

Medical Record Review Survey

California Department of Health Care Services
Medi-Cal Managed Care

Health Plan _____ **IPA** _____ **Site No.** _____ **Review Date** _____ **No. of Physicians** _____
No. of Records _____
Provider _____ **Phone** _____ **Fax** _____
Address _____ **Contact person/title** _____
City/Zip Code _____ **Reviewer/title** _____

| 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"/> Ed/TA <input type="checkbox"/> Other _____ (type) | <input type="checkbox"/> AAAHC <input type="checkbox"/> JCAHO <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"/> Pediatrics <input type="checkbox"/> OB/GYN <input type="checkbox"/> General Practice <input type="checkbox"/> Specialist <input type="checkbox"/> Mid-level (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"/> Other _____ (type) <input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Staff/Teaching |

| Scoring Procedure | Medical Record Scores | Compliance Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------|-----------------------|----------------|--------------|-----------------|-----------------|------------------|---------------|--|--|--|--|--------------------------|---------------|--|--|--|--|-------------------------------------|---------------|--|--|--|--|---------------------------------|---------------------|--|--|--|--|----------------------------|---------------------|--|--|--|--|-------------------------------|---------------------|--|--|--|--|--|------------------------------|-----------------------|-------------|--------------|--|--|--|
| <p>Note: Score only one Preventive section (Pediatric, Adult or OB/CPSP) per record. When scoring for OB/CPSP Preventive, do not score the Adult or Pediatric Preventive for that same record.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Points possible</th> <th>Yes Pts. Given</th> <th>No's</th> <th>N/A's</th> <th>Section Score %</th> </tr> </thead> <tbody> <tr> <td>I. Format</td> <td>(8) x 10 = 80</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>II. Documentation</td> <td>(7) x 10 = 70</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>III. Continuity/Coordination</td> <td>(8) x 10 = 80</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IV. Pediatric Preventive</td> <td>(19) x # of records</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>V. Adult Preventive</td> <td>(15) x # of records</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VI. OB/CPSP Preventive</td> <td>(20) x # of records</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total Points Possible</td> <td>Yes Pts. Given</td> <td>No's</td> <td>N/A's</td> <td></td> </tr> </tbody> </table> | | Points possible | Yes Pts. Given | No's | N/A's | Section Score % | I. Format | (8) x 10 = 80 | | | | | II. Documentation | (7) x 10 = 70 | | | | | III. Continuity/Coordination | (8) x 10 = 80 | | | | | IV. Pediatric Preventive | (19) x # of records | | | | | V. Adult Preventive | (15) x # of records | | | | | VI. OB/CPSP Preventive | (20) x # of records | | | | | | Total Points Possible | Yes Pts. Given | No's | N/A's | | <p>Scoring is based on 10 medical records.</p> <ol style="list-style-type: none"> Add points given in each section. Add points given for all six (6) sections. Subtract "N/A" points (if any) from total points possible to get "adjusted" total points possible. Divide total points given by "adjusted" total points possible. Multiply by 100 to determine compliance rate as a percentage. $\frac{\text{Points Given}}{\text{Total/Adjusted Pts. Poss.}} = \frac{\text{Decimal Score}}{\text{Compliance Rate}} \times 100 = \text{Compliance Rate \%}$ <p>Note: Since Preventive Criteria have different points possible per type (Ped-19, Adult-15, OB/CPSP-20), 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" 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%.</p> | <p>Note: Any section score of < 80% requires a CAP for the entire MRR, regardless of the Total MRR score.</p> <p>Exempted Pass: 90% or above: (Total score is ≥ 90% <i>and</i> all section scores are 80% or above)</p> <p>Conditional Pass: 80-89%: (Total MRR is 80-89% <i>OR</i> any section(s) score is < 80%)</p> <p>Not Pass: Below 80%</p> <p>___ CAP Required</p> <p>___ Other follow-up</p> <p>Next Review Due: _____</p> |
| | Points possible | Yes Pts. Given | No's | N/A's | Section Score % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Format | (8) x 10 = 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. Documentation | (7) x 10 = 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. Continuity/Coordination | (8) x 10 = 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. Pediatric Preventive | (19) x # of records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V. Adult Preventive | (15) x # of records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. OB/CPSP Preventive | (20) x # of records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Total Points Possible | Yes Pts. Given | No's | N/A's | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Blank Page (for numbering purposes)

