



**State of Louisiana**  
Louisiana Department of Health  
Office of Management and Finance

November 10, 2020

The Honorable Jerome Zeringue, Chairman  
Louisiana State House of Representatives  
House Appropriations Committee  
P.O. Box 44486, Capitol Station  
Baton Rouge, LA 70804

The Honorable Mack "Bodi" White, Chairman  
Louisiana State Senate  
Senate Finance Committee  
P.O. Box 94183, Capitol Station  
Baton Rouge, LA 70804

The Honorable Larry Bagley, Chairman  
Louisiana State House of Representatives  
House Health and Welfare Committee  
P.O. Box 44486, Capitol Station  
Baton Rouge, LA 70804

The Honorable Fred H. Mills, Chairman  
Louisiana State Senate  
Senate Health and Welfare Committee  
P.O. Box 94183, Capitol Station  
Baton Rouge, LA 70804

Dear Honorable Chairs:

RE: Louisiana Department of Health – Audit Update Report

A number of external oversight bodies audit the Louisiana Department of Health (LDH), including the Louisiana Legislative Auditor (LLA), the Office of Inspector General (OIG), the Centers for Medicare and Medicaid Services (CMS) and the Internal Revenue Service (IRS). The following report outlines both ongoing audits and audits completed within the past twelve months. The majority of LDH audits are performed by the LLA, who conducts performance audits, financial audits, and investigative audits. LLA also has a Medicaid Audit Unit (MAU) whose audits are a hybrid of performance and financial audits.

Beginning with this report, LDH will no longer report information on ongoing or planned audits by external auditors. The information related to ongoing audits has been a restatement of limited information provided to LDH by the auditing entities. This information is subject to misinterpretations and LDH is often unable to provide clarifying information or answer questions about the ongoing audit activities. Auditors may cancel or delay audit activities or may make changes to their audit plan because of changing priorities in their organizations. These changes and the reasons for such changes are often not relayed to LDH. Additionally, because audit entities do not generally comment publicly on on-going audit activities, providing this information in a public report such as this preempts the auditor's role. This report is issued quarterly. The next report will be issued in January 2021.

The completed financial and programmatic audits performed by the various external auditing bodies are listed below. Additional details regarding the findings, recommendations and corrective actions can be found on the attached spreadsheet.

## Completed State Audits

1. LLA – FY 2019 LDH Management Letter/Single Audit.
  - *Description:* As a part of LLA’s audit of the State of Louisiana’s Comprehensive Annual Financial Report (CAFR) and the Single Audit of the State of Louisiana (Single Audit) for the fiscal year ended June 30, 2019, LLA performed procedures at the Louisiana Department of Health (LDH), including the Office of Public Health (OPH), to provide assurances on financial information that is significant to the state’s CAFR; evaluate the effectiveness of LDH’s internal controls over financial reporting and compliance; and determine whether LDH complied with applicable laws and regulations. In addition, LLA determined whether management has taken actions to correct the findings reported in the prior year.
  - *Report Date:* Management Letter issued 2/26/2020. Single Audit issued 3/26/2020.
2. LLA Medicaid Audit Unit – Billing by Providers of Behavioral Health Services in Medicaid
  - *Description:* LLA analyzed billing practices by providers to determine what controls LDH and the MCOs have in place to ensure providers submit claims with appropriate procedure code and modifier combinations, as well as to determine ways to identify providers who are billing incorrectly but are not currently being investigated by LDH, the AG or the MCO SIUs.
  - *Report Date:* Report issued 9/4/2019
3. LLA Performance – Behavioral Health Providers Billing 12+ Hours of PSR/CPST in One Day
  - *Description:* This performance audit was conducted by LLA to determine compliance with Act 370 of the 2019 regular session, which limits rendering behavioral health providers to 12 hours of combined PSR and CPST services in a day.
  - *Report Date:* Report issued 8/5/2020
4. LLA Performance – Status on the Use of Federal Tax Data
  - *Description:* LLA performed this audit to provide the status on the Louisiana Department of Health’s (LDH) use of federal tax information (FTI) in the Medicaid eligibility determination process.
  - *Report Date:* Report issued 9/11/2019
5. LLA Performance – OPH Follow-up Audit Progress Report - Food Safety
  - *Description:* LLA performed audit follow-up procedures on the following previously issued OPH audit:
    - Regulation of Food Safety in Retail Food Establishments - Issued November 21, 2012.
  - *Report Date:* Report issued 6/10/2020
6. LLA Performance – Billing by Providers of Behavioral Health Services in Medicaid – Report on Individual Provider - New Horizons Counseling Agency
  - *Description:* As part of its audit on billing practices by behavioral health providers, LLA issued this report on an individual provider identified as submitting claims that appear to indicate billing for services that were not provided, that were improperly billed, or that were not properly documented.
  - *Report Date:* Report issued on 6/17/20
7. LLA Performance – Medicaid Eligibility Audit on Specific Individuals. Medicaid Recipients: Dependent Children of Cortrinia and Tyler Price
  - *Description:* This performance audit was a companion audit to the New Horizons Counseling Agency audit conducted by LLA Performance to determine if certain Medicaid recipients provided false information to obtain benefits.
  - *Report Date:* Report issued on 6/17/20

8. LLA Investigative – Medicaid Eligibility Audit on Specific Individuals.

- *Description:* This investigative audit was conducted to determine if certain Medicaid recipients provided false information to obtain benefits. Multiple reports have been issued for different Medicaid recipients with the same or very similar findings & recommendations.
- *Report Date:* Reports issued 1/22/2020, 9/3/2020, 9/9/2020, 9/16/2020, 9/23/20, 9/30/20 and 10/14/20.

9. LLA Financial – Procedural Report - Pinecrest Supports and Services Center

- *Description:* LLA performed certain procedures at Pinecrest Supports and Services Center (Center) to evaluate certain controls the Center uses to ensure accurate financial reporting, compliance with applicable laws and regulations, and overall accountability over public funds for the period of July 1, 2018, to March 16, 2020.
- *Report Date:* Report issued 4/1/20

10. LLA Financial – Procedural Report – Central Louisiana State Hospital

- *Description:* LLA performed certain procedures at Central Louisiana State Hospital (Hospital) to evaluate certain controls the Hospital uses to ensure accurate financial reporting, compliance with applicable laws and regulations, and overall accountability over public funds for the period of July 1, 2018, to March 12, 2020.
- *Report Date:* Report issued 4/1/20

11. LLA Financial (Financial Statement Audit) – OPH - Drinking Water Revolving Loan Fund.

- *Description:* LLA audited the financial statements of the Drinking Water Revolving Loan Fund (DWRLF) as of and for the year ended June 30, 2019, to determine whether the financial statements are fairly stated. LLA also conducted procedures as required by the Environmental Protection Agency to determine state compliance with its grants.
- *Report Date:* Report issued on 4/22/20

12. LLA Performance – Data Analytics Unit – COVID-19 Data Discrepancies Between the Louisiana Department of Health and Red River/DeSoto Parishes

- *Description:* LLA analyzed alleged discrepancies between data reported to Red River and DeSoto parishes by LDH in the First Responder Report and data maintained by those respective parishes. LLA performed this review by obtaining and analyzing all COVID-19 test results and positive case data from LDH, as well as the First Responder Report from Louisiana State Police, Red River Parish, and DeSoto Parish.
- *Report Date:* Report issued 8/6/20.

13. Office of State Travel (OST) – Purchase Card Program Compliance by LDH

- *Description:* The OST compliance review objective was to review data related to compliance with the Purchase Card Program. This review did not result in a public report but the report was shared with the LLA.
- *Report Date:* Public report not issued. Report sent to LDH on 2/4/2020, response sent to OST on 2/14/2020.

14. Office of State Travel (OST) – Travel Card Program Compliance by LDH

- *Description:* The OST compliance review objective was to review data related to compliance with the Travel Card Program. This review did not result in a public report but the report is shared with the LLA.
- *Report Date:* Public report not issued. Report sent to LDH on 3/11/2020, response sent to OST on 3/25/20

**Completed Federal Audits**

1. CMS – Louisiana Medicaid Eligibility Determinations for the Expansion Population

- *Description:* This audit sought to determine whether the Louisiana Department of Health determined Medicaid eligibility for modified adjusted gross income (MAGI)-eligible adult beneficiaries in accordance with Federal and state eligibility requirements, and claimed the appropriate Federal Medical Assistance Percentage (FMAP) on behalf of these beneficiaries. Other objectives included identifying and assessing the impact of any changes to Medicaid eligibility policy due to the Affordable Care Act (ACA) and determining whether non-expansion enrollment categories impacted by the expansion enrollment process complied with Federal and state requirements.
- *Report Date:* Report issued 9/16/20

Should you have any further questions or concerns, please feel free to contact me at 225-342-6726 or via email at [Ruth.Johnson3@la.gov](mailto:Ruth.Johnson3@la.gov).

Sincerely,



Ruth Johnson  
Undersecretary

RJ/mb/ap

AUDIT UPDATE REPORT - COMPLETED REPORTS - FINDINGS/RECOMMENDATIONS & CORRECTIVE ACTIONS											as of:	11/10/2020
Louisiana Department of Health												
Finding	Program Budget	Program Budget Source	Amount Identified by Auditors	FFP Questioned by CMS	Potential FFP Due to CMS	Recommendations/LDH Response and Planned Actions	Estimated Completion Date	Responsible Employee	Actions Taken	Completion Date	Current Status	Notes
<b>AUDIT:</b>												
FY19 LDH Management Letter/Single Audit											Report Date:	3/26/2020
Inadequate Internal Control over Modified Adjusted Gross Income (MAGI) Eligibility	\$7.5B	FY 19 MCO Budget (without rebates)	N/A	No FFP in question	N/A	LDH concurred in part with this finding. In its response, LDH stated that controls in LaMEDS were adequate over MAGI-based eligibility determinations. LDH determined however that putting FTI data into LaMEDS would not be approved by the IRS without ending the current audit trail for income sources in the system. Since removing the audit trail is impractical, LDH will work with LLA on building regular statistical data reports on FTI.	N/A	Rebecca Harris	LDH has designed and implemented adequate controls to ensure accurate MAGI-based eligibility determinations. The final, approved design for the use of FTI in the Medicaid and LaCHIP eligibility process requires the state to conduct post eligibility reviews of individuals/households with a discrepancy greater than \$100K between their self-attested income and the tax information found through the IRS HUB interface. The implemented system is known as the LaMEDS FTI application. The State began receiving FTI data on June 23, 2019. In October 2019, operational procedures were published, background checks cleared, staff with suitable background checks were trained, and the review and processing of records in the LaMEDS FTI application began. In October 2019, the State also submitted an updated verification plan to reflect the use of FTI data for eligibility which was later approved by CMS on November 26, 2019. However, it should be noted that there is no requirement under federal regulations to utilize FTI for eligibility verification, and the State has implemented this check as a proactive verification measure.  In addition to these measures, LDH continues to explore other options for individual income data capture, such as: 1. Reviewing the MOU with the Louisiana Department of Revenue to capitalize on any potential data match options similar to the existing quarterly wage check process with the Louisiana Workforce Commission for other sources of income. 2. Exploring alternative resources for household size and income information, such as commercial credit vendors. These data sources may aid LDH in upfront identification of unreported self-employment income, which is often the basis of recipient eligibility audit findings. Currently, a pilot is under	November 26, 2020	Complete	The FTI application was paused during the COVID-19 public health emergency due to the federal maintenance of effort. LDH continues to work on reports that will satisfy LLA audit requirements; however, CMS has declared this finding resolved.
Weaknesses in Controls over LaMEDS	N/A	N/A	N/A	No FFP in question	N/A	LDH concurred in part and provided corrective action plans. LDH did not concur with the finding that testing of LaMEDS prior to the system go-live date was incomplete. LaMEDS was fully tested prior to go-live. LDH was unable to reproduce the passage rates reflected in the LLA audit as they did not take into account the full scope of testing for those specific areas. Test runs and scripts interact in multiple iterations and subsequent testing of items often resulted in favorable results. LDH provided LLA additional documentation to clarify the methodology. LDH did not concur with the finding regarding user access reviews and the monitoring of audit logs, citing that CMS only requires an annual review of user access and does not require monitoring of all audit logs. However, in addition, LDH completed an informal review in early 2019 ahead of schedule. LDH concurred in part with the recommendation regarding interface error monitoring but noted it had a detailed design specification document that established "a formal process for error standardization" that provides steps for particular errors. LLA stated the detailed design specification document does not negate the need for policies and procedures for staff to reference when handling interface errors during normal operations. LDH concurred with the recommendation of removing separated employee's access and holding supervisors responsible for requesting removal. LDH sent reminders to all staff and revisited training efforts around off boarding employees.	On-going	Greg Thronsdon	Processes are currently in place to remove systems access for separated employees - the separation checklist has been amended, an indicator for contractors has been created, and an OTS pilot of Active Roles access management tool created to automate employee deactivation within LaMEDS. LDH started the off cycle review of LaMEDS user access in September 2020. Additionally, Policy #134.1 LDH Policy and Procedures for Ending or Suspending Employee System Access (agency-wide employee separation policy) has been drafted. Policy was submitted to LDH Executive Staff on 10/19/20 and is pending finalization with Executive Approval. LDH HR Division is developing instructions and online training related to the off-boarding process for supervisors.  LDH has implemented and is formalizing a monitoring process that will incorporate a review of 5% of non-appeals overrides, and the maintenance of the records of these findings. LDH is developing and testing the Standard Operating Procedure (SOP).  LDH System Section staff works all daily batch file exceptions that error out due to interface errors across the various systems. LDH continues to utilize the Design and Interface Control documents as its primary formal documentation for interface errors and continues to identify additional methods to enhance its processes and procedures.  OTS has updated the "OTS Responsibilities" section of its MOU template language. LDH requested that the draft language be added to its MOU. The draft language has been added and the updated MOU is currently pending LDH review.		On-going	

