



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 18, 2015

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 a status report from the Bureau of Medicaid Fiscal Agent Operations in response to our report *#13-12 MCM Provider Enrollment Process Audit* published on March 18, 2014.

To date, management has completed corrective actions on all recommendations except for one, which is partially complete. 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 the remaining open issue.

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
David Rogers, Assistant Deputy Secretary, Medicaid Operations
Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations
Shawn McCauley, AHCA Administrator, Medicaid Provider Enrollment



Agency for Health Care Administration
 Office of Inspector General – Internal Audit
 Report Title: MCM Provider Enrollment Process Audit
 Report #: 13-12, issued on March 18, 2014
 Follow-up Status as of August 18, 2015

No.	Recommendation	Previous Management Response(s)	Status Update, Anticipated Completion Date, and Contact
1	We recommend that the MCM Provider Enrollment Unit require a monthly report or establish performance measures to track MCM review processing times.	<p><u>A. (Monthly Report)</u></p> <p><u>Status as of March 18, 2014</u> 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 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>	Complete – Risk Accepted by Management
		<p><u>B. (Performance Measures)</u></p> <p><u>Status as of March 18, 2015</u> Analysis was completed regarding the impact of additional status codes on applications in MCM review. As expected, new status tracking codes will not shorten the time required for outside review of applications so the solution was not pursued. Instead, processors will enter expanded comments on the pending application records to better describe the reasons the applications were forwarded to the state for review.</p> <p>The entire Medicaid Public Portal is under a major redesign. The enrollment Status page will be uploaded as part of that project</p> <p><i>Anticipated date of completion: April 1, 2015. Shawn McCauley</i></p>	<p>Partially Complete – See previous response.</p> <p><i>Anticipated completion date: August 30, 2015.</i></p> <p><i>Shawn McCauley</i></p>

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		<p><u>Status as of August 18, 2014</u> 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 these tasks. Design is complete and construction will commence September 1, 2014.</p> <p><i>Anticipated date of completion: October 1, 2014. Shawn McCauley</i></p> <p><u>Status as of March 18, 2014</u> 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. Shawn McCauley</i></p>	
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, 2015</u> Desk Levels were completed September 2014.</p> <p><i>Anticipated date of completion: Complete</i></p>	Complete

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		<p><u>Status as of August 18, 2014</u> 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><i>Anticipated date of completion: October 1, 2014. Tamara Strayer</i></p> <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, 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>	
3	We recommend that the MCM Provider Enrollment Unit continue to require all MCM analysts to utilize the reporting functions in 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
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

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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 RTP status that are showing up under “MCM Review” status.</p>	<p><u>Status as of August 18, 2014</u> A weekly report is run by HP and captures applications that are in a status other than RTP where the last status date is greater than two weeks. HP reviews and ensures the applications move forward.</p> <p><i>Anticipated date of completion: Complete</i></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 apps 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. Shawn McCauley</i></p>	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