Indian Health Service
Diabetes Care and Outcomes Audit

Audit 2026
Instructions

February 2026

Indian Health Service
Division of Diabetes Treatment and Prevention
https://www.ihs.gov/diabetes/

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Preface

Welcome to Audit 2026!

If you have not previously participated in an Indian Health Service (IHS) Diabetes Care and Outcomes Audit ("Diabetes Audit" or "'Audit"), **please read these instructions carefully before beginning** Audit activities. Even if you are familiar with the Annual Diabetes Audit process, there are changes for 2026.

The Audit 2026 data collection period is: January 1, 2025, to December 31, 2025.

Additional resources are available on the Audit 2026 Resource[1] webpage.

What is New for Audit 2026?

Below is an overview of the changes for Audit 2026. Additional details and documentation are available from the IHS Audit team (diabetesaudit@ihs.gov).

DM Therapy

1. Input: No changes
2. Reports: Added Use of GLP-1 receptor agonist and/or SGLT-2 inhibitor category in CKD report

Immunizations

1. Input: Added respiratory syncytial virus (RSV) vaccine
2. Reports: Added respiratory syncytial virus (RSV) vaccine to immunization report

Laboratory tests:

1. Input: removed serum creatinine from form and data specs
2. Reports: No change

Other

1. New menu item in DMS: **PAR** *Possible INA, LTF, TRANS Pts to move to Active*
2. Change Birth Sex to Sex in reports
3. Minor changes to labels and formatting on the form and reports

IHS Resource and Patient Management (RPMS) Diabetes Management System (DMS): See DMS User Manual for Version 2.0 Patch 19 for details about additional DMS specific changes. This manual is accessible via the Audit 2026 Resources[1] webpage.

Due Date for Audit 2026

Data must be submitted via WebAudit and locked **no later than March 31st, 2026.**

[1] https://www.ihs.gov/diabetes/audit/audit-resources/

Section 1. Introduction

The Indian Health Service (IHS) Diabetes Care and Outcomes Audit is a process for assessing diabetes care and health outcomes for American Indian and Alaska Native (AI/AN) people with diagnosed diabetes. The *Diabetes Standards of Care and Resources for Clinicians and Educators*[2] provide the basis for the Audit. Together, these resources help IHS, tribal, and urban (I/T/U) facilities work towards providing the highest quality of care for all people with diabetes.

Once each year, facilities submit Audit data to the IHS Division of Diabetes for centralized processing and analysis, referred to as the Annual Diabetes Audit. The data are aggregated and used to generate reports with nationwide information for IHS leadership, Congress, and other stakeholders. Using a uniform process and standardized definitions provides consistency and allows valid comparison of each facility's results with the results for their Area and all Areas combined.

The Division of Diabetes recommends conducting an Audit annually or even more frequently, to monitor care patterns and changes over time. Facilities are encouraged to review their Audit results in a team setting and use the results to identify strengths and areas needing improvement. Staff can then establish priorities and develop an action plan with a timetable for re-evaluation.

To conduct an Audit, facility staff gather data for people with diabetes by one of two methods:

1. **Electronic Audit:** Extraction of data from an electronic medical record (EMR) system into a data file formatted according to the specifications for the current year **(see Appendix A)**. The data file is submitted into the central database via the WebAudit "Upload Data" tool.
    a. The IHS Resource and Patient Management System (RPMS) Diabetes Management System (DMS) includes tools for creating this data file.
    b. Other Electronic Medical Record (EMR) systems may also be programmed to create Audit data files. These include, but are not limited to Allscripts, Athena, Cerner, eClinicalWorks, Epic, Greenway, i2i, and NextGen.
2. **Manual Audit:** Manual chart review, where staff physically examine the paper and/or electronic medical record for each patient and complete a paper Audit form. Data from the paper forms are entered manually into the central database via the WebAudit "Data Entry" tool.

Note: Sites that are changing to a different EMR may conduct a hybrid audit combining electronic and manual methods, see **Appendix B** for more details.

Generally, people with diabetes receiving the majority of their primary care at the facility are eligible for inclusion in the Audit.

- For electronic Audits, all eligible patients should be included.
- For manual Audits, guidance for determining the number of charts and selecting patients and charts is provided in this document, along with standard definitions for each data item.
- For hybrid Audits, see **Appendix B** for more information.

[2] https://www.ihs.gov/diabetes/clinician-resources/soc/

Section 2. Identifying Patients to Audit: Inclusions and Exclusions

A critical task in performing the Audit is determining which patients with diabetes to include. General guidance for identifying these patients is provided below.

First, identify patients who meet all the following criteria:

1. Have a diagnosis of diabetes mellitus.
2. Are American Indian or Alaska Native.
3. Have at least one visit (in person or telehealth) with a diagnosis of diabetes as a purpose of visit to any of the following clinics during the one-year Audit period:
    a. General
    b. Diabetic
    c. Internal Medicine
    d. Pediatric
    e. Well Child
    f. Family Practice
    g. Chronic Disease
    h. Endocrinology
    i. Pharmacy Primary Care Clinic (if your pharmacy clinic provides diabetes care)

Second, exclude patients who:

1. Received the majority of their primary care during the Audit period outside of your facility.
2. Are currently on dialysis AND received the majority of their primary care during the Audit period at the dialysis unit.
3. Died during the Audit period.
4. Were pregnant during any part of the Audit period.
5. Have prediabetes (as determined by documented diagnosis of prediabetes, impaired fasting glucose [IFG], impaired glucose tolerance [IGT], or elevated A1C level).
6. Moved permanently or temporarily during the Audit period.

Note: The number identified by the inclusion criteria **minus** the number excluded is the number of charts that meet eligibility for the annual diabetes audit. This is the number to be entered in WebAudit Facility Information field.

This task can be finalized any time after the beginning of the new calendar year but must be completed prior to running the annual Audit.

Section 3. Electronic Auditing vs. Manual Chart Review

Information on diabetes care elements and outcome measures may be collected in one of two ways:

1. **Electronic Audit:** involves extracting data from an EMR system into a data file formatted according to the specifications for the current year.

   Although RPMS is commonly used for electronic Audits, other EMR systems may also be able to extract data for an electronic Audit.

2. **Manual Audit:** involves manually reviewing medical charts (paper and/or electronic) and completing paper forms.

Table 1 provides a comparison of electronic vs. manual Audits:

Table 1. Key Characteristics of Electronic vs. Manual Audits

Task or Characteristic	Electronic	Manual
Diabetes registry review and update	Yes	Yes
Chart review	No	Yes
Form completion	No	Yes
Data entry	No	Yes
Taxonomy review and update	Yes	No
Human judgment dependent	No	Yes
Computer system dependent	Yes	No
Instructions	Section 4	Section 5

There are pros and cons for both methods. In particular,

Electronic:

1. Accuracy is subject to proper documentation, coding, and data entry.
2. Requires time and attention for initial set up, including understanding and updating code lists, sometimes known as taxonomies.
3. Requires programming and testing for facilities using EMRs other than RPMS.
4. Usually requires less time once initial set up is complete.
5. May require troubleshooting, including manual review of selected charts, if results are different from what is observed or expected, or if potential errors are found.

Manual:

1. Accuracy is subject to proper documentation in the paper or electronic chart.
2. Usually requires more time.
3. Not subject to limitations of electronic medical record systems.

The IHS Division of Diabetes encourages the use of electronic Audits whenever feasible.

Note: When changing from a manual to an electronic Audit, or from one EMR to another, facilities should initially run simultaneous manual and electronic Audits to compare the results. These results should be very similar, if not identical. If the results for any of the Audit elements are different, the

reason needs to be identified and addressed. Once these differences are resolved, electronic auditing can then be used as the primary source of Audit data.

Once your facility decides what type of Audit to conduct, see the appropriate section of these instructions - Section 4 for electronic Audits and Section 5 for manual Audits.

Section 4. Performing an Electronic Audit

RPMS and some other electronic medical record systems can extract Audit data from their databases into a data file formatted for uploading into the WebAudit.

a. Preparing to Generate the Diabetes Audit in RPMS DMS

The program tools in RPMS DMS have been specifically designed for the Annual Diabetes Audit and are updated each year by the IHS Diabetes Audit team.

1. Please refer to the Audit 2026 Electronic Audit Checklist RPMS[1] for instructions on creating an audit file. **Appendix A** provides detailed guidance on preparing to generate an audit, including patch installation, reviewing and updating site-specific medication and lab taxonomies, creating the Audit Export file, and running reports.
2. Please remember that electronic files containing patient data are confidential and need to be handled accordingly. Do not send files through email, even if encrypted.

b. Preparing to Generate the Diabetes Audit Using an EMR System Other Than RPMS DMS

Because all electronic medical record systems have different structures and functionality, it is critical to review the **Audit 2026 Data File Specifications** and **Code Lists** before proceeding. Detailed specifications for the Audit data file and detailed descriptions for each element can be found in **Appendix C & D**. The **Code Lists** can be found on the Audit 2026 Resources[1] webpage. Additional resources are available from the IHS Audit team, upon request (diabetesaudit@ihs.gov).

