

## Quality Improvement Program

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## Quality Improvement Program, continued

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### **Quality: A Key Concept with the BlueChoice Health Care Professionals**

Quality improvement is an essential element in the delivery of care and services by BlueChoice health care professionals. To define and assist in monitoring quality improvement, the BCBSTX Quality Improvement Program (QIP) focuses on measurement of clinical care and service delivered by BlueChoice participating Physicians and other Professional Providers against established goals.

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### **Objectives of the Quality Improvement Program**

The BCBSTX Quality Improvement Program is an integrated process designed to continually monitor, evaluate, and improve the care and service provided to BlueChoice subscribers.

The BCBSTX Quality Improvement Program objectives are designed to assist in meeting BCBSTX goals. Following are the objectives:

- Facilitate the achievement of public health goals for disease prevention and safety
  - Identify opportunities to improve the outcomes of medical and behavioral health care and service available to BCBSTX subscribers
  - Develop, implement, and monitor action plans to improve medical and behavioral health care and BCBSTX services
  - Provide communication to BCBSTX subscribers, Physicians, and other Professional Providers on issues of quality medical care to promote improvements in the health status of subscribers and satisfaction with BCBSTX services
  - Strengthen the system of documentation of quality improvement-related information, enabling identification of opportunities and demonstrated effectiveness
  - Monitor and improve compliance with accreditation standards and regulatory requirements governing PPO and other managed care organizations
  - Develop and distribute subscriber information that improves knowledge regarding clinical safety, general wellness, and disease prevention as it relates to self care
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## Quality Improvement Program, continued

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### Quality Initiatives

BCBSTX conducts interventions/initiatives which are designed to improve the overall health of plan subscribers. Examples include:

- Preventive Care/Wellness Guidelines
- Prenatal Care Guidelines
- Birthday reminder card for men 50 years of age and older to encourage preventive screenings such as prostate screenings, cholesterol screening, and colon cancer screening
- Birthday reminder card for women 40 years of age and older to encourage preventive screenings such as clinical breast examination, Pap test, mammogram, cholesterol screening, and colon cancer screening
- Targeted outreach to encourage subscribers to receive breast, cervical, and colorectal cancer screenings, as well as other preventive care initiatives as opportunities are identified
- Childhood immunization reminders at 4 and 14 months of age to encourage compliance with the childhood immunization schedule and well-child visits
- BCBSTX website, which provides information related to health and wellness [bcbstx.com/provider](http://bcbstx.com/provider).

For additional information about the above mentioned interventions or to request samples, please contact the Quality Improvement Program Department:

**Toll-free at 800-863-9798**

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## Quality Improvement Program, continued

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### **Support Provided to Quality Improvement Program**

The Quality Improvement Program is supported by the Quality Improvement Department, Medical Directors, Texas Medical Advisory Committee, Texas Peer Review Committee, Professional Provider Network Representatives, Office of Physician Advocacy and on-site Physician Office Review (POR) nurses.

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### **Medical Director Involvement**

- Facilitates communication of quality improvement activities with BlueChoice participating Physicians and other Professional Providers
  - Serves as a liaison between BCBSTX and BlueChoice Physicians and other Professional Providers
  - Chairs the Texas Medical Advisory Committee and the Texas Peer Review Committee to facilitate initiatives, including credentialing and review of quality of care issues
  - Participates in the Quality Improvement Committee, which supports the development and periodic review of policies, procedures, practice guidelines, clinical criteria, QI outcomes study and initiatives utilized in the BCBSTX Quality Improvement Program
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## Quality Improvement Program, continued

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### Quality Improvement Committee

The BCBSTX Clinical Quality Improvement Committee (CQIC) oversees the development, implementation, and evaluation of required quality improvement activities. The committee conducts regularly scheduled meetings, is composed of participating Physicians, BCBSTX employees and consumer subscribers from HMO Blue Texas, and is usually chaired by the Medical Director. The Physicians are invited to serve on the committee for a period of two years.

