SUMMA INSURANCE COMPANY
CORPORATE POLICIES

POLICY NAME:	Medical Record Documentation
POLICY REPLACES:	Medical Record Review
DEPARTMENT:	Health Services Management
DIVISION:	Quality Management
STANDARD:	NCQA QI 12, MMCM Chapter 4
REVIEW DATE(S):	10/12/1999; 10/25/01; 10/16/03; 6/30/04, 7/12/05, 10/13/05, 1/21/08, 7/21/09,10/16/2009
ORIGINAL EFFECTIVE DATE:	06/08/1995
REVISED DATE(S):	01/21/99; 3/20/00; 9/11/00; 1/30/01; 10/25/01; 10/16/03, 7/12/05, 10/13/05, 10/23/2009
DEPARTMENT APPROVAL:	Annette Ruby
COMPLIANCE REVIEW/APPROVAL DATE:	10/23/2009
MANAGEMENT REVIEW/APPROVAL DATE:	10/30/2009
CORPORATE APPROVAL:	Marty Hauser **EFFECTIVE DATE:** 11/13/2009

Policy: SummaCare Network Physicians/Practitioners will maintain medical records in a manner that is current, detailed and organized, Documentation must be consistent with the standards required by SummaCare and regulatory agencies.

Purpose: To promote communication, coordination and continuity of care, efficient and effective treatment, the collection of study data, and quality reviews.

REQUIRED DISTRIBUTION LIST

- ☐ Accounting
- ☐ Apex
- ☐ Application Support
- ☐ Budgeting/Reporting
- ☐ Claims
- ☐ Client Services
- ☐ Commercial Sales, Groups
- ☑ Compliance
- ☑ Contracting/Network Development
- ☑ Credentialing
- ☐ Facility Services
- ☐ Financial Analysis
- ☑ Health Services Management
- ☐ Human Resources
- ☐ Individual Sales
- ☐ IS Project Management
- ☐ IS Technical Services
- ☑ Legal Services
- ☑ Marketing
- ☐ Medicare Retention
- ☐ Medicare Sales
- ☐ PC Development
- ☐ Pharmacy
- ☐ Planning/Product Develop.
- ☐ Provider Support
- ☐ Quality Management & Appeals
- ☐ Reconciliation
- ☐ Service Quality
- ☐ Training
- ☐ Underwriting
- ☐
- ☐

- ☐ Delegate(s) _______________ _______________
- ☐ Other(s) _________________ _________________
- ☐ **All of the Above**
- ☑ Physicians/Practitioners
- ☐ Providers/Facilities

PROCEDURE

1. Physicians/Practitioners will maintain clinical documentation that includes:

   A. Allergies and drug reactions in a prominent uniform location.
   B. Past medical history including history of familial and hereditary disease and physicals.
   C. A current problem and medication list.
   D. Demographic information including the member's name, date of birth, sex, address, telephone number, marital status, and next of kin or responsible party.
   E. All entries must be dated and signed or initialed, and include practitioner credentials; member identification information such as name, sex and birth date are also included on each page.
   F. A return visit or follow-up for each encounter.
   G. Documentation of health education when appropriate.
   H. The practitioner must initial consultations, Lab and X-ray reports.
   I. Telephone advice is documented in the record.
   J. Documentation of whether or not an Advance Directive has been executed for all Medicare enrollees and others as appropriate.
   K. Presenting complaint/reason for visit
   L. Working diagnoses
   M. Plan of action / treatment
   N. Smoking, alcohol and substance abuse habits for patients 12 years or older.
   O. Evidence of continuity and coordination of care; documentation of all diagnostic and therapeutic services (received) for which a member was referred, such as: home health nursing reports, specialty physician reports, hospital discharge summaries, and physical therapy reports.
   P. Documentation that preventive services are appropriately utilized or offered.
   Q. The immunization record must be complete and updated as appropriate.

2. Primary care medical records will reflect all of the above plus the following:
   A. All services provided directly by the practitioner who provides primary care
   B. All ancillary services and diagnostic tests ordered by a practitioner
   C. All diagnostic and therapeutic services for which a member was referred by a practitioner, i.e. home health nursing reports, specialty physician reports, hospital discharge summaries, physical therapy reports,

3. Medical records are organized and stored in a manner that allows easy retrieval and that allows access by authorized personnel only.

4. On an annual basis, SummaCare reviews a sample of medical records from participating primary care practices. Specialists may also be included in medical record review as appropriate for quality studies.

   A. Medical record reviews are performed at office based practices in conjunction with quality improvement studies and as directed by the Executive Quality/Compliance Council or the Credentialing and Peer Review Committee.

   B. Medical record reviews assessing compliance with documentation standards for Primary Care Physicians/Practitioners are performed by SummaCare in conjunction with annual quality outcome studies. Practices with at least 50 or more SummaCare enrollees will be included in the population from which a 10% sample of physicians will be randomly selected for medical record reviews. Those physicians that were audited in the past are then excluded from future samples until all the physicians with 50 or more members have been reviewed.

   C. A passing threshold of 80% is the standard for medical record reviews. Physicians/Practitioners are notified in writing of the review results. Opportunities for improvement are included in each letter.

   D. Physicians/Practitioners whose compliance rate is between 50% and 79% will be notified by certified mail of the Improvement Action Plan (IAP). This plan includes standard specific results, education regarding medical record standards, and a plan for re-review of records. Physicians/Practitioners who score 49% or less will be referred to the Credentialing and Peer Review Committee for development of an IAP. Scores from re-

reviews and all follow-up activity will be reported to the Credentialing and Peer Review Committee for review and approval.

E. Results of the medical record reviews will also be analyzed on an aggregate level to identify opportunities for plan wide improvements. Opportunities for improvement identified on an aggregate level will be communicated to the physicians/practitioners. Aggregate results will also be considered in planning for future quality improvement studies.