

Title: Quarterly Quality Assurance Review of Clinical Tracking Spreadsheets

Issuance Date: May 20, 2024

(Must be reviewed annually)

Applicable Regulations, Guidelines, and AHS Policy:

This specific process is not required by an outside body, document, or rule. There are no federal regulations requiring this, but it was identified as a process to track internally for quality assurance purposes.

Purpose:

The purpose of this SOP is to document a quarterly quality assurance process that DVHA RQM implemented in the beginning in SFY18. DVHA staff review all inpatient admissions captured on the adult, detox and child spreadsheets and confirms that facilities bill and get paid only for the number of days authorized by the DVHA Utilization Review Clinicians.

Procedure:

The Quality and Program Specialist (QPS) initiates and complete this quality assurance process. As needed, they may reach out to facility billing departments, the state's fiscal agent, or the DVHA Special Investigations Unit. The process is outlined below.

- The QPS runs a Business Objects report and compare the number of exhausted units in the report to the number of units reported as authorized on the clinical tracking spreadsheet.
- The QPS then researches all inpatient psychiatric and detoxification admissions identified as having billing errors.
- For admissions that did not pay due to facility error:
 - The QPS makes internal notes on the error and then writes an outward facing note to be sent to the facility.
- For admissions that did not pay due to DVHA staff error:
 - The QPS staff emails the staff member requesting that they fix the error and respond.
 - If the mistake was an error on the PA, the QPS logs it in the PA error tracking spreadsheet.
 - Once the error is fixed, the QPS staff writes an outward facing note to be sent to the facility.

- Once all errors have been researched and outward facing notes have been written, the QPS emails the facilities the results of the review, cc'ing the state fiscal agent and appropriate DVHA staff.

Escalation:

When appropriate, referrals will be made to the Special Investigations Unit. Those referrals will be made in accordance with the respective procedures.

Revision History:

Date	Summary of Revisions
09/26/18	Initial draft of SOP
12/16/2020	Revised draft of SOP
03/22/2022	Removed separate references to rapid re-admissions as no longer pertinent
3/23/2022	OMU review, updated to ADA template, added appointing authority.
06/19/2023	Annual review & updates
05/20/24	Annual review & updates

Table 1 Revision History

Standard Operating Procedure