

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**CALIFORNIA IMPROPERLY CLAIMED  
ENHANCED FEDERAL REIMBURSEMENT  
FOR MEDICAID FAMILY PLANNING  
DRUGS PROVIDED IN  
LOS ANGELES COUNTY**

*Inquiries about this report may be addressed to the Office of Public Affairs at  
[Public.Affairs@oig.hhs.gov](mailto:Public.Affairs@oig.hhs.gov).*



**James P. Edert**  
Acting Assistant Inspector General  
for Audit Services

April 2016  
A-09-15-02017

# *Office of Inspector General*

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## EXECUTIVE SUMMARY

***California claimed at least \$516,000 in unallowable enhanced Federal reimbursement over 1 year for Medicaid family planning drugs provided in Los Angeles County.***

### WHY WE DID THIS REVIEW

Family planning services prevent or delay pregnancy or otherwise control family size. Federal law and regulations authorize Federal Medicaid reimbursement to States for family planning services at an enhanced Federal medical assistance percentage of 90 percent (90-percent rate). Previous Office of Inspector General reviews found that the California Department of Health Care Services (State agency) claimed approximately \$18 million in unallowable Federal reimbursement for certain family planning services, drugs, and supplies provided under the Family Planning, Access, Care, and Treatment (FPACT) program in three counties. One of these reviews found that the State agency claimed at least \$171,000 in unallowable Federal reimbursement for family planning drugs provided in Orange County.

The objective of this review was to determine whether the State agency complied with certain Federal and State requirements when claiming Federal reimbursement at the 90-percent rate for family planning drugs provided under the FPACT program in Los Angeles County.

### BACKGROUND

In California, the State agency administers the Medicaid program. The State agency, through its FPACT program, provides family planning services, drugs, and supplies to individuals of childbearing age who both reside in California and have incomes up to 200 percent of the Federal poverty level. Individuals eligible for the FPACT program are generally not otherwise eligible for Medicaid.

Federal law and regulations authorize Federal reimbursement for family planning services at the 90-percent rate. The Centers for Medicare & Medicaid Services' *State Medicaid Manual* states that Federal reimbursement at this rate is available only for services and supplies clearly provided for family planning purposes. Federal law also requires providers to keep records as necessary to disclose the extent of the services provided to beneficiaries and provide those records to the State agency or the Secretary of Health and Human Services upon request.

### HOW WE CONDUCTED THIS REVIEW

From October 1, 2011, through September 30, 2012, the State agency claimed \$81.8 million (\$63.3 million Federal share) for family planning drugs and supplies provided under the FPACT program in Los Angeles County. We removed claim lines totaling \$28,000 that appeared to be duplicate payments, which were reviewed in a separate audit. (Each claim line was for a drug or supply provided to a beneficiary.) We also removed claim lines, totaling \$33 million, for drugs and supplies that were considered to be at low risk of being unallowable, had immaterial reimbursements, or were provided before July 1, 2010. (This removed all claim lines for

supplies.) From the remaining claim lines for drugs, totaling \$48.8 million (\$37.8 million Federal share), we reviewed a random sample of 120 claim lines.

## **WHAT WE FOUND**

The State agency did not always comply with certain Federal requirements when claiming Federal reimbursement at the 90-percent rate for family planning drugs provided under the FFACT program in Los Angeles County. Of the 120 sampled claim lines, 112 complied and 8 did not comply with requirements. Of the eight claim lines, six were ineligible for reimbursement because of insufficient documentation, and the remaining two were ineligible for reimbursement because the drugs were not clearly provided for family planning purposes. On the basis of our sample results, we estimated that the State agency claimed at least \$516,584 in unallowable Federal reimbursement.

The State agency claimed unallowable Federal reimbursement because it did not ensure that providers complied with the State agency's policies and procedures requiring providers to maintain supporting records and prescribe drugs only for family planning purposes.

## **WHAT WE RECOMMEND**

We recommend that the State agency:

- refund \$516,584 to the Federal Government and
- ensure that providers comply with State agency policies and procedures requiring them to maintain supporting records and prescribe drugs only for family planning purposes.

## **STATE AGENCY COMMENTS**

In written comments on our draft report, the State agency agreed with our recommendations and provided information on actions that it had taken or planned to take to address our recommendations.

