

CPG Medical Record Audit (MRA) - Asthma

Form A - Provider Audit

CMO Name: _____

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

Physician ID/Name:		Office Contact:			Date of Audit:				
Telephone:					Auditor:				
INDICATORS	MEDICAL RECORDS					Numerator (A)	Denominator (B)	Weights (C)	Weighted Rate (A/B X C) X 100
						Total # of charts compliant with indicators	total # of charts audited		
Match Number to Member in Confidential Manner	1	2	3	4	5				
** Appropriate Diagnosis/Assessment**								35%	
1 - History & Physical completed <i>(must include documented vitals & cardiopulmonary exam)</i>								5%	
2 - Spirometry & peak flow measures used to confirm diagnosis in members ≥ 5 years of age								15%	
3 - Severity of asthma assessed and episodic signs/symptoms identified								15%	
Patient Education/Risk Factor Assessment								40%	
4 - Evidence of a Asthma Management Plan developed with member/parent <i>(must include documentation of understanding and that plan was provided)</i>								20%	
5 - Co-Morbid conditions assessed and discussed								5%	
6 - Educated member/parent on recognizing triggers and reducing exposure to environmental risk factors medications correctly								5%	
								10%	
Appropriate Medications/Adherence								25%	
8 - Prescribed appropriate long-term medications*								10%	
9 - Evaluated response to medication and control of asthma assessed								5%	
10 - Prescribed rescue inhaler*								10%	
AVERAGE COMPLIANCE RATE									
<p>Note: Additional space has been provided in the event more than one medical record is selected for a provider.</p> <p>* For #8 & 9 - If not applicable based on severity and age, please put N/A in box.</p>									