

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**GEORGIA MADE UNALLOWABLE  
CAPITATION PAYMENTS FOR  
BENEFICIARIES ASSIGNED MULTIPLE  
MEDICAID IDENTIFICATION NUMBERS**

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A-04-16-07061

# ***Office of Inspector General***

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## Report in Brief

Date: December 2017

Report No. A-04-16-07061

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Review

Some beneficiaries enrolled in Medicaid managed care in Georgia had more than one Medicaid identification (ID) number. As a result, Medicaid managed care organizations (MCO) sometimes received duplicate Medicaid payments for these beneficiaries.

Similar Office of Inspector General audits found that New York (A-02-11-01006) and Texas (A-06-15-00024) issued duplicate Medicaid ID numbers to some beneficiaries and that the States claimed Federal Medicaid reimbursements for managed care payments that were unallowable.

Our objective was to determine whether the Georgia Department of Community Health (Georgia) made capitation payments on behalf of beneficiaries who were assigned multiple Medicaid ID numbers.

### How OIG Did This Review

Our audit covered \$9.5 billion in capitation payments made to MCOs on behalf of Medicaid beneficiaries in Georgia for the period July 1, 2011, through June 30, 2014. From the 783 beneficiary matches that we identified as being associated with payments totaling approximately \$4 million (\$2.6 million Federal share) for which Georgia claimed Federal reimbursement, we selected and reviewed a stratified sample of 100.

## Georgia Made Unallowable Capitation Payments for Beneficiaries Assigned Multiple Medicaid Identification Numbers

### What OIG Found

Georgia made capitation payments on behalf of beneficiaries who were assigned multiple Medicaid ID numbers. Of the 100 beneficiary matches in our sample, Georgia correctly claimed reimbursement for capitation payments on behalf of 28. However, Georgia incorrectly claimed multiple capitation payments that totaled \$201,561 (\$132,765 Federal share) on behalf of the remaining 72. Of the 72 beneficiary matches that had multiple capitation payments within our audit period, 48 had additional payments that were outside of our audit period and totaled \$192,101 (\$126,488 Federal share). The improper payments made on behalf of these beneficiaries occurred because Georgia used several systems to input and assign Medicaid ID numbers to beneficiaries but did not properly identify when beneficiaries had multiple Medicaid ID numbers.

On the basis of our sample results, we estimated that Georgia made unallowable capitation payments totaling at least \$821,295 (\$540,984 Federal share) on behalf of beneficiaries with multiple Medicaid ID numbers during our audit period.

### What OIG Recommends and State Agency Comments

We recommend that Georgia: (1) refund to the Federal Government \$540,984 (Federal share) in overpayments that fell within our audit period, (2) refund to the Federal Government \$126,488 (Federal share) in overpayments that fell outside of our audit period, and (3) enhance or establish new controls to ensure that no beneficiary is issued multiple Medicaid ID numbers.

The State agency agreed with our findings and recommendations and outlined the corrective actions that it was taking.

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## **INTRODUCTION**

### **WHY WE DID THIS REVIEW**

We identified a potential vulnerability in Georgia's State Medicaid managed care program. Specifically, some beneficiaries enrolled in Medicaid managed care had more than one Medicaid identification (ID) number. As a result, Medicaid managed care organizations (MCO) sometimes received duplicate Medicaid payments for these beneficiaries.

Similar Office of Inspector General (OIG) audits found that New York (A-02-11-01006) and Texas (A-06-15-00024) issued duplicate Medicaid ID numbers to some beneficiaries and that the States claimed Federal Medicaid reimbursements for managed care payments that were unallowable.

### **OBJECTIVE**

Our objective was to determine whether the Georgia Department of Community Health (the State agency) made capitation payments on behalf of beneficiaries who were assigned multiple Medicaid ID numbers.

### **BACKGROUND**

#### **The Medicaid Program**

The Medicaid program provides medical assistance to certain low-income individuals and individuals with disabilities (Title XIX of the Social Security Act (the Act)). 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. The State plan establishes which services the Medicaid program will cover. Although a State has considerable flexibility in designing and operating its Medicaid program, it must comply with Federal requirements.

