Department of Health Care Services (DHCS)

Medical Records
Review Preparation Packet

If you have any questions or need help, please contact our Delegation Oversight Coordinators:

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Department of Health Care Services (DHCS)
Facility Site Review and Medical Records Review

Clinic Policies for Primary Care Provider Settings

Instructions:

All participating provider(s) sites are required to establish safety, member rights and general policies and procedures for their practice. Please review all sample policies and procedures in our educational packet and customize any or all of the policies and their respective attachments you wish to adopt based on your clinic's practice and processes. Please complete the *Approval date*, *Approved by*, *Effective Date*, and *Revision date* for each of the adopted policies. All providers and staff shall receive trainings/in-services on all clinic policies and procedures. Annual trainings/in-services are required for *Blood-Borne Pathogens Exposure Control*, *Biohazardous Waste Management* and *Infection Control/Standard/Universal Precautions*. All clinic policies and evidence of training shall be kept on site or made available upon request.

Medi-Cal Managed Care
Cal MediConnect Plan

Medical Record Review Preparation Checklist

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

Use this Facility Site Review (FSR) and Medical Record Review (MRR) preparation checklist to conduct an internal review of your practice to determine readiness for your upcoming FSR and/or 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 FSR and MRR may improve and expedite the survey experience. Not all standards will be applicable to your location.

All new DHCS criteria are underlined. **All critical element criteria** are ***bolded and italicized***. Critical elements are related to potential adverse effects on patient health or safety and have a weighted score of two points. Each critical element found deficient during a full scope site survey, focused survey or monitoring visit shall be corrected by the provider within 10 business days from the survey date. All other 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 criteria 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				
Format		**Yes**	**No**	**Comments:**
1.	Member identification is on each page.			
2.	Individual personal biographical information is documented.			
3.	Emergency contact is identified; minor's primary emergency contact must be			
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 https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/permitted-uses/index.html			
Documentation		**Yes**	**No**	**Comments:**
1.	Allergies are prominently noted.			
2.	Chronic problems and/or significant conditions are listed.			
3.	Current continuous medications are listed.			
4.	Appropriate consents are present: 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)			
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.	Initial Health Assessment (IHA): a. Comprehensive history and physical exam to be completed within 120 days			
2.	Periodic health evaluation according to most current USPSTF guidelines a. Comprehensive history and physical exam completed at age-appropriate frequency			
3.	Abdominal Aneurysm Screening: Assess all patients during well-adult visits past and current tobacco use. Men ages 65 to 75 years who have ever at least 100 cigarettes in their lifetime shall be screened once by ultraonography) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummFinal/abdominal-aortic-aneurysm-screening			
4.	Alcohol Use Disorder (AUD) Screening and Behavioral Counseling: Assess adults at each well-adult visit for AUD. If at any time the PCP identifies a potential AUD (e.g., patient answered *Yes* on *SHA Adult* Q19 or *SHA Senior* Q23), the provider shall: 1) Use CRAFFT, NIM-ASSIST, AUDIT/C or other validated assessment tools; 2) Offer behavioral counseling; 3) Refer to county program; and 4) Complete one expanded screening tool at least annually. https://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm			
5.	Breast Cancer Screening: Perform a mammogram for women 50 to 75 years old, every 1 to 2 years. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummary Final/breast-cancer-screening			

