



## **Prenatal Care CPG Medical Record Audit (MRA)**

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## Prenatal Care Clinical Practice Guidelines (CPG) Medical Record Audit (MRA) Report

The CPG Medical Record Audit (MRA) process assesses whether the provider’s medical practices conform to clinical standards of practice. The audit tool serves as an instrument to gather information on the use of evidence-based clinical practice guidelines in order to identify the effectiveness, or lack thereof, of the treatment provided in accordance with the guidelines. This audit tool incorporates the standards, established by the American College of Obstetricians and Gynecologists (ACOG), for Prenatal Care.

Guidelines for Perinatal Care 8th Edition <https://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx>

### **What is a Clinical Practice Guideline?**

The IOM in its newest definition describes CPGs as ‘statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.’ (Consensus report, Institute of Medicine. Clinical practice guidelines we can trust. March 23, 2011)

### **Purpose of Clinical Practice Guidelines**

The intent of clinical practice guidelines is to:

1. Improve the quality of patient care and health care outcomes
2. Summarize research findings and make clinical decisions more transparent
3. Reduce inappropriate variation in practice
4. Promote efficient use of resources
5. Identify gaps in knowledge and prioritize improvement activities
6. Provide guidance for consumers and inform and empower patients

*Source: Davis D, Joanne G, Palda VA, Handbook on Clinical Practice Guidelines, Canadian Medical Association*

The number of providers audited each quarter will reflect no less than 20% of the total allocated providers within the CMO who submitted a claim for Prenatal Care during the review period. The clinical reviewer will randomly select 4 - 5 medical records of the selected providers for the review of Prenatal Care according to the CPG. The Georgia Families CMOs are required to collaborate to develop a process of equally dividing all providers and assigning each CMO the same group of providers on an annual rotation, or as a rotation as agreed between DCH and the CMOs. Individual CMO should create a review process that: 1) ensures at least 90% of total allocated providers are reviewed by the end of the review year and 2) avoids repeat reviews of any one provider, unless in the event of a reaudit for a previously identified deficit.

The provider’s office manager or designee should be notified in advance of the pending MRA. The medical records should be pulled upon the arrival of the reviewer or may be submitted directly to the CMO (paper or electronic version) for review. Reviewers must utilize the DCH-approved forms (see attached) to conduct the audits. All individually identifiable health information must be kept confidential and private by the reviewer, in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable Medicaid laws and regulations. Findings of audit must be shared with the provider within seven (7 days) of the MRA.

### **CPG MRA Process:**

#### **1. Provider Audit**

The CPG Provider Audit Form (Form A) should be completed and submitted to DCH for each provider selected for review. Based on the identified indicators, the reviewer should thoroughly evaluate the medical record to determine whether the provider’s medical practices conform to the clinical practice guidelines for the particular medical condition. Weights have been assigned to each indicator based on the degree of its importance to the members’ overall health outcomes. The weights are calculated to render a weighted rate. Each indicator should be represented with a 'Y' for Yes, if the documentation is found in the member's medical records; or an 'N' for No, if the documentation is **not** found in the medical records. (Note: When an indicator is determined to be 'Not Applicable,' indicate 'N/A.' The assigned weight of that indicator will be credited in calculating total compliance rate). Please note: DCH reserves the right to request justification for indicators deemed as ‘N/A’. If a provider scores less than the 80% compliance threshold for any **individual** indicator (see Indicator Rate column in Form A), the provider should be re-audited within the second quarter of the initial audit, for the same indicator(s) that resulted in the re-audit (e.g. provider had a total of 5 audited records and only 3 records scored a ‘Y’ or ‘N/A’ for the individual indicator, this would be equal to a compliance rate of 60%; if deficit is identified in Q1, the reaudit should be completed in Q3).