1. Please refer Audit 2026 Electronic Audit Checklist Non-RPMS/Other Electronic Medical Record Systems[1] for detailed guidance on working with your local team and programmers to identify and export data required for the audit data file. **Appendix B** provides more information and additional guidance.
2. Please remember that electronic files containing patient data are confidential and need to be handled accordingly. Do not send files through email, even if encrypted.

Note: If needing to send an audit data file or document that contains patient data to be reviewed, please contact the IHS Audit team via email: diabetesaudit@ihs.gov. The Audit team will send an email via the IHS Secure Data Transfer System. Reply to this email and attach items needing to be reviewed.

c. Uploading the Electronic Audit Data File to the WebAudit

For information about the WebAudit, visit the IHS Division of Diabetes Audit website.[3]

[3] https://www.ihs.gov/diabetes/audit/

To upload an Audit data file:

1. Request a WebAudit account if you do not already have one.
2. Log in to WebAudit.
3. Select “Facility Administration” from the main or left-hand menu. Then select “Enter Facility Information”.
4. Select an Audit Type. For the Annual Audit submitted to the Division of Diabetes, you will select “Annual Audit”. For all other Audits, select “Interim Audit”. Click on the “Go” button.
5. Enter the number of charts that meet eligibility criteria as described in Section 2.
6. Click on the “Submit” button.
7. Select “Upload file for this facility” from the onscreen menu or click on “Data Processing” in the left-hand menu, then select “Upload Data”.
8. Individuals with access to multiple facilities will need to select a Facility.
9. Select the electronic medical record system used to create the data file.
10. Click on the “Choose File” button and navigate to the data file, then click on the “Open” button.
11. Click on the “Upload File” button.
12. If the data file upload is successful, you will receive a message on the screen to that effect.
13. If the upload is unsuccessful, you will receive an error message and details about the problems found.
14. Once the file has been successfully uploaded, proceed with checking the data quality (see Section 6).
15. Generate and review the Audit Report (see Section 7 and 8).
16. When all editing and corrections have been completed, “lock” the data (see Section 9).

Section 5. Performing a Manual Chart Audit

Note: Refer to the Manual Audit Checklist[1] for guidance.

a. Sample Size Determination

For manual auditors, the time requirements of the chart review process generally make it impractical to review the charts of all eligible people with diabetes. As such, they may select a random sample to audit. The number needed for statistically valid results depends on the number of people with diabetes at your facility that meet the eligibility criteria for the Audit (see Section 2).

Table 3 (Sample Sizes) on the following pages lists the minimum number of charts that need to be reviewed to be reasonably sure that a difference from a previous or subsequent Audit is a real change and not just due to chance. For example, if your facility has 1000 eligible people with diabetes, at least 63 charts will need to be audited.

b. Sample Size Calculation Details

The Audit sample sizes in Table 3 were calculated using the following method:

Sample size = n/(1+(n/population)) where n = Z*Z(P(1-P)/D*D)

Sample size = number to be randomly selected from population of eligible people with diabetes

Population = number of people with diabetes that meet the criteria for inclusion in the Audit

P = true proportion of Audit element in the population (since this is not known exactly, it is taken as 50% [i.e., 0.5] as the most conservative value)

D = (Maximum) difference between sample mean and population mean (Table 3. Sample Sizes lists *within ± 10%* and *within ± 5%*, which corresponds to a D value of 0.1 and 0.05, respectively)

Z = area under normal curve corresponding to the desired confidence level:

Table 2. Confidence Levels and associated Z Critical Values

Confidence	Z
0.90	1.645
0.95	1.960
0.99	2.575

Reference: Kish (1995)

Table 3. Audit Sample Sizes

Population (# eligible people with diabetes)	90% Certainty Within 10% (Recommended)	90% Certainty Within 5%	95% Certainty Within 10%	95% Certainty Within 5%
<30	**all**	all	all	all
30	**21**	27	23	28
40	**25**	35	28	36
50	**29**	42	33	44
60	**32**	49	37	52
70	**34**	56	40	59
80	**37**	62	44	66
90	**39**	68	46	73
100	**40**	73	49	79
110	**42**	78	51	86
120	**43**	83	53	91
130	**44**	88	55	97
140	**46**	92	57	103
150	**47**	96	59	108
160	**48**	101	60	113
170	**48**	104	61	118
180	**49**	108	63	123
190	**50**	112	64	127
200	**51**	115	65	132
220	**52**	121	67	140
240	**53**	127	69	148
260	**54**	133	70	155
280	**54**	138	72	162
300	**55**	142	73	168
320	**56**	147	74	175
340	**56**	151	75	180
360	**57**	154	76	186
380	**57**	158	77	191
400	**58**	161	77	196
420	**58**	165	78	201
440	**59**	168	79	205
460	**59**	170	79	209
480	**59**	173	80	213
500	**60**	176	81	217
525	**60**	179	81	222
550	**60**	181	82	226
575	**61**	184	82	230
600	**61**	186	83	234
650	**61**	191	84	241
700	**62**	195	84	248
800	**62**	202	86	260
900	**62**	208	87	269
1000	**63**	213	88	278
2000	**65**	238	92	322
3000	**66**	248	93	341
4000	**67**	253	94	350
5000	**67**	257	94	357
6000+	**67**	259	95	361

c. Chart Selection

Charts should be selected using a systematic random sampling process, as follows:

1. Prepare a list of the people with diabetes at your facility that meets the eligibility criteria in Section 2 of these instructions.
2. Determine sample size using Table 2 above.
3. Divide the number of patients on the list from step 1 above by the sample size determined in step 2 above to get the sampling interval, called k.
4. Randomly select the first chart to audit from the first k records.
5. Select every kth chart after that one on the list.

***Example*:** Suppose you need to select 69 charts from a list of 1000 patients.

- Divide 1000 by 69, to get k=14.4, which is rounded down to 14. So, you must select one chart out of every 14.
- Use any method of random chance to determine which one of the first 14 patients on the list should be selected. For example, you could number 14 pieces of paper with 1 through 14 and have someone draw one. If the number is 5, select the fifth patient on the list and then every 14th patient after that (19, 33, 47, etc.).

Note: It is important to include data from all randomly selected charts to minimize bias in the sample.

d. Completing the Audit Form for Manual Audits

Review and print the 2026 Audit Form[1]**.**

Review the medical chart (paper and/or electronic) for each selected patient to obtain the necessary information, using the information in **Appendix C** as a guide. If you cannot find a result in the chart, then for the purposes of the Audit, apply the old dictum: *"If it is not documented, it did not happen."*

It is very important to review the 2026 Audit form and these instructions, including **Appendix D** with all personnel who will be conducting manual chart reviews.

Finally, please remember that all medical records and completed Audit forms are confidential documents and need to be handled with discretion for personal health information. Do not leave charts and forms unattended. Store completed forms in a secure location.

e. Instructions for WebAudit Data Entry and Processing for Manual Audits

Data entry is done via the internet-based WebAudit. To access the WebAudit you must connect to the internet via a web browser, such as Chrome or MS Edge.

For further information about the WebAudit, visit the IHS Division of Diabetes Audit website.[3]

To complete data entry:

1. Request a WebAudit account, if you do not already have one.
2. Log in to WebAudit.
3. Select “Facility Administration” from the left hand or onscreen menu, then select “Enter Facility Information”.
4. Select an Audit Type. For the Annual Audit submitted to the Division of Diabetes, select “Annual Audit”. For all other Audits, select “Interim Audit”. Click on the “Go” button.
5. Enter the number of patients that meet the inclusion and exclusion criteria in Section 2.
6. Click the “Submit” button.
7. Select “Enter data for this facility” from the onscreen menu or click on “Data Processing” from the left-hand menu, then select “Data Entry”.
8. Individuals with access to multiple facilities will need to select a Facility.
9. Enter the data from each paper Audit form one at a time, taking care to complete every item. To expedite data entry, use the keyboard as much as possible, including:
    a. <Tab> key to move to the next field.
    b. <Shift><Tab> to move to the previous field.
    c. Number keys to enter responses from selection lists (e.g., type the number "1" for Sex=1: Male).

    Note: Keep field blank if the value is unknown or missing for fields such as blood pressure or labs. Do not use “0”.
10. Common errors include zeros instead of blank spaces for missing or skipped data.
11. When all data on a form have been entered, click on the “Save” button at the bottom of the screen. The system will check for obvious errors. If any are found, they will be noted on the screen. These include errors such as not including blank spaces for missing data, erroneous skip patterns, and unexpected values.

