State of California—Health and Human Services Agency
Department of Health Care Services

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ALL PLAN LETTER 22-017
SUPERSEDES ALL PLAN LETTER 20-006

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: PRIMARY CARE PROVIDER SITE REVIEWS: FACILITY SITE REVIEW AND MEDICAL RECORD REVIEW

PURPOSE:
The purpose of this All Plan Letter (APL) is to inform Medi-Cal managed care health plans (MCPs) of updates to the Department of Health Care Services' (DHCS) Primary Care Provider (PCP) site review process, which includes Facility Site Review (FSR) and Medical Record Review (MRR) policies. This APL supersedes APL 20-006. MCPs were expected to implement all updated FSR and MRR tool requirements effective July 1, 2022.

The following letters are not affected by this APL: Policy Letter (PL) 12-006, Revised Facility Site Review Tool, including its Attachment C, Physical Accessibility Review Survey Tool, and APL 15-023, Facility Site Review Tools for Ancillary Services and Community-Based Adult Services (CBAS) Providers, including its Attachment D, Ancillary Services Physical Accessibility Review Survey and Attachment E, CBAS Physical Accessibility Review Survey.[1]

BACKGROUND:
State law requires MCPs to have adequate facilities and service site locations available to meet contractual requirements for the delivery of primary care within their service areas.[2] All PCP sites must have the capacity to support the safe and effective provision of primary care services.[3] To ensure compliance, MCPs are required to perform initial and subsequent PCP site reviews, consisting of an FSR and an MRR, using the DHCS FSR and MRR tools and standards. The site review process is part of the MCPs' quality

[1] APLs and PLs are available on the DHCS website at the following link: https://www.dhcs.ca.gov/formsandpubs/Pages/MgdCarePlanPolicyLtrs.aspx.
[2] For more information on facilities and service sites, see Title 22, California Code of Regulations (CCR), sections 53856 and 53230. The CCR is searchable at the following link: https://govt.westlaw.com/calregs/Search/Index.
[3] A PCP site is any facility in which primary care services are provided to Members.

improvement programs that focus on the capacity of each PCP site to ensure and support the safe and effective provision of appropriate clinical services.[4]

FSRs are conducted to ensure that all contracted PCP sites have sufficient capacity to provide appropriate primary health care services and can maintain patient safety standards and practices. The FSR confirms the PCP site operates in compliance with all applicable local, state, and federal laws and regulations.

MRRs are conducted to review medical records for format, legal protocols, and documented evidence of the provision of preventive care and coordination and continuity of care services. The medical record provides legal proof that the patient received care. Incomplete records or lack of documentation implies the PCP did not provide quality, timely, or appropriate medical care.

MCPs designate professional clinical staff to be certified by DHCS as the MCP's Certified Master Trainer (CMT). The MCP's designated CMT provides training, supervision, and certification of the MCP's site reviewers (Certified Site Reviewers [CSRs]). DHCS collaborates with MCPs to develop, implement, and evaluate site review training and certification, revise training curriculum and materials as needed, and provide technical assistance to CMTs on an ongoing basis.

DHCS oversees and monitors the MCPs' implementation of the site review policy. Monitoring may include, but is not limited to, DHCS-conducted site reviews; oversight of the MCP's methods for monitoring Provider sites between periodic site reviews; and verification of appropriate use of the reviewers within their legal scope of practice, the standards outlined in this policy, and local collaborative processes. Monitoring methods may also include, but are not limited to, observing site reviewer training and certification processes, assessing data collection methods, and evaluating aggregate reports.

DHCS updates the FSR and MRR standards and criteria every three years to reflect current guidelines of professional organizations, expand and organize criteria, and adjust the scoring methods as needed. MCPs must enforce the most current recommendations from editions of United States Preventive Services Task Force (USPSTF) A and B recommendations, American Academy of Pediatrics (AAP) periodicity schedule (Bright Future guidelines), most current childhood immunization schedule and recommendations published by the Advisory Committee on Immunization Practices and California Adult Immunization recommendations, most current standards

[4] MCP Contract, Exhibit A, Attachment 4, Quality Improvement System, Site Review. MCP contracts are available on DHCS' website at the following link: https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx.

or guidelines of the American College of Obstetrics and Gynecologists in between FSR and MRR updates by DHCS.

