

Primary Care Provider-Medical Record Review Tool

Health Plan: _____

Review Date: _____

Site ID: _____ Site NPI: _____

Reviewer name/title: _____

Address: _____

Reviewer name/title: _____

City and Zip Code: _____

Reviewer name/title: _____

Phone: _____ Fax: _____

Collaborating MCP(s): 1. _____

2. _____

No. of Physicians: _____

Contact person/title: _____

| Provider Name | Credentials (MD, NP, PA, CNM, LM) | NPI |
|---------------|-----------------------------------|-----|
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| | | |

Electronic Medical Record (EMR): Yes (#)____ No(#) ____

Medical Record Review: Onsite ____ Remote Access ____

Paper/Hard Copy Medical Records: Yes ____ No ____ Shared Medical Records: Yes ____ No ____

Number of Records Reviewed: _____

| Visit Purpose | Site-Specific Certification(s) | Provider Type | Clinic Type |
|--|--|---|---|
| ____ Initial Full Scope ____ Monitoring ____ Periodic Full Scope ____ Follow-up ____ Focused Review ____ Technical Assistance ____ Other _____ (type) | ____ AAAHC ____ JC ____ CHDP ____ NCQA ____ CPSP ____ None ____ PCMH ____ Other _____ | ____ Family Practice ____ Internal Medicine ____ General Practice ____ Pediatrics ____ OB/GYN as PCP _____ ____ Certified Nurse Midwife ____ Licensed Midwife | ____ Primary Care ____ Community ____ Hospital ____ FQHC ____ Rural Health ____ Solo ____ Group ____ Staff/Teaching ____ Other (Type) _____ |

| Medical Record Scores | | | | | | | Scoring Procedure | Compliance Rate |
|--|---------------------|----------------|--------------|------|-------|-----------------|---|---|
| Note: Score "R" for Documented Member Refusal (due to member non-compliance with evidence showing provider outreach, referrals, lab orders, awaiting results.) When scoring for OB/CPSP Preventive, score the Adult or Pediatric Preventive criteria for the same record. | | | | | | | Scoring is based on <u>10</u> medical records. 1) Add points given in each section. 2) Add points given for all six (6) sections. 3) Subtract "N/A" points (if any) from total points possible to get "adjusted" total points possible. 4) Divide total points given by "adjusted" total points possible. 5) Multiply by 100 to determine compliance rate as a percentage. $\frac{\text{Points Total/}}{\text{Compliance Given}} = \frac{\text{Decimal Adjusted Score}}{\text{Rate}} \times 100 = \text{Rate}$ Note: Since Preventive Criteria have different points possible per type (Ped-34, Adult-30, OB/CPSP-59, the <u>total points possible</u> will differ from site to site, depending on the number of <i>types</i> of records that are selected. The "No's" column <i>may</i> be used to help double-check math. The far-right Section Score % column may be used to determine if section is <80%. | Note: Any section score of < 80% requires a CAP for the entire MRR, regardless of the Total MRR score. Exempted Pass: 90% or above: (Total score is $\geq 90\%$ and all section scores are 80% or above) Conditional Pass: 80-89%: (Total MRR is 80-89% OR Any section(s) score is < 80%) Fail: 79% and Below CAP Required Other follow-up Next Review Due: _____ |
| | Points possible | Yes Pts. Given | R Pts. Given | No's | N/A's | Section Score % | | |
| I. Format | (8) x 10 = 80 | | | | | | | |
| II. Documentation | (8) x 10 = 80 | | | | | | | |
| III. Coordination of Care | (8) x 10 = 80 | | | | | | | |
| IV. Pediatric Preventive | (34) x # of records | | | | | | | |
| V. Adult Preventive | (30) x # of records | | | | | | | |
| VI. OB/CPSP Preventive | (59) x # of records | | | | | | | |
| | Points Possible | Yes Pts. Given | R Pts. Given | No's | N/A's | | | |

Medical Records Reference:

| Medical Record | CIN | Age Year/Month | Gender | Member's Health Plan Code or Name | Member's Enrollment Date in MCP or Effective Date PCP Assigned to Member* |
|----------------|-----|-------------------|--------|-----------------------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

