

STATE OF CONNECTICUT



*AUDITORS' REPORT
UNIVERSITY OF CONNECTICUT HEALTH CENTER
FISCAL YEARS ENDED JUNE 30, 2017 AND 2018*

AUDITORS OF PUBLIC ACCOUNTS
JOHN C. GERAGOSIAN ❖ ROBERT J. KANE

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July 7, 2020

EXECUTIVE SUMMARY

In accordance with the provisions of Section 2-90 of the Connecticut General Statutes, we have audited certain operations of the University of Connecticut Health Center (UConn Health). The objectives of this review were to evaluate UConn Health's internal controls, compliance with policies and procedures, as well as certain legal provisions, and management practices and operations for the fiscal years ended June 30, 2017 and 2018

The key findings and recommendations are presented below:

Page 15	UConn Health allowed certain employees to telework without formal approvals or performance benchmarks, and rejected applications of less than 3 telecommuting days without policy changes. UConn Health should review its telecommuting policy, practice, and enforcement tools to support measurable productivity, consistency in implementation, transparent attendance records, and its ability to monitor the program's benefits. (Recommendation 2.)
Page 28	A non-competitively procured service agreement was executed over 2 months after the service start date. In addition to the late approval, UConn Health amended the contract to double its original value within a few months. UConn Health should institute mandatory procurement training for new managers and managers who failed to comply with UConn Health procurement policies. (Recommendation 9.)
Page 32	Our review of the new electronic medical records system project noted a lack of a permanent project director causing insufficient planning and monitoring of consultants' invoices. UConn Health should consider centralizing its recordkeeping of user training and service history of expensive equipment to ensure these records are retained despite staffing changes. (Recommendation 11.)
Page 25	During the audited period, UConn Health paid \$503,438 to 78 employees for 14,277 hours on paid administrative leave. Approximately 43% of these hours were for the investigations related to 6 employees, which lasted 3 to 10 months. UConn Health should complete employee disciplinary investigations in a timely manner. (Recommendation 7.)
Page 12	A manager was approved to perform excessive consulting days without any written performance evaluations. UConn Health should consider limitations on consulting activities and require managers with faculty titles to use leave time for their consulting activities. UConn Health should conduct annual performance evaluations and maintain them in personnel files. (Recommendation 1.)
Page 39	Capital equipment purchases totaling \$259,644 did not include evidence that UConn Health considered competitive pricing. UConn Health should perform periodic assessments of its purchasing power and available product offers to determine whether it is prudent to continue procuring from group purchasing organizations. (Recommendation 13.)

STATE OF CONNECTICUT



AUDITORS OF PUBLIC ACCOUNTS

JOHN C. GERAGOSIAN

State Capitol
210 Capitol Avenue
Hartford, Connecticut 06106-1559

ROBERT J. KANE

July 7, 2020

AUDITORS' REPORT

We have audited certain operations of the University of Connecticut Health Center (UConn Health) in fulfillment of our duties under Section 2-90 of the Connecticut General Statutes. The scope of our audit included, but was not necessarily limited to, the years ended June 30, 2017 and 2018. The objectives of our audit were to:

1. Evaluate UConn Health's internal controls over significant management and financial functions;
2. Evaluate UConn Health's compliance with policies and procedures internal to the department or promulgated by other state agencies, as well as certain legal provisions; and
3. Evaluate the effectiveness, economy, and efficiency of certain management practices and operations, including certain financial transactions.

Our methodology included reviewing written policies and procedures, financial records, minutes of meetings, and other pertinent documents; interviewing various personnel of UConn Health, as well as certain external parties; and testing selected transactions. We obtained an understanding of internal controls that we deemed significant within the context of the audit objectives and assessed whether such controls have been properly designed and placed in operation. We tested certain of those controls to obtain evidence regarding the effectiveness of their design and operation. We also obtained an understanding of legal provisions that are significant within the context of the audit objectives, and we assessed the risk that illegal acts, including fraud, and violations of contracts, grant agreements, or other legal provisions could occur. Based on that risk assessment, we designed and performed procedures to provide reasonable assurance of detecting instances of noncompliance significant to those provisions.

Except for whistleblower matters, we conducted our audit in accordance with the standards applicable to performance audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform our audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides such a basis.

The accompanying Résumé of Operations is presented for informational purposes. This information was obtained from various available sources, including, but not limited to, the

department's management and the state's information systems, and was not subjected to the procedures applied in our audit of the department. For the areas audited, we identified:

1. Deficiencies in internal controls;
2. Apparent noncompliance with policies and procedures or legal provisions; and
3. Need for improvement in management practices and procedures that we deemed to be reportable.

The State Auditors' Findings and Recommendations in the accompanying report presents any findings arising from our audit of the University of Connecticut Health Center.

COMMENTS

FOREWORD

The University of Connecticut and the University of Connecticut Health Center (UConn Health) operate primarily under the provisions of Title 10a, Chapter 185, where applicable; Chapter 185b, Part III; and Chapter 187c of the General Statutes. The university and UConn Health are governed by the Board of Trustees of the University of Connecticut, consisting of 21 members appointed or elected under the provisions of Section 10a-103 of the General Statutes.

The board of trustees makes rules for the governance of the university and health center and sets policies for the administration of the university and health center pursuant to duties set forth in Section 10a-104 of the General Statutes. The members of the board of trustees as of June 30, 2018, were:

Ex officio members:

Dannel P. Malloy, Governor
Steven K. Reviczky, Commissioner of Agriculture
Catherine H. Smith, Commissioner of Economic and Community Development
Dianna R. Wentzell, Commissioner of Education
Sanford Cloud, Jr., Chairperson of UConn Health's Board of Directors

Appointed by the Governor:

Thomas E. Kruger, Cos Cob, Chairman
Andrea Dennis-LaVigne, Simsbury, Secretary
Andy F. Bessette, West Hartford
Mark Boxer, Glastonbury
Charles F. Bunnell, Waterford
Shari G. Cantor, West Hartford
Marilda L. Gandara, Hartford
Rebecca Lobo, Granby

Denis J. Nayden, Stamford
Kevin J. O'Connor, Greenwich
Thomas D. Ritter, Hartford
Philip E. Rubin, Fairfield

Elected by alumni:

Richard T. Carbray, Jr., Rocky Hill
Jeanine A. Gouin, Durham

Elected by students:

Kevin A. Braghirol, West Hartford
Christin C. Savino, Easton

Other members who served during the audited period include the following:

Lawrence D. McHugh, Middletown, Chairman in 2017
Donny E. Marshall, Coventry
Adam J. Kuegler, Watertown

Section 10a-104 (c) of the General Statutes authorizes the Board of Trustees of the University of Connecticut to create a board of directors for the governance of UConn Health and delegate such duties and authority, as it deems necessary and appropriate. The members of the board of directors as of June 30, 2018, were:

Ex officio members:

Susan Herbst, President, University of Connecticut
Robert Dakers, Designee of the Secretary of the Office of Policy and Management
Paul Rino, Commissioner, Department of Public Health

Appointed by the Chair of the Board of Trustees:

Sanford Cloud Jr., Chairperson, Farmington
Andy F. Bessette, West Hartford
Richard T. Carbray Jr., Rocky Hill

Appointed by the Governor:

Kathleen D. Woods, Avon
Teresa M. Ressel, New Canaan
Joel Freedman, South Glastonbury

Members at Large:

Kenneth Alleyne, Bloomfield

Francis X. Archambault, Jr., Storrs
Richard M. Barry, Avon
Cheryl A. Chase, Hartford
John F. Dronney, West Hartford
Timothy A. Holt, Glastonbury
Wayne Rawlins, Cromwell

Charles W. Shivery of West Hartford also served during the audited period.

Pursuant to Section 10a-108 of the General Statutes, the Board of Trustees of the University of Connecticut appoints a president of the university and health center to be the chief executive and administrative officer of the university, health center, and the board of trustees. Susan Herbst served as the president of the University of Connecticut during the audited period.

The UConn Health Farmington complex houses John Dempsey Hospital, the Schools of Medicine and Dental Medicine, and related research laboratories. Additionally, the medical and dental schools provide health care to the public, through the UConn Medical Group and the University Dentists, in facilities on the Farmington campus and in neighboring towns.

The University of Connecticut Health Center Finance Corporation, a body politic and corporate, constituting a public instrumentality and political subdivision of the state, operates generally under the provisions of Title 10a, Chapter 187c of the General Statutes. The finance corporation exists to provide operational flexibility with respect to hospital operations, including the clinical operations of the schools of medicine and dental medicine.

The finance corporation is empowered to acquire, maintain, and dispose of hospital facilities and to make and enter into contracts, leases, joint ventures, and other agreements and instruments. It also acts as a procurement vehicle for the clinical operations of UConn Health. The Hospital Insurance Fund (otherwise known as the John Dempsey Hospital Malpractice Fund), which accounts for a self-insurance program covering claims arising from health care services, is administered by the finance corporation in accordance with Section 10a-256 of the General Statutes. Additionally, Section 10a-258 of the General Statutes gives the finance corporation the authority to determine which hospital accounts receivable shall be treated as uncollectible.

The finance corporation acts as an agent for UConn Health and is administered by a board of directors, consisting of members appointed under the provisions of Section 10a-253 of the General Statutes. The members of the board of directors as of June 30, 2018, were:

Ex officio members:

Susan Herbst, President, University of Connecticut
Andrew Agwunobi, Executive Vice President for Health Affairs
Benjamin Barnes, Secretary of the Office of Policy and Management

Appointed by the Governor:

Thomas Kruger, Chairman, Cos Cob

There was one appointed member vacancy as of June 30, 2018.

Significant Legislation

Noteworthy legislation that took effect during the period under review and thereafter is presented below:

- **Public Act 15-1**, June Special Session, provided \$41,000,000 of the information and technology capital investment bond fund to the Health Center for the purchase and implementation of an integrated electronic medical records (EMR) system in the 2017 and 2018 fiscal years. The act also allowed the University of Connecticut the flexibility to add or delete projects from the UCONN 2000 infrastructure improvement program to finance the implementation of UConn Health's EMR system.
- **Public Act 17-63** transferred the requirement to establish an endowed chair in infectious diseases at UConn Health from the Board of Regents for Higher Education to the UConn board of trustees.
- **Public Act 17-130** allowed higher education institutions to implement programs that reduce students' textbook and educational resource costs. This act also limited the applicability of certain state contracting requirements for the University of Connecticut. Generally, it allowed UConn Health to enter into qualified contracts for certain goods and services without obtaining specified certifications from bidders and contractors. The qualified contracts include overseas, outside funds, and certain collaboration contract purchases. The certifications covered by the act concern (1) gifts, (2) consulting agreements, (3) state ethics laws, and (4) nondiscrimination and affirmative action requirements. The act also exempted the qualified contract from compliance with competitive bidding or negotiation requirements. In the latter case, the board of trustees must first adopt policies for entering into or amending the goods and services contracts covered by the act.
- **Public Act 17-2**, June 2017 Special Session, required the UConn Health Board of Directors to seek public-private partnerships with hospitals or other private entities. The act required the board to report to the Appropriations, Higher Education, and Public Health committees on the status of the partnerships and any recommended legislation by April 1, 2018.

