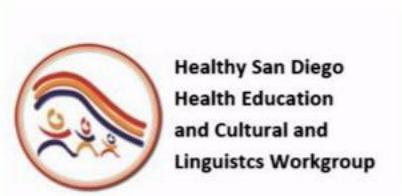
Department of Health Care Services
All Plan Letter 20-006
FSR/MRR 2020 Provider Training

A special Thank You to all the participating Managed Care Plans who made this training possible!



Welcome to the New Facility Site Review (FSR) Standards

- Changes to FSR/MRR tools and Standards in conjunction with APL 20-006 (release date to be announced)
- FSR and MRR trainings are ***mandatory*** for all PCPs accepting Medi-Cal
- An attestation may be required by your Managed Care Plan (MCP) upon completing the FSR/MRR training
- Email your MCP following this training for any questions

Training Content

1. Facility Site Review Tool
   - ✓Access/Safety
   - ✓Personnel
   - ✓Office Management
   - ✓Clinical Services/Pharmaceutical Standards
   - ✓Preventive Services
   - ✓Infection Control
2. Corrective Action Plans and Timeline
3. DHCS APL 20-006 updates
   - ✓Monitoring
   - ✓Remaining in the MCP network
   - ✓Provider Appeals Process
   - ✓Did You Know
4. DHCS APL 20-011 (COVID-19)

Facility Site Review

Making a difference by providing access to quality healthcare facilities

Facility Site Review – I. Access & Safety

- Please note, the sources and reference links within this video are current at the time the video was created and may be subject to change.

Site Environment is safe for all patients, visitors and personnel

An Employee Alarm System:

- ***An employee alarm system must be operable.*** Employers must install and maintain an operable employee alarm system that has a distinctive signal to warn employees of fire or other emergencies, unless employees can promptly see or smell a fire or other hazard in time to provide adequate warning to them.
  - For those employers with 10 or fewer employees in a particular workplace, direct voice communication is an acceptable procedure for sounding the alarm provided all employees can hear the alarm. Such workplaces do not need a back-up system.

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.37

Emergency Medical Equipment

- Airway Management:
  - Oropharyngeal Airways (OPAs) ***no longer required*** in Primary Care Setting
  - Bulb Syringes have been added for Pediatric offices
- Emergency medicines - For conditions such as **asthma, chest pain, hypoglycemia** and anaphylactic reaction management
  - Minimum equipment based on the patient population served:
    - Epinephrine 1:1000 (injectable), and
    - Benadryl 25 mg. (oral) or Benadryl 50 mg./ml. (injectable),
    - **Naloxone**
    - **chewable aspirin 81 mg**
    - **nitroglycerine spray/tablet**
    - **bronchodilator medication (solution for nebulizer or metered dose inhaler)**
    - **glucose**
    - Appropriate sizes of ESIP needles/syringes and alcohol wipes
    - https://www.aafp.org/afp/2007/0601/p1679.

Facility Site Review – II. Personnel

Please note, the sources and reference links within this video are current at the time the video was created and may be subject to change.

Site has a procedure in place for confirming patient, name of medication/vaccine, dosage, and route

All medications including vaccines must be verified (shown to) a licensed person prior to administration.

- Unlicensed staff (e.g. medical assistants) has evidence of appropriate training and supervision in all medication administration methods performed within their scope of work.
- To administer medications by subcutaneous or intramuscular injection, or to perform intradermal skin tests or venipunctures for withdrawing blood, an MA must have completed at least the minimum number of training hours established in **CCR, Title 16, Section 1366.1**

  (a) 10 clock hours of training in administering injections and performing skin tests, and/or

  (b) 10 clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and

  (c) Satisfactory performance by the trainee of at least 10 each of intramuscular, subcutaneous, and intradermal injections and 10 skin tests, and/or at least 10 venipuncture and 10 skin punctures.

  (d) For those only administering medicine by inhalation, 10 clock hours of training in administering medication by inhalation.

Continuation of training requirements

- Training in (a) through (d) above, shall include instruction and demonstration in:
  - pertinent anatomy and physiology appropriate to the procedures;
  - choice of equipment;
  - proper technique including sterile technique;
  - hazards and complications;
  - patient care following treatment or tests;
  - emergency procedures; and
  - California law and regulations for medical assistants
- The supervising physician must specifically authorize all medications administered by an MA.
- Authorization means a specific written or standing order prepared by the supervising physician.

