Christine Taxin's

Links 2 Success

Linking Doctors to Success

Are you sure your documentation matches the billing your team is sending out

Sometimes we don't want to do the things that are good for us. Dentist delay, thinking "I just don't have the time," or "it's too expensive" or "I haven't had a problem so far, why bother?" Why wait until a crisis occurs and you scramble to find the right attorney and resources to help you out of your jam? Outsourcing a chart audit is easy to put off, but it can be extremely useful to dentists and their staff. In a chart audit, qualified auditors review documentation, monitor for ¬compliance, identify risk management areas, and assist with continuing dentist and staff education.

What is an outside dental chart audit?

An outside or external audit is conducted by a third party with no ties to your practice. The auditor reviews documentation objectively, with no preconceived notions of your style of practice. Audits typically take one of two forms – prospective or retrospective. There are advantages and disadvantages to each.

A retrospective audit selects a sample of records from services already submitted and reimbursed. These records are readily available for review so you avoid claims processing delays, but auditing retrospectively can mean that you will have overpayments to correct or disclose.

Prospective (or pre-bill) auditing can help avoid problems with self-reporting. You will be able to ¬correct any documentation or coding discrepancies prior to submission, thus ensuring accurate claims and reimbursement. The ¬disadvantage of a prospective audit is that you will have to hold claims during the review, which may delay billing and payment.

We recommend dentists have internal prospective and retrospective chart audit processes in place. Prospective audits help ensure that only completed work gets billed and also to ensure that ALL work that is completed gets billed (nothing is missed). Retrospective audits typically yield additional work to correct mistakes. However, these

audit present opportunities to ensure quality assurance (compliance with recordkeeping and billing requirements) and quality improvement (continuous efforts to ensure better outcomes).

Together these audit processes provide physical evidence to demonstrate a dental practice has a reasonably effective compliance program and deserve due consideration in the face of fraud and abuse allegations. Chart auditing often has an immediate (positive) impact on practice revenue. Given the increasingly aggressive efforts by government agencies to identify and recover overpayments to healthcare providers auditing is essential for establishing an organization's defense.

What does the auditor do?

The auditor begins by selecting a random sample of clinical records for each provider in your practice. Items commonly reviewed in the audit include the following:

- Chief complaint and stated medical necessity
- Key components of medical and dental history, clinical examination, diagnosis and treatment planning
- Provider and patient identification
- Matching dates of service
- Availability of documentation
- Proper coding
- Benefit eligibility

The auditor prepares an audit findings report, giving detailed information concerning any problems or ¬inconsistencies found during the chart audit. The report includes recommendations to correct these findings.

The auditor schedules a teleconference with you (and your staff, if appropriate) to discuss the audit findings and report, and to provide related educational material.

Christine Taxin's

Links 2 Success

Linking Doctors to Success

Why should you have an audit?

A dental chart audit will do the following:

- Ensure that the CDT codes your practice reports are reflected in the services documented
- Verify that your practice is following CDT guidelines along with all applicable Medicaid (if applicable), state, and federal rules and regulations
- Ensure that your practice is receiving proper ¬reimbursement for services provided
- Determine that your dentists and staff are applying the ¬principles of documentation for compliance
- Identify any missed or absent documentation and possible unbilled charges
- Evaluate documentation for risk management exposure not specific to the documentation guidelines

When should you have an outside dental chart audit?

If your practice has never had a dental chart review ¬performed by outside auditors, now is the time. Once you have completed a baseline dental chart audit, you will be able to compare the auditor's results with your code ¬selections and identify and correct any inconsistencies. From that point on, we recommend dental chart audits every one to two years to stay current with the ever-changing rules and regulations, and to keep your -practice in compliance.

Our goal is to complete your audit in a well-coordinated and timely manner to ensure continuity for your billing process.

