Audit Tips for non-RPMS Electronic Audits

Alaska Tribal Health System Experience

Meera Narayanan, RDN, CDCES, LDN

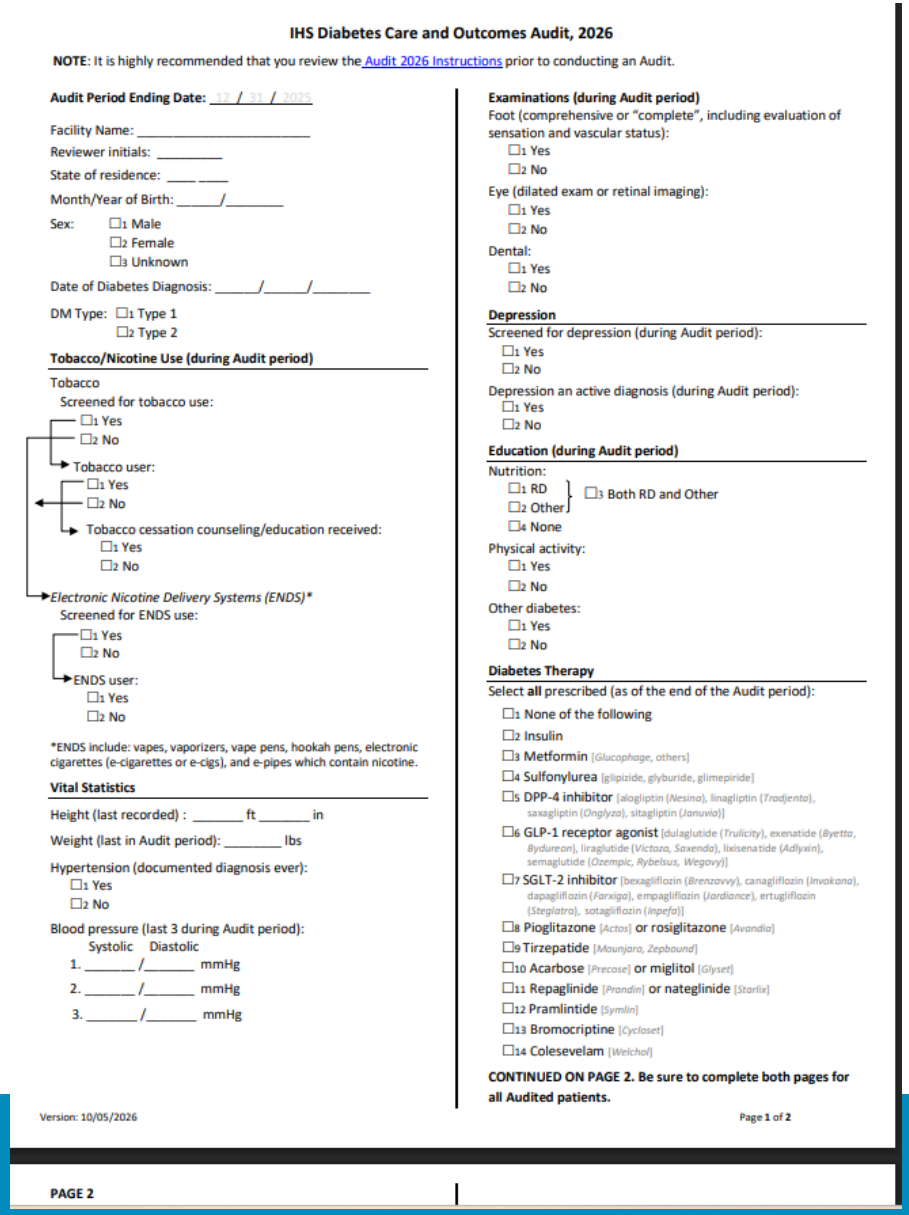
Objectives

- Review audit 2026 resources
- General guidelines and prep for audit 2026 with a non-rpms EMR
- Examples from three different systems in Alaska Tribal Health System

Audit Resources

- Review
  - Audit form
  - Audit instructions
  - Audit data file format
  - Numbered Audit elements
  - Review code list from DDTP
  - Use the audit checklist

Audit Form



IHS Diabetes Care and Outcomes Audit, 2026

NOTE: It is highly recommended that you review the Audit 2026 Instructions prior to conducting an Audit.

Audit Period Ending Date: 12 / 31 / 2025

Facility Name: _____

Reviewer initials: _____

State of residence: ____ ____

Month/Year of Birth: _____/_____

Sex: ☐1 Male
☐2 Female
☐3 Unknown

Date of Diabetes Diagnosis: _____/_____/_____

DM Type: ☐1 Type 1
☐2 Type 2

Tobacco/Nicotine Use (during Audit period)

Tobacco
Screened for tobacco use:
☐1 Yes
☐2 No
→ Tobacco user:
☐1 Yes
☐2 No
→ Tobacco cessation counseling/education received:
☐1 Yes
☐2 No

*Electronic Nicotine Delivery Systems (ENDS)**
Screened for ENDS use:
☐1 Yes
☐2 No
→ ENDS user:
☐1 Yes
☐2 No

*ENDS include: vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes which contain nicotine.

