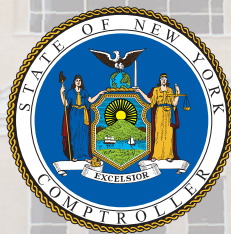




New York State Medicaid Program Department of Health

**Under Reporting of Net Available Monthly Income
for Nursing Home Residents
Causes Medicaid Overpayments**

Report 2010-S-17



Thomas P. DiNapoli

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State of New York Office of the State Comptroller

Division of State Government Accountability

September 28, 2011

Nirav R. Shah, M.D., M.P.H.
Commissioner
Department of Health
Corning Tower Building
Empire State Plaza
Albany, New York 12237

Dear Dr. Shah:

The Office of the State Comptroller is committed to helping State agencies, public authorities and local government agencies manage government resources efficiently and effectively and, by so doing, providing accountability for tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit of the Department of Health: New York State Medicaid Program entitled *Under Reporting of Net Available Monthly Income for Nursing Home Residents Causes Medicaid Overpayments*. This audit was performed pursuant to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

*Office of the State Comptroller
Division of State Government Accountability*

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State of New York

Office of the State Comptroller

EXECUTIVE SUMMARY

Audit Objective

Our objective was to determine if Medicaid payments to nursing home providers were properly reduced for recipients' Social Security, pension and other income that had been retained by the providers.

Audit Results - Summary

New York State Medicaid annually pays \$6.8 billion to nearly 700 nursing homes for the care of about 121,000 Medicaid recipients. The Federal government funds about 50 percent of New York's Medicaid nursing home costs; the State funds about 40 percent; and the localities (the City of New York and counties) fund the remaining 10 percent. Further, the contributions of the localities are capped, and therefore, once the cap has been reached, the State assumes the cost of a recipient's nursing home care not covered by the Federal government. Thus, localities might have little incentive to use limited resources to closely monitor certain aspects of Medicaid-funded nursing home costs.

Many Medicaid nursing home recipients have income from Social Security, pensions and other sources. This is referred to as Net Available Monthly Income (NAMI), and nursing home providers retain it as partial reimbursement for the cost of care. Localities are responsible to determine the NAMI of Medicaid recipients on an ongoing basis. Localities also must provide the NAMI to the Department of Health's eMedNY computer system, which processes nursing home provider claims for Medicaid reimbursement. The eMedNY is supposed to deduct NAMI from the amount that Medicaid pays to the nursing home provider. Through August 2010, eMedNY indicated that statewide NAMI averaged about \$69 million per month.

We found that Medicaid payments to nursing home providers are not always being reduced in a timely and accurate manner for NAMI. As a result, we estimate that up to \$42 million of Medicaid was overpaid to nursing homes during our 44-month audit period, which ended August 31, 2010. The State and local portion of the potential overpayment was about \$21 million. Specifically, we noted that:

- Medicaid overpaid providers by as much as \$34.5 million during our 44-month audit period. This happened because when a provider's claim shows no billing for the first day of the month for a nursing home resident, eMedNY fails to deduct any NAMI from

the provider's claim. For example, we found that 12 months of claims from one provider omitted billing for the first day of the month for a resident with \$3,700 of NAMI. In this instance, the provider was overpaid \$44,000 (12 months x \$3,700).

- It is likely that Medicaid has overpaid many millions of dollars more than our audit shows because a legacy computer system that predated the 2005 implementation of eMedNY also reportedly did not properly process NAMI.
- The longstanding NAMI processing problem presents a high risk for exploitation because there is a financial incentive for providers to forego one day of billing to avoid a NAMI offset to their Medicaid payment. For example, average monthly NAMI is about \$1000 per recipient, while the average value of a day of billing is about \$200.
- The eMedNY overpaid about \$7.5 million during our 44-month audit period because localities did not establish or update NAMI in a timely manner. For example, in December 2007, a nursing home resident's NAMI increased by \$2,165. However, the locality did not update eMedNY with this information until 10 months had passed (October 2008). Consequently, the nursing home was overpaid \$21,650. Moreover, because regulations do not permit recovery beyond six months, there is no opportunity to recover \$8,600 of this amount. This issue of timeliness was first presented in our audit report 99-S-49 entitled "NAMI Deductions From Nursing Home Medicaid Claims" which was issued on February 1, 2001; over ten years ago.
- It is imperative for the Department to address the long-standing problems identified in our report promptly and effectively. In total, we identified as much as \$42 million in Medicaid overpayments due to under-applied NAMI - and the risk of millions of dollars of future Medicaid overpayments remains high if the problems go uncorrected.

Our report contains five recommendations to improve eMedNY and accurately account for residents' monthly incomes. In their response to our draft report, Department officials generally concurred with our recommendations. Officials indicated that certain actions have been and will be taken to address them.

This report, dated September 28, 2011, is available on our website at:

<http://www.osc.state.ny.us>.

Add or update your mailing list address by contacting us at: (518) 474-3271 or

Office of the State Comptroller

Division of State Government Accountability

110 State Street, 11th Floor

Albany, NY 12236

Introduction

Background

The New York State Medicaid program is a federal, State, and locally funded program which provides a wide range of medical services to those who are economically disadvantaged and/or have special health care needs. Residents must meet certain medical and financial requirements to qualify for Medicaid coverage. In recent years, the Medicaid program has grown significantly, with enrollments increasing from 4.6 million people in 2007 to 5.2 million people in 2010 (an increase of almost 600,000 enrollees). For the fiscal year ended March 31, 2011, Medicaid costs totaled about \$53 billion - about \$10 billion more than Medicaid cost for the year ended March 31, 2008.

The Office of Health Insurance Programs within the Department of Health (Department) administers the Medicaid program. The Department's eMedNY computer system processes Medicaid claims submitted by providers for services rendered to Medicaid-eligible recipients and generates payments to reimburse the providers for their claims. The eMedNY system is very complex, subjecting claims to various automated edits to determine whether the claims are eligible for reimbursement and the amounts claimed for reimbursement are appropriate. Annually, eMedNY processes about 330 million claim payments.

County social service offices throughout the State and the Human Resources Administration in New York City (collectively referred to as the "localities") determine if applicants are eligible to receive Medicaid benefits, including nursing home care. In 2010, about 121,000 people received Medicaid funded care at about 700 nursing homes statewide. Medicaid pays these homes about \$6.8 billion annually. In recent years, the numbers of nursing home Medicaid recipients and Medicaid payments to nursing homes have decreased slightly. The Federal government funds about 50 percent of New York's Medicaid nursing home costs; the State funds about 40 percent; and the localities (the City of New York and counties) fund the remaining 10 percent. Further, the contributions of the localities are capped, and therefore, once the cap has been reached, the State assumes the cost for a recipient's nursing home care not covered by the Federal government. Under these circumstances, localities might have little incentive to use limited resources to closely monitor certain aspects of Medicaid-funded nursing home costs.

Medicaid nursing home recipients may have monthly income from Social Security, pensions, stocks, and bank accounts, etc. This income is referred to as Net Available Monthly Income (NAMI), and nursing homes retain

the NAMI of their recipients. The amount retained is deducted from the monthly nursing home Medicaid reimbursement. During the period from January 1, 2007 through August 31, 2010, eMedNY processed nursing home Medicaid claims totaling nearly \$26.6 billion. This amount was offset by \$3 billion of NAMI over the same time period (or about \$69 million of NAMI per month). The average amount of NAMI was about \$1,000 for each nursing home Medicaid recipient who had income, although the NAMI ranged upwards to several thousand dollars. Further, NAMI typically changes from year to year as, for example, pension and social security amounts are adjusted for cost of living increases, etc.

Medicaid requires localities to establish and update the amounts of NAMI for each of their nursing home Medicaid recipients. On an ongoing basis, these Medicaid recipients are to notify localities of changes in NAMI. Also, if a nursing home is aware of an increase in a Medicaid recipient's NAMI, the nursing home must report this to the locality. The localities input NAMI information into the eMedNY system. In addition, nursing homes must correctly identify NAMI on their claims for Medicaid reimbursement. When eMedNY processes monthly Medicaid claims from nursing homes, the system automatically reduces the payment by the NAMI amount it has on file or the NAMI amount indicated on the Medicaid claim, whichever is greater.

If changes in NAMI are not reported timely to localities or if localities do not update eMedNY in a timely manner for NAMI, then overpayments to nursing homes can result. In addition overpayments may result if eMedNY does not accurately process NAMI information. The Department requires that, as appropriate, localities recover overpayments made to nursing home providers. However, if the overpayments result from delays in updating NAMI, localities' retroactive recovery of such funds is limited to the six months prior to the update.

The current eMedNY system was implemented in March 2005, at a cost of more than \$400 million. From the time it was implemented, the eMedNY system has been plagued with problems, and there is consensus that system replacement is necessary. Consequently, in June 2010, the Department released a Request for Proposal for a contractor to design, develop and operate a new automated claims processing system to replace the current eMedNY. As of June 2011, the Department was in the process of selecting a contractor for the new system.

Audit Scope and Methodology

Our objectives were to determine whether NAMI updates to eMedNY were completed in a timely manner and whether eMedNY was accurately processing NAMI when paying Medicaid nursing home claims for residents. Our audit covered the period January 1, 2007 through August 31, 2010.

To accomplish our audit objective, we interviewed officials from the Department, the Office of the Medicaid Inspector General and various localities. We reviewed applicable sections of Federal and State laws and regulations and examined the Department's Medicaid policies and procedures. We analyzed eMedNY claim payment data and obtained supporting records from nursing homes. We visited two nursing homes, interviewed nursing home administrators, and reviewed medical records and other documentation. In addition, we selected a judgmental (non-random) sample of 208 high risk nursing home Medicaid recipients from five localities (the City of New York and Monroe, Rensselaer, Suffolk and Westchester Counties) to determine if NAMIs were posted to eMedNY timely. Also, we shared the detailed results of our audit tests and analysis with Department and Office of the Medicaid Inspector General officials for their review and follow-up action, as warranted.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. In addition, the Comptroller appoints members (some of whom have minority voting rights) to certain boards, commissions, and public authorities. These duties may be considered management functions for purposes of evaluating organizational independence under generally accepted government auditing standards. In our opinion, these functions do not affect our ability to conduct independent audits of program performance.

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

Reporting Requirements

We provided a draft copy of this report to Department officials for their review and formal comment. We considered the Department's comments in preparing this report and have included them in their entirety at the end of it. In their response, Department officials generally concurred with our recommendations and indicated that certain steps have been and will be taken to address them.

Within 90 days of the final release of this report, as required by Section 170 of the Executive Law, the Commissioner of Health shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.

Contributors to the Report

Major contributors to this report include Warren Fitzgerald, Dan Towle, Anthony Calabrese, Lauren Bizzarro, David Hancox, and Brian Mason.

Audit Findings and Recommendations

Accuracy of NAMI Processing

The eMedNY system should offset each resident's monthly nursing home Medicaid claim by the greater of the NAMI recorded on eMedNY or the NAMI identified on the nursing home claim. However, our audit identified that eMedNY fails to deduct NAMI for a monthly claim whenever the nursing home excludes billing for the first day of the month. The lost billing for the first day is typically about \$200 per resident, while the monthly amount retained by the nursing home for NAMI is, on average, about \$1,000 per resident. Therefore, whenever eMedNY makes this processing error, substantial overpayments to nursing homes are likely. Also, there is risk that nursing homes are fully aware of this eMedNY processing error and, therefore, forego billing the first day of the month in order to ensure NAMI is not deducted from their Medicaid reimbursement.

For example, we identified one nursing home with a year of claims that omitted billing for the first day of the month for one resident with a NAMI of \$3,700. This nursing home received nearly \$63,000 of Medicaid reimbursement for this resident over the course of the year. However, since the reimbursement was not reduced by the resident's NAMI, the nursing home was overpaid \$44,000 (\$3,700 of NAMI x 12 months). (The overpayment would be reduced for any of the 12 days of billing during the year that were erroneously omitted from the Medicaid claim.)

Furthermore, we visited two nursing homes to examine in detail the Medicaid claim payments covering 221 months of care for a judgmental sample of 40 residents (20 from each facility) whose claims were of higher risk of overpayment. For both nursing homes, NAMI was collected monthly for each of the residents over the months of care. However, the nursing home claims routinely omitted billing for the first day of the month for the residents in our sample. Accordingly, about \$86,000 of NAMI was retained by the nursing homes and was not deducted from the Medicaid reimbursement.

For the audit period January 1, 2007 through August 31, 2010, we identified \$34.5 million of NAMI (pertaining to nearly 32,300 months of nursing home care) which was retained by nursing homes and was not deducted from nursing home claims for reimbursement because of this eMedNY claims processing defect. There were 17 nursing homes with more than \$200,000 in NAMIs that were not deducted from their payments. These amounts, less any amounts owing for any failure to bill for the first day of the month, represent nursing home overpayments that the Department must recoup.

A summary of the under-applied NAMI we identified, for each of the localities we visited and the remainder of the State, is presented in the following table.

Locality	\$ Amount of NAMI Excluded from Claims by Nursing Homes (See Note)	Percentage of Total NAMI Statewide Not Reported
City of New York	14,980,000	43
Suffolk County	3,120,000	9
Westchester County	1,960,000	6
Monroe County	1,360,000	4
Rensselaer County	220,000	1
All Other Counties	12,860,000	37
Totals	\$34,500,000	100

Note: Amounts rounded to the nearest ten thousand dollars.

Because the State typically funds 40 percent of Medicaid, the under-applied NAMI cost State taxpayers as much as \$13.8 million (\$34.5 million x 40 percent). The cost to local governments was as much as \$3.45 million (\$34.5 million x 10 percent).

Department officials were unable to adequately explain either why eMedNY was not deducting NAMI when the Medicaid claim omitted the billing for the first day of the month or why certain nursing homes were routinely billing with such an omission. Rather, they told us that eMedNY's current processing problem was a carryover from the 1995 predecessor legacy system and had not been corrected.

According to OMIG officials, in most states NAMI is applied to the first claim that is processed for the month regardless of whether or not the first of the month is included in the dates of service billed. As previously noted, in June 2010, the Department released a Request for Proposal for a contractor to design, develop and operate a new automated system to process Medicaid claims. This system replaces eMedNY and must correct the longstanding problem associated with not deducting NAMI when the first day of monthly billing is omitted from claims.

Recommendations

1. Design and implement controls in the Medicaid claims processing systems to properly apply residents' NAMIs towards the cost of their nursing home care.
2. Analyze the instances of under-applied NAMI and the overpayments identified by our audit. Recover overpayments as appropriate.

**Timeliness of
NAMI Processing**

For the five localities we visited, we examined the timeliness of their efforts to maintain current and accurate NAMI data on eMedNY. We found significant delay on the part of the localities in updating NAMI. In addition, we found delay in the recovery of overpayments. These ineffective practices caused millions of dollars of unnecessary Medicaid costs.

We examined the posting of NAMI for a judgment sample of 208 Medicaid nursing home recipients in the five localities. For 96 (46 percent) of the recipients we found that either the NAMI for new residents or the NAMI updates for existing residents was not posted in a timely manner to eMedNY. In total, for the 44-month period covered by our audit, we identified 334 NAMI changes for these 96 residents that were late, including 219 (66 percent) that were posted six or more months late to eMedNY. Of those changes, 111 were posted a year or more late. Moreover, based on our analysis of available eMedNY data, we estimate that eMedNY made overpayments totaling about \$7.5 million during our audit period as a result of the untimely posting of NAMI by localities.

