

# 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, CNM, LM)	NPI

Electronic Medical Record (EMR): Yes (#) \_\_\_\_\_ No (#) \_\_\_\_\_

Medical Record Review: Onsite \_\_\_\_\_ Remote Access \_\_\_\_\_

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 _____ (type)	<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"/> PCMH <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"/> Certified Nurse Midwife <input type="checkbox"/> Licensed Midwife	<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	
<b>Note: When scoring for OB/CPSP Preventive, score the Adult or Pediatric Preventive criteria for the same record.</b>						<b>Scoring is based on <u>10</u> medical records.</b>				<b>Note: Any section score of &lt; 80% requires a CAP for the entire MRR, regardless of the Total MRR score.</b>	
	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.					
I. Format	(8) x 10 = 80					$\text{Points Given} \div \text{Total/ Adjusted Pts. Poss.} = \text{Decimal Score} \times 100 = \text{Compliance Rate \%}$					
II. Documentation	(8) x 10 = 80					_____ ÷ _____ = _____ x 100 = _____%					
III. Coordination of Care	(8) x 10 = 80					Points Given    Total/ Adjusted Pts. Poss.    Decimal Score    Compliance Rate					
IV. Pediatric Preventive	(34) x # of records					Note: Since Preventive Criteria have different points possible per type (Ped-34, Adult-30, OB/CPSP-59, 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%.					
V. Adult Preventive	(30) x # of records					_____ <b>Exempted Pass: 90% or above:</b> (Total score is ≥ 90% <b>and</b> all section scores are 80% or above)					
VI. OB/CPSP Preventive	(59) x # of records					_____ <b>Conditional Pass: 80-89%:</b> (Total MRR is 80-89% <b>OR</b> Any section(s) score is < 80%)					
	Points Possible	Yes Pts. Given	No's	N/A's		_____ <b>Fail: 79 % and Below</b>  _____ CAP Required  _____ Other follow-up  <b>Next Review Due:</b> _____					

## Medical Records Reference:

Medical Record	CIN	Age Year/Month	Gender	Member's Health Plan Code or Name	Member's Enrollment Date in MCP or Effective Date PCP Assigned to Member*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\* Whichever is more recent

<b>I. Format Criteria</b>												
  <b>RN/NP/MD/PA/CNM/LM</b>												
<b>Criteria met: Give one (1) point</b> <b>Criteria not met: 0 points</b> <b>Criteria not applicable: N/A</b>	<b>Wt.</b>	<b>MR #1</b>	<b>MR #2</b>	<b>MR #3</b>	<b>MR #4</b>	<b>MR #5</b>	<b>MR #6</b>	<b>MR #7</b>	<b>MR #8</b>	<b>MR #9</b>	<b>MR #10</b>	<b>Score</b>
<b>Individual Medical Record is established for each member.</b>												
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											
<b>Comments:</b>	<b>Yes</b>											
	<b>No</b>											
	<b>NA</b>											

II. Documentation Criteria												
  RN/NP/MD/PA/CNM/LM												
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											
<b>D. Appropriate consents are present:</b>												
1) Release of Medical Records	1											
2) 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											
<b>Comments:</b>	Yes											
	No											
	N/A											

### III. Coordination of Care Criteria

 RN/NP/MD/PA/CNM/LM

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 specialty/consult/referral reports and diagnostic test results.	1											
G. There is evidence of <i>follow-up</i> of specialty consult/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											
<b>Comments:</b>	Yes											
	No											
	N/A											

## IV. Pediatric Preventive Criteria NOTE: \* denotes Pending AAP guidance.

 RN/NP/MD/PA/CNM/LM

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>A. Initial Health Assessment (IHA) Includes H&amp;P and Individual Health Education Behavioral Assessment (IHEBA)</b>												
1) Comprehensive History and Physical	1											
2) IHEBA	1											
<b>B. Subsequent Comprehensive Health Assessment</b>												
1) Comprehensive History and Physical exam completed at age-appropriate frequency	1											
2) Subsequent Periodic IHEBA	1											
<b>C. Well-child visit</b>												
1) Alcohol Use Disorder 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 Screening	1											
7) Blood Pressure Screening	1											
8) Dental/Oral Health Assessment	1											
a) Fluoride Supplementation	1											
b) Fluoride Varnish	1											
9) Depression Screening	1											

#### IV. Pediatric Preventive Criteria NOTE: \* denotes Pending AAP guidance.

 RN/NP/MD/PA/CNM/LM


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) Suicide-Risk Screening*	1											
b) Maternal Depression Screening	1											
10) Developmental Disorder Screening	1											
11) Developmental Surveillance	1											
12) Drug Use Disorder Screening and Behavioral Counseling	1											
13) Dyslipidemia Screening	1											
14) Hearing Screening	1											
15) Hepatitis B Virus Infection Screening*	1											
16) Hepatitis C Virus Infection Screening	1											
17) Human Immunodeficiency Virus (HIV) Infection Screening	1											
18) Psychosocial/Behavioral Assessment	1											
19) Sexually Transmitted Infections (STIs) Screening and Counseling	1											
20) Sudden Cardiac Arrest and Sudden Cardiac Death Screening*	1											
21) Tobacco Use Screening, Prevention, and Cessation Services	1											
22) Tuberculosis Screening	1											
23) Vision Screening	1											
<b>D. Childhood Immunizations</b>												
1) Given according to Advisory Committee on Immunization Practices (ACIP) guidelines	1											
2) Vaccine administration documentation	1											





