Audit Plan Update Checklist

Step-by-Step Guide to Refreshing Your Audit Strategy

TREND PREVIOUS AUDITS

- ○ Collect the last 3–4 audit findings.
- ○ Trend provider performance and identify outliers.
- ○ Identify trending documentation, coding, or billing concerns.
- ○ Create an outline/summary of the results

IDENTIFY CHANGES & HIGH RISK AREAS

- ○ List all service lines, with a special notation of new services.
- ○ Outline all "high–risk" and high volume services performed/billed by your practice.

DEFINE THE SAMPLE SIZE

- ○ Sample should never be less than 5 encounters/services per provider.
- ○ Ensure the sample is inclusive of the most commonly reported service lines per provider.
- ○ It is NOT necessary to include the same number of service for every provider.

CONDUCT THE AUDIT

- ○ An audit can be performed by internal or third party– the key is knowing the proficiency of the auditor.
- ○ Findings with precision ratings should be created for each audit performed.
- ○ Identify trending issues across same specialty providers.

FINDINGS & FEEDBACK

- ○ Group feedback events should be scheduled to enable all providers to learn from the overall findigns.
- ○ Audit feedback reports should be included as part of annual compliance recordings. Consider having each provider sign an acknowledgement of understanding regarding audit findings.

CORRECTIONS

- ○ Outline all corrective actions needed and assign responsibility.
- ○ Ensure corrected claims for ANY billing errors are performed.
- ○ Address significant concerns through audit escalacation plans or corrective action plans.

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Find Your Path to Audit Success

Audit Sample Size Considerations

Primary Care, Family, General Pediatrics, or Internal Medicine

Office E/M Services:
Focus on including the most commonly used as opposed to ALL possible E/M levels.

Preventive Services:
Include commercial and CMS with a primary focus on the the area of highest productivity per provider.

Miscellaneous:
Include other service lines such as CCM, APCM, allergy shots, incident-to services, or even 25 modifier services.

Non-Surgical Specialty Practices

Office E/M Services:
Focus on including the most commonly used as opposed to ALL possible E/M levels.

Office-Based Procedures:
For providers performing procedures, include the top 3-5 most commonly performed procedures.

Miscellaneous:
Alternative services such as infusion suites, incident-to, PT/OT, imaging, etc... Selected based on top performed services.

Surgical Specialty Practices

Office & IP E/M Services:
Depending on billing and productivity, include E/M services from multiple sites of service to ensure ALL guidelines are met.

Surgical Services:
A good plan here is a two cycle process. Year one- audit the most commonly performed services. Year two- audit the least common or most obscure. This allows an equal review and balance of all services.

Targetted Focus:
This might include 24 or 59 modifiers, PCM, incident-to, advanced imaging, etc... Consider high volume and/or high risk areas.

Specialized: Hospitalist, ED, Mental Health, Nursing Facility, etc...

E/M Services:
As appropriate, selection of E/M services most commonly reported based on specialty.

Specialty Services:
Based on specialty, focus on additional service lines offered. Such as therapy, critical care, ACP, etc...

Risk Focus:
Ensure a focus on high risk areas such as split/shared, independent interpretation, types of providers rendering care, or annual planning.