

Contracted Providers & Medical Home,

Department of Health Care Services mandates in the MMCD Policy Letter 20-006 that,

Between the 3 year reviews, Medi-Cal primary care providers verify the:

"Fourteen critical Elements"

In order for Aetna Better Health of California to comply with this requirement, we are asking you to complete the attached "Interim Facility Site Review" form and return it by fax or Email, within three (3) business days.

Randee Marlin Nicole Lyles

MarlinR@aetna.com LylesN@aetna.com

Fax back information: Fax Back Information:

959-282-8009 959-282-1609

If you are having trouble completing the attached form, please call the Aetna Better Health of California FSR department and we will assist in any way possible and or schedule an on-site visit to complete this Interim review of the 14 Critical Elements. If you have any questions regarding this Interim Review requirement, please do not hesitate to contact either:

Randee Marlin, R.N.

QM Manager, DHCS Master Trainer
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MarlinR@aetna.com

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QM Nurse Consultant, DHCS Master Trainer

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Thank you for your immediate attention to this Interim Review requirement.

INTERIM FACILITY SITE REVIEW

		City:							
PCP Name(s): Phone:		Phone:							
Has the site been remodeled since the last audit? ☐ Yes ☐ No Has the site moved f		from this address? Yes No							
FSR Score : Nurse Reviewer:									
MRR Score : Date of Periodic: Name:		Title:							
<u> </u>									
The Department of Health Care Services requires the monitoring of Primary Care Physician offices between each regularly scheduled site reviews. If the site is requested to conduct their own self-assessment, please have the physician or designee complete the self-assessment of compliance to the Critical Element criteria below and fax or email the completed form within 3 calendar days to:									
	Critical Element			No	N/A	Comments			
1.	1. Exit doors & aisles are unobstructed and egress (escape) accessible Accessible pedestrian paths of travel provide a clear circulation path including exit door at all times.		Yes	NO	N/A	Comments			
2.	Timely review & follow-up of referral/consultation reports & test results The office referral process for tracking and follow up includes documentation of physician review.								
3.	Airway Management Must have a wall oxygen delivery system or portable oxygen tank that is maintained at least ¾ full with flow meter, bulb syringe, nasal cannula or mask, and Ambu Bag (appropriate sizes).								
4.	Emergency Medications Emergency medicine such as Asthma, Chest Pain, Hypoglycemia, and Anaphylactic reaction management: Epinephrine 1:1000 (Injectable), and Benadryl 25 mg (oral) or Benadryl 50 mg/ml injectable, Naloxone, Chewable Aspirin 81 mg, Nitroglycerin spray/tablet, Bronchodilator medication (solution for nebulizer or metered dose inhaler), and glucose. Appropriate sizes of ESIP needles/syringes and alcohol wipes.								
5.	Qualified personnel prepare/administer medication There must be a license practitioner (MD, NP, PA, CNM) physically present in the treatment facility during the performance of authorized procedures by the Medical Assistant (MA). The supervising physician must specifically authorize all medications administered by an MA. Pre-labeled medication container and prepared dose must be presented to and verified by a licensed person prior to administration.								
6.	Authorized persons dispense medications Drugs are dispensed only by a physician, pharmacist or other persons lawfully authorized to dispense medications upon the order of a licensed physician or surgeon. Drug dispensing is in compliance with all applicable State and Federal laws and regulations.					Check NA if no medications are dispensed			
7.	Drugs and Vaccines Drugs and Vaccines are Prepared and drawn only prior to Administration								
8.	Needle stick precautions are practiced on site Safety needles are used on site and are discarded immediately in sharps containers. All sharps containers are secured and inaccessible to unauthorized persons.								
9.	Personal protective equipment PPE is available for staff use on site & includes water repelling gloves, water-resistant gowns, face/eye protection (e.g. face shield or goggles), & respiratory infection protection (e.g. mask).								
10.	O. Blood and other infectious materials storage and handling Blood, other potentially infectious materials (OPIM), regulated waste are placed in leak proof, labeled and/or color-coded containers for collection, handling, processing, storage (secure location), transport, and shipping								

11.	Cold Chemical Sterilization/High Level Disinfection Staff demonstrate/verbalize necessary steps/process to ensure sterility and/ or high level disinferensure sterility/disinfection of equipment.	ection to				Check NA if cold chemical solution is not used
12. Cold Chemical Sterilization/High Level Disinfection Appropriate PPE is available, exposure control plan, MSDS and clean up instructions in the event of a cold chemical sterilant spill		nt of a				Check NA if cold chemical solution is not used
13.	Autoclave / Steam Sterilization Management of positive mechanical, chemical, and or biological indicators of the sterilization pro-	ocess				Check NA if autoclave is not used
14.	Autoclave / Steam Sterilization Autoclave spore testing is performed at least monthly with documented results (If sterilization is conducted by the clinic/organization at another location, monthly spore test res available at this location)	ults are				Check NA if autoclave is not used
of mapp	estation: I hereby affirm that the information indicated on this form and any documents thereto is my knowledge and belief, and is furnished in good faith. I understand that material omissions or mulication or termination of my privileges or physician participation agreement. Sician or Designee Signature/Title:	isrepresen	tation	s may r	esult in	
Int Fo		CAP requ Date CAP			m(s) #:	