



The University of Texas Medical Branch  
Audit Services

Audit Report

Medical Staff Credentialing

Engagement Number 2023-005

August 2023

The University of Texas Medical Branch  
Audit Services  
301 University Boulevard, Suite 4.100  
Galveston, Texas 77555-0150

## Medical Staff Credentialing

Engagement Number: 2023-005

### **Background**

Audit Services performed an audit of Medical Staff Credentialing as part of the Fiscal Year 2023 (FY23) audit plan to assess the effectiveness of controls related to licensing, certification, and regulatory compliance. The Medical Staff Services department (MSS) within the University of Texas Medical Branch (UTMB Health) is responsible for overseeing the credentialing process for medical providers and verifying they are legally qualified to provide patient care. Members of MSS work with department chairs, faculty relations, human resources and two committees comprised of professional medical providers: Credentialing Committee, and Medical Executive Committee.

Members of MSS are governed by the Bylaws and Rules and Regulations of the Medical Staff established by UTMB Health. These bylaws outline MSS' purpose, responsibility, and process. Per the bylaws, Members of MSS are responsible for reviewing the quality and appropriateness of patient care rendered by all providers and other healthcare professionals to practice at UTMB Health. Members of MSS fulfill this responsibility by requiring all providers to document their licensure, certification, experience, background, training, and demonstrate their ability sufficiently to the members of MSS, so that every patient will receive professional, quality, and efficient care. The bylaws also outline the frequency to which providers must be reappointed. However, there is a pending vote for September 14, 2023, where the bylaws will be revised to no longer require providers who are 70 years of age or becoming 70 during the reappointment period to be scheduled with a one-year reappointment term. With the revisions, a consistent reappointment term of three-years (new change with vote of Bylaws) will be scheduled for each provider regardless of age.

In addition to the Bylaws and Rules and Regulations of the Medical Staff, MSS must follow standards set by The Joint Commission to remain accredited. The Joint Commission is one of the largest standard-setting and accrediting bodies for health care and ensures hospitals provide the highest quality and value to patient care. Their standards address patient safety and quality care including, patient rights and education, preventing medical errors, and how the hospital should verify that its doctors, nurses, and other staff are qualified and competent.

In FY20, Audit Services performed a consulting engagement with Medical Staff Services to identify opportunities for process improvements. Since then, MSS has worked diligently towards improving efficiencies in the onboarding process and other MSS workflows. Data analytics conducted on the full population of UTMB Health providers proved MSS's process improvements to be effective. By analyzing the time from the provider's hire date to initial appointment, we were able to observe a 28 day decrease in average from FY22 to FY23.

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In addition to reducing the onboarding timeline average, MSS has shown a decrease in providers being hired prior to being fully appointed. This decrease results in reducing days before providers can administer patient care. Audit Services performed data analytics to assess the effectiveness of these improvements and identified 18 out of 256 (7%) providers were hired in FY23 before their appointment. This is a significant improvement from FY22, where 22% of total providers were hired before appointment.



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### ***Objective, Scope, and Methodology***

#### **Objective**

The objective of the Medical Staff Credentialing audit was to assess the effectiveness of controls related to licensing, certification, and regulatory compliance.

#### **Scope of Work and Methodology**

The scope of work included the following areas:

- Review for the timeliness/appropriateness of appointment date to hire date.
- Review for the existence of Board, Credentials Committee and Medical Executive Committee Approvals.
- Review for the accuracy of appointment and privileging expiration dates.

The methodology included review of policies and procedures, process walkthroughs and data analytics.

### ***Executive Summary***

Audit Services performed a consulting engagement over the Medical Staff Credentialing process in August 2020. While no formal recommendations were made, suggestions were verbalized to move forward with a new software implementation and establish more clear lines of communication between university departments. In February 2022, MSS transitioned from their former software, Cactus, to their new software, MD Staff. In addition to this new software, MSS has implemented more advanced communication methodologies to collaborate with department chairs, faculty relations and human resources to expedite the credentialing and onboarding process, as well as increasing the frequency of Credentialing Committees from monthly to bi-weekly. While the recent efforts have improved the efficiency of the credentialing process, there are opportunities to ensure the data within MD Staff is complete and accurate by correcting identified data inaccuracies and establishing standards for management review and system access.

