I	Chart Element			Answers
1	Name	Name documented? Look to demographic form if info not present use the progress note. If no demographic sheet then utilize other parts of the record	Policy 940 pg. 2 A 2 a i	Yes/No
2	Address	Address documented? None or Homeless == YES Look to demographic form if info not present use the progress note. If no demographic sheet then utilize other parts of the record	Policy 940 pg 2 A 2 ii	Yes/No
3	Telephone #		Policy 940 pg 2 A 2 iii Policy 940 pg 14 1 a iii	Yes/No
4	Date of birth--	DOB documented? Look to demographic form if info not present use the progress note. If no demographic sheet then utilize other parts of the record	Policy 940 pg 2 A 2 vii	Yes/No
5	AHCCCS ID#/Insurance Info	AHCCCS ID# or insurance info documented? Scanned insurance card, medical record number, account number, office identifier, etc==YES If information is not present==NO	Policy 940 pg 2 A 2 iv	Yes/No
6	There is documentation of HIPAA Notice of Privacy Practices	Documentation that a HIPAA Notice of Privacy Practices is signed by the mbr or representative? Maybe a separate form, might be part of administrative part of record, may be found outside of the audit review period. Typically is provided to member upon their 1st visit or general consent form Use NA if an established pt. Only look for HIPAA for new pt during the review period. Only needed once unless something changes	45 CFR 160 and subparts A and E of Part 164	Yes/No/NA
7	There is documentation that a Release of information is signed by the member?	Documentation that a Release of information is signed by the mbr or representative? Maybe a separate form, might be part of administrative part of record, may be found outside of the audit review period. Typically is provided to member upon their 1st visit or general consent form Use NA if an established pt. Only look for Release of Info on a new pt during the review period. Only needed once unless something changes	45 CFR 160 and subparts A and E of Part 164 Policy 940 pg 3 A 2 K I	Yes/No/NA
8	Documentation of discussion related to Advanced Directives and/or Advance Directive in record (18 yrs. & older)	Documentation of discussion related to Advanced Directives and/or Advance Directive in record (18 yrs & older)? May be anywhere throughout the record, may be outside of audit period. Typically discussed with mbr on 1st visit. Surgical consents are NOT acceptable. A provider discussion of Advance Directives with the member in the last year counts. If conversation took place--YES	Policy 940 pg 4 A 2 k iii Policy 640	Yes/No
9	Documentation of a Health Care Power of Attorney or documentation authorizing a Health Care Decision Maker	Any documentation that indicates a discussion or identification of a Power of Attorney or a Health Care Decision Maker. May be a separate form, might be part of the administrative part of record, may be found outside of the audit review period. Typically discussed with mbr on 1st visit. Only if needed such as mentally challenged, etc--otherwise NA	Policy 940 pg 4 A 2 K ii	Yes/No/NA
II	**Chart Structure/Record Maintained**			
10	DOS reviewed had patient name or AHCCCS ID# (Pt identifier on all documents reviewed.	DOS reviewed had pt name or AHCCCS # or DOB Progress notes/well visits look for pt identifier in most recent 2 DOS. Just one Pt identifier is necessary: Name, DOB, AHCCCS#,	Policy 940 pg 2 A #2 b	Yes/No
11	DOS reviewed is dated and initialed/signed.	DOS reviewed is dated and initialed/signed?	Policy 940 pg 3 A #2 g i	Yes/No
12	Supervision is documented, whenever health care assistants provide services if applicable (i.e. MAs and non collaborative PAs)	Supervision is documented, whenever health care assistants or para professionals provide services (NA)? Review notes entered by MA for co-signature of MD or DO==YES If a MA or non collaborative PA did not provide services ==NA State of Az requires physician to sign supervision of MA and Non Collaborative PAs If provider signs date of service it indicates the intent of the question.	Policy 940	Yes/No/NA
13	Evidence that diagnostic tests are reviewed, dated or initialed by OBGYN	If applicable, are diagnostic tests reviewed, dated or initialed by PCP? Look for diagnostic tests (x-rays/procedures) to be initialed==YES If test/procedure not initialed, review the notes from DOS following the date of the report for indication of reviewed==YES If no diagnostic tests in the record=NA May need to look for additional notes concerning the report. Initials might not be evident on the EMR.	Policy 940 pg 4 #3 iv	Yes/No/NA