* Whichever is more recent

I. Format Criteria

  RN/NP/MD/PA/CNM/LM

| Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| Individual Medical Record is established for each member. | | | | | | | | | | | | |
| A. Member identification is on each page. | 1 | | | | | | | | | | | |
| B. Individual personal biographical information is documented. | 1 | | | | | | | | | | | |
| C. Emergency "contact" is identified. | 1 | | | | | | | | | | | |
| D. Medical records are maintained and organized. | 1 | | | | | | | | | | | |
| E. Member's assigned and/or rendering primary care physician (PCP) is identified. | 1 | | | | | | | | | | | |
| F. Primary language and linguistic service needs of non-or limited-English proficient (LEP) or hearing/speech-impaired persons are prominently noted. | 1 | | | | | | | | | | | |
| G. Person or entity providing medical interpretation is identified. | 1 | | | | | | | | | | | |
| H. Signed Copy of the Notice of Privacy. | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | R | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | NA | | | | | | | | | | | |

II. Documentation Criteria

  RN/NP/MD/PA/CNM/LM

| Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| A. Allergies are prominently noted. | 1 | | | | | | | | | | | |
| B. Chronic problems and/or significant conditions are listed. | 1 | | | | | | | | | | | |
| C. Current <i>continuous</i> medications are listed. | 1 | | | | | | | | | | | |
| D. Appropriate consents are present: | | | | | | | | | | | | |
| 1) Release of Medical Records | 1 | | | | | | | | | | | |
| 2) Informed Consent for invasive procedures | 1 | | | | | | | | | | | |
| E. Advance Health Care Directive Information is offered. | 1 | | | | | | | | | | | |
| F. All entries are signed, dated, and legible. | 1 | | | | | | | | | | | |
| G. Errors are corrected according to legal medical documentation standards. | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | R | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

III. Coordination of Care Criteria

📁 RN/NP/MD/PA/CNM/LM

| Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| A. History of present illness or reason for visit is documented. | 1 | | | | | | | | | | | |
| B. Working diagnoses are consistent with findings. | 1 | | | | | | | | | | | |
| C. Treatment plans are consistent with diagnoses. | 1 | | | | | | | | | | | |
| D. Instruction for follow-up care is documented. | 1 | | | | | | | | | | | |
| E. Unresolved/continuing problems are addressed in subsequent visit(s). | 1 | | | | | | | | | | | |
| F. There is evidence of practitioner <i>review</i> of specialty/consult/referral reports and diagnostic test results. | 1 | | | | | | | | | | | |
| G. There is evidence of <i>follow-up</i> of specialty consult/referrals made, and results/reports of diagnostic tests, when appropriate. | 1 | | | | | | | | | | | |
| H. Missed primary care appointments and outreach efforts/follow-up contacts are documented. | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | R | | | | | | | | | | | |
| | No | | | | | | | | | | | |
| | N/A | | | | | | | | | | | |

IV. Pediatric Preventive Criteria NOTE: * denotes Pending AAP guidance.

 **RN/NP/MD/PA/CNM/LM**

| Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| A. Initial Health Appointment (IHA) includes H&P and Risk Assessment | | | | | | | | | | | | |
| 1) Comprehensive History and Physical | 1 | | | | | | | | | | | |
| 2) Member Risk Assessment | 1 | | | | | | | | | | | |
| B. Subsequent Comprehensive Health Assessment | | | | | | | | | | | | |
| 1) Comprehensive History and Physical exam completed at age-appropriate frequency | 1 | | | | | | | | | | | |
| 2) Subsequent Risk Assessment | 1 | | | | | | | | | | | |
| C. Well-child visit | | | | | | | | | | | | |
| 1) Alcohol Use Disorder Screening and Behavioral Counseling | 1 | | | | | | | | | | | |
| 2) Anemia Screening | 1 | | | | | | | | | | | |
| 3) Anthropometric Measurements | 1 | | | | | | | | | | | |
| 4) Anticipatory Guidance | 1 | | | | | | | | | | | |
| 5) Autism Spectrum Disorder Screening | 1 | | | | | | | | | | | |
| 6) Blood Lead Screening | 1 | | | | | | | | | | | |
| 7) Blood Pressure Screening | 1 | | | | | | | | | | | |
| 8) Dental/Oral Health Assessment | 1 | | | | | | | | | | | |
| a) Fluoride Supplementation | 1 | | | | | | | | | | | |
| b) Fluoride Varnish | 1 | | | | | | | | | | | |
| 9) Depression Screening | 1 | | | | | | | | | | | |

