PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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<tr><td colspan="3">Approval Signature: Robert Moore, MD MPH, MBA</td><td colspan="3">Approval Date: 08/12/2026</td></tr>
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I. RELATED POLICIES:

A. MPQP1022 - Site Review Requirements and Guidelines
B. CMP36 - Delegation Oversight and Monitoring

II. IMPACTED DEPTS:

A. Provider Relations
B. Credentialing

III. DEFINITIONS:

A. The Physical Accessibility Review Survey (PARS) is an on-site review of a provider office site's structural amenities vis-a-vis the potential for an adverse effect on seniors or persons with disabilities.
B. Primary Care Provider (PCP): the PCP is a general practitioner, internist, pediatrician, family physician, obstetrician/gynecologist (OB/GYN), nurse practitioner or physician assistant.
C. High Volume Specialist: a provider in Any Partnership HealthPlan of California's (Partnership's) that has billed at least 500 visits during the prior calendar year and who saw a minimum of 200 unique members during the prior calendar year. Specialist types are those recommended by the American Board of Medical Specialties (ABMS). A specialist is defined as: A physician specialist, Board Certified by an ABMS Member Board is a licensed physician who focuses their practice in a particular area of medicine or patient care and may concentrate on certain body systems, specific age groups or complex scientific techniques to diagnose or treat particular medical conditions.
D. High Volume Ancillary Provider: a provider in Partnership's Regions that has billed at least 500 visits during the prior calendar year and who saw a minimum of 200 unique members during the prior calendar Ancillary providers may provide audiology, community based adult services (CBAS), dialysis, occupational/speech/physical therapy, nutritional education, and home infusion or other such services.
E. Excluded Providers: Certain provider types are excluded from the Partnership assessment of accessibility for Seniors and Persons with Disabilities (SPDs). They include licensed and certified facilities, hospitals, dental and vision providers, Long Term Care (LTC) facilities, imaging centers, pharmacies and labs, medical transportation, medical supplies, and Durable Medical Equipment (DME) sites. Non-contracted providers are excluded from Partnership assessment of accessibility for SPDs.

IV. ATTACHMENTS:

A. Physical Accessibility Review Survey Guidelines/Tool
B. Ancillary Services Physical Accessibility Review Survey
C. Community Based Adult Services (CBAS) Physical Accessibility Review Survey
D. PARS Close Letter Template

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Applies to:	☐**Employees**	☒ **Medi-Cal**	☐ **Partnership Advantage**

V. PURPOSE:

To define the scope and frequency of performing the Physical Accessibility Review Survey (PARS) for PCPs and High-Volume Ancillary and Specialist Providers (HVASP). The PARS tool was developed by a collaborative coalition made up of staff from the California Department of Health Care Services (DHCS) and Medi-Cal Managed Care Health Plans and meets DHCS standards. The purpose of the PARS is to assess the physical accessibility of provider sites using a set of standards mindful of the needs of seniors or persons with disabilities. Results of the PARS will be made available through the Partnership website and provider directories.

VI. POLICY / PROCEDURE:

Partnership will conduct a PARS at the time of the initial site review for newly credentialed PCPs and at least once every three years thereafter. Partnership will notify DHCS of any changes made to the HVASP methodology by January 31st of each year in accordance with MMCD Policy Letter 12-006 (see references below.) Annually, no later than April 30th, Partnership will apply the methodology approved by DHCS to identify any new HVASP that meet the criteria described in Section III. Providers that no longer meet the HVASP definition, will be deleted from the list to survey. Newly identified HVASP providers will receive a PARS assessment within six (6) months of such identification.

A. Requirements
   1. PARS is an on-site review of the office site and covers critical elements across:
      a. Parking
      b. Exterior Building
      c. Interior Building
      d. Restroom
      e. Exam Room
      f. Exam Table/Scale

B. Scheduling - A member of the Quality Improvement department's Quality Inspections team or designee (aka the PARS Reviewer) conducts the PARS. (Refer to Section VI.E. for delegation criteria.)
   1. The Quality Inspections team schedules the physical accessibility reviews and provides information to the provider on preparing for the review in the following situations:
      a. Providers who change site locations subsequent to receiving a PARS assessment must receive a new review. Network Services notifies the Inspections team through the Provider Change Agenda of relocated providers. The Inspection team will complete a review within sixty (60) days of the notification date.
      b. PCPs will be assessed at a minimum of every three years.
      c. Newly identified providers based on the annual HVASP methodology will be assessed within six months of being identified.
      d. Existing HVASPs that continue to meet the High-Volume methodology will be assessed every three years.

C. Review
   1. The PARS Reviewer will conduct the review, using the most recent DHCS PARS tool.
      a. Review Criteria
         1) Criteria are scored as Yes, No, or Not Applicable
         2) Access is identified as Basic or Limited, as well as Medical Equipment Access (if applicable)
         3) There is no Corrective Action Plan (CAP) required when elements of the review do not meet the standards
   2. Results Notification:

a. Partnership Contracted Provider
   1) The Partnership contracted provider will receive a final close letter within sixty (60) days of the review, which will indicate the level of access and the appropriate accessibility indicator. – See Attachment D.

b. Provider Relations
   1) The results of the PARS will be forwarded to the Partnership Provider Relations department on a monthly basis. Provider Relations staff will make the information available on the Partnership website and in the provider directories in accordance with MMCD Policy Letter 12-006.

D. Physical Access Designation
   1. Access designations are documented in the Partnership HealthPlan Provider Directory as required by MMCD 12-006.
      a. Basic Access: Demonstrates access for SPDs meet the Basic Access requirements, for all Critical Elements (CE) in the following areas: parking, building, elevator, doctor's office, exam room and restroom.
      b. Limited Access: Demonstrates access for SPDs where one or more of the Critical Elements (CE) are missing or incomplete in the following areas: parking, building, elevator, doctor's office, exam room, and restroom.
      c. Medical Equipment Access: Demonstrates the PCP site has a height adjustable exam table and patient accessible weight scales per guidelines (for wheelchair/scooter plus patient). This is noted in addition to the level of basic or limited access as appropriate.
      d. Provider Directory Indicators noted:
         In addition to identifying the locations' accessibility level, the following should be identified (where applicable) such;
         P = Parking EB = Exterior Building IB = Interior Building
         R = Restroom E = Exam Room T = Exam Table/Scale

VII. REFERENCES:

A. MMCD Policy Letter 12-006 Revised Facility Site Review Tool (Aug. 12, 2012)
B. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-017 Primary Care Provider Site Review: Facility Site Review and Medical Record Review (Sept. 22, 2022 supersedes APL 20-006)
C. DHCS APL 15-023 Facility Site Review Tools for Ancillary Services and Community-based Adult Service Providers (Oct. 28, 2015)

VIII. DISTRIBUTION:

A. Partnership Provider Manual
B. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

02/19/14; 02/18/15; 02/17/16, 02/15/17; *03/14/18; 03/11/20; 3/10/21; 05/12/21; 06/08/22; 06/14/23; 06/12/24; 06/11/25; 08/12/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: