I.	**General Medical Record Documentation**		
1	Name	Name documented? Look to demographic form if info not present use the progress note. If no demographic sheet then utilize other parts of the record	YES/NO Policy 940 pg 2 A 2 a i
2	Address	Address documented? None or Homeless == YES Look to demographic form if info not present use the progress note. If no demographic sheet then utilize other parts of the record	YES/NO Policy 940 pg 2 A 2 ii
3	Telephone #		YES/NO Policy 940 pg 2 A 2 iii Policy 940 pg 14 1 a iii
4	Date of birth	DOB documented? Look to demographic form if info not present use the progress note. If no demographic sheet then utilize other parts of the record	YES/NO Policy 940 pg 2 A 2 vi
5	Gender	Gender documented? Look to demographic form if info not present use the progress note. If no demographic sheet then utilize other parts of the record	YES/NO Policy 940 pg 2 A 2 v
6	AHCCCS ID#, Insurance Information	AHCCCS ID# or insurance info documented? Scanned insurance card, medical record number, account number, office identifier, etc==YES If information is not present==NO	YES/NO Policy 940 pg 2 A 2 iv
7	There is documentation of HIPAA Notice of Privacy Practices	Documentation that a HIPAA Notice of Privacy Practices is signed by the mbr or representative? Maybe a separate form, might be part of administrative part of record, may be found outside of the audit review period. Typically is provided to member upon their 1st visit or general consent form Use NA if an established pt. Only look for HIPAA if new pt during the review period. Only needed to be signed once unless something changes	YES/NO/NA 45 CFR 160 and subparts A and E of Part 164
8	There is documentation that a Release of information is signed by the member?	Documentation that a Release of information is signed by the mbr or representative? Maybe a separate form, might be part of administrative part of record, may be found outside of the audit review period. Typically is provided to member upon their 1st visit or general consent form Use NA if established pt. Only look for Release if a new pt during the review period. Only needs to be signed once unless something changes	YES/NO/NA 45 CFR 160 and subparts A and E of Part 164 Policy 940 pg 3 A 2 k I
9	There is documentation that a discussion related to Advanced Directives and/or Advanced Directives in the record (18yrs and older)?	Documentation of discussion related to Advanced Directives and/or Advance Directive in record (18 yrs & older)? The Advance Directive may be anywhere throughout the record, may be outside of audit period. A provider discussion of Advance Directives with the member in the last year also counts. Surgical consents are NOT acceptable. A provider discussion of Advance Directives with the member in the last year counts. If conversation took place--YES	YES/NO Policy 940 pg 4 A 2 k iii
10	Documentation of a Health Care Power of Attorney or documentation authorizing a Health Care Decision Maker	Any documentation that indicates a discussion or identification of a Power of Attorney or a Health Care Decision Maker. May be a separate form, might be part of the administrative part of record, may be found outside of the audit review period. Typically discussed with mbr on 1st visit. Only if needed, otherwise --NA NA unless there is a reason, i.e., mentally challenged, etc.	YES/NO/NA Policy 940 pg 4 A 2 k iii
II.	**Chart Structure/Record Maintained**		
11	DOS reviewed had patient name, AHCCCS ID# or Mbr DOB	DOS reviewed had pt name and AHCCCS # or DOB (first pg) or AHCCCS # or DOB on subsequent pages? Progress notes/well visits look for pt identifier in most recent 2 DOS. (Just one Pt identifier is necessary: Name, DOB, AHCCCS#)	YES/NO Policy 940 pg 2 A 2 b
12	DOS reviewed is dated and initialed/signed	DOS reviewed is dated and initialed/signed?	YES/NO Policy 940 pg 3 A 2 g i
13	Supervision is documented, whenever health care assistants provide services if applicable (i.e. MA and non collaborative PAs)	Supervision is documented, wherever health care assistants or para professionals provide services (NA or PA)? Review notes entered by MA or PA for co-signature of MD or DO==YES If a MA did not provide services ==NA State of Az requires physician to sign supervision of MA and non collaborative PAs If Provider signs on date of service it indicates the intent of the question==YES	YES/NO/NA Policy 940