Evidence of Non-Physician Medical Practitioner (NPMP) Supervision

- Verifiable evidence of supervision may include
  - On-site observation of supervisory processes
  - Documentation
  - Supervisor/NPMP's knowledge of the process

Physician Assistants Senate Bill No. 697, Caballero., approved Oct. 2019

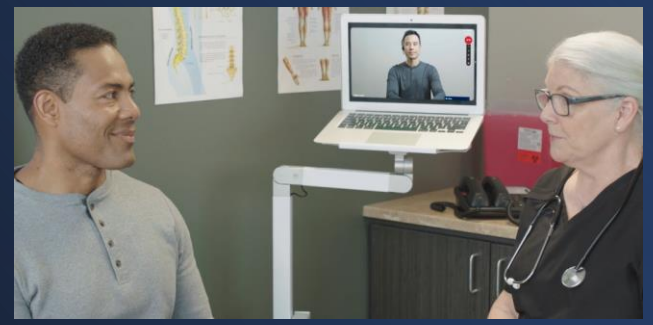
- The Term "Delegation of Services Agreement" has been changed to "Practice Agreement"
- The bill provides that the supervising physician is always available by electronic communication
- Requirement for identifying the supervising physician in the medical record has been removed
  Title 16, section 1399.545 of the PA Regulations
- Requirements for Standardized Procedures for NP or CNM remains unchanged
  California Nursing Practice Act Article 8 BPC §2834

Cultural and Linguistic Training

- Cultural and Linguistically Appropriate Services (CLAS) standards are primarily directed at health care organizations (HCO); however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible.
- Four of the fourteen CLAS standards are mandated Federal requirements for all recipients of Federal funds:

  - HCO must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
  - HCO must provide to patients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
  - HCO must assure the competence of language assistance provided to limited English proficient patients by interpreters and bilingual staff.
  - HCO must make available easily understood patient-related materials and post signage in the language of the commonly encountered groups and/or groups represented in the service area.

https://www.health.pa.gov/topics/Documents/Health%20Equity/CLAS%20Standards%20FactSheet.pdf



Facility Site Review – III. Office Management

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Medical records are retained for a minimum of 10 years

- **Record Retention**

- **OLD:**
- Record retention 7 years
- The records of minors was maintained for at least one year after a minor had reached age 18, but in no event for less than **7** years

- **NEW:**
  - Record retention is now 10 years
  - Applies to all ages
  - From the last date services was rendered

- https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14124-1.html

Facility Site Review – IV. Clinical Services, Pharmaceutical Services

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Written site-specific policy/procedure for dispensing of sample drugs/over the counter medications/therapeutic formulas are available on site

- **Written site-specific policy/procedure must Include these additional new criteria**
  - No Medications to be stored on the floor
  - A log of sample medicines given to members in the event of a recall
  - An inventory of medications available to be dispensed
  - Writing prescribing information directly on the sample package

- https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/minimum-standard-ambulatory-care-pharmacy-practice.ashx?la=en

Site utilizes drugs/vaccine storage units that are able to maintain required temperature

- **Fridge and Freezer**
  - Purpose- built units to either refrigerate or freeze
  - Stand-alone household units may be used if dedicated as storage of biologics
  - Recommendations apply to both temporary and long-term storage units
- **Do not store any vaccine in a dormitory-style or bar-style combination refrigerator/freezer unit under any circumstances
- www.cdc.gov/vaccines

* Do not store any vaccine in a dormitory-style or bar-style combination refrigerator/freezer unit under any circumstances

Example of dormitory-style or bar-style combined refrigerator/freezer unit

Sample Mini fridge/freezer options - meeting standards

For example only. MCQMD/DHCS or MCP's DO NOT endorse any Brand of cooling units

“DO NOT DISCONNECT!”

- **Measures in place to ensure continuous power to units**
  - Power supply to be labeled such as, “DO NOT DISCONNECT” or “DO NOT UNPLUG”
  - Avoid providing power to unit with a surge protector with an “ON/OFF” switch

Written plan for vaccine protection in case of power outage or malfunction of the refrigerator or freezer

Acceptable **written** plan:

- Contacting Vaccines For Children (VFC)* http://eziz.org/vfc/overview/ or vaccine/drug manufacturer
- Consultation with CDC www.cdc.gov
- Quarantine vaccines until guidance is obtained
- Actions taken when temperatures are outside of the recommended range:

  refrigerator at 2-8ºC or 36-46ºF

  freezer at -15ºC or 5ºF, or lower

Site Personnel must be able to verbalize the procedures in the plan

*VFC providers: follow program requirements for documentation and reporting

Preventing inadvertent exposure to out-of-range temperatures

- **Digital Data Loggers (DDL) Monitoring of temperature is now required**
  - Required for each cooling unit
  - A back-up DDL is required for each unit
- Vaccines should never be re-distributed beyond the manufacturer/distributor-to-clinic distribution chain
- Vaccine transport (emergency/power outage)
  - Vaccines must be packaged following CDC recommendations
  - Include temperature monitoring devices
- (VFC providers – approval is required by VFC prior to any vaccine transfer)