    Note: If the data entry session is interrupted for more than 20 minutes and you do not click on the “Save” button, you will be logged off and will lose the current record’s unsaved data.
12. Once all the Audit forms have been entered, proceed by checking the data quality (see Section 6).

Section 6. Data Review and Editing in the WebAudit

There may be errors in the Audit data, whether the data file was uploaded or data was entered manually. The WebAudit has a tool that checks the data for many different errors.

To use the data checking tool, go to the WebAudit, select “Data Processing” from the left-hand menu, then select “Data Quality Check.” Follow the onscreen directions to generate a report of Potential Data Errors. The errors are listed in a table, with a brief explanation of each one. Keep in mind that some potential errors may not be true errors; they could be extreme values that are still accurate (such as a person weighing over 500 pounds).

To correct an error, click on the “Edit” icon in the leftmost column of the errors table, which loads a screen showing all of the data for the selected record. Make the necessary correction(s) and then click on the "Save" button at the bottom of the screen.

If a potential error turns out to contain an accurate value, add a comment to that effect using the “Add Comment” button in the rightmost column of the errors table (i.e. “weight verified as 510 pounds”) in the Data Quality Check report.

Note: Comments entered at the bottom of the View/Edit data screen do not cross over to the DQC report.

Section 7. Generating Reports and Graphs

The WebAudit provides several reports for each year, including the Audit Reports (annual and interim), Means Report, and SDPI Key Measures Report. Graphs of results over time are also available via the WebAudit, including Trends Graphs and Means Graphs.

All of the reports and graphs are generated from the data that was either uploaded or manually entered. Current and previous years’ reports are available for all years with data submitted.

To generate a report:

1. Select “Reports” from the left-hand menu or main menu, then select “Audit Reports”.
2. Select an Audit Type. For the Annual Audit, select “Annual Audit”. For all other Audits, select “Interim Audit”. Click on the “Go” button.
3. Select the desired year, and then click on the “Go” button.
4. Select the desired report(s) and click on the “View Report(s)” button.
5. The selected report(s) will appear on the screen. It may be necessary to scroll down the page to view the entire report(s)
6. To print or save the report to your computer, click on the “Download PDF Version” link at the top of the report, on the right side. The report will open as a PDF document. Use your browser’s print and save options, as needed.

To generate graphs:

1. Select “Reports” from the left-hand menu or main menu, then select “Trends Graphs” or “Means Graphs”.

2. Select an Audit Type. For the Annual Audit, select “Annual Audit”. For all other Audits, select “Interim Audit” then click on the “Go” button.
3. Click on the “Create Report” button.
4. When the report is ready, a button will appear on the screen that says “Open Report in Excel”; click on this button. Depending on what browser is being used, it may be necessary to download the Excel file and then open it, or it may automatically open to the “Graphs” tab. Select the “Data” tab to see the results in table format.
5. Copy, print, or edit the graphs using Excel menus and options, as needed.

Section 8. Reviewing the Data

Careful review of the results in the Audit Report and Trends Graphs is another good way to check for potential errors in the Audit data. In particular, very low (close to 0) or very high (close to 100) percentages may indicate problems with the data, as can big changes in results from the previous year. If any such problems are found, review the medical records and taxonomies (if performing an electronic Audit) or the data forms and medical records (if performing a manual Audit). Significant changes in the number of records submitted or changes in registry number can indicate an issue that needs further clarification.

Contact your Area Diabetes Consultant or the IHS Audit team (diabetesaudit@ihs.gov) if you are unable to resolve any problems.

Note: These Trend Graphs can also be used to monitor care patterns over time. Facilities are encouraged to review these graphs to identify strengths and areas needing improvement.

Section 9. Finalizing (“Locking”) Data

When the data have been reviewed and corrected and are as complete and accurate as possible, they can be “locked”. Once locked, no further additions or changes can be made, so data should not be locked until no further edits are necessary. Locking also submits the data to the IHS Division of Diabetes.

To lock the data:

1. Log in to WebAudit.
2. Select “Facility Administration” from the left hand or main menu select then “Lock Facility Data”.
3. Follow the instructions on the screen.
4. If the data needs to be changed in the WebAudit, please contact your ADC or send a request to diabetesaudit@ihs.gov. The data can be unlocked so additional edits can be made to the WebAudit data.
5. Complete the Audit 2026 User Evaluation sent by email once the data is locked.

Section 10. Resources/Links

IHS Division of Diabetes Audit Website – Form, Instructions, WebAudit access, and other information
https://www.ihs.gov/diabetes/audit/

Diabetes Standards of Care and Resources for Clinicians and Educators
https://www.ihs.gov/diabetes/clinician-resources/soc/

RPMS Diabetes Management System manuals
Link on this webpage: https://www.ihs.gov/diabetes/audit/additional-audit-information/#tab2

Area Diabetes Consultant Contact Information
https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/

Contact the IHS Division of Diabetes Audit Team
diabetesaudit@ihs.gov

Section 11. References

Kish, Leslie. *Survey Sampling*. Wiley-Interscience, 1995. Print.

Appendix A. User Guide for RPMS users

- **Request local RPMS Security Keys**
  Ensure RPMS/DMS Security Keys have been assigned to your user profile to access DMS functionality. Contact your CAC or local RPMS support team for assistance.
  - **Diabetes Management System Keys:**
    The following keys are needed to fully utilize the DMS:
    - **BDMZMENU** – This key unlocks the main DMS menu. It should be assigned to all users who need to have access to the DMS system to manage patient data, run reports, etc.
    - **BDMZEDIT** – This key allows a user to edit data under Patient Management.
    - **BDMZ REGISTER MAINTENANCE** – This key unlocks the Register Maintenance menu options. This key should only be given to the individuals who are responsible for register maintenance and register structure.
      Note: Authorized Users must be added to access an existing Diabetes Register.

  Below are additional RPMS Security Keys to access other RPMS programming. Access to some of these programs may be based on local policy such as Case Management and QMAN.
  - **Case Management System Keys:**
    - **ACMZMENU** – This key allows access to the Case Management System main menu. This is used for editing Creators and Authorized Users for the IHS Diabetes Register and other registers created in RPMS.

    Note: Authorized Users can be added to a register in Case Management and in DMS Register Maintenance.
  - **PCC Management Reports Keys:**
    - **APLZMENU** – This key allows access to the PCC Management Reports
  - **QMAN Keys:**
    - **AMQQZMENU** – This key allows access to QMAN. QMAN is used for advanced data sorts.
    - **AMQQZCLIN** – This key allow access to clinical data in QMAN.

- **Verify RPMS Diabetes Management System (BDM) Version 2.0, Patch 19 has been installed**.
  The Clinical Application Coordinator (CAC) or local RPMS support team will need to install this patch on the local system. This patch is programmed specifically for the 2026 Diabetes Audit.
  Note: Refer to the Good[2] for additional information on RPMS/DMS functionalities.

- **Review and update site-populated taxonomies.**
  - Review the LMR "List Labs/Medications Used at this Facility" report to find all medications or laboratory tests used at a facility and it also identifies those already included in an audit

taxonomy.
    - DMS menu options: AS→LMR
- Review the "Check Taxonomies for the 2026 DM Audit" report to view what is listed for each audit taxonomy.
    - DMS menu options: AS→TC
- Update taxonomies, as needed.
    - DMS menu options: AS→TU
    - Use S Select Taxonomy → enter Selection number
    - A Add Taxonomy item → enter Lab name or medication to be added

Tips:

- See the RPMS Checklist for a list of site-populated lab or medication taxonomies.
- Review Labs/Medications Used list(s) with laboratory and pharmacy staff to help determine if certain medications or lab tests not listed with "DM Audit" or "BGP" should be added to an audit taxonomy.
- Use January 1, 2025, and December 31, 2025, as beginning and ending dates for search period when running the LMR report.
- Identify and remove all Lab Panels.
- Identify and populate "combination" medications in all appropriate medication taxonomies.

- **Use the Diabetes Register to help Identify Patients to include in the Audit**
  Update the Diabetes Register prior to conducting the Audit, as needed.
  Become familiar with how your local facility defines diabetes register status categories. These definitions can be used as general guidelines.

Register Status Definitions

- **A-Active** patients who receive their primary healthcare at a facility and who have had care at that facility within the last year.
- **I-Inactive** patients who have not been seen within the last two years.
- **T-Transient** patients have been seen at the clinic within the past year, but those who do not receive their primary diabetes care at facility and only visit the clinic periodically for medications or other services.
- **U-Unreviewed** patients on the Register who have not had a chart audit and medical review.
- **D-Deceased** patients documented in Patient Registration with a date of death appear in the DMS register as deceased. Patients documented as deceased directly into the DMS register will only appear in the register, not in Patient Registration records.
- **N-Non-IHS** patients who receive their diabetes care at a facility.
- **L-Lost to Follow-Up** patients seen at your facility within the past two years but who have not had a visit in the last year.