14	Evidence that labs are reviewed, dated or initialed by OBGYN	If applicable, are lab tests reviewed, dated or initialed by PCP? Look for lab tests to be initialed==YES If lab test not initialed, review the notes from DOS following the date of the report for indication of reviewed==YES If no lab tests in the record=NA	Policy pg 4 #3 iv 1	Yes/No/NA

15	Evidence that consults reports are reviewed, dated or initialed by OBGYN	Are applicable consults reports reviewed, dated or initialed by PCP? Check for evidence of a review--phone log, note in progress note, etc May be electronically reviewed but should be noted. Review evidenced by initialing/signing the report or by documenting in following progress note==YES If there are no consultations/letters in the record=NA	Policy 940 pg 4 #3 iv	Yes/No/NA
16	Documentation of follow up for missed OB and/Postpartum appointments	If applicable, is documentation found that states follow up was done for any missed appts--either OB or PP? Begin looking in Progress notes, could be found in misc. (phone calls)==YES No missed appts were identified==NA	Policy 410 pg 6 #20	Yes/No/NA
17	ACOG OB form used or all components present in EMR	Look for prenatal flow charts if found==YES ACOG OB form used in chart or components found in EMR==YES	Policy 410 pg 7 C #1	Yes/No
18	In the event of a procedure, a signed consent is present	There is a signed consent present for a procedure that is performed in the PCPs office specific to the procedure. Procedure includes vaccines/injections, wart/mole removal, biopsies, implants, etc	Policy 320 Q Policy 940 pg 4 A 2 k iii 2	Yes/No/NA
III	**Medical/Social History/Medical Management**			
19	Telemedicine visits are clearly identified as such	Any telemedicine visits are clearly identified in the record--YES No telemedicine visits occurred==NA Validate the type of visit has been identified as visual or audio--if not identified--NO	Policy 940 pg 3 #2 j Policy 320	YES/NO/NA
20	Allergies documented	Allergies documented? If found in any of the examples: Summary page, 1 of the 2 most recent DOS or Well visit==YES Entry of NKDA or allergies-none==YES	Policy 940 pg 2 #2 d v	Yes/No
21	Adverse reactions to medications documented	Adverse reactions to medication documented?	Policy 940 pg 2 #2 d vi	Yes/No
22	Evidence of a Complete medical history is documented	Is there documentation of a Past Medical History (PMH)? Past medical history may be separate form or part of progress note==YES Past Surgical History may also be used==YES Birth/pregnancy history==YES Present in well visits for criteria or most recent 2 DOS in the record==YES	Must include Past med hx Policy 410	Yes/No
23	Evidence of updated medication list	There is an updated medication list? Medication lists separate or part of progress note==YES Statements of "No ongoing meds" or Meds-none"==YES Present on prenatal form for criteria, summary or most recent 2 DOS in the record==YES	Policy 940 pg 4 #3 a iv 4	Yes/No
24	Evidence of a Behavioral Health history	Documented BH history found on ACPG/Progress notes==YES If noted that mbr has not been seen by BH provider or negative BH history==YES History of depression/anxiety/ADHD/Bipolar/etc==YES	Policy 410	Yes/No
25	Perinatal Depression and Anxiety Screening--Evidence of an perinatal depression and anxiety screening completed at least once during pregnancy	Documentation of an Perinatal Depression and Anxiety Screening completed at least once during pregnancy--(PMAD, Perinatal mood anxiety disorder) Negative screen anytime during pregnancy==YES Includes but is not limited to PHQ2, PHQ9, other screening tools==YES Pt refuses screening==YES Look to Prenatal flow sheets/progress notes during the pregnancy period Should have 2 screening between prenatal and pp	Policy 410	Yes/No
26	BH Referral--from Perinatal Depression and Anxiety Screening	In the event of a positive perinatal depression and anxiety screen mbr is referred to BH. Positive screen--notation of referral to BH==YES Mbr refuses services--YES Note that provider will treat==YES Negative depression screen==NA	Policy 410 Policy 410 pg 6 #15	Yes/No/NA

