univera HEALTHCARE

SUBJECT: ON-SITE PROGRAM	EFFECTIVE DATE: 1/01
SECTION: CREDENTIALING POLICY NUMBER: CR-18	
Applies to all products administered by the Plan except when changed by contract	

Policy Statement: The Plan may perform office site visits of any practitioner at the time of initial credentialing. Additionally, the Plan may perform a site visit for any credentialed practitioner, at any time, including as a requirement continued participation. When a practitioner relocates or opens an additional office, the Plan may evaluate the new site through a site visit.

The Plan will investigate complaints from any source regarding deficiencies in the physical site of the practice for all practitioners.

Practitioner Office Site Complaints
The Plan will conduct a site visit upon receiving a threshold of two formal or informal complaints within a twelve-month period. A complaint may be, but is not limited to, the physical appearance, handicap access, waiting room or exam room space.

Process:
1. Upon notice, the practitioner office site visit will be conducted within 60 days of the complaint threshold being met.

2. A site visit in accordance with this policy will be conducted even if one was conducted in the past.

3. The Plan will utilize the Initial Site Review Tool for the office site visit. Applicable standards are as follows:
    a. Section A Facility and Environment questions 1-5
    b. Section B Office Operations question 1
    c. Section C Pharmaceuticals question 1-2
    d. Section D Office Record Maintenance question 1

4. The practitioner must meet all the applicable standards listed above for the site visit to be considered satisfactory.

5. A failing score/unsatisfactory visit (one or more of the applicable standards not being met) requires the practitioner to provide the Plan with a plan of correction. The plan of correction must be in writing and received by the Plan within 10 days of the practitioner being notified of the unsatisfactory site visit. The Plan will determine whether the plan of correction is sufficient. Failure to provide a sufficient plan of correction to the Plan, and/or to have a satisfactory site visit is cause for denial, or as applicable revocation/termination, of participation with the Plan. A re-review of the site will be initiated within six months of receipt of a sufficient plan of correction. The Plan will verify the site is compliant and all standards are being met during the review. The results of the review will be confirmed with the practitioner, documented and filed in the credentialing file. Should the re-review result in an unsatisfactory visit, the practitioner will be notified, and the issue will be presented to the Plan Medical Director for direction and as necessary to the Credentialing Committee.

Cross Reference:
Adopted from BlueCross BlueShield of the Rochester Area MCO Policy and Procedure #CR-18 Dated 3/99 and BlueCross BlueShield of Utica/Watertown HMOBlue Policy # CR-IV

Committee Approvals:
Corporate Credentialing Committee: 6/16/03, 6/20/05, 4/18/07, 2/20/08, 6/18/10, 6/20/2012, 6/18/14, 6/22/16; rev 6/20/2018; renewed 6/17/2020; revised 6/15/2022; revised 4/17/2024; 4/15/2026

Quality Management Committee: 2/8/08, 6/13/08,
Rochester Credentialing Committee: 6/25/01
MCOCC: 11/3/00, 4/9/01
HCBMC: 12/7/00

Physical Site Review
Procedure Document

In order to maintain review consistency, this document specifies what to look for in the provider's office, as it relates to each question.

Question	**What to look for**
A1. Clean, private restroom facility for patients?	Rest rooms should be clean and sanitary, and be designated for the use of patients.
2. Patient treatment areas clean, and sanitary?	Floors (including carpeting), walls, ceilings, office furniture, and countertops are in good repair with no observable hazards to patients. Surfaces are clean and professional in appearance. Patient care equipment appears to be in good repair with no observable hazards to patients.
3. Patient care areas ensure privacy?	Exam rooms, rest rooms, and consultation areas have doors. Treatment bays have curtains to screen patients. Gowns and drapes are available for patient
4. Handicap accessible	Facility is readily accessible to persons using wheelchairs, or is readily accessible to and usable by individuals using wheelchairs, through reasonable alternative means
5. Waiting and treatment rooms are adequate in size	Waiting rooms and treatment rooms adequate in size for comfort and care
B.1.Does the office have a policy on confidentiality for its staff, with signed documentation as such?	There should be a confidentiality policy on file, which is signed by each employee. (See last page of site review form if answer is NO.)
C.1. Are prescription pads stored in a secure location, to prevent unattended patient access?	Prescription pads are stored during office hours in a location that denies unauthorized access, such as kept on the physician's person, or stored in a cabinet or drawer that is not in a patient care area. NYSCRR 80.77 - Adequate safeguards and security measures shall be undertaken by practitioners holding NYS prescription forms to assure against loss, destruction, theft, or unauthorized use of the form.
2. Sample medications are stored in a secured location	All sample prescriptions are stored in a location that denies unauthorized access, such as a cabinet or drawer that is not in a patient care area.
D.1. Are office records are kept in secure areas to maintain confidentiality and privacy?	Patient records are stored in a location/fashion which does not allow for any unauthorized access. Records are not stored in patient exam rooms unless files are locked during patient care hours. Access to electronic records is consistent with privacy and security considerations of HIPPA.
D.2. Are medical/treatment records adequate?	Patient records are orderly, organized, legible, and adhere to health plan documentation standards.