POLICY:
MCPs are responsible for oversight of their site review policies whether the MCP retains its site review functions, delegates them to another MCP, or subcontracts site review functions. DHCS only accepts site reviews that are conducted and completed by a CMT and/or a CSR.

For all contracted PCP sites, MCPs are required to conduct initial and subsequent site reviews, consisting of an FSR and MRR, regardless of a PCP site's other accreditations and certifications.

Each MCP must ensure that:

- Each PCP site has passed an initial FSR and, as applicable, corrects all deficiencies in order to close their Corrective Action Plan (CAP) prior to adding the Provider(s) to the MCP's Network and assigning Members to the Provider(s).
- Each PCP site completes an initial MRR after the PCP is assigned Members, and, as applicable, submits all appropriate documentation to address all deficiencies to close their CAP.
- Each PCP site completes a periodic subsequent site review at least every three years after the initial FSR, consisting of both an FSR and MRR.
- DHCS' most current FSR and MRR tools and standards are being utilized when conducting site reviews.
    - The MCP's DHCS-assigned Contract Manager or Nurse Evaluator will contact the MCP when there are updates to the tools or standards and/or updated information will be released to all MCPs through a general DHCS mailbox. The FSR and MRR standards are also posted as attachments to this APL;
- All PCP sites are held to the same standards.
- The site review status of each contracted PCP site is properly documented and monitored.
- MCPs collaborate locally to determine how they will notify each other of site review statuses and results for shared Providers.

MCPs must issue a Certificate of Completion to Providers that successfully complete both the FSR and MRR and close all CAPs. This Certificate is dated based on the most recent FSR, is valid for up to three years, and affirms that the site has been deemed a DHCS Certified Provider Site. MCPs must develop a process for issuing the Certificates and coordinate with the county collaborative in the issuance and revocation of

Certificates to shared Provider sites. If a site's Certification is revoked as a result of noncompliance with applicable requirements, the site is no longer deemed a DHCS Certified Provider Site and will not be allowed assignment of Members as a PCP until the PCP site has successfully completed the FSR/MRR and closed all CAPs. The Certificate of Completion does not replace the information from the site review results and outcomes that are shared based on agreed upon processes and methodology. MCPs must contact their DHCS-assigned Nurse Evaluator for a copy of the most current Certificate template.

Each MCP must notify its Providers in advance for scheduled site reviews. However, inspection of an MCP's Provider facilities 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.[5]

MCPs may choose to delegate site review responsibilities to another MCP. While each collaborating MCP determines whether it will accept a collaborating MCP's site review findings, each MCP retains ultimate responsibility for the assigned sites and oversight of site review completion, results, any necessary CAP, and monitoring of assigned PCP sites per county collaboration.[6]

Site Review Process

Initial Site Review

An initial site review consists of an initial FSR and an initial MRR. The initial FSR and the initial MRR might not occur on the same date. The FSR is conducted first to ensure the PCP site operates in compliance with all applicable local, state, and federal laws and regulations. MCPs must not add PCPs to their Network or assign Members to Providers until their PCP sites receive a passing FSR score and completes all CAPs. An initial FSR is not required when a new Provider joins a PCP site that has a current passing FSR score.

A DHCS Site Identification Number ("DHCS Site ID") is a unique identifier and must be assigned by designated MCPs to each PCP site reviewed. DHCS releases sets of DHCS Site ID numbers for each county. In the event of an ownership change at an established PCP site, a new DHCS Site ID will be assigned. The new DHCS Site ID may be the existing Site ID but with a modifier to represent a change of ownership at

[5] For more information on medical survey procedures, see Title 28 CCR, section 1300.80.
[6] MCP Contract, Exhibit A, Attachment 4, Quality Improvement System, Delegation of Quality Improvement Activities.

the site. Local county MCPs collaborate to manage and assign the DHCS Site ID numbers specific to the county.

Initial MRR Requirements

Once a PCP site passes the initial FSR and completes all CAPs, if applicable, MCPs may add the site's PCP(s) to their Network and can begin assigning Members to PCPs at that site. MCPs must complete the initial MRR of the new PCP site within 90 calendar days of the date that the MCP first assigns Members. The MCP may defer this initial MRR for an additional 90 calendar days only if the new PCP(s) does not have enough assigned Members to complete the MRR on the required minimum number of medical records (see Subsequent Site Reviews below for details regarding the required minimum number of medical records). If, after 180 days following assignment of Members, the PCP still has fewer than the required number of medical records, the MCP must complete the MRR on the total number of medical records it has available, and adjust the scoring according to the number of medical records reviewed. MCPs may choose to conduct the MRR Review portion of the site review on site or virtually. The virtual process must comply with all applicable Health Insurance Portability Accountability Act (HIPAA) standards at all-times.

