



Site:

Provider:

Patient:

Medicare patient: yes or no

Service date:

Employer Incentive group: yes or no

**Participation Agreement Form Signed: yes or no

Content Review Checklist

Audited data elements are grouped into three categories based on audit goals. Unchecked data elements are missing in patient's MTM visit, which are attached.

Category 1: MTM comprehensive care model data elements

- Patient demographic information (Name, DOB, Gender)
- Date of encounter
- Chief complaint/Reason for the visit
- Current medication list
- History of present illness for conditions treated by medications:
- Relevant objective clinical findings (ie. lab results, results of physical exam)
- Drug therapy problems identified (must clearly document how many problems and describe the problem(s))
- Drug therapy problems resolved (must clearly document how many resolutions and justify resolution(s))
- Plan to resolve drug therapy problems
- Plan for follow-up
- Communication to primary provider and/or other care providers or documentation patient wishes to talk to primary/other providers about findings
- Patient instructions
- Time spent with patient
- Social history (tobacco/alcohol use)
- Medication allergies/adverse events

Category 2: CMS Standard Letter (only for Medicare membership - required at least one visit per year)

- CMS Required Materials matching CMS standard format (required for the 1st visit of the year for Medicare Patients only)
 - Cover letter
 - All areas (date, address, patients' name)
 - Recommended To -Do List
 - What we talked about

- What I should do
- Medication list
 - Allergies or side effects
 - For each medication
 - Medication name
 - How I take it
 - Why I use it
 - Prescriber

Category 3: Visit documentation supporting CCD submission – is it there and reported accurately

- CMS Required Materials matching CMS standard format
 - Date on CMS standard format letter matches CCD date
 - Sent to patient within 14 days of visit
- # DTP identified
- # DTP resolved
- Cognitively Impaired - (Yes, No or Unknown). If yes, then Recipient can be a non-beneficiary, if No/Unknown – Recipient must be beneficiary).
- Recipient of visit (if the patient is not the recipient of the visit, the patient must be cognitively impaired)
- Method of delivery of Assessment