

Medical Record Review Tool

Health Plan: _____

Review Date: _____

Site ID: _____ Site NPI: _____

Reviewer name/title: _____

Address _____

Reviewer name/title: _____

City and Zip Code _____

Reviewer name/title: _____

Reviewer name/title: _____

Phone _____ Fax _____

Collaborating MCP(s): 1. _____

2. _____

No. of Physicians _____

Contact person/title: _____

| Provider Name | Credentials (MD, NP, PA) | NPI |
|---------------|--------------------------|-----|
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Electronic Medical Record (EMR): Yes ___ No ___ If yes, state name of EMR: _____



Paper/Hard Copy Medical Records: Yes ___ No ___ Shared Medical Records: Yes ___ No ___ Number of Records Reviewed: _____

| Visit Purpose | Site-Specific Certification(s) | Provider Type | Clinic Type |
|--|--|--|---|
| <input type="checkbox"/> Initial Full Scope <input type="checkbox"/> Monitoring <input type="checkbox"/> Periodic Full Scope <input type="checkbox"/> Follow-up <input type="checkbox"/> Focused Review <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(type)</div> | <input type="checkbox"/> AAAHC <input type="checkbox"/> JC <input type="checkbox"/> CHDP <input type="checkbox"/> NCQA <input type="checkbox"/> CPSP <input type="checkbox"/> None <input type="checkbox"/> Other _____ | <input type="checkbox"/> Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> General Practice <input type="checkbox"/> Pediatrics <input type="checkbox"/> OB/GYN as PCP <input type="checkbox"/> Midlevel (type) _____ | <input type="checkbox"/> Primary Care <input type="checkbox"/> Community <input type="checkbox"/> Hospital <input type="checkbox"/> FQHC <input type="checkbox"/> Rural Health <input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Staff/Teaching <input type="checkbox"/> Other (Type) _____ |

| Medical Record Scores | | | | | | Scoring Procedure | | Compliance Rate | |
|---|---------------------|----------------|------|-------|-----------------|--|--|--|--|
| Note: When scoring for OB/CPSP Preventive, score the Adult or Pediatric Preventive criteria for the same record. | | | | | | Scoring is based on <u>10</u> medical records. | | Note: Any section score of < 80% requires a CAP for the entire MRR, regardless of the Total MRR score. | |
| | Points possible | Yes Pts. Given | No's | N/A's | Section Score % | 1) Add points given in each section. 2) Add points given for all six (6) sections. 3) Subtract "N/A" points (if any) from total points possible to get "adjusted" total points possible. 4) Divide total points given by "adjusted" total points possible. 5) Multiply by 100 to determine compliance rate as a percentage. | | Exempted Pass: 90% or above: (Total score is $\geq 90\%$ and all section scores are 80% or above) | |
| I. Format | (8) x 10 = 80 | | | | | $\frac{\text{Points Given}}{\text{Total/ Adjusted Pts. Poss.}} = \frac{\text{Decimal Score}}{\text{Compliance Rate}} \times 100 = \text{Percentage}$ | | Conditional Pass: 80-89%: (Total MRR is 80-89% OR Any section(s) score is < 80%) | |
| II. Documentation | (9) x 10 = 90 | | | | | Note: Since Preventive Criteria have different points possible per type (Ped-38, Adult-30, OB/CPSP-50, the <u>total points possible</u> will differ from site to site, depending on the number of <i>types</i> of records that are selected. The "No's" column <i>may</i> be used to help double-check math. The far right Section Score % column may be used to determine if section is <80%. | | Fail: 79% and Below | |
| III. Coordination of Care | (8) x 10 = 80 | | | | | | | CAP Required | |
| IV. Pediatric Preventive | (38) x # of records | | | | | | | Other follow-up | |
| V. Adult Preventive | (30) x # of records | | | | | | | Next Review Due: _____ | |
| VI. OB/CPSP Preventive | (50) x # of records | | | | | | | | |
| | Points Possible | Yes Pts. Given | No's | N/A's | | | | | |

Medical Records Reference:

| Medical Record | CIN | DOB | Age Year/Month | Gender | Plan Enrollment Health Plan Code |
|----------------|-----|-----|-------------------|--------|-------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

| I. Format Criteria | | | | | | | | | | | | |
|--|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|
|   RN/NP/MD/PA | | | | | | | | | | | | |
| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
| Individual Medical Record is established for each member. | | | | | | | | | | | | |
| A. Member identification is on each page. | 1 | | | | | | | | | | | |
| B. Individual personal biographical information is documented. | 1 | | | | | | | | | | | |
| C. Emergency “contact” is identified. | 1 | | | | | | | | | | | |
| D. Medical records are maintained and organized. | 1 | | | | | | | | | | | |
| E. Member’s assigned and/or rendering primary care physician (PCP) is identified. | 1 | | | | | | | | | | | |
| F. Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing/speech-impaired persons are prominently noted. | 1 | | | | | | | | | | | |
| G. Person or entity providing medical interpretation is identified. | 1 | | | | | | | | | | | |
| H. Signed Copy of the Notice of Privacy. | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | NA | | | | | | | | | | | |

