



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

April 10, 2018

The Honorable J. Cameron Henry, Chairman
Louisiana State House of Representatives
House Appropriations Committee
P.O. Box 4486, Capitol Station
Baton Rouge, LA 70804

The Honorable Eric K. LaFleur, Chairman
Louisiana State Senate
Senate Finance Committee
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804

The Honorable Frank A. Hoffmann, 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

The Louisiana Department of Health (LDH) is audited by a number of external oversight bodies 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 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 has a Medicaid Audit Unit whose audits are a hybrid of performance and financial audits. Typically, the audit process consists of three stages: planning, field work, and reporting.

Planning status of an audit is indicated when the Department receives an email, announcement letter, or notification that an audit is to occur. Initial meetings are then conducted with the auditors to discuss the upcoming audit. Fieldwork status is indicated when the auditors are in the process of auditing, e.g., conducting interviews, testing controls, and gathering data. Finally, reporting status indicates when the Department meets with the auditors to discuss any findings, review a draft report, or prepare a management response, leading to a final report.

Each year, LLA issues a comprehensive financial audit for the previous state fiscal year. In the most recent one issued on March 14, 2018, the LLA reported four findings for SFY 2017, which is a 43% reduction from the number of findings published in its SFY 2016 Financial Audit. One of the four findings has been corrected, and the actions are considered complete according to the LDH corrective action plan tracking. The remaining three findings are in the process of being corrected with anticipated completion dates no later than July 30, 2018.

The on-going and completed financial and programmatic audits performed by the various external auditing bodies are summarized below.

Audits in Progress

State Audits

1. LLA – LDH Program Integrity – Fraud Fund Specific Audit
 - *Description:* The LLA audit objective is to determine whether LDH is operating and maintaining the Medical Fraud Assistance and Detection Fund (“Fraud Fund”) according to statute.
 - *Status:* Fieldwork.
 - *Anticipated End Date:* April 2018
2. Office of State Travel (OST) – Procurement Card CBA Program Review
 - *Description:* The OST audit objective is to review and evaluate compliance with statewide Purchase card and CBA policies and procedures, agency policies and procedures, laws, regulations and guidelines.
 - *Status:* Planning.
 - *Anticipated End Date:* April 2018
3. LLA – Fee For Service (FFS)/Managed Care Organization (MCO) - Claims Paid by both FFS and MCO
 - *Description:* The LLA audit objective is to identify claims paid for by both the State (FFS) and the MCO plans that are potential duplicates.
 - *Status:* Fieldwork. Will likely be refocused into a project on retroactive enrollment.
 - *Anticipated End Date:* April 2018
4. LLA – Fee for Service/Managed Care Organization – Per Member Per Month (PMPM)
 - *Description:* The LLA audit objective is to determine if PMPM payment information matches recipient managed care enrollment records.
 - *Status:* Fieldwork.
 - *Anticipated End Date:* April 2018
5. LLA – Medicaid Recipient Eligibility Data Project
 - *Description:* The LLA project objective is to identify inconsistencies across state systems in Medicaid eligibility determinations data and Medicaid recipient data. This audit is comprised of three eligibility components: deaths, incarcerations, and income. Multiple reports may be issued.

- *Status:* Fieldwork/Reporting. On November 29, 2017, LLA issued the final report on improper payments for deceased Medicaid recipients. Fieldwork continues on eligibility issues for incarcerations and income.
 - *Anticipated End Date:* April 2018
6. LLA – LDH Program Integrity
- *Description:* The LLA audit objective is to determine whether LDH Program Integrity is operating effectively.
 - *Status:* Fieldwork.
 - *Anticipated End Date:* June 2018
7. LLA – Long Term Care (LTC) Transition Into Managed Care Informational Review
- *Description:* The LLA audit objective is to provide an informational review of the transition of LTC services into managed care in Louisiana.
 - *Status:* Fieldwork.
 - *Anticipated End Date:* June 2018
8. LLA – Medicaid Provider Registry
- *Description:* The LLA audit objective is to review various provider registry issues, including LDH status on enrolling managed care providers, provider 9999999, provider site locations, provider type/provider specialty combinations, error 556 status, provider enrollment on date of service, and provider registry ID of 0.
 - *Status:* Fieldwork.
 - *Anticipated End Date:* July 2018
9. LLA – Medicaid Recipient Eligibility
- *Description:* The LLA audit objective is to provide an informational review related to applications, state policy, regulations, determinations, and redeterminations.
 - *Status:* Fieldwork.
 - *Anticipated End Date:* July 2018
10. LLA – Medicaid Utilization
- *Description:* The LLA audit objective is to provide an informational review related to utilization in managed care.
 - *Status:* Fieldwork.
 - *Anticipated End Date:* July 2018
11. LLA – Elder Financial Exploitation
- *Description:* The LLA audit objective is to provide an overview with recommendations related to elder financial exploitation in the state. This review will cover various state agencies including LDH.
 - *Status:* Fieldwork.
 - *Anticipated End Date:* July 2018

