PLAN OPERATIONS

Advantage Dental
From DentaQuest

Policy and Procedure

Policy Name:	**Chart Audits**	Policy ID:	**PLANCG-09**
Approved By:	Peer Review and Credentialing Committee	Last Revision Date:	03/28/2024
States:	Oregon	Last Review Date:	04/26/2024
Application:	Medicaid	Effective Date:	04/27/2024

PURPOSE

To verify the accuracy of services provided vs services billed to prevent, detect and correct fraud, waste and abuse and to review and verify the completeness of charts and records in accordance with applicable rules and regulations.

POLICY

1. The Dental Care Organization (DCO) will complete random monthly chart audits on any provider who treats the DCO's enrollees. The DCO will run a report that will choose 10% of the enrollees where a claim was received in the previous month. The DCO shall also complete an additional random chart audit of each contracted provider annually that was not audited under the chart audit process described above.

   The DCO will request the complete chart for the enrollee from the provider who submitted the claim. The provider is required to send the complete chart to the DCO within 10 business days of the date on the letter requesting the chart.

2. In order to monitor access for emergent and urgent access to care, it will also be the process to complete an additional chart audit of a randomized sampling of 30 patient charts where the code D0140 was billed in the previous month.

   The DCO will request the chart notes pertaining to the appointment and verification of the date the appointment was scheduled for the enrollee from the provider who submitted the claim. The chart will be sent to the DCO from the provider within 10 business days of the date on the letter requesting the chart.

3. The provider's chart will be audited for the items outlined in the Procedure section below. It will be scored a 1 if the chart is complete in that category or a 0 if it does not meet the criteria set by the DCO. If a chart receives a 0 score in any category, the review is sent to the Vice President of Clinical Services for review and final confirmation.

4. When the charts requested has not been received within 30 business days, and the provider has been non-responsive to requests, the Provider will be considered non-compliant with the requirements and will be subject to a corrective action plan.

PROCEDURE

Items Audited in Random Monthly Chart Audit Review:

1. Services documented in the chart are compared to the services billed to the DCO, including:
   a. Procedure Code
   b. Date of Service
   c. Tooth Number

    d. Surfaces
    e. Treating Provider
2. Agreement to Pay Form in the chart for any non-covered services billed to the enrollee.
3. If a missed appointment is documented in the chart, confirmation that it has also been reported to the DCO.
4. Timely access to appointments based on required timeframes as established in the DCO's Appointment Scheduling policy. Information review is based on the date of the claim that resulted in the random monthly chart audit request and must include the following:
    a. Date the appointment was scheduled;
    b. Type of service enrollee was scheduled for;
    c. Any information related to changes made to the appointment and justification for changes (i.e. date enrollee called to reschedule appointment and reason provided).
5. The chart is reviewed for completeness which includes the following:
    a. enrollee's name and address;
    b. If a minor, include name of custodial parent/legal guardian;
    c. enrollee's gender;
    d. enrollee's date of birth;
    e. enrollee's emergency contact;
    f. enrollee's phone number;
    g. Date and description of examination and diagnosis;
    h. Date and description of treatment or services rendered;
    i. Date and description of treatment complications;
    j. Date and description of all radiographs, study models, and periodontal charting;
    k. Health history (including review on visit dates);
    l. Date, name of, quantity of, and strength of all drugs dispensed, administered or prescribed;
        - PDMP check for enrollee
    m. Signed consent forms;
    n. Chart notes are legible;
    o. Procedures, Alternatives, Risks and Questions (PARQ) documented on each visit;
    p. Preventative treatment plan included;
    q. Signed and dated HIPAA form;
    r. Signed and dated Enrollee Rights and Responsibilities Attestation
    s. Tobacco counseling documented if use is indicated;
    t. Ledger compared to treatment history;
    u. Full chart received by the DCO within the time allowed;
    v. Clinical determination appropriate;
    w. Proper documentation of diagnosis to support clinical determination; and
    x. Number of days between the date enrollee was seen by provider and the date a pre-authorization/referral was entered into the provider portal based on urgency is between 0-7 days.
    y. Chart notes indicating enrollee was asked about having an Advance Directive on file with their medical provider in cases where ethe provider administers GA. This is for adult enrollees only.

Items audited in Access to Care Monitoring Chart Audit review:

1. Information review is based on the date of the claim that resulted in the random monthly chart audit request and must include the following:
    a. Chart notes
    b. Emergency call log (if applicable) including all relevant notes
    c. Printout of date appointment was scheduled
    d. Any information related to changes made to the appointment and justification for changes (i.e. date enrollee called to reschedule appointment and reason provided).

Once the chart has been audited by the DCO, a letter showing the findings of the audit will be sent to the provider with a copy saved in the DCO's chart audit file.

If after receiving this letter, the provider feels their documentation was misinterpreted the provider can request a second level review of the documentation to support that the criteria was met. This request can be submitted to the Quality Assurance and Reporting Department specifying what was misrepresented and why the provider feels the criteria is met. The Quality Assurance and Reporting Department will then submit this information for review to the Peer Review and Credentialing Committee, who are licensed dentists. If the committee determines the criteria are met, an amended letter will be sent to the provider showing the findings and additional training may be provided to the first level reviewer.

At the discretion of the Vice President of Clinical Services, or their designee(s), or the Peer Review and Credentialing Committee, who are licensed dentists, the provider will be given training by the DCO or will be required to attend a Records Keeping course, as offered by the State Board of Dentistry, depending on the severity of the audit findings.

FORMS AND OTHER RELATED DOCUMENTS

- Chart Audit Results to Provider

Revision History

Date:	Description
05/02/2014	Approval and adoption.
02/23/2015	Updates based on annual review.
07/02/2015	Updates based on CCO partner audit findings
02/23/2016	Updates based on annual review.
07/11/2016	Updates based on CCO partner audit findings
02/14/2017	Updates based on annual review.
07/12/2017	Updates based on CCO partner audit findings
03/12/2018	Updates based on annual review.
11/1/2018	Updates based on CCO partner audit findings
03/05/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
2/3/2020	Updates based on CCO partner audit findings
04/23/2021	Updates based on annual review.
1/18/2022	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.

03/28/2024	Updates based on annual review.