

IC Coordinators Meeting 8/19/09

Attendees:

Olga Acosta-Polston, NIAID	Anand Krishnamoorthy, NBS
Teresa Arnold, P-Card Program *	Grace Kishua, NCCAM
Charles Baron, Jr., OD	Pam Klein, NHGRI, Extramural
Sheila Barrett, NIBIB	Shamay Knox, NIAID
Nieshia Blocker, DLAM	William Mike Martin, FIC
Ronda Boatright, P-Card Program *	James Mitchell, NHLBI
Meghan Bourne, Deloitte & Touche	Debbie Murrey, Deloitte & Touche
Antoinette Bridges, NIEHS (Telcon)	Chamvadey Nhius, NIDA
Deborah Britton, CC	Vanessa Palacios, P-Card Program *
Donna Brooks, NCMHD	Ned Phillips, JPMorgan
Curt Brown, P-Card Program *	Robin Prigal, NCRR
Michael Brown, NEI	Mary Rainey, P-Card Program *
Cara Calimano, NLM	Caren Rasmussen, NCI
Stacey Croot, Deloitte & Touche	Pam Robbins, NCI
Marilyn Cuzzolina, CSR	Jody Sallah, NIDDK
Inez Demery, NICHD Intramural	David Schneider, NHGRI Intramural
Patricia Drake, ORF	Art Silver, NIGMS
Robert Ennis, NCCAM	Chris Spater, NIMH
Patricia Simmons Drake, ORF	Patrice Thompson, NIDK
Paul Errett, NICHD Extramural	Theresa Tolbert, NIMH
Maria Fernandez, P-Card Program *	Linda Tran, NIA
Linda Fitzwater, NINR	Barbara Warthen, NCI
Michelle Foster, P-Card Program *	Elona Weida, JPMorgan
Tricia Gibbons, NBS	Jennifer Weidman, Deloitte & Touche
Stephanie Greenleaf, CIT	Ed Wilgus, DSAPS
Malinda Holdcraft, NCI	Cynthia Williams, NDDCR
Tonya Joseph, NICHD	Sheila Zichos, NIDA Intramural

* Purchase Card Program Office Staff

Opening Remarks

Ronda Boatright introduced a new member of the Program Office team, Mary Rainey, who would be assisting on the Help Desk. Caren Rasmussen introduced the new NCI IC POC, Linda Holdcraft, and alternates Pam Robbins and Barbara Warthen.

Ms. Boatright introduced Ed Wilgus, Acting Director of DSAPS, noting that some meetings have been held and those remaining are being scheduled with each IC Point of Contact to share ideas and get feedback regarding the program.

Gift Cards/Oligos Update

Ms. Boatright noted that the newly released HHS Guide has established a nominal monetary limit of \$50 on gift cards and that there had been requests within NIH that the amount be maintained at \$100. To exceed the HHS Guide limitation a justification must be submitted consistent with Subpart 301-407 of the HHSAR. The Program Office is looking into the issue.

Ms. Boatright explained that an interim solution to the oligos card use issue is still being explored with a workgroup consisting of scientists, lab managers, purchasing agents, etc. under consideration. Oligos is DNA sequencing that is purchased by several of the ICs. Some of the oligos vendors required debit card payment which was determined to be unacceptable. Oligos may continue to be purchased through BPAs and other payment mechanisms. The oligos workgroup is hopeful that an interim solution can be piloted very soon.

DCIS Reporting Requirements

There is a requirement to report transactions that exceed the micro-purchase threshold to DCIS. There are some obstacles to compliance related to the procedures for reporting to PRISM and Oracle, and there is effort ongoing with the Business Owners (the directors of OFM, OALM, and the Budget Office), NBS and others to resolve these issues.

Last Day to Use the Purchase Card Fiscal '09

Ms. Boatright noted that a timeline has been announced based on a decision by the budget office that the last day to use purchase cards for fiscal year 2009 is close of business September 24th at 11:59 p.m. There was an Executive Council meeting at which time there were no objections by the Executive Officers in attendance. In fact, some ICs have established internal cut-offs earlier than the last day of the fiscal year. All P-Card transactions must be entered into the log by COB September 28th. Emergency orders may be placed until COB September 30th.

There was an extensive discussion about the challenges that would be encountered with such an early cut-off date. Ms. Boatright explained that the problems encountered at the end of FY '08 were so extensive that the earlier than usual cutoff was intended to prevent a repeat of those problems. It was noted that in the past p-cards have been the only way to use last minute funds and that clarification on how to effect emergency fund payments after the deadline would be helpful. Also, it was noted that if a purchase was made and the log entry made the same day, the 28th should be the cut-off date to enter the data into the log. It was also noted that purchasing agents understand and comply with requirements (such as making the log entry within 24 hours), but that card users in the labs may not comply due to demands on their time and may contribute to some of the problems mentioned. There was a suggestion that the policy be changed to allow the purchasing office to use the card past the deadline even though all other users would be subject to the September 24th deadline. Ms. Boatright commented that the cards will not

be suspended by the Program Office or the bank on September 24th, so the policy requires voluntary compliance which the ICs should reinforce. She added that the issues raised during the discussion would be discussed with the appropriate offices and a response would be prepared for the IC Coordinators within a week or so. Emergency purchases can be made up until September 30th at 11:59 pm utilizing FY '09 funds. There was also a comment that data entered in the log (list price, competition, etc.) is not conveniently available in the system for CAO review. This is something that will have to be considered as an enhancement to NBS.

