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Photo credit: Ayenew Haileselassie, Abt Associates
USAID Health Financing Improvement Program staff train participants in medical auditing

EHIA Strengthens Medical Auditing Capacity

In March, the Ethiopian Health Insurance Agency (EHIA) in collaboration with the USAID Health Financing Improvement Program (the Program) conducted two training-of-trainers (TOT) sessions on medical auditing for 65 participants drawn from EHIA and Regional Health Bureaus (RHBs). The purpose of the training was to develop a group of trainers who will cascade the basic medical audit training and serve as a pool of experts to provide technical back-up for auditors. The TOT participants are expected to roll out the training to over 3,000 trainees in regions across most of the country, including personnel of EHIA branch offices, community-based health insurance (CBHI) schemes, zonal health departments, and woreda health offices.

Medical auditing is used to determine whether all clinical and financial documentation and processes are followed by personnel when treating and billing for services provided to health insurance beneficiaries. Having trainers and technical experts at EHIA and RHBs helps to further institutionalize medical audit training and technical assistance capacities.

The training covered the contents of EHIA's new Medical Audit Manual, which was recently developed by a technical working group composed of EHIA, the Ministry of Health, the Clinton Health Access Initiative, and the Program. Topics included the objectives and principles of claims auditing, clinical auditing, roles and responsibilities of auditors and managers, and the institutional arrangements that support auditing.

The Medical Audit Manual replaces the Clinical Audit Manual produced in 2012, which did not cover the full range of medical audit functions and processes. As CBHI coverage and the number of claims managed by CBHI schemes have increased, a more robust medical audit system was needed to ensure that contracted health providers deliver quality health services to CBHI beneficiaries and to effectively prevent, detect, and deter fraud and abuse by providers and beneficiaries. In the new manual, for example, all claims for reimbursement made by health facilities are audited before payment is authorized, as opposed to the earlier practice of verifying only a sample of claims. The new manual is also more comprehensive in that it covers both clinical and claims auditing, whereas the previous manual focused exclusively on claims auditing. Clinical auditing follows the approaches of comprehensive, periodic, and special auditing, and claims auditing deals with pre-payment, post-payment, and beneficiary audits.

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