14	Evidence that diagnostic tests are reviewed, dated or initialed by PCP	If applicable, are diagnostic tests reviewed, dated or initialed by PCP? Look for diagnostic tests (x-rays/procedures) to be initialed==YES If test/procedure not initialed, review the notes from DOS following the date of the report for indication of reviewed==YES If no diagnostic tests in the record=NA May need to look for additional notes concerning the report since initials may not be evident on the EMR	YES/NO/NA Policy 940 pg 4 #3 iv
15	Evidence that labs are reviewed, dated or initialed by PCP	If applicable, are lab tests reviewed, dated or initialed by PCP? Look for lab tests to be initialed==YES If lab test not initialed, review the notes from DOS following the date of the report for indication of reviewed==YES If no lab tests in the record=NA May need to look for additional notes concerning the report since initials may not be evident on the EMR	YES/NO/NA Policy 940 pg A 4 #3 iv, 1

16	Evidence that consults reports are reviewed, dated or initialed by PCP	Are applicable consults reports reviewed, dated or initialed by PCP? Check for evidence of a review--phone log, note in progress note, etc May be electronically reviewed but should be noted. Review evidenced by initialing/signing the report or by documenting in following progress note==YES If there are no consultations/letters in the record=NA May need to look for additional notes concerning the report since initials may not be evident on the EMR	YES/NO/NA Policy 940 pg A 4 #3 iv
17	In the event of a procedure, a signed consent is present	There is a signed consent present for a procedure that is performed in the PCPs office specific to the procedure. Procedure includes vaccines/injections, wart/mole removal, biopsies, implants, etc.	YES/NO/NA Policy 320 Q Policy 940 pg 4 A #2 K iii 2
III.	**Medical/Social History/Medical Management**		
18	Telemedicine visits are clearly identified as such	Any telemedicine visits are clearly identified in the record--YES No telemedicine visits occurred==NA If visit was not identified as visual or audio or both=NO	YES/NO/NA Policy 940 pg 3 #2 j Policy 320--I
19	Evidence of an annual Well Woman exam--if 12 mths worth of notes provided and no well woman=No If less than 12 mths and no evidence of a well woman=NA	Is there evidence of a annual well woman exam? Note: several elements are also separate questions. Mbr refuses specific elements during the exam (i.e. PAP deferred during the well visit)==YES If 12 months of notes/records available and no evidence of a Well Woman exam==NO If provider refers mbr to OB/Gyn==YES If 12 months of notes/records not available and no evidence of a well woman exam==NA Well woman exam includes Physical exam, Clinical breast exam, pelvic exam* (as necessary, according to current recommendations and best standards of practice). Appropriate immunizations, Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks (screenign/counseling needs to include at minimum the following :Proper nutrition, physical activity, Elevated BMI, Tobacco/substance use, Depression Screening, Interpersonal and Domestic Violence Screening, Sexually Transmitted Infections--could be part of labs, HIV-could be part of labs, Family Planning Counseling, Preconception Counseling *Per HEDIS: 21-64 yrs of age who were recommended for routine CCS within last 3 yrs 30-64 yrs of age who were recommended for routine CCS and Cervical HPV testing within last 5 yrs 30-64 yrs of age who were recommended for routine CCS and had HPV co-testing within the last 5yrs	YES/NO/NA Policy 411 pg 2
20	Allergies/adverse reactions documented	Allergies documented? If found in any of the examples: Summary page, 1 of the 2 most recent DOS or Well visit==YES Entry of NKDA or allergies-none==YES	YES/NO Policy 940 pg 2 A #2 d v
21	Adverse reactions to medication documented?	Adverse reactions to medication documented?	YES/NO Policy 940 pg2 #2 d vi
