

## Medical Review Program Audit

### Audit Report 201819-01

January 9, 2019

### Executive Summary

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Section 322.126, Florida Statutes (F.S.), authorizes anyone having knowledge of a licensed driver or applicant's mental or physical disability to drive to report such knowledge to the Department of Highway Safety and Motor Vehicles (Department). The Department's Medical Review Program, in coordination with the Department's Medical Advisory Board (Board), is responsible for evaluating drivers who have physical, mental, and visual impairments that could interfere with their ability to safely operate a motor vehicle.

Our audit focused on the Department's Medical Review Program and compliance with applicable state laws and Department policy and procedure. We included case processing, case assignment, quality assurance (QA), and the Board in our review.

Our review determined timely processing of cases and revocations for failure to submit required medical information would improve the Department's oversight of drivers. Out of 120 cases reviewed, 51 percent of initial correspondence letters and 18 percent of decision letters were not sent within the required timeframes. Our review of case tracking determined the process is manual and lacks controls which would enhance Medical Review Program staff's ability to detect when required medical information has not been received timely. We recommend enhancements to the processes for ensuring initial correspondence and decisions on licensure are completed within the expected timeframes and enhancements to the process for identifying cases in which licenses should be revoked for failure to provide requested medical documentation.

Our review also determined follow-up and re-examination monitoring should be improved. In cases which the Board determined the customer was required to take a re-examination, have a subsequent follow-up, or both, we noted licenses had not been suspended for customers who did not comply with the Department's requirements, follow-up timeframes that were not consistent with the Board's recommendations, and follow-ups that were not conducted timely. We recommend reviewing and improving the process for ensuring timely suspension when the customer has failed to report for a re-examination, improving the process for ensuring follow-ups are conducted timely, and that supervisors include re-examinations and follow-ups in their monthly QA review.

We additionally determined improvements to the QA process could strengthen the Medical Review Program. Our assessment of QA documentation identified issues regarding accuracy of documentation and consistency of reporting. We recommend the Medical Review Program develop written guidance to supervisors for conducting and

documenting QA reviews. Our review also noted case assignments and completion rates varied widely. To increase the efficiency of case processing, we recommend the Medical Review Program develop a case assignment process focused on balancing fast case assignment with equitable case distribution.

While Section 322.125(1), F.S., requires Board members to serve staggered terms, we noted all Board members are currently serving the same term, and one member of the board voluntarily relinquished their medical license. Because Medical Review Program management was not aware of the change in the Board member's medical license, we recommend implementing a more frequent review of Board members' medical license status. We also recommend establishing staggered terms for the Board as required in Section 322.125(1), F.S.

Management generally agreed and has begun implementing corrective action.

## Background and Introduction

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Anyone having knowledge of a licensed driver or applicant's mental or physical disability to drive is authorized in Section 322.126, F.S., to report such knowledge to the Department. If the Department has reason to believe that a licensed driver or applicant is physically or mentally unqualified to operate a motor vehicle, it may require them, under Section 322.221, F.S., to submit medical reports regarding their physical or mental condition.

The Medical Review Program, in coordination with the Department's Medical Advisory Board, is responsible for evaluating drivers who have physical, mental, and visual impairments that could interfere with their ability to safely operate a motor vehicle. The Medical Review Program reviews approximately 12,500 new cases each year and currently there are approximately 39,000 active cases.

The Medical Review Program is part of the Bureau of Motorist Compliance in the Division of Motorist Services and is divided into three main sections: Medical Case Processing, Medical Re-examination and Vision, and Medical Imaging and Correspondence.

The Medical Case Processing Section prepares cases for review by the Medical Advisory Board, monitors and conducts periodic medical reviews of drivers that have been approved to drive, but who have a medical condition that may progress to the point they are no longer safe, and evaluates drivers seeking medical waivers for the ignition interlock device. There are two teams in the Medical Case Processing Section and each team is composed of one supervisor and seven medical disability program specialists (specialists). The Vision & Re-examination Section screens vision reports,



enforces visual standards for licensing, and arranges for re-testing of drivers that have been required to demonstrate their capability behind the wheel. The Medical Imaging and Correspondence Section scans and attaches incoming mail and medical documents to the customer's record in Expert. Expert is the electronic case management system used by the Medical Review Program to scan and upload documents, and track interactions with drivers who are under medical review. The Medical Imaging and Correspondence Section is also responsible for handling incoming and outgoing correspondence and coordinating with the Bureau of Administrative Reviews (BAR) for cases referred for investigation.

