



Fraud Prevention and Detection Policy

Applies to:	Delta Dental of South Dakota and Delta Dental of South Dakota Foundation
Effective Date:	April 4, 2017
Last Update (s):	July 12, 2024
	July 17, 2023
	July 18, 2022
	July 26, 2021
	August 1, 2020
	April 4, 2017
Author:	Jennifer Murray, Program Integrity Analyst
Reviewer:	Jenny Bernhard, Director of Compliance and Risk Management Ann Schwartz, VP of Government Programs and Professional Services Mick Heckenlaible, VP of Operations
Approver:	Jeff Miller, President and CEO of Delta Dental of South Dakota

Policy Statement

Delta Dental of South Dakota and Delta Dental of South Dakota Foundation (collectively referred to as Delta Dental of South Dakota (DDSD)) are committed to the prevention and detection of fraud, waste, and abuse. This policy outlines this commitment and describes procedures DDSD implements to prevent fraud and the avenues available for stakeholders (e.g. employees, subscribers, providers, patients, etc.) to report suspected fraud.

Guidelines

1. Definitions:
 - a. Fraud - the intentional deception or misrepresentation made by a person for profit or to gain an unfair advantage.
 - b. Waste - over utilization, underutilization, or misuse of resources and typically is not a criminal or intentional act.
 - c. Abuse - practices that are inconsistent with sound business or medical/dental practices.

2. Examples of fraud include, but are not limited to:
 - a. Unauthorized altering of information for personal gain (e.g. altering of dates of service).

- b. Billing for unnecessary services and items.
 - c. Billing for services or items not rendered.
 - d. Upcoding – billing for a more expensive service than provided.
 - e. Unbundling – submitting multiple codes to describe a service on a claim where one code is enough.
 - f. Member fraud – not disclosing existence of additional or primary coverage (e.g. sending in multiple claims to different carriers as if they were each the primary carrier).
 - g. Medical/dental identity theft – using another person’s identity or insurance card to receive services.
3. DDSD’s Director of Compliance and Risk shall act as the Fraud Program Coordinator.
4. DDSD’s Program Integrity Analyst is responsible for managing the post-payment program integrity activities. This includes analyzing data, identifying suspicious activity, reviewing claims/billing information, and compiling sufficient evidence for any necessary action. The Program Integrity Analyst will also serve as the special investigations unit (SIU) and will conduct investigations of fraud, waste, and abuse.
5. Program Integrity Subcommittee
 - a. DDSD’s Program Integrity Subcommittee is responsible for directing, supporting and contributing to Delta Dental’s Fraud, Waste and Abuse Prevention and Program Integrity programs for the commercial and governmental programs books of business. This cross-departmental subcommittee meets monthly and provides updates and recommendations to the Compliance and Risk Committee.
6. Education:
 - a. Annually, DDSD provides Employee Compliance Training which includes fraud, waste and abuse education. DDSD’s commitment to awareness/education demonstrates our focus on prevention.
 - b. Focused training is provided on an “as needed” basis.
7. Proactive Program Integrity Activities:
 - a. DDSD dedicates substantial resources to pre-payment reviews, including the following activities:
 - i. Pre-determination review - Review of pre-determination claims and supporting documentation to determine coverage of services and payment/patient responsibility prior to service delivery (may include consultant review).
 - ii. Automated systematic checks and edits through our claims processing system to prevent improper billing or highlight questionable practices (e.g. history cross-checks, duplicate billing determination, frequency limits, eligibility checks, etc.).
 - iii. Professional Claims Reviews - Review of claims and supporting documentation to determine coverage of services and

- payment/patient responsibility at time of claims submission (may include consultant review).
 - iv. Clinical reviews – direct examination of the patient by a neutral dentist when additional information is needed to make a predetermination decision or to mediate a disagreement post service.
 - v. Quality Control – Daily, a 2% sampling of claims processed the previous day is selected. A senior audit staff member checks each claim selected for correct data entry and proper payment.
 - vi. Utilization reviews –Claim data mining/analytics review occurs to investigate questionable practices.
 - vii. Contract Compliance Reviews (CCRs) – DDS employees conduct in-office and desktop reviews to detect possible fraud, waste and abuse.
 - b. DDS's Foundation (DDSDF) conducts the following Program Integrity activities:
 - i. Routine record reviews – prior to submitting claims, DDSDF staff confirm that documentation supports the charges submitted.
 - ii. Request periodic CCRs – DDS proactively requests CCRs to verify billing practices.
8. Responsibility to Report- DDS's stakeholders (employees, members, providers, office staff) who are aware of known or suspected fraud are required to report concerns. There are a variety of reporting methods available to report concerns related to fraud, waste and abuse.
- a. To the employee's supervisor;
 - b. To other DDS management (e.g. Professional Services, Human Resources, etc.);
 - c. To the Program Integrity Analyst;
 - d. To the Fraud Program Coordinator; or
 - e. Anonymously by using DDS online reporting form via DDS's website. DDS dedicates a page on our website to educate individuals on fraud; how to protect themselves and how to report suspected fraud concerns.
9. Non-retaliation - DDS does not retaliate against anyone who reports, in good faith, a suspected violation of our policies, laws/regulations or potential fraud concerns.
- a. Federal law protects employees who report concerns in good faith from retaliation. This is referred to as Whistleblower protections.
 - b. DDS implements reasonable measures to protect the identity of the reporter.
 - c. DDS's prohibition of retaliation against whistleblowers is expressed in multiple documents; the Compliance Program Policy, the Code of Conduct, and in the Employee Handbook.

10. Investigations

- a. All reports of suspected fraud are investigated. Appropriate corrective action is taken, and documentation is maintained. When necessary, DDSB refers potential fraud allegations to the appropriate authority (e.g. Division of Insurance, the SD Department of Social Services, the SD Medicaid Fraud Unit, State Board of Dentistry, etc.) for further investigation.

Resources

Delta Dental of South Dakota's Program Integrity Subcommittee
Delta Dental of South Dakota's Compliance and Risk Committee

References

Delta Dental of South Dakota's Code of Conduct
Delta Dental of South Dakota's Employee Handbook
Delta Dental of South Dakota's Program Integrity plan

Regulations/Standards

Deficit Reduction Act of 2005
The False Claims Act
DDPA Membership Standards and Guidelines