Overview

- Clinic Workflows
- Key Processes/Topics
  - Control Points
  - Common Risk Exposures

Clinic Workflows

- Patient’s Perspective
- Clinician’s Perspective
- Clinic Manager’s Perspective
WORKFLOW – Patient’s Perspective

- Schedules appointment
- Presents at clinic/signs in
- Answers intake questions, provides requested documentation
- Signs forms
- Remits payment
- Waits . . . .
- Receives treatment/services

WORKFLOW – Clinician’s Perspective

- Treats patients (evaluation and management services and/or procedures)
- Documents services provided
- Generates revenue to satisfy obligation to fund agreed-upon compensation

WORKFLOW – Clinic Manager’s Perspective

- Accommodates physicians’ hours of availability
- Coordinates treatment room assignment (time blocks for individual physicians)
- Hires, trains, manages front and back office staff
- Fosters the working environment/office culture
- Oversees payment collection, deposit preparation
- Monitors clinic finances (may be centralized)
- Troubleshoots
Key Processes

• Appointment Scheduling/Patient Registration
• Patient Encountering
• Payment Handling
• Charge Capture
• Reconciliation Processes
• Separation of Duties

More Topics

• Health Insurance Portability & Accountability Act (HIPAA) Compliance
• Controlled Substances Security
• General Security Features
• Staff Licensure
• Health Care Vendor Relations
• Emergency Medical Treatment and Active Labor Act (EMTALA)
• Other Required Signage

Appointment Scheduling/Registration

• Scheduling – by faculty office assistants; clinic front desk staff, and/or central call center?
  □ What other access rights do they have?
    ❖ (Can they delete appointments, mis-direct charge records, divert payments?)
• Verify insurance coverage via software applications (use outside on-line information repositories; modules within the Electronic Health Record [EHR] system may also exist)
• Determine co-pay amount or self-pay liability
• Assign financial class code
• Determine if managed care referral authorization is needed/has been obtained
**Patient Encountering**

- Obtain Patient Identification (Drivers license, passport)
- Create Medical Record Number if new patient
- “Encounter” patient – may create a visit number
- Financial Clearance - Get insurance card and make copy
  - Confirm co-pay obligation

**More Patient Encountering**

- Obtain referral/authorization for services if managed care plan participant
- Have patient review “face sheet” demographics, not just be asked if anything has changed
- Have patient sign Terms & Conditions to permit treatment and acknowledge financial responsibility
  - Is it scanned into your EHR?

**And More Encountering – HIPAA NPP**

- Provide Notice of Privacy Practices (NPPs) to new patients
  - obtain signed acknowledgment form
  - scan signed document into EHR
  - update system flag to reflect NPP issuance
Payment Handling – Co-Pays & Discounts

- Accurate co-payments are determined and collected for all managed care patients – what is your small balance write-off policy?

- Are professional courtesy discounts allowed? – (i.e., “bill insurance only”) – may violate payor requirements!

- Uninsured prompt pay discount – what is your campus policy? For example, reduction of 30% (or more if approved by designated executive level [e.g., CAO])

Payment Handling – Discounts

- Any discounts given are documented and authorized by the physician, and comply with Faculty Practice Group discount policies

  - “Prompt pay” financial class codes generate no further billing
  - Possible risk of misuse to disguise theft

More Payment Handling

- Payment is immediately recorded on system; hard copy patient receipt is generated

- Checks are endorsed immediately upon presentation

- Payment Code Industry (PCI) compliance is maintained for credit card transactions

- Credit card transactions are settled daily
Voids - Beware!

- Voided transactions should be appropriately explained by cashier and approved by designated overseer.
  - Original receipt copies must be reclaimed, and all copies sent to designated oversight unit
  - Receipts might be reprinted to substitute for issued patient copy so as to disguise theft
  - Assess void frequency and time stamp - watch out for "end-of-day" flurry of cash voids

Receipting Exposures

- Authorized back-up (downtime) manual receipts or "stationery store" receipt stock might be inappropriately substituted – need oversight – look in middle of stack of unused stock
- Income Limitation Plan (ILP) physicians' remittances create additional exposures
  - Compensating Control - signage with facsimile of official receipt(s), instructing patients what to do if they don't get a proper receipt

Other Exposures!!

