



To:		From:	
FAX:		Phone:	Phone#: Fax: 877-779-0753
Date/time of Scheduled Review:			

Please have the following # of MEDI-CAL MANAGED CARE medical records available for our review: ____ Adult Records; ____ Pediatric Records; ____ OB/Gyn Records
 Please note that Pediatric Charts must be 0 thru 20 years of age, adult charts must be 21 and over. The charts may be from any of the following Health Plans: Health Net, Molina, LA Care, Blue Cross, Care 1st. If you have Electronic Medical Records, do not print files, I will review on-line. I will need someone to show me how to use your system or stay with me and call up records.

Medi-Cal PCP Facility Site Review & Medical Record Review Preparation

For a successful Medi-Cal Facility Site and Medical Record Review:

Please read this information and use the attached preparation checklist as it will assist you to have a successful Medi-Cal on-site review.

- The following is a summary of the main categories that our auditor will be reviewing during your on-site Medi-Cal review.
- You may use this summary listing as a worksheet to assist you in preparing.
- The Policies and Procedures list enclosed should currently be in your office and may be used as staff training if your MD has signed off that he approves (at the top of page 1 of each policy).
 If you do not have these policies or require any forms to assist your documentation please do not hesitate to contact me.
- This on site facility review is a requirement and is necessary to participate as a Medi-Cal PCP.

Please have everything ready before your Facility Site and Medical Record Review appointment.

Thank you for you participation.

Medi-Cal Facility Site and Medical Record Review Preparation Worksheet

Please use the preparation worksheet to help you successfully meet Medi-Cal facility site and medical record requirements. Be sure to have the following available on-site for review.

1. Administration Criteria

Mark when complete		
<input type="checkbox"/>	1.	<ul style="list-style-type: none"> • Current licenses for physicians and all licensed staff • Delegation of Services Agreement and Standard Procedures for PA's, NP's, CNM's • Medical Assistant's (MA) Diplomas, certification, or letter of training/competency • DEA registration for MD, PA, CNM, NP • Current CPR cards • X-ray technician certificate
<input type="checkbox"/>	2.	Medical waste management hauler contract and pick up logs
<input type="checkbox"/>	3.	Current calibration/inspection stickers for medical equipment
<input type="checkbox"/>	4.	CLIA certificate or waiver
<input type="checkbox"/>	5.	Patient health education materials and source information are available
<input type="checkbox"/>	6.	Health care personnel wear ID badges/tags printed with first name and title
<input type="checkbox"/>	7.	Office has 24-hour access to interpreter services for non/limited English proficient patients. (see enclosed staff language capabilities form and back-up telephone interpreter service)
<input type="checkbox"/>	8.	Current CA Radiologic Health Branch Inspection Report and copy of Title 17

2. Employee Training Records (new)

Policies & Procedures and forms are attached for you to use to meet staff education criteria. Documentation of staff training needs to be available for review at time of audit. It should consist of agenda/class outline/Policy and Procedure, or class materials/training information, and sign-in sheet.

Staff training needs to be done upon hire, and annually, as noted in those categories below.

<input type="checkbox"/>	1.	Infection control/universal precautions (annual)
<input type="checkbox"/>	2.	Blood borne pathogens exposure prevention (annual)
<input type="checkbox"/>	3.	Biohazardous waste handling (annual)
<input type="checkbox"/>	4.	Fire prevention/safety
<input type="checkbox"/>	5.	Emergency non-medical procedures (site evacuation, workplace violence)
<input type="checkbox"/>	6.	Emergency medical procedures
<input type="checkbox"/>	7.	Child abuse/elder abuse/domestic violence reporting
<input type="checkbox"/>	8.	Patient confidentiality
<input type="checkbox"/>	9.	Informed consent, including human sterilization
<input type="checkbox"/>	10.	System for timely prior authorization requests/health plan referral process
<input type="checkbox"/>	11.	Grievance/complaint procedure
<input type="checkbox"/>	12.	Sensitive services/minors' rights

<input type="checkbox"/>	13.	Retrieval/preparation and/or administration of medications
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3. Pharmaceutical Services

<input type="checkbox"/>	1.	Logs for checking expired drugs/test supplies
<input type="checkbox"/>	2.	Internal medications and external medications are stored separately.
<input type="checkbox"/>	3.	Drugs and medication supplies are stored (locked) and labeled properly
<input type="checkbox"/>	4.	Only lawfully authorized persons dispense drugs to patients.
<input type="checkbox"/>	5.	Controlled drug log (if applicable)
<input type="checkbox"/>	6.	Needles and sharps are properly stored (locked)
<input type="checkbox"/>	7.	Needlestick safety precautions are practiced on site; to include new “safety” needles
<input type="checkbox"/>	8.	Refrigerator and freezer temperature log (recorded daily)
<input type="checkbox"/>	9.	Drugs are stored separately from food, test reagents, germicides, disinfectants
<input type="checkbox"/>	10.	Only qualified/trained personnel retrieve, prepare, or administer medications. (Remember MAs must verify the medication dose (with the MD, NP, RN, PA) prior to administering the medication.)

