

## Primary Care Provider-Medical Record Review Tool

Health Plan: \_\_\_\_\_

Review Date: \_\_\_\_\_

Site ID: \_\_\_\_\_ Site NPI: \_\_\_\_\_

Reviewer name/title: \_\_\_\_\_

Address: \_\_\_\_\_

Reviewer name/title: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Reviewer name/title: \_\_\_\_\_

Reviewer name/title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Collaborating MCP(s): 1. \_\_\_\_\_

2. \_\_\_\_\_

No. of Physicians: \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Provider Name	Credentials (MD, NP, PA, CNM, LM)	NPI

Electronic Medical Record (EMR): Yes (#) \_\_\_\_\_ No(#) \_\_\_\_\_

Medical Record Review: Onsite \_\_\_\_\_ Remote Access \_\_\_\_\_

Paper/Hard Copy Medical Records: Yes \_\_\_\_\_ No \_\_\_\_\_ Shared Medical Records: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Records Reviewed: \_\_\_\_\_


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 _____ <div style="text-align: center; font-size: small;">(type)</div>	<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"/> PCMH <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
<p><b>Note: Score "R" for Documented Member Refusal (due to member non-compliance with evidence showing provider outreach, referrals, lab orders, awaiting results.)</b></p> <p><b>When scoring for OB/CPSP Preventive, score the Adult or Pediatric Preventive criteria for the same record.</b></p>							<p><b>Scoring is based on <u>10</u> medical records.</b></p> <ol style="list-style-type: none"> <li>1) Add points given in each section.</li> <li>2) Add points given for all six (6) sections.</li> <li>3) Subtract "N/A" points (if any) from total points possible to get "adjusted" total points possible.</li> <li>4) Divide total points given by "adjusted" total points possible.</li> <li>5) Multiply by 100 to determine compliance rate as a percentage.</li> </ol> <p>_____ ÷ _____ = _____ x 100 = _____ %</p> <p>Points Total/ Decimal Compliance Given Adjusted Score Rate Pts. Poss.</p> <p>Note: Since Preventive Criteria have different points possible per type (Ped-34, Adult-30, OB/CPSP-59, the <u>total points possible</u> will differ from site to site, depending on the number of <i>types</i> of records that are selected. The "No's" column <i>may</i> be used to help double-check math. The far-right Section Score % column may be used to determine if section is &lt;80%.</p>	<p><b>Note: Any section score of &lt; 80% requires a CAP for the entire MRR, regardless of the Total MRR score.</b></p> <p>_____ <b>Exempted Pass: 90% or above:</b> (Total score is ≥ 90% <b>and</b> all section scores are 80% or above)</p> <p>_____ <b>Conditional Pass: 80-89%:</b> (Total MRR is 80-89% <b>OR</b> Any section(s) score is &lt; 80%)</p> <p>_____ <b>Fail: 79% and Below</b></p> <p>_____ CAP Required</p> <p>_____ Other follow-up</p> <p><b>Next Review Due:</b> _____</p>
	Points possible	Yes Pts. Given	R Pts. Given	No's	N/A's	Section Score %		
<b>I. Format</b>	<b>(8) x 10 = 80</b>							
<b>II. Documentation</b>	<b>(8) x 10 = 80</b>							
<b>III. Coordination of Care</b>	<b>(8) x 10 = 80</b>							
<b>IV. Pediatric Preventive</b>	<b>(34) x # of records</b>							
<b>V. Adult Preventive</b>	<b>(30) x # of records</b>							
<b>VI. OB/CPSP Preventive</b>	<b>(59) x # of records</b>							
	<b>Points Possible</b>	<b>Yes Pts. Given</b>	<b>R Pts. Given</b>	<b>No's</b>	<b>N/A's</b>			

## Medical Records Reference:

Medical Record	CIN	Age Year/Month	Gender	Member's Health Plan Code or Name	Member's Enrollment Date in MCP or Effective Date PCP Assigned to Member*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\* Whichever is more recent

<b>I. Format Criteria</b>												
<b>E  RN/NP/MD/PA/CNM/LM</b>												
<b>Criteria met: Give one (1) point</b> <b>Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.)</b> <b>Criteria not met: 0 points</b> <b>Criteria not applicable: N/A</b>	<b>Wt.</b>	<b>MR #1</b>	<b>MR #2</b>	<b>MR #3</b>	<b>MR #4</b>	<b>MR #5</b>	<b>MR #6</b>	<b>MR #7</b>	<b>MR #8</b>	<b>MR #9</b>	<b>MR #10</b>	<b>Score</b>
<b>Individual Medical Record is established for each member.</b>												
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											
<b>Comments:</b>	<b>Yes</b>											
	<b>R</b>											
	<b>No</b>											
	<b>NA</b>											

