
CITY OF SAN ANTONIO

OFFICE OF THE CITY AUDITOR



Audit of Metro Health Immunization Division

Project No. AU15-019

May 26, 2016

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City Auditor

Executive Summary

As part of our annual Audit Plan approved by City Council, we conducted an audit of the Metro Health Department, specifically the Immunization Division current program processes, revenues, and expenditures. The audit objectives, conclusions, and recommendations follow:

Determine if processes within the Immunization Division are effective, efficient, and adequately controlled.

Processes within the Immunization Division are not effective, efficient, and adequately controlled. Specifically, client immunization records are not accurate, there are ineffective controls for the release of immunization records, and insufficient controls to ensure the verification of cash collected for vaccines administered.

We recommend that the Director of Metro Health Department:

- Establish and implement effective procedures to ensure immunization records are accurate. Also, continue to work with ITSD to find a solution to interface basic demographic record information (name and date of birth) and immunization history from SAIRS to Netsmart in order to reduce data entry errors.
- Strengthen the controls in place to ensure client immunization record requests are processed correctly. Additionally, training sessions should be held for staff to ensure proper documentation is obtained and data is recorded in the appropriate system application.
- Ensure staff follows existing controls and develop formal procedures to ensure cash collected is reported accurately.

Metro Health Management's verbatim response is in Appendix C on page 7.

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Background

San Antonio Metropolitan Health District (Metro Health) is the single public agency charged by State law, City code, and County resolution with the responsibility for public health programs in San Antonio and the unincorporated areas of Bexar County. Although Metro Health is a City/County organization, administrative control is under the City of San Antonio.

Metro Health seeks to protect the health of all residents and visitors through a broad array of public health programs and services, including the Immunization Program. The mission for the Immunization Program is to prevent and control transmission of vaccine-preventable diseases for people of all ages, with emphasis on individuals at highest risk for under-immunization. There are various programs managed by Metro Health to reach its mission such as Vaccines for Children, Adult Safety Net, School and Daycare Audits and the Immunization Outreach and Education Program.

Metro Health funds for purchase of vaccines for the Immunization Clinic come from a variety of grants, as well as the City's general fund. The Immunization clinic receives funds from the Texas Department of State Health Services (DSHS) for the Vaccines for Children Program (VFC) and the Adult Safety Net (ASN) Program. In order to receive DSHS funded vaccines, eligibility requirements must be met. Metro Health also receives allocated City general revenue funds to purchase private vaccine for insured children and adults.

Currently, the Immunization Division uses two system applications for managing the vaccine program, San Antonio Immunization Registry System (SAIRS) and Netsmart. SAIRS tracks patient immunizations given by over 300 San Antonio doctors and hospitals. SAIRS compiles together one complete shot record for each of their patients and has an inventory module that allows staff to track vaccines by funding source, manufacturer, lot number, and expiration date.

Although Netsmart has been in operation for two years within Metro Health, the Immunization Division began using the application in June 2015. Netsmart is used to register clients and creates the billing documents for services provided; a component that SAIRS does not have. When Netsmart was implemented, historical data was not transferred from SAIRS to Netsmart. Immunization clinic staff is required to create a patient account and manually enter demographic and vaccine history. Also, Metro Health's future plans include decommissioning SAIRS by December 2017 and using Netsmart exclusively.

Audit Scope and Methodology

Audit scope included the Immunization Division's current program processes, revenues, and expenditures from October 2014 to December 2015. Specifically, we focused on clinic operations, billing and collection, release of immunization records, and accuracy of patient information located in SAIRS and Netsmart system applications.

We interviewed Immunization staff to gain an understanding of clinic operations, reporting requirements, Vaccines for Children Program (VFC) and Adult Safety Net (ASN) program eligibility, private vaccine inventory control, release of immunization records, and relevant documentation. Additionally, we interviewed fiscal staff to obtain an understanding of the collection process for vaccines administered, Medicaid reimbursements, the purchasing process for private vaccines and year-end inventory counts. Finally, we interviewed ITSD staff to gain an understanding and tested the appropriateness of user access and general controls to Netsmart.

We selected a random sample of 25 clients from SAIRS who received vaccinations in fiscal year 2015 to ensure staff followed CDC requirements for administering VFC and ASN vaccinations and retained the appropriate documentation. We also tested a random sample of 25 client immunization record requests to determine if they were processed appropriately.

We obtained fiscal year 2015 SAIRS Monthly Reconciliation Reports to determine if staff performed private vaccine inventory count and inventory reconciliation in SAIRS. In addition, we verified staff monitors the temperature where private vaccine is stored.

We selected the population of clients who received vaccines in October 2015 from SAIRS to ensure client demographic information was accurately transferred to Netsmart. In addition, we tested a random sample of 25 clients to determine the accuracy of immunization records.

We observed five random clients who arrived at the Immunization clinic on November 30, 2015, to identify the amount of time spent to receive immunizations. Observations included client's arrival time through payment for vaccines administered. We identified the average time spent entering information in SAIRS and Netsmart and the average time spent during their visit.

We relied on computer-processed data in SAP to validate deposit packets, journal entries, purchase orders' for private vaccine and Medicaid reimbursement. We selected a random sample of 25 end-of-day deposit packets to determine if deposits were reconciled and reviewed for accuracy. We selected a random sample of 20 private vaccine purchase orders to determine if they were

accurately approved, billed, and adequately supported. We tested a random sample of 25 Medicaid transactions from July 1, 2015 to September 30, 2015, to determine whether reimbursements were billed timely and recorded accurately in SAP. In addition, we obtained and reviewed Metro Health's Quarterly Consumable reports for fiscal year 2015 to determine if private vaccine drug inventory balances are accurately recorded in SAP. Our reliance was based on performing direct tests on the data rather than evaluating the system's general and application controls. We do not believe that the absence of testing general and application controls had an effect on the results of our audit.

We conducted this 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 results and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our results and conclusions based on our audit objectives.

Audit Results and Recommendations

A. Accuracy of Immunization Records

Metro Health lacks effective controls to ensure client information entered in Netsmart from SAIRS is accurate. Metro Health Immunization Clinic's process for entering client demographic and immunization history is manual which often results in human error. Data is not reviewed for accuracy. Client information located in Netsmart is incomplete or inaccurate due to data entry errors. We identified client information located in Netsmart transferred from SAIRS did not match for 65 out of 800 (8%) records reviewed. Data entry errors found in Netsmart included misspelling of either first or last name, first name listed as last name or names that did not match those located in SAIRS. In addition, immunization history in Netsmart transferred from SAIRS did not match for 13 out of 25 (52%) clients selected for testing. The immunization history data was incomplete or did not match.

In addition, the double entry of client and vaccine history information into both SAIRS and Netsmart has increased client wait time. Based on the clients who arrived on November 30, 2015 at the Immunization Clinic, we observed that the average time spent entering client information in SAIRS and Netsmart was forty (40) minutes. Also, the average time spent by client at the clinic for vaccine(s) was one hour and eighteen (1:18) minutes.

Because Netsmart is a new system for the Immunization Division, staff must create an account and add the client's immunization history from personal records, SAIRS, and ImmTrac¹. An automated data transfer was not completed when Netsmart was implemented.

Accurate client information and immunization history is critical for staff to determine what vaccines a client should be administered. Due to incomplete or inaccurate data, clients have an increased chance of receiving inappropriate vaccines.

Recommendation:

The Director of Metro Health should establish and implement effective procedures to ensure immunization records are accurate. Also, continue to work with ITSD to find a solution to interface basic demographic record information (name and date of birth) and immunization history from SAIRS to Netsmart in order to reduce data entry errors.

¹ The Texas Immunization Registry offered by the Texas Department of State Health Services that safely consolidates and stores immunization information electronically in one centralized system.

B. Immunization Records Request

Metro Health is not compliant with federal and state law nor existing internal controls to ensure staff obtains and retains the required documentation for processing immunization record requests. We identified 19 out of 25 (76%) immunization record requests did not have the proper documentation on file required by current policy and procedures. Also, 14 out of 25 (56%) record requests did not have a note listing name of purchaser in the clients account.

According to current procedures, an "Authorization for Release of Medical Records" and a copy of the ID should be retained for each request since it contains Protected Health Information (PHI). Additionally, since the implementation of Netsmart, staff is required to scan a copy of the immunization record requested. Finally, the "Notes" section in SAIRS should be updated with the name of the individual purchasing the immunization record since "proof of relationship" must be identified prior to release of the immunization record.

Not obtaining the proper documentation and identification for the release of immunization records may compromise client PHI and may lead to violations of Health Insurance Portability and Accountability Act (HIPPA) laws, 45 Code of Federal Regulations, Section 160-164, and the Texas Medical Records Privacy Act.

Recommendation

The Director of Metro Health should strengthen the controls in place to ensure client immunization record requests are processed correctly. Additionally, training sessions should be held for staff to ensure proper documentation is obtained and recorded in the appropriate system application.

C. Policies and Procedures for Cash Collection

Metro Health is not following existing controls to ensure the accuracy of revenue deposited daily. The "Verification of Revenue" worksheets in the end-of-day deposit packets were not complete. We identified 14 of 42 (33%) worksheets did not have the required second signature indicating verification of revenue by a witness.

The lack of execution of procedures to verify revenue may lead to inaccurate reporting of cash collected for vaccines administered.


Recommendation:

The Director of Metro Health should ensure staff follows existing controls and develop formal procedures to ensure cash collected is reported accurately.

Appendix B – Staff Acknowledgement

Buddy Vargas, CFE, Audit Manager
Rosalia Vielma, CFE, Auditor in Charge
Doug Francis, Auditor
Cecilia Gonzalez, Auditor

Appendix C – Management Response



CITY OF SAN ANTONIO
P.O. Box 839966
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March 30, 2016

Kevin W. Barthold, CPA, CIA, CISA
 City Auditor
 San Antonio, Texas

RE: Management's Corrective Action Plan for the Audit of Metro Health Immunization Division

Metro Health has reviewed the audit report and has developed the Corrective Action Plans below corresponding to report recommendations.

Recommendation					
#	Description	Audit Report Page	Accept, Decline	Responsible Person's Name/Title	Completion Date
A	Accuracy of Immunization Records Recommendation: The Director of Metro Health should establish and implement effective procedures to ensure immunization records are accurate. Also, continue to work with ITSD to find a solution to interface basic demographic record information (name and date of birth) and immunization history from SAIRS to Netsmart in order to reduce data entry errors.	4	Accept	Anil Mangla, Assistant Director – Communicable Disease; and Paul Fenstermacher, Assistant to the Director	7/15/2016

Recommendation					
#	Description	Audit Report Page	Accept, Decline	Responsible Person's Name/Title	Completion Date
	<p>Action plan:</p> <p>Metro Health will continue with the Netsmart implementation plan. Until SAIRS is fully decommissioned the potential for inconsistencies between the systems will exist, but we will implement quality assurance measure to minimize these instances. In the interim, Metro Health will:</p> <ol style="list-style-type: none"> 1. Identify one system to serve as the system of record (SAIRS): April 2016 2. Analyze the current process to determine the need for double data entry at the time of service. May 2016 3. Develop Quality Assurance measures to ensure data in the system of record is accurate. June 2016 4. Complete the Inventory module implementation in Netsmart. December 2016 5. Continue to train staff in the proper use of the Netsmart System. Ongoing 6. Continue to identify and correct deficiencies in the Netsmart system. Ongoing 7. Continue to work with ITSD and Insight / Netsmart staff to develop a data interface between the systems. June 2017 <p>Metro Health will be able to identify and correct data errors in the systems no later than July 15, 2016.</p>				

Recommendation					
#	Description	Audit Report Page	Accept, Decline	Responsible Person's Name/Title	Completion Date
B	<p>Immunization Records Request</p> <p>Recommendation: The Director of Metro Health should strengthen the controls in place to ensure client immunization record requests are processed correctly. Additionally, training sessions should be held for staff to ensure proper documentation is obtained and recorded in the appropriate system application.</p>	5	Accept	Paul Fenstermacher, Assistant to the Director	7/1/2016
<p>Action plan:</p> <p>Metro Health has developed a comprehensive policy the governing the release of medical records which fully compliant with HIPAA and the Data Use Agreement issued by the Texas Health and Human Services Commission. The new policy is under final review and has an anticipated effective date of June 15, 2016. Prior to implementation of the policy several steps are required:</p> <ol style="list-style-type: none"> 1. Train all managers and supervisor in the protocol 2. Identify specific individuals within each program that will be authorized to release records – Records Release Agents. 3. Train all Records Release Agents. 4. Train all personnel in the new protocol. <p>All training will be completed prior to the effective date of the policy.</p>					

Recommendation					
#	Description	Audit Report Page	Accept, Decline	Responsible Person's Name/Title	Completion Date
C	<p>Policies and Procedures for Cash Collection</p> <p>Recommendation: The Director of Metro Health should ensure staff follows existing controls and develop formal procedures to ensure cash collected is reported accurately.</p>	5	Accept	Paul Fenstermacher, Assistant to the Director	6/3/2016
<p>Action plan: Prior to the Audit, Metro Health identified inconsistencies in the cash handling process and had initiated corrective actions. Working Finance and the Metro Health Performance Improvement team, cash handling activities were consolidated under the direct supervision of Fiscal. A Cashier Supervisor was created to directly supervise the staff newly created cashier positions through HR. Internally the Cashier Consolidation Project was finalized on April 13, 2015 (4/13/15) to include:</p> <ul style="list-style-type: none"> o New Job Functions defined o Training o Work Schedule to cover all sites and Leave management <p>Fiscal completed employee training and assumed responsibility for the cash handling function throughout the department in May 2015.</p> <p>End of Day procedures were revised to ensure reviews were conducted and to capture required information and signatures.</p> <p>As a final measure in the project, the Metro Health Policy Committee will review and approve the new Cash Handling Policy and SOP in May 2016.</p> <p>With Fiscal oversight in place, Metro Health has been audited by Finance with no findings.</p>					

We are committed to addressing the recommendations in the audit report and the plan of actions presented above.

Sincerely,

For Dr. Nathan

(A.T. MANGLA)

Dr. Vincent R. Nathan
Interim Director
Metro Health

Date

04/12/2016

Erik Walsh

Erik Walsh
Deputy City Manager
City Manager's Office

Date

4/26/16