



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General
Office of Audit Services

JUN 3 2008

REGION IV
61 Forsyth Street, S.W., Suite 3T41
Atlanta, Georgia 30303

Report Number: A-04-08-03034

Holly Benson, Secretary
Agency for Health Care Administration
2727 Mahan Drive – MS #1
Tallahassee, Florida 32308

Dear Ms. Benson:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled "Medicaid Payments for Services Provided to Beneficiaries With Concurrent Eligibility in Florida and Georgia for July 1, 2005, Through June 30, 2006." We will forward a copy of this report to the HHS action official noted on the following page for review and any action deemed necessary.

The HHS action official will make final determination as to actions taken on all matters reported. We request that you respond to this official within 30 days from the date of this letter. Your response should present any comments or additional information that you believe may have a bearing on the final determination.

Pursuant to the principles of the Freedom of Information Act, 5 U.S.C. § 552, as amended by Public Law 104-231, OIG reports generally are made available to the public to the extent the information is not subject to exemptions in the Act (45 CFR part 5). Accordingly, it will be posted on the Internet at <http://oig.hhs.gov>.

If you have any questions or comments about this report, please do not hesitate to call me, or contact John Drake, Audit Manager, at (404) 562-7755 or through e-mail at John.Drake@oig.hhs.gov. Please refer to report number A-04-08-03034 in all correspondence.

Sincerely,

A handwritten signature in cursive script that reads "Peter J. Barbera".

Peter J. Barbera
Regional Inspector General
for Audit Services

Enclosure

Page 2 – Holly Benson

Direct Reply to HHS Action Official:

Jackie Garner, Consortium Administrator
Consortium for Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General
Office of Audit Services

JUN 3 2008

REGION IV
61 Forsyth Street, S.W., Suite 3T41
Atlanta, Georgia 30303

Report Number: A-04-08-03034

Robert A. Butterworth, Secretary
Department of Children and Families
1317 Winewood Boulevard
Building 1, Room 202
Tallahassee, Florida 32399-0700

Dear Mr. Butterworth:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled "Medicaid Payments for Services Provided to Beneficiaries With Concurrent Eligibility in Florida and Georgia for July 1, 2005, Through June 30, 2006." We will forward a copy of this report to the HHS action official noted on the following page for review and any action deemed necessary.

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Peter J. Barbera
Regional Inspector General
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Page 2 – Robert A. Butterworth

Direct Reply to HHS Action Official:

Jackie Garner, Consortium Administrator
Consortium for Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MEDICAID PAYMENTS FOR
SERVICES PROVIDED TO
BENEFICIARIES WITH
CONCURRENT ELIGIBILITY IN
FLORIDA AND GEORGIA
FOR JULY 1, 2005, THROUGH
JUNE 30, 2006**



Daniel R. Levinson
Inspector General

June 2008
A-04-08-03034

Office of Inspector General

<http://oig.hhs.gov>

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

Office of Audit Services

The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

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The Office of Evaluation and Inspections (OEI) conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. These evaluations focus on preventing fraud, waste, or abuse and promoting economy, efficiency, and effectiveness of departmental programs. To promote impact, OEI reports also present practical recommendations for improving program operations.

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The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. With investigators working in all 50 States and the District of Columbia, OI utilizes its resources by actively coordinating with the Department of Justice and other Federal, State, and local law enforcement authorities. The investigative efforts of OI often lead to criminal convictions, administrative sanctions, and/or civil monetary penalties.

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The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support for OIG's internal operations. OCIG represents OIG in all civil and administrative fraud and abuse cases involving HHS programs, including False Claims Act, program exclusion, and civil monetary penalty cases. In connection with these cases, OCIG also negotiates and monitors corporate integrity agreements. OCIG renders advisory opinions, issues compliance program guidance, publishes fraud alerts, and provides other guidance to the health care industry concerning the anti-kickback statute and other OIG enforcement authorities.

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THIS REPORT IS AVAILABLE TO THE PUBLIC
at <http://oig.hhs.gov>

Pursuant to the principles of the Freedom of Information Act, 5 U.S.C. § 552, as amended by Public Law 104-231, Office of Inspector General reports generally are made available to the public to the extent the information is not subject to exemptions in the Act (45 CFR part 5).

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

BACKGROUND

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements. The Florida Agency for Health Care Administration (State agency) manages the Florida Medicaid program. The Florida Department of Children and Family Services (DCF) determines Medicaid eligibility.

Medicaid eligibility in each State is based on residency. If a resident of one State subsequently establishes residency in another State, the beneficiary's Medicaid eligibility in the previous State should end. The State Medicaid agencies must redetermine the eligibility of Medicaid beneficiaries, with respect to circumstances that may change, at least every 12 months. The State Medicaid agencies must have procedures designed to ensure that beneficiaries make timely and accurate reports of any change in circumstances that may affect their eligibility. The State Medicaid agencies must promptly redetermine eligibility when they receive information about changes in a beneficiary's circumstances that may affect eligibility.

For the audit period July 1, 2005, through June 30, 2006, the State agency paid approximately \$4.1 million for services provided to beneficiaries who were Medicaid-eligible and receiving benefits in Florida and Georgia.

OBJECTIVE

The objective of our review was to determine whether the State agency made payments on behalf of beneficiaries who should not have been Medicaid-eligible due to their eligibility in Georgia.

SUMMARY OF FINDINGS

The State agency made payments on behalf of beneficiaries who should not have been Medicaid-eligible in Florida due to their eligibility in Georgia. From a statistical random sample of 100 beneficiary-months totaling \$76,617 in Medicaid services, the State agency made payments for 68 beneficiary-months totaling \$68,446 for services provided to beneficiaries who should not have been eligible to receive Medicaid benefits in Florida. Twenty-five beneficiary-months were for services to beneficiaries who were eligible to receive the benefit. For the remaining seven beneficiary-months totaling \$522, we could not determine the beneficiaries' eligibility based on the documentation the State provided. The State agency made payments on behalf of beneficiaries who were not eligible in Florida because the State agency and Georgia's Medicaid agency did not share all available Medicaid eligibility information. As a result, for the period July 1, 2005, through June 30, 2006, we estimate that the State agency paid \$3,689,412 (\$2,172,879 Federal share) on behalf of beneficiaries who should not have been eligible due to

their Medicaid eligibility in Georgia. For this same period, we estimate that the State agency paid \$28,160 (\$16,585 Federal share) on behalf of beneficiaries whose eligibility was not determinable.

RECOMMENDATIONS

We recommend that the State agency work with the Georgia Medicaid agency to share available Medicaid eligibility information for use in:

- determining accurate beneficiary eligibility status and
- reducing the amount of payments, estimated to be \$3,689,412 (\$2,172,879 Federal share), made on behalf of beneficiaries residing in Georgia.

We also recommend that the State agency work with CMS to determine the beneficiaries' residency associated with the estimated \$28,160 (\$16,585 Federal share) for which we could not determine the beneficiaries' eligibility based on the documentation the State provided.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency deferred formal comments to DCF and said it would work closely with DCF to address the report's recommendations.

In its written comments, DCF generally disagreed with our findings and recommendations. DCF said that the report did not indicate:

- how the auditors determined which State provided benefits in error and
- how, in the absence of documentary evidence of residency, the auditors concluded the recipient was not a resident of Florida.

In addition, DCF provided specific comments on 65 cases with which they did not agree. DCF also said another 21 cases were not within its purview because the Social Security Administration determined eligibility for those 21 beneficiaries as part of the Supplemental Security Income Program.

DCF and State agency comments, excluding personal identifiable information, are included in their entirety as Appendix B and C, respectively.

OFFICE OF INSPECTOR GENERAL RESPONSE

Federal regulations (42 CFR § 435.403(m)) specify that when residency cannot be resolved between two or more States, the physical location of the individual is the State of residence.

In determining which State provided benefits in error, we relied on information in both Florida and Georgia’s case files to determine residency. In determining whether the beneficiaries were residents of Florida, we analyzed our statistical sample based on applicable Federal regulations (42 CFR parts 431 and 435) and applied those regulations as stated in the Methodology section of this report. In the absence of residency information in the Florida files, we obtained residency information from the Georgia files. We explained our methodology to both DCF and the State agency at the entrance conference, during various stages of the audit, and in this report. This report states that we used the Medicaid application files, along with the State’s public assistance files and various State agency online systems, to determine residency.

At the end of our review, we provided DCF and the State agency with a spreadsheet that indicated our residency determination for each beneficiary in our sample based on our review of the evidence in each of the State agencies’ Medicaid case files. We concluded that 68 beneficiaries were residents in Georgia and, therefore, not eligible in Florida. We gave DCF and the State agency an opportunity to provide any additional information supporting the residency of each sampled beneficiary. DCF’s comments at that time were generally the same comments it provided in response to our draft report (Appendix B, pages 3-11). Neither DCF nor the State agency provided additional information that would refute our conclusions.

We could not make a clear determination of residency for seven beneficiaries, so we classified them in the audit report as “beneficiaries whose eligibility was not determinable” and recommended that the State agency work with CMS to determine the beneficiaries’ residency.

Although we acknowledge that DCF relied on SSA for notice of a change in residency for Supplemental Security Income beneficiaries, it also could have received notification of Medicaid eligibility from the Georgia Medicaid agency if both agencies had shared available eligibility information.

No changes to our findings or recommendations were warranted after considering DCF’s comments.

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INTRODUCTION

BACKGROUND

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements. The Florida Agency for Health Care Administration (State agency) manages the Florida Medicaid program. The Florida Department of Children and Family Services (DCF) determines Medicaid eligibility.

Medicaid eligibility in each State is based on residency. If a resident of one State subsequently establishes residency in another State, the beneficiary's Medicaid eligibility in the previous State should end. The State Medicaid agencies must redetermine the eligibility of Medicaid beneficiaries, with respect to circumstances that may change, at least every 12 months. The State Medicaid agencies must have procedures designed to ensure that beneficiaries make timely and accurate reports of any change in circumstances that may affect their eligibility. The State Medicaid agencies must promptly redetermine eligibility when they receive information about changes in a beneficiary's circumstances that may affect eligibility.

OBJECTIVE, SCOPE AND METHODOLOGY

Objective

The objective of our review was to determine whether the State agency made payments on behalf of beneficiaries who should not have been Medicaid-eligible due to their eligibility in Georgia.¹

Scope

For the audit period of July 1, 2005, through June 30, 2006, we identified 13,681 beneficiary-months² with payments totaling approximately \$4.1 million that the State agency made on behalf of beneficiaries who were Medicaid-eligible and receiving benefits in Florida and Georgia. From this universe, we selected a statistical random sample of 100 beneficiary-months with payments totaling \$76,617.

¹A separate report will be issued to the Georgia Department of Community Health to address payments made on behalf of beneficiaries who should not have been Medicaid-eligible in Georgia due to their eligibility in Florida.

²A beneficiary-month included all payments for Medicaid services provided to one beneficiary during one month.

We did not review the overall internal control structure of the State agency. We limited our internal control review to obtaining an understanding of the procedures used to identify Medicaid-eligible individuals who moved from Florida and enrolled in the Georgia Medicaid program.

We performed fieldwork at the State agency offices in Tallahassee, Florida, from June 2007 through February 2008.

Methodology

To accomplish our audit objective, we obtained eligibility data from the Florida and Georgia Medicaid Management Information Systems (MMIS)³ for the period of July 1, 2005, through June 30, 2006. We matched Social Security numbers and dates of birth from Florida's and Georgia's MMIS data to identify beneficiaries who were Medicaid-eligible in the two States.

The State agency provided the MMIS payment data files for the beneficiaries with Medicaid eligibility and payments with dates of services that occurred during the 12-month period. For each beneficiary who was Medicaid-eligible and receiving Medicaid benefits in Florida and Georgia, we combined all dates of service for a single beneficiary-month and matched the payment data files, between States, by Social Security number, date of birth, and month of service.

We used the Office of Inspector General, Office of Audit Services's statistical sample software RAT-STATS's random number generator to select 100 beneficiary-months with paid dates of services in both Florida and Georgia. In Florida, the statistical sample included payments totaling \$76,617. The selected beneficiary-months were for services provided on behalf of beneficiaries with Medicaid eligibility in both States during the same month. See Appendix A for more information regarding the sampling methodology.

We used the State agency's MMIS data to verify that the beneficiaries were enrolled in the Medicaid program and that payments were made to providers. In addition, for each of the 100 beneficiary-months, we reviewed the Medicaid application files and other supporting documentation in both States to establish in which State the beneficiary had permanent residency in the sampled month. Based on the sample results, we estimated the total amount of payments that the State agency paid on behalf of beneficiaries who should not have been Medicaid-eligible.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

³MMIS is a mechanized claims processing and information retrieval system that States are required to use to record Title XIX program and administrative costs, report services to recipients, and report selected data to CMS.

FINDINGS AND RECOMMENDATIONS

The State agency made payments on behalf of beneficiaries who should not have been Medicaid-eligible in Florida due to their eligibility in Georgia. From a statistical random sample of 100 beneficiary-months totaling \$76,617 in Medicaid services, the State agency made payments for 68 beneficiary-months totaling \$68,446 for services provided to beneficiaries who should not have been eligible to receive Medicaid benefits in Florida. Twenty-five beneficiary-months were for services to beneficiaries who were eligible to receive the benefit. For the remaining seven beneficiary-months totaling \$522, we could not determine the beneficiaries' eligibility based on the documentation the State provided. The State agency made payments on behalf of beneficiaries who were not eligible in Florida because the State agency and Georgia's Medicaid agency did not share all available Medicaid eligibility information. As a result, for the period July 1, 2005, through June 30, 2006, we estimate that the State agency paid \$3,689,412 (\$2,172,879 Federal share) on behalf of beneficiaries who should not have been eligible due to their Medicaid eligibility in Georgia. For this same period, we estimate that the State agency paid \$28,160 (\$16,585 Federal share) on behalf of beneficiaries whose eligibility was not determinable.

PAYMENTS ON BEHALF OF CONCURRENTLY ELIGIBLE BENEFICIARIES

Federal and State Requirements

Federal regulation 42 CFR § 435.403(j)(3) states, "The agency may not deny or terminate a resident's Medicaid eligibility because of that person's temporary absence from the State if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined that the person is a resident there for purposes of Medicaid." (Emphasis added.)

Federal regulation 42 CFR § 435.916 provides that the State agencies must redetermine the eligibility of Medicaid beneficiaries, with respect to circumstances that may change, at least every 12 months. The State agencies must have procedures designed to ensure that beneficiaries make timely and accurate reports of any change in circumstances that may affect their eligibility. The State agencies must promptly redetermine eligibility when they receive information of changes in beneficiaries' circumstances that may affect their eligibility.

Each State agency has specific criteria defining eligibility and residency. The Florida State Plan states that an individual must be a resident of the State to be eligible. The Florida Economic Self-Sufficiency Public Assistance Manual, section 1430.0300, states that "[i]n order to receive Medicaid, all individuals must be eligible on the factor of residency." Similarly, the Georgia Medicaid Manual, Volume II/MA, MT 10 - 04/04 Section 2225-1, states that in order to be eligible for Medicaid, the applicant must be a resident of Georgia.

The Medicaid application is a way to notify State agencies of changes in a beneficiary's residency status. For example, the Florida assistance application informs beneficiaries of the responsibility to inform the agency within 10 days of any change in their situation, and warns

them that intentionally not disclosing information can result in criminal prosecution or disqualification from the program.

Beneficiaries With Concurrent Eligibility

From a statistical random sample of 100 beneficiary-months with Medicaid payments totaling \$76,617, the State agency paid \$68,446 for 68 beneficiary-months for services provided to beneficiaries who should not have been eligible to receive Medicaid benefits in Florida. For seven beneficiary-months, we could not determine the beneficiaries eligibility based on the documentation the State provided.

Summary of Sampled Beneficiary-Month Payments

Type of Payment	Beneficiary Months	Amount Paid
Allowable (Eligible Beneficiaries)	25	\$ 7,649 ¹
Unallowable (Beneficiaries Who Should Not Have Been Eligible)	68	68,446
Beneficiaries Whose Eligibility Could Not Be Confirmed	7	522
Totals	100	\$76,617

The State agency’s public assistance files, various State agency online systems,² and information obtained from the Social Security Administration indicated that the State agency made payments for services on behalf of beneficiaries who were no longer Florida residents during the 68 beneficiary-months. For seven beneficiary-months, documentation in the online system and the beneficiaries’ case file did not provide enough information to establish eligibility.

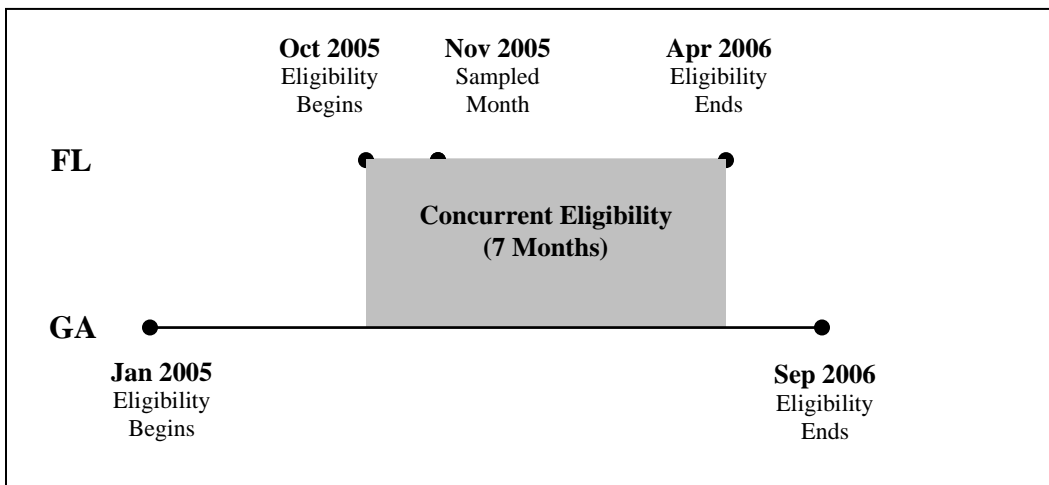
In one example, a beneficiary, associated with a payment for one of the sampled beneficiary-months, moved from Florida and established residency in Georgia. The Florida eligibility period was October 1, 2005,³ through April 30, 2006. The Georgia eligibility period was January 1, 2005, through September 30, 2006. Exhibit 1 depicts the period of concurrent eligibility for this instance.

¹The allowable amount paid includes one sample item for which the State agency had already recovered the ineligible payment, making it a non-error.

²We obtained information from the three online systems the State agency used to maintain eligibility data: (1) Florida On-Line Recipient Integrated Data Access System; (2) Document Imaging System, and (3) Web Assistance Application System.

³State agency records show that the beneficiary was erroneously determined Medicaid-eligible in October 2005. The State agency did not terminate the beneficiary’s Medicaid eligibility until April 2006.

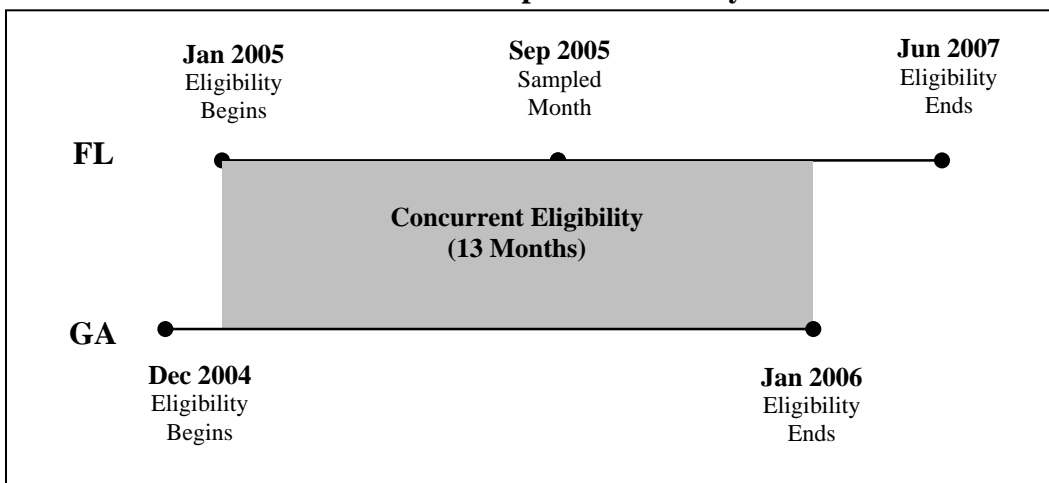
Exhibit 1- Period of Concurrent Eligibility for an Unallowable Sampled Beneficiary-Month



Georgia Medicaid records document that the beneficiary's family moved from Florida and established residency in Georgia in January 2005, which was prior to the sampled beneficiary-month (November 2005). As a result, the State agency made unallowable Medicaid payments on behalf of the beneficiary for the sampled beneficiary-month.

In contrast, a different beneficiary, associated with a payment for one of the sampled beneficiary-months, moved from Georgia and established residency in Florida. The Florida eligibility period was January 1, 2005, through June 30, 2007. The Georgia eligibility period was December 1, 2004, through January 31, 2006. Exhibit 2 depicts the period of concurrent eligibility for this instance.

Exhibit 2- Period of Concurrent Eligibility for an Allowable Sampled Beneficiary-Month



Florida Medicaid records document that the beneficiary's family moved from Georgia and established residency in Florida in January 2005, which was prior to the sampled beneficiary-month (September 2005). Because the beneficiary was a Florida resident, the State agency made allowable Medicaid payments on behalf of the beneficiary for the sampled beneficiary-month.

INSUFFICIENT SHARING OF ELIGIBILITY DATA

The payments were made for services provided to beneficiaries who should not have been Medicaid-eligible because the State agency and the Georgia Medicaid agency did not share all available Medicaid eligibility information. The State agency did not promptly identify all changes in beneficiary eligibility and residency.

RECOMMENDATIONS

We recommend that the State agency work with the Georgia Medicaid agency to share available Medicaid eligibility information for use in:

- determining accurate beneficiary eligibility status and
- reducing the amount of payments, estimated to be \$3,689,412 (\$2,172,879 Federal share), made on behalf of beneficiaries residing in Georgia.

We also recommend that the State agency work with CMS to determine the beneficiaries' residency associated with the estimated \$28,160 (\$16,585 Federal share) for which we could not determine the beneficiaries' eligibility based on the documentation the State provided.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency deferred formal comments to DCF and said it would work closely with DCF to address the report's recommendations.

In its written comments, DCF generally disagreed with our findings and recommendations. DCF said that the report did not indicate:

- how the auditors determined which State provided benefits in error and
- how, in the absence of documentary evidence of residency, the auditors concluded the recipient was not a resident of Florida.

In addition, DCF provided specific comments on 65 cases with which they did not agree. DCF also said another 21 cases were not within its purview because the Social Security Administration determined eligibility for those 21 beneficiaries as part of the Supplemental Security Income Program.

DCF and State agency comments, excluding personal identifiable information, are included in their entirety as Appendix B and C, respectively.

OFFICE OF INSPECTOR GENERAL RESPONSE

Federal regulations (42 CFR § 435.403(m)) specify that when residency cannot be resolved between two or more States, the physical location of the individual is the State of residence.

In determining which State provided benefits in error, we relied on information in both Florida and Georgia's case files to determine residency. In determining whether the beneficiaries were residents of Florida, we analyzed our statistical sample based on applicable Federal regulations (42 CFR parts 431 and 435) and applied those regulations as stated in the Methodology section of this report. In the absence of residency information in the Florida files, we obtained residency information from the Georgia files. We explained our methodology to both DCF and the State agency at the entrance conference, during various stages of the audit, and in this report. This report states that we used the Medicaid application files, along with the State's public assistance files and various State agency online systems, to determine residency.

