COMMONWEALTH OF PENNSYLVANIA HOUSE OF REPRESENTATIVES

HOUSE STATE GOVERNMENT COMMITTEE HEARING

STATE CAPITOL IRVIS OFFICE BUILDING ROOM G-50 HARRISBURG, PENNSYLVANIA

WEDNESDAY, JULY 21, 2021

IN RE: GOVERNMENT WASTE AND IMPROPER PAYMENTS

BEFORE:

HONORABLE SETH GROVE, MAJORITY CHAIRMAN

HONORABLE MAUREEN MADDEN, ACTING MINORITY CHAIRMAN

HONORABLE RUSS DIAMOND

HONORABLE DAWN KEEFER

HONORABLE ANDREW LEWIS (V)

HONORABLE RYAN MACKENZIE (V)

HONORABLE FRANK RYAN

HONORABLE LOUIS SCHMITT (V)

HONORABLE CRAIG STAATS

HONORABLE JEFF WHEELAND

HONORABLE ISABELLA FITZGERALD (V)

HONORABLE KRISTINE HOWARD (V)

HONORABLE BENJAMIN SANCHEZ (V)

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1	PROCEEDINGS	
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3	MAJORITY CHAIRMAN GROVE: Good afternoon.	
4	Welcome to this public hearing of the	
5	Pennsylvania House State Government Committee on government	
6	waste and improper payments.	
7	This Committee has taken up three bills dealing	
8	with improper payments sponsored by Representative Gaydos,	
9	Representative Owlett, and myself, which all build upon a	
10	bipartisan work of the Federal Improper Payment Laws.	
11	To be clear, improper payments is not	
12	specifically fraud. They are payments made in error,	
13	overpayments, underpayments, payments made without correct	
14	documentation, or potentially fraud.	
15	The Federal Government has spent significant	
16	resources and time in combating improper payments and since	
17	State Governments routinely administer Federal programs, we	
18	are held accountable to these Federal improper payment	
19	policies.	
20	Today's hearing is to educate the members of the	
21	Committee and the general public about improper payment	
22	policies and how other states are dealing with improper	
23	payments.	
24	As Barack Obama stated on July 22nd, 2010, quote,	
25	this isn't just about lines on a spreadsheet or numbers in a	

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budget because when we all fail to spend people's tax dollars wisely, that's money we're not investing in better schools for our kids or tax relief for families or innovation to create new industries and new jobs. When government doesn't work like it should, it has real effects on people's lives, on small business owners who need loans, on young people who want to go to college, on the men and women who serve this country and are trying to get the benefits that they've earned.

And when we continue to spend it as if deficits don't matter, that means our kids and our grandkids may wind up saddled with debts that they'll never be able to pay.

With that, Representative Madden, any opening comments? I'm glad you're feeling better.

REPRESENTATIVE MADDEN: Thank you, Mr. Chairman.

I'm happy to be here. And certainly I believe our No. 1 job is to be good stewards of the taxpayers' money. And I'm looking forward to the testifiers and the material that we're going to go over and the pieces of legislation to see where we can do better.

Thank you.

MAJORITY CHAIRMAN GROVE: Thank you.

We have members and testifiers in attendance virtually as well as the public viewing via live stream.

Due to Sunshine Law requirements, if either of these

1 platforms experience technical difficulties, we will pause 2 the meeting in order to correct the issues. 3 For members participating virtually, please mute your microphones. Please know when you speak, we all hear 4 5 If you want to be recognized for comments, please use the raise hand function. After being recognized, but prior 6 7 to speaking, please turn on your camera and unmute your 8 microphone. After you've completed your questions, please 9 mute your microphone. 10 And we will go to member introductions starting 11 with the troublemakers in the back row. 12 REPRESENTATIVE RYAN: I'm Frank Ryan, 13 representing the 101st District in Lebanon County, 14 Pennsylvania. 15 REPRESENTATIVE DIAMOND: I'm Russ Diamond, 16 representing the 102nd District, one better than 101, in 17 Lebanon County, Pennsylvania. 18 REPRESENTATIVE STAATS: Thank you, Chairman 19 Grove. 20 And good afternoon, everyone. My name is Craig 21 Staats, representing the 145th Legislative District in Bucks 22 County. 23 MAJORITY CHAIRMAN GROVE: And looking -- Andrew 24 Lewis, I see you. Go ahead and introduce yourself.

REPRESENTATIVE LEWIS: Thank you, Chairman.

1	Good afternoon, everybody. Andrew Lewis, 105th
2	District here in beautiful Dauphin County.
3	MAJORITY CHAIRMAN GROVE: Regina, go ahead.
4	REPRESENTATIVE YOUNG: Regina Young, representing
5	Philadelphia and Delaware Counties.
6	Thank you.
7	MAJORITY CHAIRMAN GROVE: Representative
8	Fitzgerald.
9	REPRESENTATIVE FITZGERALD: Good afternoon.
10	Isabella Fitzgerald, representing the 203rd
11	Legislative District in Philadelphia.
12	MAJORITY CHAIRMAN GROVE: Representative Howard.
13	REPRESENTATIVE HOWARD: Hi. It's Kristine Howard
14	from the 167th in Chester County.
15	MAJORITY CHAIRMAN GROVE: Representative Schmitt.
16	All right. We'll come back.
17	Representative Mackenzie.
18	REPRESENTATIVE MACKENZIE: Good afternoon.
19	I'm Representative Ryan Mackenzie from the 134th
20	District.
21	Thank you.
22	MAJORITY CHAIRMAN GROVE: Representative Sanchez.
23	REPRESENTATIVE SANCHEZ: Good afternoon.
24	I'm Ben Sanchez, representing part of Montgomery
25	County.

1	MAJORITY CHAIRMAN GROVE: One more time for
2	Representative Schmitt.
3	REPRESENTATIVE SCHMITT: Thank you, Mr. Chairman,
4	for coming back to me. I apologize. I turned my camera
5	off. When I turned my camera off, it also turned my
6	microphone off.
7	Lou Schmitt here, 79th Legislative District, city
8	of Altoona and other portions of Blair County.
9	MAJORITY CHAIRMAN GROVE: Thank you.
10	And I'm trying to scroll through. Did I miss any
11	members on virtually?
12	Hearing none, thank you all for your attendance
13	today.
14	And we will head to our first panel, Zach Herman,
15	Policy Associate with NCSL, National Conference of State
16	Legislatures, will be giving us an overview of improper
17	payments.
18	Thank you so much, Zach, for joining us today.
19	MR. ZACH HERMAN: Thank you, Chairman Grove.
20	And thank you, Committee members, as well.
21	So again, my name is Zach Herman. I'm a policy
22	associate with the Employment, Labor, and Retirement Program
23	at the National Conference of State Legislatures.
24	Before I begin, a brief overview of who NCSL is.
25	We are a membership organization that serves you, the

lawmakers, state lawmakers, and your staff directly. We are a non-partisan, bipartisan organization, which means we do not write any model legislation. We do not endorse any particular piece of legislation or policy idea. And we also do not take any sort of political stance one way or the other.

I will be speaking today giving a broad overview of improper payments as a whole, providing a landscape comparing Pennsylvania to New York and Ohio, and then providing an overview of enacted legislation and general strategies that we've seen adopted to address both fraud and improper payments.

So I'll go ahead and start with my slides. You should have copies of my slides shared with you. First I'll talk about some general important points to consider when talking about improper payments, both generally and with special consideration for 2020 and 2021, since the pandemic did some extra things and special things to consider when thinking about improper payments.

So firstly, every state's laws, regulations, and policies are different. No state regulates unemployment insurance payments the same way. And so it's a little bit like comparing lemons to limes to oranges when talking about how states pay out payments. This includes both eligibility requirements, program infrastructure, and replacement rates.

Next, the pandemic really had a huge impact on how unemployment insurance payments go out. So everyone -- or at least most everyone who works in this field has seen the graph of weekly new claims going from around two hundred, three hundred thousand per week to skyrocketing into the millions.

Any system would be overwhelmed by that. No state was able to weather that storm smoothly. So that's another thing to consider is that in the pandemic, there was a huge wave of new applications that systems had to deal with on top of new programs coming out of the CARES Act that also change how states had to nimbly and flexibly change these programs and adapt with those differences.

Finally, unemployment insurance, with all other sorts of programs, no program is perfect. Every program will have some level of improper payments. In 2019, out of an audit from the Department of Labor and the Treasury, unemployment as a whole had an improper payment rate of about 10 percent, a little bit over. And there are lots of different ways that improper payments can happen.

I'll get into detail about the definitions a little bit later. But generally they can happen through claimant error, through applicants who have never applied before making errors on their applications, through employer error, like employee misclassification, or through agency

error, and then also fraud.

Moving on to where I'm polling this data from.

So this comes from the BAM Report, the Benefit Accuracy

Measurement Report. BAM in general is a program that

changed from the Benefits Quality Control Program in 1996 to

Benefits Accuracy Measurement.

It's designed to determine the accuracy of paid and denied claims in the three major claims and three major unemployment insurance programs. It does this by reconstructing claims process for samples of weekly payments and denied claims using data verified by trained investigators for claims that were overpaid, underpaid, or improperly denied.

BAM determines the cause of and party responsible for the error, the point in the claim's process at which the error was detected, and actions taken by the agency and employers prior to the error. For erroneous claims, BAM determines the amount of the benefit the claimant should have received.

So all of the data that I'm about to share with you is drawn from the January 1st, 2020, to December 31st, 2020, BAM Report.

So first I'll start with improper payment rates for 2020. Federal law defines the term improper payment as, A, any payment that should not have been made or was made in

an incorrect amount, including overpayments and underpayments, under statutory, contractual, administrative, or other legally applicable requirements and, B, any payments to an ineligible recipient, any payment for an ineligible service, and any duplicate payments for services not received and any payment that does not account for credit for applicable discounts.

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They are generally required to review all programs and activities they administer and identify those that may be susceptible to significant errors.

So first we'll look at the three states and the amounts that were reported as improper payments for the three states listed here.

Pennsylvania paid just over around \$500 million in improper payments. New York paid a little bit over \$6 trillion, and Ohio paid just below \$2 trillion, \$1,851,000,000.

Looking at overpayments specifically, overpayment rate is defined in an unemployment insurance program letter, 9-13, and it's the total weighted amount of payments determined to be overpaid divided by the total -- by the weighted dollar amount paid in the BAM sample population.

The rate includes fraud, non-fraud recoverable payments, and non-fraud, non-recoverable payments. All causes and responsible parties are also included in this

rate.

The overpayment rate for 2020 in Pennsylvania was around 16 percent, about \$84 million. The overpayment rate in New York was around -- just below 19 percent, at around \$1 trillion, and the overpayment rate for Ohio was around 11 percent at \$212 million.

Next is the underpayment rate. Underpayment rate is defined, again, unemployment insurance program letter No. 9-13. And it is the total weighted amount of payments determined to be underpaid divided by the weighted dollar amount paid in the BAM sample population.

Again, it includes all responsible parties and includes errors where additional payments were made to the claimant. It excludes those areas where they -- that were technically proper due to finality rules, technically due to rules other than finality.

So for Pennsylvania, the underpayment rate is at .45 percent or around \$2 million. In New York the underpayment rate is at .75 percent, which is around \$45 million. And in Ohio the underpayment rate is at .1 percent or around \$1 million.

Next we have the fraud rate. So the definition of unemployment compensation fraud varies significantly from state to state. There is no Federal definition of fraud.

Generally, fraud involves a knowing and willful act and/or

concealment of material facts to obtain or increase benefits when benefits are not due. States vary on the level of evidence required to demonstrate a knowing and willful act of concealment of facts.

An overpayment, which is classified as fraud overpayment, in one state may be determined to be a non-fraud overpayment in another state. Often fraud determinations include looking at a pattern or action of the claimant certification of erroneous information under the penalty of perjury.

Also states differ on the implementation of fraud administrative penalty determinations. In some states a fraud determination becomes effective on the date of the fraudulent act. In other states, the administrative penalty takes effect on the determination date.

Since fraud determination criteria thresholds vary throughout state workforce agencies, a state's individual -- an individual state rate reflects these differences. The rates include all causes and responsible parties. So for Pennsylvania, the fraud rate is at 13.97 percent. In New York the fraud rate is at 13.36 percent. And in Ohio the fraud rate is at 2.49 percent.

Finally, there's the agency responsible rate.

This rate includes overpayments for which the state

workforce agency was either solely responsible or shared

responsibility with claimants, employers, or third parties, such as labor unions or private employment referral agencies. The rate includes fraud, non-fraud recoverable payments, and non-fraud, non-recoverable payments. It excludes payments that are technically proper due to finality or other rules. So the agency responsible rate for Pennsylvania is at 2.66 percent. The agency responsible rate for New York is at 6.69 percent. And the agency responsible rate for Ohio is at 3.54 percent.

