Follow-Up on Recommendations from Report No. 14-02, *Audit of the Department of Human Services' Med-QUEST Division and Its Medicaid Program*

A Report to the Governor
and the Legislature of
the State of Hawai'i

Report No. 19-06
January 2019

OFFICE OF THE AUDITOR
STATE OF HAWAI'I

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Constitutional Mandate

Pursuant to Article VII, Section 10 of the Hawaiʻi State Constitution, the Office of the Auditor shall conduct post-audits of the transactions, accounts, programs and performance of all departments, offices and agencies of the State and its political subdivisions.

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Hawaiʻi Revised Statutes, Chapter 23, gives the Auditor broad powers to examine all books, records, files, papers and documents, and financial affairs of every agency. The Auditor also has the authority to summon people to produce records and answer questions under oath.

Our Mission

To improve government through independent and objective analyses.

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Follow-Up on Recommendations from Report No. 14-02, *Audit of the Department of Human Services' Med-QUEST Division and Its Medicaid Program*

Section 23-7.5, Hawai'i Revised Statutes, requires the Auditor to report to the Legislature annually on each audit recommendation more than one year old that has not been implemented by the audited department or agency. This report presents the results of our review of 19 recommendations made to the Department of Human Services in Report No. 14-02, Audit of the Department of Human Services' Med-QUEST Division and Its Medicaid Program*, which was published in January 2014.*

The Medicaid Program

The Med-QUEST Division provides health insurance through several Medicaid programs under Title XIX of the federal Social Security Act. Health insurance coverage includes the Hawai'i QUEST and QUEST Expanded Access managed care programs, and the Medicaid Fee-for-Service program. The QUEST program serves eligible individuals from birth to age 65 who are not blind or otherwise disabled. The QUEST Expanded Access program includes seniors 65 years and older, and individuals of all ages with disabilities.

We found that DHS has implemented 10 and partially implemented 6 of the 19 recommendations.

Three recommendations have not been implemented and remain open.

Hawai'i's other, smaller health insurance programs include QUEST-Net, QUEST-ACE (Adult Coverage Expanded), Transitional Medical Assistance, federal- and state-funded Coverage of Individuals with Breast and Cervical Cancer, and Special Programs for Medicare Beneficiaries. Additionally, the division oversees the State's Funeral Payments Program. Collectively, these programs enable low-income adults and children to maintain and improve their health by providing payments for medical, dental, and other medically necessary health care services.

The federal government and states share responsibility for financing the Medicaid program. The federal government matches state spending on an open-ended basis for services that Medicaid programs cover. The federal government's share of medical assistance expenditures is called the federal medical assistance percentage (FMAP), which is determined annually by a formula that compares a state's average per capita income level with the national income average. States with higher per capita incomes receive a smaller federal reimbursement. By law, the FMAP cannot be lower than 50 percent or higher than 83 percent.

At the time of our 2014 audit, Medicaid enrollment and the State's related health care payment expenditures were at their highest point in program history. Since FY2008, Medicaid enrollment rose 36.4 percent, from approximately 211,000 to almost 288,000 in FY2012. Total Med-QUEST Division spending in FY2012 reached more than $1.6 billion, up from $1.5 billion in FY2010, and included State general fund amounts and the federal share received through FMAP. Overall, for FY2012, Med-QUEST Division health care payment appropriations alone accounted for about 15 percent of State spending. Appropriations were expected to grow in the future, with health care payment appropriations increasing to 16.6 percent of State spending by FY2015.

Why we did the 2014 audit

The 2013 Legislature directed the Office of the Auditor to conduct a comprehensive financial audit of the Department of Human Services' (DHS) Med-QUEST Division, with emphasis on the Medicaid program. With State contributions to the Medicaid program nearly doubling from FY2010-FY2015, the Legislature was concerned about the relevance and usefulness of the information it receives from the division.

What we found in 2014

In Report No. 14-02, *Audit of the Department of Human Services' Med-QUEST Division and Its Medicaid Program*, we found that the Med-QUEST Division concentrated its reporting around meeting

federal measures and requirements, which focus on quality of health care services delivered, and not State concerns, which are largely related to costs. We also found that division management had neglected to commit sufficient resources to its efforts to curb fraud, waste, and abuse. As a result, Hawai‘i’s detection and enforcement activities lagged far behind national averages, exposing the State to tens of millions of dollars in losses annually.