Use the following DMS menu options to create reports to update the diabetes register and identify possible eligible patients to include in the Diabetes Audit.

- Use PAR “Possible INA, LTF, TRANS Pts to move to Active” and INA “List Possible Inactive Pts to move to Active” reports to help identify possible patients to change to “active” status.
    - DMS menu options: AS→PAR
    - DMS menu option: AS→INA
    - Use the following Primary Care Clinics: [BGP Primary Care Clinics]
        - General (01)
        - Diabetic (06)
        - Internal Medicine (13)
        - Pediatric (20)
        - Well Child (24)
        - Family Practice (28)
    - Add additional clinics, as needed:
        - Chronic Disease (50)
        - Endocrinology (69)
        - Pharmacy Primary Care Clinic (D5) - if providing diabetes care

  Note: Other locally determined care clinics can be added and then saved as a template for future use.
- Use DXNR “Patients with DM Diagnosis and not on Register” to identify and generate a list of possible new or newly diagnosed patients with diabetes to add to the diabetes register.
    - DMS menu options: AS→DXNR
    - Add patients to the Diabetes Register.
      DMS menu options: RM→PM
- Use PLDX “Patients with no DM Diagnosis on Problem List” to identify and generate a list of patients who may not have a diagnosis of diabetes.
    - DMS menu options: AS→PLDX
    - Remove patients from the register after confirming.
      DMS menu options: RM→PM

- **Create and review the Data Quality Report in DMS**

  Use DMS menu options: **AS→DQC 2026 Data Quality Check Report**

  1. Select the Diabetes register to be used: **IHS Diabetes or other local diabetes register**
  2. Enter the Audit Date: **12/31/2025** (ending date of the Audit period)
  3. Select one of the following:
     Select C Members of a CMS Register (if Diabetes Register is used)
     Select S Search Template of Patients (if template was created)
     - Run the audit for: P// **Enter C or S**
  4. Select Register patients with a particular status? **Y** YES

- Which status: **ACTIVE**

5. Limit the audit to a particular primary care provider? **N** No
6. Limit the audit to a particular primary care provider? **N** No
7. Limit the patients who live in a particular community? **N** No
8. Select beneficiary population to include in the audit:
   1 Indian/Alaskan Native (Classification 01)
9. Select whether to include or exclude pregnant patients in the audit:
   E Exclude Pregnant Patients
10. Select one of the following:
    A ALL Patients selected so far
    R RANDOM Sample of the patients selected so far
    - Do you want to select: **A ALL**
11. Select one of the following:
    P PATIENT NAME
    E ERROR FIELD NAME
    How should the report be sorted: **P PATIENT NAME**
12. Select one of the following:
    I Include ALL Patients
    E Exclude DEMO Patients
    O Include ONLY DEMO Patients
    Demo Patient Inclusion/Exclusion: **E Exclude DEMO Patients**
13. Select one of the following:
    P PRINT Output
    B BROWSE Output on Screen
    Do you wish to: P// **RINT Output** (Select option P or B)
    DEVICE: HOME// (Select Printer)

- **Review of the Data Quality Check report**.
  - Do chart reviews to verify or correct data elements.
  - If errors are found, fix as many as possible in RPMS/EHR.
  - Update taxonomies, as needed.
  - Re-run the DMS Data Quality report after corrections or taxonomy changes are made.

  Note: Check with Health Information Management (HIM) for local policy on updating/correcting patient visit information, adding historical diagnosis, and exams.

- **Create the DM Audit Report in DMS**
  Use DMS menu option: **AR→DM26 2026 Diabetes Audit**

  1. Enter Select the Diabetes register to be used: **IHS Diabetes or other local register**

2. Enter the Audit Date: **12/31/2025** (ending date of the Audit period)
3. Select one of the following:
   Select C Members of a CMS Register (if Diabetes Register is used)
   Select S Search Template of Patients (if template was created)
   - Run the audit for: P// **Enter C or S**
4. Select Register patients with a particular status? **Y** YES
   - Which status: **ACTIVE**
5. Limit the audit to a particular primary care provider? **N** No
6. Limit the audit to a particular primary care provider? **N** No
7. Limit the patients who live in a particular community? **N** No
8. Select beneficiary population to include in the audit:
   1 Indian/Alaskan Native (Classification 01)
9. Select whether to include or exclude pregnant patients in the audit:
   E Exclude Pregnant Patients
10. Select one of the following:
    A ALL Patients selected so far
    R RANDOM Sample of the patients selected so far
    - Do you want to select: **A ALL**
11. Select one of the following:
    1 Print Individual Reports
    2 Create AUDIT EXPORT file
    3 Audit Report (Cumulative Audit)
    4 Both Individual and Cumulative Audits
    5 SDPI RKM Report

    Enter Print option: **3 Audit Report (Cumulative Audit)**
14. Select one of the following:
    P PRINT Output
    B BROWSE Output on Screen

    Do you wish to: P// **RINT Output** (Select option P or B)
    DEVICE: HOME// (Select Printer)

- **If the Audit Report results do not look as expected:**
  - Print Individual Audits to troubleshoot or verify specific patient information.
  - Review the Diabetes Audit logic. (DMS menu options: AS→DAL)
  - Review and update taxonomies. (DMS menu options: AS→TU)
  - Make other corrections, as needed.

Create the Audit Export (Data) File

- DMS menu options: AR→DM26
    1. Enter Select the Diabetes register to be used: **IHS Diabetes or other local register**
    2. Enter the Audit Date: **12/31/2025** (ending date of the Audit period)
    3. Select one of the following:
       Select C Members of a CMS Register (if Diabetes Register is used)
       Select S Search Template of Patients (if template was created)
        - Run the audit for: P// **Enter C or S**
    4. Select Register patients with a particular status? **Y** YES
        - Which status: **ACTIVE**
    5. Limit the audit to a particular primary care provider? **N** No
    6. Limit the audit to a particular primary care provider? **N** No
    7. Limit the patients who live in a particular community? **N** No
    8. Select beneficiary population to include in the audit:
       1 Indian/Alaskan Native (Classification 01)
    9. Select whether to include or exclude pregnant patients in the audit:
       E Exclude Pregnant Patients
    10. Select one of the following:
        A ALL Patients selected so far
        R RANDOM Sample of the patients selected so far
        - Do you want to select: **A ALL**
    11. Select one of the following:
        1 Print Individual Reports
        2 Create AUDIT EXPORT file
        3 Audit Report (Cumulative Audit)
        4 Both Individual and Cumulative Audits
        5 SDPI RKM Report
        Enter Print option: **2 Create AUDIT EXPORT file**
    12. The file generated will be in a "^" delimited format.
        Enter the name of the FILE to be Created (3-20 characters): **Enter name of file to be created**
        Is everything ok? Do you want to continue? Y// Y or enter
- Be sure to note the name and the file directory where the audit export file will be saved. You will likely need to ask your CAC or IT department to retrieve the file, and you will need to provide both the file name and directory.
- Save a copy of this file where it can be accessed for uploading to the WebAudit.

- **Review Quality within the WebAudit along with RPMS**
    - Use the Data Quality Check (DQC) tool in WebAudit to create error reports.

After reviewing the error reports rendered by the DQC:

- Use RPMS to Find Register Patient (DMS menu option: AS→FRPT) to identify patients with potential errors using birth year, birth month and sex.
- Do chart reviews to verify correct data elements.

If a data element can be corrected, it should be corrected using the View/Edit data tool. Comments should be added in the DQC for errors that cannot be corrected or are extreme but have been verified as correct.

Note. In the case that the DMS Data Quality Check report was already used to identify potential errors and corrections were made in RPMS, the WebAudit Data Quality Check report should only include those that were not able to be corrected in RPMS. Elements such as height, weight, BMI, medications, and labs are time sensitive and often cannot be corrected in the EMR and must be corrected using the WebAudit.

- **Additional Registry Maintenance Tips and Year-Round Audit Preparation Suggestions**
  - Maintain the Diabetes Register. This requires ongoing maintenance and should be updated periodically throughout the year. Many sites using RPMS use the Active Diabetes Register for running the Annual DM Audit.
  - Identify patients that do not have a diabetes date of diagnosis listed (DMS Menu Option: RR →NDOO) and perform chart reviews.
  - Update the patients register profile with the diagnosis date (DMS Menu Option: PM)
    - If only the year is known, then enter as 07/01/xxxx
    - If only the month and year are known, enter as xx/15/xxxx
  - Identify patients with a diagnosis of diabetes who are not yet on the register. (DMS menu Option: AS→DXNR) and perform chart reviews.
  - Add patients to the diabetes register (DMS Menu Option: PM).
    - Make sure to also update the Type of Diabetes and Date of Onset.
    - The larger the diabetes register, the more frequently this should be done.
  - Identify potentially active patients using the PAR report periodically and update the register status. Use WebAudit Reports (Trends Graphs, Audit Reports, Means Graphs), create quality improvement cycles or Plan, Do, Study, Act (PDSA) to help improve your future data.
  - During November/December audit preparation use DMS DQC, QMAN, or iCARE to help identify people with potential errors in height/weight/BMI. These errors are often due to incorrect units of measure.
    - Notify local Health Information Maintenance (HIM) staff with corrected values.
    - These must be corrected prior to Dec 31 to prevent errors when the audit is generated.