## TABLE OF CONTENTS

INTRODUCTION .....	1
Why We Did This Review .....	1
Objective .....	1
Background .....	1
Medicaid Program .....	1
Medicaid Coverage of Family Planning Services and Supplies .....	1
California’s Medicaid Family Planning Program .....	2
How We Conducted This Review .....	2
FINDINGS .....	3
Federal Requirements .....	3
The State Agency Did Not Comply With Certain Federal Requirements When Claiming Federal Reimbursement for Some Family Planning Drugs .....	3
RECOMMENDATIONS .....	4
STATE AGENCY COMMENTS .....	4
APPENDIXES	
A: Related Office of Inspector General Reports .....	5
B: Audit Scope and Methodology .....	6
C: Statistical Sampling Methodology .....	8
D: Sample Results and Estimates .....	10
E: State Agency Comments .....	11

## INTRODUCTION

### WHY WE DID THIS REVIEW

Family planning services prevent or delay pregnancy or otherwise control family size. Federal law and regulations authorize Federal Medicaid reimbursement to States for family planning services at an enhanced Federal medical assistance percentage of 90 percent (90-percent rate). Previous Office of Inspector General (OIG) reviews found that the California Department of Health Care Services (State agency) claimed approximately \$18 million in unallowable Federal reimbursement for certain family planning services, drugs, and supplies provided under the Family Planning, Access, Care, and Treatment (FPACT) program in three counties. One of these reviews found that the State agency claimed at least \$171,000 in unallowable Federal reimbursement for family planning drugs provided in Orange County.<sup>1</sup> (Appendix A lists related OIG reports on States' family planning claims.)

### OBJECTIVE

Our objective was to determine whether the State agency complied with certain Federal and State requirements when claiming Federal reimbursement at the 90-percent rate for family planning drugs provided under the FPACT program in Los Angeles County.

### BACKGROUND

#### Medicaid Program

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.

#### Medicaid Coverage of Family Planning Services and Supplies

States must furnish family planning services and supplies to individuals of childbearing age who are eligible under the State plan and desire such services and supplies (the Social Security Act (the Act) § 1905(a)(4)(C)). Federal law and regulations authorize Federal reimbursement for family planning services at the 90-percent rate (the Act § 1903(a)(5) and 42 CFR § 433.10(c)(1)).

The CMS *State Medicaid Manual* (the Manual) states that family planning services include those that prevent or delay pregnancy or otherwise control family size (§ 4270.B). The Manual indicates that States are free to determine which services and supplies will be covered as long as those services are sufficient in amount, duration, and scope to reasonably achieve their purpose.

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<sup>1</sup> *California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Drugs Provided in Orange County* ([A-09-14-02028](#)), issued July 28, 2015.

However, only services and supplies clearly provided for family planning purposes may be claimed for Federal reimbursement at the 90-percent rate.

### **California's Medicaid Family Planning Program**

In California, the State agency administers the Medicaid program. The State agency, through its FFACT program, provides family planning services, drugs, and supplies to individuals of childbearing age who both reside in California and have incomes up to 200 percent of the Federal poverty level. Individuals eligible for the FFACT program are generally not otherwise eligible for Medicaid. According to State regulations, family planning services include drugs and supplies (California Welfare and Institutions Code § 14132(aa)(8)).

The State agency uses the Medicaid Management Information System (MMIS), a computerized payment and information reporting system, to process Medicaid claims for payment. The expenditures related to the claims are reported on Form CMS-64, Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, for Federal reimbursement. The State agency deducts 13.95 percent from its total expenditures when claiming Federal reimbursement to account for beneficiaries who receive family planning services, including drugs, but who are not eligible for public benefits under Federal law, such as nonqualified aliens.<sup>2</sup>

### **HOW WE CONDUCTED THIS REVIEW**

From October 1, 2011, through September 30, 2012 (audit period), the State agency claimed \$81,775,099 (\$63,330,725 Federal share) for family planning drugs and supplies provided under the FFACT program in Los Angeles County, representing 1,173,615 claim lines. (Each claim line was for a drug or supply provided to a beneficiary.) We removed 204 claim lines totaling \$27,674 that appeared to be duplicate payments, which were reviewed in a separate audit.<sup>3</sup> We also removed 833,172 claim lines, totaling \$32,940,958, for drugs and supplies that were considered to be at low risk of being unallowable, had immaterial reimbursements, or were provided before July 1, 2010. (This removed all claim lines for supplies.) From the remaining 340,239 claim lines for drugs, totaling \$48,806,467 (\$37,798,167 Federal share), we reviewed a random sample of 120 claim lines.

