I retired from DPHHS December 31, 2014. I am not speaking on behalf of the Department nor am I a disgruntled former employee. I had been in the Audit/Monitor position for TANF, SNAP, and Medicaid Eligibility since 2001. January 24, 2015 I had a bad skiing accident which required two life flights and a couple of ambulance rides in addition to a few months in a spinal cord injury hospital in Denver.

Fraud Prevention:

- Rocky Boy Medicaid Eligibility Determination began as a pilot program. The program has since became permanent. The Director at the time the program originated would not allow me to monitor the expenditures or program compliance. The attorney assigned to the program, the TANF Supervisor, and myself we're planning to visit both the TANF program and the Medicaid Eligibility Determination Program. Anna sent the Administrator an e-mail stating we could not stop by even though we were blocks away and having problems with the program. Since then the Director of the Medicaid Eligibility Determination program, has been in the news. Yet, I was still not allowed to monitor the program. I was directed to pay their invoices using the reports attached as backup documentation.
- Which leads me to the events that happened when I conducted a routine fiscal review at Fort Belknap this past September. When I visited their program on-site, I requested to review 10% of the TANF files sent in as documentation for the reimbursement of the state's portion of benefits. I found roughly half of the files did not have evidence the person signed up for TANF or nor evidence the person knew the benefit payments were issued in their name.
    - I immediately called the TANF Supervisor. I requested assistance. In the time allotted I could not review all of the files. I was told, no, they could not send anyone. I was reviewing the Rocky Boys' TANF program during this same visit. I didn't dedicate time for the incident I found.
    - The Fort Belknap TANF Director told me she's been reporting the problem for a couple of years. She was fired a couple of weeks after my review. I also contacted a Federal partner, who was also relocated a week later.
    - Upon my return, I was bullied. The short version is:
        - There were always hints that if an employee spoke up, they would be sued.
        - I was excluded from the department's meetings.
        - I was told I made too much money.
        - Six months later, I was told my position was being put into a shared position and they felt confident the position would be funded in the next session; however, it could also be a RIF.
        - I had to train a new employee to pay invoices and monitor contractors. However, I was told to only train her to monitor expenditures according to the OMB guidelines and to exclude the contact requirements, State and Federal regulations, legislative intent, program policies and administrative rules.

- I was told I could not contact the Federal TANF or SNAP Specialists, Legislative Audit, or DPHHS's QAD.
    - Legal and the Branch Manager told me I could talk to Legislative Audit, which I did. Even after I was authorized, I was sent another mass email stating employees could not speak to Legislative Audit.
- I was told on two separate occasions I would be put in a room with no phone and no computer. The first time happened roughly a year earlier while responding to a contractor's rebuttal to a prior review. This review was also noted by Legislative Audit. The second time was in regards to Fort Belknap's review.
- My workload was intentionally unmanageable. I was told to review all contracts (40+), pay invoices, and work with the program managers on the RFP's and SDA's, plus several other duties. Before, I reviewed these contractors and tribes as needed for follow up or on an alternating schedule.
- I was told my position title would be changing.
- I was required to attend a meeting with legal staff, the Tribal liaison, and others. As my Administrator addressed me, her lower lip went in and out very fast while huffing. Her voice was elevated as she asked me for the second time, why I went to Fort Belknap. The Lead Attorney read the MCA and said she's required to monitor State money for compliance. Once settled, the discussion turned toward the status of the Medicaid Eligibility Determination programs at Flathead and Blackfeet Reservations, which I was not allowed to enter into the Governor's State Tribal Activities Database (STAD).
- In the mix of this, I was meeting with the HR Department, Branch Manager, and the union with no avail.

- As briefly stated, the bulling initially began while I was writing a response to a contractor who had 24 findings and was a lengthy finding on the last Legislative Audit report. The Department wanted all findings to be resolved. Therefore, they sent the two new employees, with no program knowledge to review the prior findings and to ensure the contractor adapted the spreadsheet changes created by this same new employee.

  Directly after, QAD reviewed this same contractor and found my findings were valid. I'll cut this short. The story is lengthy.

My point of addressing the committee is to demonstrate fraud prevention cannot be solely an internal process, nor can you trust the reports.

Suggestions:

Internal audits are crucial. In addition, external audits by independent firms are just as important. Internal auditors, monitors, and Legislative Audit are merely a messengers. They are not collectors. I suggest this function be administered by the Department of Revenue or by

this committee. Year after year findings are reported without collection or they are excused by management.

Internal audits are necessary to ensure program compliance. The internal auditors must be allowed to attend policy meetings to ensure they stay up on policy changes. They need to track when the changes occur to compare the policy change to the date of the expenditure. There's no way for a private firm to keep up and monitor the constant changes and corresponding dates within a program.

I recommend the audit firm be selected by this committee. I also recommend they review a percentage of the internal audits and the corresponding contractors. The firm could be paid a percentage of the findings recovered similar to the way they do for hospitals and doctors. The committee could also dedicate funds for auditing. The funds recovered could be applied to the contract expense.

Ultimately, an independent agency or committee should be designated for auditors and monitors to report their findings. The current method is not functional and won't be with the management intimidation and political pressures.

State Health Insurance:

Ambulances are not covered without pre-approval. I have several not covered or in negotiation with Department of Administration and Cigna. The negotiated amounts they are suggesting are for in-network providers, which there are none. Not to mention this is six months later.

I was unconscious for three days. Cigna is sending me letters stating I did not obtain pre-approval for these claims. This is ridiculous. I have one flight to the Spinal Cord Injury hospital in Denver that I had to pay $5000 up front in order for them to take me a day later. The air ambulance wanted to ensure payment prior to transport. Craig Hospital put up the other half. I received the services and the air ambulance is entitled to be paid for the services provided. However, the letter from Cigna stated that I should request reimbursement from the air ambulance because they should not have charged me. Cigna's position is causing additional problems. Secondary insurance isn't picking up the expense either because of the position Cigna is taking.

I was in ICU for the ten days, heavily medicated, and a quadriplegic at the time. My family was in shock. How in the world would anyone think to find out if any ambulance needed pre-approval and what are the other options?

Ambulances are not the expense to cut. I'd rather see optional programs cut such as the wellness programs. I enjoyed them, but they're optional. Ambulances are not.