Charge Capture – Radiation Oncology

Audit No. 2013-106

Presented by

The Department of Internal Audit

May 10, 2013
13-106 – Charge Capture – Radiation Oncology

Strategic Area: Patient Care  
Risk Type: Financial and Operational  
Audit Manager: Antoinetta Lovelady

Overview:

The Division of Radiation Oncology (the Division) has three departments: Radiation Oncology, Experimental Radiation Oncology and the Department of Radiation Physics. The Division provides a wide range of radiation treatments including Proton Therapy, Gamma Knife and Intensity Modulated Radiation Therapy. These services are provided to cancer patients at The University of Texas MD Anderson Cancer Center’s (the Institution) main campus, Regional Care Centers (RCC), and the Proton Therapy Center (PTC). Radiation treatments are highly complex, requiring well coordinated teams of physicians, mid-level practitioners, nurses, dosimetrist, therapists, physicists and engineers\(^1\) in order to provide the highest quality of care.

In fiscal year 2012, the Division treated more than 8,000 patients, generating approximately $459 million in gross patient revenue. The Division’s Financial Services team is responsible for ensuring that professional and technical charges are captured for services provided. They also provide charge capture oversight, including quality assurance reviews for the Presbyterian Hospital in Albuquerque, New Mexico.

Audit Results Summary:

The Division of Radiation Oncology has invested significant resources in establishing an extensive control structure. In general, we found that many of the control processes are working as intended; however, we identified lost revenue of at least $720,000 and opportunities for improvement in some areas. Specifically, management could improve the effectiveness of the Division’s control processes by:

\(^1\)Division of Radiation Oncology 2012 Annual Report
- Promptly capturing charges for services provided
- Resolving suspended charges
- Ensuring complete and timely medical documentation to support charges
- Ensuring resolution of chart closeout issues
- Reviewing MosaiQ user access to ensure proper segregation of duties
- Preventing opportunities for invalid procedure codes in MosaiQ
- Segregating duties related to quality assurance reviews

Management Summary Response:

Management is in agreement with the recommendations to enhance controls over the Division's charge capture process. The detailed observations included in the report identify actions for Radiation Oncology Financial Services and Radiation Oncology Information Services. They have separate action plans to address their respective recommendations. All recommendations are projected for completion by August 2013.

Number of recommendations to be monitored by UT System: None
Objective, Scope and Methodology:

The objective of our audit was to determine whether controls are operating effectively to ensure professional and technical charges within Radiation Oncology are captured and recorded appropriately in the institutional financial systems. The scope included the review of charge capture activities at the main campus, PTC and the RCCs from September 2011 through February 2013. Our review excluded the Presbyterian Hospital in Albuquerque as these charges are independently exported from MosaiQ and captured in their own patient billing system.

Audit procedures included, but were not limited to:

- Interviews and walkthroughs with key personnel to understand charge capture controls and processes
- Analysis of MosaiQ, CARE, IDX and ClinicStation data to determine whether charges were accurate and complete
- Review of various reports to ensure appropriate charge capture monitoring functions are in place
- Review of various exception reports to quantify the total uncaptured patient charges and lost revenue
- Review of MosaiQ user access levels and validation of automated application controls
- Review of patients’ electronic bills to determine whether specific Radiation Oncology diagnostic codes were included
- Review of institutional policies and departmental procedures

Our audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing.

We sincerely appreciate the courtesy and cooperation extended by the personnel in Radiation Oncology, Revenue Capture and Support, Patient Billing Services and Clinical Applications and Support.

Sherri Magnus, CPA, CIA, CFE, CRMA
Vice President & Chief Audit Officer
May 10, 2013
Background

The Division utilizes the MosaiQ application for patient scheduling, electronic medical record documentation, charge capture, reporting and analysis. Information in MosaiQ is supported by additional medical record documentation (i.e. patient diagnoses, progress notes, etc.) recorded in ClinicStation. The charge capture process involves 1) scheduling procedures in MosaiQ, 2) documenting services performed in MosaiQ and Clinic Station, and 3) exporting technical and professional charges to the billing systems for the recording of gross patient revenue. Appendix A provides a visual depiction of the charge capture process.

The Division has established extensive control processes to promote charge capture accuracy. Billing Specialists review various reports and medical documentation from MosaiQ and ClinicStation to validate charges before they are exported to the billing systems. When professional charges cannot be validated due to incomplete documentation from medical providers, current procedures require the charges to be logged into the Radiation Oncology Business Services (ROBS) database for tracking and resolution. Billing Specialists must contact the providers and follow-up as necessary to ensure the required documentation is obtained so the charges can be exported and billed timely. If technical charges cannot be validated for any reason, these charges, along with the professional charges in the database, will appear on an Unexported Report from MosaiQ. This report is generated daily to track the charges until errors are resolved and export can occur.
Once professional and technical charges are validated, they are exported to patients’ accounts in the IDX and CARE billing systems, respectively, via an automated interface through the HUB (interface engine). A Suspense Report for technical charges is generated when errors or missing information prevent the HUB from transmitting these charges to CARE. The Institution’s Revenue Capture and Support team coordinates with the Division to resolve errors and facilitate the export of these technical charges. The Division is ultimately responsible for ensuring errors are corrected and the charges are captured. If the errors are not cleared within 14 days, the charge will automatically purge from the Suspense Report and the associated revenue will be lost.