Data Mining Work Group

The Program Office is working with Deloitte to define and finalize the parameters of data mining reporting provided to the ICs. A work group will be organized to look at types of reports, frequency, and information that would be helpful in monitoring cardholder and CAO activities.

Convenience Checks

Asked about the convenience check policy, Ms. Arnold stated that the only change in the NIH interim policy which allows check to be written for patients participating in research protocols and for certain professional services is that NIH employees who participate as patients in protocols must now be paid by electronic transfer and not by check. It was noted that the HHS guidelines are more liberal than the NIH supplement. NIH requires a detailed justification that provides evidence that the vendor cannot accept purchase orders or purchase card as payment and that there are no other vendors who could provide equal products or services and don't accept purchase orders before using the purchase card as payment. Ms. Arnold stated that the issue would be covered in the next version of the NIH supplement.

NBS/JPMorgan Presentation

Ms. Boatright introduced Anand Krishnamoorthy (NBS) and Ilonka Weida (JPMorgan Chase) for the discussion of the month-end reconciliation process. Mr. Krishnamoorthy explained that during the past few months there have been discrepancies between the daily files received and the summary monthly files. There were entire daily files or missing transactions in some daily files that existed within the summary file. Since all the daily files must be reconciled exactly with the summary file, these discrepancies are flagged in an un-matched window. There must be a perfect match in order to proceed with processing before submission to OFM for payment to JPMorgan Chase. That includes consistency of the fields within the files (e.g., merchant identification, etc.). Therefore, with JPMorgan's cooperation the missing files or transactions were identified and entered so that the monthly record could be closed out. That process has become proactive so that such discrepancies are discovered immediately upon receipt of the files and corrected before the final reconciliation is attempted.

Asked about the reason for the problem, Mr. Krishnamoorthy recalled that the same issues arose when the US Bank process was begun and those problems were worked out. The NBS-JPMorgan Chase interface is a new system, and the problems have been identified and steps taken to reduce or eliminate the missing files and/or transactions before reconciliation. Commenting on the exceptionally high level of delays in July, Ms. Weida explained that one daily file from JPMorgan Chase failed to transmit to NBS a situation that was corrected within about 10 days. There were some other individual transactions from JPMorgan Chase that had discrepancies that were caused by data provided by the payee that did not match NBS data. She added that like NBS, JPMorgan is developing an alert system that should be in effect by November. That alert system will flag discrepancies so that resolution can be affected before significant delays occur.

NBS Change Control Process -- Olga Acosta-Polston (Change Control Board)

Ms. Acosta-Polston described the process by which the Change Control Process either repairs problems in the NBS system or accommodates enhancements recommended by users. A problem in the system that prevents an individual from accomplishing an intended task is called a “break-fix.” Because there were many such problems when the system was first implemented, the Change Control Board (CCB) was established to provide guidance to the Help Desk in terms of prioritization and allocation of resources. The CCB is supported by the Community Advisory Group (CAG) composed of representatives of the NIH user community, and the Change Review Board (CRB), an internal NBS board that is advisory to the CCB.

NBS Break-Fix -- when an IC customer submits a break-fix issue to the Help Desk, the issue is either resolved by the Help Desk or sent on to an NBS team that assigns a priority and causes the issue to be resolved. Issues resolved are described for all users in a monthly maintenance advisory.

It became evident that some of the calls to the Help Desk involved enhancements to the system. The IC customer may complete the System Enhancement Justification Form and submit the form to the Help Desk, which reviews it for completeness and sends it on to the NBS Team that adds information about the requirements needed to put the enhancement into effect. The form is then forwarded to the Business Owners who solicit input from various stakeholders, including the CAG. If the proposal is considered invalid, the IC customer who submitted the proposal is informed and the process ends. If the proposal is considered valid it is returned to the NBS Team for a complete plan of action, after which the Business Owners prioritize all proposed enhancements and posts the results on the NIH Portal (acquisitions page). After final review by the CRB, the NBS Team defines the enhancement to be built into the system; it is tested and finally deployed.

During discussion, Ms. Acosta-Polston conceded that major enhancements could take up to two years to reach the system, but there are many interim enhancements that may take only a few months to complete.

Closing Comments and Adjournment

Ms. Boatright noted that a checklist is available for preparing and submitting requests to establish and maintain accounts. There was a request that the forms required to change the approval person for P-Cards be available on the NBS Acquisitions page, and there was a brief discussion about the inadequacy of the proxy reporting and logging process. Ms. Boatright stated that both issues would be referred to the NBS for comment.

Ms. Boatright expressed appreciation to those who attended the meeting.

The meeting adjourned at 11:10 a.m.