Option to Create a Search Template for Data Quality Check, Audit Reports, creating the Audit Data File in DMS:

- Create a Fileman template using QMAN.
- Save the template with a name that you will remember.
- If additional information or help is needed for this option, submit a request to the OIT Service Desk: IHS IT Self-Service Portal

Appendix B. Helpful tips and reminders for Non-RPMS/Other EMR users

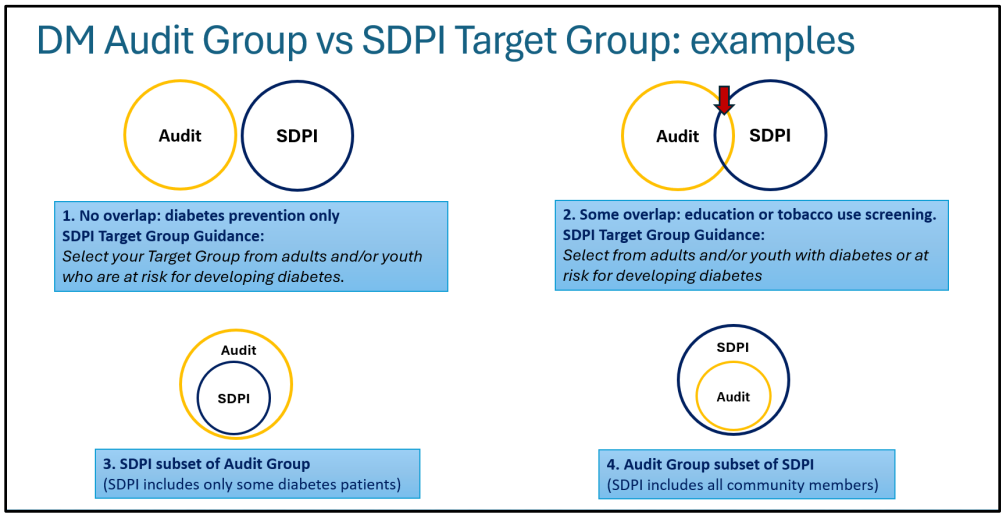
Identifying patients to Audit using a non-RPMS system can be challenging. Appendix B provides some useful tips to consider when building the diabetes registry list and creating the audit data file.

Determine key members to help with the Audit process and development of the registry list:
Collaboration is key. Work with other clinics and departments in your organization may include:

- Clinical departments and staff to consider include pharmacy, laboratory, nursing, medical, dental, and optometry.
- Technical personnel such as Information Technology (IT), programmers (internal or an external vendor), and data analysts. They can help to search for and capture audit data.
- Health Information Management (HIM) and the Billing and Coding departments to determine codes that are being used at your facility for clinics and patient diagnosis to determine eligible patients.

Once a diabetes registry list is established it can be maintained going forward for future annual audits. Maintenance includes updating the registry list by adding new patients, removing patients, and determining if current patients meet the eligibility criteria.

Audit Groups and SDPI Target groups:
Below are examples of how the Audit Group (eligible patients) and the SDPI Target Group may or may not relate to one another. Review these when defining the group of patients to audit.



Build the diabetes registry list:
To build or create a registry list of patients use the following general guidance, include all:

a. Have a diagnosis of diabetes mellitus.
b. Are American Indian or Alaska Native.
c. Have at least one clinic visit (in person or telehealth) **with a diagnosis of diabetes as purpose of visit** during the audit period.

Programming and shaping the data for an Electronic Audit submission:

Work with your local Audit team. It is critical to review the Code Lists, data file specifications, and data audit element descriptions.

- **Code Lists:** serves as a general guide to help identify potential codes for the related data fields. This is updated annually. The Audit 2026 Code List (revised) can be found on Audit 2026 Resources[1] webpage.
- **Data File Specifications:** provides a list of audit data fields with details and requirements for each field. Details on the data file format is also provided in this document. This information is important for the creation of the audit data file for upload into the WebAudit.
  The IHS Diabetes Care and Outcomes Audit Data File Specifications for 2026 can be found in **Appendix C**.
- **Data Element Descriptions:** provides detailed explanations about each element of the Audit Form. The 2026 Diabetes Audit Data Element Descriptions can be found in **Appendix D**.

Hybrid Audits when changing EMRs:

If the organization/clinic is going through an EMR transition, it is still possible to participate in the annual diabetes Audit. Below are descriptions of three different scenarios and potential solutions to be able to submit audit data:

- **Scenario 1: Changing from RPMS to another EMR: (with at least 6 months of data in RPMS)**

Create the Audit data file in RPMS/DMS. Export and upload the data file into the WebAudit. Use manual data entry to update data in the WebAudit from the new EMR.

Note: Review patients in the diabetes registry to determine patients to be included or excluded before generating the DMS audit data file.

- **Scenario 2: Changing from RPMS to another EMR: (with less than 6 months of data)**

Conduct a manual random sample chart audit for the first year or two using the current EMR. Refer to the Audit instructions (Section 5, pg.9-11) to select the correct number of charts to audit. During this period, review, evaluate, and streamline documentation pathways.

- **Scenario 3: Utilizing both electronic and manual methods**

When an electronic data file upload method is used, missing data elements need to be addressed in the WebAudit. Use manual data entry to add new records or to edit data elements in the record(s).

Contact your Area Diabetes Consultant or the IHS Audit team (diabetesaudit@ihs.gov) for additional information or questions.

Appendix C. IHS Diabetes Care and Outcomes Audit Data File Specifications for 2026

General Information

1. **Data File Format:** Delimited text, with the following general requirements.
    a. Delimiter **must** be the ^ symbol, not a tab, space, or any other character.
    b. Line 1 contains the Audit field names in the order they appear below.
    c. Lines 2 and beyond contain the data, with each line representing a single record/patient.
    d. All records must contain a value or a placeholder for all fields. If there is no value for a field (because data are missing or due to a skip pattern), the placeholder is one blank space between the delimiters (i.e., ^ ^). Use of ^^ with no blank space will cause an error in uploading the data file.
    e. *Do not submit anything other than a blank space for missing or unknown data (e.g., not 0) for skip patterns*. Zero is an actual number and may be factored into calculations or may be considered a data outlier. This is a common data entry error.

2. **Data Fields**:
    a. A list of Audit 2026 fields and basic details/requirements for each is provided on subsequent pages of this document.
    b. Extracting accurate data for many fields requires additional information, some of which is available in the Audit documentation.
    c. Other information is specific to the health record system being used and must be determined locally, including documentation of medications and education.

3. **Additional Information and Resources**
    a. Audit website: https://www.ihs.gov/diabetes/audit/
    b. Contact the IHS Audit team via email: diabetesaudit@ihs.gov

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, 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.

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments

14	ENDSUSE	ENDS use	Audit period	# field with:
				1=Yes
				2=No
					Populate only if ENDSSCREEN value is 1=Yes.
					
					ENDS include vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes.
					
					Limit to nicotine for Audit

15	FEET	Last recorded height - feet part	Last ever	# with 0 decimal places	If height is provided as feet and inches, be sure to provide a value for both fields: FEET and INCHES.
16	INCHES	Last recorded height - inches part	Last ever	# with up to 2 decimal places	If height is provided as total in inches only, FEET field should not be populated (i.e., do not submit 0 or any other value). Round to 2 decimal places, if necessary.
17	WEIGHT	Weight in lbs	Most recent in Audit period	# with 0 decimal places	Truncate to nearest whole pound.

