Actions Outstanding from Previous Annual Reports

As of June 30, 2024, the following significant recommendations described in previous annual reports were still outstanding:

Agency for Health Care Administration, Enterprise Audit for House Bill 1079

Our Office recommended the Agency revise and update relevant internal procurement policies and procedures.

- Last management response:
Policy number 4006, Procurement of Goods and Services is a lengthy, comprehensive document, which required additional updates since it previously began routing in November 2023. Due to BPCA staff obligations to the SMMC and Dental ITNs, and keeping up with all other Agency procurement needs, we have not been able to make the additional updates until now. The updated policy began routing for approval on May 3, 2024, and contains all HB 1079 requirements. We will confirm with the OIG once the policy has been fully approved.

Agency for Health Care Administration Enterprise Audit of Cybersecurity Continuous Monitoring

Outstanding findings from the Agency for Health Care Administration Enterprise Audit of Cybersecurity Continuous Monitoring are confidential and are not included in this report.

Public Records Process

Our Office recommended the Public Records Office update AHCA Policy #99-Ex-1 to identify guidance resource information for all categories of confidential and protected information.

- Last Management Response:
The Public Records Policy has been completed and is ready for submission, including a general guide on commonly redacted items, as well as appropriate references to relevant authorities.

Our Office recommended the Public Records Office implement ongoing periodic training for Agency staff involved in the public records process to include identifying all categories of confidential and protected information

- Last Management Response:
The Public Records office is working with unites to identify categories of protected information that each unit handles most frequently, in order to create a targeted training for all Agency employees involved in the public records process. The process has been delayed by several large public records requests and projects in the last several months.

Our Office recommended the Public Records Office implement the requirement for a secondary review of records responsive to public records requests prior to release and codify the requirement in policy.

- Last Management Response:
As of now, additional funding has not been obtained.

Our Office recommended the Public Records Office implement ongoing periodic training for Agency staff involved in the public records process to include email and technical safeguards to which staff must adhere.

- Last Management Response:
The Keep Informed training for public records has been completed. The OGC/Public Records Office does not oversee the communications tracking system for public records but has recommended to the Office of Communications that training on technical safeguards for the tracking system be implemented.

Our Office recommended the Public Records Office develop a comprehensive fee structure for all public records requests, and to update AHCA Policy #99-Ex-1 to include the comprehensive fee structure.

- Last Management Response:
Chapter 119, Florida Statute, and case law provide the governing fee structure for public records requests. This fee structure is reflected in the existing version of AHCA Policy #99-Ex-1. The OGC/Public Records Office does not have the authority to set a fee structure different than provided by law.

Our Office recommended that the Public Records Office develop a template for estimating the cost estimates for public records requests, and to require Agency staff to use the template.

- Last Management Response:
The Public Records Office has developed a draft cost estimate worksheet for Agency personnel to use as guidance when calculating fees to better implement the fee structure maintained by law and the existing Policy, which has already been provided to the OIG. The Public Records Office does not have the authority to require units outside the Public Records Office to utilize the cost estimate worksheet once finalized. The Public Records Office will post the cost estimate worksheet on the Public Records Office intranet page and reference it in trainings.

Enterprise Audit of Cybersecurity Identity Management, Authentication, and Access Control

Outstanding findings from the annual cybersecurity audit are confidential and are not included in this report.

External Engagement Status Reports

Pursuant to Section 20.055(6)(h), F.S., the OIG monitors the implementation of the Agency's response to external reports issued by the Auditor General (AG) and by the Office of Program Policy Analysis and Government Accountability (OPPAGA). The OIG is required to provide a written response to the Secretary on the status of corrective actions taken no later than six months after a report is published by these entities. Copies of such responses are also provided to the Legislative Auditing Committee. Additionally, pursuant to Section 11.51(3), F.S., OPPAGA submits requests (no later than 18 months after the release of a report) to the Agency to provide data and other information describing specifically what the Agency has done to respond to recommendations contained in OPPAGA reports. The OIG is responsible for coordinating these status reports and ensuring that they are submitted within the established timeframes.

