



## 6 HEALTHY SAN DIEGO

### 6.1 Health Plan Facility Site Review (FSR) Program

The Healthy San Diego MCPs have been working collaboratively to develop a Facility Site Review Program and process. At its regularly scheduled meeting on March 9, 2000, the Healthy San Diego Joint Consumer and Professional Advisory Committee voted unanimously to endorse the implementation and utilization of the Facility Site Review Program. On May 24, 2000, the State Department of Health Care Services approved the HSD Facility Evaluation Program for implementation.

As of July 1, 2002, DHCS Medi-Cal Managed Care Division (MMCD) Policy Letter 02-02 for Site Review became effective. PL 02-02 requires that “plans shall collaborate locally, within each Medi-Cal managed care county, to establish systems and implement procedures for the coordination and consolidation of site audits for mutually shared primary care providers. All contracting plans within a county have equal responsibility and accountability for participation in the local site review collaborative processes.”

“All primary care provider sites participating in the Medi-Cal managed care program are required by California statute (Title 22, Section 56230) to complete an initial site inspection and subsequent periodic site inspections regardless of the status of other accreditation and/or certifications. The Full Scope site review shall be the system-wide standard for conducting the initial and subsequent periodic reviews of PCP sites. A Full Scope review consists of the MMCD Facility Site Review Survey (Attachment 6.1) and Medical Record Review Survey (Attachment 6.2). All contracting plans and subcontracted entities shall use MMCD survey criteria and scoring methodology for site and medical record audits.”

CATEGORY	HEALTHY SAN DIEGO	MEDI-CAL MANAGED CARE PLAN
<b>6.1.1 PURPOSE</b>	a. Maintain a collaborative Facility Site Review process, which decreases duplication while increasing compliance to regulatory and accrediting standards in Medi-Cal Managed Care Facilities.	a. Maintain a collaborative Facility Site Review process, which decreases duplication while increasing compliance to regulatory and accrediting standards in Medi-Cal Managed Care Facilities.
<b>6.1.2 LIAISON</b>	a. Designate the HSD County Program liaison to coordinate with the Health Plans and to inform staff of their roles and responsibilities. b. The HSD County Program liaison or designee will record, maintain, and distribute minutes of site review meetings. c. The HSD County Program liaison will maintain program Policy and Procedure, original manuals, etc. d. The HSD County Program liaison will serve as administrator for the Facility Site Review Database and oversee and coordinate other technical aspects related to the program.	a. Each HSD Health Plan will appoint a liaison to coordinate, perform and report Facility Site Review activities.



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<p><b>6.1.3</b> <b>PROVIDER NETWORK</b></p>	<p>a. Annually, HSD County Program liaison will provide Health Plans with a “Network Assignment” report, designating the providers to be evaluated by each Health Plan and participating HSD entity during the calendar year. The assignment and report will be based upon program criteria. The liaison will work with the Health Plans to develop procedures for producing the report.</p> <p>b. HSD health plans conducting facility reviews will be responsible for evaluating providers who are exclusive to their network. In the instance where multiple providers practice in a common site but are exclusive to the HSD entity conducting the site review, all providers will be included in the medical record review, per program procedures, and upon signature of release by the provider or designee.</p> <p>c. The HSD County Program liaison will work with Health Plans to develop procedures for handling changes in provider status, e.g., new providers, terminated providers, moved, retired, etc.</p>	<p>a. The Health Plan liaison will work with HSD to develop procedures for producing the “Network Assignment” report based upon program criteria.</p> <p>b. The Health Plan performing the review is responsible for reviewing all providers in the office that treat Medi-Cal Managed Care Members. The choice of Medical Records for Review may be members with any Health Plan contracted by the California Department of Health Services to treat Medi-Cal Managed Care Members. The files are selected and reviewed in compliance with the individual Health Plans Compliance and Legal Departments interpretation of the current HIPAA regulations. Health Plans that are unable to review other plans’ medical records will notify the other contracted Health Plans in writing with copies to appropriate State and County Departments of Health Services.</p> <p>c. The HSD participating health plans will work with HSD County Program liaison to review and revise, as needed, procedures for communicating provider network status changes, e.g., addition of new providers, termination of providers, demographic changes.</p> <p>d. Each participating health plan maintains the final authority for approval of providers/facilities in its network.</p>
<p><b>6.1.4</b> <b>METHODOLOGY</b></p>	<p>a. Participating HSD health plans will be responsible for scheduling and completing the facility site review and Corrective Action Plan (CAP) in their assigned portion of the shared network.</p> <p>b. Participating HSD health plans will utilize and follow DHCS MMCD Facility Site and Medical Record Review tools and guidelines.</p>	<p>a. Each HSD health plan will be responsible for scheduling and completing the facility site review and Corrective Action Plan (CAP) in their assigned portion of the shared provider network and their unique contracted providers</p> <p>b. HSD health plans will follow the established program methodology and utilize the DHCS MMCD Facility Site and Medical Record Review (FSR/MRR) tools and guidelines.</p>



