



Medical Record Review Preparation Checklist

This communication applies to the Medicaid and Medicare-Medicaid Plan (MMP) programs.

Use this Medical Record Review (MRR) Preparation Checklist to conduct an internal review of your practice to determine readiness for your upcoming MRR survey. You may reference the most current California Department of Health Care Services (DHCS) Site Review and MRR Survey Standards, the American Academy of Pediatrics (AAP), the U.S. Preventive Services Task Force (USPSTF), and other governing entity website links and health plan resources provided as embedded links (in blue) in the checklist below for more information. Reviewing the standards in the checklist (including directions/instructions, rules, regulation parameters, and/or indicators) prior to the MRR may improve and expedite the survey experience. Not all standards will be applicable to your location.

All criteria have a weighted score of one point and shall be corrected by the provider within 30 calendar days from the survey report date.

Please mark each criterion as Yes if your site complies with the requirement, or as No if your site does not comply. For each criteria marked as No, you are encouraged to begin corrective actions prior to your actual survey. Before or at the start of your site visit, it would be useful for you to contact/inform your reviewer to discuss any non-compliant criteria.

We appreciate your cooperation and partnership in completing a successful review.

Medical Record Review				
Format		Yes	No	Comments
1	Member identification is on each page.			
2	Individual personal biographical information is documented.			
3	Emergency contact name, number, and relationship are identified; minor's primary emergency contact must be parent/legal guardian.			
4	Medical records on-site are maintained and organized.			
5	Member's assigned and/or rendering primary care physician (PCP) is identified.			
6	Primary language and linguistic service needs of non- or limited English proficient (LEP), or hearing/speech-impaired persons are prominently noted.			
7	Person or entity providing medical interpretation is identified.			
8	Signed copy of the Notice of Privacy Understanding Some of HIPAA's Permitted Uses and Disclosures HHS.gov			
Documentation		Yes	No	Comments
1	Allergies and reactions to allergies are prominently noted.			
2	Chronic problems and/or significant conditions are listed.			
3	Current continuous medications are listed.			
4	Appropriate consents are present: <ol style="list-style-type: none"> a) Release of medical records b) Informed consent for invasive procedures 			
5	Advanced Health Care Directive information is offered (reviewed at least every five years). <ul style="list-style-type: none"> • Advance Health Care Directive Education • Advance Health Care Directive Form 1 • Advance Health Care Directive Form 2 			
6	All entries are signed, dated and legible.			
7	Errors are corrected according to legal medical documentation standards.			



Coordination/Continuity of Care		Yes	No	Comments
1	History of present illness or reason for visit is documented.			
2	Working diagnoses are consistent with findings.			
3	Treatment plans are consistent with diagnoses.			
4	Instruction for follow-up care is documented.			
5	Unresolved/continuing problems are addressed in subsequent visit(s).			
6	There is evidence of practitioner review of consult/referral reports and diagnostic test results.			
7	There is evidence of follow-up of specialty referrals made and results/reports of diagnostic tests, when appropriate.			
8	Missed primary care appointments and outreach efforts/follow-up contacts are documented.			
Adult Preventive Care		Yes	No	Comments
1	<p>Initial Health Appointment (IHA):</p> <p>a) Comprehensive history and physical: Complete within 120 days of enrollment (PCP effective date) or within 12 months prior to enrollment (including review of systems, complete physical exam of head-to-toe assessment to include dental assessment).</p> <p>b) Member Risk Assessment: Complete at least one (1) of the following risk assessment domains within 120 days of enrollment (PCP effective date) or within 12 months prior to enrollment: Adverse Childhood Experiences (ACEs), Cognitive Health Assessment (CHA) for seniors 65 years and older, Health Risk Assessment (HIF/MET), or Social Determinants of Health (SDOH).</p> <p>Mini-Cog CMS SDOH https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html CMS Accountable Health Communities (AHC) Health Related Social Needs (HRSN) Screening Tool</p>			
2	<p>Periodic health evaluation according to most current USPSTF guidelines</p> <p>a) Comprehensive History and Physical exam completed at age-appropriate frequency. (include review of systems, complete physical exam of head-to-toe assessment to include dental assessment).</p> <p>b) Subsequent Risk Assessment: Complete at least one (1) of the following risk assessment domains annually: ACEs, CHA (for seniors 65 years and older), HRA, or SDOH.</p>			
3	<p>Abdominal Aneurysm Screening: Assess all patients during well-adult visits for past and current tobacco use. Men ages 65 to 75 years who have ever smoked at least 100 cigarettes in their lifetime shall be screened once by ultrasonography).</p> <p>https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/abdominal-aortic-aneurysm-screening</p>			