Section 322.125, F.S. establishes the Board which is comprised of 11 voluntary members and a Department employed Board chairman. Upon the request of the Department, the Board reviews and reports on the physical and mental qualifications of licensed drivers or applicants. The Board also assists with medical criteria and vision standards relating to licensing drivers.

### **Medical Review Process**

Medical reviews are initiated by referrals to the Department. Referrals can come from third-party sources, such as a family member or concerned citizen, or a professional source, such as a law enforcement officer or physician. Referrals must include specific information regarding the medical condition and driving ability of the person being referred and cannot be anonymous. Advanced age alone cannot be the sole reason for a medical review.

Referrals from third-party sources are forwarded to BAR to determine credibility before further action is taken. BAR has 30 days to investigate the referral and determine if the claims are credible. This investigation requires the driver to participate in an interview at a local BAR office. During the interview, the BAR hearing officer collects information and evidence to support or refute the claims within the referral. After the investigation is complete, BAR will make one of three recommendations: initiate a case, require the driver to complete a driving re-examination, or determine no action is necessary.

Referrals from a professional source, such as a law enforcement officer or a physician, are automatically considered credible and are accepted without investigation.

Once a referral is determined credible, a case is initiated, and the Medical Review Program mails a letter requesting the customer to submit a physician completed medical report regarding their physical or mental condition to the Medical Review Program within 45 days. Failure to comply with the Department's request results in a license revocation.

Once received, medical reports are assigned to a specialist. The Medical Review Program uses an alphabetical case assignment method based on the first letter(s) of the driver's last name. Specialists are assigned cases that fall under their assigned letters of the alphabet. Specialists review the medical report and make a preliminary recommendation regarding the person's driving ability and forward their preliminary recommendation to the Board for review. If the chairman or designated Board member determines the case should be reviewed by a medical discipline specialist, the request for review and medical reports are submitted to a member of the Board in the medical discipline covering the mental or physical disability of the applicant or licensed driver for assessment. After review, the Board provides the Department with a recommended course of action. Based on the Board's recommendation, the Department will either deny, approve, or contingently approve the applicant or licensed driver's driving privilege or license. In some cases, the individual may also be required to add restrictions to their license. The Department's decision on licensure must be rendered within 90 days following the receipt of all requested information.

The Board may contingently approve an applicant or licensed driver and require them to pass a driver re-examination. In these cases, the medical review specialist adds the customer's name to a list maintained on the Department's SharePoint site. When a customer completes their re-examination, a driver license examiner removes the customer's name from the SharePoint list. Medical Review Program staff identify customers who failed to report for the re-examination by reviewing the SharePoint list weekly. The Medical Review Program staff then review the customer's record, and if the record does not indicate they have taken the re-examination, their license is suspended.

Because some medical conditions can worsen over time, the Board may contingently approve an applicant or licensed driver and require them to submit periodic follow-up medical reports. Medical Review Program staff use the "due date" function in Expert to set when the follow-up is due based on the Board's recommendation. Most follow-ups are due to occur six months or one year after the Board's initial decision on licensure. Monthly, Medical Review Program supervisors run a report indicating which customers are due for a follow-up that month and provide each specialist with their respective cases based on the alphabetical case assignment system for follow-up.

Failure to comply with any of the medical review requirements or to submit to an examination or re-examination to evaluate driving ability is grounds for suspension or revocation of the individual's license.

### **Quality Assurance Process**

Each month, Medical Review Program supervisors conduct QA reviews of their respective section's work. The Medical Case Processing Section and the Medical

Imaging and Correspondence Section supervisors are required to review 20 percent of all completed cases and/or correspondence as part of the monthly QA process. Supervisors document their reviews on standard QA forms and compile the scores from the individual forms onto a tracking spreadsheet, the Medical Review Program Monthly Scorecard (scorecard). The scorecard is used to analyze trends identified during review and assign retraining as needed.

