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**SUBJECT:** Practitioner Office Site Quality

**PURPOSE:** Office site visits are conducted for all new practice locations for Primary Care, OB/GYN, and Behavioral Health Care, or when the complaint threshold is triggered to ensure that Practitioners meet the University of Vermont Health Network Credentialing & Enrollment (“UVMHN C&E”) standards for the physical site and Medical/Treatment Record Keeping Practices.

**POLICY STATEMENT:** UVMHN C&E sets Practitioner office site performance standards and thresholds for physical accessibility, physical appearance, adequacy of waiting and examining room space, adequacy of medical/treatment record keeping, office lab, and radiology/imaging room. UVMHN C&E uses these standards and thresholds when conducting practitioner quality office site visits. UVMHN C&E conducts office site visits for practitioners if either of the following occurs: (i) new practice locations for Primary Care, OB/GYN, and Behavioral Health Care; or (ii) in any given 6 month period, there are at least three complaints against the practice related to physical accessibility, physical appearance and adequacy of waiting room space and office space; or (iii) if at any time a complaint is received about a practitioner’s physical site that is considered, in the UVMHN C&E departments sole discretion, to be a potential threat to Member care and/or safety, UVMHN C&E will conduct an office site visit based upon that complaint. The office site visit includes an assessment of the physical site and of the Medical/Treatment Record Keeping Practices of the Practitioner. Office site visits and the Medical/Treatment Record Keeping Practices are assessed against the UVMHN C&E standards.

**PROCEDURE:**

**Site Visits initiated by complaint**

1. The UVMHN C&E Department:
  - 1.1. Receives ongoing information about quality of practitioner office site member complaints.
  - 1.2. Maintains a rolling tracking record of all quality of practitioner office site member complaints including:
    - 1.2.1. The name of the Practitioner or the office location.
    - 1.2.2. The date of the complaint.
    - 1.2.3. The type of complaint.
    - 1.2.4. A brief description of the nature of the complaint.
    - 1.2.5. The resolution of the complaint.
  - 1.3. Reviews:
    - 1.3.1. The type of complaint.
    - 1.3.2. The number of complaints in a specific category in a rolling six-month period.
    - 1.3.3. Determines if an office site visit is needed.

- 1.4. Reports results of monitoring activities to the Credentialing Committee monthly.
2. When the practitioner office site member quality complaint threshold is triggered, Supervisor of Payor Services or designee notifies Credentialing & Enrollment Director that an office site visit needs to be scheduled.
3. Supervisor of Payor Services or designee will schedule the office site visit:
  - 3.1. Within sixty (60) calendar days of the date of the third complaint.
  - 3.2. Within thirty (30) calendar days of a single complaint determined to be a potential threat to Member care or safety.
4. Supervisor of Payor Services, designee or Credentialing & Enrollment Director conducts the site visit at the site to which the complaints were directed to assess compliance with The UVMHN C&E standards.
5. The following instrument is used to collect data about the site:
  - 5.1. UVMHN C&E Office Site Visit Tool.
  - 5.2. The site is reviewed for:
    - 5.2.1. Physical accessibility.
    - 5.2.2. Physical appearance.
    - 5.2.3. Adequacy of waiting and examining room space.
    - 5.2.4. General Office Requirements.
    - 5.2.5. Adequacy of medical/treatment record keeping.
    - 5.2.6. Office Lab.
    - 5.2.7. Radiology/Imaging Room.
6. The reviewer:
  - 6.1. Assesses and scores each of the elements on the data collection instruments.
  - 6.2. Determines the compliance percentage at the conclusion of the visit.
  - 6.3. Shares findings with the Practitioner or his or her representative at the conclusion of the review.
  - 6.4. Upon request, makes copies of the data collection instruments available to the Practitioner or his or her representative.
7. UVMHN C&E Office Site Visit Tool:
  - 7.1. Includes, but is not limited to, questions to assess the following elements:
    - 7.1.1. Physical appearance of the office.
    - 7.1.2. Physical accessibility of the office.
    - 7.1.3. Adequacy of patient space including the waiting area and treatment room(s).
    - 7.1.4. Adequacy of seating capacity.
    - 7.1.5. Adequacy of lighting in the waiting areas and the treatment and examination room(s).
    - 7.1.6. Cleanliness of the waiting area and the treatment and examination room(s).
    - 7.1.7. Availability of appointments for members with routine, urgent and emergency needs.
  - 7.2. Requires that the site meet UVMHN C&E performance expectations as defined on the tool.
8. UVMHN C&E thresholds for offices and for medical/treatment record keeping are:

- 8.1. Physical accessibility, 80%.
- 8.2. Physical appearance, 80%.
- 8.3. Adequacy of waiting room space and office space, 80%.
- 8.4. General office requirements, 80%.
- 8.5. Adequacy of medical/treatment record keeping, 80%.
- 8.6. Office Lab, 80%.
- 8.7. Radiology/Imaging Room, 100%.
9. When the site visit identifies performance in one or more areas that is below the UVMHN C&E performance goals, letters are sent to the Practitioner:
  - 9.1. Describing the deficiencies.
  - 9.2. Identifying the target areas for improvement.
  - 9.3. Explaining any corrective action that is required, the format for presenting additional information and the Supervisor of Payor Services or designee to whom questions or responses should be directed.
10. Supervisor of Payor Services or designee places a copy of the office site visit results in a file maintained per location in the UVMHN C&E Department.

**Site Visits initiated by a New Primary Care, OB/GYN or Behavioral Health Office Location**

1. The UVMHN C&E Department:
  - 1.1. Receives information about new practice locations.
  - 1.2. Reviews:
    - 1.2.1. The type of specialty provided.
2. Supervisor of Payor Services or designee schedules the office site visit:
  - 2.1. Prior to Enrollment.
3. Enrollment Specialist conducts the site visit to assess compliance with UVMHN C&E standards.
4. The following instrument is used to collect data about the site:
  - 4.1. UVMHN C&E Office Site Visit Tool.
  - 4.2. The site is reviewed for:
    - 4.2.1. Physical accessibility.
    - 4.2.2. Physical appearance.
    - 4.2.3. Adequacy of waiting and examining room space.
    - 4.2.4. General Office Requirements.
    - 4.2.5. Adequacy of medical/treatment record keeping.
    - 4.2.6. Office Lab.
    - 4.2.7. Radiology/Imaging Room.
5. The reviewer:
  - 5.1. Assesses and scores each of the elements on the data collection instruments.
  - 5.2. Determines the compliance percentage at the conclusion of the visit.

- 5.3. Shares findings with the Practitioner or his or her representative at the conclusion of the review.
- 5.4. Upon request, makes copies of the data collection instruments available to the Practitioner or his or her representative.
6. UVMHN C&E Office Site Visit Tool:
  - 6.1. Includes, but is not limited to, questions to assess the following elements:
    - 6.1.1. Physical appearance of the office.
    - 6.1.2. Physical accessibility of the office.
    - 6.1.3. Adequacy of patient space including the waiting area and treatment room(s).
    - 6.1.4. Adequacy of seating capacity.
    - 6.1.5. Adequacy of lighting in the waiting areas and the treatment and examination room(s).
    - 6.1.6. Cleanliness of the waiting area and the treatment and examination room(s).
    - 6.1.7. Availability of appointments for members with routine, urgent and emergency needs.
  - 6.2. Requires that the site meet UVMHN C&E performance expectations as defined on the tool.
7. UVMHN C&E thresholds for offices and for medical/treatment record keeping, must be met prior to Enrollment, and are:
  - 7.1. Physical accessibility, 80%.
  - 7.2. Physical appearance, 80%.
  - 7.3. Adequacy of waiting room space and office space, 80%.
  - 7.4. General office requirements, 80%.
  - 7.5. Adequacy of medical/treatment record keeping, 80%.
  - 7.6. Office Lab, 80%.
  - 7.7. Radiology/Imaging Room, 100%.
8. When the site visit identifies performance in one or more areas that is below the UVMHN C&E performance goals, letters are sent to the Practitioner:
  - 8.1. Describing the deficiencies.
  - 8.2. Identifying the target areas for improvement.
  - 8.3. Explaining any corrective action that is required, the format for presenting additional information and the Supervisor of Payor Services or designee to whom questions or responses should be directed.
9. Supervisor of Payor Services or designee places a copy of the office site visit results in a file maintained per location in the UVMHN C&E Department.

