

CQI/QA Introduction

The role of the PSC is to provide technical assistance to providers in order to promote quality care in accordance with program requirements.

Use these tools in the context of the overall provider relationship, which begins with recruitment, progresses to implementation, ongoing technical assistance (TA), annual review, correction if needed.

These tools are a guide. If this is an experienced provider and you know the provider well, you don't need to go into so much detail and may not need to ask every question.

The PSC has authority to go into all Medi-Cal OB provider offices. Since MCMC plans are responsible for oversight of their providers, the PSC should prioritize interactions with plans and involve plan staff in QI. The PSC is resource to MCMC plans in assuring that they provide services consistent with T22 Section 51348. This is a requirement of each health plan contract.

If a MCMC plan is not making CPSP services available to enrollees despite TA from the PSC, the PSC may refer the plan to A&I.

Plans are required to have an MOU or contract w/ PH dept regarding maternal health. The PSC should be aware of the content of this document.

Notifying the provider and scheduling a review: Call or send letter in advance with procedure. You may find it helpful to include the review tools.

Administrative Review

Review provider file before the visit and identify areas of focus. Use the review tool as a guide. If you know the answer to a question, you don't need to ask it. As you use the tool, you will identify things that you should check every time and things that don't need to be done as often.

To verify NPI, have provider show letter that verifies M-cal has correct address.

CPSP Chart Review

Choosing charts for review:

- Ask the provider to pull ten completed (at least two months postpartum) charts, apportioned between staff doing case coordination and assessments. Need some charts from each staff member that is doing CPSP.
- If the provider does MCMC and FFS, review both kinds of charts.

- Request a list of women who have delivered and what was billed by code, use this to ID charts for review.

If the provider has an EHR, discuss the system with the provider and ask the provider the best way to ascertain how the system documents the required elements. This is a case where it can be especially helpful to provide the tool to the provider in advance. If you don't know the system, a staff member will need to sit with you as you review the documentation on line.

Don't take patient identifiable information from office; could leave a key of charts reviewed with provider.