

Tips to Support Accurate Medical Record Documentation



HealthCare Partners, IPA
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Use these tips to ensure medical record documentation compliance.

DEMOGRAPHIC INFORMATION

- Include patient's name, DOB, address, home/work phone number and insurance information.

MEDICATION LIST

- Include documentation of any allergies and adverse reactions.

MEDICAL RECORD

- All entries in the medical record must include Provider's full name, signature and credentials.
- Date of service and patient identifiers, such as name and DOB, must be on each page of the medical record.
- For HCC Risk Adjustment documentation review, a face to face visit is required.
- Document continuity of care for ongoing medical issues in each visit until resolved.
- Include up to date Immunization records (both adults and children) and all preventive screenings and services performed as part of medical record in the PCP office.
- Order labs, diagnostic studies, and refer to specialists appropriately.
- Place complete reports with all pages and consults in the PCP medical record.

PROGRESS NOTES

- The subjective and objective information should be identified clearly in the documentation of history and physical exam.
- Each medical condition must be supported by documentation of status (eg: stable, worsening, etc.) and active treatment plan.
- Include a comprehensive list of all significant illnesses and current medical conditions.
- Include a past medical history section, including all serious accidents, surgeries and illnesses.
- Patients aged 12+ should include appropriate screening for tobacco, alcohol, and substances.

KEEP IN MIND

- All documentation needs to be legible.
- Errors should be noted with a line strike through with initials and date.