Vital Statistics

Height (last recorded) : _____ ft _____ in

Weight (last in Audit period): _____ lbs

Hypertension (documented diagnosis ever):
☐1 Yes
☐2 No

Blood pressure (last 3 during Audit period):
Systolic Diastolic
1. _____/_____ mmHg
2. _____/_____ mmHg
3. _____/_____ mmHg

Examinations (during Audit period)

Foot (comprehensive or "complete", including evaluation of sensation and vascular status):
☐1 Yes
☐2 No

Eye (dilated exam or retinal imaging):
☐1 Yes
☐2 No

Dental:
☐1 Yes
☐2 No

Depression

Screened for depression (during Audit period):
☐1 Yes
☐2 No

Depression an active diagnosis (during Audit period):
☐1 Yes
☐2 No

Education (during Audit period)

Nutrition:
☐1 RD
☐2 Other
} ☐3 Both RD and Other
☐4 None

Physical activity:
☐1 Yes
☐2 No

Other diabetes:
☐1 Yes
☐2 No

Diabetes Therapy

Select **all** prescribed (as of the end of the Audit period):

☐1 None of the following
☐2 Insulin
☐3 Metformin [*Glucophage*, others]
☐4 Sulfonylurea [glipizide, glyburide, glimepiride]
☐5 DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]
☐6 GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta, Bydureon*), liraglutide (*Victoza, Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic, Rybelsus, Wegovy*)]
☐7 SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]
☐8 Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]
☐9 Tirzepatide [*Mounjaro, Zepbound*]
☐10 Acarbose [*Precose*] or miglitol [*Glyset*]
☐11 Repaglinide [*Prandin*] or nateglinide [*Starlix*]
☐12 Pramlintide [*Symlin*]
☐13 Bromocriptine [*Cycloset*]
☐14 Colesevelam [*Welchol*]

CONTINUED ON PAGE 2. Be sure to complete both pages for all Audited patients.

Version: 10/05/2026

Page 1 of 2

PAGE 2

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Audit Data File Specs

List of Audit Data Fields

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
1	AUDITDATE	Ending date of the one-year Audit period: 12/31/2025 for Annual Audit 2026	N/A	mm/dd/yyyy	
2	FACILITYNA	Name or abbreviation for the facility	N/A	Character (max length=20)	For confirmation purposes only, since the WebAudit will automatically supply and display the name.
3	REVIEWER	Reviewer's initials	N/A	Character (max length=3)	
4	STATE	Postal abbreviation for last known state of residence	N/A	Character (max length=2)	Do not populate if patient's address is outside of the US (e.g., in Canada).
5	MOB	Month of birth	N/A	# with value 1-12	
6	YOB	Year of birth	N/A	yyyy	

7	SEX	Sex	N/A	# field with:
				1=Male
				2=Female
				3=Unknown	

8	DODX	Date of diabetes diagnosis	N/A	mm/dd/yyyy	If only year is known, use value 07/01/yyyy. If only month and year are known, use 15 for the day. Leave blank if year or entire date is unknown.

9	DMTYPE	Diabetes type	N/A	# field with:
				1=Type 1
				2=Type 2 (or uncertain)	

10	TOBSCREEN	Screened for tobacco use	Audit period	# field with:
				1=Yes
				2=No	

11	TOBACCOUSE	Tobacco use	Audit period	# field with:
				1=Yes
				2=No
					Populate only if TOBSCREEN value is 1=Yes.

12	TOBCOUNSEL	Tobacco cessation counseling/education received	Audit period	# field with:
				1=Yes
				2=No
					Populate only if TOBSCREEN value is 1=Yes and TOBACCOUSE value is 1=Yes.

13	ENDSSCREEN	Screened for electronic nicotine delivery system (ENDS) use during Audit period	Audit period	# field with:
				1=Yes
				2=No
					ENDS include: vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes.
					
					Limit to nicotine for Audit.