Additional scenarios that require MCPs to Conduct an Initial Site Review

Examples of these scenarios include, but are not limited to the following:

- A new PCP site is added to an MCP's Network.
- A newly contracted Provider joins/assumes a PCP site with a previous failing FSR and/or MRR score within the last three years.
- A PCP site is returning to the Medi-Cal managed care program and has not had a passing FSR in the last three years.
- At the discretion of the MCP, a separate site review may be conducted for solo practices/organizations.
- Upon identification of multiple independent practices that occupy the same site, a separate site review must be completed for all PCP practices at that site and a unique alphanumeric DHCS Site ID must be assigned for each independent PCP practice at the site if ownership is different. MCPs must develop processes within their local county collaborative in regard to conducting separate site reviews for shared sites.
- A change in ownership of an existing Provider site is planned and/or identified.
- When a PCP site relocates, the following must occur:
    - The relocating PCP site is required to undergo an initial site review process.

  - The MCP must allow established Members to continue to see the Provider at the new location, but not assign new Members until the initial site review is completed.
  - The relocated PCP site must pass the initial FSR within 60 days of notification or discovery of the completed move.
  - Upon passing the initial FSR and closing CAPs, if applicable, the following will occur:
    i. The PCP site may be formally added to the Network.
    ii. New and established relocating Members can be formally assigned to the new Provider location.
  - If the relocated PCP site does not pass the initial FSR within two attempts, or does not complete required CAPs per established timelines, the following will occur:
    i. The relocated PCP site may not be added to the MCP's Provider Network.
    ii. The previous PCP site must be removed from the Network, if the site has closed.
    iii. Current assigned membership must be reassigned to another Network PCP, if the previous site has closed.
    iv. The relocated PCP site may reapply six months from the last FSR survey.

- A new MCP is established or an existing MCP expands to a new service area. New MCPs and those that expand to a new service area must complete an initial site review on a specified number of PCP sites as outlined in the bulleted list below. The FSR portion of the initial site review must be completed prior to the start of new or expanding MCP operations.
  - Five percent of the PCP sites in its proposed Network, or on thirty PCP sites, whichever is greater in number.
  - All of the remaining proposed PCP sites within the first six months of operation or expansion.
  - All of the PCP sites in the Network if there are thirty or fewer PCP sites in the Network.
  - New and/or expanding MCPs may use site reviews of existing county MCPs as evidence of completion of the required initial site reviews.
  - MCPs must submit data and relevant information to DHCS, in a format and timeframe to be specified by DHCS, for the instances described above.

Supplemental Facilities - Mobile, Satellite, School Based, and Other Extension Clinics

Supplemental facilities assist in the care delivery of primary care services to geographically remote areas that lack health care services, as well as assist the underserved population in areas where there may be access to care concerns.

- Supplemental facilities may offer a variety of clinical services including, but not limited to: preventive care, immunizations, screenings, and/or chronic care management (excluding specialty services).
- Mobile clinics are self-contained units including vans, recreational vehicles, and other vehicles that have been repurposed to provide space for various clinic services, and may also serve to deliver equipment to locations that operate temporary clinics.[7]
- In general, supplemental facilities that provide primary care services may serve as an extension of a PCP site, a community-based clinic, a Federally Qualified Health Center county facility, or a standalone clinic with Members assigned.
- MCPs must conduct an initial site review and subsequent site reviews of supplemental facilities at least every three years thereafter, with a focus on areas relevant to the services being provided by the supplemental facilities.
- MCPs must establish a process to complete the oversight of supplemental facilities and collaborate with MCPs within a given county.

Requirements for Subsequent Site Reviews

MCPs are required to conduct subsequent site reviews, consisting of an FSR and MRR, at least every three years, beginning no later than three years after the initial FSR, and at least every three years thereafter. MCPs may conduct site reviews more frequently per county collaborative decisions, or when determined necessary based on monitoring, evaluation, or CAP follow-up issues.

Scoring Requirements

MCPs must base FSR and MRR scores on available documented evidence, demonstration of the criteria, and verbal interviews with site personnel. If a site reviewer chooses to review additional criteria not included on the FSR or MRR tools, the site reviewer must not include the additional criteria in the existing scoring method. MCPs must not alter scored criteria or assigned weights in any way.

