

Delegate SNBC Audit Protocol Checklist

*This 2022 Audit Protocol was developed for use in auditing care plans developed in CY2021 and audited in CY2022.

Member Name:		Enrollment Date:		HRA Date:	
Partner/Delegate:		Care Coordinator:			
Auditor:		Audit Date:		Score:	

Desired Outcome	Outcome Measurement	Met	Not Met	N/A	Comments
1. Member Contact	Member contacted within 10 business days of Care Coordinator assignment or change of Care Coordinator by phone or mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Date notification completed is within 10 business days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Attempts are documented. CC name and phone number provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Initial Health Risk Assessment (HRA) <i>New to MCO or product within the last 12 months</i>	HRA completed within 60 days of enrollment date OR Attempts and/or Explanation documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	All areas of HRA are complete or documented NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Annual Health Risk Assessment (HRA) <i>For members who have been a member of the MCO for more than 12 months</i>	Annual HRA completed within 365 days of previous HRA OR Attempts and/or Explanation documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	100% of areas of HRA are complete or documented NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Care Plan Timeliness	Care Plan was mailed to member within 30 calendar days of completed HRA OR If not, explanation documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Care Plan Specific Elements <i>We are looking for goals around preventative care, acute care, chronic conditions, referrals, behavioral health needs</i>	All Needs and Concerns identified in HRA are included in Care Plan OR explanation as to why need(s) was not included in CP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Care Plan signed by member or authorized rep OR documentation of attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Desired Outcome	Outcome Measurement	Met	Not Met	N/A	Comments
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6. Care Coordinator Follow-up	Follow-up plan with member is documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Monitoring progress toward goals documented per follow-up plan OR reason why not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Communication of the Care Plan	Evidence that Care Plan summary was communicated to PCP or PCC if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Annual Preventative Health Exam	Annual preventative health exam discussion was initiated and documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Advance Directive	Advance directive conversation was initiated OR documentation as to why it was not initiated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Communication and Coordination with Counties	Evidence of communication, coordination or referrals to other agencies identified on HRA as new or ongoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Evidence of communication of updates or changes to member's condition and needs as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Behavioral Health	Evidence of communication/coordination with agencies identified by HRA as new or ongoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Evidence of communication, coordination or referral if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Communication of updates and changes to member condition and needs to other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	