Amerigroup
An Anthem Company

https://providers.amerigroup.com

2020 Quality Management department

Clinical Medical Record Review

Auditor		Date	

Group/provider name		Facets provider ID	
Specialty: (e.g., APN, MD, psychologist, psychiatrist, etc.)			
Type of chart:			
Languages spoken			
Race/ethnicity:			
Method of data exchange:	Fax, mail, email		

										All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All
										Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen	Admgen
										1Y	1N	1NA	2Y	2N	2NA	3Y	3N	3NA	4Y	4N	4NA	5Y	5N	5NA	6Y	6N	6NA
										1. Cultural and linguistic needs are being met, including documentation of interpretation service provided.			2. Legibility — the record is legible to someone other than the writer.			3. Member name or an ID number noted.			4. Personal biographical data noted.			5. Documentation of an allergy or absence of allergies and adverse reactions noted.			6. All entries must be signed.		
#	ID#	Name (Print — last, first)	Sex	Age	Line of business	DOB	Primary language	Race/ethnicity	Provider	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA
1																													
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
10																													
11																													
12																													
13																													
										0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0%

All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All
Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen
7Y	7N	7NA	8Y	8N	8NA	9Y	9N	9NA	10Y	10N	10NA				11Y	11N	11NA	12Y	12N	12NA	13Y	13N	13NA	14Y	14N	14NA	15Y	15N	15NA	16Y	16N	16NA	17Y	17N	17NA	18Y	18N	18NA
7. All entries must be dated.			8. Current problem list maintained. (Should include one of the following: symptoms and complaints, affect, behavior, focus topics, significant incidents or historical events.)			9. Medication list maintained.			10. Past medical history noted. (Include pertinent family and social history.)			11. Diagnosis			12. Smoking, ETOH/substance abuse noted.			13. History and physical examination noted.			14. Functional or cognitive deficits noted. Documentation must include an assessment of member's ability to perform ADL and IADL.			15. Plan of treatment noted. (Should include notations of progress, impediments, or treatment complications.)			16. Consultations, referrals, and specialist reports noted. (Includes social service assistance and if requested, a referral to county welfare agency.)			17. Plan for abnormal findings noted.			18. Emergency care: Copies of emergency treatment documentation, such as ER summary sheet.			19. Hospital discharge summaries: Copies of in-patient hospital discharge summaries noted in the medical record.		
Y	N	NA	Y	N	N/A	Y	N	NA	Y	N	N/A				Y	N	NA	Y	N	NA	Y	N	NA	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
0	0	0%	0	0	0%	0	0	0%	0	0	0%				0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%

All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All	All
Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen	Adm gen
19Y	19N	19NA	20Y	20N	20NA	21Y	21N	21NA	22Y	22N	22NA	23Y	23N	23NA	24Y	24N	24NA							25Y	25N	25NA	26Y	26N	26NA	27Y	27N	27NA	28Y	28N	28NA	29Y	29N	29NA	29 How
20. Diagnostic tests			21. Documentation of therapies and other prescribed regimens (PT, OT, E-Stim, etc.) noted. (Include modalities such as individual, group or family therapy and date/duration for BH.)			22. Notations about follow-up care, calls or visits, specific time of return noted in days, weeks or months documented.			23. Process in place for the exchange of confidential information from specialists or post-hospitalization referral/care in a timely manner.			24. Advance directives age 21 and older: Documentation of an advanced care planning discussion between the provider and member with the date when it was discussed noted.			25. Documentation that unresolved problems from previous visits are addressed in subsequent visits.			26. Vision screening			27. Hearing screening			28. Dental screening documented.			29. Dental referral documented.			30. Coordination and continuity of care between behavioral health and physical/medical.			31. Completed immunization record for ages 12 and under or a notation that immunizations are up-to-date.			32. Lead screening by 12 months and 24 months of age; or by 72 months of age if not previously tested.			
Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA							Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	How performed
0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%							0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	

21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+
Adult BMI	Adult BMI	Adult BMI	Adult BCS	Adult BCS	Adult BCS	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult CDC	Adult ASM	Adult ASM	Adult ASM	Adult	Adult	Adult	Adult	Adult	Adult
1Y	1N	1NA	2Y	2N	2NA	3Y	3N	3NA	4Y	4N	4NA	5Y	5N	5NA	6Y	6N	6NA	7Y	7N	7NA	8Y	8N	8NA	9Y	9N	9NA	10Y	10N	10NA
1. Documentation of BMI value is noted in medical record.			2. Documentation of referral for breast cancer screening annually for women ages 50-74 and ABD population for ages 65-75 noted.			3. Documentation of the last HgbA1c test result is noted in the medical record for adults identified as having diabetes.			4. If yes, is the HgbA1c result < 8% for adults identified as having diabetes.			5. Documentation of blood pressure screening < 140/90 from last office visit is noted in the medical record for adults identified as having diabetes.			6. Documentation of annual dilated or retinal eye exam is noted in medical record for adults identified as having diabetes.			7. Documentation of annual nephropathy screening test is noted in the medical record for adults identified as having diabetes.			8. Documentation of adults 21 to 64 years of age who were identified as having persistent asthma and who were appropriately prescribed medication.			9. Documentation/discussion of annual Influenza vaccine.			10. Documentation of pneumococcal vaccine for adults age 65 and older, earlier if high risk.		
Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	NA	Y	N	N/A	Y	N	N/A	Y	N	NA	Y	N	NA	Y	N	N/A
0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%

