



TITLE: Conducting Medical Record Reviews

PURPOSE: First Coast Advantage shall conduct reviews of Member's Medical Records to ensure that our primary care physicians are providing high quality health care that is documented according to established standards.

PROCEDURE:

1. First Coast Advantage must conduct medical record reviews at all primary care physician sites that serve **Revised 09/01/09: 10 (ten)** or more Members. Practice sites include both individual offices and large group facilities.
2. First Coast Advantage must review each practice site at least one (1) time during each **Revised 09/01/09: 3 (three)** year period.
3. First Coast Advantage will review a minimum of ten (10) medical records at each practice site. If the site is a large group practice (more than 10 physicians participating), an additional five (5) charts per physician will be reviewed.
4. The First Coast Advantage policy entitled "Medical Record Requirements" will be distributed to all Providers. This policy includes all of the medical record requirements addressed in the contract between the Agency and First Coast Advantage.
5. The Medical Record reviews will be conducted by the First Coast Advantage Quality Improvement Coordinator. Additional assistance for the reviews may be provided by the First Coast Advantage Disease Management Nurses Revised 08/28/07: or nurses assisting in HEDIS data collection/medical record reviews. All reviewer's are licensed Registered Nurses in the State of Florida.
6. Prior to conducting the medical record review, a list of Members enrolled at each practice site will be generated. Starting at the top of the list, every fifth person on the list will be selected for the medical record audit, until the desired number of medical records has been obtained.
7. The First Coast Advantage Medical Record Audit tool will be utilized in conducting the medical record reviews. See audit tool attached.
8. The results of the medical record review at each site will be tabulated and the results shared with the Quality Improvement/Utilization Management Committee (QIUMC) and the Credentialing and Peer Review Committee (CPRC). In addition, the results of all medical record reviews will be sent to the Agency within thirty (30) calendar days of the review.

POLICY NUMBER: FCA-2006-052
REVIEW RESPONSIBILITY:
REVISED: 09/01/09
REVIEWED: 09/01/09
APPROVAL:
APPROVED BY: Glenn H. Kollen
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9. Tracking and trending will be done by individual physician/practice site and medical record components. Required components will be monitored against thresholds to identify areas in need of improvement. When performance is below thresholds or is declining, research will be conducted to identify reason(s) for inadequate performance and corrective actions to improve performance will be implemented.



**First Coast Advantage
Medical Record Review
Audit Tool**

Physician: _____ Clinic: _____

Patient Name: _____ Medicaid# _____ Date of Service: _____

Required Components	Documented	Not Documented
1. Member's identifying information consisting of: <ul style="list-style-type: none"> • Name • Identification Number • Date of Birth • Gender • Legal Guardianship (if applicable) 		
2. Primary language spoken and if any translation needs exist.		
3. Identify Members needing communication assistance in the delivery of healthcare services.		
4. Complete history including: <ul style="list-style-type: none"> • Summary of significant surgical procedures • Past & current diagnoses or problems • Allergies • Untoward reactions to drugs • Current medications 		
5. Physical assessment including: <ul style="list-style-type: none"> • Chief complaint or purpose of the visit • Objective • Diagnoses • Medical findings or impression of the provider. 		
6. Immunization history		
7. Member's use of tobacco products and alcohol/substance abuse		
8. All entries must include studies/ tests that were ordered (e.g. laboratory, x-ray, EKG) & any referral reports, Revised: 01/10/2006: including results.		
9. Therapies administered and prescribed		
10. Documentation that the Member was provided written information concerning the Member's rights regarding advance directives and whether or not the Member has executed an advance directive.		
11. Entries must include disposition, recommendations and instructions to the Member and evidence of whether there was follow-up and outcomes of services.		
12. Referral Services are documented		
13. Summaries of all emergency services and care and hospital discharges with appropriate medically indicated follow up. (if applicable)		
14. All entries are dated and signed* by the appropriate party. * Rubber signatures must be initialed. * Computer entry acceptable		
15. All entries must include the name and profession of the provider rendering services, including the signature or initials of the provider.		
16. Record is legible and maintained in detail.		

Chart reviewed by: _____ Date: _____