27	Coordination of care between OBGYN/specialist/BH in DOS reviewed, if applicable	Is there coordination of care between OBGYN/Specialist/BH if applicable? If a consultation was requested, there is a note from consultant or BH provider in the chart or other evidence of communication between the OB and the specialist or BH providers==YES Should be an order and return communication back to OB--could be phone call, letter==YES Mbr refused==YES If no communication/note in record of care by specialist==NO Mbr did not require specialty care==NA Includes Integrated services Providers of integrated care shall operate as a team that functions as a single-point of whole health treatment and care. Co-location or making referrals without coordinating care through a teNote am approach does not equate to integrated care. Make a note if it is an integrated care clinic (record would be in one system) A note from spec or BH should be in the PCP record to indicate communicate between them. Should be a note within next 3 visits or so if there is a note the mbr was compliant.	Policy 940 Policy 510 pg 1A, pg 2 D	Yes/No/NA
28	Evidence of Family /Genetic Medical History	Is there a family and/or genetic medical history documented? Family history documented in prenatal form/progress notes/summary==YES Documentation of adoption, foster child with unknow family history (mom adopted etc)==YES Present anytime during pregnancy==YES	Policy 410 Part of standardized OB tool Policy 940 pg 4 #3 a i	Yes/No
29	Documentation of Pregnancy History including Gravida and Para	Is there documentation of a pregnancy history that includes Gravida and Para? Found on prenatal form/progress notes==YES Anytime during pregnancy==YES	Policy 410 Part of standardized OB tool	Yes/No
30	Evidence of discussion regarding Smoking/alcohol/substance use history--current use and/or history	Is there a smoking/alcohol/substance assessment and/or history documented ? Separate document/prenatal form/progress forms==YES Negative statements such as Nonsmoker/Alcohol--none==YES Anytime during pregnancy==YES	Policy 410	Yes/No
31	Evidence of assessment for Domestic Violence	Is here documentation of an assessment for interpersonal and/or domestic violence? Documentation may be in a patient profile form, annual complete physical exam, physician notes or any other documentation==YES Anytime in the pregnancy==YES Not mentioned in the record==NO	Policy 410 Part of standardized OB tool	Yes/No
32	Physical examination completed	Was the physical examination completed? Initial visit includes a complete physical examination of all body systems as per ACOG/MICA/Hollister OB forms==YES Can be found in separate progress note==YES	Policy 410 Part of standardized OB tool	Yes/No
33	Documentation of EDC	Is there documentation of the EDC? Anytime during pregnancy==YES Can be found on the ACOG form/progress notes/ultrasounds, etc==YES EDC==Estimated date of confinement Can be found in notes section of the AGOG form or other standardized OB tools	0	Yes/No
34	Vital Signs	at each visit--in person Includes Temp, Heart Rate and Resp Rate Need all elements to be counted as compliant	Policy 940 Pg 14 I #1 c i, vii	Yes/No
35	Blood pressure documented at each visit	Is the blood pressure documented at each visit? BP recorded during each visit during pregnancy==YES Pt refuses BP ==YES If any visits during the pregnancy do not have a BP recorded ==NO If visit is for labs or u/s only ==NA No requirement found stating BP is required for lab or U/S visits only	Policy 940 Pg 14 I #1 c ii www.acog.org	Yes/No/NA
36	Weight documented at each visit	Is weight documented at each visit? Weight recorded each visit during pregnancy==YES Pt refuses weight ==YES If any visits during the pregnancy do not have a weight recorded ==NO If visit is for labs or u/s only ==NA All or nothing for documentation-each visit must have documentation In person visit No requirement found stating wt is required for lab or U/S visit only	Policy 940 Pg 14 I #1 c iii www.acog.org	Yes/No/NA
37	Height	at least once	Policy 940 Pg 14 I #1 c iii	Yes/No
38	Pulse Oximetry (if applicable)	At every visit if applicable Should be documented when a pt has resp or cardiac symptoms. May use clinical judgement	Policy 940 Pg 14 I #1 c viii	Yes/No/NA
39	Inhaled Oxygen Concentration (if applicable)	If receiving O2 amount must be recorded	Policy 940 Pg 14 I #1 c ix	Yes/No/NA