#### **Follow-Up and Corrective Action Procedure**

1. A corrective action plan is developed for any office site that does not meet the UVMHN C&E performance goals.
2. The site visit reviewer submits the review forms to the UVMHN C&E Department for review.
  - 2.1 The Credentialing & Enrollment Director:
    - 2.1.1 Reviews all site visit and medical/treatment record-keeping practices reviews and sends the Practitioner a letter identifying the results and actions needed, if any.

- 2.2 Collaborates with the Practitioner or Practitioner representative to develop an action plan.
  - 2.2.1 The lower the office site review score the more intensive the action plan.
  - 2.2.2 The corrective action plan must be submitted to the Credentialing & Enrollment Director within ten (10) business days after the date of the site visit.
3. Action plans must be implemented within six (6) months of the initial site visit, sooner if the nature of the deficiencies warrants.
4. The effectiveness of the actions taken to comply with standards will be evaluated at least every six (6) months.
  - 4.1 Follow-up will occur at least every six (6) months, until deficient office sites meet UVMHN C&E thresholds, if visual inspection is necessary to confirm corrections have been made appropriately.
  - 4.2 If the Credentialing & Enrollment Director determines that adequate documentation has been submitted to provide evidence of correction, a follow-up office site visit may not be conducted.
5. Documentation of the initial office site visit, subsequent follow-up site visits, the corrective action plan and all related correspondence will be placed in a file maintained per location in the UVMHN C&E Department.
6. The Credentialing Committee reviews and approves action plans and monitors subsequent data on performance.
  - 6.1. If after a reasonable period of time, considering the nature of the deficiency(s) not to exceed one (1) year, there has not been adequate correction, UVMHN C&E reserves the right to terminate the site from the network.
7. If the office site meets the complaint threshold subsequent to correcting deficiencies a follow-up visit will be conducted within sixty (60) calendar days of meeting the threshold.
  - 7.1. A full assessment must be completed for the initial complaint.
  - 7.2. If the subsequent complaint pertains to the same standard as the one causing the initial site visit, a full assessment is not needed. Follow-up may be limited to the specific complaint.
  - 7.3. A corrective action plan must be implemented as described above.
8. If the office site meets the complaint threshold subsequent to correcting deficiencies and the complaint pertains to a different standard:
  - 8.1. A site visit is required but only for the specific standard pertaining to the complaint.
  - 8.2. A corrective action plan is developed as appropriate and as described above.

**MONITORING PLAN:** Policy will be monitored in accordance with Policy C&E 6 Ongoing Monitoring.

**RELATED POLICIES:**

C&E 1 Credentials Plan  
C&E 4 Corrective Action & Appeals  
C&E 7 Informing Practitioners

**REFERENCES:** Vermont Rule H-2009-03

<b>Date Reviewed/ Revised/Approved:</b>	Restated/Reformatted from Credentials Plan approved:
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	2/13/2012, 11/26/2012, 4/19/2013, 10/3/2013, 8/1/2014, 9/21/2015, 6/20/2016, 01/20/2017, 03/16/2018, 01/18/2019, 02/21/2020, 02/19/2021, 01/21/2022, 02/17/2023, 02/16/2024, 02/21/2025
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**REVIEWERS:** Michael D’Amico, M.D., Medical Director  
Holly Turner, Network Director, MSS, Credentialing & Provider Enrollment

**OWNER'S NAME:** Holly Turner, CPCS, CPMSM, Network Director, MSS, Credentialing & Provider Enrollment

**APPROVING OFFICIAL'S NAME:** Michael D’Amico, M.D., Medical Director

**Office Site Visit Tool**

Group Name:	Survey Date:
Providers at location:	

<b>Physical Accessibility</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Office sign easily identified				
Handicapped parking available				
Adequate parking available				
Building handicapped accessible (ramp or elevator for all level changes)				
Office interior handicapped accessible				
If building/office is not handicapped accessible there is a plan to accommodate.				
There are adequate emergency exits (2)				

<b>Compliance Determination</b>	<b>Goal 80%</b>
1. Total "Yes"	
2. Total "No"	
3. Total of "Yes" and "No"	
4. Divide line 1 by line 3	
5. Multiply line 4 by 100 to determine compliance percentage	

<b>Adequacy of Treatment/Examination and Waiting Space</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Treatment/exam room(s) is clean				
Treatment/exam room(s) is well lit				
Treatment/exam room(s) is free of clutter				
Treatment/exam room(s) are of adequate space				
Prescription forms in the treatment/exam room(s) are in a secure location				
Needle disposal receptacles in /near areas of use and not overfilled				
Syringes in treatment/exam room(s) are not patient accessible				
Reception/waiting area is clean				
Reception/waiting area is well lit				
Reception/waiting area is free of clutter				
Reception/waiting area has adequate seating (3 chairs per # of providers per day)				

