

**LEGISLATIVE AUDIT COMMISSION**

**Review: 4385**

**Statewide Single Audit  
Year Ended June 30, 2011  
Department of Public Health**

**FINDINGS/RECOMMENDATIONS – 6**

**Repeated – 4**

**Accepted – 4**

**Implemented - 2**

**Deficiencies in Record Keeping Not Communicated to Providers**

**11-50. The auditors recommend IDPH review its monitoring procedures for providers of Immunization Grants Program and implement changes necessary to ensure deficiencies identified are communicated and appropriate follow up procedures are performed. IDPH should also ensure enrollment forms are on file for all providers receiving vaccines under the Immunization Grants program.**

**Findings:** IDPH is not adequately monitoring providers under the Immunization Grants program. IDPH receives the majority of its federal Immunization Grants program funding in the form of vaccines which are distributed to medical providers throughout the State.

Auditors noted four providers for which IDPH performed on-site monitoring reviews of immunization records had deficiencies identified in the patient records which were not formally communicated to the provider. As a result, corrective action plans were not obtained from these providers and required follow-up procedures were not performed by IDPH. Also, IDPH could not provide a completed enrollment form for three providers.

**Updated Response:** Accepted. During late calendar year 2012, CDC strengthened provider-based vaccine management practices that can help identify occurrences of fraud and abuse of VFC vaccine. All IDPH staff involved with VFC provider compliance will review policies, program protocol changes, and site visit documentation in early 2013. Key IDPH staff will develop and deliver regional training workshops in early 2013 to selected local health departments performing VFC compliance visits to assure improved consistency in performance of provider compliance visits, provider messaging and follow-up education and monitoring of sites with identified deficiencies.

**Complaints Against Medicaid Providers Not Investigated Timely (Repeated-2007)**

**11-54. The auditors recommend IDPH review its current process for investigating complaints received against Medicaid providers and consider changes necessary to ensure all complaints are investigated within the timeframes required by State law. (Repeated-2007)**

**Findings:** IDPH did not investigate complaints received relative to providers of the Medicaid Cluster within 30 days of receipt, or seven days if the complaint alleges abuse or neglect.

During testwork over 40 complaints filed against Medicaid providers, auditors identified twelve complaints that were not investigated timely. The delays ranged from 10 to 158 days in excess of required timeframes. Additionally, three complaints had not been investigated as of the date of testwork.

**Updated Response:** Accepted. The Department has implemented a plan to hire 88 additional Health Facility Surveillance Nurses (HFSNs) to comply with SB 326 (PA96-1372) in addition to the 60 positions already hired. There will be a minimum of one surveyor for every 300 licensed long term care beds. This increase in staffing will allow the department to comply with State and Federal Laws within the required timeframes.

### **Summary of Repeated Recommendations**

Origin: 2004 – 1; 2005 – 1; 2007 – 1 2010-1.

### **Currently Classified as Accepted or Implemented**

- 11-51. The auditors recommend IDPH establish procedures to ensure all subrecipients receiving federal funds have audits performed in accordance with OMB Circular A-133. Additionally, desk reviews of A-133 audit reports should be formally documented using the A-133 desk review checklist, which includes procedures to determine whether the audit reports meet the requirements of OMB Circular A-133, federal funds reported in the schedule of expenditures of federal awards reconcile to IDPH records, and Type A programs are audited at least once every three years. (Repeated-2005)
- 11-52. The auditors recommend IDPH revise the on-site monitoring procedures to include procedures to review each applicable compliance requirement and the fiscal and administrative controls of its subrecipients. IDPH should also evaluate the current staffing of its monitoring department to ensure resources are adequate to complete reviews within prescribed timeframes. (Repeated-2010)
- 11-53. The auditors recommend IDPH revise the on-site monitoring procedures to include procedures to review the subrecipients' fiscal and administrative capabilities. (Repeated-2004)
- 11-54. The auditors recommend IDPH review its current process for investigating complaints received against Medicaid providers and consider changes necessary to ensure all complaints are investigated within the timeframes required by State law. (Repeated-2007)