ATTESTATION: Updates to DHCS Medical Record Review Tool

This document involves your participation in the Medi-Cal program. It is being provided to inform you of the criteria changes made by the Department of Health Care Services for Medical Record Reviews conducted by Central California Alliance for Health. The new contents will be effective July 1, 2022.

Please read the entire document and complete the form on the final page (page 10).

Send the entire, completed document **by May 23rd, 2022** to: Attn: FSR Nurses fax # 831-430-5890 or email to: FSRTeam@ccah-alliance.org

To complete the attestations online visit: <https://thealliance.health/fsr-and-mmr-update-attestation/>

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| 2012 Criteria | 2022 Criteria |
| All criteria have a scored weight of 1 point |
| **I. Format Criteria** (8 points possible) | **I. Format Criteria** (8 points possible) |
|  | ***Individual Medical Record is established for each member*** *(Subject line - no point)* |
| A. An individual medical record is established for each member. | A. Member identification is on each page. |
| B. Member identification is on each page. | B. Individual personal biographical information is documented. |
| C. Individual personal biographical information is documented. | C. Emergency “contact” is identified. |
| D. Emergency “contact” is identified. | D. Medical records are maintained and organized. |
| E. Medical records on site are consistently organized. | E. Member’s assigned and/or rendering primary care physician (PCP) is identified. |
| F. Chart contents are securely fastened. | F. Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing/speech-impaired persons are prominently noted. |
| G. Member’s assigned primary care physician (PCP) is identified. | G. Person or entity providing medical interpretation is identified. |
| H. Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing-impaired persons are prominently noted. | H. Signed Copy of the Notice of Privacy. |
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| **II. Documentation Criteria** (7 points possible) | **II. Documentation Criteria** (8 points possible) |
| A. Allergies are prominently noted. | A. Allergies are prominently noted. |
| B. Chronic problems and/or significant conditions are listed. | B. Chronic problems and/or significant conditions are listed. |
| C. Current continuous medications are listed. | C. Current continuous medications are listed. |
|  | **D. *Appropriate consents are present:*** *(Subject line - no point)* |
|  | D.1) Release of Medical Records  |
| D. Signed Informed Consents are present when any invasive procedure is performed. | D.2) Informed Consent for invasive procedures. |
| E. Advance Health Care Directive information is offered. (Adults 18 years of age or older; Emancipated minors) | E. Advance Health Care Directive Information is offered. |
| F. All entries are signed, dated and legible. | F. All entries are signed, dated and legible. |
| G. Errors are corrected according to legal medical documentation standards. | G. Errors are corrected according to legal medical documentation standards |
|  |
| **III. Coordination/Continuity of Care Criteria** (8 points possible) | **III. Coordination of Care Criteria** (8 points possible) |
| A. History of present illness is documented. | A. History of present illness or reason for visit is documented. |
| B. Working diagnoses are consistent with findings. | B. Working diagnoses are consistent with findings. |
| C. Treatment plans are consistent with diagnoses. | C. Treatment plans are consistent with diagnoses. |
| D. Instruction for follow-up care is documented. | D. Instruction for follow-up care is documented. |
| E. Unresolved/continuing problems are addressed in subsequent visit(s). | E. Unresolved/continuing problems are addressed in subsequent visit(s). |
| F. There is evidence of practitioner review of consult/referral reports and diagnostic test results. | F. There is evidence of practitioner review of consult/referral reports and diagnostic test results. |
| G. There is evidence of follow-up of specialty referrals made, and results/reports of diagnostic tests, when appropriate. | G. There is evidence of follow-up of specialty referrals made, and results/reports of diagnostic tests, when appropriate. |
| H. Missed primary care appointments and outreach efforts/follow-up contacts are documented. | H. Missed primary care appointments and outreach efforts/follow-up contacts are documented. |
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| **IV. Pediatric Preventive Criteria** (19 points possible) | **IV. Pediatric Preventive Criteria** (34 points possible) |
| ***A. Initial Health Assessment (IHA) Includes H&P and IHEBA*** *(Subject line - no point):* | **A. *Initial Health Assessment (IHA) Includes H&P and IHEBA*** *(Subject line - no point):* |
| A. 1. History and physical (H&P) | A.1) Comprehensive History and Physical |
| A. 2. Individual Health Education Behavioral Assessment (IHEBA) | A.2) Individual Health Education Behavioral Assessment (IHEBA) |
|  | **B. *Subsequent Comprehensive Health Assessment*** *(Subject line - no point):* |
|  | B.1) Comprehensive History and Physical exam completed at age appropriate frequency |
| B. Subsequent Periodic IHEBA | B.2) Subsequent Periodic IHEBA |
| ***C. Well-child visit*** *(Subject line - no point):* | ***C. Well-child visit*** *(Subject line - no point):* |
| C.1. Well-child exam completed at age appropriate frequency | C.1) Alcohol Disorder: Screening and Behavioral Counselling |
| C.2. Anthropometric measurements | C.2) Anemia Screening |
| C.3. BMI percentile | C.3) Anthropometric Measurements |
| C.4. Developmental screening | C.4) Anticipatory Guidance |
| C.5. Anticipatory guidance | C.5) Autism Spectrum Disorder Screening |
| C.6. STI screening on all sexually active adolescents, including chlamydia for females | C.6) Blood Lead Testing |
| C.7. Pap smear on sexually active females | C.7) Blood Pressure Screening |
|  | C.8) Dental/Oral Health Assessment |
|  |  a. Fluoride Supplementation |
|  |  b. Fluoride Varnish |
|  | C. 9) Depression Screening |
|  |  a. Suicide Risk Screening\* [ \* pending AAP 2022 update] |
|  |  b. Maternal Depression Screening |
|  | C.10) Developmental Disorder Screening |
|  | C.11) Developmental Surveillance |
|  | C.12) Drug Disorder: Screening and Behavioral Counseling |
|  | C.13) Dyslipidemia Screening |
|  | C.14) Hearing Screening |
|  | C.15) Hepatitis B Virus Infection Screening\* |
|  | C.16) Hepatitis C Virus Infection Screening |
|  | C.17) Human Immunodeficiency Virus (HIV) Infection Screening |
|  | C.18) Psychosocial/Behavioral Assessment |
|  | C.19) Sexually Transmitted Infections (STIs) Screening and Counseling |
|  | C.20) Sudden Cardiac Arrest and Sudden Cardiac Death Screening\* |
|  | C.21) Tobacco Products Use Screening, Prevention and Cessation Services |
|  | C.22) Tuberculosis Screening |
| D. Vision Screening | C.23) Vision Screening |
| E. Hearing Screening |  |
| F. Nutrition Assessment |  |
| G. Dental Assessment |  |
| H. Blood Lead Screening Test |  |
| I. Tuberculosis Screening |  |
| ***J. Childhood Immunizations*** *(Subject line - no point):* | ***D. Childhood Immunizations*** *(Subject line - no point)* |
| J. 1. Given according to ACIP guidelines | D.1) Given according to Advisory Committee on Immunization Practices (ACIP) guidelines |
| J. 2. Vaccine administration documentation | D.2) Vaccine administration documentation |
