

**IEHP MEDICAL RECORD REVIEW SURVEY ADDENDUM
PCP/OB, FP1, FP2**

This Addendum has no scoring value, however, findings may require corrective action.

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|--|--|-----------|---|--|--|
| | | 1. | CPSP (For PCP/ OB, FP1, FP2) | | |
| | | A. | Is the office CPSP Certified? | | |
| | | B. | Is the office using IEHP forms? (1) | | |
| | | C. | Who in the office is assigned to perform CPSP services? | | |
| | | D. | Interventions: (For CPSP Certified & Non-CPSP Certified Providers) | | |
| | | 1. | How is the member referred to the following: | | |
| | | a. | Nutrition (1) | | |
| | | b. | Social Worker (1) | | |
| | | c. | Health Education (1) | | |
| | | 2. | OB REFERRAL (For FP1 and FP2 Providers) | | |
| | | A. | What OB does the office refer to? | | |
| | | B. | Is there a letter from OB acknowledging the relationship? (1) | | |
| | | C. | When are Members transferred to OB for delivery? (1) | | |
| | | D. | When are records transferred? (1) (PCP/OB & OB Specialist) | | |
| | | 3. | POLICY AND PROCEDURES (FOR FP1 & FP2 PROVIDERS) | | |
| | | A. | Is there a policy for High Risk OB Referrals (1) | | |
| | | B. | Is there a policy for OB Referral Process for Routine Deliveries (1) | | |
| | | 4. | ULTRASOUND (For PCP/OB, FP1 & FP2 Providers) | | |
| | | A. | Trained Staff (1) | | |

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| | | | B. Written policies and procedures re: safety, confidentiality, and operating procedures. (1) | | | |
| | | | C. Equipment maintenance and calibration performed on all equipment (1) | | | |
| | | | D. Provide a setting for ultrasound exam that allows for patient safety and comfort. (1) | | | |
| | | | E. There is documentation done for each exam. (1) | | | |
| | | 5. | REQUIRED EQUIPMENT FOR OB SERVICES (For PCP/OB, FP1 & FP2 Providers) | | | |
| | | | A. Examination equipment | | | |
| | | | 1. Nitrazine paper. | | | |
| | | | 2. Keto (urine) sticks. | | | |
| | | | 3. Doppler | | | |