



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 15, 2014

Elizabeth Dudek, Secretary
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, Florida 32308

Dear Secretary Dudek:

In accordance with Internal Auditing Standards, attached is the six-month status report from the Bureau of Medicaid Contract Management in response to our report #13-12 *MCM Provider Enrollment Process Audit* published on March 18, 2014.

Management has indicated corrective action has been completed or is the process of being completed for each of our report issues. A detailed description of all issues, recommendations, and management's responses can be found in the attached table. We will schedule another follow-up review in six months to assess the status of the efforts taken by the Bureau to correct all open issues.

If you have any questions regarding this status report, please let me know.

Sincerely,

Eric W. Miller
Inspector General

EWM/pa
Enclosure

cc: Justin Senior, Deputy Secretary, Division of Medicaid
Stacey Lampkin, Assistant Deputy Secretary for Medicaid Operations
Gay Munyon, Bureau Chief, Medicaid Contract Management
Shawn McCauley, AHCA Administrator, Medicaid Contract Management



Agency for Health Care Administration
Office of Inspector General – Internal Audit
Report Title: 6 Month Status Report on MCM Provider Enrollment Process Audit
Report #: 13-12, issued on March 18, 2014
Six-Month Follow-up Status as of August 18, 2014

No.	Recommendation	Previous Management Response(s)	Status update	Anticipated Completion Date and Contact Name
1	We recommend that the Medicaid Contract Management (MCM) Provider Enrollment Unit require a monthly report or establish performance measures to track MCM review processing times.	<p><u>Status as of March 18, 2014</u> 1. Designing, building, testing, implementing, and supporting new reports in production is more costly than the risk. MCM will table new reporting until procurement of new Medicaid Management Information System (MMIS.) Preliminary work toward that goal began in 2013 with final product in place July 1, 2018.</p> <p>Ultimately, there are several factors, outside of the control of MCM analysts, which may cause an application to take longer than the average time to process. Activities that can increase MCM processing times include: site surveys, pre-certification reviews, changes of ownership for facility licensure, and rate setting.</p> <p><i>Anticipated date of completion: Accept risk</i></p>	<p>Complete</p> <p>Risk Accepted by Management</p>	<p>Complete</p>
		<p><u>Status as of March 18, 2014</u> 2. MCM will pursue the feasibility of adding new application status tracking codes, which will be used to show in the FL MMIS whenever an application has been forwarded for an action outside of MCM. The status tracking codes will not shorten the time these outside actions take for completion. It will however aid applicants in understanding the exact whereabouts of their application and avoid the impression the application has stalled.</p> <p>As part of the implementation of the new status tracking codes, MCM will also revise the Enrollment Status page on the Medicaid public portal to better display expected processing times and to supply contact points for questions regarding an application at any given stage of processing.</p> <p><i>Anticipated date of completion: June 1, 2014.</i></p>	<p>Partially Complete</p> <p>MCM and fiscal agent resources have been focused entirely on implementation of Statewide Medicaid Managed Care (SMMC), Transformed Medicaid Statistical Information System (T-MSIS), and International Classification of Diseases (ICD-10) while maintaining daily operations. As the special projects wind down, resources are freeing up to complete these tasks. Design is complete and construction will commence September 1, 2014.</p>	<p>October 1, 2014.</p> <p>Shawn McCauley (850) 412-3428</p>

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2	We recommend that the MCM Provider Enrollment Unit establish a written policy for MCM review processing times.	<p><u>Status as of March 18, 2014</u> MCM has begun design sessions for documenting desk level procedures. Completion of the documentation will be impacted by several high priority projects, including the SMMC rollout, Affordable Care Act (ACA) provider Screening Implementation, and the 2014 Legislative Session. While MCM agrees with the need for desk level procedures, those procedures can only impact the processes directly under the control of MCM analysts. They cannot mitigate the risk of longer review times as the result of waiting for results of site surveys, pre-certification reviews, changes of ownership for facility licensure, and rate setting.</p> <p><i>Anticipated date of completion: September 1, 2014</i></p>	<p>Partially Complete</p> <p>MCM and fiscal agent resources have been focused entirely on implementation of SMMC, TMSIS, and ICD-10 while maintaining daily operations. As the special projects wind down, resources are freeing up to complete the task.</p>	<p>October 1, 2014.</p> <p>Tamara Strayer (850) 412-3429</p>
3	We recommend that the MCM Provider Enrollment Unit continue to require all MCM analysts to utilize the reporting functions in the Information Tracking and Collaboration Exchange (iTRACE) to regularly track applications assigned to them.	<p><u>Status as of March 18, 2014</u> MCM analysts currently utilize the reporting functions in iTrace.</p> <p><i>Anticipated date of completion: Complete</i></p>	Complete	Complete
4	We recommend that the MCM Provider Enrollment Unit continue to require the fiscal agent to conduct periodic monitoring to detect “orphan” tasks that are showing up under “MCM Review” status.	<p><u>Status as of March 18, 2014</u> The Medicaid fiscal agent runs weekly reports and verifies all open Change Orders and there are specific monitoring roles assigned to both state and fiscal agent analysts.</p> <p><i>Anticipated date of completion: Complete</i></p>	Complete	Complete

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5	<p>We recommend that the MCM Provider Enrollment Unit require the fiscal agent to conduct periodic monitoring to detect files being sent to the wrong analyst for review and files in “Return to Provider” (RTP) status that are showing up under “MCM Review” status.</p>	<p><u>Status as of March 18, 2014</u> Design session held with Medicaid fiscal agent for creation of a new report which will identify all applications in any status other than RTP which have an RTP letter generated for a later date. Fiscal agent staff will work the report weekly and will correct any application status that is in error.</p> <p>The issue of tasks being assigned to the wrong analyst was corrected under #6 below.</p> <p><i>Anticipated date of completion: June 1, 2014.</i></p>	Complete	Complete
6	<p>We recommend that the MCM Provider Enrollment Unit run a weekly report to identify tasks due within the week to alert both analysts and supervisors and require monitoring of analysts at regular intervals to help ensure applications are handled appropriately and in accordance with processing time frames.</p>	<p><u>Status as of March 18, 2014</u> MCM analysts run daily reports to capture their current workload. Supervisors run weekly reports to identify outliers and work with the analysts to resolve.</p> <p>The daily reports also correct the issue of tasks being assigned to the wrong analyst. These are able to be reassigned in a timely manner.</p> <p><i>Anticipated date of completion: Complete</i></p>	Complete	Complete