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<p><b>6.1.5</b> <b>REPORTING/ SHARED INFORMATION</b></p>	<p>a. HSD County Program liaison will develop and maintain a shared information file on facility site review results.</p> <p>b. HSD County Program liaison will be responsible for developing, implementing, and maintaining protocols which will limit access to site review results to authorized Health Plan representatives, any government agencies that have authority over the Health Plans, and authorized County entities in the State of California.</p> <p>c. HSD County Program liaison participates in the FSR and MRR activity reporting and information sharing through monthly electronic data exchanges of specified required data the HSD health plans, and the HSD County Program liaison agreed which includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Responsible for updating participating HSD health plans with results of each audit and Corrective Action Plan (CAP) electronically.</li> <li>• Maintaining a hard copy file/ electronic file for each site review conducted and keep current at all times for DHCS or Health Plan review and/or retrieval.</li> </ul> <p>d. HSD County Program liaison will maintain electronic/hard copies of all facility site review documents for a period of seven (7) years.</p> <p>e. HSD County Program liaison will report facility site review activities as requested by HSD Health Plan Site Workgroup.</p> <p>f. HSD County Program liaison will be responsible for inputting results of site reviews completed by participating HSD entities into the electronic system per established format.</p>	<p>a. Annually (at a minimum) HSD health plans will share provider network data to update shared networks, designate assignments for provider sites to be reviewed.</p> <p>b. HSD health plans must, at a minimum, maintain a database that will track and report the FSR/MRR activity per DHCS data submission requirements.</p> <p>c. On a monthly basis, data sharing of audit activity is accomplished through electronic data exchanges of specified required data agreed upon by the HSD health plans and the County Program Liaison.</p> <p>d. Each health plan is responsible for Facility Site and Medical Record Review activity reporting and information sharing which includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Responsible for updating participating HSD health plans with results of each audit and Corrective Action Plan (CAP) electronically.</li> <li>• Maintaining a hard copy file/electronic file for each site review conducted and keep current at all times for DHCS or Health Plan review and/or retrieval.</li> <li>• Inputting results of audit/CAPs completed by the assigned health plan into a database per established format and timeline.</li> </ul>



