



June 2013

On Target

Special Edition

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Secretary of State Audits

The Secretary of State Audits Division was established in 1929 by the state legislature to carry out the duties of the Secretary of State (SOS) as the constitutional Auditor of Public Accounts. The mission of the Audits Division is auditing to protect the public interest and improve Oregon government.

The SOS Audits Division ensures that public funds are properly accounted for, spent in accordance with legal requirements, and used to their best advantage. They conduct their work in compliance with Generally Accepted Government Auditing Standards.

Most SOS audits are one of four types: Financial, Compliance, Information Technology or Performance.

- **Financial audits** look at the financial operations of a program or entity. Financial audits are performed to express an opinion as to whether the financial statements are presented accurately in accordance with accounting principles.
- **Compliance audits** determine whether a program is in compliance with a specific law, rule, policy, or other guidance in conducting its operational and administrative programs. These audits are usually completed on the larger federal programs provided by DHS and OHA.
- **Information Technology audits** determine whether our computer systems adequately protect public funds and electronic information, and whether they operate as intended. They look at ways to improve electronic information security, practices and procedures.
- **Performance audits** determine how well a program is meeting its stated goals, purpose and outcomes, in an efficient and effective way, while maintaining compliance with the laws and rules that govern it. This is the most flexible of the four types of audits. Many of the performance audits conducted by the SOS can begin as a broad subject area review. The actual audit objective and scope are then determined after an initial period of information gathering, often referred to as “survey work.”

Audits are tools that confirm what we do well and identify areas for improvements. They help us be better stewards of the taxpayer dollars that fund our programs and help us improve the services we deliver to Oregonians.

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Click here to link to the Family Services Manual



Most audits begin with an entrance conference where the auditors meet with Agency leadership and discuss the general area or areas that they will be looking at. This is often followed by either field work or survey work, depending on the type of audit. It is usually in this phase that staff in the field might be involved. At any given time, there may be numerous audits occurring. These audits are a normal part of doing business that helps us identify ways to improve our accuracy, efficiency and stewardship in the services we provide to Oregonians. Audits typically include staff interviews. Staff members are encouraged to participate and provide information honestly and in a professional manner. Sometimes others are interviewed as part of the process, depending on the scope of the audit. This can include partners and other state agency staff. If you are questioned by an auditor, either external or internal, you should be truthful and transparent in your answers and provide the information requested to the best of your ability.

During field work, information is gathered to explore the subject area. Periodic update meetings are held to make sure progress is being made and to discuss initial findings. After field work is completed, an audit report is drafted for Agency review and comment. The Agency reviews the report and provides feedback to the SOS auditors. This review and feedback is usually discussed at an exit conference. The final draft of the report is then issued. This is the audit report the Agency will respond to. The report will likely have one or more recommendations that the Agency can either agree or disagree with. If the Agency agrees with the recommendations, our response will discuss the “corrective actions” we have taken or will take in the future to address the recommendations.

Audit recommendations are followed up on by both the SOS auditors and Agency internal auditors. The status of Agency follow up is also reported to the Legislature on a periodic basis. It is important that all affected staff understand the corrective actions the Agency commits to making as a result of these audits and that we all follow through on implementing these actions as effectively and efficiently as possible.

SOS audits are public documents. The final audit reports, including the Agency responses, are published on the SOS webpage located at: http://www.sos.state.or.us/audits/pages/state_audits/state_audits.html

The results of SOS audits are also often discussed in both print and broadcast media.

Dave Lyda, Chief Audit Officer

Reviewing TPQY Discrepancies Using View Direct Reports

View direct reports are designed to gather information, store reports and make them available to staff at any time. One especially helpful report is WSV0085R-A, “TPQY report of SSN’s unverified by SSA”. When a TPQY request is made, the SSN on the mainframe (DHR) is compared to SSA records and there is a discrepancy, the individual will appear on this report. The report should be worked on a regular basis to ensure discrepancies are resolved.

How to access this view direct report

- Log into the mainframe
- On a clear screen, enter “RD2” and press {enter};
- You are now at the main menu
- At this menu, type in your recipient ID and password.
 - The Recipient ID is: SSABranch#, for instance, “SSA5503”
 - The password for Social Security Administration view direct reports was sent to local Program Managers in October 2012. If you do not know the password please contact Anna Cox.
- After entering the recipient ID and password you can access the various SSA related reports. Mark and “X” to the left of report WSV0085R-A in the option field and press {enter}



Note: The recipient id and password information above applies specifically to the SSA related reports.

