

Title: Clinical Audit

Issuance Date: June 11, 2024

Applicable Regulations, Guidelines, and AHS Policy:

Vermont statute or rule:

All Medicaid Services outlined in Medicaid or HCAR Rules are subject to a clinical audit.

Purpose:

The Department of Vermont Health Access (DVHA) is committed to improving the health and well-being of Vermonters by providing access to quality healthcare, cost effectively. DVHA conducts utilization management activities in order to ensure Medicaid members receive medically necessary services and equipment. With the adoption of the alternative payment model approach via the Vermont Medicaid Next Generation Accountable Care Organization, has come the waiver of prior authorization for many services. Utilization management can be conducted via reviews prior to, concurrently, and retrospective of services. The clinical audit process involves retrospective review of clinical documentation and will serve as an additional utilization management tool. Clinical audits will be focused on those health care services and outcomes that are significantly impactful in terms of health outcomes, resources, risk, and cost.

Procedure:

- The frequency of clinical audits may vary based on the nature of the audit topic.
 - Ongoing: an audit topic for which retrospective review continuous, e.g., high dollar reviews.
 - Episodic: clinical audit topics performed at irregular intervals. These audits may be completed in response to outlier utilization patterns identified via DVHA data resources.
 - Cyclic: clinical audits that may be performed regularly at defined frequency. An example of this might be around service coverage changes or discontinuation of prior authorization requirement.
- Each audit will include the following steps and components:
 - Clinical audit topic selection:
 - Topics may be identified by internal (State Government) or external (member or provider) stakeholders.
 - Utilize DVHA data resources to identify changes in utilization trends that warrant audit. Medical record request and relevant data collection.

- Determine representative sample size.
 - Record requests per established protocols.
- Review of medical records
 - Complete review of documentation.
 - Apply established criteria resources to record review.
 - In collaboration with DVHA Chief Medical Officer, develop findings report and recommendations including plan for re-audit if indicated.
- DVHA Chief Medical Officer determination
 - Review clinical audit report with CST staff.
 - Develop recommendations including corrective action plan when warranted in collaboration with CST staff.
- Dissemination and communication of clinical audit findings with identified DVHA departments, internal stakeholders, and external stakeholders.
- Collaborate with MPS, SIU, and DVHA fiscal agent as deemed necessary based on clinical audit findings.

Revision History:

Date	Summary of Revisions
3/14/2022	OMU review, accepted.
4/26/2023	Review, minor edits
7/14/23	Review, minor edits
6/11/24	Review, minor edits.

Table 1 Revision History

Standard Operating Procedure