The responsibilities of the committee include but are not limited to the following:

- Centralize and coordinate the integration of all quality improvement activities
- Adopt clinical practice guidelines, general standards of care, and policies of medical practice based on current medical evidence, BCBSTX demographics, and other local/regional factors
- Analyze and evaluate summary data from quality improvement activities and make recommendations for improvement
- Recommend policy decisions
- Institute needed actions
- Ensure follow-up, as appropriate
- Monitor QI activities of all contracted agencies to which BCBSTX delegates quality improvement, utilization management, credentialing, physician office review or claims processing and customer service activities
- Review, approve/deny, and recommend actions and communications to delegates when a delegate is determined to be non-compliant with BCBSTX performance requirements, regulatory, certification or accreditation requirements, and standards
- Provide coordination and monitoring of the Medical Care Management Program programs
- Review results from population based studies to assess patterns/trends derived from statistical data, which identify opportunities for improvement
- Reassess activities continuously to determine whether optimal results have been achieved and are sustained

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## Quality Improvement Program, continued

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### **Texas Medical Advisory Committee and Texas Peer Review Committee**

The Texas Medical Advisory Committee and the Texas Peer Review Committee serve in an advisory capacity to the Medical Director and BCBSTX regarding health care delivery issues that affect subscribers and participating Physicians and other Professional Providers. The Committees participate in the development, implementation, and evaluation of required peer review activities. The responsibilities include but are not limited to the following:

- Review and act upon completed credentialing files of applicants that have been recommended for participation
- Make recommendations regarding continued Physician or other Professional Provider participation in the BCBSTX network
- Access, monitor, and evaluate utilization, quality of care, and service issues related to specific Physicians or other Professional Providers
- Recommend corrective action plans when opportunities to improve care or service are identified for specific Physicians or other Professional Providers
- Review Physician or other Professional Provider appeals regarding credentialing/recredentialing determinations
- Review quality of care issues
- Review preventive guidelines
- Review quality improvement activities

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### **Professional Provider Network Representative Involvement**

- Facilitate adequate access for subscribers to a full continuum of appropriately credentialed Physicians and other Professional Providers
- Coordinate the Physician or other Professional Provider recruitment, servicing and credentialing activities
- Communicate policies, procedures, and guidelines established by BCBSTX to participating Physicians and other Professional Providers and disseminate information regarding the results of Quality Improvement Program activities

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### **On-Site Physician Office Review (POR) Nurses**

The POR nurses conduct site reviews to determine if office sites meet accepted standards and to assess medical record keeping practices. They also perform medical record review to assess documentation and collect data for QI studies.

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## Quality Improvement Program, continued

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### **Responsibilities of the Quality Improvement Programs Department**

The Quality Improvement Programs Department responsibilities include, but are not limited to the following:

- Collect information related to credentialing/recredentialing functions and oversight of all delegated functions
- Initiate quality of care investigation and resolution
- Manage the HEDIS project
- Develop and maintain QI studies/interventions for clinical and service issues
- Perform analysis and develop interventions related to subscriber/Physician and other Professional Provider satisfaction

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## Quality Improvement Program, continued

### Patient Appointment Access Standards

BCBSTX has established the following appointment access standards:

Access Measure	Primary Care Physician (PCP)	Performance Goal	Specialty Care Physician & Other Professional Provider (SCP)
<b>Emergency Care</b>	Perform immediate triage during office hours and have a method for directing patients to alternative care after hours	90%	Method for handling immediate triage during office hours and for directing patients to alternative care after hours
<b>Urgent Care</b>	Within 24 hours	90%	Within 24 hours
<b>Symptomatic Non-Urgent Care (Routine)</b>	Within 5 days	90%	Within 5 days
<b>Annual Physical Exam</b>	Within 30 days	90%	Not Applicable
<b>Initial New Patient Visit</b>	Within 30 days	90%	Within 30 days
<b>In-Office Wait Time</b>	Within 30 minutes	90%	Within 30 minutes
<b>After Hours Access</b>	Immediate	90%	Immediate

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## Quality Improvement Program, continued

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### Patient Appointment Access Standards Definitions