What we found in 2018

Our follow-up on DHS’ implementation of recommendations made in Report No. 14-02, conducted between October 2016 and September 2018, included interviewing selected personnel, examining relevant documents and records, and evaluating whether the department’s actions appeared to address our recommendations. We found that DHS has implemented 10 and partially implemented 6 of the 19 recommendations. Three recommendations have not been implemented and remain open.

Exhibit 1

Audit Recommendations by Status

Source: Office of the Auditor

Recommendations and their status

Our follow-up efforts were limited to reviewing and reporting on the implementation of the audit recommendations. We did not explore new issues or revisit old ones that do not relate to the original recommendations.

Definition of Terms

WE DEEM recommendations:

Implemented

where the department or agency provided sufficient and appropriate evidence to support all elements of the recommendation;

Partially Implemented

where some evidence was provided but not all elements of the recommendation were addressed;

Not Implemented

where evidence did not support meaningful movement towards implementation, and/or where no evidence was provided;

Not Implemented - N/A

where circumstances changed to make a recommendation not applicable; and

Not Implemented - Disagree

where the department or agency disagreed with the recommendation, did not intend to implement, and no further action will be reported.

Recommendation 1

The Med-QUEST Division should take a proactive role in improving communication of its Medicaid program's performance with the Legislature. Specifically, the division should conduct an informational briefing for interested legislators to gain an understanding of their needs and expectations for information and metrics.

Implemented

Comments

DHS' Med-QUEST Division has held various informational briefings and presentations to the Legislature regarding the Medicaid program over the past few years. We reviewed presentations given during FY2015-FY2017 and found that they included discussions regarding the program's value-based payments and quality metrics, funding and enrollment data, and eligibility determinations and processing times. Additionally, we reviewed the most recent presentation for a "Medicaid 101" informational session that the division held for all House Finance and Senate Ways and Means Committees' staff as of the date of our review, which occurred on August 21, 2018. The presentation covered the division's mission, vision, organization, cost trends and drivers, national context, and business process redesign. According to DHS, the "Medicaid 101" sessions have been done annually and upon the Legislature's request.

Recommendation 2

The Med-QUEST Division should take a proactive role in improving communication of its Medicaid program's performance with the Legislature. Specifically, the division should adopt and implement reporting methods that convey requested Medicaid operational and financial objectives, goals, and key performance indicators.

Partially Implemented

Comments

DHS' Med-QUEST Division has communicated some Medicaid statistical data, goals, and performance indicators through the department's annual reports, and informational briefings and presentations to the Legislature. However, the division has not adopted and thoroughly conveyed the Medicaid operational and financial objectives, goals, and key performance indicators. We reviewed DHS' annual reports for FY2014-FY2017 and found that they only contain information regarding the Medicaid programs and

basic statistical information related to those programs. For example, some of the statistics reported include the number of eligible residents provided with health care coverage through Med-QUEST, individuals served through the Developmentally Disabled/Intellectually Disabled Medicaid Waiver Program, and individuals provided services through the State Organ and Tissue Transplant Program, as well as Hawai‘i’s Medicaid managed care enrollment by health plan and island.

Recommendation 3

The Med-QUEST Division should take a proactive role in improving communication of its Medicaid program’s performance with the Legislature. Specifically, the division should provide annual updates on how Hawai‘i’s enrollment and cost data compare nationally and to other states.

Partially Implemented

Comments

DHS’ Med-QUEST Division represents that it has provided several national surveys to the Legislature, including the Kaiser Family Foundation’s (KFF) annual 50-state budget survey, which compares all states’ Medicaid programs. For example, the division provided KFF fact sheets to legislators during the Senate and House Joint Informational Human Services Briefing held on February 2, 2017, and the Information Briefing on the repeal or replacement of the federal Patient Protection and Affordable Care Act of 2010 (also known as Obamacare) with the House Committees on Health, Human Services, Consumer Protection, and Commerce. We reviewed the KFF June 2017 “Medicaid in Hawai‘i” fact sheet and found that it includes statistics on how Medicaid has affected health care coverage and access in Hawai‘i, as well as how Medicaid funds are spent both nationally and in Hawai‘i. However, the division acknowledges that the Medicaid program is still improving its communication to the Legislature about the results specific to Hawai‘i.

Recommendation 4

The Med-QUEST Division should establish a formal fraud and abuse plan that ensures the department's fraud and abuse detection program adheres to federal and state regulations and includes adequate resources to execute the plan. Such a plan should include goals, objectives, and action plans for the fraud and abuse detection and investigation program.

Partially Implemented

Comments

DHS has developed a "Med-QUEST Division Financial Integrity Staff Work Plan" for 2018 to address this recommendation. The department asserts that the work plan does adhere to federal and state regulations. We reviewed the plan and verified that it details action plan activities targeted by the Financial Integrity Staff as important and vital to meeting the requirements as set forth in laws, regulations, and other directives. Such action plans include reviewing current policies and procedures, and updating them as necessary; working with the health plans to ensure that they are identifying suspected fraud and abuse in their provider networks and ensuring that preliminary investigations are completed as required by contract; and monitoring the health plans' quarterly fraud and abuse reports. DHS acknowledges that the need for more robust action plans to accompany the fraud and abuse goals continues to be an area of improvement. However, we found that the work plan does not contain any goals or objectives that govern those action plans for the fraud and abuse detection and investigation program.

Recommendation 5

The Med-QUEST Division should establish a formal fraud and abuse plan that ensures the department's fraud and abuse detection program adheres to federal and state regulations and includes adequate resources to execute the plan. Such a plan should include the program's key partners and stakeholders and their respective functions, and fraud and abuse detection and investigation responsibilities and activities.

Partially Implemented

Comments

DHS has developed a "Med-QUEST Division Financial Integrity Staff Work Plan" for 2018 to address this recommendation. Based on our review of the plan, it includes the program's key partners and their respective activities. Such partners consist of the Medicaid Recovery

Audit Contractors, Electronic Health Record Incentive Payment Program, Medicaid Integrity Contractors, Unified Program Integrity Contractor, Payment Error Rate Measurement review, and Hawai'i Dental Service. However, we found that the work plan does not include any information regarding the program's stakeholders.

Recommendation 6

The Med-QUEST Division should establish a formal fraud and abuse plan that ensures the department's fraud and abuse detection program adheres to federal and state regulations and includes adequate resources to execute the plan. Such a plan should include areas of vulnerability and approaches to address them.

Partially Implemented

Comments

DHS has developed a "Med-QUEST Division Financial Integrity Staff Work Plan" for 2018 to address this recommendation. We reviewed the plan and verified that it includes a section entitled, "Areas of Vulnerabilities," which identifies inaccurate, incomplete, and unreliable encounter data from the health plans as an area that creates difficulties in identifying fraud and abuse. The plan states that the Medicaid Recovery Audit Contractors are performing an audit of the encounter data to identify data inadequacies. Based on our review, however, the plan does not detail the areas of vulnerability or identify any specific approaches to address them. DHS acknowledges that it can continue to improve its identification of vulnerabilities.

Recommendation 7

The Med-QUEST Division should establish a formal fraud and abuse plan that ensures the department's fraud and abuse detection program adheres to federal and state regulations and includes adequate resources to execute the plan. Such a plan should include milestones for completion of key action plan activities.

Not Implemented

Comments

DHS has developed a "Med-QUEST Division Financial Integrity Staff Work Plan" for 2018 to address this recommendation. Although the plan indicates whether key action plan activities are "completed," "ongoing," or both, our review found that the plan does not include any milestones for completion of those activities.

Recommendation 8

The Med-QUEST Division should establish a formal fraud and abuse plan that ensures the department's fraud and abuse detection program adheres to federal and state regulations and includes adequate resources to execute the plan. Such a plan should include baseline metrics against which the Medicaid fraud and abuse detection and investigation program can be compared to gauge performance and progress.

Not Implemented

Comments

DHS has developed a "Med-QUEST Division Financial Integrity Staff Work Plan" for 2018 to address this recommendation. According to the department, the Financial Integrity Staff use the work plan in conjunction with their investigation and recoupment logs to gauge performance and progress, as both logs provide useful data metrics and information. The investigation log is used to keep track of case status and referral sources, while the recoupment log provides information on the amount of recoveries. We reviewed the work plan and both logs, and found that, although the logs contain a history of cases and recoveries, neither the logs nor the work plan contain any baseline metrics to gauge performance or progress.

Recommendation 9

The Med-QUEST Division should establish a formal fraud and abuse plan that ensures the department's fraud and abuse detection program adheres to federal and state regulations and includes adequate resources to execute the plan. Such a plan should include a process and methodology for measuring performance progress toward goals and objectives.

Not Implemented

Comments

DHS has developed a "Med-QUEST Division Financial Integrity Staff Work Plan" for 2018 to address this recommendation. However, based on our review, we found that the plan does not include any process or methodology for measuring performance progress toward goals or objectives.

Recommendation 10

The Med-QUEST Division should communicate the results of its fraud and abuse detection and investigation program with the Director of the Department of Human Services and the Legislature.

Implemented

Comments

DHS represents that the results of its fraud and abuse detection and investigation program are regularly discussed between the Med-QUEST Division Administrator and the Director of the Department of Human Services. According to the Administrator, the results of the program's audits are communicated through (1) sign-offs by the Director for actions taken by the Financial Integrity Staff when providers are suspended or terminated and (2) one-on-one briefings conducted by the Administrator to apprise the Director of the audits and any controversial issues surrounding them. Such results are also communicated at a high level through DHS' annual reports to the Legislature. We reviewed the department's final report submitted to the 2017 Legislature on the Medicaid program's integrity compliance with the federal Patient Protection and Affordable Care Act of 2010 (also known as Obamacare), as required by Act 240, Session Laws of Hawai'i 2013. Based on our review, we found that DHS reported statistics for FY2014-FY2016 on the number of investigations opened, law enforcement referrals, overpayments identified, and complaints received by the Financial Integrity Staff through the Medicaid fraud hotline, other agencies, and referrals from the managed care health plans. The repayment amounts received in FY2013-FY2016 resulting from the Financial Integrity Staff's identification of potential overpayments by the Medicaid program through its review of claims payments reports were also included in the report.

Recommendation 11

The Med-QUEST Division should direct and work with the DHS Personnel Office to develop position descriptions for the newly authorized dedicated fraud and abuse detection and investigation positions and reevaluate position descriptions for current Financial Integrity Staff positions to ensure that the duties and responsibilities of each position satisfy federal and state regulatory requirements, best practices, and the division's needs.

Implemented

Comments

DHS' Med-QUEST Division has developed and reevaluated position descriptions for its newly authorized and current Financial Integrity Staff positions. Since our 2014 audit, the division created a new General Professional IV data analyst position and a second investigator position, both of which have been filled as of our review date. DHS represents that the position descriptions were written to ensure that they meet both federal and state requirements, as well as the civil service categories. We reviewed the position descriptions developed and reevaluated for the General Professional IV, Investigator IV, and Registered Professional Nurse V, and verified that each description includes a "Major Duties and Responsibilities" section tailored to the position.

Recommendation 12

The Med-QUEST Division should direct and work with the DHS Personnel Office to develop position descriptions for the newly authorized dedicated fraud and abuse detection and investigation positions and reevaluate position descriptions for current Financial Integrity Staff positions to ensure that the required skills, qualifications, and experience of the respective positions are consistent with their duties and responsibilities.

Implemented

Comments

DHS' Med-QUEST Division has developed and reevaluated position descriptions for its newly authorized and current Financial Integrity Staff positions. Since our 2014 audit, the division created a new General Professional IV data analyst position and a second investigator position, both of which have been filled as of our review date. We reviewed the position descriptions developed and reevaluated for the General Professional IV, Investigator IV, and Registered Professional

Nurse V, and verified that each description includes a "Recommended Qualifications" section tailored to the position's duties and responsibilities.

Recommendation 13

The Med-QUEST Division should prioritize recruitment and hiring of recently authorized Financial Integrity Staff fraud and abuse detection and investigation staff.

