



# Office of the Public Auditor

Commonwealth of the Northern Mariana Islands

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July 7, 1998

Dr. Joseph Kevin Villagomez  
Secretary  
Department of Public Health  
P.O. Box 409  
Saipan, MP 96950

Dear Dr. Villagomez:

Subject: Final Letter Report on the Review of the Department of Public Health, Medical Referral Office's Reconciliation of Medical Claims with Straub Clinic and Hospital, Inc. (Report No. LT-98-06)

This final letter report presents the results of our review of the Department of Public Health (DPH), Medical Referral Office's (MRO) reconciliation of medical claims with Straub Clinic and Hospital, Inc. (Straub) covering the period from January 1, 1990 to December 31, 1996. The objective of the review was to determine whether MRO's reconciliation resulted in the accurate (1) identification of outstanding medical claims owed to Straub, and (2) rejection of invalid medical claims. We understand that the final results of the reconciliation will be used by MRO in its negotiations with Straub.

Our review showed that the results of MRO's reconciliation were fairly accurate except for several adjustments due to misclassifications and transposition errors amounting to \$19,892. As of April 23, 1998<sup>1</sup>, however, the reconciliation has not yet been fully completed because of certain matters beyond the control of MRO. For example, at least \$414,027 of the \$812,390 in claims submitted by Straub had not yet been reviewed by MRO because the claim invoices and other supporting documents were either missing or had not yet been received from Straub. The reconciliation, however, was able to identify \$219,024 which had been previously paid by the government; \$74,090 which should be rejected because the claims were not covered or authorized under the medical referral program and, instead, should be billed to the patients; and \$114,772 which had already been submitted to the Department of Finance (DOF) for processing of payments.

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<sup>1</sup> Completion date of the Office of the Public Auditor's review and fieldwork.

We recommend that the Secretary of Health (1) document the negotiations with Straub through a memorandum of understanding, (2) reflect the \$19,892 in adjustments in its reconciliation schedules, and update Straub on the current status of the reconciliation by providing it copies of the adjusted reconciliation schedules, (3) request Straub to submit the necessary supporting documents to complete the review of the \$414,027 in unprocessed claims, (4) inform Straub to cancel \$219,024 in medical claims which had already been paid and \$74,090 in medical claims which were found to be chargeable to patients instead of MRO, offset the net overpayments of \$9,331 against outstanding claims, and adjust the mathematical errors of \$192, and (5) adopt measures to prevent future disagreements over outstanding claims. We also recommend that the Secretary of Finance instruct the responsible DOF employees to (6) facilitate payment of the \$114,772 in processed claims submitted by MRO, and (7) ensure that each payment check issued to Straub and other health care providers is accompanied by a listing of the claims that are being paid by that check.

In his letter response dated June 12, 1998, the Secretary of Health generally agreed with Recommendations 1 to 5. Among other points, the Secretary of Health agreed to document negotiations with Straub and take actions to correct the findings noted by the audit. Although not required to respond to Recommendation 7, the Secretary of Health agreed with it and explained that MRO will take actions to implement the recommendation. The Secretary of Finance, however, did not respond to Recommendations 6 and 7.

Based on the response we received, we consider Recommendations 1 to 5 as resolved and Recommendations 6 and 7 as open. The additional information or actions required to close the recommendations are shown in Appendix B.

## BACKGROUND



Straub building and clinics in Hawaii

This audit was requested by the incoming Medical Referral Officer who wanted the Office of the Public Auditor (OPA) to review MRO's reconciliation of long-outstanding medical claims submitted by Straub Clinic and Hospital, Inc. (Straub), a health care provider based in Hawaii. The claims, which totaled more than \$800,000, were for medical services covering the period from January 1, 1990 to December 31, 1996. According to the Medical Referral Officer, MRO is currently negotiating with Straub and will use the results of the reconciliation in the negotiations. Apparently, Straub representatives have orally agreed to forego

any outstanding medical claims from prior years *which have not yet been billed* if the CNMI settles the claims included in the reconciliation. Medical claim billings by Straub are usually delayed because these are routed to private insurance companies and other government agencies (such as the CNMI Government Health Insurance Division and Medicaid Office) for payment of their share of the medical costs before the claims are finally submitted to MRO for payment.