- **Emergency Care:** Health care services provided in a hospital emergency facility or comparable facility to evaluate and stabilize medical conditions of a recent onset and severity that would lead a prudent layperson possessing an average knowledge of medicine and health to believe his or her condition is of such a nature that failure to get immediate medical care could result in:
  - placing the patient's health in serious jeopardy
  - serious impairment to bodily functions
  - serious dysfunction of any bodily organ or part
  - serious disfigurement or
  - in the case of a pregnant woman, serious jeopardy to the health of the fetus.
- **Urgent Care:** Medical care provided to treat symptoms that are non-life threatening, but which, if left untreated, within 24 hours could lead to a potentially harmful outcome such as acute abdominal pain.
- **Symptomatic Non-Urgent (Routine) Care:** Medical care provided to treat symptoms which are non-life or limb threatening and may include, but are not limited to, intermittent headache, fatigue, colds, minor injuries, and joint/muscle pain.
- **Annual Physical Exam:** A preventive health evaluation, without medical symptoms, which may include recommended health screenings such as well-woman exams and well-child exams.
- **Initial New Patient Visit:** A "get acquainted" visit with PCP or initial SCP or other Professional Provider visit for non-urgent.
- **In-Office Wait Time:** The average number of minutes the subscriber must wait from the scheduled appointment time until the time the subscriber is actually seen by the Physician or other Professional Provider.
- **After Hours Access:** PCPs and SCPs will have a verifiable mechanism in place, for immediate response, for directing patients to alternative after hours care based on the urgency of the patient's need. Acceptable Mechanisms may include: an answering service that offers to call or page the physician or on-call physician; a recorded message that directs the patient to call the answering service and the phone number is provided; or a recorded message that directs the patient to call or page the physician or on-call physician and the phone number is provided.
- **Performance Goals:** The performance goals are monitored through the Physician Office Review (POR) program, subscriber satisfaction surveys, complaints, and focused audits.

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## Quality Improvement Program, continued

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### **Physician Office Review Program**

BCBSTX recognizes Physicians as participants in the health care improvement process. One of the main objectives of the Quality Improvement Program is to provide Physicians with meaningful and constructive data to improve their practice patterns as necessary.

Evaluating the care provided in the Physician's office focuses on documentation of clinical care, as well as the assessment of the physical structure and medical record keeping practice. The following are evaluated during the Physician Office Review:

- Safety, accessibility and environment
- Medical record keeping practices
- Laboratory services
- Radiology services

A sample of the Physician Office Review Site Visit form is located on pages J-13 through J-15 and can be copied for your use.

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### **Goals of the Office Review Program**

- Use objective guidelines to monitor the structural and medical recordkeeping practices in the Physician's office
  - Provide a practical approach for evaluating and improving the documentation of the care delivered in the office setting
  - Involve Physicians in the improvement process by offering appropriate feedback
  - Utilize the results of the program in the ongoing managed care contract renewal process
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### **Safety and Environment Component**

The primary objective is to assist in ensuring that patient care is accessible, provided in a safe and hazard-free environment and that the office site provides comfort and privacy for the patient. A Physician's staff is expected to maintain office procedures that safeguard against such risks as exposure to infectious disease, theft, abuse or accidental use of drugs and faulty or contaminated patient care equipment.

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### **Laboratory Services Component**

The primary issue concerning provision of lab services is the accuracy of test results, which can be affected by such factors as training of personnel, equipment maintenance and calibration, and expiration date of testing reagents.

The Clinical Laboratory Improvement Amendment (CLIA) requires that all laboratories be certified by the Department of Health and Human Services as meeting minimum performance specifications. Evidence of CLIA certification is required to meet BCBSTX review criteria as well as state of Texas requirements.

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## Quality Improvement Program, continued

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### **Radiology Services Component**

Issues associated with radiology services include calibration and maintenance of equipment, exposure to radiation, film quality and staff training. The state of Texas requires inspection of radiology equipment every three years and documentation of the training for operation of the equipment. The Physician is required to register the equipment with the state, which grants a certificate of registration. Following each inspection, a letter of compliance is issued.

This review is limited to the radiology services component.

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### **Medical Recordkeeping Practice Component**

The organization and adequacy of medical recordkeeping is assessed in order to assure patient confidentiality and consistency of documentation practices. One (1) to five (5) medical records are evaluated at each office site of potential network Primary Care Physicians and OBGyns prior to initial credentialing and ad hoc reviews are conducted after initial credentialing review, as appropriate.