Critical Element

Drugs and Vaccines are prepared and drawn only prior to administration

- **No “Prefilling” syringes**
  - Prefiling may result in administration errors
- **Certain circumstances in which a single vaccine type is being used (e.g., in preparation for a community influenza vaccination campaign)**
    - Up to 10 syringes may be prefilled at any one time for community campaign event (such as a flu clinic)
    - The doses should be administered as soon as possible after filling
    - The Person drawing up the syringes MUST be the same person administering the Vaccine
    - Unused syringes must be discarded at the end of the day

Site utilizes California Immunization Registry (CAIR) or the most current version

- **DHCS requires documentation of immunizations in the California Immunization Registry (CAIR) or the local registry**

- **If your Clinic is not offering vaccine administration**
  - Staff shall be able to utilize the registry to access the member's immunization record
  - Member-specific immunization information is periodically reported
  - During the initial health assessment, and any other health care visits which result in an immunization being provided
    - Record all immunizations given outside (i.e: Pharmacy)

- www.cdc.gov/vaccines

Are You Aware?

All Pharmacies who Administer Immunizations must:

- Enter the information in either CAIR or the Local Immunization registry
- Any PCP site may apply for a username and password

- http://cairweb.org/

Home | Community | Schools & Child Care | Health Care Professionals | SDIR/CAIR | SDIC Website

Resource Areas

- About SDIP
- Resources
- Materials Catalog
- Data & Statistics
- Event Calendar
- Webcasts

Top Searches

1. VIS Statements
2. Immunization abbreviations
3. Immunization clinics
4. Travel vaccines

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Many of the downloadable documents on this site may be viewed or printed using Adobe® Acrobat® software. Click on the icon below to download Acrobat® Reader® directly from http://www.adobe.com.

SDIR/CAIR
San Diego Regional Immunization Registry

The San Diego Regional Immunization Registry (SDIR), part of the California Immunization Registry (CAIR), is a web-based, immunization tracking system that allows health care providers and other authorized users to access an individual's record of immunizations and thereby determine what additional vaccines are needed.

Release 10.10.1 Click for Details!

Release 10.10.1

Keep Your Child's Immunization Record Online!

Already a User? Click to Login!

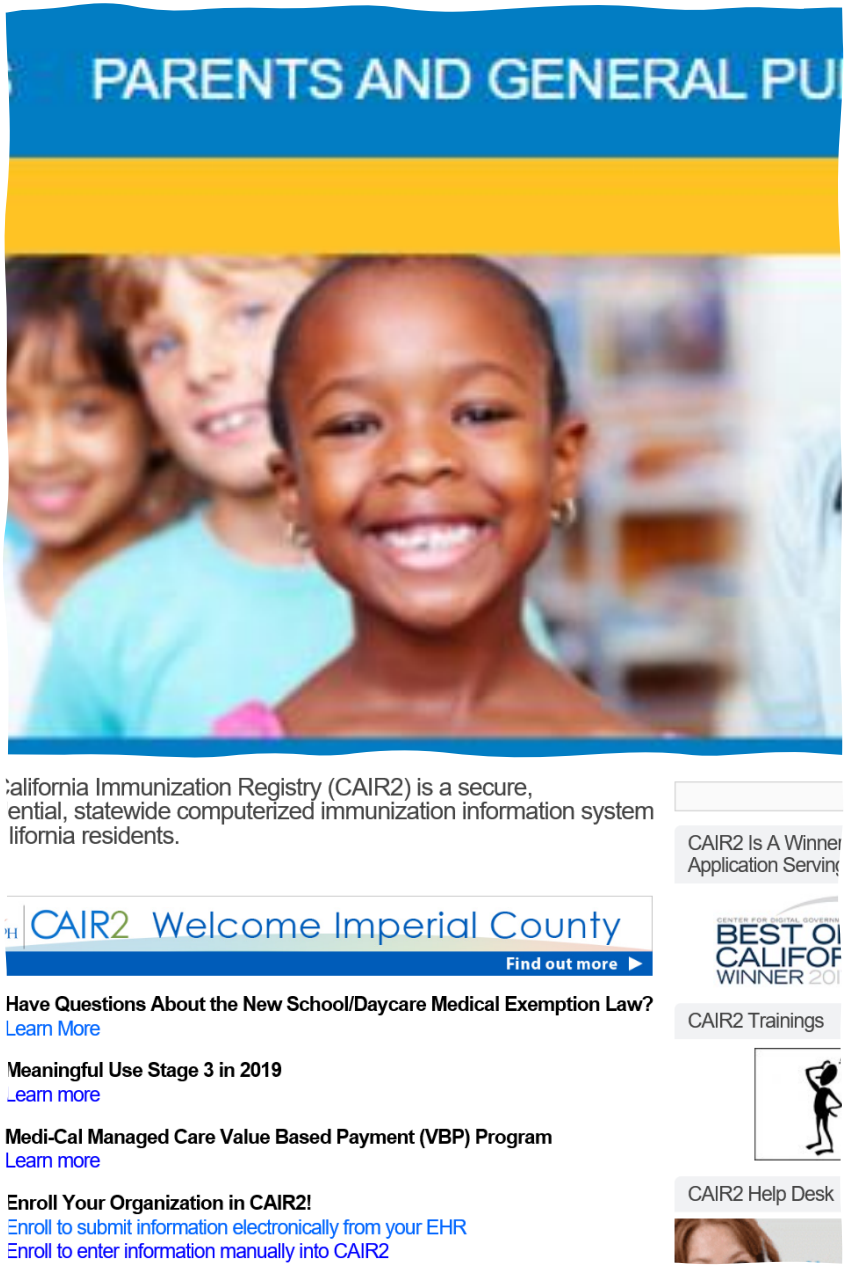
Data and Statistics

- About SDIR/CAIR
- Enrollment and Participation
- SDIR User Support/Help Desk
- SDIR Training Manuals
- "Meaningful Use" Questions
- IZ Assessments: CalWORKS & WIC
- SDIR Version Releases
- Forms and Statements
- Immunization Registry Resources
- SDIR Interface Specifications

CAIR2

http://cairweb.org/

Example of CAIR2 Resources



Facility Site Review – V. Preventative Services

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A pure tone, air conduction audiometer is located in a quiet location for testing

- Hearing Testing: Offices that provide pediatric preventive services should have a pure tone; air conduction audiometer available since audiometric testing is required at preventive health visits starting at 4 years of age

- PCP offices must have a system in place that clearly demonstrates that PCP office verifies that audiometric testing has been completed and results are returned to PCP for review
- **https://www.asha.org/public/hearing/audiogram/**

Facility Site Review – VI. Infection Control

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Critical Element- COLD Sterilization

Staff demonstrates/verbalizes necessary steps/process to ensure sterility and/or high-level disinfection to ensure sterility/disinfection of equipment

- **It is important that reusable medical instruments are properly sterilized after each use.**
- **Cold chemical Sterilization /high level disinfection:**
  - Confirmation from manufacturer item(s) is/are heat-sensitive
  - The use of liquid chemical sterilants, should be restricted to reprocessing devices that are heat-sensitive and incompatible with other sterilization methods. All other items should be heat sterilized or disposable.
  - **https://oshareview.com/2013/10/cdc-guidelines-sterilizing-heat-sensitive-dental-instruments-dental-infection-control**.

Critical Element

(#2 for Cold Sterilization)

Appropriate PPE (personal protective equipment), exposure control plan, MSDS and clean up instructions are available in the event of a cold chemical sterilant spill

Control Methods and Work Practices:

- Prevent and reduce exposure to the cold chemical sterilants
- Cold chemical sterilants have toxic properties and are hazardous
- Cold chemical sterilants must be used strictly in accordance with the manufacturer's directions
- Always consult the manufacturer for safety precautions and MSDS information
- The appropriate PPE must be used to avoid inhalation or skin contact exposure during the cold chemical sterilization/high level disinfection process

Appropriate PPE (personal protective equipment), exposure control plan, MSDS and clean up instructions are available in the event of a cold chemical sterilant spill (continued)

Cold Chemical Sterilant Spillage

- Staff should attend training classes in safety awareness about the use and exposure
- Staff should be familiar with and is able to recognize signs and symptoms of exposure
- Staff should be aware of procedures for clean up and the proper use of PPE

Appropriate PPE (personal protective equipment), exposure control plan, MSDS and clean up instructions are available in the event of a cold chemical sterilant spill (continued)

- Exposure to glutaraldehyde may be prevented or reduced by using the following control methods and work practices
- Use local exhaust ventilation, keep glutaraldehyde baths under a fume hood where possible avoid skin contact (use appropriate PPE-gloves and aprons made of nitrile or butyl rubber, wear goggles and face shields)
- Use only enough sterilant to perform the required sterilization procedure, seal or cover all containers holding the sterilant, and store in a safe secure manner

PPE Request

- Due to shortage of PPE, the Health and Human Services Agency is able to provide supplies to practices in need
- Agencies or facilities or clinics can request supplies by emailing the HHSA MOC email address below:

MOC.LOGS.HHSA@sdcounty.ca.gov

Autoclave/steam sterilizer Requirements and documenting results (at least monthly)

- Staff demonstration/verbalize necessary steps/process to ensure sterility
  - Manufacturer's directions are strictly followed for instrument pre-cleaning, machine loading, operation safety precautions, minimum time-temperature criteria and post sterilization processes
  - Written operating procedures for autoclave are available on site to staff
  - Documentation of sterilization loads includes:
    - Date, time and duration of run cycle
    - Temperature
    - Steam pressure
    - Operator of each run (name of person running the load)

Critical Element
Management of positive mechanical, chemical, and biological indicators of the sterilization process

Autoclave/steam sterilization offers three methods of monitoring the sterilization process:

- Mechanical (time, temperature, pressure in the sterilizer)
- Chemical (internal and external indicator on the package which suggest that the sterilizer was functioning properly)
- Biological (spore test of device)

SPORE TESTING

Ensuring Patient Safety with Proper Sterilization of Instruments

Start Here

1 CLEAN

- Soak, remove debris, rinse instruments and inspect
- Never sterilize dirty instruments

2 PACKAGE & LOAD

- PACKAGE INSTRUMENTS: Insert chemical quality indicator strip if not already built into the packaging. Place instruments handle side first into package. Apply gauze to keep scissors/forceps open.
- LABEL PACKAGE WITH: Date, Load #, and Operator Initials
- LOAD INTO AUTOCLAVE: Place packages on its side (preferably on a rack) with space in between
- INCLUDE SPORE TEST STRIP: Perform at least monthly (DHCS)

3 STERILIZE IN AUTOCLAVE

- Expose instruments to steam at the right:
  - Time
  - Temperature
  - Pressure
- Document load settings & contents on Autoclave Run Log

4 CHEMICAL INDICATOR (CI) (P)

- Color change of the CI indicates correct processing
- Document passing CI test

5 SPORE TESTING (BIOLOGICAL QUALITY INDICATOR) (P)

SPORE TEST

- Complete SPORE TEST
- Do not disperse instruments until results are received

PASS SPORE TEST?

YES → 6 STORAGE

NO → NON-PASSING SPORE TEST

NON-PASSING SPORE TEST

- ✓ REMOVE autoclave from service
- ✓ REPORT failed spore test result to supervisor
- ✓ RECALL instruments sterilized since last passing spore test
- ✓ RE-SPORE TEST
- ✓ DOCUMENT results & actions taken

PASS SPORE TEST?

YES → RESTERILIZE Recalled instruments

NO → 2ND NON-PASSING SPORE TEST

2ND NON-PASSING SPORE TEST

- ✓ REPAIR autoclave
- ✓ RE-SPORE TEST - a total of 3 times
- ✓ DOCUMENT results & actions taken

(refer to policy for continued failed spore tests)

6 STORAGE

- Protect packages from damage
- Place newly sterilized instruments in the back to rotate through your inventory
- RESTERILIZE if packages are:
  - ➢ Opened
  - ➢ Wet/Moist
  - ➢ Discolored/Damaged
- Dedicate 1 person to check the status of packages monthly.

CLEANING & MAINTENANCE - DON'T FORGET! (P)

- Dedicate 1 person and a back-up to complete the required spore testing, cleaning and maintenance.
- Follow required daily, weekly, monthly, & annual cleaning and maintenance to ensure proper function of your autoclave.
- CALENDAR:
  - ➢ Monthly spore testing
  - ➢ Checking the status of the packages
  - ➢ Cleaning & Maintenance

(P) = Refer to Policy (book) = Follow Manufacturer's Guidelines

Staff demonstrate/verbalize necessary steps/process to ensure sterility

- Procedures include:
- ***report*** problem,
- ***repair*** autoclave,
- ***retrieve*** all instruments sterilized since last negative spore test,
- ***re-test*** autoclave and
- ***re-sterilize*** retrieved instruments (**R**eport/**R**epair/**R**etrieve/**R**etest/**R**e-sterilize). Biologic spore test products vary and are designed for use based on specific autoclave type. Biologic control testing challenges the autoclave sterilization cycle with live, highly resistant, nonpathogenic spores. If spores are killed during processing, it is assumed that all other microorganisms are also killed and that the autoclave load is sterile.

Reminder: Packaging Sterilized Items

- Sterilized package labels include
- Date of sterilization
- Load run identification information
- General contents of package
  - Each item in a sterile package need NOT be listed on the label if a Master list of package contents is available elsewhere on site (Example: suture set)
    - All contents included in a suture set shall be list on a table, or document and kept on-site for reference

Reminder: Storage and use of sterilized packages

Storage areas for sterilized packages are clean, dry and separated from non-sterile items by a functional barrier (e.g., shelf, cabinet door, and drawer)

Important Tips:

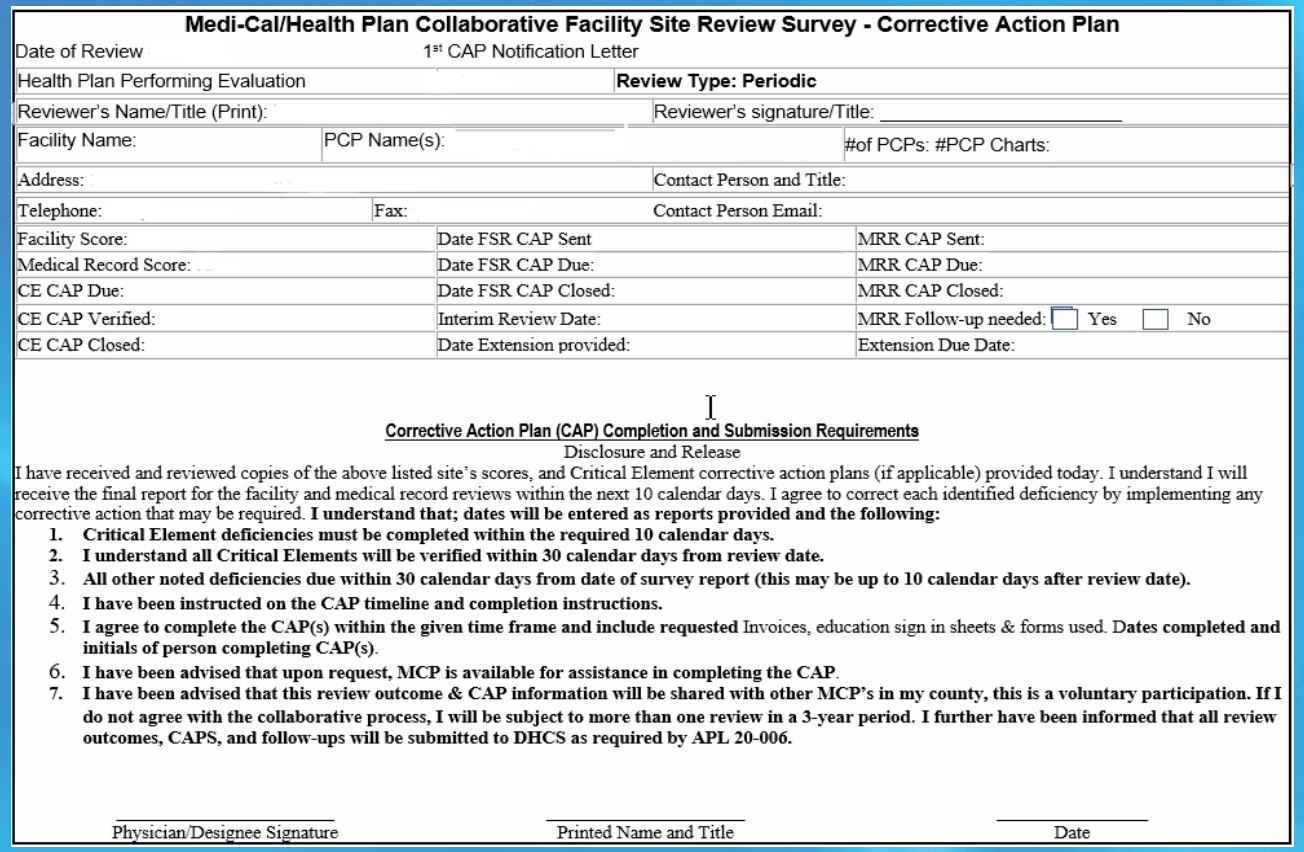
- Maintenance of sterility is event related, not time related
- Sterilized items are considered sterile until use, unless an event causes contamination
- Sterilized items are not considered sterile if package is opened, wet/moist, discolored or damaged, and should be removed from sterile package storage area

Collaborating Agencies

- All our MCP's throughout California collaborate with various agencies such as CHDP, VFC, OSHA and so forth. Even though we collaborate with the above entities, each of these agencies have their own standards and reviewing processes. Some of the information presented today will have crossover standards. Please keep in mind that each county operates a little differently and if you experience conflicting information from other agencies, please reach out to your Nurse reviewer for guidance. These links below will assist if you would like to find out more information.
- https://www.dhcs.ca.gov/services/chdp
- https://eziz.org/vfc/
- https://www.dir.ca.gov/dosh/