Enrollment Statistics

Statistics compiled by the University of Connecticut’s Office of Institutional Research and Effectiveness present the following enrollment totals during the audited period and prior fiscal year.

Student Status	2015-2016		2016-2017		2017-2018	
	Fall	Spring	Fall	Spring	Fall	Spring
Medical – Students	396	396	408	408	411	411
Medical – Residents	659	655	654	654	661	660
Dental – Students	168	171	179	179	181	181
Dental Residents	109	103	99	97	102	102
Totals	1332	1325	1340	1338	1355	1354

RÉSUMÉ OF OPERATIONS

Under the provisions of Section 10a-105 (a), of the General Statutes, fees for tuition were fixed by the university’s board of trustees. The following summary presents annual tuition charges during the audited period and prior fiscal year.

Student Status	School of Medicine			School of Dental Medicine		
	2015-2016	2016-2017	2017-2018	2015-2016	2016-2017	2017-2018
In-State	\$30,013	\$32,554	\$34,706	\$28,231	\$30,667	\$32,599
Out-of-State	\$60,021	\$63,762	\$67,318	\$61,472	\$65,239	\$68,726
Regional	\$52,523	\$56,969	\$60,735	\$49,404	\$53,668	\$57,048

During the audited period, the State Comptroller accounted for UConn Health operations in:

- General Fund appropriation accounts
- The University of Connecticut Health Center Operating Fund (Section 10a-105 of the General Statutes)
- The University of Connecticut Health Center Research Foundation Fund (Section 10a-130 of the General Statutes)
- The University Health Center Hospital Fund (Section 10a-127 of the General Statutes).
- The John Dempsey Hospital Malpractice Fund (Section 10a-256 of the General Statutes)
- Accounts established in capital project and special revenue funds for appropriations financed primarily with bond proceeds

During the audited period, patient services were UConn Health’s largest source of revenue, with John Dempsey Hospital being the largest single source. Correctional Managed Healthcare Program and the UConn Medical Group also generated significant patient services revenues.

Under the Correctional Managed Healthcare Program, UConn Health entered into an agreement with the Department of Correction, effective August 11, 1997, to provide medical care to inmates in the state's correctional facilities. The Department of Correction transferred its correctional facility medical personnel to the UConn Health payroll. On June 30, 2018, UConn Health and the Department of Correction terminated the inmate medical care agreement. Except for pharmaceutical employees, all unionized employees at the correctional facilities were transferred back to the Department of Correction.

The UConn Medical Group functions similarly to a private group practice for faculty clinicians providing patient services in a variety of specialties. The UConn Medical Group's operation is considered essential for the education and training of medical students of the school of medicine.

Other significant sources of revenue included state General Fund appropriations, capital appropriations, federal and state grants, and payments for services related to the Residency Training Program.

Under the Residency Training Program, residents appointed to local health care organizations are paid through the Capital Area Health Consortium. UConn Health reimburses the consortium for personnel service costs and the participating organizations reimburse UConn Health.

Health care providers and support staff of UConn Health are granted statutory immunity from any claim for damage or injury – not wanton, reckless or malicious – caused in the discharge of their duties or within the scope of their employment. Any claims paid for actions brought against the state as permitted by waiver of statutory immunity have been charged against UConn Health's malpractice self-insurance fund. UConn Health has developed a methodology by which it allocates malpractice costs between the hospital, UConn Medical Group, and University Dentists. For the fiscal years ended June 30, 2017 and 2018, these costs are included in the statement of revenues, expenses, and changes in net assets.

UConn Health's financial statements are prepared in accordance with all relevant Governmental Accounting Standards Board (GASB) pronouncements. UConn Health utilizes the proprietary fund method of accounting, whereby revenue and expenses are recognized on the accrual basis.

UConn Health's financial statements are adjusted as necessary and incorporated in the state's Comprehensive Annual Financial Report. The financial balances and activity of UConn Health, including John Dempsey Hospital, are combined with those of the university and included as a proprietary fund.

UConn Health position summaries show that permanent full-time filled positions totaled 4,939 as of June 2016; 4,910 as of June 2017; and 4,314 as of June 2018. The reduction of full-time filled positions in June 2018 reflects the transfer of approximately 670 correctional medical care positions back to the Department of Correction.

Operating Revenues

Operating revenue results from the sale or exchange of goods and services that relate to UConn Health's mission of instruction, research, and patient services. Major sources of operating revenue include patient services, federal grants, state grants, contracts, and other operating revenues. Operating revenue as presented in UConn Health's financial statements for the audited period and prior fiscal year, follows:

	<u>2015-2016</u>	<u>2016-2017</u>	<u>2017-2018</u>
(\$ in thousands)			
Student Tuition and Fees (net of scholarship allowances)	\$ 15,728	\$ 17,499	\$ 18,613
Patient Services (net of charity care)	532,876	539,777	580,697
Federal Grants and Contracts	59,529	58,148	50,748
Non-Governmental Grants and Contracts	27,116	29,009	29,337
Contract and Other Operating Revenues	<u>108,017</u>	<u>114,284</u>	<u>127,188</u>
Total Operating Revenue	\$ 743,266	\$ 758,717	\$ 806,583

Revenue from patient services increased 7.6% in the 2018 fiscal year due to additional volume in surgical and outpatient receipts, and various billing rate increases. The decline in federal grant revenues of 12.7% in the 2018 fiscal year was partially caused by researchers' holding back on spending due to federal budget uncertainties. UConn Health officials also believe that high fringe benefit rates complicate the entity's ability to compete with other peer institutions for grant awards. Revenues from pharmaceutical contracts and the hemophilia clinic attributed to the increases of contract revenue increases of 5.8% and 11.3% in the 2017 and 2018 fiscal years respectively.

Operating Expenses

Operating expenses generally result from payments made for goods and services to assist in achieving UConn Health's mission of instruction, research, and patient services. Operating expenses do not include interest expense or capital additions and deductions. Operating expenses include employee compensation and benefits, supplies, services, utilities, depreciation, and amortization.

The largest source of operating expenses relates to patient services, followed by instruction expenses. Increases in patient volumes and clinical activities contributed to additional patient services expenses totaling 10.1% in the 2017 fiscal year and 4.8% in the 2018 fiscal year. Depreciation expenses increased \$10.5 million a year as the new outpatient building and the hospital tower were placed in full service during the audited period. Furthermore, UConn Health's implementation of GASB Statement No. 75, Accounting and Financial Reporting for Postemployment Benefits other than Pensions (OPEB), in the 2018 fiscal year led to an additional allocation of \$46.3 million of fringe benefits to its program expenses.

Operating expenses by functional classification, as presented in UConn Health’s financial statements for the audited period and prior fiscal year, follows:

	<u>2015-2016</u>	<u>2016-2017</u>	<u>2017-2018</u>
(\$ in thousands)			
Education and General			
Instruction	\$ 168,299	\$ 169,130	\$ 179,948
Research	58,233	59,400	56,102
Patient Services	648,071	713,342	747,637
Academic Support	18,070	19,186	19,322
Institutional Support	97,954	82,233	112,126
Operations and Maintenance	21,398	37,295	38,223
Depreciation	41,469	52,046	52,637
Student Aid	84	194	364
Total Operating Expenses	<u>\$ 1,053,578</u>	<u>\$ 1,132,826</u>	<u>\$ 1,206,359</u>

Non-operating Revenues and Expenses

Non-operating revenues and expenses include items such as the state’s general fund appropriation, gifts, investment income, and interest expense. Non-operating revenue (expenses) as presented in UConn Health’s financial statements for the audited period and prior fiscal year follows:

	<u>2015-2016</u>	<u>2016-2017</u>	<u>2017-2018</u>
(\$ in thousands)			
State Appropriations (including fringe benefits)	\$ 289,287	\$ 278,211	\$ 279,513
Gifts	6,865	4,079	5,706
Investment Income	141	104	654
Interest on Capital Assets – Related Debt	<u>(10,487)</u>	<u>(10,214)</u>	<u>(9,909)</u>
Net Non-operating Revenue	<u>\$ 285,806</u>	<u>\$ 272,180</u>	<u>\$ 275,964</u>

State appropriations, which include fringe benefits, decreased 3.8% in the 2017 fiscal year with a small increase of 0.5% in the 2018 fiscal year.

Investment income is derived primarily from UConn Health’s unspent cash balances and endowments. The gifts component of non-operating revenue is comprised of amounts received from the University of Connecticut Foundation and other non-governmental organizations and individuals.

Other Changes in Net Assets

Other Changes in Net Assets, as presented in UConn Health's financial statements for the audited period and prior fiscal year, follows:

	<u>2015-2016</u>	<u>2016-2017</u>	<u>2017-2018</u>
(\$ in thousands)			
Capital Appropriations	\$ 175,000	\$ 43,479	\$ 88,806
Loss on Disposal	<u>(695)</u>	<u>(989)</u>	<u>(3,092)</u>
Net Other Changes in Net Position	\$ 174,305	\$ 42,490	\$ 85,714

The capital appropriations amounts in the 2017 and 2018 fiscal years include \$16 million from the information and technology capital investment bond fund. The remaining balances are allocations to UConn Health from the UCONN 2000 capital improvement program.

Net Position

Net position includes investments in capital assets net of liabilities, restricted funds, and unrestricted funds. Net position, as presented in UConn Health's financial statements for the audited period and prior fiscal year, follows:

	<u>2015-2016</u>	<u>2016-2017</u>	<u>2017-2018</u>
(\$ in thousands)			
Invested in Capital Assets, Net of Related Debt	\$ 734,480	\$ 823,325	\$ 867,913
Restricted for Non-expendable:			
Scholarships	61	61	61
Restricted for Expendable:			
Research	(876)	(8)	(127)
Loans	953	31	523
Capital Projects	117,466	37,061	37,660
Unrestricted	<u>(666,313)</u>	<u>(734,138)</u>	<u>(1,920,983)</u>
Total Net Position	\$ 185,771	\$ 126,332	\$ (1,014,953)

Amounts listed above as invested in capital assets, net of related debt, reflect the value of capital assets such as buildings and equipment after subtracting the outstanding debt used to acquire such assets. Increases in this category reflect UConn Health's facility improvements and modernization, including the new electronic medical records system. The large decrease in Net Position as of June 30, 2018 is primarily due to the implementation of GASB Statement 75, which required a \$1.1 billion adjustment to the beginning balance for UConn Health's share of employees' postemployment benefits other than pensions.