12. LLA – Fee For Service/Managed Care Organization - Carve Outs

- *Description:* The LLA audit objective is to determine whether the State (FFS) paid for claims that should have been paid for by the MCO.
- *Status:* Fieldwork.
- *Anticipated End Date:* On Hold

Federal Audits

13. OIG – Provider Preventable Conditions

- *Description:* The OIG audit objective is to determine if LDH has made improper payments to providers for preventable conditions (also known as hospital-acquired conditions).
- *Status:* Fieldwork. Initial planning meetings with OIG have been completed. OIG is currently reviewing claims data.
- *Anticipated End Date:* May 2018

14. OIG – NOW Waiver Critical Incidents

- *Description:* This audit will determine whether the Louisiana Department of Health complied with Federal waiver and State requirements for reporting and monitoring critical incidents involving Medicaid beneficiaries with developmental disabilities residing in community-based settings. This audit will specifically focus on the NOW waiver.
- *Status:* Fieldwork.
- *Anticipated End Date:* June 2018

15. OIG – Medicaid Expansion Eligibility

- *Description:* This audit will determine whether the Louisiana Department of Health complied with Federal and State requirements for determining Medicaid eligibility determinations for beneficiaries under the new adult group made under the Patient Protection and Affordable Care Act.
- *Status:* Fieldwork.
- *Anticipated End Date:* December 2018

Completed Audits

State Audits

1. LLA – Noncompliance with Third Party Liability (TPL) Assignment as a Condition of Eligibility

- *Description:* The LLA audit objective is to determine whether LDH maintained evidence of TPL notification as required for eligibility in the Medical Assistance Program (Medicaid) and the Children’s Health Insurance Program (LaCHIP).
- *Status:* Complete. Report included in Management Letter issued on March 14, 2018.
- *Corrective Action:* LDH Medicaid has completed revisions to the paper applications to ensure they contain the assignment language and has issued procedures on handling old paper applications that are received without the appropriate language. LDH Medicaid is making changes to the online application process as part of the implementation of a new eligibility

system. The scheduled release for the new eligibility system and online application is July 30, 2018.

2. LLA – Medicaid Dental Services

- *Description:* LLA reviewed the Medicaid Dental Services Program, primarily data driven, to look for improper payments for dental claims.
- *Status:* Complete.
- *Corrective Action:* LDH Medicaid has completed its review of both the Dental Services Manual and the Managed Care North America (MCNA) Provider Handbook to ensure all policy is up to date and requirements are clearly explained. The MCNA Provider Handbook was updated on June 1, 2017. The provider Dental Services Manual was updated, circulated internally, and posted to www.lamedicaid.com on June 16, 2017. In addition, on May 22, 2017, LDH Medicaid implemented a tracking process to ensure that, going forward, timely updates are made to the manuals when program rules are changed. For fee-for-service payments, which include only Medicaid ICF/DD recipients, to correct a deficiency with MCNA, a systems change was completed as LIFT 1828 and put into production on May 19, 2017 to add Administrative Management Review and Clinical Review. LDH uses the 3rd and 4th characters of the ICN to include (MR) for Management Review and (CR) for Clinical Review. Molina accepts and maps to the data warehouse. The Systems Companion Guide was updated on April 5, 2017, with instructions on how to submit these codes in the MCNA Plan ICN value.