A summary of the NAMI attributable to untimely posting, by each of the localities we visited and the remainder of the State, is presented in the following table.

Locality	\$ Amount of NAMI Posted Late by Localities (See Note)	Percentage of Total NAMI Statewide Reported Late
City of New York	2,970,000	40
Suffolk County	1,290,000	17
Westchester County	780,000	10
Monroe County	130,000	2
Rensselaer County	50,000	1
All Other Counties	2,280,000	30
Totals	\$7,500,000	100

Note: Amounts rounded to the nearest ten thousand dollars.

Together, the State and the localities fund 50 percent of Medicaid nursing claims. Consequently, the untimely posting of NAMI cost State and local taxpayers \$3.75 million (\$7.5 million x 50 percent) during our audit period.

The following are two examples of what we found:

- The NAMI for one nursing home resident was \$583, but the locality delayed 11 months in posting this to eMedNY. As a result, the nursing home received an overpayment of \$6,413 (\$583 x 11).
- The NAMI for another nursing home resident was \$735, but the locality delayed 17 months in posting this to eMedNY. As a result, the nursing home received an overpayment of \$12,495 (\$735 x 17).

In addition, we found that the overpayments are sometimes caused by delay in determining the NAMI. For example, residents sometimes do not provide the localities with sufficient documentation to properly determine NAMI. In addition, in certain other instances, delays result when residents challenged NAMI determination through a fair hearings process. These factors, however, contributed to relatively few of the overpayments we identified.

For the large majority of the instances we reviewed, delays were caused by weakness in localities' practices coupled with a lack of Department monitoring. We noted that the Department does not routinely monitor localities' determination and posting of NAMI through such steps as standard data analysis of eMedNY. Consequently, the Department was not in a position to either advise localities of potential overpayments or to request localities to investigate them. Further, it appeared that Department officials were unaware of the previously discussed finding about the inability to offset NAMI when the nursing home claim contained no billing for the first day of the month.

During our audit fieldwork, we shared our observations with the Office the Medicaid Inspector General (OMIG). The OMIG advised us that a consultant has been contracted to review patient accounts at nursing homes, and the review included tests for overpayments made as a result of underreported NAMI. After our fieldwork, the OMIG informed us that the consultant identified about \$5.1 million in overpayments due to underreported NAMI. At that time, about \$1.9 million (of the \$5.1 million) had been recovered. Moreover, it should be noted that this matter was previously identified in our audit report 99-S-49 entitled "NAMI Deductions From Nursing Home Medicaid Claims," issued on February 14, 2001. Nonetheless, after more than ten years, significant

problems in this area persist - and the Department must take action promptly to address them.

Also, the Department requires localities to recover Medicaid overpayments resulting from delays in updating residents' NAMI. In July 2000, the Department instructed localities to make one-time adjustments to a resident's NAMI in the month following the updating of eMedNY. For example, a recipient could have a NAMI of \$600 through December of year 'A' which is increased by \$50 (to \$650) in January of year 'B.' However, the increase is not reported to Medicaid until the end of May in year B (a delay of 5 months), resulting in overpayments totaling \$250 (\$50 x 5). The locality can recover the overpayments by adjusting the resident's contribution for June to \$900 (the new NAMI of \$650 plus the \$250 overpaid from January through May).

Several State and federal agencies continually notify localities of NAMI changes throughout the year. Also, Medicaid residents and nursing homes should notify localities of such changes. However, localities generally wait until nursing home residents are recertified for Medicaid (generally once a year - or every 12 months) to update Medicaid for NAMI changes. Federal Medicaid law allows states to recover Medicaid overpayments in these situations for only the six months prior to the month the recovery is made. Therefore, because localities generally reassess a resident's NAMI every 12 months, they are often unable to recover substantial amounts of overpayments.

