UT Southwestern
Medical Center

Revenue Cycle: Customer Service Audit

Internal Audit Report 21:08

June 10, 2021

Table of Contents

Executive Summary

Background

UT Southwestern provides customer service to patients through call centers and clinical departments across the Health System Affairs. The Revenue Cycle Accounts Resolution department is part of the UT Southwestern Health System Affairs Single Billing Office (SBO). The Accounts Resolution Customer Service team provides customer service in response to all inbound telephone calls from patients and family members including, responding to questions regarding hospital or physician billing statements, processing patient account payments, reviewing and evaluating accounts for determining any billing errors and setting up payment plans. The Accounts Resolution Patient Financial Advocate team handles patient calls that require research regarding charges, coding, insurance processing, benefits, and missing payments related issues. Both teams described above can put holds on patient accounts to prevent further billing until the issue has been resolved. The department often coordinates with other Revenue Cycle functions and various University Hospitals and MSRDP departments in order to fully resolve the patient inquiries and complaints, as needed. On average 11,782 calls are received monthly and 1,560 outbound calls are made in response to messages left for the account representatives. The graph on the right shows telephone calls and messages received resulting in outbound calls per month.

The Account Resolution department is composed of 39 total employees reporting to the Manager. Epic pools within Epic are used to track and document patient requests and resolutions. OpenScape is the network call center technology system used for receiving inbound and making outbound calls. It is also a tool used to track call volumes and record calls for quality review and training.

Customer Service Telephone Stats March 2020 - February 2021

Legend:
- Messages Received
- Calls Received
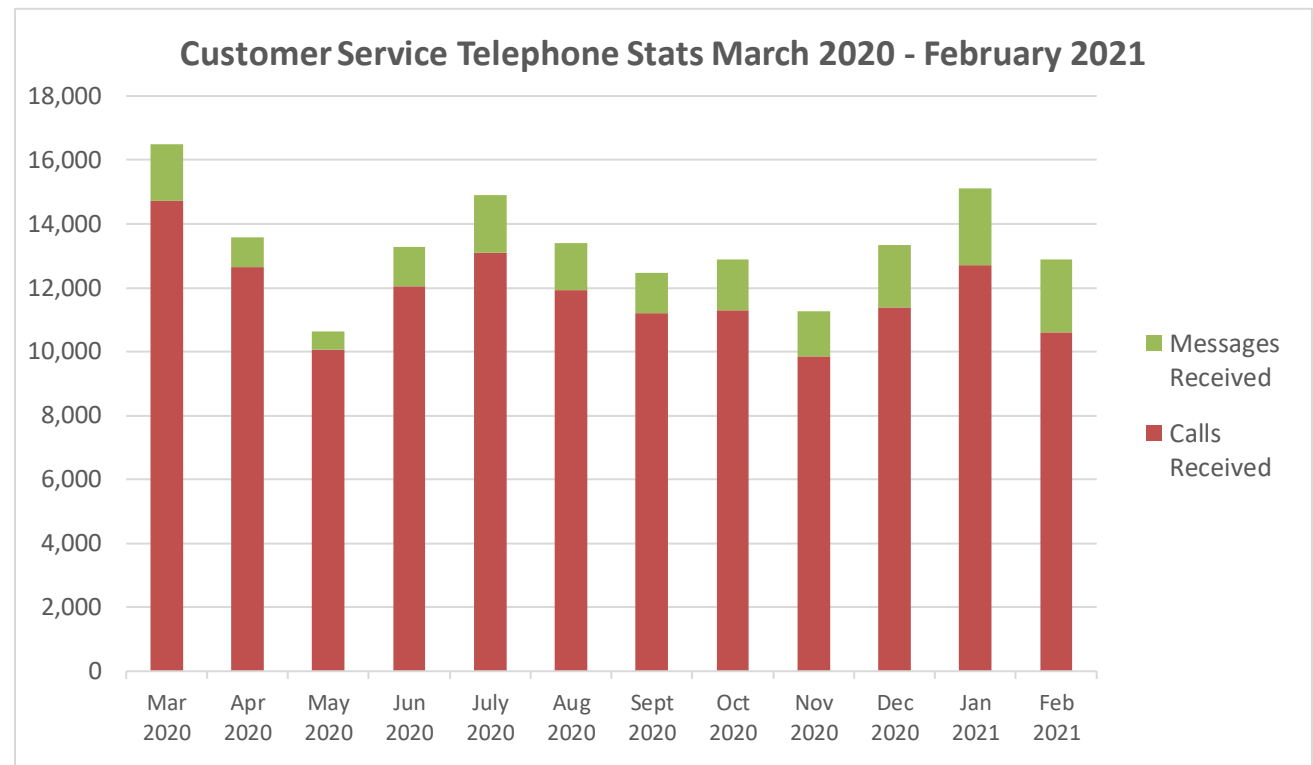
Executive Summary