#### **Georgia's Medicaid Managed Care Program**

In Georgia, the State agency administers the Medicaid program. Effective June 1, 2006, the State implemented Georgia Families, a managed care program through which health care services are delivered to beneficiaries of Medicaid and PeachCare for Kids. The program is a

partnership between the State agency and private MCOs<sup>1</sup> to provide access to health care services for all Medicaid managed care beneficiaries. The State agency also monitors the MCOs to ensure compliance with contractual requirement standards for contract management and for beneficiary and provider services.

### *Capitation Payments*

Under its Medicaid managed care program, the State agency pays MCOs a monthly fee, known as a capitation payment, to ensure that an enrolled beneficiary has access to a comprehensive range of medical services.<sup>2</sup> A capitation payment is “a payment the State agency makes periodically to a contractor on behalf of each beneficiary enrolled under a contract for the provision of medical services under the State plan. The State agency makes the payment regardless of whether the particular beneficiary receives services during the period covered by the payment” (42 CFR § 438.2).

### *Medicaid Eligibility Information*

The State agency maintains Medicaid eligibility information in its Georgia Medicaid Management Information System (GAMMIS). Medicaid eligibility is determined using various external automated information systems (e.g., System for Uniform Calculation and Consolidation of Economic Support Services (SUCCESS), the State Data Exchange (SDX), and web portal interfaces) that interact with GAMMIS.

### *Medicaid Identification Numbers*

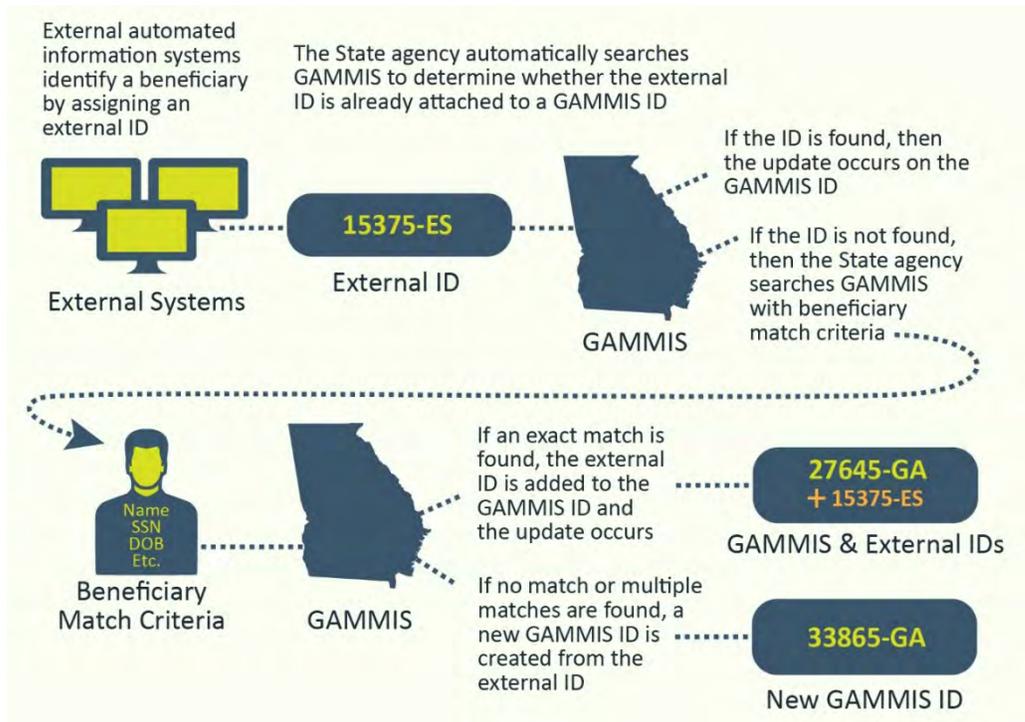
The State agency assigns Medicaid ID numbers to beneficiaries in two possible ways, electronically (Figure 1) or manually (Figure 2). In the electronic process, the various external automated information systems (mentioned above) interface with GAMMIS to add or update beneficiary ID numbers in the system. In the manual process, a State agency employee manually enters an ID number into GAMMIS on behalf of a Medicaid beneficiary.