[7] Street medicine is separate and distinct from mobile medicine performed in mobile units in that street medicine Providers see the patient in their environment, such as in their encampment. Additional guidance on site review requirements for street medicine providers is forthcoming.

The FSR tool is composed of both critical and non-critical elements. Critical elements (CE) are indicated by bold and underlined text. CEs have the largest potential for adverse effects on patient health or safety and therefore have a scored weight of two points, while non-critical review elements have a scored weight of one point.

All MRR tool review elements have a scored weight of one point each. The MRR score is based on a standard review of ten randomly selected Member medical records, consisting of pediatric, adult or obstetric medical records, according to the Member population served. For PCP sites serving only pediatric or only adult patients, all ten medical records must be reviewed using the appropriate preventive care criteria. Pediatric preventive services are provided to Members under 21 years of age in accordance with current AAP bright future recommendations. For adults age 21 years and older, preventive services are provided in accordance with USPSTF A and B recommendations. For Obstetricians and Gynecologists acting as PCPs and PCPs providing obstetric care in accordance with American College of Obstetricians and Gynecologists and Comprehensive Perinatal Services Program standards, all medical records must be reviewed using preventive care criteria for adults or pediatrics (pregnant Members under age 21 years) and obstetrics.

Shared Medical Records Practice

A shared medical record practice occurs when multiple PCPs see the same patients and use the same medical records for documentation of patient care. If a PCP site documents patient care performed by multiple PCPs in the same medical record, the MCP must consider these medical records a shared medical record system. The MCP must consider shared medical records as those that are not identifiable as separate records belonging to any specific PCP.

The MCP must review the number of medical records according to the number of PCPs and population served in that shared medical record system, per the table below.

Number of PCPs	Minimum number of medical records (based on the general patient population distribution: pediatrics, adult, obstetrics)
1-3	10
4-6	20
7+	30

If a minimum number of records are not available for review due to limited patient population, the reviewer will complete the MRR, document the rationale, and adjust the score as needed.

In the event that there are multiple Providers in one office that do not share medical records, each PCP must be reviewed separately and receive a separate score. A minimum of ten medical records must be reviewed per Provider.

During the MRR, site reviewers have the option to request additional medical records for review to ensure adequate review of all Provider specialties, Member populations, etc. If the site reviewer chooses to review additional medical records, the MCP must calculate the scores accordingly.

MCPs may choose to conduct the MRR portion of the site review onsite or virtually. The virtual process must comply with all applicable HIPAA standards at all times, regardless of the chosen method. Both onsite and virtual MRRs may include the review of medical records for Members belonging to another MCP, and may include the viewing, collection, storage, and transmission of Protected Health Information (PHI).

Scores are issued based on established scoring procedures, located in the FSR and MRR review tools. PCP sites will achieve a separate score for the FSR and/or MRR as described in the table below:

	Exempted Pass	Conditional Pass	Fail
FSR	• Score of 90% and above with **no** deficiencies in CEs, infection control, or pharmacy **CAP NOT required**	• Score of 90% and above **<u>with</u>** deficiencies in CEs, infection control, or pharmacy • Score of 80%-89%, regardless of deficiencies **CAP required**	• Score of 79% or below **CAP required**
MRR	• 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 below 80% • Score of 80%-89% **CAP required**	• Score of 79% or below **CAP required**
MCPs may require a CAP regardless of score for other findings identified during the survey that require correction.			

For detailed scoring procedures, see the FSR and MRR tools and standards. These documents are available upon request, and the FSR and MRR standards are posted as attachments to this APL. MCPs must contact their DHCS assigned Contract Manager or Nurse Evaluator to request these documents.

<u>Failing Scores</u>

If a PCP site receives a failing score from one MCP, all other MCPs must consider the PCP site as having a failing score. MCPs must use the county collaborative process to identify shared Providers and to determine methods for sharing site review information, including CAPs, failed sites, and Provider terminations.

When a PCP site receives a failing score on an FSR or MRR, the MCP must notify the PCP site of the score, all cited deficiencies, and all CAP requirements. An MCP may

choose to remove any PCP site with a failing FSR or MRR score from its Network. If an MCP allows a PCP site with a failing FSR or MRR score to remain in its Network, the MCP must require and verify that the PCP site has corrected the identified deficiencies within the CAP timelines established in this policy. MCPs must not assign new Members to Network PCP sites that receive a failing score on an FSR or MRR until the MCP has verified that the PCP site has corrected the deficiencies and the CAP is closed.

