The University of Texas Rio Grande Valley™

UT Health RGV Surgery and Women's Specialty Center Audit

Report No. 21-AEN-02

November 22, 2021

Office of Audits & Consulting Services

EXECUTIVE SUMMARY

Overall Assessment:

Overall, the Surgery and Women's Specialty Center's front-end controls and processes were in place and functioning as intended.

Opportunities exist to provide staff refresher training on specific front-end procedures, improve clinical record timeliness, and create a process for the monitoring of appointment statistics.

Risk Levels
Appendix I

Priority
High
Medium
Low

We appreciate the courtesy and cooperation from Clinical Affairs throughout this audit.

Background: The UT Health RGV Surgery and Women's Specialty Center provides services in the areas of general surgery and trauma. The Clinic was acquired from a local physician and has been in operation since 2019.

Objective: To assess the effectiveness and efficiency of internal controls and operational processes.

Scope/Period: Current policies, procedures, and activities from January 2020 to July 2021.

Engagement conducted in accordance with the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing* and *Generally Accepted Government Auditing Standards*.

Risk		Observations Summary
Medium	1.	Seven out of fifteen (46%) patient files tested contained incorrectly completed Advanced Beneficiary Notice of Non-coverage (ABN) forms.
Medium	2.	Appointment scheduling statistics are not tracked and trended.
Low	3.	Thirty-one out of 570 (5%) unbilled encounters remained open in April 2021 due to incomplete medical records or missing provider signoffs.

Observation Detail	Recommendation	Management Action Plan
Advance Beneficiary Notice of Non-coverage 1. ***(Condition)*** Seven out of fifteen (46%) sampled patient files contained incorrectly completed Advanced Beneficiary Notice of Non-coverage forms (ABNs). ***(Criteria)*** UT Health RGV policy 16.01RB Advanced Beneficiary Notice establishes procedures in regard to obtaining ABNs. The ABN is a notice given to beneficiaries in Original Medicare to convey that Medicare is not likely to provide coverage in a specific case. Providers and suppliers must complete the ABN per instructions in order to transfer potential financial liability to the beneficiary and deliver the notice prior to providing the items or services that are the subject of the notice. Additionally, the Centers for Medicare and Medicaid Services (CMS) maintains publications on their website in regard to ABNs. The publication "Medicare Advanced Written Notices of Non-Coverage" was last updated May 2021. ***(Cause)*** Incorrectly filled out ABNs is due to lack of training and follow-up by management.	1. Management should incorporate updated Advanced Beneficiary Notice of Non-coverage guidance available from the Centers for Medicare and Medicaid Services' (CMS) into the General Training Guide and train office staff.	1. This has been added to new hire training. Evidence of Coverage (EOC) has been added for all patients who have added services. PSR's and Managers have been provided with the CMS.gov ABN instruction guides and the location of the ABN form in Athena, along with instructions of when to provide this to the patient. The training guide was also provided to the managers via OneDrive. **Action Plan owner**: Marivel Barrera, Senior Director of Clinical Administration and Jennifer Giese, Patient Access Manager **Implementation Date**: 09/01/2021

Observation Detail	Recommendation	Management Action Plan
(Effect) In the event that Medicare denies coverage, financial liability cannot be transferred to the beneficiary without a valid ABN on file, resulting in patient account balances and potential adjustments to those accounts.		
Monitoring Reports 2. ***(Condition)*** Appointment scheduling statistics are not tracked and trended. ***(Criteria)*** UT Health RGV policy 13.12RC Appointment Scheduling states, "For the purposes of tracking and trending, all clinics will be responsible for monitoring monthly reports in reference to appointment scheduling. Examples include, but are not limited to: a. Number of patients scheduled vs. number of open appointment slots b. Number of appointments per day per week per month c. Number of new patient appointments vs. number of established patient appointments d. Percentage of cancelled appointments that were rescheduled immediately	2. Medical Office Manager should coordinate with the Decision Support team to categorize, track, and trend appointment scheduling statistics as part of regular monitoring reports.	2. Reports in Athena are available for this. Patient Access is in the process of designing reports and metrics to measure and track these statistics. A request has been made to Decision Support for the reports listed in the Appointment Scheduling policy. **Action Plan Owners**: Janae Neely, Office Manager and Jennifer Giese, Patient Access Manager **Implementation Date**: 11/15/2021

Observation Detail	Recommendation	Management Action Plan
e. No show rates f. Percentage of each appointment type g. Trend of cancellation/re-scheduled reasons and percentage h. Next available appointments ***(Cause)*** Appointment statistics data is not centrally analyzed to produce effective tracking and trending reports and dashboards created by the Decision Support & Analytics team to monitor operational metrics. ***(Effect)*** Without accurate tracking and trending to establish baseline data, it is impossible to quantify the results of any efforts for improvements in clinic processes and revenue generation.		

