

**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM  
2223 E. WELLINGTON AVENUE, SUITE 100  
SANTA ANA, CALIFORNIA**

**AUDIT COMMITTEE MEETING  
October 13, 2020  
9:00 A.M.**

**Members of the Committee**

Frank Eley, Chair  
Shari Freidenrich, Vice Chair  
Charles Packard  
Jeremy Vallone

**Pursuant to Executive Order N-29-20, certain provisions of the Brown Act are suspended due to a State of Emergency in response to the COVID-19 pandemic. Consistent with the Executive Order, this meeting will be conducted by video/teleconference only. None of the locations from which the Committee members will participate will be open to the public.**

**Members of the public who wish to observe and/or participate in the meeting may do so via the Zoom app or via telephone. Members of the public who wish to provide comment during the meeting may do so by “raising your hand” in the Zoom app, or if joining by telephone, by pressing \* 9 on your telephone keypad.**

<b>OCERS Zoom Video/Teleconference information</b>	
<p><b>Join Using Zoom App (Video &amp; Audio)</b></p> <p><a href="https://ocers.zoom.us/j/97080854224">https://ocers.zoom.us/j/97080854224</a></p> <p><b>Meeting ID: 970 8085 4224</b> <b>Password: 458867</b></p> <p>Go to <a href="https://www.zoom.us/download">https://www.zoom.us/download</a> to download Zoom app before meeting Go to <a href="https://zoom.us">https://zoom.us</a> to connect online using any browser.</p>	<p><b>Join by Telephone (Audio Only)</b></p> <p>Dial by your location</p> <ul style="list-style-type: none"> <li>+1 669 900 6833 US (San Jose)</li> <li>+1 253 215 8782 US (Tacoma)</li> <li>+1 346 248 7799 US (Houston)</li> <li>+1 929 436 2866 US (New York)</li> <li>+1 301 715 8592 US (Germantown)</li> <li>+1 312 626 6799 US (Chicago)</li> </ul> <p><b>Meeting ID: 970 8085 4224</b> <b>Password: 458867</b></p>
<p>A <a href="#">Zoom Meeting Participant Guide</a> is available on OCERS website <a href="#">Board &amp; Committee meetings page</a></p>	

**AGENDA**

This agenda contains a brief general description of each item to be considered. The Committee may take action on any item included in the agenda; however, except as otherwise provided by law, no action shall be taken on any item not appearing on the agenda. The Committee may consider matters included on the agenda in any order, and not necessarily in the order listed.

**PUBLIC COMMENT**

At this time, members of the public may comment on (1) matters not included on the agenda, provided that the matter is within the subject matter jurisdiction of the Committee; and (2) any matter appearing on the Consent Agenda. Members of the public who wish to provide comment at this time may do so by

“raising your hand” in the Zoom app, or if joining by telephone, by pressing \* 9 on your telephone keypad. When addressing the Committee, please state your name for the record prior to providing your comments. Speakers will be limited to three (3) minutes.

In addition, public comment on matters listed on this agenda will be taken at the time the item is addressed.

**CONSENT AGENDA**

**C-1 APPROVE AUDIT COMMITTEE MEETING MINUTES**

Updated Audit Committee Meeting Minutes  
Audit Committee Meeting Minutes

January 13, 2020  
June 4, 2020

**ACTION ITEMS**

**NOTE:** Public comment on matters listed in this agenda will be taken at the time the item is addressed, prior to the Committee’s discussion of the item. **Members of the public who wish to provide comment in connection with any matter listed in this agenda may do so by “raising your hand” in the Zoom app, or if joining by telephone, by pressing \*9, at the time the item is called.**

**A-1 INDIVIDUAL ACTION ON ANY ITEM TRAILED FROM THE CONSENT AGENDA**

**A-2 REVIEW OF CLOUD RISK AND READINESS ASSESSMENT**

Presentation by David Kim, Director of Internal Audit and RSM

**Recommendation:** Receive and file.

**A-3 ACTUARIAL EXTRACT AUDIT**

*Presentation by David Kim, Director of Internal Audit*

**Recommendation:** Receive and file.

**A-4 QUARTERLY AUDIT OF FINAL AVERAGE SALARY CALCULATIONS**

*Presentation by David Kim, Director of Internal Audit and Mark Adviento, Internal Auditor*

**Recommendation:** Receive and file.

**A-5 REVIEW OF CONTROLS IMPACTED BY TELECOMMUTING**

*Presentation by David Kim, Director of Internal Audit*

**Recommendation:** Receive and file.

**A-6 ETHICS, COMPLIANCE, AND FRAUD HOTLINE UPDATE**

*Presentation by David Kim, Director of Internal Audit*

**Recommendation:** Receive and file.

**INFORMATION ITEMS**

**I-1 AUDIT COMMITTEE AGENDA - INTERNAL AUDIT REPORT PRESENTATIONS**

*Presentation by David Kim, Director of Internal Audit*

**I-2 MANAGEMENT ACTION PLAN VERIFICATION**

*Written Report*

**I-3 STATUS UPDATE OF 2020 AUDIT PLAN**

*Written Report*

**CLOSED SESSION**

**E-1 THREAT TO PUBLIC SERVICES OR FACILITIES (GOVERNMENT CODE SECTION 54957)**

Adjourn into Closed Session pursuant to Government Code section 54957 to consult with *Steve Delaney, CEO, Brenda Shott, Asst. CEO; Matthew Eakin, Director of Information Security; Jenny Sadoski, Director of Information Technology; Jon Gossard, Information Security Manager; and Gina M. Ratto, General Counsel*

**Recommendation:** Take appropriate action.

**\*\*\*\*\* END OF CLOSED SESSION AGENDA \*\*\*\*\***

**COMMITTEE MEMBER COMMENTS**

**CHIEF EXECUTIVE OFFICER/STAFF COMMENTS**

**COUNSEL COMMENTS**

**ADJOURNMENT**

**NOTICE OF NEXT MEETINGS**

**DISABILITY COMMITTEE MEETING**

**October 19, 2020  
8:30 A.M.**

**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM  
2223 E. WELLINGTON AVENUE, SUITE 100  
SANTA ANA, CA 92701**

**REGULAR BOARD MEETING**

**October 19, 2020  
9:30 A.M.**

**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM  
2223 E. WELLINGTON AVENUE, SUITE 100  
SANTA ANA, CA 92701**

**INVESTMENT COMMITTEE MEETING**

**October 28, 2020  
9:30 A.M.**

**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM  
2223 E. WELLINGTON AVENUE, SUITE 100  
SANTA ANA, CA 92701**

*All supporting documentation is available for public review in the retirement office during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Thursday and 8:00 a.m. – 4:30 p.m. on Friday.*

It is OCERS' intention to comply with the Americans with Disabilities Act ("ADA") in all respects. If, as an attendee or participant at this meeting, you will need any special assistance beyond that normally provided, OCERS will attempt to accommodate your needs in a reasonable manner. Please contact OCERS via email at [adminsupport@ocers.org](mailto:adminsupport@ocers.org) or call 714-558-6200 as soon as possible prior to the meeting to tell us about your needs and to determine if accommodation is feasible. We would appreciate at least 48 hours' notice, if possible. Please also advise us if you plan to attend meetings on a regular basis.

**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM  
2223 E. WELLINGTON AVENUE, SUITE 100  
SANTA ANA, CALIFORNIA**

**AUDIT COMMITTEE MEETING**

**June 4, 2020**

**9:00 a.m.**

**MINUTES**

**OPEN SESSION**

The Chair called the meeting to order at 9:06am.

Attendance was as follows:

Present via Zoom Video conference pursuant to Executive Order N-29-20 issued by Governor Newsom on March 17, 2020:

Frank Eley, Chair; Shari Freidenrich, Vice Chair; Charles Packard;

Also Present via Zoom:

David Kim, Director of Internal Audit; Steve Delaney, Chief Executive Officer; Gina Ratto, General Counsel; Suzanne Jenike, Assistant CEO, External Operations; Brenda Shott, Assistant CEO, Internal Operations; Matt Eakin, Director of Information Security; Jenny Sadoski, Director of Information Technology; Jeff Lamberson, Member Services Director; Mark Adviento, Internal Auditor; Sonal Sharma, Recording Secretary; Anthony Beltran, Audio Visual Technician.

**PUBLIC COMMENT**

None.

**C-1 APPROVE AUDIT COMMITTEE MINUTES**

Audit Committee Meeting Minutes

April 20, 2020

**MOTION** was made by Packard, **seconded** by Freidenrich to approve the minutes.

The motion passed **unanimously**.

**A-2 2019 FINANCIAL STATEMENT AUDIT**

*Presentation by Linda Hurley and Amy Chiang, Macias Gini & O'Connell*

**Recommendations:**

1. Approve OCERS' audited financial statements for the year ended December 31, 2019;
2. Direct staff to finalize OCERS' 2019 Comprehensive Annual Financial Report (CAFR);

Audit Committee Meeting  
June 4, 2020

3. Approve the Governmental Accounting Standards Board (GASB) Statement 67 Actuarial Valuation as of December 31, 2019; and
4. Receive and file Macias, Gini & O'Connell LLP's (MGO) "OCERS' Report to the Audit Committee for the Year Ended December 31, 2019" and its "Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards.*"

**MOTION** by Packard, seconded by Freidenrich to approve, and recommend that the Board approve, the recommendations above.

The motion passed **unanimously**.

**A-3 GASB 68 VALUATION AND AUDIT REPORT**

*Presentation by Brenda Shott, Assistant CEO of Internal Operations*

**Recommendations:**

1. Approve OCERS' audited Schedule of Allocated Pension Amounts by Employer as of and for the Year Ended December 31, 2019; and
2. Approve the Governmental Accounting Standards Board (GASB) Statement 68 Actuarial Valuation as of December 31, 2019 for distribution to employers.

**MOTION** by Packard, seconded by Freidenrich to approve, and recommend that the Board approve, the recommendations above.

The motion passed **unanimously**.

**INFORMATION ITEMS**

**I-1 AUDIT OF OCERS INFORMATION TECHNOLOGY GENERAL CONTROLS**

*Presentation by David Kim, Director of Internal Audit*

**I-2 AUDIT OF PENSIONABLE PAY ITEMS REVIEW**

*Presentation by David Kim, Director of Internal Audit and Mark Adviento, Internal Auditor*

**I-3 AUDIT OF ORANGE COUNTY SANITATION DISTRICT PAYROLL TRANSMITTALS**

*Presentation by David Kim, Director of Internal Audit and Mark Adviento, Internal Auditor*

**I-4 MANAGEMENT ACTION PLAN VERIFICATION**

*Written Report*

**I-5 STATUS UPDATE OF 2020 AUDIT PLAN**

*Written Report*

**COMMITTEE MEMBER COMMENTS**

None.

**CHIEF EXECUTIVE OFFICER/STAFF COMMENTS**

Audit Committee Meeting  
June 4, 2020

Mr. Kim gave an update on the Internal Audit review of controls impacted due to working remotely. He also reminded the Audit Committee to complete the MGO Performance Survey.

**COUNSEL COMMENTS**

None.

**ADJOURNMENT**

The Chair adjourned the meeting at 11:15 am.

Submitted by:

Approved by:

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Steve Delaney  
Secretary to the Board

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Frank Eley  
Chair



## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** David Kim, Director of Internal Audit  
**SUBJECT:** **UPDATED JANUARY 13, 2020 MINUTES**

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### Background/Discussion

The minutes to the January 13, 2020 Audit Committee meeting has been updated to further clarify the direction provided by the Audit Committee regarding changes to the Ethics, Compliance, and Fraud Hotline Policy (Action Item A-4). Specifically, the underlined wording below has been added:

After discussion by the Committee, staff was directed to bring this policy back to the Audit Committee at a future date with language clarifying the communication by the Internal Audit Director with the Audit Committee and the Audit Committee Chair regarding the outcome of the investigations.

### Submitted by:



**D. K. – APPROVED**

David Kim  
Director of Internal Audit



**ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM  
2223 E. WELLINGTON AVENUE, SUITE 100  
SANTA ANA, CALIFORNIA**

**AUDIT COMMITTEE MEETING  
January 13, 2020  
9:00 a.m.**

**MINUTES**

**OPEN SESSION**

The Chair called the meeting to order at 9:06am.

Attendance was as follows:

Committee Members: Frank Eley, Chair; Charles Packard, Vice Chair; Shari Freidenrich

Staff: David Kim, Director of Internal Audit; Steve Delaney, Chief Executive Officer; Gina Ratto, General Counsel; Brenda Shott, Assistant CEO, Internal Operations; Mark Adviento, Internal Auditor; Sonal Sharma, Recording Secretary; Anthony Beltran, Audio Visual Technician.

**PUBLIC COMMENT**

None.

**CONSENT AGENDA**

**C-1 APPROVE AUDIT COMMITTEE MINUTES**

Audit Committee Meeting Minutes

November, 18, 2019

A **motion** was made by Packard, **seconded** by Freidenrich to approve the minutes.

**A-1 INDIVIDUAL ACTION ON ANY ITEM TRAILED FROM THE CONSENT AGENDA**

**A-2 REVIEW OF OCERS' AUDIT COMMITTEE CHARTER**

*Presentation by David Kim, Director of Internal Audit*

**Recommendation:** Approve, and recommend that the Board approve, revisions to the Audit Committee Charter.

A **motion** was made by Freidenrich, **seconded** by Packard to approve, and recommend that the Board approve, revisions to the Audit Committee Charter.

**A-3 REVIEW OF OCERS' INTERNAL AUDIT CHARTER**

*Presentation by David Kim, Director of Internal Audit*

Audit Committee Meeting  
January 13, 2020

**Recommendation:** Approve, and recommend that the Board approve, revisions to the Internal Audit Charter.

A **motion** was made by Freidenrich, **seconded** by Packard to approve, and recommend that the Board approve, revisions to the Internal Audit Charter.

**A-4 REVIEW OF OCERS' ETHICS, COMPLIANCE, AND FRAUD HOTLINE POLICY**

*Presentation by David Kim, Director of Internal Audit*

**Recommendation:** Approve, and recommend that the Board approve, revisions to the Ethics, Compliance, and Fraud Hotline Policy.

After discussion by the Committee, staff was directed to bring this policy back to the Audit Committee at a future date with language clarifying the communication by the Internal Audit Director with the Audit Committee and the Audit Committee Chair regarding the outcome of the investigations.

**A-5 AUDIT OF BENEFIT AND LUMP SUM PAYMENT ACCOUNTING**

*Presentation by David Kim, Director of Internal Audit and Mark Adviento, Internal Auditor*

**Recommendation:** Receive and file.

A **motion** was made by Packard, **seconded** by Freidenrich to receive and file.

**A-6 INVESTMENT DIVISION CONSULTING ENGAGEMENT**

*Presentation by David Kim, Director of Internal Audit and Mark Adviento, Internal Auditor*

**Recommendation:** Receive and file.

A **motion** was made by Packard, **seconded** by Freidenrich to receive and file.

**A-7 PRIOR INTERNAL AUDIT MANAGEMENT ACTION PLAN VERIFICATION**

*Presentation by David Kim, Director of Internal Audit*

**Recommendation:** Receive and file.

A **motion** was made by Packard, **seconded** by Freidenrich to receive and file.

