

the claim was processed incorrectly.

POLICY

It is the policy of Evolent Health (Evolent) to document the procedures for conducting quality audits for all front-end claims adjudicators and claims adjusted by the Research Reps. It is the responsibility of the Front-End Claims Supervisors and the Claims Rework Supervisors to address all individual trends not demonstrating improvement.

Claims Adjudicators and Research Reps will be responsible to assure their understanding of errors as communicated back by the Auditing team. It is the responsibility of the Claims Adjudicators and Research Reps to seek clarification from the management team if additional training is needed to ensure continuous error are reduced. If errors continue by the claims adjudicator or research rep following education, corrective actions may be initiated by the Claims Supervisors or the Research Rep Supervisors that may lead up to and include termination.

PROCEDURE

Claims Auditing -The Quality Assurance Specialists will perform a random audit of 5% of the total processed claims for each claims adjudicator each day. The Quality Assurance supervisor will forward a monthly report to the Management team the first week of the following month. This report will consist of audits for the Front-End Adjudicators and the Provider Claims Rework Representatives.

- **Feedback to Staff**
 - The Auditing Supervisor will compile a running total of all audits conducted monthly for the Claims Department and Provider Claims Rework Department and add them to the concurrent review spreadsheet for each day so the Claims Supervisors have access to all errors made daily. At the end of the month, the Auditing Supervisor will share the percentages for all audit scores on Procedural Accuracy (97%) and Financial Accuracy (98%) with the management team.
 - Auditing Team will provide feedback and training information regarding the errors that occurred to the Supervisors and adjudicators. All errors must be reviewed within two (2) business days by the adjudicator. If adjudicator agrees, then the claim must be corrected. If the adjudicator disagrees, then they would follow the rebuttal process. It is the responsibility of the Supervisor to meet with each associate if additional training and/or disciplinary action is required.
 - New front-end adjudicators and research reps have up to a 3 month grace period from their first day out of training. All errors will

be reviewed and feedback will be given to each new front-end adjudicator and research rep for training and will be tracked on the concurrent review spreadsheet. Once the grace period is over, then it is the responsibility of the supervisor to meet with each associate if additional training and/or disciplinary action is required.

- All adjudicators and reps are responsible to review and question errors returned to them by the auditor. It is the responsibility of the adjudicator or rep to send an email back to the auditing team within two (2) days from the date they received an audit to dispute the audit. If the adjudicator or rep does not reach out to the auditor within two (2) days from the date they received the audit, the error will remain. The auditing team will review disputed claims with each adjudicator or rep within two (2) days of completed review of the audit. Once the audit has been returned, if the claim has been processed in error creating a change in payment, the adjudicator or rep is responsible for correcting the error and returning it to the auditing team within two (2) days of review.

II. Call Auditing

- **Auditing Provider Claims Calls**
- The auditor will audit 3 calls per employee per week to test for accuracy and consistency; all audits must be at 90% or higher.
- The auditor will use a call assessment sheet that will score each call that is audited.
- It is the responsibility of the Call Center Supervisor(s) to meet with each associate if additional training and/or disciplinary action is required.

III. Call Auditing for Member/Provider Services

- **Auditing Calls**
- The auditor will audit 2 calls per person per week to test for accuracy and consistency; all audits must be at 90% or higher.
- The trainer/auditor will use an appeal assessment sheet that will score each appeal that is audited.
- It is the responsibility of the Member/Provider Services Supervisor(s) to meet with each associate if additional training and/or disciplinary action is required.

Project Auditing

- **Auditing Projects**
- The auditor will audit 10 claims per rep per week to test for accuracy and consistency; all audits must be at 90% or higher.
- It is the responsibility of the Rework Supervisor(s) to meet with each rep if additional training and/or disciplinary action is required.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE REVISED
New Policy	09/16
Due to dept split, updated according to new dept functions	03/18
Annual review	9/19