



COUNTY OF EL PASO
OFFICE OF THE COUNTY AUDITOR

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09-21

September 27, 2019

Dr. Mario A. Rascon
Chief Medical Examiner
4505 Alberta Avenue
El Paso, Texas 79905

Dear Dr. Rascon:

The County Auditor's Internal Audit division performed an audit of the Medical Examiner's Office financial records to determine if internal controls are adequate to ensure proper preparation of Medical Examiner's Office financial reports. Policies, procedures, and regulations were also reviewed to ensure processes are documented, operating and efficient.

The audit report is attached. We tested five financial controls and three operating controls with a total of 31 samples. There were no findings noted as a result of the audit procedures. We wish to thank the management and staff of the Medical Examiner's Office for their assistance and courtesies extended during this audit.

Because of certain statutory duties required of the County Auditor, this office is not independent in regard to your office, as defined by AICPA professional standards. However, our audit was performed with objectivity and due professional care.

Respectfully,

Edward A. Dion
County Auditor

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cc: Ms. Irene Santiago, Chief of Operations, Medical Examiners Office
Ms. Betsy Keller, Chief Administrator



**Office of the Medical Examiner Audit
For the Period of May 2018 thru April 2019**

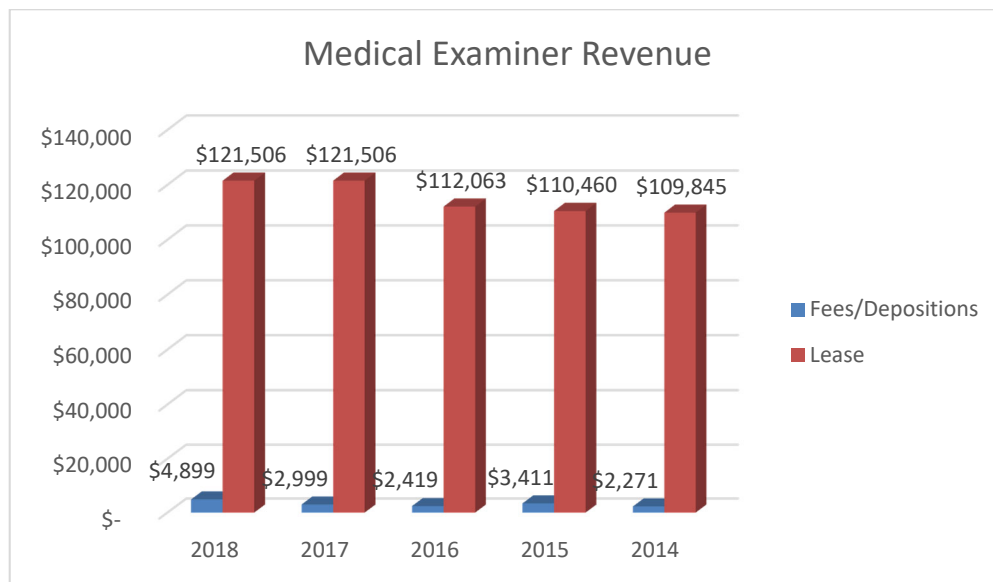


EXECUTIVE SUMMARY

BACKGROUND

The Office of the Medical Examiner is responsible for the death investigation of sudden, unexpected, or unexplained deaths in El Paso County. It is accredited by the National Association of Medical Examiners (NAME) which provides reasonable assurance that the system well serves its jurisdiction. This office collects administrative fees for items such as copies of autopsy reports and photographs and receives lease payments from the City of El Paso for office and laboratory use at the Medical Examiner's Office. The audit was performed by Daisy Caballero, internal auditor. The most recent prior audit was in May 2018; all findings from that audit have been resolved.

Financial reports are generated from Munis, the County's financial system, showing all transactions occurring each month. The following chart is a comparison of revenue collected at the Medical Examiner's Office for the past five fiscal years.



The 63% fee/deposition revenue increase from FY 2017 to FY 2018 is due to an increase in deposition services totaling \$1,500.

The 8% lease revenue increase from FY 2016 to FY 2017 is due to a \$921 monthly rate increase. The lease agreement ended in September 30, 2018 and has been on a month-to-month basis at a 110% monthly rate.

SCOPE

The scope of the audit includes financial records from May 2018 through April 2019.

AUDIT OBJECTIVES

The audit evaluated the adequacy of controls and processes to achieve key business objectives related to the Medical Examiner's Office financial reports. Following are the business objectives and related control assessment.

Business Objectives	Control Assessment
1. Functioning appropriate cash controls	Satisfactory
2. Timely bank deposits and complete documentation	Satisfactory
3. Completeness of the mail log and timely posting to Tyler Cashiering	Satisfactory
4. Manual receipts are well documented and entered in Tyler Cashiering timely	Satisfactory
5. Applicable unclaimed property is submitted to the Texas Comptroller	Satisfactory
6. Adequate office security and safety	Satisfactory
7. Documentation of updated policies and procedures	Satisfactory

METHODOLOGY

To achieve the audit objectives we:

- Performed a surprise cash count on 06/25/2019, in accordance with *Local Government Code §115.0035*
- Observed the cashiering stations for collection security and inquired about the cash handling and deposit procedures
- Reviewed a sample of daily deposit reports and compared them to daily deposit slips and bank statements for timeliness and completeness
- Reviewed a sample of mail log entries for completeness and timely posting to Tyler Cashiering
- Reviewed the Tyler Cashiering void report to verify there were no voided transactions during the audit scope
- Traced all manual receipts to Tyler Cashiering for completeness, accuracy, and timeliness
- Reviewed unclaimed property and observed security measures
- Observed and inquired about office safety and security measures
- Reviewed policies and procedures for completeness and updates

RESULTS

Listed below are control and findings summaries, with findings listed from highest to lowest risk. Please see the *Findings and Action Plans* section of this report for details and management action plans.

Control Summary	
Good Controls	Weak Controls
<ul style="list-style-type: none"> • Cash handling controls (Obj. 1) • Timely deposit policy (Obj. 2) • Mail log controls (Obj. 3) • Manual receipts procedures (Obj. 4) • Unclaimed property policy (Obj. 5) • Office security and safety controls (Obj. 6) • Documentation of policies and procedures (Obj. 7) 	

INHERENT LIMITATIONS

This financial review was designed to provide reasonable assurance that the internal control structure is adequate to safeguard the County’s assets from loss, theft, or misuse. The County’s internal control structure is designed to provide reasonable, but not absolute assurance that these objectives are met. The concept of reasonable assurance recognizes that: (1) the cost of implementing the controls should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires the use of estimates and judgment by management. Because of the inherent limitations in any system of internal controls, errors or irregularities may occur and not be detected.

CONCLUSION

The Medical Examiner’s Office met all the objectives of this audit. The controls in place are effective and operating adequately to produce complete and accurate financial reports.



Office of the Medical Examiner Audit
For the Period of May 2018 thru April 2019



FINDINGS AND ACTION PLANS

Prior Audit Findings Summarized with Current Status

Status

H Closed

1. **Finding:** Of the 14 bank deposits sampled, 2 (14%) were not deposited timely.
Recommendation: Make deposits on the day of collection or by the fifth business day from when the money was received, as per *Local Government Code §113.022*.
Action Plan: Management concurs with the recommendation and had a meeting with employees to correct this discrepancy. *Resolved*

L Closed

2. **Finding:** The policies and procedures manual is incomplete.
Recommendation: Update the policies and procedures to include the missing items.
Action Plan: The policies and procedures have been amended to include the recommended items. *Resolved*