



200 Oceangate ste 100, Long Beach, CA 90802
562•499-6191 / 562•951•8325 fax

Thank you for taking time out of your busy schedule to accommodate Molina for the upcoming Facility Site Review.

Comments:

Attached is the Pre-Review Letter explaining the new requirement additions for the DHCS Site Review related to the MMCD 02-02 Policy Letter of July 2002. Please review and if you have any questions do not hesitate to call me.

Please be certain that the member's charts are available to allow the Review Nurse to complete an appropriate Medical Record Review in your Primary Care Office. (Office to pull number of charts per Nurses request)

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Effective July 1, 2002 State of California-Health and Human Services Agency Department of Health Services mandated that **all** County Organized Health Systems (COHS), Geographic Managed Care (GMC) Plans, Primary Care Case Management (PCCM) Plans and Two-Plan Model Plans start using the **new** Full Scope Site Review (FS-SR) and Medical Record Review Tool (MRR). This is found in MMCD Policy Letter 02-02(Supercedes MMCD Policy Letter 96-6) To avoid duplication and overlapping of reviews the plans will have a collaborative procedure to have one plan conduct the review that will be accepted by all plans. This will establish **ONE** certified FS-SR and MRR that the participating primary care physician (PCP) will need to pass and be eligible with **all** the above listed Plans. The compliance standards are:

Facility Site Review:

- 90 to 100% without critical element deficiencies requires no Corrective Action Plan.
- 80 to 89% or 90 to 100% with critical element deficiencies requires a corrective action plan and all deficiencies must be addressed.
- 79% and below is a non-compliant score requiring that membership be frozen until correction is achieved. Inability to correct the score to a compliant level may result in movement of Medi-Cal members

Medical Records Review:

- 90 to 100% requires no Corrective Action Plan
- 80 to 89 % requires a Corrective Action Plan and all deficiencies must be addressed
- 79% and below is a non-compliant score requiring that membership be frozen until correction is achieved. Inability to correct the score to a compliant level may result in movement of Medi-Cal members

The following list of items is a portion of what will be addressed during the review and are required for compliance. A complete list (tool) is available upon request.

- 1. Critical Elements (corrections must be made within 10 days of the review)**
 - a. Exit doors obstructed.**
 - b. Airway management: oxygen delivery system, nasal cannula or mask, Ambu bag not available on site.**
 - c. No evidence that a qualified/trained personnel retrieve, prepare or administer medication.**
 - d. Physician review and follow-up of referral/consultation reports and test results.**
 - e. Drugs are being dispensed to patients by other than lawfully authorized persons.**
 - f. Personal protective equipment is not readily available for staff use.**
 - g. Needle stick safety precautions are not practiced on site.**

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- h. Blood, other potentially infectious material and regulated waste are not placed in appropriate leak proof, labeled containers for collection, handing, processing, storage, transport or shipping.**
- i. Spore testing of autoclave/steam sterilizer with documented results is not done monthly**

Facility Site Review and Medical Record Review - New Tool Updates

- A Proof of staff in- service, training and/or orientation
 - 1 Fire safety, natural disaster, workplace violence training.
 - 2 Specialized equipment training.
 - 3 Bloodborne Pathogens (BBP) exposure reporting, evaluation and follow up procedures.
 - 4 Member rights training.
 - 5 Site personnel used for interpretation have been assessed for there medical interpretation performance.
 - 6 Staff testing biological specimens have been trained.
 - 7 Staff should be able to demonstrate or explain an isolation procedure.
 - 8 Staff is able to explain routine cleaning procedures.
 - 9 Staff is able to identify procedure for prompt decontamination of blood/body fluids spill.

