Fast-Start Implementation Guide
Chart Audit Manual

READ THIS FIRST!

Congratulations on your decision to protect your practice by making the effort to keep up with the latest changes imposed on your dental practice by State and Federal laws. The Affordable Care Act requirements regarding compliance programs can be found in section 6401 of the ACA. As you are aware the consequences for non-compliance with these regulations can really affect your bottom line.

Dental providers need to conduct periodic chart audits to help keep the practice on track with proper documentation and billing for services provided. Now, more than any time in history, dentists' records are being scrutinized for indications that they fail to meet the standard of care, fail to account for the services rendered to patient (and why) and because billing mistakes can amount to the submission of fraudulent claims as stated by the Federal Office of the Inspector General (OIG) and the Centers for Medicare and Medicaid Services (CMS).

Here is an overview of compliance guidance from the OIG as recommended best practices for compliance programs for healthcare providers:

Core Elements of an Effective Compliance Program

1. Written policies and procedures
2. Designated compliance officer and compliance committee
3. Effective training and education
4. Effective lines of communication
5. Internal monitoring and auditing
6. Enforcement of standards through well-publicized disciplinary guidelines
7. Prompt response to detected problems through corrective actions

In 2000 the (federal) Office of the Inspector General (OIG) published the Compliance Program Guidance for Individual and Small Group Physician Practices (65 Fed. Reg. 59434; October 5, 2000). This guidance outlined the above-listed elements as central tenets to establishing an effective compliance program. This guidance was intended as a voluntary set of guidelines for government and non-government program providers; this is NOT just for Medicare, Medicaid and/CHIP providers.

Thanks to the Affordable Care Act the OIG's compliance guidance will be mandatory for ALL healthcare providers who receive money from government programs. While the effective dates for having compliance programs in place is not clear for dentists (though some states' Medicaid providers have already signed attestations that they have such a compliance program in place) it is clear that nearly all dental insurance will be government subsidized therefore making all dental insurances "government programs", which subjects providers to the same accountability requirements as Medicaid providers to have compliance programs..

In 2011 the Federal Sentencing Guidelines (FSG) were modified to give credence to having "reasonably effective" compliance programs. According to the FSGs when judges find

organizations guilty of wrongdoing (for the purposes of our discussion that wrongdoing might include billing for services that are not adequately supported by clinical documentation) judges have to consider whether the organization had a "reasonably effective" compliance program in place at the time of the violation(s). For the purpose of brevity I will not outline what it means to be reasonably effective except to say it does not mean "fool-proof" or "perfect".

The FSGs indicate that (according to a matrix of mitigating factors) if an organization had, at the time of the violation(s) a reasonably effective compliance program then consideration will be given for the compliance program, which can reduce fines and penalties by up to half. Considering most fine and penalties are in the hundreds of thousands to millions (even for dentists) this consideration can be considerable enough to more than pay for your investment into your compliance program.

What this means is a compliance program cannot be but a manual on a shelf, rather, it must be a foundational framework from which everything that occurs in the practice happens and providers must have documentation of to show their work. This requires a shift of mindset and some additional paperwork by providers to ensure they are just in keeping what they receive as reimbursement from care provided to federal health program beneficiaries.

The Fast-Start Implementation Guide is to you what your treatment plans are for your patients, a step-by-step plan of action. Use this Guide as a checklist to help you implement these policies and procedures in your dental practice.

How to Audit

Step 1: Review the sample chart auditing forms provided in the front section of this manual. Select which audit tool you will use. Try they both and see which one you prefer.

Step 2: Begin an audit by selecting a chart. The initial chart audit will take the greatest amount of time, as you will audit the entire history of the chart.

Step 3: Print (or photocopy) the financial record for the chart you selected.

Step 4: Compare radiographs against billing records to ensure you actually have the type and quantity of radiographs that were billed. Poor quality x-rays (radiographs that do not need standards for 'diagnostic' quality should not be billed out. As you account for each x-ray put a check to the right side of the claim on the billing record/ ledger. If an x-ray(s) are poor quality or are not of the quantity billed circle the item on the ledger.

Step 5: Next compare clinical notes to the financial record/ ledger to ensure there is adequate documentation to support each claim. Remember the mantra, "if it is not written in the record it did not happen." If there is supportive documentation put a check to the right side of the claim on the financial record. If there is inadequate (or no) documentation to support the claim circle the claim and briefly note the issue and the report (i.e. no doc, poor doc, missing form, medical necessity).

Step 6: Review consent forms and ensure there is written informed consent for treatment for each procedure that was billed out. To the left side of the claim on the financial record/ ledger, if there is a corresponding consent form put a "+C". If there is not consent for treatment put a "-C".

Step 7: Next, turn to your audit checklist and complete the checklist for the record.

Step 8: Sign and Date the audit report. Attach the financial record/ ledger to the audit form.

Step 9: Notify your compliance officer of any documentation or billing issues.

Step 10: Review the audits and correct any issues noted.

Step 11: File the audit record in the Chart Audit manual behind the appropriate monthly tab.

Documentation Issues versus Billing Issues

Documentation issues – information that was documented incorrectly or inadequately, but was not billed out. This includes administrative issues, such as no consent for treatment, no signed HIPAA acknowledgment, no treatment plan, no sedation record (if applicable), no insurance verification/ eligibility, no review of medical history, failure by author of record to notate identifiers (initials/ name and title), dentist failure to sign clinical notes, other deficiencies that do not meet the standards and expectations of your organization.

Billing issues – claim that is submitted with one of the following:

- Wrong code (i.e. D9310 - Consultation rather than D0140 – Limited Exam)
- Wrong number/ type of procedure (i.e. x-rays are neither bite wings, nor peri apicals; billed 4 bite wings, but only have 2; billed for sealants on pre-molars (unless allowable); surgical extraction when no clinical note indicating removal of bone or sectioning of tooth).
- Failure to identify the correct dentist as the treating provider
- Patient treated by dentist who is not credentialed with insurance carrier
- Wrong date of service reflected on claims

Follow Up Work

Whatever issues are uncovered in an audit require additional work. Any documentation issues should be presented to the author of the record. If the staff member can accurately recall the information they should be required to make a corrected addendum (entry) in the record that refers to the date(s) in question. The note should reference that the treatment was (or was not) provided on the date in question. The author should indicate the current date and sign the note.

Billing errors require that you submit a corrected claim. Or, if you have been paid on the claim, send the money back to the payor with a short note indicating that during a quality control audit your office observed inadequate charting to support the claim that therefore the amount of the claim is being refunded to the payor.

The last section often draws a lot of questions by our clients, such as “if I send the money back with an explanation as you recommended will that be a red flag?” Yes, it will be a flag, but not a red flag. You are telling the payor you made a mistake and are doing the right thing to protect your integrity by returning it since you cannot be certain you did the work. As counterintuitive as it may seem you need to demonstrate your integrity to insurance carriers (not just Medicaid, but all those who provide reimbursement for services including your cash patients).

Your integrity is the one thing you bring to the dental profession that you only get one shot at, blow it and the rest of your career can be filled with hardship and intense scrutiny.
Strictly talking about government programs, the False Claims Act can require dentists to pay back three times the amount of what the government pays you PLUS fines and penalties up to $11,000 per claim. Liability under the False Claims Act begins 61 days after you discover a problem. What this means is that when you audit and uncover a problem you have 60 days to obtain corrected documentation or correct billing issues to avoid financial liability under the False Claims Act.

The next question I get is, "Tink, if my liability begins 61 days after I identify a problem then why would I bother to identify problems in the first place?" This is a great question. The reality is the OIG has stated time and again that they expect providers to identify and correct their own mistakes because if they (government) has to go through the work of catching a provider's mistakes the provider is going to pay for it (dearly).

I recommend that each dentist and dental team member audit two charts per month. The initial chart audit will include the whole chart. The subsequent chart audits will only audit records dating back to the previous month's chart audit. This is to (hopefully) avoid re-identifying issues that have already been addressed. Also, if issues that have been addressed continue you will know the corrective action was not understood by your staff (you have a training issue) or you have one or more uncooperative staff members.

Dentists and employees (ideally) will not audit their own charts. ALL employees need to participate in chart auditing because everyone has a different perspective and based on their experience and perspective will question something others may not see. All can benefit from this.

What You Should Expect

Within two to three months you will see a dramatic increase in the quality of your documentation and billing practices. After about a year you may begin to see the quality of your records begin to slump. An appropriate response would be to meet with your team and discuss any concerns relative to documentation and billing, audit findings and reiterate expectations and standards. Such a meeting should be constructive, not a gripe session. A team that trains together stays together!

How You Can Benefit from Record Auditing

1. Increase in quality of record keeping
2. Fewer documentation and billing errors
3. Decreased liability in the event you are audited and are found 'guilty' of wrongdoing (as outlined in the Federal Sentencing Guidelines above)
4. Patients may receive greater continuity of care due to better documentation of care
5. Increased professionalism of dental team
6. Sleep better at night knowing you have many sets of eyes actively watching over your organization with you and that systems are in place to protect your integrity.
7. Righteously keep more of what you earn
8. Minimize lost revenue due to inaccurate documentation and billing (it is true that auditing identifies missed billing opportunities as much as overpayment issues). If you did the work you should be paid for it, all of it!

Be sure to keep your audit records for at least six (6) years. Remember to audit two charts per month. Review your audits and look not only for micro issues, but study them for macro issues (repeated mistakes, which can include missing out on legitimate reimbursement).

These records should be secured and are to be considered confidential. If you are subjected to an audit, contact your attorney. Make him or her aware THAT you audit and provide them this proof. If Dental Compliance Specialists can assist you further we surely welcome the opportunity. It is our pleasure to serve you and your dental team.

We are committed to your success. If you have any questions call or e-mail us at (817) 755-0035 or info@dentalcompliance.com.

Protecting and serving Dental Professionals,

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