



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name: Information Management Sub Section: Clinical Records Documentation Section Number: 05.01.12 Policy Status: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised
Chief of Operations Behavioral Health Services	SIGNATURE _____ DATE APPROVED _____ Signature on File _____ 12/2/15

SUBJECT: Corrections/Amendments to Chart Documentation - Audits

PURPOSE:

To establish procedures to manage changes to service documentation that requires corrections in response to audit findings when the clinician is still available to make the changes. If the clinician is no longer available, see Behavioral Health Services (BHS) Policy and Procedure [05.01.05, Corrections/Amendments to Encounter Documents when Provider is no Longer a County Employee](#)

POLICY:

It is the policy of BHS that chart documentation accurately and thoroughly reflects services provided.

It is the policy of BHS that chart documentation will accurately reflect changes that are made after the initial documentation is submitted and that these changes will be made and documented so as to completely demonstrate the change process.

SCOPE:

BHS County and Contract clinics

FORMS:

County of Orange, Health Care Agency Behavioral Health Services MHP Encounter Document

REFERENCES:

BHS P&P [05.01.05, Corrections/Amendments to Encounter Documents when Provider is no Longer a County Employee](#)

PROCEDURES:

- I. The Encounter Document (ED)/progress note is used to capture billing information and thorough and accurate documentation of the services provided to BHS consumers. Occasionally after the clinician has submitted the documentation for service entry and billing, an ED/progress note is found to require modification. Often this is in response to either an internal or external review process.

It is part of routine operations and the BHS Quality Management Plan that chart documentation reviews will be held periodically. When these reviews occur, feedback will be given regarding all services that require corrective actions. Most commonly, the corrective action for any service will pertain to the one service reviewed, and may occasionally be extended to other services for the same client. In these cases the corrective actions will generally also be limited to that service or chart. If a more broadly occurring pattern emerges and is suggestive of broader issues requiring attention, a separate plan of action will be requested from the Program Manager.

- II. Findings are provided to the program reviewed. Following a documentation review, for each clinic a brief summary report and line item details of the findings will be provided to the Service Chief (SC) or Program Director (PD) and the Program Manager (PM) and the Division Manager (DM). In addition, a summary report for all clinics reviewed will be provided to the Program Manager, Division Manager, and BHS Director.
- III. The program reviews the findings, determines the action to be taken, takes that action, and reports back to the reviewing unit. Each SC/PD will be expected to respond to every line item for which recoupment or correction is required. The response will generally be requested to be documented on the line item spread sheet provided to the SC/PD which designates each line item requiring correction/recoupment. The response shall include a brief description of the actions taken by the SC/PD in response to the problem(s)/issue(s) cited for that item.
- IV. Change management. Below are some general guidelines related to actions taken when responding to a review. While these are some specific requirements, remember that the SC/PD are expected to understand broad documentation and compliance expectations as well as daily IRIS operational procedures and apply this understanding in determining the corrective action to be taken and how it is to be implemented. If the SC/PD is unclear or uncertain regarding any of the review feedback or appropriate actions to take or documentation issues involved, it is an expectation that the SC/PD will ask the reviewing unit to provide clarification or training for that SC/PD on the relevant issues.
- V. General guidance on management of documentation changes.
 - A. It is a general expectation that all changes will be made by the clinician who created the original documentation. Occasionally a joint decision by program, Authority and Quality Improvement Services (AQIS), and the Office of Compliance (OOC) will result in permission for other than the clinician to make **some selected** changes. If this is the case, the specifics will be clearly communicated between all parties and the documentation will clearly reflect who made each change.
 - B. Every line item designated for recoupment must be dealt with by the SC/PD and the actions taken documented. Every item which required correction/recoupment must have the corrective action documented.