## Findings and Recommendations

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### *Case Processing*

**Finding No. 1:** Ensuring timely processing of cases and revocation of licenses for failure to submit required medical information would improve the Department's oversight of drivers.

Chapter 15A-5.002(2), Florida Administrative Code (F.A.C.), states the Department's decision on licensure must be rendered within 90 days following the receipt of all requested information. QA standards implemented by the Medical Review Program indicate initial correspondence letters should be mailed within three days of case initiation in Expert, and typists' performance expectations state they must complete all tasks within three working days of receiving the assignment.

Further, form letters mailed to customers informing them the Department has received information expressing concerns about their ability to drive safely due to a potential medical condition contain a request for customers to submit medical information within 45 days from the date of the letter. The letters further state failure to comply with the Department's request results in a license revocation.

Our review of 120 cases initiated during the 2017-18 Fiscal Year noted the following:

- Initial correspondence letters were not sent within 3 days of case initiation for 61 (51%) cases, including 12 (10%) which were not sent within 10 days of case initiation;
- Department decision letters were not sent within 90 days following receipt of all requested information for 22 (18%) cases.

Our review of 80 cases where requested medical information was not received noted the following:

- The customer's license was not revoked timely<sup>1</sup> for 57 cases (71%), including 9 (11%) cases in which the customer's license was not revoked for 90 to 335 days,

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<sup>1</sup> A revocation was considered timely if it was completed within 5 days of the 45-day timeframe.

and one instance where the customer's license was not revoked at the time of the audit.

Our review of the process used for tracking requests for medical information determined the process is manual and lacks controls which would enhance Medical Review Program staff's ability to detect when required medical information has not been received timely. Currently, cases are transferred to a "pending" status in Expert while staff wait for the customer to provide the requested medical information. Medical Review Program staff must manually check cases in pending status to determine if the customer has exceeded the 45-day period.

## **Recommendations**

We recommend the Medical Review Program revoke the license of the customer who failed to provide the requested medical information.

We also recommend the Medical Review Program enhance the process for monitoring whether decisions on licensure are rendered within 90 days following receipt of the affected driver's medical report.

We further recommend the Medical Review Program enhance the process for monitoring whether initial correspondence is completed and mailed to the customer within the expected timeframe.

We additionally recommend the Medical Review Program improve the process for identifying cases in which customers licenses should be revoked for failure to comply with the Department's request for medical information.

## **Management Response**

The Medical Review Section has completed a comprehensive review of the supporting documentation for the Medical Review Program Audit, and has taken appropriate action on all unresolved issues, including revoking the license of the customer who failed to provide the requested medical information.

Programmatic updates have been made to the Expert system to ensure that the "Due Date" field is now operating as expected to ensure that all cases are processed within the 90-day timeframe. Each manager now runs a daily activity report to identify the oldest cases and ensure that no case exceeds the 90-day timeframe.

The Medical Review Section will modify the existing QA plan to monitor compliance with the internal three-day policy on generating initial case correspondence, and make adjustments as necessary, to ensure adherence to the policy. Furthermore, the Medical

Review Section will evaluate the internal three-day policy to determine whether this policy should be adjusted based upon the workload and capabilities of the current two staff members responsible for letter generation.

To minimize human error and remove a cumbersome manual process, programmatic updates have been requested from the Expert vendor (Canopy Software) to hard code a 45-day flag to each appropriate customer record to ensure all customer licenses are revoked timely for failure to comply with a request for medical information.

### ***Follow-up and Re-examination Monitoring***

**Finding No. 2:** Follow-up and re-examination monitoring should be improved.

Section 322.221(3), F.S., states upon the conclusion of such examination or reexamination, the Department shall act as may be appropriate and may suspend or revoke the license of such person, and that refusal or neglect of the licensee to submit to such an examination or re-examination shall be ground for suspension or revocation of his or her license. Section 15A-5.0021(3), F.A.C., provides that if the Department orders a follow-up review, the follow-up will be conducted at a time established by the Board. For follow-ups, Medical Review Program staff use the “due date” function in Expert to set when the follow-up is due based on the recommendation from the Board.