- Miscellaneous payments
  - Disability form preparation fees? Medical record copies? Supplies? How are these recorded/receipted?
  - Watch for payments remitted to and retained by staff (checks may be directed payable to them, with physician’s acquiescence!)
Cash Drawer Closing

- Cash drawers/logs should be closed daily (know your campus’s systems/documents)
  - Record information in EHR module to settle drawer
  - Run automated reports (available in EPIC) to identify open drawers
  - Use manual or EHR system-generated reporting tool summaries to consolidate drawer totals – may be customized at your location
- Beware of EPIC functionality to close drawer in out-of-balance condition; no ability to reopen a cash drawer to correct mistakes - how are such instances handled by clinic? Are manual corrections made on printed reports?

Deposit Practices

- All transfers of cash involve joint counting and verifying from the transferor to the recipient in the presence of both individuals
- The deposit preparer takes custody of the deposit after it is approved and secures it, pending pick-up by armed carrier, or transport to a Main Cashier’s Office with Security escort
  - Individual campus policies for safety of personnel and funds may differ
- Deposits are made whenever collections reach $500 and no less than weekly (per BUS-49)

Deposit Verification

- The deposit approver verifies that the deposit was made intact:
  - by checking the Main Cashier’s Office receipt to match it to deposit amount approved, if deposits are made to a Main Cashier; or
  - by reviewing bank deposit acknowledgments (the latter may be monitored by the campus Financial Services/Accounting department)
Clinic Management Monitoring

- Determine what reports are available from the central physicians’ business office to confirm crediting of payments to the clinic, to the individual physician, and to the patient’s account – Does clinic management review these weekly to detect missing collection dates?
  - Audit should review available reports to detect anomalies
  - EPIC has a report that compares # of visits with co-pays due to # of co-pays collected
- **Individual co-payment posting should be tested if deposits are missing on “cash lag” report.** Otherwise, payment posting is not typically a clinic function.

Administrative Monitoring

- Determine whether there is an over-arching reconciliation process at the central business office level to validate agreement amongst collections/deposits, patient account postings, and general ledger
  - Are tools available and used to assess timeliness of deposits?
  - Adapt clinic-level testing accordingly

Change Funds

- If change funds are used, they have been established through campus Financial Services and are periodically verified by clinic management in the presence of the fund custodian
Payment Handling – Security Features
• Each payment processor ("cashier") has a unique lockable drawer for storing collections, to which only they have the key
• Find out who has back-up keys!! Are they secured via dual-access controls?

Payment Handling – Safekeeping
• A locked receptacle or dual-locked safe (meeting BUS-49 standards) is on site for overnight storage of funds.
• If a safe is required based on the amount of collections stored, it is bolted to the floor.
• Dual locking mechanism consists of either a) two keys or b) one key and a combination that is not overridden by the key.
• Safe may have a "drop slot" – if so, dual-access is required to access dropped funds.
• Safe combination is changed whenever an individual who knows the combination leaves the unit’s employment, and at least annually.

Charge Capture – High Level Monitoring
• What monitoring protocols are in place?
• Is there a daily monitoring process to ensure that a charge is submitted for every patient visit? (e.g., EPIC Report of Open Encounters – to identify arrived encounters that have no professional charges entered)
• Is there a "Missed Charges Report" available to clinic management? (Requires local development – does it link back to scheduled appointments, arrived encounters, or ??)
• Are paper charge documents still used in some cases? How are those tracked?
• Timeliness of charge submission? What is your location’s standard? (Obtain and review Charge Lag Reports)
Charge Capture
• Were visit charges actually submitted for billing purposes?
• Were they the right charges?
  ➢ Evaluation/Management Services
  ➢ Procedures
• Services provided must be adequately supported by signed and dated medical record documentation
  ✷ (EHR or Manual)
  o With EPIC, the provider has to sign and close the encounter in order for a charge to “drop”
  o Documentation -> CPT/HCPCS codes; modifiers; accurate diagnoses in appropriate order)