During FY 2023-24, six-month status reports were submitted on the following external reports:

- Auditor General – State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards (Report No. 2023-174) (9/29/23)
- Auditor General – Medicaid Managed Care Contract Monitoring Follow-up and Oversight of Health Plan Complaint and Grievance Handling (Report No. 2024-030) (4/5/24)

Coordination with Other Audit and Investigative Functions

The OIG acts as the Agency’s liaison on audits, reviews, and information requests conducted by external state and federal organizations such as the Florida Office of the Auditor General, the Florida Department of Financial Services, OPPAGA, the U.S. Government Accountability Office (GAO), U.S. Department of Health and Human Services (HHS), Florida Digital Service (FDS), the Florida Department of Law Enforcement, and the Social Security Administration (SSA). The OIG coordinates the Agency’s responses to all audits, reviews, and information requests from these entities.

During FY 2023-24, the following reports were issued by external entities:

Florida Office of the Auditor General

- Auditor General - Medicaid Managed Care Contract Monitoring Follow-up and Oversight of Health Plan Complaint and Grievance Handling (Report No. 2024-030) (October 2023)
- Auditor General - State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards (Report No. 2024-174) (March 2024)

U.S. Government Accountability Office

- GAO – Medicaid – Characteristics of and Expenditures for Adults with Intellectual or Developmental Disabilities (Report No. GAO-23-105457) (April 2023)
- GAO – Medicaid – CMS Oversight and Guidance Could Improve Recovery Audit Contractor Program (Report No. GAO-23-106025) (June 2023)
- GAO – Health Care Funding: Federal Funding for Certain Organizations Providing Health Related Services, 2019 through 2022 (Report No. GAO-24-106215) (November 2023)
- GAO – Medicaid – Managed Care Plans’ Prior Authorization Decisions for Children Need Additional Oversight (Report No. GAO-24-106532) (April 2024)

U.S. Department of Health and Human Services

- HHS – High Rates of Prior Authorization Denials by Some Plans and Limited State Oversight Raise Concerns About Access to Care in Medicaid Managed Care (Report No. OEI-09-19-00350) (July 2023)
- HHS - Office of Inspector General’s Partnership With the Commonwealth of Massachusetts Office of the State Auditor: Office of Medicaid (MassHealth) - Review of Capitation Payments (Memorandum A-01-22-00002) (August 2023)
- HHS – Florida Did Not Refund \$106 Million Federal Share of Medicaid Managed Care Rebates It Received for Calendar Years 2015 Through 2020 (Report No. A-04-22-04089) (August 2023)
- HHS – Four States Reviewed Received Increased Medicaid COVID-19 Funding Even Though They Terminated Some Enrollees’ Coverage for Unallowable or Potentially Unallowable Reasons (Report No. A-06-21-09002) (September 2023)
- HHS – States Face Ongoing Challenges in Meeting Third-Party Liability Requirements for Ensuring that Medicaid Functions as the Payer of Last Resort (Report No. A-05-21-00013) (October 2023)
- HHS – Office of Refugee Resettlement Recipient (ORR) Monitoring Report – Refugee Medical Assistance (RMA) - Florida Department of Children and Families (December 2023) (Not a Public Report)
- HHS – Florida Ensured that Nursing Homes Complied with Federal Background Check Requirements (Report No. A-04-23-08100) (April 2024)
- HHS – Medicaid Managed Care: States Do Not Consistently Define or Validate Paid Amount Data for Drug Claims (Report No. OEI-03-20-00560) (May 2024)

- HHS - Office of Inspector General's Partnership With the State of Rhode Island, Office of the Auditor General: Medicaid Capitation Paid for Members Residing in Other States (Memorandum A-01-23-00001) (May 2024)

OPPAGA

- OPPAGA – Graduate Medical Education in Florida (Research Memorandum) (December 2023)
- OPPAGA – Biennial Review of AHCA's Oversight of Fraud and Abuse in Florida's Medicaid Program (Report No. 24-03) (January 2024)