3. LLA – Multiple IDs

- *Description:* LLA reviewed Medicaid payments for additional and/or outstanding duplicate payments made for Medicaid recipients with multiple IDs in managed Care and Legacy Fee for Service.
- *Status:* Complete.
- *Corrective Action:* LDH Medicaid has established processes to minimize the amount of time that duplicate Medicaid IDs are active. In March 2017, Medicaid staff began reviewing daily a report of suspected duplicates to identify valid IDs and invalidate others to prevent or recoup duplicate payments. On March 3, 2017, LDH updated the Medicaid ID cross-reference file to identify and recoup duplicate premium payments made to Managed Care Organizations for recipients with multiple Medicaid IDs where the valid and invalid IDs were enrolled with different plans. The update provides Medicaid's enrollment broker with the data needed to retroactively disenroll the invalid Medicaid IDs. Effective March 28, 2017, recoupments of duplicate premium payments made during the invalidated IDs' retroactive disenrollment period began and continue on a routine monthly basis.

4. LLA – Improper Payments – Home and Community Based Services (HCBS)

- *Description:* The LLA audit objective was to identify improper payments to providers of home and community-based services. This was a follow-up review to a previous LLA performance audit (Improper Payments in HCBS Programs issued in September 2011).
- *Status:* Complete.
- *Corrective Action:* LDH contractor (SRI) completed implementation of an additional comprehensive edit that looks across all records by the deliverable date of September 30, 2017. LDH will compare the two systems Molina and SRI LAST to determine which is best to

conduct an overlap analysis of HCBS services and institutional care. LDH will work to implement a mechanism for validating social security numbers through the Social Security Administration. However, there is a charge for this service and funding will need to be identified. LDH has partially completed a phasing in of Electronic Visit Verification (EVV) statewide. Implementation is being phased in on a region-by-region basis. The first phase was completed in November 2017 and completion for the remaining implementation was expected to be complete by February 19, 2018. Although the majority of providers have completed implementation, about 10% of providers have not yet implemented EVV. LDH is working individually with each provider and established a completion date of May 1 for remaining noncompliant providers, which if not met by the provider, LDH will begin withholding payments for services. LDH has developed a more systematic financial monitoring process and the implementation of EVV will facilitate the accuracy of billing and documentation. LDH will implement EVV for Support Coordination by December 31, 2018 which will provide the ability for LDH to verify each support coordinator's monitoring visit. Lastly, LDH will work to implement, by June 30, 2018, an automated review to ensure a comprehensive check is performed against the state and federal exclusion lists as well as the DSW Registry. This deliverable has been completed; automated reviews are currently taking place.

5. LLA – Lab Claims

- *Description:* The LLA audit objective was to identify payments to uncertified labs and violations of service limits.
- *Status:* Complete. The LLA office issued a report on September 6, 2017.
- *Corrective Action:* LDH Medicaid management disagreed with the LLA office's statement that \$1.7M was paid for claims related to a deleted CPT procedure code on the basis that the identified procedure code was not deleted until 2015 and thus was valid for services at the time of the service. LDH Medicaid asserted that it currently updates the Medicaid CLIA file weekly using an automated system to compare against the CLIA database and also currently evaluates the list of payable codes each year as CPT codes are added and removed from the list. When codes are retired, they are made non-payable in the Medicaid Management Information System resulting in a denied claim. LDH Medicaid is currently reviewing the edit checks in place for laboratory claims to ensure they contain up-to-date procedure codes for laboratory tests and will continuously monitor these edits in conjunction with its evaluation of payable CPT codes. LDH Medicaid has begun evaluating different options that will allow it to improve its monitoring of the Laboratory Program offered through managed care plans and will implement corrective actions by June 30, 2018.

6. LLA – T1015 Encounter Claims

- *Description:* The LLA audit objective was to determine if detail lines were included in claims data for "encounter" services.
- *Status:* Complete. Formal response submitted to LLAs on September 26, 2017.
- *Corrective Action:* LDH will work with its Managed Care Organizations and fiscal intermediary contractor to collect, to the maximum extent practical on a retrospective basis, the missing detail lines on T1015 encounter claims submitted prior Edit 134 being switched to deny in 2015. LDH has found opportunities to strengthen Edit 134. The change was implemented effective with dates of service November 1, 2017.

