PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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<tr><td colspan="3">Policy/Procedure Number: MCQP1022 (previously QP100122)</td><td colspan="3">Lead Department: Health Services
Business Unit: Quality Improvement</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Site Review Requirements and Guidelines</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 10/30/2002
(vs. 10/16/2002)</td><td colspan="4">Next Review Date: 03/11/2026
Last Review Date: 03/12/2025</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="2">☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 03/12/2025</td></tr>
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I. RELATED POLICIES:

A. MCQP1052 - Physical Accessibility Review Survey – SR Part C
B. MPQP1016 - Potential Quality Issue Investigation and Resolution
C. MCUP3101 - Screening and Treatment for Substance Use Disorders
D. MCQP1021 - Initial Health Appointment
E. MPCR601 - Fair Hearing and Appeal Process for Adverse Decisions
F. MPPR208 - Provider Notification of Provider Termination, Site Closure or Change in Location Information
G. MCQG1015 - Pediatric Preventive Health Guidelines
H. MCQG1005 - Adult Preventive Health Guidelines
I. CMP36 - Delegation Oversight and Monitoring
J. MCUG3118 - Prenatal & Perinatal Care
K. MPCR12 - Credentialing of Independent and Private Duty Nurses Under EPSDT
L. MPCR300 – Provider Credentialing and Re-credentialing Requirements

II. IMPACTED DEPTS:

A. Provider Relations
B. Health Services
C. Compliance
D. Grievance and Appeals

III. DEFINITIONS:

Primary Care Practice Site: a facility that provides services such as family medicine, internal medicine, pediatrics, and/or obstetrics and gynecology.

IV. ATTACHMENTS:

A. Facility Site Review Tool
B. Facility Site Review Standards
C. Medical Record Review Tool
D. Medical Record Review Standards
E. Cognitive Assessment Addendum to Site Review
F. Non-Accredited Facility Site Review Tool
G. Non-Accredited Facility Review Standards
H. Private Duty Nursing Site Review Tool and Standards
I. Supplemental Facility/Mobile Unit/Street Medicine Facility Site Review Tool

J. Master Trainer Application
K. Interim Review Template
L. Provider Certificate

V. PURPOSE:

A. To provide primary care practice sites a comprehensive guideline for Site Review (SR) requirements and processes. A Site Review (SR) is comprised of a Facility Site Review (FSR) and a Medical Record Review (MRR). The FSR and MRR tools were developed by a collaborative coalition made up of staff from Department of Health Care Services (DHCS) and Medi-Cal Managed Care health plans (MCP). The purpose of the SR is to ensure that practicing sites have sufficient capacity to:
   1. Provide appropriate services;
   2. Carry out processes that support continuity and coordination of care;
   3. Maintain patient safety standards and practices;
   4. Operate in compliance with applicable federal, state, and local laws and regulations.

B. Findings of the SR are used to:
   1. Provide information for credentialing/re-credentialing decisions;
   2. Identify areas where education and technical assistance is needed;
   3. Identify and share best practices in patient safety, medical error prevention, and provision of quality care.

VI. POLICY / PROCEDURE:

A. Requirements
   1. Site Review Personnel

      The Partnership HealthPlan of California (Partnership) Chief Medical Officer (CMO) is ultimately responsible for SR activities completed by Partnership personnel. Partnership has designated a minimum of one Registered Nurse (RN) to be certified as a Master Trainer by the Department of Health Care Services (DHCS).

      a. Site Review Training and Certification
         1) Partnership's Certified Master Trainer (CMT) is responsible for training, supervising and certifying Site Reviewers in addition to monitoring reviews and evaluating Certified Site Reviewers (CSR) for accuracy.
         2) Site Review activities comply with the Site Reviewers' scope of practice as defined by state law, in accordance with the state licensing and certification agencies and are appropriate to the Site Reviewers' level of education and training.
         3) Licensed physicians (MDs or DOs), nurse practitioners (NPs), physician assistants (PAs), clinical nurse midwifes (CNM), licensed midwife (LM), and registered nurses (RNs), are eligible to be a Site Reviewer and may perform a SR independently and sign off on the FSR and MRR tools.
         4) Site Reviewers can independently make determinations regarding implementation of appropriate reporting or referral of abnormal review findings for further review.
         5) DHCS will recertify the Master Trainer(s) every three years.
         6) Partnership's CMT will recertify CSRs every three years. Upon certification and recertification, Site Reviewers will receive written verification of certification from Partnership.
         7) MDs, DOs, NPs, PAs, CNM, LM, and/or RNs that are designated to be a CMT or CSR must meet the certification and recertification requirements outlined in the table below.

