### STATUTORY REPORT

## COMMUNITY AMBULANCE SERVICE DISTRICT

For the fiscal year ended June 30, 2016





Oklahoma State Auditor & Inspector Gary A. Jones, CPA, CFE

### COMMUNITY AMBULANCE SERVICE DISTRICT STATUTORY REPORT FOR THE FISCAL YEAR JUNE ENDED 30, 2016

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# **Oklahoma State Auditor & Inspector**

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October 4, 2017

### TO THE BOARD OF DIRECTORS OF THE COMMUNITY AMBULANCE SERVICE DISTRICT

Transmitted herewith is the audit report of Community Ambulance Service District for the fiscal year ended June 30, 2016.

The goal of the State Auditor and Inspector is to promote accountability and fiscal integrity in state and local government. Maintaining our independence as we provide this service to the taxpayers of Oklahoma is of utmost importance.

We wish to take this opportunity to express our appreciation for the assistance and cooperation extended to our office during our engagement.

Sincerely,

GARY A. JONES, CPA, CFE OKLAHOMA STATE AUDITOR & INSPECTOR

### Presentation of Collections, Disbursements, and Cash Balances of District Funds for FY 2016

	FY 2016			
Beginning Cash Balance, July 1	\$	383,047		
Collections				
Ad Valorem Tax	130,609			
Charges for Services	56,633			
Sales Tax		40,000		
Miscellaneous	2,464			
Total Collections		229,706		
Disbursements				
Personal Services		140,118		
Maintenance and Operations	34,025			
Capital Outlay		459		
Bonds Expenses and Fees		22,348		
Total Disbursements		196,950		
Ending Cash Balance, June 30	\$	415,803		

Source: District Estimate of Needs (presented for informational purposes)

### Sales Tax

Dewey County voters passed a .75 of one (1) cent county sales tax on April 1, 2014. The sales tax is restricted to the following areas:

- County Roads and Bridges
- County Fire Protection
- Emergency Medical Services
- Public Safety Projects

Community Ambulance Service District (the District) receives county sales tax that is passed through the Dewey County Public Facilities Authority from Dewey County per the sales tax ballot. The District has a designated bank account for the funds received and funds are disbursed for the improvement and operation of the District.

The Dewey County Public Facilities Board approves the disbursement of county sales tax funds to the District. The District submits a claim for reimbursement or a purchase order detailing the item(s) the District would like to purchase using the county sales tax funds to the Dewey County Public Facilities Authority Board. The Facilities Authority Board votes to approve or deny the request for funds from the District. If the request is approved, the Dewey County Public Facilities Authority Board Treasurer requests that the bank issue a check to the District for the approved amount.

The District received \$40,000.00during the fiscal year ended June 30, 2016.



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Community Ambulance Service District P.O. Box 811 Seiling, Oklahoma 73663

### TO THE BOARD OF DIRECTORS OF THE COMMUNITY AMBULANCESERVICE DISTRICT

For the purpose of complying with 19 O.S. § 1706.1, we have performed the following procedures:

- Determined that receipts were properly deposited and accurately reported in the accounting records.
- Determined cash balances were accurately reported in the accounting records.
- Determined whether deposits and invested funds were secured by pledged collateral.
- Determined that disbursements were properly supported, were made for purposes outlined in 19 O.S. § 1710.1, and were accurately reported in the accounting records.
- Determined that all purchases requiring bids complied with 19 O.S. § 1723.
- Determined that payroll expenditures were accurately reported in the accounting records and supporting documentation of leave records was maintained.
- Determined that fixed assets records were properly maintained.
- Determined whether the District's collections, disbursements, and cash balances for FY 2016 were accurately presented on the estimate of needs.

All information included in the records of the District is the representation of the Community Ambulance Service District.

Our emergency medical service district statutory engagement was limited to the procedures performed above and was less in scope than an audit performed in accordance with generally accepted auditing standards. Accordingly, we do not express an opinion on any basic financial statement of the Community Ambulance Service District.

Based on our procedures performed, we have presented our findings in the accompanying schedule.

This report is intended for the information and use of the management of the Community Ambulance Service District. This restriction is not intended to limit the distribution of this report, which is a matter of public record.

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GARY A. JONES, CPA, CFE OKLAHOMA STATE AUDITOR & INSPECTOR

July 18, 2017

### SCHEDULE OF FINDINGS AND RESPONSES

### Finding 2016-1 Inadequate Internal Controls Over Collections, Bank Reconciliations, and Pledged Collateral (Repeat Finding)

**Condition:** Upon inquiry of the Community Ambulance Service District (the District) staff and observation of accounting records, we determined the collection and reconciling duties appear to be adequately segregated among employees within the District and the accountant performing a second reconciliation of bank accounts; however, there is no independent verification of collections received or bank statement reconciliations by the District Board.

The accountant accesses District bank account activity online, prepares the bank reconciliations, and signs the Reconciliation Detail Sheet verifying that the balances are valid as of the date of the respective bank reconciliation.