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 describes our audit scope and methodology, Appendix C describes our statistical sampling methodology, and Appendix D contains our sample results and estimates.

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<sup>2</sup> California's State Plan Amendment 10-014, effective July 1, 2010.

<sup>3</sup> *California Improperly Claimed Enhanced Federal Reimbursement for Selected Claim Lines for Medicaid Family Planning Drugs and Supplies in Los Angeles and Orange Counties* ([A-09-15-02014](#)), issued March 23, 2016.



## FINDINGS

The State agency did not always comply with certain Federal requirements when claiming Federal reimbursement at the 90-percent rate for family planning drugs provided under the FPACT program in Los Angeles County. Of the 120 sampled claim lines, 112 complied and 8 did not comply with requirements. Of the eight claim lines, six were ineligible for reimbursement because of insufficient documentation, and the remaining two were ineligible for reimbursement because the drugs were not clearly provided for family planning purposes. On the basis of our sample results, we estimated that the State agency claimed at least \$516,584 in unallowable Federal reimbursement.

The State agency claimed unallowable Federal reimbursement because it did not ensure that providers complied with the State agency's policies and procedures requiring providers to maintain supporting records and prescribe drugs only for family planning purposes.

### FEDERAL REQUIREMENTS

Providers must keep records as necessary to disclose the extent of the services provided to beneficiaries and provide these records to the State agency or the Secretary of Health and Human Services upon request (the Act § 1902(a)(27)). The State agency must ensure that all supporting documentation, including the nature, extent, or units of service, is immediately available when claiming Federal reimbursement (the Manual § 2500.2(A)).

Only services and supplies clearly provided for family planning purposes may be claimed for Federal reimbursement at the 90-percent rate (the Manual § 4270.B).

### THE STATE AGENCY DID NOT COMPLY WITH CERTAIN FEDERAL REQUIREMENTS WHEN CLAIMING FEDERAL REIMBURSEMENT FOR SOME FAMILY PLANNING DRUGS

Of the 120 sampled claim lines, 8 did not comply with certain Federal requirements:

- Six claim lines were for drugs that were not sufficiently supported by documentation. We obtained the corresponding prescriptions from the pharmacies; however, the State agency was unable to provide the beneficiary medical records. Because the purpose of the drugs could not be confirmed through beneficiary medical records, the drugs were not eligible for Federal reimbursement.
- Two claim lines were for drugs that were not clearly provided for family planning purposes. The providers prescribed oral contraceptive drugs to treat a medical condition only (one for excessive bleeding and another for acne); therefore, the drugs were not eligible for Federal reimbursement.<sup>4</sup>

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<sup>4</sup> During our audit, State medical professionals performed a medical review of these two claim lines and concurred with our findings.

On the basis of our sample results, we estimated that the State agency claimed at least \$516,584 in unallowable Federal reimbursement.

The State agency claimed unallowable Federal reimbursement because it did not ensure that providers complied with the State agency's policies and procedures requiring providers to maintain supporting records and prescribe drugs only for family planning purposes.

### **RECOMMENDATIONS**

We recommend that the State agency:

- refund \$516,584 to the Federal Government and
- ensure that providers comply with State agency policies and procedures requiring them to maintain supporting records and prescribe drugs only for family planning purposes.

### **STATE AGENCY COMMENTS**

In written comments on our draft report, the State agency agreed with our recommendations and provided information on actions that it had taken or planned to take to address our recommendations. The State agency's comments are included in their entirety as Appendix E.

