

# More about M.E.A.T.

Pediatric 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.



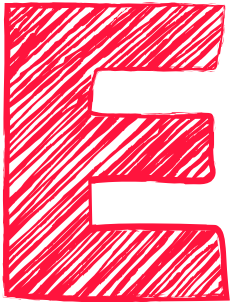
## monitor

Asthma: "Moderate persistent asthma. Currently on Advair 45/21, 1 puff BID. No nighttime awakenings reported"

Behavioral/ADHD: "ADHD, combined type. Patient reports improved focus at school but persistent restlessness"

Obesity: "BMI >95th percentile. Diet diary reviewed; patient struggling with sugary beverages"

Diabetes: "Blood sugar logs reviewed"



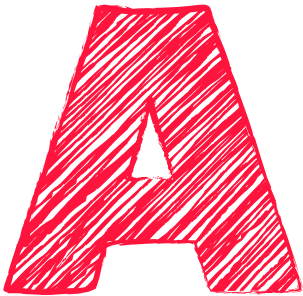
## evaluate

Asthma: "Peak flow 85% of personal best"

Behavioral/ADHD: "Teacher reports improved attention span with current dose"

Obesity: "Weight has increased 2kg since last visit"

Diabetes: "Type 1 DM. A1C 7.8%"

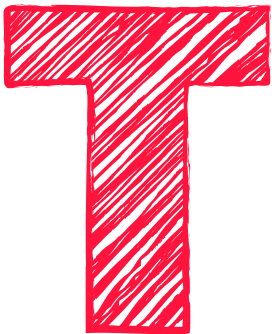


## assess

Behavioral/ADHD: "Assess that medication is effective"

Obesity: "Discussed nutritional changes with family"

Diabetes: "Insulin regimen tweaked for morning highs"



## treat

Asthma: "Continue current medication and follow up in 3 months"

Behavioral/ADHD: "Continue Focalin XR 10mg daily"

Obesity: "Referred to dietitian"

Diabetes: "Adjusted Lantus dose"

## Chronic Condition with Acute Issue:

"Patient here for acute pharyngitis. Also: Active history of congenital heart defect. No current symptoms, echocardiogram reviewed from 6 months ago shows stable (M, E, A).

No changes to management (T).

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## Core elements for compliance:

- Link chronic conditions to the acute visit when they impact care (e.g., asthma complicating a viral infection).
- Document specialists when they are managing a condition.
- Ensure documentation is accurate, defensible, and reflects clinical complexity.
- Avoid “History of” for active conditions; use “Personal History of” only when resolved but monitored.
- Listing a diagnosis alone without documentation is insufficient.
- Be specific: Use precise terms (e.g., “mild persistent asthma”) to reflect disease severity.

## Strong documentation requires specificity and active management.

Below are examples contrasting a “list-only” approach with MEAT-compliant documentation for risk adjustment and clarity.

### Example 1: Pediatric Asthma

Documentation Type	Example	Why?
Weak	<i>Patient here for well-child check. History of Asthma.</i>	<i>Insufficient MEAT. “History of” implies it is a past condition. It lacks specificity (severity) and shows no active management.</i>
Strong (M.E.A.T.)	<i>Moderate persistent asthma. Reports three nighttime awakenings this month (M). Using QVAR inhaler 40mcg &amp; Albuterol inhaler 4x/week (E). Asthma is currently poorly controlled (A). Increased Flovent to 110mcg BID and provided updated Asthma Action Plan (T).</i>	<i>Sufficient MEAT. Includes specificity (moderate persistent), monitors symptoms, evaluates med use, assesses control status, and treats with a plan.</i>

### Example 2: ADHD and Obesity

Documentation Type	Example	Why?
Weak	<i>Problem List: ADHD, Obesity BMI &gt; 95th percentile</i>	<i>Insufficient MEAT. A simple list of diagnoses is not sufficient for risk adjustment; BMI codes require an associated diagnosis with MEAT documentation.</i>
Strong (M.E.A.T.)	<i>ADHD, combined type: Mother reports improved focus but decreased appetite (M). BMI &gt; 95th percentile, Weight down 1kg since last visit (E). Side effect of ADHD stimulant noted (A). Switched to afternoon dosing Focalin XR 10mg daily (T).</i>	<i>Sufficient MEAT. Clearly links symptoms to the condition, evaluates the impact of treatment, and documents specific interventions for both active diagnoses.</i>