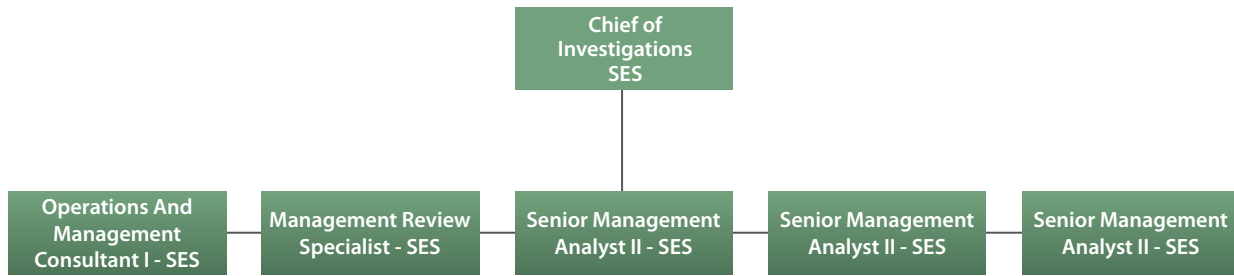
Single Audit Act Activities

Entities that receive federal or state funds are subject to audit and accountability requirements commonly referred to as "single audits." The Federal Office of Management and Budget (OMB) Uniform Guidance and the Florida Single Audit Act require certain recipients that expend federal or state funds, grants or awards to submit single audit reporting packages in accordance with Title 2 Code of Federal Regulations §200 Subpart F (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards), or Section 215.97, F.S. (the Florida Single Audit Act), and Chapters 10.650 or 10.550 of the Rules of the Auditor General for state awards.

As a pass-through entity of federal and state financial assistance, the Agency is required to determine whether timely and appropriate corrective action has been taken with respect to audit findings and recommendations subject to the single audit requirements. The OIG is responsible for reviewing submitted financial reporting packages to determine compliance with applicable submission requirements and reporting the results of these reviews to the program/bureau and the appropriate contract manager.

During FY 2023-24, IA continued to provide guidance to the Agency's Bureau of Financial Services and the applicable program areas to develop compliance supplement(s) for the Catalog of State Financial Assistance. During the FY, IA reviewed two audits that met the minimum threshold for compliance with single audit submission requirements. The contract managers were notified of the review results and were provided guidance on resolving any issues noted in the reporting package.

INVESTIGATION UNIT



ORGANIZATION AND STAFF

The Office of Inspector General’s Investigations Unit (IU) is responsible for initiating, conducting, and coordinating investigations that are designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses within the Agency. To that effort, the IU conducts internal investigations of Agency employees and contractors related to alleged violations of policies, procedures, rules, and State and Federal laws. Complaints may originate from the Office of the Chief Inspector General, the Whistle-blower Hotline, the Chief Financial Officer’s “Get Lean” Hotline, Agency employees, health care facilities, practitioners, Medicaid beneficiaries, or the general public.

Allegations of a criminal nature are immediately referred to the appropriate law enforcement entity for investigation. When necessary or requested, the IU works closely with local police, the Florida Department of Law Enforcement, the Office of the Attorney General, and the appropriate State Attorney’s Office on matters involving the accountability or integrity of Agency personnel.

In February 2017, the AHCA OIG IU achieved accreditation status for a three-year term, and in February 2020 and 2023, the AHCA OIG IU received re-accreditation status from the Commission for Florida Law Enforcement Accreditation, Inc. Accreditation demonstrates that the IU has met specific requirements and prescribed standards. Accreditation resulted in established standards and directives for IU staff on (1) Organization and Governing Principles; (2) Personnel Practices; (3) Training; (4) Investigation Process; (5) Case Supporting Materials and Evidence; (6) Whistle-blower’s Act; (7) Notification Process; (8) Case Management; and (9) Final Reporting Processes. Accreditation provides the IU with a means for maintaining the highest standards of professionalism and accountability.

The IU staff bring various backgrounds and expertise to the Agency. Certifications, in addition to advanced degrees, collectively held by IU staff as of June 30, 2024, include:

- Certified Inspector General Investigator (4)
- Certified Equal Employment Opportunity Investigator (3)
- Commission for Florida Law Enforcement Accreditation Assessor (4)
- Master’s Degree (3)
- Medical Transcription Certificate (1)

INVESTIGATION UNIT COMPLAINT REVIEW

During FY 2023-2024, the IU opened 323 new complaints and closed 321 complaints, some of which were ongoing from the previous fiscal year. The IU’s analysis of the complaints received and investigated disclosed that most of the cases involved disparaging remarks and unprofessional conduct directed toward employees and persons outside the agency. For this report, the complaints were generally categorized as follows:

- Employee Misconduct - Allegations associated with employee misconduct included but were not limited to allegations associated with conduct unbecoming a public employee, ethics violations, misuse of Agency resources, and unfair employment practices.

- Facility - Regulated and licensed facility violations reported included but were not limited to allegations associated with substandard care, patients' rights violations, public safety concerns, facility licensing issues, and unlicensed activity.
- Fraud - Medicaid fraud violations reported included but were not limited to allegations associated with Medicaid billing fraud, allegations related to patient brokering, and allegations of physician self-referral (Stark Law) violations. Other allegations related to fraud included Medicare and private billing fraud.
- Equal Employment Opportunity (EEO) Violations - EEO violations reported included but were not limited to allegations associated with hostile work environments, discrimination, harassment, and retaliation for engaging in protected activity.
- Health Insurance Portability and Accountability Act (HIPAA) Violations - Allegations associated with violations of HIPAA's Privacy Rule or records access rule.
- Medicaid Service Complaints - Medicaid service complaints included but were not limited to allegations associated with reported denials of service, denials of eligibility, and Medicaid provider contract violations.
- Other - Allegations not within the OIG's jurisdiction (e.g., theft); information provided wherein no investigative review, referral, or engagement was required.

The 323 complaints opened by the AHCA OIG for FY 2023-2024 were assessed and assigned as follows:

- 234 were referred to other AHCA Bureaus or outside agencies for proper assessment.
- 44 were assigned for informational purposes only.
- 24 were assigned for analysis to determine if the complaints met the criteria for Whistle-blower status as defined in §112.3187, F.S.
- 11 were assigned for preliminary Investigation.
- 8 were assigned as full Administrative Investigations.
- One was assigned as an Investigative Unit Initiative.
- One was assigned to provide investigative assistance to management.

Investigations that resulted in published investigative reports were distributed to applicable Agency management responsible for remedial action (if appropriate) or to effect recommended policy changes.

The following are examples of Investigation Unit cases closed during FY 2023-2024.

Investigation Unit Case Highlights FY 2023-2024

AHCA OIG CASE #23-09-002

This investigation was initiated upon the filing of a complaint by an AHCA employee alleging AHCA Management discriminated against them when applying for a job within the Agency. The AHCA OIG's investigation found that AHCA Management was exonerated of the allegation.

AHCA OIG CASE #24-01-020

This investigation was initiated upon the receipt of a complaint alleging the disclosure of an unannounced AHCA complaint survey. Based on the documentary and testimonial evidence obtained and reviewed during the investigation, the AHCA OIG found there was no evidence to support the allegation and made no recommendations.

