

Objective:

- I. To ensure Tuality Health Alliance's (THA) site review process meets National Committee for Quality Assurance (NCQA) and health plan quality standards.
- II. To assess the quality, safety and accessibility of office sites where care is delivered.
- III. To ensure provider office sites are evaluated against uniform performance standards and thresholds for office site criteria, medical treatment and record-keeping practices prior to initial credentialing decisions.
- IV. To ensure objective review of the medical record against health plan, state and federal benchmarks for completion of performance during the recredentialing cycle.

Policy:

- I. THA establishes the following standards and thresholds for office site criteria and medical record-keeping practices. This policy applies to all practitioners within the scope of credentialing.
- II. THA will conduct routine office site visits, medical record keeping practice reviews and medical record reviews for Primary Care practices and Obstetrics and Gynecology as required for the credentialing and recredentialing processes. Physicians who practice at more than one site will be reviewed at each site against the required criteria.
- III. Providers who fall within the scope of this policy and who relocate or open new practice sites that have not been reviewed will be required to undergo a site review. Site reviews meeting this criterion must be completed before the provider may see patients at the site. The THA Administrative Coordinator or Provider Relations and Contracting Specialist is to be notified of these relocations by the provider or designee so a site review is completed before being open for business.
- IV. The review is conducted with a standardized form that has been adopted by THA Quality Management Committee (QMC). An office site survey will be completed prior to a new office building opening and receiving patients for

- care. A new physician that begins to practice in an already existing THA approved location may be incorporated into the already existing office site survey. This review must be completed prior to the initial credentialing decision. The site survey will evaluate the quality of the office site for the following. The minimum threshold for all components is 80%:
- A. Physical accessibility addresses the ease of entry into the building or practice site and accessibility of space within the building or practice site. This also includes:
 - 1. Accessibility and services for handicapped individuals
 - 2. Posted office hours and staff availability.

 - B. Physical appearance and maintenance which includes cleanliness, lightning and safety; well lit waiting room
 - 1. Appointment availability
 - 2. Location and storage of supplies for practice, including but not limited to prescription pads, medications, and syringes.

 - C. Adequacy of seating in waiting room and examining room space- this includes the appropriate size and seating for waiting rooms. The number of patient visits per hour and the number of practitioners should also be considered in this standard.

 - D. Medical record review and medical record keeping practices includes office documentation practices and methods used to keep information (written and electronic) in a consistent manner and how the practice insures the confidentiality of member records. The minimum threshold is 80%.
 - 1. Secure/confidential filing system
 - 2. Legible file markers
 - 3. Records easily located
 - 4. Adequacy of medical/treatment record keeping
 - 5. Medical record orderliness

 - V. Accessibility survey for availability of appointments for internists, general and family practitioners, pediatricians and obstetricians. Minimum threshold is 80%. These surveys are completed annually according to THA Policy I-2 Member Accessibility and more frequently when the complaint threshold is met.
 - A. Routine office appointments within 2 weeks
 - B. Urgent care within 48 hours
 - C. 24 Hour emergency coverage

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- D. Interpreter service availability
 - E. Services for hearing and sight impaired
- VI. After-hours survey- Minimum threshold is 80%.
- A. Maintaining 24 hour availability
 - B. Adequate on-call coverage-PCP
 - C. Provision of Interpreter services
- VII. Site Visits and Ongoing Monitoring
- A. A site visit must occur prior to the initial credentialing decision.
 - 1. If a practitioner practices at more than one site, there must be documentation that each site was reviewed prior to initial credentialing.
 - 2. When a new practitioner joins an existing office site, documentation of the site visit for the office must be included in the new practitioner's initial credentialing file.
 - 3. Provider must meet 80% threshold.
 - 4. Failure to meet the performance thresholds for Initial Credentialing
 - a. The credentialing process will cease until such time as performance meets threshold.
 - b. When practitioner meets threshold, they may re-apply.
 - B. Ongoing monitoring and the recredentialing cycle
The results for currently credentialed providers will be presented to the QMC for review and appropriate action. The range of action may include but is not limited to:
 - 1. Continuous monitoring and re-review until deficiencies are corrected and continued compliance is demonstrated
 - 2. Close member enrollment until deficiencies are corrected
 - 3. Forward to the QMC for consideration of contract termination for provider.
 - C. Potential quality of care issues noted during the site review will be immediately referred to the THA Medical Director for evaluation.
- VIII. Member Complaints against Practitioner Offices and Ongoing Monitoring
- A. THA reviews complaints from members on a monthly basis, trends the results quarterly, during the recredentialing cycle, and prior to the recredential date of each practitioner who provides services to THA members.

- B. In the event that THA receives three (3) complaints by members for any of the above mentioned categories, a site review will be conducted within the recredentialing cycle.

 - C. When 3 complaints have been received related to any combination of the above categories, a site visit will be performed within 60 days of the third complaint to assess these elements.
 - 1. Results will be provided to the practitioner in writing upon completion of the review.
 - 2. Depending on the severity of the complaint, a site review may occur prior to receiving 3 complaints.
 - 3. A medical record review may be conducted if this includes complaints about the following quality of the clinical care issues:
 - a. Client believed quality of care inadequate
 - b. Provider explanation/instruction poor
 - c. Illness misdiagnosed
 - d. Allegation of abuse

 - D. When applicable, complaints related to physical accessibility, physical appearance, adequacy of waiting and exam room space, and adequacy of equipment, are forwarded to the appropriate health plan.
- IX. Instituting actions to improve offices that do not meet thresholds
- A. Results will be provided in writing. Providers who do not achieve a passing score will be given a written corrective action plan.

 - B. Evaluating effectiveness of the actions until deficient offices meet the thresholds
 - 1. A follow up site review will be conducted at 6 months to confirm performance standards are met. Documentation of the revisit will be included in the provider's file.
 - 2. If a provider does not achieve a passing score on the second survey, the following options apply:
 - a. A third and final survey may be conducted within 60 days of the second visit, and/or
 - b. Presentation to the THA QMC for review and action as appropriate.

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*Refer to: THA I-2 Member Accessibility
 THA IX-2 Membership Criteria Adherence Policy
 THA X-7 Ongoing Monitoring of Sanctions and Complaints
 THA VI-2 Complaints and Grievances
 NCQA CR 6 Practitioner Office Site Quality

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THA Plan Director

THA Medical Director