Related Entities

UConn Health did not hold significant endowment and similar fund balances during the audited period, as its longstanding practice has been to deposit funds raised with the University of Connecticut Foundation, Inc. The foundation provides support for the university and UConn Health. Its financial statements reflect balances and transactions associated with both entities, not only those exclusive to UConn Health.

A summary of the foundation's assets, liabilities, support and revenues, and expenditures for the audited period and prior fiscal year follows:

	University of Connecticut Foundation, Inc.		
	Fiscal Year Ended		
(\$ in thousands)	June 30, 2016	June 30, 2017	June 30, 2018
Assets	\$ 475,537	\$ 518,689	\$ 575,449
Liabilities	44,723	43,114	41,019
Net Position	430,814	475,575	534,430
Support and Revenue	48,815	93,292	110,041
Expenditures	53,892	48,530	51,186

STATE AUDITORS' FINDINGS AND RECOMMENDATIONS

Our examination of the records of the University of Connecticut Health Center disclosed the following 14 findings and recommendations, of which 7 have been repeated from the previous audit:

Consulting Policy and Lack of Performance Evaluations for Managers

Background:

Section 1-84 (r) of Connecticut General Statutes allows a faculty member of the state higher education system to enter into a consulting agreement, provided that such agreement does not conflict with the faculty member's employment with the constituent unit, as determined by policies established by the board of trustees. The UConn Audit and Management Advisory Services Department performs an annual internal audit to ensure compliance and make recommendations for improvement. Internal audit reports can be found on the university's [website](#).

The University Consulting Management Committee reviews annual consulting audit findings and recommendations to make changes to faculty consulting policies.

Criteria:

Best management practices would provide employees with a clear expectation of the maximum number of consulting days in a set time period to ensure that consulting work does not affect the employee's UConn Health duties. UConn Health should require managers with faculty titles to use vacation or other personal leave time for their consulting activities.

UConn Health's faculty consulting policy requires the Faculty Consulting Office (FCO) to utilize the annual evaluation process to assess whether consulting activity negatively impacted a faculty member's duties. Sound human resource practice and UConn Health's policy require that an annual evaluation be completed for each permanent employee at least 3 months prior to the employee's annual salary increase or performance bonus date. Such annual performance evaluation should be included the employee's personnel file for transparency and performance monitoring.

Condition:

UConn Health's faculty consulting policy does not limit the number of days a faculty member can consult during the time committed to UConn Health work. UConn Health's policy also does not require managers with a faculty title to use personal leave time for consulting activities. One UConn Health manager requested and received approval for a very high volume of consulting days during the fiscal years ended June 30, 2016, 2017, and 2018 as presented below.

	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018
Number of requested and approved consulting days	297 days	220 days	127 days
Certified days with actual consulting activities	171 days	110 days	117 days
Certified normal work days with consulting activities (Time committed to UConn /UConn Health work)	69 days	34 days	36 days

The manager’s supervisor approved these consulting requests. However, UConn Health did not conduct the manager’s previous 6 years’ written performance evaluations to assess whether the consulting activities negatively impacted UConn Health. Additionally, the manager did not record any vacation leave days in UConn Health’s attendance system during the audited period. Furthermore, UConn Health granted the manager 6 additional months of paid sabbatical leave to use within the next 3 years without any specific leave dates.

We extended the review to 18 employees and found 5 additional managers who did not receive a written annual performance evaluation. Out of 12 completed annual evaluations, 10 were not forwarded to Human Resources to be incorporated into personnel files.

Effect:

UConn Health impaired its ability to deny excessive consulting requests by not limiting consulting days and requiring managers to use leave time for consulting activities.

Without a comprehensive annual written performance evaluation, the University of Connecticut and UConn Health could not assess manager performance or determine whether high volume consulting activities negatively impacted its operations and goals. UConn Health incurred unnecessary expenditures when granting additional paid leave benefits without documenting whether existing leave balances were used.

Cause:

The internal audit report of the 2017 fiscal year consulting activities recommended limitations on faculty consulting activities. However, the University Consulting Management Committee postponed actions until it hired a Vice Provost for Health and Sciences to consider changes related to UConn Health’s faculty consulting policies.

A high turnover rate within the management team contributed to the lack of annual performance evaluations.

Prior Audit Finding: Similar findings have not been previously reported.

Recommendation: The University of Connecticut Health Center should consider limitations on consulting activities and require managers with a faculty title to use leave time for their consulting activities. UConn Health should conduct annual performance evaluations and maintain them in personnel files. (See Recommendation 1.)

Agency Response: “The Faculty Consulting Policy is a university-wide policy that applies to all faculty members paid by the University of Connecticut, including UConn Health. Similarly, the Consulting Management Committee, which provides advice to the university Provost and the Directors of the Faculty Consulting Office about faculty consulting policy and procedures, spans the entire university. UConn Health agrees with the recommendation above, and has engaged the university’s Consulting Management Committee to consider limitations on the number of consulting days that a faculty member can perform and the requirement for managers with faculty titles to use leave accruals for their consulting activities. However, it should be noted that the example above is not representative of the vast majority of consulting requests. i.e., it is far from the norm. Additionally, by looking at the top row, which reflects the number of consulting days requested and approved, and the actual days of consulting (see second row), it should be noted that actual days taken were far fewer than those requested, that there was a dramatic reduction in the number of consulting days between FY16 and FY18, and that this decreasing trend continued in FY19. While UConn Health agrees with these recommendations, it would also like to clarify that the data provided in the “Condition” section above overstate the amount of time that faculty members consult on time committed to the university, as faculty members in some cases overstate the amount of consulting they perform by recording one day of consulting activity whether they are consulting for 1 hour or 8 hours in that day. UConn Health has asked the Consulting Management Committee to identify and implement solutions to address this concern.

UConn Health also agrees that performance evaluations should be performed on all faculty members requesting to engage in consulting activity, and has undertaken an evaluation for the faculty member identified above and such evaluation has been incorporated into the personnel file.”

Telecommuting Practice and Enforcement

Background: Telecommuting is a voluntary arrangement for an employee to work from home or other approved location on a pre-scheduled basis. The program is intended to increase a worker's efficiency, benefit the environment, and reduce traffic congestion. Section 5-248i of the Connecticut General Statutes authorizes the Commissioner of Administrative Services to develop and implement guidelines for the state employee telecommuting program. UConn Health has telecommuting guidelines and policies similar to those adopted by the Department of Administrative Services

- Criteria:*
1. Best practice requires sufficient policy, form, and enforcement procedures to assist employees' understanding of the program, management's approval, and other compliance requirements. This helps ensure that the program meets its intended purpose.
 2. A telecommuting policy should be specific and include sufficient enforcement tools. An employee's personnel file should include an approved work schedule and sites. In addition to its obligation of monitoring employees' attendance, UConn Health is liable for job-related accidents and illnesses under workers' compensation laws. UConn Health should have a specific attendance code for telecommuting to identify the days that employees work from alternative work locations.
 3. UConn Health should report its annual telecommuting arrangements to the Department of Administrative Services (DAS) as required by Connecticut General Statutes Section 5-248i.

Condition: During the audited period, UConn Health approved 85 employees for telecommuting arrangements, 63 with information technology (IT) related job titles and 6 with managerial job titles. UConn Health informed us that, during the construction of the new hospital tower and implementation of the new My UConn Health electronic medical records system, there was insufficient workspace for IT employees to work on-site with outside consultants. As such, many IT employees were approved for telecommuting to spare desk space. We reviewed 25 approved telecommuting arrangements and noted the following conditions.

1. In 22 out of 25 arrangements, the employee's personnel file did not contain performance benchmarks for telecommuting work. The approved telecommuting forms were not accompanied by detailed lists of measurable tasks to be accomplished in a specific time period. We observed that UConn Health's telecommuting form did

not sufficiently address the employee's position and important characteristics, such as minimal need for supervision and interaction with others at work, measuring employee results, and how productivity benefits from telecommuting arrangement.

2. Beginning in November 2017, UConn Health's Human Resources Office started denying renewals of many telecommuting requests of less than 3 days per week. This change was not incorporated into the telecommuting policy or communicated to employees. We noted that 5 out of 25 tested employees continued to practice telecommuting regardless of the Human Resources Office's rejection of their renewal requests. A supervisor informed us that Human Resources management advised the supervisor to allow employees to telecommute via informal work schedule adjustments rather than submitting new telecommuting applications. Nevertheless, none of the work schedule adjustments were memorialized in writing and included in employee personnel files. As of April 1, 2019, we do not know the exact number of UConn Health employees telecommuting without Human Resources' approval, because there is no separate attendance code to capture employee telecommuting days. Human Resources relies on supervisors and employees' word to identify those who continue to telecommute without approvals.
3. UConn Health did not report its approval of telecommuting arrangements in fiscal years 2017 and 2018 to the Department of Administrative Services.

Effect:

1. Without documenting specific job performance benchmarks and measurable products, UConn Health could not determine whether telecommuting increased productivity.
2. Without a clear policy and enforcement tools, UConn Health relinquished its ability to verify employee work hours and alternative work sites while fostering inconsistencies within the organization. Employees will increasingly question why management allows some to work from home without going through a formal process and whether telework employees completed their work responsibilities. Current telecommuting practices of informal schedule adjustments put the burden of attendance monitoring and alternative work site compliance solely on supervisors.
3. Without reports from UConn Health, the telecommuting section of the Department of Administrative Services' annual report to the legislature and the Governor is incomplete and inaccurate.

- Cause:*
1. During the 2017 and 2018 fiscal years, UConn Health used telecommuting arrangements to accommodate the lack of work space during the new hospital tower construction and implementation of the new electronic medical records system that brought in several outside IT consultants. As such, management did not emphasize specific and measurable work product when approving telecommuting arrangements.
 2. The Human Resources Office lacked management support to enforce its telecommuting policy.
 3. The Human Resources Office was not aware of the requirement to report telecommuting arrangements to the Department of Administrative Services.

Prior Audit Finding: This finding has not been previously reported.

Recommendation: The University of Connecticut Health Center should review its telecommuting policy, practice, and enforcement tools to support measurable productivity, consistency in implementation, transparent attendance records, and the ability to monitor the program's benefits. The University of Connecticut Health Center should report its annual approval of telecommuting arrangements to the Department of Administrative Services. (See Recommendation 2.)

Agency Response: "UConn Health has written telecommuting guidelines and agrees that the policy as reflected in the guidelines should be consistently implemented. We acknowledge that it is not consistent with our policy to allow employees to telecommute via informal work schedule adjustment. Human Resources is in the process of developing an employee communication to clarify expectations under the UConn Health telecommuting policy, including the requirement that all telecommuting requests be made via the UConn Health approved telecommuting request form.

