Medicaid Program Integrity Inventory List

Things to consider “proactively” before an audit is announced:

- Take the free one hour CDE course on ADA Online: http://www.adaceonline.org/index.aspx?sec=olce&sub=ce&pag=cmain&ce_id=1410
- Participate in annual provider training sessions conducted by the Medicaid managed care entity (if applicable – Dental Benefits Manager [DBM] or Managed Care Organization [MCO])
- Be familiar with your state’s definition and rules of medical necessity
- Be familiar with the Provider Office Reference Manual
- Document in the patient record the patient’s presenting conditions, a clear diagnosis and services rendered
- Identify practice patterns that could identify you as an “outlier” when compared to your peers.
  - Educate yourself about what reports your electronic dental record can produce that could identify potential “red flags” in your claim reimbursement process
- Ensure that you and your staff understand CDT nomenclature and coding as published by the ADA and that you are using such codes as described in the code narrative
  - Avoid using office software that maximizes claim reimbursement by using CDT codes inappropriately
- Perform a regular 6 or 12 month audit review of each provider in your office reviewing a number of patient records. Document findings as well as any corrective action arising from the review.
- Seek guidance from the DBM on questionable claims/coding and ask for the response in writing
- Designate someone in the office to be the “Medicaid person.” In addition to filing claims, this individual keeps up on Medicaid “updates” from the State Medicaid Agency or MCO.
- Encourage your state to set up a Peer Review Committee of Medicaid providers to provide consultation and recommendations for action when provider irregularities occur.
- Develop a good relationship with your state dental Medicaid director BEFORE you need assistance

Things to consider after an audit is announced:

- Stay calm
- Call an attorney…your state dental association may know a lawyer who has expertise in this area
- Have a clear understanding of what type of audit is being conducted and by whom
- No alteration of dental records after the fact
- Preserve your records
- Do not ignore a “dental records request” from the State Agency or contracted managed care entity
  - Respond completely in a timely manner
  - Send a written request asking for confirmation that the records have been received and to please contact the dental office if anything is missing
- Review and explain in writing any adverse findings or questionable claims
- Implement changes to resolve any aberrant behavior identified during the audit
- Work collaboratively with the DBM or MCO to establish a corrective action plan to address any concerns raised during the audit
- Ensure that the entire office staff is educated about the issues raised, so that enrollees receive quality care and to protect yourself and your staff