INTERNAL AUDIT CHECKLIST & SUMMARY

Private insurance companies may monitor, audit, and investigate direct billed or self-submitted claims by plan members. As part of their due diligence, private insurers may request an audit to verify the legitimacy / eligibility of claims processed. The findings of investigations conducted may or may not result in delisting of the clinic and optometrists. Diligence in conducting and documenting internal audits will assist clinics with managing, tracking, and overseeing audit processes, responding to audit requests and, in the event of a delisting, will support the clinic with appealing the delisting. This internal audit checklist and summary is designed to support consistent audit procedures and documentation. This form is intended for internal use only. The access to and use of the health information referenced on this form is authorized pursuant to section 27(1)(g) of the Alberta *Health Information Act*, RSA 2000, c H-5 (as may be amended from time to time).

Clinic / Audit Details

Date [mm/dd/yyyy]	
Reviewer Name / Position	
Supervisor [Owner / Optometrist]	
Clinic Location(s)	

Insurance Company Details

Insurance Company	
File No. (if applicable)	
Investigator / Contact Name (if applicable)	Name: Email: Phone Number:

Reason for Review:

☐ Regular internal audit

☐ Insurer audit request

Date Received [mm/dd/yyyy]: _____

Date Response Submitted [mm/dd/yyyy]: _____

☐ Delisting appeal

Date of Delisting [mm/dd/yyyy]: _____

Response Deadline (if applicable) [mm/dd/yyyy]: _____

Records Reviewed:

☐ eClaims submitted via provider portal

☐ Lab orders

☐ Lab invoices

☐ Invoices

☐ EMR / Patient Records

Period Reviewed:

☐ 2 years

Date range [mm/dd/yyyy] to [mm/dd/yyyy]**:** _____

☐ 5 years

Date range [mm/dd/yyyy] to [mm/dd/yyyy]**:** _____

Audit Findings:

☐ Clerical errors

☐ Improper direct claims

☐ Improper invoices issued

☐ Inaccuracies

- ☐ Provider information
- ☐ Product information
- ☐ Service information

☐ Other: _____

☐ Total value of improper claims / invoices: _____

Follow-Up Required:

☐ Expand scope of audit

☐ Offer(s) for reimbursement

☐ Escalate to management for further investigation

☐ Obtain written consent to disclose health information **

** Written consent is required prior to disclosure of individually identifying health information to insurance company pursuant to s. 34(2) *Health Information Act*, RSA 2000, c H-5.

Reviewer's Attestation:
The contents of this audit summary are accurate to the best of my knowledge.

Reviewer Signature: _____ **Date** [mm/dd/yyyy]:_____

Supervisor Signature: _____ **Date** [mm/dd/yyyy]: _____