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Louisiana Department of Health												
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Noncompliance on Managed Care Premium Payments with Corresponding Contract Approvals	\$7.5B	FY 19 MCO Budget (without rebates)	\$5.6B	No FFP in question	N/A	LDH concurred with the finding regarding dates of the relevant premium payments, rates used to make the payments, and dates of contract amendment approvals. LDH did not agree that the payments made and rates used were inappropriate or noncompliant, so a corrective action plan was not provided. LDH acknowledges payments were made using rate certification letters in contract amendments prior to submission to OSP and OSP approval and making payments for service dates using rate certification letters that did not cover the respective service dates. LDH noted no fiscal impact as a result of these actions and it is the position of LDH that we will always be faced with this issue due to the lag between the rate certification period end and OSP/CMS approval of the new certified rates. The situation and lag will intensify in cases of multiple amendments throughout the contract year. Thus, it is the opinion of LDH that this is an inevitable part of the process in setting managed care per member per month payments.	N/A	Pam Diez	N/A	N/A	N/A	LDH did not agree that the payments made and rates used were inappropriate or noncompliant, so a corrective action plan was not provided.
Noncompliance with Managed Care Provider Enrollment Requirement	\$7.5 B	FY 19 MCO Budget (without rebates)	\$8B	No FFP in question	N/A	LDH concurred with this finding that LDH did not enroll and screen Healthy Louisiana managed care providers and dental managed care providers as required by federal regulations. LDH cancelled the contract with Verisys Corporation to provide a Provider Management solution effective April 3, 2020. LDH has been diligently working to develop an alternative option to achieve compliance with CMS regulations. LDH currently collects provider information from the MCOs including name, specialty, date of birth, social security number, and state license or certification number on providers enrolled with the MCOs. This data is compared to the USDHHS-OIG List of Excluded Individuals/Entities (LEIE) on a monthly basis to ensure that excluded individuals/entities are not enrolled with the Managed Care Providers. Encounter data from the managed care organizations is compared to the System for Award Management (SAM) database for excluded companies or individuals on a quarterly basis. LDH is exploring other options to ensure that payments for services provided to Medicaid recipients are not made to individuals or entities that are prohibited by law from receiving such payments.	FY 2021	Virginia Brandt	LDH cancelled the contract with Verisys Corporation to provide a Provider Management solution effective April 3, 2020. LDH has been diligently working to develop an alternative option through and amendment to the existing Gainwell Technologies (formerly DXC) contract to achieve compliance with CMS regulations. CMS has approved the plan to achieve compliance and both the Senate and House Committees on Health and Welfare have approved the Gainwell contract amendment. LDH and Gainwell will begin this project once required approvals are obtained from the Office of State Procurement. Implementation is expected to take about 3 months, followed by a 6 month enrollment period.  LDH also plans to seek a longer term solution that will modernize the Provider Management system and also achieve the CMS preference of modularity. LDH continues to keep CMS informed of our progress toward achieving compliance with CMS regulations.		On-going	

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Louisiana Department of Health													
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Inadequate Controls over Waiver Services Providers	\$532 M	FY 19 Community Choices, NOW, ROW Waiver Budgets	\$11,949	\$11,949	\$7,767	LDH concurred with this finding and recommendation that policies and federal regulations for waiver services are enforced including documentation to support claims and evidence of deviations from the approved Plan of Care (POC) to meet the needs of the recipient. In addition, LDH concurred with the recommendation that it should ensure all provider manuals are updated timely. LDH noted that there was no financial impact to the state as a result of this finding. LDH concurs with the LA that the NOW and ROW manuals should be updated timely. The NOW manual has been updated to reflect the implementation of EVV, and the requirements of the documentation needed. The ROW manual will be completed by 08/31/2020. The recent implementation of Electronic Visit Verification (EVV) provides an additional tool for monitoring the timing of service delivery and significantly reduces the risk of incorrect or fraudulent billing. LDH was unable to provide trainings in regards to documentation requirements to providers and Support Coordination Agencies for the 1st and 2nd quarters of 2020 due to the global COVID-19 pandemic. Once LDH is able to conduct quarterly meetings with providers and support coordinators again, LDH will provide this training. LDH will also meet with the providers that were identified in this audit to provide one-on-one training regarding the documentation issues stated in this audit finding.	N/A	Julie Foster Hagan	For the Community Choices Waiver (CCW) population, on 6/26/2020, OAAS conducted a teleconference with the identified provider to review all of the timesheets included in the audit and explained documentation requirements. OCDD spoke with both providers and support coordination agencies in January of 2020 concerning the proper manner in documenting deviations in an individual's schedule.  Electronic Visit Verification (EVV) system was implemented, and the New Opportunities Waiver (NOW) and ROW manuals were updated.  In lieu of globalized training due to delays caused by COVID-19, individual one-on-one trainings and discussions have been held with the providers in question and as new issues arise.	October 2020	Complete	LDH does not believe these claims were paid improperly; the services were documented and appear to have been rendered.	
Inadequate Controls over Quarterly Federal Expenditure Reporting	\$965 M	FY 20 Activity File - Specialized Behavioral Health Services	\$17.2 M	No FFP in question	N/A	This error was identified by LDH and corrected in September 2019, prior to the release of the LLA report.	N/A	Helen Harris	LDH made corrections to the September 2019 reports to report the expenditures as under the Substance Use Disorder (SUD) 1115 waiver. The implementation is complete and a change order updated with the fiscal intermediary so that we can account for the complexity of the waiver.	September 2019	Complete		
Inadequate Controls over Monitoring of Abortion Claims	N/A	N/A	N/A	No FFP in question	N/A	LDH did not specifically concur or disagree with the finding but provided a corrective action plan. To enhance monitoring of abortion claims for compliance with federal and state regulations, LDH will take the following steps. LDH revised the "End of Pregnancy" monthly report (Report #137) to require the MCOs to include additional information on any paid claims for abortions that conform with the Hyde Amendment. The first of these revised reports were received from the MCOs on May 15, 2020 using the updated template. The revised form captures member identifying information, the reason for the services, the date of the procedure/event, and the claim type. LDH will review the elective abortions reported to determine if the abortion was performed in compliance with the contract and law. LDH will also reach out to other state Medicaid programs to determine their compliance processes. If any "best practices" are identified, LDH will look to integrate them into the process.	N/A	Michael Boutte	LDH revised the "End of Pregnancy" monthly report (Report #137) to require the MCOs to include additional information on any paid claims for abortions that conform with the Hyde Amendment.  LDH mandated that the MCOs provide each hard copy claim with required supporting documentation outlined in the Medicaid Professional Services manual with the "End of Pregnancy" monthly report.  Modified Report #137 to allow MCOs to attach claims info & supporting documentation when uploaded.  LDH assigned Program Manager to focus on Women's Health and be LDH subject matter expert.  For fee-for-service (FFS) claims, LDH already had the Monthly Report on Abortions by Race and Gender (Report MW-M-48) in place to capture paid claims for elective abortions. LDH reviews Report MW-M-48 monthly to determine if the fiscal intermediary has reported payment of any elective abortion claims and, if so, LDH will then conduct a review of each claim, including a review of the required supporting documentation.	May 15, 2020	Complete		