We are available to conduct either a prospective or retrospective dental chart audit for your practice. Whether you are a solo practice or multi-office dental group, we have the resources and personnel on hand to make this a positive experience with beneficial results for you. Contact ctaxin@links2success.biz

www.links2success.biz 914-450-2906 ctaxin@links2success.biz

Christine Taxin's
Links 2 Success
Linking Doctors to Success

You check the mail and notice a letter from a payer. The letter reads something like this:

Dear Doctor,

Periodically we analyze claims to determine the accuracy of the codes submitted. At this time, we have noticed unusual patterns in your practice's claim submissions, and request you provide copies of the patient records listed below. Thank you for your cooperation.

Sincerely,

Utilization Review Department

The typical response: "Audit! Audit! But, I did not do anything wrong!"

Perhaps there has been no wrong doing by the practice, but in some way the practice has attracted the attention of either an insurance company or the administrators of a state Medicaid program. Of the phone calls I received in 2015 from offices receiving a letter from an insurance company, two were pediatric dentists, several general dentists, and an orthodontist! Most of these dentists had submitted the requested records months prior to contacting me and were now in receipt of a refund request. The requests ranged from $18,000 to $500,000.

Why and How

There are no "routine" audits or reviews, so why were these practices audited? The most common reason is that the frequency of certain CDT codes submitted is far beyond the peer norm for those reported codes. The insurance company's computer easily identifies an unusual pattern of claims, an outlier, if you will. Simple utilization reports identify the practices submitting the highest number of claims of specific codes, or the highest frequency of a treatment per a given number of patients. If the norm for a treatment is 30 per 100 patients in your state, but your practice's frequency is 50 per 100 patients, this information "jumps out" as potential overutilization.

For example, periapical radiographs are routinely exposed in conjunction with periodic oral evaluations. This is a low dollar procedure until it is multiplied thousands of times. It is, of course, a beneficial diagnostic procedure when medically necessary and the findings are documented in the patient record. Without both a diagnosis and documented findings by the dentist, there is no reason to take a radiograph. If the patient record indicates the patient had sensitivity, recent trauma, or other issues, and the chart is documented with this information, then there is not a problem

Christine Taxin's
Links 2 Success
Linking Doctors to Success

Additional comments to the dentist regarding this template:

Notes: Clinical/radiographical findings that can lead to a diagnosis also should be charted: "PA abscess; perio abscess; deep decay into pulp."

Add this language when the patient wants to try and save a tooth at all costs. "Tooth # _ non-restorable and rec'd for ext, but pt want to try and save. Heroic effort to save with RCT. Told pt chance of success less than 5%. Pt understands but wants to try anyway."

Suggestion for new office policy: While gloving up, but before entering the oral cavity, ask your assistant show you the signed endodontic consent form before beginning treatment.

Notes:
Abbreviations:

NCMH – No Change Medical History, PA – periapical x-ray, Dx – diagnosis. ADRA – Advantages, Disadvantages, Risks and Alternatives [the legal standard for informed consent], RCT – Root Canal Treatment, PFM – Porcelain Fused to Metal crown, Qs – questions, OCS- – Oral Cancer Screen negative, BP – blood pressure, O+D – open and drain, I+D – incise and drain, DB – DistalBuccal canal, MB – MesioBuccal canal, D – Distal canal, GG – Gates Glidden, WL – Working Length, PO – Post Operative, B/U – Build Up, ℞ – prescription PossibleDX. Irreversible pulpitis normal periradicularstructures
Irreversible pulpitis – acute apical periodontitis

Their Chart: Actual Root Canal Treatment entry from a major software company

Reviewed medical history. There have been no changes since patient's last visit. Topical __ placed. [local anesthetic] __ carpules.

__ canals accessed. Length determined with Apex Locator, hand filed and instrumented w/ rotary files. Canals filled with __ sealent and gutta percha. __ canal filed and filled to size __ at __ mm. Irrigated w/ NaOCl & biopure. Filled access w/ permanent buildup material. Completed endo same day.

Subjective complaints, objective testing and a diagnosis are missing. A decision maker, licensing

board or expert witness, scrutinizing this entry, would have no idea why endodontics was needed.

Our Chart: Actual *Ideal Charting for General Dentists* entry

Data not included in the major software company record are highlighted.

