



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

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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.

Nicole Lyles, RN.

QM Manager, DHCS Master Trainer

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

Site Address:	City:
PCP Name(s):	Phone:
Has the site been remodeled since the last audit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the site moved from this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
FSR Score : MRR Score : Date of Periodic:	Nurse Reviewer: Name: _____ Title: _____

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	Yes	No	N/A	Comments
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.	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>		
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).	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check NA if no medications are dispensed
7. Drugs and Vaccines Drugs and Vaccines are Prepared and drawn only prior to Administration	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>		
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).	<input type="checkbox"/>	<input type="checkbox"/>		
10. 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..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