21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	21+	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20
Adult FUH	Adult FUH	Adult FUH	Adult FUH	Adult FUH	Adult FUH	Adult FUH	Adult FUH	Adult FUH	Adult FUH	Adult FUH	Adult FUH	Child WCC	Child WCC	Child WCC	Child WCC	Child WCC	Child WCC	Child WCC	Child WCC	Child WCC	Child HPV	Child HPV	Child HPV	Child ADD	Child ADD	Child ADD	Child ASM	Child ASM	Child ASM	Child	Child	Child
11Y	11N	11NA	12Y	12N	12NA	13Y	13N	13NA	14Y	14N	14NA	1Y	1N	1NA	2Y	2N	2NA	3Y	3N	3NA	4Y	4N	4NA	5Y	5N	5NA	6Y	6N	6NA	7Y	7N	7NA
11. Documentation of adults who were hospitalized for treatment of selected mental illness. (BH provider)			12. Documentation of a follow-up visit within seven days of discharge for adults who were hospitalized for treatment of selected mental illness. (BH provider)			13. Documentation of a follow-up visit within 30 days of discharge for adults who were hospitalized for treatment of selected mental illness. (BH provider)			14. Prostate cancer screening ages 65-75 at least every two years.			1. Documentation of height, weight, and BMI percentile for children ages 3 to 20 is noted.			2. Documentation of counseling for nutrition or referral for nutrition education for children ages 3 to 20 is noted.			3. Documentation of counseling for physical activity or referral for physical activity for children ages 3 to 20 is noted.			4. Documentation of female adolescents who had three doses of HPV vaccine on or between their 9th and 13th birthday noted.			5. Documentation of children ages 6-12 newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.			6. Documentation of children 5 to 20 years of age who were identified as having persistent asthma and who were appropriately prescribed medication.			7. Health education/anticipatory guidance was given as appropriate for age.		
Y	N	N/A	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%

0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-20	0-3	0-3	0-3	0-3	0-3	0-3	0-3	12-21	12-21	12-21	12-21	12-21	12-21	12-21	12-21	12-21	12-21	
Child FUH	Child FUH	Child FUH	Child FUH	Child FUH	Child FUH	Child FUH	Child FUH	Child FUH	Dev PIP	Dev PIP	Dev PIP	Dev PIP	Dev PIP	Dev PIP	Dev PIP	Adol PIP	Adol PIP	Adol PIP	Adol PIP	Adol PIP	Adol PIP	Adol PIP	Adol PIP	Adol PIP	Adol PIP	
8Y	8N	8NA	9Y	9N	9NA	10Y	10N	10NA	11Y	11N	11NA	12Y, N, NA	12Y,N,NA	12Y,N,NA		13Y,N,NA	13Y,N,NA	13Y,N,NA	13Y,N,NA	13Y,N,NA	14Y,N,NA	14Y,N,NA	14Y,N,NA	14Y,N,NA	14Y,N,NA	
8. Documentation of children ages 6 and older who were hospitalized for treatment of selected mental illness. (BH provider)			9. Documentation of a follow-up visit within seven days of discharge for children ages 6 and older who were hospitalized for treatment of selected mental illness. (BH provider)			10. Documentation of a follow-up visit within 30 days of discharge for children ages 6 and older who were hospitalized for treatment of selected mental illness. (BH provider)			11. Documentation of a developmental screening performed.			12. If documentation of a developmental screening performed, specify what type.				13. If documentation of screening for risk behaviors (listed below) is found in the medical record during the adolescent AWC for 12 through 20-year-old members. (Check off all that were screened.)					14. If screening for risk behaviors (listed below) was positive during the adolescent AWC for 12 through 20-year-old members, was there a clinical response present in the documentation.					15. Comments
Y	N	NA	Y	N	NA	Y	N	NA	Y	N	NA	Tool	EMR	HC Note	Other	Tobacco	Alcohol	Drugs	Sexual behavior	Depression	Tobacco	Alcohol	Drugs	Sexual behavior	Depression	
0	0	0%	0	0	0%	0	0	0%	0	0	0%	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	