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Louisiana Department of Health												
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Noncompliance with Prenatal Service Third-Party Liability Requirements	\$12.4 B	FY 19 Medicaid Budget	\$512 M	No FFP in question	N/A	LDH concurred in part with the finding and provided a corrective action plan. The revised federal regulation was not initially implemented because CMS had not issued clear guidance for implementation. LDH noted that the United States Code was amended but the Code of Federal Regulations provision had not been updated, and CMS had not provided final guidance. LDH is preparing to amend the relevant State Plan provisions. LDH will also revise the current fee for service procedures and amend the MCO contracts to be consistent with the guidance provided by our federal regulators. Also, in order to fully close the loop, La. R.S. 46:446.3 would also need to be amended to be consistent with the new federal law, although LDH does not need this statutory change in order to implement the new federal requirement.	January 1, 2021	Mitzi Hochheiser - systems Jen Katzman - SPA Michael Boutte - MCO	LDH has amended the relevant State Plan provisions and submitted to CMS. Additional third-party liability (TPL) changes resulting from publication of the CMS TPL handbook are also being considered. LDH met with Gainwell on 11/5/2020 to identify changes needed, and LDH has drafted the change order for the technical changes for compliance.  LDH will also revise the current fee for service procedures and amend the MCO contracts to be consistent with the guidance provided by our federal regulators.		On-going	
Noncompliance with Third-Party Liability Assignment	N/A	N/A	N/A	No FFP in question	N/A	LDH concurred with the finding and provided a corrective action plan. LDH's Plan of Correction (POC) involves including the proper notification language as required by the Code of Federal Regulations in upcoming Decision Letters for all approvals and renewals, which each Medicaid recipient will receive, at least, annually. LDH will then ensure that such proof will be placed in the individual eligibility files. This POC will be implemented as soon as the contractual process with our vendor allows, which is expected within 6 months after the Public Health Emergency associated with COVID-19 is lifted. This process will also be followed in the Children's Health Insurance Program (LaCHIP) and is also expected to be completed within 6 months after the Public Health Emergency is lifted.	CY 2021	Rebecca Harris	LDH's Plan of Correction (POC) involves including the proper notification language as required by the Code of Federal Regulations in upcoming Decision Letters for all approvals and renewals, which each Medicaid recipient will receive, at least, annually. LDH will then ensure that such proof will be placed in the individual eligibility files. This POC will be implemented as soon as the contractual process with our vendor allows, which is expected within 6 months after the Public Health Emergency associated with COVID-19 is lifted. This process will also be followed in the Children's Health Insurance Program (LaCHIP) and is also expected to be completed within 6 months after the Public Health Emergency is lifted.		On-going	
Noncompliance with Provider Revalidation and Screening Requirements	N/A	N/A	N/A	No FFP in question	N/A	LDH concurred with the LLA finding that LDH did not perform five-year revalidations and has not screened previously enrolled providers based on categorical risk of fraud, waste or abuse. LDH also concurred with the LLA finding that required monthly SAM database checks have not been performed. LDH cancelled the contract with Verisys Corporation to provide a Provider Management solution effective April 3, 2020. LDH has been diligently working to develop an alternative option to achieve compliance with CMS regulations. LDH does wish to point out that although SAM database checks have not been performed on a monthly basis for all providers, quarterly SAM database checks have been completed for those providers who have received payments from LDH and/or the Managed Care Organizations. LDH is currently exploring other options to ensure that payments for services provided to Medicaid recipients are not made to individuals or entities that are prohibited by law from receiving such payments.	FY 2021	Virginia Brandt	LDH cancelled the contract with Verisys Corporation to provide a Provider Management solution effective April 3, 2020. LDH has been diligently working to develop an alternative option through and amendment to the existing Gainwell Technologies (formerly DXC) contract to achieve compliance with CMS regulations. CMS has approved the plan to achieve compliance and both the Senate and House Committees on Health and Welfare have approved the Gainwell contract amendment. LDH and Gainwell will begin this project once required approvals are obtained from the Office of State Procurement. Implementation is expected to take about 3 months, followed by a 6 month enrollment period.  LDH also plans to seek a longer term solution that will modernize the Provider Management system and also achieve the CMS preference of modularity. LDH continues to keep CMS informed of our progress toward achieving compliance with CMS regulations.		On-going	



