

Health Care Providers and Audits

Assisting injured workers in their rehabilitation and helping them to return to work is very important to all health care professionals. The services these experts provide are paid for by WCB through employer premiums. Payments for medical services can be complex at times, and often are governed by legal and contractual requirements. WCB routinely audits health care providers to confirm that services have been provided, and billings have been paid in a suitable fashion. The audits are balanced – finding underpayments as often as overpayments.

The need for auditing

Our experience suggests the vast majority of medical providers are billing appropriately. Given this, and so as not to delay the payment process, medical transactions are typically processed as billed. Although there are numerous checks and balances within the system, occasional payment errors can occur which is why we audit.

There are times when we are required to obtain information directly from the provider to complete an audit. We have found that in reviewing medical transactions in our offices we may be faced with limited or no information to validate an invoice that was submitted. Information from the practitioner can confirm the correctness of payment that may not otherwise be verified. For those clinicians, a visit by an auditor may be required to determine whether work-related services have been provided and was billed appropriately.

For most providers the audit is confirmation that they are doing things well and as expected. It is our finding over the years that the majority of health care professionals are billing for services appropriately. The benefit of field audit activities for these clients is that it allows a face to face connection between practitioners and WCB, and can improve communication around issues both the practitioner and WCB may be encountering. We know from our experience in the field, our clients have come to appreciate these visits by our staff.

The right to audit

Given our fiduciary responsibility to stakeholders there is an expectation that we review the appropriateness of our financial transactions. With health care payments exceeding \$300 million annually we must audit a sample of these payments to report confidently that the money was spent properly.

With regard to health information, both the *Workers' Compensation and Health Information Acts* give us the requisite authority to collect information and conduct audits. The *Workers' Compensation Act* in particular provides for us to investigate all matters and to establish the necessity and the amount payable in respect of any medical aid provided to a worker. The *Health Information Act* also provides authority for custodians of health information to share that information with WCB. These two pieces of legislation allow for us to work together for purposes of the audit.

Audit Process

All audits begin with a review of transactions that have been submitted. Where validating information is not available in our offices, we contact the provider to gather the required information. Where we need to visit the business location to view records, we schedule a meeting with the provider and detail the reasons for the review. Depending on the size of the businesses operations, the audit may take anywhere from several hours to several days to complete. However, auditors do their utmost to minimize disruptions.

Audit Results

Audit results are summarized and provided to the business in a detailed report. A copy of the report is also provided to Health Care Services who manage contracts with our provider network. In the event there are actions required as a result of the audit, Health Care Services will work with the provider towards resolution of those items.

For additional information regarding the Health Care Audit process, please contact the Health Care Audit unit at 780-498-7489.