I. Format Criteria

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

| 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 |
|--|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| Age/Gender | | | | | | | | | | | | |
| A. An individual medical record is established for each member. | 1 | | | | | | | | | | | |
| B. Member identification is on each page. | 1 | | | | | | | | | | | |
| C. Individual personal biographical information is documented. | 1 | | | | | | | | | | | |
| D. Emergency "contact" is identified. | 1 | | | | | | | | | | | |
| E. Medical records on site are consistently organized. | 1 | | | | | | | | | | | |
| F. Chart contents are securely fastened. | 1 | | | | | | | | | | | |
| G. Member's assigned primary care physician (PCP) is identified. | 1 | | | | | | | | | | | |
| H. Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing-impaired persons are prominently noted. | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

8
Pts. Possible

II. Documentation Criteria

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

 **RN/MD Review only**

| 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 |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| Age/Gender | | | | | | | | | | | | |
| 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. Signed Informed Consents are present when any invasive procedure is performed. | 1 | | | | | | | | | | | |
| E. Advance Health Care Directive information is offered. (Adults 18 years of age or older; Emancipated minors) | 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 | | | | | | | | | | | |

**7
Pts. Possible**

III. Coordination/Continuity of Care Criteria

Note: A Coordination/Continuity section score < 80% requires a CAP for the entire MRR, regardless of the Total MRR score.

 **RN/MD Review only**

| 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 |
|---|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------------|
| Age/Gender | | | | | | | | | | | | |
| A. History of present illness 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 | | | | | | | | | | | |

8
Pts. Possible

IV. Pediatric Preventive Criteria (continued on next page)

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

 **RN/MD Review only Note:**

| 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 |
|---|----|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-------|
| Age/Gender | | | | | | | | | | | | |
| A. Initial Health Assessment (IHA) Includes H&P and IHEBA | | | | | | | | | | | | |
| 1. History and physical (H&P) | 1 | | | | | | | | | | | |
| 2. Individual Health Education Behavioral Assessment (IHEBA) | 1 | | | | | | | | | | | |
| B. Subsequent Periodic IHEBA | 1 | | | | | | | | | | | |
| C. Well-child visit | | | | | | | | | | | | |
| 1. Well-child exam completed at age appropriate frequency | 1 | | | | | | | | | | | |
| 2. Anthropometric measurements | 1 | | | | | | | | | | | |
| 3. BMI percentile | 1 | | | | | | | | | | | |
| 4. Developmental screening | 1 | | | | | | | | | | | |
| 5. Anticipatory guidance | 1 | | | | | | | | | | | |
| 6. STI screening on all sexually active adolescents, including chlamydia for females | 1 | | | | | | | | | | | |
| 7. Pap smear on sexually active females | 1 | | | | | | | | | | | |
| D. Vision Screening | 1 | | | | | | | | | | | |

IV. Pediatric Preventive Criteria (continued from previous page)

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

 **RN/MD Review only**

| Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A <div style="text-align: right; padding-right: 10px;">Age/Gender</div> | Wt | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| E. Hearing Screening | 1 | | | | | | | | | | | |
| F. Nutrition Assessment | 1 | | | | | | | | | | | |
| G. Dental Assessment | 1 | | | | | | | | | | | |
| H. Blood Lead Screening Test | 1 | | | | | | | | | | | |
| I. Tuberculosis Screening | 1 | | | | | | | | | | | |
| J. 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 | | | | | | | | | | | |