7. LLA – Inadequate Controls over Quarterly Federal Expenditure Reporting

- *Description:* The LLA audit objective is to determine whether LDH accurately and timely completed the required quarterly reports of federal expenditures for Medicaid.
- *Status:* Complete. Formal response submitted to LLAs on December 12, 2017.
- *Corrective Action:* In November 2017, LDH corrected the reporting errors and updated its procedures and processes for preparing the quarterly report. LDH continues to strengthen its controls over preparation and review of the reports (e.g., implementing a check list for CMS-64 work papers, establishing a quarterly calendar to organize responsibilities for work paper production and review, and creating calendar reminders of deadlines for tasks necessary to complete the CMS-64 timely). LDH Fiscal has faced significant difficulties with recruiting and retaining qualified staff due to non-competitive wage rates for accounting staff. The Federal Medicaid Reporting Unit experienced extremely high turnover rates during this period. The impact of this unstable work force within Fiscal has led to a majority of staff being inexperienced and heavier workloads for experienced staff. In March 2018, LDH began working with a consultant to assist with preparation of the CMS-64, identify efficiency improvements in procedures and processes, and train staff.

8. LLA – Improper Payments to Waiver Services Providers

- *Description:* The LLA audit objective is to determine whether LDH made improper payments to waiver services providers for New Opportunities Waiver (NOW) claims.
- *Status:* Complete. Formal response submitted to LLAs on December 19, 2017.
- *Corrective Action:* LDH is reviewing current NOW policies to ensure that proper payments are made and flexibility is maintained. LDH has completed updates to the NOW provider manual.

9. LLA – Office of Behavioral Health

- *Description:* Performance audit report on OBH monitoring of MCOs relative to behavioral health access.
- *Status:* Complete.
- *Corrective Action:* OBH Management agreed with recommendations and will work with licensing boards to obtain additional licensing data and use that data to analyze whether providers are listed with the correct provider types by the MCOs. In addition, OBH will continue to analyze Medicaid data in order to identify encounters with miscoded provider type information as part of ongoing efforts to identify and correct MCO provider registry inaccuracies. Further, OBH will expand Secret Shopper calls to verify correct provider information in the MCO registries. Furthermore, LDH will be implementing a new provider credentialing system in 2018 that will enroll all providers into Louisiana Medicaid through a single vendor. As a result, inaccuracies in the MCO registries will no longer impact LDH's ability to identify providers in encounter data.

10. LLA – Nursing Homes

- *Description:* The LLA reviewed LDH oversight of nursing homes, including evaluation of processes to ensure accuracy of payments/rates and the existing rate setting process. In addition, LLA reviewed current audit processes and the roles of Molina and LDH Program Integrity related to nursing home payments.
- *Status:* Complete.
- *Corrective Action:* LDH agreed with LLA findings and in its response discussed efforts made or planned to implement these recommendations. For some findings LDH noted limitations to effective corrective action related to current State Law. For other findings LDH agreed to request funds in FY 18-19 appropriations to increase the number of contracted full-scope audits of nursing facilities as recommended by LLA.

11. Louisiana State Civil Service – Human Resources Program Evaluation

- *Description:* This review was to determine LDH's compliance with Civil Service rules and directives. LDH HR actions during FY 2017 were sampled and reviewed for compliance.
- *Status:* Complete.
- *Corrective Action:* None required. LDH received commendation from SCS on achieving 100% compliance in 18 of 22 categories, showing improvement over the previous review in 2015. LDH compliance was at or above the statewide compliance percentages.

12. LLA – Subrecipient Monitoring Requirements

- *Description:* LLA found that OPH did not adequately monitor WIC program subrecipients, possibly resulting in federal disallowed costs the state may have to return.
- *Status:* Complete. Formal response submitted to the LLA on January 9, 2018.
- *Corrective Action:* LDH will implement revisions to its process to ensure that program staff are compliant with monitoring procedures, obtaining and reviewing required subrecipient audit reports, issuing timely management decision letters, and maintaining appropriate documentation. LDH will also maintain an audit tracking system that includes all data needed to substantiate that the policy is being followed. All changes will be implemented by June 30, 2018.

