

**HEALTH CARE REVENUE FUND**  
**(A GOVERNMENTAL FUND OF THE**  
**REPUBLIC OF THE MARSHALL ISLANDS)**

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**FINANCIAL STATEMENTS**  
**AND**  
**INDEPENDENT AUDITORS' REPORT**

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**YEARS ENDED SEPTEMBER 30, 2010 AND 2009**

## **INDEPENDENT AUDITORS' REPORT**

Honorable Amenta Matthew  
Minister of Health  
Republic of the Marshall Islands:

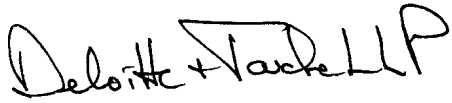
We have audited the accompanying balance sheets of the Health Care Revenue Fund (the Fund), a governmental fund of the Republic of the Marshall Islands (RepMar), as of September 30, 2010 and 2009, and the related statements of revenues, expenditures, and changes in fund balance for the years then ended. These financial statements are the responsibility of the Fund's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As discussed in Note 1 to the financial statements, the financial statements referred to above present only the Health Care Revenue Fund and are not intended to present fairly the financial position and results of operations of the Republic of the Marshall Islands in conformity with accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of the Health Care Revenue Fund, a governmental fund of the Republic of the Marshall Islands, as of September 30, 2010 and 2009, and the results of that fund's operations for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated June 23, 2011 on our consideration of the Fund's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

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June 23, 2011

## HEALTH CARE REVENUE FUND

Balance Sheets  
September 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Cash	\$ 1,861,427	\$ 657,752
Receivables:		
Affiliates	938,591	883,385
Employees	17,632	16,710
Other	<u>34,055</u>	<u>21,042</u>
	990,278	921,137
Less allowance for doubtful accounts	<u>(23,009)</u>	<u>(30,609)</u>
	967,269	890,528
Deposit	<u>31,874</u>	<u>62,450</u>
	<u>\$ 2,860,570</u>	<u>\$ 1,610,730</u>
<u>LIABILITIES AND FUND BALANCE</u>		
Liabilities:		
Accounts payable	\$ 263,626	\$ 167,562
Other liabilities and accruals	209,833	482,228
Payable to affiliates	<u>338,780</u>	<u>318,419</u>
Total liabilities	812,239	968,209
Fund balance	<u>2,048,331</u>	<u>642,521</u>
Total liabilities and fund balance	<u>\$ 2,860,570</u>	<u>\$ 1,610,730</u>

See accompanying notes to financial statements.

## HEALTH CARE REVENUE FUND

### Statements of Revenues, Expenditures, and Changes in Fund Balance Years Ended September 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Revenues:		
Grants	\$ 712,106	\$ 183,497
Hospital charges	252,763	274,464
Other	<u>42,456</u>	<u>48,790</u>
Total revenues	<u>1,007,325</u>	<u>506,751</u>
Expenditures:		
Pharmaceutical	1,447,158	1,552,514
Medical supplies	1,038,638	1,186,649
Professional and consulting fees	104,842	59,917
Hospital equipment	85,912	115,146
Freight and delivery	76,878	98,045
Administrative:		
Salaries and wages	204,808	55,583
Training	124,002	20,897
Travel	81,697	38,558
Communications	32,022	38,918
Supplies	23,758	7,050
Office equipment	13,016	19,977
Other administrative expenses	<u>84,159</u>	<u>97,787</u>
Total expenditures	<u>3,316,890</u>	<u>3,291,041</u>
Deficiency of revenues under expenditures	(2,309,565)	(2,784,290)
Other financing sources:		
Contributions from RepMar's Health Fund	<u>3,715,375</u>	<u>2,674,563</u>
Net change in fund balance	1,405,810	(109,727)
Fund balance at beginning of year	<u>642,521</u>	<u>752,248</u>
Fund balance at end of year	<u>\$ 2,048,331</u>	<u>\$ 642,521</u>

See accompanying notes to financial statements.

