**LIST OF NOMINEES FOR AUDIT INTERVIEW - HOSPITAL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HAAD License No.** |  |  |  |  | **Audit Year** |  |
| **Facility Name** |  |  |  |  | **Audit**  **Representative** |  |
|  |  |  | **Contact No: 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 2017, as mentioned below.
2. Kindly identify contact person relevant to your facility auditing requirements. 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 justified circumstances.
3. All fields are mandatory. Please fill out every field required in the form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | | **S No.** | **Name of the Nominee** | **Designation** |
| Coding Department (certified coder involved in coding) | Inpatient | 1. |  |  |
| Outpatient | 1. |  |  |
| Emergency | 1. |  |  |
| Daycase | 1. |  |  |
| Homecare | 1. |  |  |
| Insurance Department | Pre-authorization | 1. |  |  |
| Billing | 1. |  |  |
| Re-submission | 1. |  |  |
| Clinical Department (Practicing Physicians, minimum 2) | | 1. |  |  |
| 2. |  |  |
| Medical Records Department (MRD) | | 1. |  |  |
| 2. |  |  |
| Finance Department | | 1. |  |  |
| Hospital Quality Department  (Responsible person for JAWDA KPI Data Submission) | | 1. |  |  |
| 2. |  |  |