Adult Preventive Care		Yes	No	Comments:
6.	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. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummary Final/cervical-cancer-screening			
7.	Colorectal Cancer Screening: Perform on adults 45 to 75 years old. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummary Final/colorectal-cancer-screening			
8.	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. The SHA is not a valid screening tool. Screening should be implemented at each well visit with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSumm			
9.	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 HbA1c or fasting plasma glucose or with an oral glucose tolerance test. Offer refer patients with glucose abnormalities to intensive behavioral counseling interventions to promote a healthful diet and physical activity. Patients with diagnosis of IFG, IGT, or type 2 diabetes should be confirmed; repeat testing the same test on a different day is the preferred method of confirmation. with a diagnosis of diabetes, shall have documented evidence of routine comprehensive diabetic care/screening: retinal exams, podiatry, nephrology https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screen-for-prediabetes-and-type-2-diabetes			
10.	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 d use disorder (e.g., patient answered *Yes* on *SHA Adult* Q20 or *SHA Senior* the provider shall: 1) Use CRAFFT, NIM-ASSIST, AUDIT/C or other validated assessment tools; 2) Offer behavioral counseling; 3) Refer to county program; and 4) Complete one expanded screening tool at least annually.			
11.	Dyslipidemia Screening/Statin Use: USPSTF recommends that adults without a history of cardiovascular disease (CVD) (e.g., 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: a. Ages 40 to 75 years b. One or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); c. A calculated 10-year risk of a cardiovascular event of 10% or greater Screen universal lipids at every well-visit for those with increased risk of heart disease and at least every 6 years for healthy adults.			

Adult Preventive Care		Yes	No	Comments:
12.	Hepatitis B Virus Screening: Perform risk assessment at each well visit (e.g., individuals born in Sub-Saharan Africa: Egypt, Algeria, Morocco, Libya, etc.; Central and Southeast Asia: Afghanistan, Vietnam, Cambodia, Thailand , Philippines, Malaysia, Indonesia, Singapore, etc.; HIV+, IV drug users, MSM, household contact with HBV infected individuals). 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 receive vaccination, counseling, and linkage to care and treatment https://www.cdc.gov/hepatitis/hbv/hbvfaq.htm			
13.	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 visits. Test at least once between ages 18 to 79. 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. 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. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis- c-screening https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm			
14.	High Blood Pressure Screening: Screen at each well visit. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertens ion-in-adults-screening			
15.	HIV Screening: USPSTF recommends risk assessment shall be completed at each well visit for patients 65 years old and younger. Those at high risk (i.e., 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.			
16.	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. The Staying Healthy Assessment (SHA) forms only assess for presence of physical violence and lacks the questions to assess for emotional components of abuse to adequately screen for IPV. The SHA is an incomplete tool to screen for IPV.			

Adult Preventive Care		Yes	No	Comments:
17.	Lung Cancer Screening: Assess all individuals during well adult visits for past current and current tobacco use. Adults ages 50 to 80 years who have a 20-pack-year smoking history (e.g.,1 pack per day for20 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. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening			
18.	Obesity Screening and Counseling: Document weight and BMI at each well The USPSTF recommends that clinicians screen all adult patients for obesity offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults (BMI 30 or greater). https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummFinal/obesity-in-adults-interventions			
19.	Osteoporosis Screening: Assess all postmenopausal women during well adult visits for risk of osteoporosis. USPSTF recommends screening for 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. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/osteoporosis-screening			
20.	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 testing and perform intensive behavioral counseling for adults who are at increased risk for STIs includes counseling on use of appropriate protection and lifestyle: a. Chlamyd ia 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 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 https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/sexually-transmitted-infections-behavioral-counseling			
21.	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 (i.e., 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: • FDA-ap proved tobacco cessation medications (for non-pregnant adults of any ag e) • Individual, group, and telephone counseling for members of any ag e who use tobacco's products • Services for pregnant tobacco users			

Adult Preventive Care		Yes	No	Comments:
22.	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 (e.g., further medical evaluation, chest x-ray, diagnostic laboratory studies, and/or referral to specialist). https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening https://www.cdc.gov/tb/publications			
23.	Adult Immunizations: Immunization status must be assessed at periodic health evaluations with evidence of the following: • Given according to ACIP guidelines • Vaccine administration documentation • Vaccine Information Statement (VIS) documentation Vaccination status must be assessed for the following: • Td/Tdap (every 10 years) • Flu (annually) • Pneumococcal (ages 65 and older; or anyone with underlying conditions) • Zoster (starting at age 50) https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html			