National Resources & References

Entity	Website
American Academy of Pediatrics - Bright Futures (AAP)	https://brightfutures.aap.org
U.S. Preventive Services Taskforce (USPSTF)	https://www.uspreventiveservicestaskforce.org
Centers for Disease Control (CDC)	https://www.cdc.gov
NCQA HEDIS Measures (HEDIS)	https://www.ncqa.org/hedis/measures
American College of Obstetricians and Gynecologists (ACOG)	https://www.acog.org
National Heart, Lung and Blood Institute (NHLBI) of National Institutes of Health (NIH)	https://www.nhlbi.nih.gov
National Institute on Alcohol Abuse and Alcoholism (NIH)	https://www.niaaa.nih.gov
California Code of Regulations (CCR)	https://www.dir.ca.gov/dlse/CCR.htm
Health and Human Services (HHS)	https://www.hhs.gov



Medi-Cal/Health Plan Collaborative Facility Site Review Survey - Corrective Action Plan

Date of Review	1st CAP Notification Letter	
Health Plan Performing Evaluation	**Review Type: Periodic**	
Reviewer's Name/Title (Print):	Reviewer's signature/Title: _____	
Facility Name:	PCP Name(s):	#of PCPs: #PCP Charts:
Address:	Contact Person and Title:	
Telephone:	Fax:	Contact Person Email:
Facility Score:	Date FSR CAP Sent	MRR CAP Sent:
Medical Record Score:	Date FSR CAP Due:	MRR CAP Due:
CE CAP Due:	Date FSR CAP Closed:	MRR CAP Closed:
CE CAP Verified:	Interim Review Date:	MRR Follow-up needed: ☐ Yes ☐ No
CE CAP Closed:	Date Extension provided:	Extension Due Date:

Corrective Action Plan (CAP) Completion and Submission Requirements

Disclosure and Release

I have received and reviewed copies of the above listed site's scores, and Critical Element corrective action plans (if applicable) provided today. I understand I will receive the final report for the facility and medical record reviews within the next 10 calendar days. I agree to correct each identified deficiency by implementing any corrective action that may be required. **I understand that; dates will be entered as reports provided and the following:**

1. **Critical Element deficiencies must be completed within the required 10 calendar days.**
2. **I understand all Critical Elements will be verified within 30 calendar days from review date.**
3. **All other noted deficiencies due within 30 calendar days from date of survey report (this may be up to 10 calendar days after review date).**
4. **I have been instructed on the CAP timeline and completion instructions.**
5. **I agree to complete the CAP(s) within the given time frame and include requested** Invoices, education sign in sheets & forms used. **Dates completed and initials of person completing CAP(s).**
6. **I have been advised that upon request, MCP is available for assistance in completing the CAP.**
7. **I have been advised that this review outcome & CAP information will be shared with other MCP's in my county, this is a voluntary participation. If I do not agree with the collaborative process, I will be subject to more than one review in a 3-year period. I further have been informed that all review outcomes, CAPS, and follow-ups will be submitted to DHCS as required by APL 20-006.**

Physician/Designee Signature _____ Printed Name and Title _____ Date _____

Scores, Corrective Action Plan Due dates and Timeline

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What Constitutes a Corrective Action Plan

A CAP is required for all cited deficiencies for PCP sites that receive a conditional pass on the FSR or MRR Tool, on a focused review, or for deficiencies identified by the MCP or DHCS through oversight and monitoring activities.

CAPs are required as indicated below:

	Exempted Pass	Conditional Pass	Fail
Facility Site Review	• Score of 90% and above, with no deficiencies in critical elements, infection control, and pharmaceutical services sections • CAP not required	• Score of 90% and above, with deficiencies in critical elements, infection control, or pharmaceutical services sections • Score of 80% and above • CAP required	• Score below 80% • CAP required
Medical Record Review	• Score of 90% and above, with all section scores at 80% and above • CAP not required	• Score of 90% and above with one or more section scores below 80% • Score of 80% and above • CAP required	• Score below 80% • CAP required
MCPs may require a CAP regardless of score for other findings identified during the survey that require correction.			

Types of Corrective Action Plans

There are 3 separate CAPs that may be required:

- Critical Elements
- Facility Site Review
- Medical Record Review

Critical Elements CAP

- There are **14 Critical Elements** (“CE”s) in the FSR Tool
  - Critical Elements are defined as having the largest potential for adverse affect on members or staff health and safety
- CE deficiencies, along with a written request for CAP, are provided the day of the review
- All CE and other crucial deficiencies must be corrected
- CE CAPs are **Due** and must be **submitted to the MCP** within **10 Calendar Days** from Date of Review
- MCPs **must** conduct an onsite CE CAP verification visit