4. Infection Control

<input type="checkbox"/>	1.	Monthly spore testing of autoclave/steam sterilizer with documented results at least monthly.
<input type="checkbox"/>	2.	Autoclave – office adheres to manufacturer/product label directions
<input type="checkbox"/>	3.	EPA approved disinfectant solutions effective in killing HIV/HBV/TB
<input type="checkbox"/>	4.	Personal Protective Equipment available to staff for protection against bloodborne pathogens hazards (water repelling gloves and clothing barrier, goggles and face shield, mask.
<input type="checkbox"/>	5.	Cold sterilization solution labeled with name and expiration date.
<input type="checkbox"/>	6.	Medical waste separate from regular trash and in red biohazard bag
<input type="checkbox"/>	7.	Medical waste kept in rigid, leak-proof container with lid, labeled “Biohazard”, in a secure area.

5. Emergency Plan

<input type="checkbox"/>	1.	Ambu bags (peds and adult), airways (peds and adult sizes), oxygen tank (at least $\frac{3}{4}$ full) with mask or cannula tubing
<input type="checkbox"/>	2.	Epinephrine and Benadryl, Tb syringes, alcohol wipes in emergency kit
<input type="checkbox"/>	3.	Medication dosage chart for emergency medications
<input type="checkbox"/>	4.	One type of fire protection – fire extinguisher/smoke detector/fire alarm/sprinklers
<input type="checkbox"/>	5.	Evacuation route maps posted
<input type="checkbox"/>	6.	Emergency numbers are posted (police, poison control, abuse reporting, fire)
<input type="checkbox"/>	7.	Exits are clear and unobstructed.

The criteria in bold are considered Critical Elements; if there is a deficiency in any of these criteria a correction must be made within 10 business days.

6. Medical Records

A sampling of medical records will be reviewed to evaluate for compliance with DHCS Medi-Cal documentation standards. The following are core elements that will be reviewed. Note: Be sure to focus on Preventive Care as this area may need special attention.

Mark when complete

<input type="checkbox"/>	1.	Chronic problems/significant conditions are listed in medical record.
<input type="checkbox"/>	2.	Current continuous medications are listed, with name, strength, route, dosage, and frequency.
<input type="checkbox"/>	3.	Allergies are prominently noted in the record.
<input type="checkbox"/>	4.	If consultation is requested, there is a note from the consultant in the record. Consultation, laboratory, imaging reports filed in the chart are initialed, dated by the ordering provider to signify review.
<input type="checkbox"/>	5.	Primary language and need for interpreter services is documented in chart. (See attached stickers).
<input type="checkbox"/>	6.	Presence of advance health care directive or evidence information was offered (members 18 and over).
<input type="checkbox"/>	7.	Emergency contact is identified.
<input type="checkbox"/>	8.	Instruction for follow-up care is documented; i.e., return in 2 wks or return PRN.
<input type="checkbox"/>	9.	Errors are lined out with a single line, "error" written with initials and date.
<input type="checkbox"/>	10.	Vaccine Information Sheets (VIS) are available in threshold languages