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Again, before I move on to the next slide, adding that grain of salt, that all three of these states have different ways of administering unemployment insurance, so take these comparison numbers with a little bit of a grain of salt.

Moving on to overpayment responsibility.

Included in the BAM Report is a breakdown of sort of where the responsibility lies for the bulk of overpayments specifically. So looking at Pennsylvania, claimants hold the bulk of responsibility for the bulk of the overpayments paid out. So for every dollar in overpayments paid, claimants were responsibile for about 46 cents for every dollar of overpayments paid.

The next highest level was claimant or employer responsibility, claimant and employer responsibility. So this means that in the process there was a mistake on the

employer side and the claimant side that led to an overpayment. Again, for every dollar in overpayments, about 30 cents of that overpayment was caused by both the claimant and the employer making some sort of mistake on the application.

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Then finally the third highest level is agency only responsibility, which is about 13.72 percent. Moving on to New York, again the claimant only is the highest sort of ranking in terms of who was most responsible for the bulk of overpayments.

Claimant only rates are about 58.75 percent in New York. New York's second highest level is in line with Pennsylvania where claimant and employer mistakes led to about 7.29 percent in overpayments. And then finally again with Pennsylvania, New York had an agency only rate as their third highest at about 9.3 percent. Then moving on to Ohio, Ohio is in line with New York and Pennsylvania. And that claimant only -- claimant and employer and third agency are the three most often responsible parties for overpayments.

Ohio had a claimant only responsibility rate of around 55.41 percent, had a claimant and employer responsibility rate of 10.21 percent, and an agency only responsibility rate of about 6.03 percent.

Then finally it's always important to talk about recovery rates as well. These monies do not just go out and

then don't come back. All states recover some or all of those funds. So looking at recovery rates for the last five quarters, you'll see that it varies sort of significantly and that some of those recovery rates are over 100.

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So in general, recovery rates is the ratio of reported overpayments recovered to overpayments established in the same time period. However, the amounts recovered for any quarter may be from overpayments established in previous time periods in the past few years. State implementation of treasury offset programs to recover overpayments through Federal tax offsets has resulted in high recovery of overpayments previously established.

Due to this high recovery of overpayments established in previous quarters, recovery rate ratio may result in some results exceeding 100 percent. So this is why you get some of those rates that are above 100 percent.

You'll see in Q1 through Q3 of 2020, Pennsylvania had a recovery rate of over 50 percent. And then it dropped down to 35 percent in Q4 and 28 percent in Q1. I would not say that this is a predictor. This is more of a snapshot of the last five quarters. These rates are not going to say whether their recovery rates will continue to dip or whether they will shoot up or whether they will remain the same.

Looking at New York, New York had a recovery rate in Q1 of 137 percent and then it shoots up to 717 percent in

Q2. It dropped down to 91 percent in Q3 and then dropped down even more in Q4 and Q1 of 2021 to 19 and 29 percent.

Then finally looking at Ohio, Ohio had their highest recovery rate in Q1 at 134 percent, then 84 percent, 31 percent, 19 percent. And then in Q1 of 2021 they are at 91 percent recovery rate.

So all of that data added in there, it was a little bit like drinking from a firehose. And so I encourage you to send any questions that you have to me.

I'll provide my e-mail at the end. I'm going to move on to enacted legislation that we at NCSL have been tracking related to both fraud and overpayments.

We see about ten pieces of enacted legislation in 2021. The bulk of these pieces of legislation are requiring studies on either fraud, improper payments, or overpayments. Some of them are allowing for the use of CARES Act money to waive overpayments for claimants who seem to be at fault or maybe made mistakes on their application that they were unaware of. And then a couple of them are establishing interim -- to study other effects related to improper payments or payment rates.

Then finally looking at overall trends that we're seeing both in the Legislature and in the Executive Branch related to overpayments. A couple of states have begun using identity verification systems like ID.me. So in 2020,

in the early months of the pandemic, there was a report by the Secret Service identifying significant foreign fraud coming from identity theft rings overseas. And so many states began using these identity verification systems to help weed out some of those applications that may be due to identity thefts.

A couple of states implemented fraud reporting systems. So this allows for people who may think they have been the victim of identity theft or received an unemployment insurance payment but did not apply for it to report this fraud to the agency. Then a lot of web pages and flow charts and frequently asked questions and call centers to help new applicants.

Again in that wave of millions of people applying for unemployment insurance in the first weeks of the pandemic, most of these applicants had never applied before in their life. And the applications can often be confusing, especially if you're unsure of your employee status. You may have been temporarily furloughed and so that also changes sort of what you click and why you click it. And so people might have made mistakes so there were significant web pages and explainers explaining if you don't qualify for unemployment insurance, then you will apply for PUA. These are the documents you need for PUA, etc., etc.

Also upgrades in technology, either upgrading

computer systems to handle the larger -- or to check for sort of errors or duplications that may lead to fraud or overpayment using ID.me.

And then finally increasing staffing at large. So this includes both contracting out with call centers to help answer questions with people who are applying for the first time and increasing staffing in general in the state workforce agency to help manage loads, which can reduce errors on the agency side.

And with that, I will show different ways that you can stay in contact with NCSL. We have a variety of web pages on unemployment insurance at large, including web pages that is sort of a 101 on improper payments and fraud for unemployment insurance and a 101 on unemployment insurance financing systems.

We also have an upcoming base camp session, which is our virtual conference, where Michelle Evermore, the Senior Policy Analyst for the Department of Labor, will be presenting on unemployment insurance and answering questions. And I encourage everyone to attend that as well.

And with that, I will open it up for any questions from the Committee or from the Chair. And again, I would like to thank the Committee and Chair Grove for allowing me to attend and testify.

REPRESENTATIVE DIAMOND: Well, thank you,

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1 Mr. Herman, for participating today in this hearing on 2 improper payments. 3 And I would just like to state, Chairman Grove had to step out for a couple minutes. I'll be chairing the 4 meeting until he comes back. 5 6 This issue spans all levels of government and 7 it's not unique to any one particular state, as we've seen 8 here by your presentation. 9 When improper payments are made, I mean, we're 10 talking about money that could be used for other state 11 So could you just give us a general idea of how programs. 12 improper payments affect the different states across the 1.3 nation? 14 MR. ZACH HERMAN: Yes. Thank you, Committee 15 member and Chair. 16 Let me make sure that I understand your question. 17 So you're asking about how it impacts the state financially 18 or how it impacts the program sort of generally? 19 REPRESENTATIVE DIAMOND: Financially and the 20 program generally. 21 MR. ZACH HERMAN: Okay. Thank you for that 22 clarification. 23 So financially it's money that should not have 24 gone out and it's not always recoverable. And so it's money

coming out of the State Trust Fund and going to people when

they shouldn't have. So this can lead to, you know, money that shouldn't have gone out.

Then on top of program performance in general, it can lead to sort of distrust of the system, distrust of government, sort of general ideas about proper use of taxpayer money.

REPRESENTATIVE DIAMOND: Let me just give you two quick followups related to your presentation.

I notice when you were talking about overpayments by responsibility, it seems that Pennsylvania had 30 percent for claimant plus employer is much higher than the other two states. Would you say that that's determinative of our process for getting information from the claimant and the employer and that that process is problematic as compared to the other two states and that might be the reason why it's three times higher or more than the other two states?

MR. ZACH HERMAN: Thank you, Chair.

Unfortunately, I cannot say one way or the other why that rate is the way that it is. That's unfortunately data that I do not have access to. And I would be cautious about comparing state processes because every state is different and every process is different. And so it's hard to say one way or the other whether or not the process is that reason.

And adding on top of that, this is data from 2020

which was an unprecedented year in multiple, multiple ways. 1 2 And so it's not really something I can make any sort of 3 determination on. 4 REPRESENTATIVE DIAMOND: Okay. And just one quick followup. Does NCSL do any kind of tracking of the 5 6 cost to actually track improper payments and how that adds 7 to the burden of improper payments? Is there any kind of 8 overall tracking of that? 9 MR. ZACH HERMAN: NCSL does not track it 10 directly. So this is all data that we're pulling from the 11 Department of Labor directly. I would see if the Department 12 of Labor has that tracking. That's not something that we do 13 specifically. 14 REPRESENTATIVE DIAMOND: All right. 15 Thank you, Mr. Herman. 16 Let's move on to other member questions now. 17 We will go to Representative Wheeland. 18 REPRESENTATIVE WHEELAND: Thank you, Mr. Chair. 19 And thank you very much for your testimony today 20 and your time. 21 MR. ZACH HERMAN: Sure. 22 REPRESENTATIVE WHEELAND: In 2002, President Bush 23 signed the Improper Payments Information Act. And then

later President Obama amended that act with the Improper

Payments and Recovery Act of 2010 and then the Improper

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Payments Elimination and Recovery Improvement Act of 2012. 1 2 So basically three different acts that are involved here. 3 Can you give us a brief explanation of what these acts do? And then how do these acts relate to the state 4 5 agencies? 6 MR. ZACH HERMAN: Thank you, Chair. 7 Unfortunately, I did not prepare any brief summaries for those acts, so I cannot provide sort of a 8 9 brief overview. However, I can prepare those materials and 10 send them to the Committee after this testimony. 11 REPRESENTATIVE WHEELAND: Thank you. 12 That would be very helpful because, you know, I'm 13 just trying to figure out, you know, the connection and how 14 it could help the Commonwealth. 15 Thank you very much. I'll look forward to that 16 information. 17 MR. ZACH HERMAN: Okay. 18 REPRESENTATIVE DIAMOND: Chairwoman Madden. 19 REPRESENTATIVE MADDEN: Thank you, Mr. Chairman. 20 And thank you, Zach, for your testimony. I have 21 a quick question. There was an article on the news a couple 22 of weeks ago that talked about how every time our website 23 was hacked, our UC website was hacked, it led to an uptick

in fraudulent unemployment claims. Are those factored into

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these numbers?

MR. ZACH HERMAN: So I do not know if it's 1 2 specifically looking at hacks and how that relates to these 3 numbers. These numbers are pulled from the Benefits Accuracy Measurement Report for the year 2020 to 2021. 4 does include fraud, sort of what payments have been 5 6 classified as fraud in that. 7 However, these numbers are pulled from a sample. 8 They are not the full, complete census of numbers from each 9 state workforce agency. 10 REPRESENTATIVE MADDEN: Okay. A quick followup. 11 So are you able to separate claims where 12 individuals went in there and tried to process false claims 1.3 or ones that were resulting -- that were the result of a 14 hack? 15 MR. ZACH HERMAN: I am not able to break down the 16 numbers like that, no. I apologize. 17 REPRESENTATIVE MADDEN: Okay. Thank you. 18 REPRESENTATIVE DIAMOND: Mr. Herman, one of the 19 things that the Federal Improper Payments Act requires is a 20 Payment Error Rate Measurement Report, or a PERM Report, 21 completed by our State's Department of Human Services. 22

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Can you tell us what is a PERM Report? What data is examined? And quite frankly, I was astounded at Pennsylvania's 77 percent error rate in Medicaid eligibility audit samples. Is this above or below the national average?

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So I cannot speak to Medicaid 1 MR. ZACH HERMAN: 2 error rates one way or the other. And I did not prepare any 3 PERM Reports or a summary of what PERM Reports are as well. But I can send that to the Committee after this testimony. 4 REPRESENTATIVE DIAMOND: All right. Thank you. 5 6 Let's move along to Representative Keefer. 7 REPRESENTATIVE KEEFER: Thank you, Mr. Chairman. 8 Getting back to what you spoke briefly about, the 2012 Improper Payments Elimination and Recovery Improvement 9 10 Act that was codified. Can you talk a little bit to that, 11 the choice to opt in or opt out of it? What role does that 12 play with the recovery rates? 13 MR. ZACH HERMAN: So, unfortunately, I do not 14 have those numbers comparing states that have opted in 15 versus opted out and the recovery rates. But I can prepare 16 that for the Committee after this testimony. 17 REPRESENTATIVE KEEFER: Just in generalities, the 18 role that it does play, is it beneficial? Have you seen a 19 rise in, you know, more efficiency or recovery of funds in 20 general with the codification of that act? 21 MR. ZACH HERMAN: Thank you, Representative. 22 I have not looked at those numbers specifically 23 in that way, so I cannot speak one way or the other about 24 that comparison.