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### **Medical Record Documentation Component**

The medical record serves as a primary source for evaluating the appropriateness and cost-effectiveness of care, in addition to serving as important evidence in the event of litigation. The medical record documentation review consists of reviewing three (3) to ten (10) medical records at each office site during focused medical record review.

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### **Performance Goals**

The expected performance goals for the review are 85% for medical recordkeeping practice; 85% for medical record documentation; 90% for safety and environment, and 90% for laboratory and radiology, if applicable.

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## Quality Improvement Program, continued

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### **Frequency of the Office Review**

The Physician Office Review (POR) Program includes a review of all office facilities of all Primary Care Physicians and OBGyns who initially contract with the BCBSTX Network.

If a Physician fails to meet the established goals, a corrective action plan (CAP) may be requested. A re-review is conducted within six months from the date of the CAP or at the discretion of the Medical Director. If a practitioner fails to meet the compliance goal on the re-audit, the results are reported to the Texas Peer Review Committee (TPRC) for recommendations.

An ad hoc review may be conducted if there is an indication that a potential quality of care concern exists. A high number of subscriber complaints, a high rate of subscriber turnover or utilization outlier status are examples of such concerns.

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### **Feedback to Physicians on the Office Review**

The Physician Office Review Program is designed to foster continuous quality improvement. The reviewer will conduct an exit interview with the Physician or designated staff immediately following the review and if any deficiencies are identified they are reviewed at this time. Copy(s) of the Physician Office Review Summary forms are left with the office staff upon completion of the Physician Office Review.

The Medical Director evaluates any significant issues and recommends action, if necessary. A copy of the review and all associated correspondence is maintained in the Physician's file for consideration by the Medical Advisory Committees at the time of recredentialing.

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**Blue Cross and Blue Shield of Texas/Blue Medicare PPO  
PHYSICIAN OFFICE REVIEW SITE VISIT  
Access Data Worksheet**

NPI #: _____		PHYSICIAN NAME: _____	
ADDRESS: _____		CITY: _____	STATE: _____ ZIP CODE: _____
OFFICE CONTACT: _____		OFFICE PHONE: _____	
REGION: _____	TYPE OF PROVIDER: <input type="checkbox"/> PCP <input type="checkbox"/> SCP <input type="checkbox"/> PCP/SCP		
REVIEW DATE: _____	REVIEW TYPE: I A F Q	SPECIALITY : _____	
REVIEWER: _____	NETWORK: <input type="checkbox"/> PPO/POS <input type="checkbox"/> HMO <input type="checkbox"/> HMO & PPO/POS		
OFFICE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> OTHER			

**ACCESSIBILITY:**

**(Note: Enter whole numbers only; no ranges. If any below are not applicable, leave blank. DO NOT ENTER "0".)**

AVERAGE NUMBER OF PATIENT ENCOUNTERS PER WEEK PER PHYSICIAN:	
AVERAGE NUMBER OF COMPLETE PHYSICAL EXAMS SCHEDULED PER WEEK:	
AVERAGE TIME PATIENT WAITS AFTER ARRIVING FOR APPOINTMENT (in minutes) (Standard 30 minutes or less)	

**NUMBER OF DAYS/HOURS UNTIL NEXT AVAILABLE APPOINTMENT FOR: (Refer to definitions for each type of care.)**

• INITIAL NEW PATIENT VISIT (Standard: within 30 days) (MC: within 20 days)			Days
• PREVENTIVE CARE (i.e. annual physical) (Standard: within 30 days) (MC: within 20 days)			Days
• SYMPTOMATIC NON-URGENT CARE (Standard: within 5 days)			Days
• URGENT CARE (Standard: within 24 hours)			Hours
EMERGENCY TRIAGE DURING OFFICE HOURS:	Yes	No	
AFTER HOURS: URGENT CARE, EMERGENCY/CRISIS	Yes	No	
AFTER HOURS: METHOD OF DIRECTING PATIENTS TO ALTERNATIVE CARE	Yes	No	
THE TDI COMPLAINT PROCESS AND 800 NUMBER IS PROMINENTLY DISPLAYED	Yes	No	NA

