

## Subject: Site Reviews

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### Objective:

- I. To assess the quality, safety, and accessibility of clinical office sites where Tuality Health Alliance (THA) members are cared for.
- II. To ensure that THA follows a site review process that meets National Committee for Quality Assurance (NCQA) and health plan quality standards.
- III. To ensure that sites are evaluated against uniform performance standards and thresholds for administrative criteria, medical treatment criteria, and record-keeping practices prior to the initial credentialing of providers.
- IV. To ensure that THA conducts an objective review of administrative criteria, medical treatment criteria, and record-keeping practices against health plan, state, and federal benchmarks through ongoing monitoring and during the re-credentialing of providers.

### Policy:

- I. A THA site review will be completed prior to a provider opening a new clinical office building to patients.
  - a. Providers who fall within the scope of this policy and who relocate or open new practice sites (sites that have not previously undergone a THA site review) will be required to undergo a site review.
    - Site reviews pertaining to this particular circumstance must be completed before the provider sees patients at his/her new site.
    - The relocating provider (or designee) will notify the r THA Provider Relations Specialist of the relocation so that a THA site review may be completed before patients are seen.
- II. THA will conduct site reviews, including medical treatment criteria reviews and medical record-keeping reviews, for Primary Care Provider (PCP) practices and Obstetrics and Gynecology (OB/GYN) Provider practices as required for the initial credentialing of those providers.
  - a. A site visit review must occur prior to the initial credentialing approval.
    - If an applicant provider practices at more than one site, there must be documentation that each site underwent a site review prior to initial credentialing approval.
    - When an applicant practitioner will join an existing office site, documentation of the previous site visit for that office must be included in the applicant practitioner's initial credentialing file.
    - The applicant provider's site must meet 80% threshold (see section IV below).

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- If the applicant's site fails to meet the performance thresholds for initial credentialing, the credentialing process will cease until such time as site performance meets threshold.
- III. THA will conduct routine reviews, including medical treatment criteria reviews and medical record-keeping reviews, for Primary Care Provider (PCP) practices and Obstetrics and Gynecology (OB/GYN) Provider practices as required for the re-credentialing and ongoing monitoring of those providers.
- a. *Continually Monitoring Member Complaints for all Practitioner Offices*
1. THA reviews complaints from members on a monthly basis, and then trends complaint results quarterly as well as during the re-credentialing cycle of each practitioner who provides services to THA members.
  2. In the event that THA receives three (3) site-review relevant complaints during any of the above mentioned time periods, a site review will be conducted within 30 days of last complaint received.
    - The site review results will be provided to the practitioner in writing upon completion of the review.
    - Depending on the severity of the complaint(s), a site review may occur prior to receiving three (3) complaints.
    - A medical record review may be conducted if complaints regarding the following quality of clinical care issues are identified:
      - Client believed quality of care inadequate;
      - Provider explanation/instruction poor;
      - Illness misdiagnosed;
      - Allegation of abuse.
    - When applicable, complaints related to physical accessibility, physical appearance, adequacy of waiting room and exam room space, and adequacy of equipment, are forwarded to the appropriate health plan.
- b. *Actions to Improve Office Sites That Fail to Meet Thresholds*
1. Provider offices that do not achieve a passing site review score of 80% or greater will be given a written corrective action plan.
  2. A follow-up site review will be conducted at six (6) months to confirm that performance standards have been improved and that the 80% threshold is met.
    - Documentation of the follow-up survey visit will be included in the provider's file.
    - If a provider does not achieve a passing score on the second survey, the following options apply:
      - A third and final survey visit may be conducted within 60 days of the second visit, and/or

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- Should deficiencies continue after a corrective action plan has been completed and thresholds continue to be unmet, the case will be brought forward for review by the THA Quality Management Committee.
- IV. The THA Quality Management Committee (QMC) will take action to improve sites/providers that fail to meet the site review threshold. Such action may include, but is not limited to:
- Continuous monitoring and re-review until deficiencies are corrected and continued compliance is demonstrated;
  - The closing of member enrollment until deficiencies are corrected;
  - Withhold any non-claim payment funding i.e. Quality Funding, Withhold Payment or Fee Schedule Adjustments.
  - Potential quality of care issues will be considered and action may result in the QMC termination of a provider contract.
- V. Each site review will be completed with the use of a standardized site survey form, adopted by THA Quality Management Committee (QMC). The site survey form includes a checklist of components to ensure objective evaluation of the quality of the office site. The minimum threshold for all components of the standardized site survey is 80%. Site survey components include:
- Physical accessibility (addresses the ease of entry into the building or practice site and accessibility of space within the building or practice site), including accessibility and services for handicapped individuals and posted office hours and staff availability;
  - Physical site appearance and maintenance, which includes cleanliness, lightning and safety;
  - Appointment availability;
  - Location and storage of supplies, including but not limited to prescription pads, medications, and syringes;
  - Adequacy of waiting room seating and exam room space (the number of patient visits per hour and the number of practitioners should also be considered in this standard);
  - Medical record review and medical record-keeping practices, including office documentation practices and methods used to keep written and electronic information in a consistent and confidential manner; which includes but is not limited to Patient Advance Directives
  - Other quality of medical record-keeping issues, including evidence of the following:
    - Secure/confidential filing system;
    - Legible file markers;

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- Records easily located;
- Adequacy of medical/treatment record keeping; and
- Medical record orderliness.

VI. *Accessibility Surveys*

THA will complete Accessibility Surveys annually, to assess the availability of member appointments at internist, general and family practitioner, pediatrician, and obstetrician offices. The Accessibility Surveys will be conducted more frequently if the member complaint threshold is met or exceeded. The offices surveyed for accessibility components must meet the minimum passing threshold of 80%. Accessibility Survey components include:

- Routine office appointments available within 2 weeks;
- Urgent care available within 48 hours;
- 24-hour emergency coverage availability;
- Interpreter service availability; and
- Availability of services for patients with impaired hearing and sight.

VII. *After-Hours Surveys*

THA will complete After-Hours Surveys annually, to assess the availability of after-hours assistance at internist, general and family practitioner, pediatrician, and obstetrician offices. The After-Hours Surveys will be conducted more frequently if the member complaint threshold is met or exceeded. The offices surveyed for after-hours components must meet the minimum passing threshold of 80%. After-Hours Survey components include:

- Maintenance of 24-hour availability;
- Adequate on-call coverage; and
- Interpreter service availability.

**References:** Health Share RAE Participation Agreement  
NCQA CR 6 Practitioner Office Site Quality  
THA Policy I-2: Member Accessibility  
THA Policy IX-2: Membership Criteria Adherence Policy  
THA Policy VI-2: Complaints and Grievances  
THA Policy X-7: Ongoing Monitoring of Sanctions and Complaints

Formulated:	August 1996
Reviewed:	March 2003 August 2010 September 2013 July 2014

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	December 2016
Revised:	April 1999 August 1999 December 2000 December 2001 November 2003 September 2004 May 2006 November 2006 September 2007 September 2008 September 2009 June 2011 June 2012 February 2015 June 2017