## HEALTH CARE REVENUE FUND

Notes to Financial Statements  
September 30, 2010 and 2009

### (1) Reporting Entity

The Health Care Revenue Fund (the Fund), a governmental fund of the Republic of the Marshall Islands (RepMar), was established pursuant to the Marshall Islands Health Care Revenue Fund Act of 2001. Administration, control and management of the Fund was transferred from the Marshall Islands Social Security Administration (MISSA) to RepMar's Ministry of Health (MOH). The Fund's enabling legislation also requires that 55% of contributions collected by the Basic Health Benefits Plan be transferred to the Fund. The Fund was established to use funds, provided through appropriation by the Nitijela of RepMar and revenue received from hospital charges and other health care charges collected by MOH, for the purchase of drugs, medical supplies and equipment and the provision and administration of other health services.

The accompanying financial statements relate solely to those accounting records maintained by the Fund, and do not incorporate any accounts related to RepMar's Ministry of Health or any other departments or agencies of RepMar that may be accounted for by RepMar's Treasury. The Fund is considered to be a blended component unit (governmental fund type-special revenue fund) of RepMar.

### (2) Summary of Significant Accounting Policies

The financial statements of the Fund have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units. The Governmental Accounting Standards Board (GASB) is the recognized standard-setting body for establishing governmental accounting and financial reporting principles. The more significant of the Fund's accounting policies are described below:

#### Measurement Focus and Basis of Accounting

The Fund reports its financial position and the results of its operations in one governmental fund. A fund is a separate accounting entity with a self-balancing set of accounts. They are concerned only with the measurement of financial position and are not involved with measurement of results of operations. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain government functions or activities.

Governmental funds are used to account for all or most of a government's general activities, including the collection and disbursement of earmarked monies (special revenue funds).

#### Basis of Presentation

The accounting and financial reporting treatment applied to a fund is determined by its measurement focus. All governmental funds are accounted for using a current financial resources measurement focus. With this measurement focus, only current assets and current liabilities generally are included in the balance sheet. Operating statements of these funds present increases (i.e., revenues and other financing sources) and decreases (i.e., expenditures and other financing uses) in fund balance.

The modified accrual basis of accounting is used by all governmental fund types. Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e. when they become both measurable and available). "Measurable" means the amount of the transaction can be determined and "available" means collectible within the current period or soon enough thereafter to be used to pay liabilities of the current period. For this purpose, the Fund considers revenues to be available if they are collected within 90 days of the end of the current fiscal period. Expenditures are recorded when the related fund liability is incurred.

## HEALTH CARE REVENUE FUND

Notes to Financial Statements  
September 30, 2010 and 2009

### (2) Summary of Significant Accounting Policies, Continued

#### Basis of Presentation, Continued

Significant revenues susceptible to accrual include revenue received from hospital charges and other health care charges collected by the Ministry of Health as well as grants, gifts and donations.

#### Budget

An annual appropriated budget has not been formally adopted on a legal basis or a basis consistent with GAAP. Accordingly, a budget to actual presentation is not required or presented.

#### Cash

Custodial credit risk is the risk that in the event of a bank failure, the Fund's deposits may not be returned to it. Such deposits are not covered by depository insurance and are either uncollateralized or collateralized with securities held by the pledging financial institution or held by the pledging financial institution but not in the depositor-government's name. The Fund does not have a deposit policy for custodial credit risk.

For the purposes of the balance sheets, cash is defined as cash in checking and savings accounts. As of September 30, 2010 and 2009, the carrying amounts of the Fund's cash were \$1,861,427 and \$657,752, respectively, and the corresponding bank balances were \$1,958,576 and \$638,413, respectively. Of the bank balances, \$1,915,779 and \$520,259, respectively, are maintained in a financial institution subject to Federal Deposit Insurance Corporation (FDIC) insurance. As of September 30, 2010 and 2009, bank deposits in the amount of \$250,000 were FDIC insured. The Fund does not require collateralization of its cash deposits; therefore, deposit levels in excess of FDIC insurance coverage are uncollateralized. Accordingly, these deposits are exposed to custodial credit risk.