Based upon mutual agreement between the MCP and the Provider site, additional training and technical assistance may be available when a PCP site fails an initial FSR prior to contracting with the MCP. Pre-contracted Providers who do not pass the initial FSR may use the first attempt as a learning and technical assistance opportunity. If the Provider fails the site review after the second attempt, the Provider will need to reapply to the MCP after six months from the date of the second attempt.

PCP sites that receive a failing score on either the FSR or MRR for two consecutive site reviews must receive a minimum passing score, i.e. Exempted Pass or Conditional Pass, on the next FSR and MRR (including PCP sites with open CAPs in place) to remain in the MCP's Provider Network.

If the PCP site fails the FSR or MRR on its third consecutive attempt, despite the MCP's ongoing monitoring and assistance, the PCP site will not have an opportunity to complete a CAP, and must be removed from the MCP's Provider Network. Impacted Members must be reassigned to other Network Providers, as appropriate and as contractually required. If a PCP site is removed from one MCP Network due to three consecutive failing scores, all other MCPs must also remove the PCP site from their Networks.

Corrective Action Plan

A CAP is required for all cited deficiencies for PCP sites that have an FSR and/or MRR conditional pass or non-passing score. MCPs may require a CAP for other findings identified during the survey that require correction, regardless of the score. There is no rescoring of the FSR or MRR as deficiencies are corrected or addressed, and points are still deducted even if deficiencies are corrected at the time of the audit. CAPs are also required when there are CE, pharmacy, and infection control deficiencies found during any site review activity, including but not limited to, focused reviews, monitoring activities, or other reviews done by the MCP or DHCS.

MCPs must not assign new Members to Providers who fail to correct site review deficiencies within the established CAP timelines. For Providers that fail to comply with their CAP, the MCP must verify that the PCP site has corrected the deficiencies and the

CAP is closed before assigning new Members. Ultimately, MCPs must remove any Provider from their Network that does not come into compliance with review criteria and CAP requirements within the established timelines, and the MCP must expeditiously reassign that Provider's Members to other Network Providers.[8]

MCPs must follow the established timeline below for CAP notification and completion:

CAP Timeline	**CAP Action(s)**
Day of the FSR and/or MRR	The MCP must provide the PCP site with the following: • Verbal notification of any CE findings and a signed attestation by the PCP/site designee and the MCP staff confirming that a discussion regarding CE findings occurred. (This serves as the start of the CE-CAP timeline.) • A formal written request for CAPs to address all CEs, if applicable, the day of the site visit but no later than one business day after site visit completion. • The FSR score the day of the site visit but no later than one business day after site visit completion. • The MRR score the day of site visit but no later than one business day after MRR completion.
Within 10 business days from the date of completing FSR visit and/or MRR	• The PCP site must submit a CAP and evidence of corrections to the MCP for all deficient CEs, if applicable. • The MCP must review, approve, or request additional information on the submitted CAP(s) for CE findings. • The MCP must provide a report to the PCP site containing FSR and/or MRR findings, along with a formal written request for CAPs for all non-CE deficiencies. (This serves as the start of the non-CE CAP timeline.) • The MCP must provide educational support and technical assistance to PCP sites as needed.

[8] More information regarding provider terminations is located in APL 21-003, Medi-Cal Provider and Subcontract Suspensions, Terminations, and Decertifications, or any superseding APL.