During the interface process, the HUB may attempt to transmit charges to patients’ accounts that have gone into an inactive “history” status. These are accounts with a minimal balance ($14 or less) and no activity in 30 days. Charges that cannot post to these “history” accounts will suspend to a Recirculating Error File. The Revenue Capture and Support team reviews this file and manually deletes any charges that cannot be posted. This process results in additional lost revenue for the Division. If the interface fails for professional charges, an Edit List is created. The Revenue Capture and Support team is also responsible for resolving items on the list to facilitate charge capture.

Observation 1:
**Incomplete Charge Capture Resulting in Lost Revenue**

The Division is responsible for ensuring charges are captured and exported for all services provided. Charge capture culminates with the recording of gross patient revenue in the billing system. Our review of various exception reports revealed at least $720,000 in lost revenue due to the following:

- Untimely exported charges totaling $392,000 were deleted from the Recirculating Error File because they were past the filing deadlines.
- Charges totaling $310,000 were automatically purged from the Suspense Report due to unresolved errors.
- Uncaptured charges totaling $19,000 for several arrived appointments resulted in lost revenue.

The majority of these charges were lost during the interface process which occurs after the export.

Additionally, we identified more than 900 unexported charges dating back to September 2011 due to incomplete medical documentation. According to institutional policy all medical documentation should be completed within 30 days from date of service. The amount of lost revenue associated with these charges could not be determined due to lack of procedure codes.

**Recommendation:**

Management should enhance control processes to ensure timely charge capture and reduce the risk of lost revenue by:

- Coordinating with Revenue Capture and Support to ensure timely resolution of suspended items
- Ensuring all arrived appointments have an exported charge
• Escalating instances of medical documentation noncompliance to the appropriate parties to encourage prompt responses from medical providers

Management's Action Plan:
Responsible EVP: Thomas Burke, M.D.
Due Date: August 31, 2013
Owner: Joy Godby
Final Approver: Wenonah Ecung
Contributor: Patricia Landa

The Division of Radiation Oncology will enhance control processes to reduce the risk of lost revenue by:

• Assuming full responsibility for reconciliation of the suspense report. Items will be reviewed daily to ensure resolution within the 14 day period. The division will coordinate with Revenue Capture and Support as needed.
• Ensuring all items scheduled in Mosaic are completed daily by the point of service provider. The Radiation Oncology Billing Specialists will continue to provide a weekly status report to each provider manager and to the Clinical Director to promote completing scheduled events at the point of service.
• Escalating medical documentation noncompliance, beyond physician leadership within the Division, to the appropriate institutional committee.

Observation 2:
Unresolved Chart Closeout Findings

Currently, Billing Specialists are required to perform a chart closeout process to ensure all medical documentation and charges have been recorded for patients who have finished radiation treatment. The results of their review should be documented in the ROBS database, and responsible individuals should be notified to resolve the issues.

Our testing showed that chart closeout reviews are occurring and results are documented in the database. However, we noted that issues are not consistently resolved. According to management, limited resources prevent additional follow-up to ensure resolution. Failure to identify and resolve significant findings could result in errors, such as lost revenue and overbilling.

Recommendation:
Management should develop and implement a practical process for identifying and ensuring resolution of significant chart closeout findings.

Management's Action Plan:
Responsible EVP: Thomas Burke, M.D.
Due Date: August 31, 2013
Owner: Joy Godby
Final Approver: Wenonah Ecung
Contributor: Gina Gomez
Billing Specialists are now required to add comments to the database regarding the status of chart closeout findings and the final disposition. Standard operating procedures have been updated to reflect the new practice.

Observation 3: Inappropriate MosaiQ User Access

To ensure proper segregation of duties, the appropriate level of system access should be granted to current employees based on their job roles and responsibilities. During our review of MosaiQ user access, we noted the following:

- MosaiQ access roles may be inappropriate based on the users' job titles or the access capabilities assigned. For example, we noted that roles such as Guest and IS-Desktop Team allow modification and approval of information in MosaiQ related to key areas such as charge capture and treatment delivery. In addition, a dosimetry student and a physics student were granted the full Dosimetrist and Physicist access roles, rather than the respective student access roles designated in the MosaiQ account roles matrix.