The bank statement and Reconciliation Detail Sheet is then presented to the Board each month for approval; however, the following exceptions were noted in our review of this process:

- Reconciliation Detail Reports did not include all bank accounts for the District.
- Audit evidence was not available (signature, initials or date) to reflect that an actual review of the Reconciliation Detail Report was performed by the Board.

**Cause of Condition:** Policies and procedures have not been designed and implemented to ensure independent verification by the District Board for collections received and bank statement reconciliations, and monitoring of adequate pledged collateral by the District.

**Effect of Condition:** These conditions could result in unrecorded transactions, misstated financial reports, clerical errors, or misappropriation of funds not being detected in a timely manner.

**Recommendation:** The Oklahoma State Auditor and Inspector's Office (OSAI) recommends the Board provide evidence of a review and approval of all account reconciliations.

#### Management Response:

**Chairman of the Board:** The Board shall ensure Reconciliation Detail Reports will include all bank accounts for the District and signatures and dates reflect an actual review was performed at the time of the District's monthly Board meeting.

**Criteria:** Accountability and stewardship are overall goals of management in the accounting of funds. To help ensure a proper accounting of funds, the District Board should use information received directly from the bank, to verify the accuracy of collections deposited and bank statement reconciliations, and pledged collateral should be monitored to provide evidence of safeguarding the District's assets.

### Finding 2016-2 – Inadequate Internal Controls Over the Billing Process (Repeat Finding)

Condition: Based on observation of billing records and discussion with District staff, we determined:

- There was no evidence that the District verified the amounts charged by the third-party billing service to ensure the amounts billed are accurate and verified to their records.
- There is no verification of second billings on delinquent accounts.
- There was no evidence that the District verified payments received were applied correctly to patient accounts by the third-party billing service.
- There was no contract for services signed between the District Board and the third- party billing service.
- The Board has not approved write-off amounts for patient accounts during the audit period.
- Audit evidence was not available (no signature, initials or date) to reflect a review of the Monthly Reconciliation Report presented to the Board was performed,
- Receipts could not be traced to the billing records.

The test of twenty-five (25) ambulance run sheets and corresponding billing records reflected the following exceptions:

• Four (4) instances were noted where the patient was charged a base fee that could not be verified to the approved schedule.

Ambulance Run	Miles	Rate	Base Fee Charged	Total	Base Fee Calculated	Total	Variance	Date of Run
151228-1435-CAS	47.8	\$12.00	\$266.05	\$839.65	\$521.24	\$1,094.84	\$(255.19)	12/28/15
160110-0921-CAS	4.5	\$12.00	\$475.24	\$529.24	\$354.72	\$408.72	\$120.52	01/09/16
160528-1538-CAS	1.1	\$12.00	\$0	\$13.20	\$354.72	\$367.92	\$(354.72)	5/28/2016
160625-0955-CAS	69	\$12.00	\$0	\$828.00	\$521.24	\$1,349.24	\$(521.24)	6/25/2016

• Seven (7) instances were noted where the patient was charged mileage more than what the run sheet reflected in the total amount of \$38.37.

**Cause of Condition:** Policies and procedures have not been designed and implemented to adequately ensure the amounts billed for services are accurate, payments are applied correctly to patient accounts, electronic payments are applied to accounts by the third-party billing service, receipts can be traced to the billing records and patients account balances are monitored by the Board, including approval of write-off amounts.

**Effect of Condition:** These conditions could result in unrecorded transactions, misstated financial reports, clerical errors, or misappropriation of funds not being detected in a timely manner, and the District under or over billing for ambulance services.

**Recommendation:** OSAI recommends that management be aware of these conditions and recommend the Board actively review the billing statements to ensure that correct amounts are billed, receipts are posted to patients accounts correctly and approve write-off amounts. The Board should provide evidence of this review to mitigate some of the risk associated with having one staff member to perform all duties of account billings.

### Management Response:

**Chairman of the Board:** The Board recognizes the billing company did not have a yearly approved contract. As indicated in a previous finding, the Board will renegotiate that contract to correct this finding. The Board will take action to verify billing, ensure second and subsequent billing is occurring and write-offs are both accurately and timely being completed. The Board will revisit the manner receipts are completed to better coincide with billing statements. Every attempt will be made to enlist the billing company's help in this endeavor including placing wording in the contract requiring them to be more diligent in assisting management to provide assurance that amounts billed are based upon the billing policies adopted by the Board, and the billing process is monitored for correctness and completeness.

**Criteria:** To help ensure a proper accounting of funds, key duties and responsibilities should be segregated among different individuals to reduce the risk of error or fraud. Effective internal controls require oversight by management to provide assurance that amounts billed are based upon the billing policies adopted by the Board, and the billing process is monitored for correctness and completeness.

### Finding 2016-4 - Inadequate Internal Controls Over the Disbursement Process (Repeat Finding)

**Condition:** The District has made efforts to implement some mitigating controls over the disbursement process including separating the duties of ordering and receiving supplies and implementing a policy in which all checks require two Board member signatures.

