

The University of Texas
Rio Grande ValleyTM

UT Health RGV Pediatric Specialty Clinic Audit

Report No. 21-AEN-01

August 17, 2021

Office of Audits & Consulting Services

August 17, 2021

Dr. Guy Bailey, President
The University of Texas Rio Grande Valley
2102 Treasure Hills Blvd., Suite 3.115
Harlingen, TX 78550

Dear Dr. Bailey,

The Office of Audits & Consulting Services has completed the UT Health RGV Pediatric Specialty Clinic audit as part of our fiscal year 2021 Audit Plan. The objective of this audit was to assess the effectiveness and efficiency of clinic front-end internal controls and operational processes.

This audit was conducted in accordance with The University of Texas System's (UTS) Policy 129 Internal Audit Activities, the Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing (Standards) and Generally Accepted Government Auditing Standards (GAGAS). The Standards and GAGAS set criteria for internal audit departments in the areas of independence, professional proficiency, scope and performance of audit work, and management of audits. We are required to adhere to these Standards and UTS 129.

We concluded overall that the Pediatric Specialty Clinic's front-end controls and processes were in place and functioning as intended. Notably, open encounters were closed within an average of one day. Opportunities exist to provide staff refresher training on specific front-end procedures, improve the process for updating patient registration forms, and create a process for the monitoring of appointment statistics.

The recommendations in this report represent, in our judgment, those most likely to provide a greater likelihood that management's objectives are achieved. Implementation of the recommendations will help to optimize clinic workflows and improve monitoring of appointment statistics.

We appreciate the assistance provided by UTRGV's management and other personnel. We hope the information and analyses presented in our report are helpful.

Office of Audits and Consulting Services

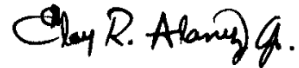
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Sincerely,



Eloy R. Alaniz, Jr., CPA, CIA, CISA
Chief Audit Officer

cc: Dr. Michael Hocker, Dean of the School of Medicine
Michael Patriarca, Sr. Associate Vice President for Health Affairs and Executive Vice Dean of the School of Medicine
UTRGV Internal Audit Committee
UT System Audit Office
Governor's Office of Budget, Planning and Policy
Sunset Advisory Commission
State Auditor's Office
Legislative Budget Board

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Executive Summary

Overall Assessment:

Overall, the Pediatric Specialty Clinic’s front-end controls and processes were in place and functioning as intended. Notably, open encounters were closed within an average of one day.

Opportunities exist to provide staff refresher training on specific front-end procedures, improve the process for updating patient registration forms, and create a process for the monitoring of appointment statistics.

Background: The UT Health RGV Pediatric Specialty Clinic provides specialty services in the areas of Developmental and Behavioral Pediatrics, Pediatric Pulmonology, Pediatric Neurology, Genetics and General Pediatrics. The Pediatric Pulmonary clinic was acquired from a local physician in 2015 and was moved to the current Crosspoint location in 2017 with other subspecialties and General Pediatrics added.

Objective: Assess the effectiveness and efficiency of clinic front-end internal controls and operational processes.

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

Key Observations:

- Medium** 1. Eleven out of the twenty patient files tested contained outdated patient registration forms.
- Medium** 2. Staff are not canceling no-show appointments as part of their end of day procedures.
- Medium** 3. Appointment statistics, such as no-shows and cancellation rates are not included in any monitoring report.

Root Causes:

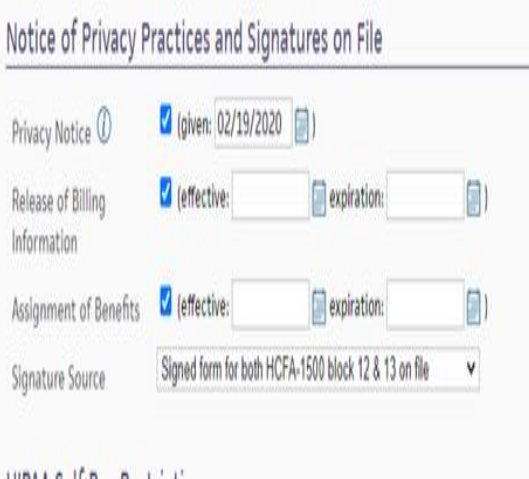
- 1. Staff unable to collect updated forms due to telemedicine visit.
- 2. Staff unfamiliar with the full functionality of the Athena system.
- 3. Lack of a centralized and complete data collection and analysis process.

Risk Levels Appendix I
Priority
High
Medium
Low

Executive Summary Continued

Management Responses/Action Plans:

1. Clinic staff have been retrained in the importance of capturing new and established patient demographic information for each visit. Privacy Notice update will be done annually. Inuvio software has been implemented to decrease errors with registration and insurance verification.
2. Staff have been retrained regarding no-show appointment process. Additional PSRs were hired to improve throughput. Staff and providers have been trained to use Appointment Ticklers.
3. Continuous retraining of staff during the Pediatric Dept Meeting (4th Friday of each month) to eliminate impact to patient care. Plan to add a bi-weekly PSR discussion and retraining when necessary.

