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**Department of Labor and Industries (L&I)**

**Agency: 235**

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**Audit Report:** 1014618

**Finding Number:** 001

**Finding:** The Department lacks adequate internal controls over payments for interpretive services.

**Resolution:** As of October 2014, the Department requested an internal audit consultation to assess and implement the following:

- A new process to conduct a monthly post audit of interpreter bills which includes the ten highest dollar amount billed interpreters and ten random interpreters.
- The use of the Department of Social and Health Services provider number as the sole provider number.\*
- Gathering information and conducting analysis of results from the new processes identified above to provide additional recommendations as needed.

\* NOTE: The Department is gathering data for analysis on the best ways to approach the issue of identifying a sole provider number that will allow the program to accurately identify individual providers on reports. The program is evaluating further options.

As of November 2014, a service request was completed to deny bills in excess of 480 minutes.

Beginning in November 2014, on a monthly basis, the Department conducts post pay audits on interpreters.

As of September 2015, the Department created a new Interpretive Service Appointment Record (ISAR) form including:

- New language with legally binding content on the signature line the provider uses.
- A time field to delineate services provided on the same day.
- A requirement that interpreters use a single official Department provided form, rather than multiple provider created forms.

The Department conducted interpreter billing workshops to inform interpreters of the changes to documentation, billing requirements, and dates of implementation.

As of October 2015, the Department made the following system changes:

- Added Optical Character Recognition software, which enhances information recognition, gathering, and appropriate action.
- Prevented payments unless an ISAR form is submitted with the billing.
- Suspended payments for ten business days if the ISAR form was not submitted, then denying the payment after 10 days.
- Verified information on the ISAR form matches the billing information.
- Required signatures from the interpreter and the provider verifying the services rendered.
- Required that each ISAR form list only one transaction/appointment in order to identify duplicate payments.

## Status of Audit Resolution

December 2015

- Allowed the Medical Information Payment System and the Organized Information Online systems to communicate, checking for billing time/date and claim information.
- Added system checks for previous versions of documentation and identification of attached ISAR to eliminate the need for post pay review audits.

Strategies to prevent interpreters from having multiple numbers and preventing duplicate payments using different provider numbers will be determined with anticipated implementation by June 2016.

**Completion Date:** June 2016, subject to audit follow-up

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