**APPENDIX A: RELATED OFFICE OF INSPECTOR GENERAL REPORTS**

<b>Report Title</b>	<b>Report Number</b>	<b>Date Issued</b>
<i>California Improperly Claimed Enhanced Federal Reimbursement for Selected Claim Lines for Medicaid Family Planning Drugs and Supplies in Los Angeles and Orange Counties</i>	<a href="#"><u>A-09-15-02014</u></a>	3/23/2016
<i>Wisconsin Improperly Claimed Enhanced Federal Reimbursement for Some Non-Family Planning Services</i>	<a href="#"><u>A-05-13-00034</u></a>	10/23/2015
<i>California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Drugs Provided in Orange County</i>	<a href="#"><u>A-09-14-02028</u></a>	7/28/2015
<i>Texas Claimed Unallowable Federal Reimbursement for Some Family Planning Services</i>	<a href="#"><u>A-06-11-00016</u></a>	3/17/2015
<i>California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Services Provided in Southeast Los Angeles County</i>	<a href="#"><u>A-09-13-02047</u></a>	8/12/2014
<i>California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Services Provided in Orange County</i>	<a href="#"><u>A-09-13-02044</u></a>	7/25/2014
<i>California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Services Provided in East Los Angeles County</i>	<a href="#"><u>A-09-13-02019</u></a>	7/25/2014
<i>California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Services Provided in Central Los Angeles County</i>	<a href="#"><u>A-09-13-02012</u></a>	7/25/2014
<i>Missouri Did Not Always Correctly Claim Costs for Medicaid Family Planning Drugs for Calendar Years 2009 and 2010</i>	<a href="#"><u>A-07-12-01118</u></a>	1/28/2014
<i>California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Drugs and Supplies Provided in San Diego County</i>	<a href="#"><u>A-09-12-02077</u></a>	6/25/2013
<i>Arkansas Inappropriately Received Medicaid Family Planning Funding for Federal Fiscal Years 2006 Through 2010</i>	<a href="#"><u>A-06-11-00022</u></a>	1/18/2013

## **APPENDIX B: AUDIT SCOPE AND METHODOLOGY**

### **SCOPE**

From October 1, 2011, through September 30, 2012, the State agency claimed \$81,775,099 (\$63,330,725 Federal share) for family planning drugs and supplies provided under the FPACT program in Los Angeles County, representing 1,173,615 claim lines. (Each claim line was for a drug or supply provided to a beneficiary.) After we removed 833,376 claim lines for potential duplicate payments and other issues, our sampling frame consisted of 340,239 claim lines for drugs, totaling \$48,806,467 (\$37,798,167 Federal share). We reviewed a random sample of 120 of these claim lines.

We did not review the overall internal control structure of the State agency or the Medicaid program. Rather, we reviewed only those internal controls related to our objective. We limited our review to determining whether the drugs provided to FPACT beneficiaries were eligible for Federal reimbursement at the 90-percent rate. We did not determine whether the beneficiaries met the eligibility requirements of the FPACT program.

We conducted our audit from February to September 2015 and performed our fieldwork at provider locations in Los Angeles County, California.

### **METHODOLOGY**

To accomplish our objective, we:

- reviewed Federal and State laws, regulations, and guidance and the State plan;
- held discussions with CMS officials to gain an understanding of CMS guidance furnished to State agency officials concerning Medicaid family planning claims;
- held discussions with State agency officials to gain an understanding of State policies and procedures for claiming Federal reimbursement for family planning services, drugs, and supplies;
- obtained FPACT claim data from the State agency's MMIS for the audit period, representing 1,173,615 claim lines for family planning drugs and supplies provided in Los Angeles County, totaling \$81,775,099 (\$63,330,725 Federal share);
- removed 204 claim lines totaling \$27,674 that appeared to be duplicate payments for a drug or supply;
- removed 833,172 claim lines, totaling \$32,940,958, for drugs and supplies that were considered to be at low risk of being unallowable, had immaterial reimbursements, or were provided before July 1, 2010;

- created a sampling frame consisting of the remaining 340,239 claim lines for family planning drugs, totaling \$48,806,467 (\$37,798,167 Federal share);
- selected a simple random sample of 120 claim lines and:
  - worked with the State agency to obtain copies of the prescriptions from the pharmacies associated with the sampled claim lines,
  - contacted providers to set up site visits to review beneficiary medical records associated with the sampled claim lines, and
  - reviewed the medical records we received to confirm the purpose of the drugs provided to the beneficiaries;
- discussed with State medical professionals those sampled claim lines that we determined were unallowable for Federal reimbursement;
- estimated the unallowable Federal reimbursement paid in the sampling frame; and
- discussed the results of our review with State agency officials.

