

**OLIVE VIEW-UCLA MEDICAL CENTER
MEDICAL ADMINISTRATION
POLICY & PROCEDURE**

**NUMBER: 1734
VERSION: 9**

SUBJECT/TITLE: FACILITY SITE REVIEW (FSR)

POLICY: LA Care FSR evaluates Olive View-UCLA Medical Center every three years. This evaluation includes the following – all office site locations, including medical record keeping practices, for primary care practitioners (PCP’s), obstetricians/gynecologists and high-volume behavioral care specialists at initial credentialing. Site evaluations are also completed during recredentialing, as new locations are identified and for revisits to offices with open corrective action plans (CAPs) and for member complaints, as needed.

PURPOSE: To ensure Olive View-UCLA Medical Center is in compliance with the standards of LA Care Facility Site Review (FSR).

DEPARTMENTS: MEDICAL ADMINISTRATION

DEFINITIONS:

PROCEDURE:

1. Practitioner offices are reviewed once by a trained Site Reviewer (SR) to provide a baseline assessment of office systems. This review is accomplished prior to contract signing.
2. The SR provides Credentialing staff with the results of the review for use in completing the credentialing process. The CD documents the audit findings in the appropriate shared Facility Site Review (FSR) database, as appropriate.
3. Facility Site Reviews must demonstrate an overall score of 80% and a Medical Record score of 80%. If the scored FSR meets the required thresholds, Credentialing staff sends the practitioner a letter notifying them of the passing score.
4. All scores below 100% require a Corrective Action Plan (CAP) from the practitioner and follow-up audits will be repeated at no less than 6-month intervals until 100% compliance is achieved.
 - The CAP is due within 15 days of the site review.
 - If the CAP is not received in 15 days, a final letter is sent allowing an additional 15 days.

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- If a CAP is not received at the end of the entire 30 day CAP period, contracting staff is notified that the practitioner is out of compliance with standards and cannot be added to the network.
5. When a CAP is received, the FSR Lead determines whether the CAP is acceptable and the site has corrected all deficiencies.
 - If the deficiencies have been corrected, the CD is notified, so that the credentialing can be completed and the site may be added to the network.
 - In order to assure that the practitioner site has implemented the CAP, the site will be revisited within 6 months, or sooner as appropriate.
 - If the site continues to be deficient, the appropriate Provider Service Representative is notified that the provider is out of compliance with standards and cannot be added to the network.
 6. Regardless of the results, a copy of the completed audit forms, and any CAP's are maintained in the CD, and the information entered into the appropriate FSR database.

ONGOING MONITORING:

1. In order to detect and correct deficiencies subsequent to the initial site visit, the CD will perform site reviews upon referral from any source, including, but not limited to, members, regulatory agencies, Member Service Department, other staff, or outside contacts. If more than ten complaints are received, then a FSR will be scheduled. The audit will take place within sixty (60) calendar days of when the complaint was received. The complaints will include but not be limited to the following:
 - Physical accessibility
 - Physical appearance
 - Adequacy of waiting and examining room space
 - Adequacy of equipment
2. The site review and subsequent actions will follow steps 3 through 6 as listed above in initial review procedure.

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References:	
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