Quartz medical record documentation standards

Medical records

Medical records contain valuable information about the patient's health status, facilitate communication, continuity, and coordination of care, and promote efficiency and effectiveness of treatment. Medical record documentation audits are conducted based on state requirements. If you have questions regarding medical records, call Customer Success at **(800) 897-1923.**

Criteria for medical record documentation

All practitioners must establish a process and meet the following criteria for medical record documentation:

1. All medical record pages must contain the patient's name and/or ID number.
2. The medical record contains documentation of all services provided by the primary practitioner.
3. All entries must be dated and include an author identifier (a handwritten signature, an initialed stamped signature, or a unique electronic identifier).
4. Patient demographic information must include name, date of birth, address, gender, and telephone number.
5. Include a medical history containing immunizations, preventive screenings, and illnesses.
6. Denote known past surgical procedures.
7. Contain a problem list, including medical and/or behavioral health conditions.
8. All medication allergies and adverse reactions must be prominently documented in the medical record. If there are no known allergies (NKA), this must be noted as well.
9. Each episode of care should include the following:
   - The reason for the encounter
   - Evidence of assessment of enrollee's health problems
   - Current diagnosis of enrollee along with results of any diagnostic tests
   - Plan of treatment, including any therapies and health education
10. Document and review all outcomes of ancillary reports, such as lab tests, X-rays, etc., by the provider who ordered them. Document follow-up actions taken regarding report results deemed significant by the ordering provider.
11. All Quartz contracted providers are required to have policies and procedures in place to facilitate advance care directives on behalf of Quartz members. The following documentation must be in a prominent part of the medical record of a member:
    - Documentation of advance directives
    - Documentation of whether or not a member has executed an advance directive

If, after the second audit, the provider is not compliant, a report will be submitted to Quartz Provider Relations and Provider Contracting for review. The designated Quartz Contract Manager will develop a corrective action plan.

Quartz-branded health plans are offered by Quartz Health Benefit Plans Corporation, Quartz Health Plan Corporation, Quartz Health Plan MN Corporation, and Quartz Health Insurance Corporation (Quartz), which are separate legal entities.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310 (TTY: 711). Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310 (TTY: 711).