

mation on how to bring the PRR initiative to your area, please contact us at shared_care@doctorsofbc.ca, or e-mail Dr White at kjwhitedoc@gmail.com.

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gpssc

Continued from page 508

MU5 enables community collaboration. With quality data at their fingertips, family physicians and specialists can more readily share care. As other systems mature, physicians will be able to collaborate with multidisciplinary teams, hospitals, and allied community care. Aggregated practice data can support the work of Divisions of Family Practice in their communities as well as provincial initiatives like A GP for Me.

The 31 March 2015 deadline for BC physicians to achieve MU3 is not an end in itself. Physicians who put MU3 to work in real time will see the greatest return on their investment of time, with improved practice efficiencies and patient care in the years to come.

—Brenda Hefford, MD
Executive Director, Department
of Practice Support and Quality
—Graham Taylor
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Improvement and Practice
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Reference

- 1. Hobson B. EMR use in BC: The future is now (part 1). BCMJ 2013;55:415.

Audit tip: The 5-year audit period

Many physicians are not aware of the 5-year audit period; almost none are aware of extrapolation and what that means.

While there will be a specific trigger for your on-site audit, did you know that when the audit is conducted on your practice the medical inspector will look at all entries in the medical records? Did you know that the total errors identified during the audit are extrapolated over the entire 5-year audit period?

During an audit, a statistically representative random sample of services billed is established and the medical records reviewed by the medical inspector. If the medical record does not support the fee billed or supports a lesser fee, then that service will be adjudicated by the medical inspector as an error. An error rate for the sample is then established, and that error rate is extrapolated to all the services billed during the 5-year audit period. What this means from a practical perspective is that errors found during the audit

may result in a request for recovery. Audit recoveries can be substantial. To put this in perspective, we will use the following example of an audit that was triggered by high counseling visits.

Dr A, a busy urban physician, has MSP billings over the 5-year audit period of \$1 800 970.54. Dr A has been inappropriately billing counseling visits when the documentation only supports an office visit. He also has multiple missing records. After giving Dr A credit for the office visits, Dr A's total error rate based on dollars is 18%. The error rate is then extrapolated, using statistical tools, to all the billings over the audit period. The result will be a quantification of approximately \$320 000.

This is why it is important to make sure you are billing correctly and documenting what you do. Could you afford to pay this amount of money back? Do not assume that because you have been paid for the services you have billed that you have billed them correctly. If you are unsure of what to bill, call Doctors of BC.

—Keith White, MD, Chair,
Patterns of Practice Committee

This article is the opinion of the Patterns of Practice Committee and has not been peer reviewed by the BCMJ Editorial Board. For further information contact Juanita Grant, audit and billing advisor, Physician and External Affairs, at 604 638-2829 or jgrant@doctorsofbc.ca.



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