

EHR Review Tool for the Comprehensive Perinatal Services Program (CPSP)

Date: _____ Conducted by: _____ Name of EHR template: _____

A change from paper records to EHR is a change in the application that needs to be discussed with the PSC before implementation to assure that the system meets CPSP documentation requirements. According to the California State MCAH 2012-2013 Policies and Procedures, the documentation and service delivery requirements for CPSP are the same whether a provider has electronic or paper records. (4) p 72. This document lists those requirements to determine whether or not the proposed EHR template for CPSP meets or does not meet documentation requirements. The key to the Sources appears on Page 6.

Section 1: CPSP Program Requirements

	Element	Yes	No	Source	Comments
Review Process for CPSP EHR Template					
1.	The PSC reviews the EHR content and functionality using approved guidelines to assure that the system includes all required elements. If the system does not meet a requirement, the provider must identify an alternative documentation process.			(1) §51249 (4) p 72 EHR Functionality Basics	
Requirements as listed in Title 22, California Code of Regulations, H&S Code and W&I Code, and CPSP Policies					
CPSP Client Orientation					
2.	Includes the seven required elements.				
	a. What services will be provided			§51348.1 (i)	
	b. Who will provide the services			§51348.1 (i)	
	c. Where to obtain the services			§51348.1 (i)	
	d. When the services will be delivered			§51348.1 (i)	
	e. Procedures to follow in case of an emergency			§51348.1 (i)	
	f. Patient rights			§51348.2 (c)	
	g. Participation is voluntary			§51348.2 (a)	
3.	Initial Client Orientation must be provided before any other CPSP services in order to ensure patient's agreement to participate in the program.			(1) §51348.2. Patient Rights	
4.	Additional Client Orientation may be billed throughout the pregnancy and postpartum.			(3)	
Obstetric Requirements					
5.	Prenatal Medical Record incorporates the most recent edition of the American College of Obstetricians and Gynecologists (ACOG) guidelines (information item; provider is responsible to assure).			(8) p. 1-8 (8) p 2-9	
6.	Medical staff, when working in the OB template, can view the CPSP ICP.				
Assessments					
7.	All seven pregnancy weight gain grids (2009 Institute of Medicine) are present and function appropriately as demonstrated, which includes plotting the weight at each visit as recorded.			(9) p NUTR-10	

8.	Allows the three assessments (psychosocial, health education and nutrition) to be completed and billed in any order, and on multiple dates, separately or combined.			(3) p 6	
9.	Group perinatal education (Z6412) may be rendered before the initial health education assessment is completed.			(2) p 4	
10.	The initial assessment within the discipline area (nutrition, health education or psychosocial) must be completed before providing any intervention services within that discipline.			(2) p 2 Intervention Services	
11.	The system prompts staff to complete required fields before completing the assessment				
Initial CPSP Assessment (within 4 weeks of initial visit)					
12.	Psychosocial			(1) §51348 (e) (1) (A)	
13.	Health Education			(1) §51348 (d) (2) (A)	
14.	Nutrition			(1) §51348(c) (1) (A)	
	a. Perinatal dietary assessment			(1) §51348 (c) (1) (A)	
Second Trimester CPSP Reassessment					
15.	Psychosocial			(1) §51348 (e) (1) (B)	
16.	Health Education			(1) §51348 (d) (2) (B)	
17.	Nutrition			(1) §51348(c) (1) (B)	
	a. Perinatal dietary assessment			(1) §51348(c) (1) (B)	
Third Trimester CPSP Reassessment					
18.	Psychosocial			(1) §51348 (e) (1) (B)	
19.	Health Education			(1) §51348 (d) (2) (B)	
20.	Nutrition			(1) §51348(c) (1) (B)	
	a. Perinatal dietary assessment			(1) §51348(c) (1) (B)	
Postpartum CPSP Assessment					
21.	Psychosocial			(1) §51348 (e) (4)	
22.	Health Education			(1) §51348 (d) (4)	
23.	Nutrition			(1) §51348(c) (5)	
	a. Perinatal dietary assessment			(1) §51348(c) (5)	
Individualized Care Plan					
24.	Identification of a patient need/risk leads to suggested interventions and referrals that correspond to the clinic CPSP protocols, or staff have the ability to enter issues into the system.			(1) §51179.8	
25.	The system prompts care plan updates at least each trimester and enables staff to use it as a tool to plan and monitor care			T 22 §51348	
26.	Care plan includes patient strengths			T 22 §51348	
27.	Care plan includes patient goals			T 22 §51348	
Referrals and Care Coordination					
28.	The system prompts required referrals:				
	a. Women, Infant and Children (WIC)			§51348(j)	
	b. Genetic Screening			§51348(j)	