See Appendix C for the details of our statistical sampling methodology and Appendix D for our sample results and estimates.

To determine the Federal share, we reduced the total amount paid by the State agency by the CMS-approved deduction percentage of 13.95 percent (for beneficiaries who receive family planning services, including drugs, but who are not eligible for public benefits under Federal law) and then applied the 90-percent rate.

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 C: STATISTICAL SAMPLING METHODOLOGY

### POPULATION

The population consisted of claim lines for Medicaid family planning drugs provided in Los Angeles County, paid by the State agency to pharmacies and providers during our audit period, and claimed at the 90-percent rate under the FFACT program.

### SAMPLING FRAME

The State agency provided us with a database of FFACT claims, from which we identified 1,173,615 claim lines, totaling \$81,775,099 (\$63,330,725 Federal share), for Medicaid family planning drugs and supplies provided in Los Angeles County. We identified and removed claim lines that appeared to be duplicate payments, i.e., payments for the same drug or supply provided to a beneficiary by the same pharmacy or provider on the same date of service. We removed claim lines for drugs and supplies provided before July 1, 2010. We also removed claim lines for drugs and supplies considered to be at low risk of being unallowable, such as contraceptive supplies, emergency contraception, and contraceptive rings and injections. We established a materiality level of \$5.00 or more and removed claim lines that had a reimbursement less than this amount. Table 1 summarizes the number of claim lines excluded from the sampling frame and their total amounts.

**Table 1: Claim Lines Excluded From the Sampling Frame**

<b>Excluded Claim Lines</b>	<b>Number of Claim Lines</b>	<b>Claimed Amount</b>
Potential duplicate payments	204	\$27,674
Drugs and supplies provided before July 1, 2010	4	24
Low-risk drugs and supplies	832,644	32,939,668
Reimbursement less than \$5.00	524	1,266
<b>Total</b>	<b>833,376</b>	<b>\$32,968,632</b>

After we removed the 833,376 claim lines (which removed all claim lines for supplies), the sampling frame consisted of 340,239 claim lines for family planning drugs totaling \$48,806,467 (\$37,798,167 Federal share).

### SAMPLE UNIT

The sample unit was a unique claim line for a drug provided to a beneficiary.

### SAMPLE DESIGN

We used a simple random sample to test the claim lines for allowability.

## **SAMPLE SIZE**

We selected 120 sample units.

## **SOURCE OF RANDOM NUMBERS**

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

## **METHOD FOR SELECTING SAMPLE UNITS**

We consecutively numbered the sample units from 1 through 340,239. After generating 120 random numbers, we selected the corresponding frame items.

## **ESTIMATION METHODOLOGY**

We used the OIG/OAS statistical software to estimate the unallowable Federal reimbursement paid. To be conservative, we recommend recovery of overpayments at the lower limit of a two-sided 90-percent confidence interval. Lower limits calculated in this manner will be less than the actual overpayment total at least 95 percent of the time.

**APPENDIX D: SAMPLE RESULTS AND ESTIMATES**

**Table 2: Sample Results (Total Amounts)**

<b>Number of Claim Lines in Sampling Frame</b>	<b>Value of Claim Lines in Sampling Frame</b>	<b>Sample Size</b>	<b>Value of Sample</b>	<b>Number of Unallowable Claim Lines</b>	<b>Value of Unallowable Claim Lines</b>
340,239	\$48,806,467	120	\$16,739	8	\$932

**Table 3: Sample Results (Federal Share Amounts)**

<b>Number of Claim Lines in Sampling Frame</b>	<b>Value of Claim Lines in Sampling Frame (Federal Share)</b>	<b>Sample Size</b>	<b>Value of Sample (Federal Share)</b>	<b>Number of Unallowable Claim Lines</b>	<b>Value of Unallowable Claim Lines (Federal Share)</b>
340,239	\$37,798,167	120	\$12,964	8	\$721

