DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

OFFICE OF AUDIT SERVICES, REGION V
233 NORTH MICHIGAN, SUITE 1360
CHICAGO, IL 60601

April 27, 2012

Report Number: A-05-11-00045

Ms. Olga Dazzo
Director
Michigan Department of Community Health
Capitol View Building
201 Townsend Street
Lansing, MI 48913

Dear Ms. Dazzo:

Enclosed is the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), final report entitled *Michigan Did Not Perform Eligibility Redeterminations at Least Every 12 Months for Wayne County Medicaid Beneficiaries*. 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.

Section 8L of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG Web site. Accordingly, this report will be posted at http://oig.hhs.gov.

If you have any questions or comments about this report, please do not hesitate to call me, or contact Mike Barton, Audit Manager, at (614) 469-2543 or through email at Mike.Barton@oig.hhs.gov. Please refer to report number A-05-11-00045 in all correspondence.

Sincerely,

/Sheri L. Fulcher/
Regional Inspector General
for Audit Services

Enclosure

Direct Reply to HHS Action Official:

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

Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

MICHIGAN DID NOT PERFORM ELIGIBILITY REDETERMINATIONS AT LEAST EVERY 12 MONTHS FOR WAYNE COUNTY MEDICAID BENEFICIARIES

Daniel R. Levinson
Inspector General

April 2012
A-05-11-00045

Office of Inspector General

http://oig.hhs.gov

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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 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 Medicaid 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 Michigan Department of Community Health (State Medicaid agency) operates the Michigan Medicaid program. The State Medicaid agency delegated the administration of the Medicaid application and eligibility process, including the performance of eligibility determinations and redeterminations, to the Michigan Department of Human Services (State Human Services agency). The Wayne County Department of Human Services (County Human Services agency) administers Medicaid beneficiary eligibility on the county level.

Pursuant to Federal and Michigan requirements, Medicaid eligibility redeterminations are required at least every 12 months with respect to circumstances that may change or when the State agency has information about anticipated changes in a recipient's circumstances that may affect eligibility. Redeterminations are required to ensure that a beneficiary continues to meet the Medicaid eligibility requirements. The State Medicaid agency must ensure that the required annual eligibility redeterminations are performed and accurately reflect any changes that may affect a beneficiary's eligibility. Pursuant to the Act, Medicaid payments are allowable only for eligible beneficiaries.

The State Human Services agency's administrative manual provides that eligibility redeterminations for Medicaid are required annually. The County Human Services agency notifies beneficiaries of the need to have their cases redetermined.

OBJECTIVE

Our objective was to determine whether the State Medicaid agency and its agent, the County Human Services agency, made eligibility redeterminations at least every 12 months for Medicaid beneficiaries who were continuously enrolled during our audit period.

SUMMARY OF FINDING

The State Medicaid agency and its agent, the County Human Services agency, did not make eligibility redeterminations at least every 12 months for Medicaid beneficiaries who were continuously enrolled during our audit period.

From a random sample of 200 Medicaid beneficiaries, the State Medicaid agency performed eligibility redeterminations within the required 12-month period for 142 beneficiaries. However,

the State Medicaid agency made payments to providers on behalf of 58 beneficiaries who were subject to annual redeterminations, but for whom the County Human Services agency did not perform eligibility redeterminations within the required 12-month period. The State Medicaid agency made the payments on behalf of the 58 beneficiaries because it was unaware that the County Human Services agency did not perform redeterminations at least every 12 months.

Although the County Human Services agency had information for the cases that were due for redetermination, it did not complete all redeterminations pursuant to Federal and State requirements. For the period October 1, 2008, through September 30, 2010, we estimate that the State Medicaid agency was reimbursed for Medicaid services provided to 79,277 beneficiaries whose eligibility redeterminations were not performed within the required 12-month period.

RECOMMENDATION

We recommend that the State Medicaid agency require the State Human Services agency to develop a corrective action plan to help ensure the County Human Services agency performs Medicaid beneficiary eligibility redeterminations at least every 12 months pursuant to Federal and State requirements.

