

Clinical Care Management and Operations Audit



Managing Health Care Cost—Deliver Benefits, Manage Administrative Costs and Efficiency, Manage Program Utilization, Promote Health and Compliance

The results of our 5th Working Well: A Global Survey of Health Promotion, Workplace Wellness, and Productivity Strategies, show that the top reasons U.S. employers invest in wellness is to manage health care costs. Yet the majority of participants report either “no” or “I don’t know” when asked if their strategies are effective in meeting that goal.

We believe that there are four ways to manage health care cost, each with its own timeline for return and each with its own complexity of administration:

- Deliver benefits
- Manage administrative costs and efficiency
- Manage program utilization
- Promote health and compliance

Audits and contract management are a fundamental fiduciary responsibility and are one example of managing administrative costs and efficiency. They provide confidence in the administration of the health plan by selected vendor partners, and identify opportunities and inconsistencies that can create financial risk and reduced value unless corrected.

We'll work with your vendors to include customized performance guarantees and service level agreements based on audit results as part of contract renewal. Our audit services include: dependent eligibility audits, medical and pharmacy claims administration audits, Pharmacy Benefit Management contract audits, and the clinical operations audit, which is often overlooked and equally valuable as part of a two- to three-year audit cycle.

The Clinical Operations Audit

Utilization and case management programs are designed to ensure that the medical services meet accepted clinical criteria for coverage under the plan. They are also designed to drive utilization to the most appropriate level of care, coordinate services when necessary, support patients and families, and reduce unnecessary complications and costs.

The audit includes a review of processes designed to assess not only the program structure, but also program execution and the clinic's subsequent impact on health and financial outcomes. The goal is to assure program integration, promote early identification, evaluate the appropriateness of interventions, and provide an efficient, well-coordinated, and valuable experience for the member. For clients who have additional care management programs such as disease management and wellness, transition and coordination within and between programs is vital to achieving the desired engagement and outcomes.



Learn More

To find out more contact our Health Practice consulting team at **1.866.355.6647** or hrservices@conduent.com.

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The Process

Work with vendors to collect data: In order to accurately assess and measure the program's performance, it's critical that we have a clear understanding of your programs. We work with your vendor(s) to obtain the necessary program documentation and case records, gain access to clinical documentation systems, and interview key contributors.

Review your programs: Our Registered Nurses with certifications in case management and extensive experience will conduct an administrative review of programs and processes. The administrative review is coupled with detailed clinical case reviews conducted at the vendor's clinical operations site and with the assistance of the vendor's care management teams.

Conduct a targeted review: We request a large claim report focused on members with varied health care experiences and a variety of diagnoses and conditions, as well as a list of all inpatient stays in the last two years that lasted ten days or longer, to select cases to audit. Extended stays provide a good opportunity to review utilization and case management activities. Our nurse reviewers may also request additional cases depending on the programs offered by the client and the focus of the clinical audit process.

Provide comprehensive results: We will prepare a report summarizing the process, presenting detailed findings by program component, making recommendations, and including case review summaries (without personal identification). We then review the report with the vendor(s) and give them the opportunity for response. Their responses will be included in the final report.

Outcomes

Clinical Operations Audit may achieve any or all of the following:

- Improved quality of care
- Identification of inefficiencies in care delivery
- Improved engagement in all care management programs
- Proactive identification of high-dollar cases and timely referrals to case management
- Improved management of inpatient stays
- Better integration and program coordination
- More accurate administration of the plan
- Development of or reconciliation of performance guarantees, service level agreement compliance, and fees at risk

We recommend conducting a Clinical Operations Audit every two to three years as part of your due diligence in providing quality care, and as a foundation of performance guarantees on the investment in these services.