6.1 Preventive Care – Pediatric:

<input type="checkbox"/>	1.	Initial Health Assessment (IHA) is completed on all new members within 120 days of enrollment (use eligibility list). If no evidence in medical record then reason must be documented (member's refusal, missed appointment, etc. or if no patient file document on eligibility list/log). See enclosed IHA letters to send to new members.
<input type="checkbox"/>	2.	Individual Health Education Behavioral Assessment (IHEBA) ("Staying Healthy" assessment) form is filled out and in the medical record for new members within 120 days of enrollment. IHEBA is re-administered at 0-3 yrs; 4-8 yrs; 9-11 yrs; 12-17 yrs, & 18 yrs and older. Interventions, dates, and physician signature are documented directly on the form. See enclosed.
<input type="checkbox"/>	3.	Age appropriate physical exams are done according to AAP guidelines and include CHDP components. See enclosed health screening and immunization guide.
<input type="checkbox"/>	4.	Dental assessment/referral to dentist beginning at age 3 regardless whether problem is detected. See enclosed Dental flyer with phone #.
<input type="checkbox"/>	5.	Vision screening (at each health assessment visit and referral to optometrist/ophthalmologist as needed).
<input type="checkbox"/>	6.	Hearing screening (non-audiometric for age 2 months to 3 years; audiometric screening for age 3-21 yrs at each health assessment visit).
<input type="checkbox"/>	7.	Nutritional assessment screening. Includes referral to WIC for members under age 5.
<input type="checkbox"/>	8.	Lead testing age 12 months and 24 months.
<input type="checkbox"/>	9.	Tuberculosis screening at each health assessment visit.
<input type="checkbox"/>	10.	Immunization status is assessed at each health assessment visit. VIS (Vaccine Information Sheets) are given and its publication date is documented.

6.2 Preventive Care – Adult:

Mark when
complete

<input type="checkbox"/>	1.	Initial Health Assessment (IHA) is completed on all new members within 120 days of enrollment (use eligibility list) OR documented within the past 12 months prior to member's enrollment. If the IHA is not present in the medical record, member's refusal, missed appointments or other reason must be documented. See enclosed IHA letters.
<input type="checkbox"/>	2.	Individual Health Education Behavioral Assessment (IHEBA) ("Staying Healthy" assessment) form is filled out and in the medical record for new members within 120 days of enrollment. For adults age 18 or older, it is re-administered every 3-5 years or more frequently. Interventions, dates, and physician signature are documented directly on the form. See enclosed.
<input type="checkbox"/>	3.	Periodic health evaluation (see enclosed health screening and immunization guide).
<input type="checkbox"/>	4.	Tuberculosis screening – required for all new members unless it was done in the past year or member is a converter.
<input type="checkbox"/>	5.	BP
<input type="checkbox"/>	6.	Cholesterol
<input type="checkbox"/>	7.	Chlamydia screening – annual screening of all sexually active females age 26 and younger
<input type="checkbox"/>	8.	Mammogram/pap smear status
<input type="checkbox"/>	9.	Adult immunization status – including Tetanus, flu vaccine, pneumococcal vaccine, hepatitis B vaccine – if given at PCP office, Vaccine Information Statement (VIS) form and publication date must be documented.

6.3 Preventive Care – Perinatal:

<input type="checkbox"/>	1.	Initial comprehensive prenatal assessment (ICA) is completed within 4 weeks of entry into prenatal care
<input type="checkbox"/>	2.	Subsequent comprehensive prenatal trimester reassessments
<input type="checkbox"/>	3.	Individualized care plan (ICP) documentation is found in the medical record
<input type="checkbox"/>	4.	Referral to WIC and assessment of Infant Feeding status. All potentially eligible members must be referred to WIC and documented in the medical record. Infant feeding plans are documented during prenatal period, and infant feeding status is documented during postpartum period
<input type="checkbox"/>	5.	HIV-related services offered
<input type="checkbox"/>	6.	AFP/genetic screening offered
<input type="checkbox"/>	7.	Family planning counseling/referral/provision of services is documented in the medical record
<input type="checkbox"/>	8.	Postpartum assessments

Policies and Procedures:

Simple, functional written policies that are followed in the office need to be in place. **These policies & procedures should be in your office and can be used to meet staff education criteria. I am sending an update on these policies via UPS.**

➤ Site accessibility by individuals with physical disabilities
➤ Clean and sanitary environment
➤ Fire safety and prevention and emergency non-medical procedures
➤ Medical and lab equipment maintenance
➤ Emergency health care services
➤ Staff qualifications – health care license and certification requirements
➤ Non-physician medical practitioners
➤ Unlicensed personnel
➤ Personnel training
➤ Prior authorization/referrals
➤ Informed consent and Minors’ rights
➤ Member grievances/complaints
➤ Interpreter services
➤ Medical records
➤ Provision of services 24 hours a day
➤ Appointments and patient recall
➤ Referral and consultative services
➤ Individual health education behavioral assessment (“Staying Healthy” Assessment Tool) (IHEBA) (within 120 days of enrollment)
➤ Triage
➤ Laboratory services
➤ Pharmaceutical services
➤ Radiology services
➤ Health education
➤ Preventive services: screening and equipment
➤ Bloodborne pathogens and waste management
➤ Decontamination of surfaces
➤ Standard and universal precautions
➤ Instrument sterilization