
 CHILDREN COME FIRST <small>COMMUNITY PARTNERSHIPS, INC</small>	 <small>DANE COUNTY A Division of Community Partnership, Inc. and the DCF's and the Clinical Services Department of Human Services</small>	Date Issued: 1/1/00	Provider Audits		
		Revised: 11/14/07			
		Effective: 1/1/08	Section: PROVIDER NETWORK	Policy No: 006	Page: 1 of 1 (2 Attachments)

I. PHILOSOPHY

Provider audit is an integral process to ensure that only qualified providers are maintained in the Children Come First (CCF) Provider Network. It is also a mechanism for ensuring quality of care for CCF Enrollees and adherence to wraparound principles.

II. POLICY

The Clinical Services Manager will conduct annual audits of network providers using the *Risk Assessment Audit/Review Table* as a guide in determining which agencies to audit.

III. PROCEDURE

The Clinical Services Manager will run reports by June 15th of every year, looking at the following information for the preceding year:

- ✓ Total combined billing
- ✓ Percent of billing submitted compared to authorized services
- ✓ Number of referrals

The Clinical Services Manager will also review complaints, grievances and concerns regarding providers as well as prior audit findings.

Agencies will be audited if they receive a check in 3 or more areas on the *Risk Assessment Audit/Review Table*.

The Clinical Services Manager will seek input from Enrollees and guardians through sending out a Provider Satisfaction Survey.

The Clinical Services Manager will identify client charts to be audited for each provider and run a billing summary for each client per provider.

The Clinical Services Manager will contact the Provider to schedule a site visit. At this time Providers will be informed of the client charts to be audited and will be sent a copy of the *Provider Audit Tool*.

Following the site visit and chart audit, the Clinical Services Manager will write up findings of required and recommended changes and submit it to the Provider.

The Provider will be required to respond with a written improvement plan within an established deadline.

The Clinical Services Manager will follow up on required changes.

Reviewed & Approved by: _____
Scott Strong, Executive Director

Attachment

Provider Audit Tool

Rev. 10/1/07

Agency Name: _____

Contact: _____

Date: _____

Agency Indicators

Clinic License (if applicable)	
Certificate of Liability	
Current Professional License or Certification (if applicable)	
Training Verification (if applicable)	
Background Checks	
Valid Driver's Licenses and auto insurance on File	

Client Indicators

Charts audited: ⇒ ⇒ ⇒ ⇒	
Legal and Clinical Information: ⇒ Releases of Information ⇒ HIPAA ⇒ Enrollee Rights	
Treatment Plan ⇒ Measurable Goals ⇒ Reflective of Enrollee's culture	
Progress Notes ⇒ Strengths oriented ⇒ Contains necessary information ⇒ Reflect caregiver involvement in treatment	

Fiscal Indicators

Type of service billed match service documented	
# of Units billed match units documented	

Attachment

2008 Risk Assessment Audit/Review Table
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Check any columns that indicate the rationale to audit/review the identified agency.

Agency Name	Prior audit findings identified concerns	Combined billing = >\$100,000	Billed >80% of authorized	Recent complaint, grievance, concern	In network <2 years with >\$50,000 billing	More than 5 referrals in past year