

**UNISON HEALTH PLAN OF OHIO  
PRACTITIONER FACILITY REVIEW**

Practice Name:

Location of Facility Reviewed:

County:

Phone Number:

Fax Number:

List Physician and Specialty

- 1
- 2
- 3
- 4
- 5

Office Hours

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Additional Sites

- 1
- 2
- 3

Audit By:

Date:

Interview With:

Type of site review:

**LAB CHOICE:**

**Score required to pass is 80% and above.**

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**Practitioner Name:**

**Office Location:**

CRITERIA	DESCRIPTION OF CRITERIA	YES	NO	N/A	WGT	COMMENTS
<b>1. FACILITY ENTRY WAITING AREA</b>						
1.1 Office easily accessible for public	Does the accessible route to the maximum extent feasible, conveniently coincide with a route for the general public?				<b>4</b>	
1.2 Prominently displayed office sign	Is the office clearly marked and easily seen?				<b>2</b>	
1.3 Handicapped parking area	Does the parking area have designated handicap parking area? If street parking are there curb cuts?				<b>6</b>	
1.4 Entrance and facility are handicapped accessible.	Is there a ramp to bypass any stairs? Elevators if above first floor? Doors at least 36 inches? If not, is staff willing to make provisions to accommodate handicapped persons?				<b>6</b>	
1.5 Facility is clean, neat and well maintained.	Are the clerical areas, examination rooms, lab, etc., clean and neat with adequate lighting and ventilation?				<b>2</b>	
1.6 Fire extinguisher available	Is there is a fire extinguisher in the office that is in compliance with local applicable fire codes?				<b>2</b>	
1.7 Emergency procedures	Do written or verbal procedures exist for medical and non-medical emergencies, including an evacuation plan?				<b>2</b>	
1.8 Smoke detector(s)/ fire alarms	Is there a smoke detector/ fire alarm present? Building alarms are acceptable.				<b>2</b>	
1.9 Exits clearly marked, accessible and corridors are clear.	Are the office exits clearly marked in highly visible locations? Should have at least 2 exits.				<b>2</b>	
1.10 Adequate waiting room seating capacity	Do the number of seats accommodate patient volume per physician?				<b>2</b>	
1.11 Patient restrooms	Are the restrooms handicap accessible i.e., doors are at least 36 inches wide and handrails present?				<b>5</b>	
<b>2. ADMINISTRATION</b>						
2.1 Number of hours office is open per day: Mon ___AM___PM Thur ___AM___PM Tues ___AM___PM Fri ___AM___PM Wed ___AM___PM Sat ___AM___PM	Combined office hours should be at least 30 hours per week. PCP must be readily available to office staff if not present in office. Hours physician sees patients at this office.				<b>6</b>	
2.2 Physician has arranged for after hours and weekend coverage.	Practitioners must provide coverage to members twenty-four (24) hours on an emergency basis seven (7) days per week. An answering machine that directs the member to the ER is not acceptable. Answering machine must direct member to MD or service to get in touch with MD.				<b>18</b>	
2.3 Participating provider coverage	Note provider in the Comment section. Note N/A if physician is in an expansion area and explain in comment section.				<b>12</b>	

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		YES	NO	N/A	WGT	
2.4 Appointment Availability PCP/OB:						
2.4.1 routine symptomatic/1st trimester	-48 hours/within 10 days				2	
2.4.2 routine asymptomatic/2nd trimester	- 6 weeks/within 5 days				2	
2.4.3 preventive/3rd trimester	- 6 weeks/within 4 days				2	
2.4.4 urgent/high risk pregnancy (urgent)	- within 24 hours/within 1 week (24 hours)				3	
2.4.5 emergency	- immediately				3	
2.5 Average office waiting time	Is the average wait to see physician after scheduled appointment time 45 minutes or less?				2	
2.6 Average number of patients seen per day	Physicians should not be seeing more than 5 patients/ hour; Pediatricians 6/hour; OB/GYN 6/hour.				2	
2.7 Patient notification of care provided by a physician extender	Are the patients notified that a physician's assistant or nurse practitioner may see them?				3	
2.8 A written agreement or policy governs the role of physician extenders (CRNP, PA, and CNM). A copy must be submitted with the survey results.	Does the office have written agreement or policy governing the role of physician extender that includes: 1.) a plan for the physician to review and co-sign as necessary patient records; 2.) a pre-determined plan for referral to the physician or emergency care as needed?				2	
2.9 Policy for education of new members to schedule an appointment	Does the office have a policy in place to contact new members to schedule appointments?				2	
2.10 Policy for EPSDT Periodicity Non-Compliance for PCPs who see under age 21 members	Does the office have a policy/procedure for contacting members identified as not complying w/ EPSDT periodicity and immunization schedules?				2	
2.11 Policy for hearing testing for patients less than 21 (twenty-one) years of age.	Does the office have a policy covering hearing exams according to the EPSDT periodicity schedule? Policy needs to include the exam being done with an audiometer/ tympanometer in the office or by referral to an appropriate provider. Note in comments. N/A for OB/GYN and specialists.				2	
<b>3. MEDICAL RECORDS</b>						
3.1 Medical records are protected from public access	Are the medical records stored in an area that is not easily accessible to the public?				4	
3.2 Confidentiality policy is in place	Does the office have a written confidentiality policy in place? Staff should be able to explain what is stated in the policy.				4	
3.3 Release of confidential patient information	Written consent for release of medical information must be in place when records are being released to another physician.				4	