II. Documentation Criteria

  RN/NP/MD/PA

| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| A. Allergies are prominently noted. | 1 | | | | | | | | | | | |
| B. Chronic problems and/or significant conditions are listed. | 1 | | | | | | | | | | | |
| C. Current <i>continuous</i> medications are listed | 1 | | | | | | | | | | | |
| D. Appropriate consents are present: | | | | | | | | | | | | |
| 1) Consent for treatment | 1 | | | | | | | | | | | |
| 2) Release of Medical Records | 1 | | | | | | | | | | | |
| 3) Informed Consent for invasive procedures | 1 | | | | | | | | | | | |
| E. Advance Health Care Directive Information is offered | 1 | | | | | | | | | | | |
| F. All entries are signed, dated and legible. | 1 | | | | | | | | | | | |
| G. Errors are corrected according to legal medical documentation standards. | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

III. Coordination of Care Criteria

  RN/NP/MD/PA

| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| A. History of present illness or reason for visit is documented. | 1 | | | | | | | | | | | |
| B. Working diagnoses are consistent with findings. | 1 | | | | | | | | | | | |
| C. Treatment plans are consistent with diagnoses. | 1 | | | | | | | | | | | |
| D. Instruction for follow-up care is documented. | 1 | | | | | | | | | | | |
| E. Unresolved/continuing problems are addressed in subsequent visit(s). | 1 | | | | | | | | | | | |
| F. There is evidence of practitioner <i>review</i> of consult/referral reports and diagnostic test results. | 1 | | | | | | | | | | | |
| G. There is evidence of <i>follow-up</i> of specialty referrals made, and results/reports of diagnostic tests, when appropriate. | 1 | | | | | | | | | | | |
| H. Missed primary care appointments and outreach efforts/follow-up contacts are documented. | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

IV. Pediatric Preventive Criteria

 RN/NP/MD/PA

| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | M R #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|--------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-------|
| A. Initial Health Assessment (IHA) Includes H&P and IHEBA | | | | | | | | | | | | |
| 1) Comprehensive History and Physical | 1 | | | | | | | | | | | |
| 2) Individual Health Education Behavioral Assessment (IHEBA) | 1 | | | | | | | | | | | |
| B. Subsequent Comprehensive Health Assessment | | | | | | | | | | | | |
| 1) Comprehensive History and Physical exam completed at age appropriate frequency | 1 | | | | | | | | | | | |
| 2) Subsequent Periodic IHEBA | 1 | | | | | | | | | | | |
| C. Well-child visit | | | | | | | | | | | | |
| 1) Alcohol/Drug Misuse: Screening and Behavioral Counseling | 1 | | | | | | | | | | | |
| 2) Anemia Screening | 1 | | | | | | | | | | | |
| 3) Anthropometric Measurements | 1 | | | | | | | | | | | |
| 4) Anticipatory Guidance | 1 | | | | | | | | | | | |
| 5) Autism Spectrum Disorder Screening | 1 | | | | | | | | | | | |
| 6) Blood Lead Testing | 1 | | | | | | | | | | | |
| 7) Blood Pressure Screening | 1 | | | | | | | | | | | |
| 8) Dental Assessment | 1 | | | | | | | | | | | |
| a) Dental Home | 1 | | | | | | | | | | | |
| b) Fluoride Supplementation | 1 | | | | | | | | | | | |
| c) Fluoride Varnish | 1 | | | | | | | | | | | |
| 9) Depression Screening | 1 | | | | | | | | | | | |