The Oregon Department of Human Services (DHS) investigates recipient and provider fraud within the state. Recipients include: Medicaid/Oregon Health Plan programs and benefits; Supplemental Nutrition Assistance Program (SNAP) benefits; Temporary Assistance for Needy Families (TANF); Electronic Benefits Transfer (EBT) cards also known as the Oregon Trail card; and Childcare benefits. Providers include: Medicaid / Oregon Health Plan providers and other DHS Contractors.

What is the Fraud Investigations Unit? In the state of Oregon, the Fraud Investigations Unit has been delegated authority to conduct investigations related to allegations of fraud within programs administered by the Department of Human Services. Investigations focus on recipient eligibility issues and benefit fraud. Investigators coordinate with staff in field offices, county prosecutors and with local, state, federal, and international law enforcement agencies when necessary.

What is Recipient Fraud? Recipient fraud is fraud against the programs that DHS and the Oregon Health Authority (OHA) administers, including unlawful practices in obtaining cash assistance, medical assistance, child care, or food assistance. It is the intentional misstatement or failure to reveal information affecting eligibility resulting in an overpayment. The Fraud Investigations Unit investigates allegations such as unreported income, assets or employment; household composition discrepancies; identity theft; duplicate participation and misuse of EBT benefits and cards.

What is provider fraud? Provider fraud is fraud against the programs that DHS and OHA administers including things such as billing for services not rendered; intentionally billing for services in duplicate; billing for a higher level of service than what was delivered; billing for services provided by unlicensed or otherwise ineligible practitioners; and kickback schemes.

What happens after a Fraud report is filed? When the Fraud Investigations Unit receives a fraud complaint the Coordinator sends a report of the allegations to the Investigations Unit for review. The allegations are referred to an investigator when appropriate. Substantiated criminal investigations results are thoroughly reviewed for prosecution referral. No information will be reported back to the person who referred the complaint. This is to preserve the confidentiality and privacy of information.

Visit: <http://www.oregon.gov/dhs/aboutdhs/Pages/fraud/index.aspx> for information on how to report fraud.

SNAP Policy Analysts

When do we use T-Numbers and alias Social Security numbers?

If the SNAP head of household is an ineligible noncitizen without a valid SSN, a T-number must be assigned. Each office has a process for assigning an initial T-number. Do **not** use an invalid or alias SSN, or the SSN of a child in the filing group to set up the SNAP case.

Also, do **not** add the T-number or an invalid/alias SSN to the Person Alias Screen. This can result in data integrity issues in our system.

Although not very common, a T-number can also be assigned in cases of domestic violence when it is unsafe to put the client's SSN on the system. For more information on this process, please contact Carol Krager, DV Policy Analyst.

For any program, if the client presents an alias SSN or acknowledges using an SSN they were not issued, it is important to document the number they are using in the TRACS or ACCESS narrative so we can check our income verification screens (WAGE, ECLM, The Worker Number, etc) for potential income. Alias SSN's should **never** be added to UCMS or FSMIS.

Kate Scott, SNAP Policy Analyst

Keep an Eye Out for Private Health Insurance

Many Oregon Medicaid clients have private or employer-sponsored medical insurance, also referred to as third party liability (TPL). When someone is covered by TPL it saves the state in capitation payments and fee-for-service claims because the third party insurance normally becomes the primary payer.

Clients must report to the agency when they begin receiving TPL. In addition, it is the responsibility of the worker to review for this at **each** eligibility determination. Indications an individual has TPL:

- 7210, question 12 is answered “yes” or Extra Form E is completed
- 945, page 6 and 7, question 3, any of the selection are answered “yes”
- 415F, Page 9, questions 1-7 are answered “yes”
- Individual reports they have COBRA insurance
- Paycheck stub shows a health insurance premium is being deducted
- Individual is employed by a company that offers group health insurance, such as Department of Human Services, State Hospital, Oregon Health Authority, Costco, Nike, etc.



If there is an indication that a client is receiving TPL, a MSC415H, “Notification of Other Health Insurance” must be completed and faxed to HIG at 503-373-0358. **Pend if necessary and if there is no response close benefits for the adult who is responsible for providing this information.**

If the client is paying all or part of the premiums for their insurance, the state may be able to reimburse them through the Health Insurance Premium Payment Program (HIPP). Workers can make referrals for HIPP by making sure the “yes” box is checked in Section 5 of the 415H. Be sure to fax all three pages of the 415H.

