

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management		SUBJECT (Document Title) Facility Site Reviewer Certification and Inter-rater Process - CA	
Effective Date 08/02/1999	Date of Last Review 10/11/2023	Date of Last Revision 10/11/2023	Dept. Approval Date 10/11/2023
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input checked="" type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

The Anthem Blue Cross Medi-Cal (Plan) Facility Site and Medical Record Review (FSR/MRR) process is the part of the Plan’s quality improvement program that evaluates Primary Care Provider (PCP) sites to support safe and effective provision of clinical services provided within the Plan’s provider network in accordance with the Department of Health Care Services (DHCS) Managed Care Quality and Monitoring Division (MCQMD) All Plan Letter 22-017.

The Plan will also develop and maintain a standardized process for certification of reviewers to ensure that all persons conducting the facility site and medical record reviews consistently interpret and apply the DHCS MCQMD Facility Site and Medical Record Review (FSR/MRR) Tools and Standards.

DEFINITIONS:

Certified Master Trainer (CMT): A Physician, Nurse Practitioner (NP), Physician Assistant (PA), or Registered Nurse (RN) certified by the State of California DHCS MCQMD to conduct reviews and certify candidates to be reviewers.

Certified Site Reviewer (CSR): A Physician, Nurse Practitioner (NP), Physician Assistant (PA), or Registered Nurse (RN) who has completed site review training and is certified by the Plan’s CMT to conduct reviews.

Contracted Health Plan: A Knox-Keene licensed HMO directly contracted with DHCS.

Department of Health Care Services (DHCS): The California state agency responsible for “financing and administration of a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal).”

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management	<u>SUBJECT (Document Title)</u> Facility Site Reviewer Certification and Inter-rater Process - CA
---	---

Facility Site Review: Full Scope Facility Site Review used to assess the capacity to provide appropriate primary health care services, carry out processes that support coordination of care, maintain patient safety standards and practices, and operate in compliance with all applicable regulations.

Managed Care Quality and Monitoring Division (MCQMD): A division of the California DHCS.

Primary Care Provider (PCP): A physician who has a current, unrestricted license as a physician and surgeon in California, whose area of medical practice is one of the five (5) categories designated by the DHCS and the Knox Keene Act as a PCP. The five (5) designated categories are general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN).

Registered Nurse (RN): A nurse who has graduated from a nursing program at a college or university and has passed a national licensing exam to obtain a nursing license.

PROCEDURE:

I. Overview

The Manager of Quality Management shall designate a minimum of one physician, Nurse Practitioner (NP), Physician Assistant (PA), or Registered Nurse (RN), to be certified by DHCS as the Plan’s Certified Master Trainer (CMT). The CMT has the overall responsibility for the training and certification of site reviewers, as well as monitoring site reviews and evaluating site reviewers for accuracy.

Candidates for CMT and CSR certifications must meet the certification and recertification requirements as outlined in the respective tables below and 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 Plan’s CMT. The inter-rater review process requires the CSR candidate to participate with the Plan’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.

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management	SUBJECT (Document Title) Facility Site Reviewer Certification and Inter-rater Process - CA
---	--

II. Initial Certification

The Manager of Quality Management is responsible for ensuring that all site reviewers are appropriately trained, evaluated, certified, and monitored. The Plan may collaborate with other plan partners to train and certify site reviewers. Trainings include DHCS seminars, Plan-coordinated classes, individual or small group training sessions provided by a CMT, and self-study learning programs.

The CMT candidate must apply for certification directly to DHCS using Attachment A of the APL 22-017, *Application For DHCS Site Review Master Trainer Certification*. Applications shall be submitted to the Plan’s assigned Nurse Evaluator. The CMT candidate must achieve the required inter-rater score within five (5) percentage points of the DHCS Nurse Evaluator in order to be certified. Upon certification and recertification, CMTs will receive a certificate signed by DHCS. CMTs must be recertified every three years.

CSR candidates shall successfully complete and pass the inter-rater reliability FSR and MRR with the CMT. The CSR candidate must achieve the required inter-rater score within ten (10) percentage points of the CMT to be considered passing. Attained CSR/CMT certification is transferable across participating MCPs. The Plan may confirm certification status by contacting DHCS.

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 the Plan’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 who do not meet the appropriate inter-rater variance score for the second inter-rater review must wait six months to reapply for certification.

The Manager of Quality Management or the CMT shall ensure that reviewers are certified and will report the status of certification at quarterly collaborative health plan meeting as described in policy *CA_QMXX_083: Monitoring the Facility Site Review Collaborative Process*.

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

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management	SUBJECT (Document Title) Facility Site Reviewer Certification and Inter-rater Process - CA
---	--

INITIAL CERTIFICATION REQUIREMENTS	CMT	CSR
Be employed by or subcontracted with an MCP.	X	X
Submit Attached A, Application for DHCS Site Review Master Trainer Certification	X	
Have experience in conducting training in a health relate field, or conducting quality improvement activities such as medical audits, site reviews, or utility management activities within the past three (3) years.	X	
Complete twenty (20) FSRs and twenty (20) MRRs, 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. The MRR must be at least five (5) records (combination of pediatric and adult members).	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 of 10% in FSR and 10% in MRR with designated CMT. The MRR must be at least five (5) records (combination of pediatric and adult members).		X

III. Recertification

Re-certification will occur every three years. Physicians, NPs, PAs and RNs designated as trainers and site reviewers will be required to meet MCQMD requirements for recertification.