STATE AGENCY COMMENTS

In written comments on our draft report, the State Medicaid agency concurred with our recommendation. The State Human Services agency submitted a corrective action plan to the State Medicaid agency. The corrective action plan outlines several controls that will help the local County Human Services offices identify Medicaid beneficiaries in need of annual eligibility redeterminations. The State Medicaid agency's comments and the State Human Services agency's corrective action plan are included in their entirety as Appendix C.

TABLE OF CONTENTS

INTRODUCTION

BACKGROUND

Pursuant to Title XIX of the Social Security Act (the 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 Medicaid 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.

Michigan Department of Community Health

The Michigan Department of Community Health (State Medicaid agency) operates the Michigan Medicaid program. The State Medicaid agency delegated the administration of the Medicaid application and eligibility process, including the performance of eligibility determinations and redeterminations, to the Michigan Department of Human Services (State Human Services agency).

Wayne County Department of Human Services

In Wayne County, the Wayne County Department of Human Services (County Human Services agency) reviews the beneficiary's information and determines eligibility. Once eligibility is established, the State Human Services agency makes the eligibility information available to the State Medicaid agency so that it can process payments for Medicaid beneficiaries.

Federal and State Requirements

Pursuant to 42 CFR § 435.916, Medicaid eligibility redeterminations are required at least every 12 months with respect to circumstances that may change or when the State agency has information about anticipated changes in a recipient's circumstances that may affect eligibility.[1] Redeterminations are required to ensure that a beneficiary continues to meet the Medicaid eligibility requirements. The State Medicaid agency must ensure that the required annual eligibility redeterminations are performed and accurately reflect any changes that may affect a beneficiary's eligibility. Pursuant to the Act, Medicaid payments are allowable only for eligible beneficiaries.

[1] In a State Medicaid Director letter issued April 7, 2000, CMS instructed States to limit the scope of redeterminations to information that is necessary to determine ongoing eligibility and that relates to circumstances that are subject to change, such as income and residency (but not unchanging information such as date of birth or U.S. citizenship).

The State Human Services agency's administrative manual provides that eligibility redeterminations for Medicaid are required annually.[2] The County Human Services agency notifies beneficiaries of the need to have their cases redetermined.

Section 2001(a)(1) of the Affordable Care Act establishes a new eligibility group that all States participating in Medicaid must cover as of January 2014 for individuals with incomes at or below 133 percent of the Federal poverty level. The new group fills in the gaps in existing Medicaid eligibility by making eligible very-low income individuals who are not otherwise eligible under mandatory eligibility categories. The Congressional Budget Office estimates that this change will increase Medicaid beneficiaries by 10 to 16 million nationwide between 2014 and 2019.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether the State Medicaid agency and its agent, the County Human Services agency, made eligibility redeterminations at least every 12 months for Medicaid beneficiaries who were continuously enrolled during our audit period.

Scope

The scope of our audit included Wayne County, Michigan, beneficiaries who were continuously enrolled in Medicaid and had received a paid Medicaid service during the 2-year period of October 1, 2008, through September 30, 2010. We selected a 2-year audit period to ensure that the beneficiaries we sampled would have been required to have more than one Medicaid eligibility redetermination during the time.

We did not review the overall internal control structure of the State Medicaid agency, State Human Services agency, or the County Human Services agency. We limited our internal control review to obtaining an understanding of the procedures used to perform Medicaid eligibility redeterminations for Wayne County beneficiaries.

We performed our fieldwork at the County Human Services agency in Detroit, Michigan, during April 2011.

Methodology

To accomplish our audit objective, we:

- obtained a list of 273,370 continuously enrolled Wayne County Medicaid beneficiaries who received a paid Medicaid service during the audit period of October 1, 2008, through

[2] Michigan Department of Human Services, Bridges Administrative Manual (BPB 2008-003), BAM 210 at 2 (October 1, 2008).

September 30, 2010, from the State Medicaid agency's Medicaid Management Information System (MMIS),[3]

- selected a random sample of 200 Wayne County Medicaid beneficiaries and reviewed the Medicaid case files and other supporting documentation to determine whether a Medicaid eligibility redetermination was required and performed every 12 months during the audit period; [4]

- identified beneficiaries whose required Medicaid eligibility redeterminations were not performed within the required 12-month period;

- estimated the number of beneficiaries subject to annual Medicaid eligibility redeterminations but for whom the redetermination was not performed within the required 12-month period; and

- requested that the County Human Services agency perform an eligibility determination on eight sampled beneficiaries for whom the County Human Services agency did not perform eligibility redeterminations during the last year of our audit period.

