MEMORANDUM

TO: Ruben Escamilla
    Director, Revenue Cycle Operations

    Casey D. Peterson
    Associate Vice President, Clinic Operations

    Carolyn S. Nelson-Becker, PhD
    Administrative Director, Regional Maternal & Child Health Programs

FROM: Kimberly K. Hagara, CPA, CIA, CISA, CRMA
    Associate Vice President, Audit Services

DATE: June 23, 2014

SUBJECT: *utmbrConnect* Workflow – Patient Registration
        Audit Control Number 2014-006

Attached is the final audit report regarding the *utmbrConnect* Workflow – Patient Registration audit. This audit will be presented at the next Institutional Audit Committee meeting.

Additionally, please find attached Audit Services audit recommendation follow up policy. Each of the recommendations is classified by type at the end of its identifying number: Significant (S), Risk Mitigation (R), or Process Improvement (P). As you will note in the policy, the classification of the recommendation determines the frequency of our follow up. All follow up results are reported quarterly to the Institutional Audit Committee.

Thank you for your cooperation and assistance during the course of this review. If you have any questions or comments regarding the audit or the follow-up process, please feel free to contact me at (409) 747-3277.

C: Donna K. Sollenberger
    Suman K. Smith
    Anna O'Connell
utmbConnect Workflow – Patient Registration
Audit Control Number: 2014-006

Background
The University of Texas Medical Branch (UTMB Health) offers a wide range of primary and specialty care inpatient and outpatient services at its hospital and ambulatory clinics located in Galveston and the greater Galveston/Houston area. Additionally, UTMB Health’s Regional Maternal and Child Health Program (RMCHP) provide pregnancy and other women’s health related services in 14 clinics located throughout Southeast Texas.

UTMB Health’s registration process includes obtaining and verifying patient demographic and financial information related to payment for services to be rendered. The accuracy and completeness of the information collected during the registration process, by well-trained staff with appropriate quality oversight processes, reduces the need for correcting information during the subsequent billing and collection processes. In addition to beginning the revenue cycle, an efficient patient registration process is an important component of ensuring patient satisfaction and patient care.

In April 2013 through an initiative known as utmbConnect, UTMB Health transitioned its registration, scheduling, and billing processes to associated integrated modules in Epic. This audit represents the first of a series of post implementation workflow reviews.

Audit Objective
The objective of this audit was to assess the efficiency and effectiveness of the utmbConnect operational workflows for the inpatient and outpatient registration.

Scope of Work and Methodology
The audit scope included current operations in both the outpatient and inpatient environment. Our methodology included gaining an understanding of the new registration workflows through interviews and observation of key personnel; review of applicable policies, procedures, and other documentation; and, limited testing. Based on our preliminary risk assessment and interviews with key stakeholders, Audit Services selected the following areas and clinics for review:

- Emergency Department (ED)
- Transfer Center (Patient Placement Center)
- Admitting Office
- JSA3 Labor and Delivery Unit
- Day Surgery Unit (DSU)
- League City Pediatric Urgent Care Clinic
- Pearland Regional Maternal and Child Health Program (RMCHP) Clinic
- Friendswood Pediatric, Adult, and Primary Care Clinic
- Victory Lakes Specialty Care Center - Breast Health & Imaging Clinic
- League City Multispecialty Center and Stark Diabetes Clinic

The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing as promulgated by the Institute of Internal Auditors.
**utmbConnect Workflow – Patient Registration**  
**Audit Control Number: 2014-006**

**Audit Results**

The implementation of *utmbConnect* involved both changing the software system and shifting some of the responsibility for handling various revenue cycle processes from a centralized billing office to the individual clinics/areas creating the registration data in Epic and providing patient services. The responsibilities of the designated registration employees at the clinic locations include scheduling appointments, arriving and dispositioning patients, verifying demographic information, insurance verifications, obtaining signatures for applicable forms, obtaining proper authorizations, and collecting payments. Hospital based registrations include all of the same responsibilities except for scheduling. Additionally, RMCHP clinic registration staff also perform financial screening. The goal of shifting to a decentralized registration/claim exception model is to improve the overall revenue cycle efficiency through the collection of accurate and complete data at the front of the revenue cycle, thus reducing rework or time delays during the latter parts of the cycle.

