

EQR PROTOCOL 4 – Validation of Encounter Data Submitted by the MCO

Attachment B: Medical Record Review Worksheet

The data tables in this Attachment are designed to assist the EQRO in conducting Protocol 4 for validation of encounter data submitted by the MCO.

Table 1: Event Validation

Instructions: Complete this tool for each record in the sample. Record results from the Event Validation (p. 1) and the Data Field Validation (p. 2) onto the Medical Record Results Summary Sheet (Attachment II).

Reviewer Information

Reviewer:

Completion Date:

Identify Medical Record

Provider Name:

Attending Physician Name:

Patient ID Number:

Medical Record Number:

Patient Name:

Patient DOB:

Patient Sex: M /F

Dates of Service:

Begin Date:

End Date:

Event Validation				
	Is event present in encounter data?	Is event present in medical record? (from medical record)	Match	No Match
a.				

If no match is found (i.e., the event is missing either from medical record or from encounter data), record results on Medical Record Results Summary Sheet (Attachment II) and stop. If the event is present in both the medical record and the encounter data, proceed to data field validation.

Required Review: (Check one)

- Office Visit - (excludes dental and mental health / substance abuse visits)
- Office Visit - mental health / substance abuse
- Office Visit - dental
- Inpatient admission - (excludes mental health / substance abuse visits)
- Inpatient admission - mental health / substance abuse
- Other types of encounters as specified by the State (e.g., laboratory, pharmacy, physical therapy). Specify: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0786. The time required to complete this information collection is estimated to average 1,591 hours per response for all activities, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850

Table 2: Data Field Validation

Data Field Validation				
Diagnosis Codes and Descriptions				
	Diagnosis Code (from encounter data)	Diagnosis Description (from medical record)	Match	No Match
a.				
b.				
c.				
Procedure Codes and Descriptions				
	Procedure Code (from encounter data)	Procedure Description (from medical record)	Match	No Match
a.				
b.				
c.				
Revenue Codes and Descriptions				
	Revenue Code (from encounter data)	Description (from medical record)	Match	No Match
a.				
b.				
c.				
Notes: (Describe nature of inconsistencies, such as missing coding specificity; up-coding; incomplete recording of diagnoses or procedures in encounter data, etc.)				

NOTE: The EQRO should tailor this form to include all data fields under review.

Table 3: Medical Record Review

Medical Record Results Summary Sheet

Research Question:

Sample Size: _____ Sampling Methodology: _____

Record of Substitutions (List substitutions and reasons):

Original Record	Replacement Record	Reason
1.		
2.		
3.		
4.		

Results:

Record Reviewed	Event present in medical record? (Y/N)	Event present in encounter data? (Y/N)	Codes Match? (Y/N)	Notes on inconsistencies
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

NOTE: The EQRO should add rows to include total sample of records. It may add columns for each field validated, or it may retain a single summary column for all fields validated (e.g., procedure codes, diagnosis codes, revenue codes, etc.)

Error Rate: _____ (Total records with errors/Total records in sample)

Reviewer Summary of Findings:

END OF DOCUMENT