Claim Submission
• What controls exist to ensure that the appropriate services/codes are accurately posted to the patient statement/claim?
  o How is the claim populated?
  o Is this an automatic feed? Are intermediary coders used?
  o What edits have been built?
  o What work queues exist? Who is responsible for working them? Have appropriate user access profiles been established?
• Should we validate clinic charges?
  ✷ Could also consider doing as stand-alone audit

Charge Validation Options
• Leverage Compliance Office assessments (Is MD Audit sampling tool being used at your location?)
• Audit & Advisory Services assessment options
  ➢ Use outside coding consultants
  ➢ "Contract" with your Compliance Office
  ✷ Select sample from Appointment Schedules, include representation from multiple providers and payors (government payors present higher risk)
Reconciliation Processes

- An individual who is independent of payment handling processes performs a reconciliation of all submitted charges to the appointment schedule.
  
  - Has EHR environment automated the process?
  - What exposures remain in the EHR environment?

Separation of Duties

- Evaluate System Security/Access levels
  
  - Who can cancel/delete appointments and/or mark patient schedule as no show ("un-arrive")
    
    - Creates opportunities to divert co-pays and/or adjust/delete charges
  
  - Test appointments marked as no-shows against medical records

HIPAA Compliance

- Patient Check-in and Check-Out Environment
  
  - Sign-in sheet - tabs to pull off? Visible to other patients? (Deemed acceptable, if no diagnosis is entered)
  
  - Notice of Privacy Practices
    
    - Full NPP posted, or
    
    - Brochures available for pick-up
  
  - Is check-out area relatively private, especially for sensitive discussions related to follow-up care?
More HIPAA Compliance
• Locked shredding bins available?
• Paper charts stacked in open areas?
  o Even if scanned, hard copy print-outs are sometimes kept around for multiple weeks for easy review
• Perform a walk-through (files are not in view of unauthorized individuals, conversations are discreet, surplus documents are placed in sealed shredding bins, workstations are logged off when unattended, etc.

Still More HIPAA Issues
• Release of information – done at clinic level or by Health Information Management Services?
  o Is a tracking database used for disclosures (may be part of the EHR system [EPIC has a “quick disclosure” feature to log releases]) and, if so, is it updated by clinic personnel who release records?
• Does clinic management perform regular environmental rounds to ensure that protected health information is kept securely?

Controlled Substances Security
• Controlled substances are secured in a locked receptacle, accessible only to designated clinicians.
• Inventory/usage logs are properly notated when controlled substances are dispensed.
• The remaining inventory on hand is reconciled to the inventory/usage log whenever the receptacle is accessed.
• Two individuals witness any wastage of controlled substances.
• Expired drugs are identified and promptly returned to Pharmaceutical Services.
• Documentation is maintained to evidence verifications, returns, etc.
General Security Features – Office Security

• Alarm system for office? Panic buttons at front counter?

• Has office had a "security evaluation" by trained University police officers, particularly if off-campus?

• Police response protocols?
  o University or Community?

Other Security Considerations

• Employee background checks (BUS-49)
  o Transferred-in employees may have been overlooked

• Back-up key copies for cash drawers, safes, offices, etc. are maintained in a dual-locked repository, and no single individual can access the back-up keys on their own

• Key log maintained to account for key issuance

• All keys stamped "do not duplicate"

Staff Licensure

• Determine allied health professionals’ licensure requirements (nurses, phlebotomists, x-ray technicians, etc.)

  o Who is responsible for new hire licensure verification and renewal monitoring?

  ➢ Test as appropriate
Health Care Vendor Relations

- Drug samples are to be accepted only if the administrative head of the unit approves the donation and the quantities are limited to the amount needed for evaluation or education.
- Food and other promotional items are not to be accepted from health care vendors.
- Refer to UC Health Care Vendor Relations Policy, effective March 12, 2008:
- Check local policies – do vendors have to pre-register with materials management before making visits?

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EMTALA

Emergency Medical Treatment and Active Labor Act

- Are on-site clinics that are operating under the hospital license aware of their EMTALA obligations?
- Solely calling 911 is not sufficient to respond to a medical emergency.

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Other Required Signage

NOTICE TO CONSUMERS
Medical doctors are licensed and regulated by the Medical Board of California
(800) 633-2322
www.mbc.ca.gov
Questions ???

Thank You!

Contact Information

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