



Title:	Site Visit Performance Standards				
Department/Line of Business:	Provider Network Operations / All Lines of Business				
Approver(s):	SWHP/ICSW Credentials Committee				
Location/Region/Division:	SWHP				
Document Number:	SWHP.PNO.014.P				
Effective Date:	11/13/2018	Last Review/ Revision Date:	11/13/2018	Origination Date:	02/19/1997

LINE OF BUSINESS

This document applies to the following line(s) of business:
All Lines of Business

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

None.

POLICY

Scott and White Health Plan (SWHP)/Insurance Company of Scott & White (ICSW) establishes office site visit standards that are used to assess the quality, safety, and accessibility of office sites for practitioners/providers where care is delivered.

Assessment is accomplished through an office site visit for which a single reasonable member complaint is received. Office site complaint criteria include, but may not be limited to: physical accessibility, physical appearance, adequacy of waiting/examining room space, and adequacy of treatment record keeping.

An overall assessment score of 90% compliance is attained or the practitioner/provider office site is considered deficient (see Site Visit Forms – SWHP.PNO.014.A1 and SWHP.PNO.014.A2).

A trained SWHP/ICSW Provider Relations staff member conducts the site visit. Provider Relations staff members are trained in conducting office site visits through classroom instruction and demonstration.

Delegated entities may conduct site visits on their respective office sites, if the delegation agreement indicates.

Ongoing monitoring of member complaints of practitioner/provider office sites should be performed by a SWHP/ICSW Credentialing Coordinator. If complaints are detected, the office site visit should be scheduled and performed within 60 days of receipt of complaint.

Facilities that are not accredited must have a site visit. The site visit confirms the provider credentials its practitioners. A letter from the Centers for Medicare & Medicaid Services (CMS) or Texas Department of Aging and Disability Services (DADS), which shows that the facility was reviewed and indicates that it passed inspection is acceptable in lieu of a site visit.

PROCEDURE

Site Visit Standards

1. Site visits are conducted with a designated representative from the office site.
2. A copy of the completed Site Visit Form (SWHP.PNO.014.A1 or SWHP.PNO.014.A2) should be filed in the practitioner's or provider's credentialing file.
3. Deficiencies are documented on the Site Visit Form and a copy is left with the practitioner/provider with instructions that improvements need to be made within six (6) months. A follow-up evaluation and/or second site visit, focusing on correction of deficiencies, should be conducted within the six (6) months. If deficiencies persist, an action plan for improvement is requested and re-evaluations of the site should be conducted at least every six (6) months until full compliance with standards is reached. When major construction is involved, the SWHP/ICSW Chief Medical Officer or Medical Director designee should be notified for consideration of an extension. Failure to rectify deficiencies are reported to the SWHP/ICSW Credentials Committee for review and possible action.
4. Documentation of any deficiencies, follow-up visits, and resolution of deficiencies should be tracked until the office site meets performance thresholds.
5. In the case of another *similar*, reasonable complaint about the same office site within one (1) year, SWHP/ICSW follows-up on that specific complaint, which may include another site visit. If another complaint is voiced for a different standard, a site visit is performed on the specific standard pertaining to the complaint.

ATTACHMENTS

Site Visit: Medical Practitioner (SWHP.PNO.014.A1)
Site Visit: Facility Provider (SWHP.PNO.014.A2)

RELATED DOCUMENTS

None.

REFERENCES

National Committee for Quality Assurance (NCQA)
Texas Administrative Code, Title 28 Insurance, Part 1, Chapter 11 Health Maintenance Organization, Rule §11.1902
Centers for Medicare & Medicaid Services (CMS) – Medicare Managed Care Manual, Chapter 6, Section 60.3

The information contained in this policy is confidential and proprietary and may not be shared without the express permission of the Scott & White Health Plan. Further, the information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.

Attachment Name:	Site Visit: Medical Practitioner		
Attachment Number:	SWHP.PNO.014.A1	Last Review/Revision Date:	6/12/2018

Site Visit: Medical Practitioner

Provider Name: _____ Address: _____
 Office Contact: _____ Phone: _____

Deficiencies should be corrected within 6 months. When major construction is involved, consideration may be given for an extension. Deficiencies are monitored until elements are brought into compliance. A second site visit may be scheduled within six (6) months, focusing on areas where submitted evidence of improvement has not been accepted as satisfactory.