#### Receivables

Receivables include amounts due from affiliates, employees, and other sources. These receivables are not collateralized and are non-interest bearing.

The allowance for doubtful accounts is stated at an amount which management believes will be adequate to absorb possible losses on accounts receivable that may become uncollectible based on evaluations of the collectability of these accounts and prior collection experience.

#### Compensated Absences

The Fund recognizes expenditures for annual leave and sick leave when leave is actually taken. Accordingly, unused annual leave and sick leave are not included as an obligation within the balance sheet unless such leave is expected to be liquidated with expendable available financial resources, at which time expenditures and related fund liabilities would be recognized.

#### Taxes

The Government of RepMar imposes a gross receipts tax of 3% on revenues. The Fund is specifically exempt from this tax.

## HEALTH CARE REVENUE FUND

Notes to Financial Statements  
September 30, 2010 and 2009

### (2) Summary of Significant Accounting Policies, Continued

#### Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from those estimates.

#### New Accounting Standards

During fiscal year 2010, the Fund implemented the following pronouncements:

- GASB Statement No. 51, *Accounting and Financial Reporting for Intangible Assets*, which addresses whether and when intangible assets should be considered capital assets for financial reporting purposes.
- GASB Statement No. 53, *Accounting and Financial Reporting for Derivative Instruments*, which is intended to improve how state and local governments report information about derivative instruments - financial arrangements used by governments to manage specific risks or make investments - in their financial statements.
- GASB Technical Bulletin No. 2008-1, *Determining the Annual Required Contribution Adjustment for Postemployment Benefits*, which clarifies the requirements of GASB Statement No. 27, *Accounting for Pensions by State and Local Governmental Employers*, and Statement No. 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*, for calculating the annual required contribution (ARC) adjustment.
- GASB Statement No. 58, *Accounting and Financial Reporting for Chapter 9 Bankruptcies*, which provides guidance for governments that have petitioned for protection from creditors by filing for bankruptcy under Chapter 9 of the United States Bankruptcy Code, and establishes requirements for recognizing and measuring the effects of the bankruptcy process on assets and liabilities, and for classifying changes in those items and related costs.

The implementation of these pronouncements did not have a material effect on the accompanying financial statements.

In March 2009, GASB issued Statement No. 54, *Fund Balance Reporting and Governmental Fund Type Definitions*, which enhances the usefulness of fund balance information by providing clearer fund balance classifications that can be more consistently applied and by clarifying the existing governmental fund type definitions. The provisions of this statement are effective for periods beginning after June 15, 2010. Management has not evaluated the effect that the implementation of this statement will have on the financial statements of the Fund.



## HEALTH CARE REVENUE FUND

Notes to Financial Statements  
September 30, 2010 and 2009

### (2) Summary of Significant Accounting Policies, Continued

#### New Accounting Standards, Continued

In December 2009, GASB issued Statement No. 57, *OPEB Measurements by Agent Employers and Agent Multiple-Employer Plans*, which amends Statement No. 43, *Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans*, and Statement No. 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*, and addresses issues related to measurement of OPEB obligations by certain employers participating in agent multiple-employer OPEB plans. The provisions of Statement 57 related to the use and reporting of the alternative measurement method are effective immediately. The provisions related to the frequency and timing of measurements are effective for actuarial valuations first used to report funded status information in OPEB plan financial statements for periods beginning after June 15, 2011. Management does not believe that the implementation of this statement will have a material effect on the financial statements of the Fund.

In June 2010, GASB issued Statement No. 59, *Financial Instruments Omnibus*, which updates and improves existing standards regarding financial reporting of certain financial instruments and external investment pools. The provisions of this statement are effective for periods beginning after June 15, 2010. Management has not evaluated the effect that the implementation of this statement will have on the financial statements of the Fund.

