|  |  |  |
| --- | --- | --- |
| Reviewer’s Name: | Date of Review: | Month Reviewed: |
| Pregnancy Care Manager’s Name: | | Care Manager FTE: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OB USER CASE LOAD ACTIVITY REPORT - SUMMARY STATISTICS** | | | | |
| Unique Patients Touched OB Heavy, Medium, Light |  | | | |
| Number of Patients Pending >30 days |  | | | |
|  | **OB Heavy** | **OB Medium** | **OB Light** | **OB Pending** |
| Case Load at Start of Reporting Period |  |  |  |  |
| Case Load at End of Reporting Period |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CMIS DOCUMENTATION REVIEW** | | | | | | |
| Codes: Y=Yes, N=No, NA= Not Applicable | **OB Heavy** **at End of Reporting Period** | **OB Medium at End of Reporting Period** | **OB Medium at End of Reporting Period** | **OB Light at End of Reporting Period** | **Deferred-PP Period Ended** | **Deferred-PP Period Ended** |
| **Patient Name** |  |  |  |  |  |  |
| **Patient MID** |  |  |  |  |  |  |
| **DEMOGRAPHICS** |  |  |  |  |  |  |
| ***Pregnancy Medical Home***  OB Care Manager assigned |  |  |  |  |  |  |
| OB Case Status assigned |  |  |  |  |  |  |
| OB Due Date entered |  |  |  |  |  |  |
| OB Practice entered |  |  |  |  |  |  |
| Codes: Y=Yes, N=No, NA= Not Applicable | **OB Heavy at End of Reporting Period** | **OB Medium at End of Reporting Period** | **OB Medium at End of Reporting Period** | **OB Light at End of Reporting Period** | **Deferred-PP Period Ended** | **Deferred-PP Period Ended** |
| **Patient Name** |  |  |  |  |  |  |
| **Patient MID** |  |  |  |  |  |  |
| ***Patient Programs***  Pregnancy Care Management listed |  |  |  |  |  |  |
| ***Tools>Screenings>Pregnancy Risk Screening***  Pregnancy Risk Screening received within 7 business days  of PMH completion |  |  |  |  |  |  |
| Pregnancy Risk Screening entered within 7 calendar days  of receipt |  |  |  |  |  |  |
| Patient’s Priority Risk Factors (List) |  |  |  |  |  |  |
| ***Tools>Assessments>Manage Pregnancy Assessments***  Pregnancy Assessment initiated on a timely basis, based  on patient need(s), and no later than 30 days after the  Pregnancy Risk Screening was entered into CMIS |  |  |  |  |  |  |
| Comment section in the Pregnancy Assessment complete  for every identified risk factor, at a minimum |  |  |  |  |  |  |
| Ongoing assessment findings are documented in the  Pregnancy Assessment rather than in task comments |  |  |  |  |  |  |
| Pregnancy Assessment updated at least every 90 days |  |  |  |  |  |  |
| Postpartum section of the Pregnancy Assessment is  complete |  |  |  |  |  |  |
| Documented referral to DSS for postpartum  FPW/Medicaid Eligibility Determination |  |  |  |  |  |  |
| **CARE PLAN** |  |  |  |  |  |  |
| Conditions are appropriate for the patient |  |  |  |  |  |  |
| Status of conditions (open/closed) is accurate for patient  status |  |  |  |  |  |  |
| Patient has current goal(s) assigned that are appropriate,  relevant, and customized for patient’s care needs and  identified risk factors |  |  |  |  |  |  |
| Codes: Y=Yes, N=No, NA= Not Applicable | **OB Heavy at End of Reporting Period** | **OB Medium at End of Reporting Period** | **OB Medium at End of Reporting Period** | **OB Light at End of Reporting Period** | **Deferred-PP Period Ended** | **Deferred-PP Period Ended** |
| **Patient Name** |  |  |  |  |  |  |
| **Patient MID** |  |  |  |  |  |  |
| Goal(s) include(s) appropriate status date (by when) to  indicate target date for meeting goal(s) |  |  |  |  |  |  |
| “As evidenced by” statements for goals are clear, concise and  “SMART” (Specific, Measurable, Attainable, Realistic, and Time  Specific) |  |  |  |  |  |  |
| Goal(s) are updated at least every 90 days |  |  |  |  |  |  |
| **TASKS** |  |  |  |  |  |  |
| Completed task documenting communication with the  PMH or other referral source regarding the status of the  referral |  |  |  |  |  |  |
| Evidence of ongoing communication with providers  regarding issues that impact patient’s clinical care |  |  |  |  |  |  |
| Most recent task timeframe is appropriate for status and  status is based on patient need |  |  |  |  |  |  |
| Notes for non-auto-generated tasks “with patient” involved  patient contact |  |  |  |  |  |  |
| Tasks are completed in a timely manner with clear and  sufficient notes in the Comment section |  |  |  |  |  |  |
| Unsuccessful tasks are documented as “attempted”, not  as “completed” |  |  |  |  |  |  |
| One or more current pending tasks for a patient on active  case status |  |  |  |  |  |  |
| Pending tasks are set at appropriate timeframes |  |  |  |  |  |  |
| Pending tasks contain instructions of what needs to be done |  |  |  |  |  |  |
| Pending tasks are not past due |  |  |  |  |  |  |
| Tasks are clearly and thoroughly documented and any  reviewer would know how to proceed with the patient by  reading the previous tasks and current pending task(s), including  instructions |  |  |  |  |  |  |
| **PENDING STATUS ANALYSIS** | | | | | | |
| Codes: Y=Yes, N=No, NA=Not Applicable | **OB Pending at End of Reporting Period** | **OB Pending at End of Reporting Period** | **OB Pending at End of Reporting Period** | **OB Pending >30 Days at End of Reporting Period** | **OB Pending >30 Days at End of Reporting Period** | **OB Pending >30 Days at End of Reporting Period** |
| **Patient Name** |  |  |  |  |  |  |
| **Patient MID** |  |  |  |  |  |  |
| Care manager is attempting to engage the patient with timely outreach efforts, appropriate to the level of need, based on the information from referral source |  |  |  |  |  |  |
| If Pending >30 Days, outreach efforts are close to securing contact and engagement, and documentation reflects ongoing attempted contacts |  |  |  |  |  |  |
| **SUCCESSFUL PRACTICES & QUALITY IMPROVEMENT ACTION STEPS** | | | | | | |
|  | | | | | | |