UConn Health agrees that telecommuting arrangements should be reported to the Department of Administrative Services (DAS) as required by Conn. Gen. Stat. § 5-248i and the related DAS policies. The DAS telecommuting policies apply only to employees in the DAS-covered bargaining units (i.e., classified bargaining units). UConn Health currently has five (5) employees in classified bargaining units with telecommuting arrangements. UConn Health will report these telecommuting arrangements to DAS and will take steps to ensure future reporting to DAS of other telecommuting arrangements involving employees in classified bargaining units. While several other UConn Health employees telecommute, these employees are not in classified

bargaining units and thus are not within the scope of the DAS policy. These employees telecommute pursuant to UConn Health's own Telecommuting Policy, which does not require reporting to DAS.

UConn Health acknowledges the importance of monitoring its telecommuting program to ensure that approved telecommuting arrangements remain appropriate. However, we do not agree that the absence of specific performance benchmarks on the telecommuting approval form corresponds to an inability to monitor. Employees are held to the same standards of performance whether working on-site or from home, and managers are responsible for assessing employee performance. In many cases, the same tools used to measure on-site productivity can effectively measure the productivity of an employee who works from home. We note that UConn Health's Telecommuting Request and Approval Form generally mirrors the DAS form; neither require that specific performance benchmarks be listed on the form, but both require that the employee and the supervisor/manager identify the ways in which the telecommuter's efficiency and productivity will be monitored while the employee telecommutes. Moreover, increased productivity is not the sole reason for approving telecommuting, or the sole benefit. Telecommuting also facilitates maintaining productivity at current levels when circumstances would otherwise cause productivity to suffer. Such was the case during construction of UConn Health's new Hospital Tower. Although there was insufficient space for IT employees to work on-site, through telecommuting UConn Health was able to maintain existing levels of productivity and continue normal operations."

*Auditors' Concluding
Comments:*

UConn Health's contention that specific and measurable performance benchmarks are not necessary when employees telecommute demonstrates a potential weakness in the monitoring of the productivity of its telecommuting employees.

Loss of Prompt Payment Discounts

Criteria: Prudent cash management practice requires a business entity to set aside sufficient funds prior to requesting a delivery of goods or services and to take advantage of prompt payment discounts.

Condition: Our review of invoice payments to 33 vendors offering prompt payment discounts showed that UConn Health did not take advantage of some of these discounts and did not receive \$125,173 in savings.

Effect: UConn Health lost savings opportunities when it did not take advantage of prompt payment offers.

Cause: While UConn Health monitored prompt payment discount opportunities, it did not correctly set up a large vendor in its procurement system to capture these discounts.

Prior Audit Finding: This finding has been previously reported in the last audit report covering fiscal years 2015 and 2016.

Recommendation: The University of Connecticut Health Center should improve coordination among various departments to take advantage of prompt payment discounts. UConn Health should hold vendors to their payment and discount terms. (See Recommendation 3.)

Agency Response: “UConn Health has processes in place to promote taking all available discounts for which we are eligible under the terms of the relevant contract. In addition, we utilize a lost discount tracking spreadsheet to identify inadvertently lost discounts and thus opportunities to improve our processes and prevent further lost discounts. While these processes are largely effective, as highlighted in the audit finding, they are not perfect and there are opportunities for further refinement.

In order for UConn Health to take advantage of available discounts, the relevant discount terms must be entered correctly into UConn Health’s general ledger and procurement systems. Similarly, the effectiveness of UConn Health’s lost discount tracking spreadsheet relies on proper system entry of discount terms. To enhance the accuracy of discount terms as recorded in these systems, UConn Health is undertaking a reconciliation of contractual discount terms to the discount data recorded in our systems. By comparing the relevant contract terms to the discount terms as recorded in our systems, UConn Health will identify and correct detected discrepancies thereby further enhancing its ability to receive available discounts. The first reconciliation has been completed, and will be ongoing. UConn Health is also evaluating other potential controls that may strengthen our adherence to discount terms and/or improve the effectiveness of existing monitoring and tracking systems.”

Lack of Contract Term Monitoring

Criteria: Consulting services are difficult to monitor without a measurable end product. The requirement of certified timesheets and lists of complete tasks allows the agency to determine whether consulting services were provided and received. Proper purchasing procedures require agencies to obtain and verify contract price lists prior to approving invoices.

Condition: We reviewed 34 invoices from 5 information technology vendors and found 2 vendor invoices that lacked evidence of performed services.

While most consultants submitted certified timesheets and a list of performed tasks for their invoices during a billing period, 2 consulting companies' invoices did not include certified timesheets or a description of services completed in the billing period. UConn Health paid \$16,973,091 to these vendors during the audited period.

An administrative employee, who did not have direct knowledge of a consultant's work, approved \$202,959 for 5 of the first vendor's tested invoices. We further noted that UConn Health did not trace the second vendor's invoices to the billing rates in the contract.

Effect: The risk of improper payments increases when invoice approvers cannot verify hourly consulting rates and lack knowledge of whether the consultant completed tasks in each billing period.

Cause: Employees reviewing the consultants' invoices did not have the necessary experience to verify those invoices.

Prior Audit Finding: A similar finding of failing to verify contract prices has been reported in the last 2 audit reports covering fiscal years 2014 through 2016.

Recommendation: The University of Connecticut Health Center should ensure that invoice prices and quantities are supported and can be verified for accuracy and compliance with contract terms. Invoice approvers should have direct knowledge of services ordered and received. (See Recommendation 4.)

Agency Response: "UConn Health agrees that invoices should be supported and verified.

With regard to the information technology consultant examples cited above, it is worth noting that UConn Health followed a multi-step verification and approval process. Nonetheless, UConn Health recognizes that the invoice approval step should be modified to include approvers who have direct knowledge of services ordered and received. UConn Health has implemented in January 2020 an amended approval form that is required to be completed before any consultant invoice is approved for payment. The form includes a checklist and requires verification that invoice prices and quantities are accurate and compliant with contract terms, and that they are supported by all required documentation. The form must be verified by the supervisor or manager with direct oversight over the consultant/consulting company.

Other statements in the Condition paragraph are worth qualifying. One of the consulting companies mentioned had each employee complete a status report with hours worked every week and indicate the activities performed. Although these reports (which are quite lengthy) were not included directly on the invoices, they were stored electronically at

UConn Health for project leadership and were regularly reviewed as part of the invoice approval process.

UConn Health does not agree that there was any impropriety with regard to the second vendor mentioned in the Condition paragraph. Invoices from this vendor were for services provided by a single project director of UConn Health's HealthONE project. While, in general, UConn Health affirmatively verifies contract prices when invoices are paid, in this case there was only one billing rate for the project director, which was known to the team, therefore physically returning to the contract document each time the invoice needed paying was not necessary. Additionally, services delivered by the project director were as described in a Statement of Work and the contract, and evident from numerous project meetings and reports on project status."

*Auditors' Concluding
Comments:*

UConn Health's response regarding the first vendor contradicts the written response it provided to the auditors in July 2018. In that response, IT management informed us that it had no supporting timesheets for the tested invoices nor verification of hourly rates. UConn Health's response related to the second vendor, who reportedly had a single billing rate, failed to acknowledge that the vendor subcontracted out more than half of the contract value. The subcontractors invoiced using an hourly rate, and those rates were not disclosed in the agreement with UConn Health.

Payment for Compensatory Leave Balances

Background:

Payments for compensatory leave balances are permitted only when they are clearly provided for in relevant bargaining contracts. These contracts often involve essential state employees who provide direct healthcare or work in public safety.

Criteria:

The prevailing State of Connecticut policy on managerial compensatory time states, "Compensatory time earned during the twelve months of the calendar year must be used by the end of the succeeding calendar year and cannot be carried forward. In no event will compensatory time be used as the basis for additional compensation and shall not be paid as a lump sum at termination of employment." An agency can grant managers compensatory time when they are required to work a significant number of extra hours in addition to their normal work schedule. The policy disallows compensatory time if a manager works for an extra hour or two to complete normal work assignments.

The Maintenance & Service Unit (NP-2) and Administrative Clerical (NP-3) bargaining unit contracts state that compensatory time shall not be paid at termination of employment.

Condition:

We reviewed payments for compensatory leave balances during the audited period and found that they were inconsistent with state policy and bargaining contracts.

- UConn Health paid \$154,569 to active managers and confidential employees for 3,046 compensatory leave hours.
- UConn Health paid \$61,717 to managers and confidential employees at termination for 1,124 compensatory leave hours.
- UConn Health paid \$147,693 to certain bargaining unit employees at termination for 5,787 hours of compensatory time.

There were numerous instances in which managers earned compensatory time for 2 hours or less of work during a normal workday. An administrative manager earned 133 instances of compensatory time (totaling 238 hours) during the 2017 fiscal year and 126 instances (totaling 215 hours) during the 2018 fiscal year. This all related to working an extra hour or two a day. The manager earned over 50 days of compensatory leave time during the fiscal years.

Effect:

UConn Health should not have paid for unused compensatory time. The practice of paying for compensatory leave balances of managerial employees and bargaining unit employees (Maintenance & Service Unit and Administrative Clerical) is not consistent with prevailing state policy and contractual agreements.

Cause:

UConn Health has a more generous managerial compensatory time policy than other state agencies. Compensatory leave balances did not expire in accordance with the state prevailing policy. Instead, UConn Health paid additional compensation to employees whose bargaining unit contracts did not include a provision for a cash payout.

Prior Audit Finding:

This finding has been previously reported in the last 2 audit reports covering fiscal years 2013 to 2016.

Recommendation:

The University of Connecticut Health Center should require employees to use compensatory time within a reasonable period and should not include unused compensatory time in payments to separating managerial and certain bargaining contract employees. (See Recommendation 5.)

Agency Response:

“UConn Health agrees with this finding and has modified its policy to provide clarity. Please note that the majority of the compensatory time that is recorded for managers and confidential employees, post promotion, is holiday compensatory time. UConn Health has implemented a new leave policy that provides for the expiration of holiday compensatory time at the end of the calendar year following the year in which it was earned, with certain limited exceptions for example, such as when an employee separates prior to the expiration of time. The leave policy was effective on July 5, 2019.

In instances where payment for compensatory time to an exempt manager or confidential employee occurred, the records reflect instances where the compensatory time earned was earned when the employee was in a bargaining unit, prior to promotion to a non-represented position. UConn Health’s new policy addresses this situation by permitting a pay-out to the employee for compensatory time earned in accordance with the collective bargaining agreement prior to the effective date of the promotion.

The leave policy for managerial and confidential employees approved and effective July 5, 2019 at UConn Health provides guidelines for management and confidential employees with respect to earning non-holiday compensatory time when the needs of the organization dictate. UConn Health follows federal law, specifically the Fair Labor Standards Act, with regard to the compensatory time for non-exempt confidential employees.

UConn Health will adhere to the provisions of the applicable collective bargaining agreement with respect to compensatory time for employees covered by union contracts. ”

Payment for Long Term Disability Insurance

Background:

In the prior audit report, we noted that UConn Health provided long-term disability coverage for employees who were members of the Connecticut State Employees Retirement System (SERS). We observed that this coverage was excessive because the SERS plan contains provisions for disability retirement

Criteria:

UConn Health should not incur unnecessary expenses for benefits beyond the state’s comprehensive fringe benefits package.

