

# Medical record documentation standards

The Quality Management (QM) department requires network participants to maintain medical records in a manner that is accurate, timely, well-organized, readily accessible and confidential. Additionally, QM periodically reviews medical records to ensure they comply with established guidelines. Record reviews are conducted per contractual requirements and in response to nonroutine events, such as member complaints and reports of potential quality of care issues.

## Key administrative documentation standards

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| <b>Personal biographical data</b>      | This is required identifying information.   |
| <b>Advance directives</b>              | All records of members 18 years and older should contain documentation of advance directives or have available upon request.                          |
| <b>Signed HIPAA information form</b>   | A signed <i>HIPAA</i> privacy statement is required.  |
| <b>Signature and date requirements</b> | All entries must contain the dates with month, day, year and signature of author. If initials used, a signature sheet must be available upon request. |



## [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc)

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

## General medical components:

- Adult or pediatric preventive components
- Current medications
- Objective findings: such as vital signs and body mass index
- Allergies documented or no known allergies noted in the file
- Diagnosis or medical impression
- Past social history and family history
- Annual depression screening for all members ages 12 and older
- Documentation of all services provided
- Problem list
- Blood transfusion history
- Integration and communication of care between physical and behavioral health
- Therapies administered and prescribed
- Chief complaint (subjective)
- Medical history/past and present (including surgical)
- Working diagnosis consistent with findings
- Coordination of care and follow-up
- Medication list

## Adult preventive components:

- Complete medical history for new members
  - Alcohol/drug use
  - Behavioral and mental health
  - HIV
- Complete physical exam for new members
  - Breast exam/mammography
  - Menopause
- High-risk behaviors and anticipatory guidance
  - Cervical cancer
  - Osteoporosis
- Measurements/vital signs
  - Chlamydia
  - Skin cancer
- Screenings for the adult population may include:
  - Abdominal aortic aneurysm
  - Cholesterol
  - Tobacco use
  - Colorectal cancer
  - Tuberculosis
  - Diabetes
  - Vaping
  - Functional assessment
  - Vision and hearing

## Pediatric preventive components:

The Early and Periodic Screening, Diagnostic and Treatment Services program is called HealthWatch. HealthWatch is a children's preventive health care program providing initial and periodic examinations and medically necessary follow-up care:

- Document all health care screenings, immunizations, procedures, health education and counseling in the member's medical record.
- Provide immunizations as needed at all well-child visits according to the schedule established by the Advisory Committee on Immunization Practices, American Academy of Family Physicians and the American Academy of Pediatrics.
- Schedule preventive care appointments for all children following the American Academy of Pediatrics periodicity schedule.
- Refer members, as appropriate, to dentists, optometrist/ ophthalmology or other specialists as needed; document referrals in the member's medical record.