



health services associates

HR and Medical Record Audits

EXPERT RURAL HEALTH CONSULTANTS



Participants will:

- Develop a training program for all staff
- Compare and streamline the collaborative and administrative chart audits
- Implement tools provided for tracking both required audits

EXPERT RURAL HEALTH CONSULTANTS

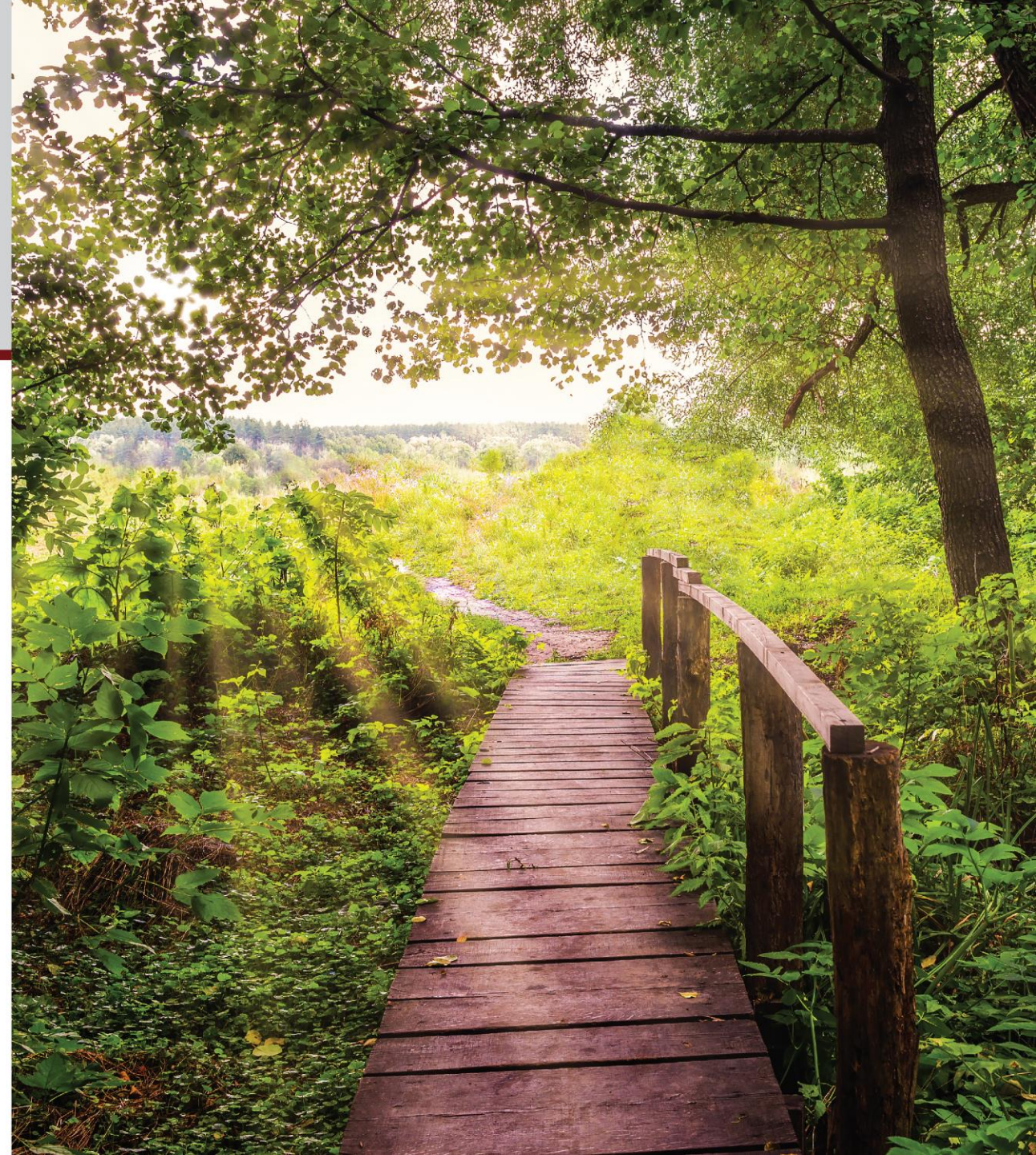
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Conditions for Certification

- 491.4 Compliance with Federal, State and local laws.
 - The rural health clinic or FQHC and its staff are in compliance with applicable Federal, State and local laws and regulations.
 - Licensure of clinic or center. The clinic or center is licensed pursuant to applicable State and local law.
 - Licensure, certification or registration of personnel. Staff of the clinic or center are licensed, certified or registered in accordance with applicable State and local laws.