- Ninety-seven terminated employees had open MosaiQ user accounts. Subsequent to our observation, management began the process of closing these accounts.

- Employment status could not be verified for six users with open MosaiQ accounts.

Inappropriate user access could result in improper modification of information in MosaiQ and charge capture errors.

Recommendation:
Management should conduct periodic reviews of MosaiQ user access to ensure:

- Access capabilities or functions for each access type are reasonable and appropriate
- User access roles are appropriate for all users based on their job positions
- MosaiQ accounts are closed for all terminated employees

Management's Action Plan:
Responsible EVP: Thomas Burke, M.D.
Due Date: August 31, 2013
Owner: Wayne Laskie
Final Approver: Wenonah Ecung
Contributor: Pamela Linden Brown

Management agrees that to ensure proper segregation of duties, the appropriate level of system access should be granted to current employees based on their job roles and responsibilities. To improve MosaiQ role definition and assignment, Administrative Directors will be assigned MosaiQ role category ownership responsibility. They will review and approve each MosaiQ account being placed in their "owned" role categories and make necessary changes to ensure the appropriate category, role name and level of access. The changes will be made, within the
limits of the MosaiQ software, until the role owners and MosaiQ Systems Administrators are comfortable with the name, access, and membership of the MosaiQ roles or the limits of the MosaiQ controls have been reached.

In addition, weekly review of employee terminations and transfer reports will continue and appropriate actions will be taken, including: 1) inactivating MosaiQ accounts for any disabled Active Directory accounts; 2) sending quarterly reports to the MosaiQ role owners and their delegates to confirm continued appropriateness of each MosaiQ account; and 3) ensuring user names match for each user’s MosaiQ and Active Directory accounts.

Furthermore, the department will be upgrading to a version of MosaiQ that links MosaiQ account logins with Active Directory. Once this upgrade occurs, disabling of users’ Active Directory accounts will automatically disable their MosaiQ access.

Observation 4:

**Expired Procedure Codes Not Rejected By MosaiQ**

As part of the charge review process, Billing Specialists may be required to enter or edit procedure codes in MosaiQ. Our limited testing of application controls showed that MosaiQ allowed the option to proceed with certain expired codes that were entered. During the interface process, the Institution’s billing system should reject any invalid procedure codes. However, implementing controls within MosaiQ to allow only valid procedure codes may improve overall efficiency in the charge capture process.

**Recommendation:**
Management should explore the feasibility of implementing a hard stop within MosaiQ to reject all invalid/expired CPT codes.

**Management’s Action Plan:**
- Responsible EVP: Thomas Burke, M.D.
- Due Date: August 31, 2013
- Owner: Wayne Laskie
- Final Approver: Wenonah Ecung
- Contributor: Pamela Linden Brown

The specific screens allowing continuation with invalid CPT codes will be defined. The impact to clinical operations of a “hard stop” will be reviewed. A presentation will be made to the Radiation Oncology Clinical Operations Committee for a decision on each screen to implement a “hard stop” or allow continuing with an invalid CPT code. The rationale for continuing will be documented for each screen and submitted with the final documentation of this Management Action Plan.

Observation 5:

**Quality Assurance Reviews Not Independent**

Billing Specialists are responsible for verifying the accuracy of charges and conducting quality assurance reviews of each other’s work. Based upon the current work flow assignment, the
Billing Specialists could potentially review their own work. This lack of segregation of duties could result in errors not detected in a timely manner.

As a result of our observation, the Division has reassigned the workload to ensure that Billing Specialists cannot perform quality assurance reviews of their own work.

**Recommendation:**
Management should update standard operating procedures to reflect the new practice of assigning Billing Specialists’ workloads to ensure proper segregation of duties.

**Management’s Action Plan:**
Responsible EVP: Thomas Burke, M.D.
Due Date: August 31, 2013
Owner: Joy Godby
Final Approver: Weronah Ehung
Contributor: Gina Gomez

As a result of Internal Audit’s observation, the Division has reassigned the workload to ensure that Billing Specialists cannot perform quality assurance reviews of their own work. This change was implemented upon initial discussion with the audit team.
Appendix A
Radiation Oncology
Professional and Technical Charge Capture Process Flow

START

Patient appts. & procedures are scheduled in MosaIQ

RadOnc Service is provided

Charges are exported from MosaIQ

Export Successful?

YES

Charges are received by the HUB

Interface Successful?

YES

Charges are posted to the patient's account in IDX or CARE

NO

Suspense Report

Confirmation Report provided to Rad Onc

Recirculating Error File or Edit List

Reviewed and corrected by Revenue Capture & Support prior to acct in history

Reviewed and corrected by Revenue Capture & Support within 14 days

Suspense Report

NO

Unexported Report and ROBS Database

Purge Report

NO

REF Deletion File

NO

POTENTIAL LOST REVENUE

LOST REVENUE

Page | 10 of 10