



California
Department of
Health Services
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Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

June 23, 2003

MMCD All Plan Letter 03007

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

FROM: Luis R. Rico, Acting Chief
Medi-Cal Managed Care Division *Luis R. Rico*

SUBJECT: CERTIFIED QUALITY PROVIDER SITE CERTIFICATE

The purpose of this letter is to inform you that the Medi-Cal Managed Care Division has developed a Certified Quality Provider Site certificate template. Medi-Cal Managed Care health plans are to issue the certificate to providers who successfully pass a facility site survey. The certificate (enclosed) affirms that the site has been deemed a Department of Health Services' Certified Quality Provider Site and is valid for up to three years.

Each plan must develop its own process for issuing the certificates and will need to collaborate with other health plans with which they share provider sites. Together the plans must develop a process clearly identifying how/when the certificate will be issued and under what circumstances it might be revoked.

If you have any questions regarding this matter, please contact your contract manager or Dori Childress, Chief of the Medical Monitoring Unit, at (916) 657-4837.

Enclosure



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www.consumerenergycenter.org/flex/index.html

714 P Street, Room 650, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 654-8076
Internet Address: www.dhs.ca.gov

Medi-Cal Managed Care Certified Quality Provider Site



This site has successfully completed the Department of Health Services Medi-Cal Managed Care Division's Site Review Survey and is deemed a CERTIFIED Quality Medical Site under the provisions of MMCD policy letter 02-02. Certificate issued by (Health Plan Name).

Date issued _____

(Health Plan Signature)

Certificate # _____

(Health Plan Signature)