IV. Pediatric Preventive Criteria NOTE: * denotes Pending AAP guidance.

 **RN/NP/MD/PA/CNM/LM**

| Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| a) Suicide-Risk Screening | 1 | | | | | | | | | | | |
| b) Maternal Depression Screening | 1 | | | | | | | | | | | |
| 10) Developmental Disorder Screening | 1 | | | | | | | | | | | |
| 11) Developmental Surveillance | 1 | | | | | | | | | | | |
| 12) Drug Use Disorder Screening and Behavioral Counseling | 1 | | | | | | | | | | | |
| 13) Dyslipidemia Screening | 1 | | | | | | | | | | | |
| 14) Hearing Screening | 1 | | | | | | | | | | | |
| 15) Hepatitis B Virus Infection Screening | 1 | | | | | | | | | | | |
| 16) Hepatitis C Virus Infection Screening | 1 | | | | | | | | | | | |
| 17) Human Immunodeficiency Virus (HIV) Infection Screening | 1 | | | | | | | | | | | |
| 18) Psychosocial/Behavioral Assessment | 1 | | | | | | | | | | | |
| 19) Sexually Transmitted Infections (STIs) Screening and Counseling | 1 | | | | | | | | | | | |
| 20) Sudden Cardiac Arrest and Sudden Cardiac Death Screening | 1 | | | | | | | | | | | |
| 21) Tobacco Use Screening, Prevention, and Cessation Services | 1 | | | | | | | | | | | |
| 22) Tuberculosis Screening | 1 | | | | | | | | | | | |
| 23) Vision Screening | 1 | | | | | | | | | | | |
| D. Childhood Immunizations | | | | | | | | | | | | |
| 1) Given according to Advisory Committee on Immunization Practices (ACIP) guidelines | 1 | | | | | | | | | | | |

IV. Pediatric Preventive Criteria NOTE: * denotes Pending AAP guidance.

  **RN/NP/MD/PA/CNM/LM**

Criteria met: Give one (1) point
 Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.)
 Criteria not met: 0 points
 Criteria not applicable: N/A

| Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| 2) Vaccine administration documentation | | | | | | | | | | | |
| 3) Vaccine Information Statement (VIS) documentation | | | | | | | | | | | |
| Yes | | | | | | | | | | | |
| R | | | | | | | | | | | |
| No | | | | | | | | | | | |
| N/A | | | | | | | | | | | |

Comments:

| V. Adult Preventive Criteria | | | | | | | | | | | | |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| 📁 RN/NP/MD/PA/CNM/LM | | | | | | | | | | | | |
| Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
| A. Initial Health Appointment (IHA) includes H&P and Risk Assessment | | | | | | | | | | | | |
| 1) Comprehensive History and Physical | 1 | | | | | | | | | | | |
| 2) Member Risk Assessment | 1 | | | | | | | | | | | |
| B. Periodic Health Evaluation according to most recent United States Preventive Services Taskforce (USPSTF) Guidelines | | | | | | | | | | | | |
| 1) Comprehensive History and Physical Exam completed at age-appropriate frequency | 1 | | | | | | | | | | | |
| 2) Subsequent Risk Assessment | 1 | | | | | | | | | | | |
| C. Adult Preventive Care Screenings | | | | | | | | | | | | |
| 1) Abdominal Aneurysm Screening | 1 | | | | | | | | | | | |
| 2) Alcohol Use Disorder Screening and Behavioral Counseling | 1 | | | | | | | | | | | |
| 3) Breast Cancer Screening | 1 | | | | | | | | | | | |
| 4) Cervical Cancer Screening | 1 | | | | | | | | | | | |
| 5) Colorectal Cancer Screening | 1 | | | | | | | | | | | |
| 6) Depression Screening | 1 | | | | | | | | | | | |
| 7) Diabetic Screening | 1 | | | | | | | | | | | |
| a) Comprehensive Diabetic Care | 1 | | | | | | | | | | | |
| 8) Drug Use Disorder Screening and Behavioral Counseling | 1 | | | | | | | | | | | |
| 9) Dyslipidemia Screening | 1 | | | | | | | | | | | |
| 10) Folic Acid Supplementation | 1 | | | | | | | | | | | |

