

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

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

		<b>1.</b>	<b>CPSP (For PCP/ OB, FP1, FP2)</b>		
		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.	<b>Interventions: (For CPSP Certified &amp; Non-CPSP Certified Providers)</b>		
		1.	How is the member referred to the following:		
		a.	Nutrition (1)		
		b.	Social Worker (1)		
		c.	Health Education (1)		
		<b>2.</b>	<b>OB REFERRAL (For FP1 and FP2 Providers)</b>		
		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) <b>(PCP/OB &amp; OB Specialist)</b>		
		<b>3.</b>	<b>POLICY AND PROCEDURES (FOR FP1 &amp; FP2 PROVIDERS)</b>		
		A.	Is there a policy for High Risk OB Referrals (1)		
		B.	Is there a policy for OB Referral Process for Routine Deliveries (1)		
		<b>4.</b>	<b>ULTRASOUND (For PCP/OB, FP1 &amp; FP2 Providers)</b>		
		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)			
		<b>5.</b>	<b>REQUIRED EQUIPMENT FOR OB SERVICES (For PCP/OB, FP1 &amp; FP2 Providers)</b>			
			A. Examination equipment			
			1. Nitrazine paper.			
			2. Keto (urine) sticks.			
			3. Doppler			