- C. The SC/PD must insure that the corrective action documented for each item is actually implemented and implemented correctly. This can involve many steps or parts and the SC/PD must insure that all necessary steps are completed. Follow up reviews will be conducted to monitor this.
- D. Most changes will require at least some change to the chart documentation, even if it is only to the billing section. The chart documentation and the services entered into IRIS must be consistent.
- E. When a service is credited out, at a minimum the following must occur:
 - 1. The service must be credited.
 - 2. The service must be re-entered using the correct code (may be a changed CPT, or a non-billable or a non-compliant code).
 - 3. The chart documentation must be changed to be consistent with the changed billing. Depending on the issue, this change to documentation may be any of a number of things.
- F. Never destroy an existing chart document. Use the correct procedures for making changes.
 - 1. This would include not removing a page from a multipage document and then simply inserting a revised page. The original documentation must remain in the chart and the corrections/revisions made appropriately.
- G. Insure that any changes continue to meet general documentation requirements.
 - 1. For example, if a treatment plan is to be significantly modified as all or part of the corrective action, the SC/PD must be aware that it is general practice that when a significant change is made to a treatment plan, the revised plan must be reviewed and re-signed by the client. The SC/PD must ensure that this occurs.
- H. Never use "white-out".
- I. Never back date documents. Backdating of documents is a violation of the HCA Code of Conduct. A SC/PD who finds that an employee backdated a document must counsel that employee and notify either AQIS or the Office of Compliance.
- J. Occasionally, specific documentation cannot be located during the review. Later, the documentation is found by the program. Given that this situation is bound to raise some questions from a compliance perspective, it is expected that the SC/PD will look into how this happened. While there are many possible items that could need review by the SC/PD, below are a few examples of situations that might be anticipated and the likely corrective actions that these examples

would require. When the documentation in question is a treatment plan, there will be broader range of questions and of potential corrective actions that may have to be taken.

1. If the ED/Progress Note is found to have been previously created and totally completed within two weeks of the date of service, but not submitted for entry/filing because it was in the clinician's possession and they simply hadn't processed it in a timely manner, then the corrective actions must include:
 - a) Change the service to a non-compliant code regardless of whether or not everything seems OK. Use proper procedures for changing documentation.
 - b) Enter the service into IRIS.
 - c) File the documentation in the chart.
 - d) Counsel the clinician on the work expectations related to timely submission of documentation of services.

2. If the ED/Progress Note is found to have been previously created and totally completed within two weeks of the date of service, but not filed because it was in the data entry work flow and hadn't been processed within two weeks of the date of service, then the corrective actions must include:
 - a) Change the service to a non-compliant code. Use proper procedures for changing documentation.
 - b) Enter the service into IRIS.
 - c) File the documentation in the chart.
 - d) Review the data entry work flow process and if there is a processing backlog of more than two weeks or other system problem that is resulting in more than an occasional late processing, the SC/PD must notify the Program Manager so that systematic problems can be identified and managed.

3. If the ED/Progress Note is found to have been created more than two weeks after the date of service, and the date of documentation is correctly documented, then the corrective actions must include:
 - a) Change the service to a non-compliant code. Use proper procedures for changing documentation.

- b) Enter the service into IRIS.
 - c) File the documentation in the chart.
 - d) Counsel the clinician on the work expectations related to timely documentation of services.
4. If the treatment plan is found to have been completed correctly but was simply completed late (after the review), then the corrective actions must include:
- a) Change all services from the time the treatment plan was due to the time the treatment plan was completed and met all requirements to a non-compliant code. Use proper procedures for changing documentation.
 - b) Credit and re-drop the necessary services in IRIS.
 - c) File the treatment plan in the chart.
 - d) Counsel the clinician on the work expectations related to timely completion of treatment plans and the necessity of documenting in the notes the reason that treatment plan is late, if it is a consequence of the client's choices.
5. If a treatment plan that could not be found at the time of the review is subsequently found and is dated prior to the date of the review, the SC/PD must determine whether the treatment plan was done and simply not filed, or whether there may have been some back-dating of the document.
- a) If it had been completed properly and not filed:
 - 1) Change the service that was reviewed to non-compliant. Use proper procedures for changing documentation.
 - 2) Credit and re-drop the service in IRIS.
 - 3) File the documentation in the chart.
 - 4) Counsel the clinician on timely filing of documentation.
 - b) If it appears that the documentation may have been back-dated:
 - 1) Change all services under that treatment plan to non-compliant. Use proper documentation change procedures.
 - 2) Credit and re-drop all the services in IRIS.

- 3) Counsel the employee and notify either AQIS or the OOC.