Implemented

Comments

According to DHS, all vacant positions have been filled as of the date of our review. During our 2014 audit, the Financial Integrity Staff consisted of only one Registered Nurse (RN) and no investigator, as the one investigator position was vacant. Since the audit, the vacant investigator position was filled, and a second investigator position was approved and filled. The two investigators are responsible for conducting investigations for credible allegations of fraud. The RN accompanies the investigators on site, reviews medical records, and provides consultation. The General Professional IV data analyst position was also created and filled, and is responsible for preparing reports for analysis and investigations. The Financial Integrity Staff Supervisor is available to address the unit's concerns and to raise any issues with the Finance Officer and/or Administration as needed. We reviewed the current listing of all Financial Integrity Staff positions as of our review date and verified that all positions are filled. We also reviewed internal and external job postings for the Investigator IV and General Professional IV positions, as well as internal notices announcing the two new hires for the Investigator IV position, dated in January 2014 and June 2015, respectively. Lastly, we reviewed an internal notice announcing that the General Professional IV position was filled and the new hire started in June 2017.

Recommendation 14

The Med-QUEST Division should develop policies and procedures governing functions related to detecting and remedying fraud and abuse performed by the various department and Med-QUEST Division units. The division should review policies and procedures periodically and update them as needed to reflect revised and new regulatory requirements and best practices. Management should review and approve new and amended policies and procedures in a timely manner.

Implemented

Comments

Since our 2014 audit, DHS has formally adopted policies and procedures governing functions related to detecting and remedying fraud and abuse performed by the various department and Med-QUEST Division units. According to DHS, such policies and procedures are revised as needed. We reviewed the 12 policies and procedures developed by DHS, and found that each policy's "Issue/ Revision Date" was documented. We also verified that all policies were approved, as evidenced by the signatures of the division's Finance Officer and Administrator. Some of the policies and procedures reviewed provide guidance on the disclosure of ownership and control and criminal convictions; false claims requirements for providers and contractors receiving or making $5 million under a state's Medicaid program; handling or complaints and investigations; program integrity oversight in managed care; and provider payment suspensions due to credible allegations of fraud.

Recommendation 15

The Med-QUEST Division should maintain complete information and perform periodic reconciliations of fraud and abuse detection and investigation activities. This process may include a reconciliation of case referrals, cases accepted and declined, convictions, recoveries, and status of investigations and settlements, fraud and abuse detection and investigation expenditures, and overpayments and fraudulent payments identified. A full accounting of all such indicators will allow the division to better understand the results of its fraud detection and investigation activities (e.g., recoveries and recoveries per dollar expended on fraud detection and investigation) and measure its performance.

Implemented

Comments

According to DHS' Med-QUEST Division, it maintains a full accounting of its investigation activities and recovery amounts using investigation and recoupment logs, respectively. We reviewed the investigation logs for FY2009-FY2017 and recoupment logs for FY2013-FY2017, and found that the spreadsheets used include data on complaints, referrals, rejections, overpayments, and recoupments. We determined that the division does not perform a formal accounting-type reconciliation of the case data collected on those spreadsheets. Rather, the division Administrator represents that reconciliation is accomplished through a more informal discussion of individual cases held during quarterly meetings. At these quarterly meetings between the division and the Attorney General's Medicaid Fraud Control Unit, the provider cases noted on the division's investigation log are reconciled with the unit's records.

Recommendation 16

The Med-QUEST Division should adopt strategies or plans to combat fraud, waste, and abuse by utilizing its new eligibility system and eligibility criteria under the federal Patient Protection and Affordable Care Act of 2010 (also known as Obamacare) to improve program integrity, limit eligibility errors, and facilitate reporting and monitoring.

Partially Implemented

Comments

The Med-QUEST Division's new eligibility system is known as Kauhale On-line Eligibility Assistance (KOLEA). In Report No. 18-12, "Follow-Up on Recommendations from Report No. 15-20, *Audit of the Department of Human Services' KOLEA System*," published in September 2018, we found that DHS is in the process of addressing Recommendation 16 through its efforts to also implement several of our recommendations from Report No. 15-20. KPMG, LLP, and the Med-QUEST Division's Eligibility Systems Project Team have continued their efforts to improve the division's eligibility and enrollment processes, and address KOLEA's functionality and usability issues. The Eligibility Branch Administrator stated that KOLEA has been deployed for nearly five years and the Eligibility Branch staff have become more familiar with the system. Problems or issues with KOLEA are being properly addressed by the KOLEA project team, and releases are communicated to the Eligibility Branch in a more timely manner. The Med-QUEST Division is also working with third-party contractor, Berry, Dunn, McNeil & Parker, LLC, whose consulting work includes connecting with staff and stakeholders to improve the functionality and usability of the KOLEA system, and is part of the business process redesign work that is currently underway.