### (3) Risk Management

The Fund is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Fund has elected to purchase commercial insurance from independent third parties for the risks of loss to which it is exposed. Settled claims resulting from these risks have not exceeded commercial insurance coverage in any of the past three fiscal years.

### (4) Related Party Transactions

The Fund is a governmental fund of RepMar and is therefore affiliated with all RepMar-owned and affiliated entities. The Marshall Islands Health Fund (the Health Fund) is a governmental fund of RepMar established by the Nitijela to provide, pay, or reimburse all or a determined portion of the cost of basic health care obtained at a local health care facility, as an approved off-island medical referral, or as emergency off-island medical care. The Health Fund includes the operations of the Basic Health Benefits Plan, which provides a substantial portion of the Fund's funding.

## HEALTH CARE REVENUE FUND

Notes to Financial Statements  
September 30, 2010 and 2009

### (4) Related Party Transactions, Continued

Receivables from and payables to affiliates as of September 30, 2010 and 2009, are as follows:

	<u>2010</u>		<u>2009</u>	
	<u>Receivables</u>	<u>Payables</u>	<u>Receivables</u>	<u>Payables</u>
RepMar:				
Health Fund	\$ 918,083	\$ -	\$ 862,877	\$ 42,409
General Fund	20,508	301,204	20,508	241,058
Federal Grants	-	16,263	-	16,263
Other	<u>-</u>	<u>21,313</u>	<u>-</u>	<u>18,689</u>
	<u>\$ 938,591</u>	<u>\$ 338,780</u>	<u>\$ 883,385</u>	<u>\$ 318,419</u>

Contributions from RepMar's Health Fund during the years ended September 30, 2010 and 2009 were \$3,715,375 and \$2,674,563, respectively, representing 55% of collections of the Basic Health Benefits Plan. Receivables from RepMar's Health Fund represent 55% of contributions to the Basic Health Benefits Plan not transferred by the Health Fund at September 30, 2010 and 2009.

Payables to RepMar's General Fund are summarized as follows:

	<u>2010</u>	<u>2009</u>
Asian Development Bank 1316 loan		
imprest balance	\$ 56,936	\$ 56,936
Pacific Health Research Institute deposit	161,220	161,220
Comprehensive Health Services	60,985	-
Others	<u>22,063</u>	<u>22,902</u>
	<u>\$ 301,204</u>	<u>\$ 241,058</u>

### (5) Contingency

The Fund receives substantially all of its funding from RepMar through collections of the Health Fund's Basic Health Benefits Plan. A significant reduction in the level of this funding, if this were to occur, may have an effect on the Fund's programs and activities.

**HEALTH CARE REVENUE FUND**  
**(A GOVERNMENTAL FUND OF THE**  
**REPUBLIC OF THE MARSHALL ISLANDS)**

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**INDEPENDENT AUDITORS' REPORT ON**  
**INTERNAL CONTROL AND ON COMPLIANCE**

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**YEAR ENDED SEPTEMBER 30, 2010**

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL  
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT  
OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH  
GOVERNMENT AUDITING STANDARDS**

Honorable Amenta Matthew  
Minister of Health  
Republic of the Marshall Islands:

We have audited the financial statements of the Health Care Revenue Fund (the Fund), a governmental fund of the Republic of the Marshall Islands (RepMar), as of and for the year ended September 30, 2010, and have issued our report thereon dated June 23, 2011. Our report includes an explanatory paragraph that the financial statements of the Fund are not intended to present the financial position and results of operations of RepMar. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

**Internal Control Over Financial Reporting**

In planning and performing our audit, we considered the Fund's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Fund's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses and therefore, there can be no assurance that all deficiencies, significant deficiencies, or material weaknesses have been identified. However, as described in the accompanying Schedule of Findings and Responses (pages 3 through 8), we identified certain deficiencies in internal control over financial reporting that we consider to be material weaknesses.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiencies described in the accompanying Schedule of Findings and Responses as items 2010-1 through 2010-4 to be material weaknesses.