Scope and Objectives

The Office of Internal Audit Services has completed its Revenue Cycle: Customer Service audit. This was a risk-based audit and part of the fiscal year FY21 Audit Plan. The audit scope period included patient customer service activities from March 2020 through February 2021. Objectives for the review included determining the adequacy and effectiveness of processes and internal controls in place to ensure:

- Timely and effective response to patient inquiries
- Appropriate tracking and resolving of patient complaints
- Appropriate and approved patient account adjustments

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.

Conclusion

Overall, the procedures and controls for addressing customer service patient inquiries are well designed. Opportunities exist for having a more robust system to meet the needs of the customer service function. The current OpenScape call center technology system to support the customer service function has had increased volume of call drops and extensive wait times in addition to other deficiencies, which prevents the customer service functions from consistently providing top quality customer services to the patient. The department is exploring other telephone systems in the market that are better suited and provide more robust functionality to achieve the department's goals and improve the patient experience. In the interim, the department should continue to coordinate with Information Resources in resolving current system issues. In addition, the process for manual professional billing adjustments in Epic needs to be enhanced to automate approval of the adjustments within the patient accounts to minimize manual steps. Furthermore, monitoring and closing patient inquiries timely in Epic can improve patient accounts management.

Included in the table below is a summary of the observations along with the respective disposition of these observations within the UT Southwestern internal audit risk definition and classification process. See Appendix A for Risk Rating Classifications and Definitions. There were no priority or high rated issues identified in the audit.

Priority (0)	High (0)	Medium (3)	Low (0)	Total (3)

Key observations are listed below.

Executive Summary

- **#1 Ensure Adequate Call Center Technology for Improving Patient Customer Service Interactions** – Issues with the technology used to support customer service have caused increased number of abandoned calls, longer wait times and other call experience deficiencies increasing risk for payment processing errors , patient dissatisfaction and negative reputational risk.

- **#2 Enhance Monitoring for Manual Adjustments –** Physician billing adjustments can be processed above pre-determined and approved thresholds due to lack of an Epic system preventive control. A formal monitoring process is not in place to review payment adjustments transactions that are processed above established thresholds. Absence of system controls to prevent transactions above threshold limits and backend reviews of manual adjustments increases the risk of inappropriate patient account transactions being undetected.

- **#3 Enhance Aging Review and Root Cause Analysis for Patient Inquiries –** Patient inquiries are not currently monitored and analyzed for root causes, trends, and time resolution to ensure timely resolution resulting in risk of patient dissatisfaction and inaccurate patient account balances not being properly resolved.

We would like to take the opportunity to thank the individuals included in this audit for the courtesies extended to us and for their cooperation during our review.

Sincerely,

Valla F. Wilson, Vice President and Chief Audit Executive, Office of Internal Audit Services

Audit Team:
Roti Akanni-Owoo, Director, Internal Audit, Operational and IT Audit Services
Angeliki Marko, Supervisor, Internal Audit
Delaunda McCown, Senior Auditor
Mia Dinh, Staff Auditor, Internal Audit

cc: David Cannaday, Director, Unified Communications, Information Resources Infrastructure
Cindi Donahue, Manager, Information Resources Health Systems
Arnim E. Dontes, Executive Vice President, Business Affairs
Kathryn Flores, Assistant Vice President and Chief Information Officer, University Hospitals
Michele Glenn, Account Resolutions Manager, Revenue Cycle Operations

