SUBJECT: Follow Up of Audit Report 2005-01 – Dental Claims Administration (CM07011) (City Wide)

RECOMMENDATION:
That Report CM07011 respecting the follow up of Audit Report 2005-01, Dental Claims Administration, be received.

EXECUTIVE SUMMARY:
Audit report 2005-01, Dental Claims Administration, was originally issued in January, 2005 and management action plans with implementation dates were included in the report.

In February 2006, the Public Health and Community Services Department was separated into the Community Services Department and Public Health Services, each responsible for separate components of dental claims administration. Therefore, in January, 2007, when Internal Audit followed up the report to determine that appropriate and timely actions had been taken, the follow up responses indicated on the report were categorized as Special Support-Special Income (SS) for Community Services and Dental Program (DP) for Public Health Services, as applicable.
EXECUTIVE SUMMARY: (Continued)

The following text notes the status of the implementation of the eighteen (18) recommendations made in the original audit report.

Community Services Department (Special Support-Special Income(SS))
Four (4) recommendations have been completed, one (1) is in still in progress, five (5) have been initiated, one (1) is incomplete and an alternative has been implemented for one (1). Six (6) recommendations were not applicable to the dental services provided by Special Support-Special Income.

Public Health Services (Dental Program (DP))
Nine (9) recommendations have been completed, three (3) are still in progress, three (3) have been initiated, one (1) is incomplete and one (1) is not longer applicable. One (1) of the original recommendations applied only to the Special Support-Special Income section.

BACKGROUND:
Audit report 2005-01, Dental Claims Administration, was originally issued in January 2005. The report indicated several recommendations to enhance the accountability for these services, improve controls for payments to third party providers, address processing errors and system issues and provide appropriate management oversight.

It is normal practice for Internal Audit to conduct follow up reviews within a 12-18 month period following issuance of the original report in order to determine whether actions plans committed to by departmental management have been implemented. In January, 2007, Internal Audit followed up the report to confirm appropriate and timely actions had been taken.

ANALYSIS/RATIONALE:
The report attached as Appendix “A” to Report CM07011 contains the first three (3) columns as originally reported in Audit Report 2005-01 along with an added fourth column indicating Internal Audit’s follow up comments.

As the dental claims administration responsibilities were re-delegated upon the re-organization of Public Health and Community Services into two distinct departments – Public Health Services and Community Services Department – post the issuance of the original report, Internal Audit’s follow up comments are distinguished as Special Support–Special Income (SS) for Community Services and Dental Program (DP) for Public Health Services and are listed separately, as appropriate.
ANALYSIS/RATIONALE: (Continued)

Community Services Department (Special Support-Special Income(SS))

Four (4) of the eighteen (18) individual recommendations have been fully implemented. These include appropriate system access levels, adequate claim documentation and management oversight and written procedures.

The implementation of the recommendation regarding the reduction of the number of overrides required for processing claims is in progress. One of the main sources for the need to override (updated procedure code table) is expected to be addressed by the 3rd quarter 2007.

For five (5) of the recommendations, some actions have been initiated but require further implementation efforts. These include:

- Tools for measuring the clinic’s efficiency and effectiveness. Although some performance tools have been developed, automation planned for later this year will enhance the reporting.
- Changes to the system functionality to allow the more frequent changing of unique passwords used for system accessibility.
- More controls for processing cheques returned in incoming mail.
- The exploration of further options available for forwarding payments and appropriate documentation to service providers in order to reduce the risk of misappropriation.
- Eliminating duplication of claim payment input by trying to develop an interface between PeopleSoft and CINOT. Further staff meetings and testing are scheduled for the 1st and 2nd quarters of 2007. Another option expected to be implemented by the 3rd or 4th quarter of 2007 is an updated CINOT database.

An alternative was implemented for one (1) recommendation with stricter claim verification and approval processes put in place.

One (1) recommendation regarding the reconciliation of the financial information in CINOT with the data in PeopleSoft is incomplete. Timing differences continue to contribute to difficulties in the reconciliation process.