**IV. Pediatric Preventive Criteria** NOTE: \* denotes Pending AAP guidance.

  **RN/NP/MD/PA/CNM/LM**

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>3) Vaccine Information Statement (VIS) documentation</b>	1											
<b>Comments:</b>	Yes											
	No											
	N/A											

<b>V. Adult Preventive Criteria</b>												
 <b>RN/NP/MD/PA/CNM/LM</b>												
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>A. Initial Health Assessment (IHA): Includes H&amp;P and Individual Health Education Behavioral Assessment (IHEBA)</b>												
1) Comprehensive History and Physical	1											
2) IHEBA	1											
<b>B. Periodic Health Evaluation according to most recent United States Preventive Services Taskforce (USPSTF) Guidelines</b>												
1) Comprehensive History and Physical Exam completed at age-appropriate frequency	1											
2) <b>Subsequent</b> Periodic IHEBA	1											
<b>C. Adult Preventive Care Screenings</b>												
1) Abdominal Aneurysm Screening	1											
2) Alcohol Use Disorder 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) Drug Use Disorder Screening and Behavioral Counseling	1											
9) Dyslipidemia Screening	1											
10) Folic Acid Supplementation	1											
11) Hepatitis B Virus Screening	1											

<b>V. Adult Preventive Criteria</b>												
  <b>RN/NP/MD/PA/CNM/LM</b>												
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
12) Hepatitis C Virus Screening	1											
13) High Blood Pressure Screening	1											
14) HIV Screening	1											
15) Intimate Partner Violence Screening for Women of Reproductive Age	1											
16) Lung Cancer Screening	1											
17) Obesity Screening and Counseling	1											
18) Osteoporosis Screening	1											
19) Sexually Transmitted Infection (STI) Screening and Counseling	1											
20) Skin Cancer Behavioral Counseling	1											
21) Tobacco Use Screening, Counseling, and Intervention	1											
22) Tuberculosis Screening	1											
<b>D. Adult Immunizations</b>												
1) Given according to ACIP guidelines	1											
2) Vaccine administration documentation	1											
3) Vaccine Information Statement (VIS) documentation	1											
<b>Comments:</b>	Yes											
	No											
	N/A											

## VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA/CNM/LM

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>A. Initial Comprehensive Prenatal Assessment (ICA)</b>												
1) Initial prenatal visit	1											
2) Obstetrical and Medical History	1											
3) Physical Exam	1											
4) Dental Assessment	1											
5) Healthy Weight Gain and Behavioral Counseling	1											
<b>6) Lab tests</b>												
a) Bacteriuria Screening	1											
b) Rh Incompatibility Screening	1											
c) Diabetes Screening	1											
d) Hepatitis B Virus Screening	1											
e) Hepatitis C Virus Screening	1											
f) Chlamydia Infection Screening	1											
g) Syphilis Infection Screening	1											
h) Gonorrhea Infection Screening	1											
i) Human Immunodeficiency Virus (HIV) Screening	1											
<b>B. First Trimester Comprehensive Assessment</b>												
1) Individualized Care Plan (ICP)	1											
2) Nutrition Assessment	1											

## VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA/CNM/LM

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>3) Psychosocial Assessment</b>												
a) Maternal Mental Health Screening	1											
b) Social Needs Assessment	1											
c) Substance Use Disorder	1											
<b>4) Breast Feeding and other Health Education Assessment</b>	1											
<b>5) Preeclampsia Screening</b>	1											
<b>6) Intimate Partner Violence Screening</b>	1											
<b>C. Second Trimester Comprehensive assessment</b>												
1) ICP	1											
2) Nutrition Assessment	1											
<b>3) Psychosocial Assessment</b>												
a) Maternal Mental Health Screening	1											
b) Social Needs Assessment	1											
c) Substance Use Disorder Assessment	1											
<b>4) Breast Feeding and other Health Education Assessment</b>	1											
<b>5) Preeclampsia Screening</b>	1											
a) Low Dose Aspirin	1											
<b>6) Intimate Partner Violence Screening</b>	1											
<b>7) Diabetes Screening</b>	1											

## VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA/CNM/LM

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>D. Third Trimester Comprehensive assessment</b>												
1) ICP Update and Follow Up	1											
2) Nutrition Assessment	1											
<b>3) Psychosocial Assessment</b>												
a) Maternal Mental Health Screening	1											
b) Social Needs Assessment	1											
c) Substance Use Disorder Assessment	1											
4) Breastfeeding and other Health Education Assessment	1											
5) Preeclampsia Screening	1											
a) Low Dose Aspirin	1											
6) Intimate Partner Violence Screening	1											
7) Diabetic Screening	1											
8) Screening for Strep B	1											
9) Screening for Syphilis	1											
10) Tdap Immunization	1											
<b>E. Prenatal care visit periodicity according to most recent American College of Obstetricians and Gynecologists (ACOG) standards</b>	1											
<b>F. Influenza Vaccine</b>	1											
<b>G. COVID Vaccine</b>	1											

## VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA/CNM/LM

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
H. Referral to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and assessment of Infant Feeding Status	1											
I. HIV-related services <i>offered</i>	1											
J. AFP/Genetic Screening offered	1											
K. Family Planning Evaluation	1											
<b>L. Comprehensive Postpartum Assessment</b>												
1) ICP	1											
2) Nutrition Assessment	1											
<b>3) Psychosocial Assessment</b>												
a) Maternal Mental Health Screening/Postpartum Depression screening	1											
b) Social Needs Assessment	1											
c) Substance Use Disorder Assessment	1											
4) Breastfeeding and other Health Education Assessment	1											
5) Comprehensive Physical Exam	1											
<b>Comments:</b>	Yes											
	No											
	N/A											