COVID – 19 Testing Quality Assurance Checklist			
Review Period: 2022-2023		**Date:**	
Student:		**Medicaid #:**	
District:		**Reviewer:**	
Provider (Staff Name):		**Provider (Staff Name):**	
Supervisor:		**Supervisor Name:**	
CONSENT(S)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records, and Release of Information.			
1.1	Is the Student Consent Form for Voluntary COVID-19 Testing signed by the child's parent/guardian/legal custodian/foster care provider or student (if age 16 or over or otherwise authorized to consent) authorizing consent to services?		
1.2	Is there a General Consent form signed and dated (electronically or handwritten) by the student's parent or guardian authorizing treatment?		
1.3	Is there a Release of Information form signed and dated (electronically or handwritten) by the student's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims on behalf of the student?		
REFERRAL(S)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Chapter 6: Reporting/Documentation – Referrals; Physician Services Provider Manual, Chapter 2: Eligible providers - CLIA			
2.1	Is the Disease Reporting Form completed and/or does the Clinical Laboratory Improvement Amendments (CLIA) Waiver Log reflect that COVID-19 Testing occurred?		
CLINICAL SERVICE NOTES (CSN)		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – LEA Manual, Part I, Chapter 6: Reporting Documentation.			
3.1	Are there CSNs present to support all billed claims?		
3.2	Is each CSN dated, titled, and signed (electronically or handwritten) by the provider?		
3.3	Are CSNs co-signed (electronically or handwritten) by the RN (if applicable)? Note: A co-signature is required for all		

	nursing CSNs dated prior to October 21, 2022.		
3.4	Does the CSN reflect the delivery of a Medicaid billable service as specified in the IHP/IEP/IFSP (if applicable)?		
3.5	Does each CSN correspond to the date of service billed?		
3.6	Does each CSN correspond to the type of service billed?		
3.7	Is each CSN individualized and student specific?		
3.8	Were the following components included in the clinical description of activities? • Request for consent (from parent and/or student) • Administration of the Test • Collection of the specimen/sample • Processing and reading test • Notification of test results (parents and/or student) • Education of the child and parent		
PERSONNEL RECORDS		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference - Provider Administrative and Billing Manual, Chapter 1: Verification of Providers License, Certifications and/or Credentials			
4.1	Were the staff credentials checked via the SCLLR website and printed with date stamp during the school year in review? (Copies must be stored in the credential file or student's file).		
4.2	Were staff credentials checked via the SCDHHS OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored in the credential file or the student's file.)		
4.3	Were the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be store in the credential file or student's file.)		
CLINICAL RECORDS AND MAINTENANCE		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference LEA Manual, Chapter 5: Legibility and Chapter 6: Reporting/Documentation			

5.1	Is the documentation typed or legibly handwritten in dark ink?		
5.2	Are errors corrected according to Medicaid policy and procedures (i.e., draw one line through the error, enter the correction and add signature/initials and date next to the correction)?		
5.3	Is there an abbreviation key available and on file?		
5.4	Is there a signature sheet available that identifies the staff's name, signature, and initials in the file?		
THIRD-PARTY LIABILITY (TPL) REQUIREMENTS		**MET**	**COMMENTS/RECOMMENDATIONS**
Reference – Provider Administrative and Billing Manual, Chapter 1: Verification of Licenses, Certifications, and Credentials; LEA Manual Chapter 3: Eligible Providers.			
6.1	Is there an Eligibility Verification completed with date stamp during the year in review that identifies a third-party insurer?		
6.2	Is there an Explanation of Benefits (EOB) in the record to reflect payment or denial?		
6.3	Is there a TPL letter present in the record which states that a third-party insurer does not cover the service?		