18	HTNDX	Hypertension diagnosed	Ever	# field with:
				1=Yes
				2=No	

19	SYST1	Most recent systolic blood pressure (mmHg)	Audit period	# with 0 decimal places	
20	DIAST1	Most recent diastolic blood pressure (mmHg)	Audit period	# with 0 decimal places	
21	SYST2	Next most recent systolic blood pressure BP (mmHg)	Audit period	# with 0 decimal places	
22	DIAST2	Next most recent diastolic blood pressure (mmHg)	Audit period	# with 0 decimal places	
23	SYST3	Third most recent systolic blood pressure (mmHg)	Audit period	# with 0 decimal places	
24	DIAST3	Third most recent diastolic blood pressure (mmHg)	Audit period	# with 0 decimal places	

25	FOOTEXAM	Complete diabetic foot exam including evaluation of sensation and vascular status	Audit period	# field with:
				1=Yes
				2=No	

26	EYEEXAM	Dilated retinal exam or retinal imaging exam	Audit period	# field with:
				1=Yes
				2=No	

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments

27	DENTALEXAM	Dental exam conducted by a dental professional including examination of teeth and gingiva	Audit period	# field with:
				1=Yes
				2=No	

28	DEPSCREEN2	Screened for depression	Audit period	# field with:
				1=Yes
				2=No	

29	DEPDX2	Active diagnosis of depression	Audit period	# field with:
				1=Yes
				2=No	

30	DIETINSTR	Nutrition education	Audit period	# field with:
				1=Yes by RD
				2=Yes by non-RD
				3=Yes by both RD & non-RD
				4=None	

31	EXERCISE	Physical activity education	Audit period	# field with:
				1=Yes
				2=No	

32	DMEDUC	Diabetes education other than nutrition and physical activity	Audit period	# field with:
				1=Yes
				2=No	

33	TXNONE	None of the listed diabetes medications prescribed	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					If value for this field=1:Yes, then all other TX fields should=2:No.
					
					If all other TX fields=2:No, then value for this field should=1:Yes.

34	TXINSUL	Prescribed any insulin	As of the end of the Audit period	# field with:
				1=Yes
				2=No	

35	TXMETFORM	Prescribed metformin	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					Includes Glucophage, others

36	TXSUREA	Prescribed a sulfonylurea	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					Includes glipizide, glyburide, glimepiride

37	TXDPP4	Prescribed a DPP-4 inhibitor	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					Includes alogliptin (Nesina), linagliptin (Tradjenta), saxagliptin (Onglyza), sitagliptin (Januvia)

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments

38	TXGLP1MED	Prescribed a GLP-1 receptor agonist	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					Includes dulaglutide (Trulicity), exenatide (Byetta, Bydureon), liraglutide (Victoza, Saxenda), lixisenatide (Adlyxin), semaglutide (Ozempic, Rybelsus, Wegovy)

39	TXSGLT2	Prescribed an SGLT-2 inhibitor	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					Includes bexagliflozin (Brenzavvy), canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro), sotagliflozin (Inpefa)

40	TXGLIT	Prescribed pioglitazone [Actos] or rosiglitazone [Avandia]	As of the end of the Audit period	# field with:
				1=Yes
				2=No	

41	TXTIRZEP	Prescribed tirzepatide [Mounjaro, Zepbound]	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					Includes tirzepatide [Mounjaro, Zepbound]

42	TXACARB	Prescribed acarbose [Precose] or miglitol [Glyset]	As of the end of the Audit period	# field with:
				1=Yes
				2=No	

43	TXSUREALK	Prescribed repaglinide [Prandin] or nateglinide [Starlix]	As of the end of the Audit period	# field with:
				1=Yes
				2=No	

44	TXAMYLIN	Prescribed injectable pramlintide [Symlin]	As of the end of the Audit period	# field with:
				1=Yes
				2=No	

45	TXBROMO	Prescribed bromocriptine [Cycloset]	As of the end of the Audit period	# field with:
				1=Yes
				2=No	

46	TXCOLESEV	Prescribed colesevelam [Welchol]	As of the end of the Audit period	# field with:
				1=Yes
				2=No	

47	ACE	Prescribed an ACE inhibitor or ARB	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					Commonly prescribed medications include:
					ACE Inhibitors: benazepril (Lotensin), captopril, enalapril (Vasotec, Epaned), fosinopril, lisinopril (Zestril), ramipril (Altace),
					ARBs: candesartan (Atacand), irbesartan (Avapro), losartan (Cozaar), telmisartan (Micardis), olmesartan (Benicar), valsartan (Diovan, Prexxartan)

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments

48	ASPIRIN	Prescribed aspirin or other antiplatelet/ anticoagulant therapy	As of the end of the Audit period	# field with:
				1=Yes
				2=No
					Commonly prescribed medications include:
					Antiplatelets: aspirin, aspirin/dipyridamole (Aggrenox), cilostazol (Pletal), clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta)
					Anticoagulants: apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa), enoxaparin (Lovenox), rivaroxaban (Xarelto), warfarin (Coumadin)

49	LLSTATIN2	Prescribed a statin therapy	As of the end of the Audit period	# field with:
				1=Yes
				2=No
				3= Allergy/intolerance/ contraindication
					Look for yes, then allergy or intolerance or contraindication, then no.
					
					Commonly prescribed medications include: atorvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin

50	CVDDX	Diagnosed cardiovascular disease (CVD)	Ever	# field with:
				1=Yes
				2=No
					Includes coronary artery disease (CAD), hypertensive heart disease, heart failure, cardiomyopathy, heart dysrhythmias, valvular heart disease, stroke, and/or peripheral vascular disease.

51	TBDX	Tuberculosis (TB) diagnosis (latent or active) documented (ever)	Ever	# field with:
				1=Yes
				2=No	

52	TBTESTDONE3	Most recent skin (PPD) or blood test for tuberculosis (TB) with valid result	Most recent ever	# field with:
				1=Skin test (PPD)
				2=Blood test (QFT-GIT, T-SPOT)
				3= No test documented
					Populate only if TBDX value is 2=No.
					
					If more than one test is documented, use the most recent.

53	TBTESTRSLT2	TB test result	Most recent	# field with:
				1=Positive
				2=Negative
				3=No result documented
					Populate only if TBDX value is 2=No and TBTESTDONE3 value is 1=Skin test or 2=Blood test.

54	TBINHTX2	TB treatment initiated (isoniazid, rifampin, rifapentine, others)	Ever	# field with:
				1=Yes
				2=No
				3=Unknown
					Populate only if TBDX value is 1=Yes or (TBDX value is 2=No and TBTESTDONE3 value is 1=Skin test or 2=Blood test and TBTESTRSLT2 value is 1=Positive).

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
55	TBTESTDATE	Date of last TB test	Ever	mm/dd/yyyy	**Populate only if TBDX value is 2=No and TBTESTDONE3 value is 1=Skin test or 2=Blood test and TBTESTRSLT2 is 2=Negative.** 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.

56	HCVDX	Diagnosed hepatitis C (HCV)	Ever	# field with:
				1=Yes
				2=No	

57	HCVSCREEN2	If not diagnosed with HCV, screened for HCV at least once	Ever	# field with:
				1=Yes
				2=No
					Populate only if HCVDX value is 2=no.
					
					Screening is performed using the Hepatitis C antibody (anti-HCV) test.

58	RETINOPDX	Diagnosed retinopathy	Ever	# field with:
				1=Yes
				2=No	

59	LEA	Lower extremity amputation, any type (e.g., toe, partial foot, above or below knee)	Ever	# field with:
				1=Yes
				2=No	

60	FLUVAX2	Influenza vaccine	Audit period	# field with:
				1=Yes
				2=No	

61	PNEUMO	Pneumococcal vaccine (PCV15, PCV20, PCV21, or PPSV23)	Ever	# field with:
				1=Yes
				2=No	

62	TD2	Tetanus (Td, Tdap, DTaP, or DT) vaccine	Past 10 years	# field with:
				1=Yes
				2=No	

63	TDAP2	Tdap vaccine	Ever	# field with:
				1=Yes
				2=No	

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments

64	HEPBVAX2	Hepatitis B complete series	Ever	# field with:
				1=Yes
				2=No
				3=Immune
					Either complete 3-dose series or complete 2-dose series counts.
					[Series is also complete if 3 doses are given – using a combination of a two-dose vaccine with the three-dose vaccines]
					3-dose series includes: Engerix-B®, PreHevbrio®, Recombivax HB®, and Twinrix® vaccines.
					
					2-dose series includes: Heplisav-B® vaccine.

65	SHINGLESVAX	Shingrix/recombinant zoster vaccine (RZV) complete series	Ever	# field with:
				1=Yes
				2=No
					Complete series for Shingrix is 2 doses.
					
					Note: Zostavax vaccine does not count for this item.

66	RSVVAX	Respiratory syncytial virus (RSV) vaccine	Ever	# field with:
				1=Yes
				2=No
					Added for 2026

67	HBA1C	HbA1c test result (%)	Most recent in Audit period	# with 1 decimal place	
68	HBA1CDATE	Date of most recent HbA1c	Most recent in Audit period	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.
69	CHOLVALUE	Total cholesterol value (mg/dL)	Most recent in Audit period	# with 0 decimal places	Round to 0 decimal places, if necessary.
70	HDLVALUE	HDL cholesterol value (mg/dL)	Most recent in Audit period	# with 0 decimal places	Round to 0 decimal places, if necessary.
71	LDLVALUE	LDL cholesterol value (mg/dL)	Most recent in Audit period	# with 0 decimal places	Round to 0 decimal places, if necessary.
72	TRIGVALUE	Triglyceride value (mg/dL)	Most recent in Audit period	# with 0 decimal places	Round to 0 decimal places, if necessary.
73	EGFRVALUE	Estimated GFR (eGFR) value	Most recent in Audit period	# with 1 decimal place	Use documented value, if available. Round to 1 decimal place, if necessary.
74	UPACRVAL	Quantitative urine albumin/creatinine ratio (UACR) value (mg/g)	Most recent in Audit period	# with up to 2 decimal places	Round to 2 decimal places, if necessary.