Public Health Services (Dental Program (DP))

Nine (9) of the eighteen (18) individual recommendations have been fully implemented. Amongst the implemented recommendations are included: timely receipt, review and action (if required) of monthly fluoride reports; appropriate system access; receipt, logging and follow up of cheques returned in the mail; regular review and follow up of Parent Notification Forms for delinquent child treatment; claim form documentation and appropriate management oversight; written procedures for practices in the clinic; and the determination for dental clinic eligibility for new patients.
ANALYSIS/RATIONALE: (Continued)

A portion of the work being completed under compliance and performance measurement remains in progress - i.e. reporting of actual performance parameters in the operational plan, the follow up client satisfaction survey by mid 2007 and a computerized system to gather data to facilitate statistical information.

Two (2) other recommendations are also in progress. More frequent changing of passwords without causing the system to malfunction requires further investigation and management processes for the setup of a new provider is expected to be formalized in the 1st quarter 2007.

Three (3) recommendations have been initiated and require further work for completion. These include:

- Investigation of options available to forward payments and appropriate supporting documents to service providers. There has been some resistance on the part of these providers to participate in direct deposit.
- Elimination of duplicate claim payment input through an interface between PeopleSoft and CINOT. Further meetings and testing are necessary.
- A method of recognizing the value of the dental procedures carried out in the clinic.

One (1) recommendation dealing with monthly reconciliations of CINOT database information and the general ledger remains incomplete as it is dependent on changes that have only been initiated for the implementation of another recommendation.

Lastly, one (1) recommendation is no longer applicable as the fee in question as been discontinued.

ALTERNATIVES FOR CONSIDERATION:

Not applicable.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

Financial
For some of the recommendations not yet implemented or just initiated, funding may be required. However, no significant new resources are anticipated at this point.

Staffing
None.

Legal
None.
POLICIES AFFECTING PROPOSAL:
None.

RELEVANT CONSULTATION:
The results of the follow up were discussed with the staff responsible for the dental claims administration – Dental Program (Public Health Services) and Special Support – Special Income (Community Services).

CITY STRATEGIC COMMITMENT:
By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

Community Well-Being is enhanced. ☑ Yes ☐ No

City Council’s goal of “A Great City in Which to Live” and its commitment to providing quality community services and supporting people in need are upheld by the provision of services through the area audited and reported upon.

Environmental Well-Being is enhanced. ☐ Yes ☑ No

Economic Well-Being is enhanced. ☑ Yes ☐ No

City Council’s strategic commitment to “Best Practices – Best Value” under “A City That Spends Wisely and Invests Strategically” is addressed through audits and reviews and their subsequent follow up to ensure controls are in place to protect the assets of the City and promote efficient, effective and economic services and programs.

Does the option you are recommending create value across all three bottom lines? ☐ Yes ☑ No

Do the options you are recommending make Hamilton a City of choice for high performance public servants? ☐ Yes ☑ No

:dt
Attachment
## Public Health Services / Community Services - Dental Claims Administration

### Observations of Existing System

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<td>While the performance of the section is in line with the divisional goals established for 2004, the customer satisfaction factor is not being adequately monitored. As at September 2004, there had been no customer survey administered. As well, the average waiting time before initiation of services was based on an estimate by the clinic receptionist. The information collected on the daily stat sheets for treatment provided in the clinic was found to be completed by the dentists in an inconsistent manner. The sheets do not clearly and accurately indicate which programs the patients belong in. The number of patients served in each program may be a useful statistic for the purpose of planning and analyses in order to ascertain overall macroeconomic trends exhibited by its clinic clientele and to reflect the efficiency and effectiveness of the operations or the strategic goals for the department on the whole. Further, Ontario Works – Policy Directives – Ministry of Community and Social Services – Delivery Standards DIR 49.0 – 14 (January 2004) states that, “All delivery agents must conduct regular internal audits in order to monitor its own delivery, monitor staff practices, identify areas where improvements can be made and prepare for Ministry program reviews. For the purpose of internal audits, the delivery agent must develop self-monitoring tools and activities to ensure provincial standards are met. The audit requirements for each directive must be met.” Reporting to senior management and Council based on parameters that do not accurately reflect the actual performance of the clinic or measure its efficiency and effectiveness could result in ineffective management control and potentially erroneous decision making.</td>
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### Recommendation for Strengthening System

That, in order to be compliant with the Ministry directive of conducting regular internal audits using self-monitoring tools and as well, when setting annual performance goals, care be taken to ensure that the goals are activity oriented, measurable and under management’s control. As well, the data must be gathered, assembled and distributed in time to make it useful and at a reasonable cost.