Adult Preventive Care		Yes	No	Comments
4	<p>Alcohol Use Disorder (AUD) Screening and Behavioral Counseling: Assess all adults at each well-adult visit for AUD. If at any time the PCP identifies a potential AUD, the provider shall:</p> <p>1) Use CRAFFT, TAPS, NM-ASSIST, AUDIT/C or other validated assessment tools; NIDA - nmassist - Screening Tool</p> <p>2) Offer behavioral counseling;</p> <p>3) Refer to county program; and</p> <p>4) Complete one expanded screening tool at least annually</p>			
5	<p>Breast Cancer Screening: Perform a mammogram for women 40 to 75 years old, every 1 to 2 years. Breast Cancer: Screening United States Preventive Services Taskforce</p>			
6	<p>Cervical Cancer Screening: The USPSTF recommends screening for cervical cancer every three years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus hrHPV testing alone, or every 5 years with hrHPV testing in combination with cytology co-testing. Cervical Cancer: Screening United States Preventive Services Taskforce</p>			
7	<p>Colorectal Cancer Screening: Perform on adults 45 to 75 years old. Screening for Depression in Adults United States Preventive Services Taskforce</p>			
8	<p>Depression Screening: Per USPSTF, screen all adults at each well visit regardless of risk factors using PHQ-2, PHQ-9, or other validated screening tools. Screening should be implemented at each well visit with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up. Depression & Suicide Risk in Adults: Screening United States Preventive Services Taskforce</p>			
9	<p>Diabetic Screening and Comprehensive Diabetic Care: Adults ages 35 to 70 who are overweight or obese should receive a screen for type II diabetes at each well visit. Glucose abnormalities can be detected by measuring HbA1c or fasting plasma glucose or with an oral glucose tolerance test. Offer or refer patients with glucose abnormalities to intensive behavioral counseling interventions to promote a healthful diet and physical activity. Patients with the diagnosis of IFG, IGT, or type 2 diabetes should be confirmed; repeat testing with the same test on a different day is the preferred method of confirmation. Patients with a diagnosis of diabetes, shall have documented evidence of routine comprehensive diabetic care/screening: retinal exams, podiatry, nephrology, and such. Prediabetes and Type 2 Diabetes: Screening United States Preventive Services Taskforce</p>			
10	<p>Drug Use Disorder Screening and Behavioral Counseling: Assess all adults at each well visit for drug misuse. If at any time the PCP identifies a potential drug use disorder, the provider shall:</p> <p>1) Use CRAFFT, TAPS, NM-ASSIST, or other validated assessment tools; NIDA - nmassist - Screening Tool</p> <p>2) Offer behavioral counseling;</p> <p>3) Refer to county program; and</p> <p>4) Complete one expanded screening tool at least annually. Unhealthy Drug Use: Screening United States Preventive Services Taskforce</p>			