| J. 3. Vaccine Information Statement (VIS) documentation | D.3) Vaccine Information Statement (VIS) documentation |
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| **V. Adult Preventive Criteria** (15 points possible) | **V. Adult Preventive Criteria** (35 points possible) |
| ***A. Initial Health Assessment (IHA): Includes H&P and IHEBA*** *(Subject line - no point)* | **A. *Initial Health Assessment (IHA): Includes H&P and IHEBA*** *(Subject line - no point)* |
| A.1. History and physical (H&P) | A.1) Comprehensive History and Physical |
| A.2. Individual Health Education Behavioral Assessment (IHEBA) | A.2) Individual Health Education Behavioral Assessment (IHEBA) |
| B. Subsequent Periodic IHEBA | B. ***Periodic Health Evaluation according to most recent USPSTF Guidelines*** *(Subject line – no point)* |
|  | B.1) Comprehensive History and Physical Exam completed at age-appropriate frequency |
|  | B.2) **Subsequent** Periodic IHEBA |
| C. Periodic Health Evaluation according to most recent USPSTF Guidelines | **C. *Adult Preventive Care Screenings*** *(Subject line - no point)* |
|  | C.1) Abdominal Aneurysm Screening |
|  | C.2) Alcohol Disorder Screening  |
|  |  a. Behavioral Counseling |
|  | C.3) Breast Cancer Screening |
|  | C.4) Cervical Cancer Screening |
|  | C.5) Colorectal Cancer Screening |
|  | C.6) Depression Screening |
|  | C.7) Diabetic Screening |
|  | a. Comprehensive Diabetic Care |
|  | C.8) Drug Disorder Screening |
|  |  a. Behavioral Counseling  |
|  | C.9) Dyslipidemia Screening |
|  | C.10) Folic Acid Supplementation |
|  | C.11) Hepatitis B Virus Screening |
|  | C.12) Hepatitis C Virus Screening |
|  | C.13) High Blood Pressure Screening |
|  | C.14) HIV Screening |
|  | C.15) Intimate Partner Violence Screening for Women of Reproductive Age  |
|  | C.16) Lung Cancer Screening |
|  | C.17) Obesity Screening |
|  |  a. and Counseling |
|  | C.18) Osteoporosis Screening |
|  | C.19) Sexually Transmitted Infection (STI)  |
|  |  a. and Counselling |
|  | C.20) Skin cancer Behavioral Counseling |
|  | C.21) Tobacco Use Screening |
|  |  a. Counseling and Intervention |
|  | C.22) Tuberculosis Screening |
| D. High Blood Pressure Screening | D. ***Adult Immunizations*** *(Subject line – no point)* |
|  | D.1) Given according to ACIP guidelines  |
|  | D.2) Vaccine administration documentation |
|  | D.3) Vaccine Information Statement (VIS) documentation |
| E. Obesity Screening |  |
| F. Lipid Disorders Screening |  |
| G. Tuberculosis Screening |  |
| H. Breast Cancer Screening |  |
| I. Cervical Cancer Screening |  |
| J. Chlamydia Infection Screening |  |
| K. Colorectal Cancer Screening |  |
| *L. Adult Immunizations* *(Subject line - no point)* |  |
| L. 1. Given according to ACIP guidelines |  |
| L. 2. Vaccine administration documentation |  |
| L. 3. Vaccine Information Statement (VIS) documentation |  |
|  |
| **VI. OB/CPSP Preventive Criteria** (20 points possible) | **VI. OB/CPSP Preventive Criteria** (59 points possible) |
| ***A. Initial Comprehensive Prenatal Assessment (ICA)*** *(Subject line - no point)* | **A. *Initial Comprehensive Prenatal Assessment (ICA)*** *(Subject line - no point)* |
| A.1. ICA completed within 4 weeks of entry to prenatal care | A.1) Initial prenatal visit  |
| A.2. Obstetrical and Medical History | A.2) Obstetrical and Medical History |
| A.3. Physical Exam | A.3) Physical Exam |
|  | A.4) Dental Assessment |
|  | A.5) Healthy Weight Gain and Behavior Counseling |
| A.4. Lab tests | **A.6) *Lab tests*** *(Subject line - no point)* |
| A.5. Nutrition |  a. Bacteriuria Screening |
| A.6. Psychosocial |  b. Rh Incompatibility Screening |
| A.7. Health Education |  c. Diabetes Screening |
| A.8. Screening for Hepatitis B Virus |  d. Hepatitis B Virus Screening |
|  |  e. Hepatitis C Virus Screening |