40	Unique device identifier(s) for implantable device(s) - if applicable	0	Policy 940 Pg 14 I #1 c x	Yes/No/NA
41	Fundal height measured each visit starting at 20 weeks	If fundal height measured each visit starting at 20 wks.? If care began (initial visit) after 20 weeks and FH present in all visits after==YES If any DOS after 20 wks. during single pregnancy is missed FH ==NO If visit is for labs or u/s only ==NA	Fundal height--FH In person visit Policy 410 Part of standardized OB tool	Yes/No/NA

42	Fetal heart tones checked each visit beginning at least by 12 weeks	Are the fetal heart tones/rate (FHR) checked during each visit beginning at least by 12wks? If care began (initial visit) after 12 weeks and FHR is present in all visits ==YES If any DOS after 12 wks. during pregnancy is missing the FHR==NO If visit is for labs or u/s only ==NA	In person visit Policy 410 Part of standardized OB tool	Yes/No/NA
43	Fetal activity/movement each visit beginning in 2nd trimester	Is fetal activity/movement (FM) documented at each visit during 2nd trimester? If care began (initial visit) after 2nd trimester and FM is present in all visits ==YES If any DOS after 16 wks. during pregnancy is missing the FM==NO	Policy 410 Part of standardized OB tool	Yes/No
44	Validation that member was seen per ACOG recommended visit schedule--every 4wks through 28 weeks or documentation as to why not.	Is there validation that the mbr was seen per ACOG recommended visit schedule--every 4 wks. through 28 wks. or documentation as to why not? If prenatal care began within the first 28 wks.==YES Criteria during single preg==YES Look for visits every 4 weeks from initial visit thru 28 weeks==YES If documentation given for why not ==YES Pt refuses ==YES Not seen in the first 28 wks.==NA **Need to keep reviewing since ACOG is moving to a Tailored Prenatal Care Model--requiring fewer in-person visits when supplemented with virtual care--just a place holder	Policy 410 Part of standardized OB tool www.acog.org	Yes/No/NA
45	Validation that member was seen per ACOG recommended visit schedule--every 2wks from 28 weeks through 36 weeks or documentation as to why not.	Is there validation that the mbr was seen per ACOG recommended visit schedule--every 2 wks. from 28 wks. through 36 wks. or documentation as to why not? If prenatal care began within 29 through 36 wks.==YES Criteria during single preg==YES Look for visits every 2 weeks from initial visit from 28 through 36 weeks==YES If initial visit is after 28 wks., look for initial visit and 36wks==YES Is documentation given for why not ==YES Pt refuses ==YES Not seen in the first 28 wks.==NA	Policy 410 Part of standardized OB tool www.acog.org	Yes/No/NA
46	Validation that member was seen per ACOG recommended visit schedule--every week from 37 weeks through delivery or documentation as to why not	Is there validation that the mbr was seen per ACOG recommended visit schedule--every week from 37 wks. through delivery or documentation as to why not? Criteria during single preg==YES Look for visits every week from 37wks through delivery==YES Is initial visit is after 37 wks., look for initial visit and delivery==YES Is documentation given for why not ==YES Pt refuses ==YES	Policy 410	Yes/No
47	Evidence that member was educated and encouraged to breastfeed per ACOG and American Academy of Pediatrics (AAP) guidance including ordering of breast pump and supplies if requested by parent	Is there evidence that the provider educated and encouraged the mother to breastfeed according to ACOG and AAP guidelines/guidance?--YES Is there evidence that the mbr was informed that a breast pump and supplies were available ?--YES Is there evidence that a breast pump and/or supplies were requested from the health plan?--YES Mbr refuses -YES	Policy 410 pg 6 #19	YES/NO
48	Evidence of prenatal education documented each trimester such as proper nutrition, dangers of lead exposure to people who are pregnant, tobacco cessation, avoidance of alcohol and other harmful substances, warning signs of complications of pregnancy and postpartum, including when to contact provider and postpartum follow-up	Is there prenatal education documented each trimester? During single pregnancy==YES Education may include prenatal vits, nutrition, other self care==YES If only in a single trimester==NO If evidence of transfer of care give provider credit for prior education==YES Education may be noted in the provider notes or in the prenatal form	Policy 410 pg 8 #h Part of standardized OB tool	Yes/No
