

Overview

The audit process provides multiple opportunities for input and feedback by the health service, allowing services to voice any areas of concern and to obtain a response from the auditors.

However, AHA acknowledges that there may be occasions where a service wishes to express concern regarding the conduct of an audit or appeal the audit findings. The concern/s may relate to any aspect of the audit process and/or auditor conduct.

AHA maintains a Complaint and Appeals Register, in order to document any complaints and appeals received, as well as AHA's response in relation to each. Raising a complaint or appeal and providing feedback to AHA will not result in any discriminatory actions against the complainant.

Complaint

A complaint can be defined as an expression of dissatisfaction with a service, made either orally or in writing, from an internal or external customer.

Process

Complaints can be lodged by telephone, as a hard copy letter or via email. Where a health service lodges a complaint by telephone, in the first instance, an AHA management representative will attempt to resolve the issue to the complainant's satisfaction at that time. Where resolution is achieved a record of conversation will be documented, and the complaint considered to be finalised.

Where resolution cannot be achieved via telephone, the complainant will be asked to document their concerns, either as a hard copy letter or via email, and submit this information to enable further investigation.

Upon receipt of the complaint:

1. Receipt will be recorded in the Complaints/Appeals Register.
2. Details will be documented on a Complaint Record.
3. Within 24 hours, AHA will email the health service acknowledging the complaint and providing advice regarding expected timeframes for resolution.
4. Within 48 hours, AHA will notify the parties who were involved in the audit and request their feedback.
5. The matter will be reviewed by an AHA Director. The Director may liaise with the health service via telephone or email as required.
6. Following completion of the review, AHA will respond in writing to the health service, outlining the review and findings.
7. AHA's response will be recorded in the Complaints Record and the complaint will be finalised on the Complaints Register.

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Confidentiality will be maintained at all times and information regarding a complaint will only be disclosed to parties involved and the Department of Health & Human Services (DHHS), where applicable.

If a complainant is unhappy with AHA's decision following investigation of a complaint, then the complainant may progress their concerns to the DHHS.

Appeal

All audited episodes which involve a DRG and/or WIES change, should be discussed during the on-site audit by the health service and auditors. Discussion should involve constructive dialogue in relation to Australian Coding Standards, Coding Conventions and authoritative sources that have informed coding practice.

Where agreement between the audit team and the health service representative was not possible, the episodes are to be resolved according to the following appeals process. After conclusion of the audit, health services and auditors should not enter into any further discussion regarding the appealed episodes.

Process

1. The appeals process will be initiated by the auditor, where DRG and/or WIES variances are not agreed with the health service.
2. The health service will provide AHA with copies of information relevant to the appealed episode(s); de-identified if not provided via AHA secure portal.
3. AHA will arrange for a second auditor to review the episode(s), 'blind' to the decisions made by the original auditor and the health service.
4. The results of the review will be assessed by a member of AHA's technical support team.
5. Both the specific coding issue and the resulting disputed DRG will be resolved as follows.

Where the second auditor's code(s) for the issue under appeal:

- Matches the health service, the health service codes will stand.
- Matches the first auditor, the audit codes will stand.
- Differs from both the health service and the first auditor, the DRG outcome will determine the dispute resolution as follows.

Where the DRG outcome for the second auditor:

- Matches the hospital DRG, the hospital DRG will stand
- Matches the first auditor DRG, the first auditor DRG will stand
- Does not match either the hospital or the first auditor DRG, the hospital DRG will stand.

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6. AHA will notify the health service and the original auditor(s) of the appeal outcome(s). Notification will include the episode UR number, Admission Date, Separation Date and Appeal outcome. Details will also be provided in the health service's audit report.

AHA contact details

If you've any questions about the above processes, please contact Zoe Holmes at AHA:

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