#### **2. Summarized Medical Record Audit Form**

The Summarized Medical Record Audit (Form B) must be submitted to DCH within 30 days from the end of each quarter. The Summarized MRA, a compilation of the CPG Provider Audits, provides the average compliance rate per indicator and the average overall compliance rate of the providers selected for review.

#### **3. CPG Quarterly Report**

The CPG Quarterly Report (Form C) must be submitted to DCH within 30 days from the end of each quarter. The Quarterly Report, which may be submitted as a Microsoft Word or Excel document, should be completed in accordance with the CPG MRA Specifications.

#### **4. Cumulative Medical Record Audit Report**

The Cumulative Medical Record Audit Report (*Form D*) must be submitted to DCH within 30 days from the end of each quarter. The Cumulative MRA Report is a compilation of the weighted rates calculated for each quarter. The purpose of this document is to inform DCH and the CMOs of the quarterly trends for compliance with this CPG.



CPG Medical Record Audit Report- Prenatal Care

Report Submitted:

Form B: Summarized Medical Report Audit Report (Due Quarterly)

CMO Name:

Reporting Period: MM/DD/YYYY-MM/DD/YYYY

| INDICATORS   | Numerator                                   | Denominator               | Indicator Rate | Weights | Weighted Rate   | Total # of Records Reviewed this Quarter   |
|--|---|---------------------------|----------------|---------|-----------------|--|
|  | (A)   | (B)                       | (A/B)          | (C)     | (A/B X C) X 100 |  |
| Match Number to Patient in Confidential Manner   | Total # of charts compliant with indicators | Total # of charts audited |                |         |                 |  |
| Perinatal Assessment   |   |                           |                |         |                 | Total # of Providers Reviewed this Quarter |
|  |   |                           |                | 23%     |                 |  |
| Documentation of the a Comprehensive Initial Prenatal Exam to include pregnancy history, last menstrual period (LMP), expected due date (EDD) or gestational age,  |   |                           |                | 9%      |                 |  |
| Documentation of Medical History: If applicable, any past/chronic/underlying condition (e.g. diabetes, cancer, lupus); previous surgeries  |   |                           |                | 6%      |                 |  |
| Documentation of Mental/Behavioral Health History  |   |                           |                | 4%      |                 |  |
| Documentation of Mental/Behavioral Health Screening: If applicable, any behavioral condition (e.g. screening for anxiety, mood disorders, tobacco and/or substance use disorder, pre-existing mental health issues, sleep disruption and fatigue)  |   |                           |                | 4%      |                 |  |
| Follow up Prenatal Exam  |   |                           |                |         |                 |  |
| Documentation of vital signs, BP, BMI, height, pelvic exam, fetal movement, fetal heart auscultation, ultrasound, uterine/fundus size measurement, glucose screening   |   |                           |                | 9%      |                 |  |
| Documentation of Risk Assessment: (e.g. UTI, preterm labor, edema, preeclampsia)   |   |                           |                | 8%      |                 |  |
| Medications  |   |                           |                |         |                 |  |
| Documentation and Assessment of Current Medication Regimen and Adherence: all medications (e.g. prescription and over-the-counter, supplements, and herbal therapies, if applicable)   |   |                           |                | 3%      |                 |  |
| Documentation of Medication Reconciliation, if applicable due to pregnancy   |   |                           |                | 3%      |                 |  |
| Social/Emotional Support Assessment  |   |                           |                |         |                 |  |
| Documentation of Social Determinants of Health: (e.g. existing social network, identify surrogate decision maker, advanced care plan, intimate partner violence screening, identify transportation, stable housing, utilities, food, infant care needs)  |   |                           |                | 5%      |                 |  |
| Laboratory Evaluation  |   |                           |                |         |                 |  |
| Documentation of Prenatal Panel Screening Test: CBC, Hepatitis B & C, tuberculosis (TB), urine culture/screen or urinalysis, Rubella status, blood type and RH factor, antibody screening, Group B Streptococcus Screening   |   |                           |                | 7%      |                 |  |
| Documentation of Glucose Screening   |   |                           |                | 6%      |                 |  |
| Documentation of STD Screening   |   |                           |                | 6%      |                 |  |
| Documentation of Genetic Risk Testing: if applicable: [e.g. Chorionic Villus Sampling, Down syndrome (trisomy 21), Genetic amniocentesis]  |   |                           |                | 5%      |                 |  |
| Member Education & Referral  |   |                           |                |         |                 |  |
| Documentation of Education on Reproductive Life Plans (e.g. birth spacing, contraceptive options, risks/benefits of pregnancy sooner than 18 months post delivery  |   |                           |                | 6%      |                 |  |
| Documentation of Education on Protecting the Unborn: [e.g. precautions re: use of drug/alcohol, hot saunas, exposure to toxoplasmosis (cats/ raw meats), environmental hazards, etc and other non-prescribed drugs]  |   |                           |                | 7%      |                 |  |
| Documentation of Anticipatory Guidance: (e.g. nutrition counseling, discussion of fetal movement/monitoring, signs and symptoms of preeclampsia, labor signs, labor induction counseling, infant feeding, newborn education, Sudden Infant Death Syndrome (SIDS), recognizing postpartum depression) |   |                           |                | 7%      |                 |  |
| Referral: e.g. behavioral health, cardiologist, maternal fetal medicine, community resources, genetic counselor (if applicable)  |   |                           |                | 5%      |                 |  |
|  |   |                           |                | 100%    |                 |  |