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<b>4. TREATMENT AREAS</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>WGT</b>	
4.1 Treatment areas support privacy	Does the entry to treatment areas conceal any public view of patient?				<b>3</b>	
4.2 Laboratory, if applicable	Does the office have a CLIA Certificate? Copy must be obtained.				<b>6</b>	
4.3 Method available for tracking laboratory and imaging studies	Does the office have a system for tracking lab/pathology/imaging studies? (EKG log books, requisitions, keep chart out?)				<b>2</b>	
4.4 The facility has available exam room equipment:	Does the office possess the following necessary patient care equipment?					
1. BP cuff/ sphygmomanometer	Appropriate cuff sizes for patient requirements				<b>2</b>	
2. Thermometer/scale	Oral, rectal or electronic thermometer. Scale for wt.				<b>2</b>	
3. Otoscope	Uses disposable tips or has method for sterilization				<b>2</b>	
4. Ophthalmoscope	One per office is sufficient.				<b>2</b>	
4.5 Standard (universal) precautions are being utilized including the following 3 items	Can the clinical staff verbalize their understanding of standard (universal) precautions?				<b>2</b>	
1. Gloves	Are disposable gloves available for use?				<b>2</b>	
2. Sharps container	Non-permeable sealable container for sharps present?				<b>2</b>	
3. Biohazards disposal	Is a waste containers with a lid and biohazards sign or containing a red bag available?				<b>2</b>	
4.6 Appropriate sterilization	At least <b>one</b> type of the following three must be utilized. Indicate met criteria with X here, and then identify which technique office uses with X in either 1, 2, or 3.				<b>1</b>	
1. Autoclave	Assure that it is in working order or if owned by hospital , ok to send out.					
2.Chemical	Check chemical that it kills all disease organisms. Zepherine not acceptable					
3.Disposable	Office utilizes disposable instruments.					

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<b>4. TREATMENT AREAS CONTINUED</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>WGT</b>
4.7 Accessible Airway and Ambu bag and/or resuscitation mouthpieces	Does the office have appropriate size airways and Ambu bag/or resuscitation mouthpiece? Who in office is trained to use the equipment?				<b>6</b>
4.8 Oxygen tank available with cannula or mask	Does the office have an O2 tank, equipped with a regulator? O2 must be immediately available.				<b>6</b>
4.9 Current CPR certification	Is at least one CPR certified staff person present during active office hours?				<b>12</b>
<b>5. MEDICATION ADMINISTRATION</b>					
5.1 Drugs are inaccessible to patients	Are all drugs and needles/syringes kept in a closed container? Are controlled drugs kept in a locked cabinet? Reviewer will view log for dispensing of controlled substances if applicable.				<b>3</b>
5.2 System of checking/disposing of expired drugs	Does the office identify a staff person responsible to check and dispose of expired drugs? Check one or two sampled drugs or vaccines for expiration date.				<b>2</b>
5.3 Emergency drugs must include EPINEPHERINE/ADRENALINE	Does the office possess this drug? Must check expiration date. If locked in emergency box, view reasonable evidence of documentation of maintenance to avoid opening box.				<b>6</b>
5.4 Prescriptions pads are controlled and kept secure from unauthorized access	Are prescription pads inaccessible to patients?				<b>3</b>
5.5 A separate refrigerated area for medications should be present	There should be no food or lab samples stored in this refrigerator.				<b>2</b>
5.6 Refrigerator temperatures are logged daily	Are the logged temperatures maintained between 35-46 degrees Fahrenheit (2-8 degrees Celsius)?				<b>2</b>
<b>TOTALS</b>					<b>180</b>
<b>SCORE</b>					<b>0%</b>