AHCA OIG CASE #24-02-018

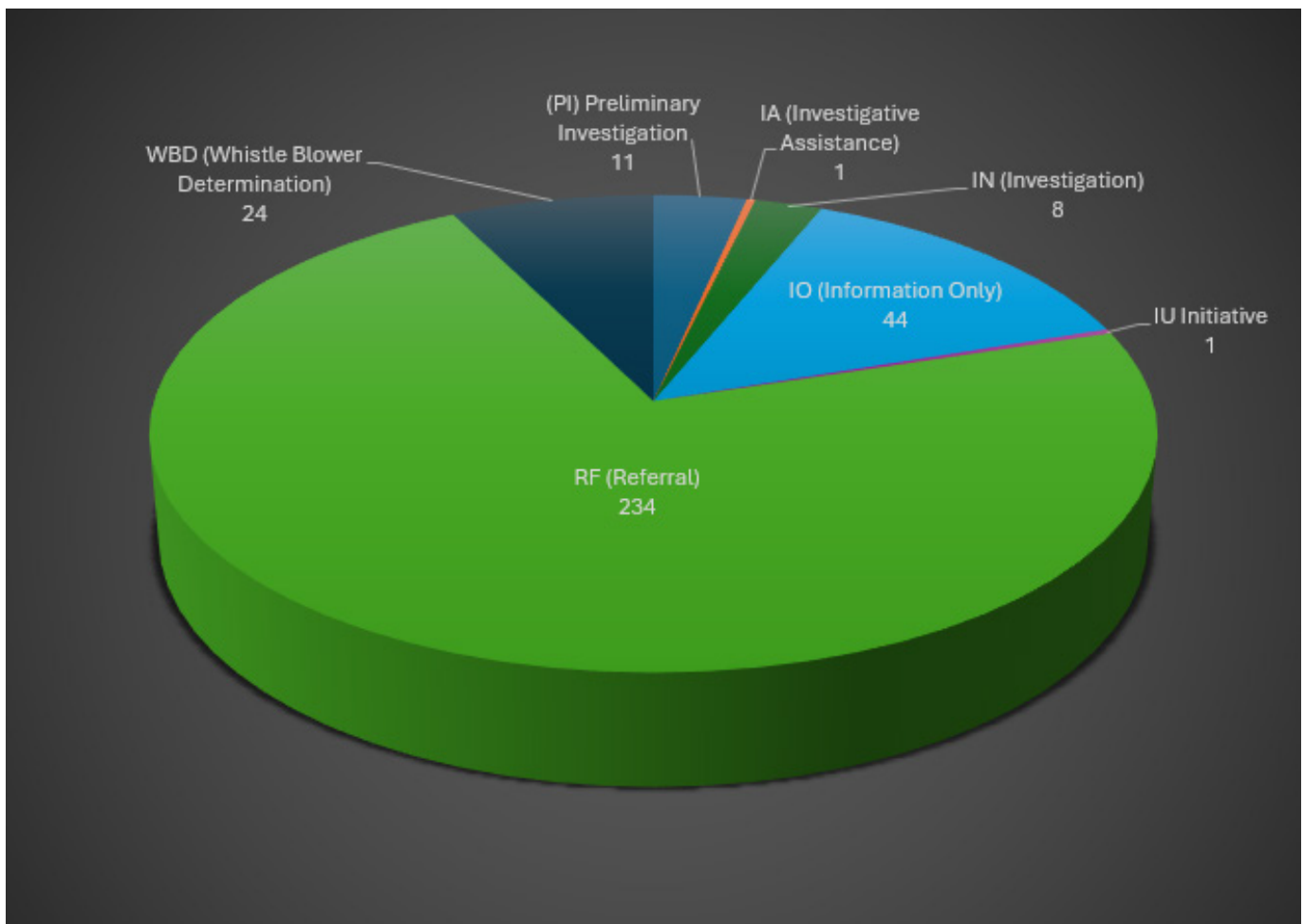
This investigation was initiated upon the filing of a complaint by an AHCA employee alleging an AHCA employee's behavior towards hotel staff was unbecoming a state employee. Additionally, the employee failed to properly reserve a hotel room within the allowable state rate. The AHCA OIG's investigation found no evidence to support the allegation of Employee Conduct Unbecoming, however, the AHCA OIG found evidence to support the allegation the employee's actions were negligent by failing to properly reserve a hotel room within the allowable state rate. The findings were

referred to AHCA Management and HR for disciplinary action deemed appropriate. The OIG recommended HR to provide training for the AHCA employee regarding team building and appropriate workplace behavior.

AHCA OIG CASE #24-03-029

This investigation was initiated upon the filing of a complaint by an AHCA employee alleging an AHCA employee engaged in activities that constituted misuse of state resources. The AHCA OIG's investigation found evidence to support the allegation of an AHCA employee misusing her assigned AHCA laptop for personal benefit and gain. The findings were referred to AHCA Management and HR for disciplinary action deemed appropriate. The OIG recommended HR to provide training for the AHCA employee regarding Acceptable Use of Information Technology to include the use and handling of confidential information. Additionally, the OIG recommended the employee to provide an updated Acceptable Use Policy Acknowledgement.

Complaints Opened for FY 2023-24





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