**A-8 CONSIDERATION OF 2020 RISK ASSESSMENT AND 2020 AUDIT PLAN**

*Presentation by David Kim, Director of Internal Audit and Mark Adviento, Internal Auditor*

**Recommendation:** Approve the 2020 Risk Assessment and 2020 Audit Plan.

A **motion** was made by Packard, **seconded** by Freidenrich to approve the 2020 Risk Assessment and 2020 Audit Plan

**INFORMATION ITEMS**

Audit Committee Meeting  
January 13, 2020

**I-1 OPERATIONAL RISK MANAGEMENT ANNUAL REPORT**  
*Written Report*

**I-2 2019 HOTLINE SUMMARY**  
*Written Report*

**I-3 STATUS UPDATE OF 2019 AUDIT PLAN**  
*Written Report*

*The Committee took a ten minute break.*

*The Committee recessed into Closed Session at 11:00am.*

**CLOSED SESSION**

**E-1. THREAT TO PUBLIC SERVICES OR FACILITIES (GOVERNMENT CODE SECTION 54957)**

Adjourn into Closed Session pursuant to Government Code section 54957 to consult with Steve Delaney, CEO, Brenda Shott, Asst. CEO; Matthew Eakin, Director of Information Security; Jenny Sadoski, Director of Information Technology; Jon Gossard, Information Security Manager; and Gina M. Ratto, General Counsel

**Recommendation:** Take appropriate action.

**E-2. PUBLIC EMPLOYEE PERFORMANCE EVALUATION (GOVERNMENT CODE §54957(b))**  
**Title: Director of Internal Audit**

Adjourn pursuant to Government Code section 54957(b) to continue to evaluate the performance of the Director of Internal Audit

**Recommendation:** Take appropriate action.

**\*\*\*\*\* END OF CLOSED SESSION AGENDA \*\*\*\*\***

*The Committee resumed into Open Session at 12:05pm.*

*The Chair reported no reportable action.*

**COMMITTEE MEMBER COMMENTS**

None.

**CHIEF EXECUTIVE OFFICER/STAFF COMMENTS**

None.

**COUNSEL COMMENTS**

None.

**ADJOURNMENT**

The Chair adjourned the meeting at 12:08pm.

Audit Committee Meeting  
January 13, 2020

Submitted by:

Approved by:

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Steve Delaney  
Secretary to the Board

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Frank Eley  
Chair



## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** D. Kim, Director of Internal Audit  
**SUBJECT:** **CLOUD RISK AND READINESS ASSESSMENT**

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### Recommendation

Receive and file.

### Engagement Objective

The objective of the Cloud Risk and Readiness Assessment was to assist OCERS in identifying and understanding organizational risks with its upcoming cloud based implementations. As the OCERS IT Strategic Plan continues to be implemented, OCERS IT plans to evolve into an IT shared services model with enhanced consolidation and integration to cloud based services. As such, this will heighten the importance of cloud risk management and related organizational readiness for cloud migrations. The assessment was conducted in alignment with the Cloud Security Alliance's Cloud Controls Matrix (CSA CCM) Version 3. The CSA CCM provides a cloud-specific security controls framework that is mapped to leading standards, best practices and regulations, and is a widely recognized standard for cloud security assurance and compliance.

### Engagement Scope

Specifically, the scope of the engagement included the identification and assessment of controls that address the following key cloud standards and domain areas of the CSA CCM:

- Data Security and Information Lifecycle Management
- Encryption and Key Management
- Identity and Access Management
- Infrastructure & Virtualization
- Supply Chain Management, Transparency & Accountability
- Governance and Risk Management

For each control identified in the scope of our review, Internal Audit was able to conduct a series of interviews with management and staff, perform control walkthroughs, and review relevant documentation including policies, procedures, and strategy documents. Information Technology General Controls (ITGC) were also considered to provide additional assurance around cloud security.

### Background

Internal Audit has an established IT Internal Audit Plan in place covering FY 2020 – 2022. The Cloud Risk and Readiness Assessment is an IT internal assessment identified for FY 2020.



## Memorandum

OCERS is currently in the stages of developing and implementing foundational cloud components. These included, but are not limited to, cloud strategy, policies and processes to migrate to an IT shared services model, which includes moving to more cloud-based technologies. The first cloud project planned for the organization includes the implementation of Microsoft 365, scheduled to go live in 2021.

Internal Audit recognizes Information Technology and Information Security for proactively requesting a Cloud Risk and Readiness Assessment for consultative guidance to further mature their cloud program for the adoption of future cloud computing technologies. During our review, Internal Audit (IA) worked with the Information Technology and Information Security departments by conducting multiple discussions related to cloud security, providing examples of policy and procedural documents, and providing a cloud strategy roadmap as well as cloud assessment and Microsoft 365 implementation recommendations.

### Outcome

As Information Technology and Information Security continues to mature their cloud program, IA advised management by presenting a high-level road map for furthering the maturity, and providing recommendations to be considered to meet the controls as defined by CSA and CCM. Management is comfortable incorporating the following recommendations as they continue to develop their cloud program.

- **Developing a governance framework that provides structure for OCERS to effectively manage IT cloud investments that meet business objectives and includes all stakeholders.** Opportunities to enhance the OCERS governance program include:
  - Conducting at planned intervals risk assessments associated with data governance requirements, including compliance with defined retention periods, end-of-life disposal requirements, and data classification and protection requirements.
  - Enhancing or creating and implementing cloud policies, procedures and controls to address cloud-specific expectations to mitigate security risk updated at regular intervals or when major changes occur in the environment.
  - Centralizing the management of IT controls for cloud computing technologies (e.g. user access management).
  - Identifying cloud governance program owner(s) and continuing to identify stakeholders.
  - Defining, documenting and communicating cloud definition.
  - Establishing a formal disciplinary or sanction policy for any cloud security policy, procedures and/or standard deviation.
  - Documenting data flow diagrams that identify data sets and subsets shared between systems and cloud applications sharing the data.
- **Identifying business needs and benefits to moving to cloud through a well-defined strategy.** The strategy should take into consideration current and potential growth of security, data access, data storage, and compliance requirements. Opportunities to define OCERS cloud strategy include:
  - Providing overall vision that includes the identification of priorities and steps for obtaining desired future state capabilities.



## Memorandum

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- Defining a timeline for addressing the recommendations from the cloud risk and readiness assessment.
  - Identifying business needs, opportunities, and benefits with use of cloud computing technologies.
  - Defining and implementing an encryption and key management policy and procedures for managing and storing keys.
  - Defining and implementing role-based access to allow least privileged access being granted to cloud systems, where applicable.
  - Defining requirements for managing and documenting changes made to virtual machine images to ensure integrity, where applicable.
- **Implementing a robust vendor management process for cloud computing technology vendors.** Opportunities include improving the management of cloud computing technology vendors from the initiating, managing, monitoring to ending relationships, such as:
    - Updating contract language for cloud vendors that addresses how security incidents will be handled and communicated.
    - Updating supply chain agreements that include language to allow transparency and accountability in future contracts with cloud service providers.
    - Implementing a process to perform annual internal assessments of conformance to, and effectiveness of its policies, procedures and supporting measure and metrics.
    - Implementing a process to formally review SOC reports from all relevant IT service providers.

Submitted by:



**D. K. – APPROVED**

David Kim  
Director of Internal Audit



## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** D. Kim, Director of Internal Audit  
**SUBJECT:** **AUDIT REPORT – ANNUAL ACTUARIAL EXTRACT PROCESS**

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### Recommendation

Receive and file.

### Background/Discussion

As per the 2020 Audit Plan, Internal Audit performed an audit of management’s controls to ensure the data transmitted for the actuarial valuation is complete and accurately reflects the information in the OCERS’ systems.

There were seven observations directed towards OCERS management. Further details on the observations and management’s responses are provided in the audit report.

The full audit report is attached.

### Submitted By:

**D. K. – APPROVED**  
David Kim  
Director of Internal Audit





## **Audit of Annual Actuarial Extract Process**

**Report Date: October 13, 2020**

**Internal Audit Department**

**David Kim, Director of Internal Audit**

**Mark Adviento, Internal Auditor**

**OCERS Internal Audit**  
**Audit of Annual Actuarial Extract Process**  
**October 13, 2020**

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### **Audit Objective and Scope**

The objective of this audit was to provide an independent review of the adequacy of the internal controls in place to ensure the data transmitted for the actuarial valuation is complete and accurately reflects the information in the OCERS' systems.

The scope of the audit included review controls in place (as documented in OCERS' *Actuarial Processing Guide*) during OCERS' 2019 actuarial extract process. The scope will focus on controls over the two main data extract files from the pension administration system: payee file and non-payee file, as well as extract supplemental reports.

The audit was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing issued by the International Internal Audit Standards Board.

### **Conclusion / Executive Summary**

<b>Opinion: <i>Opportunities for Improvement</i></b>
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During our review, Internal Audit noted opportunities exist to improve processes and controls in relation to the review of the data for the actuarial extract process. The observations included revising reports used for the extract process; formalizing the testing of the validation programming code changes; and ensuring the extract files are updated with the validation results.

### **Background**

OCERS' actuary, the Segal Company, performs an actuarial valuation of OCERS' plan assets and accrued liability as of December 31 on an annual basis. To perform the actuarial valuation, Segal requires data on OCERS' current members, both non-payees and payees from the pension administration system. The majority of membership data requested by Segal is automatically captured in the actuarial data extract, which is comprised of two text files extracted directly from the pension administration system. One text file contains data of non-payees comprised of active and deferred members as of December 31. The second text file contains data of payees comprised of retired members, disabled retirees, surviving spouses or beneficiaries as of December 31. Both text files capture numerous data fields. Additional membership data requested by Segal is captured in supplemental data schedules. Current supplemental data schedules capture final average salary and years of service for deferred vested members; contribution and benefit payments by rate group; benefit continuance eligibility; and payoffs at retirement.

**Important Observations**

1. **The pension administration system's actuarial extract reporting does not extract the correct status (e.g. Active, Deferred, Retired, Terminated) of a member under certain scenarios, resulting in the need to manually correct the actuarial extract report prior to submission to Segal.** The member status (STATUS\_DIFF), is sourced from a Status Audit History Report. A large number of variances was generated due to the current programming logic in the report. Member status is one of the key elements that other fields in the extract reports relies upon. If the status is wrong, the rest of the data is unreliable. Because of this variance issue with the Audit Status History Report, IT needs to make manual corrections, which opens the potential for logic data to differ from what is in the report that Segal is reviewing. In response to our observation, OCERS IT will work with pension administration vendor to correct issues associated with the member status logic used for the actuarial export and subsequent data cleanup.
2. **IT Programming performs logical testing of the programming code behind its actuarial extract validation process but does not keep formalized documentation evidencing the testing.** Internal Audit was unable to obtain evidence of the logical testing of the validation programming code. The programming code appears to be authorized, but the evidence of testing and related approvals was not retained. The lack of formally reviewing and documenting the logical testing of the validation programming code increases the risk that the validation check may not perform as expected, resulting in variances that go undetected. In response to our observation, OCERS IT will formalize and document the process by which logical testing of the actuarial validation code will be performed.
3. **Formal documentation of the approval of validation programming code changes does not exist.** IT Management informally reviews the audit log of all changes to the validation programming code, but the review is not consistently performed or documented. A change to the programming code may result in unexpected validation results if the change was not properly reviewed and approved. In response to our observation, OCERS IT will formalize and document the process of how actuarial extract validation code changes will be approved, including how all approvals will be tracked and logged.
4. **Numerical thresholds under which further investigation of validation results are no longer considered necessary are not formally defined.** During the review of the results of the validation checks, IT and OCERS Management will review the material variances or variances with common issues to address the majority of the validation check results. IT and OCERS Management will judgmentally set a threshold below which the variances will not have a material impact on the extract. Those variances below the threshold will then be adjusted to the recommendations provided by the validation checks. Thresholds may vary year to year depending on number of differences and the overall variance. The IT Programming team will work with OCERS Management to develop acceptable thresholds to use when reviewing the actuarial validation results.
5. **Member Services does not have policies and procedures related to the use of the pension administration system member data queries relevant to the actuarial extract.** IT Programming has built 30 various data queries (*separate from the above actuarial extract validations*) that could potentially spot member data anomalies within the pension

administration system. Consistently using these reports to correct member data in the pension administration system could reduce the potential for error in the actuarial extract files. Member Services does not have formalized policies and procedures guiding staff in the use of these reports. Member Services will develop a formalized process related to the pension administration system data queries which will include personnel structure and scheduling cycles for the review.

6. **A minor variance noted and addressed during the validation process was not accurately updated in the data extract file sent to the actuary.** One member on the data extract files contained a data element that was reviewed by management during the data validation checks but the corrections were not reflected in the extract files sent to Segal. Validation results may not consistently be applied to the actuarial extract file resulting in unexpected data reporting. The IT Programming team will enhance its process to incorporate all validation review updates and related data cleanup changes to ensure all updates are included in the final export to OCERS actuary.
7. **OCERS Actuarial Extract Processing Guide does not describe Informational queries, which do not require investigation unless requested by Segal.** Informational queries, performed as part of the actuarial validation process, were not documented in the Actuarial Extract Processing Guide. The IT Programming team will add a section to the Actuarial Extract Processing guide that will describe the additional Informational queries available to OCERS staff to preview potential member datasets based on annual actuarial review question posed by OCERS actuary.

**Copies to:**

S. Delaney  
S. Jenike  
M. Murphy  
G. Ratto  
B. Shott

J. Lamberson  
A. Bercaru  
J. Sadoski  
B. Johnson  
H. Luong

T. Bowman  
Audit Committee Members

Observation Details	Management Action Plan (MAP) /MAP Responsible Party / Completion Date
<p align="center"><b>Important Observations</b></p>	
<p><b>1. The pension administration system’s actuarial extract reporting does not extract the correct status (e.g. Active, Deferred, Retired, Terminated) of a member under certain scenarios, resulting in the need to manually correct the actuarial extract report prior to submission to Segal.</b></p> <p>Internal Audit noted the status verification review (STATUS_DIFF) generated a large number of variances due to the use of the Effective Date in the Status Audit History Report. The Status Audit History report was intended to pull the status as of a specific date (12/31/19). However, the report instead pulls the status of the member based on the most recent date of activity, which may result in erroneous status reporting.</p> <p>STATUS_DIFF is one of the key elements that other fields in the extract report relies on. If the status is wrong, the rest of the data is unreliable. Because of this variance issue with the Audit Status History report, IT needs to make manual corrections, which opens the potential for logic data to differ from what is in the report that Segal is reviewing.</p> <p>The status may originally be reported correctly in the pension administration system, but subsequent activity may require OCERS Member Services to change the status temporarily in order to perform certain activities. Even when changing back to the original status, the Audit Status History report will capture the status with the most recent date. For example, a member with a Retired status as of 9/1/19</p>	<p><b>Management Action Plan:</b> OCERS is working with pension administration vendor to correct issues associated with the member status logic used for the actuarial export and subsequent data cleanup.</p> <p><b>Management Action Plan Responsible Party:</b> Jenny Sadoski, Director of Information Technology</p> <p><b>Completion Date:</b> December 31, 2020</p>

Observation Details	Management Action Plan (MAP) /MAP Responsible Party / Completion Date
<p>needs to have their status changed temporarily to Deferred in order to process a transaction on 11/1/19. Although the status is changed back to Retired as of 9/1/19, since the Deferred status was performed on 11/1/19, the report will pull the status of the most recent activity date, which in this case is Deferred.</p> <p><b>Risk:</b> The information sent to the actuary may not be reliable due to the critical nature of the status data element, unless IT manually corrects the status information.</p>	
<p><b>2. IT Programming performs logical testing of the programming code behind its actuarial extract validation process but does not keep formalized documentation evidencing the testing.</b></p> <p>OCERS IT will systematically run a series of validation checks against the actuarial file to validate individual data elements reported on the files. The validation checks will mirror the same validation checks performed by the actuary, Segal. A total of 84 validation checks are performed, 53 validation checks on the actuarial file of non-payees and 31 validation checks on the actuarial file of payees. Programming code was written by OCERS IT for each of the validation checks.</p> <p>As a programming best practice, IT Management tests the logic for the existing 84 validation checks and when new builds are implemented. During our review,</p>	<p><b>Management Action Plan:</b> The IT Programming team will formalize and document the process by which logical testing of our actuarial validation code will be performed.</p> <p><b>MAP Responsible Party:</b> Jenny Sadoski, Director of Information Technology</p> <p><b>Completion Date:</b> December 31, 2020</p>