Executive Summary

Kelly Kloeckler, Associate Vice President, Revenue Cycle Operations
Tim McKeen, Assistant Vice President Network Infrastructure, Information Resources Infrastructure
Mark Meyer, Chief Financial Officer, University Hospitals
Adolfo Ortuzar, Director, IR Operations and Compliance, Academic and Administrative Information Resources
Dennis Pfeifer, Assistant Vice President and Chief Technology Officer, Health System
Mark Rauschuber, Associate Vice President and Chief Information Officer, Health System
Brian Shieh, Manager, Information Resources Health Systems
Joshua Spencer, Associate Vice President and Chief Technology Officer
Thomas Spencer, Ph.D., Assistant Vice President, Information Resources Operations and Compliance
Russell Poole, Vice President & Chief Information Officer, Information Resources
John Warner, M.D., Executive Vice President, Health System Affairs
Charon Worthing, Director, Ancillary IT Systems, Information Resources Health System

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
Risk Rating: Medium 🟡 **1. Ensure Adequate Call Center Technology for Improving Patient Customer Service Interactions** The technology used to support patient customer service calls is not adequate to meet the needs of the customer services functions and for providing quality customer service patient experience. System technical deficiencies, configuration limitations and process issues has resulted in diminished patient interaction experience. Data reflects increases in the percentage of patient abandonment calls (from 13% to 25%) and the average wait time (from 3 minutes to 6.74 minutes) for the 12-month period ending February 2021. Additional issues identified include: • Periodic system glitches are causing failure to redact credit card data provided over the phone for payment processing, resulting in noncompliance with Payment Card Industry (PCI) requirements. • Agents are not receiving incoming calls through the system due to poor internet connectivity (i.e. downtime). • Poor connectivity where callers are unable to hear agents during certain calls.	1. Continue efforts for acquiring an alternative more robust call center technology system with improved technology for enhancing customer service call experience and increased reporting capabilities to allow for better tracking and analytics of patient inquiries and patient feedback. 2. Continue coordinating with Information resources to resolve system issues until a new solution is implemented. Identify areas of interim support for the current call center technology platform and solutions for a more resilient home internet connection support. 3. Provide refresher user training on the system and update department procedures if needed.	**1. Management Action Plan:** Revenue Cycle Leadership has decided on an alternative long term call center technology to ensure system will meet institutional needs and provide the necessary features such as tracking and reporting of patient inquiries. The budget is in process and awaiting final executive approval. Go-live is scheduled for October 2021. **Action Plan Owner(s):** Associate Vice President, Revenue Cycle Operations **Target Completion Date(s):** August 31, 2021 for Approval **2. Management Action Plan:** Accounts Resolution is working with are the IR Telecommunications team to evaluate system, infrastructure and user issues to identify root causes in order to provide an interim resolution to the technology issues. **Action Plan Owner(s):** Account Resolutions Manager, Revenue Cycle Operations Director, Unified Communications, Information Resources Infrastructure

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
• Some call center agent computers require reboots multiple times daily causing delays in responses to incoming calls. • The system is not currently configured to capture patient satisfaction feedback for completed calls. Issues with the system has increased with the shift to the remote environment due to the pandemic. Additionally, the current system does not provide the robust tracking and reporting to meet the needs of the business owner. Process and technology deficiencies result in the inability to provide high quality and timely customer service in addressing patient inquiries increasing the risk for patient dissatisfaction and negative reputational risks.		**Target Completion Date(s):** Complete – Initiating Weekly Meetings August 31, 2021 – review and resolution of tickets. Then ongoing to review and resolve tickets as they occur. 3. **Management Action Plan:** Based on the review with the IR team, if any changes are made in the system or process, we will update department procedures and provide refresher training to the users. **Action Plan Owner(s):** Account Resolutions Manager, Revenue Cycle Operations Director, Unified Communications, Information Resources Infrastructure **Target Completion Date(s):** September 1, 2021