However, the test of twenty- five (25) disbursements resulted in the following exceptions:

- In one (1) instance, a travel claim was not signed by the claimant; however, the claim was signed by Director and Chairman for approval of payment.
- In one (1) instance, no verification of receipt of goods was evident.
- In seven (7) instances, receipts for fuel were not attached to the invoice,
- In one (1) instance, the receipt from a local grocery store was not itemized.
- In nine (9) instances, the invoice or monthly statement was not signed as evidence of goods or services being received.
- In three (3) instances, the approval for payment was not dated when signed by the approving Board Member.

**Cause of Condition:** Policies and procedures have not been designed and implemented to ensure all disbursements are filed with sufficient supporting documentation for recordkeeping and required signatures and dates of approval are evident.

**Effect of Condition:** These conditions could result in unrecorded transactions, misstated financial reports, clerical errors, or misappropriation of funds not being detected in a timely manner.

**Recommendation:** OSAI recommends the Board develop policies and procedures requiring adequate supporting documentation regarding goods/services received, and ensuring adequate evidence is available regarding the claimant's signature and the District Board's review and approval of claims.

### Management Response:

**Chairman of the Board:** The Board accepts these findings. Steps will be taken to ensure each receipt is attached to invoices prior to Board approval each month. Also, greater care will be taken to obtain the Chairman's signature and date, and claimants' signatures are obtained when approved by the Board.

**Criteria:** Accountability and stewardship are overall goals of management in the accounting of funds. Effective internal controls are essential to provide reasonable assurance about the achievement of the entity's objectives regarding the reliability of financial reporting. Further, an important aspect of internal controls is evidence of supporting documentation and the claimant's signature and the District Board's review.

### Finding 2016-5 – Inadequate Internal Controls Over Fixed Assets Inventory Records (Repeat Finding)

**Condition:** Based on inquiry of the District Board Chairman, observation of equipment, and review of the District's fixed assets inventory records, the following exceptions were noted:

- A complete and accurate fixed assets inventory listing was not maintained.
  - Serial numbers and/or vin numbers were not always noted on the listing.
  - > Original costs of items were not always noted on the inventory listing.
- Evidence of a physical inventory verification being performed was not maintained in District records.
- A specified dollar threshold has not been established to determine fixed assets to be included on inventory.

**Cause of Condition:** Policies and procedures have not been designed and implemented to ensure fixed assets inventory is properly maintained and updated through a periodic review by the District.

**Effect of Condition:** These conditions could result in errors and improprieties, unrecorded transactions, inadequate fixed assets inventory records, and loss of District equipment.

**Recommendation:** OSAI recommends that policies and procedures be implemented to ensure complete and accurate fixed assets inventory records are properly maintained and annual physical inventory verifications are performed to identify equipment owned by the District and protect against loss.

#### Management Response:

**Chairman of the Board**: The Board accepts these findings and will work toward maintaining current and complete fixed assets records that are verified annually.

**Criteria:** An important aspect of internal control is the safeguarding of assets. Internal controls over safeguarding of assets constitute a process, affected by the entity's governing body, management, and other personnel, designed to provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the entity's assets and safeguarding assets from loss, damage, or misappropriation.

### Finding 2016-6 – Inadequate Internal Controls Over Timesheets and the Payroll Process (Repeat Finding)

**Condition:** Upon inquiry and observation of the payroll process, and a test of the payroll period for February 2016 which included nine employees' compensation, the following internal control weaknesses were noted:

- Three (3) timesheets did not have evidence of the employee's signature.
- One (1) timesheet was not approved by evidence of the Director's signature.
- The two Directors for the District did not submit a monthly timesheet during the fiscal year audited.
- The Bookkeeper did not submit a monthly timesheet during the fiscal year audited.

**Cause of Condition:** Policies and procedures have not been designed and implemented to ensure that all employees sign and submit a timesheet and a Director approves timesheets.

Effect of Condition: These conditions could result in inaccurate recordkeeping and incorrect accrual of wage benefits.

**Recommendation:** OSAI recommends the District ensure all employees prepare and sign a timesheet, and that each timesheet is approved by a Director or Board member.

#### Management Response:

**Chairman of the Board:** The Board accepts these findings as presented. The Administrator and the Board will closely monitor timesheets to ensure they are correctly completed and signed by both the employee and the Director. The Board will enter a contract with the Directors and Bookkeeper for future service of the Directors and Bookkeeper to include the duties and the required work for the monthly pay to eliminate the need for timesheets for these individuals.

**Criteria:** Accountability and stewardship are overall goals of management in the accounting of funds. Effective internal controls are essential to provide reasonable assurance about the achievement of the entity's objectives regarding the reliability of financial reporting. An important aspect of internal controls is to ensure timekeeping records are accurately prepared and approved to provide reasonable assurance regarding or timely detection of unauthorized transactions and/or misappropriation of funds.



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