22	Evidence of an current medication list	There is an current medication list? If found in any of the examples: Summary page, 1 of the 2 most recent DOS or Well visit==YES Statements of "No ongoing meds" or Meds-none"==YES	YES/NO Policy 940 pg 4 #3 a iv 4
23	Evidence of documentation of Family medical history	Family medical history is documented? If found in any of the examples: Summary page, 1 of the 2 most recent DOS or Well visit==YES Documentation of adoption, foster child with unknown family history==YES If under 21 yrs, should also include prenatal care and birth history of the mbr's mother while pregnant with the mbr (if known)	YES/NO Policy 940 pg 4 #3 a i
24	Evidence of documentation of past medical history	Past medical history is documented? If found in any of the examples: Summary page, 1 of the 2 most recent DOS or Well visit==YES Past surgical history may also be used==YES Includes previous illness or injuries Emergent/Urgent Care received Any documentation of a hospitalization should include discharge summaries	YES/NO Policy 940 pg 2 A 2 d
25	Documentation of social history	Social history is documented? If found in any of the examples: Summary page, 1 of the 2 most recent DOS or Well visit==YES If there are only sick visits available in record==NA Documentation of past and current activities that are age appropriate and may include: Living arrangement--(does mbr live alone, with spouse or significant other), Type of dwelling (own home, group home, nursing home, assisted living facility), neighborhood safety, access to transportation of medical appts, education level, nutrition and eating habits, sexual history, current and typical daily activities, financial situation, other relevant social factors, employment and/or occupation history, interpersonal and Domestic Violence assessment/screening	YES/NO/NA Policy 940 pg 4 #3 a i

26	Evidence of smoking/alcohol/substance use/abuse history assessment completed--current and/or history	Smoking/alcohol/substance assessment/history is documented? If found in any of the examples: Summary page, 1 of the 2 most recent DOS or Well visit==YES Negative statements such as Nonsmoker/Alcohol-none/Drugs-none ==YES	YES/NO Policy 940 pg 2 A #2 d iii, iv
27	Documentation of chief complaint--subjective description in DOS reviewed.	Subjective description-chief complaint is documented in DOS reviewed Progress notes within review period include documentation of a hx pertinent to chief complaint at each visit==YES Present in Well visits for criteria or one of the most recent 2 DOS in the record==YES	YES/NO policy 940 pg 4 --not specifically listed
28	Documentation of pertinent exam--objective description in DOS reviewed.	Objective description -pertinent exam is documented in DOS reviewed? Progress notes within review period include documentation of a hx pertinent to chief complaint at each visit==YES Present in Well visits for criteria or one of the most recent 2 DOS in the record==YES	YES/NO Policy 940 pg 4 --not specifically listed
29	Evidence/validation that member was notified of abnormal results-- imaging results/tests/labs.	Pt informed of abnormal results in DOS reviewed, if applicable? Any attempts at communicating abnormal results are acceptable ==YES There were no abnormal test results==NA Includes imaging/tests/labs Look first to imaging documents, if abnormal, look to next DOS to see if documentation of review with patient. May also be found in telephone calls or notation on the report itself of contact.	YES/NO/NA Policy 940 pg 4 --not specifically listed
30	Evidence of discussion with member about the availability of family planning services--up to age 55 yrs for both males and females	Documentation of discussion with mbr about the availability of family planning services -up to age 55 years for both males and females? If discussion takes place with mbr or guardian==YES Birth control including long-acting reversible contraception (LARC/IPLARC)==YES Family planning counseling==YES Documentation of a sterilization or refusal ==YES Mbr has had a hysterectomy or vasectomy==YES If discussion about contraceptives takes place with Mbr or guardian==YES The mbr is not of reproductive age-over age 55==NA No Well Visit has occurred==NA Evidence of preconception counseling performed? Includes discussion regarding healthy lifestyle between pregnancies==YES Mbr refused==YES No mention in record==No Look first to lab results, if abnormal, look to next DOS to see if documentation of review with patient. May also be found in telephone calls or notation on the report itself of contact	YES/NO/NA . Policy 420