Observation Detail	Recommendation	Management Action Plan
Open Encounters 3. ***(Condition)*** Thirty-one out of 570 encounters in April 2021 remained open as of May 10, 2021 due to missing provider signoffs or incomplete notes. The encounters ranged from 12 to 32 days outstanding. One encounter with date of service of April 21, 2021 remained open as of July 28, 2021. However, it is important to note that 31 only represents 5% of the encounters performed in April 2021. ***(Criteria)*** UT Health RGV policy 14.04RC Clinical Record Timeliness states, "All UT Health RGV providers must complete documentation in the clinical record on the same day of any ambulatory patient encounter to maintain complete, timely, and accurate clinical records." ***(Cause)*** Some providers may lack training regarding payor billing deadlines or other requirements. While follow-up by management is occurring, it does not address all instances of delinquent providers.	3. Management should: • Provide periodic refresher training to providers to prevent delays in closing encounters. • Include the impact of not closing encounters timely and a request for explanation for open encounters exceeding UT Health RGV requirements in its follow-up notices. • Track and trend delinquent providers and take appropriate action as necessary.	3. Revenue cycle and office managers send email reminders to the providers. Medical Assistants are helping with reminding providers as well. We have begun a reconfiguration of the Athena system as a whole. An Athena Rep. came on site to visit with providers, examine their workflow, and provide feedback with recommended changes to improve efficiency, functionality and increase provider participation. We strongly believe that with training, we will see a significant increase in providers meeting documentation deadlines. **Action Plan owners**: Marivel Barrera, Senior Director of Clinical Administration and Jennifer Giese, Patient Access Manager **Implementation Date**: 01/01/2022

Observation Detail	Recommendation	Management Action Plan
(Effect) Delays in completing and signing off on encounters may result in potential revenue loss. Additionally, patient safety issues may arise due to inadvertent omissions or incomplete information.		

APPENDIX I

Risk Classifications and Definitions

Priority	High probability of occurrence that would significantly impact UT System and/or UT Rio Grande Valley. Reported to UT System Audit, Compliance, and Risk Management Committee (ACMRC). Priority findings reported to the ACMRC are defined as "*an issue identified by an internal audit that, if not addressed timely, could directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole.*"
High	Risks are considered substantially undesirable and pose a significant level of exposure to UT Rio Grande Valley operations. Without appropriate controls, the risk will happen on a consistent basis. Immediate action is required by management in order to address the noted concern and reduce exposure to the organization.
Medium	Risks are considered undesirable and could moderately expose UT Rio Grande Valley. Without appropriate controls, the risk will occur some of the time. Action is needed by management in order to address the noted concern and reduce the risk exposure to a more desirable level.
Low	Low probability of various risk factors occurring. Even with no controls, the exposure to UT Rio Grande Valley will be minimal. Action should be taken by management to address the noted concern and reduce risk exposure to the organization.

APPENDIX II

Criteria & Methodology

We requested documentation such as organizational charts, job descriptions, and other supporting information and interviewed management and clinic staff to gain an understanding of clinic workflows. We also reviewed information maintained within the Athena System as well as the following policies:

- CMS Publication "Medicare Advanced Written Notices of Non-Coverage" last updated by CMS May 2021
- UT Health RGV policy 13.12RC Appointment Scheduling
- UT Health RGV policy 14.04RC Clinical Record Timeliness
- UT Health RGV policy 16.01RB Advanced Beneficiary Notice

APPENDIX III

Report Distribution & Audit Team

Report Distribution

Dr. Michael Hocker, Dean of the School of Medicine
Michael Patriarca, Executive Vice Dean of the School of Medicine and Vice President of UT Health RGV
UT System Audit Office
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