REPRESENTATIVE KEEFER: Okay. So in your

opinion, do you think it's a good or useful tool to have? 1 2 MR. ZACH HERMAN: I don't have -- I can't provide 3 an opinion one way or the other. I can provide the data and provide that comparison. I don't have that data prepared 4 5 now but I can send that to the Committee after testimony. REPRESENTATIVE KEEFER: All right. Thank you. 6 7 REPRESENTATIVE DIAMOND: Let me just follow that 8 up. You mentioned about states opting in. How do states 9 actually opt in to a program like the Do Not Pay Program? 10 Is that a legislative move or is it generally an Executive 11 Branch kind of executive decision that they do to opt into a 12 Do Not Pay Program? 1.3 MR. ZACH HERMAN: I actually do not know. 14 cannot answer that question. Generally, it is either a 15 legislative move or it's a program letter sent from the 16 Department of Labor to either the Treasury -- from the State 17 Department of Labor to the Employment Training 18 Administration or the Treasury. However, I do not know 19 specifically with this program. 20 REPRESENTATIVE DIAMOND: All right. Thank you. 21 Let's go to Representative Ryan. 22 REPRESENTATIVE RYAN: Mr. Chairman, thank you so 23 much. 24 And, Zach, thank you for being here today. really appreciate it. 25

I'd like to kind of follow up on the Benefit

Accuracy Measurement Program. You may not have details, but

I'd love to have NCSL take a look at this kind of a question

relative to how accurate the system reporting is.

I'm looking at the information on the improper payment rate for 2020. And, as a CPA, I would be curious about the level of confidence that you would have and the comfort the State Legislators would have relative to the accuracy of the details that would have been provided under the Benefit Accuracy Measurement Program since the level of specificity is pretty significant. And I realize that there are trained investigators that are doing it.

Has anyone at NCSL looked at whether or not there has been an audit of that system to ensure whether or not it's accurate since we will be making policy decisions based upon the information provided in this system?

MR. ZACH HERMAN: NCSL has not done that audit. And I am unaware of any audits of the accuracy one way or the other. The BAM and its data sheets in its report does provide sort of the caveat saying that the data may change from week to week or month to month as states sort of complete other cases that may be pending or submit more data. And that's especially true with 2020 where a lot of states changed or suspended their BAM submissions specifically because of the programs coming in.

This is the most accurate data available to the Department of Labor. But I would suggest contacting the Department of Labor to have their opinion provided on the accuracy of the documents.

REPRESENTATIVE RYAN: And I appreciate that.

And it somewhat dovetails on the great question that Representative Madden asked in the sense that we're looking at trying to make policy decisions based upon this. And in 2020, we had an unusual year with the pandemic.

When you consider that a number of people were brought on to work in the Labor & Industry Department and I concur with that, a record filing of unemployment claims, I would be concerned about the level of accuracy. I mean, as an example, a fraud rate of 14 percent in my world would cause me to have a coronary. And yet I'm questioning whether or not we can draw any real conclusion out of that information.

I'm trying to get an idea of whether or not there are any sources we can go to to determine that accuracy or is that something that, like, an Auditor General would have to identify and go back and verify?

MR. ZACH HERMAN: So I've not had access to any of the data that is more accurate than what I currently presented.

REPRESENTATIVE RYAN: Thank you so much.

1	MR. ZACH HERMAN: Sure.
2	REPRESENTATIVE RYAN: Mr. Chairman, thank you.
3	REPRESENTATIVE DIAMOND: Thank you, sir.
4	Representative Staats.
5	REPRESENTATIVE STAATS: Thank you, Mr. Chairman.
6	Mr. Herman, in your testimony you've identified
7	overall trends and strategies. And the first thing you
8	identified was the use of identity verification services
9	like ID.me, which seems to attempt to simplify how
10	individuals securely prove and share their identity online.
11	Can you speak to this program and give the
12	Committee an idea how that program works?
13	MR. ZACH HERMAN: I have no direct involvement
14	with the program and cannot speak to the specifics. It's an
15	identity verification program and that is sort of the limits
16	of what I know about it.
17	REPRESENTATIVE STAATS: Okay. Fair enough.
18	Thank you.
19	MR. ZACH HERMAN: Sure.
20	REPRESENTATIVE DIAMOND: Thank you, Mr. Herman.
21	We really do appreciate your participation today.
22	We are going to move on to our next panel now.
23	Our next panel consists of it's entitled
24	Lessons From Other States on Government Waste and Improper
25	Payments. With us we have Chris Magee, who is a Performance

1 Audit Data Analytics Manager; and Brent McDougall, 2 Performance Audit Senior Data Analyst, from the Louisiana 3 Legislative Auditor. We also have Beth Wood, CPA, who is a 4 State Auditor from the North Carolina Office of the State Auditor. 5 6 Thank you so much for joining us today. And if 7 you could all turn on your cameras. 8 Mr. Magee, are you sharing a space with 9 Mr. McDougall or is he separate from you? 10 MR. CHRIS MAGEE: He's separate from me. 11 REPRESENTATIVE DIAMOND: Oh, there he is. I see 12 him there. Okay. Great. 1.3 Well, good afternoon, State Auditor Wood, 14 Mr. Magee, Mr. McDougall. Thank you all for attending our 15 meeting today on improper payments. Both of your states 16 have done extensive work into identifying and fixing your state's improper payment issues. In order to better 17 understand the issues that our state faces, we must 18 19 understand what other states have gone through. 20 Who wants to go first? Do you have any testimony 21 that you will present today? 22 MR. CHRIS MAGEE: Yes. This is Chris Magee with 23 the Legislative Auditors Office. We do have some testimony 24 that we will present and then we'll gladly take any

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questions.

REPRESENTATIVE DIAMOND: And, Madam, do you have any testimony?

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MS. BETH WOOD: This is State Auditor Beth Wood.

I do have testimony. And once I'm finished, I would be glad to take questions.

REPRESENTATIVE DIAMOND: Okay. Well, we're going to go ladies first. So you're up. Feel free.

MS. BETH WOOD: I'm sorry. Are you asking me to go first? I can't hear you.

REPRESENTATIVE DIAMOND: Go ahead, Ma'am.

MS. BETH WOOD: As I said, I'm Beth Wood, North
Carolina State Auditor's Office. One of the types of audits
that we do are performance audits. We are looking at
improper payments where we've been concentrating on
Medicaid. It is half our budget. We spend approximately
\$14 billion a year. And for every dollar spent in Medicaid
monies, two-thirds comes from the Federal Government,
one-third comes from our state coffers.

So we are looking at -- we looked at in 2020 -- we published a report in February 2021 -- eligibility of the Medicaid providers. In the state of North Carolina we serve 2.5 million beneficiaries, participants in the Medicaid program. We have 90,000 healthcare providers. And they can be doctors, dentists, in-home health care providers for substance abuse, mental health issues, disabilities. It can

be hospitals. The list just goes on and on and on.

We wanted to make sure that those who are providing Medicaid services are, in fact, eligible. The General Accountability Office, the GAO, puts out a report. Their last one that they put out in 2018 stated that of the \$36 billion in improper payments in Medicaid, a third of that, \$12 billion, was paid to ineligible providers.

So then we wanted to make sure that the state of North Carolina is not a part of that number. So we performed an audit to look at the process and then where the problems were for North Carolina. DHHS determines providers to be eligible.

Federal law requires that once you're determined to be eligible, five years later you have to be reverified to be eligible. This eligibility inquiry, this application that you put in, the inquiry comes back and includes background checks looking for perfect credentials, fingerprinting, and sometimes even required training.

So what we did, we looked for, first, those who were supposed to have a license. So we went to all the licensing boards, doctors, dentists, nurses, physicians assistants, whatever. And we looked at the Disciplinary Boards and we found that there were 66 providers of Medicaid services that had disciplinary actions against their licenses. We found that 26 of them had lost or suspended

licenses. And we found that 18 of them were still serving Medicaid patients, no license, either lost or suspended, and they were still serving Medicaid patients. And we paid them over a year and a half time \$1.6 million.

So then of these 66 providers, we also found that there were 36 of them with license limitations. So you have a license if you're a dentist, you have a medical license, and then you also have a license to administer anesthesia. And again, out of the 36, we found there were a number of them who had limitations on their licenses. For instance, a dentist was a surgeon, could administer anesthesiology, had a medical license. We found they lost their dental license but retained their medical license and yet they were still providing a couple of services that required a dental license but they were providing medical services to Medicaid participants. And we found again that we paid them around \$3 million over a year period.

So then we looked at the reverification process. And this is, again, looking at what they did within the fifth year where they needed to reverify. We found in a particular year 2019, 27,334 providers, of all the types I've mentioned, were reverified to provide services to Medicaid participants.

We pulled a sample of 191. And we found that 185 of them, 96 percent, had not been properly reverified.

There were not background checks. There were not the credential checks that should have been done. We found that out of the 185 in our sample, 6 lacked licenses or had them suspended. Again, this is in addition to the other 18.

They did not have licenses to perform the services that they were supposed to. And we paid them about \$11.2 million, those six.

We also found those 21 -- and these were nursing homes, adult daycare, we did not have the certifications and the accreditations that they were supposed to have to provide these services. We paid \$74 million in the course of a year. So we did an audit. We performed an audit back in 2014 and found a problem with the initial application process and the reverification process.

We sent findings to DHHS. They put in corrective action to take care of all the issues that I found in my first audit. I performed another audit in 2020. And this is what we found. The initial application process was working just fine. The reverification process done by a third-party vendor was broken.

And here is the simple fix that that could have been. I did an audit in 2014, many problems. The head of DHHS fixed those problems or so she thought. Internal audit, had they gone behind the fixes and tested them, they would have found all the things that I just found in this

latest audit that I did.

I want to talk a little bit about some of the things I heard Mr. Herman say. He talks about comparing improper payments across states. And just like unemployment, Medicaid, every state has its own plan. We all administer the program differently. But here's the deal. Even though we all administer the same program differently, we're all required to look at what are our risks and to assess those risks and then put in controls to take care of those risks.

So I think where Pennsylvania had this issue with their unemployment and you've got this big percentage sitting out there and Mr. Herman said, well, we can't say that's about process because everyone is different, you can't compare it to another state, yes, you can. Because if you've got three areas where improper payments could be happening and one stands out, what I would tell you is that piece of the process has some vulnerabilities that the controls have not been put in place to mitigate.

Just like in this situation, I had an application process, a reverification process. Both of them should be doing the same thing. The application process treated differently than the reverification, the same controls, the same methodology for the reverification was not happening at the initial. So if somebody had just tested that and looked

at that, the numbers are telling you where your risks are, where your root cause for your improper payments are, and then showing you where you need to go and look at the root cause and fix it.

The other thing Mr. Herman talked about was the PERM Report. That is dedicated strictly about Medicaid.

And I would tell you that in the PERM Report for the state of North Carolina, we spend about \$2 billion through managed care organizations. We spend another six or eight through fee for service.

Well, in my PERM Report for North Carolina, they treat my payment to the managed care organization, which is a per member, per month, it's one fee depending on what your eligibility determination was, one fee. My error rate there was less than 1 percent. My fee for service error rate for improper payments was 8 percent.

They took all of the numbers and added them together and came up with an average. And now my improper payment rate was down to like 2.6 percent, which is way below the average across the nation. Well, they should be treating that payment per member, per month, to a managed care organization because it's like an insurance premium. It's the same thing over and over and over again. And, no, we're never going to get that wrong. So my error rate there was less than a percent.

But when I'm sending out payments to a hospital, in-home health care providers, dentists, physician assistants, and a nursing home, oh, my gosh. And I'm doing it for millions of people. We're processing 127 million fee-for-service payments a year through the state of North Carolina's DHHS.

So to average those numbers together, we can tell our General Assembly -- or they do -- that the error rate is 2.6 percent. And I'm jumping up and down saying, no, no, no, no. Your fee-for-service error rate is 8 percent. We need to be looking at that and be doing something about that.

Report is critical because when they're averaging things you never had a problem with, it's all different than a fee-for-service and then average them together and say 2.6 and what you're shooting for is 3, 3.5, now the numbers are all skewed. So then processes may be different. And they are from state to state to state, whether it's unemployment or Medicaid. But what controls do you have in place to mitigate your risk of improper payments? And if you've got three areas in your unemployment and one number stands out, somebody needs to be digging into what's the root cause and fix it.

That, Mr. Chairman, concludes my report. I'd be

1 glad to take questions. 2 REPRESENTATIVE DIAMOND: Thank you very much, 3 Auditor Wood. I appreciate your candor in admonishing everyone to look a little bit deeper than just the big 4 numbers themselves. 5 6 Let us move on now to Mr. Magee. 7 Mr. Magee, are you going to be speaking on behalf 8 of both you and Mr. McDougall or do you each have something 9 to give us here? 10 MR. CHRIS MAGEE: We each have something to give. 11 I will start us off. 12 REPRESENTATIVE DIAMOND: Okay. 13 MR. CHRIS MAGEE: I'll start us off and then I'll 14 toss it over to Brent. 15 REPRESENTATIVE DIAMOND: Thank you, Mr. Magee. 16 Go ahead. 17 MR. CHRIS MAGEE: Good afternoon, members. 18 My name is Chris Magee and I am the Performance 19 Audit Data Analytics Manager with the Louisiana Legislative 20 Auditors Office. And with me today is Brent McDougall, who 21 is our Senior Data Analyst. 22 In our roles, we use data to identify instances 23 where, as Ms. Wood spoke about, the processes within 24 Executive Branch agencies could be improved, really 25 analyzing through the lens of data and then try to make

recommendations on how those agencies could improve those processes.