Note: Additional space has been provided in the event more than one medical record is selected for a provider.

\*Source: American College of Obstetricians and Gynecologists  
Guidelines for Perinatal Care 8th Edition <https://www.acog.org/clinical-information/physician-fags/-/media/3a22e153b67446a6b31fb051e469187c.ashx>

CPG Medical Record Audit Report

Form C- Quarterly Report

CMO Name: \_\_\_\_\_

Report Date: MM/DD/YYYY

Reporting Period: MM/DD/YYYY- MM/DD/YYYY

|                         |   |                                     |  |
|-------------------------|---|-------------------------------------|--|
| Overview                | Quarterly Medical Record Review Summary   |                                     |  |
|                         | Total Number of Records Reviewed<br><i>(Transfer from Form B: Summarized MRA)</i>                   |                                     |  |
|                         | Total Number of Providers Reviewed<br><i>(Transfer from Form B: Summarized MRA)</i>                 |                                     |  |
|                         | Total Compliance Rate (%) <i>(Transfer from Form B: Summarized MRA)</i>                             |                                     |  |
| Provider Summary Review | Quarterly Summary of Top 3 Indicators with an 'N '<br><i>(Place top 3 areas in numbered cells.)</i> |                                     |  |
|                         | 1   |                                     |  |
|                         | 2   |                                     |  |
|                         | 3   |                                     |  |
| Re-audit Outcomes       | Total Number of Providers Previously Scheduled for Re-audit   | Total Number of Re-audits Completed | Re-audit Outcome and Next Steps<br><i>(e.g. CEU, CAP, Peer Review)</i> |
|                         |   |                                     |  |