DDTP Code List

	Code	Description	Code Typ	RPMS Taxonom	Additional Information	Notes
21	90685	IIV4 VACC NO PRSV 0.25 ML IM	CPT	BGP CPT FLU		
22	90686	IIV4 VACC NO PRSV 0.5 ML IM	CPT	BGP CPT FLU		
23	90687	IIV4 VACCINE SPLT 0.25 ML IM	CPT	BGP CPT FLU		
24	90688	IIV4 VACCINE SPLT 0.5 ML IM	CPT	BGP CPT FLU		
25	90689	VACC IIV4 NO PRSRV 0.25ML IM	CPT	BGP CPT FLU		
26	90694	VACC AIIV4 NO PRSRV 0.5ML IM	CPT	BGP CPT FLU		
27	90724	INFLUENZA IMMUNIZATION	CPT	BGP CPT FLU		
28	90756	CCIIV4 VACC ABX FREE IM	CPT	BGP CPT FLU		
29	90661	CCIIV3 VAC ABX FR 0.5 ML IM	CPT		Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use.	
30	G0008	Admin influenza virus vac	CPT	BGP CPT FLU		
31	G8108	Admin influenza virus vac	CPT	BGP CPT FLU		
32	Q2034	AGRIFLU VACCINE	HCPS	BGP CPT FLU		
33	Q2035	AFLURIA VACC, 3 YRS & >, IM	HCPS	BGP CPT FLU		
34	Q2036	FLULAVAL VACC, 3 YRS & >, IM	HCPS	BGP CPT FLU		
35	Q2037	FLUVIRIN VACC, 3 YRS & >, IM	HCPS	BGP CPT FLU		
36	Q2038	FLUZONE VACC, 3 YRS & >, IM	HCPS	BGP CPT FLU		
37	Q2039	INFLUENZA VIRUS VACCINE, NOS	HCPS	BGP CPT FLU		
38	15	INFLUENZA, SPLIT [TIVhx] (INCL	CVX	BGP FLU IZ CVX	influenza virus vaccine, split virus (incl. purified surface antigen)-retired CODE	
39	16	INFLUENZA, WHOLE	CVX	BGP FLU IZ CVX	influenza virus vaccine, whole virus	
40	88	INFLUENZA, NOS	CVX	BGP FLU IZ CVX	influenza virus vaccine, unspecified formulation	
41	111	INFLUENZA, Intranasal, Trivale	CVX	BGP FLU IZ CVX	influenza virus vaccine, live, attenuated, for intranasal use	
42	123	INFLUENZA, H5N1	CVX	BGP FLU IZ CVX		
43	125	Novel Influenza-H1N1-09, Nasal	CVX	BGP FLU IZ CVX		
44	126	Novel influenza-H1N1-09, preservative-fr	CVX	BGP FLU IZ CVX		
45	127	Novel influenza-H1N1-09	CVX	BGP FLU IZ CVX		
46	128	Novel influenza-H1N1-09, all formulation	CVX	BGP FLU IZ CVX		
47	135	INFLUENZA, HIGH DOSE SEASONAL	CVX	BGP FLU IZ CVX	influenza, high dose seasonal, preservative-free	
48	140	INFLUENZA, seasonal, injectable	CVX	BGP FLU IZ CVX	Influenza, seasonal, injectable, preservative free	
49	141	INFLUENZA [TIV], SEASONAL, INJ	CVX	BGP FLU IZ CVX	Influenza, seasonal, injectable	
50	144	INFLUENZA, INTRADERMAL	CVX	BGP FLU IZ CVX	seasonal influenza, intradermal, preservative free	
51	149	INFLUENZA, Live, Intranasal, Q	CVX	BGP FLU IZ CVX	influenza, live, intranasal, quadrivalent	

50_CVDDX 51_TBDX 54_TBINHTX2 56_HCVDX 57_HCVSCREEN2 58_RETINOPDX 59_LEA 60_FLUVAX2 61_PNEUMC

Audit Check List

IHS Division of Diabetes Treatment and Prevention
Annual Diabetes Care and Outcomes Audit 2026

Audit Checklist: Electronic Medical Record (EMR) Systems Other than RPMS
October 2025

Notes:

- This checklist provides general guidance on programming for the IHS Diabetes Audit[1] (Audit). It does not provide detailed information for any particular EMR system.
- There is a separate checklist for conducting Audits using the IHS Resource and Patient Management System (RPMS).
- Follow HIPAA guidelines for patient data confidentiality.
- Contact the IHS Audit team (diabetesaudit@ihs.gov) with any questions or to request resources.

Step	1.0 Preparation	Completed?
1.1	Notify your Area Diabetes Consultant[2] (ADC) that you are planning to start Audit activities.	
1.2	View recorded webinar: Audit 2026 Orientation for Non-RPMS Electronic Audits (available on the Audit training page[3]).	
1.3	Gather and carefully review resources for current year (2026). These are available on the Audit resources page[4] and include: • Audit Form • Audit Instructions (pay particular attention to Appendix A: IHS Diabetes Care and Outcomes Audit Data File Specifications for 2026) • Excel file of code lists	
1.4	Identify technical personnel, including programmers, for your facility. These individuals may be in-house or with an external EMR vendor.	
1.5	Connect programmer(s) to key staff at your facility with knowledge relevant to the Audit process. Consider including staff from multiple departments: diabetes and/or Special Diabetes Program for Indians (SDPI) program; information technology (IT), medical, nursing, pharmacy, lab, optometry, dental, health information management (HIM), billing and coding, quality improvement, and administration.	
1.6	Develop a strategic plan that may include: • Team member assignment • Consistent and ongoing communication among team members • Testing plan	

