**Overview**

The Department MH medical record audit is part of the quality assurance program and the intent is to evaluate Contractor’s current practices and identify areas to improve quality of service delivery and documentation. Presumptive Eligibility and care coordination are not included in these medical record audit guidelines as they are reviewed during the service note review process (see Policy 501-MH, MH Service Note Review).

**Policy**

* Medical record audits are required of all Contractors.
* Virtual or in-person medical record audits may occur at the discretion of the state Title V program.
* Contractors must enter all direct health care services provided for clients under the MH program into the MCAH data system. Documentation of the clinical detail for direct health care services must also be maintained in a client medical record (paper or electronic). Both of these forms of documentation will be reviewed during the audit.
* Documentation of services must comply with generally accepted principles for maintaining health care records and with Medicaid requirements established by the Iowa DHS in [IAC 441 - 79.3](https://www.legis.iowa.gov/docs/iac/rule/03-28-2018.441.79.3.pdf).

**Procedure**

Internal Medical Record Audit: At least one Contractor-conducted (internal) medical record audit must be completed in any contract period where a joint audit is not completed. Following the internal medical record audit, the Contractor is required to submit completed review tools and a MCAH Medical Record Audit Summary form, complete with plans for quality improvement based upon the audit findings.

The Contractor’s internal medical record audit team will be a multidisciplinary team representative of the disciplines providing CAH services (e.g., nurse, social worker, dental hygienist). Contractors shall include subcontractors in the audit process.

Joint medical record Audit: Opposite years from the internal medical record audit or as determined by the Department, the Contractor is required to have an audit conducted by a joint review team composed of Contractor and subcontractor staff and staff from the relevant Department programs. The audit team, including Department staff, must be large enough so that each team member reviews at least one and no more than three medical records.

Medical Record Audit Process:

1. The Contractor shall randomly select charts for review using the **Medical Record Selection Requirements** listed below.
2. **Internal Medical Record Audit Process:**
   1. The contractor’s multi-disciplinary team shall review all selected charts using the most updated medical record audit tools
   2. The review team shall convene to discuss their review findings
   3. The contractor shall complete a single Medical Record Audit Summary and submit to the Department a minimum of one week prior to the scheduled site visit.
3. **Joint Medical Record Audit Process:**
4. Department and contractor staff shall review the medical records using the most updated medical record audit tools prior to the scheduled virtual audit meeting. Each year’s medical records audit tools can be found on the [Maternal and Child Health Portal](https://idph.iowa.gov/family-health/mchportal).
5. Medical records shall be sent to the Department at least 5 business days in advance of the scheduled audit via fax, secure email, or via google folder. Ensure the medical records include the MCAH data system ID, any paper documentation, and all electronic medical records related to the entire pregnancy (even if some services took place outside the specified timeframe).
   1. If mailing medical records, you must send at least two weeks prior to the audit, to the Lucas building. Follow your agency’s protocol for mailing documents with protected health information.
6. Contractors will ensure that their staff auditing medical records have access to the MCAH data system. If staff do not have access, time should be scheduled for reviewers to work with staff who do have access.
7. The MH Director should set aside time with their staff ahead of time to review the required tools and expectations of medical record audits. MH Directors will assign medical records to reviewers.
8. Contractors and Department staff should review assigned medical records independently prior to the scheduled site visit. Contractors may choose to meet prior to the debriefing session to discuss any questions or jointly review medical records.
9. A designated time for the debriefing must be set during the Maternal Health Site Visit so that Department Oral Health staff and contractor staff not participating in the full site visit can attend the Medical Record Audit Debrief.
10. Debriefing session will consist of a round-table style share of medical record audit findings for strengths and areas for improvement and completion of the Medical Record Audit Summary. The Department consultant will complete the Medical Record Audit Summary and send to the contractor to complete a Quality Improvement Plan, if required.