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<sup>1</sup> The State agency refers to these as Care Management Organizations. However, for the purpose of this report, we will refer to them as MCOs.

<sup>2</sup> For those beneficiaries not enrolled in the Medicaid managed care program, the State agency pays Medicaid providers on a fee-for-service basis for every Medicaid-eligible service provided to a beneficiary.

**Figure 1: GAMMIS ID<sup>3</sup> Update or Creation (Electronic)**



**Figure 2: GAMMIS ID Creation (Manual)**



Although automated processes are typically more reliable than manual processes, automated processes can still contain potential risks because of inaccurately designed systems, unauthorized access to data, unauthorized changes to data, and other possible data breaches. Manual processes, however, can be more easily overridden, are more susceptible to human error, and are less consistent than automated processes.

<sup>3</sup> A GAMMIS ID is a Medicaid ID number.

Accordingly, the State agency had implemented internal controls for both the electronic and manual processes to prevent multiple Medicaid ID numbers from being assigned to an individual beneficiary. For example:

- If the State agency accidentally assigned multiple Medicaid ID numbers for the same individual, then its main safeguard to avoid these multiple numbers was the weekly Potential Duplicate Report. The State agency produced the report after it conducted an electronic review of a series of beneficiary matches using Social Security number, last name, first name, and date of birth.
- As an additional control to prevent multiple Medicaid ID numbers from being assigned to a beneficiary, the State agency contracted an outside vendor to produce reports listing potential beneficiary matches.

## **HOW WE CONDUCTED THIS REVIEW**

Our audit covered approximately \$9.5 billion in Medicaid capitation payments made to MCOs on behalf of Medicaid beneficiaries in Georgia from July 1, 2011, through June 30, 2014 (audit period). From a detailed list of all capitation payments to MCOs during our audit period, we identified 783 instances in which more than one Medicaid ID number could be matched to a single beneficiary.<sup>4</sup> From the 783 beneficiary matches that we identified,<sup>5</sup> which were associated with approximately \$4 million (\$2.6 million Federal share) in capitation payments, we selected and reviewed a stratified sample of 100.

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 findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology, Appendix B contains our statistical sampling methodology, Appendix C contains our sample results and estimates, Appendix D contains the Federal requirements, and Appendix E contains the sample items detail.

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<sup>4</sup> Throughout this report, we will refer to multiple Medicaid ID numbers assigned to a single individual as “beneficiary matches.” We define a beneficiary match as more than one Medicaid ID number associated with a beneficiary that has the same: (1) or similar first and last names or the inverse of the exact first and last names and (2) date of birth.

<sup>5</sup> We performed data analytics to identify these 783 beneficiary matches.

## FINDINGS

The State agency made capitation payments on behalf of beneficiaries who were assigned multiple Medicaid ID numbers. Of the 100 beneficiary matches in our sample, the State agency correctly claimed reimbursement for capitation payments on behalf of 28. However, the State agency incorrectly claimed multiple capitation payments that totaled \$201,561 (\$132,765 Federal share) on behalf of the remaining 72. Of the 72 beneficiary matches that had multiple capitation payments within our audit period, 48 had additional payments that were outside of our audit period and totaled \$192,101 (\$126,488 Federal share).

These multiple capitation payments occurred because the State agency used several systems to input and assign Medicaid ID numbers to beneficiaries but did not properly identify when beneficiaries had multiple Medicaid ID numbers. In addition, the State agency said that these deficiencies occurred for several reasons: (1) there were not enough similarities in the beneficiary information to be captured by its internal or vendor efforts to identify beneficiaries with multiple Medicaid ID numbers; (2) it identified beneficiaries with multiple Medicaid ID numbers but did not properly correct them; or (3) when a child was adopted or sent to a foster home, to protect the identity of the child, the State agency assigned a new Medicaid ID number but did not link the accounts.

