**LIST OF NOMINEES FOR AUDIT INTERVIEW – HOME CARE / LONG TERM CARE**

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| **DoH License No.** |   |  | **Facility Audit Representative 1** |   |
| **Facility Name** |   |  |
|  | **Audit Representative for Self-Pay** *(if applicable)* |   |
|  |
|  | **Contact No:**  |   |
| **Date of Audit** |   |  | **Mobile:** |   |

**Instructions:**

1. Please fill the form with details of all nominees for Clinical Coding Process Review interview and KPI Process Review as per JAWDA Data Certification for Healthcare Providers - Methodology 2018, as mentioned below. All fields are mandatory.
2. Centers with Home Care as a Service should fill this nominee form
3. Kindly identify contact person relevant to your facility auditing requirements.
4. Please specify required nominees of Self-Pay Services additionally for audit activities and interviews.
5. **Make sure all audit nominees listed are present on the day of audit and, arrange & coordinate in accordance to future leaves or absences. No changes will be accepted except for a valid and evident justified circumstances.**
6. Facilities who have not nominated any one in some fields, auditors shall randomly select from the available and feasible nominees for the process review. Unless not applicable, these field can be left blank.

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| **Department**  | **SN** | **Name of the Nominee for Interview** | **Designation** |
| Coding Department (certified coder involved in coding) |  | 1. |  |  |
|  | 1. | Specify Coder for Self-Pay Services |  |
| Insurance Department | Pre-authorization | 1. |  |  |
| Billing | 1. |  |  |
| Re-submission | 1. |  |  |
| Self-Pay Services*(if applicable)* | Billing Operations | 1. |  |  |
| Accounting | 1. |  |  |
| Clinical Department (Practicing Physicians) |  1. |  |  |
| 2. |  |  |
| 3. | Specify Physician for Self-Pay Services |  |
| Medical Records Department (MRD) | 1. |  |  |
| 2. |  |  |
| Finance Department | 1. |  |  |
| Quality Department(Responsible person for JAWDA KPI Data Quality and Data Submission) |  |  |  |
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