Observation Details	Management Action Plan (MAP) /MAP Responsible Party / Completion Date
<p>Internal Audit was unable to obtain documented evidence of the logical testing.</p> <p><b>Risk:</b> The lack of formally reviewing and documenting the logical testing of the validation programming code increases the risk that the validation check may not perform as expected, resulting in variances that go undetected.</p>	
<p><b>3. Formal documentation of the approval of validation programming code changes does not exist.</b></p> <p>OCERS IT may make changes to the programming code on any of the 84 validation checks against the actuarial file. A change to the programming code will result in unexpected validation results if the change was not properly reviewed and approved.</p> <p>IT Management may informally review the audit log of all changes to the validation programming code, but the review is not consistently performed or documented. Source code repository does have a feature to pull changes and approve per change, but IT Management has not activated that feature due to concerns of delaying validations checks while reviewing changes and missing the deadline of the extract process. A source code repository report can be signed off and retained after review. Backups of all programming code changes are maintained and the pension administration database is backed up if data from an earlier period needs to be restored.</p>	<p><b>Management Action Plan:</b> The IT Programming team will formalize and document the process of how actuarial extract validation code changes will be approved, including how all approvals will be tracked and logged within our system.</p> <p><b>MAP Responsible Party:</b> Jenny Sadoski, Director of Information Technology</p> <p><b>Completion Date:</b> December 31, 2020</p>



Observation Details	Management Action Plan (MAP) /MAP Responsible Party / Completion Date
<p><b>Risk:</b> The lack of formally reviewing and documenting validation programming code changes increases the risk that the validation check may not perform as expected, resulting in variances that go undetected.</p>	
<p><b>4. Numerical thresholds under which further investigation of validation results are no longer considered necessary are not formally defined.</b></p> <p>During the review of the results of the validation checks, IT and OCERS Management will review the material variances or variances with common issues to address the majority of the validation check results. IT and OCERS Management will judgmentally set a threshold below which the variances will not have a material impact on the extract. Those variances below the threshold will then be set to the recommendations provided by the validation checks. Thresholds may vary year to year depending on number of differences and the overall variance.</p> <p><b>Risk:</b> The application of the validation checks may not be consistently performed without thresholds formally documented.</p>	<p><b>Management Action Plan:</b> The IT Programming team will work with OCERS Management to develop acceptable thresholds to use when reviewing the actuarial validation results.</p> <p><b>MAP Responsible Party:</b> Jenny Sadoski, Directory of Information Technology</p> <p><b>Completion Date:</b> December 31, 2020</p>
<p><b>5. Member Services does not have policies and procedures related to the use of the pension administration system member data validation queries.</b></p> <p>IT Programming has built 30 data queries (<i>separate from IT Programming's own actuarial extract</i></p>	<p><b>Management Action Plan:</b> The Member Services team will document and formalize policies and procedures related to the pension administration system data queries created by the OCERS IT Department. We will also document the personnel structure responsible for the process as well as the timing and scheduling cycles for the annual review.</p>

Observation Details	Management Action Plan (MAP) /MAP Responsible Party / Completion Date
<p><b>validations</b>) that could potentially spot member data anomalies within the pension administration system. Using these queries, Member Services could address any potential anomalies in the pension administration system throughout the year prior to the year-end actuarial data extract process. A key proponent for building (and for monitoring) these data queries was the OCERS' former Director of Member Services who left OCERS in August 2019. However, a procedural document providing direction to address the data queries does not exist.</p> <p>Consistently monitoring these reports to correct member data in the pension administration system reduces the potential for member data error in the actuarial extract files created at year-end for Segal.</p> <p><b>Risk:</b> Not having formalized policies and procedures could lead to a loss of institutional knowledge with employee turnover, and also risk not using the reports in a methodical fashion to spot member data anomalies.</p>	<p><b>Management Action Plan Responsible Party:</b> Jeff Lamberson, Director of Member Services</p> <p><b>Completion Date:</b> December 31, 2020</p>
<p><b>6. A minor variance noted and addressed during the validation process was not accurately updated in the data extract file sent to the actuary.</b></p> <p>One member on the Payee data extract file contained a data element that was reviewed by management during the data validation checks but the correction was not reflected in the extract files sent to Segal. The Payee data extract file sent to Segal erroneously had a comment in the Termination Reason column. This</p>	<p><b>Management Action Plan:</b> The IT Programming team will enhance its process to incorporate all validation review updates and related data cleanup changes to ensure all updates are included in the final export to OCERS Actuary.</p> <p><b>MAP Responsible Party:</b> Jenny Sadoski, Director of Information Technology</p>

Observation Details	Management Action Plan (MAP) /MAP Responsible Party / Completion Date
<p>would cause the actuary to exclude the member from the total count. However, the member should have been included as the termination reasons was addressed by OCERS IT and Member Services.</p> <p><b>Risk:</b> The validation results may not consistently be applied to the actuarial extract file resulting in unexpected data reporting.</p>	<p><b>Completion Date:</b> December 31, 2020</p>
<p><b>7. OCERS Actuarial Extract Processing Guide does not describe Informational queries, which do not require investigation unless requested by Segal.</b></p> <p>The Actuarial Extract Processing Guide describes the procedures performed by OCERS for the annual actuarial valuation and data extract. However, there were certain additional informational queries that are performed by IT but not documented in the guide.</p> <p>As part of the actuarial extract process, a number of validations are performed on the extracted data. During our meeting with IT, Internal Audit was informed of an additional Informational query, which was not documented in the Actuarial Extract Processing Guide. Informational queries are not investigated unless Segal poses follow-up questions on certain data elements. Informational queries are not critical and do not results in inaccurate reporting to Segal.</p> <p><b>Risk:</b> The extent of available queries may not be known by all relevant stakeholders if documentation is not available.</p>	<p><b>Management Action Plan:</b> The IT Programming team will add a section to the Actuarial Extract Processing guide that will describe the additional Informational queries available to OCERS staff to preview potential member datasets based on annual actuarial review question posed by OCERS actuary.</p> <p><b>MAP Responsible Party:</b> Jenny Sadoski, Director of Information Technology</p> <p><b>Completion Date:</b> December 31, 2020</p>

### **Categories of Observations (Control Exceptions):**

#### **Priority Observations:**

These are observation(s) that represent critical exceptions to the audit objective(s) and/or business goals. Such conditions may involve either actual or potential large dollar errors or be of such a nature as to compromise OCERS' reputation or integrity. Management is expected to address Priority Observations brought to its attention immediately.

#### **Important Observations:**

These items are important to the process owner and they do impact the control environment and/or could be observations for improving the efficiency and/or effectiveness of OCERS' operations. Management is expected to address within six to twelve months.

### **Management's Responsibility for Internal Control**

Management has primary responsibility for establishing and maintaining the internal control system. All levels of management must be involved in assessing and strengthening internal controls. Control systems shall be continuously evaluated by Management and weaknesses, when detected, must be promptly corrected. The criteria for evaluating an entity's internal control structure are the Committee of Sponsoring Organizations of the Treadway Commission (COSO) Internal Control – Integrated Framework. Our Internal Control Audit enhances and complements, but does not substitute for department management's continuing emphasis on control activities and self-assessment of control risks.

### **Internal Control Limitations**

Because of inherent limitations in any system of internal control, errors or irregularities may nevertheless occur and not be detected. Specific examples of limitations include, but are not limited to, resource constraints, unintentional errors, management override, circumvention by collusion, and poor judgment. Also, projection of any evaluation of the system to future periods is subject to the risk that procedures may become inadequate because of changes in conditions or the degree of compliance with the procedures may deteriorate. Accordingly, our audit would not necessarily disclose all weaknesses in the department's operating procedures, accounting practices, and compliance with OCERS' policies.

**Audit Report Opinions:**

**Satisfactory:**

No issues or a limited number of “Important Observations”.

**Opportunities for Improvement:**

Multiple issues classified as “Important Observations” with limited or no “Priority Observations”.

**Inadequate:**

Usually rendered when multiple issues are classified as “Priority”, together with one or more other issues classified as “Important Observations”. The Priority Observations identified have a major effect on processes, plan sponsors/members, financials, and/or regulatory requirements.



## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** D. Kim, Director of Internal Audit  
**SUBJECT:** QUARTERLY AUDIT OF FINAL AVERAGE SALARY CALCULATIONS

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### Recommendation

Receive and file.

### Background

Internal Audit's 2020 audit plan includes a quarterly process of auditing Final Average Salary (FAS) calculations. Internal Audit completed a review of FAS calculations for new benefit payments setup during the 1<sup>st</sup> quarter and 2<sup>nd</sup> quarter of 2020.

OCERS uses FAS (monthly), the member's age factor, years of service credit, and plan percentage to determine the member's monthly gross benefit payment. Member Services also uses a template Excel spreadsheet to manually add certain pensionable pay items to a preliminary FAS automatically calculated by the pension administration system for each member.

In light of the unprecedented number of new retirements caused by the County's Voluntary Incentive Program (VIP), Internal Audit will coordinate with Member Services for the testing of FAS calculations for new benefits setup in the 2<sup>nd</sup> half of 2020.

### Objective and Scope

The objective of this audit was to provide an independent review of FAS calculations used in new benefit payments setup by OCERS' Member Services.

In the months included in our sample, a total of 442 new service and disability retirement benefits were set up by OCERS. Internal Audit reviewed the FAS calculations for 138 of these new benefits.

The audit was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing issued by the International Internal Audit Standards Board.

### Outcome

Of the 138 FAS calculations reviewed from the 1<sup>st</sup> and 2<sup>nd</sup> quarters, Internal Audit noted eight exceptions (6%) that required members' monthly FAS to be manually revised, leading to minor corrections of benefit payments. All of these errors occurred in the portion of the monthly FAS calculation performed manually by Member Services. See **Appendix 1** below for additional detail. The Member Services Department concurred with our findings and corrected the monthly FAS calculations (and benefit payments) accordingly.

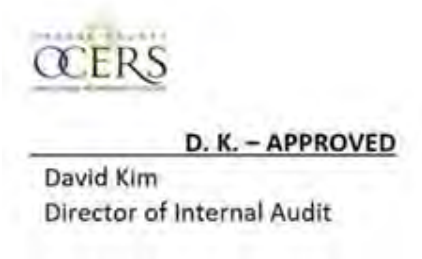
Internal Audit also noted that certain elements of FAS supporting documentation for 18 members were not located in the pension administration system, but were uploaded to the pension administration system by Member Services in response to the audit. As a result, Member Services has made procedural changes to help ensure that all FAS supporting documentation be archived in the pension administration system prior to commencing with a new benefit payment and improve the audit trail.



## Memorandum

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Submitted by:





## Memorandum

### Appendix 1

Member	Nature of monthly FAS error	Effect on monthly FAS	Effect on monthly benefit payment
1	Data entry error of hourly pay rates used to calculate pensionable Paid Time Off (PTO).	Monthly FAS Understated by \$16.74	Benefit payment increased \$10.66 and the member will also receive a \$98 lump sum payment.
2	Data entry error of hourly pay rates used to calculate pensionable PTO.	Monthly FAS Overstated by \$6.61	Benefit payment reduced \$5.28; the Member was overpaid a total of \$45.53 (a)
3	Manual oversight as a draft FAS calculation was used instead of a finalized calculation.	Monthly FAS Understated by \$153.50	Benefit payment increased \$89.58 and the member will also receive a \$772.79 lump sum payment.
4	Manual oversight caused pensionable PTO to be overstated by 5 hours of pay.	Monthly FAS Overstated by \$8.82	Benefit payment will be reduced \$3.20; the Member was overpaid a total of \$20.52 (a)
5	Manual oversight caused pensionable PTO to be understated by 2 hours of pay.	Monthly FAS Understated by \$2.31	Benefit increased \$1.52 and the member will receive a \$13 lump sum payment.
6	An Excel formula error caused pensionable PTO to be understated.	Monthly FAS Understated by \$177.44	Benefit payment increased \$143.49 and the member will also receive a \$1,036.83 lump sum payment.
7	Data entry error, specifically a transposition error, caused an overstatement of pensionable PTO.	Monthly FAS Overstated by \$10.00	Benefit payment will be reduced \$6.85; the Member was overpaid a total of \$46.49 (a)
8	Manual oversight caused an error in bi-weekly salary used in the preliminary FAS	Monthly FAS Understated by \$8.38.	Benefit payment will be increased \$1.93 and the member will receive an \$11.40 lump sum payment.

(a) Per OCERS Board *Overpaid and Underpaid Plan Benefits Policy*, OCERS will not collect this amount from the member as it is under the \$100 threshold set by the policy.





## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** D. Kim, Director of Internal Audit  
**SUBJECT:** **CONTROLS IMPACTED BY TELECOMMUTING**

---

### Recommendation

Receive and file.

### Background

At the April 20, 2020 Audit Committee meeting, the Audit Committee directed Internal Audit to assess internal controls impacted by a telecommuting environment resulting from the COVID-19 pandemic. In early March 2020, OCERS began the process of having all team members work remotely in anticipation of a County or State ordered work from home order. OCERS' official building closure began March 18, 2020. Due to the new telecommuting environment, OCERS management has had to revise how 31 of its internal controls<sup>1</sup> were to be performed.

### Objective and Scope

The objective of this review was to determine if the OCERS internal control environment was impacted due to telecommuting. IA conducted a series of interviews with management and performed walkthroughs with staff for the 31 controls noted above.

The scope of our review included the 31 revised controls performed subsequent to OCERS' building closure on March 18, 2020. See Appendix 1 for a summary of these controls.

### Outcome

Internal Audit concludes that the 31 impacted controls are operating as intended.

OCERS' Management had performed these controls in person or with the use of hardcopy documents prior to the closure of the OCERS building. To adjust to a new telecommuting environment, OCERS management revised the 31 controls by leveraging technology (e.g. electronic approvals or DocuSign).

<sup>1</sup> OCERS management has 144 controls noted in its Risk and Control Matrices documentation including system access, member enrollment, account reconciliations, journal entries and wire transfers.



## Memorandum

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Submitted by:



D. K. – APPROVED

David Kim  
Director of Internal Audit



## Memorandum

### Appendix 1

Previous Controls	Current Controls	IA Conclusion
<b><u>Finance Department (23 Controls)</u></b>		
Paper based approval of new vendors, vendor expense invoices, travel expense reports, & 3 <sup>rd</sup> party retiree payroll vendor invoices. <ul style="list-style-type: none"> <li>• 6 controls</li> </ul>	Email and electronic signatures now required in lieu of wet signatures.	No exceptions noted.
Paper based approval of contracts. <ul style="list-style-type: none"> <li>• 1 controls</li> </ul>	Electronic signature via DocuSign software now required in lieu of wet signatures	No exceptions noted.
Paper based review of accounts payable check runs and manual retiree benefit checks. <ul style="list-style-type: none"> <li>• 4 controls</li> </ul>	Email and electronic signatures now required in lieu of wet signatures.	No exceptions noted.
Paper based approval of General Ledger journal entries related to: Accounts Payable, Financial Statements, Retiree Payroll, Contributions, and Investments. <ul style="list-style-type: none"> <li>• 6 controls</li> </ul>	Email and electronic signatures now required in lieu of wet signatures.	No exceptions noted.
Paper based approval of General Ledger account reconciliations for: cash, accounts payable, investments, contributions, and retiree payroll. <ul style="list-style-type: none"> <li>• 6 controls</li> </ul>	Email and electronic signatures now required in lieu of wet signatures.	No exceptions noted.
<b><u>Member Services Division (6 Controls)</u></b>		
Original documentation required for birth certificates, marriage certificates, court orders, and Member Affidavits. <ul style="list-style-type: none"> <li>• 4 controls</li> </ul>	Electronic copies accepted in the interim.	No exceptions noted.



## Memorandum

Paper based approval over new member benefits added monthly to payroll. <ul style="list-style-type: none"> <li>• 2 controls</li> </ul>	Email and electronic signatures now required in lieu of wet signatures.	No exceptions noted.
<b><u>Investments Division (1 Control)</u></b>		
Paper based approval of investment manager contracts. <ul style="list-style-type: none"> <li>• 1 control</li> </ul>	Electronic signature via DocuSign software now required in lieu of wet signatures	No exceptions noted.
<b><u>IT Department (1 Control)</u></b>		
Access control <ul style="list-style-type: none"> <li>• 1 control</li> </ul>	Access control	No exceptions noted.



## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** D. Kim, Director of Internal Audit  
**SUBJECT:** ETHICS, COMPLIANCE, AND FRAUD HOTLINE UPDATE

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### Recommendation

Receive and file.

