

OBSTETRICS QUESTIONNAIRE

Provider Name: _____	Policy Number: _____
Date of Birth: _____	Practice Name: _____

1. Do you utilize Certified Nurse Midwives for deliveries in your practice? If yes, how many? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there a policy and procedure addressing care of patients attempting vaginal birth after cesarean (VBAC) or trial of labor after cesarean section (TOLAC)? <i>If yes, please attach a copy of the policy and procedures.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the facility in which VBAC/TOLACs are performed meet all ACOG (American Congress of Obstetricians and Gynecologists) standards for VBAC/TOLACs for emergency surgical response team (surgeon, anesthesia, surgical team, available operating room)? If yes, is there 24 - hour access to an Anesthesia team?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there a specific VBAC/TOLAC informed consent obtained after discussion with the patient? a. Does your hospital require you to remain in-house for active labor (6 cm or greater) VBAC/TOLAC patients? b. How many VBAC/TOLAC do you perform annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No _____ per year
5. Before the onset of labor, do you have a discussion with the patient and/or family members regarding the risks, benefits, alternatives, answer any patient questions, and document the discussion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are fetal monitoring strips stored digitally? a. If yes, which hospital(s)? _____ b. Can the physician(s) remotely view the hospital's electronic fetal monitoring (EFM) strips? c. Does the hospital require all providers to have EFM interpretation certification to grant Obstetrics privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do any of these hospitals use laborists? If yes, which hospital(s)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does each of the hospital(s) where the physicians deliver require specialty specific certification or continuing nurse education for their perinatal nurses? Examples include: <ul style="list-style-type: none"> • Intermediate and/or Advanced Fetal Heart Monitoring courses • National Certification Corporation (NCC) • Certification in Electronic Fetal Monitoring (C-EFM) • Core Registered Nurse Certified-Inpatient Obstetric Nursing (RNC-OB) • Low Risk Neonatal Intensive Care Nursing (RNC-LRN) • Maternal Newborn Nursing (RNC-MNN) • Neonatal Intensive Care Nursing (RNC-NIC) • American Nurses Credentialing Center (ANCC) 	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Do physicians and nurses have regularly scheduled case study discussions, drills, simulations, or other training opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are debriefings performed when unanticipated clinical outcomes occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are shoulder dystocia drills conducted at the facilities where you hold privileges? If delivery is complicated by shoulder dystocia and the infant has an injury, is a physical therapy consultation required before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have training policies for evaluating and treating obstetrical hemorrhage? If yes, please provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you have on-call coverage by another physician who has adequate training and qualifications in obstetrics and hospital privileges sufficient to assume care of the patient; and does the on-call physician have adequate professional liability coverage with an admitted carrier in the state where the practice is conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. If you use vacuum extraction, how many times on average per year: Do you use a documentation tool or other method to ensure recording of all pressures, time, pop offs and cup placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ per year
15. Do you use forceps? If yes, how many times on average per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ per year
16. List the type of CME in Obstetrics you have completed in the past two years: _____	
17. Does anyone other than a Board Certified OBGYN perform deliveries? This would include midwives lay or certified, and any other physician with that is not board certified as an OBGYN.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Practice Provider <input type="checkbox"/> Not Applicable	
18. List all hospitals in which you perform VBAC/TOLAC: _____	
19. Check the procedures you are credentialed to perform in each of these facilities? <input type="checkbox"/> VBAC/TOLAC <input type="checkbox"/> C-Section <input type="checkbox"/> Both If you do not have an agreement for emergency c-section coverage do you have a physician who is credentialed to perform c-sections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you perform VBACs in any facilities designated as critical access hospitals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Describe the capabilities and personnel for neonatal intensive care unit (NICU) available in the facility(ies) in which VBAC/TOLAC are performed: _____	
22. How many emergent cesarean deliveries have you been involved in annually?	_____ per year

ADDITIONAL COMMENTS

INSURANCE FRAUD WARNINGS

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

TENNESSEE AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In addition, if an insured or applicant misstates, misrepresents, omits or conceals information, and we rely on such misstatement, misrepresentation, omission or concealment and it is fraudulent or material to our interests or the policy, then we may take action, including denying coverage for a claim or other covered event or rescinding, canceling, or non-renewing the policy or coverage. It is understood that misstatements, misrepresentations, omissions or concealments on the part of the insured are not fraudulent unless made with intent to knowingly defraud.

IN ALL STATES OTHER THAN THOSE LISTED ABOVE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading information concerning any fact material there to, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE AND AGREEMENTS

ARIZONA: The Applicant understands all statements and descriptions in any application for an insurance policy or in negotiations therefor, by or in behalf of the corporation, shall be deemed to be representations and not warranties. Misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recovery under the policy unless: Fraudulent; Material either to the acceptance of the risk, or to the hazard assumed by the insurer; The insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

IN ALL STATES OTHER THAN THOSE LISTED ABOVE: The Applicant hereby declares that the above statements/responses made in any and all documents, applications, supplemental pages or other attachments (hereinafter "Attachments") for the purposes of this application are true and the Applicant agrees that this application, and any Attachments, shall be the basis of the contract with one of the following companies depending on admitted states, MMIC Insurance Inc, UMIA Insurance Inc, Arkansas Mutual Insurance Company Inc. I agree to notify MMIC Insurance Inc, UMIA Insurance Inc, or Arkansas Mutual Insurance Company Inc. if there are any future material changes in any answer to this application, or its Attachments, including without limitation, any change in professional specialty, scope of practice, new contract, new location, affiliation or working arrangement with any other dentist, physician, firm or professional association.

The Applicant understands that any intentional material misrepresentation or intentional omission made by the authorized signature on this application, may act to render any contract of insurance null and without effect. The Applicant understands that if the Applicant fails to comply with these terms, the insured entity may have no coverage for any claim under any policy of insurance for which the Applicant is applying. The Applicant also understands that MMIC Insurance Inc, UMIA Insurance Inc, Arkansas Mutual Insurance Company Inc. may wish to contact persons, hospitals, schools, employers, insurance agents, professional liability insurers or other entities to verify and/or ascertain information regarding credentials and background both prior to and if issued, after the issuance of a contract of insurance.

Therefore, the Applicant hereby instructs any such person, hospital, school, employer, insurance agent, professional liability insurer or other entity to release to one of the following companies depending on admitted states, MMIC Insurance Inc, UMIA Insurance Inc, Arkansas Mutual Insurance Company Inc. any information regarding the Applicant, which MMIC Insurance Inc, UMIA Insurance Inc, or Arkansas Mutual Insurance Company Inc., in good faith, believes to be applicable and pertinent to this application and if issued, the contract of insurance issued hereunder. This application is considered part of the policy, if a policy is issued.

As the representative for the Applicant, I represent that I am authorized to disclose all information that I may submit or which I may authorize others to submit in connection with this application, including authority to disclose such information under federal and state privacy protection statutes and regulations. I agree that a copy of my signature may be relied upon as if it were the original. My signing of this application does not bind the insurance company to sell nor does it bind the applicant to purchase the insurance.

Authorized Signature: _____ Date: _____

Print Name and Title: _____