

Blank Page (for numbering purposes)

1. Format Criteria

Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A	Wt	MR#	Score									
Member ID No. Age/Gender												
A. An individual medical record is established for each member.	1											
B. Member identification is on each page.	1											
C. Individual personal biographical information is documented.	1											
D. Emergency "contact" is identified.	1											
E. Medical records on site are consistently organized.	1											
F. Chart contents are securely fastened.	1											
G. Patient's assigned primary care physician (PCP) is identified.	1											
H. Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing-impaired persons are prominently noted.	1											
Comments:	8 Pts											

2. Documentation Criteria

 **RN/MD Review only**

Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A	Wt	MR#	Score										
Member ID No. Age/Gender													
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												
D. Signed Informed Consents are present, when appropriate.	1												
E. Advance Health Care Directive information is offered. (Only: Adults, 18 years/older; Emancipated minors)	1												
F. Medical record entries are in accordance with acceptable legal medical documentation standards.	1												
G. Errors are corrected according to legal medical documentation standards.	1												
Comments:	7 Pts												

3. Coordination/Continuity of Care Criteria

 **RN/MD Review only**

Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A Member ID No. Age/Gender	Wt	MR#	Score									
A. History of present illness 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. A physician reviewed consult/referral reports and diagnostic test results.	1											
G. Missed appointments and follow-up contacts/outreach efforts are noted.	1											
Comments:	7 Pts											

4. Pediatric Preventive Criteria

 **RN/MD Review only**

Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A	Wt	MR#	Score										
Member ID No.													
Age/Gender													
A. Initial Health Assessment (IHA).	1												
B. Individual Health Education Behavioral Assessment (IBEHA).	1												
C. Age-appropriate physical exams according to AAP schedule.	1												
D. Vision screening.	1												
E. Hearing screening.	1												
F. Nutrition assessment.	1												

Comments:

 **RN/MD Review only**

Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A Member ID No. Age/Gender	Wt	MR#	Score									
G. Dental assessment.	1											
H. Lead screening.	1											
I. Tuberculosis screening.	1											
J. Childhood immunizations.	1											
Comments:	10 Pts											

5. Adult Preventive Criteria

 **RN/MD Review only**

Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A	Wt	MR#	Score										
Member ID No.													
Age/Gender													
A. Initial Health Assessment (IHA).	1												
B. Individual Health Education Behavioral Assessment (IHEBA).	1												
C. Periodic Health Evaluation.	1												
D. Tuberculosis screening.	1												
E. Blood Pressure.	1												
F. Cholesterol.	1												

Comments:

 **RN/MD Review only**

Criteria met: Give one (1) points. Criteria not met: 0 points Criteria not applicable: N/A Member ID No. Age/Gender	Wt	MR#	Score									
G. Chlamydia screening.	1											
H. Mammogram.	1											
I. Pap Smear.	1											
J. Adult Immunizations	1											
Comments: 	10 Pts											

6. Perinatal Preventive Criteria

 **RN/MD Review only**

Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A	Wt	MR#	Score										
Member ID No. Age													
A. Initial Comprehensive Prenatal Assessment (ICA).	1												
B. Subsequent Comprehensive Prenatal trimester re-assessments.	1												
C. Prenatal care visits according to most recent ACOG standards.	1												
D. Individualized Care Plan (ICP).	1												
E. Referral to WIC and assessment of Infant Feeding status.	1												

Comments:

 **RN/MD Review only**

Criteria met: Give one (1) point. Criteria not met: 0 points Criteria not applicable: N/A Member ID No. Age	Wt	MR#	Score									
F. HIV-related services <i>offered</i> .	1											
G. AFP/Genetic screening <i>offered</i> .	1											
H. Domestic Violence/Abuse screening.	1											
I. Family Planning evaluation.	1											
J. Postpartum assessments.	1											
Comments:	10 Pts											

Medical Record Review Summary

California Department of Health Services
Medi-Cal Managed Care Division

Note: Survey is based on 10 medical records. Total points for Preventive Criteria are ***not*** to exceed 100 points in any combination.

Format	Documentation	Coord/Cont.		Pediatric	Adult	OB/CPSP	Total
				PLUS 10 of any of the following medical records			
10 records/ 80 points	10 records/ 70 points	10 records/ 70 points		5 records/ 50 points or 10 records/ 100 points	5 records/ 50 points or 10 records/ 100 points	5 records/ 50 points or 10 records/ 100 points	Full Pass: 90% or above Conditional Pass: 80-89% Not Pass: Below 80%

Comments

Format
Documentation
Continuity of Care
Preventive Content

Reviewer(s)/Title _____

Date: _____