

## Health Care District of Palm Beach County

### Medical Record Review / Re-credentialing Worksheet

Provider:	
Date:	
Reviewer:	

Click on slots to fill in Member IDs Reviewed for this Provider

													Totals		
Item	Each Medical Record must include the following, as appropriate:												YES's	NO's	N/A's
1	Separate for each patient												0	0	0
2	Content, format, and sequence are uniform in the medical record												0	0	0
3	Legible												0	0	0
4	Maintained in detail												0	0	0
5	Written in English												0	0	0
6	Name												0	0	0
7	Identification number i.e.medical record# or Medicaid# or Health Plan#												0	0	0
8	Date of Birth												0	0	0
9	Sex / gender												0	0	0
10	Primary language spoken												0	0	0
11	Identify Members needing communication/translation assistance in the delivery of health care services												0	0	0
12	Documentation of legal guardianship or responsible party if under eighteen (18) years old												0	0	0
13	Signed documentation of HIPAA notification, or documented reason why member did not sign												0	0	0
14	Documentation that written information regarding advanced directives was provided by the PCP office												0	0	0
15	Documentation that PCP office inquired if member has executed an advanced directive and a copy is maintained in the medical record (if executed)												0	0	0
16	Summary of significant surgical procedures, past and current diagnoses or problems												0	0	0
17	Current medications, including over the counter products along with any changes including the name and dosage when available												0	0	0
18	All records in the PCP office shall contain an immunization history												0	0	0
19	Information on smoking, alcohol and/or substance abuse for members 12 yrs old or greater												0	0	0
20	Date (and department, if departmentalized) of encounter												0	0	0
21	Record of ER care/ hospital discharge summaries with appropriate medical follow-up for PCP and specific speciality provider												0	0	0
22	Current medical history and initial physical exam, if applicable												0	0	0

[illegible]

45	Indicate evidence of whether or not there was follow-up and outcome of services													0	0	0
46	Notation of diagnostic or therapeutic intervention as part of clinical research, if applicable													0	0	0
47	Proof that instruction has been given to the member regarding 24-hour call-in information, such as medications renewals, appointment cancellation, ER visits.													0	0	0
48	The medical record is maintained in a physically safe and secure environment where confidentiality of its contents is maintained.													0	0	0
49	There is a person designated to supervise the collection, processing, maintenance, storage, timely retrieval and distribution of records, and maintenance of a predetermined, secured and organized record format.													0	0	0
50	The medical record meets the requirement for retention of records, retirement of inactive records, timely entry of data in records, release of information contained in records.													0	0	0
51	Enrollees referral to appropriate provider was done within four weeks of the CHCUP examination for further assessment and treatment of conditions found during the CHCUP examination, if applicable.													0	0	0
52	The referral appointment following CHCUP examination is scheduled for a date within 6 months of the initial CHCUP examination, if applicable.													0	0	0
53	Documentation as appropriate of significant medical advice given to a member by telephone is entered in the medical record; is appropriately signed and initialed including medical advice provided by after hours telephone member information services or triage telephone services.													0	0	0
54	To ensure continuity of care, timely summaries or pertinent records are obtained from previous provider(s) or organization(s) and incorporated into the member's medical record (14 days from request unless urgent)													0	0	0
													<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0</b>