V. Adult Preventive Criteria

 RN/NP/MD/PA/CNM/LM

| Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| 11) Hepatitis B Virus Screening | 1 | | | | | | | | | | | |
| 12) Hepatitis C Virus Screening | 1 | | | | | | | | | | | |
| 13) High Blood Pressure Screening | 1 | | | | | | | | | | | |
| 14) HIV Screening | 1 | | | | | | | | | | | |
| 15) Intimate Partner Violence Screening for Women of Reproductive Age | 1 | | | | | | | | | | | |
| 16) Lung Cancer Screening | 1 | | | | | | | | | | | |
| 17) Obesity Screening and Counseling | 1 | | | | | | | | | | | |
| 18) Osteoporosis Screening | 1 | | | | | | | | | | | |
| 19) Sexually Transmitted Infection (STI) Screening and Counseling | 1 | | | | | | | | | | | |
| 20) Skin Cancer Behavioral Counseling | 1 | | | | | | | | | | | |
| 21) Tobacco Use Screening, Counseling, and Intervention | 1 | | | | | | | | | | | |
| 22) Tuberculosis Screening | 1 | | | | | | | | | | | |
| D. Adult Immunizations | | | | | | | | | | | | |
| 1) Given according to ACIP guidelines | 1 | | | | | | | | | | | |
| 2) Vaccine administration documentation | 1 | | | | | | | | | | | |
| 3) Vaccine Information Statement (VIS) documentation | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | R | | | | | | | | | | | |

V. Adult Preventive Criteria



RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point
Documented Member Refusal: R Give (1) point and score “R” for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.)
Criteria not met: 0 points
Criteria not applicable: N/A

| Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| | | | | | | | | | | | |
| No | | | | | | | | | | | |
| N/A | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria

  RN/NP/MD/PA/CNM/LM

| Criteria met: Give one (1) point Documented Member Refusal: R Give (1) point and score "R" for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.) Criteria not met: 0 points Criteria not applicable: N/A | Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| A. Initial Comprehensive Prenatal Assessment (ICA) | | | | | | | | | | | | |
| 1) Initial prenatal visit | 1 | | | | | | | | | | | |
| 2) Obstetrical and Medical History | 1 | | | | | | | | | | | |
| 3) Physical Exam | 1 | | | | | | | | | | | |
| 4) Dental Assessment | 1 | | | | | | | | | | | |
| 5) Healthy Weight Gain and Behavioral Counseling | 1 | | | | | | | | | | | |
| 6) Lab tests | | | | | | | | | | | | |
| a) Bacteriuria Screening | 1 | | | | | | | | | | | |
| b) Rh Incompatibility Screening | 1 | | | | | | | | | | | |
| c) Diabetes Screening | 1 | | | | | | | | | | | |
| d) Hepatitis B Virus Screening | 1 | | | | | | | | | | | |
| e) Hepatitis C Virus Screening | 1 | | | | | | | | | | | |
| f) Chlamydia Infection Screening | 1 | | | | | | | | | | | |
| g) Syphilis Infection Screening | 1 | | | | | | | | | | | |
| h) Gonorrhea Infection Screening | 1 | | | | | | | | | | | |
| i) Human Immunodeficiency Virus (HIV) Screening | 1 | | | | | | | | | | | |
| B. First Trimester Comprehensive Assessment | | | | | | | | | | | | |
| 1) Individualized Care Plan (ICP) | 1 | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria

 RN/NP/MD/PA/CNM/LM

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|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| 2) Nutrition Assessment | 1 | | | | | | | | | | | |
| 3) Psychosocial Assessment | | | | | | | | | | | | |
| a) Maternal Mental Health Screening | 1 | | | | | | | | | | | |
| b) Social Needs Assessment | 1 | | | | | | | | | | | |
| c) Substance Use Disorder | 1 | | | | | | | | | | | |
| 4) Breast Feeding and other Health Education Assessment | 1 | | | | | | | | | | | |
| 5) Preeclampsia Screening | 1 | | | | | | | | | | | |
| 6) Intimate Partner Violence Screening | 1 | | | | | | | | | | | |
| C. Second Trimester Comprehensive assessment | | | | | | | | | | | | |
| 1) ICP | 1 | | | | | | | | | | | |
| 2) Nutrition Assessment | 1 | | | | | | | | | | | |
| 3) Psychosocial Assessment | | | | | | | | | | | | |
| a) Maternal Mental Health Screening | 1 | | | | | | | | | | | |
| b) Social Needs Assessment | 1 | | | | | | | | | | | |
| c) Substance Use Disorder Assessment | 1 | | | | | | | | | | | |
| 4) Breast Feeding and other Health Education Assessment | 1 | | | | | | | | | | | |
| 5) Preeclampsia Screening | 1 | | | | | | | | | | | |
| a) Low Dose Aspirin | 1 | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria

 RN/NP/MD/PA/CNM/LM

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|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| 6) Intimate Partner Violence Screening | 1 | | | | | | | | | | | |
| 7) Diabetes Screening | 1 | | | | | | | | | | | |
| D. Third Trimester Comprehensive assessment | | | | | | | | | | | | |
| 1) ICP Update and Follow Up | 1 | | | | | | | | | | | |
| 2) Nutrition Assessment | 1 | | | | | | | | | | | |
| 3) Psychosocial Assessment | | | | | | | | | | | | |
| a) Maternal Mental Health Screening | 1 | | | | | | | | | | | |
| b) Social Needs Assessment | 1 | | | | | | | | | | | |
| c) Substance Use Disorder Assessment | 1 | | | | | | | | | | | |
| 4) Breastfeeding and other Health Education Assessment | 1 | | | | | | | | | | | |
| 5) Preeclampsia Screening | 1 | | | | | | | | | | | |
| a) Low Dose Aspirin | 1 | | | | | | | | | | | |
| 6) Intimate Partner Violence Screening | 1 | | | | | | | | | | | |
| 7) Diabetic Screening | 1 | | | | | | | | | | | |
| 8) Screening for Strep B | 1 | | | | | | | | | | | |
| 9) Screening for Syphilis | 1 | | | | | | | | | | | |
| 10) Tdap Immunization | 1 | | | | | | | | | | | |
| E. Prenatal care visit periodicity according to most recent American College of Obstetricians and Gynecologists (ACOG) standards | 1 | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria

 RN/NP/MD/PA/CNM/LM

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|---|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| F. Influenza Vaccine | 1 | | | | | | | | | | | |
| G. COVID Vaccine | 1 | | | | | | | | | | | |
| H. Referral to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and assessment of Infant Feeding Status | 1 | | | | | | | | | | | |
| I. HIV-related services <i>offered</i> | 1 | | | | | | | | | | | |
| J. AFP/Genetic Screening offered | 1 | | | | | | | | | | | |
| K. Family Planning Evaluation | 1 | | | | | | | | | | | |
| L. Comprehensive Postpartum Assessment | | | | | | | | | | | | |
| 1) ICP | 1 | | | | | | | | | | | |
| 2) Nutrition Assessment | 1 | | | | | | | | | | | |
| 3) Psychosocial Assessment | | | | | | | | | | | | |
| a) Maternal Mental Health Screening/Postpartum Depression screening | 1 | | | | | | | | | | | |
| b) Social Needs Assessment | 1 | | | | | | | | | | | |
| c) Substance Use Disorder Assessment | 1 | | | | | | | | | | | |
| 4) Breastfeeding and other Health Education Assessment | 1 | | | | | | | | | | | |
| 5) Comprehensive Physical Exam | 1 | | | | | | | | | | | |
| Comments: | Yes | | | | | | | | | | | |
| | R | | | | | | | | | | | |
| | No | | | | | | | | | | | |

VI. OB/CPSP Preventive Criteria



RN/NP/MD/PA/CNM/LM

Criteria met: Give one (1) point
Documented Member Refusal: R Give (1) point and score “R” for instances of member non-compliance. (Evidence showing provider outreach, order, referral, pending results.)
Criteria not met: 0 points
Criteria not applicable: N/A

| Wt. | MR #1 | MR #2 | MR #3 | MR #4 | MR #5 | MR #6 | MR #7 | MR #8 | MR #9 | MR #10 | Score |
|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|
| N/A | | | | | | | | | | | |