On the basis of our sample results, we estimated that the State agency made unallowable capitation payments totaling at least \$821,295 (\$540,984 Federal share) on behalf of beneficiaries with multiple Medicaid ID numbers during our audit period.

### **BENEFICIARIES HAD MULTIPLE MEDICAID IDENTIFICATION NUMBERS**

States generally must refund the Federal share of Medicaid overpayments to CMS (§ 1903(d)(2)(A) of the Act; 42 CFR § 433.312). Overpayments are amounts paid in excess of allowable amounts and would include duplicate capitation payments made on behalf of the same beneficiary for the same coverage of services.

Of the 100 beneficiary matches that we sampled, the State agency improperly claimed Federal Medicaid reimbursement for managed care payments totaling \$201,561 (\$132,765 Federal share) made on behalf of 72 beneficiaries to whom it had issued multiple Medicaid ID numbers. Specifically, the State agency made multiple managed care payments for each of these 72 beneficiaries under different Medicaid ID numbers for the same capitation month.

Although the State agency had some controls in place to detect beneficiaries with multiple Medicaid ID numbers, such as using the weekly Potential Duplicate Report and reports from the outside vendor, its controls were not sufficient to detect or prevent multiple Medicaid ID numbers from being assigned to the same beneficiary.

### **ESTIMATE OF CAPITATION OVERPAYMENTS**

On the basis of our sample results, we estimated that the State agency made unallowable capitation payments totaling at least \$821,295 (\$540,984 Federal share) on behalf of beneficiaries with multiple Medicaid ID numbers during our audit period.

### **RECOMMENDATIONS**

We recommend that the State agency:

- refund to the Federal Government \$540,984 (Federal share) in overpayments that fell within our audit period,
- refund to the Federal Government \$126,488 (Federal share) in overpayments that fell outside of our audit period, and
- enhance or establish new controls to ensure that no beneficiary is issued multiple Medicaid ID numbers.

### **STATE AGENCY COMMENTS**

In written comments on the draft report, the State agency agreed with our findings and recommendations and outlined the corrective actions that it was taking.

The State agency's comments appear in their entirety as Appendix F.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

Our audit covered a total of \$9,534,749,377 in Medicaid capitation payments made to MCOs on behalf of Medicaid beneficiaries in Georgia from July 1, 2011, through June 30, 2014 (audit period). From the 783 beneficiary matches that we identified<sup>6</sup> and that the State agency claimed, with payments totaling \$3,975,269 (\$2,618,830 Federal share), we selected and reviewed a stratified sample of 100.

We did not review the overall internal control structure of the State agency's Medicaid program. Rather, we reviewed only those controls related to our objective. We limited our review to determining whether MCOs in Georgia received capitation payments on behalf of beneficiaries who were assigned multiple Medicaid ID numbers.

We conducted fieldwork at the State agency during April and July 2016.

### METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws and regulations,
- met with State agency officials to gain an understanding of the procedures for assigning Medicaid ID numbers and preventing the assignment of multiple Medicaid identification numbers to the same beneficiary,
- requested the State agency provide all capitation payments for State fiscal years 2012 through 2014,
- selected a stratified sample of 100 beneficiary matches from the sampling frame,
- reviewed computer records for each sample item to determine whether a beneficiary was issued multiple Medicaid ID numbers,
- reviewed additional capitation payment information for select beneficiaries in our sample,<sup>7</sup> and
- estimated the unallowable Federal Medicaid reimbursement paid in the total sampling frame of 783 beneficiary matches.

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<sup>6</sup> We performed data analytics to identify these 783 beneficiary matches.

<sup>7</sup> The information contained capitation payment history for sample items in error as of July 28, 2016.

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 findings and conclusions based on our audit objectives.