<b>Compliance Determination</b>	<b>Goal 80%</b>
1. Total "Yes"	
2. Total "No"	
3. Total of "Yes" and "No"	
4. Divide line 1 by line 3	
5. Multiply line 4 by 100 to determine compliance percentage	

Credentialing and Enrollment Department  
Policy C&E 12: Practitioner Office Site Quality

<b>Physical Appearance</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Building is clean and in good repair				
Building is well lit				
Hallways are free of obstruction and clutter				
Fire Extinguishers are present and accessible				
Fire Extinguishers are inspected annually				
Fire escape routes posted				

<b>Compliance Determination</b>	<b>Goal 80%</b>
1. Total "Yes"	
2. Total "No"	
3. Total of "Yes" and "No"	
4. Divide line 1 by line 3	
5. Multiply line 4 by 100 to determine compliance percentage	

<b>General Office Requirements</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Written policy regarding confidentiality of patient				
Documentation of employee training and confidentiality				
Emergency kit available (including mask for ventilation and EPI & Oral dextrose)				
Urgent appt within 24 hours				
Non-urgent (sick) appt within 72 hours				
Preventive appt within 30 days				
Procedure for after hour provider contact exist, and patients are informed				
Prescription forms are in a secure location				
At least 1 staff member during office hours has CPR training				
Eye wash capability exists (sites with caustic chemicals-Only) check w/John Berino				
Hazardous waste clearly marked				
Hazardous waste properly stored and disposed				

<b>Compliance Determination</b>	<b>Goal 80%</b>
1. Total "Yes"	
2. Total "No"	
3. Total of "Yes" and "No"	
4. Divide line 1 by line 3	
5. Multiply line 4 by 100 to determine compliance percentage	



<b>Office Lab</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
CLIA certificate displayed and current				
Specimens stored in designated labeled containers in lab refrigerator				
Lab refrigerator contains back up thermometer				
Lab refrigerator does not contain food				
Eyewash capability mandatory in lab area				

<b>Compliance Determination</b>	<b>Goal 80%</b>
1. Total "Yes"	
2. Total "No"	
3. Total of "Yes" and "No"	
4. Divide line 1 by line 3	
5. Multiply line 4 by 100 to determine compliance percentage	

<b>Radiology/Imaging room</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Current license displayed				

<b>Compliance Determination</b>	<b>Goal 100%</b>
1. Total "Yes"	
2. Total "No"	
3. Total of "Yes" and "No"	
4. Divide line 1 by line 3	
5. Multiply line 4 by 100 to determine compliance percentage	

<b>Adequacy of Medical/Treatment Record-keeping</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>Notes</b>
Patient files (paper) are maintained in locked cabinets or locked area				
Patient files (paper) are organized and contain legible file tabs				
Patient files (electronic) are stored on a secure system				
Patient files are available to authorized staff only				
Each patient has an individual record				
Medical Record contains and advance directive for all patients over the age of 18				
Medical Record contains documentation of a baseline history and physical exam				
Medical Record contains an up-to-date problem list				
Medical Record contains an up-to-date medication list				
Documentation of clinical findings and evaluation for each visit including follow up plans and recommendation for return visits				
Preventive service/risk screening offered and documented				
All entries are dated, legible and contain provider information and author's identification (EMR will fulfill this requirement)				
Patient allergies and "adverse reactions" clearly documented				

Any documentation from specialist, laboratories, radiology and other reports shows evidence of practitioner review and are filed in the record				
Mechanism in place to discuss communication (face to face, telephone, etc.) with patient and document within the patient's medical record				
A policy and procedure are in place to review and update patient demographics regularly				
Medical records will be retained for at least 10 years				
Computer screens with patient info are removed from view				

<b>Compliance Determination</b>	<b>Goal 80%</b>
1. Total "Yes"	
2. Total "No"	
3. Total of "Yes" and "No"	
4. Divide line 1 by line 3	
5. Multiply line 4 by 100 to determine compliance percentage	

Action Plan-
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Approved by UVMHN C&E Credentials Committee: 02/21/2025