Policy/Procedure Number: MPQP1022 (previously QP100122)			**Lead Department:** Business Unit**: Quality Improvement**
Policy/Procedure Title: Site Review Requirements and Guidelines			☒ **External Policy** ☐ **Internal Policy**
Original Date: 10/30/2002 (vs. 10/16/2002)		**Next Review Date: 03/11/2026** **Last Review Date: 03/12/2025**	
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☐ **Partnership Advantage**

Initial Certification Requirements	**Certified Master Trainer (CMT)**	**Certified Site Reviewer (CSR)**
Possess a current registered nurse (RN), Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), NP,PA, CNM or LM license	x	x
Be employed or subcontracted with Partnership	x	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 last three years.	x	
Complete 20 FSRs and 20 MRRs and one year experience as a CSR. 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 10 FSRs and 10 MRRs with a CSR or CMT.		x
Achieve an Inter-rater score of 10% in FSR and 10% in MRR with designated CMT.		x

Recertification Requirements	**Certified Master Trainer**	**Certified Site Reviewer**
Possess a current registered nurse (RN), Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), NP, PA, CNM or LM license	x	x
Be employed or subcontracted with Partnership	x	x
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 30 Site Reviews following initial certification or recertification. (every 3 years)	x	x
Attend DHCS sponsored inter-rater workshops in person or virtually every three years.	x	x
Achieve a 5 % variance on the MRR, on the inter-rater score as defined by the SRWG and DHCS	x	
Achieve a 10 % variance on the MRR, on the inter-rater score as defined by the SRWG and DHCS		x

b. Inter-Rater Review (IRR) Process
   1) CMT and CSR candidates must complete an inter-rater review (IRR) as part of the initial certification and the recertification process.
      a) The IRR process requires the CMT candidate to concurrently complete and score a Site Review with a DHCS Nurse Evaluator utilizing the DHCS FSR and MRR tools and standards.
      b) The IRR process requires the CSR to concurrently complete and score a Site Review with the Partnership CMT according to the DHCS FSR and MRR tools and standards.

2) If the CMT or CSR does not meet the appropriate inter-rater score variance (see chart above), he or she may repeat the process one time. The appropriate inter-rater and 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.
    a) CMT and CSR candidates that do not meet the appropriate inter-rater variance score for the second inter-rater review must wait 6 months to reapply for certification.

2. Full-Scope Site Review
   A full-scope SR consists of a CSR or CMT conducting both the FSR and the MRR using the most current tools and standards required by the DHCS. (See Attachments A-D.) All Partnership contracted sites who serve Partnership members must receive a minimum passing score of 80% on both tools to be considered as having passed the Site Review. All PCP sites are held to the same standards and the site review status of each PCP site is documented and monitored.
   a. FSR is a review of the practice's site, processes, and covers the following areas:
      1) Access/Safety
      2) Personnel
      3) Office Management
      4) Clinical Services
      5) Preventive Services
      6) Infection Control
   b. MRR areas include:
      1) Format (All sites)
      2) Documentation (All Sites)
      3) Continuity/Coordination (All sites)
      4) Pediatric Preventive (Family Practice & Pediatric sites, and OB/GYN sites if applicable)
      5) Adult Preventive (Family Practice, Adult Medicine sites, and OB/GYN sites)
      6) OB/CPSP Preventive (PCP sites that provide OB services and OB/GYN sites)