Facility Licensing:

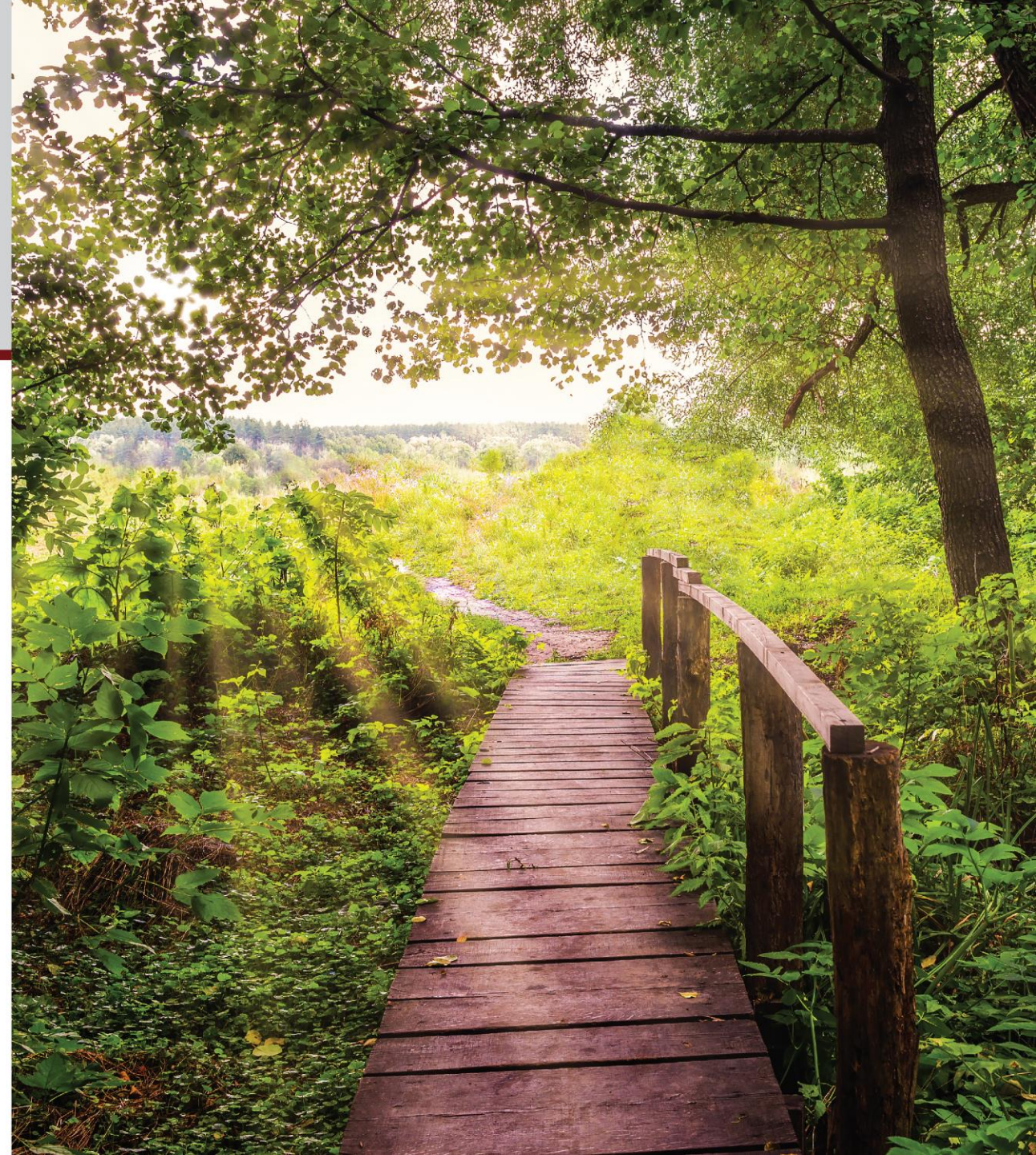
- States that require special licensing, certificate of need, letter of reviewability or exemption prior to obtaining RHC certification:
 - Arizona
 - California (provider based only)
 - Louisiana
 - New Mexico
 - West Virginia