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Louisiana Department of Health												
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Inadequate Controls Over Healthy Louisiana Premium Payments in Alignment with Eligibility	\$7.5 B	FY 19 MCO Budget (without rebates)	\$176,000	No FFP in question	N/A	LDH concurred with the finding and provided a corrective action plan. The primary drivers of mismatches occurring between eligibility types and premium payments is due to eligibility changes after the payment is made and overlapping enrollments, or due to changes in eligibility between when the premium payment report is generated and payment actually rendered. There will always be a need to adjust eligibility and claims and adjust reporting due to timing issues of new eligibility information received. CMS allows states to report additional expenditures applicable to a service period up to two years after the date of original service payment. Additionally, LDH is exploring options for alignment of premium payment reporting, review and disbursement. The fiscal intermediary for LDH has begun running a secondary query monthly with other reconciliation jobs.	N/A	Mitzi Hochheiser	LDH corrected the payments by November 2019 and also modified the monthly demographic adjustment process to reduce these occurrences resulting from overlapping enrollments and changing eligibility. When LDH upgraded its eligibility system (LaMEDS), it increased the number and timeliness of eligibility changes being transmitted to the mainframe based payment system. As a result, LDH and its fiscal intermediary implemented a corrective action in November 2019 that updated the adjustment process to include a secondary query to identify and address additional mismatches generated from updates passing through the more robust eligibility system.  This secondary query runs monthly as a part of our regular process.  Current operations are to generate the premium payment report for review and approval on a Monday and LDH reviews and approves within 48 to 72 hours, after which payment processing occurs. During that period, eligibility can change with retro-adjustments and the payments are generated based on the approved premium report rather than the current eligibility status in LaMEDS. This timing gap sometimes causes a mismatch; however, LDH must also have adequate controls to approve premium disbursement. As a corrective action plan, LDH has shifted the approval process to take place wherein approval of premium payments and the generation of payments occur on the same day, which reduces the number of eligibility mismatches that occur.	November 2019	Completed	
Inadequate Controls over Medicare Buy-In	\$537.8 M	FY 19 Buy-Ins Budget	N/A	No FFP in question	N/A	LDH concurred with the finding and provided a corrective action plan.	N/A	N/A	As per its corrective action plan, LDH maintains a separate table to store this information to crosswalk with CMS data, which allows the Buy-In to start and initiates Medicare premium payments. LDH implemented the corrective action plan using a separate table on December 13, 2019.	December 13, 2019	Complete	
Noncompliance with Review of Redeemed Food Instruments and Cash-Value Vouchers	N/A	N/A	N/A	N/A	N/A	This finding was a part of the Management Letter, but was not included as a Single Audit finding as a result of LLA determination based on their guidelines - LDH did not concur with the finding as the WIC banking contractor, Solutran, has adequate measures in place that serve as an audit of their processing controls and a Service Organizational Control (SOC) 2 report that meets the standards and/or mandates established by the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). Louisiana WIC transitioned from paper benefit issuance to electronic benefit issuance in October 2019.	N/A	Jennifer Nicklas	Louisiana WIC transitioned from paper benefit issuance to electronic benefit issuance in October 2019.	February 1, 2020	Complete	PaperFood Instruments and Cash Value Vouchers expired in February 2020.

**AUDIT UPDATE REPORT - COMPLETED REPORTS - FINDINGS/RECOMMENDATIONS & CORRECTIVE ACTIONS**

as of: 11/10/2020

Louisiana Department of Health												
Finding	Program Budget	Program Budget Source	Amount Identified by Auditors	FFP Questioned by CMS	Potential FFP Due to CMS	Recommendations/LDH Response and Planned Actions	Estimated Completion Date	Responsible Employee	Actions Taken	Completion Date	Current Status	Notes
Inadequate Controls over Billing for Behavioral Health Services	\$965 M	FY 20 Activity File - Specialized Behavioral Health Services	\$2.1 M	\$2.1 M	\$1.4 M	LDH did not concur with the recommendation as the recommendation is inconsistent with a risk-based managed care model. As a result, no corrective action plan was noted in the response to this finding.	N/A	Virginia Brandt/Karen Stubbs	No corrective action plan was provided.	N/A	N/A	LDH believes that the actual amount due to CMS will be minor; over \$1 Million of the amount identified by LLA has been determined to have been properly paid because the claims were subject to different guidance than was applied by the LLA in their review. LDH is currently investigating the approximate \$315,000 in remaining claims. Once that investigation is complete, LDH will reverse/adjust any claims paid improperly and repay any applicable FFP. If it is determined that any of the claims were paid improperly, LDH will also develop controls and/or edits to prevent such payments in the future. This claims review is being done by the State Compliance Officer and will take an extended period to complete due to limited resources.

**AUDIT: Billing by Providers of Behavioral Health Services in Medicaid** **Report Date:** 9/14/2019

Providers were paid \$38,533,71 for 646,746 encounters and claims for behavioral health services that were billed using incorrect procedure and modifier codes.	\$965 M	FY 20 Activity File - Specialized Behavioral Health Services	\$38,533,71	\$101,411	\$67,945.37	LDH objected to the findings of this audit. As a result, there are no corrective actions planned. In disagreeing with the findings in this report, the Department stands by its managed care organizations that use a market-based approach to reimbursing its providers. This payment model ensures that Louisiana's Medicaid enrollees have access to critical behavioral health care services.	N/A	N/A	No corrective action plan was provided.	N/A	N/A	
Providers were paid \$9,044,773 more than indicated on the fee schedule for 647,910 encounters and claims for behavioral health services.	\$965 M	FY 20 Activity File - Specialized Behavioral Health Services	\$9,044,773	\$26,068	\$17,465.56	LDH objected to the findings of this audit. As a result, there are no corrective actions planned. In disagreeing with the findings in this report, the Department stands by its managed care organizations that use a market-based approach to reimbursing its providers. This payment model ensures that Louisiana's Medicaid enrollees have access to critical behavioral health care services.	N/A	N/A	No corrective action plan was provided.	N/A	N/A	
Providers were paid \$7,800 for 322 encounters and claims for improperly billed add-on behavioral health services.	\$965 M	FY 20 Activity File - Specialized Behavioral Health Services	\$7,800	\$9	\$6.03	LDH objected to the findings of this audit. As a result, there are no corrective actions planned. In disagreeing with the findings in this report, the Department stands by its managed care organizations that use a market-based approach to reimbursing its providers. This payment model ensures that Louisiana's Medicaid enrollees have access to critical behavioral health care services.	N/A	N/A	No corrective action plan was provided.	N/A	N/A	

**AUDIT: OBH - Individual Behavioral Health Service Providers Billing More than 12 Hours of Services in a Day** **Report Date:** 8/5/2020

From August 1, 2019, through March 9, 2020, we identified 315 individual providers who billed for more than 12 hours of combined PSR and/or CPST services in a single calendar day. These providers improperly billed at least \$293,080 for services provided in excess of 12 hours.	\$130.4 M	FY 20 Activity File for CPST/PSR Services	\$293,080	No FFP in question	N/A	LDH should establish edit checks to ensure that PSR and CPST encounters meet requirements outlined in La. R.S. 46:460.77.1.  LDH should include the requirements of La. R.S. 46:460.77.1 in all MCO contracts, emergency or otherwise, as required by this state law.  LDH should issue guidance to the MCOs regarding their monitoring strategies for compliance with La. R.S. 46:460.77.1.	N/A	Karen Stubbs	LDH disagreed with this recommendation and stated that a hard edit would result in encounter being inappropriately denied when claims were properly paid by MCOs due to a medical necessity approval.  LDH disagreed with the recommendation to change the MCO contracts and stated that, per Section 25.0 Terms and Conditions of the MCO contracts, MCOs agree to comply with all state and federal laws, regulations, and policies as they exist or as amended that are or may be applicable to the Contract. LDH further stated that itemizing specific state laws in contracts may result in an unnecessary overburdening of the state contract system.  LDH has implemented a quarterly analysis of encounter data to assist in monitoring compliance with La.R.S. 46:460.77.1.	N/A	N/A	
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**AUDIT: Medicaid - Status on the Use of Federal Tax Data** **Report Date:** 9/11/2019