Our review of 60 cases where the Board determined the customer was required to take a re-examination, have a subsequent medical review follow-up, or both, noted the following:

- Three customers did not report for the required re-examination and their licenses were not suspended until after audit inquiry, ranging from 114 to 180 days past the established due date;
- One customer failed their re-examination, and should have had their license suspended, however the license was not suspended until after audit inquiry, 226 days after the customer failed the re-examination;
- Two instances in which the Board advised a follow-up to occur in six months, instead the Medical Review Program performed the follow-up after one year;
- One follow-up had not been conducted as of the time of our audit, more than 300 days past the established due date; and
- Two additional follow-ups were not conducted timely, from 40 days and 42 days past the established due date.

These nine instances represent 15 percent of the sample of 60 cases reviewed. The follow-up and re-examination processes are subject to human error and lack controls which would enhance the ability to detect if all have been conducted timely.

## Recommendations

We recommend the Medical Review Program review and improve the process for ensuring timely suspension of a customer's license when the customer has failed to report for a required re-examination.

We also recommend the Medical Review Program review and improve the process for ensuring follow-ups are conducted according to the timeframe recommended by the Medical Review Board.

We additionally recommend the Medical Review Program supervisors include re-examinations and follow-ups in monthly quality assurance reviews to ensure they are conducted timely and associated actions are reflected in the customer's driving record.

## Management Response

To ensure timely suspensions when a customer fails to report for a required re-examination, the Medical Review Section will request programmatic changes to the Motorist Maintenance program to automatically suspend a driver who does not report for a re-examination within the required time-frame.

To assist with ensuring that timely follow-ups are conducted, additional programmatic changes to Expert have been requested and will be implemented to add an alert which will go to the Medical Specialist and Manager when the follow-up date has been reached in the system. These programmatic changes, along with the creation of additional report capabilities based on the follow-up date, will allow Medical Review Specialists and supervisors to run reports monthly and provide a control mechanism to ensure timely follow-ups. Until the programmatic fixes are implemented for automatic suspensions, supervisors will run daily aging reports to identify and timely enter the suspension on the record. The Program Manager will review the supervisor reports monthly to verify aging reports are reviewed and appropriate action is taken for each case.

The Medical Review Section will modify the existing QA plan to include a review of re-examinations and follow-ups to ensure they are conducted timely and associated actions are reflected in the customer's driving record.

Furthermore, the Medical Review Section will draft and submit a Technical Advisory for distribution to the field offices to remind examiners of the procedures with the Driver License Operations Manual regarding field tests and re-examinations.



### **Quality Assurance Process**

**Finding No. 3:** Improvements to the quality assurance process could strengthen the medical review program.

Supervisors within the Medical Case Processing Section and the Medical Imaging and Correspondence Section are expected to review 20 percent of all completed cases and/or correspondence as part of the monthly QA process.

Medical Review Program supervisors use a standard QA form to document their observations from the monthly QA review. Supervisors input information from individual QA forms into one tracking spreadsheet—the scorecard—to analyze trends identified during the review.

Our assessment of QA reviews conducted from April-June 2018, identified issues regarding accuracy of documentation and consistency of reporting.

- Some QA forms had inaccurate or conflicting information compared to what was on the scorecard, including the number of errors identified and the driver license number of the case being reviewed. In some instances, the scorecard listed 100 percent compliance, however the associated QA form listed errors.
- Supervisors annotate issues differently on the QA form and the scorecard.

### **Recommendation**

We recommend the Medical Review Program develop written guidance to supervisors for conducting and documenting quality assurance reviews.

### **Management Response**

The QA process will be reviewed by the Medical Review Section Program Manager, supervisors, and Bureau Chief to restructure the form and make it less complicated for the supervisors to complete, and more comprehensive. The Government Operations Consultant II (Trainer) will also assist the supervisors and Program Manager in revising the form to ensure all necessary elements are included in the quality review, and those elements are addressed in training programs for Medical Specialists. Written guidance on how to conduct the reviews and complete the documentation will be developed. Once the form and guidelines are in place, an Access database will be developed internally to consistently capture data from the QA process and allow quick reference and reporting capabilities for management use.