49	Evidence of CSPMP checked each trimester	Evidence that the CSPMP is checked during each trimester? Evidence that the CSPMP is checked during each trimester==YES Evidence that those mbrs receiving opioids, referral to BH for substance us disorder (SUD) assessment and treatment ==YES If receiving opioids, appropriate interventions and counseling are provided-if a referral to BH is present==YES NOTE: This only applies to those trimesters the mbr was seen by the office	Policy 410 pg 7 #3 e Policy 940 pg 3 A 2 h	Yes/No
50	CSPMP--Referral to BH for those members receiving Opioids	For mbrs prescribed opioids by OB/GYN referral to behavioral health for the psychological and/or behavioral therapy component of the Medication Assisted Treatment (MAT) model. If mbr is not receiving opioids==NA	Policy 410 pg 7 #3e Policy 510	Yes/No/NA
51	CSPMP--for mbrs receiving Opioids--appropriate interventions and counseling are provided, or Neonatal Abstinence Syndrome (NAS) and Medications for Opioid Use Disorder (MOUD)	If receiving opioids, appropriate interventions and counseling are provided and evidence found in record If referred to BH ==YES If mbr is no receiving opioids==NA	Policy 410 pg 5 #14 Policy 940	Yes/No/NA

52	Evidence of referrals to social services such as WIC, or any type of other social services such as Strong Families Az home visitation programs, ADHS Breastfeeding Hotline, Birth to 5 helpline, Early Heard Start/Head Start	Is there a documentation of a referral to social services such as WIC as needed? Referral to social services such as WIC, State Aid, or any other type social services==YES Member refusal==YES No indication mbr would need WIC or any other type of social services==NA Look for an initial Prenatal visit in the progress note or prenatal flow chart Indications WIC is needed is financial review or pt on Medical Assistance	Policy 410 pg 4 #3h	Yes/No/NA
IV	**Labs/Diagnostic Studies**			
53	Hgb/HCT/MCV done at initial visit--ordered or completed	Hgb/HCT/MCV ordered or complete at the 1st visit with provider which may occur at anytime during pregnancy? Check if labs were ordered==YES Documented in record==YES Mbr refuses==YES If mbr not seen in the correct time frame, i.e., late prenatal care or care was transferred and labs were done elsewhere==NA	Policy 410 Part of standardized OB tool	Yes/No/NA
54	Hgb/HCT at 32-36 weeks--ordered or completed	Hgb/HCT at 32-36wks? Documented in record during 2nd and/or 3rd trimester==YES Check to see if labs are ordered==YES Mbr refuses==YES If not seen until after 36 wks.==NA	Policy 410 Part of standardized OB tool	Yes/No/NA
55	ABO/Rh typing with antibody screen--ordered or completed	ABO/Rh typing with antibody screen? Documented in record==YES Labs ordered==YES Mbr refuses==YES	Policy 410 Part of standardized OB tool	Yes/No
56	Urine screen and/or culture--ordered or completed	Urine screen and/or culture? Documented in record==YES Labs ordered==YES Mbr refuses==YES	Policy 410 Part of standardized OB tool	Yes/No
57	HBsAg (Hepatitis B surface antigen screening)--ordered or completed	HBsAg (Hepatitis B surface antigen screening)? Documented in record==YES Labs ordered==YES Mbr refuses==YES	Policy 410 Part of standardized OB tool	Yes/No
58	Down syndrome/spina bifida screens--ordered or completed	Down syndrome/spina bifida screens? No documentation in the record==NO Documented in record==YES Labs ordered==YES Mbr refuses==YES	Policy 410 Part of standardized OB tool	Yes/No
59	Glucose screening--ordered or completed	Glucose screening? Documented of fasting glucose (FBS) or A1c==YES Labs ordered==YES Anytime during single pregnancy==YES Look at labs or note in ACOG or progress notes==YES Mbr refused or declined test==YES	Policy 410 Part of standardized OB tool	Yes/No
60	Evidence of a dipstick urine for sugar and protein each visit	Dipstick urine for sugar and protein each visit? Documentation of urine protein or albumin test. Must be dipstick==YES Lab ordered==YES Mbr declined test==YES Look first in labs. If not found look to prenatal flowchart or progress notes	Policy 410 Part of standardized OB tool	Yes/No