**UNISON HEALTH PLAN OF OHIO  
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PRACTITIONER NAME:

LOCATION OF REVIEW:

REVIEWER:

REVIEWER COMMENTS:

For providers with members 21 years and younger the reviewer certifies the office EPSDT Compliant

Yes    No    N/A

Office Unable to be EPSDT Certified at this time. Reason \_\_\_\_\_

Date referred to Provider Relations for EPSDT Education and Follow-up \_\_\_\_\_

MEDICAL DIRECTOR COMMENTS:

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**Signature of Medical Director**

**Date**

**Unison Health Plan of Ohio**  
**Facility Assessment Feedback Form**  
Score Required to Pass is 80%

FACILITY \_\_\_\_\_

DATE \_\_\_\_\_

Facility Review Recommendations

\_\_\_\_\_ 1.1 An office should be located on an easily accessible route, to the maximum extent feasible, this route shall coincide with a route for the general public.

\_\_\_\_\_ 1.2 A sign, plaque or other indication of office location should be in a highly visible spot. If physician's office is located in an office building, location should be noted on the building directory. If sign is on landscape should be away from trees and shrubs.

\_\_\_\_\_ 1.3 A designated wheelchair accessible parking area should be located on the shortest accessible route of travel to an accessible entrance to the facility. Accessible parking spaces must be designated as reserved by a sign showing the wheelchair symbol of accessibility. There must be curb cuts to accommodate wheelchairs. This applies to privately owned parking areas. If only street parking is available it is encouraged to contact the city to see if it is possible to obtain such signage.

\_\_\_\_\_ 1.4 Office must have ramps to bypass any stairs. Elevator must be present if office is above the first floor. Doors must be at least 36 inches wide to be considered handicap accessible. If facility is not handicap accessible- other means of seeing patients is acceptable: another site which is handicap accessible or home visits.

\_\_\_\_\_ 1.5 Sanitary conditions throughout the office including but not limited to the waiting area, reception area, exam rooms, restrooms and hallways should be maintained including adequate lighting and ventilation.

\_\_\_\_\_ 1.6 Fire extinguishers should be in easily accessible areas throughout office so that safety regulations are met. They should also be maintained and serviced as recommended by the manufacturer. Fire extinguishers should be in compliance with local applicable fire codes.

\_\_\_\_\_ 1.7 Written or verbal emergency procedures must exist for medical and non-medical emergencies including an evacuation plan.

\_\_\_\_\_ 1.8 Smoke detectors/ fire alarms should be present in the office. Maintenance on these devices should be done on a regular basis as suggested by the manufacturer and non-working devices should be replaced immediately. Equipment should be in compliance with local fire codes.

\_\_\_\_\_ 1.9 Signs indicating exits should be posted in highly visible places throughout the office not just limited to the waiting and exam areas. Clear passageways should be maintained at all times. Each office should have at least two (2) exits.

\_\_\_\_\_ 1.10 Adequate seating should be available to accommodate patient volume.

\_\_\_\_\_ 1.11 Patient restrooms, to be considered handicap accessible, need to have doorways 36 in wide, be able to accommodate a standard wheelchair and have handrails.

\_\_\_\_\_ 2.1 Combined office hours (all office locations) should be at least 30 hours per week. The PCP must be readily available to office staff, during office hours, if not present in office.

\_\_\_\_\_ 2.2 Practitioners must provide coverage to members twenty-four (24) hours a day, seven (7) days per week on an emergency basis. Answering service is acceptable. Answering machine must direct calls to an answering service, hospital switchboard, physician beeper or a direct line to a physician. Calls directed to or directing a member to the hospital emergency room or calls directing a member to call back during office hours is not acceptable.

\_\_\_\_\_ 2.3 Coverage arrangements should be with a participating provider to assure the standards of Unison Health Plan are being reached.

\_\_\_\_\_ 2.4.1 Routine symptomatic appointment availability should be within forty-eight (48) hours. 1<sup>st</sup> Trimester appointment availability should be within ten (10) business days.