Detailed Observations	Recommendations	Management Action Plans
<p>Required Documentation</p> <p>In 11 out of the 20 patient files tested, outdated legacy patient registration forms were on file.</p> <p>UT Health RGV policy, 16.12RB Patient Registration, indicates that signed registration and clinical forms, including HIPAA privacy statement signature, should be updated, at a minimum, annually.</p> <p>This clinic was acquired from an existing Pediatric clinic. Legacy files from that practice were scanned into the Athena System, including legacy written Acknowledgement of Privacy Practices. The clinic experienced a high rate of telemedicine visits caused by the COVID pandemic. In many cases, staff are unable to obtain updated forms during these visits.</p> <p>Not updating registration forms exposes the University to the risk of relying on the outdated documentation.</p>	<p>1) Clinic Staff should utilize Manage Privacy settings to identify outdated patient registration forms. Utilize available expiration date fields to create a flag in the Athena system that will serve as a reminder to update.</p> 	<p>1) Management Action Plans:</p> <p>Clinic staff have been retrained in the importance of capturing new and established patient demographic information for each visit. Privacy Notice update will be done annually. Inuvio software has been implemented to decrease errors with registration and insurance verification.</p> <p>Action Plan owner: Mike Davis</p> <p>Implementation Date: 6/2/21</p>

Detailed Observations	Recommendations	Management Action Plans
<p>No show appointments</p> <p>Clinical staff are not ensuring that no show appointments are canceled at the end of the day. The Athena system will put no shows that are not canceled into a no-show bucket for staff to address. If not canceled or rescheduled no shows will continue to accumulate in the no show bucket.</p> <p>Athenahealth recommends canceling no shows appointments as an end-of-day process to maintain clinic workload and ensure accurate reporting.</p> <p>Staff are unfamiliar with the recommended Athena workflow regarding no show appointments.</p> <p>Not optimizing Athena workflows could lead to increased workload for staff and inaccurate reporting.</p>	<p>2) Clinical staff should include a review and cancellation of no-show appointments as part of their end-of-day procedures.</p> <p>3) Medical Office Manager should implement periodic refresher Athena System training to re-educate staff on daily end-of-day processes.</p>	<p>2) Management Action Plans:</p> <p>Staff have been retrained regarding no-show appointment process. Additional PSRs were hired to improve throughput. Staff and providers have been trained to use Appointment Ticklers.</p> <p>Action Plan owner: Mike Davis</p> <p>Implementation Date: 6/2/21</p> <p>3) Management Action Plans:</p> <p>Continuous retraining of staff during the Pediatric Dept Meeting (4th Friday of each month) to eliminate impact to patient care. Plan to add a bi-weekly PSR discussion and retraining when necessary.</p> <p>Action Plan owner: Mike Davis</p> <p>Implementation Date: 6/2/21</p>

Detailed Observations	Recommendations	Management Action Plans
<p>Monitoring Reports</p> <p>Appointment statistics, such as no shows and cancellation rates, are not included in monitoring reports.</p> <p>UT Health RGV Clinical Affairs policy, 13.12PC, indicates all clinics will be responsible for monitoring monthly reports in reference to appointment scheduling. Some examples include no show rates, trend of cancellation/re-scheduled reasons and percentage of cancelled appointments that were rescheduled immediately.</p> <p>Appointment statistics data has not been centrally analyzed to produce effective tracking and trend reports through reports and dashboards created by the Decision Support Team to monitor operational metrics.</p> <p>Not monitoring these statistics could limit management’s ability to develop effective strategies to improve revenue generation.</p>	<p>4) Medical Office Manager should coordinate with the Decision Support team to categorize, track, and trend no show and cancellation rates as part of its monitoring reports.</p>	<p>4) Management Action Plans:</p> <p>Retrained staff to ensure patients are marked as “no-show” when appropriate to provide accurate reporting information. Initially, report to be run weekly and may reduce to monthly as appropriate. Cancellation rates to be reviewed in conjunction with no-show reports.</p> <p>Action Plan owner: Mike Davis</p> <p>Implementation Date: 6/30/21</p>

Detailed Observations	Recommendations	Management Action Plans
<p>Open Encounters</p> <p>Data from the Missing Billing Slip report for the month of December 2020 was reviewed to determine if encounters are being signed off timely. The average open encounter lag time for the month of December 2020 was one day.</p> <p>UT Health RGV policy 14.04RC 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.”</p> <p>This is the result of management’s updated more stringent policy and more effective monitoring of open encounters. Management recently updated the Clinical Record Timeliness policy from 72 hours to same day. This policy also outlines the process to monitor providers more effectively.</p> <p>The lag time for month of December was within range of the same day policy.</p>		

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 <i>“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.”</i>
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.