

UT Southwestern Medical Center

Radiation Oncology Charge Capture and Reconciliation Audit

Internal Audit Report 23:16

October 19, 2023

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Executive Summary - Background, Project Scope, and Objectives

The Radiation Oncology Department has a decentralized Revenue Cycle team that supports all revenue cycle functions for the department, including charge capture and reconciliation processes.

To complete the charge capture processes, the department utilizes three distinct systems, which include ARIA, MOSAIQ, and Epic. ARIA and MOSAIQ are machine-specific clinical applications utilized during patient treatment, while Epic serves as the Electronic Health Record (EHR) for final charge posting and claim submission. After services are provided to the patient, the radiation therapist will enter supporting documentation and charges into either ARIA or MOSAIQ, at the time of treatment. If charges are entered into ARIA, they will interface to MOSAIQ via an hourly batch export process. A peer therapist will then review the charges for accuracy and make any applicable changes necessary prior to marking charges as ready for the nightly export into Epic. For all other charges not entered by the therapist (e.g., treatment planning, physics consults, level charges, etc.), the coding team utilizes the schedule to identify open encounters and will add additional charges within MOSAIQ based on physician documentation, which are then exported to Epic. If physician documentation is incomplete, the coding team will query the provider to complete their documentation and then escalate these issues to leadership, if necessary.

The reconciliation process is an integral part of the charge entry process. Systematically, there is a daily email that is received by department leadership summarizing the volume of charges that were exported from MOSAIQ to Epic and the volume of charges received by Epic. If there is a discrepancy between the two volumes, department leadership will coordinate with Information Resources (IR) to identify the potential interface error. Additionally, the department's senior financial analyst completes an end of treatment review process to ensure that once a patient's treatment is complete, all the appropriate charges were posted within Epic and submitted on the claim(s). This process is highlighted in a process flow found in Appendix A.

The Office of Institutional Compliance and Audit Services has completed its Radiation Oncology Charge Capture and Reconciliation Audit. This was a risk-based audit and part of the fiscal year 2023 Audit Plan.

The audit scope period included activities of the Radiation Oncology Department from July 1, 2022 to June 30, 2023. The review included analyzing charge capture and charge reconciliation processes to assess adequacy of controls for charge timeliness, accuracy, and compliance with applicable regulations, policies, and procedures. Audit procedures included interviews with stakeholders, review of policies and procedures and other documentation, substantive testing, and data analytics.

We conducted our examination according to guidelines set forth by the Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing.

Fieldwork was initiated, performed, and completed during July, August, and September 2023 and consisted of the following primary objectives:

- **Charge Capture and Reconciliation Processes:** Assessed the decentralized department's charge capture and reconciliation policies, procedures, and processes (e.g., procedures, patient chargeable supplies, pharmaceuticals, etc.) that govern and support timely, complete, and accurate charge capture and compare against centralized policies and procedures and leading practices.
- **Charge Capture and Reconciliation Monitoring and Reporting:** Analyzed the current monitoring tools related to charge integrity, charge reconciliation, and charge lag to evaluate that charges are entered timely, completely, and accurately for Radiation Oncology.
- **Charge Capture Analysis and Testing:** Performed limited testing to validate the completeness, accuracy, and timeliness of key charge capture practices and assessed adherence to established charge entry and charge reconciliation processes, as well as supporting clinical documentation to identify any variances with charged services for a sample of accounts within Radiation Oncology.

Executive Summary - Conclusion and Improvement Opportunities

Overall Radiation Oncology has strong, self-implemented charge reconciliation processes. Specifically, the end-of-treatment review process shows a commitment to compliant billing, charge accuracy, and charge timeliness. Radiation Oncology has a dedicated coding team that shows initiative regarding researching charges for accuracy and completeness. However, opportunities exist for UT Southwestern to adhere to billing and charge capture policies and regulations that are set in place by the centralized Revenue Integrity Department, as well as enhancing an outdated Radiation Oncology departmental billing policy.

