

Medical Record Review Elements 2012 to 2020 Comparison

2012 Elements	2019 Elements
<b>I. Format Criteria</b> (8 total possible)	<b>I. Format</b> (8 total possible)
	<i>Individual Medical Record is established for each member. (Subject line - no point)</i>
A. An individual medical record is established for each member.	
B. Member identification is on each page.	A. Member identification is on each page.
C. Individual personal biographical information is documented.	B. Individual personal biographical information is documented.
D. Emergency “contact” is identified.	C. Emergency “contact” is identified.
E. Medical records on site are consistently organized.	D. Medical records are maintained and organized.
F. Chart contents are securely fastened.	
G. Member’s assigned primary care physician (PCP) is identified.	E. Member’s assigned and/or rendering primary care physician (PCP) is identified.
H. Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing-impaired persons are prominently noted.	F. Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing/speech-impaired persons are prominently noted.
	G. Person or entity providing medical interpretation is identified.
	H. Signed Copy of the Notice of Privacy.
<b>II. Documentation Criteria</b> (7 total possible)	<b>II. Documentation Criteria</b> (9 total possible)
A. Allergies are prominently noted.	A. Allergies are prominently noted.
B. Chronic problems and/or significant conditions are listed.	B. Chronic problems and/or significant conditions are listed.
C. Current continuous medications are listed.	C. Current continuous medications are listed.
	D. <i>Appropriate consents are present: (Subject line - no point)</i>
	D.1) Consent for treatment
	D.2) Release of Medical Records
D. Signed Informed Consents are present when any invasive procedure is performed.	D.3) Informed Consent for invasive procedures.
E. Advance Health Care Directive information is offered. (Adults 18 years of age or older; Emancipated minors)	E. Advance Health Care Directive Information is offered.

F. All entries are signed, dated and legible.	F. All entries are signed, dated and legible.
G. Errors are corrected according to legal medical documentation standards.	G. Errors are corrected according to legal medical documentation standards
<b>III. Coordination/Continuity of Care Criteria (8 total possible)</b>	<b>III. Coordination of Care Criteria (8 total possible)</b>
A. History of present illness is documented.	A. History of present illness or reason for visit is documented.
B. Working diagnoses are consistent with findings.	B. Working diagnoses are consistent with findings.
C. Treatment plans are consistent with diagnoses.	C. Treatment plans are consistent with diagnoses.
D. Instruction for follow-up care is documented.	D. Instruction for follow-up care is documented.
E. Unresolved/continuing problems are addressed in subsequent visit(s).	E. Unresolved/continuing problems are addressed in subsequent visit(s).
F. There is evidence of practitioner review of consult/referral reports and diagnostic test results.	F. There is evidence of practitioner review of consult/referral reports and diagnostic test results.
G. There is evidence of follow-up of specialty referrals made, and results/reports of diagnostic tests, when appropriate.	G. There is evidence of follow-up of specialty referrals made, and results/reports of diagnostic tests, when appropriate.
H. Missed primary care appointments and outreach efforts/follow-up contacts are documented.	H. Missed primary care appointments and outreach efforts/follow-up contacts are documented.
<b>IV. Pediatric Preventive Criteria (19 total possible)</b>	<b>IV. Pediatric Preventive Criteria (38 total possible)</b>
<i>A. Initial Health Assessment (IHA) Includes H&amp;P and IHEBA (Subject line - no point):</i>	<i>A. Initial Health Assessment (IHA) Includes H&amp;P and IHEBA (Subject line - no point):</i>
A. 1. History and physical (H&P)	A.1) Comprehensive History and Physical
A. 2. Individual Health Education Behavioral Assessment (IHEBA)	A.2) Individual Health Education Behavioral Assessment (IHEBA)
	<i>B. Subsequent Comprehensive Health Assessment (Subject line - no point):</i>
	B.1) Comprehensive History and Physical exam completed at age appropriate frequency
B. Subsequent Periodic IHEBA	B.2) Subsequent Periodic IHEBA
<i>C. Well-child visit (Subject line - no point):</i>	<i>C. Well-child visit (Subject line - no point):</i>
C.1. Well-child exam completed at age appropriate frequency	
	C.1) Alcohol/Drug Misuse: Screening and Behavioral Counselling
	C.2) Anemia Screening
C.2. Anthropometric measurements	C.3) Anthropometric Measurements

