Results from Review of Medical Record Documentation

Three performance areas identified for improvement in 2017 medical record documentation based on medical record review audit

Review of primary care practitioners' medical record documentation is one way to monitor that members are receiving the best care possible. Health Net* assessed selected medical records against medical record documentation standards to identify opportunities for improvement.

In 2017, many of the core medical record criteria were above the performance goal of 80 percent. The following areas were identified as needing improvement with results below the 80 percent performance goal:

- Primary language/Interpreter services documentation needed (if other than English) – **52%**
- Advance directive documented (members ages 18 or older) – **28%**
- Adult immunization status assessed/documented – **50%**

Refer to the table on page two for a complete list of medical records core criteria and results compared to the previous year.

ADVANCE DIRECTIVES

The federal Patient Self-Determination Act (PSDA) applies to all health care providers and states that any health care facility that participates in Medicare or Medicaid programs must inform patients of their right to have an advance directive and inquire if they have one.

For patients ages 18 and older, Health Net providers are required to document whether a patient has executed an advance directive in a prominent part of the medical record. Health Net reviews a sample of medical records to ensure that compliance with requirements related to advance directives is monitored.

On an annual basis, providers must document in the patient's medical record whether advance directives have been discussed, including the date the discussion was held, and whether an advance directive has been executed.

ADULT IMMUNIZATION

Providers should speak with their patients and assess adult immunization status according to United States Preventive Services Task Force (USPSTF) guidelines and document these interactions in the medical records.

THIS UPDATE APPLIES TO
CAL MEDICONNECT
PROVIDERS:

- Physicians
- Participating Physician Groups
- ○ Hospitals
- ○ Ancillary Providers

PROVIDER SERVICES

provider_services@healthnet.com
Los Angeles County – 1-855-464-3571
San Diego County – 1-855-464-3572

www.healthnet.com

PROVIDER COMMUNICATIONS
provider.communications@
healthnet.com
fax 1-800-937-6086

ACCESS TO INTERPRETER SERVICES

Providers are required to ensure that all members can access health care services in members' preferred languages 24 hours a day, seven days a week at all points of contact. Providers can utilize Health Net interpreter services at no cost to them or the member by calling the telephone number on the member's identification (ID) card.

To schedule the following, call 1-855-464-3571 (Los Angeles County) or 1-855-464-3572 (San Diego County), Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time:

- In-person interpreter, a minimum of five days prior to their appointment.
- Sign language interpreter requests, at least 10 days prior to the appointment.

Sometimes a telephone interpreter may be the only option available. No-cost telephone interpreter services are available in over 150 languages.

Providers should document in the medical record the need for interpreters and language. If an interpreter is offered and the patient declines, the provider should also document this in the medical record.

MEDICAL RECORD REVIEW RESULTS

Medical records were reviewed for 11 core criteria, as shown in the chart below (Number of reviewed medical records=120). The performance goal for all criteria is 80 percent.

Medical Record Criteria	2016	2017
FORMAT: BIOGRAPHICAL PERSONAL DATA	94%	96%
FORMAT: PRIMARY LANGUAGE/INTERPRETER SERVICES NEEDED (IF OTHER THAN ENGLISH)	**76%**	**52%**
DOCUMENTATION: ALLERGIES NOTED IN PROMINENT LOCATION IN CHART	97%	98%
DOCUMENTATION: CHRONIC PROBLEMS CAN BE EASILY IDENTIFIED	99%	100%
DOCUMENTATION: ONGOING/CONTINUOUS MEDICATIONS CAN BE EASILY IDENTIFIED	98%	99%
DOCUMENTATION: ADVANCE DIRECTIVE DOCUMENTED (MEMBERS AGES 18 OR OLDER)	**25%**	**28%**
CARE COORDINATION: INSTRUCTION FOR FOLLOW-UP CARE NOTED	88%	83%
CARE COORDINATION: WORKING DIAGNOSIS IS CONSISTENT WITH FINDINGS	100%	100%
CARE COORDINATION: PRACTITIONER REVIEW OF DIAGNOSTIC TESTS/CONSULTANTS NOTED	98%	99%
PREVENTIVE CARE: ADULT PERIODIC HEALTH EVALUATION PERFORMED (PER USPSTF)	88%	83%
PREVENTIVE CARE: ADULT IMMUNIZATION STATUS ASSESSED/DOCUMENTED	**53%**	**50%**
OVERALL RATE	83%	81%

ADDITIONAL INFORMATION

Additional information on an advance directive and access to interpreter services is available online in the Provider Library at **provider.healthnet.com.** Log in, on the Provider Home page, select *Working with Health Net > Contractual > Policy Library > Go to the Provider Library*.

- **Advance directive** – Once in the Provider Library, providers may use the Search Library function by searching for key words "advance directive."
- **Interpreter services** – Once in the Provider Library, go to *Operations Manuals > Quality Improvement > Language Assistance Program and Cultural Competency.*