### Background/Discussion

Internal Audit regularly updates the Audit Committee when new reports are made to the hotline.

Internal Audit received two reports from the hotline:

- August 13, 2020 – a complaint regarding a possible fraudulent disability claim. Upon further review, the member in question has not filed a disability application. Member Services has been made aware of this claim for future reference.
- September 8, 2020 – a complaint was made erroneously to OCERS regarding the time reporting of a member. The complaint was referred to the Employer.

Submitted by:



**D. K. – APPROVED**

David Kim  
Director of Internal Audit



## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** D. Kim, Director of Internal Audit  
**SUBJECT:** **AUDIT COMMITTEE AGENDA - INTERNAL AUDIT REPORT PRESENTATIONS**

---

### Background

At the June 4, 2020 Audit Committee meeting, the Audit Committee discussed the designation of Internal Audit reports on the Audit Committee Agenda; as Action Items or Informational Items. The Audit Committee requested Internal Audit to research the approach taken by other system Audit Committees on the presentation of Internal Audit reports.

### Objective and Scope

The objective of this review was to identify how other system Audit Committees designate Internal Audit reports on their respective Audit Committee Agendas.

OCERS Internal Audit researched the approach taken by other system Audit Committees, namely the Audit Oversight Committee at the County of Orange, California Public Employees' Retirement System (CalPERS), Los Angeles County Employees Retirement Association (LACERA), and Alameda County Employees Retirement Association (ACERA). OCERS Internal Audit reviewed the agendas, minutes and charters of those Audit Committees. See Appendix 1 for a summary of the approaches taken by the different system Audit Committees.

### Outcome

Internal Audit concludes that each of the system's Audit Committee took a different approach to the presentation of Internal Audit reports ranging from reports appearing as an Information Item to a summary of reports approved by the respective Committee.

### Submitted by:



**D. K. – APPROVED**

David Kim  
Director of Internal Audit



## Memorandum

### Appendix 1

Audit Committee	Audit Report Presentation	Audit Committee Charter
County of Orange Audit Oversight Committee	<ul style="list-style-type: none"> <li>• No specific designation of Action or Informational items on Agenda.</li> <li>• Summary of reports are approved by Committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Review significant findings during the year and management's responses thereto;</li> <li>• Review and discuss, as necessary, critical impact findings and recommendations contained in audit reports and management action plans to address recommendations</li> </ul>
CalPERS Risk and Audit Committee	Summary of audit reports included as Information Consent Items.	Oversee key internal auditor activities to include: internal audits, real estate audits, public agency reviews, financial audits, actuarial parallel valuations, and audit findings resolution.
LACERA Audit Committee	Noted as Non-Consent Items with recommendations: <ol style="list-style-type: none"> <li>1. accept and file report and/or,</li> <li>2. instruct staff to forward report to Boards or Committees and/or,</li> <li>3. provide further instruction to staff.</li> </ol>	Review and discuss engagement reports to take the following action(s): <ol style="list-style-type: none"> <li>a. accept and file report and/or,</li> <li>b. instruct staff to forward report to Boards or Committees and/or,</li> <li>c. provide further instruction to staff.</li> </ol>
ACERA Audit Committee	Reports noted as Informational Items to be presented at the Audit Committee meetings.	Review findings made by the internal auditors, external auditors, regulatory agencies, government authorities or other professional bodies concerning financial reporting discrepancies, financial fraud, operational inefficiencies, policy and compliance violations, or other ethics issues;



## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** David Kim, Director of Internal Audit  
**SUBJECT:** MANAGEMENT ACTION PLAN VERIFICATION REPORT

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### *Written Report*

#### **Background/Discussion**

Under the International Standards for the Professional Practice of Internal Auditing (“Standards”), Internal Audit must establish and maintain a system to monitor the disposition of prior results communicated to management. This includes a follow-up process to monitor and ensure that management action plans have been implemented or that management and the Audit Committee has accepted the risk of not taking action.

The follow-up on management action plans (MAPs) involves:

- Confirming management has implemented an action plan and no further action is required.
- Internal Audit has tested the operational effectiveness MAP.

The following report contains the status of the MAPs that have been reported to the Audit Committee:

- For the MAPs noted as Open, Internal Audit will continue to work with the respective parties until the MAP is closed and verified.
- For the MAPs noted as Closed – No Further Action Required (YTD), Internal Audit has confirmed the MAPs have been implemented and operating effectively during the current year.
- For the MAPs noted as Closed – No Further Action Required (Prior Years), MAPs that have been implemented and confirmed as operating effectively prior to the current year.

#### **Submitted by:**







### Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
EXECUTIVE,  
FINANCE,

*"We provide secure retirement and disability benefits  
with the highest standards of excellence."*



REPORTING FOR: 2018, 2019, 2020, ARCHIVED	OPEN	Closed - No Further Action Required (YTD)	Closed - No Further Action Required (Prior Years)	Total
<b>Process Owner</b>				
EMPLOYER	1	4	8	13
EXECUTIVE	0	0	4	4
FINANCE	1	2	17	20
INFORMATION TECHNOLOGY	9	1	1	11
INVESTMENTS	3	5	1	9
MEMBER SERVICES	12	6	12	30
<b>Total Count:</b>	<b>26</b>	<b>18</b>	<b>43</b>	<b>87</b>



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
EXECUTIVE,  
FINANCE,

*"We provide secure retirement and disability benefits with the highest standards of excellence."*



**Project:** 1901 - Finance Contributions audit  
**Report Date:** 05/16/2019  
**Total Observations:** 1  
**Open Observations:** 1  
**Closed:** 0

**Observation #1 - A formal periodic review of proper user access to OCERS applications and network is not documented by the appropriate members of the business.**

OPEN

**Process Owner:** Information Technology

**Due Date:** 07/31/2020

**Action Plan:** Per IT Governance and Information Security action items to address Center for Internet Security (CIS) Control 16: Account Monitoring and Control, OCERS IT and the Executive management team are establishing the following:  
1. Develop Account Management and Access Control Policies.  
2. Create an annual User Account review process and supporting documentation.  
3. Setup means for staff to review and enter data in SharePoint with associated workflow to complete and track reviews initiated with IT managed systems.

**IA Follow-Up:** Internal Audit will continue to follow-up with management.

**Project:** Audit of the Benefit Setup Process (2012)  
**Report Date:** 12/04/2012  
**Total Observations:** 6  
**Open Observations:** 2  
**Closed:** 4

**Observation #1 - Manual FAS override**

OPEN

**Process Owner:** Member Services

**Due Date:**

**Action Plan:** Management agreed to the following recommendation: Subsequent changes made to FAS after the initial benefit setup process should require a supervisory approval prior to making an override in the system. Additionally, management should use a system-generated report from V3 that lists all manual overrides to identify all such changes made in the system. Management should review and sign off on each manual override on that report for propriety and accuracy to mitigate the risk of unauthorized or incorrect amounts being entered in the system.

**IA Follow-Up:** IA to confirm action plan has been implemented in Q3 2019 and to perform testing in Q4 2019.



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
EXECUTIVE,  
FINANCE,

*"We provide secure retirement and disability benefits  
with the highest standards of excellence."*



### Observation #8 - Manual FAS supporting documentation

OPEN

**Process Owner:** Member Services

**Due Date:**

**Action Plan:** Management agreed to the following recommendation: All manual overrides to data should be fully documented with the staff that made the change, date the change was made, prior amount, revised amount, and reason for the change with supervisory approval documented in V3 in accordance with the current method of maintaining supporting documentation for benefits calculation. Member Services personnel are required to document V3 via note for any member file that requires a manual override.

**IA Follow-Up:** IA to confirm action plan has been implemented in Q3 2019 and to perform testing in Q4 2019.

### Observation #3 - Benefit setup checklist

CLOSED

**Process Owner:** Member Services

**Completion Date:** 05/21/2019

**Action Plan:** A check list that contains all of the required forms and documents necessary for each type of benefit setup will be created and scanned into LibertyNET until we have fully implemented V3. We have configured several workflows in V3 which will act as an electronic check list to ensure that all required documents are not only received but verified and audited by supervisors.

**IA Follow-Up:** IA has verified the use of a workflow process in V3 in V3 benefit setup audits performed after V3 go-live in December 2014.

### Observation #5 - Automation with V3 system

CLOSED

**Process Owner:** Member Services

**Completion Date:** 06/05/2019

**Action Plan:** Every attempt is being done to incorporate as many of the manual processes into V3 as possible so the application is automated.

**IA Follow-Up:** IA has verified the implementation of automated process in V3 that were previously manual within PensionGold. Processes related to reciprocity, service credit purchases, interest postings, domestic relations orders, and initial FAS calculations were tested.

### Observation #7 - Update written procedures

CLOSED

**Process Owner:** Member Services

**Completion Date:** 05/21/2019

**Action Plan:** Member Services has agreed to revise its written procedures to explicitly state the reviewer's practice of signing and dating the spreadsheet template to indicate approval of the FAS calculation. Management recently updated to include this recommendation. However, at the time of the audit it was pending final manager sign off.

**IA Follow-Up:** IA has verified the signature requirement process with benefit setup audits performed after the V3 go-live date in December 2014.



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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### Observation #9 - FAS audit trail

CLOSED

**Process Owner:** Member Services

**Completion Date:** 04/27/2020

**Action Plan:** Management agreed to the following recommendation: We recommend that the new pension administration system (V3) include an audit trail within the system for manual override and other changes made to records. There should be a better audit trail in the new pension administration system to account for changes made in the system instead of relying only on records scanned into LibertyNET or similar imaging software for an explanation.

**IA Follow-Up:** IA confirmed an audit trail function exists in V3 noting the original and new FAS, change date and Changed by.

### Project: Audit of OCERS' Practices and Procedures for the Recording and Reconciliation the Investments (2013)

**Report Date:** 02/18/2013

**Total Observations:** 6

**Open Observations:** 0

**Closed:** 6

### Observation #1 - Automated journal voucher entries

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/03/2019

**Action Plan:** Management agreed to the following recommendation: Finance should consider use of State Street's General Ledger Feed software or consider building a Microsoft Access database. We are in the process of working with State Street to implement an automated process for downloading the trial balances with a goal of completing this by year end. Manual JV preparation will continue until detailed research/analysis is successfully completed with regards to automation of the GL feed with State Street in 2013. Target Completion Date: December 31, 2013.

**IA Follow-Up:** IA verified that Finance is no longer manually entering State Street trial balance information, but uploading a State Street spreadsheet file into the monthly Investment Journal Entry worksheet.

### Observation #2 - Update policy over manager statement reconciliations

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/07/2019

**Action Plan:** Management agreed to the following recommendation: Finance should enforce timely due dates for when quarterly investment manager reconciliations are to be completed; the policy should be updated accordingly. Due date for the quarterly investment reconciliation between investment managers and State Street will be established to reflect 45-60 days after quarter-end. Policy will be updated to include the changes effective January 2013. Finance has prepared both the 1st quarter 2012 and 2nd quarter 2012 reconciliations and are pending review and approval by management. Target Completion Date: March 31, 2013.

**IA Follow-Up:** IA verified that policy requires a reconciliation after Investment Managers Reports are collected from emailed statements and working trial balances are received from the State Street website. Private investment statements are often not available after the 45-60 day period.

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### Observation #3 - Update Finance manual for manager statement reconciliations

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/07/2019

**Action Plan:** Management agreed to the following recommendation: Management should revise appropriate sections of the policy to reflect the current practice of performing quarterly, not monthly, reconciliations of investment manager statements and State Street trial balances.

**IA Follow-Up:** IA verified that policy requires a reconciliation after Investment Managers Reports are collected from emailed statements and working trial balances are received from the State Street website. Private investment statements are often not available after the 45-60 day period.

### Observation #4 - Finance manager signoff for reconciliations

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/03/2019

**Action Plan:** Management agreed to the following recommendation: Finance should revise its policy to require management signoff of the reconciliation of the general ledger to evidence review and approval. Furthermore, Finance should perform these reconciliations on a monthly basis to help ensure that reconciling items are resolved in a timely manner. The Trial Balance Reconciliation process and policy will be revised to include Management signoff requirement. The revised policy will also show that the reconciliation process will be performed on a monthly basis in 2013 and the worksheet will reflect the names of preparer, approver, and approval date. Target Completion Date: March 31, 2013.

**IA Follow-Up:** IA verified that internal policy now requires a management signoff review of the monthly trial balance reconciliation for investment accounts.

### Observation #5 - Manager review of CIO Investment report reconciliation

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/07/2019

**Action Plan:** Management agreed to the following recommendation: A supervisor should review and approve reconciliations of the CIO Investment Report. As evidence of review, the supervisor should sign and date the reconciliations, and note any discrepancies found. Finance policies and procedures should be updated accordingly. Current policy will be updated to include management signoff of the reconciliation. The reconciliation worksheet will reflect the names of preparer, approver, and approval date. Target Completion Date: December 31, 2012.

**IA Follow-Up:** IA verified that policy requires management signoff on the reconciliation with the worksheet reflecting the names of the preparer, approver and approval date.

### Observation #6 - State Street bank - customer services issues

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/03/2019

**Action Plan:** We believe management has addressed customer service issues with State Street custodian bank. We recommend that OCERS staff continue to monitor State Street's compliance with the action plan.



## Management Action Plan Status Report

Project(s): ALL  
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**IA Follow-Up:** OCERS staff continues to monitor and address any issues/discrepancies in State Street reporting. This occurs through emails and periodic meetings between OCERS investments and finance staff and State Street staff. Annually, the review of the custodial relationship with State Street is presented to the Investment Committee.

**Project: Audit of City of San Juan Capistrano Payroll Transmittals (2017)**

**Report Date:** 03/22/2017

**Total Observations:** 4

**Open Observations:** 0

**Closed:** 4

**Observation #1 - Manual transmittal file adjustments**

CLOSED

**Process Owner:** Employer

**Completion Date:** 08/11/2020

**Action Plan:** Management agreed to the following recommendation: San San Juan Capistrano will submit manual payroll adjustments into V3 that contain the payroll records required by OCERS for every subsequent pay period until year-end.

**IA Follow-Up:** IA noted that SJC has submitted manual payroll adjustments into V3 required by OCERS.

**Observation #2 - Contribution basis dates**

CLOSED

**Process Owner:** Employer

**Completion Date:** 04/27/2020

**Action Plan:** San Juan Capistrano's V3 transmittal file should reflect the correct reciprocal start date or the correct enrollment date with OCERS in the transmittal file field labeled "Reported Contribution Basis Date" in order to prevent these payroll exceptions from occurring again in V3. San Juan Capistrano concurs with this recommendation, which has been addressed based on information provided by OCERS' Member Services to SJC's Payroll Accountant.

**IA Follow-Up:** IA examined a recent V3 payroll transmittal exception report for PP#2, 2020 and noted there were no exceptions related to reported contribution basis dates.

**Observation #3 - Earnable salary records**

CLOSED

**Process Owner:** Employer

**Completion Date:** 08/11/2020

**Action Plan:** San Juan Capistrano will submit manual payroll adjustments into V3 that contain earnable salary payroll records required by OCERS during each pay period that the employee is out on leave of absence.

**IA Follow-Up:** IA noted that SJC has submitted manual payroll adjustments for employees Away On Leave into V3, as required by OCERS.



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### Observation #4 - Incorrect age of entry

CLOSED

**Process Owner:** Member Services

**Completion Date:** 05/21/2019

**Action Plan:** Member Services will notify the member that there was an error in the contribution basis date used to collect contributions since their date of entry. Member Services will update V3 accordingly and finalize the calculation of contributions due from the member plus interest. OCERS staff will offer the member a payment plan pursuant to our standard process and work with SJC to establish the collection via payroll deductions from the member's biweekly paycheck.

**IA Follow-Up:** IA verified that the Member Services communicated the age of entry error to the member and that the member repaid undercollected contributions via payroll adjustments.

### Project: Review of OCERS' Derivatives Investments (2014)

**Report Date:** 07/10/2014

**Total Observations:** 3

**Open Observations:** 0

**Closed:** 3

### Observation #1 - OCERS is not in compliance with the Investment Policy Statement regarding the speculative use of derivatives.