See Appendix A for our sampling methodology.

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 objectives. We believe that the evidence obtained provides a reasonable basis for our finding and conclusions based on our audit objective.

FINDING AND RECOMMENDATION

The State Medicaid agency and its agent, the County Human Services agency, did not make eligibility redeterminations at least every 12 months for Medicaid beneficiaries who were continuously enrolled during our audit period.

From a random sample of 200 Medicaid beneficiaries, the State Medicaid agency performed eligibility redeterminations within the required 12-month period for 142 beneficiaries. However, the State Medicaid agency made payments to providers on behalf of 58 beneficiaries who were subject to annual redeterminations, but for whom the County Human Services agency did not perform eligibility redeterminations within the required 12-month period. The State Medicaid agency made the payments on behalf of the 58 beneficiaries because it was unaware that the County Human Services agency did not perform redeterminations at least every 12 months.

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

[4] Under 42 CFR § 435.916(a), the State agency may consider blindness and disability to be continuing until a provider determines the individual no longer meets the eligibilityrequirement; annual redeterminations would not be required.

Although the County Human Services agency had information for the cases that were due for redetermination, it did not complete all redeterminations pursuant to Federal and State requirements. For the period October 1, 2008, through September 30, 2010, we estimate that the State Medicaid agency was reimbursed for Medicaid services provided to 79,277 beneficiaries whose eligibility redeterminations were not performed within the required 12-month period.

FEDERAL AND STATE REQUIREMENTS

Federal regulations (42 CFR § 435.1002(b)) state that Federal financial participation is available in expenditures for services provided to recipients who were eligible for Medicaid in the month in which the medical care or services were provided. Pursuant to 42 CFR § 435.916, the State agency must perform eligibility redeterminations for Medicaid beneficiaries (with certain exceptions) at least every 12 months with respect to circumstances that may change.

BENEFICIARIES WITHOUT MEDICAID ELIGIBILITY REDETERMINATIONS

From a random sample of 200 Medicaid beneficiaries, the State Medicaid agency made payments on behalf of 58 beneficiaries whose eligibility redeterminations were not performed within the required 12-month period.

Summary of Sampled Beneficiaries

Number of Months the Redetermination was Overdue[5]	Sampled Beneficiaries
<6	5
6 to 12	37
>12	16
Total	**58**

Medicaid application files indicated that the County Human Services agency did not perform Medicaid eligibility redeterminations for the 58 beneficiaries within the required 12-month period. The County Human Services agency determined before the end of our fieldwork that 50 of the 58 beneficiaries were eligible for Medicaid at the time of our audit.

For the period October 1, 2008, through September 30, 2010, we estimated that the County Human Services agency did not perform eligibility redeterminations within the required 12-month period for 79,277 beneficiaries. (See Appendix B for sampling results and estimates.)

[5] The number of months indicates the time from when the 12-month redetermination was supposed to be performed up until the time when our audit period ended or the date the next redetermination was performed, whichever occurred first.

Although the County Human Services agency had information for the cases that were due for redetermination, its offices did not complete all eligibility redeterminations. At the beginning of our audit period, Michigan's welfare delivery system was spread across several mainframe-based systems that separately handled eligibility determination, caseload tracking, and payment disbursement and reporting. The systems required workers to use three separate data systems to complete the process. These technology limitations put additional demands on a workforce that was shrinking due to Michigan's increasing revenue shortage.

Michigan replaced its systems in August 2009 with an integrated eligibility and payment system to help improve worker efficiency and reduce error rates in eligibility determinations. Although the new system did improve overall efficiency and automate the client notices for redeterminations, we found that case workers did not ensure that Medicaid beneficiaries completed the redetermination process.