The Medical Referral Office was formally established within the Department of Public Health in July 1996 when DPH officially adopted and published the Medical Referral Program's Rules and Regulations in the Commonwealth Register. DPH, however, had long been implementing a medical referral program even before the formal establishment of MRO.

MRO's purpose was to implement the medical referral program which was designed to provide residents of the CNMI with a means of receiving medical care and treatment not readily available in the Commonwealth. MRO is responsible for facilitating the referral of patients to "recognized referral health care facilities" as referenced in the regulations. These facilities included Straub and several other health care providers based in Hawaii, Guam, and the Philippines. Financial assistance for medical care outside the CNMI and related travel costs is paid by the CNMI Government under certain conditions as provided in the regulations. For example, the medical referral program may pay 70% or 95% of medical referral costs depending on the financial capability of qualified patients. There is, however, a lifetime cap of \$50,000 per patient. The cap excludes transportation and other maintenance costs. MRO is implementing the lifetime cap effective July 1996.

#### **OBJECTIVE, SCOPE, AND METHODOLOGY**

The objective of the review was to determine whether MRO's reconciliation resulted in the accurate (1) identification of valid outstanding medical claims owed to Straub, and (2) rejection of invalid medical claims. The scope of the review was limited to the reconciliation of medical claims submitted by Straub totaling \$812,390 and covering the period from January 1, 1990 to December 31, 1996. MRO prepared reconciliation schedules to document the results of the reconciliation. The schedules classified the medical claims into four categories as follows; (1) claims to be billed to patients, (2) paid claims, (3) processed claims, and (4) claims for review and processing.

To accomplish our objective, we performed procedures to test the accuracy of the reconciliation schedules prepared by MRO as well as the list of medical claims submitted by Straub. The procedures included testing of mathematical computations, examination of medical claim invoices and other supporting documents to verify validity and classification of claims, and comparison of claims with the medical referral subsidiary ledger and patient referral records.

This performance audit was conducted at the Medical Referral Office located at the Commonwealth Health Center in Saipan from April 13 to April 23, 1998. The audit was made, where applicable, in accordance with Government Auditing Standards issued by the Comptroller General of the United States. Accordingly, we included such tests of records and other auditing procedures as were considered necessary in the circumstances. We completed our fieldwork on April 23, 1998.

As part of our audit, we obtained an understanding of management controls over the review and processing of medical claims. We found control weaknesses in this area which are discussed in the Findings and Recommendations section of this report. Our recommendations, if implemented, should improve management controls.

## FINDINGS AND RECOMMENDATIONS

### Reconciliation Needs To Be Completed

The Medical Referral Office should accurately reconcile all medical claims submitted by Straub to determine the correct amount of outstanding claims payable by the CNMI Government. Our review showed that the results of MRO's reconciliation were fairly accurate except for several adjustments due to misclassifications and transposition errors amounting to \$19,892. The reconciliation, however, has not yet been fully completed because of certain matters beyond the control of MRO. For example, at least \$414,027 of the \$812,390 in claims submitted by Straub had not yet been reviewed by MRO because the claim invoices and other supporting documents were either missing or had not yet been received from Straub. The reconciliation, however, was able to identify \$219,024 which had been previously paid by the government; \$74,090 which should be rejected because the claims were not covered or authorized under the medical referral program and, instead, should be billed to the patients; and \$114,772 which has already been submitted to the Department of Finance (DOF) for processing of payments. The need for the reconciliation arose because of delays in the submission of medical claims by Straub as well as delays in the processing of payments by MRO. As a result, MRO has spent a considerable amount of time in reconciling accounts with Straub, creating a strong possibility of future disagreements over outstanding claims.

#### *Medical Referral Office's Responsibility*

Only valid outstanding medical claims should be paid by the CNMI Government. Under Section 2.6 of the "Rules and Regulations Governing the Administration of the Medical Referral Program," MRO was given the responsibility for "reviewing patient medical bills from the referral health care facility providers, verifying the validity of the medical bills, and approving for payment those medical bills which are the financial responsibility of the Medical Referral Program." MRO should therefore accurately reconcile all medical claims submitted by Straub to determine the correct amount of outstanding claims payable by the CNMI Government.