At the end of our review, we provided DCF and the State agency with a spreadsheet that indicated our residency determination for each beneficiary in our sample based on our review of the evidence in each of the State agencies' Medicaid case files. We concluded that 68 beneficiaries were residents in Georgia and, therefore, not eligible in Florida. We gave DCF and the State agency an opportunity to provide any additional information supporting the residency of each sampled beneficiary. DCF's comments at that time were generally the same comments it provided in response to our draft report (Appendix B, pages 3-11). Neither DCF nor the State agency provided additional information that would refute our conclusions.

We could not make a clear determination of residency for seven beneficiaries, so we classified them in the audit report as "beneficiaries whose eligibility was not determinable" and recommended that the State agency work with CMS to determine the beneficiaries' residency.

Although we acknowledge that DCF relied on SSA for notice of a change in residency for Supplemental Security Income beneficiaries, it also could have received notification of Medicaid eligibility from the Georgia Medicaid agency if both agencies had shared available eligibility information.

No changes to our findings or recommendations were warranted after considering DCF's comments.

APPENDIXES

SAMPLING METHODOLOGY

POPULATION

The population included beneficiary-months with services provided to Medicaid beneficiaries with concurrent eligibility in Florida and Georgia during the audit period of July 1, 2005, through June 30, 2006. The universe consisted of 13,681 beneficiary-months with Florida Medicaid payments totaling \$4,129,886 for services provided to beneficiaries.

SAMPLE DESIGN

We used a statistical random sample for this review. We used the Office of Inspector General, Office of Audit Services's statistical sampling software RAT-STATS to select the random sample.

ESTIMATION METHODOLOGY

We used the Department of Health and Human Services, Office of Inspector General, Office of Audit Services's RAT-STATS II Ratio Estimator program to appraise the sample results.

RESULTS OF SAMPLE

The results of our review are as follows:

Number of Beneficiary-Months	13,681
Sample Size	100
Value of Sample	\$76,617
Number of Errors	68
Value of Errors	\$68,446
Value of Undetermined	\$522

Based on the errors found in the sample data, the point estimate is \$3,689,412. The precision at the 90 percent confidence level is plus or minus \$1,703,478 or 46.17 percent.

Based on the number of items in the sample for which eligibility could not be determined, the point estimate is \$28,160. The precision at the 90 percent confidence level is plus or minus \$111,299 or 395.23 percent.



State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

May 12, 2008

Mr. Peter J. Barbera
Regional Inspector General
for Audit Services, Region IV
Department of Health and Human Services
61 Forsyth Street S.W., Suite 3T41
Atlanta, GA 30303-8909

Dear Mr. Barbera:

Thank you for the April 10 letter and the Office of Inspector General draft report entitled "Medicaid Payments for Services Provided to Beneficiaries with Concurrent Eligibility in Florida and Georgia for July 1, 2005 Through June 30, 2006," report number A-04-08-03034.

We have reviewed your findings and recommendations and are concerned that your findings present errors which were not demonstrable in the material presented in the draft report. It appears that the presumption is if an individual was found on both the Florida and Georgia information management systems any claims paid by Florida were paid in error. Based on your report, your staff reviewed the Department's "Medicaid application files" for documentation of residency. However, it does not indicate how your staff came to the conclusion which state had provided benefits in error when conflicting information existed between the two states.

Given that neither state nor federal policy require documentary evidence to support a customer's statement as to residency, it is probable that the Department's records did not contain documentary evidence sufficient to prove the residency claim. However, your report does not show how, in the absence of documentation of residency, your staff concluded the recipient was not a resident of Florida.

The Department takes its role as a steward of state and federal dollars very seriously and works to ensure that only those eligible for Medicaid are approved for coverage. To assure program integrity, as it relates to residency, the Department uses the Public Assistance Reporting Information System (PARIS) to detect Medicaid duplicate payments in other states and to recover overpayments where applicable.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Mr. Peter J. Barbera
Page 2
May 12, 2008


The enclosed document provides case specific comments on 65 cases for which the Department does not agree with the audit findings. Another 21 cases are not within our purview because their eligibility was determined by the Social Security Administration as part of the Supplemental Security Income Program.

We welcome any recommendations you may have which will improve our ability to accurately provide Medicaid coverage in Florida.

Should you or your staff have any questions, please contact Florence Love, Program Administrator, at (850) 413-6790.

Sincerely,



 Robert A. Butterworth
Secretary

Enclosures

cc: Holly Benson, Secretary, Agency for Health Care Administration
Dyke Snipes, Deputy Secretary Medicaid Division, Agency for Health Care
Administration

Medicaid Payments for Services to Beneficiaries with Concurrent Eligibility- FL Report Audit Period July 1, 2005 to June 30, 2006					
Sample Number	FL_DOS Month	FL Resident	Notes to State	Concur or Non Concur	Florida Medicaid Comments
1	Jan-06	Both	Client eligible in both States. Client moved from FL to GA as of 1/16/2006.	Concur	
2	Jan-06	No	GA drivers license in file with issued date of 12/20/05. Nothing found during specific audit period to determine FL residency.	Non Concur	On 12/05/05, Client approved for Medically Needy coverage from 1/01/06 -1/31/06. On 1/12/06, the client reported to ACCESS that she moved out of state and ACCESS closed the case with an effective date of 1/31/06. Since the client was eligible 1/1/06 -1/11/06, the client is eligible for the entire month of January, per ACCESS policy manual passage 0630.0502 (see corresponding manual reference).
3	Jan-06	SSI	SSI case, sending to SSA for proof of residency.		
4	Jan-06	SSI	SSI case, sending to SSA for proof of residency.		
5	Jan-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The client's 9/13/05 application for Medicaid was approved from 9/1/05 to 11/30/06. The client is considered a FL resident for this application period. There is no indication that the client reported moving out of the state nor any other kind of notification to ACCESS that the client moved out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
6	Jan-06	SSI	SSI case, sending to SSA for proof of residency.		
7	Jan-06	No	Noted that client is no longer a member of the household in 1/06. Nothing found during specific audit period to determine FL residency.	Non Concur	The client was a FL resident for the application period covering 10/18/05 to 2/28/06. The agency received notification via returned mail on 1/24/06 and closed the case on the same day with an effective date of 1/31/06. Since the client was eligible 1/1/06 -1/23/06, the client is eligible for the entire month of January, per ACCESS policy manual passage 0630.0502 (see corresponding manual reference).
8	Jan-06	No	Nothing found during specific audit period to determine residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
9	Jan-06	SSI	SSI case, sending to SSA for proof of residency.		
10	Jan-06	Yes	FI case file documents recipient's residency in FI as of 1/10/06	Concur	
11	Jan-06	No	GA drivers license in file with issued date of 2/8/06. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for a year of Continuous Medicaid from 8/05 through 5/06 per ACCESS policy manual passage 2030.0400 (see corresponding manual reference). The client is considered a FL resident for this eligibility period. There is no indication that the mother of the client moved or reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.