Programming for the Report

In-house vs external (use of population health software)

Analysts code the Audit elements using the code lists

Include relevant people – inter departmental collaboration –

For example, include pharmacists and lab staff to update medication lists and lab tests

Upload file is validated by program staff

Iterative process

Takes time & patience

Code Lists: Groupings

Vitals: Height, weight, BP	Screenings: Tobacco, depression, TB	Diagnoses codes – DM, HTN, depression, hepatitis B & C	Diagnoses codes +procedure codes and/or CPT codes : CVD, Retinopathy, LEAs	Education: Ad hoc forms, patient handout/instructions, quality measures (local lists/taxonomies)
Exams: CPT codes/quality measures	Prescribed/dispensed medications (local lists/taxonomies)	Immunizations (local lists/taxonomies) - product codes vs CVX codes	Labs (local lists/taxonomies)	CPT codes (CGM, education)

Code List: ADDITIONS

Add to DDTP code list

EMR specific – needs to be customized

Use program staff/providers as resource

Identifying DM Patients

- “Registry”/list considerations:
  - Diagnosis vs problem list
  - Active vs inactive
  - All patients with diagnosed DM vs subset for SOS

Inclusion/Exclusion Criteria

For the annual audit, ALL diagnosed DM patients who meet inclusion criteria

For SOS

- Cohort (groups) report
- Might include all DM patients, a subset of DM patients or people at risk

Priorities/Expectations

- Ongoing documentation, review and validation
- Start EARLY
- Start SMALL
- Work on one Audit element/question at a time if necessary
- Plan B: manual Audit

Partners

Local SDPI programs + CMAs +pharmacy staff + lab staff +coders

ADCs

DDTP Web Audit team – for upload tests

If you have a new non-RPMS EMR…

If you have at least 6 months of data in RPMS

- Run the Audit file from RPMS
- Export to WebAudit
- Manually update new data from the new EMR

If moved to new EMR with less than six months of data:

- Consider a manual random chart review for the first year or two
  - Treasure trove
  - Documentation pathways, short cuts

ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Yukon-Kuskokwim HEALTH CORPORATION

Audit Tips non-RPMS EMRs

Alaska Area

Beth Tressler, PharmD, BCACP, BC-ADM, CDCES

New to EMR Audit

- First Audit with Cerner 2014
- ADC helped determine sample size
- Completed paper audit
- Helped to learn how to navigate EMR
- Helped to identify areas for documentation improvement
- Plan ahead and allow plenty of time

Learned Experience

- Partnered with data analyst
  - Periodic check-ins throughout the year
- Partnered with EMR team
  - Learned EMR capabilities
- Audit elements incorporated into daily tasks

