**I. Format**

□ Member identification is on each page.

□ Emergency contact or refusal is identified for all members with at least one phone number listed

□ Primary language and requests for language and/or interpretation services (or member refusal) are documented

**II. Documentation**

□ Chronic problem and medication list

□ Evidence of Advance Health Care Directives/Planning information offered

**III. Coordination/Continuity of Care**

□ Evidence of provider review of consult/referral reports and diagnostic test results with appropriate follow-up when necessary

□ Evidence of Outreach efforts for missed/broken appointments

**IV. Pediatric Preventive**

□ H&P is completed within 120 days of effective enrollment date with the Plan

□ DHCS “Staying Healthy Assessment” is being administered at Initial Health Assessment and at routine visits according to DHCS periodicity guidelines: <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx>

□ BMI is documented for all patients and plotted on CDC Growth Chart for ages 2-20

□ Vision and Hearing screening as outlined in the DHCS MRR Guidelines and AAP Bright Futures Recommendations

□ Nutrition Assessment and referral to WIC when appropriate

□ Dental assessment, with documented inspection of teeth and gums, and referral to dentist by age 12 months (new recommendation by AAP and AAPD)

□ Nutrition Assessment and referral to WIC when appropriate

□ Evidence of TB risk assessment/screening at each health assessment

□ Assessment of immunization status at each health assessment and provision of immunizations per CDC Guidelines: <http://www.cdc.gov/vaccines/schedules/index.html>

□ Vaccine administration documentation and VIS publication date: <http://www.cdc.gov/vaccines/hcp/vis/index.html>

**V. Adult Preventive**

□ H&P and Staying Healthy Assessment as described in section IV

□ Periodic Health Evaluation per USPSTF Guidelines

□ Evidence of Preventive Health Screening per DHCS MRR Guidelines and Current USPSTF Recommendations:

* High Blood Pressure
* Obesity
* Lipid Disorders
* TB
* Breast Cancer
* Cervical Cancer (per updated 2012 ACOG guidelines)
* Chlamydia
* Colorectal Cancer

□ Immunization guidelines as described in section IV

**VI. OB/CPSP Preventive**

□ Applicable for Family Practice PCPs who provide prenatal care and/or OB-Gyn providers acting as PCPs

□ Initial Comprehensive Assessment (ICA)

* OB and Medical History
* Physical Exam
* Lab tests
* Nutrition
* Psychosocial
* Health Education
* Screening for Hep B and Chlamydia

□ Second Trimester Re-assessment

□ Third Trimester Re-assessment, including screening for GBS

□ Prenatal care visits per most recent ACOG standards

□ Individualized Care Plan (ICP), including the following: referral to WIC and assessment of infant feeding status, HIV-related services offered, AFP/genetic screening offered, domestic violence/abuse screening, family planning evaluation, postpartum comprehensive assessment

***Conditional Passing Scores: 80-90% or overall score of 90-100% with individual section score(s) below 80% require a Corrective Action Plan (CAP) that will be issued by the Certified Nurse Reviewer. Any score below 80% is considered non-passing. For more information, please refer to CA Department of Health Care Services Policy Letter 14-004:*** [***http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2014/PL14-004.pdf***](http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2014/PL14-004.pdf)