Condition:

Although UConn Health ceased long-term disability coverage for managerial employees hired after November 1, 2011, it continued to provide long-term disability coverage for approximately 12 managerial employees hired prior to that date at a cost of \$4,907 per year.

Our review of state bargaining unit contracts and comparisons with other state universities identified that only a very small segment of state university and board of regents' employees received long-term disability insurance coverage. Conversely, UConn Health paid for long-term disability insurance for approximately 61% of its workforce (approximately 3,340 employees), during each fiscal year of the audited period. Approximately 800 of these employees participated in SERS, which includes disability retirement benefits. UConn Health paid \$879,163 for employee long-term disability insurance in the 2017 fiscal year and \$878,279 in the 2018 fiscal year.

Effect: UConn Health provided disability insurance coverage beyond the benefits that the state provides to the majority of state employees.

Cause: UConn Health believes the SERS coverage is inadequate. One bargaining contract included a provision for UConn Health to pay for long-term disability insurance.

Prior Audit Finding: This finding has been previously reported in the last 2 audit reports covering fiscal years 2013 through 2016.

Recommendation: The University of Connecticut Health Center should stop paying for long-term disability insurance for managerial employees and renegotiate bargaining contracts to avoid payments for benefits that are already part of the State Employees Retirement System. (See Recommendation 6.)

Agency Response: “For the 12 remaining managerial employees who have long-term disability insurance, UConn Health is continuing to evaluate the coverage to determine if the benefits of that policy, when coordinated with the benefits under the SERS program, still offers those employees a meaningful benefit. Where the employee will not be adversely affected, UConn Health will work to transition out of providing the long-term disability coverage to these employees. Please note that the cost of this insurance for these 12 employees totals \$4,907 per year.

With regard to employees covered under the UHP and AAUP bargaining agreements, UConn Health will conduct a review of the coverage in anticipation of negotiations with both bargaining units in 2021.”

Excessive Paid Administrative Leave

Criteria: Most bargaining contracts limit employee paid administrative leave to 2 months while the appointing authority investigates complaints of wrongdoing and determines disciplinary actions.

Condition: During the audited period, UConn Health paid \$503,438 to 78 employees for 14,277 hours of paid administrative leave. Approximately 43% of those hours were for the investigations related to 6 employees, which lasted 3 to 10 months. Of those employees, three returned to regular employment at the end of their paid administrative leave, one employee was discharged, and two retired or transferred to another state agency.

Effect: Investigations exceeding the 2-month period caused additional expenses. They also prevented prompt managerial responses and corrective action.

Cause: The Human Resources Division was experiencing a reorganization of its Labor Relations Office during the audited period. Changes in personnel's responsibilities may have contributed to UConn Health's inability to resolve prior audit findings in this area.

Prior Audit Finding: This finding has been previously reported in the last audit report covering fiscal years 2015 and 2016.

Recommendation: The University of Connecticut Health Center should complete employee disciplinary investigations in a timely manner. (See Recommendation 7.)

Agency Response: "UConn Health makes every effort to complete disciplinary investigations in a timely manner, thereby limiting the amount of time that an employee is out on administrative leave. UConn Health has implemented procedures to tighten controls on administrative leave including joint senior level management approval of employee administrative leave, weekly Administrative Leave Reports and reviews to monitor the progress of investigations and the lengths of time that employees are out on leave pending the outcomes of those investigations.

It is important to point out, however, that while straightforward investigations into misconduct are generally completed within 2 months, as the Auditors noted in their finding, workplace investigations vary in their complexity. Complex matters often take more than 2 months to properly investigate. This is especially true if local or state law enforcement or other investigating entities such as licensing

agencies or affirmative action, is involved.

The safety of patients and employees at UConn Health is always a primary concern and in those instances, UConn Health does not allow some employees to return to work before investigations and pre-disciplinary proceedings are concluded.”

Incentives and Stipends

Criteria: According to the University of Connecticut By-Laws, the UConn Health Board of Directors is entrusted with the approval of employee compensation plans and labor contracts. Contract amendments greater than \$1 million must be presented to the board of directors for approval.

UConn Health and its employees should agree on employee compensation terms and include them in the employee’s personnel file.

Condition: In February 2018, UConn Health executed an agreement with the University Health Professionals bargaining unit to provide retention bonuses to nurses in a few selected departments to address recruitment and retention issues. The agreement was calculated to cost UConn Health approximately \$1,579,000 from February 16, 2018 through June 20, 2019. Human Resources management did not obtain board approval for this agreement.

Our review of clinical incentive payments to 7 faculty members in the School of Dental Medicine showed that in 6 instances, totaling \$468,395, the employment letters did not contain adequate language detailing the terms of these payments.

Effect: The board of directors could not complete its responsibilities when an executed \$1,579,000 labor agreement was not presented for its approval.

Verbal agreements did not provide faculty members with a sufficient understanding of the incentive payment terms.

Cause: Human Resources management believed the labor agreement providing nurse retention stipends to be a work rule amendment that did not require the board of directors’ approval.

Past practice of the School of Dental Medicine has not required written agreements with faculty members for clinical incentive payments. Budget uncertainty was also a factor for the lack of written compensation agreements.

Prior Audit Finding: This finding has not been previously reported.

Recommendation: The University of Connecticut Health Center should ensure that changes to employee compensation plans in excess of \$1 million are presented to the board of directors for approval. UConn Health and its employees should agree on compensation terms and include them in the employee's personnel file. (See Recommendation 8.)

Agency Response: "UConn Health does not agree that its agreement with the University Health Professionals (UHP) bargaining unit to provide retention bonuses to nurses in a few selected departments in order to address recruitment and retention issues required formal Board of Directors approval. Section 26.6 of the UHP collective bargaining agreement, which was formally approved by the Board of Directors, specifically allows UConn Health to "increase salaries to meet competition or market demands at any time throughout the year" by working with the unions. Furthermore, that section of the UHP contract incorporates paragraph I of the SCOPE Agreement, which gives explicit authority to the parties to resolve recruitment and retention issues, and provides that "[i]f the parties reach an agreement over recruitment and retention issues during the term of a collective bargaining agreement, any adjustments in pay shall be effective and implemented on the date specified by the parties." Therefore, the Board of Directors specifically contemplated these types of changes would occur during the course of the agreement, and approved these provisions providing explicit authority for UConn Health administration and the union to enter into agreements to immediately adjust pay to resolve these types of matters.

UConn Health agrees that compensation terms should be documented and maintained in employees' personnel files. Clinical incentive payments are provided to School of Dental Medicine faculty members who opt to participate in the dental faculty practice plan (University Dentists). Approximately 22 dental faculty members currently participate in the dental faculty practice plan. Going forward, for all participants in the dental faculty practice, UConn Health will document the clinical incentive payments in the form of a letter to the faculty member, which will be maintained in the employee's personnel file.

UConn Health is updating the President's memo that delegates contract signing authority and will be clarifying this authority with regard to labor-related agreements. In addition, we have developed a process to ensure that BOD is regularly updated on recruitment and retention efforts/agreements/costs."

Auditors' Concluding Comments:

The execution of the bargaining contract amendment, valued in excess of \$1 million, was not consistent with UConn Health's contract

amendment and signing authority procedures in President Herbst's June 18, 2013 memorandum to UConn Health senior administrators.

Non-Competitive and Competitive Procurement

Criteria:

1. For non-emergency purchases greater than \$10,000, UConn Health's policies require a competitive process or justification as to why competition was not required prior to the purchase. Non-competitive procurement is also referred to as a sole source purchase.
2. When the nature of service needs has substantially changed from the original contract, a new competitive purchase process is warranted. When contracts are awarded to multiple vendors, attempts to obtain price quotes from more than one vendor often lead to better product quality at a lower price.

Condition:

1. Our reviews noted the following procurement inconsistencies.
 - a) Of 16 reviewed sole source providers, one worked on an information technology project for 2.5 months before UConn Health requested a justification for non-competitive procurement. Within this period, the provider also subcontracted more than half of the UConn Health contract value to another provider. UConn Health's original \$300,000 sole source approval in January 2018 ended in \$629,499 of services by June 30, 2018.
 - b) Digital library subscription purchases of \$404,953 did not have competitive pricing evidence. In another instance, UConn Health filled a leadership nursing vacancy without contacting more than one vendor to obtain other potential candidate resumes.
2. Existing contracts were amended for consulting services not within the original scope.
 - a) In December 2012, a request for proposal for on-call temporary services resulted in 8 approved vendors. UConn Health hired one of these vendors in 2017 to assist with the need for certified EPIC system consultants for the implementation of the new electronic medical records system. UConn Health amended the contract to increase the vendor's contract value from \$900,000 to \$11,000,000.

- b) UConn Health increased another contract for EPIC trainers and analysts from its \$500,000 original value to \$5,500,000.

Effect:

1. UConn Health did not follow its procurement policy. When a sole-source provider subcontracted more than half of the contract value, it was evident that other qualified providers existed. Without evidence of competitive procurement, UConn Health had little assurance that it selected the best vendor.
2. Significantly increasing contract values with a few existing vendors for new IT consulting services prevented UConn Health from considering vendors with qualifications and cost structures better suited to its needs.

Cause:

1. UConn Health officials were not aware of procurement policies or neglected to comply because management did not enforce those policies.
2. The lack of competitive procurement for new IT consulting needs was due to time constraints and the reluctance to subject existing vendors to another bidding process.

Prior Audit Finding:

The finding is not repeated from the immediately previous audit.

Recommendation:

The University of Connecticut Health Center should institute mandatory procurement training for new managers and managers who failed to comply with UConn Health procurement policies. When there is a substantial change in service needs, UConn Health should competitively bid for new services rather than amending existing contracts. (See Recommendation 9.)

Agency Response:

- “1. As a result of this finding, UConn Health is increasing education for its employees about procurement and contract requirements and recommended practices. We have met with recently-hired senior leaders to introduce them to our procurement and contracting processes. A brief overview and handout of the procurement requirements will be provided to all new employees as part of our orientation process.

With regard to the condition noted about the provider who worked on an IT project before the non-competitive justification was requested, this occurred because a newly-hired manager retained a provider to support a critical, time-sensitive IT project before the manager was trained on UConn Health’s procurement and contract documentation requirements. The engagement was later documented as an acceptable non-competitive purchase under

UConn Health policies; however, UConn Health agrees that the non-competitive purchase request should have been submitted earlier in the process.

With regard to the other inconsistencies noted in the conditions section above, Library Department and Procurement Department personnel have been reminded of the requirement that purchases of library media must be accompanied by written confirmation that the purchase was made from the most competitive source. While it is not always possible or practical to request candidates for temporary positions from multiple sources, UConn Health will make that a recommended practice.

