

December 11, 2020

Shevaun L. Harris, Acting Secretary Agency for Health Care Administration 2727 Mahan Drive Tallahassee, Florida 32308

Dear Secretary Harris:

In accordance with Internal Auditing Standards, attached is a status update from the Division of Medicaid, Bureau of Medicaid Fiscal Agent Operations in response to our audit report number *AHCA-1617-05-A Provider Eligibility Enrollment Process*, published on June 21, 2019.

Management has indicated corrective action has been either initiated or 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 Division of Medicaid, Fiscal Agent Operations to correct all open issues.

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

Sincerely,

Mary Beth Sheffield

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Inspector General

MBS/ag Attachment

cc: Katie Strickland, Communications Director Beth Kidder, Deputy Secretary for Medicaid

Gay Munyon, Bureau Chief, Medicaid Fiscal Agent Operations



No.	Finding(s)	Recommendation(s)	Previous Management Response(s)	Status Update, Anticipated Completion Date and Contact
1.	The process for referring provider enrollment applications to Medicaid Fiscal Agent Operations (MFAO) for additional processing could be improved by reducing the type of applications requiring MFAO review.	1. Identify additional provider enrollment application review activities that could be transferred to the Fiscal Agent such as Provider Enrollment Chain and Ownership System (PECOS) verification and the process for reviewing work authorizations and legal residency.	Status as of December 19, 2019 Completed  Implemented on September 1, 2019. MFAO sent revised Application Processing Instructions to DXC to reduce the number of applications being sent to MFAO for state review. These instructions included revisions for the following provider: pharmacy, early intervention services, and several different facility types.  Contact(s): Debbie Warfel and Mike Bolin  Status as of June 21, 2019 This recommendation will be reviewed and prioritized by the Provider Enrollment Process Team. This team has been tasked with identifying and initiating solutions that will streamline the provider enrollment process to more efficiently handle the growing volume of provider applications and improve provider satisfaction with the process. The team is also tasked with development of a standardized process for monitoring and reporting provider enrollment metrics by provider type.  All team recommendations and deliverables will be reviewed and approved by the team sponsor and key stakeholders.  Anticipated Completion: December 1, 2019	Completed

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		2. Adopt a formalized quality assurance process to ensure MFAO application reviews are conducted accurately, efficiently, and timely. This process should sample a portion of reviewed applications to ensure that Provider Enrollment analysts' reviews were conducted consistently and appropriately. This process could also help identify relevant standardized practices for analysts to use in their application review process and identify applications that may have unnecessary processing delays.	In Progress  The Provider Enrollment supervisor has continued to pull a list of open COs assigned to provider enrollment staff. The Provider Enrollment supervisor then disseminates the list of open COs based on ownership for the staff member to take appropriate action on (follow-up, closure, etc.).  The final piece to this multi-step approach in adopting a formalized quality assurance process to ensure MFAO application reviews are conducted accurately, efficiently, and timely is the sampling and review of COs closed the previous week for quality.  This has been occurring informally on a regular basis. The ultimate goal however is to automate the CO selection portion of process so a random sample can be pulled. The eligible sample would consist of all the COs identified in the initial pull. And, after reviewing historical volumes, a yet to be determined percentage of COs would be then be reviewed for quality. Additionally, a method to track both the initial CO pull as well as those selected for follow up quality review needs to be developed. Discussions revolving around the creation of this were halted by the recent covid-19 crisis, as priorities have temporarily shifted.  Anticipated Completion: August 31, 2020 Contact(s): Mike Bolin and Nick Constantino	In Progress  Medicaid Provider Enrollment continues to follow the manual quality review process previously outlined. Automating this process has been delayed by the continuance of the COVID-19 Public Health State of Emergency. COVID related priorities such as provisional enrollment and the resumption of provider revalidation have taken Agency resources to implement.  We anticipate completing this action within 6 months after the end of the Public Health Emergency.  Anticipated Completion: July 31, 2021  Contact(s): Mike Bolin and Nick Constantino

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			Status as of December 19, 2019	
			In Progress	
			Reviews of outstanding Change Orders (COs) have been initiated to identify and bring to conclusion COs that have been open for more than two months.	
			In addition to the reviews of outstanding COs, the Provider Enrollment supervisor samples COs closed in the previous week for quality assurance purposes.	
			Anticipated Completion: February 1, 2020 Contact(s): Debbie Warfel and Mike Bolin	
			Status as of June 21, 2019 The provider enrollment supervisors will begin pulling weekly Change Order reports. The reports will list the COs that are completed, pending, and overdue.	
			They will use these reports to determine if the analysts are completing the assigned COs in a timely manner.	
			One of the enrollment analysts is currently monitoring the COs from DXC for accuracy of submissions to MFAO. Through this monitoring a Corrective Action Plan was requested from DXC, which resulted in errors	
			dropping by 65% from February to May 2019.	
			In addition, the Provider Enrollment Process team has appointed a sub-team to review the number of	

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			applications being sent to MFAO and make recommendations to reduce the number of applications coming to MFAO. The Provider Enrollment Process Team is being tasked with identifying and initiating solutions that will streamline the provider enrollment process to more efficiently handle the growing volume of provider applications and improve provider satisfaction with the process.  The team is also tasked with development of a standardized process for monitoring and reporting provider enrollment metrics by provider type. All team recommendations and deliverables will be reviewed and approved by the team sponsor and key stakeholders.	

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2.	Efficiencies could be improved by requiring Provider Eligibility and Compliance Unit (PECU) review for Targeted Case Management applications prior to scheduling site visits.	For Targeted Case Management provider applications referred to PECU for further processing, consider conducting site visits after PECU review to increase efficiency and reduce unnecessary site visits for applications with high denial rates and other concerns.	Status as of December 19, 2019 Completed  The improved process for scheduling Targeted Case Management provider applications site visits after the PECU review was implemented on September 30, 2019.  New instructions were created for DXC, MFAO and RPA staff.  Contact(s): Debbie Warfel  Status as of June 21, 2019 MFAO agrees with this recommendation and will start the operational changes for DXC, MFAO, and the Bureau of Recipient and Provider Assistance staff to have this process in place by August 1, 2019.  Anticipated Completion: December 1, 2019	Completed