Included in the table below is a summary of the observations noted, along with the respective disposition of these observations within the Medical Center internal audit risk definition and classification process. See Appendix B for Risk Rating Classifications and Definitions.

Priority (0)	High (0)	Medium (0)	Low (3)	Total (3)
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Key observations are listed below.

- **Charge Capture and Claim Submission Timeliness** - Charges are not posted and claims are not billed timely, as per policies, leading to potential missed revenue and potential timely filing denials. As a result, charge capture and claim submissions are delayed, which can also lead to potential missed revenue or timely filing denials.
- **Non-billable Charges** - There are instances in which charges are being absorbed by the Radiation Oncology Department because they cannot be billed due to not meeting compliance billing regulations, leading to potential missed revenue. There are two groups of provider issues: one regarding unclear images produced by physicists and the other regarding the requirement for physician presence during Stereotactic Body Radiation Therapy (SBRT).
- **Charge Capture Policy Process Inconsistencies** - The Radiation Oncology Department's Charge Entry and Reconciliation policy does not appropriately reflect the current process or include all criteria listed in the UTSW System policy that is used for all centralized revenue cycle departments and should be incorporated into all decentralized revenue cycle department's policies.

Management has plans to address the issues identified in the report and in some cases have already implemented corrective actions. Action Plan Owners are designated individuals responsible for implementing the issue resolution. Action Plan Executives are individuals responsible for overseeing or managing the issue resolution. Executive Sponsors are Senior Leadership members who are responsible for ensuring the identified issue is resolved. These responses, along with additional details for the key improvement opportunities identified above are listed in the Observations and Action Plans Matrix (Matrix) section of this report.

Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Risk Rating: Low ●</p> <p>1. Charge Capture and Claim Submission Timeliness</p> <p>Charges are not posted and claims are not billed timely, as per policies, leading to potential missed revenue and potential timely filing denials. As a result, charge capture and claim submissions are delayed, which can lead to potential missed revenue or timely filing denials.</p> <p>UTSW Radiation Oncology Department Policy <i>600.03 Billing Charge Entry and Reconciliation</i> outlines timely charge posting as 15 days for Hospital Billing (HB) charges and 7 days for Professional Billing (PB) charges.</p> <p>Internal Audit reviewed the entire audit period (July 1, 2022 - June 30, 2023) population of 138,286 HB and 87,209 PB posted charges and identified the average days to post charges was ~12 days for HB and ~11 days for PB. It should be noted that this analysis includes instances in which charges are reposted (e.g., insurance change, modifier addition, etc.) that would impact the timeliness calculations.</p> <p>UTSW System Hospital Policy outlines timely claims submission as 10 days from month-end of treatment date.</p> <p>Internal Audit reviewed the Radiation Oncology Coding Epic workqueue as of September 7, 2023 and identified that 4 of 453 (<1%) of uncoded accounts were past the timeframe to submit a claim outlined in the UTSW Hospital Policy.</p> <p>Internal Audit selected a targeted sample of 35 patient accounts (18 HB and 17 PB) to identify root causes of untimely charge posting and claim submission and identified the following:</p>	<p>Radiation Oncology revenue cycle management should:</p> <ol style="list-style-type: none"> 1. Enhance staff training and reinforce the importance of charge capture policy requirements. 2. Ensure Coding employees are trained on the timeline to complete coding for timely claim submission. 3. Continue to escalate untimely provider documentation sign-off to leadership. 4. Continue to monitor the Coding workqueue and escalate accounts as needed. 5. Communicate registration errors and trends to front-end teams when identified. 6. Understand the workqueue configuration and monitor system workqueues for Radiation Oncology accounts. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. Review the Internal Audit testing spreadsheet to understand if there are additional root causes or training opportunity that can be provided for charge capture and claim submission timeliness. Complete 2. Enter a ticket to identify the configuration of the Epic system workqueue and when Radiation Oncology accounts qualify for the workqueue. Complete 3. Send out the Clarity report that identifies untimely provider documentation sign-off weekly to providers and leadership. Complete 4. Train all charge capture and coding associates on the timeframe requirements. 5. Implement a process to communicate registration errors to the front-end teams on a defined cadence. 6. Monitor and report out on the aging accounts in the Coding workqueue and escalate accounts to associates as needed. <p><u>Action Plan Owner(s):</u></p> <p>David Tindall, Coordinator, Radiation Oncology</p> <p>Erika Yow, Revenue Cycle Manager, Radiation Oncology</p> <p>Kellie Rodgers, Senior Financial Analyst, Radiation Oncology</p> <p><u>Action Plan Executive(s):</u></p> <p>Alex Kerson, Assistant Director, Radiation Oncology</p>

Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<ul style="list-style-type: none"> • 2 of 17 (~12%) PB encounters reviewed did not have charges posted timely (i.e., within 7 days), with an average postdate of 41 days after the date of service (DOS), ranging from 13 to 69 days. <ul style="list-style-type: none"> ○ 1 of 2 was due to physician documentation not completed timely. ○ 1 of 2 was due to a registration error not resolved timely. • 7 of 35 (20%) encounters reviewed did not have the claim submitted timely, with an average claim submission date of 30 days post month-end, ranging from 15 to 77 days. <ul style="list-style-type: none"> ○ 5 of 7 were due to coding not completed timely. ○ 1 of 7 was due to a registration error not resolved timely. ○ 1 of 7 was due to the claim held in a system workqueue. 		<p><u>Executive Sponsor(s):</u> Kajal Desai, Associate VP of Radiation Oncology Services</p> <p><u>Target Completion Dates:</u> January 31, 2024</p>
<p>Risk Rating: Low ●</p> <p>2. Non-billable Charges</p> <p>There are instances in which charges are being absorbed by the Radiation Oncology Department because they cannot be billed due to not meeting compliance billing regulations, leading to potential missed revenue.</p> <p>There are two groups of provider issues: one regarding unclear images produced by physicists and the other regarding the requirement for physician presence during Stereotactic Body Radiation Therapy (SBRT):</p>	<p>Radiation Oncology revenue cycle management should:</p> <ol style="list-style-type: none"> 1. Continue to communicate non-billable charges to physicists and their leaders. 2. Continue to provide education to providers on compliance billing regulations, including presence during SBRT treatment. 3. Identify physicists and providers that have trends in non-billable charges and provide targeted education. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> 1. Continue to provide quarterly education to providers based on trends. Complete 2. Share non-billable image charges monthly to physicists and leaders. 3. Document compliance billing regulations within a department policy and share with providers and physicists for education. 4. Track non-billable charges monthly with provider and physicist trends and share the information with department leadership.

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Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<ul style="list-style-type: none"> When a physicist takes an image as part of the course of treatment, the image must be of high quality and clear in order to bill for the image as agreed upon by UTSW clinical and revenue cycle leadership. When SBRT is delivered, the physician must be in the area and immediately available to provide assistance and direction throughout the performance of the procedure' in order to bill for the treatment charge as stated in the American Society for Radiation Oncology Supervision Frequently Asked Questions published in January 2022. <p>Internal Audit analyzed the population of MOSAIQ radiation oncology charges during the entire audit period (July 1, 2022 - June 30, 2023) to identify the potential impact of the non-billable charges and performed testing on a sample of charges that were present in MOSAIQ but did not interface to Epic to help determine root causes and identified the following:</p> <ul style="list-style-type: none"> 90 imaging charges for ~\$128K in gross charges were marked as non-billable because the physicist imaging documentation did not align to the clarity and quality compliance billing guidelines. <ul style="list-style-type: none"> 1 of 10 (10%) charges was marked as non-billable in our sample. 1 of 10 (10%) SBRT charges was marked as non-billable in our sample. Internal Audit was unable to analyze the impact across the entire population. 		<p><u>Action Plan Owner(s):</u> David Tindall, Coordinator, Radiation Oncology Erika Yow, Revenue Cycle Manager, Radiation Oncology Kellie Rodgers, Senior Financial Analyst, Radiation Oncology</p> <p><u>Action Plan Executive(s):</u> Alex Kerson, Assistant Director, Radiation Oncology</p> <p><u>Executive Sponsor(s):</u> Kajal Desai, Associate VP of Radiation Oncology Services</p> <p><u>Target Completion Dates:</u> May 31, 2024</p>

