**To:** System of Care Providers **Date:** September 4, 2014

**From:** Steve Jones, LCSW, QM Program Manager

**Re:** Documentation Guidelines when Electronic Health Record (EHR) is Unavailable

Dear Providers,

QM is confirming the following guidelines to assist programs with meeting documentation and claiming standards when the EHR is slow or temporarily unavailable. QM understands that when the system is slow, not responding, or unavailable, that your work continues and that you need to be able to claim and document your services. Programs are expected to maintain and adhere to County and Medi-Cal documentation standards regardless of the status of the Electronic Health Record. When there is an issue with the EHR that will affect your operations, your program will receive an email alert from the Optum Helpdesk. The following guidelines should be followed when an alert is issued by Optum Helpdesk.

1. When you receive this email notification, you may use your best judgment to determine if you are going to need to use an alternative method, i.e. paper, to document and claim for the services you provided during this time. If you decided to document your services on a paper progress note, you will give a paper billing record to your administrative staff to enter the service into the EHR. The paper progress note then becomes part of your permanent hybrid medical record. You do **not** need to re-enter the note into Anasazi.
2. If there is an existing BHA, Discharge Summary, or Client Plan already completed in Anasazi, you should wait until the system becomes available to complete any electronic updates. Do not use the paper forms.
3. If there is no existing BHA, Discharge Summary, or Client Plan in Anasazi, you should also wait until the system becomes available to complete the electronic entry of this information. Because there is generally a longer timeline allowed for entering these documents, you should be able to delay entry by a day or two.
4. Remember, that you **may not claim** for a service until the service is documented on a paper progress note or final approved in the EHR.
5. As soon as the EHR becomes available (regardless of time of day), your program is expected to return to entering everything into the electronic health record.
6. This guideline does not apply to planned or routine system maintenance.
7. The 14 day documentation requirement for claiming remains in effect during planned or unplanned outage of the EHR.
8. If you wait until the last day or two to final approve your documentation, you run the risk of not being able to claim for services or may be out of compliance with County and Medi-Cal documentation requirements. As a general rule, programs should not be waiting until the 13 or 14 day to final approve documentation. You may need to adjust your internal program operations if this is an issue.

**Please send any questions to** [**QIMatters.hhsa@sdcounty.ca.gov**](mailto:QIMatters.hhsa@sdcounty.ca.gov).

Please continue to report all slowness, non-response or system unavailability directly to the Optum Helpdesk.