AUDIT UPDATE REPORT - COMPLETED REPORTS - FINDINGS/RECOMMENDATIONS & CORRECTIVE ACTIONS										as of:	11/10/2020	
Louisiana Department of Health												
Finding	Program Budget	Program Budget Source	Amount Identified by Auditors	FFP Questioned by CMS	Potential FFP Due to CMS	Recommendations/LDH Response and Planned Actions	Estimated Completion Date	Responsible Employee	Actions Taken	Completion Date	Current Status	Notes
In FY 20, LDH has ceased its efforts to develop the automated use of FTI through LaMEDS. LDH has developed an IRS-Compliant Environment to receive and store federal tax data for use in post-eligibility reviews. LDH has not met the IRS physical space requirements or completed the IRS-required background checks at this time. LDH temporarily discontinued using FTI in consideration of Long-Term Care (LTC) eligibility cases in April 2019 as a result of federal requirements. While LDH is allowed by state law to obtain and use state tax information for Medicaid eligibility determinations, it has not done so. Because LDH did not use federal and/or state tax data during each MAGI-based Medicaid eligibility application and renewal determination, LDH continues to be unable to verify all critical eligibility factors.	\$13.2 B	FY20 Medicaid Budget	\$48 M (Figure is estimate provided by LLA assuming 0.5% of recipients were deemed ineligible)	No FFP in question	N/A	LDH began utilizing federal tax information (FTI) in a post-eligibility review process in October 2019 after clearance of all background checks were obtained in order for staff to access the system where the tax data is stored securely. LDH agreed with the recommendation that LDH management should conduct a cost analysis for the option of using an IRS compliant method for utilizing automated federal tax data in LaMEDS. Upon review of the IRS security requirements, there is no permissible way to integrate FTI into LaMEDS without deconstructing the entire system, including the audit trail of all income sources and eliminating the Partner and Provider portals along with external access to LaMEDS (including the LLA) in order to make it secure. Essentially, it would require rebuilding LaMEDS. Due to these IRS restrictions, beginning in December 2019 LDH conducted the cost analysis on an alternative option for automation that only removes the income processing of eligibility into the secure environment where the FTI is currently stored outside of LaMEDS, and presented it to the auditor. The auditor advised it did not want to proceed with the proposed option as it would eliminate the transparency and work put into LaMEDS to create the income audit trail. In lieu thereof, LDH committed to work with the auditor on clearly documenting FTI review procedures, creating reports needed for audit, and working with the auditor to ensure appropriate access to allowable data and information to the extent that its audit function can be satisfied. This work is ongoing and has been delayed with the Department's response to COVID-19.	CY 2021	Rebecca Harris	There are numerous challenges that complicate our use of federal tax data. Medicaid is looking into resources that may help address some of our larger information gaps, such as self-employment income and household composition.  LDH continues to explore other options for individual income data capture, such as: Reviewing the data sharing agreement with the Louisiana Department of Revenue to capitalize on any potential data match options similar to the existing quarterly wage check process with the Louisiana Workforce Commission for other sources of income. Specifically, we are exploring use of household composition information.  Exploring alternative resources for household size and income information, such as commercial credit vendors. These data sources may aid LDH in upfront identification of unreported self-employment income, which is often the basis of recipient eligibility audit findings. Currently, a pilot is under development with Deloitte and Transunion.		On-going	
<b>AUDIT: OPH Follow-up Audit- Progress Report - Food Safety</b>										<b>Report Date:</b>	6/10/2020	
OPH conducted the required number of inspections on 7,013 (90.9%) of 7,716 risk three and four establishments in fiscal year 2019. This is an improvement from our 2012 audit which found that OPH only inspected 1,403 (19.3%) of 7,252 required establishments in fiscal years 2009 through 2011.	\$146,000	Program Budget	N/A	N/A	N/A	OPH should ensure that its sanitarians inspect all high-risk establishments in accordance with its risk model. OPH should implement a supervisory review process of the risk categories of establishments to ensure that proper risk assignments are made.	N/A	Michael Vidrine	LDH agrees with this recommendation and stated that it will continue to endeavor to reach its goal to ensure that at least 98% of establishments are inspected according to their respective rankings within the risk assessment model and that past-due inspections are rated as a priority and conducted as soon as possible.  LDH agrees with this recommendation and stated that it is currently working to add a function to its database to notify the sanitarian's supervisor when a risk assignment is reduced to ensure that the proper risk assignment is made in all cases.		On-going	
OPH has developed criteria and timeframes for re-inspections and has improved in the percentage of required re-inspections conducted. In fiscal year 2019, OPH performed re-inspections of 5,483 (94.0%) of 5,830 establishments within required timeframes. This represents an improvement from our 2012 audit, which found that OPH performed re-inspections of 8,899 (67.9%) of 13,099 establishments within required timeframes in fiscal years 2009 through 2011.	\$146,000	Program Budget	N/A	N/A	N/A	OPH should ensure that sanitarians utilize the field in its database that indicates whether or not a re-inspection is needed to help plan re-inspection activities.	N/A	Michael Vidrine	LDH agrees with this recommendation and stated that the QA staff monitors, through electronic audit, when this field is utilized and works to ensure that dates are accurate and properly documented. In addition, as of April 1, 2020, staff will monitor, document, and report to the Sanitarian Services Administration and Regional Sanitarian Directors when follow-up inspections are not conducted on the date assigned.	April 1, 2020	Complete	

