

COVID – 19 Testing Quality Assurance Checklist			
Review Period: 2025-2026		Date:	
Student:		Medicaid #:	
District:		Reviewer:	
Provider (Staff Name):		Provider (Staff Name):	
Supervisor:		Supervisor:	
CONSENT(S)		MET	COMMENTS/RECOMMENDATIONS
Reference – LEA Manual, Part I, Chapter 6: Reporting/Documentation – Clinical Records, and Release of Information. 12/8/2020 SCDE Memo-DHEC Consent Form for COVID-19 Testing-Guidance for Obtaining Consent for Voluntary COVID-19 Testing			
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	If verbal consent is obtained, is the Verbal Consent Form for Voluntary COVID-19 Testing attached to the Student Consent Form?		
1.3	Is there a General Consent form signed and dated (electronically or handwritten) by the student's parent or guardian authorizing treatment?		
1.4	Is there a Release of Information form signed and dated (electronically or handwritten) by the student if 18 or older, 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 – Physician Services Provider Manual, Chapter 2: Eligible providers: Independent Laboratories- Clinical Laboratory Improvement Amendments (CLIA); SCDHEC Website: Reporting Forms and Worksheets-Novel influenza reporting form			
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. 12/8/2020 SCDE Memo-Guidance for Obtaining Consent for Voluntary COVID-19 Testing			
3.1	Are CSNs present to support all billed claims?		
3.2	Is each CSN signed, titled, and dated, (electronically or handwritten) by the provider?		
3.3	Does the CSN reflect the delivery of a Medicaid billable service as specified in the IHP/IEP/IFSP (if applicable)?		
3.4	Does each CSN correspond to the date of service billed?		
3.5	Does each CSN correspond to the type of service billed?		
3.6	Is each CSN individualized and student specific?		
3.7	Are 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, Federal/State Database Checks			
4.1	Are the staff's SCLLR credentials current and present in the staff's file? (Copies must be stored in the credential file or student's file).		
4.2	Are the 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	Are the staff credentials checked via the Federal OIG Exclusion list and printed with date stamp during the year in review? (Copies must be stored 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 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 and symbols 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?		