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# Quartz Medicare Advantage (HMO)

## Medical Record Documentation Standards

### Medical Records

Medical records contain valuable information about the patient's health status and facilitate communication, continuity and coordination of care, and promotes efficiency and effectiveness of treatment. Medical record documentation audits are conducted based on state requirements. If you have any questions, call Customer Service at (800) 394-5566 or TTY 711.

### Criteria for Medical Record Documentation

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

1. All pages of the medical record 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 (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. Medical history including immunizations, preventive screenings, and illnesses.
6. Known past surgical procedures.
7. A problem list includes 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:
  - a.) The reason for the encounter
  - b.) Evidence of assessment of enrollee's health problems
  - c.) Current diagnosis of enrollee along with results of any diagnostic tests
  - d.) Plan of treatment, including any therapies and health education
10. Document all outcomes of ancillary reports; such as lab tests, X-rays, etc., and have been reviewed by the provider who ordered them. Document follow-up actions taken regarding report results deemed significant by ordering provider.
11. The following documentation must be in a prominent part of the medical record of a member > age 65 – (\*CMS Requirement)
  - Documentation of advance directives
  - Documentation of whether or not a member has executed an advance directive.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate based on race, color, national origin, age, disability, or sex.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310, TTY 711 or toll free (800) 877-8973. 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 or toll free (800) 877-8973.