IV. Pediatric Preventive Criteria

 RN/NP/MD/PA

| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | M R #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|--------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-------|
| a) Maternal Depression Screening | 1 | | | | | | | | | | | |
| 10) Developmental Disorder Screening | 1 | | | | | | | | | | | |
| 11) Developmental Surveillance | 1 | | | | | | | | | | | |
| 12) Dyslipidemia Screening | 1 | | | | | | | | | | | |
| 13) Folic Acid Supplementation | 1 | | | | | | | | | | | |
| 14) Hearing Screening | 1 | | | | | | | | | | | |
| 15) Hepatitis B Screening | 1 | | | | | | | | | | | |
| 16) HIV Screening | 1 | | | | | | | | | | | |
| 17) Intimate Partner Violence Screening | 1 | | | | | | | | | | | |
| 18) Nutrition assessment/Breast Feeding support | 1 | | | | | | | | | | | |
| 19) Obesity Screening | 1 | | | | | | | | | | | |
| 20) Psychosocial/Behavioral Assessment | 1 | | | | | | | | | | | |
| 21) Sexual Activity Assessment | 1 | | | | | | | | | | | |
| a) Contraceptive Care | 1 | | | | | | | | | | | |
| b) STI screening on all sexually active adolescents, including chlamydia, Gonorrhea, and Syphilis | 1 | | | | | | | | | | | |
| 22) Skin Cancer Behavior Counseling | 1 | | | | | | | | | | | |
| 23) Tobacco Products Use: Screening and Prevention and Cessation Services | 1 | | | | | | | | | | | |
| 24) Tuberculosis Screening | 1 | | | | | | | | | | | |
| 25) Vision Screening | 1 | | | | | | | | | | | |

IV. Pediatric Preventive Criteria

 RN/NP/MD/PA

Criteria met: Give one (1) point
 Criteria not met: 0 points
 Criteria not applicable: N/A

| | Wt. | M R #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|--------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-------|
| D. Childhood Immunizations | | | | | | | | | | | | |
| 1) Given according to ACIP guidelines | 1 | | | | | | | | | | | |
| 2) Vaccine administration documentation | 1 | | | | | | | | | | | |
| 3) Vaccine Information Statement (VIS) documentation | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

V. Adult Preventive Criteria

  RN/NP/MD/PA

| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| A. Initial Health Assessment (IHA): Includes H&P and IHEBA | | | | | | | | | | | | |
| 1) Comprehensive History and Physical | 1 | | | | | | | | | | | |
| 2) Individual Health Education Behavioral Assessment (IHEBA) | 1 | | | | | | | | | | | |
| B. Periodic Health Evaluation according to most recent USPSTF Guidelines | 1 | | | | | | | | | | | |
| C. Subsequent Periodic IHEBA | 1 | | | | | | | | | | | |
| D. Adult Preventive Care Screenings | | | | | | | | | | | | |
| 1) Abdominal Aneurysm Screening | 1 | | | | | | | | | | | |
| 2) Alcohol Misuse: Screening and Behavioral Counseling | 1 | | | | | | | | | | | |
| 3) Breast Cancer Screening | 1 | | | | | | | | | | | |
| 4) Cervical Cancer Screening | 1 | | | | | | | | | | | |
| 5) Colorectal Cancer Screening | 1 | | | | | | | | | | | |
| 6) Depression Screening | 1 | | | | | | | | | | | |
| 7) Diabetic Screening | 1 | | | | | | | | | | | |
| a. Comprehensive Diabetic Care | 1 | | | | | | | | | | | |
| 8) Dyslipidemia Screening | 1 | | | | | | | | | | | |
| 9) Folic Acid Supplementation | 1 | | | | | | | | | | | |
| 10) Hepatitis B Screening | 1 | | | | | | | | | | | |
| 11) Hepatitis C Screening | 1 | | | | | | | | | | | |
| 12) High Blood Pressure Screening | 1 | | | | | | | | | | | |

V. Adult Preventive Criteria

  RN/NP/MD/PA

| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| 13) HIV Screening | 1 | | | | | | | | | | | |
| 14) Intimate Partner Violence Screening | 1 | | | | | | | | | | | |
| 15) Lung Cancer Screening | 1 | | | | | | | | | | | |
| 16) Obesity Screening | 1 | | | | | | | | | | | |
| 17) Osteoporosis Screening | 1 | | | | | | | | | | | |
| 18) Sexually Transmitted Infection (STI) Screening including Chlamydia, Gonorrhea and Syphilis | 1 | | | | | | | | | | | |
| a. Sexually Transmitted Infections Counseling | 1 | | | | | | | | | | | |
| 19) Skin cancer Behavioral Counseling | 1 | | | | | | | | | | | |
| 20) Tobacco Use Counseling and Interventions | 1 | | | | | | | | | | | |
| 21) Tuberculosis Screening | 1 | | | | | | | | | | | |
| E. Adult Immunizations | | | | | | | | | | | | |
| 1) Given according to ACIP guidelines | 1 | | | | | | | | | | | |
| 2) Vaccine administration documentation | 1 | | | | | | | | | | | |
| 3) Vaccine Information Statement (VIS) documentation | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA

Criteria met: Give one (1) point
 Criteria not met: 0 points
 Criteria not applicable: N/A

| | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| A. Initial Comprehensive Prenatal Assessment (ICA) | | | | | | | | | | | | |
| 1) Initial prenatal visit completed within 4 weeks of entry to prenatal care. | 1 | | | | | | | | | | | |
| 2) Obstetrical and Medical History | 1 | | | | | | | | | | | |
| 3) Physical Exam | 1 | | | | | | | | | | | |
| 4) Dental Assessment | 1 | | | | | | | | | | | |
| 5) Lab tests | | | | | | | | | | | | |
| a) Bacteriuria Screening | 1 | | | | | | | | | | | |
| b) Rh Incompatibility Screening | 1 | | | | | | | | | | | |
| c) Diabetes Screening | 1 | | | | | | | | | | | |
| d) Hepatitis B Virus Screening | 1 | | | | | | | | | | | |
| e) Chlamydia Infection Screening | 1 | | | | | | | | | | | |
| f) Syphilis Infection Screening | 1 | | | | | | | | | | | |
| g) Gonorrhea Infection Screening | 1 | | | | | | | | | | | |
| B. First Trimester Comprehensive Assessment | | | | | | | | | | | | |
| 1) Individualized Care Plan | 1 | | | | | | | | | | | |
| 2) Nutrition | 1 | | | | | | | | | | | |
| 3) Psychosocial Assessment | | | | | | | | | | | | |
| a) Maternal Mental Health Screening | 1 | | | | | | | | | | | |
| b) Social Needs Assessment | 1 | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA

| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| c) Substance Use/Abuse Assessment | 1 | | | | | | | | | | | |
| 4) Health Education | 1 | | | | | | | | | | | |
| 5) Preeclampsia Screening | 1 | | | | | | | | | | | |
| 6) Intimate Partner Violence Screening | 1 | | | | | | | | | | | |
| C. Second Trimester Comprehensive Re-assessment | | | | | | | | | | | | |
| 1) Individualized Care Plan Updated and follow up | 1 | | | | | | | | | | | |
| 2) Nutrition Assessment | 1 | | | | | | | | | | | |
| 3) Psychosocial Assessment | | | | | | | | | | | | |
| a) Maternal Mental Health Screening | 1 | | | | | | | | | | | |
| b) Social Needs Assessment | 1 | | | | | | | | | | | |
| c) Substance Use/Abuse Assessment | 1 | | | | | | | | | | | |
| 4) Health Education Assessment | 1 | | | | | | | | | | | |
| 5) Preeclampsia Screening | 1 | | | | | | | | | | | |
| 6) Intimate Partner Violence Screening | 1 | | | | | | | | | | | |
| D. Third Trimester Comprehensive Re-assessment | | | | | | | | | | | | |
| 1) Individual Care Plan updated and follow up | 1 | | | | | | | | | | | |
| 2) Nutrition Assessment | 1 | | | | | | | | | | | |
| 3) Psychosocial Assessment | | | | | | | | | | | | |
| a) Maternal Mental Health Screening | 1 | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA

| Criteria met: Give one (1) point Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| b) Social Needs Assessment | 1 | | | | | | | | | | | |
| c) Substance use / abuse Assessment | 1 | | | | | | | | | | | |
| 4) Health Education Assessment | 1 | | | | | | | | | | | |
| 5) Preeclampsia Screening | 1 | | | | | | | | | | | |
| 6) Intimate Partner Violence Screening | 1 | | | | | | | | | | | |
| 7) Screening for Strep B | 1 | | | | | | | | | | | |
| 8) TDAP Immunization | 1 | | | | | | | | | | | |
| E. Prenatal care visit periodicity according to most recent ACOG standards | 1 | | | | | | | | | | | |
| F. Influenza Vaccine | 1 | | | | | | | | | | | |
| G. Referral to WIC and assessment of Infant Feeding Status | 1 | | | | | | | | | | | |
| H. HIV-related services offered | 1 | | | | | | | | | | | |
| I. AFP/Genetic Screening offered | 1 | | | | | | | | | | | |
| J. Family Planning Evaluation | 1 | | | | | | | | | | | |
| K. Postpartum Comprehensive Assessment | | | | | | | | | | | | |
| 1) Individualized Care Plan | 1 | | | | | | | | | | | |
| 2) Nutrition Assessment | 1 | | | | | | | | | | | |
| 3) Psychosocial Assessment | | | | | | | | | | | | |
| a) Maternal Mental Health /Postpartum depression screening | 1 | | | | | | | | | | | |
| b) Social Needs Assessment | 1 | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA

Criteria met: Give one (1) point
 Criteria not met: 0 points
 Criteria not applicable: N/A

| | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|-----------------------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| c) Substance Use/Abuse Assessment | 1 | | | | | | | | | | | |
| 4) Health Education Assessment | 1 | | | | | | | | | | | |
| 5) Comprehensive Physical Exam | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |