# MEDICAL RECORD DOCUMENTATION AUDIT - PRIMARY CARE PHYSICIANS

| ELEMENTS | | | | | | |
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| | **LEGAL DOCUMENTATION** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **1** | Guardianship information is documented for members who are minors or members who are adults with a legal guardian. | | | | | Manual for Empower Healthcare Solutions Providers |
| **2** | Notification of the provider's HIPAA/Privacy policy and practices is signed by the member/guardian, in accordance with provider policy. | | | | | Manual for Empower Healthcare Solutions Providers;<br>Title VI of the Civil Rights Act of 1964;<br>Health Insurance Portability and Accountability Act of 1996 (HIPAA), Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") |
| **3** | Consent for Treatment with member's dated signature is in the record. | | | | | Manual for Empower Healthcare Solutions Providers |
| **4** | Primary language and linguistic service needs of members with no or limited English proficiency (LEP) or members with hearing impairments and/or alternative service needs for members with vision impairments are prominently noted. | | | | | Manual for Empower Healthcare Solutions Providers;<br>Title VI of the Civil Rights Act of 1964;<br>Americans with Disabilities Act (ADA) |
| **5** | There is evidence that an Advance Directive has been offered to adults 18 years of age and older. | | | | | Manual for Empower Healthcare Solutions Providers |

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| **6** | As required by the Arkansas Child Maltreatment Act and the Arkansas Adult Maltreatment Act regarding mandated reporting, required reports were made to the Arkansas Child Abuse Hotline, Adult Protective Services Hotline regarding maltreatment, abuse, neglect, or exploitation of this member, when required. | | | | | Manual for Empower Healthcare Solutions Providers;<br>Arkansas Child Maltreatment Act;<br>Arkansas Adult Maltreatment Act;<br>Arkansas Medicaid EPSDT Manual II, 215.220 |
| | **CONSENTS FOR RELEASE OF INFORMATION** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **7** | There is a signed and dated Authorization for Consent to Release of Information consenting to the sharing of treatment information between the behavioral health provider and<br>*Empower Healthcare Solutions<br>*the Primary Care Physician<br>*other service providers (as appropriate)<br>*school personnel (for school-age children and adolescents)<br>*interpreters utilized for language translation or communication<br>*any other involved parties<br>*any persons or entities with whom member's information has been shared | | | | | Manual for Empower Healthcare Solutions Providers;<br>42 U.S.C. § 290dd-2; 42 C.F.R. § 2.11-2.12 |
| | **MEMBER INFORMATION** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **8** | There is documentation of the member's demographic and personal/biographical information. | | | | | Manual for Empower Healthcare Solutions Providers |
| **9** | There is documentation of an identified Emergency Contact for the member. | | | | | Manual for Empower Healthcare Solutions Providers |
| **10** | There is documentation of the identification member’s assigned primary care physician (PCP). | | | | | Manual for Empower Healthcare Solutions Providers |

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| **11** | The member's current Empower Person-Centered Service Plan (PCSP) is in the record. | | | | | Manual for Empower Healthcare Solutions Providers |
| | **ASSESSMENTS** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **12** | There is evidence of an assessment of the member's substance use and any co-occurring substance use disorder for members ten (10) years and older who have been seen three or more times. | | | | | Manual for Empower Healthcare Solutions Providers;<br>42 CFR 440.20(a) and 42 CFR 440.90 |
| | **MEDICATIONS** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **13** | There is documentation of a Medication List for the member; prescriptions, refills, changes in medication (including changes in dosage and frequency, and discontinuation of medications and dates for each are documented. | | | | | Manual for Empower Healthcare Solutions Providers |
| **14** | Medication allergies and adverse reactions are prominently documented in a uniform location in the medical record. | | | | | Manual for Empower Healthcare Solutions Providers |
| | **TREATMENT DOCUMENTATION** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **15** | Treatment-specific information was provided in the member's preferred alternative format (e.g., braille or large printed material, electronic or audio presentation, etc.) for a member with vision impairment where a need has been identified. | | | | | Americans with Disabilities Act (ADA) |
| **16** | Documentation of the translation of any spoken language or the use of an interpreter or other communication assistance for the member with non- or limited English proficiency or with hearing impairment during service provision or other communications is prominently documented. | | | | | Manual for Empower Healthcare Solutions Providers |