Staff Licensing Review:

- License Number/Expiration
- Certification Number/Expiration
- DEA Number/Expiration
- BLS
- Collaborative agreements

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RHC File Review
Clinic Name:
Date Reviewed:

License Review

Prepared By:
Reviewer:

Employee	License Number	Expiration Date	DEA	Expiration Date	BLS	Collaborative Agreement	Comments
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

NOTES:

1

2

3

4

5

6



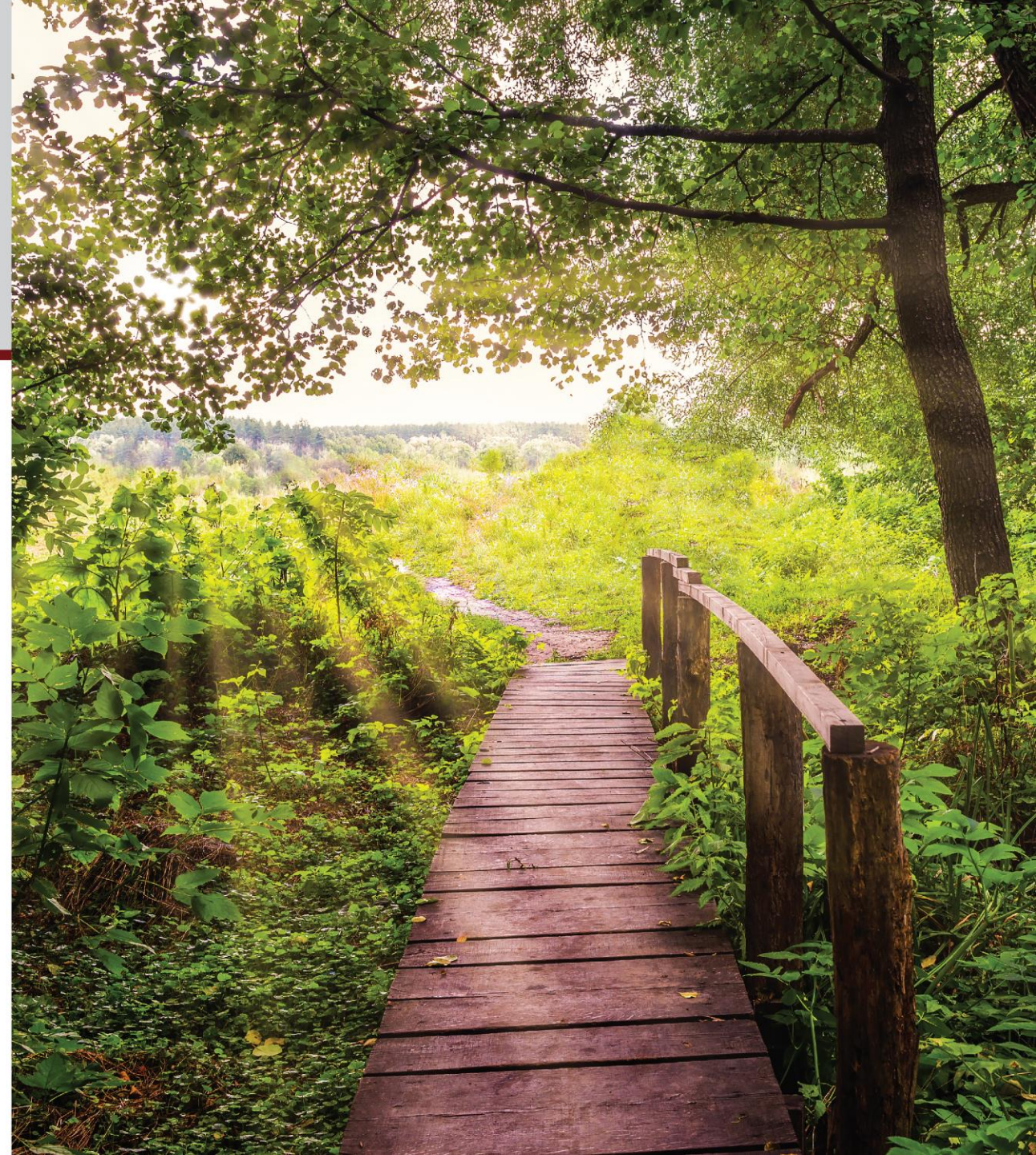
Conditions for Certification

- 491.7 Organizational structure.
 - Basic requirements.
 - The clinic or center is under the medical direction of a physician, and has a health care staff that meets the requirements of § 491.8.
 - The organization's policies and its lines of authority and responsibilities are clearly set forth in writing.
 - Disclosure. The clinic or center discloses the names and addresses of:
 - Its owners, in accordance with section 1124 of the Social Security Act (42 U.S.C. 132 A–3);
 - The person principally responsible for directing the operation of the clinic or center; and
 - The person responsible for medical direction.

Organizational Structure:

- Organizational chart
- 855a/PECOS
- Facility profile page

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Conditions for Certification

- 491.8 Staffing and staff responsibilities
 - Staffing.
 - The clinic or center has a health care staff that includes one or more physicians. Rural health clinic staffs must also include one or more physician's assistants or nurse practitioners.
 - The physician member of the staff may be the owner of the rural health clinic, an employee of the clinic or center, or under agreement with the clinic or center to carry out the responsibilities required under this section.
 - The physician assistant, nurse practitioner, certified nurse-midwife, clinical social worker, clinical psychologist, marriage and family therapist, or mental health counselor member of the staff may be the owner or an employee of the clinic or center, or may furnish services under contract to the clinic or center. In the case of a clinic, at least one physician assistant or nurse practitioner **must be an employee of the clinic.**

Conditions for Certification

- 491.8 Staffing and staff responsibilities
 - Staffing.
 - The staff may also include ancillary personnel who are supervised by the professional staff.
