

California Department of Health Care Services
 Managed Care Quality and Monitoring Division
Medical Record Review Tool

Health Plan: PHC		DHCS Site ID:		Site NPI:		Review Date:	
Facility Name:			Address:			City and Zip Code:	
Contact Name/Title:			Email:			Phone:	Fax:
Reviewer Name/Title:			Reviewer Name/Title:			Reviewer Name/Title:	
No. of Physicians:		No. of Records:		Collaborating MCPs:		Collaborating MCPs:	
Electronic Medical Records (EMR) <input type="checkbox"/> No <input type="checkbox"/> Yes, Name of EMR: _____ Paper/Hard Copy Records <input type="checkbox"/> Yes <input type="checkbox"/> No Shared records? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Provider Name	Credentials (MD, NP, PA)	NPI

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"/> 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
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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	(8) x 10 = 90				
III. Coordination of Care	(8) x 10 = 80				
IV. Pediatric Preventive	(34) x # of records				
V. Adult Preventive	(30) x # of records				
VI. OB/CPSP Preventive	(59) x # of records				
	Points Possible	Yes Pts. Given	No's	N/A's	

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.

_____ ÷ _____ = _____ x 100 = _____ %

Points Given	Total/ Adjusted Pts. Poss.	Decimal Score	Compliance Rate
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Note: Since Preventive Criteria have different points possible per type (Ped-34, Adult-30, OB/CPSP-59, 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%.

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

_____ **Exempted Pass: 90% or above:**
 (Total score is ≥ 90% **and** all section scores are 80% or above)

_____ **Conditional Pass: 80-89%:**
 (Total MRR is 80-89% **OR** Any section(s) score is < 80%)

_____ **Fail: 79% and Below**

_____ CAP Required

_____ Other follow-up

Next Review Due: _____

Medical Records Reference:

Medical Record	CIN	Age Year/Month	Gender	Member's MCP Enrollment Date	PCP's MCP Effective Date	On Site (x)	Remote Access (x)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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											
a) Suicide-Risk 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
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											
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 Disorder Screening and Behavioral Counseling	1											
9) Dyslipidemia Screening	1											
10) Folic Acid Supplementation	1											
11) Hepatitis B Virus Screening	1											
12) Hepatitis C 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
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 Behavior 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											
3) Psychosocial Assessment												

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) 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											
D. Third Trimester Comprehensive assessment												
1) ICP Update and Follow Up	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
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											
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											

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
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											