#### *Results of MRO's Reconciliation*

MRO prepared reconciliation schedules to document the results of the reconciliation. The schedules classified the medical claims into four categories as follows; (1) **claims to be billed to patients** - these are claims which should be rejected by MRO because the claims were not covered or authorized under the medical referral program and, instead, should be billed to the patients; (2) **paid claims** - these are claims which were found to have been previously paid by the government; (3) **processed claims** - these are claims which have already been submitted to DOF for processing of payments; and (4) **claims for review and processing** - these are claims which

have not yet been reviewed by MRO because the claim invoices and other supporting documents are either missing or have not yet been received from Straub.

Our review showed that the results of MRO's reconciliation were fairly accurate except for several adjustments due to misclassifications and transposition errors amounting to \$19,892.

MRO Reconciliation Schedules		Unadjusted (Gross)	Adjustments	Adjusted Balances
1.	Claims to be billed to patients	\$ 59,060	\$ 15,030	\$ 74,090
2.	Paid claims	213,425	5,599	219,024
3.	Processed claims	118,520	( 3,748)	114,772
4.	Claims for review and processing	411,016	3,011	414,027

**Table 1**

The table presented above (Table 1) summarizes the results of the reconciliation performed by MRO and the adjustments we found during our review.

The adjustments are explained as follows:

1. Claims to be billed to patients - medical claims of a patient who was not authorized for medical referral were added. Patient share of medical costs was reclassified from Schedule 3. Several medical claims which have not yet been reviewed were reclassified to Schedule 4.
2. Paid claims - Several medical claims which were found to have already been paid were reclassified from other schedules. Also, several mathematical and transposition errors were adjusted.
3. Processed Claims - Several paid medical claims were included in this schedule. The claims were reclassified to Schedule 2. Patient share of medical costs was also reclassified to Schedule 1. In addition, several mathematical and transposition errors were adjusted.
4. Claims for review and processing - Several medical claims which have not yet been reviewed were added. The claims came from other schedules or were missed during the reconciliation. Also, several mathematical and transposition errors were adjusted.

The reconciliation also showed differences between the total amount of claims per reconciliation schedules and the total amount of claims submitted by Straub, as follows:

<u>Total Claims</u>	
Per Schedules (adjusted balances)	\$ 821,913
Per Straub	<u>812,390</u>
Difference	<u><u>9,523</u></u>
<u>Difference accounted for as follows:</u>	
Net Overpayments by MRO	9,331
Mathematical/Extension errors by Straub	<u>192</u>
Difference	<u><u>\$ 9,523</u></u>

MRO overpaid as well as underpaid several claims that were included in the reconciliation. This situation was also noted during our review of processed claims that were submitted to DOF for payment. The net overpayments should be offset by MRO against outstanding medical claims submitted by Straub. On the other hand, the mathematical and extension errors should be adjusted by Straub.

As of April 23, 1998, however, the reconciliation had not yet been fully completed because of certain matters beyond the control of MRO. As shown in Table 1, at least \$414,027 of the \$812,390 in claims submitted by Straub had not yet been reviewed by MRO because the claim invoices and other supporting documents were either missing or had not yet been received from Straub. The reconciliation, however, was able to identify \$219,024 which had been previously paid by the government, \$74,090 which should be rejected because the claims were not covered or authorized under the medical referral program and, instead, should be billed to the patients, and \$114,772 which had already been submitted to the Department of Finance (DOF) for processing of payments.

#### *Cause and effect*

The need for the reconciliation arose because of delays in the submission of medical claims by Straub as well as delays in the processing of payments by MRO. According to the MRO staff member who was in charge of processing claims, the medical claim invoices from Straub were not submitted in a timely manner. The claims were usually delayed because they had to be submitted first by Straub to private insurance companies and other government agencies (such as the CNMI Government Health Insurance Division and Medicaid Office) for payment of their share of the medical costs. This process is necessary because MRO is not the primary payor for medical costs. Straub, however, sometimes submitted the claims directly to MRO, in which case the claims had to either be sent back to Straub for proper handling or forwarded to the primary payor for payment. These routing procedures can take several months, and sometimes more than a year. Delays also occur at DOF, which usually withholds payment of processed claims for a month. DOF further complicates the problem by issuing payments checks to Straub and other health care providers without providing details of claims paid. This probably causes Straub some confusion in applying payments to individual claims, and may be the reason for submission of medical claims which have been previously paid by the government. According to the MRO staff member, Straub and other health care providers usually call MRO to obtain details of the individual claims paid when they get their payment checks from DOF.