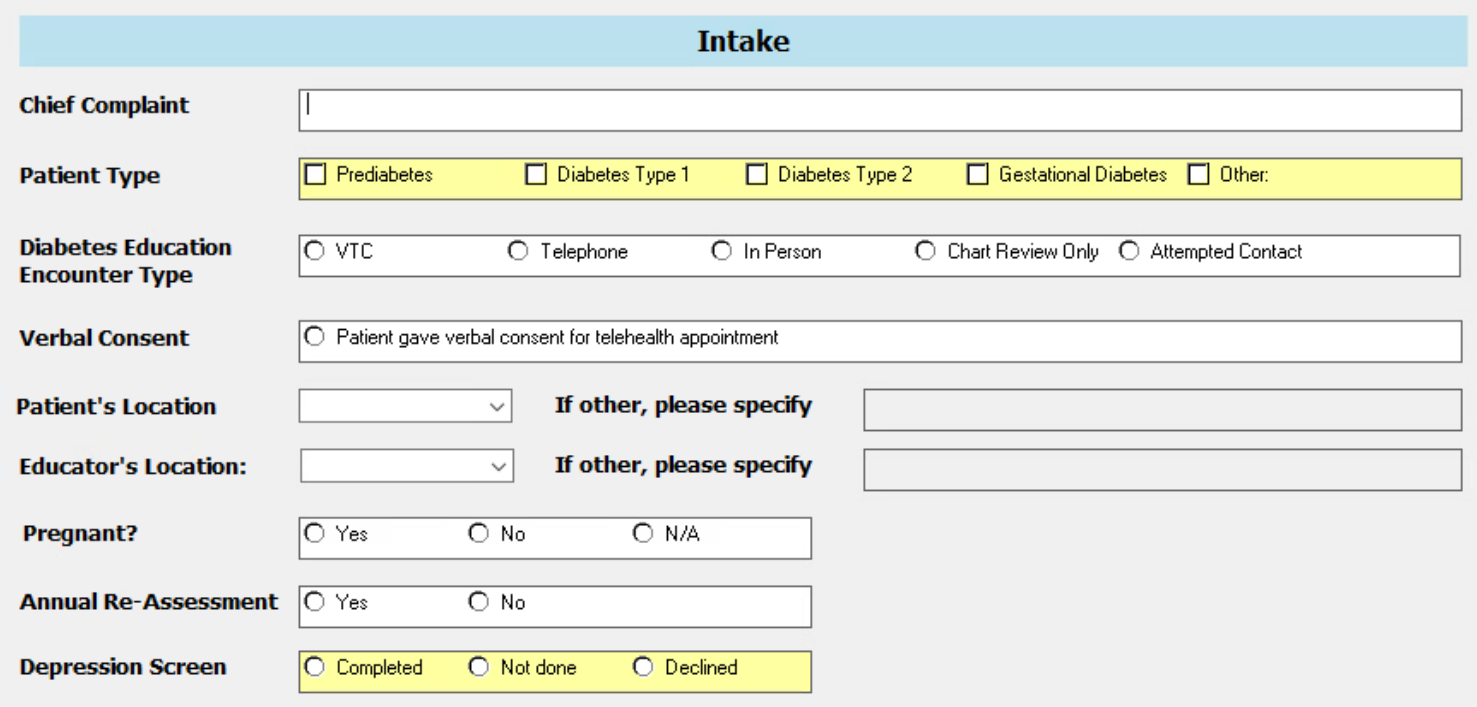
Preparing for the Audit

- Identify patients
  - Begin early
  - Review diagnostic criteria
  - Review patients from previous year’s audits
- Identify new patients
    - Identify available resources/tools
- Identify a champion provider

Preparing for the Audit

- Review Audit Elements
  - Identify where these are stored
  - Identify ways to collect data
- Work with your EMR team
  - Discreet data
  - Free text data
  - Back-end codes
- Partner with frontline staff

Ways to find Data-Discreet



Intake

Chief Complaint

Patient Type
☐ Prediabetes ☐ Diabetes Type 1 ☐ Diabetes Type 2 ☐ Gestational Diabetes ☐ Other:

Diabetes Education Encounter Type
○ VTC ○ Telephone ○ In Person ○ Chart Review Only ○ Attempted Contact

Verbal Consent
○ Patient gave verbal consent for telehealth appointment

Patient's Location **If other, please specify**

Educator's Location: **If other, please specify**

Pregnant?
○ Yes ○ No ○ N/A

Annual Re-Assessment
○ Yes ○ No

Depression Screen
○ Completed ○ Not done ○ Declined

Ways to find Data-Free text

Education
DMNT Education Richtext: provided exercise information

Tressler PharmD, Elizabeth - 10/23/2024 3:28 PM AKDT

Result type:	Diabetes Educator Intake - Text
Result date:	October 23, 2024 3:28 PM AKDT
Result status:	Auth (Verified)
Result title:	Diabetes Educator Form
Performed by:	Tressler PharmD, Elizabeth on October 23, 2024 3:28 PM AKDT
Verified by:	Tressler PharmD, Elizabeth on October 23, 2024 3:28 PM AKDT
Encounter info:	003141264, YKDRH, Outpatient, 3/15/2024 - 3/15/2024

2. DM2 (diabetes mellitus, type 2)
Recommended to start receiving her long-term insulin and get her continuous glucose monitor, put back on so that she can keep track of her blood sugars. She appeared well.
Recommended to avoid candy, cakes, pies, donuts, ice cream, and soda pops.
Recommended to avoid all types of sugary drinks.
Recommended to reduce intake of rice, potatoes, noodles, pasta, and breads.
Recommended to walk 5 times a week for 30 minutes (15 minutes out and 15 minutes back).

Ways to find Data-Coding

DIAGNOSIS

Code	POA	Description	Type
E11.9		Type 2 diabetes mellitus without complications	Admit
Principal			
E11.9		Type 2 diabetes mellitus without complications	Final
Secondary			
M06.9		Rheumatoid arthritis, unspecified	Final
R12		Heartburn	Final
Z79.84		Long term (current) use of oral hypoglycemic drugs	Final

```
REASON FOR VISIT DX:

FINAL DX:
PRINCIPAL:
H52.13        Myopia, bilateral

SECONDARY:
H52.223       Regular astigmatism, bilateral
H52.4         Presbyopia
H04.123       Dry eye syndrome of bilateral lacrimal glands
E11.9         Type 2 diabetes mellitus without complications
Z79.84        Long term (current) use of oral hypoglycemic drugs
```

Ways to find Data-Coding

Tracking Types
Diabetes Tracking (i2i)
IHS DM Patients 2023

D0150 - Comp Exam Age 3+ yrs

	Dx		Medical	DM (diabetes mellitus), type 2, uncontroll...	Type II diabetes mellitus uncontrolled	6/21/2010	Active	SNOMED CT	2842387018

Preparing for Upload

- Have a designated folder
- Use consistent naming conventions
- Save original file with patient identifiers
  - Use this when fixing errors
- Practice uploading in advance
- Check column headings before uploading