CLOSED

**Process Owner:** Investments

**Completion Date:** 09/25/2019

**Action Plan:** OCERS should either follow the current investment policy and discontinue the practice of using derivatives for speculative purposes, or amend the Investment Policy Statement to follow the current practice. Staff has clarified the language on the derivatives within the Investment Policy Statement and the Investment Committee approved the changes at the 6/25/14 meeting.

**IA Follow-Up:** Internal Audit reviewed the minutes of the June 25, 2014 Investment Committee meeting and the updated Investment Policy Statement

### Observation #2 - Annual reporting of derivatives to the Investment Committee

CLOSED

**Process Owner:** Investments

**Completion Date:** 08/10/2020



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**Action Plan:** Currently, the quarterly Derivatives Report provides information relating to the separately managed accounts. The commingled fund investments do not provide similar level of transparency, therefore the quarterly report does not include commingled funds data. The Investments staff has created a template (undergoing internal review) which could be used as a tool to receive information relating to derivatives directly from the investment managers. Such a disclosure and declaration is outside the norm, so it is difficult to predict how many or if the investment managers will comply. As soon as the template is finalized, staff will send it out to gather responses from the various investment managers. Our current expectation is that OCERS will not be able to impose periodic reporting requirements of our own on certain managers, and that in some if not most cases, we will be compelled to accept data as it can be provided by them on their annual cycles. Efforts will be made to achieve more-frequent reporting, but at this time there can be no assurance that such efforts will be successful. The Investment Policy Statement, approved at the 6/25/14 Investment Committee meeting, was amended in part to include the following: "The compliance report for separate account managers will be reviewed with the Investment Committee on a quarterly basis. The CIO shall report to the Committee annually on the staff and consultants' surveillance of diversification and risk controls associated with [derivatives]."

**IA Follow-Up:** Internal Audit reviewed the 2019 Security Report reviewed and approved by the Investment Department. The Investment Team provided an update to the action plan. The quarterly Derivatives Report had been discontinued for a number of years and is no longer reported to the Investment Committee. For the action plan, Investments reviews the derivative information in preparation of the CAFR, which is presented to the Audit Committee. Internal Audit to follow-up during the Investment teams review of the derivative information as part of the 2019 CAFR preparation. Updated 8/10/20 Investments provided the "Derivatives List - 2019.xls" file which includes the securities inventory that Investments provides to Finance with the investment types and leveling of assets.

### Observation #3 - Counterparty risk reporting

CLOSED

**Process Owner:** Investments

**Completion Date:** 05/21/2020

**Action Plan:** Management has agreed to the recommendation: Counterparty risk, the risk that a financial institution will not honor the terms of a derivative contract due to poor financial health, is a key risk for derivatives. The Board is not getting complete information on the counterparty risks of all investment managers. Because many of OCERS' investment managers use the same institutions as counterparties, if a counterparty fails, it would affect several investment managers in the OCERS' portfolio simultaneously. Therefore, reporting on total counterparty risk to OCERS would be useful for accessing a concentration of risk with a single counterparty. OCERS' custodian bank, State Street, provides data on investment holdings and counterparty holdings that can be used to create a compilation of counterparties in the OCERS portfolio, though this will only include the OCERS' separately managed accounts. OCERS should request that State Street on a quarterly basis provide a report listing derivatives holdings by counterparty with amounts of currency forward contracts, swaps, and total fair value. The report should also include a credit rating agency's rating. This report should be included with the derivatives report to the Investment Committee.

**IA Follow-Up:** Internal Audit reviewed the 2019 Counterparty Risk Report reviewed and signed by the CIO.





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**Project:** Audit of OCERS' Due Diligence Process (2015)  
**Report Date:** 08/06/2015  
**Total Observations:** 5  
**Open Observations:** 2  
**Closed:** 3

### Observation #1 - No Due Diligence Policy

OPEN

**Process Owner:** Investments

**Due Date:**

**Action Plan:** Management has agreed to the recommendation: The CIO and his staff should create written procedures that specifically document the steps necessary to conduct adequate due diligence. We concur with the recommendation that written procedures are desirable, and staff is working on the development of a document that would fulfill this objective.

**IA Follow-Up:** The CIO and Investment Team will finalize the draft written procedures in 2020. Internal Audit to follow-up when the due diligence procedures have been finalized by end of year 2020.

### Observation #4 - Manager RFP standardized questioning

OPEN

**Process Owner:** Investments

**Due Date:**

**Action Plan:** Management has agreed to the recommendation: Future RFP questionnaires should include interrogatories regarding a manager's operational infrastructure and negative findings disclosed from their annual external audit. We agree that future RFPs should include standard (first-stage or second stage) provisions and questions that are relatively uniform regarding due diligence, operations, and related legal, regulatory and compliance risks. The cited incident was an oversight that need not recur. Written procedures and a process to review those routinely will be helpful to assure consistency.

**IA Follow-Up:** Internal Audit to follow-up once RFP language is standardized for all vendors.

### Observation #2 - Operational Due Diligence

CLOSED

**Process Owner:** Investments

**Completion Date:** 02/13/2020

**Action Plan:** Management has agreed to the recommendation: For non-traditional pension fund managers that have not undergone an operational due diligence review from the OCERS' investment consultants, OCERS should consider the following on a case-by-case basis or at the CIO's discretion. A criteria or threshold (e.g., a dollar amount of an investment) should be set by the CIO to trigger when such a review will occur. Management agrees that a "deeper dive" could be appropriate for certain non-traditional managers, but only if a majority of the Board considers such measures to be necessary, cost-beneficial or justifiable on a risk-vs-cost basis. Cost-sharing strategies and outsourcing-versus-internal capacity should be explored and considered, along with a prioritization protocol.

**IA Follow-Up:** In discussions with CIO, and review of the September Investment Committee meeting minutes, confirmed OCERS no longer requires the use of a special operational due diligence consultant. The consultant was not used or required when initially contracts.

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### Observation #3 - Due diligence for RFP managers

CLOSED

**Process Owner:** Investments

**Completion Date:** 02/13/2020

**Action Plan:** Management has agreed to the recommendation: For RFP-sourced managers, there should be consistent narrative due diligence reporting provided to the Investment Committee. Investments should consider using a checklist to make sure all documents are included for the Investment Committee to consider. We agree that our written procedures and future practices should include routine reporting of internal due diligence when the RFP channel is deployed for manager selection. The Director of Investment Operations has already included this step in the working draft of written procedures we are formulating and refining.

**IA Follow-Up:** Due Diligence would apply to all managers, not just under an RFP process. Internal Audit observed due diligence process during Investment Consulting engagement.

### Observation #5 - Consultant due diligence documentation

CLOSED

**Process Owner:** Investments

**Completion Date:** 02/13/2020

**Action Plan:** Management has agreed to the recommendation: As part of its due diligence process, OCERS' Investments staff should obtain and review NEPC's Investment Due Diligence Research Report for all managers NEPC recommends to OCERS. We agree that consultant documentation or pertinent summaries of their due diligence should routinely and consistently be included in Committee materials when managers are presented, or subsequently as a validating consent agenda item if their work follows a provisional approval.

**IA Follow-Up:** As part of the Investment Consulting engagement, Internal Audit was able to observe the due diligence process which included reviewing the materials from the investment consultants.

### Project: Audit of OCERS' Private Equity Managers Abbott Capital and Pantheon (2016)

**Report Date:** 03/21/2016

**Total Observations:** 4

**Open Observations:** 1

**Closed:** 3

### Observation #4 - Consideratin of ILPA best practices

OPEN

**Process Owner:** Investments

**Due Date:**

**Action Plan:** OCERS should implement Institute of Limited Partners Association (ILPA) best practices in LPAs with direct investment private equity funds if OCERS goes into direct private equity program. In considering whether OCERS should adopt a direct private equity program, OCERS' Investments management should consider the cost of implementing the ILPA best practices. OCERS investment staff will first work with our private equity fund of funds managers to monitor their use of ILPA guidelines and best practices, as we further our own internal education about these evolving standards.

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**IA Follow-Up:** Investment Team is working on compiling best practices to develop a guide with a tracking mechanism to monitor terms, market changes and erosion of terms. IA to review once the analysis and guide are complete.

### Observation #1 - Estimated management fees

CLOSED

**Process Owner:** Finance

**Completion Date:** 04/29/2019

**Action Plan:** The Investments Division staff will coordinate with Finance to review the management fees for the 40 funds with OCERS' four private equity managers on a sampling or rotation basis. Finance concurs with this recommendation and will compare expected management fees provided by Investments to actual fees disclosed in the private equity managers' quarterly financial statements.

**IA Follow-Up:** Management modified the approach with approval from the Board to use the annual Investment Fee Report prepared in accordance with the Board's Investment Fee Policy as the method by which OCERS' investment management costs are and will be tracked, reported and managed.

### Observation #2 - State Street reporting of manager fees

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/03/2019

**Action Plan:** Management agreed to the following recommendation: OCERS' Finance should consult with State Street to ensure that State Street includes the management fees for Abbott Capital and Pantheon in the information for monthly journal entries provided to OCERS, since these fees are disclosed on the managers' quarterly investment statements. OCERS is currently working with State Street on the consistency of their reporting and directing them to capture all non-cash investment management fees in their custodial reports.

**IA Follow-Up:** IA verified that Finance is reconciling fees noted on the manager statements are being captured in State Street journal entries.

### Observation #3 - CAFR fee disclosures

CLOSED

**Process Owner:** Finance

**Completion Date:** 04/29/2019

**Action Plan:** Management agreed to the following recommendation: OCERS' financial management should consider stating that the "Schedule of Investment Expenses" disclosure does not include underlying fund management fees and performance fees which are netted with investment returns. Finance will consider adding this disclosure in OCERS' 2015 CAFR as part of an overall review of all investment-related disclosures with its external auditors, Macias Gini & O'Connell LLP, and ensure that any changes in the disclosures are in compliance with GASB.

**IA Follow-Up:** Disclosure has been added to the CAFR and confirmed by IA.



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**Project:** Audit of OCERS' Death Match Process (2016)  
**Report Date:** 06/24/2016  
**Total Observations:** 6  
**Open Observations:** 5  
**Closed:** 1

### Observation #1 - Overpayment to deceased members

OPEN

**Process Owner:** Member Services

**Due Date:**

**Action Plan:** The deceased members identified by Internal Audit will be processed immediately according to the specific circumstances of the accounts. Overpayments will be processed according to policy and beneficiaries will be contacted regarding lump sum payment options for refunds. Management will investigate possible options for instituting a multi-step review process to ensure entries are made into V3 or a quarterly/annually comparison of the database with the information from a death match service provider.

**IA Follow-Up:** Member Services has repaid or wrote off \$421,402 of the \$990,694 of the 24 deferred members. Additionally, Member Services has recovered \$16,008 of the \$20,620 from the four deceased payees.

### Observation #2 - Manual query of V3 until new report is created

OPEN

**Process Owner:** Member Services

**Due Date:**

**Action Plan:** The overpayment to the specific member and DRO payee identified by Internal Audit will be dealt with immediately according to current policy. As V3 is currently configured the system will prevent future overpayments from occurring by suspending the benefit once a death date is entered. The items on the overpayment log need to be reconciled with V3 as a post-go live project but it was envisioned that V3 will replace the need for a manual spreadsheet outside of the system. A query or report may be needed during the transition period.

**IA Follow-Up:** 5-21-2019 - Investigation is still ongoing by Member Services

### Observation #3 - Certification letters

OPEN

**Process Owner:** Member Services

**Due Date:**

**Action Plan:** Management agreed to the following recommendation: OCERS' management should consider sending a certification letter to payees over a selected age to confirm the status of the payee. Management should consider stopping benefit payments if OCERS does not receive a response after a reasonable number of attempts in order to incentivize the payee to return the letter. OCERS' management should also consider the costs/benefits of hiring a third party to perform random physical alive and well checks with payees that meet a given profile. However clear communication will need to be developed as the payees within this demographic may be the hardest to reach. In addition, the implications to payee's medical insurance needs to be considered any time a benefit is suspended.

**IA Follow-Up:** Member Services management to discuss formulating a formal policy addressing when such certification letters should be sent and to whom after the result of a cost benefit analysis to be performed.

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### Observation #4 - Death data vendors

OPEN

**Process Owner:** Member Services

**Due Date:**

**Action Plan:** Management agreed to the following recommendation: OCERS management should consider using only death audit vendors that hire external auditors to review its client data security controls. OCERS should require that death audit vendors provide copies of the audit report and the audit results to OCERS on an annual basis for review. OCERS management should consider using the RFP process to compare the services of death audit vendors and obituary review service vendors. Quality of services, price, and data security controls of vendors should be compared.

**IA Follow-Up:** Management to discuss the approach for obtaining and reviewing vendor security report.

### Observation #5 - Member banking information within V3

OPEN

**Process Owner:** Member Services

**Due Date:**

**Action Plan:** Management agreed to the following recommendation: To reduce the possibility of fraudulently diverting benefit payments for deceased members, OCERS should implement automated checks and balances within the V3 system to ensure that no one employee can unilaterally change a payee's banking information without supervisory approval. The resulting change to V3 may require an additional change order to reconfigure the V3 system. However, the headline risk to OCERS outweighs the financial cost of making such a change.

**IA Follow-Up:** Member Services to work with IT to discuss the creation of automated reports identifying abnormal changes to members' banking information for follow up purposes.

### Observation #7 - Debt collection versus debt forgiveness

CLOSED

**Process Owner:** Member Services

**Completion Date:** 04/17/2020

**Action Plan:** Management agreed to the following recommendation: For overpayments in which Member Services has exhausted internal collection efforts, Member Services should inquire of the CEO and/or Board to forgive or partially forgive overpayments to these deceased payees or possibly make use of a collections agency for additional collection efforts.

**IA Follow-Up:** OCERS' Board Policy Write Off Policy now provides guidelines regarding when OCERS is permitted to forgo collection of amounts overpaid by or owing to OCERS, and when OCERS will not be required to make corrective distributions to OCERS members or their beneficiaries.



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**Project: Audit of V3 Benefit Setup Process (2016)**

Report Date: 07/21/2016  
Total Observations: 2  
Open Observations: 0  
Closed 2

**Observation #1 - Use of 2,088 hours for benefit calculation**

CLOSED

Process Owner: Member Services

Completion Date: 04/01/2020

Action Plan: Management will follow up with staff regarding the applicability of 2,088 to all retiring members and will review all benefits established in V3 to ensure the appropriate salary was used regardless of status. The part-time member's benefit identified by Internal Audit as being incorrect will be recalculated to reflect the salary associated to 2,088 hours.

IA Follow-Up: IA reviewed the FAS recalculations performed by Member Services.

**Observation #2 - V3 workflow process**

CLOSED

Process Owner: Member Services

Completion Date: 04/02/2020

Action Plan: The workflow module in V3 was an area that contained defects when we went live with the new system which prevented effective use. The majority of the defects have been addressed and staff is utilizing the workflows as part of their daily operations. However, we have found that a workflow can be completed without all of the steps being marked individually and as a result additional modifications to the overall configuration are being discussed. Management will work with staff to ensure that proper use of the workflow is being followed for all benefit setups. In addition, we will review the workflow steps as currently configured and make enhancements as needed to ensure all critical steps in the process are appropriated captured.

IA Follow-Up: IA confirmed worksteps are completed and V3 enhancements were implemented.

**Project: Audit of OCERS' Service Credit Purchase Process (2016)**

Report Date: 11/29/2016  
Total Observations: 2  
Open Observations: 1  
Closed 1

**Observation #1 - Work in Process reporting**

OPEN

Process Owner: Member Services



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**Due Date:**

**Action Plan:** OCERS' management agrees to initiate discussions with Vitech for best cost-benefit solutions to building work-in-process reporting to track the status of buybacks throughout its business processes to provide additional management oversight of staffing and resources; track compliance with business goals; and improve customer service response times to members.

**IA Follow-Up:** IA has verified that OCERS has implemented a work-in-process tracking database within SharePoint. OCERS yet to implement SCP workflow processes within V3. IA to verify later in Q3 2019.