### Management Action Plan

Agreed. A new data collection tool for clinic use has been developed and introduced to staff. The tool requires identification of the program under which the client is being served. It will be implemented in March 2005. The statistics will be compiled and reviewed by the Dental Manager monthly. A draft operational plan has been developed for 2005 and will be finalized in March, 2005. It includes annual performance goals that are activity oriented, measurable and under management’s control. A customer satisfaction survey was not implemented in 2004 due to the uncertainty around clinic operations. A request has been submitted to Program Policy and Planning to support a customer satisfaction survey in 2005. Proper data management will require investment in information technology. No known databases exist to address the specific needs for dental claims management for all the programs. System requirements will be reviewed by the Manager by the fall of 2005. A database system for managing dental clinic information will be sought.

### Follow Up

Dental Program (DP) - Completed. Data stat sheets are self monitoring tools that are used by management to summarize monthly statistics of the daily activities conducted by the dentists and hygienists. The manually completed stat sheets will be replaced by the computerized system indicated in paragraph 4 below.

DP – In progress. Operational plans were developed for 2005 and 2006. A similar plan is being developed for 2007. However, a sample of the 2006 plan did not indicate any reporting of actual performance parameters.

DP - In progress. A client satisfaction survey was completed in September 2005. A follow up survey was not repeated in 2006 due to the many organizational changes made. Another survey is expected by mid 2007.

DP - In progress. A computerized system will be in place by the end of the 1st quarter 2007. This system is expected to gather data to facilitate statistical reporting and replace the manual system now used at the Upper Ottawa Street clinic. Due to logistical problems, it is not expected to be implemented on the health bus for a few years.