| Indicators   | Weights | QUARTER 1<br>Weighted Rate | QUARTER 2<br>Weighted Rate | QUARTER 3<br>Weighted Rate | QUARTER 4<br>Weighted Rate |
|--|---------|----------------------------|----------------------------|----------------------------|----------------------------|
|  |         |                            |                            |                            |                            |
| Perinatal Assessment   | 23%     |                            |                            |                            |                            |
| Documentation of the a Comprehensive Initial Prenatal Exam to include pregnancy history, last menstrual period (LMP), expected due date (EDD) or gestational age,  | 9%      |                            |                            |                            |                            |
| Documentation of Medical History: If applicable, any past/chronic/underlying condition (e.g. diabetes, cancer, lupus); previous surgeries  | 6%      |                            |                            |                            |                            |
| Documentation of Mental/Behavioral Health History  | 4%      |                            |                            |                            |                            |
| Documentation of Mental/Behavioral Health Screening: If applicable, any behavioral condition (e.g. screening for anxiety, mood disorders, tobacco and/or substance use disorder, pre-existing mental health issues, sleep disruption and fatigue)  | 4%      |                            |                            |                            |                            |
| Follow up Prenatal Exam  | 17%     |                            |                            |                            |                            |
| Documentation of vital signs, BP, BMI, height, pelvic exam, fetal movement, fetal heart auscultation, ultrasound, uterine/fundus size measurement, glucose screening   | 9%      |                            |                            |                            |                            |
| Documentation of Risk Assessment: (e.g. UTI, preterm labor, edema, preeclampsia)   | 8%      |                            |                            |                            |                            |
| Medications  | 6%      |                            |                            |                            |                            |
| Documentation and Assessment of Current Medication Regimen and Adherence: all medications (e.g. prescription and over-the-counter, supplements, and herbal therapies, if applicable)   | 3%      |                            |                            |                            |                            |
| Documentation of Medication Reconciliation, if applicable due to pregnancy   | 3%      |                            |                            |                            |                            |
| Social/Emotional Support Assessment  | 5%      |                            |                            |                            |                            |
| Documentation of Social Determinants of Health: (e.g. existing social network, identify surrogate decision maker, advanced care plan, intimate partner violence screening, identify transportation, stable housing, utilities, food, infant care needs)  | 5%      |                            |                            |                            |                            |
| Laboratory Evaluation  | 24%     |                            |                            |                            |                            |
| Documentation of Prenatal Panel Screening Test: CBC, Hepatitis B & C, tuberculosis (TB), urine culture/screen or urinalysis, Rubella status, blood type and RH factor, antibody screening, Group B Streptococcus Screening   | 7%      |                            |                            |                            |                            |
| Documentation of Glucose Screening   | 6%      |                            |                            |                            |                            |
| Documentation of STD Screening   | 6%      |                            |                            |                            |                            |
| Documentation of Genetic Risk Testing, if applicable: [e.g. Chorionic Villus Sampling, Down syndrome (trisomy 21), Genetic amniocentesis]  | 5%      |                            |                            |                            |                            |
| Member Education & Referral  | 25%     |                            |                            |                            |                            |
| Documentation of Education on Reproductive Life Plans (e.g. birth spacing, contraceptive options, risks/benefits of pregnancy sooner than 18 months post delivery  | 6%      |                            |                            |                            |                            |
| Documentation of Education on Protecting the Unborn: [e.g. precautions re: use of drug/alcohol, hot saunas, exposure to toxoplasmosis (cats/ raw meats), environmental hazards, otc and other non-prescribed drugs]  | 7%      |                            |                            |                            |                            |
| Documentation of Anticipatory Guidance: [e.g. nutrition counseling, discussion of fetal movement/monitoring, signs and symptoms of preeclampsia, labor signs, labor induction counseling, infant feeding, newborn education, Sudden Infant Death Syndrome (SIDS), recognizing postpartum depression] | 7%      |                            |                            |                            |                            |
| Referral: e.g. behavioral health, cardiologist, maternal fetal medicinecommunity resources, genetic counselor (if applicable)  | 5%      |                            |                            |                            |                            |
|  | 100%    |                            |                            |                            |                            |



