

FY22 Audit Process and Plan

- 1.) Each provider to audit 30 cases selected by GHS according to the GHS audit tool
- 2.) GHS QM pulls 28 random open and 2 random closed records, via web-based report
- 3.) GHS auditors to also audit 10 of those 30
 - a. Audit results will be compared for validity
 - b. GHS may clarify audit indicators and ask provider to re-audit if results are vastly different
- 4.) If provider scores below 95% a CAP will be requested with self-audits due every quarter
 - a. Auditors may continue to audit a number of cases each quarter to ensure validity of responses
 - b. If audit scores on specific indicators and overall do not improve in subsequent audits consequences will evolve further

The review consists of three distinct parts:

- Site Visit with Credentialing and Privileging Review
- Quality of Care Audit
 - 1.) Provider to self-audit 30 records designated by GHS utilizing the provided QOC MH Audit Tool. Review is to be completed by clinical staff within the program.
Please note: Only dates from one year previous to the date of this letter will be accepted in the audit. Any records added electronically or scanned after that date will not be considered in the review.
 - 2.) GHS Auditor to audit sample of your records utilizing the same tool
- Optional formal exit consultation

TIMELINE OF AUDIT PROCESS:

- You will be given a list of 30 selected cases for self-audit review, on or before your site visit, either by email or in person from the auditors.
 - The process allows 30 days to complete the review, meanwhile GHS auditors are also completing a chart review.
 - Audit results from the provider and GHS will be compared for reliability.
 - Your audit results will be communicated to you within 30 days of the conclusion of your audit.
- ❖ Focus Audits- Trends that require further investigation will result in focus audits throughout the year
 - ❖ Planned focus audit- Trend/risk discovery for high risk or high utilization cases

Audit will focus on:

- Goals pertinent to issues consumer states and assessments
- Progress notes moving toward goal progress (before and after hospitalizations)

- Goals changing as issues arise
- Contact following crisis or hospitalization and increase in frequency of contact
- Meaningful changes to relapse prevention or IPOS post hospitalization
- IPOS reviews showing progress towards goals and changes if goals need to adapt
- Frequency of medication reviews
- Medication; frequency of changes, number of medications
- Medication compliance
- Number of case managers in the past year
- Waiver consumers (HSW, CWP, and SEDW) have specific scope, amount, frequency and duration identified in IPOS without ranges.