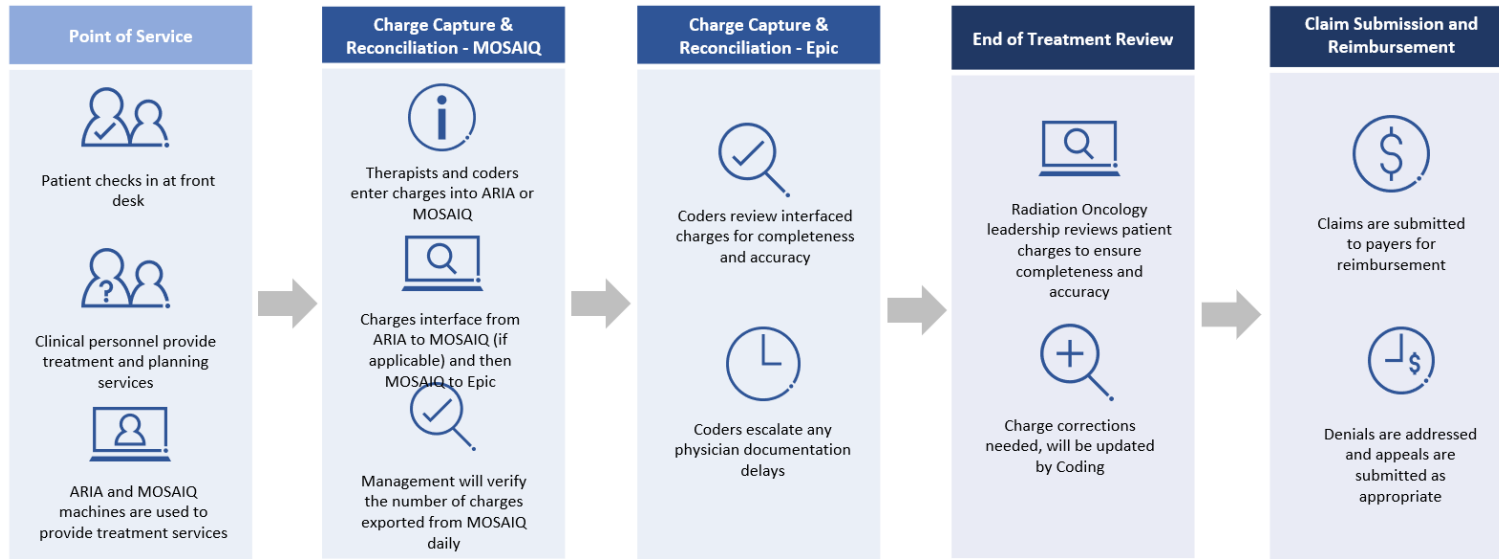
Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<p>Radiation Oncology leadership expressed that they have communicated and educated physicists on compliance billing guidelines for images. Additionally, department leadership has begun to escalate cases that were marked as non-billable due to low quality and unclear images. During the audit period, there was an 85% decrease in volume of non-billable image charges due to these efforts.</p>		
<p>Risk Rating: Low ●</p> <p>3. Charge Capture Policy Process Inconsistencies</p> <p>The Radiation Oncology Department's <i>600.03 Billing Charge Entry and Reconciliation</i> policy does not appropriately reflect the current process or include all criteria listed in the UTSW System policy <i>Revenue Integrity Charge Capture & Reconciliation Hospital Policy (UHDL 11)</i> that is used for all centralized revenue cycle departments and should be incorporated into all decentralized revenue cycle department's policies.</p> <p>Internal Audit reviewed the Radiation Oncology Department's charge capture policy and notated the following opportunities:</p> <ul style="list-style-type: none"> In the event key stakeholders in the charge reconciliation process are unavailable, there is no contingency listed as required by the UTSW System policy. Review, Revision, and Approval history is blank. The UTSW System policy states that all charge capture and reconciliation related policies must be reviewed and approved by Revenue Integrity (RI) before the effective date. Unclear description within policy regarding therapist-to-therapist charge review. 	<p>Radiation Oncology revenue cycle management should:</p> <ol style="list-style-type: none"> Compare the department policy to the system policy to ensure all criteria listed in the system policy is outlined in the department policy. Send the policy to RI for review and update the effective date or notate that it was already reviewed before the effective date. Document all processes that are completed within the department for charge capture and reconciliation, including the therapist-to-therapist charge review and end of treatment review process. Ensure ARIA is described as its own software system and detail the interface between ARIA and MOSAIQ. Implement a policy review process when new systems are introduced to the department. 	<p><u>Management Action Plans:</u></p> <ol style="list-style-type: none"> Review the current department policy to validate that all requirements outlined in the system policy are included in the department policy. Share the department policy with RI to receive approval and update the effective date of RI review. Update the current policy to include the therapist-to-therapist charge review and end of treatment charge review processes. Include ARIA specific processes within the department policy. Outline the process to update the policy on a defined cadence (i.e., every three years) and when a new process or system is introduced into the department. <p><u>Action Plan Owner(s):</u></p> <p>David Tindall, Coordinator, Radiation Oncology Erika Yow, Revenue Cycle Manager, Radiation Oncology Kellie Rodgers, Senior Financial Analyst, Radiation Oncology</p>