13. LLA – Behavioral Health Care Access – Specialized Behavioral Services

- *Description:* An audit on access to comprehensive and appropriate specialized behavioral health services in Louisiana.
- *Status:* Complete.
- *Corrective Action:* LDH is committed to continuing to ensure access to specialized behavioral health (SBH) services in order to promote recovery and resiliency in the community through services and supports that are preventive, accessible, comprehensive and dynamic. LDH concurred with recommendations noting that most were already in place or currently in process. Remaining deliverables include revising the MCO case management reporting. The new report is to be implemented by June 2018, and will include a behavioral health specific break-out and identify all individual Medicaid members who are receiving case management services. However, according to federal regulation 42 CFR §44.1.18, case management service cannot be mandated. The MCO is required to offer this service to a member but may not force the member to participate in all or part of the service. Specifically, the MCO may not compel an

individual to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services. In addition, OBH utilizes an external quality review organization to review a sample of case management records to ensure that the MCOs are providing case management services in accordance with contract requirements.

14. LLA – Investigative – LTPCS - Investigation into Specific Provider JABA

- *Description:* JABA is a waiver provider and Long-Term Personal Care Services Provider. LLA reviewed services performed in the New Opportunity Waiver (NOW) and the LT-PCS Programs.
- *Status:* Complete.
- *Corrective Action:* LDH concurred with recommendations noting that the recommendations were already part of the Program Integrity operations and cited previous work in Program Integrity and the Medicaid Integrity Contractor related to this provider, including identification of overpayments and assessments of penalties. Fraud referrals involving providers from Program Integrity to MFCU were the subject of an audit conducted by federal OIG in 2017 which noted no findings. In addition, the provider was excluded from Medicaid and its provider agreement was terminated by Program Integrity.

Federal Audits

15. OIG – Credible Fraud Referrals to the Medicaid Fraud Control Unit

- *Description:* The OIG audit objective was to determine if LDH was properly referring suspected fraud cases to the Attorney General’s Medicaid Fraud Control Unit, per the Affordable Care Act requirements.
- *Status:* Complete. OIG has issued a report with no findings.
- *Corrective Action:* None required as there were no audit findings.

16. IRS – Financial Transactions Review – IT Security

- *Description:* This review was required by the IRS for agencies that administer federal tax information (FTI). The IRS will be looking at the Department’s IT security for financial transactions. This review also looks at the Office of Technology Services.
- *Status:* Complete. IRS was on-site at OTS in January, 2017. Corrective action activities and self-reporting are ongoing.
- *Corrective Action:* LDH has developed corrective action plans according to ongoing deadlines set by the IRS for compliance with various rules relating to IT security for FTI. An additional self-review must be complete by March, 2018. An independent review was conducted by Division of Administration Internal Audit for the benefit of all state agencies in March 2018.

17. CMS – Review of Program Integrity

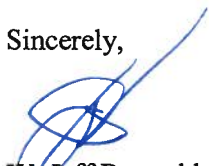
- *Description:* This review’s objective was to review all of LDH’s Program Integrity processes related to Medicaid managed care to assess compliance with regulations. This audit also consisted of a follow-up audit to a previous review of Program Integrity from 2012.
- *Status:* Complete. CMS provided LDH with a final report and asked for a response by September 21, 2017, as well as, a Corrective Action Plan (CAP). LDH provided a response

and CAP. CMS recommendations from 2012 were found to be corrected, however, the current review focused on Program Integrity oversight of managed care as found in 42 CFR 438. The CAP will be implemented to address recommendations.

- *Corrective Action:* LDH PI will provide CMS with quarterly reports on certain activities and communicate with CMS on completion of CAP.

Should you have any further questions or concerns please feel free to contact me at 225-342-6726 or via email at Jeff.Reynolds@la.gov.

Sincerely,



W. Jeff Reynolds
Undersecretary