3. Additional Partnership developed reviews conducted by CSR/CMT's include:
   a. Non-Accredited Sites is a review (refer to Attachments F-G) of the practice's site, processes, and covers the following areas:
      1) Access/Safety
      2) Personnel
      3) Office Management/Medical Records
      4) Clinical Services
      5) Preventive Services
      6) Infection Control
      7) Quality Assurance Performance Improvement
   b. Private Duty Nursing (PDN) Site Reviews (refer to Attachment H) are conducted to oversee the quality of care provided by RNs or Licensed Vocational Nurses (LVNs) for in-home medical services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Supplemental Services (SS) Program and Private Duty patient care under DHCS All Plan Letter (APL) 20-012.
      1) A PDN Site Review covers the following areas:
         a) Access/Safety
         b) Personnel
         c) Office Management
         d) Clinical Services
         e) Infection Control
      2) The Private Duty Nurse must receive a score greater than 80% on the combined FSR and MRR tool prior to credentialing and up to every three years for re-credentialing.

3) For an Independent Nurse Provider (INP), the site audit will be in the member's home.
4) Corrective Acton Plans (CAPs) will be completed using a standard format and form. CAPs will be due within 30 days of the site review and will be verified via document submission.

3. Initial Site Review (SR) Process
   a. An initial SR consists of an initial FSR and an initial MRR.
   b. The FSR is conducted first to ensure the site operates in compliance with all applicable local, state, and federal laws and regulations. Members are not assigned to providers until the site has received a passing score and all CAP items are completed and signed off. An initial FSR is not required when a new provider joins a site that has a current passing FSR score.
   c. DHCS releases sets of DHCS Site Identification (DHCS Site ID) numbers per county and Partnership issues individual ID'S to each site based on the county identification ID'S provided by DHCS. In the event of an ownership change, a new DHCS Site ID will be assigned.
      1) Pre-contracted providers who do not pass the initial FSR within two attempts may reapply to Partnership after six months.
   d. An initial MRR must be completed within 90 days of the date that members were first assigned to the site.
      1) This may be deferred an additional 90 calendar days only if the new PCP does not have enough assigned members to complete the MRR on the required minimum number of records. (See section 4.a.1)d)i.)
      2) If after 180 days following assignment of members and the site still has fewer than the required number of medical records, a MRR on the total number of records available will be completed. Scoring on the MRR tool will be adjusted according to the number of medical records reviewed.
      3) MRR's may be conducted virtually or on-site. The virtual process must comply with all applicable Health Insurance Portability Accountability Act (HIPAA) standards at all times.
   e. An Initial Site Review is required when:
      1) A new site is added to the Partnership network;
      2) A newly contracted provider assumes a site with a previous failing FSR and/or MRR score within the last three years;
      3) A site is returning to the Partnership network and has not had a passing FSR within the last three years;
      4) Identification of multiple independent practices that occupy the same site;
      5) There is a change of name or ownership of an existing provider site;
      6) A site relocation requires that Partnership must:
         a) Complete an initial FSR within 60 days of notification or discovery of the completed move;
         b) Allow existing members to continue to see the provider;
         c) New members will not be assigned to the site until the site receives a passing FSR and MRR score.
   f. If Partnership expands to a new service area, the FSR portion of the initial Site Review must be completed prior to the start of new or expanding operations. Requirements are outlined as following:
      1) Five percent of the PCP sites in the new network service area, or 30 sites, whichever is greater in number;
      2) All of the remaining PCP sites in the new network service area within the first six months of expansion;
      3) All of the PCP sites in the new network service area if there are 30 or fewer PCP sites;
      4) Partnership may use site reviews of existing county MCP's as evidence of completion of the initial site reviews;

5) Partnership must submit data and relevant information to DHCS in the format and timeframe to be specified by DHCS for expansion.

4. Supplemental Facilities-Mobile, Satellite, School Based, and Other Extension Clinics
   a. Supplemental facilities that provide primary care services will undergo an initial Site Review and a subsequent site review at least every three years thereafter, with a focus on areas relevant to the services being provided by the supplemental facilities.
5. Subsequent Site Reviews
   a. Subsequent SRs consist of a FSR and MRR at least every three years, beginning no later than three years after the initial FSR. Site Reviews may be conducted more frequently per county collaborative discussions, when determined necessary based on monitoring or evaluation, or for CAP follow up issues.