CAP Timeline	CAP Action(s)
Within 30 calendar days from the date of the completed FSR	• The MCP must verify that all aspects of CE CAPs are completed. • Providers can request a definitive, time-specific extension period to correct CE deficiencies, and to be granted at the discretion of the MCP, not to exceed 60 calendar days from the date of the FSR.
Within 30 calendar days from the date of the FSR and/or MRR Report	• The PCP site must submit a CAP for all non-CE (FSR/MRR) deficiencies to the MCP. • The MCP must provide educational support and technical assistance to PCP sites as needed.
Within 60 calendar days from the date of the FSR	• For those sites that were granted an extension for CE CAPs, the MCP must verify that all CE CAPs are closed.
Within 60 calendar days from the date of the FSR and/or MRR Report	• The MCP must verify that non-critical CAPs are completed. • The MCP must review, approve, or request additional information on the submitted CAP(s) for non-critical findings. • The MCP must continue to provide educational support and technical assistance to PCP sites as needed.
Within 90 calendar days from the date of the FSR and/or MRR Report	• All non-critical CAPs must be closed. • Providers can request a definitive, time-specific extension period to complete the CAP(s), not to exceed 120 calendar days from the date of the initial report of FSR and/or MRR findings.
Beyond 120 calendar days from the date of the FSR and/or MRR Report	• Under extenuating circumstances, MCPs can request from DHCS a definitive, time-specific extension period to allow for 1) the PCP site to complete the CAP and/or 2) the MCP to verify CAPs have been completed. • The MCP must conduct a focused FSR and/or MRR, as applicable, within 12 months of the original FSR and/or MRR date(s).

The MCP conducting the site review is responsible for providing the site with the CAP requirements, including the CAP template and appropriate documentation as listed below:

- The specific deficiency;
- Corrective actions needed;
- CAP due dates;
- Instructions for CAP submission; and
- MCP contact information.

MCPs are responsible for conducting follow-up, verification, and closure of CE, FSR, and MRR CAPs to ensure that the site has implemented a process and/or procedures to make corrections as noted on the CAP. All CAP (CE, FSR, MRR) verifications may be done via review of document submission via fax or email, virtual platform, or an onsite review, per nurse reviewer discretion and/or MCP policy and procedure. DHCS reserves the right to require MCPs to conduct CAP verification onsite.

Closed CAP documentation must include:

- Documentation of problems in completing corrective actions (if any);
- Resources and technical assistance provided by the MCP;
- Evidence of the corrections;
- Completion and closure dates; and
- Name and title of the MCP reviewer.

Monitoring

Each MCP must monitor all PCP sites between each regularly scheduled site review. Monitoring methods may include site reviews, but MCPs must also use additional methods such as information gathered through established internal MCP systems (e.g., quality improvement), as well as Provider and program-specific reports from external sources of information (e.g., public health). At a minimum, MCPs must monitor and evaluate all CEs for all PCP sites between scheduled site reviews. When MCPs identify deficiencies through monitoring, they must determine the appropriate course of action, such as conducting a site review or additional focused reviews, to educate and correct the deficiencies according to established CAP timelines.

Focused Review

A focused review is a targeted review of one or more specific areas of the FSR or MRR. MCPs must not substitute a focused review for a site review. MCPs may use focused reviews to monitor Providers between site reviews to investigate problems identified through monitoring activities or to follow up on corrective actions. Reviewers may utilize

the appropriate sections of the FSR and MRR tools for the focused review, or other methods to investigate identified deficiencies or situations. All deficiencies identified in a focused review requiring a CAP must require the completion and verification of corrective actions according to CAP timelines established in this policy and at the reviewer's discretion, a CAP may be given during focused review.

County Collaboration

MCPs must collaborate locally within each Medi-Cal managed care county to establish systems and implement procedures for the coordination, consolidation, and data sharing of site reviews for mutually contracted PCPs[9] and may include reviewing medical records of a Member belonging to another MCP, including the viewing, collection, storage and transmission of PHI. All MCPs within a county have equal responsibility and accountability for participation in the site review collaborative processes.

MCPs must submit an initial written description and periodic update reports as requested and instructed by DHCS describing the county collaboration processes, which must include, but are not limited to, the following:

- Names and titles of each MCP's participating personnel.
- A work plan that includes goals, objectives, activities, and timelines.
- Scheduled meeting dates, times, and locations.
- Meeting processes and outcomes.
- Communication and information-sharing processes
- Roles and responsibilities of each MCP.
- Delegated activities and use of delegated or sub-delegated entities.
- Memorandum of Agreement requirements established for collaborating MCPs.

MCPs must establish policies and procedures to define local collaborative methodology for:

- Identification of shared Providers.
- Confidentiality, disclosure, and release of shared Provider review information and site review results.
- Site review processes.
- Issuance of Certificate of Completion.
- Oversight and monitoring of review processes.
- Site review personnel and training processes.

[9] Health and Safety Code, section 1342.8. State law is searchable at the following link: http://leginfo.legislature.ca.gov/faces/home.xhtml.

- Collection and storage of site review results, including PHI.