2. UConn Health does not believe that the contract amendments identified in this finding were improper in any way. The examples cited are both multiple-award, on-call contracts that were intended to be used on an as-needed basis. The contract values started out lower because there were multiple contractors available to provide the same scope of services. Contract values were increased over time based on how much each contract was being utilized; not due to a change in scope. UConn Health believes that the contract increases were appropriate in these situations. However, as a result of this finding, when the value or volume of use of a contract is going to increase significantly, or when project-specific needs are identified, UConn Health will review the situation to determine whether it is appropriate and sensible to either rebid or reopen the original bid to more respondents”

Unapproved Timecards and No Usage of Vacation Leave

Criteria: UConn Health policy requires non-faculty employees to certify their timesheets each biweekly pay period. Faculty employees are required to sign off on their timesheets every 4 weeks. In all instances, managers are required to review and sign off on their employees’ timesheets every pay period.

Beginning in May 2016, UConn Health required employees to record vacation leave hours in its automated attendance system.

Condition: We reviewed 15 employee timesheets for 4 pay periods. Of the 60 timesheets tested, the employee did not certify 21 non-faculty timesheets, 11 faculty members did not certify their timesheets for 2 consecutive pay periods, and managers did not approve 28 timesheets.

Our review of leave balances revealed that 41 out of 645 faculty members recorded no vacation leave in the attendance system since May

2016. Twenty-four were existing employees and 17 were new hires during the audited period.

Effect: Lack of certification of employee timesheets and managerial review of attendance records increases the risk of overpayments for unworked hours or uncharged absences against leave balances.

Cause: Employees and their managers neglected to certify timesheets and record vacation leaves.

Prior Audit Finding: This finding has not been previously reported.

Recommendation: The University of Connecticut Health Center should not process timesheets that lack employee and manager approvals for payment. Managers should periodically review employee vacation leave balances and discuss the lack of vacation leave with employees who record little or no leave. (See Recommendation 10.)

Agency Response: “UConn Health does not agree with this finding.

There is no UConn Health policy that requires non-faculty employees to certify their timesheets. It is recommended that salaried timekeepers approve their timecards, but only the time approver is required to approve. In fact, hourly employees have no access to their timecards and can only swipe at Kronos badge readers.

In May, 2016, Kronos became the prescribed method for faculty to track vacation. The faculty leave policy does not require that faculty track vacation. However, faculty members who do not track vacation are assumed to have taken all vacation due them; they do not receive vacation time payouts. Therefore, no vacation payout liability exists for those faculty.

The sample of 60 timecards, with 28 unapproved, selected for this audit are not indicative of manager approvals as a whole. We looked at one quarter’s worth of timecards, a total of 27,899 timecards, and 98% of them had manager approval. So we do not agree with this finding or the implication that timecards are not routinely approved by managers.

We also do not agree with the recommendation that wage payments should be withheld when timecards are not approved by managers. Non-payment for hours worked and recorded is against federal and state law.”

*Auditors' Concluding
Comments:*

Best practices require both employees and supervisors to certify the accuracy of work hours on timesheets. Furthermore, it is inconsistent to require only certain groups of employees to certify their time. We are only suggesting that UConn Health does not pay for hours employees did not work.

Management of the HealthOne Electronic Medical Record Project

Background:

Public Act 15-01 June Special Session authorized UConn Health to implement a new electronic medical records system (also known as HealthOne or My UConn Health). During the 2018 fiscal year, the UConn Health Board of Directors approved a \$98 million budget for this project. As of June 30, 2018, in addition to in-house employment and software costs, UConn Health paid more than \$40 million to consultants to implement the new system. UConn Health utilizes a Consultant Statement of Work to document its agreement regarding the consultant's tasks, hourly rates, and allowable budget.

Criteria:

1. Large capital projects should have direct oversight by permanent state employees who are tasked with ensuring project quality and compliance with state laws.
2. Best practices require a clear project plan with defined consultant roles and project timekeeping needs to properly account for consultants' travel planning and hours worked. Employees and contractors are usually not paid for their meal breaks unless they were required to work through their meal periods. UConn Health reiterated unpaid meal break and advance travel planning requirements during its public solicitation for HealthOne credential trainers and go-live support in August 2017.
3. Best practices require the state entity to execute agreements concerning consultant tasks, hourly rate, and allowable budget in a timely manner. When the contract is based on hourly rates, the state entity should implement a process to independently monitor consultant work hours and hold the vendors to their contractual obligations.

Condition:

We reviewed UConn Health's payments for the implementation of the HealthOne project, and found the following.

1. We noted that the HealthOne project did not have a permanent director. Instead, the project was coordinated by 4 consultants whose service terms overlapped. Three of the project directors exceeded their original contract lengths, causing the need for several

revisions to extend the service period and additional funds to pay outstanding invoices.

2. The tested consultants' work hours and travel expenses appeared excessive and showed minimal advance planning. Eight out of 9 tested vendor invoices showed that 3 consultants billed UConn Health for 8 to 12 consecutive hours per day without unpaid meal breaks. There was no evidence that UConn Health required the consultants to work through their meal breaks. We estimated that UConn Health overpaid \$51,480 for their lunch breaks (assuming a 30-minute lunch break). Twenty-one out of 22 tested consultants came from out-of-state. In one tested invoice, the consultant's weekly travel expenses were 40% greater than the contract specified (\$1,795 rather than \$1,290). In 3 out of 5 instances tested, another consultant travelled with first class train tickets. In addition, the consultant did not stay in the provided hotel room for 5 to 6 days per month, costing UConn Health \$17,389 in extra travel expenses. A subcontractor purchased 5 consultants' airline tickets 2 to 5 days prior to the travel dates, causing the tickets to be significantly more expensive than the 14-day advance purchase prices. Subcontractor travel costs totaled \$17,979, or 32.5% of the \$55,295 billed for consulting service costs for a 2-week period. A consultant's invoice also included catering services for meals for 40 individuals who were not part of the consulting agreement. While one vendor provided UConn Health with its off-site service consultant billing rate at approximately 75% of the on-site rate, 4 vendors billed UConn Health the same rates regardless of whether the consultants travelled to UConn Health, worked in their hotel rooms, or worked remotely. Because UConn Health did not clarify differences in on-site versus off-site work values, it was difficult to justify the need to pay consultants' substantial weekly travel expenses, which added costs of 9% to 47% to the tested consulting invoices.
3. UConn Health assigned certain key contract management tasks to consultants. For example, consultants were allowed to manage other consulting contracts or statements of work that described consultants' tasks, hourly rates, contract length, and authorized budget. Of 28 consultant statements of work, 4 were not signed, one was missing, and 22 were signed 4 days to 9.5 months after their start dates. When approving payments, UConn Health relied on consulting companies' spreadsheets hours, despite the fact that corroborating evidence (parking time stamps and meal tickets) did not consistently match the invoiced hours. Our review showed that one consultant had inconsistencies in 185 hours out of 381 invoiced hours. Another consultant submitted many meal receipts, but invoiced UConn Health for 8 to 13 consecutive hours a day without

unpaid meal breaks. The same consultant invoiced for on-site hours while airline tickets and taxi receipts showed him to be in his home state. There was no evidence of preapprovals for consultant overtime.

Effect:

1. Having multiple temporary project directors with overlapping terms lessened UConn Health's ability to plan and effectively execute the project.
2. UConn Health did not strictly monitor consultant travel expenses, work hours, and location. While UConn Health stated its preferences for local IT consulting services, it spent higher than anticipated resources for consultant travel expenses.
3. Allowing consultants to manage other consultants' Statements of Work created unfair competition among contractors and put UConn Health's fiscal and budget controls at risk. The lack of independent verification of consulting work hours increased the risk of overpayments.

Cause:

1. Several high-ranking IT managers retired or left UConn Health during the 2017 calendar year. During the process of recruiting for the new chief information officer, we were told that the University of Connecticut search committee did not seek input from current UConn Health IT employees. We believe that the lack of communication from university management further discouraged the permanent IT workforce from assuming project leadership. The unprecedented scale of this project was also a factor for UConn Health's reliance on consulting expertise.
2. We believe that the desire for a successful launch of My UConn Health took priority over questioning costs. The project complexity and time sensitive demands may have contributed to the lax oversight of consultant consecutive billing hours and higher than anticipated travel expenses.
3. While UConn Health procured the consulting as time and material based contracts, IT management may have misunderstood and managed the contracts as scope-based contracts. This led to the noted deficiencies.

Prior Audit Finding:

This finding has not been previously reported.

Recommendation:

The University of Connecticut Health Center should plan and coordinate large information technology projects using UConn Health

employees rather than consultants. UConn Health should hold vendors to their contractual terms. (See recommendation 11.)

Agency Response:

“UConn Health successfully implemented its highly complex, enterprise-wide Electronic Medical Record (EMR) project, HealthONE, on time, under budget and with all major goals achieved. We do, however, appreciate the auditors’ review of this project and recognize that improvements can always be made in the way that these large projects can be managed.

With regard to the director of the HealthOne project, UConn Health generally agrees with the recommendation that large IT projects should be planned and coordinated by our employees rather than consultants. In this case, it was imperative for the project director to have extensive Epic implementation experience, and UConn Health did not have such an individual among its existing workforce. In view of the timeline, engaging a consultant to serve as project director was the best approach, and a project oversight committee consisting primarily of UConn Health employees was established to manage project risk and help mitigate problems. Fortunately, in complex EMR implementations such as this one, industry practice has shown that project planning and execution can be improved by a mix of employees and consultants filling project roles in complementary ways. Given the success of the HealthOne implementation, we do not believe that the use of a consultant-director had any material adverse effect.

UConn Health also agrees with the recommendation that vendors should be managed consistently with their contract terms, and with the auditors’ comments about the importance of the timely execution of consultants’ agreements including Statements of Work (SOW). UConn Health will more rigorously focus on the timely execution of such agreements in future projects. However, we disagree with the following specific findings:

- The auditors commented that travel expenses appeared excessive and showed minimal advance planning. However, UConn Health’s travel expenses for this project were within standard industry practice for projects of this nature which typically allocates 15-20% of consulting service costs for travel depending on a number of factors. We do not believe that the sample invoices used in this audit were representative. With respect to advance planning, it is not unusual with complex projects like EMR implementations for contractors to purchase tickets without significant lead time, since unforeseen needs of the

project sometimes require travel without significant advance notice.