Order	Field Name	Description	Timeframe	Format/Values/Units	Comments
75	LOCAL	Local question	N/A	#, single digit, 1-9	This field may be left blank for all patients if the facility does not choose to populate it.
76	LOCALEXT	Extended local question	N/A	Character (max length=50)	This field may be left blank for all patients if the facility does not choose to populate it.
77	AGE	Patient age in years at time of AUDITDATE	N/A	# with maximum of 3 digits and no decimal places	Calculate as: integer part of difference in days between AUDITDATE and date of birth, divided by 365.25

Appendix D. 2026 Diabetes Audit Data Element Descriptions

Note. Further details on audit logic for each element can be found in appendix D of the DMS User Manual (located on the Audit 2026 Resources[1] webpage)

1) Audit Period Ending Date: Ending date of the one-year (365-day) Audit period as mm/dd/yyyy. **Use 12/31/2025 for the Annual Audit submitted to the IHS Division of Diabetes in 2026.**

2) Facility Name: Facility's name or abbreviation. This is for confirmation purposes only, since the WebAudit will automatically supply and display the name.

3) Reviewer Initials: Initials of person who did the medical chart review (maximum of three letters).

4) State of Residence: The two-character postal abbreviation for the State in which the patient resides. If the patient lives outside of the United States (e.g., in Canada), leave blank.

5 & 6) Month and Year of Birth (Required): Patient's month (2 digits) and year (4 digits) of birth.

7) Sex (Required): Patient's biological sex at birth.

(1) Male
(2) Female
(3) Unknown

8) Date of Diabetes Diagnosis: Date the patient was first diagnosed with diabetes. If only the year is known, enter the middle of that year (i.e., "07/01/<year>"). If only the month and year are known, enter the middle day of that month (i.e., 15). Leave blank if year or entire date is unknown.

9) DM Type: Patient's diabetes type. If uncertain, mark as (2) Type 2.

(1) Type 1
(2) Type 2

Tobacco/Nicotine Use (during Audit period)

10) Screened for tobacco use: Was patient screened for tobacco use?

(1) Yes
(2) No

11) Tobacco use: Does patient use tobacco (cigarettes, chewing tobacco, snuff, etc.)? Answer only if screened for tobacco use is "(1) Yes."

(1) Yes
(2) No

12) Tobacco cessation counseling/education received: Did patient receive tobacco cessation counseling and/or education or referral for counseling? Answer only if screened for tobacco use and tobacco use are both "(1) Yes."

(1) Yes
(2) No

Electronic Nicotine Delivery Systems (ENDS)

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

13) Screened for ENDS use: Was patient screened for ENDS use?

(1) Yes
(2) No

14) ENDS use: Does patient use ENDS? Answer only if screened for ENDS use is "(1) Yes."

(1) Yes
(2) No

For additional information about tobacco and ENDS, see the IHS Diabetes Standards of Care.[4]

Vital Statistics

15 & 16) Height (last recorded): Patient's last ever documented height in inches or in feet and inches. Feet should be a whole number with no decimal places. Fractional parts of an inch may be entered in decimal form with up to two decimal places (for example, 63 and ½ inches = 63.5, 71 and ¾ inches = 71.75).

17) Weight (last in Audit Period): Patient's weight in pounds as a whole number with no decimal places.

18) Hypertension (documented diagnosis ever): Does patient have diagnosed hypertension, as documented by problem list diagnosis or three visits with a diagnosis of hypertension ever?

(1) Yes
(2) No

19-24) Blood pressure (last 3 during Audit period): Patient's last blood pressures **obtained in a non-ER setting during the Audit period,** up to a maximum of three obtained on different days**.** If there are multiple blood pressure readings recorded on the same day, choose the last reading recorded. For reporting purposes, mean blood pressure will be calculated using the last two or three readings. If only one reading is available, it is used in place of mean blood pressure. For additional information about blood pressure, see the IHS Diabetes Standards of Care.[5]

Examinations (during Audit period)

[4] https://www.ihs.gov/diabetes/clinician-resources/soc/tobacco-use1/
[5] https://www.ihs.gov/diabetes/clinician-resources/soc/blood-pressure1/

25) Foot (comprehensive or "complete" including evaluation of sensation and vascular status): Did patient have a comprehensive ("complete") foot exam that included evaluation of sensation and vascular status, or a visit to a podiatrist?

(1) Yes
(2) No

For additional information about foot exams, see the IHS Diabetes Standards of Care.[6]

26) Eye (dilated exam or retinal imaging): Did patient have an eye exam that included a dilated eye exam or retinal imaging?

(1) Yes
(2) No

For additional information about eye exams, see the IHS Diabetes Standards of Care.[7]

27) Dental: Did patient have a dental exam conducted by a dental professional that included examination of the gingiva and mucosal surfaces? Dental records may be kept separate from the medical records at your facility and will need to be located for review.

(1) Yes
(2) No

For additional information about dental exams, see the IHS Diabetes Standards of Care.[8]

Depression

28) Screened for depression (during Audit period): Was patient screened for depression during the Audit period using the Patient Health Questionnaire (PHQ), Zung, Beck, Edinburgh Postpartum Depression Scale (EPDS) **,**Major Depression Inventory (MDI) or similar depression screening scale, or was it otherwise documented that patient was assessed for possible depression?

(1) Yes
(2) No

29) Active diagnosis of depression (during Audit period): Does patient have depression documented as an active diagnosis during the Audit period?

(1) Yes
(2) No

For additional information about depression, see the IHS Diabetes Standards of Care.[9]

[6] https://www.ihs.gov/diabetes/clinician-resources/soc/foot-care1/
[7] https://www.ihs.gov/diabetes/clinician-resources/soc/eye-care1/
[8] https://www.ihs.gov/diabetes/clinician-resources/soc/oral-care1/
[9] https://www.ihs.gov/diabetes/clinician-resources/soc/depression1/

Education (during Audit period)

30) Nutrition: Nutrition or diet education provided to patient, according to provider type.

(1) RD=Registered dietitian only
(2) Other=Non-RD provider only
(3) Both RD and Other
(4) None=No nutrition or diet instruction documented

31) Physical Activity: Did patient receive physical activity or exercise education?

(1) Yes
(2) No

32) Other diabetes: Other than diet or exercise, did patient receive education on any topic(s) related to diabetes?

(1) Yes
(2) No

For additional information about documenting education using RPMS, visit the IHS Patient Education webpage.[10]

Diabetes Therapy

Document *all* prescribed from the list below (as of the end of the Audit period).

- If you are unsure about any medications used at your facility, check with your pharmacist.
- For combination medications such as *Janumet* (sitagliptin + metformin) and others, be sure to mark (1) Yes for all components.
- Electronic Audit notes (for RPMS only):
  - Diabetes medications that are active (have been filled or refilled) in the six months prior to the Audit period end date are included.
  - If none of the listed diabetes medications are found, then the first item "None of the following" is marked as (1) Yes by default.

1. **(33)** None of the following [Note that if this item is selected during WebAudit data entry, all other Diabetes Therapy choices will be automatically marked as (2) No.]
2. **(34)** Insulin [all forms, including insulin aspart (*NovoLog*), degludec (*Tresiba*), detemir (*Levemir*), glargine (*Lantus*), glulisine (Apidra), lispro (*Humalog*), others – including all biosimilar formulations, including combos degludec/liraglutide (Xultophy), lixisenatide/glargine (Soliqua)]

[10] https://www.ihs.gov/forproviders/patiented/

3. **(35)** Metformin [Glucophage, others including combos]
4. **(36)** Sulfonylurea [glipizide, glyburide, glimepiride, including combos]
5. **(37)** DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*), and combos]
6. **(38)** GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta, Bydureon*), liraglutide (*Victoza, Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic, Rybelsus, Wegovy*), including combos degludec/liraglutide (Xultophy), lixisenatide/glargine (Soliqua)]
7. **(39)** SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (Steglatro), sotagliflozin (*Inpefa*), including combos]
8. **(40)** Pioglitazone [*Actos*] or rosiglitazone [*Avandia*], including combos
9. **(41) Dual GIP/GLP-1 receptor agonist** [Tirzepatide (*Mounjaro, Zepbound)*]
10. **(42)** Acarbose [*Precose*] or miglitol [*Glyset*]
11. **(43)** Repaglinide [*Prandin*] or nateglinide [*Starlix*]
12. **(44)** Pramlintide [*Symlin*]
13. **(45)** Bromocriptine [*Cycloset*]
14. **(46)** Colesevelam [*Welchol*]

ACE Inhibitor or ARB

47) Prescribed (as of the end of the Audit period): Was patient prescribed ACE inhibitor or angiotensin II receptor blocker (ARB) medication as of the end of the Audit period?