VII. Scoring

A. FSR and MRR scores are based 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. Scores are based on established scoring procedures, located in the FSR and MRR tools. Sites will receive a separate score for the FSR and/ or MRR.

1. FSR Scoring
   a. The FSR is composed of critical and non-critical elements. Critical Elements (CE) are indicated on the tool by bold and underlined text. CEs have the largest potential for adverse effects on patient health and safety and therefore, have a scored weight of two points, while non-critical elements have a scored weight of one point.
   b. The Site Reviewer will advise the practice site of any deficiencies in critical elements during the SR.
   c. The FSR tool points will differ from site to site because the "not applicable" items do not factor into the scoring where noted. All standards where review determinations result in a "N/A" (non-applicable) or "No" shall include an explanation regarding this finding
2. MRR Scoring
   a. All MRR tool elements have a score weight of one point each
   b. The MRR score is based on a standard review of randomly selected member medical records that represents the assigned member population.
      1) For sites that only serve pediatric or adult patients, all records must be reviewed using the appropriate preventative care criteria for adults, pediatrics (pregnant under 21 years) and/or obstetrics.
      2) Pediatric preventative services are provided to members under 21 years of age in accordance with current AAP bright futures recommendations.
      3) Adults age 21 years and older, preventative services are provided in accordance with USPSTF A and B recommendations.
      4) OB/GYN acting as a PCP must provide care in accordance with American College of Obstetricians and Gynecologists (ACOG) and Comprehensive Prenatal Standards Program (CPSP).
         a) All medical records must be reviewed using the preventative care criteria for adults or pediatrics (pregnant members under the age of 21 years) and obstetrics.
         b) During the MRR review, reviewers have the option to request additional medical records for review. If the Site Reviewer chooses to review additional medical records, the scores must be calculated accordingly.
         c) If the site has multiple providers using the same medical record, this is considered a shared medical record system. In a shared medical record system, medical records are not identifiable as separate records belonging to any specific provider.

i. The minimum number of records to be reviewed in a "shared" medical record relationship is determined by the number of providers at the site, unless otherwise approved by DHCS. See chart below

# Practitioners	# Medical Records to be reviewed
1-3	10
4-6	20
7 or more	30

d) In the event that there are multiple providers in one office that do not share medical records, each provider must be reviewed separately and receive a separate score.
e) MRR's may be conducted on-site or virtually and must comply with all HIPAA standards.
f) The MRR total points will differ from site to site, depending on the number of physicians and types of records that are selected. The "N/A" items do not factor into the scoring where noted. All standards where review determinations result in a "N/A" shall include an explanation regarding this finding. Compliance level categories include: Exempted Pass, Conditional Pass, and Fail. See correlating table.

3. Failing score
   a. If a site fails the FSR or MRR, new members will not be assigned to the site until a CAP is initiated, completed, and closed.
   b. If the site receives two consecutive failing Site Review scores (FSR or MRR), then on the third attempt the site must receive a minimum passing score on the FSR and/or MRR to remain in the Partnership provider network.
   c. If the site fails on the third consecutive attempt, the site will be removed from the Partnership provider network and its members will be reassigned. Members will receive a 30-day notice.
4. Focused Review
   a. A focused review is a targeted review of one or more specific areas of the FSR or MRR. Partnership must not substitute a focused review for a SR. Focused reviews may be used to monitor providers between SRs to investigate problems identified through monitoring activities or to follow up on corrective actions.
   b. Site 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.
   c. All deficiencies identified in a focused review must require the completion and verification of corrective actions according to CAP timelines.