Observations and Action Plans Matrix

Observation	Recommendation	Management Response
<ul style="list-style-type: none"> The Charge Reconciliation subsection does not adequately describe the end of treatment review process completed for all charges for every patient. ARIA is inconsistently mentioned throughout the policy. The Definitions subsection implies MOSAIQ and ARIA are used interchangeably, but they are two separate software systems with different interface mechanisms. 		<p><u>Action Plan Executive(s):</u> Alex Kerson, Assistant Director, Radiation Oncology</p> <p><u>Executive Sponsor(s):</u> Kajal Desai, Associate VP of Radiation Oncology Services</p> <p><u>Target Completion Dates:</u> September 30, 2024</p>

Appendix A - Radiation Oncology Charge Capture Process Flow



Appendix B - Risk Classifications and Definitions

Each observation has been assigned a risk rating according to the perceived degree of risk that exists based upon the identified deficiency combined with the subsequent priority of action to be undertaken by management. The following chart is intended to provide information with respect to the applicable definitions, color coded depictions, and terms utilized as part of our risk ranking process:

Degree of Risk and Priority of Action	
Priority	An issue identified by Internal Audit that, if not addressed immediately, has a high probability to directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole.
High	A finding identified by Internal Audit that is considered to have a high probability of adverse effects to the UT institution either as a whole or to a significant college / school / unit level. As such, immediate action is required by management in order to address the noted concern and reduce risks to the organization.
Medium	A finding identified by Internal Audit that is considered to have a medium probability of adverse effects to the UT institution either as a whole or to a college / school / unit level. As such, action is needed by management in order to address the noted concern and reduce the risk to a more desirable level.
Low	A finding identified by Internal Audit that is considered to have minimal probability of adverse effects to the UT institution either as a whole or to a college / school / unit level. As such, action should be taken by management to address the noted concern and reduce risks to the organization.

It is important to note that considerable professional judgment is required in determining the overall ratings. Accordingly, others could evaluate the results differently and draw different conclusions. It is also important to note that this report provides management with information about the condition of risks and internal controls at one point in time. Future changes in environmental factors and actions by personnel may significantly and adversely impact these risks and controls in ways that this report did not and cannot anticipate.