**STAFFING:** # OF PHYSICIANS \_\_\_\_\_ # OF PAs \_\_\_\_\_ # ANPs \_\_\_\_\_

**COMMENTS:**

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\_\_\_\_\_  
Name of person with whom EXIT INTERVIEW conducted

Exit Interview  Summary Checklist

Physician: \_\_\_\_\_

NPI #: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

**PHYSICIAN OFFICE REVIEW SITE VISIT  
Medical Safety and Environment**

**ADEQUACY OF FACILITY**

Clearly marked office sign	Yes	No	
Facility Accessible to Persons with Disabilities	Yes	No	
Fire Alarms/Sprinklers	Yes	No	
Fire Extinguishers Visible and Accessible	Yes	No	
Facility Clean, Neat, Well-Maintained	Yes	No	
Waiting Room/Exam Rooms Adequate for Patient Volume	Yes	No	
Corridors Clear	Yes	No	
Exits Clearly Marked	Yes	No	
CPR Certified Staff Available	Yes	No	
Mechanism for Informing Patients of Office Hours	Yes	No	
Exam Rooms Designed to Assure Privacy of Patient	Yes	No	
Exam Rooms Equipped with General Supplies	Yes	No	
Biohazard Disposal	Yes	No	NA
Sharps Container	Yes	No	NA
Equipment/Instruments Sterilized/Disposable	Yes	No	
Provisions for Patients who do not speak English or are Visually/ Hearing Impaired	Yes	No	

**WRITTEN POLICIES:**

Triage of Patients/Emergencies	Yes	No	
Emergency Drugs/Equipment	Yes	No	NA
OSHA Guidelines	Yes	No	
Patient Confidentiality	Yes	No	
Duties of Physician Assistants/Nurse Practitioners	Yes	No	NA
<i>If Answered Yes/No re: Physician Assistants/Nurse Practitioners, then address questions below:</i>			
• Patient given Written Information Re: Allied Health Professionals (AHPs)	Yes	No	NA
• Patients have the Option of Seeing a Physician instead of AHP	Yes	No	NA
• AHP Current License on File	Yes	No	NA

**MEDICATION ADMINISTRATION**

**MEDICAL RECORDS**

Drugs/Rx Pads/Needles Accessible only to Medical Personnel	Yes	No	NA	Medical Records are Available during Office Hours	Yes	No	
Procedure for Control Of Narcotics	Yes	No	NA	Records Protected from Public Access/Inadvertent Exposure	Yes	No	
Pre-Drawn Injections Properly Labeled	Yes	No	NA	Medical Records are Individualized by Patient Name/ID	Yes	No	
Expiration Dates Checked	Yes	No	NA	Consults, Labs, and X-Rays are Contained in the Medical Record	Yes	No	
Thermometer in Refrigerator Maintained At 36° To 46 ° F	Yes	No	NA	Medical Records are Secured and there is a System for Organization of the Files	Yes	No	
Thermometer in Freezer Maintained At -68° To 32 ° F	Yes	No	NA	Mechanism for notifying patients of lab/test results	Yes	No	

**COMMENTS:**

<p><b>CRITERIA MET:</b> _____ <b>APPLICABLE CRITERIA:</b> _____ <b>PERCENT COMPLIANCE:</b> _____</p>
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Physician: \_\_\_\_\_

NPI #: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

**PHYSICIAN OFFICE REVIEW SITE VISIT  
Radiology/Laboratory Services**

<b>ON-SITE RADIOLOGY SERVICES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Area clean			
Area organized			
Separate from patient areas			
Certificate of Registration Bureau of Radiation Control <b>Note: BRC Registration carries a 2 - point value. An office cannot pass the radiology review without certification. If no, do not continue.</b>			
Certificate #:			
Expiration Date:			
Bureau of radiation control compliance letter or written proof of on-site inspection within the past 3 years indicating substantial compliance <b>Note: If no current compliance letter due to TDH backlog, answer the following:</b>			
Office staff uses radiation inspection badges			
Badges routinely monitored			
Log used for badge exposure rates			
Warning for pregnant women prominently displayed			
Protective shield available and utilized			
Equipment maintenance current			
Processing chemicals changed in accordance with volume of services (minimum once every three months).			