Special Support-Special Income (SS) - Initiated. Some performance tools such as a cheque return log and a complaint log have been implemented. The Program Manager uses them to assess the reasons for claims processing errors and complaints and addresses them with staff. Other performance methods will be implemented later this year. They include an error log (expected in the 1st quarter of 2007) and surveys (4th quarter 2007).
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<td>2.</td>
<td>The Province requires the Board of Health to provide, or ensure the provision of, monitoring of the fluoridation of the local municipal or regional water supply. This is to be done through the receipt of monthly printouts of the fluoride levels for their local Municipal or Regional water supply on a monthly basis. The reports are to be maintained on file for five years and there are a number of required activities depending on the level of fluoride indicated on the reports. Monthly reports are no longer being received by the Dental Program Manager. Instead, he has been monitoring fluoridation levels through quarterly reports available on the City of Hamilton website and discarding them following his review. If these reports are not reviewed appropriately, City of Hamilton residents may not be provided with the level of care required by the Province and committed to by the Department of Public Health and Community Services.</td>
<td>That the monthly reports be received, reviewed and appropriately acted upon, when required, by the Program Manager on a timely basis. These reports should be retained on file for a period of five years by the Program Manager as required by the Province.</td>
<td>Agreed. Fluoride reports will be reviewed and filed monthly, and kept for five years. The practice of responding appropriately when values fall outside of accepted normal levels will be continued.</td>
<td>DP only - Completed. The fluoride reports are now being received by the Dental Program Manager within a few days of the end of every month. They are reviewed and acted upon, as required. The Program Manager is also retaining the reports as noted in the Management Action Plan, at left.</td>
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| 3. | Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | That a review be conducted to determine which individuals, based on current duties, require access to the Pulsar/CINOT folder that is used to install and run the dental application. The review should also include a determination of the CINOT database support requirements outside of the day-to-day administration of the program and access should be restricted accordingly.                                                                                                                                                                                                                                                   | Agreed. Access levels have been revised to reflect functional requirements, with those not needing access to perform their work having such access removed.                                                                                                                                                                                                                                                                                                                | DP - Completed. Access to the CINOT database has been granted to only 13 employees in the section that require it.  
SS - Completed. CINOT database access is restricted to the 11 staff that use the system as part of their duties in dealing with clients and their service providers.                                                                                                                                                                                                                                                                                                                                                                   |
|    | i) There are 37 individuals with access to the electronic folder that is used to install and run the dental application, including 7 Public Health and Community Service IT support staff and 3 former employees. Once the program is set up, any of these individuals would have access to set themselves or others up on the database and enter/change data.                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | ii) All clinic staff members who currently process dental claims or have in the past (approximately 15) have the highest level of access to the databases allowing set up/change of provider name and address, pre-authorizations, overrides, setting up clients, processing claims and generating cheque requisition reports.                                                                                                                                                                                                         | That the review recommended above also include adjustments to the access to the databases based on the duties of the current clinic staff. Only the Program Manager should be given the highest access, corresponding to his responsibility for all pre-authorizations and overrides on the system.                                                                                                                                                                                                                                             | “Dentist” level is required to override claims. Since the CINOT database does not exactly meet the needs of the Adult and Children’s OW Programs, a high percentage (approximately 70%) of claims require overrides. It is essential that the four staff paying claims continue to have this access so that they can do this work. Hard copy claims are approved by the Dental Manager following entry into the dental systems application.  
School staff require “General” access in order to enter data. They are not able to override claims.                                                                                                                                                                                                                                                                                                                                                                       | DP - Completed. Staff now have different levels of access based on their duties. The capability to perform overrides is restricted to only two staff. Also, the only one in Dental Programs with the ability to delete records entered into CINOT is the Program Manager.  
SS - Completed. Both Case Aides and Income Clerks have the same access level as both may be required to create a client record. No one in the operating section can delete records. This highest level access is retained by the Electronic Communications Analyst (ECA).  
DP - Completed. See paragraph 1 under DP above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | iii) Approximately 18 other individuals have lower levels of access. However, even at these lower levels, individuals still can set up or change provider information and generate the necessary paperwork (real or false) to generate a payment.                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agreed. Passwords are now unique and have been set up to expire every 90 days.                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DP - In progress. All CINOT users have unique passwords to access the database. Due to the system’s limitations, the passwords may be changed only by someone with Supervisor access. This is done only once per year as the system tends to malfunction when passwords are changed.  
SS - Initiated. Most of the staff currently use a generic CINOT password to access the database. This password is not changed regularly. However, the Program Manager discussed the password and userid issue with the ECA and the Public Health Dentist. Changes are to be completed by February 26, 2007 and passwords changed annually.                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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<td>4.</td>
<td>The Ministry CINOT program has been copied so it can be used for the other social assistance programs providing dental services. However, the parameters contained in the original program are set for the CINOT program and are not the same as those required in other programs. This situation requires the use of the override function in approximately 65% of the claims processed. Further, due to the access privileges given to staff as noted in #3 and the way the process is set up on the system, staff override the parameters using the Program Manager's authorization. He is unaware of this approval and the override is not evident on the claim payment advice that he reviews prior to payment being made to the service provider. This renders the override report available from the system ineffective as a control/review mechanism for the Program Manager. The amount of overrides required also results in an inefficient use of staff.</td>
