

MEDICAL OFFICE RECORD COMPLIANCE AUDIT

Total Section I: #DIV/0!
 Total Section II: #DIV/0!
 Total Section III: #DIV/0!
 Total Section IV: #DIV/0!

PROVIDER ID: _____ N / A = Not applicable
 CLINIC: _____ 1 = present
 ADDRESS: _____
 0 = Not present

Total Score: #DIV/0!

		Provider 1			Provider 2			Provider 3			Provider 4			Provider 5			Total Points	Points Possible	Percentage	
I. GENERAL DOCUMENTATION (assessed and scored)																				
1	Complete member demographic information - including age, sex, place of residence, employment and responsible party (parent or guardian)																	0	0	#DIV/0!
2	All pages in chart contain name or ID #																	0	0	#DIV/0!
3	Provider identified on each entry																	0	0	#DIV/0!
4	Chart entries are dated and signed																	0	0	#DIV/0!
5	All chart entries are legible																	0	0	#DIV/0!
6	Signed and Dated Consent Forms - HIPAA and Consent to Treat																	0	0	#DIV/0!
7	Documentation of after-hours call or treatment																	0	0	#DIV/0!
8	Review of consults, labs and other studies																	0	0	#DIV/0!
9	ER and/or Hospital records present																	0	0	#DIV/0!
10	Coordination of care between PCP/Specialist/BH - Not scored, but assessed																	0	0	#DIV/0!
TOTAL Section I																0	0	#DIV/0!		
II. MEDICAL / SOCIAL HISTORY / MEDICAL MANAGEMENT (assessed and scored)																				
11	Allergies/adverse reactions or NKA documented																	0	0	#DIV/0!
12	Updated problem list																	0	0	#DIV/0!
13	Updated medication list utilized																	0	0	#DIV/0!
14	Family medical history																	0	0	#DIV/0!
15	Past medical history/dental history, if available																	0	0	#DIV/0!
16	Social history (age 18 or older)																	0	0	#DIV/0!
17	History of smoking habits noted (starting age 11 yrs)																	0	0	#DIV/0!
18	History of alcohol usage noted (starting age 11 yrs)																	0	0	#DIV/0!
19	History of substance abuse noted (starting age 11 yrs)																	0	0	#DIV/0!
20	Referral or education for positive #18, #19, and #20																	0	0	#DIV/0!
21	Problems from previous visits addressed																	0	0	#DIV/0!
22	Assessment/Diagnosis appropriate																	0	0	#DIV/0!
23	Plan of treatment, testing, therapies, or other prescribed regimens (consistent with diagnosis)																	0	0	#DIV/0!
24	Follow-up/return visit																	0	0	#DIV/0!
25	Member informed of abnormal lab/x-ray results																	0	0	#DIV/0!
26	Treatment or referral for mental health issues by PCP																	0	0	#DIV/0!
27	Advanced Directives																	0	0	#DIV/0!
28	Immunization Record																	0	0	#DIV/0!
TOTAL Section II																0	0	#DIV/0!		
III. ADULT HEALTH MAINTENANCE (potentially assessed but not scored)																				
28	BMI (age 20-74)																	0	0	#DIV/0!
29	Cervical Cancer Screen (age 18-65)																	0	0	#DIV/0!
30	Breast Cancer Screen (age 40-74)																	0	0	#DIV/0!
31	Chlamydia (Sexually active females age 16 or older)																	0	0	#DIV/0!
33	Influenza (age 50 or older)																	0	0	#DIV/0!
35	Pneumovax (age 19-64)																	0	0	#DIV/0!
36	Blood Pressure Screen																	0	0	#DIV/0!
37	Second screening during visit if BP 140/90 or above																	0	0	#DIV/0!
38	HgA1c test annually (DM Dx)																	0	0	#DIV/0!
39	Retinal eye exam (DM Dx)																	0	0	#DIV/0!
40	Kidney Health Evaluation eGFR and uACR (DM Dx)																	0	0	#DIV/0!
TOTAL Section III																0	0	#DIV/0!		
IV. CHILDREN HEALTH MAINTENANCE (potentially assessed but not scored)																				
41	Anticipatory Guidance																	0	0	#DIV/0!
42	Developmental Assessment																	0	0	#DIV/0!
43	Nutritional Screening (3-17yrs)																	0	0	#DIV/0!
44	Counseling for Physical Activity (3-17yrs)																	0	0	#DIV/0!
45	Hearing Screening (3,4,5,10,12,18 y/o)																	0	0	#DIV/0!
46	Vision screening (3,4,5,10,12,18 y/o)																	0	0	#DIV/0!
47	Speech screening (3,4,5,10,12,18 y/o)																	0	0	#DIV/0!
48	Growth screen																	0	0	#DIV/0!
49	BMI Percentile (3-19 y/o)																	0	0	#DIV/0!
50	Dental screen/referral, if applicable																	0	0	#DIV/0!
51	Behavioral health screening/referral, if applicable																	0	0	#DIV/0!
52	ADHD follow-up 30 days post Rx treatment (6-12y/o)																	0	0	#DIV/0!
53	ADHD follow-up x2 within 120 days of initial diagnosis																	0	0	#DIV/0!
54	Smoke, Alcohol, and/or Drug Use/Exposure																	0	0	#DIV/0!
55	Hgb/Hct (9mos, & 1x 10-21)																	0	0	#DIV/0!
56	Blood lead testing (Before 2nd Birthday)																	0	0	#DIV/0!
TOTAL Section IV																0	0	#DIV/0!		

AUDITOR: _____
 DATE OF AUDIT: _____
 RESULTS DISCUSSED WITH: _____
 DATE RESULTS VERBALLY DISCUSSED: _____
 DATE RESULTS LETTER SENT: _____