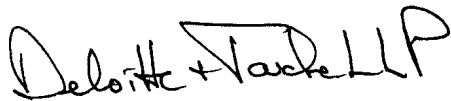
### Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Fund's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under Government Auditing Standards and which are described in the accompanying Schedule of Findings and Responses as item 2010-5.

We also noted certain matters that we reported to management of the Fund in a separate letter dated June 23, 2011.

The Fund's responses to the findings identified in our audit are described in the accompanying Schedule of Findings and Responses. We did not audit the Fund's responses and, accordingly, we express no opinion on them.

This report is intended solely for the information and use of the Ministry of Health and RepMar management and is not intended to be and should not be used by anyone other than these specified parties.

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June 23, 2011

## HEALTH CARE REVENUE FUND

### Schedule of Findings and Responses Year Ended September 30, 2010

#### Finding No. 2010-1

##### Cash

Criteria: Monthly bank reconciliations should be timely performed and be independently reviewed for accuracy.

Condition: Bank reconciliations were not performed timely for the Bank of Marshall Islands account. Furthermore, we noted that the Ebeye hospital's daily collections and deposits are not monitored by accounting personnel in Majuro, and associated cash receipts, daily cashier reports, and deposit slips are not timely sent to Majuro. The extent of recording by accounting is a spreadsheet maintained by the cashier supervisor; however, this data is not entered into the MIP system. We also noted that patient charges at Ebeye hospital are not entered into the MIP system, as is the case for Majuro hospital charges.

Cause: The cause of the above condition is the lack of established policies and procedures requiring the performance of monthly bank reconciliations and supervisory review. Furthermore, there is a lack of established policies and procedures pertaining to Ebeye hospital collections and charges.

Effect: The effect of the above condition is the possibility of misstatements and misappropriation of cash being undetected.

Prior Year Status: The lack of internal control over cash was reported as a finding in the audits of the Fund for fiscal years 2008 and 2009.

Recommendation: We recommend that management establish internal control policies and procedures requiring that monthly bank reconciliations are timely performed and reviewed. Furthermore, we recommend that internal control policies and procedures be established over Ebeye hospital collections and charges.

Auditee Response and Corrective Action Plan: The management ensures that established internal control policies and guidelines for deposits and recording of Ebeye collections are strictly monitored by Ebeye and Majuro personnel. Furthermore, the bank reconciliation will be prepared in a timely manner.

## HEALTH CARE REVENUE FUND

### Schedule of Findings and Responses, Continued Year Ended September 30, 2010

#### Finding No. 2010-2

##### Prepayments/Purchases

Criteria: Expenditures should be adequately supported by approved purchase requisitions/orders, receiving reports and vendor invoices.

Condition: The following exceptions were noted.

- Prepayments of \$114,203 were not timely liquidated due to incomplete receiving reports and lack of vendor invoices. An audit adjustment was proposed to liquidate these prepayments and to record related expenditures.
- No purchase orders were completed for the following items.

<u>Check #</u>	<u>GL Account Name</u>	<u>Amount</u>
7735	Medical supplies	\$ 3,760
8230	Medical supplies	\$ 23,005

- The purchase description of PO # 5888 for \$13,258 is 'Open PO' and does not indicate the specific items ordered.
- PO # 5833 of \$4,670 for medical supplies purchased was not stamped received while the purchase requisition for PO # 6001 was not dated.
- Supporting invoice and check payment for freight charges of \$846 were not on file.

Cause: The cause of the above condition is the lack of timely monitoring and reconciliation of prepayments and the lack of proper control procedures on documentation, review, approval, monitoring and filing of purchase related supporting documents.

Effect: Unliquidated prepayments will result in an understatement of expenditures. Lack of completion of purchase orders, inadequate descriptions, undated purchase orders and missing supporting invoices will raise concerns on proper approval and validity of recorded expenditures.

Prior Year Status: The lack of internal control over purchases and prepayment monitoring was reported as a finding in the audits of the Fund for fiscal years 2008 and 2009.

Recommendation: We recommend that management require timely monitoring, reconciliation, and liquidation of prepayments, including timely completion and submission of purchase orders and receiving reports to the accounting department.

Auditee Response and Corrective Action Plan: For FY 2011, the management has enforced its policies and procedures regarding this finding to ensure proper monitoring and reconciliation of prepayments. As corrective plan, the management will no longer make any pre-payments unless items ordered are urgently needed. Request for pre-payment with supporting documents must be submitted to the Chief Accountant to be endorsed by the Secretary of Health for final approval.

## **HEALTH CARE REVENUE FUND**

### **Schedule of Findings and Responses, Continued Year Ended September 30, 2010**

#### Finding No. 2010-3

##### Payable to RepMar

Criteria: Payable to affiliates should be timely paid.

Condition: At September 30, 2010, the Fund recorded a payable to RepMar's General Fund of \$254,953 which remained unpaid for over a year.

Cause: The cause of the above condition is the lack of review and reconciliation of amounts payable to RepMar's General Fund.

Effect: The effect of the above is nonpayment of amounts owed.

Recommendation: We recommend that management require that liability accounts are reconciled and paid in a timely manner.

Auditee Response and Corrective Action Plan: Since this account covers previous year's transactions, the Ministry will reconcile with the RepMar's General Fund and payment will be made accordingly.



## HEALTH CARE REVENUE FUND

### Schedule of Findings and Responses, Continued Year Ended September 30, 2010

#### Finding No. 2010-4

##### Purchase Orders

Criteria: Unfilled purchase orders (PO) should be periodically scrutinized for validity and liquidation. The Fund's policy is to liquidate/cancel unfilled purchase orders after three months (90 days).

Condition: We noted and confirmed with management that unfilled POs are automatically cancelled after three months without investigation to determine whether cancellation should occur. Consequently, vendor invoices for such POs can remain unrecorded and outstanding for extended periods without management's knowledge due to delays by procurement and receiving personnel in forwarding invoices to accounting. Based on vendor confirmation replies received, there were unrecorded invoices which the Fund represents it did not receive and thus, no payment was made. In addition, we noted a double billing by a vendor of \$3,486 for PO#5820 (wherein the first billing was paid per check#7841 and the second billing was accrued at year-end) which went undetected due to lack of proper & timely purchase monitoring and vendor reconciliation. Furthermore, based on testing of pharmaceutical and medical supplies purchased, we noted a time lag of 1 to 10 months between the purchase order/requisition date, invoice statement date and/or payment date.

Cause: The cause of the above condition is the lack of adequate review and investigation of unfilled POs and the lack of timely reconciliation of vendor invoices and/or statements.

Effect: The effect of the above condition is a misstatement of expenditures and recorded liabilities.

Prior Year Status: The lack of internal control over purchase monitoring was reported as a finding in the audits of the Fund for fiscal years 2008 and 2009.

Recommendation: We recommend that management require that unfilled POs are scrutinized and investigated prior to cancellation and that vendor invoices and/or statements are timely reconciled. Reconciliations should be occur to clear disputed vendor claims.

Auditee Response and Corrective Action Plan: The management will review its policies and procedures on monitoring of Purchase Orders. As part of our corrective action plan, management will assign additional accounting staff to reconcile, monitor and update the status of POs.

## HEALTH CARE REVENUE FUND

### Schedule of Findings and Responses, Continued Year Ended September 30, 2010

#### Finding No. 2010-5

##### Local Noncompliance

Criteria: RepMar's Procurement Code states the following:

(a) Section 124 - unless otherwise authorized by law, all Government contracts shall be awarded by competitive sealed bidding.

(b) Section 127 - procurement of goods and services not exceeding \$25,000 may be made in accordance with small purchase procedures promulgated by RepMar's Policy Office. Small purchase procedures are those relatively simple and informal methods for securing services, supplies, or other property that do not cost more than \$25,000. RepMar's Ministry of Finance has previously declared that if small purchase procedures are used, price or rate quotations shall be obtained from an adequate number of qualified sources.

(c) Section 128 - a contract may be awarded for a supply, service, or construction item without competition when it is determined in writing that there is only one source for the required supply, service, or construction item.

Condition: We noted the following items where supporting documentation was inadequate to evidence the procurement process.

<u>Check #</u>	<u>PO #</u>	<u>GL Account Name</u>	<u>Amount</u>
7842	5823	Pharmaceuticals	\$ 3,409
7862	5889	Pharmaceuticals	17,598
8142	5939	Pharmaceuticals	5,513
8142	5957	Pharmaceuticals	16,919
8226	5955	Pharmaceuticals	14,807
8292	5953	Pharmaceuticals	2,238
8347	6096	Pharmaceuticals	895
8380	5953	Pharmaceuticals	2,238
8308	6095	Pharmaceuticals	1,015
8563	5987	Pharmaceuticals	178
7738	5833	Medical supplies	4,670
7803	5911	Medical supplies	19,344
7852	5931	Medical supplies	24,150
8304	6094	Medical supplies	15,870
7596	5484	Contractual services	2,938

## HEALTH CARE REVENUE FUND

### Schedule of Findings and Responses, Continued Year Ended September 30, 2010

#### Finding No. 2010-5, Continued

#### Local Noncompliance, Continued

#### Condition, Continued

Furthermore, the following items were noted to have used price quotations dated from 2008. Although some price quotations were dated in fiscal year 2010, we noted a time difference of 1 to 6 months between the quotation and the purchase requisition/order date.

<u>PO #</u>	<u>GL Account Name</u>	<u>Amount</u>
5392	Pharmaceuticals	\$ 1,650
5767	Pharmaceuticals	3,750
5772	Pharmaceuticals	15,700
5795/5796/5798	Pharmaceuticals	65,134
6073	Pharmaceuticals	3,498
5831	Pharmaceuticals	17,525
5813	Pharmaceuticals	10,434
5989	Medical supplies	6,094
5743	Medical supplies	16,294
5846	Medical supplies	15,870
5853	Medical supplies	14,785
5938	Medical supplies	15,870
5961	Medical supplies	14,983
5944	Medical supplies	5,894
5944	Medical supplies	4,883
5929	Medical supplies	7,798
5880	Medical supplies	13,424

Cause: The cause of the above condition is the lack of adequate internal control policies and procedures requiring documentation of procurement procedures to ensure compliance with RepMar's Procurement Code.

Effect: The effect of the above condition is noncompliance with RepMar's Procurement Code.

Recommendation: We recommend that management establish adequate internal control policies and procedures requiring compliance with RepMar's Procurement Code. Updated price quotations should be obtained requiring that the most cost beneficial supplies are procured. Further, appropriate guidelines should be set to define what constitute a valid price quotation. Should old quotes be used, documentation should be maintained to specify why such information is appropriate.

Prior Year Status: Noncompliance with RepMar's Procurement Code was reported as a finding in the audits of the Fund for fiscal years 2005 through 2009.

Auditee Response and Corrective Action Plan: The management has established additional internal control policies and procedures to ensure the strict adherence to RepMar's procurement code. As corrective plan, all purchase requests must have updated three price quotes with signatory from the vendors.

## **HEALTH CARE REVENUE FUND**

Unresolved Prior Year Findings  
Year Ended September 30, 2010

The status of unresolved prior year findings is discussed in Schedule of Findings and Responses section of this report (pages 3 through 8).