For example, in December 2007, a resident's NAMI increased from \$1,093 to \$3,258 (an increase of \$2,165). However, the increase was not updated to eMedNY until October 2008 - some ten months late. Consequently, Medicaid overpaid the nursing home by \$21,650 (\$2,165 x 10). Moreover, because of the Federal limitation, only six months of the increased NAMI could be recovered, and thus, four months of the increase (or \$8,660) was not.

It is imperative for the Department to address the long-standing problems identified in our report promptly and effectively. In total, we identified as much as \$42 million in Medicaid overpayments due to under-applied NAMI - and the risk of millions of dollars of future Medicaid overpayments remains high. Moreover, because the Federal government limits retroactive application of NAMI to six months, large amounts of such overpayments cannot be recovered. Consequently, effective controls must be in place within eMedNY and at the localities to ensure that the NAMI is properly applied to nursing homes' Medicaid claims when such claims are initially processed and paid.

Recommendations

3. Examine the overpayments resulting from untimely posting of NAMI as identified in this report and make recovery where appropriate.
4. Enhance Department oversight through such techniques as data analysis to identify and assist localities that may not be posting NAMI timely to eMedNY.
5. Advise localities to review resident's NAMI at time intervals sufficient enough to avoid overpayments that cannot be recovered.

Agency Comments

Nirav R. Shah, M.D., M.P.H.
Commissioner



Sue Kelly
Executive Deputy Commissioner

September 1, 2011

Brian E. Mason, Audit Director
Office of the State Comptroller
Division of State Government Accountability
110 State Street – 11th Floor
Albany, New York 12236

Dear Mr. Mason:

Enclosed are the New York State Department of Health's comments on the Office of the State Comptroller's draft audit report 2010-S-17 on "Underreporting of Net Available Monthly Income for Nursing Home Residents Causes Medicaid Overpayments."

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "Sue Kelly".

Sue Kelly
Executive Deputy Commissioner

Enclosure

cc: James C. Cox
Jason A. Helgeson
Robert W. Reed
Diane Christensen
Stephen Abbott
Dennis Wendell
Stephen LaCasse
Ronald Farrell
Barry Benner
Irene Myron
John Brooks

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**Department of Health
Comments on the Office of the State Comptroller's
Draft Audit Report 2010-S-17
on Underreporting of Net Available Monthly Income for
Nursing Home Residents Causes Medicaid Overpayments**

The following are the Department of Health's (Department) comments in response to the Office of the State Comptroller's (OSC) draft audit report 2010-S-17 on "Underreporting of Net Available Monthly Income for Nursing Home Residents Causes Medicaid Overpayments."

Recommendation #1:

Design and implement controls in the Medicaid claims processing systems to properly apply residents' Net Available Monthly Income (NAMIs) towards the cost of their nursing home care.

Response #1:

The Department will evaluate the feasibility of designing and implementing the recommended system changes, and then develop edits where possible.

Recommendation #2:

Analyze the instances of under-applied NAMI and the overpayments identified by our audit. Recover overpayments as appropriate.

Recommendation #3:

Examine the overpayments resulting from untimely posting of NAMI as identified in this report and make recovery where appropriate.

Responses #2 & #3:

An Office of the Medicaid Inspector General (OMIG) contractor, Health Management Systems (HMS), is in the process of completing NAMI reviews utilizing OMIG-approved criteria and New York State Medicaid program policy. The OMIG will continue to recover overpayments as appropriate.

Recommendation #4:

Enhance Department oversight through such techniques as data analysis to identify and assist localities that may not be posting NAMI timely to eMedNY.

Response #4:

The Department will pursue the creation of unique system identifiers to track and report local district processing times for establishing NAMIs. The Department will utilize this data to monitor the timeliness of local districts' NAMI updates, and assist districts as necessary. The

Department will additionally pursue an on-line process for nursing homes to report NAMI changes.

Recommendation #5:

Advise localities to review resident's NAMI at time intervals sufficient enough to avoid overpayments that cannot be recovered.

Response #5:

The Department will issue a General Information System message to all local districts reinforcing the importance of making timely updates to a recipient's NAMI upon notification of a change.