12	Jan-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	Client was approved for Presumptively Eligible Newborn Medicaid coverage from 4/05 to 4/06. The client is a FL resident for this eligibility period. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
13	Feb-06	SSI	SSI case, sending to SSA for proof of residency.		
14	Feb-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	Client was approved for Simplified Eligibility for Pregnant Women Medicaid coverage from 11/05 to 6/06. The client is a FL resident for this eligibility period. ACCESS received information that the client moved out of state on 6/7/06 and closed the case the same day. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
15	Feb-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Continuous Medicaid from 2/06 to 8/06 per ACCESS policy manual passage 2030.0400 (see corresponding manual reference). The client is considered a FL resident for this eligibility period. There is no indication that the mother of the client moved or reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
16	Feb-06	No	Noted that client's whereabouts is unknown. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Continuous Medicaid from 2/06 to 1/07 per ACCESS policy manual passage 2030.0400 (see corresponding manual reference). The client is considered a FL resident for this eligibility period. There is no indication that the father of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
17	Feb-06	Yes	Child appears to be living with grandparents in FL as of 10/20/05.	Concur	
18	Feb-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
19	Feb-06	No	Children living with grandmother. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was eligible for Kidcare Medicaid coverage from 2/05 to 3/06. The client is a FL resident for this eligibility period. There is no indication that the grandmother of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
20	Feb-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Extended Medicaid coverage from 1/06 to 4/06 per ACCESS policy manual passage 2030.0303 (see corresponding manual reference). The client is a FL resident for this eligibility period. There is no indication that the father of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.

21	Feb-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was eligible for Medicaid from 12/04 to 2/06. The client is a resident for this eligibility period. There is no indication that ACCESS received any information that the client was no longer a resident or that the mother of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
22	Mar-06	SSI	SSI case, sending to SSA for proof of residency.		
23	Mar-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The client was approved Medicaid coverage from 1/06 to 3/06. The client is a FL resident for this eligibility period. There is no indication that the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
24	Mar-06	No	Most recent information shows client moved to GA 5/2004. Nothing found during specific audit period to determine FL residency.	Non Concur	The mother of the client has an application dated for 3/17/05, which is after the GA move date of 5/04. The client (minor child) was approved for Continuous Medicaid from 9/05 to 3/06 per ACCESS policy manual passage 2030.0400 (see corresponding manual reference). The client is considered a FL resident for this eligibility period. There is no indication that the mother of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
25	Mar-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Medicaid from 1/06 to 5/06. The client is a FL resident for this eligibility period. There is no indication that the mother of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
26	Mar-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Medicaid from 12/05 to 5/06. The client is a FL resident for this eligibility period. There is no indication that the mother of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
27	Mar-06	No	File shows client moved to GA. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Medicaid from 7/05 to 3/06. The client is a FL resident for this eligibility period. On 3/2/06, Georgia reported to ACCESS that the client was there applying for assistance as a result ACCESS closed the case with an effective closure date of 3/31/06. Since the client was eligible 3/1/06, the client is eligible for the entire month of March, per ACCESS policy manual passage 0630.0502 (see corresponding manual reference).
28	Mar-06	SSI	SSI case, sending to SSA for proof of residency.		
29	Mar-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	Client was approved for Medicaid from 9/05 to 10/06. The client is a FL resident for this eligibility period. There is no indication that the mother of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.

30	Mar-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
31	Apr-06	SSI	SSI case, sending to SSA for proof of residency.		
32	Apr-06	SSI	SSI case, sending to SSA for proof of residency.		
33	Apr-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
34	Apr-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
35	Apr-06	No	FL and GA documents collaborate that children left FL in 2/06 to reside in GA.	Concur	The client was listed as a member of the household on the 1/18/06 application. The application for Medicaid was approved from 3/06 to 2/07. On 9/12/06 ACCESS was notified that the client was no longer a FL resident and closed the case at that time. Since the client left FL in 2/06 ACCESS referred the case to Benefit Recovery for overpayment on the same date.
36	Apr-06	SSI	SSI case, sending to SSA for proof of residency.		
37	Apr-06	No	GA and FL documents collaborate that the children reside in GA with grandmother during audit period.	Concur	
38	Apr-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
39	Apr-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
40	Apr-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
41	Apr-06	No	GA drivers license in file. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Continuous Medicaid from 1/06 to 6/06 per ACCESS policy manual passage 2030.0400 (see corresponding manual reference). The client is considered a FL resident for this eligibility period. There is no indication that the mother of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
42	Apr-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.