In many instances, we specifically look for program violations that may lead to potential improper payments. Today we will present an overview of our audit work related to improper payments and why we have focused on a few specific areas, namely the Medicaid Program and recently the Unemployment Insurance Program. We'll also discuss how we are able to conduct this work, some of our overall results, and go into some specific examples.

Generally, we have been focused on obtaining and using data to test entire populations of state program transactions to identify those potential improper payments and to make recommendations to enhance Executive Branch agencies' oversight of the programs they administer.

Again, it's focusing on looking at and testing entire populations instead of conducting a random sample and then go and target those high-risk transactions. Over the last four years, 15 data analytics audits have identified approximately \$558.5 million in potential improper payments.

We also made recommendations for programmatic changes to ensure more integrity in these programs, such as strengthening the use and reliability of their own agency data. We have focused on areas in state government that the LLA has identified as high risk, including, like I

mentioned, Medicaid eligibility, specific behavioral health providers within the Medicaid program, and then unemployment insurance.

So with Medicaid eligibility there was a significant increase in the cost of the program and the number of recipients in the program due to Medicaid expansion in our state. For example, the expenditures for the Medicaid program increased from more than \$12 billion in State Fiscal Year 2016 to more than \$17 billion in the next fiscal year, 2017.

And so as an auditor and as Ms. Wood stated, half of our State budget is the Medicaid Program. And that includes Federal and State dollars, but a large percentage of it is our State dollars being used for this. In the Medicaid eligibility area, we identified approximately \$79.2 million in potential improper payments based on various eligibility issues.

The behavioral health providers, kind of like Medicaid providers in general, we really identified this provider group as the area of highest risk within the already risky Medicaid provider group. And so from 2012 to 2016, the cost of the behavioral health program increased from \$213 million to \$445 million. So it more than doubled in a few years.

In addition, other groups and agencies who

oversee the Department of Health and the Behavioral Health Program were specifically identifying the behavioral health group is the highest risk group within the Medicaid program. So we took a deeper look into that and identified approximately \$60.7 million in potential improper payments in that area.

Recently, while there are still many dollars being spent through the Medicaid Program, the COVID-19 pandemic and subsequent shutdown and lockdown and loss of jobs, of course, necessitated many people needing to get on the Unemployment Insurance Program.

In addition, the Federal Government expanded the benefits to not only allow different groups, such as gig workers, to receive those benefits, but also enhanced benefits on top of the regular State UI benefits.

So in Louisiana, total UI claims increased from just less than 17,000 on February 29th, 2020, to 366,000 on April 25th, 2020. Through our work we have identified approximately \$412 million in potential improper payments in this area throughout our audits.

We have been able to focus on using data to evaluate these areas in part due to the Louisiana's strong audit law, which is Louisiana revised Statute 24:513. Among other things, our audit law allows the LLA to have access to to state and local government agency data as long as it's

used for audit purposes. This allows us to use data from
various state agencies to analyze the performance of one
specific agency.

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So we are using a lot of information at our disposal, sometimes information that those agencies don't have access to yet, to determine if that information could assist them in administering their programs and then make recommendations, if so, for them to obtain access to that data so they can run their program more efficiently.

In conjunction with our State law, we've also developed strong internal data governance policies and processes to make sure that the data we obtain we really do need, that we keep it secure, and we maintain and properly perform our audits.

So with that, I'm going to turn it over to Brent McDougall, who will go through some specific audit examples and themes of our work.

REPRESENTATIVE DIAMOND: Thank you, Mr. Magee.

Mr. McDougall, the floor is yours.

MR. BRENT McDOUGALL: Good afternoon.

As Chris said, my name is Brent McDougall. I am the Performance Audit Senior Data Analyst at the Legislative Auditors Office.

Just as Chris had mentioned before, we have focused on a few themes and topic areas throughout the last

few years. For example, there are a few data sets that the LLA currently receives on a regular basis and that we maintain internally which allow us to use them on many audits in assessing program eligibility.

We have used data regarding deaths, incarcerations, and wages earned and reported by employees to assess eligibility in both the Medicaid and the Unemployment Insurance Programs. Our audits have generally found that the agencies administering these programs could improve the existing processes to make more accurate and timely eligibility determinations.

For one example, the Department of Health,

Louisiana Department of Health, historically used employee

wage data on an annual basis to identify income that was not

reported by Medicaid beneficiaries/recipients. However,

this wage data is actually reported quarterly by employers.

So instead of looking at the data on an annual basis, we conducted our data analyses to determine if using quarterly wage data matches would prevent potential improper payments. We found that LDH may have paid at least \$61.6 million in potential improper payments from July 2016 through March 2018 to individuals who earned too much to qualify for Medicaid.

We recommended that LDH analyze the wage data quarterly rather than annually and the agency concurred with

us. As a result of running this more frequent data match,

LDH removed from the Medicaid Program approximately 30,000

individuals who do not qualify and saved approximately \$14.5

million in one month alone.

We've also identified the behavioral health provider group as the riskiest provider type in the Medicaid program. Much like Chris had covered, the skyrocketing costs of this program, specifically those services allowed to be provided by unlicensed individuals, along with legislative interest in the program and the need for individuals to receive the services, led us to analyze this program in a very in-depth way through the use of data analytics.

Louisiana's Legislature passed two State laws to require, one, all behavioral health providers to obtain a national provider identification number and, two, to limit the number of hours that an individual provider can provide in one single day to 12 hours.

These laws were intended to bring more accountability to the programs by allowing the state to know who was specifically providing the services and for how long each individual was providing the services on a given day.

We tested the compliance with these laws after they went into effect and found that LDH was not requiring providers to follow these new laws and thus they were

allowing potential improper payments to be made.

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We made recommendations to strengthen the agencies oversight processes and the agency implemented them, which has prevented additional improper payments from being made.

Based on our knowledge of the Behavioral Health
Program that we gained through various reports, we also
developed a behavioral health provider risk matrix to
identify red flags associated with the billing practices of
behavioral health providers.

Using this matrix that we developed, our office initiated multiple audits of specific providers in behavioral health that were identified by the risk matrix to determine, one, the validity of the risk matrix and, two, what was allowing the providers to bill in a manner that they were a higher risk and allow them to possibly receive improper payments.

We conducted these audits and found issues such as billing for services provided by deceased individuals, billing for services that were not actually provided, and billing for services that were improperly billed or coded.

In summation, our work is focused on using data to identify potential issues and improper payments in governmental programs. When these issues are identified, we make recommendations to the agencies on how they could

develop stronger policies and use data in a more comprehensive manner, achieve greater integrity in the programs they administer and ensuring data access, having the will and desire to make programmatic changes, and having the right people and systems in place to help achieve this goal.

So Appendix A of our written testimony that we provided summarizes the information and the data analytics unit reports that we've released over the last couple of years as well as links to the reports themselves and the amount of potential improper payments identified.

We thank you for your time. And we will be happy to answer any questions that you may have.

REPRESENTATIVE DIAMOND: All right.

Thank you, all, very, very much for your great testimony this afternoon.

We're going to go right to member questions here.

And I will go to the member of this Committee who probably speaks audit language better than any of us, Representative Ryan.

REPRESENTATIVE RYAN: Mr. Chairman, thank you very much.

And to be honest with you, as a CPA, I would love to see if I could get continuing professional education for your seminar today. It was extraordinarily helpful.

State Auditor Wood, if I could start with you, if you don't mind, in the first question.

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Inherent in your question is really the entire COSO standards of the system of internal controls and things of that nature, which implies that the agency had some degree of meaningful measures of effectiveness that you could then audit or did you find that that existed or did you find that you had to go in and almost reinvent the wheel to determine whether or not the appropriate measure of effectiveness was for that particular agency?

MS. BETH WOOD: In the first case, when we audited the first time in 2014, we had gone in and literally had to reinvent the wheel. But in the second case, we didn't test controls to make sure that they were effective. So in the first case we had to basically reinvent the wheel to show what kind of controls that they needed. Second place, they just didn't.

REPRESENTATIVE RYAN: And you had tremendous testimony, but I get the impression as well that you emphasize the importance of the internal audit function. Have you found that the agencies that you audited recognize the importance of internal audit and did your audit team help and assist in the building up of an internal audit capability?

MS. BETH WOOD: In North Carolina we're doing

just that. The year before I became State Auditor, the auditor ahead of me performed an audit on internal audit functions and how they don't exist in the state of North Carolina. A law was enacted and many, many agencies are required to have an internal audit, but they didn't do it well. So in the case of DHHS -- and again, as I said, they literally -- their internal audit team could have come in and audited the very controls they put in place but they did not.

I have been on a mission with our General
Assembly right now to show how we have an internal audit
function across State Government, across State agencies and
universities. We have 182 internal auditors. We spend \$20
million a year and we are getting squat for the effort.

And I have used DHHS as an example. I wouldn't have had to waste my time or my resources if their internal auditors had just tested what they put in place. I have done the same thing at DOT. I found two issues, major issues, that have required legislation. And I pointed out that if the internal audit function that that agency is now required to have and has had to have in place since 2008, had it been working like it was supposed to, again, I would have never come in and found anything. And in that case DOT ran out of cash, couldn't pay their vendors.

In North Carolina, I'm ashamed to say that

internal audit could have found it. So I am using my audits now to get the General Assembly to toughen our law and make it stronger, that the internal audit shops need to be functioning effectively, not just have one, but function effectively. So, yes, I've used this work to draft my point.

REPRESENTATIVE RYAN: And it was interesting.

And I'll have a later question for Louisiana,

please, if you don't mind. But I do want to continue with

Beth, if you don't mind. And this will be my last question.

When you look at the complexity of medical billing from the provider perspective, to what extent did you find the same concern about internal audit with the billing agencies, I'd say a health care facility, behavioral health, whatever it may be, that their staffs may not have been technically capable of dealing with the complexity of medical billing that might have added to the error rate?

MS. BETH WOOD: I don't think the medical billing is that difficult, frankly. You provide a service. There's a code. You put it in. And we have a very well-built Medicaid billing system. And so I don't think it's all that complex. I think the eligibility part of the participants themselves is much more complicated.

But once you get past that, it's the providers overbilling, upcoding, billing for services. Those are very

1 intentional acts. It's not a whole lot about improper 2 coding. 3 REPRESENTATIVE RYAN: I love your approach. Thank you very much. 4 5 MS. BETH WOOD: You're welcome. 6 REPRESENTATIVE RYAN: Mr. Chairman, those are the 7 only questions I had for Beth. 8 Thank you. 9 REPRESENTATIVE RYAN: Thank you, Representative 10 Ryan. 11 Auditor Wood, you briefly mentioned the PERM 12 Report. We covered a little bit about a PERM Report with the previous testifier. I kind of saw a little reaction you 1.3 14 had when I mentioned our 77 percent error rate here in 15 Pennsylvania on Medicaid eligibility. 16 So can you just elucidate for the public and for 17 the members, you know, what that report generally studies 18 and what kind of information someone like yourself can glean 19 from it? 20 I don't hold a lot of stock in MS. BETH WOOD: 21 the PERM Report. We're supposed to be able to glean from it 22 your percentage of ineligible participants in the program 23 and improper payment rates. But as I said, I don't think 24 they're going at ours in a way that they should because they

are averaging two different things, two different items,

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sets of controls that are going to be different. And so
they should be treated separately and reported on separately
so the users will know where the problems are.

When you take a point less than 1 percent and you take 8 percent and you average all the numbers and the people and everything that goes into it, it comes out with 2.6, it's a misleading report.

REPRESENTATIVE DIAMOND: So, ma'am, if I could just interrupt you.

MS. BETH WOOD: Sure.

REPRESENTATIVE DIAMOND: Just to clarify what you were just talking about. That's when you were talking about the difference between MCO and fee for service, correct?

MS. BETH WOOD: That's right.

REPRESENTATIVE DIAMOND: Okay. Thank you.

Go ahead.

MS. BETH WOOD: And then the other piece of it that is misleading is that they talk about your eligibility rate for the participants. Myself and the Louisiana State Auditor and the Mississippi State Auditor did a lot of work a couple years ago, eligibility determinations, and what we have found is that eligibility determinations are based on income of the participants and how many live in a household, how many dependents in a household.

However, the law prohibits us from looking at tax

returns at the state so that I can look to see if people who are filing a tax return, if that income on that tax return matches what's being filed with a local county Department of Social Services. Also, we all know that on a tax return you list your dependents and you have to put a social security number with them. When you tell the Department of Social Services at the county level how many dependents you have, you don't have to prove any of that with social security numbers or anything.

