Name:	Chart Auditing and Clinical Monitoring
Date of Origin:	07/08/2010
Current Effective Date:	6/19/2024
Scheduled Review Date:	6/19/2025

I. PURPOSE

Capitol Dental Care (CDC) requires that all contracted dental providers maintain dental records in a detailed and accurate manner. The Chart Auditing and Clinical Monitoring policy and procedure allows CDC to verify quality of chart documentation and ensures the verification of appropriateness of services provided and the validation of services billed in order to detect and correct fraud, waste, and abuse.

II. POLICY

1. The following will allow for audit of the full network of providers every three years on a rolling basis. These are comprehensive audits incorporating the entire length of service.
   - 1.1. Once every three years, CDC will complete three audits for every provider who treats more than 300 members per year, on average. CDC will request from the provider three complete charts for members who were seen within the previous 12 (twelve) months. The selection process will incorporate one of those charts for an individual less than 18 years old if available. Additional records may be requested depending on findings, and counted as part of the targeted audits referenced in number 2 of this policy.
2. CDC will complete monthly random chart audits. These chart audits will be chosen from all providers who provided care for CDC members in the previous month. CDC will randomly select the balance of chart audits for that month from members for whom a claim was received in the previous month. CDC will request from the provider the clinical records for those members chosen.
3. When appropriate, CDC may also complete limited scope audits. The use of the limited scope audit includes, but is not limited to, auditing charts to ensure timely access to care, auditing charts to ensure adoption of new clinical practice guidelines, or auditing charts to ensure proper use and documentation of a specific procedure/procedure code.
4. An audit of at least three charts will be completed on newly credentialed Providers, within the first year of service
5. When there is an Encounter Data Validation Audit requested by a CCO or OHA, CDC will complete an audit of the requested charts for our own validation of the coding on the claim.
6. The auditor is a dental quality consultant or delegate appointed by the Dental Director.

III. PROCEDURE

1. CDC will request in writing the complete chart(s) from the provider. The provider will have two weeks to submit charts to CDC.

2. CDC will compare chart documentation against the billed claims to ensure the date of service, procedure code, tooth number, surfaces, and treating provider are correct.

3. CDC will verify that an Oregon Health Plan waiver form is present in the chart for any non- covered service for which the member paid out of pocket.

4. The chart will be reviewed for the following items:

    a. Member's name, date of birth, gender, address, telephone number;
    b. Emergency contact information;
    c. Name, address, and phone number of legal guardian or responsible party, if applicable;
    d. A current medical history form, including allergies and adverse reactions, medication list;
    e. Vital signs;
    f. Date and description of all services provided by any dental provider or under the supervision of a dental provider;
    g. Radiographs labeled, adequate in number, and of diagnostic quality;
    h. Documentation of clinical findings. Complete periodontal charting should be present if clinically indicated;
    i. Diagnosis should be included for all conditions, including periodontal diagnosis, caries, oral cancer, or other pathology;
    j. Treatment plan should be supported by clinical findings and diagnosis;
    k. Date, name, quantity, and strength, and indication should be documented for all drugs administered, dispensed, or prescribed;
    l. Chart notes should include a detailed description of procedures, including tooth number, surfaces, materials used;
    m. Complications and follow up plan should be documented;
    n. Diagnostic and specialty services for which a member was referred;
    o. Chart notes should be legible;

p. Signed consent form or documentation that informed consent was obtained. If the consent form is not in the Members preferred language, an interpreter will be used to explain the form, and its purpose;

q. PARQ or its equivalent documented for each visit.

5. Documentation Signature Requirements

Capitol Dental Care is required to ensure that all credentialed providers are compliant with Provider Signature Requirements. The Provider Signature Requirements have been put in order to validate that services rendered have been accurately and fully documented, reviewed and authenticated. All records, chart notes, procedures, and orders submitted for review must be signed and dated by the rendering provider at the time of service. If documentation does not show a valid, timely signature, claims may be denied or overpayments may be recouped.

A. Handwritten Signatures Must:
   - Appear on each entry (multi-page medical records require one signature at the end of the last page as long as it is clearly documented to be one encounter)
   - Be legible
   - Include the practitioner's first initial and last name, at minimum
   - Requires the practitioner's credentials (DDS, DMD, RDH, EPDH, DT, etc.)
   - Capitol Dental may request a signature log with any review of medical records to verify providers' signatures or initials.

B. Digitized/Electronic Signatures:
   - The responsibility for, and authorship of, the digitized or electronic signature should be clearly defined in the record.
   - A "digitized signature" is an electronic image of an individual's handwritten signature. It is typically generated by encrypted software that allows for sole usage by the practitioner.
   - An electronic or digitized signature requires a minimum of a date stamp (preferably including both date and time notation) along with a printed statement such as, "Electronically signed by," or "Verified/reviewed by," followed by the practitioner's name and a professional designation. An example would be: Electronically signed by: John Doe, DMD 03/31/2016 08:42 a.m.

C. Unacceptable Signatures:
   - Signature "stamps"
   - Missing signature on dictated and/or transcribed documentation
   - "Signed but not read" notations
   - Illegible lines or marks

D. Elements of a complete medical record Per CMS Documentation Guidelines, elements of a complete medical record may include:
   - Physician orders and/or certifications of medical necessity
   - Patient questionnaires associated with physician services
   - Progress notes of another provider that are referenced in your own note
   - Treatment logs

- Related professional consultation reports
- Procedure, lab, x-ray, and diagnostic reports
- Signature and date

E. The Provider Signature Requirement is one element assessed in the Capitol Dental Care chart audit.

6. Chart audit findings shall be shared with the provider. Based on the findings, further training or another audit may be indicated. If a provider does not agree with the findings, they shall have the opportunity to respond in writing. A calculated score of below 80% requires a Corrective Action Plan from the provider, with a follow up audit at three months.

REVISION ACTIVITY

Revision Date	Revision and Rationale	Effective Date
07/08/2010	Policy Creation	07/08/2010
07/07/2012	Policy Revision	07/07/2012
08/04/2019	Policy Revision	
08/28/2019	QI Committee Review	08/29/2019
8/28/2020	Review	8/28/2020
8/23/2021	Revision	8/23/2021
8/16/2023	Reviewed	8/16/2023
11/2/2023	Revision	11/2/2023
6/19/2024	Revision	6/19/2024

AFFECTED DEPARTMENTS

CDC Administrative Staff, CDC Providers