



CENPATICO

Recovery. Resiliency. Results.

Medical Chart Audit Tool

Medical Record Keeping			
Date of Review: _____		Name of Reviewer: _____	
Provider Name/NPI#: _____	Race: _____	Prescriber: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: _____	Random ID#: _____	State: _____	Ethnicity: _____

Member Information			
MR1: Demographic sheet present in each chart	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete
MR2: Member ID number/name on each page of the medical record	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete

Provider Documentation			
<i>Each entry in the medical record contains the following:</i>			
MR3: Clinician Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete
MR4: Title	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete
MR5: Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete
MR6: Handwritten record is legible (NA for electronic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete <input type="checkbox"/> NA

Assessments			
MR7: Initial/Annual Assessment present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR8: Assessment completion date within 12 months of chart review date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Assessment contains the following:</i>			
MR9: Presenting problem(s) are identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR10: Mental status exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR11: Psychiatric history	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR12: Significant medical conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR13: Medication list	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR14: Assessment of risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR15: Substance abuse assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR16: Identification of support systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR17: Current level of functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR18: Identifies strengths and needs to be included in comprehensive treatment plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR19: DSM Axis I-V diagnosis present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR20: Brief physical assessment recorded for each visit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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Medication Management			
MR21: Medication allergy/adverse reaction documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR22: Medication list is current	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete
MR23: Medications prescribed by primary care provider (PCP) are included on the medication list	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR24: Lab work is monitored	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
MR25: Follow up for abnormal lab work documented in record	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR26: Informed consent present for prescribed medications including possible side effects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete

Member and Family Education			
MR27: Member education clearly documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR28: Member family/support system clearly documented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Member Participation in Treatment Planning Process			
MR29: Treatment plan available in chart with member and provider signatures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
MR30: Member and family have been introduced to and encouraged to attend self-help treatment organizations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR31: Treatment plan identifies member goals and relates these to treatment objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Treatment plan addresses barriers to treatment plan adherence by assessing the following:</i>			
MR32: Level of member insight into illness as it relates to medication administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR33: Member perceptions about lack of benefit from treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR34: Monitoring and maintaining therapeutic alliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR35: Financial concerns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR36: Transportation concerns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR37: Lack of family or other social support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR38: Cultural beliefs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MR39: Treatment plan integrates the treatment of multiple clinicians	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
MR40: Evidence of documentation of communication among behavioral health clinicians involved in care delivery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
MR41: Treatment plan includes development of coping strategies and stress reduction techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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Member Communication with the Behavioral Health Provider				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	English	Spanish	Creole	Other
			Russian	Not Documented
			Hmong	
MR42: The primary language the member spoke:				
MR43: Documentation present to indicate that a language interpreter was used	<input type="checkbox"/>	<input type="checkbox"/>		
	Yes	No		

PCP Communication			
MR44: Documentation in chart identifies member's PCP	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
MR45: Documentation in chart indicates contact with PCP in the quarter being evaluated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	NA

Miscellaneous			
MR46: A date is documented for a follow-up visit appointment	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
MR47: A discharge plan is documented from the outpatient setting	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	