- The auditors commented that UConn Health did not clarify differences in the value of the consultant's on-site work versus off-site work, and therefore it was hard to justify the need to pay for consultants' weekly travel expenses to Connecticut. While UConn Health understood and communicated to all project team members the appropriate times for and relevant value of consultants to work on-site or off-site, we recognize the need to adopt procedures to improve our communication and documentation.
- The auditors indicated that UConn Health inappropriately paid a consultant for meal catering service for 40 people. However, this invoice was not for a catering event, but rather for a lunch for IT staff and consultants who were required to attend an essential UConn Health team meeting on a Saturday. Because the IT Department did not have the means to pay for the lunch at the time, the consultant paid for the lunch and was subsequently reimbursed for the cost.
- The auditors stated that there were inconsistencies in an invoice of 381 hours by a consultant and that UConn Health should not have relied on spreadsheets provided by the consultant listing hours worked when parking time stamps did not corroborate those hours. However, the invoiced hours can be accounted for, with no inconsistencies. The consultant in this case often moved between different UConn Health locations during the workday to assist different clinical areas; some locations had a garage or time stamp mechanism, while other did not. The test invoice was approved in accordance with the approval process used for all similar invoices.

UConn Health implemented in December 2019 the use of a Consultant Invoice Approval checklist form that should tighten up the approval and payment process for consultant invoices. Contract terms, travel and expense reimbursement documentation and other terms will be required to be verified before being paid."

*Auditors' Concluding
Comments:*

UConn Health's response reflects an acceptance of inconsistent IT consulting travel practices rather than adherence to a well-planned project implementation. None of the tested consultants reserved their flight tickets 14 days in advance, even when the agreements for their consulting services gave them plenty of notice. A well-planned project would have sufficiently arranged for employee meals or meal

allowances instead of allowing an IT consultant to pay for the meals without any limitations.

The consultant with timesheet discrepancies showed no changes in work location at the John Dempsey Hospital.

Equipment Maintenance and Training Records

Background: To accomplish its mission, UConn Health frequently acquires new technology and sophisticated equipment for clinical services, research activities, and education. The Clinical Engineering Division calibrates and services equipment used by John Dempsey Hospital and the UConn Medical Group.

Criteria: Sound business practice requires state agencies to monitor contract terms to ensure goods and services are delivered in accordance with those terms. It is important to retain training and service records related to new and expensive equipment used throughout UConn Health.

Condition: We reviewed training and service records for five pieces of equipment, totaling \$1,022,543, and noted the following:

- UConn Health did not have maintenance service records available for 4 tested equipment purchases. These items included 2 intraoral dental scanners, an image stream magnification system, and virtual dental trainers. The fifth purchase, an electroencephalogram system, had no record that it was inspected and tested before put into usage.
- UConn Health did not centrally maintain training records for this equipment. Upon our request, training records were compiled using vendor records and information maintained in various physicians' emails.
- In 2 instances, UConn Health did not take advantage of preventive maintenance purchased for \$11,000 and free training sessions offered by vendors.

Effect: Equipment inspection was lacking, and maintenance and service records were incomplete or missing. UConn Health spent resources for services it did not receive.

Cause: UConn Health did not always inform the Clinical Engineering Division of clinical equipment purchases and was only responsible for equipment used by John Dempsey Hospital and University Medical Group. Other UConn Health divisions (e.g., orthodontics clinic, researchers, and the dental school) relied on physicians and researchers to maintain equipment service and training records.

Prior Audit Finding: This finding has not been previously reported.

Recommendation: The University of Connecticut Health Center should consider centralizing its recordkeeping of user training and service history of expensive equipment to ensure that records are retained despite staffing changes. (See Recommendation 12.)

Agency Response: “UConn Health acknowledges that it does not have centralized recordkeeping of user training and service history for clinical equipment. UConn Health’s Clinical Engineering Division calibrates and services the clinical equipment used by John Dempsey Hospital (JDH) and UConn Medical Group (UMG), while the UConn School of Dental Medicine (SoDM) is responsible for clinical equipment within the dental clinical environment.

Although the SoDM inspects and services the clinical equipment in the dental clinical environment and ensures that employees are appropriately trained, historically it has not centrally maintained the related records. The SoDM completed a review to determine the feasibility of implementing a centralized repository for service records for clinical equipment in December of 2019. The process of creating a centralized repository began in early January 2020, with the initial steps being a full and complete inventory of all clinical equipment. It is anticipated that the full implementation of a centralized repository will be completed on or before September 1, 2020.

It should be noted that the virtual dental trainers referenced above are not clinical equipment; rather, they are used exclusively in the academic/educational environment and thus fall outside of the purview of the SoDM’s clinical engineering functions and processes (including recordkeeping). UConn Health acknowledges that it did not maintain service records for the two intraoral dental scanners referenced above, but notes that these scanners were never used for patient care, and UConn Health no longer owns them.

UConn Health does not plan to change the current structure of its clinical engineering programs. The Clinical Engineering Division will continue to be responsible for clinical equipment within JDH and UMG, while the SoDM will remain responsible for clinical equipment within the dental clinical environment. Moreover, while Clinical Engineering already centrally maintains service records related to JDH and UMG clinical equipment, UConn Health does not believe that it would be appropriate or feasible for Clinical Engineering to also centrally maintain the end user training records related to such equipment. Clinical Engineering does not oversee or manage the end users of the

equipment within the relevant clinical departments, and its scope addresses broader issues such as electrical considerations, connectivity to servers/wifi systems, IT security, and basic mechanical aspects of the equipment.”

Participation in Group Purchasing Organizations

- Background:* A group purchasing organization (GPO) is marketed to be an arrangement in which members expect to benefit from vendor discounts due to collective purchasing power. GPO ranks its members by tiers of monthly spending in order to provide higher discount percentages to members with larger monthly spending.
- Criteria:* To maximize savings, sound business practice requires UConn Health to perform regular qualitative and quantitative assessments of the benefits of its participation in GPO.
- Condition:* Three out of five capital equipment purchases, totaling \$259,644, did not have evidence that UConn Health considered competitive pricing. We did not find evidence that UConn Health performed periodic quantitative and qualitative assessments to evaluate the benefits from purchasing through GPOs rather than directly from other medical suppliers.
- Effect:* Continuous participation in GPOs without UConn Health sufficiently assessing its potential purchasing power and other available offers could result in higher costs.
- Cause:* Purchasing through GPOs was convenient due to established distribution channels and employee familiarity with the ordering process. Limited procurement resources may have prevented UConn Health from reviewing other alternatives.
- Prior Audit Finding:* This finding has been previously reported in the last audit report covering the 2015 and 2016 fiscal years.
- Recommendation:* The University of Connecticut Health Center should perform periodic assessments of its purchasing power and available product offers to determine whether it is prudent to continue procuring from group purchasing organizations. (See Recommendation 13.)
- Agency Response:* “UConn Health agrees that it is important to periodically evaluate the costs and benefits of GPO participation and utilization, but disagrees with the implication that it does not do so.

In fact, UConn Health has determined that its participation in GPOs continues to be beneficial based on a number of factors. First, UConn Health has a relatively small hospital; as a member of the GPO, our spend is combined with that of the other GPO members to leverage better contract pricing. Second, the GPO provides critical tools that would be cost-prohibitive for UConn Health to replicate on its own; as an organization, the GPO has the expertise and resources that are needed to facilitate industry-wide bids and negotiate competitive deals with major medical supply companies. It would not be cost effective or in the best interests of UConn Health or the State of Connecticut for UConn Health to recreate the catalog of over 1,500 contracts that we automatically have access to, simply by virtue of our membership in the GPO.

To ensure that it continuously maximizes the benefits of GPO participation, UConn Health has monthly meetings or calls with its GPO team to identify savings that can be achieved by activating more favorable tier pricing for ongoing medical/surgical supply purchases, and strategize about other potential cost savings opportunities. From 1/1/2016 through 8/5/2019, UConn Health saved approximately \$2 million by utilizing contracts available through the GPO. It is also worth noting that every single Connecticut hospital utilizes GPOs for clinical purchasing; UConn Health would be an outlier and would diverge from industry best practices if it did not utilize GPOs for its clinical purchases.

Please also know that UConn Health has been – and continues to be – very focused on cost containment. Procurement savings projects are identified annually, with savings goals that are tracked and reported to senior leadership. It is UConn Health’s practice to not simply rely on GPOs, but instead to bid out higher value clinical equipment in most situations where patented or unique items are not needed. In addition, while not specifically aimed at GPO purchases, UConn Health uses ECRI benchmarking to test the cost of clinical equipment and devices. ECRI is a non-profit institute that, among other things, offers the largest database of supply pricing in the healthcare industry, representing all U.S. hospital types and group purchasing organizations; UConn Health uses the ECRI benchmarks to identify savings opportunities and negotiate more favorable pricing whenever possible.”

*Auditors’ Concluding
Comments:*

UConn Health should utilize a competitive procurement process rather than assume that a particular GPO is the best value.

Supervision of Trustee Account

- Background:* UConn Health imposes a \$125 student activity fee on every enrolled student and transfers the fee to a student activity fund and the Medical Dental Student Government (MDSG) bank account. MDSG represents the medical and dental students and is responsible for planning extra-curricular activities, as well as earmarking and disbursing monies to student organizations for those activities.
- Criteria:* The Connecticut State Comptroller's Accounting Procedures Manual for Activity Funds and Welfare Funds, issued in accordance with Section 4-53 of the General Statutes, establishes procedural requirements for student activity funds.
- Condition:* MDSG did not follow the State Comptroller's procedures for cash receipts associated with social events. We found incomplete records and revenue discrepancies related to revenue-generating events such as the annual winter formal, rafting, and ski trips. While deposits for these types of events totaled \$94,585 and \$81,232 in the 2017 and 2018 fiscal years respectively, revenues recorded in student records totaled \$81,562 and \$43,132, respectively.
- MDSG kept its revenue generating event records in a student-owned Google drive. UConn Health officials had no access to this drive to at the time of our request. It was unclear whether the student-owned Google drive met UConn Health's electronic data retention policies.
- Effect:* Incomplete revenue records increase the risk of cash loss. Storage of student-related information is not consistent with UConn Health records retention policies.
- Cause:* Lack of continuity in MDSG officers and the lack of UConn Health administrative recordkeeping assistance caused these remaining audit conditions. The Information Technology Division established a central file location on the UConn Health network for MDSG officers to maintain their records. However, it did not communicate this information to the current MDSG officers.
- Prior Audit Finding:* This finding has been previously reported in the last 2 audit reports covering fiscal years 2013 through 2016.
- Recommendation:* The University of Connecticut Health Center should clearly promulgate the State Comptroller's procedures related to student activity funds. Student groups should maintain their records using methods and systems that are consistent with UConn Health electronic data retention policies. (See Recommendation 14.)

Agency Response:

“UConn Health agrees with this recommendation as it pertains to the need to encourage and enforce better recordkeeping in the MDSG program. MDSG presents challenges in that its entire officer team typically turns over annually, making sustained progress more difficult. Although this is a repeat finding, there have been improvements to the program over the past several years including the creation of a summary document outlining student responsibilities, an annual entrance meeting with incoming MDSG officers, the development of quarterly financial reports, and the creation of a centralized data repository.