AUDIT UPDATE REPORT - COMPLETED REPORTS - FINDINGS/RECOMMENDATIONS & CORRECTIVE ACTIONS											as of:	11/10/2020
Louisiana Department of Health												
Finding	Program Budget	Program Budget Source	Amount Identified by Auditors	FFP Questioned by CMS	Potential FFP Due to CMS	Recommendations/LDH Response and Planned Actions	Estimated Completion Date	Responsible Employee	Actions Taken	Completion Date	Current Status	Notes
OPH issued 131 compliance orders in fiscal years 2017 through 2019 for establishments that did not comply with food safety requirements. This represents an improvement from four compliance orders issued between fiscal years 2009 through 2011. However, OPH did not issue compliance orders to 19 establishments that should have been issued a compliance order. In addition, while OPH assessed penalties to 41 establishments, it does not currently have a process to track the penalty amounts assessed and collected.	\$146,000	Program Budget	N/A	N/A	N/A	OPH should follow its established criteria for the issuance of compliance orders to establishments with a history of noncompliance. OPH should establish a tracking system that enables retail food staff to view and access penalty information.	N/A	Michael Vidrine	LDH agrees with this recommendation and stated that additional training will be provided to sanitarians regarding enforcement procedures and the compliance order process. In addition, a field has been added to the database to allow the sanitarian to document when a compliance order is initiated at an establishment. LDH agrees with this recommendation and stated that it has created a tracking database, is currently reviewing compliance order files for accurate documentation of penalty information, and is working with the Office of Debt Recovery to establish a process and documentation requirements to assist in the collection of penalties. In addition, OPH addressed the 19 instances identified in the finding through other enforcement actions, such as immediate closure of the establishment.		On-going	
Although OPH's data system publicly posts inspection reports to its website seven days after the inspection as intended, OPH has not updated the website to include the establishment's full inspection history as recommended in our 2012 audit report.	\$146,000	Program Budget	N/A	N/A	N/A	OPH should provide broader search term capability on the Eat Safe website to allow the public to more easily access retail food inspection results. OPH should consider requiring that establishments post inspection reports in a visible location on their premises. OPH should consider posting raw inspection data to the OPH website so that users can view the entire compliance history of an establishment.	N/A	Michael Vidrine	LDH agrees with this recommendation and stated that it has broadened the search functionality of the website and continues to make improvements to it to make it more user friendly. LDH agrees with this recommendation and stated that it is reviewing the advantages, disadvantages, and legal implications of requiring retail-food establishments to post their most recent inspection report in a visible location on the premises. LDH agrees with this recommendation and stated that it is reviewing the advantages, disadvantages, and legal implications of posting raw inspection data so that users can view the entire compliance history of an establishment.		On-going	
<b>AUDIT: Billing by Providers of Behavioral Health Services in Medicaid – Report on Individual Provider - New Horizons Counseling Agency</b>											<b>Report Date:</b>	6/17/2020
New Horizon billed Medicaid and was paid \$211,231 for services New Horizon does not appear to have provided, in whole or in part, from December 2, 2015 through January 29, 2020. J By billing Medicaid for services that were not provided, New Horizon may have violated Federal1 and state law, 2,3,4,5,6 and its provider agreements with LDH, 7 as well as the MCOs that operate the Medicaid program on behalf of LDH.	\$965 M	FY 20 Activity File - Specialized Behavioral Health Services	\$211,231	No FFP in question	N/A	LLA did not make any recommendations in this report, however LDH provided a response. LDH defers to the Louisiana Attorney General's office (AG) as the prosecutorial arm of State government. LDH points out that information on suspicious activity was sent to the AG on this provider in 2016 and additional fraud notices on this provider were sent to the AG in 2018. LDH took action to suspend payments to this provider. Provider exclusion from the Medicaid program is typically delayed until the investigation is public or complete in order to not interfere with the ongoing case.	N/A	Karen Stubbs	LDH defers to AG's office.  In an effort to more effectively monitor provider fraud, LDH's Program Integrity Division is currently developing a risk-based model to identify providers that have multiple indicators of potential fraud. The model will rank providers based on both the risks that have been identified and the potential for recovery of improper claims. It is expected that these efforts will yield cases that provide a larger return on investment. Program Integrity is working with multiple partners, including the National Healthcare Antifraud Association and the Healthcare Fraud Prevention Partnership to identify additional analytics that may be useful to uncover other indicators of fraud. It is expected that these efforts will enhance LDH's pursuit of provider fraud.	N/A	Complete	
Based on our review of New Horizon records, it appears New Horizon improperly billed Medicaid for \$656,907 in services from November 23, 2015 through February 27, 2019, consisting of services allegedly performed by a New Horizon employee or contractor while services were: (1) being provided to other recipients; (2) provided when the recipient was not present; (3) provided as a result of improper assessments; (4) billed based on data entry errors; (5) not documented; or (6) billed at the wrong service rate. By improperly billing Medicaid for these services, New Horizon may have violated its Medicaid service provider agreements.	\$965 M	FY 20 Activity File - Specialized Behavioral Health Services	\$656,907	No FFP in question	N/A	LLA did not make any recommendations in this report, however LDH provided a response. LDH defers to the Louisiana Attorney General's office (AG) as the prosecutorial arm of State government. LDH points out that information on suspicious activity was sent to the AG on this provider in 2016 and additional fraud notices on this provider were sent to the AG in 2018. LDH took action to suspend payments to this provider. Provider exclusion from the Medicaid program is typically delayed until the investigation is public or complete in order to not interfere with the ongoing case.	N/A	Karen Stubbs	LDH defers to AG's office.  In an effort to more effectively monitor provider fraud, LDH's Program Integrity Division is currently developing a risk-based model to identify providers that have multiple indicators of potential fraud. The model will rank providers based on both the risks that have been identified and the potential for recovery of improper claims. It is expected that these efforts will yield cases that provide a larger return on investment. Program Integrity is working with multiple partners, including the National Healthcare Antifraud Association and the Healthcare Fraud Prevention Partnership to identify additional analytics that may be useful to uncover other indicators of fraud. It is expected that these efforts will enhance LDH's pursuit of provider fraud.	N/A	Complete	