**Table 4: Estimated Value of Unallowable Claim Lines  
(Limits Calculated for a 90-Percent Confidence Interval)**

	<b>Total Amount</b>	<b>Federal Share</b>
Point estimate	\$2,641,105	\$2,045,375
Lower limit	667,060	516,584
Upper limit	4,615,151	3,574,166



## APPENDIX E: STATE AGENCY COMMENTS



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

Ms. Lori Ahlstrand  
Regional Inspector General for Audit Services  
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Dear Ms. Ahlstrand

The California Department of Health Care Services (DHCS) has prepared its response to the U.S. Department of Health and Human Services, Office of Inspector General (OIG) draft report entitled, *California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Drugs Provided in Los Angeles County* (A-09-15-02017).

DHCS appreciates the work performed by OIG and the opportunity to respond to the draft report. Please contact Ms. Sarah Hollister, Audit Coordinator, at (916) 650-0298 if you have any questions.

Sincerely,

[Jennifer Kent]

Jennifer Kent  
Director

Enclosure

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Page 2

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**Department of Health Care Services Response to the OIG's draft audit report entitled, *California Improperly Claimed Enhanced Federal Reimbursement for Medicaid Family Planning Drugs Provided in Los Angeles County* (A-09-15-02017)**

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**Finding 1:** The State agency did not always comply with certain Federal requirements when claiming Federal reimbursement at the 90-percent rate for family planning drugs provided under the FPACT program in Los Angeles County. Of the 120 sampled claim lines, 112 complied and eight did not comply with requirements. Of the eight claim lines, six were ineligible for reimbursement because of insufficient documentation, and the remaining two were ineligible for reimbursement because the drugs were not clearly provided for family planning purposes. On the basis of OIG's sample results, OIG estimated that the State agency claimed at least \$516,584 in unallowable Federal reimbursement.

**Recommendation 1:** The State should refund \$516,584 to the Federal Government.

**Response:** The Department of Health Care Services (DHCS) agrees with the recommendation to refund \$516,584 to the Federal Government. DHCS' Accounting Office will be instructed to initiate the appropriate accounting adjustments for the refund of unallowable federal reimbursement by the end of the 4<sup>th</sup> Quarter of this current federal fiscal year.

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**Finding 2:** The State agency claimed unallowable Federal reimbursement because it did not ensure that providers complied with the State agency's policies and procedures requiring providers to maintain supporting records and prescribe drugs only for family planning purposes.

**Recommendation 2:** The State should ensure providers comply with State agency policies and procedures requiring them to maintain supporting records and prescribe drugs only for family planning purposes.

**Response:** DHCS agrees with the recommendation.

This recommendation is completed. DHCS has processes in place to ensure providers comply with State agency policies and procedures requiring them to maintain supporting records and prescribe drugs only for family planning purposes.

The Family PACT Policies, Procedures and Billing Instructions (PPBI) Manual

The PPBI manual is a reference document for providers which describes the Family PACT program policies and procedures, including *Family PACT Program Standards*. Family PACT providers are responsible to ensure that all practice members, associate practitioners, and ancillary staff are informed of the Family PACT policies and procedures; understand and follow current administrative practices, and deliver services consistent with the *Family PACT Program Standards*.

As noted in the PPBI manual, and as part of the requirements of being enrolled as a Family PACT provider, providers are responsible for maintaining records, consent forms, and required chart documentation in accordance with Medi-Cal regulations (as noted in the Provider Regulations section in Part 1 of the Medi-Cal manual). The *Family PACT Program Standards* require medical documentation to support services billed for reimbursement.

Continuing Educational Program for Family PACT Providers

The Office of Family Planning (OFP) has a continuing educational program to educate Family PACT providers on the scope of the Family PACT program, including *Family PACT Program Standards*. This continuing educational program is done via quarterly Provider Orientations and Update Trainings, as needed. In the Provider Orientation, we address medical documentation of services as part of the training.

Program Integrity Activities

The OFP has dedicated resources to implement several program integrity activities which assist in the processes for identification, collection, reporting, analysis, and disposition of performance data and information on Family PACT providers and the provision of services. These activities allow OFP staff to regularly measure and monitor provider activities against the purpose of Family PACT and identify when an opportunity exists to improve the delivery and quality of program services.