

## 2019 Horizon NJ Health Audit “Cheat Sheet”

Horizon NJ Health may conduct audits through periodic onsite reviews of physician offices and chart sampling. This “cheat sheet” provides an overview of standards that should be met and procedures to be followed to assure compliance with your contract and Horizon NJ Health’s policies and procedures.

Office Standards	
<input type="checkbox"/>	Medical records are stored in a secure manner (i.e., locked, password protected, etc.)
<input type="checkbox"/>	Medical records are filed systematically (i.e., alphabetically, unique patient identification number, Social Security Number, etc.)
<input type="checkbox"/>	Only authorized personnel have access to charts (i.e., only staff has access to records)
<input type="checkbox"/>	Patient information not viewable by non-office personnel (i.e., medical record information is out of view of unauthorized personnel)
<input type="checkbox"/>	Medical records are internally organized (i.e., medical record is clearly organized in chronological order and does not contain information for other patients)
<input type="checkbox"/>	Covering physicians have access to medical records
<input type="checkbox"/>	Office staff trained on confidentiality and HIPAA (i.e., monthly, annually, etc.)
<input type="checkbox"/>	Process for documentation of missed appointments
<input type="checkbox"/>	Policy for family planning to minors (if applicable)
Medical Record Review (MRR)	
<input type="checkbox"/>	Chart number or member’s name are on notes
<input type="checkbox"/>	Biographical/personal information in chart (four or more – emergency contact, address, phone number, marital status, insurance information, and if applicable, work telephone number and employer)
<input type="checkbox"/>	All chart entries initialed/signed (i.e., a handwritten signature, initials, a stamped signature, or a unique electronic identifier)
<input type="checkbox"/>	All chart entries dated

<input type="checkbox"/>	Legible notes in medical record (notes legible by reviewer)
<input type="checkbox"/>	Allergies or absence of allergies noted
<input type="checkbox"/>	Body mass index (BMI) noted in chart (20 years and older)
<input type="checkbox"/>	Notation of positive test follow up with member
<input type="checkbox"/>	Labs/consults/imaging reports initialed by ordering MD
<input type="checkbox"/>	Primary care provider (PCP) & specialist notes in chart to/from MD
<input type="checkbox"/>	Adults with three or more visits should have their past medical history in the chart
<input type="checkbox"/>	Medical visit – subjective/objective, treatment plan and current problems (all three per visit)
<input type="checkbox"/>	Return to office noted for each visit
<input type="checkbox"/>	Smoking/alcohol/drug use noted for members 12 years and older (past/present) with 3 or more visits (all three noted)
<input type="checkbox"/>	Advanced directives/living will noted for members 18 years and over. If none, there should be an indication in the records.
<input type="checkbox"/>	Barriers to care documented in chart (cultural, language, vision and hearing). If no barriers to care, there should be an indication in the records.
<input type="checkbox"/>	Cancer screening: mammography (female age 50 to 74 at least annually)
<input type="checkbox"/>	Cancer screening: prostate screening (male age 50 to 74 at least every two years)
<input type="checkbox"/>	Cancer screening: colorectal screening (age 50 to 75)
<b>Early and Periodic Screening, Diagnostic and Treatment (EPSDT)</b>	
<input type="checkbox"/>	History (past, family, developmental/behavioral) Note: if no family history exists, that should be noted in medical record
<input type="checkbox"/>	Physical exam with at least five systems evaluated (physical exam within normal limits does not count)
<input type="checkbox"/>	Growth measurements in chart (height, weight and head circumference up to 2 years of age)
<input type="checkbox"/>	BMI percentile at least once a year in chart (age 20 and younger)
<input type="checkbox"/>	Nutrition assessment (i.e., eating habits, education, etc.)

<input type="checkbox"/>	Dental assessment if less than 2 years old, referral/visit or education for those greater than 2 years
<input type="checkbox"/>	Blood pressure for members over 3 years of age
<input type="checkbox"/>	Vision or Hearing assessment: for those under 3 years of age document stimuli, if greater than 3 years of age an exam must be completed or document uncooperative.
<input type="checkbox"/>	Health education/anticipatory guidance (age appropriate/anticipatory guidance (AG) or anticipatory guidance given (AGG) are acceptable)
<input type="checkbox"/>	Completed immunization record
<input type="checkbox"/>	Verbal lead risk assessment (6 months to 6 years of age for each visit)
<input type="checkbox"/>	Lead screening should be done once between 9 and 18 months of age, preferably at 12 months, and again between 18 and 27 months, preferably at 24 months. Any child between 27 months and 72 months not previously tested should be tested.

## Appointment Availability

### Adults:

<input type="checkbox"/>	Routine: within 28 days (such as yearly physical)
<input type="checkbox"/>	Acute: within 72 hours (such as severe nausea/diarrhea for two or more days)
<input type="checkbox"/>	Urgent: within 24 hours (such as fever for two or more days, bloody cough and severe sore throat)
<input type="checkbox"/>	Baseline physical for new enrollee who is not a Division of Developmental Disabilities (DDD) member: within 180 days
<input type="checkbox"/>	Baseline physical for a new enrollee who is a DDD member: within 90 days

### Children 21 and younger:

<input type="checkbox"/>	Routine: within 28 days (i.e., child needs a checkup and shots)
<input type="checkbox"/>	Acute: within 72 hours (i.e., child has a rash that is not going away)
<input type="checkbox"/>	Urgent: within 24 hours (i.e., child has a fever and vomiting for two days)
<input type="checkbox"/>	Baseline physical for new enrollee: within 90 days

## 24-Hour Access

<input type="checkbox"/>	Ensure you have answering service or response system in place to call back members within 15 to 45 minutes. This will be a phone call using secret shopper method.
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