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| **17** | The member's medical history (for members seen three or more times) is documented. | | | | | Manual for Empower Healthcare Solutions Providers |
| **18** | Unresolved and/or continuing problems are addressed in subsequent visit(s). | | | | | Manual for Empower Healthcare Solutions Providers |
| **19** | Documentation of each focused visit (e.g., primary care, urgent care, acute care, etc.) includes information pertinent to the member's presenting illness/complaints. | | | | | Manual for Empower Healthcare Solutions Providers |
| **20** | For each visit, there is documentation of a "working" diagnosis and a treatment plan to address the diagnosis. | | | | | Manual for Empower Healthcare Solutions Providers |
| **21** | Documentation regarding planned follow-up care, calls, or visits is in the record; the specific time of return for services is noted in weeks, months, or as needed or a specific date. | | | | | Manual for Empower Healthcare Solutions Providers |
| **22** | There is documentation of missed/cancelled appointments (by member and provider) and follow-up contacts/outreach efforts with the member. | | | | | Manual for Empower Healthcare Solutions Providers |
| | **CLINICAL PRACTICE GUIDELINES** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **23** | Evidence of health education and counseling, as well as anticipatory guidance, provided by the PCP is in the record. | | | | | Manual for Empower Healthcare Solutions Providers;<br>Arkansas Medicaid EPSDT Manual II, 213.000, 215.290 |
| | **Pediatric Review:**<br>**Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Preventive Health Screens (for Members under age 21)** | | | | | |
| **24** | EPSDT services were rendered in accordance with the EPSDT periodicity schedule (established according to recommendations of the American Academy of Pediatrics (AAP) for screening intervals). | | | | | Arkansas Medicaid EPSDT Manual II, 211.000 |

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| **25** | There is documentation that an annual comprehensive physical examination, health and developmental history, and evaluation of both physical and behavioral health development was conducted. | | | | | Manual for Empower Healthcare Solutions Providers |
| **26** | All elements of the EPSDT screening were completed and documented in the member record, including any findings from the screenings. | | | | | Arkansas Medicaid EPSDT Manual II, 213.000, 215.210, 215.220, 215.230, 215.240, 215.250, 215.260 |
| **27** | There is evidence that, during the EPSDT screening and during each PCP visit, the child's immunization status was assessed to determine if any immunizations were needed and then administered as part of the visit; | | | | | Arkansas Medicaid EPSDT Manual II, 213.000, 215.110 |
| **28** | Clear and organized documentation (i.e., immunization chart) of the member's past and current immunizations/vaccines status and documentation of all administrations by the provider is maintained in the member record. | | | | | Manual for Empower Healthcare Solutions Providers |
| **29** | There is evidence that a Lead Toxicity Screening blood lead test was conducted, according to EPSDT screening requirements. | | | | | Manual for Empower Healthcare Solutions Providers; Arkansas Medicaid EPSDT Manual II, 219.000 |
| **30** | There is evidence that tuberculin surveillance was performed at ages 1 and 6 months per AAP recommendations and tuberculin testing was performed at required intervals according to AAP recommendations if the member was assessed to be at high risk. | | | | | Manual for Empower Healthcare Solutions Providers; Arkansas Medicaid EPSDT Manual II, 215.300 |
| **31** | There is evidence that a Hematocrit or Hemoglobin risk assessment was conducted at age 4 months, with appropriate testing and follow up action performed at required intervals according to AAP recommendations if the member was assessed to be at high risk. | | | | | Manual for Empower Healthcare Solutions Providers; Arkansas Medicaid EPSDT Manual II, 215.300 |
| **32** | There is evidence of a direct dental referral for the member at the age of 12 months and then once per year (July 1 through June 30). | | | | | Manual for Empower Healthcare Solutions Providers; Arkansas Medicaid EPSDT Manual II, 218.000 |

| | **Adult Review: Preventive Health Screens conducted by the PCP or Referral to Another Provider**<br>**Some of these are not required (scored) Elements, as these are recommended Clinical Practices posted on the Empower website; however, they are Elements that may be reviewed (scored) for compliance in future audits.* | **Yes** | **No** | **NA** | | |
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| **33** | There is documentation of a blood pressure (B/P) screening in adults 18 years of age and older and, at a minimum, annually or every two years based upon the last diastolic reading. | | | | | Empower Healthcare Solutions Website, Clinical Practice Guidelines* |
| **34** | There is documentation of a cholesterol screening for lipid disorders. | | | | | Empower Healthcare Solutions Website, Clinical Practice Guidelines* |
| **35** | There is documentation of a screening for abnormal blood glucose. | | | | | Empower Healthcare Solutions Website, Clinical Practice Guidelines* |
| **36** | There is documentation of a screening for Chlamydia for sexually active women. | | | | | Empower Healthcare Solutions Website, Clinical Practice Guidelines* |
| **37** | There is documentation of a mammogram screening for breast cancer. | | | | | Empower Healthcare Solutions Website, Clinical Practice Guidelines* |
| **38** | There is documentation of a Papanicolaou ("Pap Smear") screening for cervical cancer. | | | | | Empower Healthcare Solutions Website, Clinical Practice Guidelines* |
| **39** | Clear and organized documentation (i.e., immunization chart) of the member's past and current immunizations/vaccines and documentation of all administrations by the provider are maintained in the member record. | | | | | Manual for Empower Healthcare Solutions Providers;<br>Empower Healthcare Solutions Website, Clinical Practice Guidelines |