C.3. BMI percentile	
C.4. Developmental screening	See C.10) below
C.5. Anticipatory guidance	C.4) Anticipatory Guidance
	C.5) Autism Spectrum Disorder Screening
	C.6) Blood Lead Testing
	C.7) Blood Pressure Screening
	C.8) Dental Assessment
	C.8) a) Dental Home
	C.8) b) Fluoride Supplementation
	C.8) c) Fluoride Varnish
	C. 9) Depression Screening
	C. 9) a) Maternal Depression Screening
	C.10) Developmental Disorder Screening
	C.11) Developmental Surveillance
	C.12) Dyslipidemia Screening
	C.13) Folic Acid Supplementation
	C.14) Hearing Screening
	C.15) Hepatitis B Screening
	C.16) HIV Screening
	C.17) Intimate Partner Violence Screening
	C.18) Nutrition assessment/Breast Feeding support
	C.19) Obesity Screening
	C.20) Psychosocial/Behavioral Assessment
	C.21) Sexual Activity Assessment

	C.21) a) Contraceptive Care
C.6. STI screening on all sexually active adolescents, including chlamydia for females	C.21) b) STI screening on all sexually active adolescents, including chlamydia, Gonorrhea, and Syphilis
	C.22) Skin Cancer Behavior Counselling
	C.23) Tobacco Products Use: Screening and Prevention and Cessation Services
	C.24) Tuberculosis Screening
	C.25) Vision Screening
C.7. Pap smear on sexually active females	
D. Vision Screening	See item C. 25) above
E. Hearing Screening	See item C. 14) above
F. Nutrition Assessment	See item C. 18) above
G. Dental Assessment	See item C. 8) above
H. Blood Lead Screening Test	See item C. 6) above
I. Tuberculosis Screening	See item C. 24) above
<i>J. Childhood Immunizations (Subject line - no point):</i>	<i>D. Childhood Immunizations (Subject line - no point)</i>
J. 1. Given according to ACIP guidelines	D.1) Given according to ACIP guidelines
J. 2. Vaccine administration documentation	D.2) Vaccine administration documentation
J. 3. Vaccine Information Statement (VIS) documentation	D.3) Vaccine Information Statement (VIS) documentation
<b>V. Adult Preventive Criteria (15 total possible)</b>	<b>V. Adult Preventive Criteria (29 total possible)</b>
<i>A. Initial Health Assessment (IHA): Includes H&amp;P and IHEBA (Subject line - no point)</i>	<i>A. Initial Health Assessment (IHA): Includes H&amp;P and IHEBA (Subject line - no point)</i>
A.1. History and physical (H&P)	A.1) Comprehensive History and Physical
A.2. Individual Health Education Behavioral Assessment (IHEBA)	A.2) Individual Health Education Behavioral Assessment (IHEBA)
	B. Periodic Health Evaluation according to most recent USPSTF Guidelines
B. Subsequent Periodic IHEBA	C. Subsequent Periodic IHEBA

C. Periodic Health Evaluation according to most recent USPSTF Guidelines	See item B. above
	D. <i>Adult Preventive Care Screenings (Subject line - no point)</i>
	D.1) Abdominal Aneurysm Screening
	D.2) Alcohol Misuse: Screening and Behavioral Counseling
	D.3) Breast Cancer Screening
	D.4) Cervical Cancer Screening
	D.5) Colorectal Cancer Screening
	D.6) Depression Screening
	D.7) Diabetic Screening
	a. Comprehensive Diabetic Care
	D.8) Dyslipidemia Screening
	D.9) Folic Acid Supplementation
	D.10) Hepatitis B Screening
	D.11) Hepatitis C Screening
D. High Blood Pressure Screening	D.12) High Blood Pressure Screening
	D.13) HIV Screening
	D.14) Intimate Partner Violence Screening
	D.15) Lung Cancer Screening
E. Obesity Screening	D.16) Obesity Screening
	D.17) Osteoporosis Screening
	D.18) Sexually Transmitted Infection (STI) Screening including Chlamydia, Gonorrhea and Syphilis
	a. Sexually Transmitted Infections Counselling
	D.19) Skin cancer Behavioral Counseling
F. Lipid Disorders Screening	

