

**CITY OF HAMILTON  
INTERNAL AUDIT REPORT 2012-11  
PUBLIC HEALTH SERVICES – DENTAL SERVICES – CLAIMS PAYMENT PROCESS  
FOLLOW UP**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2015)
1.	<p><u>Procedures</u></p> <p>There are several aspects of claims payments for which no written procedures are in place. These include:</p> <ul style="list-style-type: none"> <li>• the entering of claims payments into the Oral Health Information Support System (OHISS);</li> <li>• the monthly cheque requisition process;</li> <li>• the claims adjustment procedures.</li> </ul> <p>In addition, there are situations in which written procedures exist but they are out-of-date and do not reflect the current practice. Among these procedures are:</p> <ul style="list-style-type: none"> <li>• the Returned Cheque procedure states an e-mail confirmation is received from Accounts Payable (AP) to confirm cancelled or redeposited returned cheques. This does not occur.</li> <li>• the Dental Clerks fill out a "New Vendor/Update Vendor Form" and send it to AP in order to receive a vendor number for a new service provider. The procedure, as written, makes no reference to this form.</li> </ul>	<p>That management develop (where the procedure does not exist) or update (where the procedure is not current practice) the procedures as noted. They should be approved and implemented, as written. Management should review them annually and provide evidence of such review (sign-off).</p>	<p>Agreed. Management will complete written procedures to outline the current process. A form will also be developed to indicate that the procedures have been reviewed and updated annually. Estimated date of completion: August 31, 2013.</p>	<p>Alternative Implemented. Policies and procedures have been developed and these were reviewed in late 2014 by management. However, the form included in the management action plan has not been developed and management has no plan to develop such a form.</p>

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	<p><u>Procedures (Cont'd.)</u> When there are no written procedures or the procedures do not reflect the actual process, the employees currently carrying out the particular process rely on personal understanding and experience, which could result in incorrect, incomplete and inconsistent application. It would also be problematic and inefficient for any successors to commence their duties within a short period.</p>			

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2.	<p><u>Payment of Invalid Claims</u></p> <p>OHISS does not automatically validate claim payment entries for discretionary programs (Low Income, Ontario Disability Support Program and Ontario Works). Dental Claims Payment Clerks (Dental Clerks) visually review the client claim history to ensure the claim is valid within the fee guide limits. A random sample of 40 claims identified six claims that were paid with discrepancies from the fee guide limits. Another test of the same sample of claims provided two instances in which the claims were paid without the necessary criteria on the provider claim form, as stated in the fee guide.</p> <p>Even though Public Health Dentist may authorize payment of claims when there are variations from the fee guide, there were no documented approvals or explanations for the inconsistencies noted above.</p> <p>There is a risk that the City could be paying for invalid claims if variations from the fee guide are not appropriately authorized.</p>	<p>That the Dental Clerks obtain authorization from the Public Health Dentist before paying a claim with any variation from the fee guide. The Public Health Dentist should enter a case note in OHISS and initial the claim form as evidence of authorization.</p>	<p>Agreed. The Public Health Dentist will initial any claims that indicate a variation in fees paid and make notes in the OHISS database and on a separate tracking sheet outside of OHISS. Estimated date of completion: Immediately.</p>	<p>Not Completed. The management action plan has not been implemented. Even though the Public Health Dentist indicated he approves all claim payments, there were no notes in either OHISS or on a separate tracking sheet outside of OHISS as evidence of authorization for a variation in fees paid.</p>

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3	<p><u>Payment of Invalid Claims (Cont'd.)</u> Dental Service Provider Claim Forms are sorted by program and the date processed by each Dental Clerk. These forms are given to the Public Health Dentist for review after being processed in OHISS. There is no evidence in OHISS or on the claim form that a review has been performed by the Public Health Dentist.</p> <p>Situations can arise in which claims have been entered with errors which have not been subsequently identified, resulting in overpayments.</p>	<p>That the Public Health Dentist initial claim forms to provide evidence of regular review. A minimum number of claims per month from each program should be considered with a focus on the discretionary programs. The Public Health Dentist should provide feedback to staff on errors found and arrange additional training, as needed.</p>	<p>Agreed. This process has been initiated. In order to focus on discretionary programs, the Public Health Dentist will review 10 claims/week/staff member with an emphasis on the OW Adult, ODSP and Low Income claims since they do not have built in checks and balances. (CINOT, HSO, OWC have checks and balances in place). Staff will receive feedback on their errors. Estimated date of completion: Immediately.</p>	<p>Alternative Implemented. The Supervisor, Dental Claims Payments is reviewing 3 claims per week per staff member with an emphasis on the OW Adult, ODSP and Low Income claims since they do not have built in checks and balances. All forms reviewed are signed by the Supervisor.</p>