### ***Case Assignment***

**Finding No. 4:** Adjusting the case assignment process could increase the efficiency of case processing.

We reviewed the case assignment process, current case assignments, and case completion rates to determine how cases are assigned and the current case distribution. Currently, cases are assigned to specialists using an alphabetical list based on the first letter(s) of the customers' last name.

Our review identified specialists' case assignments and case completion rates varied widely. Case assignments ranged from 47 to 330 active cases; and the number of cases completed from January 1, 2018 to June 30, 2018 ranged from 249 to 845 cases. The current case assignment process has led to an unequal distribution of cases.

### **Recommendations**

We recommend the Medical Review Program develop a case assignment process focused on balancing fast case assignment with equitable case distribution.

We also recommend the Medical Review Program review case completion rates and provide training/retraining as necessary.

### **Management Response**

The Medical Review Section is currently reviewing the case distribution process against the features and abilities of the Expert system to identify programmatic changes that would allow the system to distribute case assignments evenly amongst the Specialists. While programmatic changes are being investigated, modifications to the oversight of the current process will be implemented. Currently, through close supervisor oversight and daily redistribution of cases, Specialists' caseloads are closely monitored and remain consistent with each Specialists' tenure and abilities.

In addition to supervisor oversight, the Program Manager will run monthly activity reports to monitor the case distribution process and ensure supervisors are providing the necessary oversight of caseloads to verify equitable distribution of cases. Supervisors also closely monitor the completion rates of the Specialists, against identified performance standards. At a minimum, Specialists are encouraged to achieve a daily goal of five completed cases. It can take up to eight months for a Specialist to meet the 100-120 cases per month goal. Supplemental monthly performance activity reports run by the Program Manager will provide additional oversight on the performance expectations of all Specialists. The Government Operations Consultant II (Trainer) position has been filled and will continue to provide training and develop tools to assist

the new and tenured Medical Specialists with meeting and exceeding performance expectations.

### ***Medical Advisory Board***

**Finding No. 5:** Improvements should be made to the process for tracking Medical Advisory Board membership requirements.

Section 322.125(1), F.S., requires members of the Board to be approved by the Cabinet and serve 4-year staggered terms, and that every member of the Board, except two, must be a Doctor of Medicine licensed to practice medicine in this or any other state. The Department verifies Board members' medical license status when they are appointed to the Board and only reviews the status if they are renewed for another term.

Our review determined all Board members are serving the same term which started in September 2016 and ends in September 2020. Additionally, one member voluntarily relinquished their medical license in January 2018, but upon inquiry, Medical Review Program management was not aware the member was no longer licensed.

### **Recommendations**

We recommend the Medical Review Program establish staggered terms for the Medical Advisory Board as required in Section 322.125(1), F.S.

We also recommend the Medical Review Program implement a more frequent review of Medical Advisory Board members' medical license status.

### **Management Response**

The Medical Review Section will stagger the Medical Board Appointees by renewing half of them in 2019 and recruiting new members that will be appointed in a staggered approach. In addition, an Operations Review Specialist has been assigned the responsibility of conducting quarterly reviews of the medical licenses of all Board Members to ensure all medical licenses are active.

## **Purpose, Scope, and Methodology**

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The objective of this audit was to review and evaluate the efficiency and effectiveness of the Department's Medical Review Program and compliance with applicable state laws and Department policy and procedure.

The scope of this audit included all Medical Review Program activities during the 2017-18 Fiscal Year.

The methodology included:

- Reviewing applicable Florida Statutes and Administrative Code;
- Reviewing applicable Department policies and procedures;
- Interviewing Motorist Services staff members;
- Reviewing a sample of existing cases;
- Reviewing case files and correspondence in Expert;
- Reviewing driver history in Motorist Maintenance;
- Reviewing Medical Advisory Board membership and qualifications; and
- Reviewing other applicable documentation.

## Distribution, Statement of Accordance, and Project Team

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### Distribution

Terry L. Rhodes, Executive Director  
Jennifer Langston, Acting Chief of Staff  
Robert Kynoch, Director of Motorist Services  
Rick White, Deputy Director of Motorist Services  
Ray Graves, Bureau Chief of Motorist Compliance

Melinda M. Miguel, Chief Inspector General  
Sherrill F. Norman, Auditor General

### Statement of Accordance

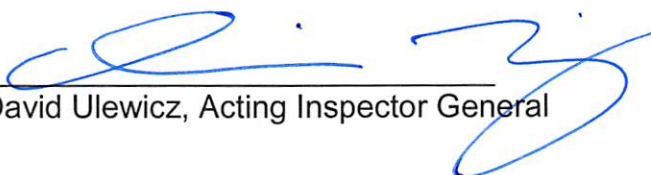
Section 20.055, Florida Statutes, requires the Florida Department of Highway Safety and Motor Vehicles' Inspector General to review, evaluate, and report on policies, plans, procedures, accounting, financial, and other operations of the Department and to recommend improvements. This audit engagement was conducted in accordance with applicable *International Standards for the Professional Practice of Internal Auditing* published by the Institute of Internal Auditors and *Principles and Standards for Offices of Inspector General* published by the Association of Inspectors General.

### Project Team

Engagement conducted by:  
Erin Mook, Auditor  
Sean Shrader, Auditor

Under the supervision of:  
David Ulewicz, Audit Director

Approved by:

  
David Ulewicz, Acting Inspector General

## ATTACHMENT - Management Response



Terry L. Rhodes  
Executive Director

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Tallahassee, Florida 32399-0500  
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### MEMORANDUM

DATE: January 9, 2019  
TO: David Ulewicz, Audit Director  
FROM: Robert Kynoch, Director *RK*  
SUBJECT: Management Response to the Medical Review Program Audit (201819-01)

The following is our response to the findings and recommendations presented in the audit report:

#### Finding 1- Case Processing

Ensuring timely processing of cases and revocation of licenses for failure to submit required medical information would improve the Department's oversight of drivers.

#### Recommendations

We recommend the Medical Review Program revoke the license of the customer who failed to provide the requested medical information.

We also recommend the Medical Review Program enhance the process for monitoring whether decisions on licensure are rendered within 90 days following receipt of the affected driver's medical report.

We further recommend the Medical Review Program enhance the process for monitoring whether initial correspondence is completed and mailed to the customer within the expected timeframe.

We additionally recommend the Medical Review Program improve the process for identifying cases in which customers licenses should be revoked for failure to comply with the Department's request for medical information.

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**Management Response**

The Medical Review Section has completed a comprehensive review of the supporting documentation for the Medical Review Program Audit, and has taken appropriate action on all unresolved issues, including suspending the license of the customers who failed to provide the requested medical information.

Programmatic updates have been made to the Expert system to ensure that the “Due Date” field is now operating as expected to ensure that all cases are processed within the 90-day timeframe. Each manager now runs a daily activity report to identify the oldest cases and ensure that no case exceeds the 90-day timeframe.

The Medical Review Section will modify the existing Quality Assurance plan to monitor compliance with the internal three-day policy on generating initial case correspondence, and make adjustments as necessary, to ensure adherence to the policy. Furthermore, the Medical Review Section will evaluate the internal three-day policy to determine whether this policy should be adjusted based upon the workload and capabilities of the current two staff members responsible for letter generation.

To minimize human error and remove a cumbersome manual process, programmatic updates have been requested from the Expert vendor (Canopy Software) to hard code a 45-day flag to each appropriate customer record to ensure all customer licenses are suspended timely for failure to comply with a request for medical information.

**Finding 2- Follow-up and Re-examination Monitoring**

Follow-up and re-examination monitoring should be improved.

**Recommendations**

We recommend the Medical Review Program review and improve the process for ensuring timely suspension of a customer’s license when the customer has failed to report for a required re-examination.

We also recommend the Medical Review Program review and improve the process for ensuring follow-ups are conducted according to the timeframe recommended by the Medical Review Board.

We additionally recommend the Medical Review Program supervisors include re-examinations and follow-ups in monthly quality assurance reviews to ensure they are conducted timely and associated actions are reflected in the customer’s driving record.

**Management Response**

To ensure timely suspensions when a customer fails to report for a required re-examination, the Medical Review Section will request programmatic changes to the Motorist Maintenance program to automatically suspend a driver who does not report for a re-examination within the required time-frame.

To assist with ensuring that timely follow-ups are conducted, additional programmatic changes to Expert have been requested and will be implemented to add an alert which will go to the Medical Specialist and Manager when the follow-up date has been reached in the system. These programmatic changes, along with the creation of additional report capabilities based on the follow-up date, will allow Medical Review Specialists and supervisors to run reports monthly and provide a control mechanism to ensure timely follow-ups. Until the programmatic fixes are implemented for automatic suspensions, supervisors will run daily aging reports to identify and timely enter the suspension on the record. The Program Manager will review the supervisor reports monthly to verify aging reports are reviewed and appropriate action is taken for each case.

The Medical Review Section will modify the existing Quality Assurance plan to include a review of re-examinations and follow-ups to ensure they are conducted timely and associated actions are reflected in the customer's driving record.

Furthermore, the Medical Review Section will draft and submit a Technical Advisory for distribution to the field offices to remind examiners of the procedures with the Driver License Operations Manual regarding field tests and re-examinations.

**Finding 3- Quality Assurance Process**

Improvements to the quality assurance process could strengthen the medical review program.

**Recommendations**

We recommend the Medical Review Program develop written guidance to supervisors for conducting and documenting quality assurance reviews.

**Management Response**

The Quality Assurance process will be reviewed by the Medical Review Section Program Manager, Supervisors, and Bureau Chief to restructure the form and make it less complicated for the Supervisors to complete, and more comprehensive. The Government Operations Consultant II (Trainer) will also assist the Supervisors and Program Manager in revising the form to ensure all necessary elements are included in the quality review, and those elements are addressed in training programs for Medical Specialists. Written guidance on how to conduct the reviews and complete the documentation will be developed. Once the form and guidelines are in place, an Access database will be developed internally to consistently capture data from the Quality Assurance process and allow quick reference and reporting capabilities for management use.



**Finding 4- Case Assignment**

Adjusting the case assignment process could increase the efficiency of case processing.

**Recommendations**

We recommend the Medical Review Program develop a case assignment process focused on balancing fast case assignment with equitable case distribution.

We also recommend the Medical Review Program review case completion rates and provide training/retraining as necessary.

**Management Response**

The Medical Review Section is currently reviewing the case distribution process against the features and abilities of the Expert system to identify programmatic changes that would allow the system to distribute case assignments evenly amongst the Specialists. While programmatic changes are being investigated, modifications to the oversight of the current process will be implemented. Currently, through close Supervisor oversight and daily redistribution of cases, Specialists' caseloads are closely monitored and remain consistent with each Specialists' tenure and abilities. In addition to Supervisor oversight, the Program Manager will run monthly activity reports to monitor the case distribution process and ensure Supervisors are providing the necessary oversight of caseloads to verify equitable distribution of cases. Supervisors also closely monitor the completion rates of the Specialists, against identified performance standards. At a minimum, Specialists are encouraged to achieve a daily goal of five completed cases. It can take up to eight months for a Specialist to meet the 100-120 cases per month goal. Supplemental monthly performance activity reports run by the Program Manager will provide additional oversight on the performance expectations of all Specialists. The Government Operations Consultant II (Trainer) position has been filled and will continue to provide training and develop tools to assist the new and tenured Medical Specialists with meeting and exceeding performance expectations.

**Finding 5- Medical Advisory Board**

Improvements should be made to the process for tracking Medical Advisory Board membership requirements.

**Recommendations**

We recommend the Medical Review Program establish staggered terms for the Medical Advisory Board as required in Section 322.125(1), F.S.

We also recommend the Medical Review Program implement a more frequent review of Medical Advisory Board members' medical license status.



**Management Response**

The Medical Review Section will stagger the Medical Board Appointees by renewing half of them in 2019 and recruiting new members that will be appointed in a staggered approach. In addition, the Bureau has assigned the Operations Review Specialist the responsibility of conducting quarterly reviews of the medical licenses of all Board Members to ensure all medical licenses are active.