43	Apr-06	Both	Client eligible in both States. Client moved from FL to GA as of 4/21/06.	Concur	
44	Apr-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
45	May-06	SSI	SSI case, sending to SSA for proof of residency.		
46	May-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
47	May-06	No	Noted that Guardian is in Florida, but nothing found during specific audit period to determine FL residency of child.	Non Concur	The client (minor child) was approved for Continuous Medicaid from 4/06 to 9/06 per ACCESS policy manual passage 2030.0400 (see corresponding manual reference). The client is a FL resident for this eligibility period. There is no indication that the mother of the client reported moving out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
48	May-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
49	Jun-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
50	Jun-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
51	Jun-06	No	Noted that client moved out of state prior to June 06. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Continuous Medicaid from 6/06 to 11/06 per ACCESS manual passage 2030.0400 (see corresponding manual reference). The client is a FL resident for this eligibility period. There is no indication that the mother of the client reported moving out of state. The mother received relocation assistance, but that does not indicate she left the state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
52	Jun-06	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
53	Jul-05	Yes	Application and Client statement noted in CLRC verifies FL residence during audit period	Concur	

54	Jul-05	No	Client statement of move - from GA to FL - 12/06. Nothing found during specific audit period to determine FL residency.	Non Concur	The note states the client moved to GA 12/06. The sample month is 7/05. The client moved after the sample period. The client was a FL resident for the Kidcare Medicaid application period covering 1/05 to 11/05. The client is a FL resident for this eligibility period. There is no indication that the mother of the client moved out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error.
55	Jul-05	No	There is no client response or contact after 2/05. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Continuous Medicaid per ACCESS manual passage 2030.0400 (see corresponding manual reference) from 3/05 to 8/05. The client is a FL resident for this eligibility period. ACCESS received information that the mother of the client moved, but there is no indication that they left the state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
56	Jul-05	No	No documents after 3/05 until change of address 12/05 to FL. Nothing found during specific audit period to determine FL residency.	Non Concur	The client was eligible for Medicaid from 2/05 through 7/05. The client is a FL resident for this eligibility period. ACCESS received information that the mother of the client moved, but there is no indication that they left the state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
57	Jul-05	No	File shows client residing in GA 6/05. Nothing found during specific audit period to determine FL residency.	Non Concur	The client was eligible for Medicaid from 2/05 through 7/05. The client is a FL resident for this eligibility period. On 6/30/05, the mother of the client reported that they moved out of state and ACCESS closed the case with an effective date of 7/31/05.
58	Jul-05	No	No correspondence with client from 6/05 to 9/05. Divorce settlement in GA 12/05. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Medicaid from 6/06 to 9/06. The client is a FL resident for this eligibility period. There is no indication that the mother of the client reported moving out of state. There were no household changes reported.
59	Jul-05	No	GA called to close FL case 6/05. Nothing found during specific audit period to determine FL residency.	Non Concur	The client was eligible for Medicaid from 4/05 through 4/06. The client is a FL resident for this eligibility period. ACCESS received notification from GA to close the case and closed the case with effective closure date of 7/31/05.
60	Aug-05	SSI	SSI case, sending to SSA for proof of residency.		
61	Aug-05	SSI	SSI case, sending to SSA for proof of residency.		
62	Aug-05	SSI	SSI case, sending to SSA for proof of residency.		
63	Aug-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
64	Aug-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
65	Aug-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.

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66	Aug-05	No	Meds approved through 7/05. Nothing found during specific audit period to determine FL residency.	Non Concur	The client was eligible for Medicaid from 9/04 through 7/05. The client is a FL resident for this eligibility period. ACCESS received notification that the client moved and closed the case with effective closure date of 8/31/05.
67	Aug-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
68	Aug-05	No	9/05 client moved to GA. Nothing found during specific audit period to determine FL residency.	Non Concur	The note states the client moved to GA 9/05. The sample month is 8/05. The client moved after the sample period. The client was a FL resident for the application period covering 11/04 to 9/05 (when the agency was notified the client moved to GA). The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error.
69	Aug-05	No	Medicaid allowed without client contact on 4/05. On 8/05, file notes client moved to GA. Nothing found during specific audit period to determine FL residency.	Non Concur	The client (minor child) was approved for Continuous Medicaid per ACCESS manual passage 2030.0400 (see corresponding manual reference) from 8/05 to 2/06. The client is a FL resident for this eligibility period. On 8/1/06, the mother of the client reported moving out of state.
70	Sep-05	SSI	SSI case, sending to SSA for proof of residency.		
71	Sep-05	SSI	SSI case, sending to SSA for proof of residency.		
72	Sep-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
73	Sep-05	No	Child born in GA 9/05. Nothing found during specific audit period to determine FL residency.	Non Concur	The client was approved for Medicaid from 5/05 to 10/05. The client is a FL resident for this eligibility period. There is no indication that the client moved out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
74	Sep-05	Both	Client eligible in both States. Client moved from FL to GA on 9/10/05.	Concur	
75	Sep-05	No	Fraud alert set on case as client did not come in 7/05. Nothing found during specific audit period to determine FL residency.		The client (minor child) was approved for Continuous Medicaid per ACCESS manual passage 2030.0400 (see corresponding manual reference) from 7/05 to 12/05. The client is a FL resident for this eligibility period. There is no indication that the client moved out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error.
76	Sep-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
77	Sep-05	Yes	Job status letter and CLRC comments verifies FL residency during audit period	Concur	

78	Sep-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
79	Sep-05	No	Case closed 7/05. Re-opened 11/05. Nothing found during specific audit period to determine FL residency.	Concur	
80	Oct-05	No	Case notes living in GA. Nothing found during specific audit period to determine FL residency.	Non Concur	The client was eligible for 10/05. On 10/2/06, ACCESS received information that the client moved out of state and closed the case with an effective date of 10/31/05. Since the client was eligible on 10/1/05, the client is eligible for the entire month of October, per ACCESS policy manual passage 0630.0502 (see corresponding manual reference).
81	Oct-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
82	Oct-05	SSI	SSI case, sending to SSA for proof of residency.		
83	Oct-05	SSI	SSI case, sending to SSA for proof of residency.		
84	Oct-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
85	Oct-05	No	Medicaid closed 9/05. Nothing found during specific audit period to determine FL residency.	Non Concur	The client was eligible for 10/05. On 9/22/05, ACCESS closed the case with an effective closure date of 10/31/05. There is no indication that the client moved out of state. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
86	Nov-05	SSI	SSI case, sending to SSA for proof of residency.		
87	Nov-05	No	4/05 is last communication with client. Nothing found during specific audit period to determine FL residency.	Non Concur	Client approved for Medicaid for pregnant women from 4/05 to 12/05. The client was a resident of FL for the application period covering 4/05 to 12/05 unless ACCESS received information that the client is no longer a resident. There is no indication the agency received any such information. The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
88	Nov-05	Both	Client eligible in both States. Client moved from FL to GA on 11/15/05.	Concur	
89	Nov-05	SSI	SSI case, sending to SSA for proof of residency.		
90	Nov-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.