19
Pts. Possible

V. Adult Preventive Criteria (continued on next page)

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

 **RN/MD Review only**

| 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 |
|---|----|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-------|
| Age/Gender | | | | | | | | | | | | |
| A. Initial Health Assessment (IHA): Includes H&P and IHEBA | | | | | | | | | | | | |
| 1. History and physical (H&P) | 1 | | | | | | | | | | | |
| 2. Individual Health Education Behavioral Assessment (IHEBA) | 1 | | | | | | | | | | | |
| B. Subsequent Periodic IHEBA | 1 | | | | | | | | | | | |
| C. Periodic Health Evaluation according to most recent USPSTF Guidelines | 1 | | | | | | | | | | | |
| D. High Blood Pressure Screening | 1 | | | | | | | | | | | |
| E. Obesity Screening | 1 | | | | | | | | | | | |
| F. Lipid Disorders Screening | 1 | | | | | | | | | | | |

V. Adult Preventive Criteria (continued from previous page)

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

 **RN/MD Review only**

| 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 |
|--|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------------|
| Age/Gender | | | | | | | | | | | | |
| G. Tuberculosis Screening | 1 | | | | | | | | | | | |
| H. Breast Cancer Screening | 1 | | | | | | | | | | | |
| I. Cervical Cancer Screening | 1 | | | | | | | | | | | |
| J. Chlamydia Infection Screening | 1 | | | | | | | | | | | |
| K. Colorectal Cancer Screening | 1 | | | | | | | | | | | |
| L. Adult Immunizations | | | | | | | | | | | | |
| 1. Given according to ACIP guidelines | 1 | | | | | | | | | | | |
| 2. Vaccine administration documentation | 1 | y | | | | | | | | | | |
| 3. Vaccine Information Statement (VIS) documentation | 1 | y | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

15
Pts. Possible

VI. OB/CPSP Preventive Criteria (continued on next page)

Note: An OB/CPSP Preventive section score < 80% requires a CAP for the entire MRR, regardless of the Total MRR score.

 **RN/MD Review only**

| 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 |
|---|----|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-------|
| Age | | | | | | | | | | | | |
| A. Initial Comprehensive Prenatal Assessment (ICA) | | | | | | | | | | | | |
| 1. ICA completed within 4 weeks of entry to prenatal care | 1 | | | | | | | | | | | |
| 2. Obstetrical and Medical History | 1 | | | | | | | | | | | |
| 3. Physical Exam | 1 | | | | | | | | | | | |
| 4. Lab tests | 1 | | | | | | | | | | | |
| 5. Nutrition | 1 | | | | | | | | | | | |
| 6. Psychosocial | 1 | | | | | | | | | | | |
| 7. Health Education | 1 | | | | | | | | | | | |
| 8. Screening for Hepatitis B Virus | 1 | | | | | | | | | | | |
| 9. Screening for Chlamydia Infection | 1 | | | | | | | | | | | |
| B. Second Trimester Comprehensive Re-assessment | 1 | | | | | | | | | | | |
| C. Third Trimester Comprehensive Re-assessment | 1 | | | | | | | | | | | |
| 1. Screening for Strep B | 1 | | | | | | | | | | | |
| D. Prenatal care visit periodicity according to most recent ACOG standards | 1 | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria (continued from previous page)

Note: An OB/CPSP Preventive section score < 80% requires a CAP for the entire MRR, regardless of the Total MRR score.

 **RN/MD Review only**

| 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 |
|--|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|--------------|
| Age | | | | | | | | | | | | |
| E. Individualized Care Plan (ICP) | 1 | | | | | | | | | | | |
| F. Referral to WIC and assessment of Infant Feeding status | 1 | | | | | | | | | | | |
| G. HIV-related services <i>offered</i> | 1 | | | | | | | | | | | |
| H. AFP/Genetic screening <i>offered</i> | 1 | | | | | | | | | | | |
| I. Domestic Violence/Abuse Screening | 1 | | | | | | | | | | | |
| J. Family Planning Evaluation | 1 | | | | | | | | | | | |
| K. Postpartum Comprehensive Assessment | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

20
Pts. Possible