<table>
<thead>
<tr>
<th>Line of Business</th>
<th>MEASURE</th>
<th>DESCRIPTION</th>
<th>MEDICAL RECORDS NEEDED</th>
</tr>
</thead>
</table>
| Medi-Cal, LACC, MA | ABA | Adult BMI Assessment | - One(1) progress note in 2014 or 2015:  
- 21 years and older: Weight and body mass index value  
- Younger than 21: height, weight, and BMI in percentile only. |
| Medi-Cal, LACC, MA MMP | CBP | Controlling High Blood Pressure | - All progress notes in 2015  
- Chronic problem list  
- Any other documentation with HTN diagnosis prior to 2015. |
| Medi-Cal, LACC, MA | CDC | Comprehensive Diabetes Care | - Most recent hemoglobin A1C testing in 2015 (lab report)  
- All urine lab tests in 2015  
- Retinal eye exam and result (2014 and 2015)  
- All progress notes in 2015  
- Current medication list  
- Referral for retinal eye exam (2014-2015)  
- Health maintenance log  
- Diabetic care log |
| MA, MMP | COL | Colorectal Cancer Screening | - FOBT (iFOBT or gFOBT) in 2015  
- Colonoscopy in 2006 -2015  
- Any history of colon cancer or total colectomy |
| MLTSS MA, MMP | MRP | Medication Reconciliation Post Discharge | - All hospital/SNF/rehab discharge summaries in 2015  
- Current medication list  
- All progress notes in 2015  
- Evidence of medication reconciliation by PCP/pharmacist/RN in 2015  
- Home Health Oasis form in 2015  
- A notation that “no medications” were prescribed or ordered upon discharged in 2015 |
| MA, MMP | COA | Care for Older Adults | - Advance directives/advance care planning  
- Physician Orders for Life Sustaining Treatment form (POLST)  
- Current medication list  
- Functional Assessment form – (i.e. ADLs/ IADLs) in 2015  
- Pain assessment (i.e. face scale, numeric scale) in 2015  
- All progress notes in 2015  
- Documentation of “No Meds” in 2015  
- Annual Wellness Exam form (AWE) in 2015 |
| Medi-Cal LACC | CCS | Cervical Cancer Screening | - Pap test in 2013, 2014, or 2015  
- Any documentation of “complete, total, radical, abdominal or vaginal” hysterectomy  
- Progress notes with date of pap test or Pap/HPV test with result  
- Any documentation of hysterectomy in combination of documentation that the patient no longer needs pap testing/cervical cancer screening |
<table>
<thead>
<tr>
<th>Line of Business</th>
<th>MEASURE</th>
<th>DESCRIPTION</th>
<th>MEDICAL RECORDS NEEDED</th>
</tr>
</thead>
</table>
| Medi-Cal/ Medi-Cal LACC | FPC/PPC | Frequency of Ongoing Prenatal Care Prenatal and Postpartum Care | ▪ ACOG record in **2014-2015**  
▪ All OB visits with PCP/OB-GYN in **2014-2015**  
▪ Complete OB labs in **2014-2015**  
▪ Ultrasound reports in **2014-2015**  
▪ All postpartum progress notes in **2014-2015**  
▪ Progress notes or hospital notes with date of delivery |
| Medi-Cal LACC | CIS | Childhood Immunization Status | ▪ Immunization record and history form  
▪ PM160 with immunization data  
▪ Copy of the “Yellow Card” immunization record  
▪ All progress notes with dates of immunizations  
▪ Any documentation of history of illness with measles, mumps, rubella or chicken pox  
▪ Notation of allergies and contraindications to vaccines  
▪ Notation of parental refusal |
| Medi-Cal LACC | HPV | Human Papillomavirus Vaccine for Female Adolescents | ▪ Immunization record and history form  
▪ PM160 with immunization data  
▪ Copy of the “Yellow Card” immunization record  
▪ All progress notes with dates of immunizations  
▪ Notation of allergies and contraindications to vaccines  
▪ Notation of parental refusal |
| Medi-Cal LACC | IMA | Immunizations for Adolescents | ▪ Immunization record and history form  
▪ PM160 with immunization data  
▪ Copy of the “Yellow Card” immunization record  
▪ All progress notes with dates of immunizations  
▪ Notation of allergies and contraindications to vaccines  
▪ Notation of parental refusal |
| Medi-Cal LACC | WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | ▪ All progress notes in **2015**  
▪ PM160 in **2015**  
▪ BMI growth chart in **2015**  
▪ Staying Healthy form in **2015**  
▪ Nutrition and Physical Activity form in **2015**  
▪ What Does Your Child Eat form in **2015**  
▪ Developmental Milestones/Anticipatory Guidance form in **2015**  
▪ Counseling and referrals for nutrition and physical activity  
▪ Weight and obesity counseling |
| Medi-Cal | AWC/W34 | Adolescent Well-Care Visits Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life | ▪ All progress notes in **2015**  
▪ PM160 in **2015**  
▪ Staying Healthy Assessment form in **2015**  
▪ Developmental Milestones/Anticipatory Guidance form in **2015** |