31	Coordination of care between PCP/specialist/BH in DOS reviewed, if applicable	Care coordination of care between PCP/specialist/BH if applicable? If a consultation was requested, there is a note from consultant or behavioral health provider in the chart or other evidence of communication between the PCP and the specialist or BH ==YES Should be an order and return communication back to PCP. Could be phone call or letter Mbr refused==YES Mbr did not require specialty/BH care==NA Includes Integrated services Providers of integrated care shall operate as a team that functions as a single-point of whole health treatment and care. Co-location or making referrals without coordinating care through a team approach does not equate to integrated care Look first to lab results, if abnormal, look to next DOS to see if documentation of review with patient. May also be found in telephone calls or notation on the report itself of contact. Make a note if it is an integrated care clinic (record would be in one system) A note from spec or BH should be in the PCP record within the next 3 visit or so if that mbr was compliant	YES/NO/NA Policy 940 pg 3 A #2 i Policy 510 pg 1 A, pg 2 D
IV.	**Health Maintenance**		

32	Cervical cancer screening every 3 yrs from ages 21 through 64.	Cervical cancer screening every 3 years from ages 21 through 64? Pap smear must show completed but results not required==YES If the mbr turns 21 prior to audit timeframe, and there is no evidence in the record==NA Female-not in age range==NA Male==NA Female refuses==YES Transgender Male to female==NA Hysterectomy (absence of the cervix)==NA If evidence member was referred to OB/Gyn == Yes Screening may be completed outside of the audit review period or discussion when the past screening occurred. Begin looking in lab/test section and then progress notes. Per HEDIS: 21-64 yrs of age who were recommended for routine CCS within last 3 yrs 30-64 yrs of age who were recommended for routine CCS and Cervical HPV testing within last 5 yrs 30-64 yrs of age who were recommended for routine CCS and had HPV co testing within the last 5yrs	YES/NO/NA Policy 411 HEDIS Measure
33	Annual Syphilis screening test age 15+ years and up	syphilis test if aged 15yrs and older Screening completed--YES Mbr refused--YES Not offered or done--NO Not in the age range--NA	YES/NO/NA Policy AMPM 430 Section III, A,9, c pg 5 Policy AMPM 420 Section III B 8 pg 4 Policy 411 pg 3 #2 b i
34	Mammogram screening annually ages 40 yrs- and up .	Mammogram screening annually ages 40 yrs and up? Bilateral mammogram either diagnostic or screening==YES Female--not in age range==NA Male==NA Bilateral Mastectomy==NA Transgender(male to female)==NA If refused--YES Screening may be completed outside of the audit review period or discussion when the past screening occurred. Begin looking in lab/test section and then progress notes.	YES/NO/NA Policy 411 HEDIS Measure
35	Documentation of a Fecal occult blood screen/COL Screening.	Documentation within a well visit during timeframe of a fecal occult blood screen annually 50yrs and up OR colonoscopy within the last 10 years, OR sigmoidoscopy in the last 5 years OR FIT DNA--every 3yrs. FOBT, iFBT, FIT, FIT-DNA, Colonoscopy, sigmoidoscopy, any notation is acceptable. No result needed==YES Mbr refuses==YES Not in age range==NA Look first to imaging documents, if abnormal, look to next DOS to see if documentation of review with patient. May also be found in telephone calls or notation on the report itself of contact.	YES/NO/NA HEDIS Measure
