

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

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;">(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

Note: When scoring for OB/CPSP Preventive, score the Adult or Pediatric Preventive criteria for the same record.

	Points possible	Yes Pts. Given	No's	N/A's	Section Score %
I. Format	(8) x 10 = 80				
II. Documentation	(9) x 10 = 90				
III. Coordination of Care	(8) x 10 = 80				
IV. Pediatric Preventive	(38) x # of records				
V. Adult Preventive	(30) x # of records				
VI. OB/CPSP Preventive	(50) x # of records				
	Points Possible	Yes Pts. Given	No's	N/A's	

Scoring Procedure

Scoring is based on 10 medical records.

- 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.

$$\frac{\text{Points Given}}{\text{Total/ Adjusted Pts. Poss.}} = \frac{\text{Decimal Score}}{\text{Compliance Rate}} \times 100 = \text{Compliance Rate \%}$$

Note:
 Since Preventive Criteria have different points possible per type (Ped-38, Adult-30, OB/CPSP-50), the total points possible will differ from site to site, depending on the number of *types* of records that are selected. The "No's" column *may* be used to help double-check math. The far right Section Score % column may be used to determine if section is <80%.

Compliance Rate

Note: Any section score of < 80% requires a CAP for the entire MRR, regardless of the Total MRR score.

Exempted Pass: 90% or above:

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.												
Member identification is on each page.	1											
Individual personal biographical information is documented.	1											
Emergency "contact" is identified.	1											
Medical records are maintained and organized.	1											
Member's assigned and/or rendering primary care physician (PCP) is identified.	1											
Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing/speech-impaired persons are prominently noted.	1											
Person or entity providing medical interpretation is identified.	1											
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
Allergies are prominently noted.	1											
Chronic problems and/or significant conditions are listed.	1											
Current <i>continuous</i> medications are listed	1											
Appropriate consents are present:												
1) Consent for treatment	1											
2) Release of Medical Records	1											
3) Informed Consent for invasive procedures	1											
Advance Health Care Directive Information is offered	1											
All entries are signed, dated and legible.	1											
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 Counselling	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 Counselling	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 Counselling	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											