 - The staff is sufficient to provide the services essential to the operation of the clinic or center.
 - A physician, nurse practitioner, physician assistant, certified nurse-midwife, clinical social worker, clinical psychologist, marriage and family therapist, or a mental health counselor is available to furnish patient care services at all times the clinic or center operates. In addition, for RHCs, a nurse practitioner, physician assistant, or certified nurse-midwife is available to furnish patient care services at **least 50 percent** of the time the RHC operates.

Conditions for Certification

- 491.8 Staffing and staff responsibilities
 - Physician responsibilities. The physician performs the following:
 - Except for services furnished by a clinical psychologist in an FQHC, which State law permits to be provided without physician supervision, **provides medical direction** for the clinic's or center's health care activities and consultation for, and medical supervision of, the health care staff.
 - In conjunction with the physician assistant and/or nurse practitioner member(s), participates in developing, executing, and periodically reviewing the clinic's or center's written **policies** and the services provided to Federal program patients.
 - Periodically reviews the clinic's or center's **patient records**, provides medical orders, and provides medical care services to the patients of the clinic or center.

Conditions for Certification

- 491.8 Staffing and staff responsibilities
 - Physician assistant and nurse practitioner responsibilities.
 - The physician assistant and the nurse practitioner members of the clinic's or center's staff:
 - Participate in the development, execution and periodic review of the written **policies** governing the services the clinic or center furnishes;
 - Participate with a physician in a periodic review of the **patients' health records**.
 - The physician assistant or nurse practitioner performs the following functions, to the extent they are not being performed by a physician:
 - Provides services in accordance with the clinic's or center's policies;
 - Arranges for, or refers patients to, needed services that cannot be provided at the clinic or center; and
 - Assures that adequate patient health records are maintained and transferred as required when patients are referred.