Target Date

The Med-QUEST Division anticipates completing the business process redesign work by August 2020. The feasibility of that date could not be determined based on our review.

Recommendation 17

The Med-QUEST Division should adopt strategies or plans to combat fraud, waste, and abuse by enhancing its capacity to utilize its data analysis capabilities effectively by ensuring that all fraud detection and investigation staff receive training on how to identify and generate Surveillance and Utilization Review Subsystem and Data Warehouse reports needed to effectively fulfill their respective fraud detection data analysis and investigations functions, including those necessary for referring cases of suspected or potential fraud to the Department of the Attorney General's Medicaid Fraud Control Unit.

Implemented

Comments

DHS' Med-QUEST Division has provided training on its Lexis Nexis Surveillance and Utilization Review Subsystem and Arizona Data Warehouse to all program integrity staff. A data dictionary is also available as a resource to all staff. We reviewed the presentation slides from the Lexis Nexis and Data Warehouse training sessions held in June and August 2017, respectively. According to DHS, the General Professional IV data analyst position filled in June 2017 is responsible for creating reports for both Financial Integrity Staff and the Attorney General's Medicaid Fraud Control Unit. The Financial Integrity Staff are also working with the division's Health Care Services Branch, the health plans, and Medicaid Recovery Audit Contractors to improve the accuracy of managed care encounter data submitted to the division by the health plans, which are not always accurate or updated, making the division's analysis of such data difficult. The division requests claims data and reports for its investigations directly from the health plans to ensure accuracy. Additionally, the actuaries who collect the data have performed data comparisons and worked with specific managed care organizations to improve the data. We reviewed the agenda for the division's status conference call with the Medicaid Recovery Audit Contractors held on February 9, 2017, and found that it includes the Encounter Reconciliation Project as a discussion item, as evidence of the Financial Integrity Staff's efforts to improve the accuracy of encounter data submitted. As of the date of our review, the Medicaid Recovery Audit Contractors had recently finished a limited review of the encounter data to understand the current level of the data's completeness and accuracy, and the division was awaiting their final project report.

Recommendation 18

The Med-QUEST Division should adopt strategies or plans to combat fraud, waste, and abuse by enhancing its capacity to utilize its data analysis capabilities effectively by reevaluating fraud and abuse reporting requirements for the managed care plans to ensure that the Financial Integrity Staff receives the information needed to better analyze managed care data.

Implemented

Comments

DHS' Med-QUEST Division has implemented fraud and abuse reporting requirements for managed care organizations, in which quarterly reports are required to be submitted. We reviewed the updated "Fraud & Abuse" sections of the contract for managed care plans and verified that they include detailed reporting requirements. We also reviewed a sample "Fraud & Abuse Summary Report" submitted quarterly by managed care organizations, which requires them to provide information related to fraud and abuse referrals and detection activities. Finally, we reviewed the spreadsheet used by the division to track the reports submitted.

Recommendation 19

The Med-QUEST Division should adopt strategies or plans to combat fraud, waste, and abuse by meeting regularly with and providing training to managed care organizations to improve fraud and abuse detection coordination efforts to ensure that fraud and abuse is identified and that preliminary investigations are occurring as required by contract.

Implemented

Comments

DHS' Med-QUEST Division has and continues to meet regularly with managed care organizations, during which training sessions were held to improve fraud and abuse detection coordination efforts. According to DHS, the Financial Integrity Staff meets monthly with the managed care plans and the Attorney General's Medicaid Fraud Control Unit. The Financial Integrity Staff also meets with the Health Care Task Force and Medicaid Fraud Control Unit on a quarterly basis. We reviewed the agendas for meetings held by the department's Managed Care Organizations Program Integrity Unit in 2016 and 2018, and found that training was provided on how to improve the timely sharing of data with such organizations and credible allegations of fraud.