

**Government Business Division
Policies and Procedures**

Section (Primary Department) Quality Management		SUBJECT (Document Title) Monitoring the Facility Site Review Collaborative Process - CA	
Effective Date 07/25/2003	Date of Last Review 10/11/2023	Date of Last Revision 11/16/2022	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:

In accordance with DHCS Managed Care Quality and Monitoring Division (MCQMD) All Plan Letter 22-017 Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review, Anthem Blue Cross Medi-Cal (Plan) collaborates locally within each contracted California Managed Care county to establish systems and implement procedures for the coordination, consolidation and dissemination of facility site audits. This is inclusive of medical record review audits and surveys used to assess the physical adequacy of sites that provide services to the Seniors and Persons with Disabilities population for mutually shared primary care practitioners. As a health plan participating in the California facility, site and medical record review collaborative process, the Plan shares facility site and medical record review scores and information, as well as monitors and tracks the effectiveness of the collaborative effort. All MCPs within a county have equal responsibility and accountability for participation in the local site review collaborative processes.

DEFINITIONS:

FSR Attachment A: Full Scope Facility Site Review (FSR) Survey tool 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.

FSR Attachment B: Medical Record Review Survey tool used to assess the medical records.

FSR Attachment C: Facility Site Physical Accessibility Review Survey tool used to assess the physical adequacy of all Primary Care Provider sites, high-volume specialists and ancillary providers and hospitals that provide services to Seniors and Persons with Disabilities.

FSR Attachment D: Facility Site Physical Accessibility Review Survey tool used to assess the physical adequacy of Ancillary Services Providers.

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FSR Attachment E: Facility Site Physical Accessibility Review Survey tool used to assess the physical adequacy of Community Based Adult Services (CBAS).

PROCEDURE:

I. Data Sharing

Collaborative health plan partners work together to agree on which provider sites each plan is responsible for. Partner health plans will only perform Facility Site, Medical Record Reviews and/or Physical Accessibility Review Surveys (FSR/MRR/PARS) for providers with which they have or intend to have a contractual relationship.

The certified reviewers will perform the appropriate review as described in policy *CA_QMXX_013 Facility Site and Medical Record Review Process*.

Once the FSR, MRR and/or PARS have been completed and shared with the provider, the reviewer sends the review information to the Quality Management Consultant. The Quality Management Consultant shares the facility site, medical record review results and physical adequacy results with other Managed Care plans as required by the health plans' Memorandum of Understanding. In addition, the FSR and MRR results (excluding LA Care) are uploaded to the State of California website. Survey results for LA Care are sent to LA Care who reports the results to the State of California on behalf of the Plan.

Each health plan partner will ensure their reviewers are compliant with site review schedules as assigned by the health plan partner's facility audit coordinator. Each health plan partner will also ensure their reviewers are compliant with appropriate training and/or maintenance of certification as defined in policy *CA_QMXX_071 Facility Site Reviewer Certification and Inter-Rater Process*.

II. Collaborative Health Plan Meetings

Representatives from the collaborative health plans will meet at least once a quarter. Attendees will consist of representatives from participating health plans responsible for the management of the facility site and medical record review process. Staff may include Quality Management staff including Certified Master Trainers (CMT), Certified Site Reviewer (CSR), Clinical Quality Program Specialist and other business unit representatives as appropriate.

The quarterly meetings provide a forum for collaborative health plan partners to discuss joint provider training efforts, certification status of site reviewers, coordinate

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FSR scheduling, managing problem physicians, share best practices, and resolve ongoing problems regarding the collaborative process.

Issues related to timelines for monthly/quarterly data exchange and completion of audit(s) results will be discussed and resolved during the quarterly meetings.

Minutes of the quarterly meetings will be documented and shared among collaborating partners.

III. Local Collaboration

The Plan must submit an initial written description and periodic update reports (as requested by DHCS) to DHCS's Medical Monitoring Unit (MMU) describing the local collaboration processes, which includes but is not limited to the following:

- Names and titles of participating personnel of each MCP
- 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; and
- Memorandum of Understanding requirements established for MCPs and providers

IV. Post-Site Review Satisfaction Survey

Each Collaborative health plan partner will utilize a mutually-agreed upon provider satisfaction process to evaluate and improve the collaborative process.

The health plan performing the site review will give the provider or office staff the opportunity to complete a satisfaction survey after each full scope review as described in Policy *CA_QMXX_013 Facility Site and Medical Record Review Process*. The satisfaction survey is encouraged but not required.

If deemed necessary, the health plan that performed the review will contact the site/physician to resolve or clarify any issues identified on the satisfaction survey, which may include, but are not limited to:

- responding to educational requests
- follow-up regarding issues specific to reviewers
- other concerns related to the site review process

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The Clinical Quality Program Specialist enters the satisfaction survey results into a database. An aggregated report of the satisfaction results is presented to the Medical Advisory Committee (MAC) for review and discussion on an annual basis.

A summary of provider satisfaction survey results may also be presented during any of the health plan collaborative meetings for review and discussion, upon request.

REFERENCES:

- CA DHCS Contracts: Exhibit A, Attachment 4
- CA_QMXX_013 *Facility Site and Medical Record Review Process*
- CA_QMXX_071: *Facility Site Reviewer Certification and Inter-rater Process*
- California Code of Regulations, Title 22, Section 56230
- DHCS All Plan Letter 15-023 *Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers*
- DHCS MCQMD All Plan Letter 22-017 *Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review*
- LA Care Policy FSR-010 *Monitoring and Evaluation of Health Plans Collaborative Process*

RESPONSIBLE DEPARTMENTS:

Primary Department:
Quality Management

Secondary Department(s):
None

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
07/30/12	<ul style="list-style-type: none"> • Changed SSB to Medicaid • Added definitions for FSR B and C • Clarified the sharing of results includes facility site, medical record review results and physical adequacy results
04/03/13	<ul style="list-style-type: none"> • Added Medicare-Medicaid Plan to the plans covered by this

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Review Date	Changes
	<p>policy</p> <ul style="list-style-type: none"> • Changed policy to be more generic to be inclusive of both Medi-Cal and Medicare-Medicaid Plan processes
07/30/13	<ul style="list-style-type: none"> • Clarified that partner health plans will perform physical accessibility reviews in addition to medical record and site reviews
07/21/14	<ul style="list-style-type: none"> • Replaced PL 02-02 with PL 14-004 • Added section on Local Collaboration
06/23/15	<ul style="list-style-type: none"> • Changed Physicians Quality Improvement Committee (PQIC) to Medical Advisory Committee (MAC)
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 • Revised the definition of FSR B as a Medical Record Review • Added specific reference to the DHCS All Plan Letter 15-023 on conducting Physical Accessibility Review Surveys (PARS) at Ancillary and CBAS provider facilities • Made an update to the References section
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 all sections based on APL requirements) • Replaced DHCS PL 03-002 and 14-004 with DHCS APL 20-006 • Updates made to the policy, definitions, procedure, and references
12/16/20	<ul style="list-style-type: none"> • Annual Review • Updated DHCS division name to Managed Care Quality and Monitoring Division (MCQMD) • Updated policy, procedure, and references
12/02/21	<ul style="list-style-type: none"> • Annual review • Removed embedded PDF file of LA Care FSR-010 Policy (dated 9/17/09) • Placed references in alphabetical order
11/16/22	<ul style="list-style-type: none"> • Annual Review

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	<ul style="list-style-type: none">• Updated Policy, Procedure, and References sections	
10/11/23	<ul style="list-style-type: none">• Annual Review—no content changes• Alphabetized References section	