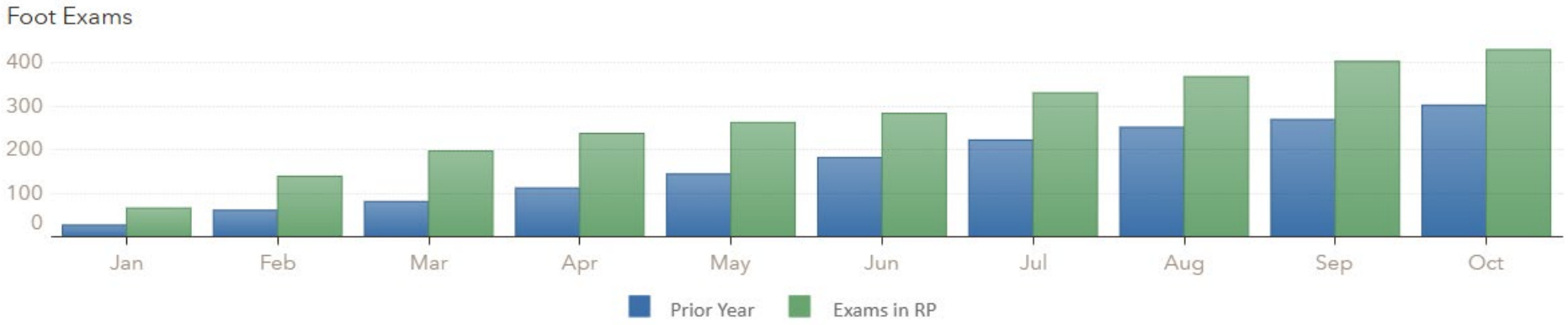
Data Quality Checks

- Use the Data Quality Check Process
  - Helps to identify bulk errors
  - Helps to identify individual errors
  - Refer back to original file with patient identifiers
  - Don’t expect perfection
  - Learn every year
    - Keep notes on challenges

Use your Data

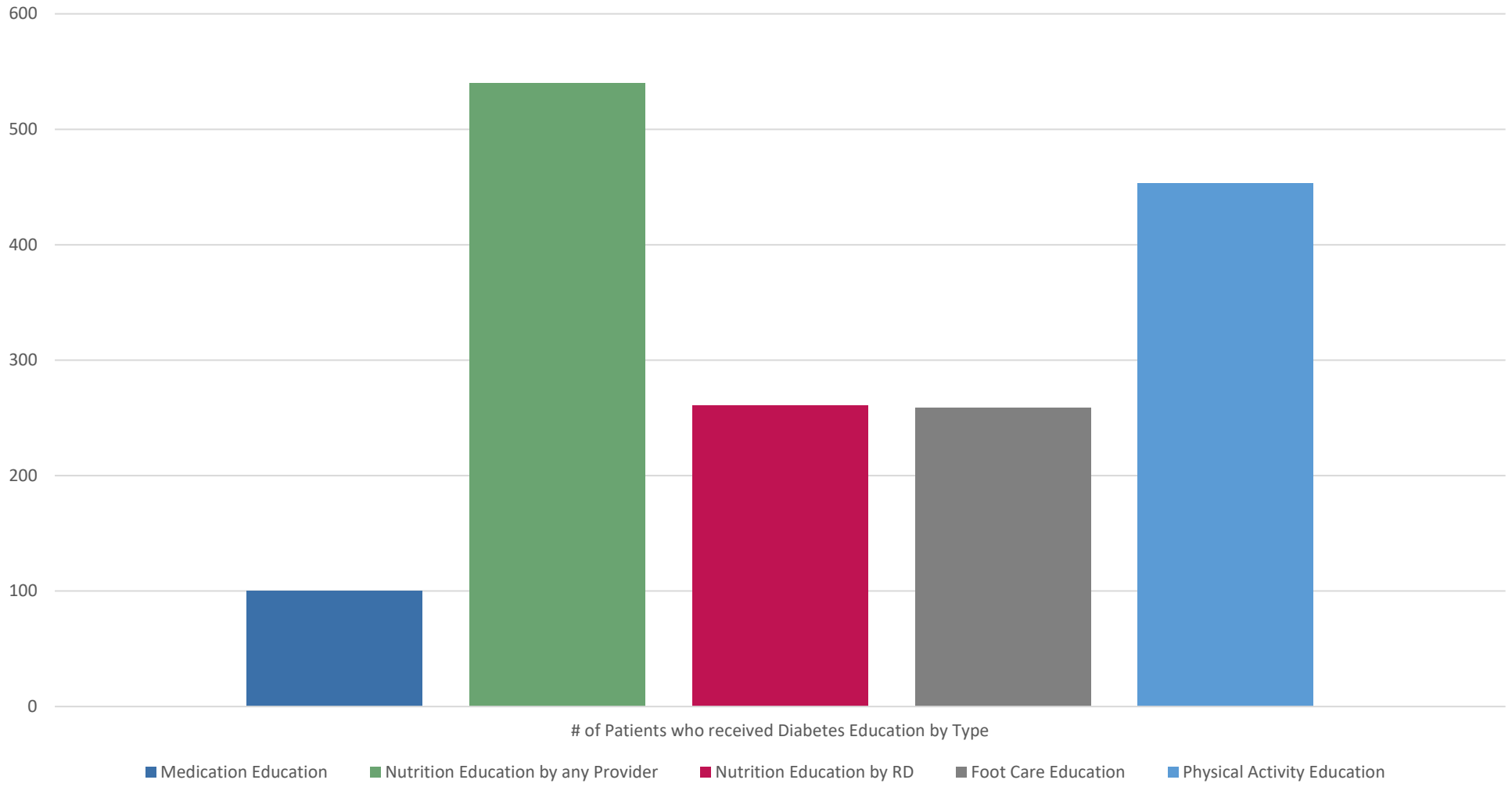
- SDPI Grant Application
- SDPI Annual Progress Report
- RKM Data
- Board Reports
- Hospital Committee Reports
- Internal Department Reports