So again, the eligibility rates that have been reported in the PERM Report, in my opinion, are useless because nobody is looking at income, which is a major determination. There's no verification of income. Nobody is looking at income. We are not allowed to. And the number of dependents that you reported, there's no way to verify it. There's no way to tie it down to make sure that you didn't lie to DSS, Department of Social Services.

So again, I don't hold a lot of stock in the PERM Report. I don't use it. I don't believe in it. I think the information is useless for all the effort that goes into it.

REPRESENTATIVE DIAMOND: Thank you very much for that eyebrow-raising commentary on the PERM Report.

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Let's go to Representative Lewis.

REPRESENTATIVE LEWIS: Thank you, Chairman.

And thank you, State Auditor Wood, for being with us and for the rest of you as well for taking the time to testify and provide insight here in Pennsylvania.

We had talked about your audit as well as just in general your efforts auditing and some of the recommendations you had made to your Legislature. I was wondering, can you expound on any findings you've made and provide some insight for us as lawmakers kind of what are your recommendations? What are some things that we could be looking into legislatively?

MS. BETH WOOD: Well, I'll tell you what I'm doing to try to help the General Assembly and we're starting to put this in place and really getting it going. And that is when I finish an audit report, I hand it back to the agency to refute my audits. They can't refute anything without giving me hard evidence of law.

So when they don't -- and I have the authority to do this -- they can't prove me wrong, then I require them to put in the report in their response what are they going to do to fix the problem, what date do they plan to have it fixed, and who is responsible for getting it fixed.

So now the General Assembly has put together a committee that will call agencies in front of them and say, the State Auditor told you to do this. Did you do it? And if you didn't, why not? Well, I'll be sitting right there

to know if they did or didn't.

The other thing is when I say that the Department of Transportation ran out of cash, they literally ran out of cash to pave our roads, \$6 billion. They ran out of cash. And so when I finished that report, DOT had a report done so you really couldn't understand the root cause of why they ran out of cash. And it all got back to lack of monitoring. They didn't have a good budget projection of what it's going to cost to build roads for next year. And then the 14 highway divisions measure against that budget their actual spending.

And then there's a central office that should have been doing all that, overseeing 14, to make sure they are all coming together, spending against their budget and they didn't. So when I finished my report, I gave DOT a chance to refute it. Of course, they can't. I'm always right.

So the General Assembly put into law all the things that they should do based on my recommendations. And that was making your central office hold all 14 divisions accountable, making sure that they are tracking on a month-to-month basis budget versus actual, your projections of what you're going to spend next year based on actual projects done for the last ten years, and breaking up their budget in quarterly increments instead of the whole budget

for the whole year and just letting them go at it.

We made those types of recommendations and then you all put it in law. But I think the biggest help we have been to the General Assembly are my findings. Of course, they are, Madam Auditor. Fine. What are you going to do to fix it? When are you going to have it fixed? And who is going to be held responsible if it doesn't get fixed? So now the General Assembly doesn't have to send this up to the research staff all over to figure all that stuff out and try to figure out that probably nobody was put in charge of getting it fixed.

So I make the agency tell me who is going to be in charge of getting it fixed and by what date. That's one of the biggest helps to our General Assembly under the State Auditor for North Carolina.

REPRESENTATIVE LEWIS: Thank you so much.

That's so insightful. It sounds like there's this trifecta between you, the agency, and the General Assembly. And they must provide you a plan of action, a point of contact, and a date that they will rectify this by. And then the General Assembly is in the loop on this so those solutions can be tracked. That's phenomenal. Thank you for that insight. That's tremendously helpful. We'll be looking at that for Pennsylvania.

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Thank you.

MS. BETH WOOD: Sure.

MR. CHRIS MAGEE: And this is Chris Magee with Louisiana. I just wanted to add to that, we have a similar process. We don't have the date that they specifically have to respond by. But we do give them the audit findings. They do have the chance to refute it or not. If they do refute it, of course, as we've been working with them throughout the process, we say, tell us why. Tell us how our analyses audit work is wrong.

And then ultimately that gets to be a part of the audit response and a part of the audit report, which does go to the Legislature. And often whenever our reports come up, they go before our Legislative Audit Advisory Council where they question us about the report but didn't question the agency about the report and asks, what are you doing to fix this? How are you going to fix it?

And our Audit Advisory Council is looking into their own tracking mechanism to try to figure out how these agencies are fixing the problems that we're identifying and the recommendations that we make.

And so then the last thing I would say is while we don't get a date of when they are going to implement the recommendation, we do still gather that information about who is the key person for this finding, who is supposed to be responsible for resolving the issue.

1 REPRESENTATIVE LEWIS: That makes sense. 2 very similar process, three-prong, between you, the agency, 3 and the General Assembly. And in your case the difference 4 is you just don't have that date. But it sounds like everything else you have. You have the point of contact, 5 you have the plan of the agency, just not the date; is that 6 7 correct? 8 MR. CHRIS MAGEE: Correct. 9 And we have established and are really starting 10 for the first full time this year a follow-up process where 11 X number of years after an audit is released, we go back to 12 that agency, ask specifically about the recommendations that 13 we made, did you implement them? Is the implementation in 14 progress or did you not implement them? And then most 15 importantly, why? 16 And so then based on those answers on whether it 17 is being implemented or not, we then try to figure out 18 should we do more audit work or does it appear that these 19 issues are being resolved. 20 REPRESENTATIVE LEWIS: I love the Tremendous. 21 accountability.

MS. BETH WOOD: Committee Member Lewis, I would -- if it's okay to make a statement.

REPRESENTATIVE LEWIS: Yes.

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MS. BETH WOOD: When you go back on this

follow-up audit -- this is one of the reasons we put this in -- that date of when you plan to have it done by, when you go back, they say, always, well, General Assembly, you didn't give me the resources to go do this and so we just haven't done it yet. So we tried to upfront waylay that because resources or not, you're supposed to make sure these things are done. You go find the resources.

So by having that, what date do you plan to have this completed by, or, if they say, well, we have to figure it out, okay, what date do you plan to have this plan deliverable to the General Assembly? Having that date of accountability, as well as the person, is critical in making sure that when you go back two years from now or three years from now and they say, we didn't have the resources so we just didn't get it done, three years didn't go by without some action.

REPRESENTATIVE LEWIS: That makes sense.

So by having the date in there, you've got a time hack essentially where you can't come back years down the road and say, well, we didn't have the funding or we didn't have -- I gotcha. Fair enough. That's tremendous.

Thank you so much. Thank you, both.

REPRESENTATIVE DIAMOND: Let's go to Representative Ryan for a brief followup.

REPRESENTATIVE RYAN: Again, I want to thank all

1 three of you tremendously.

For members of the Pennsylvania Legislature, Act 44 of 2017, which was my first bill, actually required -- we get e-mails once a quarter from the Auditor General -- mandates that the Auditor General's recommendations must be followed and adhered to and responded to. And if they don't respond satisfactorily to the agreement of the Auditor General, the Appropriations Department or the House or the Senate can revoke the funding for that agency until the compliance is there.

And we have House Bill 117 for the Auditor

General, fraud and forensic, which would give us more along
the lines of the full capability that North Carolina and

Louisiana both currently have.

Let's go to Representative Wheeland.

REPRESENTATIVE WHEELAND: Thank you, Mr.

Chairman.

Let's give North Carolina a break and we'll jump to Louisiana. Mr. Magee and Mr. McDougall, what was the methodology of your audit and what did you seek to accomplish?

MR. CHRIS MAGEE: Is there an auditing in particular that you're focusing on or just in general our

methodology?

REPRESENTATIVE WHEELAND: Well, just in general your methodology when you conduct an audit. Is there anything special about it or is there anything you focus on?

MR. CHRIS MAGEE: So we really tried to focus on the highest risk areas to the state kind of as a holistic office risk assessment we've identified as the riskiest area for our analytics unit to focus on.

And so as I mentioned, we've kind of moved from Medicaid eligibility to Medicaid providers. Now it's unemployment. But as a part of that and kind of the foundation for how and why we can quickly respond to these issues that arise in our state is kind of a data foundation that our office has laid and that Brent and I, in conjunction with many other people in our office, have kind of implemented and instilled in the culture over the last few years.

And so that's really trying to identify those data sets and be informative for multiple performance audits, financial audits, investigative audits, if our office needs to conduct that type of audit. And what we do is maintain those data sets and receive them frequently. Some of the examples are death data from our vital records, Medicaid data, food stamp data, driver's licenses, wage data that Mr. McDougall mentioned earlier.

We receive and maintain these data sets on a weekly, quarterly, annual basis and really have them ready to go when we need to quickly try to identify are there people earning too much who are still employed but are claiming unemployment benefits?

So months after the pandemic started, we were able to put our report that said, yes, there's people who appear to be making well in excess of what they should be able to qualify for the program.

So I would say, generally our methodology is just like any traditional performance audit. We try to conduct our background. We identified the criteria. And then we test that criteria. But the two ways that we kind of divert from just the traditional performance audit is, one, all of that data infrastructure that we had in place behind the scenes, but then, two, the methodology of testing entire populations and then look at the highest risk examples to try to figure out if your methodology works or if it didn't and you need to tweak that analysis.

So I hope that answered your question or at least in part.

REPRESENTATIVE WHEELAND: Yes, it did. Thank you very much.

Mr. McDougall, did you have any comment?

MR. BRENT McDOUGALL: I think Chris covered

REPRESENTATIVE WHEELAND: Okay. Very good.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN GROVE: Thank you.

I apologize. I had an election panel to discuss some stuff, so I'm back. I appreciate everyone's participation in this.

And next is Representative Keefer.

REPRESENTATIVE KEEFER: Thank you, Mr. Chairman.

Mr. McDougall, you had spoken about two laws that the Legislature in your state passed that brought more accountability to the programs. What was the actual result from that law or from those two laws? And what was the response from the agencies?

MR. BRENT McDOUGALL: Well, specifically there were two things that we looked at. One had to do with the agency making sure that every individual that was looking for services had an NPI number, which is a unique identifier assigned by CMS. The other was the number of hours that the person was able to bill in one day. Prior to the implementation of that law, there were no limits on the number of hours you could do in a day.

And so the recommendation that we made is essentially that our Department of Health needed to abide by each of these new laws. And in both cases they were

extremely willing to work with us. In fact, in both situations they kind of wanted to know what we were seeing in the process before we even provided our draft results. So they began implementing new controls as soon as possible.

And so with the implementation of the NPI law and our recommendations, I believe within six months they had cut it down to a few dozen providers that were still somehow getting through and billing without using an NPI number for an individual person. And then within the 12 hours, it has been a little more difficult for them to implement the controls on because of the ability of a provider to bill 12 months from the date of service.

So actually they can really only go after one year, go back and see if they billed more than 12 hours in a day, because there's that ability to bill all within one year of the service being provided.

REPRESENTATIVE KEEFER: Okay.

MR. CHRIS MAGEE: Again, just to add to that, to tie it back to the question that someone had asked earlier about internal control and to tie it back to Ms. Wood's comments, the issue here is there was an issue identified by the agency, by the auditor, by the Legislature most importantly.

And so the Legislature creates these laws that need to be followed, but from an internal control

perspective by the agency, the agency wasn't making sure that these providers complied with the law. And then more importantly, the internal audit function here in Louisiana and some agencies aren't really even focused on doing that kind of work.

And so there was really this audit law put in place where no one was actually checking to see if anyone was following the law. And these laws are really designed to fix very significant problems in these programs to make sure the programs are being run properly. So it kind of ties all back in together to that internal control thing.

But like Brent mentioned, thankfully they were willing to fix the issue and they've implemented those controls now.

REPRESENTATIVE KEEFER: Okay.

And, Mr. Chairman, if I may.

Auditor General Wood, I have a question regarding the Federal Do Not Pay Program. I'm sure you're familiar with that. Could you tell us a little bit about it?

MS. BETH WOOD: I am not that familiar with it.

That comes through our Treasurer's Office. So that's really not a part of what I do or a part of our function at all.

The state of North Carolina can opt into the Do Not Pay.

But again, that works more with the Treasurer's Office than it does the State Auditor's Office.

1 REPRESENTATIVE KEEFER: Do you know if your state
2 opts into that? Pennsylvania does not.

MS. BETH WOOD: I'm not sure that we do either.

REPRESENTATIVE KEEFER: Okay. Thank you.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN GROVE: Mr. McDougall, I just want to follow up with the NPI. We actually had a grand jury report started under a previous Attorney General. It was released under our current Attorney General, Josh Shapiro. We worked with them on creating language to require -- and it was cited as one of the leading causes of provider fraud is lack of an NPI number to capture, particularly, I think it's home healthcare workers to make sure they're billing accurately.

When we drafted legislation with him, when we went to move it, our Department of Human Services said if we do an NPI or create a state SPI, we would actually lose Federal funds because of that process.

Are you aware of any Federal law that would not require the use of NPI or an SPI to ensure that we have program integrity?