Compliance Category	FSR Score	MRR Score
Exempted Pass	90% or above *with NO* deficiencies in Critical Elements, Pharmaceutical Services, or Infection Control **CAP not required**	90% or above with all section scores at 80% and above **CAP not required**
Conditional Pass	90% or above with deficiencies in Critical Elements/Pharmaceutical Services or Infection Control **OR** Score of 80-89% regardless of deficiencies **CAP required**	90% and above with one or more section scores below 80% **OR** Score of 80-89% regardless of deficiencies. **CAP required**
Fail	79% and below **CAP required**	79% and below **CAP required**

5. Corrective Action Plan (CAP) Requirements and Timelines
   a) CAP Documentation:
      1) CAPs will be completed using a standard format and form. CAPs may be verified via document submission, virtual platform, or an on-site review per nurse reviewer discretion.
      2) The minimum elements to be included on CAP:
         a) Specific deficiency,
         b) Corrective actions needed,
         c) CAP due dates,
         d) Instructions for CAP submission,
         e) Partnership Contact information
   b. Closed CAP documentation shall include:
      1) Documentation of problems in completing corrective actions (if any),
      2) Education and/or technical assistance provided by Partnership,
      3) Evidence of the correction,
      4) Completion and closure date, and
      5) Name and title of Site Reviewer.
      6) Timeline for CAP notification and completion:

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CAP Timeline	**CAP Action(s)**
FSR and/or MRR Survey Day	Partnership will provide the site 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 and/or MRR scores the day of the site visit but no later than one business day after the site visit completion;
Within 10 Business days of the FSR and/or MRR	• PCP site must submit CAP and evidence of corrections to Partnership for all deficient CE's if applicable. • Partnership will review, approve, or request additional information on the submitted CAP(s) for all Non-CE • Partnership will 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) • Partnership will provide educational support and technical assistance to sites as needed.
Within 30 calendar days of the FSR and/or MRR	Partnership will verify all aspects of the CE CAPs are completed unless an extension was granted (not to exceed 60 calendar days from the date of the FSR). • PCP site must submit a CAP for all Non-CE deficiencies to Partnership. • Partnership will provide educational support and technical assistance to sites as needed.
Within 60 calendar days from the date of the FSR and/or MRR	• Partnership will review, approve, or request additional information on the submitted CAP for non-critical findings. • Partnership will provide educational support and technical assistance to sites as needed.
Within 90 calendar days from the date of the FSR and/or MRR	• All CAPs must be closed. • The Site can request a definitive time specific extension period to complete the CAP not to exceed 120 calendar days from the date of the initial report of FSR and/or MRR findings.
Beyond 120 days from the date of the FSR and/or MRR	• Partnership will request approval from DHCS to complete a CAP review for extenuating circumstances that prevented completion of a CAP within the established timeline. • Partnership will stop assigning members to sites that do not correct Site Review deficiencies within the established CAP timelines. • Any provider that does not come into compliance with review criteria and CAP compliance within the established timelines will be removed from the network and their members will be reassigned. Members will receive a 30-day notice. • Partnership will conduct a FSR and MRR within 12 months if provider completes CAP and remains in the network.

Partnership may require a CAP regardless of score for other findings identified during the survey that require correction. See APL 22-017 page 11.

6. Provider Certificates
   a. Upon the completion of a passing SR score (FSR and MRR) and completed CAP, Partnership will issue a provider site certificate using the most up to date DHCS template. The certificate will contain the signature of both the Chief Medical Officer (CMO) and CMT.
   b. The provider site certification will be valid for a maximum of three years.
7. Non-Compliance with Corrective Action Process
   a. Providers who fail to correct deficiencies within established CAP timelines, fail to ask for an extension, or request an extension but do not turn in any CAP documentation within 90 days of the Site Review will be sent a "Notice of Overdue Corrective Action Plan" to be drafted by the CSR or CMT and signed by the CMO or Medical Director informing the site that if the CAP is not received within 30 days the site will be closed to new Partnership members.
   b. If the site does not complete the CAP within 30 days of the first notice, then a 2nd "Notice of Review" will be drafted by the CSR or CMT and signed by the CMO or Medical Director. Further escalation, such as referring to the Credentialing team. will be directed by CMO or Medical Director.
      1) Actions taken by the Credentialing team may include, but are not limited to:
         a) Reassignment of existing members
         b) Termination of the site from the provider network

      Actions taken will be effective until corrections are verified and the CAP is closed. If Partnership chooses to remove the site from the network, members will be reassigned and given a 30-day notice.

      DHCS requires health plans to remove a provider from the network regardless of survey scores if criteria is not met or deficiencies are not resolved within established CAP timeline. Refer to MPPR208 - Provider Notification of Provider Termination, Site Closure, or Change in Location (Related Policy F) for the specific procedures.
8. Provider Appeals

   Refer to MPCR601 - Fair Hearing and Appeal Process for Adverse Decisions (Related Policy E). If evidence of correction of deficiencies is submitted and the decision to terminate the provider from the network is reversed, Partnership will repeat a full-scope SR. If the decision is not reversed, and the provider is terminated from the network, the practice may reapply to become a network provider and Partnership will complete an initial full-scope SR.
9. Systematic Monitoring Between SRs
   a. Monitoring between regularly scheduled SRs will include, but is not limited to, data gathered through the following sources:
      1) Member grievances and appeals (reviewed when identified);
      2) Potential Quality Issue (PQI) information (reviewed when identified);
      3) Focused review or other on-site visit ;
      4) Healthcare Effectiveness Data and Information Set (HEDIS®) data collection (annually);
      5) Interim Review Template – see Attachment J.
   b. Problems identified through these mechanisms will require at a minimum:
      1) Informing the Provider of concern, and
      2) Issuing a CAP when a problem is verified. (Follow the above CAP process.)
   c. Interim Review Process
      1) Partnership will request a self-assessment of DHCS standards by provider site staff at the midpoint between SRs. This assessment will include all critical element criteria and previously identified deficiencies noted during the last SR.

a) The Reviewer may require an onsite Interim Review in lieu of a self-assessment based on the provider site's previous SR scores or lack of response to self-assessment.

2) Upon receipt of the provider's self-assessment, a reviewerwill review the assessment and determine approval status. Any identified areas of concerns will be clarified and a new CAP will be issued if required. Additional follow up activities may include an additional site visit, referral to the CMO and Provider Relations' Credentialing team.

10. As part of its monitoring and oversight of MCPs, DHCS conducts Site Reviews on randomly chosen PCP sites. Partnership collaborates with DHCS on these reviews by notifying selected sites of the upcoming review and processing any corrective action plans that result from the DHCS reviewer findings.
11. Physical Accessibility Review Survey (PARS)
    During the Initial Site Review and subsequent Periodic SR, a PARS review will be performed in accordance with MMCD Policy Letter 12-006. (Reference B.) This will be reviewed every three years at all sites within the Partnership Medi-Cal network. Refer to (Related Policy A) MCQP1052 - Physical Accessibility Review Survey – SR Part C.
12. In the case that the below listed contracted providers are not accredited and have not had State or Centers for Medicare and Medicaid Services (CMS) reviews conducted, Partnership will conduct periodic SRs at a minimum of every three years. The Site Review tool specific to these provider types is Attachment G.
    a. Hospitals
    b. Home Health Agencies
    c. Skilled Nursing Facilities
    d. Free Standing Surgical Centers
    e. Ambulatory Behavioral Health Facilities
    f. Free Standing Urgent Care Center
    g. Free Standing Radiology Center
    h. Community Based Adult Services (CBAS)
    i. Dialysis Centers

B. Delegation of Site Review functions

1. Organizations or groups who have one or more DHCS Certified Site Reviewer may be determined eligible, at Partnership discretion, to perform SR functions. Eligible organization or groups will perform these functions under a formal delegation agreement.
2. A formal delegation agreement is inclusive of a detailed grid outlining key functions and responsibilities of both Partnership and the delegated entity.
3. Delegated entities will perform SR functions for all PCP sites no less than every three years.
4. Results from oversight and monitoring activities shall be presented to the Delegation Oversight Review Sub-Committee (DORS) for review and approval.
5. Delegated organizations and/or groups will provide timely copies of all SRs conducted at the site level, within Partnership's service area, no less than semi-annually.
6. Partnership's Quality Improvement (QI) department will track all SRs conducted by the delegated entities.
7. For organizations and groups that are more than one year past due for a SR at the site level or otherwise missing a SR, the QI department will refer them to Partnership's DORS, which is managed by Partnership's compliance unit within the Administration department, for action.
8. In addition to providing Partnership copies of all SRs conducted at the site level, Partnership will ensure the delegated entity will provide timely copies and results of Site Reviews to DHCS according to DHCS standards. DHCS has processes in place for overseeing and auditing the quality of SR functions.
9. As part of the oversight process, Partnership may perform one or more repeat SRs on sites that have

had the SR performed by a delegated entity.