As a result of the delays, medical claims from Straub have accumulated to more than \$800,000, and a considerable amount of time has to be spent in reconciling accounts with Straub. We understand that MRO is currently negotiating with Straub to settle the outstanding claims. Disagreements over outstanding claims, however, may recur in the future unless appropriate remedial measures are adopted by all parties involved.

## Conclusion and Recommendations

MRO should complete the reconciliation and settle all valid outstanding claims from Straub in a timely manner. MRO should also coordinate with Straub and find ways to reduce delays in the submission and processing of claims. Accordingly, we recommend that the Secretary of Health instruct the Medical Referral Officer to:

1. Document the negotiations with Straub through a memorandum of understanding.
2. Reflect the \$19,892 adjustments in its reconciliation schedules, and update Straub on the current status of the reconciliation by providing it copies of the adjusted reconciliation schedules.
3. Request Straub to submit the necessary supporting documents to complete review of the \$414,027 in unprocessed claims.
4. Inform Straub to cancel \$219,024 in medical claims which had already been paid and \$74,090 in medical claims which were found to be properly chargeable to patients instead of MRO. Also, Straub should be instructed to offset the net overpayments of \$9,331 against outstanding claims, and adjust the mathematical errors of \$192.
5. Adopt measures to prevent the recurrence of disagreements over long outstanding claims. For example, MRO can perform reconciliation procedures on a quarterly basis.

We also recommend that the Secretary of Finance instruct the responsible DOF employees to:

6. Facilitate payment of the \$114,772 in processed claims submitted by MRO.
7. Ensure that each payment check issued to Straub and other health care providers is accompanied by a listing of the claims that are being paid. If this is not possible, consider transferring the responsibility for releasing payment checks to MRO which should then be made responsible for preparing the listing and for mailing the checks.

*DPH Response*

In his letter response dated June 12, 1998 (Appendix A), the Secretary of Health generally agreed with the recommendations addressed to him. For Recommendation 1, the Secretary replied that the document (memorandum of understanding) will be produced after meeting with Straub officials. For Recommendation 2, the Secretary stated that the adjustments will be made if agreed upon by both parties during the negotiations. For Recommendation 3, the Secretary said that the necessary documents will be requested from Straub. For Recommendation 4, the Secretary stated that MRO will provide Straub with copies of the accounts payable vouchers reflecting the check numbers and dates of payment of the claims, and copies of the treatment authorization forms indicating the patients' responsibilities for hospital costs. These will be negotiated with Straub and adjusted accordingly. For Recommendation 5, the Secretary said that a more effective billing and payment method will be adopted and the recommended quarterly reconciliations with providers will also be considered. Although not required to respond to Recommendation 7, the Secretary of Health agreed with it and explained that MRO will request from the DOF Treasury Division that payment checks be forwarded to MRO directly so that supplementary information can be attached to the check before mailing to providers to avoid confusion as to which invoices are being paid.

*DOF Response*

The Secretary of Finance did not respond to Recommendations 6 and 7.

*OPA Comments*

Based on the response we received from the Secretary of Health, we consider Recommendations 1 to 5 as resolved pending submission of additional information or completion of the actions required to close the recommendations as shown in Appendix B. The Secretary of Finance should reconsider and implement Recommendations 6 and 7. The status of all recommendations is presented in Appendix B.

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Our office has implemented an audit recommendation tracking system. All audit recommendations will be included in the tracking system as open or resolved until we have received evidence that the recommendations have been implemented. An *open* recommendation is one where no action or plan of action has been made by the auditee (department or agency). A *resolved* recommendation is one in which the auditors are satisfied that the auditee cannot take immediate action, but has established a reasonable plan and time frame for action. A *closed* recommendation is one in which the auditee has taken sufficient action to meet the intent of the recommendation or we have withdrawn it.

Please provide to us the status of recommendation implementation within 30 days along with documentation showing the specific actions that were taken. If corrective actions will take longer than 30 days, please provide us additional information every 60 days until we notify you that the recommendation has been closed.