36	Flu vaccine or refusal/allergy -- annually	Flu vaccine given or documentation of refusal/allergy? Documentation that viaccine was received elsewhere? Flu vaccine anytime in timeframe==YES Mbr refuses==YES Documentation of allergies==YES Note that flu vaccine received elsewhere==YES Look for a immunization page/history page/wellness visit/progress note	YES/NO Policy 310 M pg 1 III. 1 b
37	Pneumonia vaccine given or refusal/allergy over age 65 yrs (may be given earlier)	Pneumonia vaccine given or documentation of refusal/allergy over age 65 yrs? Pneumonia vaccine anytime in the record==YES Mbr refuses==YES Documentation of allergy==YES Not in age range==NA	YES/NO/NA Policy 310 M pg 1 III d
38	Vital Signs	Includes Temp, Heart Rate, Resp Rate--all done at each in person visit==YES If not=NO NA only if telehealth visit	YES/NO/NA Policy 940 pg 14 I #1 c I, vii
39	Blood pressure taken at each visit	BP taken at each in person visit? Look for BP reading in most recent 2 visits in the record. Both 2 visits must contain BP==YES Mbr refuses BP==YES NA only if telehealth visit	YES/NO/NA Policy 940 pg 14 I #1 c ii
40	Weight and height	each in person visit NA only if telehealth visit	YES/NO/NA Policy 940 pg 14 I #1 c iii
41	Documentation of BMI within the last 2 years	Documentation of BMI within the last 2 years? BMI documented in record==YES Mbr refuses==YES ages 2-20yrs only NA if outside of age range May be found outside of the audit review period. Look at well visit and/or 2 most recent progress notes.	YES/NO/NA Policy 940 pg 14 1 #1 c iv Policy 940 pg 14 I #1 c
42	Pulse Oximetry (if applicable)	At every visit if applicable Should be documented when a pt has resp or cardiac symptoms. May use clinical judgement	YES/NO/NA Policy 940 pg 14 I #1 c viii

43	Inhaled Oxygen Concentration (if applicable)	If receiving O2 amount must be recorded	YES/NO/NA Policy 940 pg 14 I #1 c ix
44	Unique Device Identifier(s) for implantable device(s) - if applicable	0	YES/NO/NA Policy 940 pg 14 I #1 c x
V.	**Behavioral Health If applicable**		
45	Is there documentation that Provider responds to BH providers requests within 10 business days, if applicable, on DOS reviewed	Is there documentation that provider responds to BH providers requests within 10 business days, if applicable, on DOS? Documented evidence of request and response to BH provider within 10 business days==YES Mbr does not have BH diagnosis==NA There are no requests for info from BH provider==NA	YES/NO/NA Policy 940 pg 7 #4 d i
46	PCP updates BH provider when changes to medication and/or diagnosis occur, on DOS reviewed	PCP updates BH provider when changes to medication and/or diagnosis occur? BH provided with an update on conditions and/or medications==YES Mbr does not have BH diagnosis==NA No indication in the record that BH provider is part of care==NA	YES/NO/NA Policy 940 pg 3 #2 i
47	Within their scope of practice, the PCP evaluates and/or treats patient for ADHD, as appropriate, on DOS reviewed using a standardized tool	PCP evaluates and/or treats pt for ADHD as appropriate? PCP who has diagnosed ADHD show treatment plan or referral==YES Mbr does not have ADHD diagnosis==NA	YES/NO/NA Policy 910 pg 5 bb iv
48	Within their scope of practice, the PCP evaluates and/or treats patient for depression, as appropriate, on DOS reviewed using a standardized tool	PCP evaluates and/or treats pt for depression as appropriate? PCP who has diagnosed depression show treatment plan or referral==YES Mbr does not have depression diagnosis==NA	YES/NO/NA Policy 910 pg 5 bb iv
49	Within their scope of practice, the PCP evaluates and/or treats patient for anxiety, as appropriate, on DOS reviewed using a standardized tool	PCP evaluates and/or treats s pt for anxiety as appropriate? PCP who has diagnosed depression show treatment plan or referral==YES Mbr does not have anxiety diagnosis==NA	YES/NO/NA Policy 910 pg 5 bb iv
50	Documentation of BH referrals as appropriate, on DOS reviewed	Documentation of BH referrals for conditions to include ADHD, depression or anxiety as appropriate? If applicable, BH referrals and services provided are present==YES Mbr does not have BH diagnosis or a BH referral==NA	YES/NO/NA Policy 940 pg 4 A #3 iii and iv
