**Full Scope Attachment B**

 **Medical Record Review Survey2012**

California Department of Health Care Services

 Medi-Cal Managed Care

 **No. of Physicians \_\_\_\_\_\_\_**

**Health Plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Review Date \_\_\_\_\_\_\_\_\_\_ 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** |
| \_\_\_\_\_ Initial Full Scope \_\_\_\_\_ Monitoring\_\_\_\_\_ Periodic Full Scope \_\_\_\_\_ Follow-up\_\_\_\_\_ Focused Review \_\_\_\_\_ Ed/TA\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type) | \_\_\_\_\_ AAAHC \_\_\_\_\_ JCAHO\_\_\_\_\_ CHDP \_\_\_\_\_ NCQA\_\_\_\_\_ CPSP \_\_\_\_\_ None\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ Family Practice \_\_\_\_\_ Internal Medicine \_\_\_\_\_ Pediatrics \_\_\_\_\_ OB/GYN \_\_\_\_\_ General Practice \_\_\_\_\_ Specialist \_\_\_\_\_ Mid-level (type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ Primary Care \_\_\_\_\_ Community \_\_\_\_\_ Hospital \_\_\_\_\_ FQHC \_\_\_\_\_ Rural Health \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type)\_\_\_\_\_ Solo \_\_\_\_\_ Group \_\_\_\_\_ Staff/Teaching |
| **Scoring Procedure** | **Medical Record Scores** | **Compliance Rate** |
| 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**.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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** |  |

 | 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 Total/ Decimal Compliance  Given Adjusted Score Rate  Pts. Poss.Note: Since Preventive Criteria have different points possible per type (Ped-19, Adult-15, OB/CPSP-20), the total points possible will differ from site to site, depending on the number of *types* of records that are selected. The “NO” 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* allsection scores are 80% or above)\_\_ **Conditional Pass: 80-89%:** (Total MRR is 80-89% *OR*   *any* section(s) score is < 80%)\_\_**Not Pass: Below 80%**\_\_CAP Required\_\_Other follow-up**Next Review Due: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**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** Age/Gender | **Wt** | MR#1 | MR#2 | MR#3 | MR#4 | MR#5 | MR#6 | MR#7 | MR#8 | MR#9 | MR#10 | **Score** |
| 1. **An individual medical record is established for each member.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Member identification is on each page.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Individual personal biographical information is documented.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Emergency “contact” is identified.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Medical records on site are consistently organized.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Chart contents are securely fastened.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Member’s assigned primary care physician (PCP) is identified.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **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** Age/Gender | **Wt** | MR#1 | MR#2 | MR#3 | MR#4 | MR#5 | MR#6 | MR#7 | MR#8 | MR#9 | MR#10 | **Score** |
| 1. **Allergies are prominently noted.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Chronic problems and/or significant conditions are listed.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Current *continuous* medications are listed.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Signed Informed Consents are present when any invasive procedure is performed.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **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** Age/Gender | **Wt** | MR#1 | MR#2 | MR#3 | MR#4 | MR#5 | MR#6 | MR#7 | MR#8 | MR#9 | MR#10 | **Score** |
| 1. **History of present illness is documented.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Working diagnoses are consistent with findings.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Treatment plans are consistent with diagnoses.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Instruction for follow-up care is documented.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Unresolved/continuing problems are addressed in subsequent visit(s).**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **There is evidence of practitioner *review* of consult/referral reports and diagnostic test results.**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **There is evidence of *follow-up* of specialty referrals made, and results/reports of diagnostic tests, when appropriate**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **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**   Age/Gender  | **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 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** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **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** |  |  |  |  |  |  |  |  |  |  |  |

***Pediatric Preventive continued on next page***

**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** Age/Gender | **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** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Tuberculosis Screening**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **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**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Criteria met: Give one (1) point.****Criteria not met: 0 points****Criteria not applicable: N/A** Age/Gender | **Wt** | MR#1 | MR#2 | MR#3 | MR#4 | MR#5 | MR#6 | MR#7 | MR#8 | MR#9 | MR#10 | **Score** |
| 1. **Initial Health Assessment (IHA): Includes H&P and IHEBA**
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **History and physical (H&P)**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Individual Health Education Behavioral Assessment** (**IHEBA)**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Subsequent Periodic IHEBA**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **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** |  |  |  |  |  |  |  |  |  |  |  |

***Adult Preventive continued on next page***

**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**Age/Gender | **Wt** | MR#1 | MR#2 | MR#3 | MR#4 | MR#5 | MR#6 | MR#7 | MR#8 | MR#9 | MR#10 | **Score** |
| **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** |  |  |  |  |  |  |  |  |  |  |  |
|  **3. Vaccine Information Statement (VIS) documentation** | **1** |  |  |  |  |  |  |  |  |  |  |  |
| **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** Age | **Wt** | MR#1 | MR#2 | MR#3 | MR#4 | MR#5 | MR#6 | MR#7 | MR#8 | MR#9 | MR#10 | **Score** |
| 1. **Initial Comprehensive Prenatal Assessment (ICA)**
 |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. **ICA completed within 4 weeks of  entry to prenatal care**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Obstetrical and Medical History**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Physical Exam**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Lab tests**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Nutrition**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Psychosocial**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Health Education**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **Screening for Hepatitis B Virus**
 | **1** |  |  |  |  |  |  |  |  |  |  |  |
| 1. **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** |  |  |  |  |  |  |  |  |  |  |  |

***OB/CPSP continued on next page***

**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** Age | **Wt** | MR#1 | MR#2 | MR#3 | MR#4 | MR#5 | MR#6 | MR#7 | MR#8 | MR#9 | MR#10 | **Score** |
| **E.Individualized Care Plan (ICP)** | **1** |  |  |  |  |  |  |  |  |  |  |  |
| **F. Referral to WIC and assessment of Infant Feeding status** | **1** |  |  |  |  |  |  |  |  |  |  |  |
| **G. HIV-related services *offered*** | **1** |  |  |  |  |  |  |  |  |  |  |  |
| **H. AFP/Genetic screening *offered*** | **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**