<td>That program management investigate the options available for customizing database programs for each of the dental services (other than CINOT) in an effort to decrease/eliminate the need for overrides due to unsuitable parameters. Options can include resetting the parameters with the help/approval of the Ministry or new applications developed by internal/external IT resources. (See also second recommendation under #3.)</td>
<td>Agreed. The Ministry of Health and Long Term Care provides the CINOT database to all Health Departments to meet the needs of the provincially mandated CINOT program. Therefore, having this database modified by the Ministry is not a feasible option. As mentioned in the last portion of the Management Action Plan for #1, system requirements will be reviewed by the fall of 2005.</td>
<td>SS only - In Progress. In order to reduce the number of overrides, the Program Manager is working with the ECA to develop an updated table that includes more codes for denturists. This is expected to be available by the end of the 3rd quarter 2007. Meanwhile, the Program Manager has indicated she performs random checks on the work performed by her staff to validate the accuracy of the overrides. Ten to twenty such checks are performed per week.</td>
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<td>5.</td>
<td>Payments Once a new provider is set up on the database and a cheque requisition is generated to pay a claim, no independent verification of the new provider is done before the supplier is set up on the vendor file in Accounts Payable. The expectation in Accounts Payable is that once the Program Manager has authorized the payment, the vendor is valid. Due to the inherent security deficiencies in the CINOT database access rights noted above, there is the potential risk that fraudulent providers could be set up and subsequently paid.</td>
<td>That a separate, written authorization form, approved by the Program Manager, be used to set up an external service provider on the vendor file. The form should be attached to the cheque requisition reports forwarded to the Accounts Payable section for new providers. Without such authorization, payment requests should be held until such approval is provided.</td>
<td>Agreed. A policy will be written to restrict staff from adding new dentists to the system. New dentists will only be added by the Dental Manager, after checking that the dentist is in good standing with the Royal College of Dental Surgeons of Ontario (RCDSO) and adds the new dentist to the service provider list together with the unique College registration number as authorization to make payments to that dentist.</td>
<td>DP - In Progress. The Program Manager verifies that the new dentist is in good standing with the Royal College of Dental Surgeons of Ontario (RCDSO) and adds the new dentist to the service provider list together with the unique identification (UIN) number. Since all cheque requisition requests for payment of dental claims are reviewed by the Program Manager and he personally knows many of the service provider dentists, he may be more aware of a fraudulent payee. This policy is currently in draft form and is expected to be formalized in the 1st quarter of 2007. No e-mail listing of approved new service providers is sent to Accounts Payable (as indicated in the Management Action Plan). SS - Alternative implemented. In order to approve the claim, payment mandatory fields on the ODA/CDA approved claim form must be completed including patient/guardian’s signature and office verification sections (i.e. the dentist’s name, UIN and address). Staff confirms that the dentist is in good standing prior to entering him into CINOT and processing the claim. Also the verification of the client’s eligibility must accompany the claim form. The Program Manager reviews and authenticates from ten to twenty claims per week.</td>
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<td>6.</td>
<td>Processing errors are generally brought to the attention of the individual processing the claims by the service providers that were incorrectly paid. These providers either return the original cheque or they issue a new cheque payable to the City in the amount of the error. Once corrections are made to the dental program system, a new claim payment advice is generated for payment to the correct dentist, as warranted. In situations where a provider's cheque is received for the error, the Accounts Payable system often continues to show payment to both the incorrect and correct provider as the duplication is not flagged because the vendors are different. As reliance is placed on the providers to report any discrepancies, the actual total number of errors is unknown. However, a review of the PeopleSoft financial system found corrections of reported errors of over $6,000 in a four month period. These errors create additional work for the claims processor, the Program Manager and the Accounts Payable section. With the return of the cheque to the claim processor, there is also the risk of misappropriation and the concealing of the irregularity through entries in the database which the current level of access allows.</td>
<td>That all incoming mail be received by an individual independent of the claims processing duties. Any cheques received should be recorded on a register. The register should be given to the Program Manager for review on a monthly basis and initiated once the review is complete. In addition, this individual should use the register to ensure the funds have been deposited into the City's bank and reflected in the PeopleSoft financial system.</td>
<td>Agreed. Effective March 2005, the Dental Secretary will list cheques received on a register. The Dental Secretary will check to ensure that the funds have been deposited, and review the register monthly with the Dental Manager. Any errors will be documented and reviewed with staff.</td>
<td>DP - Completed. All mail including returned cheques is received by the Program Secretary. She lists any returned cheques on an electronic register prior to forwarding them onto A/P (original uncashed City cheque) or A/R (new cheque payable to the City). The secretary also checks PeopleSoft to ensure that the funds are deposited. The Program Manager reviews the register each month. Analysis of PeopleSoft indicates that processing errors are still occurring but at a lower incidence rate than during the time of the original audit.</td>
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<td>Cheques payable to external service providers are forwarded from Accounts Payable back to the dental assistant responsible for processing the claim. The dental assistant then attaches additional documentation and forwards it to the service provider. If a cheque is returned to the individual responsible for generating a payment, there is a risk that fraudulent payments could be generated, funds misappropriated and the irregularity concealed by altering systems documentation. As well, the current system is inefficient, requiring excessive amounts of staff time.</td>
<td>That management consult with other municipalities and consider other options available to forward payments and appropriate supporting documentation to service providers.</td>
<td>Agreed. Communication has been initiated with dentists regarding direct deposit, advising dentists that this option is now available and asking them to provide the deposit information. Direct deposit is scheduled to begin April 1, 2005. Payment advices will continue to be forwarded to dentist offices.</td>
<td>SS - Initiated. All incoming mail in the unit is received by the File Clerk. She forwards all returned cheques to the Program Secretary who logs the cheque information prior to forwarding it to the Payment Clerk. (Neither the File Clerk nor the Secretary have access to CINOT.) The Payment Clerk notes the reasons for the error in a separate part of the log and forwards the cheque to A/P or A/R. The Manager reviews the log weekly or biweekly and uses the information to better train her staff. A test of the incidence rate of such errors resulted in volumes and values at relatively the same levels as in 2004 when the audit was originally carried out. Staff have indicated that as of February 22, 2007, the file clerk will open all mail, restrictively endorse cheques and log the cheque information prior to distributing the cheques to the appropriate staff.</td>
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### Appendix “A” to Report CM07011
Page 6 of 10