COMMENTS: \_\_\_\_\_

<b>CRITERIA MET:</b> _____ <b>APPLICABLE CRITERIA:</b> _____ <b>PERCENT COMPLIANCE:</b> _____
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<b>ON-SITE LABORATORY SERVICES</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Area Clean			
Area organized			
Separate from patient reception area/exam rooms			
CLIA Certificate may be one of the following types: Certificate of Registration or registration certificate, Certificate of Waiver, Certificate for PPM procedures, Certificate of Compliance, or Certificate of Accreditation <b>Note: CLIA certification carries a 2 - point value. An office cannot pass the lab review without CLIA.</b>			
Certification #			
Expiration Date:			

COMMENTS:

<b>CRITERIA MET:</b> _____ <b>APPLICABLE CRITERIA:</b> _____ <b>PERCENT COMPLIANCE:</b> _____
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## Quality Improvement Program, continued

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### **Principles of Medical Record Documentation**

The following *Principles of Medical Record Documentation* were developed jointly by representatives of the American Health Information Management Association, the American Hospital Association, the American Managed Care and Review Association, the American Medical Association, the American Medical Peer Review Association, the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. Although their joint development is not intended to imply either endorsement of or opposition to specific documentation requirements, all seven groups share the belief that the fundamental reason for maintaining an adequate medical record should be its contribution to the high quality of medical care.

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### **What is Documentation and Why is it Important?**

Blue Cross Blue Shield of Texas requires medical records to be maintained in a manner that is current, detailed and organized, and which permits effective and confidential patient care and quality review.

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### **How does the Documentation in Your Medical Record Measure Up?**

1. Is the reason for the patient encounter documented in the medical record?
  2. Are all services that were provided documented?
  3. Does the medical record clearly explain why support services, procedures and supplies were provided?
  4. Is the assessment of the patient's condition apparent in the medical record?
  5. Does the medical record contain information on the patient's progress and on the results of treatment?
  6. Does the medical record include the patient's plan for care?
  7. Does the information in the medical record, describing the patient's condition, provide reasonable medical rationale for the services and the choice of setting that are to be billed?
  8. Does the information in the medical record support the care given in the case where another Provider must assume care or perform medical review?
  9. Does the information in the medical record include communication between providers?
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## Quality Improvement Program, continued

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### Principles of Documentation

1. The medical record should be complete and legible.
2. The documentation of each patient encounter should include: the date; the reason for the encounter; appropriate history and physical exam; review of lab, X-ray data and other appropriate ancillary services; assessment; and plan for care (including discharge plan, if appropriate).
3. Past and present diagnoses should be accessible to the treating and/or consulting Physician.
4. The reasons for and results of X-rays, lab tests and other ancillary services should be documented or included in the medical record.
5. Relevant health risk factors should be identified.
6. The patient's progress, including response to treatment, change in treatment, change in diagnosis and patient non-compliance, should be documented.
7. The written plan for care should include, when appropriate: treatments and medications specifying frequency and dosage; any referrals and consultations; patient/family education; and specific instructions for follow-up.
8. The documentation should support the intensity of the patient evaluation and/or the treatment, including thought processes and the complexity of medical decision-making.
9. All entries to the medical record should be dated and authenticated.
10. The CPT/ICD-9 codes reported on the health insurance claim form or billing statement should reflect the documentation in the medical record.

***Such documentation is expected in all medical records, to include electronic medical records, of all members for whom the provider is billing for services.***

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### Sample of Medical Record Review and Medical Record Keeping Documentation Worksheet

A sample of the Medical Record Review and Medical Record Keeping Documentation Worksheet is located on page J-18.

