

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 _____ <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"/> 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	
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	(8) x 10 = 80									Fail: 79 % and Below	
III. Coordination of Care	(8) x 10 = 80									CAP Required	
IV. Pediatric Preventive	(34) x # of records									Other follow-up	
V. Adult Preventive	(30) x # of records									Next Review Due: _____	
VI. OB/CPSP Preventive	(59) x # of records										
	Points Possible	Yes Pts. Given	No's	N/A's							

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

I. Format 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
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/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											
D. Appropriate consents are present:												
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											
Comments:	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											
Comments:	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
A. Initial Health Assessment (IHA) Includes H&P and Individual Health Education Behavioral Assessment (IHEBA)												
1) Comprehensive History and Physical	1											
2) 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 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											
D. Childhood Immunizations												
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
3) Vaccine Information Statement (VIS) documentation	1											
Comments:	Yes											
	No											
	N/A											

V. Adult 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
A. Initial Health Assessment (IHA): Includes H&P and Individual Health Education Behavioral Assessment (IHEBA)												
1) Comprehensive History and Physical	1											
2) IHEBA	1											
B. Periodic Health Evaluation according to most recent United States Preventive Services Taskforce (USPSTF) Guidelines												
1) Comprehensive History and Physical Exam completed at age-appropriate frequency	1											
2) Subsequent Periodic IHEBA	1											
C. Adult Preventive Care Screenings												
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											

V. Adult 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
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											
D. 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/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. Initial Comprehensive Prenatal Assessment (ICA)												
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											
6) Lab tests												
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. First Trimester Comprehensive Assessment												
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
3) Psychosocial Assessment												
a) Maternal Mental Health Screening	1											
b) Social Needs Assessment	1											
c) Substance Use Disorder	1											
4) Breast Feeding and other Health Education Assessment	1											
5) Preeclampsia Screening	1											
6) Intimate Partner Violence Screening	1											
C. Second Trimester Comprehensive assessment												
1) ICP	1											
2) Nutrition Assessment	1											
3) Psychosocial Assessment												
a) Maternal Mental Health Screening	1											
b) Social Needs Assessment	1											
c) Substance Use Disorder Assessment	1											
4) Breast Feeding and other Health Education Assessment	1											
5) Preeclampsia Screening	1											
a) Low Dose Aspirin	1											
6) Intimate Partner Violence Screening	1											
7) Diabetes Screening	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
D. Third Trimester Comprehensive assessment												
1) ICP Update 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 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											
E. Prenatal care visit periodicity according to most recent American College of Obstetricians and Gynecologists (ACOG) standards	1											
F. Influenza Vaccine	1											
G. COVID Vaccine	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											
L. Comprehensive Postpartum Assessment												
1) ICP	1											
2) Nutrition Assessment	1											
3) Psychosocial Assessment												
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											
Comments:	Yes											
	No											
	N/A											