MR. BRENT McDOUGALL: I'm not familiar with all the Federal requirements in the use of NPIs. However, the CMS NPI database is a free download that's updated monthly. And for certain Medicaid providers, CMS does require an NPI

number. What the new law here in Louisiana did is it took those unlicensed behavioral health providers for which the program did not require them to have a license and therefore they did not. They were not required to get an NPI number. It required that they get an NPI number by the way of requiring that the billing for the service needed to specifically identify the NPI, the individual providing the service.

There's no certifications or other types of education or requirements involved in just filing and obtaining an NPI number through CMS. And so I don't know what other regulations might be involved in that. But it was actually very -- it was something that seems easy to be done, to enact here in Louisiana that really helped to identify the individuals billing for these services and that were supposedly providing the services.

MAJORITY CHAIRMAN GROVE: Yes. We thought so, too, but apparently our Department of Human Services did not want to require that.

So thank you. I will follow up with them.

Representative Wheeland.

REPRESENTATIVE WHEELAND: Thank you, Mr. Chairman.

Under the topic of hindsight is always 20/20, I'm curious as to how are your audits received by the rest of

the state, the departments, the Executive Branch, the
Legislative Branch? How are they received? What sort of
comments and criticisms did you have at the outset and then
what are they today? Just curious.

MS. BETH WOOD: One of the reasons that I -- one of the things that I wanted to accomplish as State Auditor when I worked here for ten years under two other State auditors, in our reports we fill out -- and the agencies' argument was just as sound as our findings. So in essence, the General Assembly and the Governor didn't really know which one was right. So it was one of the reasons for the irrefutable findings.

So we make sure that we sit down with the agencies that we are auditing and give them an opportunity to prove us wrong with evidence. In the beginning, the agency started out to argue, as they always have, with my findings. And then when I stood before the Committees at the General Assembly in North Carolina and told them, the legislators, I had given them several opportunities to prove me wrong and they can't.

And then the Legislators turned to the agency and say, you got that evidence? And they will say, well, no.

So then I had agencies calling over here to ask my auditors, how do we get her not to do that to us?

So again, irrefutable findings. And now when a

Governor -- when the Governor appoints a new agency head, he sends them to see me because he knows I know where the dead bodies are. The General Assembly is passing laws based on the audit reports that I put out. And when I issue an audit report, they want me to come down to either a specific committee or Program Evaluation Committee and make a presentation on my findings.

So the answer to your question is, 100 percent support. And when you think about it -- and I give them an opportunity to prove me wrong and they can't -- there's really no argument to be had by anyone, nobody.

REPRESENTATIVE WHEELAND: Boy, I would have loved to have been in one of those meetings.

Mr. McDougall or Mr. Magee?

MR. CHRIS MAGEE: Yeah. I'll jump in.

We really try to work with the agency throughout the audit process to give them examples of what we're finding, give them -- we give them the entire population of everything that we find so they can go and research it themselves and, as Ms. Wood stated, try to find that evidence that shows what we're doing or what we're saying is incorrect.

Throughout the majority of our audit reports, the agencies actually agree with what we're saying. We work with them on things like tone. That's usually the things

like how we're saying it. But generally what we're finding and the issues at hand, they are agreeing with.

But that other level of kind of looking at it and making sure the results are right and how does the Legislature understand what we're doing, all of those hearing committees, we testify often about our audit reports either in front of our Audit Advisory Council or different committees that kind of oversee that topic. So we have many Medicaid subcommittees. Sometimes we will present our reports there.

But generally, our reports, the agency does agree and the Legislature is generally okay with. There are audit reports where maybe the agency agrees but certain

Legislatures do not like or understand the work that we were doing. But we try to inform through the report and we try to inform through those hearings to give additional context, not going from our audit reports.

MS. BETH WOOD: Mr. Chairman, if I may step in here.

Chris brings up a good point. And it is about the tone. My staff gets excited or sometimes aggravated and they will be using -- you know, there are very sort of adjectives that sort of, you know, increase the aggressiveness or the tone of the report. And all of that comes out. It's flat. It's vanilla. It's just the facts.

But if I've got a COO of DOT who absolutely has reports in front of him and did not take advantage in order to stop the DOT from giving out cash, I will say it in very plain terms, and, again, no tone, no agitating adjectives to the report. And that's important. Very vanilla language but very firm about what we found.

REPRESENTATIVE WHEELAND: Thank you.

Any other comments on the past and what is currently happening? If I hear you folks correctly, it's getting better. It was tough in the beginning maybe.

People not used to it. And now can you expound upon that?

MR. CHRIS MAGEE: Yeah. I think so.

People -- I mean, the way that auditing has progressed in terms of the use of data was, one, necessitated because there was so much data being gathered by agencies that auditors needed to begin to use it more. And so whenever we really started presenting the audit results that said we analyzed the entire Medicaid population and found tens of thousands of people who made more than the allowable amount to qualify for the program, the question that we would always get in the pushback was, well, that's a sample of 80 people or 100 people.

But as we try to educate the auditee, we try to let them know, look, our audit software is allowing us to analyze your billion Medicaid records to try to identify the

exceptions for the program rules, whether it's earning too much to qualify for the program, whether it's billing more than 12 hours in a day. We're looking at everything. And then we're looking at those highest risk ones.

So kind of the transformation and the progression of the approach from sample heavy to look at everything and then sample or choose a targeted selection of the highest risk ones was an approach which kind of took a little bit of time for the agencies to understand.

But I do think over time they are understanding that approach to our audits.

MS. BETH WOOD: And if I may comment on that also.

It is a lot better. Two things have made it better for North Carolina. One of them is I took office in 2009. It was right after the 2007-2008 economic downturn and the state's first attempt at a budget. It was \$5 billion short in revenues. So now everybody wants to know what the real numbers are.

And then secondly, I pissed off both sides of the aisle where I put out a report, irrefutable findings on DOT, which is one side of the aisle, one week and then I turned around and put out one on DPI, which is the other side of the aisle, the next week. Both of them irrefutable findings, both of them giving the General Assembly exactly

the information they need to make decisions about each of those agencies.

So over the years, I have built a reputation for never being wrong and not playing politics and not performing partisan work. So between the two -- and then given the economics of the state of North Carolina and the nation, every state auditor, both of those have sort of wanted everybody listening to -- it's not about politics anymore. It's not about opinion anymore.

What are the real numbers? Because we need the real numbers to be able to do our job, as the busiest decision-makers in North Carolina are legislators. They don't have time for lobbying and opinions and this and that. They need to get down to the facts quickly and irrefutable facts.

REPRESENTATIVE WHEELAND: Thank you so very much. That was quite pointed.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN GROVE: Thank you.

And lastly, I want to close by asking all of you if there's one thing you would like Pennsylvania to take away from your audits or even your experiences with improper payments in general, what would it be and why?

MS. BETH WOOD: As was followed up on what I said before, it's not only about the numbers. People can take

numbers and they can make any case they want to. Make sure you understand what's in the numbers. And your staff may need to dig down and figure it out. And then the other thing is when -- I don't care if it's Pennsylvania,

Louisiana, North Carolina, and we're all, you know,

administering unemployment or Medicaid. Yes, our processes are different. But we all should have internal controls in place that mitigate the risk of improper payments.

And, yes, you can compare yourself to North

Carolina and Louisiana because while our processes are

different, the objective is the same. And so if you've got

numbers that are real different than North Carolina and

Louisiana, then you need to look into that. It's not

because our processes are different. It's because you've

got a hole in yours.

That didn't come out right. I'm sorry.

MAJORITY CHAIRMAN GROVE: I get that.

Go ahead, Chris.

MR. CHRIS MAGEE: From my point, I would just piggyback right off of that and say similarly, people latch on to the numbers in our audit reports, especially since we can audit everything. We attempt to audit all the transactions by using various data sets.

In the end, while the number may be what grabs people's attention, the legislators' attention, the agency's

attention, it's really about trying to figure out, where did
the breakdown in the process occur to allow this to happen?

And so that's the most important part of it.

Once you identify an issue such as the ones that we identify in our audits, what caused it? And what could the agency do to fix it so that it doesn't happen again in the future?

So that's what we try to have as our biggest takeaways from our reports.

MS. BETH WOOD: If I may add.

So many agencies in trying to respond to my audits want to tell you why it happened. And I tell them, nobody cares. Nobody cares. All I want to know is, how are you going to fix it? What date are you going to have it fixed by? And who is going to fix it?

So we bring the reader back. We do a response to the response in our reports and say, the agency wants to tell you all these reasons. That's irrelevant.

When are they going to fix it? Bring the reader back to the point of the finding and how it's going to get fixed.

And so I would say, as a legislator, don't get all caught up in their excuses or their reasons for it happening. Hold their feet to the fire about how they're going to fix it.

MAJORITY CHAIRMAN GROVE: Will do.

1 And we'll leave it at that. 2 Thank you, all, for your time. We'll move on to 3 our final panel. Thank you again. We appreciate all your hard 4 5 work for your residents of your states. 6 Thank you so much. 7 We're going to be at ease for a few seconds as 8 our last testifier needs to reboot their computer. 9 Technology, it's great when it works. 10 We're going to go to a short at ease. 11 Thank you. 12 (Hearing at ease.) 1.3 MAJORITY CHAIRMAN GROVE: And we are back. 14 Mr. Zogby, thank you so much for joining us. 15 You know, technology, it works awesome when it 16 And when it doesn't work, it becomes problematic. works. 17 So we appreciate your time. We appreciate you hanging in 18 there. 19 I will turn it over to you for any opening 20 comments. 21 MR. CHARLES ZOGBY: Thank you, Mr. Chairman. 22 I apologize for the little technical snafu. 23 submitted a statement for the record but want to just take a 24 few minutes to open with a few comments and then would be 25 very pleased to take yours and the Committee's questions.

Thank you, Mr. Chairman, Representative Madden, members of the Committee. My name is Charles Zogby. I'm State Deputy Treasurer for Fiscal Operations and Policy. I'm very pleased to appear before you today to talk about the Treasury Department, both its role in our Commonwealth payment system as well as in preventing improper payments.

And I want to focus my comments today on two units within the Treasury Department, our Bureau of Fiscal Review first and then our Bureau of Unemployment Compensation disbursements. I want to talk about their functions and roles to the Committee's point here today, what we've been doing in terms of ensuring that every payment that goes out the door is, as we say, lawful and correct.

As I think members of the Committee know, one of the most important aspects of the Treasury's authority is our preaudit functions to ensure that all monetary disbursements from the Commonwealth are authorized, they're accurate, and they're compliant with applicable statutes, regulations, and management policies.

Section 1502 of the Fiscal Code establishes our preaudit authority. And the code requires that payment requests, which were formally called requisitions, are audited in accordance with generally accepted auditing standards. And the Treasurer is statutorily authorized to

approve payment, formally called issuing a warrant, only for those requests that, as I said before, appear to be lawful and correct. And if those payment requests are not lawful and correct, the Treasury rejects those and we send them back to the submitting agency who either revises, corrects, or cancels the payment or sends them back to us with the appropriate information.

The Bureau of Fiscal Review first off is primarily responsible -- the unit primarily responsible for the preaudit functions. And just to give the Committee a sense of the universe of what we're dealing with, for the last fiscal year that just closed, June 30th, 2021, the Bureau processed over 11.3 million payments with a total dollar value of roughly \$109 billion.

And from that, the Bureau spotted over 14,000 erroneous payments that carry a dollar value of roughly \$1.1 billion. In Treasury we use a fairly conservative definition when it comes to savings, dollars that we prevented going out the door either through overpayments or duplicate payments or payments to improper payees, about \$68 million. And then the balance of that are payments that have had incorrect addresses or maybe a wrong appropriation or fiscal year marked to them. Those are considered errors, but they don't necessarily generate any savings.

I want to spend a minute, too, just to talk about

the process within Treasury. We process payments for over 70 Commonwealth agencies, including the Legislature, the Governor's Office, a range of executive agencies, as well as independent agencies. Those payment files come to us every day.

Before they're entered into our accounting system, we go through those payments. We make sure that all the necessary information that should be accompanying those payments that allows us to review them and analyze them accompanies the payments. And if they are not there, then we send them back. Typically we route through the Governor's Budget Office's Office of Payable Services, who sends them back to the agencies. But unless all the information is there, they don't come into the Treasury system.

Assuming everything is there, they are then loaded into the Treasury accounting system for review. And the first step that we take in fiscal review is to provide a screening using data analytics software. The focus is on attempting to identify higher risk payments for audit. And the analytics do that based on a risk, a range of factors.

The first one is that payments above a certain dollar value are typically selected as well as first-time payments that are a result of new contracts. And then there's other risk factors that are used in the screen,

again, to pull out payments.

