



Blank Page (for numbering purposes)

# 1. Format Criteria

<b>Criteria met: Give one (1) point.</b> <b>Criteria not met: 0 points</b> <b>Criteria not applicable: N/A</b>	<b>Wt</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>Score</b>
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											
<b>Comments:</b>	<b>8 Pts</b>											

SAMPLE

## 2. Documentation Criteria

 **RN/MD Review only**

<b>Criteria met: Give one (1) point.</b> <b>Criteria not met: 0 points</b> <b>Criteria not applicable: N/A</b>	<b>Wt</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>MR#</b>	<b>Score</b>
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											
<b>Comments:</b>	<b>7 Pts</b>											

### 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  Age/Gender	Wt	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	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											
<b>Comments:</b>	<b>7 Pts</b>											

SAMPLE

# 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#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	Score
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

<b>Criteria met: Give one (1) point.</b> <b>Criteria not met: 0 points</b> <b>Criteria not applicable: N/A</b>  Age/Gender	Wt	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	Score
G. Dental assessment.	1											
H. Lead screening.	1	SAMPLE										
I. Tuberculosis screening.	1											
J. Childhood immunizations.	1											
<b>Comments:</b>	<b>10 Pts</b>											

# 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#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	Score
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

<b>Criteria met: Give one (1) points.</b> <b>Criteria not met: 0 points</b> <b>Criteria not applicable: N/A</b>  Age/Gender	Wt	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	Score
G. Chlamydia screening.	1											
H. Mammogram.	1											
I. Pap Smear.	1											
J. Adult Immunizations	1											
<b>Comments:</b>	<b>10 Pts</b>											

SAMPLE

## 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#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	Score
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												

SAMPLE

Comments:

 RN/MD Review only

<b>Criteria met: Give one (1) point.</b> <b>Criteria not met: 0 points</b> <b>Criteria not applicable: N/A</b>  Age	Wt	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	MR#	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											
<b>Comments:</b>	<b>10 Pts</b>											

SAMPLE

## 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
				<b>PLUS</b> 10 of any of the following medical records			
<b>10 records/ 80 points</b>	<b>10 records/ 70 points</b>	<b>10 records/ 70 points</b>		<b>5 records/ 50 points or 10 records/ 100 points</b>	<b>5 records/ 50 points or 10 records/ 100 points</b>	<b>5 records/ 50 points or 10 records/ 100 points</b>	<b>Exempted Pass: 90- 100%</b>  <b>Conditional Pass: 80-89%</b>  <b>Not Pass: Below 80%</b>

**Comments**

<b>Format</b>
<b>Documentation</b>
<b>Continuity of Care</b>
<b>Preventive Content</b>

Reviewer(s)/Title \_\_\_\_\_

Date: \_\_\_\_\_