

More about M.E.A.T.

MEAT documentation (Monitor, Evaluate, Assess, Treat) supports accurate HCC risk adjustment by showing how chronic conditions are actively managed, not just listed, with ongoing care documented at every visit.

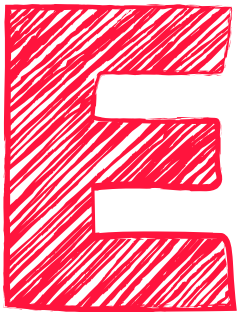
monitor (signs / symptoms / progression)



Chronic Kidney Disease (CKD) Stage 3a: “Trending labs show stable eGFR 45.”

COPD: “Occasional wheezing, but stable on current inhaler.”

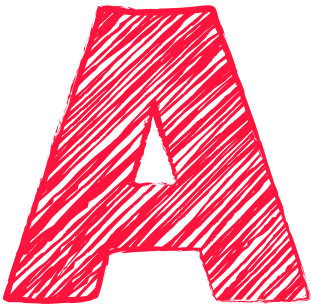
evaluate (test results / effectiveness)



Atrial fibrillation: “INR checked today is 2.5 on Coumadin 5mg.”

Diabetic Neuropathy: “Monofilament exam shows decreased sensation in bilateral toes, A1c improved.”

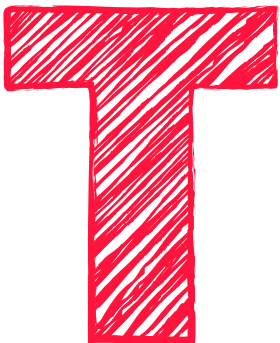
assess (review / counseling)



Type 2 Diabetes Mellitus: “Reviewed blood glucose log; patient advised to decrease carbohydrate intake.”

Chronic Systolic Heart Failure: “Discussed dietary sodium restriction.”

treat (medications / referrals)



Major Depressive Disorder Moderate Recurrent: “Increase Paxil to 50mg/day.”

Non-Proliferative Diabetic Retinopathy: “Referral to ophthalmology for follow up/ management.”

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Key documentation tips:

- Avoid "History Of": Do not use "history of" for chronic conditions that are still active/treated (e.g., use "Type 2 DM" instead of "history of Type 2 DM").
- Link Medication to Condition: Explicitly document the condition being managed by a prescription.
- Be Specific: A simple problem list is not enough; the note must demonstrate active management.
- Make the Note Stand Alone: Each visit note should provide a complete picture of the patient's condition