**Observation #2 - Reconfigure V3 data entry sheet**

CLOSED

**Process Owner:** Member Services

**Completion Date:** 06/04/2019

**Action Plan:** Management agreed to investigate the costs versus benefits of reconfiguring V3's SCP datasheet for faster data entry.

**IA Follow-Up:** IA verified that OCERS has implemented an automated data entry process for SCP calculations.

**Project: Audit of OCERS' Bank Wire and ACH Transfer Process (2016)**

**Report Date:** 11/30/2016

**Total Observations:** 5

**Open Observations:** 0

**Closed:** 5

**Observation #1 - Finance review of new manager fundings**

CLOSED

**Process Owner:** Finance

**Completion Date:** 04/23/2019

**Action Plan:** Management agreed to the following recommendation: Before sending a written wire request to State Street to fund a new manager or rebalance the investment portfolio, the Investments Divisions should also obtain approval from authorized initiators within the Finance Division. The Finance Division should review the wire transfer request letter prepared by the Investments Division against the money manager's wire instructions or funding agreement. Management concurs that the Finance Department should review wire transfer request letters prepared by the Investment Department and compare against the investment manager's wire instructions or funding agreement for transactions related to initial funding of investments and portfolio rebalancing transfers.

**IA Follow-Up:** Internal Audit confirmed Finance is following proposed audit report resolution response as noted via email with appropriate attachments and inclusion of both Finance and Investments in confirmation email.

**Observation #2 - Verification call backs on all wire transfer amounts**

CLOSED

**Process Owner:** Finance



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**Completion Date:** 05/03/2019

**Action Plan:** Management agreed to the following recommendation: Finance Division should instruct State Street to telephone OCERS' authorized verifiers to verify wire transfer request letters for amounts under \$100,000. Management concurs that all wires should be verified regardless of amount. State Street has a standard limit where call backs are not completed on wires under \$100,000. OCERS' Client Service Representative at State Street is looking into whether the limit can be removed and call backs placed on all wires.

**IA Follow-Up:** IA verified that under the new eCFM (State Street's web-based wire transfer system) that transfer amounts under \$100,000 require dual approval.

### Observation #3 - Timely review of bank account reconciliations

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/03/2019

**Action Plan:** Management agreed to the following recommendation: In addition to the daily reconciliations of online bank activity, the Finance Division should perform monthly bank reconciliations ideally within 30 days after month-end. Management concurs that bank reconciliations should be performed and reviewed on a timely basis.

**IA Follow-Up:** IA verified that the monthly Wells Fargo bank reconciliation is being performed in a timely manner.

### Observation #4 - System limits for wire transfer amount authorizations

CLOSED

**Process Owner:** Finance

**Completion Date:** 04/23/2019

**Action Plan:** Management agreed to the following recommendation: Management should consider decreasing the cumulative dollar limit for daily wire transfers within CEO Portal® to appropriate business levels. Current monthly wire transfer activity is approximately \$5.2 million. Management concurs that the cumulative dollar limit for daily wire transfers can be reduced from its current limit of \$20 million to \$6 million.

**IA Follow-Up:** Cumulative daily dollar limit for wire transfers has been reduced from \$20 million to \$6 million, and has been adjusted to \$8 million based on current activity.

### Observation #5 - Encryption of payroll file

CLOSED

**Process Owner:** Finance

**Completion Date:** 05/03/2019

**Action Plan:** Management agreed to the following recommendation: Management should consider encrypting the ACH file before uploading to Wells Fargo's CEO Portal® in order to add another layer of protection over payees' confidential banking information. Encrypted files intercepted by fraudsters are unreadable.

**IA Follow-Up:** IA verified that the monthly payroll file is encrypted before it is sent to Wells Fargo bank.





## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Project:** Audit of OCERS' Reciprocity Process (2017)  
**Report Date:** 08/02/2017  
**Total Observations:** 3  
**Open Observations:** 0  
**Closed:** 3

### Observation #1 - Member educational efforts

CLOSED

**Process Owner:** Member Services

**Completion Date:** 05/21/2019

**Action Plan:** Consideration will be given to the following: OCERS should take additional steps to educate members of the benefits of reciprocity and the importance of timely notifying OCERS of previous public service. OCERS' welcome letters to new members could also include existing pamphlets describing the benefits of reciprocity. Furthermore, OCERS should inquire with the County if it would allow OCERS to present the benefits of reciprocity during the County's lunch time seminars available to County staff. In addition, staff should use the OCERS' At Your Service newsletter, the County Connection magazine, and other sources of communications with members to publicize the need for members to notify OCERS early about their eligibility for reciprocity. Member Services will work with Legal on the following: OCERS should consider recognizing a member's reciprocity only on a go-forward basis from the date of the member's reciprocity request, after confirming eligibility with the reciprocal system.

**IA Follow-Up:** IA verified that quarterly newsletters to OCERS membership discussed the benefits of establishing reciprocity with other systems as well as the steps necessary to establish reciprocity. IA verified that OCERS has put in place a self-certification process to recognize reciprocity on a go-forward basis pending verification with the reciprocal system.

### Observation #2 - Calculation of OCFA reciprocity refunds

CLOSED

**Process Owner:** Member Services

**Completion Date:** 06/05/2019

**Action Plan:** Management agreed to the following recommendation: Member Services staff should be trained, with the assistance of OCFA payroll personnel, in how OCFA calculates reciprocity refunds so that Member Services can add its own secondary review process over OCFA reciprocity refunds. Management has been in contact with the payroll team at OCFA and we have taken steps to reinstate the review process.

**IA Follow-Up:** IA verified that OCERS Member Services is now calculating OCFA's reciprocity refund calculations. The calculations are reviewed by management.

### Observation #3 - Write off

CLOSED

**Process Owner:** Member Services

**Completion Date:** 06/05/2019

**Action Plan:** Management agreed to the following recommendation: Member Services should write off the \$36 due to immateriality or attempt to recover the \$36 overpayment from the member.

**IA Follow-Up:** IA verified that Member Services has written off the amount as per OCERS Write-Off policy.



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Project:** Audit of Orange County Fire Authority (2018)  
**Report Date:** 10/23/2018  
**Total Observations:** 8  
**Open Observations:** 1  
**Closed:** 7

### Observation #6 - V3 contribution rate configurations SOD

OPEN

**Process Owner:** Information Technology

**Due Date:**

**Action Plan:** Management agreed to the following recommendation: OCERS' management should re-assign the duties of configuring updated rates in V3 from OCERS' Director of IT to the appropriate personnel for cross-training, process documentation, and backup purposes. The revised process will encompass multiple departments, and will segregate duties related to preparing the rate schedules, data input into V3 and verification/audit of contribution rates.

**IA Follow-Up:** Internal Audit has spoken with management about this action plan and will verify when duties are transitioned in time for the 2020 annual rate change in V3. ETA mid-2020.

### Observation #1 - Contributions - Vacation Excess Pay

CLOSED

**Process Owner:** Member Services

**Completion Date:** 04/02/2019

**Action Plan:** Management agreed to the following recommendation: On a go-forward basis, OCERS should now require that OCFA and its Legacy employees pay employer and employee contributions on the "Vacation Excess" pensionable pay item on a bi-weekly basis. This would also require OCERS to reconfigure the "Vacation Excess" pay item in V3 to expect bi-weekly contributions from OCFA via the bi-weekly payroll transmittal process. OCERS management agrees that any pensionable pay item should be reported biweekly and subject to employer and employee contributions. This would include "Vacation Excess" for Legacy members employed at OCFA. OCERS is in the process of reviewing the pay of all Plan Sponsors so that OCERS' management can ensure accurate reporting on a biweekly basis as well as consistency across the organization.

**IA Follow-Up:** Internal Audit confirmed OCERS management sent a memo to OCFA on the Vacation Excess contributions and that V3 was configured to address the bi-weekly contributions.

IA confirmed that OCFA and Legacy OCFA employees are paying contributions directly on VE (Vacation Excess) Pay.

### Observation #2 - Contributions - On Call Pay

CLOSED

**Process Owner:** Member Services

**Completion Date:** 04/02/2019

Executed: 10/5/2020 1:16:01 PM  
Executed By: OCERS\dkim

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## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Action Plan:** Management agreed to the following recommendation: On a go-forward basis, OCERS should now require that OCFA report "On Call" pay to Legacy members as a pensionable pay item in its automated bi-weekly payroll transmittals and that OCFA and its employees pay both employer and Legacy employee contributions on a bi-weekly basis. OCERS management agrees that any pensionable pay item should be reported biweekly and subject to employer and employee contributions. This would include "On Call" pay for Legacy members employed at OCFA. OCERS is in the process of reviewing the pay of all Plan Sponsors so that OCERS' management can ensure accurate reporting on a biweekly basis as well as consistency across the organization.

**IA Follow-Up:** Internal Audit confirmed OCERS management sent a memo to OCFA on the On Call contributions.

IA confirmed that both OCFA and Legacy OCFA employees are paying contributions directly on (On Call) Pay.

### Observation #3 - Contribution Discrepancy Tracking Report

CLOSED

**Process Owner:** Information Technology

**Completion Date:** 04/02/2019

**Action Plan:** In June 2018, OCERS incorporated the necessary changes to the V3 "Contribution Discrepancy Tracking Report" within a system enhancement to V3. The cost to incorporate these changes was approximately \$7,800.

**IA Follow-Up:** 1. IA confirmed that modifications to the report were made, tested, and put into production.  
2. IA obtained user testing documentation indicating that the modifications were made, tested, approved and put into production. IT also pulled a recent report with these modifications incorporated.

### Observation #4 - OCFA's MOU for employer paid pickups of Legacy employee contributions does not reflect actual payroll processes.

CLOSED

**Process Owner:** Employer

**Completion Date:** 04/02/2019

**Action Plan:** OCFA agrees that this needs to be corrected, but not by a side letter. Effective pay period 21 (pay date 10/19/18) OCFA management corrected the OCFA payroll interface to the OCERS' V3 system to be consistent with the Firefighter MOU. Per CERL 31581.2 the employer paid pickup of employee contributions are to be considered vested with the employee.

**IA Follow-Up:** Internal audit verified that OCFA employer paid pickups of employee contributions are properly classified as § 31581.2 pickups on the transmittal files.

### Observation #5 - Transition to OCFA Payroll Manager

CLOSED

**Process Owner:** Employer

**Completion Date:** 04/02/2019

**Action Plan:** As discussed and agreed to by OCERS Internal Auditor, this is not reflective of an internal control weakness for OCFA. The original intent of having both OCFA and OCERS staff maintain the spreadsheets was to prevent the errors that would occur due to either rounding differences or applying actuarial discounts differently. OCFA staff will take over the maintenance of the spreadsheets from OCERS Director of Technology. OCERS would need to ensure that the OCFA rates reflected in the rate spreadsheets provided by OCFA staff to OCERS are the same rates as those entered into the V3 system. The above transition from OCERS to OCFA took place beginning with Pay Period #14 in 2018.

**IA Follow-Up:** Internal audit confirmed that maintenance of the spreadsheets has transitioned to OCFA's payroll manager.



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Project:** Audit of Orange County Superior Court Payroll Transmittal (2018)

**Report Date:** 11/08/2018

**Total Observations:** 6

**Open Observations:** 1

**Closed:** 5

**Observation #4 - Superior Court's HR Department does not have policies and procedures in place to determine if the independent contractor status for its independent contractors complies with IRS rules**

OPEN

**Process Owner:** Employer

**Due Date:**

**Action Plan:** Superior Court to review independent contractors working for court reporting services, court language services and court technology to determine if their independent contractor status complies with IRS rules defined for independent contractors.

**IA Follow-Up:** Internal Audit has spoken with management about this action plan and will verify when policies are updated, 3Q 2020.

**Observation #1 - CRR Pay Certification**

CLOSED

**Process Owner:** Employer

**Completion Date:** 04/03/2019

**Action Plan:** Superior Court will implement a process in October 2018 by which Court Reporters receiving CRR pay must provide proof of active certification (such as proof of training transcripts over a three year period) within 90 days or have the CRR pay removed. Record of this will be placed in the employee's electronic personnel file. Additionally, a reminder in the Court's training system will be flagged on these employees to check for certification every 3 years.

**IA Follow-Up:** IA confirmed a notification had been distributed noting the requirements for CRR pay and CRR documentation for court reporters has been recorded.

**Observation #2 - QRR Pay Certification**

CLOSED

**Process Owner:** Employer

**Completion Date:** 04/03/2019

**Action Plan:** Superior Court will implement annually signed attestations beginning October 2018. Employees currently receiving QRR pay will need to complete the annual 45 day attestation within 90 days of the announcement to maintain the QRR pay. If no attestation is received, QRR pay will be removed for that employee. The Court will verify that at least 45 days of realtime court reporting services have been worked by the employee over the course of the last year.

**IA Follow-Up:** IA confirmed a notification had been distributed noting the requirements for QRR pay and QRR documentation for court reporters has been recorded



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Observation #3 - Superior Court does not monitor independent contractor court reporters who are OCERS' retirees for compliance with CERL and PEPRA 960 hour rule limit.**

CLOSED

**Process Owner:** Employer

**Completion Date:** 04/10/2019

**Action Plan:** Superior Court will monitor hours worked for all retired independent contractor court reporters to ensure they do not work more than 960 hours in a fiscal year. A new report has been established through Superior Court's RITS tracking system and will be monitored monthly. Current retired independent contractors who have already worked more than 960 hours in the current fiscal year will not work hours until the next fiscal year.

**IA Follow-Up:** IA confirmed Superior Court is monitoring the hourly limit for retired members and the retired members have not exceeded 960 hours.

**Observation #5 - Employees On-Leave Status**

CLOSED

**Process Owner:** Employer

**Completion Date:** 04/23/2019

**Action Plan:** Orange County Superior Court currently uses the CAPS+ system that is administered by Orange County Auditor Controller. The current CAPS+ system has known limitations for employees in an "O" (unpaid leave) status. These employees are not included on the regular transmittal file to OCERS and thus no earnable record is generated. They do appear on the missing member report from OCERS Auditor Controller is working on a long-term solution for "O" status employees to still appear on the OCERS transmittal file. There is no current timeline for implementation. However, in the meantime, Superior Court's human resources staff will create updated employment records indicating a "Leave of Absence" in V3 for the above employees. Also, on a go-forward basis Superior Court's human resources staff will perform the same step in V3 for each employee who becomes classified with the above "O" status in CAPS+. This will allow OCERS personnel to more easily identify the reason for gaps in earnable salary records until the point in time when Auditor-Controller can correct the above CAPS+ limitations.

**IA Follow-Up:** Internal Audit and management agreed that currently existing controls are sufficient to address the risk of missing pay periods. Internal Audit verified in V3 the automated messages that help the retirement specialist identify potential missing pay periods when retiring a member.

**Observation #6 - Member Affidavit**

CLOSED

**Process Owner:** Member Services

**Completion Date:** 04/03/2019

**Action Plan:** Beginning in 4th quarter 2018, OCERS' Member Services will run a recently updated V3 report ("Missing Member Affidavit" report) that flags any member account without the Member Affidavit document type. OCERS' Member Services' Payroll Transmittal Team will monitor this quarterly report and contact plan sponsors to request a completed Member Affidavit for any members flagged in the above report.

**IA Follow-Up:** Confirmed missing Member Affidavit was received and Member Services has scheduled the Missing Member Affidavit to be run on a monthly basis.



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Project:** Audit of Orange County Transportations Authority (2018)  
**Report Date:** 11/12/2018  
**Total Observations:** 1  
**Open Observations:** 0  
**Closed:** 1

**Observation #1 - Contributions on PTO cashouts**

CLOSED

**Process Owner:** Member Services

**Completion Date:** 04/02/2019

**Action Plan:** OCERS is in the process of reviewing and evaluating all pay items in order to categorize and document in policy each item of compensation earnable for Legacy members and pensionable compensation for PEPRA members. OCERS intends to present this policy to the OCERS Board for review and approval by 1st quarter of 2019.

