

FY 2015-2016 AUDIT GUIDELINES

I. Full Comprehensive Audit:

1. All new providers (primary, secondary, tertiary) will receive a full comprehensive audit the first year of the contract.
2. All current providers (primary, secondary, tertiary) who have a composite score below 90% shall be subject to annual on-site reviews
3. All current providers shall receive a full comprehensive audit every two years.

II. Administrative Audit:

1. All providers that received a composite score between 90% and 100% on their formal site review shall receive an administrative audit.
2. All providers who have received a composite score of less than 85% will receive an administrative audit in addition to the full comprehensive audit. The administrative audit will be focused on the corrective action plan and the areas requiring corrective measures.
3. Administrative Audits include Recipients Rights Review, Medicaid Event Verification, and Nursing review if applicable.

III. Out of Network Providers

1. May be reviewed annually based on high volume.(following guidelines above)
2. Or BABH may accept the Accreditation Report, the home PIHP or CMHSP site review documentation. Corrective action will be detailed in this communication.
3. BABH may request additional information to supplement the use and acceptance of an external review.

Additional Information:

- All providers are subject to Medicaid Event Verification, Utilization Management and Quality related record reviews per BABH and state and federal requirements.
- Each program/home will have a full review at a minimum of once every 2nd year.
- Any program/home receiving a score below 85% will have a subsequent return visit within 120 days of the original review. At this visit the Quality and Compliance Coordinator will review the Plan of Correction.