**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **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* all  section 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.**

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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. **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**

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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. **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**

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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. **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:**

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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** |
| **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**

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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** |
| **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**

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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** |
| **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**

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| **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**

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| **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**