#### PUBLIC HEALTH SERVICES / COMMUNITY SERVICES
DENTAL CLAIMS ADMINISTRATION
FOLLOW UP - JANUARY 2007

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<td>8.</td>
<td>There is no balancing routine in place at the dental clinic to ensure that all claim payments noted on the CINOT system are reflected in the City’s financial records. A reconciliation of CINOT database information and the general ledger provides assurance that all external service provider payments have been accounted for.</td>
<td>That, on a monthly basis, a reconciliation be performed for each program comparing the total from the Cheque Requisition Report provided to the Accounts Payable section for the generation of the payments (produced by CINOT system) to the appropriate accounts in the PeopleSoft system to ensure all payments have been accurately processed.</td>
<td>Agreed. The Dental Manager will conduct a reconciliation between the Cheque Requisition Report and the Accounts Payable section for service providers.</td>
<td>DP - Incomplete. Monthly reconciliations are not yet being completed as the Program Manager is awaiting the changes indicated in point # 9 below. SS - Incomplete. The Program Manager has not reconciled the financials in CINOT with the data in PeopleSoft. Timing differences continue to contribute to difficulties in the reconciliation process.</td>
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<td>9.</td>
<td>Claims received from external service providers are entered into the CINOT databases at the dental clinic. In order to have cheques generated, much of the data is again entered into the Accounts Payable module of the PeopleSoft Financials system from hardcopy cheque requisition reports produced from the CINOT system. The duplication in data entry results in considerable expense due to time loss. As well, there have been a number of clerical errors in inputting data by both the dental clinic and the Accounts Payable section which resulted in additional staff time for corrections to be made. Internal Audit has learned that a program producing a PeopleSoft ready file has been developed by the Ministry and is already in use by a municipality.</td>
<td>That, in order to reduce or eliminate the duplication of claim payment input, a request be made to the Ministry of Health systems support individual to make the necessary modifications to the CINOT code in order to have a PeopleSoft ready file.</td>
<td>Agreed. This process is currently underway with the assistance of Local Systems Support staff. Full implementation is estimated by the 3rd quarter, 2005.</td>
<td>DP &amp; SS - Initiated. Management from Accounts Payable, Dental Programs, Special Support and IT are attempting to develop an interface between PeopleSoft and CINOT. The last test conducted in June 2006 was not successful. However, further meetings and testing are scheduled for the 1st and 2nd quarters of 2007. In addition, requests have been made to the Ministry by different municipalities to upgrade CINOT. One of these requests is for CINOT to better communicate with accounting software such as PeopleSoft. The Ministry has responded verbally to the Dental Programs Manager that an updated CINOT database is to be released by the 3rd or 4th quarter of 2007 and one of the expected changes is better integration with accounting software.</td>
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<td>Program Administration and Operations</td>
<td>Parent Notification Forms (PNFs) are forms sent, in three distinct stages, to the parents of children whose screening through the school program has indicated the necessity of immediate treatment. Parents are given three opportunities to respond to the PNFs. If no response is received within 30 days of the third notice, referral to Children’s Aid Society (CAS) is indicated. In the review of outstanding PNFs as at June 28, 2004, it was noted that there were 174 outstanding second PNFs but only 3 third PNFs (all significantly overdue), leading one to believe 171 children had received their treatment. Further investigation found that the Program Manager had either contacted the parent and discussed the situation (so no form would be returned) or he had deemed the required treatment as no longer significant. In both situations, he would instruct staff to close the file. However, the Child and Services Act states that it is the dental hygienist which screened the child that must make the CAS referral. Therefore, the Program Manager is not authorized to override the original assessment. The risks associated with the above-noted situations are that appropriate follow up may not be given to children in need of urgent treatment. Or alternatively, assessments by hygienists are deeming children in need of urgent treatment though, when reviewed by the Program Manager, the need is not significant. As such, children may be given treatment under the CINOT program when in fact they may not actually be eligible.</td>
<td>That steps be taken to ensure that reviews conducted by staff hygienists are done in a consistent manner. If third PNFs are required, they should be issued in a timely manner with proper, documented follow up.</td>
