



Aetna Better Health of West Virginia

2025 Medical Record Documentation Audit

Aetna Better Health of West Virginia performs an annual, statewide medical record documentation audit to ensure compliance with current standards recognized by agencies that accredit and regulate Aetna Better Health of West Virginia. The purpose of this audit is to evaluate participating practitioner compliance with Aetna Better Health of West Virginia's established medical record and documentation standards.

Based on the results of the 2025 Medical Record Documentation Audit, Aetna Better Health of West Virginia would like to pass on the following reminders to participating providers:

- Practitioners should discuss **Advance Directives** with members age 18 and over and document the discussion, including the presence or absence of an Advance Directive, in the member's medical record.
- For members 15-44 years of age, there should be discussion regarding **Family Planning** which may include assessments of sexual activity, contraception, STD screening, and/or counseling OR documentation that the member saw a family planning practitioner.

Audit Methodology

Member medical records were chosen by random sample. Primary care sites included general practice, internal medicine, family practice, and pediatrics. The medical records were reviewed using the 2025 Medical Record Audit Tool, which includes 20 medical record standards. In addition to the standards for medical record documentation, all offices are expected to have medical records stored in a secure manner and train staff periodically in member information confidentiality. A total of 25 charts from 5 unique offices were reviewed. Offices who participated in the review received a letter with their individual results.

Note that the annual Medical Record Review was put on hold during the COVID Pandemic. 2023 was the first year since 2019 that the audit was performed.

Performance Standards

Overall Goal for each Standard = 85%

Individual Office Performance Score = 85%

Results

The following standards scored below 100% on the Medical Record Documentation Audit.

- Advanced Directives present if 18 or older
- Family Planning/Reproductive Health (**members 15-44 years old, seen 3 or more times**)



The Overall Goal was not met for one of the standards.

- Family Planning/Reproductive Health (**members 15-44 years old, seen 3 or more times**)

Standard	Score	Goal Met?
Patient Name or ID present on each page of the record	100%	Yes
Personal/biographical data	100%	Yes
Entries in the record contain author signature or initials	100%	Yes
All entries are dated	100%	Yes
Medical record is legible	100%	Yes
Allergies note in record	100%	Yes
Past Medical History Completed and is easily identified (for members seen three or more times)	100%	Yes
Age-Appropriate Immunization record (for members 13 and under)	100%	Yes
Prescribed Meds, including dosages and dates of initial or refill Rx	100%	Yes
Identification of Current Problems	100%	Yes
Alcohol/ Substance Use/ Smoking (For members 12 or over, seen three or more times)	100%	Yes
Consultations, referral and specialist reports	100%	Yes
Communication/Discharge summaries regarding emergency care and hospitalizations	100%	Yes
Advanced Directives present if 18 or older	68.75%	No
History and Physical examination	100%	Yes
Treatment Plan	100%	Yes
Diagnostic tests and therapies	100%	Yes
Follow-up Plan/ Return Visit for each Encounter	100%	Yes
EPSDT Documentation using an EPSDT Assessment Tool	100%	Yes
Family Planning/Reproductive Health (members 15-44 years old, seen 3 or more times)	66.67%	No

One measure reviewed in the audit was not included in the office scoring documentation: Family planning/reproductive health discussions. Family planning discussions show a increase in 16.67 percentage points compared to results in 2025, with the 2024 result of 50% which did not meet the goal.

Advanced Directives remains the lowest scoring next to family planning. Of the charts that did not meet the measure, 60% of the members were under the age of 35.

Additional findings for the audited practices include:

- Eighteen standards received a 100% score in 2025 compared to 17 standards in 2024, 14 standards in 2023, and 11 standards in 2019.



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- All offices met or exceeded the Individual Office Performance goal of 85%.
- The Individual Office Performance Scores for the 5 offices ranged from 95.24% to 100% with three offices scoring 100%.
- All offices audited had secure storage of medical records
- 100% of the offices audited exclusively use electronic medical records allowing Aetna Better Health of West Virginia remote or onsite remote access.

For a copy of our Medical Record Standards visit the provider section of our website and click on document library, or click this link to get your copy: [Medical Record Standards for Physicians](#)