The majority of OCERS' plan sponsors do not apply the contribution rates to cashouts (as does OCTA); instead, they rely on the actuarial cash out assumption (Load Factor) to pay for the actuarial cost of adding vacation pay and sick pay to a Legacy member's FAS calculation upon retirement. OCERS believes this is the better approach and will incorporate this in the new policy in order to have consistency among all plan sponsors. In addition to the new policy, by 1st quarter of 2019, OCERS intends to distribute a circular letter to all plan sponsors informing them of this approach to not collect contributions on these cashouts.

**IA Follow-Up:** Internal Audit confirmed the circular letters have been posted to the OCERS website.

**Project:** External Quality Assessment (2018)  
**Report Date:** 02/07/2019  
**Total Observations:** 1  
**Open Observations:** 0  
**Closed:** 1

**Observation #1 - Strengthen the management of IAD performance by developing and maintaining a formal QAIP.**

CLOSED

**Process Owner:** Internal Audit

**Completion Date:** 11/01/2019

**Action Plan:** ?We agree with observation and recommendation that a Quality Assurance and Improvement Program needs to be implemented within the Internal Audit department. The implementation of a QAIP has been budgeted within the 2019 Audit Program.

**IA Follow-Up:** An internal QAIP has been implemented.



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Project:** Disability Payment Audit (2018)  
**Report Date:** 01/28/2019  
**Total Observations:** 1  
**Open Observations:** 1  
**Closed:** 0

### Observation #1 - Disability payment calculation

OPEN

**Process Owner:** Member Services

**Due Date:**

**Action Plan:**

Member Services will be continuing to review with increased diligence or newly implementing to ensure accuracy of Disability benefits that are setup:

- Ensure that all disability benefits are peer audited (FAS calc) before benefit setup, including disability recalculations (from Service Retirement to NSCD, Service Retirement to NSCD, NSCD to SCD)
- Verify selected data points on the "New Benefit Setup Validation Report" (which will contain a subset of 16 reports – expected to be ready by Q3 2019)
- Additional training will be provided to the RPS assigned to the disability department (this was a new position in 2018). These types of benefits are more specialized than regular retirement setups, and the Disability RPS will be trained to look for specific factors that affect the benefit, such as gaps in service, measuring period compression, manual calculations of FAS, recalculation issues.

**IA Follow-Up:**

IA to confirm action plan has been implemented in Q4 2019 and to perform testing in Q1 2020.

**Project:** 1944 - Finance Benefits Audit  
**Report Date:** 01/13/2020  
**Total Observations:** 4  
**Open Observations:** 1  
**Closed:** 3

### Observation #2 - Finance does not systematically delete V3's ACH files containing beneficiaries' banking information from local hard drives.

OPEN

**Process Owner:** Finance

**Due Date:** 06/30/2021

**Action Plan:**

Management will establish procedures to delete copies of the ACH text files from local hard drives after a copy of the file has been uploaded to Wells Fargo.

Finance will work with IT and Vitech to consider the cost/benefit of changing the ACH file process to directly upload an ACH file once it has been created in V3 and directly downloading the file to a secured network folder in the Finance directory.

**IA Follow-Up:**

IA confirmed with the Finance team the deletion of the ACH file from the local hard drive is now being performed by management. IA reviewed the procedures updated to reflect this practice. Due to COVID, the cost/benefit analysis has been moved to 2021.



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Observation #1 - V3's Pre Disbursement Register report contains payee's full social security numbers and full names.**

CLOSED

Process Owner: Finance

Completion Date: 12/09/2019

Action Plan: Build 8.14 will include the replacement of full Social Security Numbers with OCERS ID# (OID) and/or OIP# on the Pre-Disbursement Register Report and Disbursement Schedule.

IA Follow-Up: IA confirmed the updated Disbursement Schedule Detail Report and Pre-Disbursement Register Report now display the OID numbers in place of SSNs.

**Observation #3 - Finance procedures manual related to benefit and lump sum payments (i.e. payroll) do not reflect all current procedures.**

CLOSED

Process Owner: Finance

Completion Date: 10/05/2020

Action Plan: Finance will be creating and updating stand-alone procedures for all of its processes as part of an organization-wide 2020 Business Plan Initiative.

IA Follow-Up: Internal Audit reviewed the documented lump sum payroll procedures.

**Observation #4 - General Ledger entries to transfer employee contribution reserves were not booked timely.**

CLOSED

Process Owner: Finance

Completion Date: 12/20/2019

Action Plan: In the instance noted here, processes with material impact to operations and financials were performed during the unforeseen long-term leave of absence of one of the Finance Managers, but in the future, Management will document approval of decisions to postpone processes due to extenuating circumstances noting impact and materiality of postponement.

IA Follow-Up: IA confirmed the Finance Risk and Control Matrix (RACM) was updated to include additional documentation requirement.

**Project: 1943 2019 BCDR Audit**

Report Date: 10/17/2019

Total Observations: 8

Open Observations: 2

Closed 6

**Observation #3 - 3. A formal process involving critical OCERS stakeholders is not in place to test the recovery of dependent IT applications.**

OPEN

Process Owner: Information Technology

Executed: 10/5/2020 1:16:01 PM  
Executed By: OCERS\dkim

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## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Due Date:** 07/31/2020

**Action Plan:** OCERS IT will formalize and adopt a new Business Continuity and Disaster Recovery test plan that will include test activities, confirmation, and sign-off by the various business units within OCERS.

**IA Follow-Up:**

**Observation #6 - 6. Recovery procedures for dependent IT applications are not documented in the recovery plans.**

OPEN

**Process Owner:** Information Technology

**Due Date:** 04/30/2020

**Action Plan:** End User documents are being developed for the purpose of providing recovery instructions to the crisis management team, in the event IT staff are not available in the event of an emergency. The documents will provide simple easy to follow instructions on how to failover and/or recover sites or systems in the event of a technology failure. These documents will be included in OCERS IT Backup and Recovery test plan stored in Catalyst to ensure procedures are complete and can be followed by non- IT staff

**IA Follow-Up:**

**Observation #1 - OCERS Business Continuity Policy document has existed since 2015 but the documentation of the approvals were not formalized.**

CLOSED

**Process Owner:** Finance

**Completion Date:** 12/13/2019

**Action Plan:** We believe that the current document titled "OCERS Business Continuity Policy" would be more accurately described as a program document. As such, our plan is to retile the document to be OCERS Business Continuity Program and review it with the CMT making updates as deemed appropriate. The Chief Executive Office will then formally approve the updated document. The updated document will be reviewed every three years for necessary changes. As an extension to this observation, staff will also recommend to the Board of Retirement a change to the CEO Charter the next time the Charter is due for a review. The change will be to specifically delegate to the CEO the duty of implementing, testing and maintaining a Business Continuity Program.

**IA Follow-Up:** IA confirmed the Business Continuity Program documents has been formally approved by the CMT.

**Observation #2 - The Business Continuity Program Standard Operating Procedures document has existed since 2015 but the documentation of the approvals by the Crisis Management Team were not formalized.**

CLOSED

**Process Owner:** Finance

**Completion Date:** 02/26/2020

**Action Plan:** We concur with the observation and will formalize the approval of the document.

**IA Follow-Up:** IA confirmed the Business Continuity Standard Operating Procedure document has been formally approved by the CMT.

**Observation #4 - The tabletop exercise did not fully validate the organization's preparedness at an entity or department level in the event of a disaster.**

CLOSED

**Process Owner:** Executive

Executed: 10/5/2020 1:16:01 PM  
Executed By: OCERS\dkim

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## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Completion Date:** 12/06/2019

**Action Plan:** We believe the program is ready to enhance future exercises by including more functional testing. As an example, during our July 2019 tabletop, a component of the Finance team was asked to work from home in order to test their connectivity and functionality. In future exercises, we will expand the scenarios to encompass various departments within the organization such that over time, all departments with a recovery plan will have participated in a functional exercise. For upcoming exercises, we will create scenarios which allow us to include departments which have not yet participated in an exercise.  
We have added an item to the October 2019 Crisis Management Team meeting to discuss timing of the expansion of functional testing efforts as well as the importance of referring to the Crisis Management Plan and Department Recovery Plans during exercises. Our recommendation will be to conduct IT testing as part of our January exercises and deeper functional testing as part of our July exercises.

**IA Follow-Up:** IA confirmed the Q4 CMT meeting discussed expanding the functional testing with plans to start with IT testing in January.

**Observation #5 - Management personnel are not consistently updating the relevant information in the Business Impact Analysis and Department Recovery Plan documents in a timely manner.**

CLOSED

**Process Owner:** Executive

**Completion Date:** 12/13/2019

**Action Plan:** The CMT Leader, OCERS CEO, will remind the CMT at least two weeks prior to the quarterly Business Continuity meetings to update the appropriate Business Continuity documents to reflect any changes in personnel, technology or vendors since the last meeting. Additionally, the CMT Leader will add as a standing agenda item for the quarterly meetings a reminder that the CMT should update the appropriate Business Continuity documents. The plan owners will update the necessary documents based on the reminder at least on a quarterly basis.

The CMT Leader will also work with Administrative Services to add a workstep in the off-boarding and on-boarding processes for the plan owners to assess the organizational impact of the terminated or new employee to the Business Continuity documentation. Based on the assessment, the plan owner will update the documentation accordingly.

**IA Follow-Up:** IA was able to confirm:  
- the BCDR CMT Meeting email contained a reminder for the CMT to review/update their documents  
- the agenda did contain an item notifying CMT members to update their documents  
- a workstep was added to the on-boarding and off-boarding checklist

**Observation #7 - 7. The identification of alternative facility locations has not been formally documented and approved in the BCDR system.**

CLOSED

**Process Owner:** Executive

**Completion Date:** 12/13/2019

**Action Plan:** The Business Continuity Coordinator team is currently working with the County of Orange to formalize an agreement to use County facilities as an alternate workspace location in the event of a localized disaster at OCERS headquarters. The County requested OCERS to complete a questionnaire, which was completed and sent back to the County on August 8, 2019. The most recent conversations with the County occurred on August 21, 2019; we will schedule a follow-up call with County representatives in the very near future.  
Once the agreement is formalized, all program documentation will be updated to include the alternate workspace site information and an action item to review the alternate workspace location on an annual basis will be created. This action item will serve to ensure that the alternate workspace location is still viable. The BC Coordinator team will continue to refine the alternate workspace options for additional scenarios. In addition, the BC Coordinators will create a schedule detailing space needs over time.

**IA Follow-Up:** IA confirmed the Alternate Facility plan has been formally approved. Additionally, the BC Coordinator follow-ed up with the County contact. Progress is being made to secure a location for OCERS.



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Observation #8 - 8. Key members of the Crisis Management Team (CMT) are not consistently taking the assigned electronic resources when traveling from the office.**

CLOSED

Process Owner: Executive

Completion Date: 12/06/2019

Action Plan: The CMT Leader, OCERS CEO, will remind the CMT at the quarterly Business Continuity meetings of the importance of taking the necessary resources (laptops) when traveling away from the office.

IA Follow-Up: IA confirmed the Q4 CMT agenda included a reminder to take the necessary resources when traveling.

**Project: 1945- FAS Pay Items Audit**

Report Date: 06/04/2020

Total Observations: 5

Open Observations: 3

Closed 2

**Observation #1 - A formal reconciliation was not performed to ensure the pay items reported to the Board accurately and completely corresponded with the configuration in V3.**

OPEN

Process Owner: Member Services

Due Date: 01/29/2021

Action Plan: Member Services will address the variances noted in the audit, which includes making the appropriate configuration updates to the V3 system, communicating the updates to the Employers and following procedures in the OCERS' Overpaid and Underpaid Plan Contributions Policy in regards to the over and underpayment of contributions of the variances noted. At the next update to the Board, Member Services will include the corrections identified in this audit for pensionable attributes of relevant pay items. Going forward, Member Services will develop a process to perform a full reconciliation of the pay item file presented to the Board with the pay item configurations in the V3 system periodically, at least prior to the annual presentation to the Board to ensure accurate and complete reporting of pay items to the Board. Any discrepancies identified by the reconciliation will be addressed as needed.

IA Follow-Up:

**Observation #3 - A process does not exist to identify updates to Employer documentation that may impact the list of pay items.**

OPEN

Process Owner: Member Services

Due Date: 10/30/2020



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
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**Action Plan:** Member Services is in the process of documenting all current MOU's and will draft an update to the pay item review procedure to include a section on monitoring MOU's for adjustments made by Employers to ensure Employers have obtained OCERS approval prior to implementing a new pay item.

Currently, the Employer is required to submit a "pay item request form" to OCERS for approval in order to add a new or adjust an existing pay item. This is required to be done at least two pay periods prior to implementation of the pay item in the Employer payroll. If however an Employer attempts to pass a pay item that has not been added for that Employer, the system will produce an error for the Employer when they submit the payroll. This process assists Member Services in monitoring the implementation of pay items directly by the Employer.

**IA Follow-Up:**

**Observation #5 - A formal project management methodology for the Pay Item Review was not documented.**

OPEN

**Process Owner:** Member Services

**Due Date:** 07/31/2020

**Action Plan:** Member Services team will establish formal project management protocols and best practices on all future projects which will include:

- Designated Project Manager;
- Project Plan;
- Documented roles and responsibilities;
- Documented work breakdown schedules; and
- Quality assurance standards and procedures.

**IA Follow-Up:**

**Observation #2 - Member Services does not have written procedures in regards to the processing, review and authorization of Employer pay items into V3.**

CLOSED

**Process Owner:** Member Services

**Completion Date:** 09/16/2020

**Action Plan:** Member Services has since implemented a process to review the configurations made by OCERS IT to ensure every new or updated Pay Item is configured accurately in OCERS V3 Pension Administration System. This process will include a post review notification to all stakeholders from Member Services (IT, Member Services Director, and the Assistant CEO of External Operations) that will be kept in the same Network Directory as the rest of the supporting documentation (e.g. New Pay Item Submission Form, MOU/Side Letter Agreements, New Pay Item approvals)

In addition to the above procedure, Member Services is working with our third party vendor (Vitech) to implement a process for submitting and approving pay items within the V3 Pension Administration Software. Early analysis began prior to the work from home order.

**IA Follow-Up:** IA confirmed the review process of pay codes in V3 was implemented and documented. The review consisted of walking through a pay item.

**Observation #4 - Member Service management does not formally approve Pay Item Request forms via signature.**

CLOSED

**Process Owner:** Member Services

**Completion Date:** 09/16/2020



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
EXECUTIVE,  
FINANCE,

*"We provide secure retirement and disability benefits with the highest standards of excellence."*



**Action Plan:** Member Services is working with our third party vendor (Vitech) to implement a process for submitting and approving pay items within the V3 Pension Administration Software. Early analysis began prior to the work from home order.

Until V3 updates can be made, Member Services will update our process to include electronic signatures on all future Pay Item Request Forms as presented to and formally approved by the Board

**IA Follow-Up:** Internal Audit confirmed the Pay ItemRequest process and form include electronic signatures.

**Project:** 1971-IT General Controls  
**Report Date:** 06/04/2020  
**Total Observations:** 6  
**Open Observations:** 5  
**Closed:** 1

**Observation #1 - Administrator access granted to the financial reporting and intranet portal applications present a higher than normal risk due to segregation of duties concerns.**

OPEN

**Process Owner:** Information Technology

**Due Date:** 06/30/2021

**Action Plan:** As OCERS is in the process of issuing an RFP for a new financial accounting system, we will defer changes to our current financial accounting system, and focus on building a secure segregated system with the appropriate controls and check and balances as part of the new system to be implemented in 2021.

Due to the size of the OCERS IT Programming group, team members share many administrative responsibilities and needs to be able to cover for other team member assignments and responsibilities when out of the office.

Both the intranet portal and the intranet portal source code repository provide account auditing features that track all changes are made, along with the user that made the change. This information is reported daily to the IT Programming Supervisor, so that he and the IT Management team have complete visibility into any administrative operations that are performed and by whom.

In addition to this audit trail, we have implemented a mandatory workflow process with each IT Programming Request that requires the review of a secondary team member when making changes to the intranet portal or source code in the intranet portal source code repository. This serves as an additional validation and backup to protect against segregation of duties concerns.