## APPENDIX B: STATISTICAL SAMPLING METHODOLOGY

### TARGET POPULATION

The population consisted of Medicaid capitation payments that the State agency made to MCOs from July 1, 2011, through June 30, 2014, for individual beneficiaries who may have been assigned more than one Medicaid ID number.

### SAMPLING FRAME

We obtained from the State agency the capitation payments that it made to MCOs on behalf of Georgia Medicaid beneficiaries from July 1, 2011, through June 30, 2014. We analyzed these payments to identify beneficiary matches. After we identified the beneficiary matches, we created an Excel file containing 26,734 capitation rows<sup>8</sup> totaling \$3,975,269 for 783 beneficiary matches.

### SAMPLE UNIT

The sample unit was a beneficiary match.

### SAMPLE DESIGN AND SAMPLE SIZE

We used a stratified sample. We divided the sampling frame into four categories as shown in Table 1:

**Table 1: Categories of Sampling Frame<sup>9</sup>**

Category	Number of Sample Units	Sample Size	Net Payment Amounts	Description of Stratum
1	30	30	\$177,681	Certainty Stratum
2	590	32	1,174,421	Net Capitation Totals are > \$0 and <\$5,900
3	157	32	1,810,621	Net Capitation Totals are ≥ \$5,900 and < \$18,000
4	6	6	812,546	Net Capitation Totals are ≥ \$18,000
<b>Total</b>	<b>783</b>	<b>100</b>	<b>\$3,975,269</b>	

<sup>8</sup> These are capitation payments and adjustments (positive and negative) that are associated with the beneficiaries.

<sup>9</sup> The sampling frame is made up of beneficiary matches, and we define a beneficiary match as more than one Medicaid ID number associated with a beneficiary that has the same: (1) or similar first and last names or the inverse of the exact first and last names and (2) date of birth.

## **SOURCE OF THE RANDOM NUMBERS**

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

## **METHOD OF SELECTING SAMPLE ITEMS**

We judgmentally selected 30 sample items in stratum 1. In addition, we consecutively numbered the sample items within strata 2 and 3. After generating the random numbers, we selected the corresponding frame items. Finally, we selected all items in stratum 4.

## **ESTIMATION METHODOLOGY**

We used the OIG/OAS statistical software to estimate the total amount of unallowable Medicaid capitation payments that the State agency made during our audit period.

**APPENDIX C: SAMPLE RESULTS AND ESTIMATES**

**Table 2: Sample Results**

<b>Stratum</b>	<b>Beneficiary Matches In Sample Frame</b>	<b>Value</b>	<b>Sample Size</b>	<b>Value of the Sample</b>	<b>Number of Beneficiary Matches With Capitation Overpayments</b>	<b>Value of the Capitation Overpayments</b>
1	30	\$177,681	30	\$177,681	28	\$77,634
2	590	1,174,421	32	57,011	26	23,616
3	157	1,810,621	32	374,030	17	97,486
4	6	812,546	6	812,547	1	2,825
<b>Totals</b>	<b>783</b>	<b>\$3,975,269</b>	<b>100</b>	<b>\$1,421,269</b>	<b>72</b>	<b>\$201,561</b>

**Table 3: Federal Share Amounts**

<b>Stratum</b>	<b>Beneficiary Matches In Sample Frame</b>	<b>Value</b>	<b>Sample Size</b>	<b>Value of the Sample</b>	<b>Number of Beneficiary Matches With Capitation Overpayments</b>	<b>Value of the Capitation Overpayments</b>
1	30	\$116,908	30	\$116,908	28	\$51,087
2	590	772,676	32	37,536	26	15,546
3	157	1,192,349	32	246,345	17	64,263
4	6	536,897	6	536,897	1	1,869
<b>Totals</b>	<b>783</b>	<b>\$2,618,830</b>	<b>100</b>	<b>\$937,686</b>	<b>72</b>	<b>\$132,765</b>

**Table 4: Estimate Value of Payments  
(Limits Calculated for a 90-Percent Confidence Interval)**

	<b>Total Amount</b>	<b>Federal Share</b>
<b>Point Estimate</b>	\$994,171	\$654,884
<b>Lower Limit</b>	821,295	540,984
<b>Upper Limit</b>	1,167,047	768,783

## **APPENDIX D: FEDERAL REQUIREMENTS**

### **FEDERAL REQUIREMENTS**

Section 1903(d)(2)(A) of the Act requires Federal Medicaid payments to a State to be reduced to make adjustment for prior overpayments.