Adult Preventive Care		Yes	No	Comments
11	<p>Dyslipidemia Screening/Statin Use: USPSTF recommends that adults without a history of cardiovascular disease (CVD) (symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all the following criteria are met:</p> <ul style="list-style-type: none"> a) Ages 40 to 75 years b) One or more CVD risk factors (including dyslipidemia, diabetes, hypertension, or smoking); c) A calculated 10-year risk of a cardiovascular event of 10% or greater <p>Screen universal lipids at every well-visit for those with increased risk of heart disease and at least every 6 years for healthy adults.</p> <p>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication United States Preventive Services Taskforce</p>			
12	<p>Folic Acid Supplementation: The USPSTF recommends that all women who are planning or capable of pregnancy (under 50 years old) take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.</p> <p>Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</p>			
13	<p>Hepatitis B Virus Screening: Perform a risk assessment at each well visit. Risk factors include individuals or whose parents were born in SubSaharan Africa: Egypt, Algeria, Morocco, Libya; Central and Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore; HIV+, IV drug users, MSM, household contact with HBV infected individuals, infants born to HBsAg+ parents. Those at risk should include testing to three HBV screening seromarkers (HBsAg, antibody to HBsAg anti-HBs, and antibody to hepatitis B core antigen anti-HBc) so that persons can be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling, and linkage to care and treatment. Clinicians should test all adults ages 18 years and older, even those without the above risk factors for HBV infection at least once during their lifetime using the triple panel test. Conduct routine periodic testing for people with ongoing risk factors.</p> <p>Clinical Overview of Hepatitis B Hepatitis B CDC</p>			
14	<p>Hepatitis C Virus Screening: All adults 18 to 79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at each well visit. Persons with increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually. Per CDC, conduct universal testing at least once between ages 18 to 79, even for those without risk factors. Hepatitis C testing is also recommended for all pregnant women during each pregnancy, those receiving long term hemodialysis, those with HIV, prior recipients of transfusions or organ transplant before July 1992 or donor who later tested positive for HCV infection, persistently abnormal ALT levels, and those who received clotting factor concentrates produced before 1987. Testing should be initiated with anti-HCV. For those with reactive test results, the anti-HCV test should be followed with an HCV RNA.</p> <p>Clinical Screening and Diagnosis for Hepatitis C Hepatitis C CDC</p>			
15	<p>High Blood Pressure Screening: Screen at each well visit.</p> <p>Hypertension in Adults: Screening United States Preventive Services Taskforce</p>			



Adult Preventive Care		Yes	No	Comments
16	<p>HIV Screening: USPSTF recommends risk assessment shall be completed at each well visit for patients 65 years old and younger. Those at high risk (for example, having intercourse without a condom or with more than one sexual partner whose HIV status is unknown, IV drug users, MSM) regardless of age shall be tested for HIV and offered pre-exposure prophylaxis (PrEP). Lab results are documented.</p> <p>Prevention of Acquisition of HIV: Preexposure Prophylaxis United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</p>			
17	<p>Intimate Partner Violence (IPV) Screening: Perform at each well visit for female patients of reproductive age, regardless of sexual activity, using screening tools such as Humiliation, Afraid, Rape, Kick (HARK); Hurt, Insult, Threaten, Scream (HITS); Extended–Hurt, Insult, Threaten, Scream (E-HITS); Partner Violence Screen (PVS); and Woman Abuse Screening Tool (WAST). Reproductive age is defined across studies as ranging from 12 to 49 years, with most research focusing on women age 18 years or older. IPV describes physical, sexual, or psychological harm by a current or former partner or spouse. Provide or refer those who screen positive to ongoing support services.</p> <p>Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening United States Preventive Services Taskforce</p>			
18	<p>Lung Cancer Screening: Assess all individuals during well adult visits for past and current tobacco use. Adults ages 50 to 80 years who have a 20-pack-year smoking history (for example, 1 pack per day for 20 years or 2 packs per day for 10 years) and currently smoke or have quit within the past 15 years, shall be screened annually with low-dose computed tomography.</p> <p>Lung Cancer: Screening United States Preventive Services Taskforce</p>			
19	<p>Obesity Screening and Counseling: Document weight and BMI at each well visit. The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults (BMI 30 or greater).</p> <p>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions United States Preventive Services Taskforce</p>			
20	<p>Osteoporosis Screening: Assess all postmenopausal women during well adult visits for risk of osteoporosis. USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older and in women younger than 65 with one of the following risk factors: parental history of hip fracture, smoking, excessive alcohol consumption, or low body weight.</p> <p>Osteoporosis to Prevent Fractures: Screening United States Preventive Services Taskforce</p>			