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4.	<p><u>OHISS Duplication</u>            Claims are verified in OHISS using three criteria:</p> <ul style="list-style-type: none"> <li>i. Claims within the fee guide limit;</li> <li>ii. Dental service provider name; and</li> <li>iii. Dental service provider address.</li> </ul> <p>OHISS treats each provider profile and address as a separate individual entry and therefore, if a service provider or address is entered more than once, the same claim can be processed numerous times. For example, if the dental provider has six duplicate addresses in OHISS, the same claim can be processed against each address. A review of 30 providers identified that two had duplicate profiles and six had duplicate/multiple addresses. However, no duplicate payments were found.</p>	<p>That the Public Health Dentist review the drop down list of service providers associated with the Hamilton Public Health Unit in OHISS and deactivate any duplications.</p>	<p>Agreed in principle, not practical for implementation. Management agrees with this in principle but it is not possible to do or maintain. Anyone in the province can add the same address of a service provider any number of times. Once the address is in OHISS, it cannot be deleted. It can ONLY be deactivated if there is NO open claim in the province for this provider at that particular address. Even if the address is deactivated, there is nothing preventing another agency from re-adding the address again. Cheque runs are run at different frequencies across the province so it would be very difficult to time any de-activations of addresses.</p>	<p>Not practical. See reasons noted under Management Action Plan. Instead, staff have been advised to select the first address when a provider has multiple entries listed in OHISS for dental claims payments.</p>

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	<p><u>OHISS Duplication (Cont'd.)</u> Duplicate providers and/or addresses may result in the OHISS validation process not being run against the complete client history. Therefore, treatments which would not normally fall within fee guide limits may not be identified by the validation process, resulting in the City paying invalid claims.</p>	<p>That Dental Clerks maintain a list of providers with duplicate profiles or addresses noted when paying claims. This list should be saved on the network. The Public Health Dentist should clear this list, removing all duplicate addresses from the system and the listing at the beginning of each month, after claims are completed through the cheque run.</p>	<p>Alternative implemented. Staff will develop a listing and attempts will be made to deactivate duplicate addresses. Staff have been directed to select the first address when a provider has multiple entries listed. Estimated date of completion: Immediately.</p>	<p>Alternative implemented. Staff has been directed to select the first address when a provider has multiple entries listed.</p>

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5.	<p><u>Cheque Requisition Process</u></p> <p>During the month end process, Dental Clerks compare the total payments to dentists in the OHISS system to the Excel spreadsheet totals which are uploaded by Accounts Payable (AP) into the PeopleSoft system to generate the monthly cheques. Before cheques are run, AP will save a summary of the total amount of cheques that will be printed. Dental Clerks are required to ensure the totals match the OHISS system. Once the totals match, the Dental Clerks inform the Public Health Dentist who emails AP to proceed with printing the cheques.</p> <p>During the October 2012 cheque run, one entire cheque file was not saved to the network and therefore, it was not uploaded. This was not caught by the checking of the Dental Clerks and only identified when a service provider inquired about a claim payment.</p>	<p>That a month end checklist be compiled for staff to sign off, indicating visual checks have been performed and all the necessary files have been saved on the network for upload. The completed checklist should be reviewed and signed off by the Public Health Dentist before confirming the cheque files are ready for upload.</p>	<p>Agreed. A form and procedure will be developed to indicate a month end check list of all major steps for each program and staff will initial each step. The Public Health Dentist will sign the final step of cheque release. Expected date of completion: May 31, 2013.</p>	<p>Alternative Implemented. A monthly cheque requisition process is performed and final step of release is signed off by the Supervisor, Dental Claims Payments.</p>