61	Evidence of screening for Sexually Transmitted Infections (STI), including syphilis during first prenatal visit, Third trimester and Time of delivery	Screening completed during the 3 phases==YES Mbr declined testing==YES All must be met unless first visit occurred during the 3 rd trimester ==YES All must be met unless delivery notes are not in the record==YES RPR test==YES Mbr declined test==YES Requires 3 screenings to be completed	Policy 410 pg 8 #3g	Yes/No
62	Evidence of Beta Strep screen completed (GBS, GBBS, Group B Strep or GB Strep) between 35-37 weeks--ordered or completed	Beta Strep screen done (GBS, GBBS, Group B Strep or Gp. Strep) between 35-37 wks? Documented in record==YES Ordered==YES Look at labs or note in ACOG or progress notes==YES Mbr declined test==YES If after 37 wks==NA	Policy 410 Part of standardized OB tool	Yes/No/NA
63	Evidence of HIV/AID screening and counseling either discussed and/or performed with documentation of a referral to a specialty provider for positive results.	HIV/AIDS screening discussed and or performed? Documented in record==YES Labs ordered==YES Look in labs or ACOG or progress note==YES Mbr declined==YES	Policy 410 pg 5 #10	Yes/No
V	**Postpartum / Family Planning**			

64	Pap test performed if needed.	For Ages >/=21yrs of age: Pap test completed or date of last Pap test is acceptable during pregnancy or Postpartum? Mbr refused==YES Provider notes up to date==YES If no postpartum visit==NA Age <21 yrs of age-- NA Anytime in record within the last 3 yrs, For ages 30-64 --HPV and PAP within 5yrs	Policy 410 Policy 411	Yes/No/NA
65	Postpartum visit took place within timeframes that align with performance measures--PP visit on or between 7 and 84 days after delivery	Is there a postpartum visit withing timeframes that align with performance measures? Any indication a visit occurred within timeframes that align with performance measures?==YES Evidence that appointment was made or an attempt to schedule==YES If no PP visit and no appointment made but evidence of outreach==NA If no postpartum visit and no appointment made ==NO If the delivery was less than current ACOG guideline days from the end of the audit review period may be scored NA Note: ACOG standard slightly different--1st contact no later than 3 wks after delivery and a PP visit (comprehensive visit within 12 weeks of delivery)	Policy 410 pg 8 #3 k HEDIS/NCQA/AHCCCS Performance Measure ACOG standard but is slightly different	Yes/No/NA
66	Perinatal Depression and Anxiety Screening--Perinatal depression screening performed,	Perinatal Depression and Anxiety Screening performed? Perinatal screening could be any depression tool PHQ2, PHQ9, EPDS (Edinburgh postnatal depression screen) etc.==YES Mbr refused discussion==YES Mbr did not show up for PP appt==NA Discussion of mood, denies depression, mood stable etc==YES Note: This is the screening during PostPartum	Policy 410 pg 8 C #3 I	Yes/No/NA
67	BH Referral--from Perinatal Depression and Anxiety Screening--No PP visit=NA	In the event of a positive perinatal depression or Anxiety sceen mbr was referred to behavioral health? Documentation in record of a positive screen--notation of referral to behavioral health ==YES Mbr refuses services==YES Note that provider will treat==YES Negative depression screen==NA Postpartum visit not kept by pt==NA Note: This is during postpartum	Policy 410 pg 8 C #3 I	Yes/No/NA
68	Evidence of Family planning services discussed	Is there evidence that Family planning services were discussed? Mbr has undergone sterilization==YES Mbr refuses==YES If discussion takes place with mbr and/or guardian==YES Birth control or IUD==YES If no postpartum visit==NA	Policy 410 Policy 420	Yes/No/NA
69	Evidence of counseling was provided prior to insertion of intrauterine or subdermal implantable contraceptive	Was counseling provided prior to insertion of intrauterine or subdermal implantable contraceptive? Documentation or evidence of signed permit==YES Mbr did not show for PP appt==NA Mbr did not obtain an intrauterine or subdermal device==NA	Policy 420	Yes/No/NA
70	Preconception counseling performed	Is there evidence of preconception counseling performed? Includes discussion regarding healthy lifestyle between pregnancies==YES Mbr refused==YES No mention in record==NO	Policy 420 pg 4 A #3 o	Yes/NA
VI	**Behavioral Health If applicable**			
71	Is there documentation that Provider responded to BH providers requests within 10 business days.	is there documentation that Provider responds to BH providers requests within 10 business days, if applicable on DOS? If there is documented evidence of request and response to BH provider within 10 business days==YES Mbr does not have BH diagnosis==NA There are no requests for information from BH provider==NA	Policy 940 pg 7 #4 d i	Yes/No/NA
72	Evidence that OBGYN updates BH provider when changes to medication and/or diagnosis is provided during the pregnancy	Does the OB/GYN update BH provider when changes to medication and/or diagnosis occur on DOS reviewed? BH provided with an update on conditions and/or medication==YES Mbr does not have BH diagnosis==NA There are no requests for information from BH provider==NA	Policy 940 pg 3 #2 l	Yes/No/NA
VII	**Pregnant members with Substance Abuse Disorder** For information only. Complete ONLY on any pregnant woman that been identified with SUD			
73	An individualized plan of care including medication dosage adjustments needs has been developed	Is there evidence of a plan of care which includes mediation dosages and adjustments. Could be outlined in the Progress notes	Policy 410	Yes/No/NA
74	Documentation is available that shows breastfeeding instructions and precautions have been provided	Is there evidence that a discussion has taken place with the mom regarding breastfeeding according to the ACOG breastfeeding recommendations regarding SUD and MAT services	Policy 410	Yes/No/NA
75	Evidence is available that shows a prescriptions for Narcan/Naloxone has been provided	Is there evidence that a prescription for Narcan/Naloxone has been discussed and offered/provided	Policy 410	Yes/No/NA

76	Evidence that provider has screened for additional health issues including Hep C	Is there evidence of any additional health screenings that have been completed based on the mom's health	Policy 410	Yes/No/NA
77	Evidence that provider has discussed/offered long acting reversible contraception (LARC/IPLARC)	Is there evidence that a discussion regarding LARC/IPLARC has taken place?	Policy 410	Yes/No/NA
78	Evidence that a pain plan has been discussed for delivery and post partum	Is there evidence that a discussion regarding how pain during and following delivery and throughout postpartum will be managed	Policy 410	Yes/No/NA
79	Evidence that a plan of safe care in in place prior to discharge	Is there evidence that upon discharge that the mom and baby will be going to a safe location. Assistance should be offered if necessary	Policy 410	Yes/No/NA
80	Behavioral health services are in place prior to discharge	Is there evidence that Behavioral health has been or will be involved following delivery	Policy 410	Yes/No/NA
81	Evidence of a discussion about infant care and nutritional supplementation if mother is breastfeeding	Is there evidence that a discussion has taken place concerning infant care and includes any nutritional supplements that might be necessary	Policy 410	Yes/No/NA
82	There is documentation of a consent for coordination of care with patients's substance abuse disorder (SUD) treatment provider is in place	For patients with SUD, evidence of member consent to OB Provider for Coordination of Care with patient's SUD treatment provider is in place. Documentation that a SUD coord of care specific, Release of information document I signed by the mbr or representative? May be a separate form, might be part of administrative part of record, ma be found outside of the audit review period. Typically is provided to mbr upon their 1st visit or general consent form	YES/NO/NA 45 CFR 160 and subparts A and E of Part 164	Yes/No/NA
83	If member has SUD/MAT treatment provider, there is evidence in the documentation of the OBGYN coordinating care with identified provider(s)	Evidence OBGYN is/has coordinated care with the SUD/MAT treatment provider(s)	0	Yes/No/NA
84	Evidence/documentation that the PCP is utilizing a standardized screening tool for assessing behavioral health needs, social determinants (barriers) of health and trauma any time during pregnancy?	If there is an identified need in regard to trauma, behaviorial health or social determination (barriers) , look for evidence/documentation that a standardized screening tool has been used—such as screening tool for ADHD, PHQ, GAD-7, PRAPARE etc.	Contract page 100 Policy 410 pg 6 A #15	Yes/No