				Scoring		
Physical Accessibility	TDI, NCQA	Threshold:	100 %	No	Yes	N/A
Handicap access is noted to be in accordance with state mandates as applicable						
1. Hallway/doorway access is a minimum of 2'10" wide.						
2. Patient has access to lavatory with safety bars.						
3. Entrance has ramp or single low step.						
4. Exam room allows space for wheel chair						
Appearance	TDI, NCQA	Threshold:	80 %			
5. Exterior of building is presentable						
6. Office waiting room is clean and well lit						
7. Furniture coverings are in good repair						
8. Exam rooms are clean						
9. Furniture and exam tables are in good repair						
Adequacy of Waiting Room	TDI, NCQA	Threshold:	100 %			
10. Exam rooms have adequate space						
11. Waiting room provides adequate seating. The number of chairs available should reflect the number of patients that can be seen in an hour (e.g., 6 patients in 1 hour; there should be at a minimum 6 chairs).						
12. Adequate number of exam rooms. The number of exam rooms should reflect the number of practitioners actively seeing patients in a time period (e.g., 4 physicians should have 4 exam rooms).						
Appointment Availability	TDI, NCQA	Threshold:	100 %			
13. There is evidence that appointments are scheduled according to level of need.						
Urgent Care appointments are available within 24 hours.						
Routine Care appointments are available within 5 days. Behavioral Health appointments are available within 10 days.						
Preventive Care appointments are available within 6 weeks.						
Next available appointment is _____ weeks. (Behavioral Health – N/A)						
Adequacy of Treatment Record Keeping	TDI, NCQA	Threshold:	100 %			
14. Medical records are secure and confidential.						
15. Medical Record is orderly with legible file markers. Office prepares a proposed record of new patient for reviewer. Record has designated places for: Patient identification (e.g. Patient Name/Date of Birth/Medical record number), allergy notation, problem list, Immunizations, as applicable, past medical history, substance abuse (i.e., tobacco, alcohol, and/or other substances), ancillary studies requested (e.g. Lab/X-Ray/Psychometric tests), consult notes, correspondence/records from outside providers, (History/Progress notes acceptable for Newborns/Pediatrics).						
16. Record availability: Medical records are organized and stored in a manner that allows easy retrieval						
Certificate/License for radiology services are current: Admin exp: _____ Tech exp: _____						
Total points possible:				Total points:		Total %:
Texas Department of Insurance Complaint Process Posted.				No	Yes	

- **Comments and/or recommendations to provider:**
- **Provider feedback/comments:**

Reviewer:

Clinic Office Contact:

Date:

Attachment Name:	Site Visit: Facility Provider		
Attachment Number:	SWHP.PNO.014.A2	Last Review/Revision Date:	06/12/2018

Site Visit: Facility Provider

Site: _____

A practitioner must meet a minimum threshold of 90% to be credentialed as an approved provider. Deficiencies will be corrected within 30 days. When major construction is involved, consideration will be given for an extension. For sites who meet the threshold, but have deficiencies, a second site review may be done within six (6) months for those areas where submitted evidence of improvements have not been satisfactory.

Second site visit (when applicable) scheduled date: _____

ELEMENT	YES	NO	N/A	Comments
Adequacy of Facility: Medical Safety and Environment				
Clearly marked office sign (external)				
Facility accessible to persons with disabilities				
Fire alarms/sprinklers				
Fire extinguishers visible and accessible				
Facility clean, neat, well-lit and well-maintained				
Waiting/exam rooms adequate for patient volume (adequate seating)				
Corridors clear				
Exits clearly marked				
Mechanism to inform patients of hours of operation				
Exam rooms designed to assure privacy of patients				
Exam rooms equipped with supplies				
Biohazard disposal				
Sharps container				
Equipment/instruments sterilized/disposable				
TDI complaint process/800 number is displayed				
Provisions for patients who do not speak English or are visually/hearing impaired				
Written Policies for the Following:				
OSHA guidelines				
Patient confidentiality				
Triage of patients/emergencies				
Handling narcotics				
Inspection of emergency equipment				
Laboratory Area/Services: If Performed in Office				
Current CLIA certification or waiver posted Date:				
Area clean and organized				
Radiology Area/Services: If Performed in Office				
Certificate of registration - Bureau of Radiation Control (current in past 3 yrs) Radiology Date: Technology Date:				
Area clean and organized				
Medical Record Keeping:				
Medical records are available during office hours				
Medical records protected from public access/inadvertent exposure				
Medical records are individualized by patient name or ID				
Consults, labs, x-rays are contained in medical record				
Medical records secured/system for organization of file				

ELEMENT	YES	NO	N/A	Comments
Medical records released only in accordance with Federal and state laws, court orders or subpoenas, including release request by member.				
Each chart has a sample problem list.				
Electronic medical records (secure system used)				
TOTALS:				%

Provider feedback/comments:

Reviewer: _____

Clinic Office Contact: _____

Date: _____