| | **Perinatal Review: Preventive Health Screens**<br>**Some of these are not required (scored) Elements, as these are recommended Clinical Practices, but have not been posted on the Empower website; however, they are Elements that may be reviewed (scored) for compliance in future audits.* | **Yes** | **No** | **NA** | | |
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| **40** | There is documentation of a prenatal risk assessment for pregnant women. | | | | | Manual for Empower Healthcare Solutions Providers |
| **41** | For uncomplicated pregnancies, there is evidence that prenatal visits were scheduled according to American College of Obstetricians and Gynecologists Guidelines for Perinatal Care. | | | | | [American College of Obstetricians and Gynecologists; *no Clinical Practice Guidelines on Empower website*]* |
| **42** | There is documentation of an Initial Comprehensive Assessment (ICA) completed within 4 weeks of entry to prenatal care and subsequent comprehensive reassessments in the second (2nd) and in the third (3rd) trimester of pregnancy. | | | | | [American College of Obstetricians and Gynecologists; *no Clinical Practice Guidelines on Empower website*]* |
| **43** | There is documentation that a comprehensive postpartum assessment was conducted within 4 to 8 weeks of delivery, | | | | | [American College of Obstetricians and Gynecologists; *no Clinical Practice Guidelines on Empower website*]* |
| | **REFERRALS FOR OTHER SERVICES, INCLUDING CONSULTATION AND DIAGNOSTIC TESTING** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **44** | There is evidence that the member was promptly referred to the appropriate level of care, when indicated. | | | | | Best Clinical Practices |
| **45** | If a substance use, disorder was identified but the provider is not treating the substance use disorder, there is evidence that a treatment recommendation and referral appropriate to effectively treat the condition(s) identified was made, when indicated. | | | | | Best Clinical Practices |

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| **46** | There is documentation of counseling and referral for additional evaluation if the member has been identified as being at risk for developmental delays. | | | | | Manual for Empower Healthcare Solutions Providers |
| **47** | There is documentation of referrals to other providers, requested consultations, and ordered laboratory and diagnostic tests, as appropriate. There is evidence they have been reviewed by the physician upon receipt, as evidenced by initials, signature, or other notation. | | | | | Manual for Empower Healthcare Solutions Providers;<br>Arkansas Medicaid EPSDT Manual II, 213.00 |
| **48** | Abnormal laboratory and imaging study or diagnostic testing results have explicit notations for follow-up plans with the member; follow-up documentation with the member is documented. | | | | | Manual for Empower Healthcare Solutions Providers |
| | **COORDINATION OF CARE** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| | **Coordination of Care - Empower Care Coordination** | | | | | |
| **49** | There is evidence that the treatment provider contacted, collaborated, received information from, or communicated in any way with the Empower Care Coordinator. | | | | | Manual for Empower Healthcare Solutions Providers |
| | **Coordination of Care - Other Service Providers** | | | | | |
| **50** | There is evidence of attempts to obtain historical medical records for all newly assigned Empower members. If the member or member's guardian is unable to remember where they obtained medical care, or they are unable to provide addresses of the previous providers then this should also be noted in the medical record. | | | | | Manual for Empower Healthcare Solutions Providers |

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| **51** | There is evidence that the treatment provider contacted, collaborated, received treatment or service information from, or communicated in any way with another Inpatient/Residential Treatment/Outpatient behavioral health treatment provider regarding the member's clinical care. | | | | | Manual for Empower Healthcare Solutions Providers |
| **52** | There is evidence that the treatment provider contacted, collaborated, received treatment or service information from, or communicated in any way with the member's DD provider regarding the member's care. | | | | | Manual for Empower Healthcare Solutions Providers |
| **53** | There is evidence that the treatment provider contacted, collaborated, received treatment or service information from, or communicated in any way with the member's substance abuse treatment provider regarding the member's care. | | | | | Manual for Empower Healthcare Solutions Providers |
| | **RECORD ENTRIES AND RECORD ORGANIZATION** | **Yes** | **No** | **NA** | **Reviewer Comments** | **Standards** |
| **54** | The member's name and/or medical record number are documented on every page in the record. | | | | | Manual for Empower Healthcare Solutions Providers |
| **55** | The medical record documents only information relative to the member and does not include medical information for other members of the family. | | | | | Health Insurance Portability and Accountability Act of 1996 (HIPAA), Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") |
| **56** | All entries are made in accordance with acceptable legal medical documentation standards, are legible, and are maintained in detail. | | | | | Manual for Empower Healthcare Solutions Providers |
| **57** | All entries are dated and signed by the provider rendering the care. | | | | | Manual for Empower Healthcare Solutions Providers |

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| **58** | Errors are corrected according to legal medical documentation standards: any corrections or alterations made to existing documentation must be clearly visible, with a single line used to strike an entry, labeled error, and initialed and dated. | | | | | Commonly Accepted Standards for Medical Record Documentation [*National Committee for Quality Assurance (NCQA): Guidelines for Medical Record Documentation*] |
| **59** | There is no evidence of "cloned" documentation in the record. | | | | | Office of Inspector General, 2014; Centers for Medicare & Medicaid Services, Medicaid Documentation for Medical Professionals, December 2015 |
| **60** | Medical records are consistently organized. | | | | | Manual for Empower Healthcare Solutions Providers |
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