We requested that the County Human Services agency determine the current eligibility status for eight sampled beneficiaries for whom it had not performed eligibility redeterminations within the required 12-month period and did not have a redetermination performed in the last year of our audit period. The County Human Services agency determined that two of the eight beneficiaries were not eligible for Medicaid as of the date of determination, but did not determine whether these individuals were eligible in the month they received Medicaid services. With the expected increase in Medicaid beneficiaries based on income level, timely redeterminations will be vital in ensuring that Medicaid payments are not made for beneficiaries who become ineligible.

RECOMMENDATION

We recommend that the State Medicaid agency require the State Human Services agency to develop a corrective action plan to help ensure the County Human Services agency performs Medicaid beneficiary eligibility redeterminations at least every 12 months pursuant to Federal and State requirements.

STATE AGENCY COMMENTS

In written comments on our draft report, the State Medicaid agency concurred with our recommendation. The State Human Services agency submitted a corrective action plan to the State Medicaid agency. The corrective action plan outlines several controls that will help the local County Human Services offices identify Medicaid beneficiaries in need of annual eligibility redeterminations. The State Medicaid agency's comments and the State Human Services agency's corrective action plan are included in their entirety as Appendix C.

APPENDIXES

APPENDIX A: SAMPLING METHODOLOGY

POPULATION

The population consisted of all Medicaid beneficiaries with concurrent eligibility in Wayne County, Michigan, during the audit period of October 1, 2008, through September 30, 2010. Beneficiaries in the population also had at least one Medicaid paid service during the same time period.

SAMPLING FRAME

The sampling frame consisted of an MS Access database from State agency officials containing 273,370 Medicaid beneficiaries with concurrent eligibility in Wayne County, Michigan, during the audit period of October 1, 2008, through September 30, 2010. Beneficiaries in the sampling frame also had at least one Medicaid paid service during the same time period.

SAMPLE UNIT

The sample unit was a Medicaid beneficiary with eligibility in Wayne County, Michigan.

SAMPLE DESIGN

We used a simple random sample.

SAMPLE SIZE

We selected a sample size of 200 items from our sampling frame.

SOURCE OF RANDOM NUMBERS

We generated the random numbers with the Office of Inspector General, Office of Audit Services (OAS) statistical software.

METHOD OF SELECTING SAMPLE ITEMS

We sequentially numbered our sampling frame from 1 to 273,370. After generating 200 random numbers, we selected the corresponding frame items.

ESTIMATION METHODOLOGY

We used the OAS statistical software to estimate the total number of Wayne County Medicaid beneficiaries whose Medicaid eligibility redeterminations were not performed at least every 12 months.

APPENDIX B: SAMPLING RESULTS AND ESTIMATES

Sample Results

Frame Size	Sample Size	Number of Beneficiaries Without Eligibility Redeterminations
273,370	200	58

Estimated Number of Beneficiaries Without Eligibility Redeterminations

(*Limits Calculated for a 90-Percent Confidence Interval*)

	Beneficiaries
Point Estimate	79,277
Lower Limit	64,884
Upper Limit	94,962

APPENDIX C: STATE AGENCY COMMENTS

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

OLGA DAZZO
DIRECTOR

March 28, 2012

Ms. Sheri L. Fulcher
Regional Inspector General for Audit Services
Office of Inspector General
Office of Audit Services, Region V
233 North Michigan, Suite 1360
Chicago, Illinois 60601

Report Number: A-05-11-00045

Dear Ms. Fulcher:

Enclosed is the Michigan Department of Community Health's response to the draft report entitled "Michigan Did Not Perform Eligibility Redeterminations at Least Every 12 Months for Wayne County Medicaid Beneficiaries."

We appreciate the opportunity to review and comment on the report before it is released. If you have any questions regarding this response, please refer them to Pam Myers at (517) 373-1508.

Sincerely,

Olga Dazzo
Director

OD:kk

Enclosure

cc: Nick Lyon
Steve Fitton
Tim Becker
Pam Myers

Michigan Did Not Perform Eligibility Redeterminations at Least Every 12 Months
for Wayne County Medicaid Beneficiaries
October 1, 2008 through September 30, 2010
(A-05-11-00045)

Finding

The State Medicaid agency and its agent, the County Human Services agency, did not make eligibility redeterminations at least every 12 months for Medicaid beneficiaries who were continuously enrolled during our audit period.

