



Thank you for your cooperation with Molina Healthcare of California (MHC) in performing Facility Site and Medical Record Review as a part of the California Department of Health Care Services' (DHCS) regulatory requirements for all Medi-Cal managed care health plans.

The facility site review (FSR) is a comprehensive evaluation of the facility, administration and medical records that are conducted to ensure conformance with the California Department of Health Care Services (DHCS) and regulatory agency standards. The review and certification of Primary Care Practitioner (PCP) sites is a requirement of the California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. This section mandates that all PCP sites or facilities rendering services to Medi-Cal eligible patients must be certified.

Effective July 1, 2002 the State of California's Health and Human Services Agency 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 and Medical Record Review Evaluation Tool. A revision of the DHCS site review policy effective May 22, 2014 is found in Medi-Cal Managed Care Division (MMCD) Policy Letter 14-004 and Policy Letter 12-006 including, but not limited to any relevant superseding policy letters.

To avoid duplication and overlapping of FSR reviews, the managed care plans implemented a collaborative process to have one managed care plan conduct the review that will be accepted by all managed care plans. This establishes **ONE** (1) certified FSR and MRR that a participating PCP needs to pass and be eligible with **all** the Medi-Cal Plans in a given county.

Facility Site Review Threshold:

- 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. An Annual Review is performed for sites scoring 79% and below.

Medical Records Review Threshold:

- 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. An Annual Review is performed for sites scoring 79% and below.

The following list of items is a portion of what will be addressed during the review and are required for compliance. A Complete Facility Site Review Tool is available on Molina website.

Critical Elements (Deficiency in any of the critical element requires correction within 10 days of the review regardless of the site's survey score)

- a. Exit doors and aisles are unobstructed and egress (escape) is accessible;

- b. Airway management equipment, appropriate to practice and population served, is present; onsite (oxygen delivery system, nasal cannula or mask, Ambu bag);
- c. Only qualified/trained personnel retrieve, prepare or administer medication;
- d. Office practice procedures are utilized onsite that provide timely physician review and follow-up of referrals consultation reports and test results;
- e. Only lawfully authorized persons dispense drugs to patients;
- f. Personal protective equipment is readily available for staff use;
- g. Needle stick safety precautions are practiced on site;
- h. Blood, other potentially infectious materials (specimens) and regulated wastes (sharps/bio-hazardous non-sharps) are placed in appropriate leak proof, labeled containers for collection, processing, storage, transport or shipping; and
- i. Spore testing of each autoclave/steam sterilizer is completed (at least monthly) with documented results.

FACILITY SITE REVIEW TIPS

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 their medical interpretation performance.
6. Staff responsible for testing biological specimens has 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 arrives.
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. Site BBP exposure plan.
7. A procedure for scheduling appointments. Notifying members of Initial Health Assessments (IHA) and periodic preventive care. Following up on missed/cancelled appointments.
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 TIPS

- 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.
 4. Unless the practitioner or qualified staff member speaks the patient's language.
 5. Allergies, Chronic problems, medications, consents for treatment and procedures.
 6. Adult advanced directive offered.
 7. History of each focused visit
 8. Treatment plan
 9. Follow up instructions
 10. Evidence of practitioners review of all diagnostic test and consults
 11. Follow up for missed appointments
 12. Annual dental referral beginning at age 3 to 21
 13. 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
 14. 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, and/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 25 years of age, if sexually active.
- G. Mammogram results every 1-2 years starting at ages 50 to 75 years.
- 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)

COPIES OF THE FOLLOWING ITEMS MUST BE AVAILABLE FOR THE CERTIFIED REVIEWER

- Copy of the Licenses and DEA Certificates for All Physician who practice in the office
- 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 Facility Site and Medical Record Review. Should you have any questions related to the scheduling of your review please contact Molina Facility Site Review at (562) 499-6191, extension 120118. If you have questions regarding the Criteria or need some educational assistance prior to the review, please contact your Certified Site Review Nurse at the time of appointment scheduling.

Sincerely,

Facility Site Review