Questions about third party insurance should be directed to the Health insurance Group (HIG). Email: tpr.referrals@state.or.us Phone: 503 373-6233

Reminder: Individuals **cannot** have TPL and receive OHP-OPU or OHP-CHP. If an individual receiving OPU or CHP reports TPL, redetermine for other program eligibility and if necessary close with a 10-day notice.

Christy Garland, OCCS Medical Analyst



Didja Know?? When an ineligible non-citizen is receiving TANF and medical, their in-grant code will be ‘NO’. If the TANF ends and only medical is open, the noncitizen in-grant code should be changed to ‘AD’. When converting a medical only case to a program 2 or 82, make sure the ineligible noncitizen in grant code is ‘NO’.

Rishonna Hinsee, TANF Policy Analyst

Incarcerated Clients

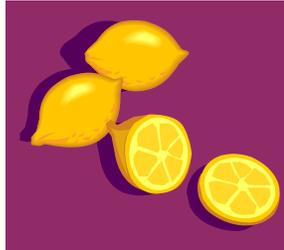
The Data Match Team within the Office of Payment Accuracy and Recovery (OPAR) receives weekly reports from the Department of Corrections and daily reports from county jails listing individual incarcerated in their facilities. The Data Match Team uses these reports to identify our clients who are incarcerated. In most cases the team will end benefits, but there are some restrictions on the cases they can close for both medical and SNAP. Medical cases will be suspended (for clients expected to be incarcerated less than one year) or closed (for clients expected to be incarcerated over one year).

If the Data Match Team cannot suspend /close a medical case they will send an alert to the branch office. If you received one of these alerts, please act to suspend or end benefits for the incarcerated client as soon as possible before additional benefits are issued. For more information see the SSP Medical Program Incarceration Policy and Coding Matrix in the FSM [Medical Assistance Programs](#) Worker Guide MA-4. APD offices see [House Bill3536 Procedures](#).

OPAR will close SNAP benefits for one person households, or contact the branch with the information on the incarcerated individual if there is more than one person on the case. The branch should take the appropriate action to reduce benefits. Remember the 10-day notice guidelines must be followed. For more information see the [Family Service Manual, SNAP H.5, Prison Discrepancy List](#).

Reminder: Even if the case is in SRS, once you are notified of the change in household you need to take action even though the client wasn't required to report the change. Remember to take action on **all** cases with incarcerated clients in the benefit group.

Sharon Arrington, OPAR



Didja Know?? Capitation payments are made on behalf of individuals who are enrolled into a managed care plan including a CCO, DCO, MCO or MHO. Capitation payments are a monthly payment made to the managed care plan on behalf of the enrolled individual and vary depending on what type of medical benefits an individual is receiving. For instance, those individuals receiving long-term care benefits have a higher capitation payment than a child receiving OHP-OPC. As long as someone is enrolled in a plan the capitation payment will be made. For this reason it is important to ensure an individual's medical is ended timely so capitation payments do not continue.

OCCS Medical Analysts



Running a TPQY request

To receive SNAP, ERDC, TANF or medical benefits most individuals are required to provide a valid social security number or apply for a number if the individual does not have one. It is the agency's responsibility to verify the number once it is provided. A TPQY request can be run to verify an SSN.

To access the TPQY Request Screen:

- Select the {F23} TPQY key on the BEIN screen; or
- Select the {F21} TPQY key on the W204 screen; or
- On a clear screen, enter WQY1 and press {enter}; or
- On a clear screen, enter WQY1, SSN and press {enter}.



On the TPQY Request screen:

- Enter the SSN if necessary, your branch ID and worker ID
- Press {F9} to save

After the TPQY records request is submitted you will see a message at the bottom of the screen telling you the record has been requested.

The retrieval of the record will take up two days depending on when the request was made. Usually if the request is made in the morning the record will be available the next working day. If made late in the day, the record will be available the day after.

It is your responsibility to go back in and look at the W204 screen after the TPQY record has been returned to ensure the SSN is valid and there are no problems. **If this step is missed, the SSN has not been validated.**

Note: In order to submit a request, the client must have already been added to the CI system (must have a WEBM FIND record).

A TPQY request can also be submitted to:

- Verify U.S. Citizenship
- Request updated SSA benefit information for a client
- Request qualifying work quarters history (used for some SNAP non-citizen clients). If you are using TPQY for this purpose be sure to change the "N" to a "Y" in the QQ Hist field.

Reminder: To ensure that we maintain compliance with the SSA Computer Match/Data Exchange agreement, do **not** narrate the specific social security screens used to verify any social security information. Simply narrating, "verified through social security records" is enough. In addition, do **not** print out social security screens.

OCCS Medical Analysts