91	Nov-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
92	Nov-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
93	Dec-05	No	Noted GA address in 9/05. Nothing found during specific audit period to determine FL residency.	Non Concur	Client notified ACCESS of change of address on 12/2/05. Client was eligible for the full month per ACCESS policy manual passage 0630.0502 (see corresponding manual reference).
94	Dec-05	Both	Client eligible in both States. Client moved from FL to GA between 12/05/05 and 12/11/05.	Concur	
95	Dec-05	SSI	SSI case, sending to SSA for proof of residency.		
96	Dec-05	No	Address change on file 11/05 to GA. Nothing found during specific audit period to determine FL residency.	Non Concur	Client notified ACCESS of change of address on 12/5/05. Client was eligible for the full month per ACCESS policy manual passage 0630.0502 (see corresponding manual reference).
97	Dec-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
98	Dec-05	Yes	Different guardians claiming same child during same time period in different states.	Concur	
99	Dec-05	No	Nothing found during specific audit period to determine FL residency.	Non Concur	The fact that "nothing found during specific audit period to determine FL residency" does not in itself make the case in error. At application and redetermination, FL accepts the client's statement for Florida residency and would not require any secondary verification unless the statement was questionable.
100	Dec-05	No	Different Head of households claiming same child during same time period in different states.	Non Concur	ACCESS records indicate that XXXXX is the mother of the client and resided with her. There is no indication that client resided with anyone other than the mother during the eligibility period 9/05 to 8/06.

FL Resident KEY ⁴	
5	Yes = Florida Resident = Non-error
69	No = Not Florida Resident = Error
21	SSI = undecided at this time
5	Both = Non-error
100	Total Sample

⁴ The "FL Resident Key" above represents the OIG's draft categorization of the sample results at the time we gave this spreadsheet to the State agency for review and comment. Our final categorization of the sample results is shown in the table on page 4 of the report.

0630.0502 Date of Medicaid Entitlement (MFAM)

For eligible individuals, the date of eligibility for Medicaid is the first day of the month of application receipt regardless of the date of disposition. If eligible for Medicaid for one day in the month, an applicant is eligible for the entire month, regardless of changes in circumstances.

Exceptions:

1. Emergency Medical Assistance for Aliens cases,
2. Presumptively eligible pregnant women, and
3. Medically Needy SOC cases.

For these programs, the date of initial entitlement begins the date the AG is eligible.

2030.0303 Four Months Extended Medicaid Due to Child Support (MFAM)

Medicaid coverage must be extended for up to four months beginning with the first month of ineligibility for 1931 Medicaid, if the conditions below are met:

1. The 1931 Medicaid assistance group becomes ineligible due solely or in part to the receipt of, or increase in, state collected child support for an individual whose needs are included in the assistance group.
2. The 1931 Medicaid assistance group was eligible for and received Medicaid in at least three of the six months preceding the month of ineligibility. The three months can include months in which Medicaid was received in another state.
3. Only those members included in the benefit computation for the month prior to cancellation are entitled to extended Medicaid.
4. Eligibility reviews are not required for this extended Medicaid group. The group remains eligible for the four months regardless of any changes in the circumstances of the assistance group.
5. An ex parte determination must be completed in the fourth month to determine if coverage under another group exists. An eligibility review must be done if one has not been done within the past 12 months.
6. If loss of income from child support is reported at any point during the four months of extended Medicaid, an ex parte review must be completed.

2030.0400 CONTINUOUS MEDICAID ELIGIBILITY (MFAM)

After Medicaid eligibility has been established, children who become ineligible for Medicaid for any reason may remain on Medicaid for up to twelve months from the last application, eligibility review or addition to Medicaid coverage. Children up to age 5 receive a minimum of twelve months continuous coverage. Children age five up to 19 receive a minimum of six months of continuous Medicaid coverage.

If it is later discovered that the child was not eligible at the point eligibility was determined, continuous Medicaid does not apply. An ex parte review must be completed to explore eligibility in other categories.

Note: A child determined eligible for Medicaid any day prior to turning age five continues to receive Medicaid for twelve months without redetermination or verification of eligibility.

Months of Medicaid received since the most recent application or eligibility review count toward the six or twelve months of continuous Medicaid eligibility. Count the first month of eligibility as month one if the last action is an application. If the last action is an eligibility review, count as month one the month following the date the eligibility review was completed. Retroactive Medicaid does not count as a month of continuous Medicaid coverage.



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

May 9, 2008

Mr. Peter J. Barbera
Regional Inspector General
Audit Services, Region IV
61 Forsyth Street, S.W. Suite 3T41
Atlanta, Georgia 30303

Dear Mr. Barbera:

Thank you for the opportunity to respond to the preliminary and tentative findings and recommendations from your audit titled *Medicaid Payments for Services Provided to Beneficiaries with Concurrent Eligibility in Florida and Georgia for July 1, 2005, through June 30, 2006*. We appreciate the efforts of your staff during the course of this audit. As the findings and recommendations noted in your audit pertain to Medicaid eligibility, the Department of Children and Families will provide the official response to the recommendations in your report. The Agency for Health Care Administration continuously looks for opportunities to improve operations and is committed to providing cost-effective and efficient health care services to the citizens of Florida, and we will work closely with the Department of Children and Families to address your recommendations.

If you have any questions regarding our response, please contact Mike Blackburn, Audit Director, at (850) 414-5419.

Sincerely,

Holly Benson
Secretary

HB/mb