To avoid duplication of efforts and disruption to PCPs practicing at the same site, the MCP may include a non-contracted PCP(s) in the site review, at the agreement of the collaborating MCPs. At the discretion of the collaborating MCPs, site review scores and outcomes may be shared and accepted. In the event site review scores are not accepted by other MCPs, a site review must be performed.

In instances where contracted PCP sites are located in a bordering county, MCPs may share site activity information such as scores, CAP completion, and/or noncompliance, with bordering county MCPs to avoid duplicative site reviews. Formal agreements must be in place in order to disclose PHI, such as the review of medical records of a Member belonging to another MCP.

MCP Site Review Personnel

MCPs must designate a minimum of one physician, Nurse Practitioner (NP), Physician Assistant (PA), or Registered Nurse (RN), to be certified by DHCS as the MCP's CMT. The CMT has the overall responsibility for the training, supervision, and certification of site reviewers, as well as monitoring site reviews and evaluating site reviewers for accuracy.

MCPs must determine the composition of the teams performing site reviews. Each site review must have a designated CMT/CSR who is responsible for and must sign the FSR and MRR tools. Only physicians, NPs, PAs, or RNs are eligible to become CSRs. A variety of personnel can also be part of the site review team, including pharmacists, dietitians, and others to provide assistance and clarification.

An RN[10] is the minimal level of site reviewer acceptable for independently performing site reviews. RN reviewers can independently make determinations regarding implementation of appropriate reporting or referral of abnormal review findings to initiate peer review procedures. An RN can only delegate site review tasks to a subordinate based on the subordinate's legal scope of practice and on the degree of preparation and ability required by the site review tasks that the RN would delegate.

Each MCP is required to have written policies and procedures that clearly define the duties and responsibilities of all site review personnel. Each MCP must demonstrate that site review activities established for their reviewers comply with the site reviewers' scope of practice as defined by state law, in accordance with the state licensing and

[10] Business and Professions Code section 2725.

certification agencies and are appropriate to the site reviewers' level of education and training.

MCP Site Review Training and Certification

Physicians, NPs, PAs, and/or RNs that are designated by each MCP to be CMTs or CSRs must meet the certification and recertification requirements outlined in the respective table below to be certified as a CMT or CSR. CMT candidates must apply for certification directly to DHCS using Attachment A of this APL, Application for DHCS Site Review Master Trainer Certification. Applications must be submitted to the MCP's assigned Nurse Evaluator. Upon certification and recertification, CMTs will receive a certificate signed by DHCS. CMTs must be recertified every three years.

Each MCP is responsible for ensuring that all site reviewers are appropriately trained, evaluated, certified, and monitored. MCPs may collaborate with one another to determine local systems for training and certifying site reviewers. Training must include DHCS seminars, MCP classes, individual or small group training sessions provided by a CMT, and self-study learning programs. MCPs can only certify physicians, PAs, NPs, or RNs as CSRs, and recertify them every three years thereafter. Upon certification and recertification, CSRs will receive written verification of certification by the awarding MCP. Attained CSR/CMT certification is transferable across participating MCPs. MCPs may confirm certification status by contacting DHCS.

Inter-rater Review Process

Candidates for CMT and CSR certifications must complete an inter-rater review process as part of both the initial certification and recertification processes. The inter-rater for CMT candidates is a DHCS Nurse Evaluator. The inter-rater review process requires the CMT candidate to concurrently complete and score a site review with the DHCS Nurse Evaluator utilizing the DHCS FSR and MRR tools and standards. The inter-rater for CSR candidates is the MCP's CMT. The inter-rater review process requires the CSR candidate to participate with the MCP's CMT to concurrently complete and score a site review utilizing the DHCS FSR and MRR tools and standards. The CMT or CSR candidate must achieve the required inter-rater score as described in the tables below in order to be certified.

If the CMT or CSR candidate does not meet the appropriate inter-rater score variance, they may repeat the process one time. The appropriate inter-rater (DHCS Nurse Evaluator or MCP's CMT) and the candidate with the failing inter-rater score will jointly assess training needs and implement a training plan prior to conducting the second inter-rater review. CMT and CSR candidates that do not meet the appropriate inter-rater

variance score for the second inter-rater review must wait six months to reapply for certification.