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6.	<p><u>Duplication of the Reconciliation Process</u></p> <p>With every cheque run, Dental Clerks are reconciling between the Budget Fee for Service Report (summary of all claim payments and adjustments) and the Cheque Requisition Report (amounts payable to the dental service providers) before cheque files are saved on the network to be uploaded by AP. The Financial Assistant (FA) is completing a similar reconciliation after the cheques have been processed to reconcile with the same purpose the Budget Fee For Service Report to the PeopleSoft general ledger.</p> <p>Time and resources are being used inefficiently in the cheque run reconciliation process due to apparent duplication of effort.</p>	<p>That Dental Clerks forward their reconciliations to the FA with details of any differences. (e.g. returned cheques with the cheque number, provider, client and original claim number, any adjustments with supporting documentation). The FA should use the Dental Clerks' reconciliations to reduce duplications.</p>	<p>Agreed. The Dental Clerks will forward their reconciliations to F&amp;A to avoid duplicated efforts. The Dental Clerks will provide the FA with the following information for each program required to be reconciled: OHISS Cheque Register, OHISS Budget Report, OHISS Report Totals, Manual Cheque Register, OHISS Service Activity Report, Register of Form H reports (scanned and saved on N:drive with other dental reports). Anticipated date of completion: May 31, 2013.</p>	<p>Alternative Implemented. The Supervisor, Dental Claims Payments is responsible for the monthly dental cheques reconciliation. F&amp;A is no longer involved in the reconciliation process.</p>

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7.	<p><u>Claim Adjustments</u> Claim adjustments arise when claims processed in previous months are adjusted in the current month. An "Adjustment Made in OHISS Before/After Cheque Run" form (Form H) is to be completed by the Dental Clerks and approved by the Public Health Dentist before any claim adjustments are made in OHISS. Twenty-five of 26 claim adjustments tested did not have a corresponding completed and approved form. Without adequate records and approvals for claim adjustments, Dental Clerks can encounter confusion and inefficiencies in their monthly reconciliation process as they search for adjustments to explain differences between the Budget Fee for Service Report and the Cheque Requisition Report from OHISS.</p>	<p>That the "Adjustments Made in OHISS Before / After Cheque Run" adjustment form (Form H) be completed and approved for all adjustments. The forms should be filed by month in the binder and split into two sections - adjustments made in OHISS before the cheque run and adjustments made in OHISS after the cheque run – both to be used when reconciling.</p>	<p>Agreed. Form H has been developed and implemented for adjustments before/after cheque runs. The forms will be filed by month and split into two sections as indicated. The adjustments are recorded on the N:drive for F&amp;A to review. Anticipated completion date: May 31, 2013.</p>	<p>Completed. The "Adjustment Made in OHISS Before/After Cheque Run" form (Form H) is completed for each adjustment made and kept in binders. All documentation reviewed was found to have been appropriately completed and approved. As F&amp;A is no longer required to take part in the reconciliation process, the adjustments are not stored on the N: drive.</p>

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8.	<p><u>Returned Cheques</u></p> <p>Adjustments for cheques returned by dental service providers are not consistently being made in OHISS, creating discrepancies between the PeopleSoft general ledger and OHISS. The following issues were noted:</p> <ul style="list-style-type: none"> <li>• Fourteen of 27 sampled cheques received from dental service providers were not adjusted in OHISS records.</li> <li>• No "Adjustments Made in OHISS Before / After Cheque Run" forms (Form H) had been completed for returned cheques requiring adjustment in OHISS.</li> <li>• Eighteen of 27 cheques returned were not scanned to the shared network drive, as practice requires.</li> </ul>	<p>That management implement a returned cheque register as was originally recommended in a 2005 audit report. This register should provide for staff sign-off when the adjustment for the returned cheque is made in OHISS and when the returned cheque is sent to AP. The Public Health Dentist should initial the returned cheque register monthly as evidence of review.</p> <p>That "Adjustments Made in OHISS Before / After Cheque Run" forms (Form H) be completed for all returned cheques requiring adjustment in OHISS.</p> <p>That all returned cheques be scanned to the network and saved by month. The cheque register listing the returned cheques should also be saved by month.</p>	<p>Agreed. A returned cheque register has been developed. Staff will sign off the register when the adjustment is made in OHISS and when the cheque is returned to AP. The Public Health Dentist will review and initial this register at the end of each month. Anticipated completion date: Immediately.</p> <p>Agreed. Effective immediately, form H will completed for all returned cheques requiring adjustments in OHISS.</p> <p>Agreed. All returned cheques are currently scanned to the network and saved by month. The returned cheque registry is also being saved by the month. Anticipated completion date: Immediately.</p>	<p>Alternative Implemented. A returned cheque register has been developed and is being utilized. The Supervisor has the sole responsibility of recording the information into an electronic (Excel) spreadsheet.</p> <p>Completed. Form H is being completed for returned cheques requiring adjustments in OHISS.</p> <p>No Longer Applicable. Since F&amp;A is no longer involved in the reconciliation process, no scanning of returned cheque to the network is required.</p>

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	<p><u>Returned Cheques (Cont'd.)</u></p> <ul style="list-style-type: none"> <li>The FA does not receive a list of returned cheques from the Dental Clerks, making reconciliation of the PeopleSoft general ledger more difficult and time consuming.</li> </ul> <p>Without proper tracking of returned cheques and the lack of communication between the Dental Clerks and the FA, there is an increased risk of misappropriation. Improper tracking along with inconsistent adjusting processes create inefficiencies in the reconciliation process.</p>	<p>That the returned cheque register be made available to the FA for reconciliation purposes.</p>	<p>Agreed. The Dental Clerk will provide a Returned Cheque Register to F&amp;A that includes the following: name of client, name of dentist payment issued to, date issued, cheque number, amount of cheque, invoice number, account, dept. ID, specific dental program (OW Adult, ODSP), date sent to AP for cancellation.</p> <p>The returned cheques register is available to F&amp;A and saved on the N:drive. Anticipated completion date: May 31, 2013.</p>	<p>No Longer Applicable. The FA does not require this information as F&amp;A is no longer involved in dental cheques reconciliations.</p>

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9.	<p><u>Cheque Run Review</u></p> <p>Information Services (IS) is in the process of implementing software to be run by Dental staff which will perform automatic edits of the OHISS cheque file. This will identify errors in vendor information in the Excel spreadsheet before the cheque file is sent for upload. Currently, files with errors must be corrected and rerun by Dental Clerks, delaying the cheque run process.</p> <p>Dental Clerks not providing complete and accurate files to AP result in inefficient use of time and resources for the cheque run process.</p>	<p>That the Public Health Dentist ensure the IS software for automatic edits of the OHISS cheque file is implemented and used in the monthly cheque run process.</p>	<p>Agreed. This has been developed and implemented and is being used in the monthly cheque run process. The software is updated each time there is a change in the fee guide for any program. Completed: April 1, 2013.</p>	<p>Completed. IT has developed an application for the cheque run and a corresponding detailed written procedure (OHISS Voucher Cheque Processing). This process has been implemented for the monthly cheque run since July 2013.</p>

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10.	<p><u>Adding a Service Provider/Changing Provider Address</u></p> <p>When adding a new service provider, the Dental Clerks fill out a "New Vendor/Update Vendor Form" and forward it to AP in order to receive back a vendor number. The Dental Clerks then complete another form "New Dentist or Hygienist" (Form A) and provide it to the Public Health Dentist to approve and input the new service provider information into OHISS. Due to the order in which the tasks above are carried out, AP is issuing a vendor number for a service provider (an important step in the claim payment process) before any due diligence checks can be performed and the provider is approved by the Public Health Dentist.</p> <p>Further, in order to change service providers' addresses on OHISS, Dental Clerks fill out "Changes to Dentist or Hygienist/Correct Address/New Address Forms" and submit them to the Public Health Dentist to approve and make changes in OHISS.</p>	<p>That the Public Health Dentist authorize all "New Vendor/Update Vendor Forms" after conducting due diligence checks on the providers but prior to the forms being sent to AP for the assignment of vendor numbers. AP should not issue any vendor numbers for forms not bearing the original signature of the Public Health Dentist. Subsequently, vendor numbers should only be sent back to the Public Health Dentist for input into OHISS.</p> <p>That the use of Form A be discontinued.</p>	<p><u>Dental Services</u></p> <p>Agreed. The Public Health Dentist does conduct due diligence checks for new vendors. Management will implement an appropriate sequence of authorization using the "New Vendor/Update Vendor Form" to indicate that the due diligence check has happened prior to the vendor number request.</p> <p><u>Accounts Payable</u></p> <p>Agreed. AP staff will be advised immediately not to add or revise vendors unless the original signature of the Public Health Dentist/designate is on the form.</p> <p>Agreed. Form A will be discontinued.</p>	<p>Completed. The "New Vendor/Update Vendor Form" is required to add a new vendor or change information for an existing vendor. The Supervisor, Dental Claims Payments performs a due diligence check of the potential vendor before emailing AP to request a new vendor number or an update to existing vendor information.</p> <p>AP staff informs the Supervisor, Dental Claims Payments of all new vendor requests.</p> <p>Completed. The old Form A "New Dentist or Hygienist" is no longer used.</p>