	D.20) Tobacco Use Counseling and Interventions
G. Tuberculosis Screening	D.21) Tuberculosis Screening
H. Breast Cancer Screening	See item D.3) above
I. Cervical Cancer Screening	See item D.4) above
J. Chlamydia Infection Screening	See item D.18) above
K. Colorectal Cancer Screening	See item D.5) above
<i>L. Adult Immunizations (Subject line - no point)</i>	<i>E. Adult Immunizations (Subject line - no point)</i>
L. 1. Given according to ACIP guidelines	E.1) Given according to ACIP guidelines
L. 2. Vaccine administration documentation	E.2) Vaccine administration documentation
L. 3. Vaccine Information Statement (VIS) documentation	E.3) Vaccine Information Statement (VIS) documentation
<b>VI. OB/CPSP Preventive Criteria (20 total possible)</b>	<b>VI. OB/CPSP Preventive Criteria (50 total possible)</b>
<i>A. Initial Comprehensive Prenatal Assessment (ICA) (Subject line - no point)</i>	<i>A. Initial Comprehensive Prenatal Assessment (ICA) (Subject line - no point)</i>
A.1. ICA completed within 4 weeks of entry to prenatal care	A.1) Initial prenatal visit completed within 4 weeks of entry to prenatal care.
A.2. Obstetrical and Medical History	A.2) Obstetrical and Medical History
A.3. Physical Exam	A.3) Physical Exam
	A.4) Dental Assessment
A.4. Lab tests	A.5) <i>Lab tests (Subject line - no point)</i>
	A.5) a) Bacteriuria Screening
	A.5) b) Rh Incompatibility Screening
	A.5) c) Diabetes Screening
	A.5) d) Hepatitis B Virus Screening
	A.5) e) Chlamydia Infection Screening
	A.5) f) Syphilis Infection Screening

	A.5) g) Gonorrhea Infection Screening
A.5. Nutrition	[See items B.2), C.2), D.2), and K.2)]
A.6. Psychosocial	[See items B.3), C.3), D.3), and K.3)]
A.7. Health Education	[See items B.4), C.4), D.4), and K.4)]
A.8. Screening for Hepatitis B Virus	[See item A.5) d)]
A.9. Screening for Chlamydia Infection	[See item A.5) e)]
	<i>B. First Trimester Comprehensive Assessment (Subject line - no point)</i>
	B.1) Individualized Care Plan
	B.2) Nutrition
	B.3) <i>Psychosocial Assessment (Subject line - no point)</i>
	B.3) a) Maternal Mental Health Screening
	B.3) b) Social Needs Assessment
	B.3) c) Substance Use/Abuse Assessment
	B.4) Health Education
	B.5) Preeclampsia Screening
	B.6) Intimate Partner Violence Screening
B. Second Trimester Comprehensive Re-assessment	<i>C. Second Trimester Comprehensive Re-assessment (Subject line - no point)</i>
	C.1) Individualized Care Plan Updated and follow up
	C.2) Nutrition Assessment
	C.3) <i>Psychosocial Assessment (Subject line - no point)</i>
	C.3) a) Maternal Mental Health Screening
	C.3) b) Social Needs Assessment
	C.3) c) Substance Use/Abuse Assessment
	C.4) Health Education Assessment

	C.5) Preeclampsia Screening
	C.6) Intimate Partner Violence Screening
C. Third Trimester Comprehensive Re-assessment	D. <i>Third Trimester Comprehensive Re-assessment (Subject line - no point)</i>
	D.1) Individual Care Plan updated and follow up
	D.2) Nutrition Assessment
	D.3) <i>Psychosocial Assessment (Subject line - no point)</i>
	D.3) a) Maternal Mental Health Screening
	D.3) b) Social Needs Assessment
	D.3) c) Substance use / abuse Assessment
	D.4) Health Education Assessment
	D.5) Preeclampsia Screening
	D.6) Intimate Partner Violence Screening
C.1. Screening for Strep B	D.7) Screening for Strep B
	D.8) TDAP Immunization
D. Prenatal care visit periodicity according to most recent ACOG standards	E. Prenatal care visit periodicity according to most recent ACOG standards
	F. Influenza Vaccine
E. Individualized Care Plan (ICP)	[See items B.1), C.1), D.1), and K.1)]
F. Referral to WIC and assessment of Infant Feeding status	G. Referral to WIC and assessment of Infant Feeding Status
G. HIV-related services offered	H. HIV-related services offered
H. AFP/Genetic screening offered	I. AFP/Genetic Screening offered
I. Domestic Violence/Abuse Screening	[See items B.6), C.6), and D.6)]
J. Family Planning Evaluation	J. Family Planning Evaluation
K. Postpartum Comprehensive Assessment	K. <i>Postpartum Comprehensive Assessment (Subject line - no point)</i>
	K.1) Individualized Care Plan



	K.2) Nutrition Assessment
	K.3) <i>Psychosocial Assessment (Subject line - no point)</i>
	K.3) a) Maternal Mental Health /Postpartum depression screening
	K.3) b) Social Needs Assessment
	K.3) c) Substance Use/Abuse Assessment
	K.4) Health Education Assessment
	K.5) Comprehensive Physical Exam