Gold Coast Health Plan℠
A Public Entity

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Medi-Cal Managed Care

FREQUENTLY MISSED STANDARDS REVIEW AND ATTESTATION

Instructions: Below are the state Department of Health Care Services (DHCS) requirements that are frequently missed during the full scope Facility Site Review (FSR) and Medical Record Review (MRR). Please carefully review each standard to ensure that your clinic is in full compliance with these requirements. If you have any questions, please contact your nurse reviewer indicated on the Interim FSR Form.

Please have the physician or designee:

1. **Initial each row confirming compliance with each standard.**
2. **Indicate "NA" on standards that do not apply.**
3. **Email or fax back with the complete Interim FSR Form.**

No.	FSR Criteria	Frequently Missed Standards	Initials
1.	Access / Safety	An employee alarm system to ensure site environment is safe for all patients, personnel, and visitors.	
2.	Access / Safety	Emergency phone number contacts are posted, updated annually and as changes occur. The emergency phone number list shall be posted in an accessible and prominent location(s) and includes: • 911 (for local fire, police / sheriff and paramedics / ambulance services) • Responsible clinic manager / supervisor • Local poison control	
3.	Access / Safety	Emergency medicine for anaphylactic reaction management, opioid overdose, chest pain, asthma, and hypoglycemia: • Epinephrine 1:1000 (injectable) • Benadryl 25 mg. (oral) or Benadryl 50 mg/ml (injectable) • Naloxone • Chewable Aspirin 81 mg (4 tabs) • Nitroglycerine spray / tablet • Bronchodilator medication (solution for nebulizer or metered dose inhaler) • Glucose • Appropriate sizes of safety needles / syringes • Alcohol wipes	
4.	Access / Safety	A medication dosage chart for all medications included with emergency equipment (or other method for determining dosage) is kept with emergency medications.	
5.	Personnel	Standardized Procedures provided for Nurse Practitioners (NP) and/or Certified Nurse Midwives (CNM).	
6.	Personnel	A Practice Agreement defines the scope of services provided by Physician Assistants (PA) and Supervisory Guidelines define the method of supervision by the supervising physician.	
7.	Personnel	Standardized Procedures, Practice Agreements and Supervisory Guidelines are periodically reviewed according to a written schedule and revised, updated, and signed by the supervising physician and NPMP when changes in scope of services occur.	
8.	Personnel	There is evidence that all providers and staff have received annual safety training for the following: • Infection Control / Universal Precautions • Blood Borne Pathogens Exposure Prevention • Biohazardous Waste Handling	

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9.	Personnel	A site-specific Blood Borne Pathogens Exposure Control Plan has been developed in writing and is reviewed annually with staff.	
10.	Personnel	Policy and procedures / evidence of provider and staff training for Cultural and Linguistics appropriate services.	
11.	Personnel	Policy and procedures / evidence of provider and staff training for Disability Rights and Provider Obligations. A Notice of Civil Rights / Nondiscrimination is posted in visible location(s).	
12.	Office Management	Timely Access Appointment Availability Standards: Appointments are scheduled according to patients stated clinical needs within the timeliness standards established for GCHP members. Emergency examinations — Immediate access to emergency care facilities, 24 hours a day, seven days a week. Urgent (sick) examinations — Within 48 hours of request if authorization is not required or within 96 hours of request if authorization is required, or as clinically indicated. Routine primary care examinations (nonurgent) or first prenatal visit — Within 10 business days of request. Nonurgent consults / specialty referrals — Within 15 days of request.	
13.	Clinical Services	Prescription, drug samples, and over-the-counter drugs, hypodermic needles / syringes, all medical sharp instruments, hazardous substances and prescription pads are securely stored in a lockable space (cabinet or room) within the office / clinic.	
14.	Clinical Services	A written site-specific policy / procedure for dispensing of sample drugs are available on site.	
15.	Clinical Services	There are no expired drugs on site. Multi-dose vials containing injectable medications are labeled with date opened and discarded before their beyond use date (BUD) (for example, PPD vials are labeled with the date when they are opened and are considered expired if opened longer than 30 days).	
16.	Clinical Services	Site utilizes California Immunization Registry (CAIR).	
17.	Clinical Services	Site has a procedure to check expiration date and a method to dispose of expired lab test supplies.	
18.	Preventive Services	Eye charts (literate and illiterate) and appropriate occluder for vision testing.	
19.	Infection Control	Reusable medical instruments are properly sterilized after each use: 1. **Autoclave:** Management of positive mechanical, chemical, and/or biological indicators of the sterilization process. OR 2. **Cold Chemical:** Staff demonstrate / verbalize necessary steps / process to ensure sterility and/or high-level disinfection of equipment. Confirmation from manufacturer item(s) is/are heat-sensitive	

No.	MRR Criteria	Frequently Missed Standards	Initials
20.	Format	Person or entity providing medical interpretation is identified.	
21.	Documentation	Errors are corrected according to legal medical documentation standards.	
22.	Coordination / Continuity	Missed appointments and follow-up contacts / outreach efforts are documented in the medical record.	
23.	Pediatric and Adult Preventive Care	Initial and subsequent Comprehensive History and Physical are documented based on the American Academy of Pediatrics (AAP) periodicity schedule for patients under 21 years of age and the US Preventive Services Task Force (USPSTF) recommendations for patients 21 years of age and older.	
24.	Pediatric Preventive Care	Autism Spectrum Disorder Screening (at 18 and 24 months) using approved tools: ASQ, ASQ-3, PEDS, PEDS-DM, MCHAT, etc.	
25.	Pediatric Preventive Care	Blood Lead Screening and Education (from 6 months to 6th birthday). Complete blood lead test at 1 and 2 years of age; complete a baseline blood lead test between 2 years old and 6th birthday if no documented evidence of testing by 2 years of age. Per CDC, test all newly arrived refugees under the age of 16.	
26.	Pediatric Preventive Care	Fluoride Supplementation (6 months to 16 years of age who are at high risk for tooth decay and whose primary drinking water has a low fluoride concentration).	
27.	Pediatric Preventive Care	Fluoride Varnish (younger than 5 years of age once teeth have erupted).	
28.	Pediatric Preventive Care	Depression Screening 12 years of age and older - use PHQ-9 Modified for Teens (PHQ-9A) or other appropriate screening tools (not the Staying Healthy Assessment [SHA] tool).	
29.	Pediatric Preventive Care	Suicide-Risk Screening: Starting at 12 years of age, screen at each well visit using Ask Suicide-Screening Questions (ASQ), PHQ-9 Modified for Teens (PHQ-9A) or other validated screening tools that consist of three suicide-related items (thoughts of death, wishing you were dead and feeling suicidal within the past month). Refer patients at risk to behavioral health (psychotherapy, psychodynamic or interpersonal therapy).	
30.	Pediatric preventive Care	Maternal Depression Screening: Maternal screening for infants 1, 2, 4, and 6 months of age using PHQ-2 or other appropriate screening tools (not the SHA tool).	
31.	Pediatric Preventive Care	Developmental Disorder Screening: At 9-, 18- and 30- (or 24-) month visits using the following approved tools per DHCS Prop 56 Policy: ASQ, ASQ-3, PEDS, PEDS-DM, BDI-ST, BINS, Brigance Screens-II, CDI, IDI (not MCHAT).	
32.	Pediatric Preventive Care	Dyslipidemia Screening: Risk assessment at 2, 4, 6, and 8 years of age, then annually thereafter; and one lipid panel between 9 and 11, and again at 17 and 21 years of age.	
33.	Pediatric Preventive Care	Hep B Screening: Screen patients at each well visit for risk of acquiring Hepatis B virus (HBV) infection. Test for HBV if patient is born in Sub-Saharan Africa (Egypt, Algeria, Morocco, Libya, etc.), Central and Southeast Asia (Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.), HIV+, IV drug users, MSM, household contact with HBV infected individuals. Those at risk should include testing to three HBV screening seromarkers (HBsAg, antibody to HBsAg [anti-HBs], and antibody to hepatitis B core antigen [anti-HBc]) so that persons can be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling, and linkage to care and treatment.	

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34.	Pediatric Preventive Care	Hepatitis C Virus Screening: Per AAP, all individuals 18 years of age and older shall be assessed for risk of hepatitis C virus (HCV) infection. Test at least once between ages 18-79. Persons with increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested or HCV infection and reassessed annually.	
35.	Pediatric Preventive Care	HIV Screening: Risk assessment shall be completed at each well visit starting at 11 years of age. Those at high risk (regardless of age) (in other words, having intercourse without a condom or with >1 sexual partner whose HIV status is unknown, IV drug users, MSM, shall be tested for HIV and offered PrEP). Test for HIV at least once between 15-18 years old.	
36.	Pediatric Preventive Care	Sudden Cardiac Arrest and Sudden Cardiac Death Screening: Starting at 11 years of age, screen at each well visit and refer to a pediatric cardiologist or electrophysiologist if positive for any of the following: 1. Fainting, passing out, or sudden unexplained seizure(s) without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones; 2. Exercise-related chest pain or shortness of breath; 3. Family history of death from heart problems or had an unexpected sudden death before age 50. This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS; or 4. Related to anyone with HCM or hypertrophic obstructive cardiomyopathy, Marfan syndrome, ACM, LQTS, short QT syndrome, BrS, or CPVT or anyone younger than 50 years of age with a pacemaker or implantable defibrillator.	
37.	Adult Preventive Care	Abdominal Aneurysm Screening: Assess all men 65 to 75 years old for past and current tobacco use during well adult visits. Those who have ever smoked 100 cigarettes in their lifetime shall be screened once at the earliest well visit by ultrasonography.	
38.	Adult Preventive Care	Cervical Cancer Screening: Perform pap smear for females 21 to 65 years of age at least every three years; OR pap smear with HPV co-testing for 30-65 years o of age every five years; or HPV test only for 30-65 years old every five years.	
39.	Adult Preventive Care	Colorectal Cancer Screening: All adults starting at 45 years old, up to the 75th birthday, are screened with gFOBT or FIT annually; sDNA-FIT every one to three years; CT colonography every five years; flexible sigmoid every five years; flexible sigmoid every 10 years with annual FIT; or Colonoscopy every 10 years.	
40.	Adult Preventive Care	Depression Screening: Per USPSTF, screen all adults regardless of risk factors using PHQ-2, PHQ-9 or other validated screening tools (not the SHA tool).	
41.	Adult Preventive Care	Folic Acid Supplementation: Prescribe folic acid 0.4-0.8 mg daily to all women under 50 years of age who are capable of pregnancy.	
42.	Adult Preventive Care	Hepatitis B Virus Screening: Screen patients at each well visit for risk of acquiring HBV. Test for HBV if patient is born in Sub-Saharan Africa (Egypt, Algeria, Morocco, Libya, etc.), Central and Southeast Asia (Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.), HIV+, IV drug users, MSM, household contact with HBV infected individuals. Those at risk should include testing to three HBV screening seromarkers (HBsAg, antibody to HBsAg [anti-HBs], and antibody to hepatitis B core antigen [anti-HBc]) so that persons can be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling and linkage to care and treatment.	

No.	MRR Criteria	Frequently Missed Standards	Initials
43.	Adult Preventive Care	HIV Screening: USPSTF recommends risk assessment shall be completed at each well visit for patients 65 years old and younger. Those at high risk (in other words, having intercourse without a condom or with more than one sexual partner whose HIV status is unknown, IV drug users, MSM) regardless of age shall be tested for HIV and offered pre-exposure prophylaxis (PrEP). Lab results are documented.	
44.	Adult Preventive Care	Intimate Partner Violence Screening: Women of reproductive age (under 50 years of age) are screened and provided or referred to ongoing support services if positive. According to USPSTF, the following instruments accurately detect IPV in the past year among adult women: Humiliation, Afraid, Rape, Kick (HARK); Hurt, Insult, Threaten, Scream (HITS); Extended Hurt, Insult, Threaten, Scream (E-HITS); Partner Violence Screen (PVS); and Woman Abuse Screening Tool (WAST). SHA is not an approved tool since it lacks the questions to assess for emotional abuse.	
45.	Adult Preventive Care	Osteoporosis Screening: Assess all postmenopausal women during well adult visits for risk of osteoporosis. USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older and in women younger than 65 with one of the following risk factors: parental history of hip fracture, smoking, excessive alcohol consumption, and low body weight.	
46.	Adult Preventive Care	STI Screening and Counseling: Assess all individuals at each well visit for risk of STI and test those at risk and offer / perform intensive behavioral counseling for adults who are at increased risk for STIs includes counseling on use of appropriate protection and lifestyle: Chlamydia and Gonorrhea: Test and counsel all sexually active women under 25 years old and older women who have new or multiple sex partners. Test MSM regardless of condom use and persons with HIV at least annually. Syphilis: Test and counsel all MSM regardless of condom use and persons with HIV at least annually. Trichomonas: Test and counsel all sexually active women seeking care for vaginal discharge, women who are IV drug users, women who exchange sex for payment, women with HIV or have history of STI. Herpes: Test and counsel all men and women requesting STI evaluation who have multiple sex partners, those with HIV and MSM with undiagnosed genital tract infection.	
47.	Adult Preventive Care	Tuberculosis (TB) Screening: Adults are assessed for TB risk factors or symptomatic assessments upon enrollment and at periodic physical evaluations. The Mantoux skin test, or other approved TB infection screening test, is administered to all asymptomatic persons at increased risk of developing TB irrespective of age or periodicity if they had not had a test in the previous year. Adults already known to have HIV or who are significantly immunosuppressed require annual TB testing. The Mantoux is not given if a previously positive Mantoux is documented. Documentation of a positive test includes follow-up care (for example, further medical evaluation, chest x-ray, diagnostic laboratory studies and/or referral to specialist).	
48.	Adult Preventive Care	Adult Immunization status for Td/Tdap, Flu, Pneumococcal, Zoster, Varicella and MMR shall be assessed at periodic health evaluations. Vaccine administration documentation includes all of the following: name of vaccine, manufacturer, lot number and Vaccine Information Statement date.	