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**MEDICAL RECORD REVIEW AND MEDICAL RECORD KEEPING DOCUMENTATION WORKSHEET**

**PHYSICIAN:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_

**REVIEWER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

RECORD #						Met Criteria	Charts Reviewed	Percent Compliant
<b>MEDICAL RECORDKEEPING PRACTICE:</b>								
DEMOGRAPHICS								
<b>PAST MEDICAL HISTORY</b>								
PROBLEM LIST								
IMMUNIZATIONS								
ALLERGIES & ADVERSE REACTIONS								
<b>PROMINENTLY DISPLAYED</b>								
ALL PAGES CONTAIN PATIENT ID								
CURRENT THERAPIES								
CHIEF COMPLAINT each visit								
PERTINENT PHYSICAL EXAM each visit								
DIAGNOSIS IN CHART each visit								
TREATMENT PLAN IN CHART each visit								
Height Documented								
Weight Documented								
Blood Pressure Documented								
BMI Documented Every Year (2-17 years old)								
BMI Documented Every 1-3 Years (18-65+ years old)								
Entries Legible								
ENTRIES DATED								
ENTRIES AUTHOR INITIALED								
Appropriate Preventative Health Screenings								
Consultation / Lab / X-Ray Record in Chart								
Consultation / Lab / X-Ray Addressed								
Unresolved Problem(s) From Previous Visit(s) Addressed								
Patient Education (Diagnosis Specific)								
Continuity and Coordination of Care								
Evidence of Appropriate Coordination of Home-Health Care								
EVIDENCE OF APPROPRIATE COORDINATION OF SNF								
EVIDENCE OF APPROPRIATE COORDINATION OF INPATIENT CARE								
EVIDENCE OF APPROPRIATE COORDINATION OF AMBULATORY SURGERY								
<b>TOTALS:</b>								

LEGEND:	Medical Record/Health Management Documentation Review Worksheet Scoring Instructions:
√ <b>CRITERIA MET</b>	Total "Yes" responses across each row; enter total in Met Criteria column
- <b>CRITERIA NOT MET</b>	Total "Yes" and "No" responses across each row; enter total in Charts Reviewed column
X <b>CRITERIA NOT APPLICABLE</b>	Divide criteria met by charts reviewed and multiply by 100; enter the score in Percent Compliance Column
	Divide Met Criteria total by Charts Reviewed total and multiply by 100; enter score in Percent Compliance column in the Totals row.

## Quality Improvement Program, continued

### Frequently Asked Questions About On-Site Office Reviews

**Why does  
BCBSTX  
Need to do  
Office  
Reviews?**

BCBSTX has a responsibility to our subscribers to help ensure that their care is provided in a safe, professional environment, and that medical records are maintained in such a way as to be confidential and secure and to document the care provided.

**Are we  
Obligated to  
Allow this  
Review?**

Yes, according to the contract the Physician signed, BCBSTX will have access, at reasonable hours and times, to the treatment and billing records of subscribers in order to verify claims information, and to review other records necessary for verifying compliance with the terms of the agreement, i.e., practice standards for quality and utilization.

**How Long  
Will the  
Review  
Take?**

The office and medical record review will take approximately one hour. If lab and/or X-ray services are provided, the review will take longer.

**What do we  
Have to do  
to be Ready?**

Provide five BCBSTX subscriber medical records, or a mock record or template, as requested in the confirmation letter provided prior to the review date. Have one person from the office available to tour the office with the reviewer and to be available for information, if needed.

**What  
Happens if  
we get a bad  
Review?**

If deficiencies are found, a corrective action plan may be requested and a re-audit may be conducted within six months.

**Will the  
Results  
be Kept  
Confidential?**

Yes, all results will be kept confidential from other providers.

We are required by applicable federal and state law to maintain the privacy of certain of our records. BCBSTX has policies and procedures in place specific to confidentiality of provider information to the extent required by law. Information that is gathered during the course of physician office reviews is kept confidential according to applicable policy. Peer review information is protected under the Texas peer review statutes and may not be released except in accordance with Blue Cross and Blue Shield of Texas peer review policy and procedure, or upon advice of legal counsel. Results of the on-site review will be included in the provider's confidential credentialing file.

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## Quality Improvement Program, continued

### Frequently Asked Questions About On-Site Office Reviews

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**When will the Review be Scheduled?**

The on-site review will be scheduled at a mutually convenient time for your office manager and On-Site Review Specialist.

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**Does the Doctor Need to be Available?**

No, the Physician can schedule patients routinely; however, one office person should be available to accompany the reviewer on a tour of the office and be available for questions.

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