RHC File Review
Clinic Name:
Date Reviewed:

Prepared by:
Reviewer:

Employee Review

Employee	Title	App/Res/	W4	I9	Signed job	Training	Conf.	Standard of	OIG	Perf. Eval	Background	Hep B	TB	Comments
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

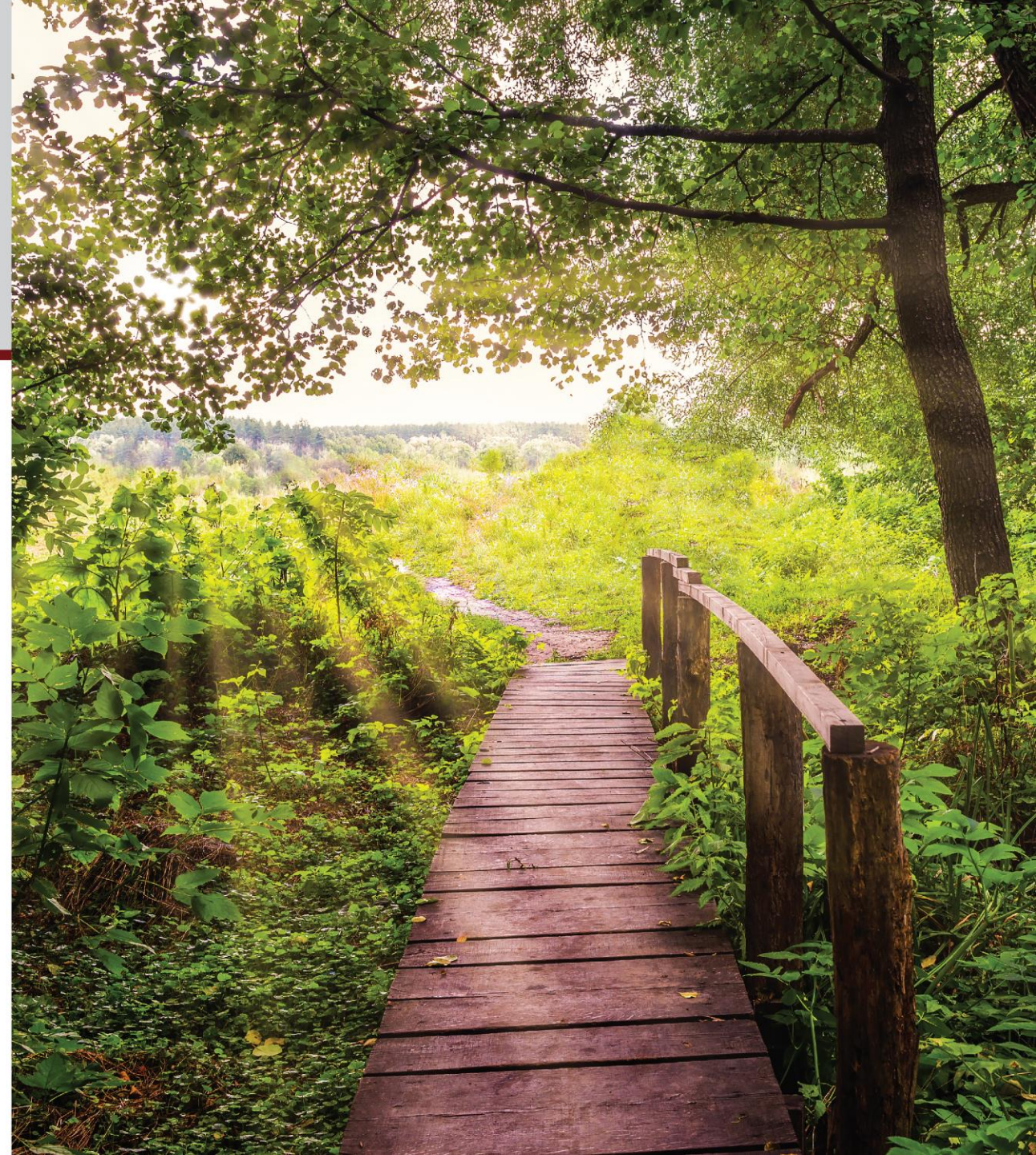
- NOTES:
- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7



