

Healthy Beginnings Plus Program Quarterly Report for Year _____

		Jan.- Mar	Apr- June	July- Sept	Oct.-Dec	TOTAL
1	Total Healthy Beginnings Plus Deliveries					
	Total Billed through MCO					
	Total Billed through FFS (PROMISe)					
2	Total Pre-term deliveries < 37 weeks					
	Total Billed through MCO					
	Total Billed through FFS (PROMISe)					
3	Total very Pre-term deliveries < 32 weeks					
	Total Billed through MCO					
	Total Billed through FFS (PROMISe)					
4	Total Care Coordinators					
	Full time					
	Part time					
5	Total Number of HBP clients that smoke					
6	HBP clients who received Cessation Counseling					
7	HBP Clients who Quit During the Pregnancy					
8	HBP clients who Decreased Smoking During the Pregnancy					
9	Number of HBP Babies who Were admitted to the NICU					
	Average Number of days in NICU					
10	Total Number Babies who Were admitted to the NICU (Non-HBP)					
	Average Number of days in NICU					
11	Number of HBP Clients receiving Nutrition Counseling					
12	Number of HBP Clients receiving Psycho-social Counseling					
13	Number of Clients Screened for Depression During the Pregnancy					
	Number of Clients positive for Depression during the pregnancy					
14	Number of Clients screened post-partum for depression (PPD)					
	Number positive for Post-Partum Depression					
15	Number of clients screened for Domestic Violence (DV)					
	Number screened positive for DV					
16	Number of Clients referred to Early Intervention Services					
17	Number of Clients receiving Dental care During the Pregnancy					
18	Number of Clients with a BMI >40					
19	Number of HIV positive HBP clients					
20	Number of HBP clients positive for drug use					

Provider Site Name _____
Provider Site County _____
Provider PROMISe ID (13 digits) _____
Provider NPI Number _____
Name of Report Submitter (person filling in data) _____
Submitter Phone Number _____