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 the Plan.	X	X
Be responsible for staff training on the most current DHCS site review tools and standard	X	

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management	SUBJECT (Document Title) Facility Site Reviewer Certification and Inter-rater Process - CA
---	--

RECERTIFICATION REQUIREMENTS	CMT	CSR
Participate in DHCS-sponsored site review trainings as well as site review work group (SRWG) meeting and teleconferences.	X	
Maintain CMT certification	X	
Complete a minimum of thirty (30) FSRs following initial certification or recertification	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

A. Inter-Rater Review Process

All reviewers shall participate in an inter-rater review process upon implementation of the collaborative at the local [county] level; to include side-by-side audits between plan partner reviewers, including contracted vendor reviewers as needed.

All reviewers shall participate in the DHCS-sponsored workshops in person at least every three (3) years. Sample medical record(s) are reviewed concurrently by all nurse reviewers (CMTs and CSRs) participating in the DHCS workshops. The CMTs must achieve an inter-rater score within five (5) percentage points of the DHCS control group's average score. The CSRs must achieve an inter-rater score within ten (10) percentage points of the DHCS control group's average score. If a reviewer does not achieve a passing inter-rater score, the Plan's CMT and the reviewer shall jointly assess training needs, implement a training plan before the reviewer may repeat the inter-rater process. The decision as to the number of times an individual may repeat the inter-rater process is at the discretion of the Plan.

IV. Documentation of Certification of Trainers and Site Reviewers

The Quality Management Department will maintain certification and re-certification records that include name of individual certified, name of trainer, number of reviews completed for certification, certification/re-certification dates, and inter-rater reliability scores.

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management	SUBJECT (Document Title) Facility Site Reviewer Certification and Inter-rater Process - CA
---	--

The Clinical Quality Program Specialist will issue a certificate to site reviewers upon meeting the requirements of the certification process.

Certificates for Master Trainers are issued by the DHCS MCQMD.

REFERENCES:

- CA_QMXX_083: Monitoring the Facility Site Review Collaborative Process
- California Code of Regulations: Title 22, Section 56230
- DHCS MCQMD All Plan Letter 22-017 *Primary Care Provider Site Reviews: Facility Site and Medical Record Reviews*
- LA Care Policy FSR-013 Reviewer Certification, Interrater Reliability, and Oversight and Monitoring of Certified Site Reviewer Training

RESPONSIBLE DEPARTMENTS:

Primary Department:
Quality Management

Secondary Department(s):
None

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
07/24/12	<ul style="list-style-type: none"> • Change SSB to Medicaid • Clarified the Master Trainer performs all training functions including coordination with DHCS • Removed reference to focused training at the quarterly collaborative meetings since this has been discontinued • Made corrections to the Initial Certification Criteria table
04/03/13	<ul style="list-style-type: none"> • Added Medicare-Medicaid Plan to the plans covered by this policy
07/19/13	<ul style="list-style-type: none"> • Changed training frequency from annual to bi-annual • Removed statement about issuing certificates to site reviewers at recertification since this is no longer a requirement
07/11/14	<ul style="list-style-type: none"> • Replaced PL 02-02 with 14-004

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management	SUBJECT (Document Title) Facility Site Reviewer Certification and Inter-rater Process - CA
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Review Date	Changes
	<ul style="list-style-type: none"> • Changed responsibility for training from CEC&CI Department to Director of Clinical Quality Management • Removed verbiage about delegation of training
07/13/15	<ul style="list-style-type: none"> • Only minor verbiage changes made
11/09/16	<ul style="list-style-type: none"> • Certified Site Reviewer (CSR) replaced the Clinical Quality Compliance Administrator (CQCA) title • Quality Management Consultant title replaced the former Clinical Entity Compliance & Clinical Investigations (CEC & CI) Department • Added a third type of reviewer, the Certified Designated Plan Trainer to the Certified Site Reviewer and Master Trainer types to reflect the DHCS Plan Letter 03-002 - Certification of Managed Care Plan Site Reviewers and Trainers • Qualification and recertification requirement tables for all three reviewer types were updated to reflect the most current proposed draft of the DHCS Plan Letter 03-002
12/28/17	<ul style="list-style-type: none"> • Annual review – no changes
01/14/19	<ul style="list-style-type: none"> • Annual review – no changes
01/17/20	<ul style="list-style-type: none"> • Annual review • MMP/Duals added as an affected product line
05/05/20	<ul style="list-style-type: none"> • Off-cycle edits based on the release of DHCS All Plan Letter 20-006 (e.g. Updated Policy and Overview sections based on APL requirements, updated the Initial Certification and Recertification process and tables, removed Designated Plan Trainer [DPT] reviewer category, updated Inter-Rater Process, etc.) • Replaced DHCS PL 03-002 and 14-004 with DHCS APL 20-006 • Updates made to the policy, definitions, procedure, and references
12/15/20	<ul style="list-style-type: none"> • Annual Review • Updated DHCS division name to Managed Care Quality and Monitoring Division (MCQMD) • Updated policy, definitions, procedure, and references
12/02/21	<ul style="list-style-type: none"> • Annual review • Removed embedded PDF file of LA Care FSR-013 Policy (dated 3/27/14)
11/16/22	<ul style="list-style-type: none"> • Annual Review • Updated Policy, Procedure, and References sections based upon the release of the DHCS MCQMD All Plan Letter 22-017
10/11/23	<ul style="list-style-type: none"> • Annual Review • Updated Procedure section

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management	SUBJECT (Document Title) Facility Site Reviewer Certification and Inter-rater Process - CA
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Review Date	Changes
	<ul style="list-style-type: none">Updated reviewer recertification requirements to reflect current practice