[Emer]. NCMH. Pain x __ days for tooth # __. 1 PA. Sensitive to [hot, cold, percussion, palpation]. [Electronic pulp test]. Dx: __. Explain ADRA for ① RCT and PFM ② ext ③ nothing. Pt chooses ①. Pt signs consent form. No Qs.

OCS -. BP __/__. Stan anes – __ carps. Place rubber dam. O + D [or I + D]. Tooth non-vital. [Purulence]. [apex locator]. Remove decay. File DB # __; MB # __; D # __. Length acceptable [or short]. Rinse copious NaCL. Dry. Place [medicimate]. Dry cotton pellet. Sealer w/cavit. Obdurate w/GG [material]. Pre-op, WL and post-op PAs. PO instrs given. Will call if any problem. [℞]. [DDS/asst initials]

NCMH. OCS-/ BP __/__. No unexpected complaints since last time. Stan anes – __ carps. Reshape canals. Fill w/ GP. Temp seal. ✓ occl. Prognosis [excellent/guarded/poor]. Rec'd post, core, B/U, PFM. Will call if any problems. [℞]. [DDS/asst initials]

Christine Taxin's

Links 2 Success

Linking Doctors to Success

Send TheDoc™ www.Send-TheDoc.com

HIPAA Communications Compliance Table*

Channels		Information Types			
		General	Medical (PHI)	Financial (PHI)	Expert K.
Mail	US Mail	OK	OK BAA?	OK BAA?	OK
	Courier	OK	OK BAA?	OK BAA?	OK
	Hand Delivery	OK	OK BAA?	OK BAA?	OK
Tele Video - Voice	Telephone	OK	CAUTION Any One Listening? BAA?	CAUTION Any One Listening? BAA?	OK
	Mobile	OK	CAUTION Any One Listening? BAA?	CAUTION Any One Listening? BAA?	OK
	Web Conferencing	OK	CAUTION Any One Listening? BAA?	CAUTION Any One Listening? BAA?	OK
Portals	Websites	OK	STOP	STOP	OK
	Secure Websites (HTTPS)	OK	OK BAA?	OK BAA?	OK
	Cloud Solutions	OK	STOP	STOP	OK
	Secure Cloud Solutions	OK	OK BAA?	OK BAA?	OK
Fax	Regular	OK	STOP	STOP	OK
	Secure	OK	OK BAA?	OK BAA?	OK
	Electronic	OK	STOP	STOP	OK
	Secure Electronic	OK	OK BAA?	OK BAA?	OK
Messaging	Patient – Dr. Communications	OK	STOP	STOP	OK
	Email	OK	STOP	STOP	OK
	Secure Email	OK	OK BAA?	OK BAA?	OK
	Texting	OK	STOP	STOP	OK
	Encrypted Texting	OK	OK BAA?	OK BAA?	OK
	Instant Messenger	OK	STOP	STOP	OK
	Social Media	OK	STOP	STOP	OK

Instructions

1. Identify which channel you will use to communicate.
2. Identify what information type(s) you will communicate – does it include PHI?
3. Find on the table - Is your approach HIPAA compliant?

ATTENTION ! When in doubt, take the safe route, ask the information recipient to call you.

General: Hours of operation, provider names, office location. (No PHI)
Medical : Patient associated, protected health information. (PHI)
Financial: Treatment fees, transaction fees, accounting information. (PHI)

www.links2success.biz 914-450-2906 ctaxin@links2success.biz

Christine Taxin's
Links 2 Success
Linking Doctors to Success

Medicaid Recovery Audit Contractor Program (RAC Audits)

The ADA works closely with lawmakers, regulators, and others to help ensure the integrity of public health care programs. This includes working with state Medicaid Recovery Audit Contractor (RAC) auditors, who are contracted to identify overpayments and underpayments to health care providers who treat Medicaid patients.

Unfortunately, many well-meaning dentists are receiving significant and sometimes arbitrary fines for unintentional, often minor infractions when there was never any intent to defraud the government.