Medical Record Audit Summary:Contractors shall complete one MH Medical Record Audit Summary for the entire medical record audit process. Areas to be addressed include:

* **Strengths**: Summarize strengths identified through the medical record audit process. These may pertain to program implementation and/or documentation.
* **Telehealth Technology:** In review of the documentation is the technology used for telehealth HIPAA compliant? (If more than one platform is in use are they all HIPAA compliant?) A portion of this element (investigation) was waived by the federal government during the pandemic emergency, but if planning to do telehealth in future, will need to consider method of use.
* **Recommendations for Improvement:** Identify recommendations for improving program implementation and/or documentation.
* **Plans for Quality Improvement:** Identify actions to be initiated in response to findings of this review. Include how results will be shared with staff to improve practice and enhance program development. Specify the person responsible, the projected date of completion for each activity, and how quality improvement will be measured. Provide adequate narrative to fully describe the assessment and plan for quality improvement.

Audit Due Date and Submission:Internal and joint medical record audit results are due to the Department on the date listed in the contract. A copy of the completed MH medical record audit tools (including quality improvement plans based upon audit findings) and the Medical Record Audit Summary are to be sent via secure mail, fax, or regular mail to the consultant. When sending records for Department review as part of the joint audit or with findings in the internal audit, secure methods (encrypted email, etc.) must be used to protect patient confidentiality.

Documentation at IDPH:Once the review tools and summary tool is complete for the contractor, the consultant will upload the summary tool to IowaGrants.gov.

Medical Record Selection Requirements:The following is the required record selection criteria:

* A minimum of ten MH medical records for clients who have been discharged and had at least one service in the previous 12 months.
* The following must be included in at least one chart if services were provided:
  + Oral health services
  + Oral Health Only clients
  + Lactation Classes
  + Listening Visits
  + Postpartum Only
  + Clinic visit
  + Home visit
  + Depression Screen
  + SBIRT
* At least one record from each subcontractor must be reviewed.
* At least one record from each service site type must be reviewed (e.g., home visits, WIC, school, OB clinic, agency clinic, etc.).
* If the Contractor has 10 or less service providers (in the service area, including subcontractors and other agreements), at least one record from each service provider must be reviewed.
* If the Contractor has more than 10 service providers (in the service area, including subcontractors and other agreements) a minimum of 10 different service providers must be reviewed.

Contractors that subcontract or have another form of agreement with another Title V Contractor to provide services in their service area shall work with the subcontract Title V Contractor and Department consultant in advance of the medical record audit to decide if the records will be reviewed as part of the Contractor’s medical record audit or part of the subcontractor’s medical record audit.

* **Resources**
* [Maternal Health Center Provider Manual](http://dhs.iowa.gov/sites/default/files/maternhc_0.pdf)
* [IDPH General Conditions for Service Contracts](https://idph.iowa.gov/finance/funding-opportunities/general-conditions)

FFY 2022 MCAH Chart Audit Summary

|  |  |  |
| --- | --- | --- |
| **Agency Name:** |  | |
| **Program(s) Reviewed (MH, CAH):** |  | |
| **Date of Review:** |  | |
| **Name & Credentials of Reviewer(s):** |  | |
| **Number of Records Reviewed:** |  | |
| **Review Findings** | | |
| **Strengths:** Summarize strengths identified through the chart audit process. These may pertain to program implementation and/or documentation. | | |
| **Telehealth Technology:** Is the technology used for telehealth services HIPAA compliant? If more than one platform in use are they all HIPAA compliant? (A portion of this element (investigation) was waived by the federal government during the pandemic emergency, but going forward agencies will need to assure compliance.) | | |
| **Recommendations for Improvement:** Identify recommendations made to improve program implementation and/or documentation. | | |
| **Quality Improvement Plan** | | |
| **Previous Chart Audit Quality Improvement Plan:** List quality improvement plan from previous chart audit.  (This will be used to assure previous items have been addressed and if not, will allow for inclusion in current plan.)  **2022:** | | |
| **Plans for Quality Improvement:** Identify actions to be initiated in response to findings of this review, including how results will be shared with staff to improve practice and enhance program development. This section is to be developed by the agency. Consider past efforts on documentation quality improvement, if past efforts have not worked, plan new strategies. | | |
| **Plan for Improvement** | **Person(s) Responsible** | **Projected Completion Date** |
|  |  |  |