Staff Training:

- Fraud, Waste, Abuse
- OSHA
 - Bloodborne pathogens, TB transmission
- HIPAA
 - Retain, store, release, confidentiality
- Competency/Proficiency
 - Job descriptions, point of care tests
- Emergency Preparedness
- Policy Acknowledgement

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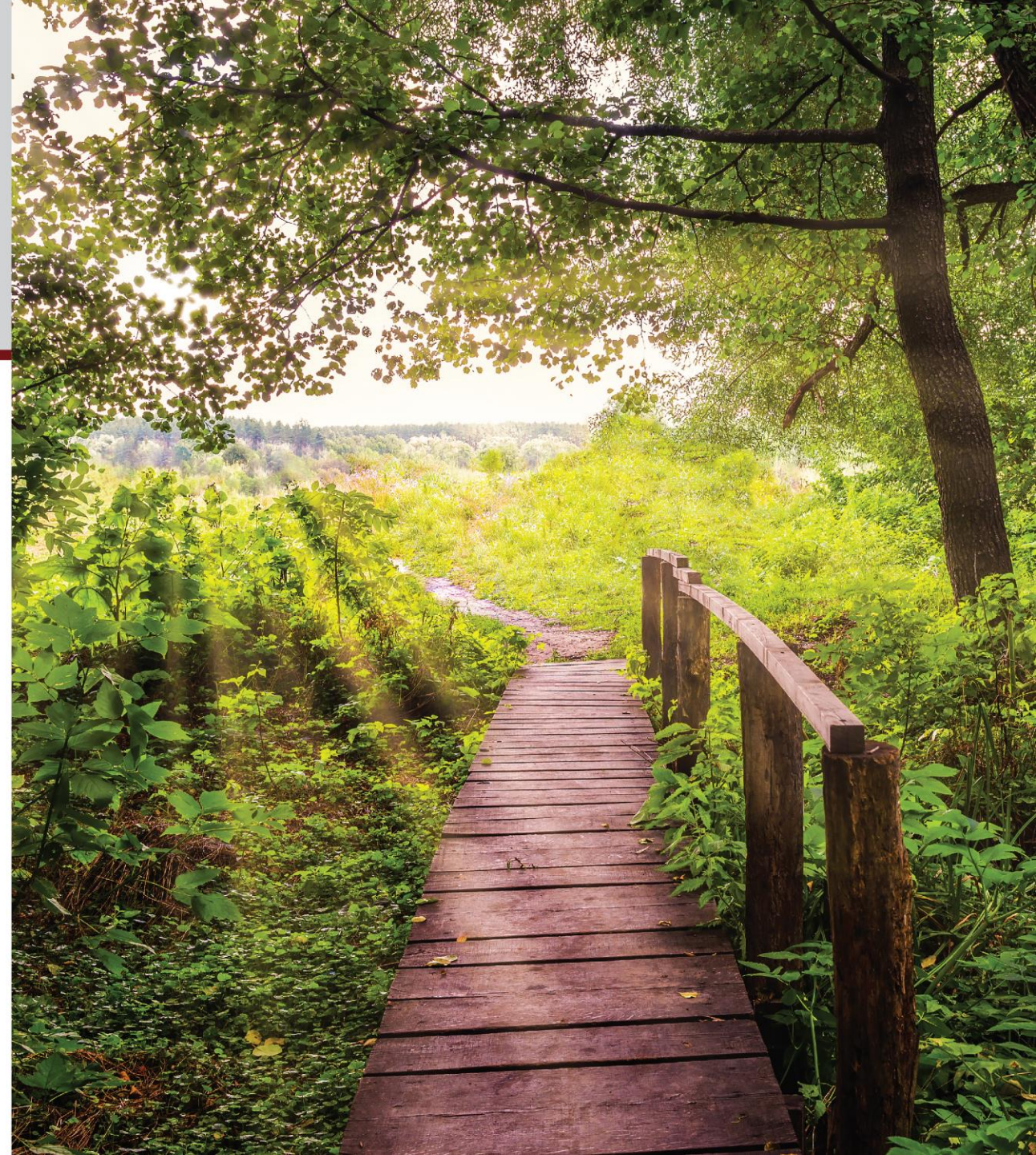
Employee Name: _____ Employee ID: _____ Location: _____

