Healthy Blue℠
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Healthy Connections

Policy and Procedure

SUBJECT:	Medical Office Record Review for Documentation Standards
POLICY NUMBER:	MCD-QM 13
DEPARTMENT:	Quality Management
EFFECTIVE DATE:	January 1, 2024
REVISION DATE:	December 20, 2024
PRODUCT LINE:	Medicaid

PURPOSE:
To ensure primary care physicians (PCPs) are compliant with Healthy Blue's medical record documentation standards.

SCOPE:
This policy applies to the Healthy Blue Quality Management Department.

POLICY:
The Quality Management department conducts medical office record reviews to assess primary care physicians' compliance with Healthy Blue's medical record documentation standards. Healthy Blue communicates the standards and goals to all network practitioners through the Provider Manual.

PROCEDURE:

1. The Quality Management Department staff conducts a Medical Office Record Compliance Audit (MORCA). The annual audit includes 30 (thirty) network primary care providers, selected at random, regardless of the number of assigned members they treat.
2. The primary care providers are selected from Healthy Blue's active gap in care report.
3. Up to five (5) member charts are audited for each primary care physician.
4. The Clinical Quality Improvement Committee (CQIC) has identified the following categories to include in the medical record review:
    - Patient name, Medicaid identification number, age, sex, and places of residence and employment and responsible party (parent or guardian)
    - All pages within chart contain member name and/or ID#
    - Services provided through the MCO, date of service, service site, and name of service Provider.
    - All chart entries are legible.
    - Documentation of emergency and/or after-hours encounters and follow-up
    - Signed and dated consent forms.
    - Review of consults, labs, and other studies

- Allergies/adverse reactions
- The documentation for each visit must include:
  - o Date
  - o Purpose of visit
  - o Diagnosis or medical impression
  - o Objective finding
  - o Assessment of patient's findings
  - o Plan of treatment, diagnostic tests, therapies, and other prescribed regimens
  - o Medications prescribed.
  - o Health education provided.
  - o Signature and title or initials of the Provider rendering the service.
  - ○ If more than one person documents in the Medical Record, there must be a record on file as to what signature is represented by which initials
- Medical history, diagnoses, prescribed treatment and/or therapy, and drug(s) administered or dispensed. The Health Record shall commence on the date of the first patient examination made through, or by the MCO.
- Problems from previous visits addressed
- Referrals and results of specialist referrals including but not limited to lab and x-ray results
- Notation of follow-up/return visit
- For pediatric records (under 19 years of age) record of immunization status.
- Documentation of advance directives, if completed.

Not Included in PCP's Score but assessed:

- Availability / access to the record
- Continuity of care from specialists and facility providers
- Adult Health Maintenance
- Children Health Maintenance

5. The performance benchmark is a score of 85%. If an office fails their first review, they are resurveyed the following year. If the office fails the second review, an action plan will be created and implemented. The office will be resurveyed after two years to allow time for the action plan to be implemented. If the office fails the third review, Healthy Blue can make one of two determinations:
   - The issues do not affect patient care and the office passes their medical record review.

- The issues do affect patient care and the office needs further monitoring and action, including but not limited to referral to the Credentialing Committee.

All offices will receive initial feedback verbally, followed formally in writing after the record review visit. Offices who score below 90% on any individual category will receive intervention related to that category. Intervention includes education of the provider.

6. Results of the annual audit, as well as the audit tool, are presented annually to CQIC for approval.

REFERENCES: N/A

DEFINITIONS:

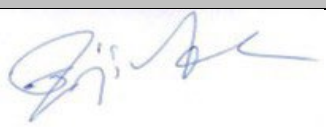
Medical Record Review - A medical record review consists of an assessment of the medical record for organization, continuity and coordination of care, and content of the medical record, including documentation of all services provided directly by the practitioner and all ancillary services and diagnostic tests ordered by the practitioner.

MANAGEMENT OVERSIGHT:

The quality director provides oversight of this process and compliance to this policy.

ATTACHMENTS: NA

APPROVAL SIGNATURES

Title/Name	Signature
AVP, Quality Improvement Strategy Tajinder Wadhwa	
VP, Healthy Blue MCO **David Livingston**	

REVISION HISTORY

Approval Date	Description
1/1/2024	New Policy
3/27/2024	Updated Signatures
12/20/2024	Update of items assessed and scored consistent with MCO P&P; members pulled from active GIC reports to avoid members assigned but not seen