Sincerely,



Leo L. LaMotte  
Public Auditor, CNMI

cc: Governor  
Lt. Governor  
Eleventh CNMI Legislature (27 copies)  
Attorney General  
Secretary of Finance  
Special Assistant for Management and Budget  
Secretary of Finance  
Public Information Officer  
Medical Referral Officer  
Press



June 12, 1998



COMMONWEALTH HEALTH CENTER

OFFICE OF THE SECRETARY  
CNMI

GOVERNMENT OF THE NORTHERN MARIANA ISLANDS  
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENTAL SERVICES

REFERENCE  
NO. SLT698-026

Mr. Leo L. LaMotte  
Public Auditor  
Office of the Public Auditor  
Commonwealth of the Northern Mariana Islands

Dear Mr. LaMotte,

**Subject: Response Letter to Draft Letter Report on the Review of the Department of Public Health, Medical Referral Office's Reconciliation of Medical Claims with Straub Clinic and Hospital, Inc.**

In accordance with the Commonwealth Auditing Act 1CMC 7823 (a), I am responding to your draft report on the reconciliation efforts of the Department of Public Health's Medical Referral Office with Straub Clinic and Hospital. Before I begin, I would like to take this opportunity to extend my appreciation for the efforts of your office in conducting this audit. Below I have responded to the five comments and recommendation to my office with regard to the audit.

**Recommendation 1.** Document the negotiations with Straub through a memorandum of understanding

This document will be produced after the meeting with Straub officials. A final version will be signed by both parties and reviewed by each party's legal counsel for completeness.

**Recommendation 2** Reflect the \$19,892.00 adjustments in its reconciliation schedules and update Straub on current status of the reconciliation by providing it copies of the adjusted reconciliation schedules.

A copy of the reconciliation schedule will be provided to Straub and its business office. The \$19,892 will be adjusted if agreed upon by both parties.

**Recommendation 3** Request Straub to submit the necessary supporting documents to complete review of the \$414,027.00 in unprocessed claims.

Original invoices or approved HCFA/OWCP forms for both inpatient and outpatient services will be requested from Straub billings department. This will be coordinated in cooperation with Denise Kekuna, Pacific Islands Medical Services Liaison for Straub Clinic and Hosp.

**Recommendation 4** Inform Straub to cancel \$219,024.00 in medical claims which had already been paid and \$74,090.00 in medical claims which were found to be properly chargeable to patients instead of MRO. Also, Straub should be instructed to offset the net overpayments of \$9,331.00 against outstanding claims, and adjust the mathematical errors of \$192.00.

MRO will provide Straub with a copy of the Accounts Payable Vouchers submitted by MRO that reflect a check number and the date the check was issued for paid claims. MRO will also try to provide Straub with a copy of the checks issued by CNM1 Treasury. MRO will also provide Straub with a copy of the Treatment Authorizations that indicate patients' financial responsibility amounting to \$74,090.00. The overpayment and mathematical error will be negotiated with Straub and adjusted accordingly.

**Recommendation 5** Adopt measures to prevent the recurrence of disagreements over long outstanding claims. For example, MRO can perform reconciliation procedures on a quarterly basis.

A more effective method of billing will be negotiated between Straub and MRO. For example, bills from Straub should be forwarded to the MRO no later than 90 days after the date of discharge. A more efficient method of payment will also be implemented by the MRO. MRO will request from the Division of Treasury that remittance checks be forwarded to the MRO directly so that supplementary information can be attached to the check i.e., copies of the APV that reflect the accounts and invoices to be paid from the check. This will avoid confusion as to which invoices/charges are being paid. This current reconciliation will be memorialized by an acknowledgment from both sides via legal instrument to avoid future claims and to settle the disputed claims formally. MRO will consider the recommended quarterly reconciliation with providers.

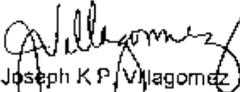
Once again, thank you for the services you provided this department. Your staff should be commended for a job well done and equally thanked for their efforts.

The final report from your office will be a very instrumental element in the final negotiations with Straub Clinic and Hosp. Disputes among providers in health care not only interfere with patient care and delivery but could potentially affect

future services as well. It is my hope that with this audit report, the Department of Public Health and Straub Clinic and Hosp can agree to a favorable resolution that would be amicable to both parties and allow the DPH to continue our good and serviceable relationship with Straub

If you should have any other questions, please feel free to contact my office at 234-8950 ext 2002.