C. Potential Quality of Care Issues
Potential Quality of Care Issues identified during the course of a Site Review will be processed in accordance with MPQP1016 – Potential Quality Issue Investigation and Resolution. The Site Reviewer will complete a Potential Quality Issue (PQI) Referral via the PQI Referral Intake System for follow up, and review.

D. Data Submission to DHCS
SR data will be submitted by Partnership 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. Partnership is permitted to submit data more frequently than every six months. For preoperational and expansion site reviews, Partnership must submit site review data to DHCS at least six weeks prior to site operation. Partnership will include data for SRs conducted by delegated entities in these submissions. Partnership will submit the required PHI (collected via the MRR process) in the bi-annual data submission to DHCS as required.

E. Local Collaboration
In an effort to streamline the regulatory process and reduce redundant SR reviews, Partnership may collaborate with other health plans having contracts with mutual providers. Partnership may accept the SR score assigned by other health plans if the DHCS tools are used and the SR is completed by appropriate certified staff. A site with a non-passing score by a collaborating health plan, that has received SR certification as addressed in of this policy, shall be considered to have a non-passing score by Partnership. Partnership may choose to repeat the FSR/MRR of a site that had passed a FSR/MRR by another health plan's reviewers.

VIII. REFERENCES:

A. California Department of Health Care Services (DHCS) All Plan Letter (APL) 24-001 Street Medicine Provider: Definitions and Participation on Managed Care (Jan. 12, 2024 supersedes APL 22-023)
B. DHCS 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 20-016 Blood Lead Screening of Young Children (revised Nov. 2, 2020 supersedes APL 18-017)
D. DHCS APL 20-012 Private Duty Nursing Case Management Responsibilities For Medi-Cal Eligible Members Under The Age Of 21 (May 15, 2020)
E. DHCS Policy Letter 12-006 (Aug. 9, 2012 supersedes PL 11-013)
F. 3 CCR §504; 24 CCR (CA Building Standards Code); 28 CFR §35 (American Disabilities Act of 1990, Title II, Title III)

IX. DISTRIBUTION:

A. Partnership Provider Manual
B. Partnership Department Directors

X. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer (CMO)

XI. REVISION DATES:

Medi-Cal
8/20/03; 10/20/04; 3/15/06; 3/21/07, 3/19/08; 3/18/09; 6/17/09; 9/15/10; 3/16/11; 2/20/13; 5/15/13; 5/21/14; 11/19/14; 11/18/15; 10/19/16; 3/15/17, 10/18/17; *10/10/18; 11/13/19; 04/08/20; 06/10/20; 08/12/20; 01/13/21; 02/10/21; 03/09/22; 08/10/22; 01/11/23; 03/08/23; 03/13/24; 03/12/25

Policy/Procedure Number: MPQP1022 (previously QP100122)			**Lead Department:** Business Unit**: Quality Improvement**
Policy/Procedure Title: Site Review Requirements and Guidelines			☒ **External Policy** ☐ **Internal Policy**
Original Date: 10/30/2002 (vs. 10/16/2002)		**Next Review Date: 03/11/2026** **Last Review Date: 03/12/2025**	
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☐ **Partnership Advantage**

*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:
Healthy Kids (Healthy Kids program ended 12/01/2016)
MPQP1022 – 2/20/13, 5/15/13; 5/21/14; 11/19/14; 11/18/15; 10/19/16 to 12/01/16
HKQP1032 – 4/18/2007 to 2/20/2013

Partnership Advantage
3/21/2007 to 11/19/2014

Healthy Families
10/01/2010 to 3/01/2013