- B Proof of Policies and Procedures specific to site
 - 1 Emergent medical care until EMS has arrived.
 - 2 A current emergency medication administration reference chart.
 - 3 Equipment maintenance and operation procedures.
 - 4 Standardized procedures to the extent of required supervision of Nurse Practitioners and Midwives.
 - 5 Delegation service agreement defining specific procedures in practice protocols signed and dated by the PA and the supervising physician.
 - 6 Sites BBP exposure plan
 - 7 A procedure for scheduling appts. Notifying members of IHA's and periodic preventive care. Following up on missed/cancelled appts.
 - 8 All sites must have 24-Hour interpreter service through telephone language line. A request or refusal of interpreter services must be documented in the medical record.
 - 9 The staff must "walk through" the referral process. Plan requires a tracking log.
 - 10 At least one telephone number available for filing grievances and is posted or available upon request. Forms and procedures are also available upon request
 - 11 Site policy/procedure for maintaining confidentiality
 - 12 Site policy/procedure for isolation
 - 13 Site has a method in place to document a sharps injury.

Medical Record Review Guidelines

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- C Required elements on MR forms and/or in patient's records.
- 1 Biographical information with emergency contact.
 - 2 PCP identified in group practices.
 - 3 Non or (LEP) or hearing impaired request or refusal for interpreter services. Unless the practitioner or qualified staff member speaks the patient's language.
 - 4 Allergies, Chronic problems, medications, consents for treatment and procedures
 - 5 Adult advanced directive offered
 - 6 History of each focused visit
 - 7 Treatment plan
 - 8 Follow up instructions
 - 9 Evidence of practitioners review of all diagnostic test and consults
 - 10 Follow up for missed appointments
 - 11 Annual dental referral beginning at age 3 to 21
 - 12 Annual or biannual BP depending on reading
 - a Annual if the diastolic was 85-89 and above
 - b Biannual if the reading is below 140/85
 - 13 Documentation of infant feeding plans during prenatal period with referral to WIC

MANDATED FORMS

- A DHS Consent form 330 for human sterilization
- B Age appropriate IHEBA forms within 120 days of enrollment with documented PCP review and intervention. Or patient's refusal.
- C Age appropriate physical exams for all ages, with assessments and identified problems recorded on PM160 (**for all patients under 21 years**)
- D Blood lead level lab results at 12 and 24 months or between 24 and 72 months. (**Levels above 20ug/dL must be referred to CCS**)
- E VFC immunization forms with documentation of Vaccine information sheets given.
- F Lab results for chlamydia screening from 15 to age 25 if sexually active
- G Mammogram results every 1-2 years starting at age 50 to 75
- H Pap results every 1-3 years with onset of sexual activity
- I CPSP Initial Comprehensive Assessment completed with first 4 weeks gestation with re-assessments in 2ND and 3RD trimester(if you treat Pregnant Patients)

PLEASE HAVE COPIES OF THE FOLLOWING ITEMS AVAILABLE FOR THE REVIEWER

- Copy of the Licenses and DEA Certificates for All Physician who practice in the office

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- Copy of the Licenses and DEA certificates for all NP's and PA's who practice in the office
- Copy of the Licenses of all RN's and LVN's who practice in the office
- Copy of all the Certificates of the MA's who work in the office
- Copy of the CHDP Audiometric Certifications for personnel who administer hearing tests in the office.
- Copy of X-Ray Technician's certificates who practice in the office
- Copy of the Radiologist license and supervisor agreement for the office
- Copy of the current C.L.I.A. Waiver or Laboratory License for the office—Make certain the C.L.I.A. Waiver or Laboratory License has the same address as the office being reviewed.
- Copy of Biohazards Waste Contract or most recent Pick up receipt for the office that is being reviewed.

Please have the above documents, policies & Procedures, proof of implementation, etc. available to the reviewer at the time of the Site and Medical Record Review. Should you have any questions related to the scheduling of your review please do not hesitate to contact Molina Facility Site Review Department at (562) 499-6191, Ext. 120118. If you have questions regarding the Criteria or feel you will need some educational assistance prior to the review please contact your Review Nurse at number provided at time of appointment scheduling

Sincerely,

Facility Site Review

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