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<p><b>6.1.6</b> <b>CORRECTIVE ACTION</b></p>	<p>a. HSD County Program liaison will maintain Corrective Action Plan information in a centralized database.</p> <p>b. HSD County Program liaison will make available through the HSD Site Review Database a report listing outstanding Corrective Action Plans (per procedure).</p>	<p>a. The Health Plan performing the FSR/MRR is responsible for notifying the HSD participating health plans within five working days of any facility falling below 80% via written or electronic format.</p> <p>b. Each HSD Health Plans will follow the established CAP guidelines as outlined in the MMCD Policy Letter 02-02 and according to the HSD CAP P&amp;P.</p>
<p><b>6.1.7</b> <b>REVIEWER CERTIFICATION AND INTER-RATER RELIABILITY (IRR)</b></p>	<p>a. HSD site review workgroup will facilitate collaboration for initial certification and re-certification trainings.</p> <p>b. HSD site review workgroup will ensure certification of participating HSD reviewers.</p> <p>c. HSD site review workgroup will facilitate annual inter-rater reliability activities.</p> <p>d. HSD participating health plans' and health plan contracted vendors' certified reviewers will participate in inter-rater reliability processes.</p> <p>e. HSD site review workgroup will maintain a current list of certified reviewers.</p>	<p>a. HSD participating health plans and health plan contracted vendors will meet DHCS Reviewer Certification and inter-rater requirements to:</p> <ul style="list-style-type: none"> <li>• Collaborate to train and orient new RNs for certification process</li> <li>• Verify reviewers are certified</li> <li>• Participate in annual medical record IRR to verify consistency of interpretation</li> <li>• Maintain current list of certified reviewers</li> <li>• Maintain adequate number of certified reviewers at all times</li> </ul>
<p><b>6.1.8</b> <b>PROVIDER SATISFACTION</b></p>	<p>a. HSD County Program liaison will maintain a fax machine to receive satisfaction surveys and forward to Site Review Workgroup.</p>	<p>a. Provider Satisfaction surveys may be left at each office during the evaluation.</p> <p>b. Provider satisfaction results will be collated and reported/discussed at the HSD Health Plan Workgroup meeting to improve processes.</p>
<p><b>6.1.9</b> <b>PROVIDER TRAININGS</b></p>	<p>a. HSD County Program liaison will provide administrative support for provider training.</p>	<p>a. Provider and office staff training will be provided initially and as the need is identified.</p>
<p><b>6.1.10</b> <b>CONFIDENTIALITY</b></p>	<p>a. HSD County Program liaison will maintain confidentiality of all information (electronic and/or hardcopy).</p>	<p>a. Health Plans will maintain site review findings in a confidential manner (electronic and/or hardcopy).</p>



	<p>b. Findings will be shared between Health Plans only after the provider/designated staff signs the statement of “Disclosure and Release.”</p>	<p>b. Findings will be shared between Health Plans only after the provider/designated staff signs the statement of “Disclosure and Release.”</p>
<p><b>6.1.11</b> <b>PROBLEM RESOLUTION BETWEEN HEALTH PLANS</b></p>	<p>a. HSD Site Review Workgroup, Health Plan Workgroup, and, if necessary, QI Sub Committee will participate in resolving problems as they are identified per program procedures.</p>	<p>a. Identified problems will be addressed at the HSD Health Plan Workgroup Site Review Workgroup and may be referred to the Health Plan Workgroup and, if necessary, to the Quality Improvement (QI) Subcommittee for further resolution.</p>



## 6.2 Health Education and Cultural/Linguistics (HE & C/L) Workgroup

The Healthy San Diego Health Education and Cultural/Linguistics (HE & C/L) Workgroup has been working collaboratively since the implementation of Healthy San Diego and reports to the HSD Quality Improvement Subcommittee. The HE & C/L Workgroup is comprised of MCP representatives and HSD staff. The purpose of the HE & C/L Workgroup is to identify, implement and evaluate collaborative activities targeting health care providers, health plan members and the community at large that will increase health and well-being along with preventive health care knowledge and utilization.

CATEGORY	HEALTH EDUCATION AND CULTURAL/LINGUISTIC WORKGROUP	MEDI-CAL MANAGED CARE PLAN
<b>6.2.1</b> <b>PURPOSE</b>	a. Establish and maintain a collaborative HE & C/L process that will increase compliance to HE & C/L contract standards by Medi-Cal managed care plans and their contracted providers.	a. Establish and maintain a collaborative HE & C/L process that will increase compliance with the HE & C/L standards by Medi-Cal managed care plans and their contracted providers.
<b>6.2.2</b> <b>LIAISON</b>	a. Designate a program liaison to coordinate, perform and report joint HE & C/L activities.	a. Appoint a liaison to coordinate, perform and report joint HE & C/L activities.
<b>6.2.3</b> <b>FINANCIAL RESPONSIBILITY</b>	a. Assist HE & C/L Workgroup in development of an annual budget.	a. Provide input from health plan and assist HE & C/L Workgroup in development of an annual budget.  b. Upon approval of the budget, contribute an equal and pre-approved amount of funding to the HE & C/L Workgroup account. Funds shall be submitted within 60 days from approval of the internal budget request form.  c. Submit check request to designated fiscal agent for disbursement of funds.