

## Medical Record Review Guidelines Inservice

Date of Training:

Provider Name and Address:

### Format Criteria

- ☐ A. Member Identification is on Each Page
- ☐ B. Individual Personal Biographical Information is Documented
- ☐ C. Emergency "Contact" is Identified.
- ☐ Emergency Contact for Minor Patients (must be Parent or Legal Guardian)
- ☐ Documentation of Refusal to List Emergency Contact (for Adult Patients)
- ☐ D. Medical Records are Maintained and Organized
- ☐ E. Identification of Patient's Assigned Primary Care Physician
- ☐ F. Documentation of Primary Language and Linguistic Service Needs of Non or Limited English Proficient or Hearing-Impaired Persons
- ☐ G. Person or Entity Providing Medical Interpretation is Identified
- ☐ H. Signed Copy of the Notice of Privacy in the Chart

### Documentation Criteria

- ☐ A. Prominent Notation of Allergies in the Chart
- ☐ B. Listing of Chronic Problems and/or Significant Conditions
- ☐ C. Listing of Current Continuous Medications
- ☐ D1. Release of Medical Records on File
- ☐ D2. Informed Consent for Invasive Procedures on File
- ☐ E. Offering of Advanced Health Care Directives (for ages 18+)
- ☐ F. Entries are in Accordance with Acceptable Legal Medical Documentation Standards in the Medical Record
- ☐ G. Correction of Errors According to Legal Medical Documentation Standards

### Coordination/Continuity of Care Criteria

- ☐ A. Documentation of History of Present Illness or Reason for Visit
- ☐ B. Consistency between Working Diagnosis and Findings
- ☐ C. Consistency between Treatment Plans and Diagnosis
- ☐ D. Documentation for Follow-up Instruction
- ☐ E. Addressing of Unresolved/Continuing Problems in Subsequent Visits
- ☐ F. Reviewing of Consult/Referral Reports and/or Diagnostic Test Results by the Physician
- ☐ G. Documentation of Follow-up for Consult/Referral Reports and/or Diagnostic Test Results
- ☐ H. Documentation of Missed Appointments and Follow-up Contacts/Outreach

### Pediatric Preventive Criteria

- ☐ A. Documentation of Initial Health Assessment (IHA) within 120 days of enrollment
- ☐ B1. Well-child exam completed at age-appropriate frequency
- C. Well Child Visit (Documentation of the following):
  - ☐ 1. Alcohol Use Disorder Screening & Behavioral Counseling
  - ☐ 2. Anemia Screening
  - ☐ 3. Anthropometric Measurements
  - ☐ 4. Anticipatory Guidance
  - ☐ 5. Autism Spectrum Disorder Screening
  - ☐ 6. Blood Lead Screening
  - ☐ 7. Blood Pressure Screening
  - ☐ 8. Dental/Oral Health Assessment
  - ☐ 8a. Fluoride Supplementation
  - ☐ 8b. Fluoride Varnish
  - ☐ 9. Depression Screening
  - ☐ 9a. Suicide-Risk Screening\*
  - ☐ 9b. Maternal Depression Screening
  - ☐ 10. Developmental Disorder Screening
  - ☐ 11. Developmental Surveillance
- C. Well Child Visit continued (Documentation of the following):
  - ☐ 12. Drug Use Disorder Screening and Behavioral Counseling
  - ☐ 13. Dyslipidemia Screening
  - ☐ 14. Hearing Screening
  - ☐ 15. Hepatitis B Virus Infection Screening

### Pediatric Preventive Criteria cont.

- ☐ 16. Hepatitis C Virus Infection Screening
- ☐ 17. HIV Infection Screening
- ☐ 18. Psychosocial/Behavioral Assessment
- ☐ 19. STI Screening & Counseling
- ☐ 20. Sudden Cardiac Arrest & Sudden Cardiac Death Screening
- ☐ 21. Tobacco Use Screening, Prevention, and Cessation Services
- ☐ 22. Tuberculosis Screening
- ☐ 23. Vision Screening
- D. Childhood Immunizations
  - ☐ 1. Given according to ACIP guidelines
  - ☐ 2. Vaccine administration documentation
  - ☐ 3. Vaccine Information Statement (VIS) Documentation

### Adult Preventive Criteria

- ☐ A1. Documentation of Initial Health Assessment (IHA) within 120 Days of Enrollment
- ☐ B1. Documentation of Periodic Health Evaluation according to USPSTF
- ☐ B2. Documentation of Subsequent Individual Health Education Behavioral Assessment (IHEBA)
- C. Adult Preventive Care Screenings (Documentation of the Following):
  - ☐ 1. Abdominal Aneurysm Screening
  - ☐ 2. Alcohol Use Disorder Screening & Behavioral Counseling
  - ☐ 3. Anemia Screening
  - ☐ 4. Breast Cancer Screening
  - ☐ 5. Cervical Cancer Screening
  - ☐ 6. Colorectal Cancer Screening
  - ☐ 7. Depression Screening
  - ☐ 7a. Comprehensive Diabetic Care
  - ☐ 8. Drug Disorder Screening and Behavioral Counseling
  - ☐ 9. Dyslipidemia Screening
  - ☐ 10. Folic Acid Supplementation
  - ☐ 11. Hepatitis B Virus Screening
  - ☐ 12. Hepatitis C Virus Screening
  - ☐ 13. High Blood Pressure Screening
  - ☐ 14. HIV Screening
  - ☐ 15. Intimate Partner Violence Screening for Women of Reproductive Age
  - ☐ 16. Lung Cancer Screening
  - ☐ 17. Obesity Screening and Counseling
  - ☐ 18. Osteoporosis Screening
  - ☐ 19. STI Screening & Counseling
  - ☐ 20. Skin cancer Behavioral Counseling
  - ☐ 21. Tobacco Use Screening, Counseling, and Intervention
  - ☐ 22. Tuberculosis Screening
- D. Adult Immunizations
  - ☐ 1. Given according to ACIP guidelines
  - ☐ 2. Vaccine administration documentation
  - ☐ 3. Vaccine Information Statement (VIS) Documentation

**For the Following Criteria:**  
**Format, Documentation, Coordination/Continuity of Care, Pediatric Preventive and/ Adult Preventive**  
***(Page with List of Topics/Criteria Must Be Attached)***

***INSTRUCTOR***

Name (Print)	Signature	Title

## ATTENDEES

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Provider Name and Address:

# In-Service Outline

Medical Record Review Guidelines

Date of Training:

## Perinatal Preventive Criteria

### A. Documentation of Initial Comprehensive Assessment (ICA)

- ☐ 1. Initial Comprehensive Assessment (ICA) within 4 weeks of entry to prenatal care
- ☐ 2. Obstetrical and Medical History
- ☐ 3. Physical Exam
- ☐ 4. Dental Assessment
- ☐ 5. Healthy Weight Gain and Behavioral Counseling
- ☐ 6. Lab Tests (Documentation of the Following):
  - ☐ a. Bacteriuria Screening
  - ☐ b. Rh Incompatibility Screening
  - ☐ c. Diabetes Screening
  - ☐ d. Hepatitis B Virus Screening
  - ☐ e. Hepatitis C Virus Screening
  - ☐ f. Chlamydia Infection Screening
  - ☐ g. Syphilis Infection Screening
  - ☐ h. Gonorrhea Infection Screening
  - ☐ i. HIV Screening

### B. Documentation of First Trimester Comprehensive Assessment

- ☐ 1. Individualized Care Plan (ICP)
- ☐ 2. Nutrition Assessment
- ☐ 3. Psychosocial Assessment
  - ☐ a. Maternal Mental Health Screening
  - ☐ b. Social Needs Assessment
  - ☐ c. Substance Use Disorder Assessment
- ☐ 4. Breastfeeding and other Health Education Assessment
- ☐ 5. Preeclampsia Screening
- ☐ 6. Intimate Partner Violence Screening

### C. Documentation of Second Trimester Comprehensive Assessment

- ☐ 1. Individualized Care Plan (ICP)
- ☐ 2. Nutrition Assessment
- ☐ 3. Psychosocial Assessment
  - ☐ a. Maternal Mental Health Screening
  - ☐ b. Social Needs Assessment
  - ☐ c. Substance Use Disorder Assessment
- ☐ 4. Breastfeeding and other Health Education Assessment
- ☐ 5. Preeclampsia Screening
  - ☐ a. Documentation that Low Dose Aspirin Offered/Prescribed
- ☐ 6. Intimate Partner Violence Screening
- ☐ 7. Diabetes Screening

### D. Documentation of Third Trimester Comprehensive Assessment

- ☐ 1. Individualized Care Plan (ICP)
- ☐ 2. Nutrition Assessment
- ☐ 3. Psychosocial Assessment
  - ☐ a. Maternal Mental Health Screening
  - ☐ b. Social Needs Assessment
  - ☐ c. Substance Use Disorder Assessment
- ☐ 4. Breastfeeding and other Health Education Assessment
- ☐ 5. Preeclampsia Screening
  - ☐ a. Documentation that Low Dose Aspirin Offered/Prescribed
- ☐ 6. Intimate Partner Violence Screening
- ☐ 7. Diabetes Screening
- ☐ 8. Screening for Strep B
- ☐ 9. Screening for Syphilis
- ☐ 10. Tdap Immunization

- ☐ E. Documentation of Prenatal care visits periodicity according to ACOG standards
- ☐ F. Documentation of Influenza Vaccine
- ☐ G. Documentation of COVID Vaccine
- ☐ H. Referral to Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and assessment of Infant Feeding Status
- ☐ I. HIV-related services offered
- ☐ J. Documentation of AFP/Genetic Screening Offered
- ☐ K. Documentation of Family Planning Evaluation

### L. Documentation of Comprehensive Postpartum Assessment

- ☐ 1. Individualized Care Plan (ICP)
- ☐ 2. Nutrition Assessment
- ☐ 3. Psychosocial Assessment
  - ☐ a. Maternal Mental Health Screening
  - ☐ b. Social Needs Assessment
  - ☐ c. Substance Use Disorder Assessment
- ☐ 4. Breastfeeding and other Health Education Assessment
- ☐ 5. Comprehensive Physical Exam

## INSTRUCTOR

Name (Print)	Signature	Title

## ATTENDEES

Name (Print)	Signature	Title