For the 2019-2020 academic year and beyond, UConn Health has appointed a new administrative liaison for MDSG. This individual has met with the incoming MDSG officers for this academic year to review the MDSG officer entrance package, placing particular emphasis on the accounting and recordkeeping requirements applicable to MDSG funds. Thereafter, the liaison will meet quarterly with the MDSG officers (together with UConn Health finance/accounting personnel as needed) to review financials, reconcile revenues/expenses, and communicate regarding upcoming MDSG events and anticipated associated expenditures. We have prepared a summary document that outlines the requirements for a trustee fund, how these requirements are met at UCH, and what the MDSG responsibilities are to adhere to these requirements. This, along with the relevant statute, will be shared with officers.

In addition, UConn Health has revised the MDSG officer entrance package (1) to more expressly require the use of the UConn Health network drive for MDSG financial records, and (2) to include the full text of Conn. Gen. Stat. § 4-53 (in addition to the summary already provided) as well as relevant excerpts from the Comptroller’s Manual.”

RECOMMENDATIONS

Status of Prior Audit Recommendations:

In the prior audit report, we presented 15 recommendations pertaining to University of Connecticut Health Center's operations. Eight of the prior recommendations have been implemented, and the remaining 7 recommendations are being repeated in modified form. As a result of our current examination, we have included 14 recommendations. The following is a summary of the action taken on the prior recommendations.

- The University of Connecticut Health Center should enforce its requirements for proposal evaluators to certify and adequately comment on contract proposal scores. UConn Health should rebid contracts when their value has become significantly higher than the initial contract budget. The current review noted a significant improvement in the condition of bid evaluation forms. **The recommendation related to bid evaluation forms has been implemented. The recommendation for UConn Health to rebid contracts with significant value increases is modified and repeated. (See Recommendation 9.)**
- The University of Connecticut Health Center should improve the management of purchase orders so they can reflect the correct contract terms and assist with the timely payment of invoices. UConn Health should record late payment penalties in a separate account to allow proper monitoring. **The current review did not identify late payments caused by the revision of purchase orders. This recommendation is not being repeated.**
- The University of Connecticut Health Center should improve coordination among various departments to take advantage of prompt payment discounts. UConn Health should hold vendors to their payment and discounts terms. **The current review found missed prompt payment discounts totaling \$125,137 during the audited period. The recommendation is modified and repeated. (See Recommendation 3.)**
- The University of Connecticut Health Center should ensure that invoice prices and quantities are supported, and can be verified for accuracy and compliance with contract terms. **We continued to find invoices in which invoice quantities were not supported by certified consultants' timesheets, and billing rates were not traced to the contracts. The recommendation will be modified and repeated. (See Recommendation 4.)**
- The University of Connecticut Health Center should require that compensatory time be used within a reasonable time frame and should not include unused compensatory time in lump sum payments to managerial or certain bargaining contract employees. **This recommendation is being restated and repeated. (See Recommendation 5.)**
- The University of Connecticut Health Center should stop paying for long term disability insurance for managerial employees. Bargaining contracts should be renegotiated to avoid payments for benefits already included as part of the State Employee Retirement System. **The recommendation is repeated. (See Recommendation 6.)**

- The University of Connecticut Health Center should ensure that it appropriately tracks all capitalized and controllable assets. UConn Health should train managers so they can fully understand the inventory recordkeeping process and are held responsible for missing equipment under their purview. **The current review found that UConn Health has taken steps to improve its tracking of capital assets. The recommendation has been resolved.**
- The University of Connecticut Health Center should strengthen internal controls over the disposition of equipment. All disposals must be properly authorized. **This recommendation has been implemented.**
- The University of Connecticut Health Center should make an effort to complete disciplinary investigations in a timely manner. **This recommendation is repeated. (See Recommendation 7.)**
- The University of Connecticut Health Center should reevaluate its practice of rehiring retirees and comply with Governor Rell's Executive Order 27-A. The current review found that UConn Health took steps to improve its practice of rehiring retirees. **This recommendation has been resolved.**
- The University of Connecticut Health Center should clearly promulgate the State Comptroller's procedures relating to student activity funds. **We are repeating this recommendation. (See Recommendation 14.)**
- The University of Connecticut Health Center should deposit all receipts in a timely manner and fully comply with Section 4-32 of the General Statutes. **This recommendation is not being repeated.**
- The University of Connecticut Health Center should perform periodic assessments of its purchasing power and available product offers to determine whether it is prudent to continue procuring from group purchasing organizations. **The recommendation is modified and repeated. (See Recommendation 13.)**
- The University of Connecticut Health Center should establish procedures that require a segregation of duties in the area of construction contract amendments and the pricing of such contract amendments by integrating state-employed purchasing professionals into a process that includes independent calculation and review of increases in construction project costs. **The recommendation has been resolved.**
- The University of Connecticut Health Center should not allow a consultant to prepare performance evaluations and approve salary increases of the employees who authorize payments to the consultant. **This recommendation has been resolved.**

Current Audit Recommendations:

- 1. The University of Connecticut Health Center should consider limitations on consulting activities and require managers with a faculty title to use leave time for their consulting activities. UConn Health should conduct annual performance evaluations and maintain them in personnel files.**

Comment:

UConn Health's faculty consulting policy does not limit the number of days that a faculty member can consult during the time committed to UConn Health work. UConn Health's policy also does not require managers with a faculty title to use personal leave time for their consulting activities.

- 2. The University of Connecticut Health Center should review its telecommuting policy, practice, and enforcement tools to support measurable productivity, consistency in implementation, transparent attendance records, and the ability to monitor the program's benefits. The University of Connecticut Health Center should report its annual approval of telecommuting arrangements to the Department of Administrative Services.**

Comment:

Several instances of telecommuting arrangements lacked specific productivity measures and prompt Human Resources' approvals.

- 3. The University of Connecticut Health Center should improve coordination among various departments to take advantage of prompt payment discounts. The University of Connecticut Health Center should hold vendors to their payment and discount terms.**

Comment:

Our review of invoice payments to 33 vendors offering prompt payment discounts showed that UConn Health did not take advantage of some of these discounts and did not receive \$125,173 in savings.

- 4. The University of Connecticut Health Center should ensure that invoice prices and quantities are supported, and can be verified for accuracy and compliance with contract terms. Invoice approvers should have direct knowledge of services ordered and received.**

Comment:

We reviewed 34 invoices from 5 information technology vendors and found 2 vendor invoices that lacked evidence of performed services. While most consultants submitted

certified timesheets and a list of performed tasks for their invoices during a billing period, 2 consulting companies' invoices did not include certified timesheets or a description of services completed in the billing period. UConn Health paid \$16,973,091 to these vendors during the audited period.

- 5. The University of Connecticut Health Center should require employees to use compensatory time within a reasonable period and should not include unused compensatory time in payments to separating managerial and certain bargaining contract employees.**

Comment:

UConn Health continued to pay for compensatory leave balances beyond bargaining contract requirements. A managerial employee appeared to earn excessive compensatory leave hours during the audited period.

- 6. The University of Connecticut Health Center should stop paying for long-term disability insurance for managerial employees and renegotiate bargaining contracts to avoid payments for benefits that are already part of the State Employees Retirement System.**

Comment:

UConn Health continues to provide long-term disability coverage for approximately 12 managerial employees hired prior to November 1, 2011, and for union employees whose disability retirement benefits are included in the State Employees Retirement System.

- 7. The University of Connecticut Health Center should complete employee disciplinary investigations in a timely manner.**

Comment:

During the audited period, UConn Health paid \$503,438 to 78 employees for 14,277 hours of paid administrative leave. Approximately 43% of those hours were for the investigations related to 6 employees, which lasted 3 to 10 months.

- 8. The University of Connecticut Health Center should ensure that changes to employee compensation plans in excess of \$1 million are presented to the board of directors for approval. UConn Health and its employees should agree on compensation terms and include them in the employee's personnel file.**

Comment:

Human Resources management did not submit a labor agreement in excess of \$1 million to the board of directors for approval as required. Employment records of some

university dentists did not include written agreements detailing the terms of the clinical incentive payments.

- 9. The University of Connecticut Health Center should institute mandatory procurement training for new managers and managers who failed to comply with UConn Health procurement policies. When there is a substantial change in service needs, UConn Health should competitively bid for new services rather than amending existing contracts.**

Comment:

A non-competitively procured service agreement was executed over 2 months after the service start date. In addition to the late approval, UConn Health amended the contract to double its original value within a few months. UConn Health amended two other contracts, increasing their value 5 to 10 times for Epic training and consulting services not included in the original competitive bids.

- 10. The University of Connecticut Health Center should not process timesheets that lack employee and manager approvals for payment. Managers should periodically review employee vacation leave balances and discuss the lack of vacation leave with employees who record little or no leave.**

Comment:

A high percentage of tested timesheets did not contain the required approvals. Several faculty members did not record vacation leave in the UConn Health attendance system.

- 11. The University of Connecticut Health Center should plan and coordinate large information technology projects using UConn Health employees rather than consultants. UConn Health should hold vendors to their contractual terms.**

Comment:

We noted that the HealthOne project did not have a permanent director. Instead, the project was coordinated by 4 consultants whose service terms overlapped. Excessive consultant travel expenses and work hours showed a lack of verification and proper planning.

- 12. The University of Connecticut Health Center should consider centralizing its recordkeeping of user training and service history of expensive equipment to ensure that records are retained despite staffing changes.**

Comment:

UConn Health did not centrally maintain training and maintenance service records of expensive equipment. UConn Health did not take advantage of preventive maintenance purchased for \$11,000 and free training sessions offered by vendors.

- 13. The University of Connecticut Health Center should perform periodic assessments of its purchasing power and available product offers to determine whether it is prudent to continue procuring from group purchasing organizations.**

Comment:

Capital equipment purchases totaling \$259,644 did not include evidence that UConn Health considered competitive pricing. We did not find evidence that UConn Health performed periodic quantitative and qualitative assessments to evaluate the benefits of purchasing through GPOs rather than directly from other medical suppliers.

- 14. The University of Connecticut Health Center should clearly promulgate the State Comptroller's procedures related to student activity funds. Student groups should maintain their records using methods and systems that are consistent with UConn Health electronic data retention policies.**

Comment:

Records of revenue-generating events were incomplete and did not reconcile to the deposits. Student government records were maintained in a student's personal cloud storage account.

ACKNOWLEDGMENTS

The Auditors of Public Accounts would like to recognize the auditors who contributed to this report:

Jamie Drozdowski
Kaitlyn Lucas
Thu Ann Phung
Samantha Smith
Linnette Stark

CONCLUSION

In conclusion, we wish to express our appreciation for the courtesies and cooperation extended to our representatives by the personnel of the University of Connecticut Health Center during the course of our examination.



Thu Ann Phung
Principal Auditor

Approved:



John C. Geragosian
State Auditor



Robert J. Kane
State Auditor