<td>Agreed. CAS staff provided an in-service to staff on November 1, 2004 to educate clinic staff regarding the types of cases requiring referral to CAS. Annual calibration sessions, in an effort to ensure that Dental Hygienists document their clinical observations in a standardized manner, are provided for all Dental Hygienists. Supervision of Dental Hygienist screening in the schools will be increased to promote consistency. A list of third PNFs will be reviewed by the Dental Manager each month.</td>
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<td>11.</td>
<td>In the sample testing of claims processing, eight (8) claims were selected. Of this sample three (3) original claim forms from the external providers, which substantiate the payments made, could not be located. Of the five (5) remaining claims, two (2) did not bear the processor’s initials (to track accountability). As well, one of the samples paid more than the pre-determined amount. A further sample of eight (8) claim forms found no eligibility documentation for one (1), a processing error resulting in an underpayment on another and three (3) payment advices with no processor initials or account numbers. Without claim form documentation and appropriate management oversight, there is no assurance that payments are being made for valid claims and that the correct amounts are being paid for services provided.</td>
<td>That claim payment practices be reviewed and revised, where appropriate, to ensure that original claims are retained as backup documentation for payments made to external service providers. Prior to approving claim payment advices for payment, the Program Manager should ensure that fees paid are not in excess of either the approved fees found in the program fee guides or pre-approvals required for particular programs.</td>
<td>Agreed. Claims are now checked more carefully by the Dental Manager. Claims with errors are returned to the staff for correction, and staff are given feedback on their rates of error.</td>
<td>DP - Completed. The original claims are retained as back-up documentation for payments made to external service providers for the CINOT program. Also, the Program Manager authorizes the form to reflect that he has verified that the correct fees are paid and the services rendered have been pre-approved. SS - Completed. All dentists must submit their claims on ODA/ CDA approved forms. The OW/ODSP clients must confirm their status with either the drug card or cheque stub. The above forms as well as copies of the Claim Payment Advice form are retained by the staff as back up supporting the payments. Staff must verify all claim amounts by agreeing them to the OW Adult Discretionary Dental Plan or the MCSS Schedule of Dental Services and Fees. Also, as noted in point #5, the Program Manager verifies selected claims each week to verify that the claims include the required documentation and that they have been processed correctly.</td>
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<td>12.</td>
<td>There are no written and approved procedures for the practices in the dental clinic with respect to appointment bookings (i.e. current book is difficult to decipher), receipt of payment, eligibility criteria, treatment documentation (i.e. clinic dentists use varying treatment costs on the clinic stats. sheets), and the depositing of fees collected. It has been the practice of the Program Manager to rotate staff through several areas of responsibility. Without written and approved procedures, practices may vary among staff and accountability may not be evident.</td>
<td>That procedures be written and approved by the Program Manager for the practices in the dental clinic with respect to appointment bookings, receipt of payment, eligibility criteria, treatment documentation on clinic stat sheets and fee deposits. These should include a more workable method of booking appointments and ensuring that receipts for $20 payments are retained in the patient’s file.</td>
<td>Agreed. Draft policies and procedures have been developed and will be finalized by the spring of 2005.</td>
<td>DP - Completed. Procedures have been formalized and reflect items such as dental clinic scheduling and booking, clinic eligibility and documentation &amp; recordkeeping. The $20 fee is no longer charged. SS - Completed. Procedures are now documented for this unit. They include criteria and determination of eligibility and the payment process.</td>
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<td>No weekly/monthly statistics regarding the patients treated in the dental clinic are provided to the Program Manager. For example, the number of patients treated in each program, the amount of funds received from the patients or the value of the treatment provided would be valuable information to the Program Manager for properly managing staff, addressing budget issues and ensuring that the intended targeted group of treatment recipients is served.</td>
<td>That statistics (at least monthly) be provided to the Program Manager. Specific requirements should be determined by the Program Manager.</td>