**IA Follow-Up:**

**Observation #2 - OCERS should formalize a process to annually obtain and review SOC reports for relevant IT vendors.**

OPEN

**Process Owner:** Information Technology

**Due Date:** 06/30/2020

**Action Plan:** OCERS has developed criteria to identify IT vendors and technology service providers' requiring SOC2 reports, and will enhance our systems to notify staff to request and review SOC2 reports annually. Process and review documentation is being developed along with updates to our procurement process to mandate SOC2 reports as a deliverable



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
EXECUTIVE,  
FINANCE,

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**IA Follow-Up:**

**Observation #3 - OCERS does not maintain data flow diagrams or other documentation of information flow both internally and to external parties.**

OPEN

**Process Owner:** Information Technology

**Due Date:** 12/31/2020

**Action Plan:** Phase one of OCERS Data Classification project, will identify data elements in our V3 system and include the creation of data flow diagrams for data elements classified as "sensitive". In addition, OCERS IT Programming team will develop data flow diagrams of their internal datasets and reporting platform.

Additional data flow diagrams may be developed along with process flow diagrams as part of future lean process improvements.

**IA Follow-Up:**

**Observation #5 - A formalized, integrated IT vendor risk assessment and management process is not in place to evaluate vendor risks in a streamlined, holistic manner.**

OPEN

**Process Owner:** Information Technology

**Due Date:** 09/30/2020

**Action Plan:** Currently OCERS engages in vendor due diligence, cyber monitoring, credit monitoring and performance review activities as appropriate for our organization.

OCERS is enhancing the IT vendor procurement process to help identify risk posed by potential IT vendors. This project is scheduled to be in place by 3Q 2020. This endeavor will be enterprise-wide endeavor (including IT, Information Security, Operational Support Services and Executive Management). This will be performed in addition to annual SOC 2 reviews, as noted in the Management Action Plan for Observation #2

The results of these activities will be recorded in a centralized system and will be reported to the Operational Risk Management Committee.

**IA Follow-Up:**

**Observation #6 - OCERS IT does not maintain a formal project management methodology for technology related projects.**

OPEN

**Process Owner:** Information Technology

**Due Date:** 08/31/2020

**Action Plan:** OCERS will establish formal Project Management protocols and best practices to be followed for all IT Project implementations.

**IA Follow-Up:**

**Observation #4 - Evidence of testing of Intranet portal changes are not retained.**

CLOSED

**Process Owner:** Information Technology



## Management Action Plan Status Report

Project(s): ALL  
Mgmt. Status: ALL

Process Owner(s): EMPLOYER,  
EXECUTIVE,  
FINANCE,

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**Completion Date:** 06/12/2020

**Action Plan:** Currently, OCERS IT Programming records all requested changes to its intranet portal environment in an IT Programming Request list located on OCERS Intranet site. The list includes automated notifications sent to stakeholders and approval workflows generated for approvals and sign off of requests.

To better capture evidence of testing performed prior to implementing changes to the intranet portal or hosted reports, this ticketing system has been modified to include a field for 'Testing Performed'. This field will be used to specifically capture testing that was performed by the developer and/or the end user prior to the implementation of the change. In addition, this field will include instructions the 'attach supporting testing documentation as necessary'.

**IA Follow-Up:** Internal Audit confirmed the creation and use of the "Testing and Validation Performed" field in the IT Programming Requests to document the review of Intranet Portal Changes.

**Project: 2031 - Audit of Orange County Sanitation District (OCSD) Payroll Transmittals**

**Report Date:** 06/04/2020

**Total Observations:** 1

**Open Observations:** 0

**Closed** 1

**Observation #2031 - An employee in our sample was not entitled to receive a pensionable premium pay item, resulting in an overpayment of that pensionable premium pay item (and contributions paid to OCERS).**

**CLOSED**

**Process Owner:** Employer

**Completion Date:** 05/21/2020

**Action Plan:** Development Pay requests are manually tracked in Excel, and entered in the FIS system. OCSD staff has begun using an exception report to compare the records from these two data sources, to ensure the number of employees listed on the Excel tracking sheet match the number of employees receiving Development Pay per the FIS system. Secondly, the Development Pay program will be audited bi-annually to capture and correct any administrative errors that may have occurred. Additionally, data entered in the FIS system is now done by using an employee identification (ID) number rather than an employee's last name to ensure the correct record is being updated each time. Lastly, in the past 4 years, we've had 5 different staff members administer the Development Pay program due to staff turnover. We now have a dedicated staff member that is knowledgeable in the program and is solely responsible for entering requests in the Excel worksheet and the FIS system, and a supervisor overseeing the function. OCSD is also working with the employee on a repayment plan to reimburse OCSD for the pensionable pay granted in error. Once this is finalized, the Development Pay for the impacted employee will be reversed and an adjustment entry (for contributions) will be done in V3 for each pay period affected.

**IA Follow-Up:** IA confirmed the correct employee qualified for the certification pay, the premium payment in error was corrected with collections and the semi-annual audit has been implemented.



## Memorandum

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**DATE:** October 13, 2020  
**TO:** Members of the Audit Committee  
**FROM:** David Kim, Director of Internal Audit  
**SUBJECT:** **STATUS UPDATE OF 2020 AUDIT PLAN**


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### *Written Report*

#### **Background/Discussion**

Attached is a comparison of budgeted 2020 audit plan hours versus the completed program actual hours, by project.

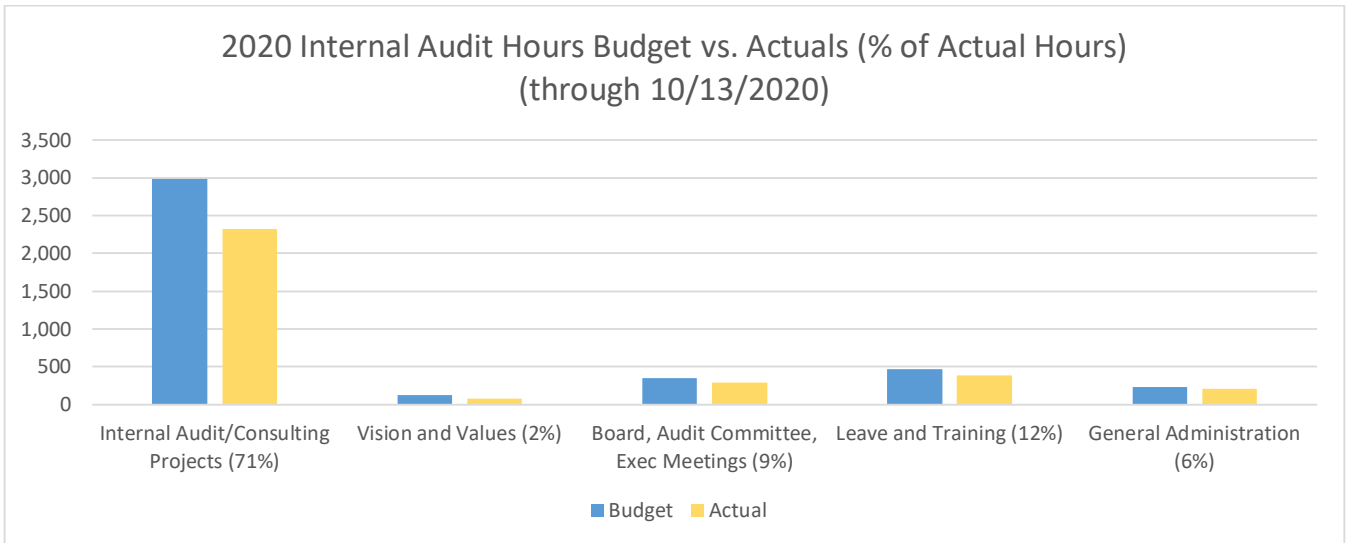
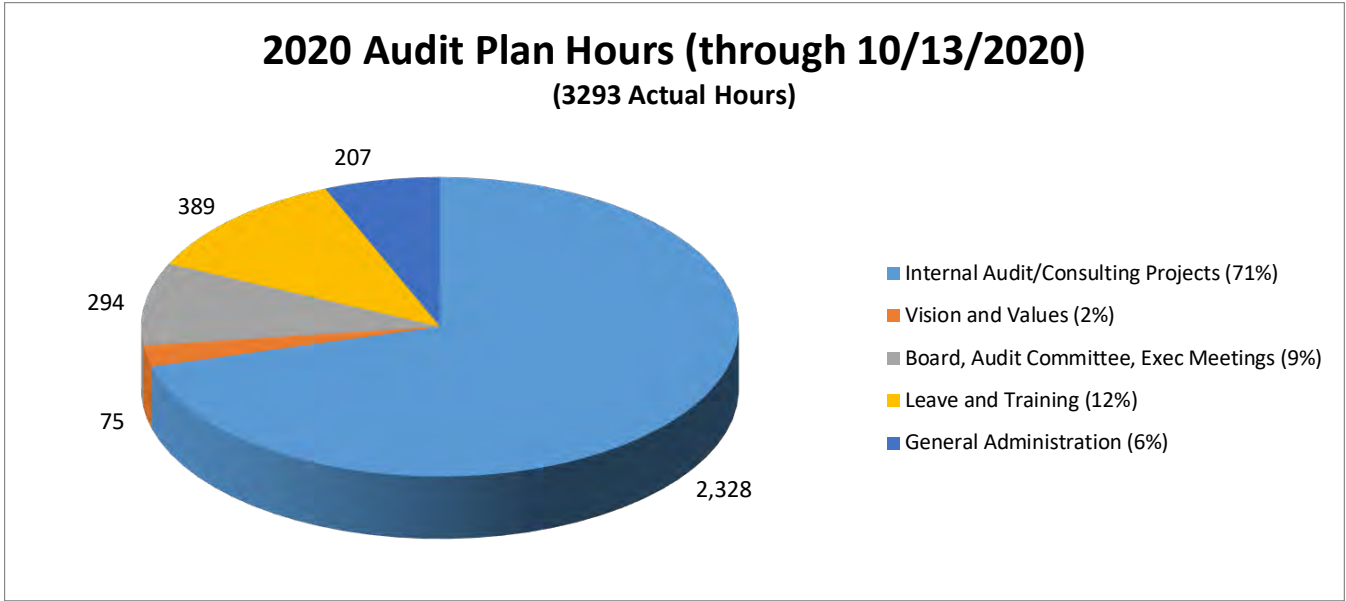
#### **Submitted by:**



**D. K. – APPROVED**  
David Kim  
Director of Internal Audit



## 2020 Internal Audit Plan



## 2020 Internal Audit Plan

Audit Activity	Description	Planned Hours - Original Budget	Actual Hours	Projected Remaining Hours	Comments
<b>Internal Audits/Consulting/Planning</b>		<b>2,980</b>	<b>2,328</b>	<b>596</b>	
<b>Internal Audits - Assurance</b>		<b>2550</b>	<b>2038</b>	<b>468</b>	
Pay Item Review (Carryover 2019)	Confirm OCERS operational changes made as a result of Management's Final Average Salary project from 2018. Additionally, review OCERS' controls to confirm plan sponsor transmittals are in compliance with the updates from the Final Average Salary project.	210	235	0	Complete
IT General Controls Audit performed by consultants (Carryover 2019)	Develop the Information Technology Risk Assessment and long term IT Audit Program, including testing of IT General Controls.	30	36	0	Complete
Investment manager fees	Review the controls that the fund of funds managers have in place to ensure the distributions from the underlying funds have been performed completely and accurately. (e.g. review the controls at TorreyCove to ensure they are reviewing the audited financial reports for the fund they have investments)	300	0	22	Start planning in November/December.
Securities Lending Income	Review the controls at the custodian bank to ensure the profit distribution from securities lending are calculated completely and accurately and OCERS collateral is sufficient to offset the risk of securities lending. (Per AC Chair request)	100	78	22	Testing in progress
Investment accounting and valuation	Review the controls at OCERS Finance to ensure the investment financial reporting is complete and accurate and recorded to the GL timely and accurately/disclosed in the CAFR (e.g. footnotes).	300	260	40	Reviewing results with management
Contribution transmittals Employer (County - Sheriffs Dept)	Review the controls when setting up the new member or changes, eligibility of the member for the pay items, controls at OCERS MS to monitor transmittal exceptions are addressed timely, compliance at employers of OCERS membership eligibility policy (e.g. contract workers).	300	80	220	Planning in progress
Contribution transmittals Employer (Sanitation District)	Review the controls when setting up the new member or changes, eligibility of the member for the pay items, controls at OCERS MS to monitor transmittal exceptions are addressed timely, compliance at employers of OCERS membership eligibility policy (e.g. contract workers).	300	290	0	Complete
IT Audit Program	Vulnerability and Patch Management, IT Automated Controls	80	12	24	Outsourced to a third party. 40 hours to oversee per audit
Actuarial Extract	Determine the adequacy of the internal controls in place to ensure accurate and complete data transmitted for the actuarial valuation.	320	328	0	Present to Audit Committee

2020 Internal Audit Plan

Audit Activity	Description	Planned Hours - Original Budget	Actual Hours	Projected Remaining Hours	Comments
Ad-hoc project	Open for any ad-hoc project TBD	100	92	0	Request by AC to review controls possibly impacted by remote work situation. Reviewed draft CAFR. Reviewed other system AC agenda format for Action/Infomrational items.
Internal Audit - Management Action Plan Follow-up	Action Plan Follow-up - Perform MAP follow-ups with management.	160	150	0	Ongoing review of implemented MAPs from completed audits.
Continuous Audit - Benefit setup (including eligibility, pension spiking)	New for 2020 - Set up a continuous audit of the FAS calculation with criteria for manual adjustments to the FAS (calculations/override/additions). Sample on quarterly basis	270	417	120	Q1 and Q2 complete, working with Member Services on Q3 and Q4 testing samples and schedules
Limited Access Death Master File (LADMF) - National Technical Information Service (NTIS) Certification	Managing the request for a vendor to perform the National Technical Information Service (NTIS) certification for access to the Limited Access Death Master File.	80	60	20	**New project added to the 2020 Audit Program
<b>Internal Audits - Consulting</b>		<b>60</b>	<b>78</b>	<b>0</b>	
IT Audit Program	Cloud Risk and Readiness Assessment	40	58	0	Outsourced to a third party. 40 hours to oversee per audit
Consulting - Annual Employer Report	Provide guidance to management on the preparation of the Annual Employer report of key financial information on OCERS' employers based upon 2019 audited financial statements.	20	20	0	
<b>Internal Audits - Planning</b>		<b>250</b>	<b>110</b>	<b>110</b>	
<b>Annual Audit Planning</b>	Review and update Risk and Control Matrix.	100	50	30	
	Annual preparation of the Audit Plan, updates to the current Audit Plan.	150	60	80	
<b>Internal Audits - Quality Assurance and Improvement Program</b>		<b>120</b>	<b>102</b>	<b>18</b>	
<b>Quality Assurance and Improvement Program</b>	IA Quality Review- self assessment - QAIP program	60	58	2	
	Use of hotline reporting system.	60	44	16	
<b>Vision and Values</b>		<b>130</b>	<b>75</b>	<b>55</b>	
	Vision and Values - Continuous Improvement Program	50	41	9	Route to appropriate parties, report to OCERS executives
	Vision and Values Committee (Internal OCERS Committee)	80	34	46	Internal committee to promote a positive culture at OCERS - Chair of the committee
<b>Board, AC, OCERS Executive Meetings</b>		<b>356</b>	<b>294</b>	<b>52</b>	
	Board meetings, Audit Committee, Personnel Committee, Governance Committee, Executive meeting	290	242	38	
	Weekly meetings with CEO	26	20	6	
	Monthly meeting with Audit Committee Chair	40	32	8	
<b>General admin time</b>		<b>230</b>	<b>207</b>	<b>60</b>	

2020 Internal Audit Plan

Audit Activity	Description	Planned Hours - Original Budget	Actual Hours	Projected Remaining Hours	Comments
	General admin time	230	207	60	6% of 2020 budget
<b>Leave (Holiday/Annual) and Training</b>		<b>464</b>	<b>389</b>	<b>114</b>	
	Holidays (12 days), Annual Leave (15 days)	352	198	114	
	Training and Continuing Education	112	191	0	
<b>Grand Total Hours</b>		<b>4,160</b>	<b>3,293</b>	<b>877</b>	