

**CPG Medical Record Audit (MRA) - ADHD**

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**Form A - Provider Audit**

CMO Name: \_\_\_\_\_

Reporting Period: MM/DD/YYYY-MM/DD/YYYY

Physician ID/Name: Telephone:	Office Contact: _____	Date of Audit: Auditor:							
INDICATORS	MEDICAL RECORDS					Numerator (A) Total # of charts compliant with indicators	Denominator (B) total # of charts audited	Weights (C)	Weighted Rate (A/B X C) X 100
<b>Match Number to Member in Confidential Manner</b>	1	2	3	4	5				
<b>** Appropriate Diagnosis/Assessment**</b>								<b>40%</b>	
1 - Developmental History completed <i>(must be documented at a minimum of normal or abnormal)</i>								10%	
2 - History/Physical completed <i>(must have a minimum of vitals, height and weight)</i>								5%	
3 - Rating scale reviewed and used to confirm diagnosis <i>(if the diagnosis was made within the prior year)</i>								15%	
4 - Co-existing emotional and behavioral conditions assessed								10%	
<b>**Parent/Patient Education &amp; Risk Factor Assessment**</b>								<b>35%</b>	
5 - Developed management plan with the parent/member								5%	
6 - Parent educated on how to recognize the triggers for inattention, impulsivity & hypersensitivity								10%	
7 - Parent educated on how to implement behavior management strategies								10%	
8 - Parent educated on the importance of follow up visit within 30 days of when the first ADHD medication was prescribed								10%	
<b>**Appropriate Medications/Adherence**</b>								<b>25%</b>	
9- Documentation of medication effectiveness								25%	
<b>**Practitioner follows CPG that allows drug holiday**</b> - Check the appropriate box. <i>(Please note: Providers will not be rated on this component. It is for DCH's informational purposes only)</i>						Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>AVERAGE COMPLIANCE RATE</b>									
Note: Additional space has been provided in the event more than one medical record is selected for a provider.									