	c. Dental Care			§51348(j)	
	d. Family Planning			§51348(j)	
	e. Well Child Care (CHDP)			§51348(j)	
29.	The system prompts other referrals as indicated			W&I §14134.5(d)	
30.	System follow up to make sure services received			W&I §14134.5(d)	
Documentation Requirements					
31.	Shows coordination of obstetric and support services including the personal supervision by a licensed physician, of services performed by others through direct communication, either in person or through electronic means. Each provider's protocols must define how personal supervision by a physician occurs and is documented.			(1) §51179.5 Personal Supervision (2) p 2 Policies and Reimbursement-Introduction	
32.	Includes a CPSP Progress Note for documenting and billing with date, staff signature and CPSP practitioner title and number of minutes.			(1) §51179.7	
	a. Each CPSP support service includes the date, signature of the staff providing the service, CPSP practitioner title and time in minutes.			(1) §51179.7 (7) p 1 Documentation of CPSP	
	b. If the person is a comprehensive perinatal health worker, his/her physician supervisor's signature should appear on the patient record. CPHWs must work under the direct supervision of a physician.			§51179.7(a)(10)(B)	
33.	Record documents attendance at group classes including the name of class, date and length of the class in minutes and the name and title of the CPSP practitioner conducting the class. The provider keeps separate records of group classes with class lists and signatures of attendees and instructors.			(7) p 2 Documentation of CPSP	
Billing					
34.	Complies with all CPSP Medi-Cal billing codes (see billing summary).			(1) §51504	
35.	Complies with all CPSP Medi-Cal service limits for each billing code.				
	a. Support services in excess of the maximum units of service require a Treatment Authorization Request (TAR) or for FQHC's, a TAR-like note.			(1) §51504 (4) (2) p 12	
	b. The 10 th antepartum office visit (Z1036), can be billed only once per recipient per pregnancy, regardless of the number of visits made in addition to the 10 th antepartum visit.			(1) §51504 (4) (2) p 10 Billing 10 th Antepartum	
	c. Perinatal education, group (Z6412) is limited to 16 units per recipient per day unless there is detailed documentation explaining the need for more than 16 units.			(1) §51504 (4) (3) p 4	

Reporting and Monitoring					
	The system allows for extraction of service and outcome data from CPSP and OB fields.			H&S § 123500 W&I § 14134.5(i)	
36.	The system has fields to collect birth outcome data and the ability to communicate these data to the State. Fields include but are not limited to:			“	
	a. Gender			“	
	b. Birth Weight			“	
	c. Gestational Age			“	
	d. Delivery method			“	
	e. Infant complications				
	f. Maternal complications (GDM)				
37.	The system allows for software updates to enable State reporting				
38.	The system generates reports to conduct QA of services and outcomes, including but not limited to:			“	
	a. Assessment completion				
	b. Reassessments				
	c. Care plan completion				
	d. Care plan updates				

Section 2: Optional but Recommended Features

	Elements	Yes	No	Comments
1.	Uses drop-down lists for the most common responses to facilitate data collection, analysis and planning.			
2.	Identification of a patient need links to <i>Steps to Take</i> handouts or other appropriate resources that can be printed on demand.			
3.	Identification of a patient need automatically populates the CPSP ICP (individualized care plan) that shows which interventions were provided.			
4.	System populates reassessments with client’s previous answers and staff must change to current response or verify there is no change.			
5.	System populates patient information such as date of birth, EDC, labs, etc. in the relevant sections of the obstetric and CPSP templates.			

Section 4: Summary

- Meets requirements
- Does not meet requirements
 - Required changes to meet requirements:

Perinatal Services Coordinator Signature _____

County/City: _____

Section 5: Sources

Key to California State References:

(1) CPSP Title 22 Regulations

<http://www.cdph.ca.gov/programs/CPSP/Documents/MO-CPSP-Title22MedicalAssistanceProgram.pdf>

(2) Medi-Cal CPSP Manual: Pregnancy: Comprehensive Perinatal Services Program (CPSP) preg com

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/pregcom_m00o03.doc

(3) Medi-Cal CPSP Manual: Pregnancy: Comprehensive Perinatal Services Program (CPSP) List of Billing Codes preg com lis

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/pregcomlis_m00o03.doc

(4) State MCAH 2012-2013 Policies and Procedures

<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAH-MCAHPP-2012-13.pdf>

(5) CPSP Provider Application (form CDPH 4448 (6/12))

<http://www.cdph.ca.gov/pubforms/forms/CtrldForms/cdph4448.pdf>

(6) Instructions for Completing the CPSP Application

<http://www.cdph.ca.gov/pubforms/forms/CtrldForms/cdph4448instructions.pdf>

(7) Revised Documentation Guidelines State Department of Health Services Program Letter #92-06 August 20, 1992

<http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Documents/MO-PL9206Aug1992-RevDocumentationGuidelines.pdf>

(8) CPSP Provider Handbook

<http://www.cdph.ca.gov/programs/CPSP/Documents/MO-CPSP-ProviderOverviewHandbook.pdf>

(9) CPSP Steps to Take Guidelines (2012)

<http://www.cdph.ca.gov/programs/CPSP/Documents/MO-CPSP-SteptoTakeHandbook.pdf>