**Staffing**

A key component for an effective registration process is sufficient staffing. Audit Services interviews with the ten clinic/area managers indicated seven clinics/areas are recruiting for new registration positions, while two are recruiting for replacement positions. Additionally, Audit Services noted the Patient Service Specialist (PSS) report card “team indicators” for four clinics were predominantly coded “red” due to not meeting target goals during the period of September 2013 through January 2014. Based on our interviews and review of performance data, it appears PSS staffing is lean in most of the clinics reviewed. The Associate Vice President, Clinic Operations, indicated with the shift of some of the revenue cycle responsibilities between the various stages, leadership continues to benchmark and monitor staffing levels to determine the optimal levels.

The Patient Access Director, Revenue Cycle Operations, indicated quality assurance/assessment staffing is lean. However, it is expected the new automated quality assurance and productivity assessment tool, once implemented, will address this issue.

**Training**

Audit Services interviews with key stakeholders indicated, from their perspective, that the *utmbConnect* pre-implementation training did not adequately prepare staff to effectively use the registration module. Subsequent training classes were developed and implemented in August 2013.

Currently, all employees responsible for registration processing must complete the Epic ADT/Prelude Patient Registration & Eligibility class and pass a competency test prior to being granted access to the module. The employees also receive a manual covering all the material included in training and other resource materials applicable to their position duties. Additionally, the Workforce Development trainers provide email updates on changes to processes and procedures, or any relevant laws or regulations.

Audit Services randomly selected 45 registration employees from the clinics/areas reviewed and verified with Workforce Development the completion of required training. Additionally, Audit Services noted during our observation of and interviews with clinic/area registration personnel...
they appear knowledgeable, adequately cross-trained, and capable in performing their duties consistently.

**Quality and Productivity Tracking**

**Policies and Procedures**

Detailed policies and procedures are effective control activities providing guidance to staff, reasonable assurance a department is in compliance with applicable laws and regulations and ensuring management directives are followed. Best practices indicate policies and procedures should be formally reviewed at least every three years, unless a change with internal operations or regulatory requirements necessitate an earlier review.

Audit Services noted the Quality Assessment (QA) Policy for Ambulatory Clinics contains pre-
_utmbConnect_ implementation references and processes. Additionally, Audit Services identified opportunities to expand the policy to incorporate the inpatient and Emergency Department registration areas.

**Recommendation 2014-006-1-R:**
The Associate Vice President, Clinic Operations, should ensure the Quality Assurance Policy for Ambulatory Clinics is updated to reflect current practices and distributed to all appropriate individuals.

**Management's Response:** The Quality Assessment Policy for Ambulatory Clinics will be updated and distributed.

**Implementation Date:** 9/1/2014

**Recommendation 2014-006-2-R:**
The Director, Revenue Cycle Patient Access, should consider expanding the Quality Assurance Policy to include areas with registration responsibilities including the Day Surgery, Precertification and Ancillary Planning Offices, Inpatient Registration, Eligibility Unit, OB Satellite, and ER Financial Counseling areas.

**Management's Response:** The Quality Assurance Policy for Revenue Cycle Patient Access will be updated and distributed.

**Implementation Date:** 9/1/2014

**Quality Assessment Process**

UTMB Health Ambulatory Clinics Quality Assessment (QA) Policy establishes an audit process that strives to provide a systematic monitoring and evaluation of the job functions associated with clinic Patient Service Specialist (PSS) personnel to maximize their quality, productivity, and accuracy. The QA Policy relies primarily on a Quality Assessment team performing monthly audits of completed patient registrations; however, following implementation of _utmbConnect_, the team was redeployed with a focus on identifying and resolving system issues and information flows. Although the RMCHP clinics have continued to perform formal monthly QA audits; the other four clinics reviewed have informally monitored quality through a review of Epic dashboards, work queues and receipt of a monthly Master Patient Index (MPI) error
reports from the Health Information Management department. A new ambulatory registration QA process was launched in April 2014.

Revenue Cycle Operations leadership indicated their QA process was previously performed by management, team leads, and a designated QA specialist who have also been focusing on resolving system issues. Audit Services interviews with the 5 areas reporting to Revenue Cycle Operations indicated two areas resumed the formal QA process in December 2013 while one area had not performed a formal QA since December 2013. Managers for all five areas reported using the Epic dashboards and work queues as well as the monthly MPI report to monitor quality.

For those areas currently completing a formal registration QA, Audit Services noted the areas used different tools to gather and assess the quality of various registration data.