[Report Specification for Quarterly Report](#)

|   |  |                |            |
|---|--|----------------|------------|
| <div>Prenatal Care CPG Medical Record Audit</div> <div>Report Specification for Quarterly Report</div> <div>(may submit report as Microsoft Word or Excel document)</div> |  |                |            |
| DO NOT MODIFY   |  |                |            |
| Report Name   | CPG Medical Record Audit (MRA) Quarterly Report  |                |            |
| CMO Name  | Enter name of CMO  |                |            |
| Report Date   | Enter report date as MM/DD/YYYY  |                |            |
| Frequency   | Submit report quarterly  |                |            |
| Reporting Period  | CPG Claims   | Date of Review | Report Due |
|   | Jan 1- Mar 31  | Apr 1- Jun 30  | July 31    |
|   | Apr 1- Jun 30  | Jul 1- Sept 30 | Oct 31     |
|   | Jul 1- Sept 30   | Oct 1- Dec 31  | Jan 31     |
|   | Oct 1- Dec 31  | Jan 1- Mar 31  | April 30   |
| FIELD   | FIELD DESCRIPTION  |                |            |
| Total Number of Records Reviewed  | <b>Conduct a random sample of records per providers who bill for services with diagnosis codes for the evidence-based clinical practice guideline (CPG) for Prenatal Care.</b><br>Enter total number of records reviewed this quarter<br>(Transfer number from Form B: Summarized MRA )  |                |            |
| Total Number of Providers Reviewed  | Enter total number of providers reviewed this quarter.<br>(Transfer % rate from Form B: Summarized MRA)  |                |            |
| Overall Average Provider Compliance Rate (%)  | Enter overall compliance percentage rate for this quarter.<br>(Transfer % rate from Form B: Summarized MRA)  |                |            |
| Quarterly Summary of Top 3 Indicators with an 'N'   | Review office deficits as indicated on Form A: Provider Audit. Enter the top 3 indicators with an 'N' score in the numbered cells  |                |            |
| Total Number of Providers with this Deficit   | For each of the Top 3 deficiencies listed, enter the total number of providers for each deficiency.  |                |            |
| Provider Focus Review   | <b>Select (Yes/No)</b> if a Provider Focus Review was initiated during the reporting period  |                |            |
| Tentative Re-audit Date   | Enter date of tentative re-audit   |                |            |
| Deficits Outcome  | <b>Provider Focused Review process:</b><br>•The CMOs must conduct a Provider Focused Review if a provider scores less than the 80% compliance threshold for any <b>individual</b> indicator (see Indicator Rate column in Form A), [e.g. provider had a total of 5 audited records and only 3 records scored a ‘Y’ or ‘N/A’ for the individual indicator, this would be equal to a compliance rate of 60%].<br>•Notify provider of the need to re-audit and provide education and/or peer coaching on indicators targeted for re-audit.<br>• <b>Note :</b> If less than <b>three (3)</b> additional records are available by the re-audit period, the CMO will delay the re-audit until there are at least <b>three (3)</b> records available.<br>•Re-audit in the second quarter following the quarter when the deficit was identified (e.g. deficit is identified in Q1, the reaudit should be completed in Q3).<br>•If no deficits are identified at re-audit, no further action is needed. For deficits beyond re-audit, CMOs will complete a Corrective Action Plan (CAP).<br>•If deficiency persists following completion of a CAP, CMOs will be required to refer the provider to the CMO's Peer Review Committee for determination of next steps and the outcomes should be reported to DCH via Quarterly Report (Form C). |                |            |
| Total Number of Providers Previously Scheduled for Re-audit   | Enter total number of providers identified from previous audits to be re-audited   |                |            |
| Total Number of Re-audits Completed   | Enter total number of completed re-audits  |                |            |
| Re-Audit Outcome and Next Steps   | Enter the outcome of re-audit and any necessary next steps (e.g. Re-audit, CAP, peer-coaching /continuing education, Peer Review)  |                |            |

**ATTESTATION**

*This form must be reviewed, signed, and dated by the CMO's Chief Medical Officer and submitted with each Georgia Families 360 Clinical Practice Guidelines quarterly reports, as specified, to DCH via the CMO report portal. Graphs, charts, and other documentation can be attached to this form.*

**I, \_\_\_\_\_, do hereby attest that the above information is true and correct to the best of my knowledge.**

**Date: \_\_\_\_\_**