

MEDICATION MONITORING REPORTING INSTRUCTIONS

The County of San Diego DMC-ODS (Drug Medi-Cal Organized Delivery System) Intergovernmental Agreement requires the County to implement a process to monitor certain medication practices. These instructions should help your program to complete the BHS process of Medication Monitoring for DMC-ODS providers.

Instructions:

- The Medication Monitoring process is done quarterly and there are 3 forms for the process: 1) The Medication Monitoring Submission Form, 2) the Medication Monitoring Tool, and 3) the McFloop Form.
- The **Medication Monitoring tool** is for the Physician, Nurses and other members of the Medication Monitoring Committee* to complete and review. **Question #4 must be reviewed by a physician. Only a Physician may sign the Medication Monitoring Review Tool.**
- The **Medication Monitoring Submission Form** is for summarizing the findings from all the Medication Monitoring Tools and McFloop forms, if any.
- The **McFloop Form** is only completed for feedback from the Medication Monitoring Tool that requires follow up due to deficiencies. All responses due to deficiencies and action required should be documented on the McFloop.
- Submit the **Medication Monitoring Submission Form** to the SUD QM unit by fax at 619-236-1953 or by email to QIMatters.HHSA@sdcounty.ca.gov by the required due date for the quarter as documented on the form.
- Do not submit your Medication Monitoring Tools and any approved McFloop forms to the SUD QM unit. Keep these forms on file at your clinic as they may be reviewed by the COR or SUD QM during site visits.
- If you have any **unapproved McFloop forms**, send these forms to SUD QM by secure email secure to QI Matters at QIMatters.HHSA@sdcounty.ca.gov or by fax (619-236-1953) as they contain PHI.
- During the Medical Record Review, QM Specialists will review your medication monitoring documents and process.
- Programs are required to monitor at least 1% of all BHS clients** enrolled at their program quarterly.

Medication Monitoring Submission Form Instructions: Deficiencies are totaled by type of deficiency on the report. For example, if you reviewed 10 charts, and one chart had a deficiency (e.g., “no”) for item #2 on the Medication Monitoring Tool, then a “1” would be entered in the *deficiency #2* box. If 3 charts had a deficiency for item #6 on the tool, then a “3” would be entered in the *deficiency #6* box. Please note for item #1 on the Medication Monitoring Tool, if the treatment plan is still within the 28 day timeline, this would be mark as “NA,” since there is still time to complete the treatment plan and document the diagnosis on the form.

Time Saving Tips: Keep a template of the Medication Monitoring Submission Form on your computer. Information that does not change can be “prefilled” on this template (program name, Contract #, DMC Provider #, phone number, etc.). When Medication Monitoring is due, simply open the form, complete it and email to SUD QM unit.

***Note:** *The Medication Monitoring Committee may be comprised of two or more representatives from different disciplines but at least one of the members must be a physician. Physicians may not review their own prescribing practices. It is the program’s responsibility to assure that there is another physician to review the charts. The medication monitoring committee function shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Medication Monitoring process requires that a staff physician not review their own charts. For programs that have only one physician, contact your COR for approval to have the staff physician review their own chart and CC QI Matters.*

****Note:** *The Medication Monitoring process is to be done only on BHS clients.*