Completed A1C's and Foot Exams



Completed Eye and Dental Exams

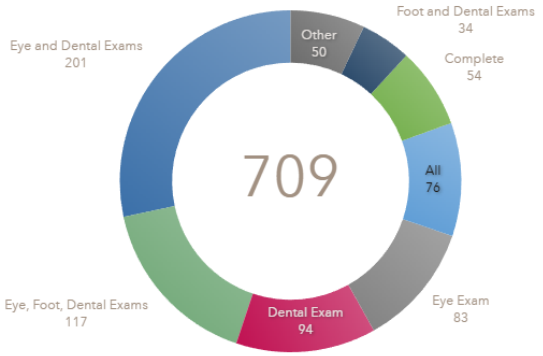
Diabetes Education



Guide and Improve Patient Care

Comprehensive Care Opportunities

Opportunities by Category



Patients by Opportunity Score and Category

Opportunity Score	Patients
0	54
1	181
2	262
3	136
4	76
Total	709

Patient List

City

**Click Chart Values to filter Patient List

Opportunity Category	Last Visit	Last A1c in LTM	Last A1c in LTM Result	Last Dental Exam in LTM	Last Eye Exam in LTM	Last Foot Exam in LTM	Race
A1c and Foot Exam	.	.	.	02Jun2025	06Jun2025	.	Alaska Native
A1c and Foot Exam	.	.	.	14Jan2025	17Jan2025	.	Alaska Native
A1c and Foot Exam	13Oct2025	.	.	16May2025	17Apr2025	.	Alaska Native
A1c and Foot Exam	29Jul2025	.	.	06Mar2025	16Jun2025	.	Alaska Native
A1c, Eye and Dental Exams	.	.	.	.	.	19Aug2025	Alaska Native
A1c, Eye and Dental Exams	.	.	.	.	.	27Aug2025	Alaska Native
A1c, Eye and Dental Exams	.	.	.	.	.	28Jan2025	Alaska Native
A1c, Eye and Dental Exams	29Sep2025	.	.	.	.	03Jan2025	Alaska Native
A1c, Eye and Foot Exams	28Jul2025	.	.	03Apr2025	.	.	Alaska Native
A1c, Eye and Foot Exams	.	19Dec2024	8.3	09Oct2025	.	23Dec2024	Alaska Native
A1c, Eye and Foot Exams	.	.	.	25Jun2025	.	.	Alaska Native
A1c, Eye and Foot Exams	.	.	.	13Mar2025	.	.	Alaska Native
A1c, Eye and Foot Exams	.	.	.	28Jan2025	.	.	Alaska Native
A1c, Eye and Foot Exams	.	.	.	17Jun2025	.	.	Alaska Native
A1c, Eye and Foot Exams	28May2025	.	.	05Jun2025	.	.	Alaska Native
A1c, Foot and Dental Exams	.	.	.	.	10Jun2025	.	Alaska Native
A1c, Foot and Dental Exams	.	.	.	.	15Sep2025	.	Alaska Native
A1c, Foot and Dental Exams	20Mar2025	.	.	.	26Jun2025	.	Alaska Native
A1c, Foot and Dental Exams	20Mar2025	.	.	.	20Mar2025	.	Alaska Native
All	.	.	.	.	.	.	Alaska Native
All	.	.	.	.	.	15Nov2024	Alaska Native
All	.	18Dec2024	6.6	.	.	.	Alaska Native

SEARHC
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM

AUDIT TIPS FOR NON-RPMS EMRS

Alaska Area

Southeast Alaska Regional Health Consortium

Kimberley Blood, MPH, RD, CDCES

PREVIOUS ANNUAL DIABETES AUDITS

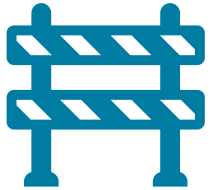
- Non-RPMs EMR Systems
  - Athena Health
  - Cerner
  - Meditech