Sincerely,



Joseph K.P. Vilagomez  
Secretary of Health

cc Joseph C. Santos, Medical Referral  
Celeste Andersen, Legal Counsel, CHC

STATUS OF RECOMMENDATIONS

Recommendations	Agency to Act	Status	Agency Response/ Additional Information or Action Required
1. Secretary of Health instruct the Medical Referral Officer to document the negotiations with Straub through a memorandum of understanding.	DPH	Resolved	<p>The Secretary responded that the document (memorandum of understanding) will be produced after meeting with Straub officials.</p> <p><u>Additional information required</u></p> <p>The Secretary should submit a copy of the memorandum of understanding upon completion.</p>
2. The Secretary of Health instruct the Medical Referral Officer to reflect the \$19,892 adjustments in its reconciliation schedules, and update Straub on the current status of the reconciliation by providing it copies of the adjusted reconciliation schedules.	DPH	Resolved	<p>The Secretary said that the adjustments will be made if agreed upon by both parties during the negotiations.</p> <p><u>Additional information required</u></p> <p>The Secretary should submit a copy of written communication or letters to Straub agreeing with the adjustments.</p>
3. The Secretary of Health instruct the Medical Referral Officer to request Straub to submit the necessary supporting documents to complete review of the \$414,027 in unprocessed claims.	DPH	Resolved	<p>The Secretary said that the necessary documents will be requested from Straub.</p> <p><u>Additional information required</u></p> <p>The Secretary should submit a copy of written request to Straub.</p>
4. The Secretary of Health instruct the Medical Referral Officer to inform Straub to cancel \$219,024 in medical claims which had already been paid and \$74,090 in medical claims which were found to be properly chargeable to patients instead of MRO. Also, Straub should be instructed to offset the net overpayments of \$9,331 against outstanding claims, and adjust the mathematical errors of \$192.	DPH	Resolved	<p>The Secretary said that MRO will provide Straub with copies of the accounts payable vouchers reflecting the check numbers and date of payment of the claims and copies of the treatment authorization forms indicating the patient's financial responsibility for hospital costs. These will be negotiated with Straub and adjusted accordingly.</p> <p><u>Additional information required</u></p> <p>The Secretary should submit copies of written transmittal letter to Straub and supporting documents.</p>

STATUS OF RECOMMENDATIONS

Recommendations	Agency to Act	Status	Agency Response/ Additional Information or Action Required
<p>5. The Secretary of Health instruct the Medical Referral Officer to adopt measures to prevent the recurrence of disagreements over long outstanding claims. For example, MRO can perform reconciliation procedures on a quarterly basis.</p>	<p>DPH</p>	<p>Resolved</p>	<p>The Secretary said that a more effective billing and payment method will be adopted and the recommended quarterly reconciliations with providers will also be considered.</p> <p><u>Additional information required</u></p> <p>The Secretary should document the above methods by preparing written policies and procedures. A copy should be submitted to OPA upon completion.</p>
<p>6. The Secretary of Finance instruct the responsible DOF employees to facilitate payment of the \$114,772 in processed claims submitted by MRO.</p>	<p>DOF</p>	<p>Open</p>	<p>The Secretary of Finance did not respond to the recommendation.</p> <p>We recommend that the Secretary reconsider and implement the recommendation.</p>
<p>7. The Secretary of Finance instruct the responsible DOF employees to ensure that each payment check issued to Straub and other health care providers is accompanied by a listing of the claims that are being paid. If this is not possible, consider transferring the responsibility for releasing payment checks to MRO which should then be made responsible for preparing the listing and for mailing the checks.</p>	<p>DOF</p>	<p>Open</p>	<p>The Secretary of Finance did not respond to the recommendation.</p> <p>We recommend that the Secretary reconsider and implement the recommendation.</p> <p>Although not required to respond to Recommendation 7, the Secretary of Health agreed with it and explained that MRO will request from the DOF Treasury Division that payment checks be forwarded to MRO directly so that supplementary information can be attached to the check to avoid confusion as to which invoices are being paid.</p>