**Recommendation 2014-006-03-R:**
The Associate Vice President, Clinic Operations, the RMCHP Administrative Director, and Patient Access Director, Revenue Cycle Operations, should work together to identify opportunities to standardize the registration QA process. Opportunities for standardization include the frequency of audits, audit methodology, and tools used.

**Management’s Response:** The Team from Ambulatory Operations, RMCHP and Revenue Cycle Operations will collaborate on standardizing the registration QA process.

**Implementation Date:** 9/30/14

**PSS Report Cards**
The PSS report cards provide a mechanism to systematically monitor and evaluate the job functions associated with the clinic PSS staff. The report cards track workload volume, accuracy, and processing time for tasks such as clearing work queues and processing referrals. Each performance metric includes a monthly target goal and results are color coded to indicate the degree of achievement. Audit Services noted one of the five clinics reviewed did not utilize the report card, relying instead on informal monitoring.

**Recommendation 2014-006-04-R:**
The Associate Vice President, Clinic Operations, should ensure that all Clinic Managers utilize the monthly PSS Report Cards for monitoring registration activities.

**Management’s Response:** Clinic Managers will utilize the monthly PSS Report Card and will be held to this standard through their newly implemented Ambulatory Based Clinical Leadership Dyads.

**Implementation Date:** 9/1/14

**Patient Registration - Testing**
The Epic registration module allows registration staff to skip or “bypass” some data fields for completion later. The module produces a Bypass Warning Report to facilitate monitoring and subsequent completion of the skipped fields. Utilizing the Bypass Warning Reports for
utmbConnect Workflow – Patient Registration
Audit Control Number: 2014-006

September 2013 through January 2014 and the March 2014 Department Appointments Reports listing current appointments, Audit Services randomly selected a sample of 100 inpatient and outpatient accounts to test for completeness, and timeliness of patient account information entered by registration staff. All accounts tested appeared complete with bypass errors corrected/closed timely.

Epic Reports
Epic’s registration system provides a wealth of data that can be tracked and trended in innumerable ways; however, interviews with Revenue Cycle, Ambulatory and RMCHP clinic leadership indicated there was no formal training on utilizing and creating reports. Additionally, Revenue Cycle and Ambulatory clinic leadership noted data export and printing limitations and the lack of access to specific billing and denial information significantly limits their ability to monitor registration activities and identify potential problem areas. While Epic has many generic reports, should leadership need a customized report it must be requested from the Clarity reporting team. RMCHP leadership indicated it has been fairly successful in using available Epic reporting tools to produce a variety of monitoring reports.

Recommendation 2014-006-05-R:
The Associate Vice President, Clinic Operations, the RMCHP Administrative Director, and Patient Access Director, Revenue Cycle Operations, should work with Revenue Cycle leadership to ensure clinic/area managers receive training on Epic reporting, including creation of customized reports supporting their management and oversight responsibilities.

Management’s Response: Training will be developed to enable managers to create reports and access granted for management to run scheduling, registration and billing data.

Implementation Date: 10/31/14

Oversight and Monitoring
Oversight and monitoring of personnel, business processes, and controls provide reasonable assurance that an entity is meeting its stated goals and objectives. In addition to the monitoring activities noted in other sections of this report, Audit Services interviews with Revenue Cycle, Ambulatory and RMCHP clinic leadership indicated that they utilize various monitoring reports, meet on a regular basis with their management staff to discuss variances, and ensure monitoring reports align with current operational and financial activities. Interviews with the managers of the area/clinic managers indicated they regularly meet with their staff to discuss registration related activities and issues.

Conclusion
Since the implementation of utmbConnect in April 2013, the registration processes utilizing the new integrated software system have continued to be refined to improve the efficiency and effectiveness of operations. Overall, based on the audit procedures performed, inpatient and outpatient registration processes appear to be working as intended. Additionally, an in-depth training program helps ensure registration personnel understand their responsibilities for completing registration activities accurately, completely, and timely.
utmbConnect Workflow – Patient Registration
Audit Control Number: 2014-006

As the system and processes continue to mature, there are opportunities to ensure registration areas are appropriately staffed; a quality and productivity assessment process is completed consistently; associated policies and procedures are updated; and, managers receive additional training on Epic reporting.

We greatly appreciate the assistance provided by Revenue Cycle Operations, Ambulatory clinic, and RMCHP clinic staff and hope that the information presented in our report is beneficial.

Kimberly K. Hagara, CPA, CIA, CISA, CRMA
Associate Vice President, Audit Services

Barbara L. Winburn, CIA, CRMA, RHIA
Senior Audit Services Manager