AUDIT UPDATE REPORT - COMPLETED REPORTS - FINDINGS/RECOMMENDATIONS & CORRECTIVE ACTIONS											as of:	11/10/2020
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<b>AUDIT:</b>												
<b>Office of State Travel (OST) – Purchase Card Program Compliance by LDH</b>											<b>Report Date:</b>	2/14/2020
During the compliance review, DOA noted that LDH failed to upload complete supporting documentation in WORKS to support several transactions. Uploads either didn't have detailed/itemized receipts, inadequate receipts and/or no backup to support the purchase. However, complete backup documentation were available for review during the on-site visit for these transactions as noted on the attached spreadsheet.	N/A	N/A	N/A	N/A	N/A	LDH should correct receipts and supporting documentation needs to be scanned and tied to each transaction immediately. LDH's approvers must ensure the cardholders are uploading complete backup documentation to support all transactions, inclusive of those for credits, along with justification and approvals.	N/A	Liz Davis	All corrective action plans have been successfully implemented		Complete	
DOA noted that one individual was the assigned approver for 24 cardholders per cardholder/approver's list provided by the agency	N/A	N/A	N/A	N/A	N/A	With additional responsibilities and to ensure all documentation is being properly audited, assigning more than 20 cardholders to an approver can be excessive. Approver's review is imperative to the strength of the program and must be limited to 20 cardholders	N/A	Liz Davis	All corrective action plans have been successfully implemented		Complete	
DOA noted that one of six cardholders interviewed had no idea who the Program Administrators were.	N/A	N/A	N/A	N/A	N/A	Some type of communication should be sent to all program participants to ensure everyone is informed who both LDH's program administrators are, along with all their contact information.	N/A	Liz Davis	All corrective action plans have been successfully implemented		Complete	
<b>AUDIT:</b>												
<b>Office of State Travel (OST) – Travel Card Program Compliance by LDH</b>											<b>Report Date:</b>	2/14/2020
DOA noted that there was no proof of annual review by the program administrators nor the approvers of the CBA cardholders and their limits to ensure appropriate utilization.	N/A	N/A	N/A	N/A	N/A	In order to be in compliance with the state and agency's policies, LDH's program administrators and approvers must perform their annual reviews of the cardholders along with the card limits to ensure appropriate utilization. A file is to be maintained showing compliance with this request.		Quinteseah Syas	Electronic documentation of this annual review will be maintained to ensure proof of compliance can be provided going forward.			
DOA noted that there were 3 inadequate receipts uploaded in WORKS that did not match the transaction and 12 transactions that did not have any receipts uploaded into WORKS.	N/A	N/A	N/A	N/A	N/A	Both the cardholder and the approver are responsible for ensuring that the invoice and full documentation are uploaded and matching. Also, always ensure that appropriate supporting documentation is uploaded when issues with transactions arise causing a delay in resolutions. e.g. credits, dispute forms when applicable. OST strongly encourages LDH program administrators to review the expense transactions in WORKS periodically to guarantee that all transactions have attachments tied to them. As of 3/5/2020, it was noted that the adequate receipts have been uploaded into WORKS for each transaction noted above.		Quinteseah Syas	We are informing Cardholders to upload receipts twice in WORKS when credit transactions are processed to ensure they can be viewed in WORKS as preferred by the Office of State Travel. In addition, when technical issues arise with the WORKS system, we are seeking assistance from both Bank of America and the Office of State Travel to ensure all documentation is uploaded into WORKS.			LDH did not fully concur with this recommendation.
DOA noted that LDH is not uploading complete backup documentation to support approval of various hotel overages and/or documented proof if these were designated conference hotels. However, backup supporting documentation was available for review during the on-site visit.	N/A	N/A	N/A	N/A	N/A	LDH is to establish procedures for the CBA accountholder, travelers and approvers to receive, submit, and upload all supporting documentation, including justifications and approvals. Also, at a minimum, for a conference, the supporting documentation should include the conference hotel, agenda, dates and rates for lodging from the conference organizer.		Quinteseah Syas	LDH ensures complete backup documentation is included with the monthly statements. As recommended by the Office of State Travel, in addition to seeking assistance from Bank of America, we will also seek assistance from the Office of State Travel to troubleshoot technical difficulties to ensure all documentation is uploaded into WORKS. Electronic documentation of communication to Cardholders and Approvers regarding this matter is now being maintained to ensure proof of communication can be provided.			
DOA noted that six transactions were no electronically signed off by the cardholder and the approver in WORKS for the review period of December 2018 through December 2019.	N/A	N/A	N/A	N/A	N/A	LDH must guarantee that all transactions are being reviewed, approved and electronically signed off in WORKS as official business expenditures by the cardholders and approvers. As of 3/5/2020, it was noted that four (4) of the six (6) transactions listed above have been signed off on by both the cardholder and approver and the remaining two (2) transactions were for cardholders that are no longer employed with the agency.		Quinteseah Syas	In addition to seeking assistance from Bank of America, LDH will also seek assistance from the Office of State Travel to troubleshoot technical difficulties to ensure all transactions are signed off on in WORKS. When technical issues arise with the WORKS system, we are seeking assistance from both Bank of America and the Office of State Travel to ensure all documentation is uploaded into WORKS.			

AUDIT UPDATE REPORT - COMPLETED REPORTS - FINDINGS/RECOMMENDATIONS & CORRECTIVE ACTIONS									as of:	11/10/2020		
Louisiana Department of Health												
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DOA noted that the November bank statement for one card was not readily available for review during the on-site visit. However, since the onsite review the program administrator has submitted the statement which has been signed and dated.	N/A	N/A	N/A	N/A	N/A	LDH must enforce the state's policy and guarantee that all cardholder statements are received, reviewed, and signed by both the cardholder and approver, then forwarded, with the original invoices and backup documentation, to the fiscal office for review and file maintenance in accordance with your agency's retention schedule.		Quintesah Syas	LDH worked diligently with Bank of America to correct the technical issue that caused the delay in the statement delivery. LDH also worked with Bank of America to update the Program Administrator's account settings to enable the ability to request duplicate electronic statements. We will ensure duplicate statements are obtained electronically when the Cardholder does not receive the original statement. We are obtaining duplicate electronic statements when Cardholders do not receive the original statement to assist in ensuring documentation is submitted.			
DOA noted that an employee rented a car for routine travel and incurred charges for state, parish and automobile rental taxes. LDH did not upload backup documentation or provide justification during the on-site visit to support approval for rental of a larger vehicle.	N/A	N/A	N/A	N/A	N/A	The State contract for rental vehicles through Enterprise, along with PPM49, does not allow any of the charges outlined above to be billed for in-state routine travel. For full size rental vehicles and above, justification and approvals from the Department Head must be attached and uploaded in WORKS. As of 3/5/2020, it was noted that the cardholders have received credits from Enterprise for each transaction listed above.		Quintesah Syas	All credits have been issued to resolve the matter. We will continue to educate travelers regarding the importance of reviewing Enterprise receipts upon issuance to ensure accuracy. We are continuing to communicate with Cardholders to ensure transactions are reviewed thoroughly and timely to ensure corrections are processed promptly.			
DOA noted that a dispute was opened on one account for a cancellation, but the dispute was resolved in the issuer's favor. There was no indication on-site that the disputed charge was ever addressed with the cardholder/traveler or any corrective action was taken, including recoupment.	N/A	N/A	N/A	N/A	N/A	Cardholders and approvers should ensure that the State is reimbursed for any disputes resolved in the issuer's favor.		Quintesah Syas	The Cardholder and the LDH Travel Office has been in on-going communication with Hotel Planner, Bank of America, and the Hotel regarding this dispute. A credit is still pending from Hotel Planner and Bank of America is reopening the dispute. We are continuing to communicate with Cardholders to ensure transactions are reviewed thoroughly and timely to ensure corrections are processed promptly.			
DOA noted that it appears the program administrator is generating mandated monthly reports; however there was no documentation showing that any findings were investigated.	N/A	N/A	N/A	N/A	N/A	On a monthly basis, LDH is to generate, review, investigate and document the results produced for all mandatory audit reports along with reporting to upper management and/or OST depending on the results.		Quintesah Syas	LDH will modify our monthly reports review process to include more documentation to show the investigation of each item. When technical issues arise with the WORKS system, we are seeking assistance from both Bank of America and the Office of State Travel to ensure all documentation is uploaded into WORKS.			
DOA noted that 2 cardholders were not aware of who their assigned Program Administrators are.	N/A	N/A	N/A	N/A	N/A	Some type of communication should be sent to all program participants to ensure everyone is informed who both LDH's program administrators are, along with their contact information. As of 3/5/2020, it was noted that the program administrators have reintroduced themselves to all LDH's travel card program participants.		Quintesah Syas	LDH will ensure this information is communicated via email to document notification to cardholders and approvers. Electronic documentation of the monthly report review is being maintained to ensure proof of compliance can be provided going forward.			