- **Priorities**

To enhance program integrity and help grow provider participation in the Medicaid program, the ADA is calling on the Centers for Medicare and Medicaid Services (CMS) to improve the Medicaid RAC audit program by:

- Issuing fair, transparent guidelines to protect dentists from being fined for minor, unintentional infractions, such as those resulting from clerical errors, computer glitches, etc.

- Examining the impact state Medicaid RAC audits have had on dentists who treat Medicaid patients and patient access to dental care.

Christine Taxin's
Links 2 Success
Linking Doctors to Success

15 Things to Know About the HIPAA Omnibus Final Rule Before Sept. 23

Written by Molly Gamble (Twitter | Google+) | August 13, 2013

By Sept. 23, hospitals and physicians must comply with the HIPAA omnibus final rule, which strengthens patient privacy protections and provides patients with new rights to their protected health information.

Here are some highlights from the omnibus final rule healthcare providers and covered entities should be mindful of to ensure compliance by Sept. 23.

1. The final rule expands patient rights by allowing them to ask for a copy of their electronic medical record in electronic form.
2. Under the final rule, when patients pay out of pocket in full, they can instruct their provider to refrain from sharing information about their treatment with their health plan.
3. If a Medicare beneficiary requests a restriction on the disclosure of PHI to Medicare for a covered service and pays out of pocket for the service, the provider must also restrict the disclosure of PHI regarding the service to Medicare.
4. The final rule sets new limits on how information can be used and disclosed for marketing and fundraising purposes, and it prohibits the sale of an individuals' health information without their permission.
5. Penalties for noncompliance with the final rule are based on the level of negligence with a maximum penalty of $1.5 million per violation.
6. The breach notification final rule was amended with a requirement to determine the breach's "risk of compromise"

rather than harm. "Compromise" was considered a more objective test than harm. Thus, breach notification is
necessary in all situations except those in which the covered entity or business associate demonstrates a low
probability that the PHI has been compromised.
7. To determine whether there is a low probability that PHI has been compromised, the covered entity or business
associate must conduct a risk assessment that considers at least each of the following factors:
• The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification.
• The unauthorized person who used the PHI or to whom the disclosure was made.
• Whether the PHI was actually acquired or viewed.
• The extent to which the risk to the PHI has been mitigated.
8. The final rule changed what incidents are exceptions to the definition of "breach." Before, an incident was an
exception to the definition of breach if the PHI used or disclosed a limited data set that did not contain any birthdates
or ZIP codes. Under the final rule, breaches of limited data sets — regardless of their content — must be handled like
all other breaches of PHI.
9. Providers and covered entities still have a safe harbor, in which an unauthorized disclosure only rises to the level of
a breach — thereby triggering notification requirements of the HITECH Act — if the PHI disclosed is "unsecured."
10. Unsecured PHI is PHI that is not rendered unusable, unreadable or indecipherable to unauthorized individuals
through the use of technology or methodology specified by the secretary through published guidance.
11. Requirements for methods of breach notification remain unchanged.

That is, providers and covered entities most provide notice to individuals, the media (if breach affects more than 500
residents of a state or smaller jurisdiction) and HHS (if breach affects more than 500 individuals regardless of
location). Business associates, or people or organizations that conduct business with the covered entity that involves
the use or disclosure of individually identifiable health information, must also provide notice to covered entities no later
than 60 days after the discovery of a breach of unsecured PHI. (Read more about breach notification rules.)

12. Covered entities' Notice of Privacy Practices forms need to inform patients that they will be notified if their PHI is
subject to a breach. NPPs must also inform individuals that a covered entity may contact them to raise funds, and the
individual has a right to opt out of receiving such communications.
13. Business associate agreements and policies and procedures must address the prohibition on the sale of patients'
PHI without permission.
14. Covered entities must modify and implement policies and procedures that address the new limits on permissible
uses of information for marketing and fundraising activities.
15. Covered entities' business associate agreements and policies and procedures must address the expanded rights
of individuals to restrict disclosures of PHI.

Go to www.links2success.biz and find your book on Risk Management
You can receive a 10% discount if you email Ptaxin@links2success.biz to order your copy today.