## II. Documentation Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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											
<b>D. Appropriate consents are present:</b>												
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											
<b>Comments:</b>	Yes											
	R											
	No											
	N/A											

### III. Coordination of Care Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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											
<b>Comments:</b>	Yes											
	R											
	No											
	N/A											

**IV. Pediatric Preventive Criteria** NOTE: \* denotes Pending AAP guidance.

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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>A. Initial Health Appointment (IHA) includes H&amp;P and Risk Assessment</b>												
1) Comprehensive History and Physical	1											
2) Member Risk Assessment	1											
<b>B. Subsequent Comprehensive Health Assessment</b>												
1) Comprehensive History and Physical exam completed at age-appropriate frequency	1											
2) Subsequent Risk Assessment	1											
<b>C. Well-child visit</b>												
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											

**IV. Pediatric Preventive Criteria** NOTE: \* denotes Pending AAP guidance.

**E**  **RN/NP/MD/PA/CNM/LM**

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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) Suicide-Risk Screening	1											
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											
<b>D. Childhood Immunizations</b>												
1) Given according to Advisory Committee on Immunization Practices (ACIP) guidelines	1											



**IV. Pediatric Preventive Criteria** NOTE: \* denotes Pending AAP guidance.

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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) Vaccine administration documentation	1											
3) Vaccine Information Statement (VIS) documentation	1											
Comments:	Yes											
	R											
	No											
	N/A											

## V. Adult Preventive Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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>A. Initial Health Appointment (IHA) includes H&amp;P and Risk Assessment</b>												
1) Comprehensive History and Physical	1											
2) Member Risk Assessment	1											
<b>B. Periodic Health Evaluation according to most recent United States Preventive Services Taskforce (USPSTF) Guidelines</b>												
1) Comprehensive History and Physical Exam completed at age-appropriate frequency	1											
2) <b>Subsequent</b> Risk Assessment	1											
<b>C. Adult Preventive Care Screenings</b>												
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 Use Disorder Screening and Behavioral Counseling	1											
9) Dyslipidemia Screening	1											
10) Folic Acid Supplementation	1											

## V. Adult Preventive Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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
11) Hepatitis B Virus Screening	1											
12) Hepatitis C Virus Screening	1											
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											
<b>D. Adult Immunizations</b>												
1) Given according to ACIP guidelines	1											
2) Vaccine administration documentation	1											
3) Vaccine Information Statement (VIS) documentation	1											
<b>Comments:</b>	Yes											
	R											

## V. Adult Preventive Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point  
 Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.)  
 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
No											
N/A											

## VI. OB/CPSP Preventive Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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>A. Initial Comprehensive Prenatal Assessment (ICA)</b>												
1) Initial prenatal visit	1											
2) Obstetrical and Medical History	1											
3) Physical Exam	1											
4) Dental Assessment	1											
5) Healthy Weight Gain and Behavioral Counseling	1											
<b>6) Lab tests</b>												
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>B. First Trimester Comprehensive Assessment</b>												
1) Individualized Care Plan (ICP)	1											

## VI. OB/CPSP Preventive Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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											
<b>3) Psychosocial Assessment</b>												
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											
<b>C. Second Trimester Comprehensive assessment</b>												
1) ICP	1											
2) Nutrition Assessment	1											
<b>3) Psychosocial Assessment</b>												
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											

## VI. OB/CPSP Preventive Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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
6) Intimate Partner Violence Screening	1											
7) Diabetes Screening	1											
<b>D. Third Trimester Comprehensive assessment</b>												
1) ICP Update and Follow Up	1											
2) Nutrition Assessment	1											
<b>3) Psychosocial Assessment</b>												
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											
<b>E. Prenatal care visit periodicity according to most recent American College of Obstetricians and Gynecologists (ACOG) standards</b>	1											

## VI. OB/CPSP Preventive Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) 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>F.</b> Influenza Vaccine	1											
<b>G.</b> COVID Vaccine	1											
<b>H.</b> Referral to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and assessment of Infant Feeding Status	1											
<b>I.</b> HIV-related services <i>offered</i>	1											
<b>J.</b> AFP/Genetic Screening offered	1											
<b>K.</b> Family Planning Evaluation	1											
<b>L. Comprehensive Postpartum Assessment</b>												
<b>1)</b> ICP	1											
<b>2)</b> Nutrition Assessment	1											
<b>3) Psychosocial Assessment</b>												
<b>a)</b> Maternal Mental Health Screening/Postpartum Depression screening	1											
<b>b)</b> Social Needs Assessment	1											
<b>c)</b> Substance Use Disorder Assessment	1											
<b>4)</b> Breastfeeding and other Health Education Assessment	1											
<b>5)</b> Comprehensive Physical Exam	1											
<b>Comments:</b>	Yes											
	R											
	No											



## VI. OB/CPSP Preventive Criteria

E  RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point  
 Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.)  
 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
N/A											