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	<p><u>Adding a Service Provider/Changing Provider Address (Cont'd.)</u> In the audit testing of the above forms, several instances of electronic signatures and/or completion dates were noted as the basis of authorizations. Dental Clerks with the ability to request new vendor numbers from AP, add unauthorized new vendors to the OHISS system and make address changes to existing service provider profiles demonstrate a poor segregation of duties and increase the risk of unapproved vendors/addresses being added to the system to be paid.</p>	<p>That all forms requiring approval bear the original signature of the Public Health Dentist.</p>	<p>Agreed. The "New Vendor/Update Vendor Form" will be signed by the Public Health Dentist and faxed to AP. AP will reply by email with the vendor number. The "New Vendor/Update Vendor Form" and the e-mail from AP with the vendor number will be maintained as records in a binder. Anticipated completion date: Completed April 30, 2013.</p>	<p>Alternative Implemented. The "New Vendor/Update Vendor Form" is signed by the Supervisor, Dental Claims Payments and emailed to AP. AP replies by e-mail with the vendor number. The signed "New Vendor/Update Vendor Form" and the e-mail from AP with the vendor number are filed as records in a binder.</p>

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**ADDENDUM**

The following item was noted during the course of the audit. Although it does not present an internal control deficiency, it is indicated in this Addendum so management is aware of the issue, risk or inefficiency and can address it appropriately.

Incomplete Claims

1. Claims from previous months remain in OHISS as processed but not completed. In OHISS, if a claim status is "processed", it has been entered and waiting to be included in the cheque run. If a claim status is "completed", the amount has been included in the OHISS cheque run and has been sent for payment through the PeopleSoft system. In the testing, there were ten claims still showing as processed in OHISS from previous months although payment had been made with manual cheques. This was due to an error on a cheque run where these claim payments were omitted in the monthly OHISS cheque run. Other reasons amounts may remain in OHISS as "processed" but are actually "completed" include: claims from prior months entered under the incorrect fee guide but subsequently re-entered and paid under the correct fee guide with no adjustment for prior entry, zero dollar claims for treatments that are not valid for payment or historical health unit data entered for ministry purposes with no amount payable.

***It is recommended:***

***That all fee guides be routinely reviewed for claims that remain in OHISS as "processed" from prior months. Adjustments, corrections or a cheque run in OHISS should be used to clear any amounts from the system, as warranted.***

***Management Response:***

***Agreed in principle, partial implementation not practical. OHISS limits the repeat of cheque runs. Once a cheque run has been completed, the cheque run cannot be repeated to convert any "processed" claims to "completed" claims.***

***There are two reasons for claims that remain as "processed".***

- i. Manual cheques will remain in OHISS as "processed" as OHISS will not allow conversion of these to "completed".***
- ii. Many of the claims in the "processed" state are claims that are not part of the cheque runs. These are claims of treatment rendered in the clinics and for which no cheques are issued. The value amounts are 'zeroed out' and are used for data purposes only. For these claims, staff will do a cheque run quarterly to turn these claims from "processed" to "completed".***

**FOLLOW UP COMMENT:**

***Completed. The Supervisor, Dental Claims Payments is performing a cheque run in OHISS quarterly in order to clear "processed" claims to "completed" status.***