Recommendations

We recommend that the State Medicaid agency require the State Human Services agency to develop a corrective action plan to help ensure the County Human Services agency performs Medicaid beneficiary eligibility redeterminations at least every 12 months pursuant to Federal and State requirements.

DCH Response

The Michigan Department of Community Health (DCH) agrees that eligibility redeterminations were not always done by their agent at least every 12 months for Medicaid beneficiaries who were continuously enrolled during the audit period.

The Michigan Department of Human Services (DHS) submitted a corrective action plan to DCH that demonstrated how they were going to ensure that the Wayne County Department of Human Services performed eligibility redeterminations in the future at least every 12 months pursuant to Federal and State requirements. Please see the attached corrective action plan letter.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

MAURA D. CORRIGAN
DIRECTOR

March 14, 2012

Ms. Olga Dazzo, Director
Michigan Department of Community Health
Capitol View Building
201 Townsend Street
Lansing, Michigan 48913

Dear Ms. Dazzo:

Subject: U.S. Department of Health and Human Services, Office of Inspector General
Draft Audit Report *Michigan Did Not Perform Eligibility Redeterminations at Least Every 12 Months for Wayne County Medicaid Beneficiaries*
A-05-11-00045
Michigan Department of Human Services Corrective Action Plan

The Department of Human Services has addressed the audit finding and taken actions as noted below.

Finding: The State Medicaid agency and its agent, the County Human Services agency, did not make eligibility redeterminations at least every 12 months for Medicaid beneficiaries who were continuously enrolled during the audit period.

From a random sample of 200 Medicaid beneficiaries, the State Medicaid agency performed eligibility redeterminations within the required 12-month period for 142 beneficiaries. However, the State Medicaid agency made payments to providers on behalf of 58 beneficiaries who were subject to annual redeterminations, but for whom the County Human Services agency did not perform eligibility determinations within the required 12-month period. The State Medicaid agency made the payments on behalf of the 58 beneficiaries because it was unaware that the County Human Services agency did not perform redeterminations every 12 months.

Although the County Human Services agency had information for the cases that were due for redetermination, it did not complete all redeterminations pursuant to Federal and State requirements. For the period of October 1, 2008, through September 30, 2010, HHS/OIG estimates the State Medicaid agency was reimbursed for Medicaid services provided to 79,277 beneficiaries whose eligibility redeterminations were not performed within the 12-month period.

Recommendation: The State Medicaid agency should require the State Human Services agency to develop a corrective action plan to help ensure the County Human Service agency performs Medicaid beneficiary eligibility

redeterminations at least every 12 months pursuant to Federal and State requirements.

Corrective Action: The Michigan Department of Human Services (DHS) followed up with the 58 cases identified in the finding. Adjustments were made to the benefits based on the redeterminations. Two cases were referred to the DHS Office of the Inspector General for investigation.

DHS implemented the Bridges application during the audit period. Bridges is the department's client eligibility system. Policy has been updated to include the Bridges functionality. The policy for redetermination is included in the Bridges Administrative Manual (BAM).

BAM 210, Redetermination Cycle, All Types of Assistance:

A complete redetermination is required at least every 12 months. Bridges sets the redetermination date according to benefit periods. Redeterminations may be scheduled early or are scheduled less than 12 months apart when necessary for:

Error-prone cases, in response to supervisory case readings, quality assurance data or quality enhancement data.

Medicaid (MA) only, newborn cases must be redetermined no later than the month of the child's first birthday.

Transitional Medicaid (TMA) redeterminations must be completed at least 40 days before the end of the 12-month eligibility period to accommodate TMA-Plus (TMAP).

BAM 210, Standard of Promptness, All Types of Assistance:

Bridges generates a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due. This allows time to process the redetermination before the end of the redetermination month.

In addition, there are two reports that are generated to assist the local office with the redetermination process. [1] The RD-093 Redetermination Report – Worker Listing. This report lists all redeterminations coming due, due and overdue. It also has special indicators that identify Long Term Care cases and deductible cases. [2] The RD-210 Transitional Medical Assistance Report is issued 4 months prior to the redetermination month of the TMA.

DHS believes controls are in place to mitigate the deficiencies identified in the audit report.

Sincerely,

Maura D. Corrigan

Maura D. Corrigan