

**WESTERN HEALTH ADVANTAGE  
(COMMERCIAL ONLY)****Attachment A****UM & CM/CCM AUDIT CHECKLIST  
2014**

File Review: Review period is the previous 6 months for Auths/Denials files and previous 12 months for CM/CCM files from onsite audit date/month.

\*Denotes that copies are required; otherwise please have original documents available for "review only" while auditor is onsite.

- \*Completed WHA Pre-audit Questionnaire
- Current Delegation Agreement (including Responsibility Grid for UM/CM)
- \*UM Program Description (current year)
- \*UM & CM/CCM Policies & Procedures (main functions) & Table of Contents listing all available P&Ps
- \*UM Work Plan (current year)
- Department key staff job descriptions (UM/CM)
- Department organizational chart (current)
- \*8 Commercial Denial/Modification Files (medical necessity & non-covered benefits only)
- \*8 Authorization/Approval Files
- 4 Routine Case Management Files
- 4 Complex Case Management Files (or 100% if less)
- Inter-rater reliability internal audit results & CAPs (if any)
- UM review criteria used (e.g., MCG®), InterQual; version year)
- UM & QI Committees:
  - Minutes
  - Confidentiality statement
  - Affirmation statement re: financial incentives
- Member satisfaction/experience surveys/complaints analyses (optional)
- Provider satisfaction/experience surveys/complaints analyses (optional)
- Provider communications (examples, such as newsletters, bulletins, e-mails)
- \*Current CA Licenses for Medical Directors (provide copy for our records)
- HIPAA policy

Notes: If you already provided WHA with a copy of a required documents you do not need to re-submit (e.g., current UM Program Description, UM Work Plan). Also, you may be required to provide additional UM Denial/Auth files to complete the audit (up to a total of 30 per review category) if any element in the first 8 files is found to be noncompliant. These must be provided within 2 weeks of the on-site visit. THANK YOU