CHALLENGES

EMR system design

Primary care vs. specialty

Outside data



Creating work arounds

Excel

Smartsheet

Internal log

Manual audits

Time consuming

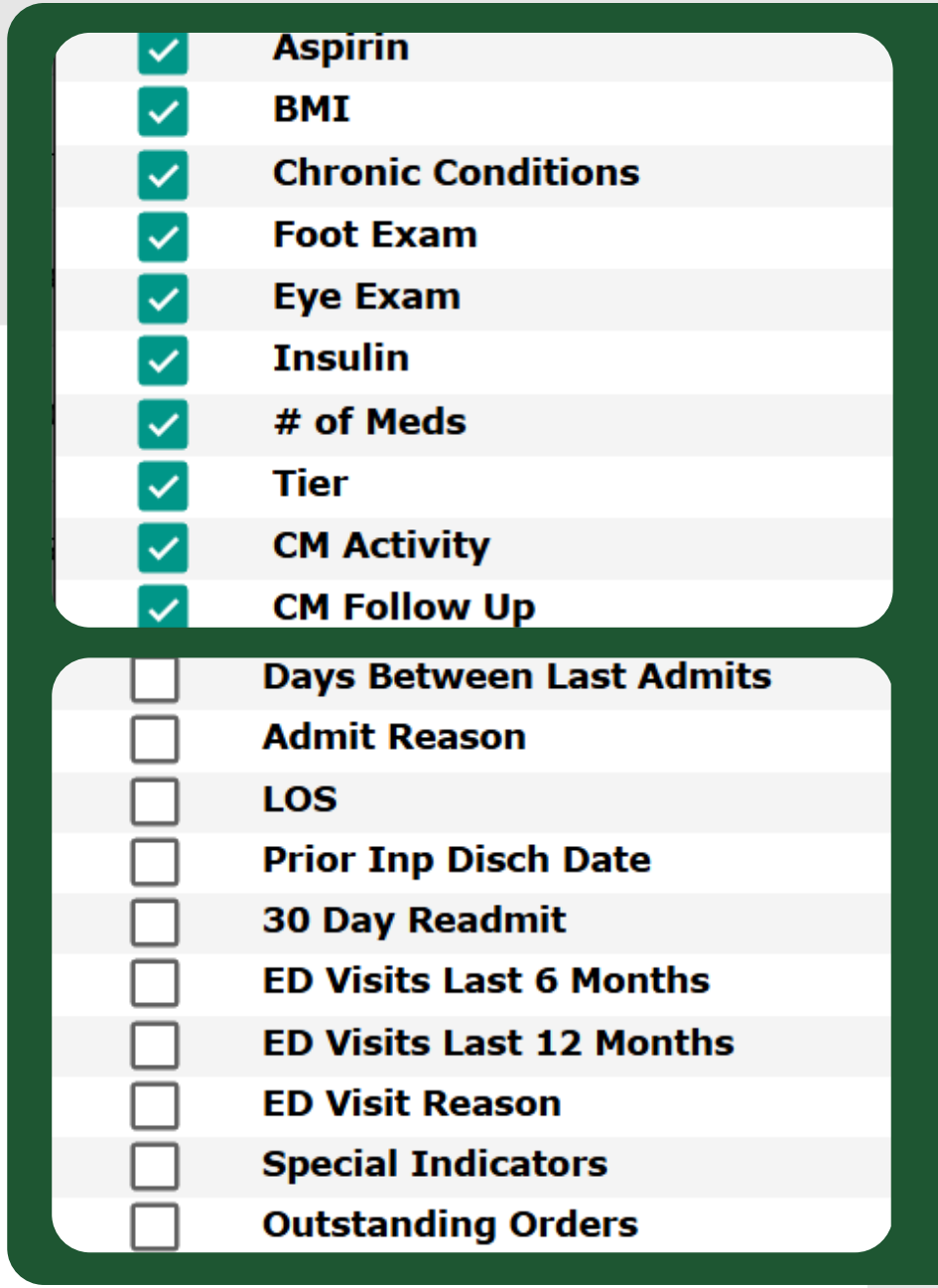
Data availability

Data accuracy

Human error

EMR GENERATED DIABETES REGISTRY

- EMR may or may not have this built into system
- Differences in data collected
  - Data collected may not align with audit
- Different format
- Accuracy
- Modifiable
- Starting point to build what you need



OPPORTUNITIES

Build report that meets YOUR needs

Track data not required for audit

Collaboration with other departments

- Data management team
- Information Technology
- Other departments
  - Dental
  - Optometry
  - Lab
  - Pharmacy
  - Primary care

STEPS TO A SUCCESSFUL NON-RPMS EMR AUDIT

Use what will work best for you right now

Evaluate process and outcomes

Use evaluation to improve next year's audit

Identify internal and external resources needed to be successful

Be an advocate for your program

Remember this process takes time and ongoing attention to be successful

50 Years of Care

SEARHC