(1) Yes
(2) No

- Commonly prescribed medications include:
  - **ACE Inhibitors**: benazepril (*Lotensin*), captopril, enalapril (*Vasotec, Epaned*), fosinopril , lisinopril (*Zestril*), ramipril (*Altace*)
  - **ARBs**: candesartan (*Atacand*), irbesartan (*Avapro*), losartan (*Cozaar*), olmesartan (*Benicar*), telmisartan (*Micardis*), valsartan (*Diovan, Prexxartan*)
    - Includes ARNi/ARB: sacubitril/valsartan (Entresto)
  - **Note:** For combination medications such as *Zestoretic* (lisinopril + HCTZ), *Hyzaar* (losartan + HCTZ), *Lotrel* (amlodipine + benazepril), and others, be sure to mark (1) Yes for ACE Inhibitor or ARB.

- Electronic Audit note (for RPMS only): Medications that are active (have been filled or refilled) in the six months prior to the Audit period end date are included.

Aspirin or Other Antiplatelet/Anticoagulant Therapy

48) Prescribed (as of the end of the Audit period):

(1) Yes
(2) No

- Commonly prescribed medications include:
  - **Anticoagulants:** apixaban (*Eliquis*), dabigatran etexilate (*Pradaxa*), edoxaban (*Savaysa*), enoxaparin (*Lovenox*), rivaroxaban (*Xarelto*), warfarin (*Coumadin*)
  - **Antiplatelets:** cilostazol (*Pletal*), clopidogrel (*Plavix*), prasugrel (*Effient*), ticagrelor (*Brilinta*)
  - **Aspirin:** aspirin, aspirin and dipyridamole (*Aggrenox*)

- **Note:** Electronic Audits (for RPMS only): Only medications that are active (have been filled or refilled) in the six months prior to the Audit period end date are included.

Statin Therapy

49) Prescribed (as of the end of the Audit period):

(1) Yes
(2) No
(3) Allergy/intolerance/contraindication

- Commonly prescribed medications include: atorvastatin (*Lipitor*), fluvastatin (*Lescol, Lescol XL*), lovastatin (*Altocor*, Altoprev), pitavastatin (*Livalo*), pravastatin, rosuvastatin (*Crestor*), and simvastatin (*Zocor*).
- For combination medication such as *Vytorin* (ezetimibe + simvastatin) be sure to mark (1) Yes for statin therapy.
- **Note:** Electronic Audits (for RPMS only): Only medications that are active (have been filled or refilled) in the six months prior to the Audit period end date are included.

Cardiovascular Disease (CVD)

50) Diagnosed (ever): Does patient have a known diagnosis consistent with CVD? This includes coronary artery disease (CAD), hypertensive heart disease, heart failure, cardiomyopathy, heart dysrhythmias, valvular heart disease, stroke, and/or peripheral vascular disease. See the RPMS/DMS code list file on the Audit 2026 Resources[1] webpage for additional details.

(1) Yes
(2) No

Tuberculosis (TB)

51) TB diagnosis (latent or active) documented (ever): Does patient have a documented TB diagnosis?

(1) Yes
(2) No

52) TB test done (most recent): Patient's most recent TB test that has a valid result. Answer only if TB diagnosed (ever) is "(2) No".

(1) Skin test (PPD)
(2) Blood test (QFT-GIT, T-SPOT)
(3) No test documented

53) TB test result: Result of most recent TB test. Answer only if TB test done is "(1) Skin test (PPD)" or "(2) Blood test (QFT-GIT, T-SPOT)".

(1) Positive
(2) Negative
(3) No result documented

54) If TB diagnosed and/or test result positive, treatment initiated (e.g., isoniazid, rifampin, rifapentine, others): Does patient have documentation of treatment being initiated for latent (inactive) or active TB? (Look for documentation of TB treatments in health factors or prescriptions for isoniazid, rifampin, rifapentine, ethambutol, pyrazinamide, or rifabutin.) Answer only if TB diagnosis documented (ever) is "(1) Yes" or TB test result is "(1) Positive".

(1) Yes
(2) No
(3) Unknown

55) If TB result negative, test date: Date of most recent negative TB test as mm/dd/yyyy. Answer only if TB test result is "(2) Negative". If only the month and year are known, enter the middle day of that month (i.e., 15). Leave blank if year or entire date is unknown.

For additional information about tuberculosis, see the IHS Diabetes Standards of Care.[11]

Hepatitis C (HCV)

56) HCV diagnosed (ever): Does patient have a known diagnosis consistent with hepatitis C?

(1) Yes
(2) No

[11] https://www.ihs.gov/diabetes/clinician-resources/soc/hepc-tb-screening

57) If not diagnosed with HCV, screened at least once (ever): Screening is performed using the Hepatitis C antibody (anti-HCV) test. Answer only if HCV diagnosed (ever) is "(2) No".

(1) Yes
(2) No

For additional informational about HCV, see the IHS Diabetes Standards of Care.[11]

Retinopathy

58) Diagnosed (ever): Does patient have a known diagnosis of retinopathy? See the RPMS/DMS Taxonomy listing on the Audit 2026 Resources[1] webpage for additional details.

(1) Yes
(2) No

For additional information about retinopathy, see the IHS Diabetes Standards of Care.[7]

Amputation

59) Lower extremity (ever), any type (e.g., toe, partial foot, above or below knee):

(1) Yes
(2) No

Immunizations

60) Influenza vaccine (during Audit period):

(1) Yes
(2) No

61) Pneumococcal vaccine [PCV15, PCV20, PCV21, or PPSV23] (ever):

(1) Yes
(2) No

62) Td, Tdap, DTaP, or DT (in past 10 years):

(1) Yes
(2) No

63) Tdap (ever):

(1) Yes
(2) No

64) Hepatitis B complete series (ever): Has patient ever received a complete 3-dose series or 2-dose series, depending on vaccine type? Note: 3-dose series includes: Engerix-B®, PreHevbrio®, Recombivax HB®, and Twinrix® vaccines and 2-dose series includes: Heplisav-B® vaccine.

[Note: series is complete if patient received a total of 3 doses using a combination of the two-dose vaccine with the three-dose vaccine.]

(1) Yes
(2) No
(3) Immune (includes previous hepatitis B infection, completion of series at outside facility, or positive Hepatitis B titer)

65) Shingrix/recombinant zoster (RZV) complete series (ever): Has patient ever received a complete 2-dose series of Shingrix® vaccine (recombinant zoster vaccine, RZV)?

Notes: Zostavax vaccine does not count for this item. This vaccine is recommended for patients age 50 years and older.

(1) Yes
(2) No

66) Respiratory syncytial virus (RSV) vaccine (ever): Has patient ever received an RSV vaccine? **Note:** This vaccine is recommended for patients age 50 years and older who are at increased risk for severe disease.

(1) Yes
(2) No

For additional information about immunizations, see the IHS Diabetes Standards of Care.[12]

Laboratory Data (most recent result during Audit period)

67) A1C (%): Numeric value with up to one decimal place. When entering the result, omit any ">" or "<" signs (for example, enter >14 as 14). Leave blank if test is not done during the Audit period.

68) A1C Date obtained: Date most recent A1C was drawn as mm/dd/yyyy. If only the month and year are known, enter the middle day of that month (i.e., 15). Leave blank if year or entire date is unknown.

69-72) Total Cholesterol, HDL Cholesterol, LDL Cholesterol, Triglycerides (mg/dL): Numeric value with no decimals. Leave blank if test is not done during the Audit period.

73) eGFR (mL/min/1.73 m^2): Numeric value with up to one decimal place. Leave blank if result not documented during Audit period.

74) Quantitative Urine Albumin-to-Creatinine ratio (UACR) value (mg/g): Numeric value with up to one decimal place. Leave blank if result not documented during Audit period.

[12] https://www.ihs.gov/diabetes/clinician-resources/soc/immunizations1/

Local Questions (Optional)

Facilities can formulate their own supplemental Audit question(s), if desired. These may be used to assess an additional aspect of diabetes care of special interest.

75-76) There are two local option questions: a numbered item with responses 1-9 and a text field.

For electronic Audits in RPMS, responses for these questions can be entered via the DMS Patient Management option. For more information contact the OIT Service Desk for this functionality via IHS IT Self Service Portal.

For manual Audits, these questions may be written on the second page of the Audit form. For entry into the WebAudit, "Local Option" fields appear near the bottom of the data entry screen.