51	If PCP is treating member with medications for (ADHD, Depression or anxiety); there is a completed annual assessment of members health condition and treatment plan, as appropriate, on DOS reviewed	If PCP is treating mbr with medications for ADHD, depression or anxiety, there is a completed annual assessment of mbrs health condition and treatment plan as appropriate? Annual assessment present==YES PCP is using a screening tool for the annual assessment==YES Plan of treatment present in progress notes==YES PCP is not treating mbr for any of these conditions==NA	YES/NO/NA Policy 320 O Policy 510 pg 2 C
52	If clinically indicated (based on severity of behavioral health needs or other significant medical needs) the PCP ensures transfer of care	There is evidence/documentation in the record that indicates prior to first scheduled appt, all relevant member medical information including the reason for transfer and current medications, were provided to the BH or specialist providers. PCP has ensured member has adequate prescribed medication to get to their initial BH or specialist provider appointment	YES/NO/NA Policy 510 pg 3 #6
VI.	**General Information**		
53	Documentation/evidence that the Controlled Substances Prescription Monitoring Program (CSPMP) or Prescription Drug Monitoring Program (PDMP) has been checked for members that were prescribed by PCP a controlled substance	Documentation/evidence that the CSPMP or PDMP has been checked for mbrs that were prescribed a controlled substance? Mbr is prescribed by PCP a controlled substance and provider has documented having checked the CSPMP or PDMP in the progress note OR has placed a copy of CSPMP or PDMP report in the chart==YES Mbr has not been prescribed a controlled substance==NA Several ways to check for a CSPMP or PDMP including: Pharmacy Report, The Board Report, The Prescription Report, Narcotic Report, Note in progress notes	YES/NO/NA Policy 940 pg 3 A 2 h
54	CSPMP or PDMP Medication adverse interaction--The PCP is to check the CSPMP or PDMP if the PCP prescribes another medication that is known to adversely interact with controlled substances such as antidepressant, particularly SSRIs and MAOI	If mbr is receiving controlled substances, documentation/evidence that the CSPMP or PDMP has been checked prior to prescribing a medication that is known to adversely interact with controlled substances Are they being prescribed other sedating medications such as anxiolytics, sedative hypnotics. See list. The CSPMP or PDMP must be check whether the PCP is aware that the member is receiving a controlled substance.	YES/NO/NA Policy 940 pg 3 A 2 h
55	For PCPs prescribing medications to treat Opioid Use Disorder (OUD) there is evidence of a BH referral	The PCP refers the member to BH provider for the psychological and/or behavioral therapy component of the Medication Assisted Treatment (MAT) model	YES/NO/NA Policy910 pg 5 bb v
56	There is documentation of a consent for coordination of care with patients's substance abuse disorder (SUD) treatment provider is in place	For patients with SUD, evidence of member consent to PCP for Coordination of Care with patient's SUD treatment provider is in place. Documentation that a SUD coord of care specific, Release of information document I signed by the mbr or representative? May be a separate form, might be part of administrative part of record, ma be found outside of the audit review period. Typically is provided to mbr upon their 1st visit or general consent form	YES/NO/NA
57	If member has SUD/MAT treatment provider, there is evidence in the documentation of the PCP coordinating care with identified provider(s)	Evidence PCP is/has coordinated care with the SUD/MAT treatment provider	YES/NO/NA
58	Evidence/documentation that the PCP is utilizing a standardized screening tool for assessing behavioral health needs, social determinants of health and trauma?	If there is an identified need in regard to trauma, behaviorial health or social determination, look for evidence/documentation that a standardized screening tool has been used—such as screening tool for ADHD, PHQ, GAD-7, PRAPARE etc.	YES/NO/NA Policy 940