Initial Certification Requirements	**CMT**	**CSR**
Possess a current and valid California RN, Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), NP, or PA license.	X	X
Be employed by or subcontracted with an MCP.	X	X
Submit Attachment A, Application for DHCS Site Review Master Trainer Certification.	X	
Have experience in conducting training in a health related field, or conducting quality improvement activities such as medical audits, site reviews, or utilization management activities within the past three (3) years.	X	
Complete twenty (20) FSRs and twenty (20) MRRs as a CSR, and one (1) year of experience as a CSR.	X	
Achieve an inter-rater score within 5% of FSR and 5% of MRR from the DHCS Nurse Evaluator.	X	
Attend didactic site review training or completion of DHCS site review training modules on the current site review tools under supervision of a CMT.		X
Complete ten (10) FSRs and ten (10) MRRs with a CSR or CMT.		X
Achieve an inter-rater score within 10% in FSR and 10% in MRR with designated CMT.		X

Recertification Requirements	**CMT**	**CSR**
Possess a current and valid California RN, MD, DO, NP, or PA license.	X	X
Be employed by or subcontracted with an MCP.	X	X

Recertification Requirements	CMT	CSR
Be responsible for staff training on the most current DHCS site review tools and standards.	X	
Participate in DHCS-sponsored site review trainings as well as Site Review Work Group (SRWG) meetings and teleconferences.	X	
Maintain CMT certification.	X	
Complete a minimum of thirty (30) site reviews following initial certification or recertification.	X	X
Attend DHCS-sponsored inter-rater workshops in person or virtually every three years.	X	X
Achieve within a 5% variance on the MRR, on the statewide inter-rater score as defined by the SRWG and DHCS.	X	
Achieve within a 10% variance on the MRR, on the statewide inter-rater score as defined by the SRWG and DHCS.		X

Each MCP must develop policies and procedures for certification, ongoing supervision, and monitoring of site review personnel to ensure reliability of site review findings and data submitted to DHCS. Each MCP must maintain certification records including, but not limited to, site review training activities and supporting documentations to support the certification requirements.

Data Submission Procedures

MCPs are required to submit site review data to DHCS every six months (July 31 for the period January - June, and January 31 for the period July - December) in an approved format uploaded to a designated DHCS secure site. MCPs are permitted to submit data more frequently than every six months. For preoperational and expansion site reviews, MCPs must submit site review data to DHCS at least six weeks prior to site operation. DHCS will make available the database containing all necessary tables and data input forms for the mandatory bi-annual submission of site review data. DHCS will reject site review data that MCPs submit in nonconforming formats.

MCPs are required to collect PHI as part of the MRR process, and must include the PHI in the bi-annual data submission to DHCS.

DHCS-Conducted Site Reviews

DHCS conducts separate site reviews to validate MCPs' FSR and MRR processes. Prior to a new MCP's operation, or an MCP expansion to a new county, DHCS conducts initial FSRs, followed by initial MRRs upon an MCP beginning operations and assignment of Members, as outlined in this APL, of randomly chosen PCP sites in the MCP's Network. DHCS also conducts subsequent site reviews on PCP sites within MCP Networks. DHCS will notify MCPs of critical findings in writing via email within 10 business days following the date of the FSR and/or MRR and provide a written report summarizing all of DHCS' review findings within 30 calendar days following the date of the FSR and/or MRR.

Within 30 calendar days from the date of MCP receipt of the DHCS-conducted site review report, the MCP must provide a CAP to DHCS responding to all cited deficiencies documented in the report. The MCP's CAP response must include:

- The identified deficiency (ies).
- A description of action(s) taken to correct the deficiency (ies).

If a deficiency is determined to require long-term corrective action, the MCP's CAP response must include indication that the MCP has:

- Initiated remedial action(s).
- Developed a plan to achieve an acceptable level of compliance.
- Documented the date the Provider is in full compliance or when full compliance will be achieved.

Additional supporting documentation and remedial action may be required if DHCS determines CAPs are insufficient to correct deficiencies.

Each MCP will be notified approximately four weeks in advance of DHCS-conducted site reviews. Each MCP must notify its Providers in advance of site reviews, whether the site review is conducted by DHCS or by the MCP. However, inspection of an MCP's facilities 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.

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required policies and procedures (P&Ps), the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCOD) contract manager within 90 days of the release of this APL. If an MCP

determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCOD contract manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters.[11] These requirements must be communicated by each MCP to all Subcontractors and Network Providers.

If you have any questions regarding this APL, please contact your MCOD Contract Manager or Nurse Evaluator.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division

[11] For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.