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September 25, 2002

MMCD All Plan Letter 02006

TO:           [X] County Organized Health System Plan (COHS)  
              [X] Geographic Managed Care (GMC) Plans  
              [X] Prepaid Health Plans (PHP)  
              [X] Primary Care Case Management (PCCM) Plans  
              [X] Two-Plan Model Plans

FROM:       Cheri Rice, Chief   
              Medi-Cal Managed Care Division

SUBJECT:    IMPLEMENTATION OF MEDI-CAL MANAGED CARE DIVISION (MMCD)  
              POLICY LETTER 02-02

The purpose of this letter is to clarify the process for implementing the MMCD Site Review Policy Letter 02-02, which was issued on May 16, 2002 and supercedes MMCD Policy Letter 96-06.

Effective immediately, plans must implement the policy and tools for site reviews. The new policy and tools should be used as provider sites are due for a site review according to their currently established schedules, unless there is a need for the master trainer, or trainers, to have sites available to meet the required number of sites for certification.

As of July 31, 2003, all reviewers will need to be certified and all systems for the site review process will need to be in place, including plan/county collaboration. No sites will be accepted after this date if not performed by a certified site reviewer. In addition, all plans will need to have their policies and procedures related to the site review process reviewed and approved by July 31, 2003.



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The Medi-Cal Managed Care Division recognizes there is a learning curve for plans and providers to fully understand and implement elements of the new site review tool, as well as the need to continually fine tune the tool during its use. As a result plans have the option to count the scores of 94 percent or above and submit the provider site data to MMCD. Those provider sites would be placed into a three-year cycle. Scores do not have to be submitted for those provider sites that do not receive 94 percent or higher during the transitional period ending January 1, 2004.

Operational issues that need to be considered include:

- MMCD may ask for provider site scores during the transition period solely for the purpose of reviewer inter-rater reliability validation.
- The initial provider site review will serve as the three-year renewal date.
- Plans will need to prioritize the critical elements within a provider site that are do not comply and have the provider site correct them in a timely manner.
- A provider site has to be in compliance with MMCD provider site review standards by January of 2004 if their review is scheduled within that time frame.
- If a provider site is due to be reviewed after the transitional time frame, consideration can be made on a case-by-case basis for those providers not receiving optimal scores.

It remains the plan's responsibility to ensure that provider sites are safe, clean, maintained, and provide the necessary services to the members of the respective plans. Plans may use the provider site review tool as part of the criteria for the removal of a provider from their network.