

Number: 502-CAH

Title: Medical Record Audit

Effective Date: 10/01/2016

Revision Date: 9/16/2024

Date of Last Review: 9/16/2024

Authority: HHS General Conditions for Service Contracts, HHS Omnibus Agreement

Overview

The Iowa Department of Health and Human Services Child and Adolescent Health (CAH) medical record audit is part of the quality improvement program, and the intent is to evaluate the contractor's current practices and identify areas to improve the quality of service delivery and documentation. Presumptive Eligibility, Informing, 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 Service Note Review).

Policy

1. Medical record audits are required of all contractors providing gap-filling direct health care and oral health services. Medical record audits apply to all gap-filling direct care services provided through the CAH program regardless of payer source. CAH gap-filling direct care services include the following services as defined in the [Screening Center Provider Manual](#).
2. Virtual or in-person medical record audits may occur at the discretion of the state Title V program.
3. All gap-filling direct health care services provided for clients under the CAH program must be entered into the Maternal Child and Adolescent Health (MCAH) data system. Documentation of the clinical detail for gap-filling direct health care services must also be maintained in a client's medical record (paper or electronic). Both of these forms of documentation will be reviewed during the audit.
4. Documentation of services must comply with generally accepted principles for maintaining health care records and with Medicaid requirements established by the Iowa Department of Health and Human Services (Iowa HHS) in [IAC 441 Chapter 79.3](#).

Procedure

Internal Medical Record Audit: At least one contractor-conducted (internal) medical record audit must be completed every other year. Following the internal medical record audit, the Contractor is required to submit a MCAH Medical Record Audit Summary form, complete with plans for quality improvement based on 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.

Number: 502-CAH

Title: Medical Record Audit

Effective Date: 10/01/2016

Revision Date: 9/16/2024

Date of Last Review: 9/16/2024

Authority: HHS General Conditions for Service Contracts, HHS Omnibus Agreement

Joint Medical Record Audit: Opposite years from the internal medical record audit, the contractor is required to have an audit conducted by a joint review team composed of contractor and subcontractor staff and staff from the Iowa HHS Division of Community Access/CAH Program. The audit team, including CAH staff, must be large enough so that each team member reviews one to five medical records.

Medical Record Audit Process:

1. A minimum of one week prior to the audit (internal or joint), the Department will provide the contractor with a list of ID numbers randomly selected from the MCAH data system using the selection criteria found in the *Medical Record Selection Requirements* section found below.
2. The contractor shall carefully review the list of ID numbers provided by the MCAH data system to ensure that the selected medical records meet the required selection criteria. Due to the complex nature of selecting IDs that meet all criteria, contractors may not need to review all the medical records included in the list of selected medical records **IF** they have otherwise met the selection criteria outlined below. Some IDs may need to be swapped out for a different ID due to a nuance or error. Contractors wanting to alter the list, review fewer records, or review alternate records shall notify the consultant and get approval.
3. Department and contractor staff shall review the medical records using the most updated medical record audit tools prior to the scheduled virtual audit meeting.
4. For joint audits, the Department will select the ID numbers of the records for CAH staff to review. Most contractors utilize some form of medical record outside of the MCAH data system, whether electronic or paper. In order for the Department staff to properly audit the selected medical records, the contractor shall send the medical records to the Department for each team member to review. The contractor only needs to send non-MCAH data system records to complete the audit for each medical record, as the consultants will have access directly to the MCAH data system for review.
 - a. Medical records must be sent to the Department at least five business days in advance of the scheduled audit via secure email. Ensure the medical records include the MCAH data system ID, any paper documentation, and all electronic medical records related to CAH services provided within the past 12 months.

Number: 502-CAH

Title: Medical Record Audit

Effective Date: 10/01/2016

Revision Date: 9/16/2024

Date of Last Review: 9/16/2024

Authority: HHS General Conditions for Service Contracts, HHS Omnibus Agreement

5. 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.
6. The CAH Project Director should set aside time with their staff ahead of time to review the required tools and expectations of medical record audits. CAH Project Directors will assign medical records to reviewers.
7. Contractors and Department staff review assigned medical records independently prior to the scheduled debrief. Contractors may choose to meet prior to the debriefing session to discuss any questions or jointly review medical records.
8. The 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.

Medical Record Audit Summary: One CAH Medical Record Audit Summary will be completed for the entire medical record audit process. Areas to be addressed include:

1. **Strengths:** Summarize strengths identified through the medical record audit process. These may pertain to program implementation and/or documentation.
2. **Telehealth Technology:** In a 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?)
3. **Recommendations for Improvement:** Identify recommendations for improving program implementation and/or documentation.
4. **Plans for Quality Improvement:** Identify actions to be initiated in response to the 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 by the date listed in the contract. A copy of the completed Medical Record Audit Summary will be sent via secure mail to the consultant and/or CAH staff completing the audit. When sending records for Department review as part of

Number: 502-CAH

Title: Medical Record Audit

Effective Date: 10/01/2016

Revision Date: 9/16/2024

Date of Last Review: 9/16/2024

Authority: HHS General Conditions for Service Contracts, HHS Omnibus Agreement

the joint audit or with findings in the internal audit, secure methods (encrypted email, etc.) must be used to protect patient confidentiality.

Documentation at Iowa HHS: Once the summary tool is complete for the contractor, CAH staff will upload the summary tool to IowaGrants.gov.

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

1. A minimum of ten CAH medical records for gap-filling direct care services delivered in the 12 months prior to the audit. CAH records may be open or closed at the time of the audit, but the services being reviewed should be complete (e.g., lead tests should have results back and follow-up with the family and primary care provider documented.).
2. Oral health services must be included in the medical record audit.
3. At least one record of each type of gap-filling direct care service provided in the previous 12 months must be reviewed.
4. At least one record from each subcontractor must be reviewed.
5. At least one record from each service site type must be reviewed (e.g., home visits, WIC, school, OB clinic, agency clinic, etc.).
6. If the contractor has 20 or less service providers (in the service area, including subcontractors and other agreements), at least one record from each service provider must be reviewed.
7. If the contractor has more than 20 service providers (in the service area, including subcontractors and other agreements), a minimum of 20 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 CAH 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.

Number: 502-CAH

Title: Medical Record Audit

Effective Date: 10/01/2016

Revision Date: 9/16/2024

Date of Last Review: 9/16/2024

Authority: HHS General Conditions for Service Contracts, HHS Omnibus Agreement

Resources

[Screening Center Provider Manual](#)

[HHS General Conditions for Service Contracts](#)

Sources

HHS Omnibus Agreement