Facility Site Review CAP

- FSR CAPs may be required according to scoring guidelines
- FSR deficiencies, along with a written request for CAP, are provided within 10 Calendar Days from date of review
- FSR CAP is due and must be submitted to the MCP within 30 calendar days from date of FSR report
- CAP and evidence of correction may be by email, fax or mail
- MCPs may conduct an onsite in-person FSR CAP verification visit

Medical Record Review CAP

- MRR CAPs may be required according to scoring guidelines
- MRR deficiencies, along with a written request for CAPs, are provided within 10 calendar days from date of review
- MRR CAP is due and must be submitted to the MCP within 30 calendar days from date of report
- CAP and evidence of correction may be by email, fax or mail
- MCPs may conduct an in-person onsite MRR CAP verification visit

DHCS APL 20-006 Policy Updates

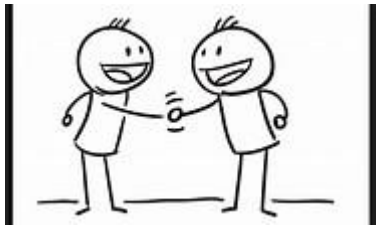
1. DHCS Monitoring of PCP Sites
2. MCP Monitoring of PCP Sites
3. Remaining in the MCP Network
4. Provider Appeals Process
5. Additional Information

DHCS Monitoring of Primary Care Sites

- DHCS monitors MCPs Site Review Programs by way of conducting independent reviews of PCP sites
- PCP sites must correct all deficiencies identified during a DHCS monitoring visit
- The MCP will work with the PCP site to complete the CAP within the established timelines
- The MCP will provide the CAP and other documentation to DHCS
- The DHCS monitoring visit does not replace the periodic site review conducted by the MCP

MCP Monitoring of Primary Care Sites

- MCP must monitor all PCP sites in between each regularly scheduled periodic review



- Types of Monitoring
  - Interim Review
    - Review of all critical elements is required. May include other criteria as needed.
    - Conducted during the mid-point of the periodic cycle
    - Methods may include fax-back or onsite reviews
    - Additional onsite visits and other focused reviews may be needed
  - Unannounced Onsite Visits
    - Inspection of a facility or other elements of a review may be conducted without prior notice, in conjunction with other medical surveys or as part of an unannounced inspection program
- Established CAP timelines must be followed for any identified deficiencies

Remaining in the MCP Network

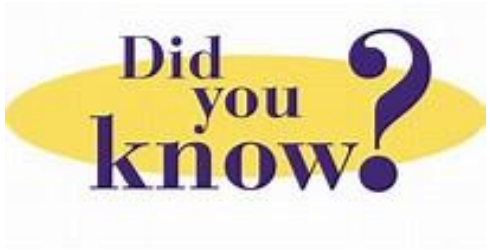
How do I remain in the MCP network?

- Timely completion of Initial and Periodic FSR and MRR surveys
- Deficiencies are corrected and verified within the CAP timelines and due dates
  - Unless a provider submits a prior written request for an extension to the plan due to extenuating circumstances; and
- Pass with at least 80% score in both FSR and MRR

Provider Appeals Process

- APL 20-006 **No longer allows for appeals** to remain in network when a:
- PCP is removed from the network for not meeting requirements
- The Reapplication process includes wait times from 1-3 years, depending on the MCP policy

Please reach out to your assigned MCP if assistance is needed or extenuating circumstances occur. We are here to help!



- MCPs value your commitment to our members and considers you a valuable partner
- It’s very important that you communicate instances of remodeling, relocations and the addition of new locations to your practice
- MCPs share site review information and results with other MCPs to eliminate multiple site reviews
- MCPs may partner with one another to conduct joint reviews to assist our PCP sites
- You have an assigned MCP plan that is available for questions and guidance
- We want you to succeed!

DHCS APL 20-011 Overview

- ✓ Released to all Plans 4/24/2020
- ✓ Suspends on-site Reviews
- ✓ Suspends on-site CE verification
- ✓ Discuss virtual avenues to review and verify

On 4/24/20, DHCS issued APL20-011 Governor's Executive Order in response to COVID-19 pandemic and revised 6/12/2020

- Permitting health plans to **temporarily suspend** the contractual requirement for:
  - in-person site reviews and medical audits of network providers
  - similar monitoring activities requiring in-person reviews (including onsite CE and CAP verification)
- Further guidance will be provided by DHCS once the executive order is lifted

- Health plans are encouraged to conduct virtual reviews, when appropriate.
- Virtual reviews and monitoring:
  - may include, but not limited to, use of online/network applications (e.g. Zoom, Webex, Skype)
  - Virtual tour of office/clinic and online face to face meetings to:
    - Verify CEs and/or CAP
    - Conduct interviews
    - Discuss policies and procedures
    - Provide education and technical support