The Federal Government pays its share of a State's medical assistance expenditures under Medicaid based on the FMAP, which varies depending on the State's relative per capita income as calculated by a defined formula (42 CFR § 433.10(b)).

The Federal Government reimburses the State for its share (Federal share) of State medical assistance expenditures according to a defined formula (42 CFR § 433.10(a)). States are responsible for refunding the Federal share of overpayments to CMS (42 CFR § 433.312(a)).

In connection with the Medicaid managed care program, providers are defined as "any individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the State in which it delivers the services" (42 CFR § 400.203).

A capitation payment is "a payment the State agency makes periodically to a contractor on behalf of each beneficiary enrolled under a contract for the provision of medical services under the State plan. The State agency makes the payment regardless of whether the particular beneficiary receives services during the period covered by the payment" (42 CFR § 438.2).

**APPENDIX E: SAMPLE ITEMS DETAIL**

	<b>Category</b>	<b>Sample Item</b>	<b>Net Capitation Overpayment</b>	<b>Federal Share of Net Capitation Overpayment</b>
1	1	1	\$1,388.40	\$912.80
2	1	2	1,304.78	857.46
3	1	3	6,280.03	4,152.82
4	1	4	1,307.54	859.31
5	1	5	1,608.96	1,059.21
6	1	6	5,771.73	3,805.30
7	1	7	2,022.85	1,332.48
8	1	8	1,718.07	1,136.68
9	1	9	-	-
10	1	10	8,109.19	5,317.80
11	1	11	1,538.94	1,012.40
12	1	12	3,690.35	2,422.68
13	1	13	1,183.10	777.53
14	1	14	-	-
15	1	15	8,473.75	5,563.46
16	1	16	6,433.22	4,250.00
17	1	17	491.40	323.98
18	1	18	6,971.67	4,578.31
19	1	19	2,257.22	1,487.54
20	1	20	1,227.84	804.97
21	1	21	1,183.10	777.53
22	1	22	1,085.37	712.24
23	1	23	1,467.48	963.89
24	1	24	925.60	606.62
25	1	25	3,322.10	2,190.26
26	1	26	774.21	506.87
27	1	27	6,088.80	4,014.35
28	1	28	337.62	220.57
29	1	29	429.48	280.58
30	1	30	241.54	159.25
31	2	1	483.06	318.48
32	2	2	988.95	648.94
33	2	3	874.58	576.61
34	2	4	602.55	397.26
35	2	5	-	-

	<b>Category</b>	<b>Sample Item</b>	<b>Net Capitation Overpayment</b>	<b>Federal Share of Net Capitation Overpayment</b>
36	2	6	549.51	358.99
37	2	7	1,233.54	813.27
38	2	8	1,503.18	989.16
39	2	9	-	-
40	2	10	739.45	489.22
41	2	11	923.39	607.40
42	2	12	1,842.44	1,203.67
43	2	13	462.80	306.19
44	2	14	2,028.85	1,342.29
45	2	15	1,319.74	867.30
46	2	16	-	-
47	2	17	3,007.36	1,980.13
48	2	18	-	-
49	2	19	490.68	323.51
50	2	20	344.73	225.21
51	2	21	-	-
52	2	22	146.51	96.59
53	2	23	1,207.70	796.24
54	2	24	111.80	73.97
55	2	25	147.89	96.62
56	2	26	1,282.56	845.59
57	2	27	386.30	254.69
58	2	28	585.40	385.95
59	2	29	-	-
60	2	30	319.12	211.13
61	2	31	1,073.70	705.01
62	2	32	960.25	633.09
63	3	1	-	-
64	3	2	-	-
65	3	3	913.55	604.40
66	3	4	5,991.41	3,961.88
67	3	5	-	-
68	3	6	-	-
69	3	7	-	-
70	3	8	6,940.56	4,575.91
71	3	9	-	-
72	3	10	4,923.89	3,253.26

