
Name:	Chart Auditing and Clinical Monitoring
Date of Origin:	07/08/2010
Current Effective Date:	08/17/2022
Scheduled Review Date:	08/17/2023

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 forms;
 - q. PARQ or its equivalent documented for each visit.
5. 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.

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

AFFECTED DEPARTMENTS

CDC Administrative Staff, CDC Providers

REFERENCES