☐ Initial Training ☐ Annual Competency Assessment

List of tests and/or instruments	Assess competency using at least TWO of the following methods:			
	Performance of a test on a blind specimen (Specific test(s) / records reviewed-Reviewer date & initial when completed)	Observation of routine work by the supervisor or qualified designee (Reviewer date & initial when completed)	Monitor quality control performance (Specific test(s) / records reviewed-Reviewer date & initial when completed)	Successful completion of written test specific to the method performed (Attach completed test)
Culture transmittal				
Glucose				
Hemoglobin/Hematocrit				
Stool occult				
Urinalysis				
Pregnancy HCG				
Competency has been satisfactorily demonstrated <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, document corrective action or additional training below)				
Reviewer Comments:				
Corrective Actions:				
Employee Signature: _____			Date: _____	
Reviewer Signature: _____			Date: _____	
Medical Director Signature: _____			Date: _____	

Staff Training:

- Policies to review:
 - Corporate compliance
 - Infection control
 - Rights/responsibilities
 - Patient care
 - Pharmaceutical
 - Laboratory



Conditions for Certification

- 491.10 Patient health records.
 - Records system.
 - The clinic or center maintains a clinical record system in accordance with written policies and procedures.
 - A designated member of the professional staff is responsible for maintaining the records and for insuring that they are completely and accurately documented, readily accessible, and systematically organized.
 - For each patient receiving health care services, the clinic or center maintains a record that includes, as applicable:

Conditions for Certification

- 491.10 Patient health records.
 - Records system.
 - Identification and social data, evidence of consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;
 - Reports of physical examinations, diagnostic and laboratory test results, and consultative findings;
 - All physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the patient's progress;
 - Signatures of the physician or other health care professional.

Conditions for Certification

- 491.10 Patient health records.
 - Protection of record information.
 - The clinic or center maintains the confidentiality of record information and provides safeguards against loss, destruction or unauthorized use.
 - Written policies and procedures govern the use and removal of records from the clinic or center and the conditions for release of information.
 - The patient's written consent is required for release of information not authorized to be released without such consent.
 - Retention of records. The records are retained for at least 6 years from date of last entry, and longer if required by State statute.

Collaborative Chart Audit	Administrative Chart Audit
Number and Frequency based on your State OR policy	50 or 5%, whichever is less
Medical oversight between MD/DO and NP/PA	Determination if required elements are being captured
Covers all APPs	Covers all providers
Maintain documentation as proof of compliance	Includes closed record(s) and feeds into program evaluation

Sample Policy Language:

- The clinic will review a representative sample of both active and closed clinical records of RHC patients.
 - The medical director or designated physician will review at least NUMBER of advanced practice provider charts FREQUENCY to determine whether practitioners adhere to accepted standards of practice and adhere to the RHC's guidelines for medical management when diagnosing or treating patients.
 - The administrative review of fifty (50) medical records annually will evaluate whether all personnel providing direct patient care adhere to the RHC's patient care policies. The administrative review may utilize the record review conducted by the physician to complete this requirement. The medical record review needs to include the following elements:
 - Chief complaint
 - Consent to treat
 - Social data
 - History and physical
 - Provider signature
 - Lab tests signed
 - Treatment reports
 - Instructions to patients/Education
 - Evidence of follow up
 - Medication list
 - Allergies and reaction

Streamlined Process:

- Update written policy to reflect number and frequency for the collaborative review and make it generic language to cover all APPs
 - Example: The clinic will pull 10 records for the medical director or designated physician to review.
 - NOTE: The sample of 10 needs to cover all APPs at the clinic.
- Update written policy to reflect number and frequency for the administrative review
 - NOTE: The administrative review needs to include ALL providers.
 - Example: The TITLE will then conduct the administrative review of 15 records per quarter to confirm all required elements are present.
 - The administrative review will include:
 - 10 of the records covered in the collaborative review
 - 4 physician records
 - 1 closed record

* Closed record is defined as deceased, inactive, transferred, “aged out”



Chart Audit Process

- A physician must review periodically the RHC's patient clinical records. **In States where State law requires a collaborating physician** to review medical records, co-sign medical records, or both for outpatients whose care is managed by a non-physician practitioner, an RHC physician must review and sign all such records. If there is more than one physician on the RHC's staff, it is permissible for staff physicians other than/in addition to the medical director to review and co-sign the records.
- The RHC's NP(s) and/or PA(s) must participate in the physician's review of the clinical records. Participation may be face-to-face or via telecommunications. If there is more than one NP or PA in the clinic, the NP or PA would participate only in the review of records of those patients for which the NP or PA provided care.

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Chart Audit Process

- Where co-signature is not required, the regulation still requires periodic physician review of the clinical records of patients cared for by non-physician practitioners. If the RHC has more than one physician on its staff, it is permissible for physicians other than/in addition to the medical director to conduct the periodic review of clinical records, so that this task might be divided or shared among the physicians.
- If the RHC has more than one physician, its policies and procedures must specify who is authorized (i.e. whether it is the medical director alone, or may include other staff physicians) to review and, if required under State law, co-sign clinical records of patients cared for by a non-physician practitioner.

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Chart Audit Process

- The regulation does not specify a particular timeframe to satisfy the requirement for “periodic” review of clinical records, but the RHC must specify a maximum interval between record reviews in its policies and procedures. The RHC is expected to take into account the volume and types of services it offers in developing its policy. For example, an RHC that has office hours only one day per week would likely establish a different requirement for record review than an RHC that is open 6 days per week/ 10 hours per day. Further, there is no regulatory requirement for the review of records to be performed on site and in person. Thus, if the RHC has electronic clinical records that can be accessed and digitally signed remotely by the physician, this method of review is acceptable. Therefore, RHCs with and without the capability for electronic record review and signature might also develop different policies for the maximum interval between reviews.

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Medical Record Review Tool
For the Month of _____ Year _____

Supervising Physician: _____ Non-Physician Provider: _____

If there is a concern place N and respond in Notes.

Pt ID	DOS	H & P	ROS	Meds	Plan/Treatment	Education	Tests Ordered	Notes:

Supervising Physician Signature: _____ Date: _____

Non-Physician provider is required to respond to EACH notation from Supervising Physician.

Pt ID	DOS	Notes/Feedback & Response:

Non-Physician Signature: _____ Date: _____

Chart Audit Process

- The evaluation **must also include** a review of a representative sample of both active and closed clinical records of RHC patients. The sample must also include at least 5 percent of the RHC's current patients or 50 records, whichever is less. The purpose of the review is to determine **whether utilization of the RHC's services was appropriate**, i.e., whether practitioners adhere to accepted standards of practice and adhere to the RHC's guidelines for medical management when diagnosing or treating patients. The review also must evaluate whether all personnel providing direct patient care **adhere to the RHC's patient care policies**. **The evaluation of whether the RHC's patient care policies were followed may be conducted by an MD/DO, a non-physician practitioner, an RN, or other personnel who meet the RHC's qualifications criteria.**

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Patient Chart Audit

Name of Clinic:

Date Reviewed:

Prepared by:

Reviewer:

Practitioner	Date of Service	Account Number	Chief Complaint	Consent	Social Data	H&P	Provider Signature	Labs Signed	Treatment Reports	Instructions to Patients	Evidence of Follow-up	Med. List	Allergies	Comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

- 1
- 2
- 3
- 4
- 5
- 6





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