

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
COMMUNITY BEHAVIORAL HEALTH
SERVICES

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POLICY/PROCEDURE REGARDING: **Health Record Audit Policy**

Issued By: Jo Robinson, MFT
Director of Community Behavioral Health Services

Date: January 18, 2011

A handwritten signature in black ink, appearing to read "Jo Robinson", written over a horizontal line.

Manual Number: 6.00-05

References: DMH LETTER NO.:
08-10 December 4, 2008 Page 4;
ADP Bulletin 10-1, March 9, 2001,
Page 4

New Policy

Purpose

The policies and procedures in this document are guided by the State Departments of Mental Health (DMH) and Alcohol and Drug Programs (ADP) and other regulatory agency requirements for medical and financial record audits. These policies support all DPH electronic health record audit requirements. These policies comply with the Center for Medi-Care and Medi-Caid Services (CMS) audit requirements for electronically signed records.

Scope

This policy applies to all mental health, substance abuse, civil service and contract providers that utilize or access Community Behavioral Health Services (CBHS) information systems.

This policy addresses audits of paper, electronic and hybrid health records. Electronic records and electronically signed records may replace paper-based records for purposes of health record audits. CBHS health records are maintained in paper-based and computer-based formats.

Policy

The Electronic Health Record in use by San Francisco County and contract providers conforms to the standards for electronic signatures in electronically signed records set forth in DMH and ADP related Information Notices. When DMH, ADP or other regulatory agencies conduct audits or reviews, the county and contract provider will make the following available at the site under audit:

- Physical access to electronic health record systems and paper-based health records as required for the audit.

- Adequate computer access to only those electronic health records needed for the current audit review
- CBHS assigned auditor ID and password for system or network access needed for review of the required electronic records.
- Access to printers and capability to print necessary documents.
- Technical assistance as requested.
- Scanned documents must be readable and complete, if applicable.

Designated Staff to Respond

1. Program staff will be available to navigate and provide location of client records specific to the provider or program under audit.
2. As part of the periodic training, program and supervisory staff will receive training related to chart review and audit.
3. The Compliance Officer for Community Programs is notified when a program or provider receives notice of an audit pertaining to client care and services. The provider will submit a report of the outcomes of the audit.

Hybrid Medical Record

1. Effective July 1, 2010, Community Behavioral Health Services has implemented the Avatar, an electronic health record (EHR) system. Until EHR is completely in place, CBHS continues to maintain a hybrid medical record system which includes both paper-based and electronic documents in Clinician Gateway and Avatar. For new client admission and re-admission in Avatar, the hybrid medical record contains forms that require client's signature and other pertinent paper-based documents.
2. For audits that occur prior to the use of Clinician's Workstation (CWS), follow normal protocol for audits of paper charts and progress notes in Clinician Gateway. Staff designated to respond may provide access to registration, eligibility and financial information in Avatar Practice Management (PM) as needed by auditors.
3. For audits following implementation of CWS:
 - A. The program will first need to contact BHIS Account to obtain an "auditor login and password," which will provide an audit trail of the charts that were reviewed.
 - B. The program will need to specify a staff member trained in Avatar to pull up the charts on Avatar (using the auditor's account), displaying only the chart information for the time period and program being audited. When the auditor has completed reviewing one client record, the program staff member will then pull up the next client for review.
4. CBHS provide printable quality reports and printouts of all data collection tools in a readable format.
5. Documents printed for the audit must be disposed properly upon the completion of the audit.

References

California Code of Regulations
Title 9. Rehabilitative and Developmental Services
Division 1. Department of Mental Health
Chapter 11. Medi-Cal Specialty Mental Health Services
Subchapter 1. General Provisions
Article 3. Administration
§ 1810.380. State Oversight.

- (2) Reviews of program and fiscal operations and the books and records of each MHP to verify that medically necessary services are provided in compliance with this Chapter.
- (A) These books and records shall disclose the quantity of covered services provided under this contract, the quality of those services, the manner and amount of payment made for those services, the beneficiaries eligible to receive covered services, the manner in which the MHP administered its daily business, and the cost thereof.
- (B) Such books and records shall include, but shall not be limited to, all physical records originated or prepared pursuant to the performance under the MHP's contract including working papers, reports submitted to the Department, financial records, all medical and treatment records, medical charts and prescription files, and other documentation pertaining to services rendered to beneficiaries.
- (C) These books and records shall be maintained for a minimum of three years after the final payment is made and all pending matters closed, or, in the event the MHP has been duly notified that the Department, DHCS, HHS, or the Comptroller General of the United States, or their duly authorized representatives, have commenced an audit or investigation of the contract, until such time as the matter under audit or investigation has been resolved, whichever is later.

ADP Audit Requirements for Electronically Signed Records

Electronic records and electronically signed records may replace paper-based records for purposes of an ADP audit, licensing, or certification review. Counties and contract providers must conform to the standards for electronic signatures in electronically signed records set forth in this ADP Bulletin. When ADP conducts an audit, licensing, or certification review, counties and contract providers must make the following available upon arrival of ADP staff at the County or provider site:

- Physical access to EHR systems
- Adequate computer access to the EHR needed for the audit or review
- System or network access to electronic records such as auditor IDs and passwords
- Access to printers and capability to print necessary documents.
- Technical assistance as requested.
- Scanned documents must be readable and complete, if applicable.

The above documentation shall be sufficient to ensure the electronically signed records are capable of verification by qualified auditors, analysts, or investigators.

Related Policy: 3.06-04 Release of Information Pursuant to a Subpoena/Court Order

Contact Person:

Compliance Officer for Community Programs, 415-255-3443

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