District Name
Delivering Healthcare Professional Report Cards
District # ____ Summary Report

Delivery Date of Service: _____

Report Card Due Date: _____

Date Submitted to Medicaid: _____

	Compliance Rates													
Measure	**Bench-**	**District**	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP
DHCP ID#	**mark**	**Avg.**												
# of Record Reviews														
# of Deliveries														
Prenatal Visit Elements	98%													
Blood Group Determination	95%													
Rhogam Injection	99%													
Glucose Tolerance Testing	90%													
Asymptomatic Bacteria Screening	95%													
LBW	11%													
VLBW	2%													
Delivered Less than 37 Weeks	13%													
HIV Screening	95%													