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
Risk Rating: Medium 🟡 **2. Enhance Monitoring for Manual Adjustments** The Account Resolutions team is responsible for making billing adjustments in Epic as necessary in response to patient inquiries or complaints. The Epic system allows the team members to process physician billing adjustments above their approved thresholds. A review of the billing adjustments identified 41 adjustments totaling approximately $204K that were processed above the approved thresholds during the 12-month period ending February 2021. While the department performs monthly adjustments reviews, the reviews do not consistently include identifying adjustments that are above thresholds. The adjustments processed at the supervisor and manager level are not reviewed. Absence of regular detailed reviews of manual adjustments increases the risk of inappropriate patient account transactions resulting in misappropriation of funds and revenue loss.	1. Review the dollar threshold for each role and determine appropriateness. Update procedures based on the threshold review to include reviews and approvals of adjustments performed at all roles. 2. Coordinate with Information Resources to evaluate the option of implementing an automated control to prevent adjustments from being processed above the determined dollar thresholds. 3. Based on the evaluation performed, update procedures to ensure an appropriate workflow is in place.	1. **Management Action Plan** We are reviewing the dollar threshold for each role and updating procedures to reflect the changes. We will include reviews for all levels, not just the staff level. We have started reviewing supervisor level adjustments. **Action Plan Owner:** Account Resolutions Manager, Revenue Cycle Operations **Target Completion Date:** Complete 2. **Management Action Plan:** A service ticket is initiated to discuss with IR the options for automating approval thresholds for Professional Billing adjustments. We will evaluate current state and next steps for Epic system controls and will implement identified solutions. **Action Plan Owner:** Account Resolutions Manager, Revenue Cycle Operations Manager, Information Resources Health Systems

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
		Target Completion Date: September 30, 2021 - Epic PB charges system evaluation November 1, 2021 - workflow implementation 3. **Management Action Plan:** Based on the evaluation results we will update procedures and workflow as needed. **Action Plan Owner:** Account Resolutions Manager, Revenue Cycle Operations Manager, Information Resources Health Systems **Target Completion Date:** December 15, 2021

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
Risk Rating: Medium 🟡 **3. Enhance Aging Review and Root Cause Analysis for Patient Inquiries** Patient inquiries including complaints are not currently monitored or analyzed to determine root causes and to ensure timely resolution of patient issues. As of April 2021, over 7,000 (approx. 6% of total inquiries) unresolved patient inquiries range from 30 days to over a year since the inquiry was made. Procedures and established timelines for addressing and closing patient inquiries (e.g., based on the age of the account) do not exist. Lack of monitoring controls and defined procedures increases the risk unresolved, incomplete, or untimely resolution of patient inquiries and complaints resulting in patient dissatisfaction or inaccurate account balances.	1. Assess the older open patient inquiries and determine timelines for closing. 2a. Establish procedures and timelines for common inquiry types to facilitated timely resolution. 2b. Identify timelines for resolution of unusual or uncommon patient inquiries. 3. Implement monitoring controls to ensure procedures are followed and established timelines are met.	1. **Management Action Plan:** We have initiated review of the older accounts to determine why some are not closed and a target date for when they need to be closed. We are communicating with the team for some of the patient inquiries that can be closed. Goal is to have all open inquiries closed or resolved. **Action Plan Owner:** Account Resolutions Manager, Revenue Cycle Operations **Target Completion Date(s):** August 31, 2021- Patient inquiries older than 12 months October 31, 2021- Patient inquiries older than 6 months December 31, 2021 Bring the open inquiries to current 2. **Management Action Plan:** a. We will develop anticipated timelines for the top 10 or so patient inquiry types and train the team in the updated procedures. b. We will identify expected timelines for resolution of unusual or uncommon patient inquiries.

Detailed Observations and Action Plans Matrix

Observation	Recommendation	Management Response
		Action Plan Owner(s): Account Resolutions Manager, Revenue Cycle Operations **Target Completion Date(s):** August 31, 2021 3. **Management Action Plan:** We will implement monitoring controls to ensure procedures are followed including resolution quality and timelines are met. **Action Plan Owner(s):** Account Resolutions Manager, Revenue Cycle Operations **Target Completion Date(s):** September 30, 2021

Appendix A – Risk Classifications and Definitions

As you review each observation within the Detailed Observations and Action Plans Matrix of this report, please note that we have included a color-coded depiction as to the perceived degree of risk represented by each of the observations identified during our review. The following chart is intended to provide information with respect to the applicable definitions and terms utilized as part of our risk ranking process:

Risk Definition- The degree of risk that exists based upon the identified deficiency combined with the subsequent priority of action to be undertaken by management.	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 presented on the subsequent pages of this report. 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.