### ***Detailed Results***

#### **Data Completeness and Accuracy:**

Audit Services utilized data analytics to review the entire data set for anomalies, irregular trends, and missing data fields. Analysis revealed auto generated hire dates of January 1, 2008 for 190 providers due to software migrations to Cactus in 2008. Additionally, missing data was identified in the Board Approval and Credentials Committee Approval fields with approximately 40% of all missing values being due to the migration to MD Staff in 2022.

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### **Recommendation 001 – Data Completeness and Accuracy:**

Members of MSS should review and address, as necessary, all data exceptions identified by Audit Services within MD Staff.

### **Management’s Response:**

MSS Data Integrity Analyst (new position) has created an Ad Hoc Report, **Cycle Report**. This report will identify existing data exceptions regarding, but not limited to, the next reappointment cycle, status, next appointment date, last appointment date, credentials, MSEC and Board dates. The report will be run and reviewed monthly for maintenance.

In addition, MSS will use the AS-Deliverables report from Internal Audit to ensure existing data exceptions are captured in the Cycle Report.

### **Implementation Date:**

October 1, 2023

### **Management Evidence of Review**

Process walkthroughs related to management review of provider information revealed management reviews committee packets prior to biweekly meetings for accuracy and completeness of information, however, evidence of review is not retained.

### **Recommendation 002– Management Evidence of Review:**

MSS Management should continue to perform reviews for the accuracy and completeness of committee packets and retain evidence of the review.

### **Management’s Response:**

The Manager of Compliance and Accreditation for MSS began conducting audits of provider files prior to Credentials Committee in December 2022. The manager will create and retain a formal audit report to demonstrate evidence of reviews.

### **Implementation Date:**

October 1, 2023

### **Record Retention**

Per the Bylaws and Rules and Regulations of the Medical Staff, at least 90 days prior to the expiration date of the present staff appointment, providers will be provided with a reappointment application for use in considering reappointment. Each provider who desires to be reappointed should complete the reappointment form at least 30 days prior to their expiration date along with any privilege requests. As such, members of MSS sends providers a notification of their upcoming appointment deadline three months in advance. The notification is based on an expiration report generated within MD Staff later used to automatically generate the email for all providers within the report. Upon request of samples of this report during the process

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walkthrough, one report was unobtainable, and another report did not demonstrate the original date the report was ran by members of MSS and used to create the reappointment notifications. Considering the expiration report is a point in time report, it will constantly change as members of MSS update information.

**Recommendation 003 – Record Retention:**

Members of MSS should retain a copy of the monthly expiration report used to send notifications to providers with the date the report was executed for purposes of record retention.

**Management’s Response:**

Data Integrity Analyst is now saving these reports after their scheduled monthly run.

**Implementation Date:**

September 1, 2023

**System Access Monitoring**

Process walkthroughs related to understanding the use of MD Staff revealed system access is not monitored for appropriateness when adding users. This introduces the risk of department chairs being granted edit rights rather than view only rights. Additionally, access review for providers leaving the department or changing positions is not performed putting the university at risk of granting access to confidential data.

**Recommendation 004 – System Access Monitoring:**

Medical Staff Services Manager should periodically review MD Staff for system access appropriateness to ensure departments have been granted view only rights instead of editing rights to provider applications.

**Management’s Response:**

Management Response: MD Staff has a System Add/Edit User Group Report that will be periodically (quarterly) reviewed by Data Integrity Analyst to ensure the appropriate access is granted and maintained.

**Implementation Date:**

October 1, 2023

### ***Conclusion***

We would like to thank Medical Staff Services staff and management who assisted us during our review.

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This audit was conducted in conformance with The Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing*. Additionally, we conducted the audit in accordance with Generally Accepted Government Auditing Standards. Those standards require we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions on our audit objectives.

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Desolyn Foy, CPA, CIA, MHA, ACDA  
Vice President and Chief Audit Executive

Handwritten signature of W. Nathaniel Gruesen in blue ink.

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W. Nathaniel Gruesen, MBA, CIA, CISA, CFE  
Director, Audit Services