	<b>Category</b>	<b>Sample Item</b>	<b>Net Capitation Overpayment</b>	<b>Federal Share of Net Capitation Overpayment</b>
73	3	11	6,664.30	4,393.77
74	3	12	-	-
75	3	13	-	-
76	3	14	-	-
77	3	15	4,633.84	3,027.29
78	3	16	-	-
79	3	17	6,723.43	4,432.76
80	3	18	-	-
81	3	19	-	-
82	3	20	5,929.99	3,921.75
83	3	21	7,486.88	4,915.19
84	3	22	7,036.02	4,652.97
85	3	23	5,172.53	3,398.87
86	3	24	-	-
87	3	25	5,952.90	3,932.35
88	3	26	5,826.37	3,819.77
89	3	27	7,280.78	4,804.22
90	3	28	-	-
91	3	29	5,948.26	3,929.30
92	3	30	-	-
93	3	31	6,772.35	4,475.86
94	3	32	3,289.02	2,163.19
95	4	1	-	-
96	4	2	-	-
97	4	3	-	-
98	4	4	2,824.95	1,868.99
99	4	5	-	-
100	4	6	-	-
<b>Totals</b>			<b>\$201,561.41</b>	<b>\$132,765.13</b>

## APPENDIX F: STATE AGENCY COMMENTS



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

**Nathan Deal, Governor**

**Frank W. Berry, Commissioner**

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October 20, 2017

Lori S. Pilcher  
Regional Inspector General for Audit Services  
Department of Health and Human Services Office of Inspector General  
Office of Audit Services, Region IV  
61 Forsyth Street, SW, Suite 3T41  
Atlanta, GA 30303

RE: Audit Report Number A-04-16-07061

Dear Ms. Pilcher,

The Georgia Department of Community Health (DCH) acknowledges and accepts the findings of the U.S. Department of Health and Human Services Office of Inspector General's (HHS OIG) audit report number A-04-16-07061, entitled "Georgia Made Unallowable Capitation Payments for Beneficiaries Assigned Multiple Medicaid Identification Numbers."

DCH first recognized that its member records contained duplicate Medicaid Member Identification Numbers (MMINs) in 2006 and implemented an audit and recovery program at that time. Although DCH's audit and recovery program was robust, DCH has recently taken additional steps to improve its efforts regarding duplicate MMINs.

In 2013, the state of Georgia undertook a multi-agency effort to reduce the issuance of duplicate MMINs through the creation of a new Integrated Eligibility System named Georgia Gateway. Georgia Gateway integrates and combines the different platforms used by agencies statewide to issue MMINs. Georgia Gateway became operational statewide in summer 2017. This more streamlined approach to issuing MMINs will significantly reduce the creation of duplicates.

In 2016, as a result of HHS OIG's audit, DCH directed its auditing contractor to expand its audit criteria. The expanded criteria has resulted in an increase in the number of likely duplicate MMINs. However, after manual review, a large portion of the likely duplicates are deemed to be different individuals and, thus the payments made on their behalf were appropriate.

Because DCH has continued its audit and recovery efforts for duplicate MMINs since the time

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HHS OIG conducted its audit, it is likely that DCH has already recovered and refunded the federal portion of those instances identified by HHS OIG. DCH will work with HHS OIG to reconcile its recovery efforts to those instances identified by HHS OIG and determine if any federal funds should be refunded to the Centers for Medicare and Medicaid Services (CMS) as a result of this audit.

Sincerely,

A handwritten signature in black ink that reads "Blake T. Fulenwider".

**Blake T. Fulenwider  
Deputy Commissioner,  
Georgia Medicaid Chief**