

Medical Record Keeping Review for Goal Visit

Practice Name: _____ Provider #: _____ NPI #: _____ Date of Visit: _____

Location: _____ Reviewer: _____

LOB: Medicaid Medicare Assured®

STANDARDS	YES	NO	N/A	Comments
1. Are medical records maintained in a current and comprehensive fashion and do they conform to standard medical practices?				
2. Are medical records protected from public access?				
3. Does the office have a written confidentiality policy that applies to all staff?				
4. Are Records documented legibly?				
5. Does the office have an organized filing system for prompt retrieval of patient medical records?				
6. Is there a single medical record for each patient? (Family charts must clearly delineate individual records.)				
7. Do records identify the member on each page?				
8. Are all medically related patient phone calls documented in the medical record?				
9. Does the office recall missed appointments and make documentation in the medical record?				
10. Is the allergy notation or NKA visible in the same place on every record?				
11. Are presence/absence of allergies prominently displayed? (PCPs and HV Specs.)				
12. Is the patient's history kept in the medical record? Is there a medical history in each patient record?				
13. Are there treatment/progress notes in each patient's record?				
14. Is there a current problem list in the medical record? (PCPs only)				
15. Is there a standard place in the medical record for preventive care/immunization information?				
16. Is there a separate medication list? (PCPs only)				
17. Is use/non-use of tobacco products for age 11 and older indicated? (PCPs and HV Specs.)				
18. Is there an annual review of advance directive? (PCPs only)				
19. Is coordination of care shown with the PCP? (OB/GYN and HV Specs.)				
20. Is there a screening for second hand smoke? (OB/GYN)				
21. Is there a screening for prenatal depression? (OB/GYN)				

_____ reviewed the results of the MRR with _____ on _____,
 (PR Representative Name) (Practitioner or Office Manager) (Date)

_____ (Practitioner or Office Manager Signature) *(A copy of this MRR tool is being sent to Gateway's Quality Improvement Department.)*