<td>Agreed. This has been addressed by the data collection tool described in #1.</td>
<td>DP only - Completed. See item #1 reference to data collection tool.</td>
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<td>14</td>
<td>The recognition of the value of the treatments received by patients eligible for treatment through a social assistance program and carried out in the clinic has been handled in a variety of ways over the past year. There has been a lack of consensus among the stakeholders regarding the accounting methods used. Variations ranged from the journalization of treatment fees to the current practice of claiming the full clinic costs totally as administration and receiving 50:50 funding from the Province under the Ontario Works Program. Without giving full recognition to the value of work done in the clinic, it is difficult to judge the efficiency of the office or even the need for such a facility. The lack of this type of information runs the risk of faulty decision making as it relates to this operation.</td>
<td>That full recognition be given to the value of services provided to patients treated in the clinic under a social assistance program. Fee schedules used for outside providers could be used to place a reasonable value on the treatment. Journal entries between the programs should be used to reflect these amounts (no need for actual cheque generation).</td>
<td>Agreed. This has been addressed by the data collection tool described in #1. Journal entries to reflect the value of services provided in the clinic under the different treatment programs will be reinstated.</td>
<td>DP only – Initiated. See item #1 reference to data collection tool. This will make it easier to track the value of the services rendered to patients at the clinic. Journal entries to reflect the value of the services are not being made. Once the system is computerized by the end of the 1st quarter 2007, it will be easier to implement the journaling process.</td>
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<td>For those not eligible for social assistance, an application form approved by the Program Manager is required prior to treatment being given in the clinic. There is very little evidence on the form indicating that the cost of dental treatment would cause a financial hardship and, therefore, according to the Program Manager, he subjectively decides what, if any, financial information to request and whether or not to accept the patient. There was no evidence of Council approval for the $20 user fee charged to these patients per visit nor who the targeted group within the community is for the receipt of treatment (i.e. youth no longer eligible for CINOT but not old enough to receive Ontario Works). Without objective criteria for assessing the applicant, the City may be providing a service at a minimal fee to individuals that can afford to pay for the treatment they receive, while others in need may not receive the service they require.</td>
<td>That specific and objective eligibility criteria for receiving treatment in the clinic be developed and approved by Council for individuals not in receipt of social assistance. Council approval should also be sought for any related user fees.</td>
<td>Agreed. A report will be presented to Councillors in April or May of 2005. The report will provide available data regarding the types of clients currently served by the dental clinics, and make recommendations for Councillors to consider regarding clinic eligibility criteria and fees.</td>
<td>DP only - Completed. The City of Hamilton’s Board of Health approved the recommendation that staff use the low income cut-off (LICO) to determine dental clinic eligibility for all new clinic clients. Clients whose incomes are below LICO and who are not eligible for assistance through Ontario Works and ODSP would meet eligibility requirements. This criteria has been incorporated into the procedures followed by the Dental Programs area. No user fee is charged.</td>
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<td>16.</td>
<td>Currently, cash fees are collected by the receptionist, accumulated and handed over to the Administrative Secretary in an envelope with the total dollars indicated. The cash fees are then sent with a Record of Deposit to the Finance section of Public Health and Community Services by way of a City courier for preparation of deposit. There is no reconciliation process in place to ensure that all funds collected at the clinic have been included in the deposit, the deposit is correctly posted to the general ledger or that the funds have been received by the bank.</td>
<td>That procedures for balancing cash received by the Administrative Secretary to records in the clinic and for the reconciliation of amounts to the general ledger and the monthly Royal Bank Journal be developed and implemented. (Also see recommendation #6 and item #2 in the Addendum.)</td>
<td>Agreed. This has been addressed in the Management Action Plans for #8.</td>
<td>DP only - No longer applicable. The $20 fee has been discontinued.</td>
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