

RYAN WHITE PART B PEER REVIEW 2009-2010
Virginia Department of Health
Division of Disease Prevention
HIV Care Services
Chart Review

INDIVIDUAL RECORD REVIEW –Oral Health Care

Date of Review_____

Unique Identifier Number_____ **Reviewer's Initials**_____

Consortium_____ **Subcontractor**_____

Services provided_____

CHECKLIST

1. **Release of Information Consent** form signed and dated with expiration date (to cover period of review) for review by Peer Review Team/VDH.

Yes___ No___ (**IF NO, STOP HERE. DO NOT REVIEW THE FILE!**)

2. Date of **current eligibility** _____ (to cover period of review)

3. Proof of **HIV/AIDS diagnosis**? Yes___ No___

If yes, Type:

a) Western Blot/CDC approved ___

b) Written Statement ___

c) Documentation that confirmation will be obtained at the client's next visit___

4. Proof of **Income eligibility**? Yes ___ No___

5. Proof of **Insurance status other than Medicaid** ? Yes___ No___

6. Does the client have proof of **Medicaid Eligibility** ? Yes ___ No ___

IF NO:

a) Applied for and still pending. Yes___ No___

b) Denied? Yes___ No___

c) Not applied for_____

7. Other:

a) **Confidentiality Statement** signed/dated by client on record? Yes___ No___

b) **Grievance procedure**, signed/dated by the client and copy offered to client?
Yes___ No___

c) **Bill of Rights** displayed appropriately or a copy signed/dated by the client .
Yes___ No___

PATIENT CHART REVIEW	YES	NO	NA	COMMENTS
1. Is treatment priority given to pain, infection, traumatic injuries, or other emergency conditions?				
2. Is there a baseline evaluation present on the record that consists of:*				
a. A completed medical history				
b. Existing oral conditions charted				
c. Patient's chief complaint at first visit noted				
d. Medical alert, if appropriate				
e. Radiographs appropriate for an accurate diagnosis and treatment				
3. Was the baseline evaluation done at the initial visit?				
4. Is patient referred for any services that cannot be provided by provider?				
5. If appropriate, is there a treatment plan noted in chart? The plan should address:				
a. cavities				
b. missing teeth				
c. periodontal conditions				
d. extractions				
e. need for replacement teeth				
6. Is the treatment plan updated as needs are identified?				
7. Are all services provided recorded?				
8. Are prescriptions and drugs dispensed noted along with name, amount, and recommended dosage prescribed?				
9. Are post operative instructions given for surgical procedures?*				
10. Are cancelled or broken appointments noted in record?				
11. Are all pre-medications and local anesthetic used recorded as to type, amount and concentration?				
12. Is there documentation that suitable educational materials were given to the client at each visit?				
13. Is this provider a Third party payer?				
14. Is appropriate licensure available to reviewer?				
15. Is there documentation of 2 hrs of Cont Ed in HIV?				

Reviewer: _____ Date: _____

Provider Staff(s) interviewed: _____