Adult Preventive Care	Yes	No	Comments
<p>21 Sexually Transmitted Infection (STI) Screening and Counseling: Assess all individuals at each well visit for risk of STI and test those at risk and offer. Perform intensive behavioral counseling for adults who are at increased risk for STIs includes counseling on use of appropriate protection and lifestyle:</p> <ul style="list-style-type: none"> a) Chlamydia and gonorrhea: Test all sexually active women under 25 years old and older women who have new or multiple sex partners. Test MSM regardless of condom use and persons with HIV at least annually. b) Syphilis: Test MSM regardless of condom use and persons with HIV at least annually. c) Trichomonas: Test all sexually active women seeking care for vaginal discharge, women who are IV drug users, women who exchange sex for payment, women with HIV or have history of STI. d) Herpes: Test all men and women requesting STI evaluation who have multiple sex partners, those with HIV and MSM with undiagnosed genital tract infection. <p>Sexually Transmitted Infections: Behavioral Counseling United States Preventive Services Taskforce</p>			
<p>22 Skin Cancer Behavioral Counseling: USPSTF recommends that young adults 24 years old and younger be counseled to minimize exposure to ultraviolet (UV) radiation to reduce their risk of skin cancer.</p> <p>Skin Cancer Prevention: Behavioral Counseling United States Preventive Services Taskforce</p>			
<p>23 Tobacco Use Screening Counseling and Interventions: Assess all patients during well adult visits for tobacco use and document prevention and/or counseling services to potential/active tobacco users. If the PCP identifies tobacco use (patient answered Yes on IHEBA (see Adult SHA Q17 or Senior SHA Q21), documentation that the provider offered tobacco cessation services, behavioral counseling, and/or pharmacotherapy to include any or a combination of the following must be in the patient’s medical record:</p> <ul style="list-style-type: none"> • FDA-approved tobacco cessation medications (for non-pregnant adults of any age) • Individual, group, and telephone counseling for members of any age who use tobacco products • Services for pregnant tobacco users <p>Assessment tool: Use CRAFFT, NIM-ASSIST, or other validated assessment tools</p> <p>https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-014.pdf</p>			
<p>24 Tuberculosis Screening: Adults are assessed for TB risk factors or symptomatic assessments upon enrollment and at periodic physical evaluations. The Mantoux skin test, or other approved TB infection screening test, is administered to all asymptomatic persons at increased risk of developing TB irrespective of age or periodicity if they had not had a test in the previous year. Adults already known to have HIV or who are significantly immunosuppressed require annual TB testing. The Mantoux is not given if a previously positive Mantoux is documented. Documentation of a positive test includes follow-up care (further medical evaluation, chest x-ray, diagnostic laboratory studies, and/or referral to specialist). TB Screening Tool</p> <p>Latent Tuberculosis Infection in Adults: Screening United States Preventive Services Taskforce</p>			



Adult Preventive Care	Yes	No	Comments
<p>25 Adult Immunizations: Immunization status must be assessed at periodic health evaluations with evidence of the following:</p> <ul style="list-style-type: none">• Given according to ACIP guidelines• Vaccine administration documentation• Vaccine Information Statement (VIS) documentation <p>Vaccination status must be assessed for the following:</p> <ul style="list-style-type: none">• Td/Tdap (every 10 years)• Flu (annually)• Pneumococcal (ages 65 and older; or anyone with underlying conditions)• Zoster (starting at age 50)• COVID• Varicella and MMR: documented evidence of immunity (titers, childhood acquired infection) in the medical record meets the criteria for varicella and MMR <p>The name of the vaccines, the manufacturer, vaccine lot number, date VIS was given, VIS publication date, and date the member received the vaccines must be documented as part of the assessment.</p> <p>Adult Immunization Schedule by Age Vaccines & Immunizations CDC Vaccine Information Statements (VISs) Overview Immunize.org Immunize.org</p>			