| A.9. Screening for Chlamydia Infection |  f. Chlamydia Infection Screening |
|  |  g. Syphilis Infection Screening |
|  |  h. Gonorrhea Infection Screening |
|  |  i. Human Immunodeficiency Virus (HIV) Screening |
|  | **B. *First Trimester Comprehensive Assessment*** *(Subject line - no point)* |
|  | B.1) Individualized Care Plan (ICP) |
|  | B.2) Nutrition Assessment |
|  | **B.3) *Psychosocial Assessment*** *(Subject line - no point)* |
|  |  a. Maternal Mental Health Screening |
|  |  b. Social Needs Assessment |
|  |  c. Substance Use Disorder |
|  | B.4) Breast Feeding and other Health Assessment |
|  | B.5) Preeclampsia Screening |
|  | B.6) Intimate Partner Violence Screening |
| B. Second Trimester Comprehensive Re-assessment | **C. *Second Trimester Comprehensive Re-assessment*** *(Subject line - no point)* |
|  | C.1) Individualized Care Plan Updated and follow up |
|  | C.2) Nutrition Assessment  |
|  | **C.3) *Psychosocial Assessment*** *(Subject line - no point)* |
|  |  a. Maternal Mental Health Screening |
|  |  b. Social Needs Assessment |
|  |  c. Substance Use Disorder Assessment |
|  | C.4) Breast Feeding and other Health Education Assessment |
|  | C.5) Preeclampsia Screening |
|  |  a. Low Dose Aspirin |
|  | C.6) Intimate Partner Violence Screening |
|  | C.7) Diabetes Screening |
| C. Third Trimester Comprehensive Re-assessment | **D. *Third Trimester Comprehensive Re-assessment*** *(Subject line - no point)* |
|  | D.1) Individual Care Plan updated and follow up |
|  | D.2) Nutrition Assessment |
|  | **D.3) *Psychosocial Assessment*** *(Subject line - no point)* |
|  |  a. Maternal Mental Health Screening |
|  |  b. Social Needs Assessment |
|  |  c. Substance Use Disorder Assessment |
|  | D.4) Breast Feeding and other Health Education Assessment  |
|  | D.5) Preeclampsia Screening |
|  |  a. Low Dose Aspirin |
|  | D.6) Intimate Partner Violence Screening |
|  | D.7) Diabetic Screening |
| C.1. Screening for Strep B | D.8) Screening for Strep B |
|  | D.9) Screening for Syphilis |
| D. Prenatal care visit periodicity according to most recent ACOG standards | D.10) TDAP Immunization |
| E. Individualized Care Plan (ICP) | E. Prenatal care visit periodicity according to most recent ACOG standards |
| F. Referral to WIC and assessment of Infant Feeding status | F. Influenza Vaccine |
| G. HIV-related services offered | G. COVID Vaccine |
| H. AFP/Genetic screening offered | H. Referral to WIC and assessment of Infant Feeding Status |
| I. Domestic Violence/Abuse Screening | I. HIV-related services *offered* |
| J. Family Planning Evaluation | J. AFP/Genetic Screening offered |
| K. Postpartum Comprehensive Assessment | K. Family Planning Evaluation |
|  | **L. *Postpartum Comprehensive Assessment*** *(Subject line - no point)* |
|  | L.1) Individualized Care Plan |
|  | L.2) Nutrition Assessment |
|  | **L.3) *Psychosocial Assessment*** *(Subject line - no point)* |
|  |  a. Maternal Mental Health /Postpartum depression screening |
|  |  b. Social Needs Assessment |
|  |  c. Substance Use Disorder Assessment |
|  | L.4) Breast Feeding and other Health Education Assessment |
|  | L.5) Comprehensive Physical Exam |

Print Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Attestation: DHCS MRR 2022 tool changes**

With the signing of this document, I attest that the content above has been read in its entirety. I am aware that the DHCS changes to the Medical Record Review Tools will be effective as of July 1, 2022.

Training information has been offered and made available to me. Should I have any questions or require further assistance I will contact my assigned Alliance Nurse Reviewer or Provider Relations Representative.

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 Designee Print Name/Title Designee Signature Date