Just to give the Committee a sense of the kind of workload that fiscal review is doing, we talked about \$11.3 million, over \$11.3 million in payments. Roughly on an annual basis we are auditing anywhere in between seven hundred fifty and eight hundred thousand dollar payments where we're doing what I would call kind of a deep dive. We're going through any and all documentation that connects to that payment, any supporting documentation, to ensure that the payment is legally correct.

Now, that may not sound like a lot, seven hundred fifty, eight hundred thousand out of 11.3 million, but it roughly encompasses about 90 percent of that \$109 billion worth of value that I talked about at the front end.

Once we go through that screen, we've got a set of payments that are either okay and then those move on to our Comptroller Operations Office within Treasury to go out for payment. Again, we're selecting payments every day for a deep-dive audit to make sure that, again, all the documentation supports that that payment is legal and correct.

Another note I just want to make, too, is that we do work very closely with the Governor's Budget Office,

Brian Lyman and his team over in Comptroller Operations.

And for the Committee's benefit, too, they are doing this

screen, they are doing the analysis on their end. So this really should act as a promo. We'd like to see fewer and fewer errors in terms of Treasury's review. But it really is a team effort from the agency, from the Governor's Budget Office, down through Treasury, again, to make sure that everything is there, that the payments are lawful and correct; otherwise, they don't go out the door.

I want to switch gears now to another unit within Treasury that's become very key to our work in making sure that improper payments are not made and, likewise, that we are doing our best in terms of preventing fraud involving Commonwealth dollars.

I think, as this Committee is well aware, the last couple of fiscal years or so, we've seen a dramatic effect that the pandemic had on unemployment compensation and particularly when it comes to unemployment compensation payments, as well as fraud in the program.

Just to give the Committee a sense of what we've looked at here in terms of Treasury and the impact on our operations, the year prior to the pandemic, Fiscal Year '18-'19, the Treasury Bureau, BUCD, as we call it, handled roughly 2.7 million payments during the fiscal year. That equates to roughly 228,000 payments per month that are processed.

And I should note, too, as I think we all know,

while fraud in the regular UC program was not unheard of, because of the employer-based verification process that's embedded in the program, fraud was relatively an isolated event. And I think, as we all know, the pandemic and what it brought on dramatically changed that.

So again, looking back at FY '19-'20, if you think that that's roughly about three months of the fiscal year, April, May, and June of that year, that the pandemic came down, the lockdowns, etc., BUCD went from, again, processing about 2.7 million payments a month -- or payments per year, 228,000 payments a month, to in Fiscal Year '19-'20 processing 18 million payments that year, roughly 1.5 million payments per month. That's over six and a half times '18-'19 levels.

And then for fiscal year 2020-2021 where we really had for most of the year the effects of the pandemic, BUCD processed really an astounding 57 million payments, 4.8 million payments a month. That's really pretty incredible when you step back and think about it. And again, sort of the normal, regular order process, that equates to roughly 21 times the volume of payments per month that was seen before the pandemic.

Now, I want to point out when it comes to unemployment compensation benefits, Treasury doesn't have any role in reviewing eligibility determinations. Those

remain solely with the Department of Labor & Industry. But even though we're not involved in those decisions, it doesn't mean that we're not active in ensuring payments only go to lawful recipients and that we're not working full time to identify, prevent, and stop fraudulent activities.

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Once L&I determines an individual is eligible for benefits, they send that new account information to Treasury. We in turn submit a set-up file with our partner currently at U.S. Bank. They handle sort of the back office functions with unemployment compensation. And they begin the process of creating a debit account for the recipient. Account Identity Verification screening to detect fraud is also triggered at this sort of set up new account stage.

U.S. Bank utilizes two identification screening methods in order to establish new accounts and identify possible fraud. So they're looking at an info match on the person, sort of basic ID, Social Security, and, again, public databases. Again, first name, last name, self-reported, state, city, date of birth, tax ID information.

If a new account is verified as authentic, the account is activated and Treasury may begin issuing payments. If an account is identified as a fraud risk, it's returned to the Department of Labor & Industry for additional verification steps prior to activation. And it's

important to note that the identification of the account as a fraud risk by either U.S. Bank or Treasury, it's not a benefit determination nor a final eligibility determination. Again, that's all housed at the Department of Labor & Industry.

I think we're all familiar, too, with a number of the newly created Federal unemployment compensation programs. I think of things like Pandemic Unemployment Assistance, the Federal Pandemic Unemployment Compensation Program. These programs, because they weren't tethered to employer histories, employer work histories and data, were ripe for fraud and, in fact, we saw a widespread fraud visited on the Unemployment Compensation Program throughout last year.

Treasury worked very diligently with our partners both at U.S. Bank and the Department of Labor & Industry.

We reported back in April of 2021 of this year that together with L&I we halted nearly \$740 million in improper payments that were issued to fraudsters. And much of that really is owed to the thousands, tens of thousands, of honest Pennsylvanians who returned payments that they hadn't requested.

And we've also been very diligent in working with citizens to help them in any way that we can, both to understand the process and what they need to do if they see

fraud and then when they do see it, to report it to L&I and work to stop fraudulent activity both in the payments that are issued and the accounts that impact our citizens.

We're mindful, too, even though a number of the steps that L&I and Treasury took last year to halt the fraud that was occurring in the Federal programs, we've seen in the last many weeks a recurrence of fraudulent activities, a new level of fraud, that's been in play in the regular unemployment compensation programs.

And in response to that, we've been very aggressively advocating with Labor & Industry to implement ID.me. I know that's been talked about here a couple times this afternoon. We worked to implement that with respect to regular UC claims. I believe they began to move on that and will continue to in the weeks ahead.

We've also worked very closely with Labor & Industry to identify certain financial institutions that appear to be associated with suspicious or fraudulent direct deposit applications submitted via the L&I claims portal. So we've terminated applications. We've restored bank account information. And where appropriate, we've recalled or cancelled payments issued under fraudulent circumstances. And we've also reissued payments to legitimate claimants.

It's an ongoing effort. We realize that as long as these programs are going to be around, we're going to

have to deal with this activity. And so we continue to work with our partners inside and outside government to identify and stop fraudulent activity. This is a top priority of Treasurer Garrity. And it's a top priority of the team in Treasury. So we are focused day in and day out in our workday business. We're on this, as I said, with fiscal review as well to make sure that only those payments that are lawful and correct actually go out the door and are issued.

So with that, I really appreciate the opportunity to appear today before the Committee. And I'm certainly prepared to try to answer any questions that, Mr. Chairman, you and the Committee members may have.

MAJORITY CHAIRMAN GROVE: Thank you, Deputy State
Treasurer Zogby. We really appreciate your time. And we
completely understand the overwhelming nature of
unemployment compensation and what Labor & Industry and
Treasury has been dealing with for numerous months. We
appreciate that hard work.

I know we've had kind of an offline discussion.

But one of my greatest pet peeves with improper payments is the fact that agencies continuously make the same mistakes over and over again. If I pull up the PERM Audit for our Medicaid and CHIP programs year after year, it's the same errors being made time and time again. A lot of it is it's

not like the payments end up being incorrect, but they're not collecting the correct documentation, not following the law on the forefront.

So when Treasury looks at payments, time and time they kick back payments to State agencies. Are you seeing the similar errors that agencies are making time and time again? And do you try to work with the agencies to say, you're making the same errors, get it corrected? Because it's far cheaper on the front end to correct this stuff, right, than trying to collect it on the back end of it and spend the time.

MR. CHARLES ZOGBY: Sure.

MAJORITY CHAIRMAN GROVE: So how is your interaction with the agencies on trying to get them doing the right thing at the front end?

MR. CHARLES ZOGBY: Sure. That's a great question, Mr. Chairman. And the points that you made are spot on in that.

And I would say we do work very closely with the agencies. My team, it's a very seasoned team. We have a lot of people at Treasury who have been at Treasury for a number of years. They've been doing this. The Bureau Director of Fiscal Review came from the Budget Office and knows that side of the shop as well.

I would say one of the first things I did on

taking this position was to connect with the Director of Comptroller Operations, Brian Lyman, to establish that relationship. We work very closely with the Bureau of Payable Services. And we're not shy at all about reaching back to the Budget Office. They're our primary contact because they work with all the executive agencies.

And I should note too, as a former Budget

Secretary, I have a little familiarity with the Budget

Office. But we work very closely with them. So we do see

patterns. If we do see things that are recurring in terms

of inappropriate payments, improper payments, or just errors

that are occurring, I would say we're very aggressive in

going back to the GBO team to share with them what we are

seeing and to ask for comment, to ask for input.

I think we have -- you know, we all have a shared responsibility to get it right. And I think, again, as I said in my comments, you know, the Budget Office doesn't like to see errors come to Treasury. Treasury doesn't like to see errors come this way. We know in a universe of 11 plus million payments, they're going to occur. But to the extent that we can learn and make this a process where, again, we're learning from our mistakes. We're spotting things. We have a good dialogue, I think, with the agencies, with the Budget Office, to do that.

I would say, too, Mr. Chairman, one of the other

1 things that we're looking at, that the Treasurer is very 2 interested in, is, you know, we send out a lot of payments 3 by paper check. And I think we understand at Treasury that if we could do it, particularly with vendors and businesses, 4 5 right, that do business with the Commonwealth, if we could 6 do that through an ACH, through a bank transfer, as opposed 7 to a paper check, it probably provides a higher level of 8 security and will work to prevent improper payments and any 9 fraud that folks may attempt to perpetrate. 10 So we really, in the last month or so, couple 11 months, we've begun a push working with the Budget Office to 12 see if we can't move more of our payment stream from paper 13 checks to ACH. And we think if we can do that, with a 14 number of other steps that we're looking at, that we can

So this is something that we're very attentive to. And I would say that we are working, corroborating all the time.

MAJORITY CHAIRMAN GROVE: Thank you.

Representative Madden.

reduce the number of errors that are occurring.

REPRESENTATIVE MADDEN: Thank you, Mr. Chairman.

And thank you, Mr. Zogby, for your testimony

23 today.

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MR. CHARLES ZOGBY: You're welcome.

REPRESENTATIVE MADDEN: I have a question around

the recent hacks into the UC system and that people are able to create new bank accounts through U.S. Bank and the money is being redirected. Working with your partners at Unemployment and the National Unemployment Fraud Task Force, are you able to tell me exactly how long it takes to correct that? So if someone calls Unemployment and says, I didn't get my payment and someone says, well, you've been hacked, approximately how long is it before we get them back on track and the correct person is receiving those benefits?

MR. CHARLES ZOGBY: Representative, thank you for

MR. CHARLES ZOGBY: Representative, thank you for your question.

I really don't have a specific answer for you on that. I would say that we, you know -- well, our customer service teams, our managers, we are always directing individuals to submit any suspicion of fraud to Labor & Industry. I know the Department, it must seem that they are at least enormously overwhelmed at this point with the volume that they're dealing with. We try to do what we can as quickly as possible.

We have limited visibility into the L&I system.

And again, Treasury is not making any eligibility

determinations. So we do direct a lot of that focus back to

our colleagues at Labor & Industry to handle. But we try to

do what we can for the customer as we see them, to do what

we can to help them when these situations do arise. We try

1 to do it as quickly as possible. 2 REPRESENTATIVE MADDEN: Okay. 3 MR. CHARLES ZOGBY: We know there's a sense of urgency for the recipient as well as the State to try to get 4 our arms around this. 5 6 REPRESENTATIVE MADDEN: Thank you very much. 7 No more questions. 8 MAJORITY CHAIRMAN GROVE: Thank you. 9 Representative Diamond. 10 REPRESENTATIVE DIAMOND: Thank you, Mr. Chairman. 11 And thank you, Mr. Zogby, for joining us today. 12 In your testimony you mentioned that the Bureau 13 of Fiscal Review receives payment files from more than 70 14 agencies. Are there any agencies that do not send these 15 payment files to Treasury and, if so, why? 16 MR. CHARLES ZOGBY: I'm not aware of any agencies 17 under the Governor's jurisdiction that do not send payment 18 files to us. I'm trying to find that list very quickly. I 19 certainly would be happy to provide that to the Committee so 20 that they can see the agencies that we are working with. 21 I just pulled it up quickly here. We're looking 22 at the Auditor General, the Liquor Control Board, the 23 Attorney General, just a slew of agencies. I'm seeing every 24 department that would typically be under the Governor's

jurisdiction. I see the House. I see the Senate, as well

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as the Judiciary Supreme Court.

I haven't done a check against every Commonwealth agency, but it is a fairly exhaustive list. Again, I'm not aware of any major agencies that are not on the list for whom we're not receiving payments.

REPRESENTATIVE DIAMOND: All right. Thank you so much. If you do happen to find anything on that, please let us know.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN GROVE: Representative Ryan.

REPRESENTATIVE RYAN: Mr. Zogby, thank you for being here. And I have to tell you, I personally want to give a shoutout to Treasury. I've been working extensively with the Treasurer and your entire team, quite candidly, with the PSERS's issue. I truly value the relationship.

You all have done a phenomenal job.

With the Bureau of Fiscal Review, there were 14,000 erroneous payments. Was there a theme that you saw or that your department sees relative to process failures that lead to those types of problems that you identified that perhaps can be used to go back to, say, the Auditor General when they do the audit to provide input so that those agencies can then fix those processes?

MR. CHARLES ZOGBY: Yes. Again, any erroneous payment, Representative, that is spotted by Fiscal Review,

that's sort of pulled out of the stack, pulled out of the batch. We do send those back to the Governor's Budget

Office, Office of Payable Services. Any information that is missing, we ask for that. If there's errors in terms of an address or a payee, we'll ask for that information as well.

And our team in Fiscal Review is very good in terms of, I'll say, regular basis. I don't know exactly the cycle, but we're constantly looking at that to see patterns. We're doing the same thing in terms of our data analytics.

It's not just a static process where the screening that's done -- again, the screening that's done is static, that we're not learning as we go. And so we're constantly looking for patterns, mistakes that are being made. And that's an ongoing dialogue that we have with Payable Services, with the Comptrollers Office. If we're spotting repetition in errors, repetition in mistakes that are being made, we work to correct those processes, to fix them so that they're not recurring.

REPRESENTATIVE RYAN: In your estimate, does the Auditor General when they do audits of other agencies ever come to Treasury to ask if there were payment processing problems that you've identified that might be valuable for the Auditor General to be able to make feedback to those agencies being audited?

MR. CHARLES ZOGBY: Representative, I would say

in my six months at Treasury, I haven't had that occur. I
really don't know if that's something that we do regularly.

I can check with my bureau team on that.

I do know that the Treasurer herself has a regular ongoing dialogue with the Auditor General. I would suspect that if there's any way that we could work in cooperation with the Auditor General, he and his team, I think that we're doing that.

I would just say that I don't have, for myself, speaking for myself, at least, enough experience in that area to know exactly where and how we may be syncing up, if it's occurring.

REPRESENTATIVE RYAN: The Treasury Department has some incredibly capable folks.

MR. CHARLES ZOGBY: Yes, sir.

REPRESENTATIVE RYAN: Again, I'm very thankful.

Do you have any potential looming retirement issues of staff that will come up to where in three to five years there may become an experience gap if we don't provide some additional help to Treasury to get you people necessary at this point?

MR. CHARLES ZOGBY: That's a great question, Representative.

I would say in the Bureau of Unemployment

Compensation disbursements, we had an individual who is a

key part of our team. She was actually ready to retire back in early 2020. And the pandemic hit and she has been staying on throughout that time and has been indispensable to the operation. Our Bureau Director is a longtime State employee with over 30 years of service. I know he was ready to retire at some point this year, but we cajoled him into staying on. We have some tremendous institutional memory that we're going to be holding on to for the near term.

But certainly towards the end of this calendar year, moving into next year, we are going to see a couple of critical retirements now. I would say that in both of those cases, we had some extremely capable people behind them that I think are going to be able to fill those gaps though. I think, as you know, when you're dealing with people with 25, 30 years' experience, even though you've got somebody with maybe 15 years' experience, right, they're still not as seasoned as the veteran.

But we have, I think, a deep bench. And I would also, too, be remiss if I didn't thank the General Assembly and the latest budget. You did give the Treasury Department some extra assistance in the budget after our budget was cut in prior years. And I know the Treasurer is focused on looking how to deploy those resources.

Some of those resources were for things like a new printer that we burned out in printing all those

unemployment compensation checks last year and this year.

But some of it was for complement as well. And that will go to help ensure that we have not only a good leadership in place but a deep bench as well so when those retirements occur that we're able to backfill them in an appropriate way.

REPRESENTATIVE RYAN: And I'm going to combine kind of the last two questions into something hopefully fairly quick for you. And again, I do appreciate your candor.

attacks against yourself all the time. Is there any advice or guidance you can provide to the rest of the Commonwealth that might be of value since the number of cyber attacks and cyber theft, particularly in unemployment compensation, have increased significantly? And then the second part of the question is, what would be the type of thing that keeps you and the Treasurer awake saying this is a concern?

MR. CHARLES ZOGBY: Sure. Now, on the technology, Representative, I'm going to admit that I'm a self-styled techno peasant. I can start up my computer. I'm going to defer to our seasoned IT team that really knows. They've forgotten more than I know on this subject matter as to how we can prevent against that.

I would say that internally our IT team is very

focused on ensuring the integrity of our systems and always working against cyber attacks. I'm not just expert enough in that area to lend any sort of valued advice.

I think the one thing that really keeps me up is that, you know, I have seen no -- the tide has not receded in terms of the volume of unemployment compensation benefit payments that are being made. And that's going to continue through early September when the additional Federal benefits run out on -- I believe September 4th is the last day.

And I think until we, you know, continue to see lower levels of payments, I think the fraudsters out there -- you know, they never stop. They're going to continue to try to poke and probe and see where they can attack the system and get away with, you know, theft. And that's always a concern.

We obviously don't control those systems. Those systems are run by the Department of Labor & Industry. And everyone knows they've gone through the BenMod, as we call it, the Benefits Modification System. The new system coming online seems to have been tied with this new wave of fraud. So that's really the part that keeps me up every day and worry about, you know, we're only as good as the weakest link in the chain as it were.

And I think until we can really fully get our arms around the systems, which I know Labor & Industry, the

1	Secretary, the team over there that we talk to all the time
2	I know they're focused on that. But until we can really ge
3	a handle on it, I think we're going to continue to see some
4	challenges there.
5	And if I might, too, Representative, I think you
6	asked the question about the Auditor General. And I just
7	wanted to extend my remarks to say that the Auditor General
8	reviews all of the errors that we identify. And they also
9	ask for significant internal control deficiencies.
LO	So to your question, there is an active dialogue
L1	there. And we are working with the Auditor General, both or
L2	errors and in process weaknesses.
L3	REPRESENTATIVE RYAN: Thank you so very much.
L 4	Mr. Chairman, that concludes my comments.
L5	MAJORITY CHAIRMAN GROVE: Representative
L 6	Wheeland.
L7	REPRESENTATIVE WHEELAND: Thank you, Mr.
L8	Chairman.
L9	Deputy Secretary, thank you for taking the time
20	today. I'm sure you're busy. We do appreciate your time.
21	MR. CHARLES ZOGBY: Thank you.
22	REPRESENTATIVE WHEELAND: In your testimony you
23	refer to data analysis analytics software.
24	MR. CHARLES ZOGBY: Yes, sir.
25	REPRESENTATIVE WHEELAND: That identifies high er

1	risk payments to be selected to audit. Can you be a little
2	bit more specific as to what risk factors that software
3	uses?
4	MR. CHARLES ZOGBY: Sure. We use a product from
5	PeopleSoft. And again, I'm not a technology expert.
6	(No audio)
7	MAJORITY CHAIRMAN GROVE: You're back on. You
8	literally just got done saying you're not an IT specialist
9	and then you completely froze.
10	MR. CHARLES ZOGBY: Just proving my point, Mr.
11	Chairman.
12	MAJORITY CHAIRMAN GROVE: Right.
13	And we all agree that your new money, some of it
14	should go to IT.
15	MR. CHARLES ZOGBY: I apologize. I'm not quite
16	sure what has occurred here with my computer. But in any
17	case, I'm joined by my phone. And I'm happy to answer any
18	other additional questions.
19	MAJORITY CHAIRMAN GROVE: Do you want to restate
20	yours, Representative Wheeland, and we'll just go from
21	there?
22	REPRESENTATIVE WHEELAND: Sure.
23	Welcome back.
24	MR. CHARLES ZOGBY: Thank you.
25	REPRESENTATIVE WHEELAND: How's that dialup

working up in Erie? No comment, huh?

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MR. CHARLES ZOGBY: It's working well.

REPRESENTATIVE WHEELAND: Okay. To refresh your memory, in your testimony you referenced data analysis software.

MR. CHARLES ZOGBY: Yes, sir.

REPRESENTATIVE WHEELAND: And that identifies higher risk payments to be selected for audit. Can you be a little bit more specific as to what risk factors the software uses?

MR. CHARLES ZOGBY: Absolutely. It's a PeopleSoft product, Representative.

And again, I'm not a technology expert here. But essentially what it's doing is it's screening payments for various risk factors. So payments above a certain dollar value, for instance, are pulled from the pile and those are analyzed.

First-time payments that are a result of any new contracts from Commonwealth agencies, any Commonwealth agencies, those are pulled out of the pile and identified for a deeper dive.

There's another set of risk factors that are embedded in the software. I'd have to go back to my team to understand those better. And, of course, being in a public forum here, we don't really want to telegraph exactly what

we're looking at, again, so that we have that anonymity, if
you will, in the analysis.

I wanted to point out, you'll note in my testimony I said that we're looking at anywhere from 750,000 to 800,000 payments a year. But the total dollar value of those payments roughly represents about 90 percent of that \$109 billion that I talked about at the outset, 11.3 million payments plus that are processed every year worth over 109 billion.

So if you think that -- you know, if you reflect on that, thinking that about 800,000 of those representing roughly 90, 91 percent of the total payments, we're really trying to cover the entire beach hat, if you will, in terms of the payments that are selected through the analytics screening process.

REPRESENTATIVE WHEELAND: Thank you very much.

Thank you, Mr. Chairman.

MAJORITY CHAIRMAN GROVE: Thank you.

Representative Keefer.

REPRESENTATIVE KEEFER: Thank you, Mr. Chairman.

Mr. Zogby, could you talk to us or tell us a little bit, an overview, about the Federal Do Not Pay Program, what is it, how it works?

MR. CHARLES ZOGBY: I am not expert in that,
Representative. My understanding is that a lot of that has

to do with checks against various Federal databases. I would say that my -- I had some dealing with that proposal back in my Budget Office days. And as I understood it at the time, a lot of the Federal Do Not Pay was sort of one way. The Federal Government got a lot out of the states. I'm not sure the states got a ton from the Federal Government in return.

But having said that, it's been some time since

I've been current with that and looked at it. I would say

from a Treasury perspective, because we're sort of the last

stop in the process of vis-à-vis the payments, that to the

extent that Do Not Pay would be applied, it probably is

better done in the Executive Branch with the various

departments and the Governor's Budget Office. That's really

where the screening for that should occur to make sure that

inappropriate, improper payments are not coming to the

Treasury for payment.

Again, we work very closely with our colleagues there. But any screen that would be done through Federal Do Not Pay is probably best effectuated at the agency or the GBO level as opposed to Treasury.

REPRESENTATIVE KEEFER: All right. I've been digging around and trying to better understand that and see why we don't participate in it. The direction I was being led was that it was a Treasury decision to participate in

the program or not.

Our Government Oversight Committee put out a report on Medicaid provider fraud and improper payments. In the report with regard to the Federal Do Not Pay Program, it says, in discussing the Federal program with Pennsylvania Treasury, we were informed that Treasury does not currently actively participate in the program.

So I just thought maybe that was a Treasury decision and, if so, just trying to better understand why.

MR. CHARLES ZOGBY: Again, Representative, I'm not expert on that. I'm not aware of our application of Do Not Pay right now. Again, I think to the extent that the Commonwealth deems it an appropriate service to enter into with the Federal Government, it's probably best done in the Executive Branch given that our agencies are generating all the payments.

Again, we're kind of the last line of defense, as it were. But if we could stop those payments before they ever come to us through any sort of screening, including Do Not Pay, it's probably better placed there than with the Treasury Department.

REPRESENTATIVE KEEFER: Okay. And then another program is the BAM Program, the Benefit Accuracy Measurement Program. Is this a program that Pennsylvania participates in? Are you familiar with this one?

1	MR. CHARLES ZOGBY: I'm not aware of that
2	program, Representative. I'd certainly welcome information
3	on it and anything that would allow our Treasury team to
4	assess, whether it's something that would be appropriate for
5	us to take on.
6	REPRESENTATIVE KEEFER: Okay. Thank you very
7	much.
8	Thank you, Mr. Chairman.
9	MAJORITY CHAIRMAN GROVE: Thank you.
10	That wraps it up. Thank you for your time.
11	We greatly appreciate all the testifiers and
12	appreciate the technical difficulties calling in but we
13	worked through it. Surprisingly out of all the hearings the
14	State Government Committee has had, that was the first time
15	we've had a bit of a snafu on the technical end.
16	Thank you for your time, Mr. Zogby. We really
17	appreciate it.
18	MR. CHARLES ZOGBY: Thank you, Mr. Chairman.
19	MAJORITY CHAIRMAN GROVE: Thank you.
20	The hearing is adjourned.
21	Thank you.
22	(Whereupon, the hearing concluded.)
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1	I hereby certify that the proceedings and
2	evidence are contained fully and accurately in the notes
3	taken by me on the within proceedings and that this is a
4	correct transcript of the same.
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