\_\_\_\_\_ 2.4.2 Routine asymptomatic appointment availability should be within six (6) weeks. 2<sup>nd</sup> Trimester appointment availability should be within five (5) business days.

\_\_\_\_\_ 2.4.3 Preventive appointment availability should be within six (6) weeks. 3<sup>rd</sup> Trimester appointment availability should be within four (4) business days.

\_\_\_\_\_ 2.4.4 Urgent appointment availability should be within twenty-four (24) hours. High risk pregnancy appointment availability should be one (1) week or twenty-four (24) hours if urgent need exists.

FACILITY \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_ 2.4.5 Emergency appointment availability should be immediately.

\_\_\_\_ 2.5 Average wait time to see a physician after a scheduled appointment should be 45 minutes or less.

\_\_\_\_ 2.6 Physicians should not be seeing more than five (5) patients per hour; pediatricians six (6) per hour; OB six (6) per hour.

\_\_\_\_ 2.7 Patients should be notified that a physician's assistant, nurse practitioner or resident would be seeing them. Members should be made aware of this at the time the appointment is scheduled.

\_\_\_\_ 2.8 Office must have written agreement or policy governing the role of physician extenders (CRNP, PA and CNM) which shall include: 1.) a plan for the physician to review and co-sign patient records as necessary; 2.) a pre-determined plan for referral to the physician or emergency care as needed.

\_\_\_\_ 2.9 Office should have a written or verbal policy/procedure in place regarding their process for contacting new members identified in quarterly encounter lists who have not had an encounter during the first six months of being on the PCP's panel.

\_\_\_\_ 2.10 Offices with members who are under the age of 21 should have a written or verbal policy/procedure for contacting members identified in the encounter/member roster lists as not complying with EPSDT periodicity and immunization schedules.

\_\_\_\_ 2.11 Office should have a verbal or written policy on testing the hearing of all members less than 21 years of age in compliance with the frequency of the EPSDT periodicity schedule. The policy may be carried out by completing the testing in the office with an audiometer/tympanometer or by referral for the service. This shall be non-applicable to OB and specialist offices.

\_\_\_\_ 2.12 Standard (universal) precautions should be utilized in every office. Clinical staff should be able to verbalize their understanding of such precautions.

\_\_\_\_ 3.1 Medical records should be stored in an area ensuring patient confidentiality. The charts can be kept in closed filing cabinets, behind the reception desk or in a separate room or office away from the public.

\_\_\_\_ 3.2 Office should have a confidentiality policy in place whether written or verbal. Staff should be able to explain what is stated in their policy for confidentiality.

\_\_\_\_ 3.3 Written consent for release of medical information must be in place when records are being released to another primary care provider.

\_\_\_\_ 4.1 Treatment areas must promote privacy. Entry to treatment areas must obscure public view of patient.

\_\_\_\_ 4.2 A copy of the CLIA certificate or waiver must be obtained if applicable. CLIA certificate or waiver is necessary if the office or clinic tests or examines any material derived from the human body. This includes all testing (dipstick urinalysis, whole blood glucose, strep screens, etc.)

\_\_\_\_ 4.3 A system should be in place for tracking of laboratory and imaging studies collected in the office or at an ancillary facility. Such acceptable tracking methods used can be a logbook; requisition form or keeping the medical record out until lab result is returned. If not tracking both laboratory and imaging studies performed both in office and at ancillary facilities the answer will be NO.

\_\_\_\_ 4.4.1 Office must have BP cuff in sizes appropriate to patient requirements.

\_\_\_\_ 4.4.2 Office must have an oral, rectal or electronic thermometer available.

\_\_\_\_ 4.4.3 Office must have at least one otoscope per office and use disposable tips or have a method for sterilization.

\_\_\_\_ 4.4.4 Office must have at least one ophthalmoscope per office.

\_\_\_\_ 4.5.1 Disposable gloves must be readily available.

\_\_\_\_ 4.5.2 Each office must have a non-permeable sealable sharps container.

\_\_\_\_ 4.5.3 Each office must have a waste container with lid with biohazard sign or containing a red bag.

\_\_\_\_ 4.6.1 Autoclave must be in working condition if applicable. It is acceptable should the office be affiliated with a hospital or other office that can perform these services.

\_\_\_\_ 4.6.2 If office uses chemicals as a means of sterilization it must be one which kills all disease organisms. Such examples are Cidex, Cidex Plus. Zepherine is not acceptable.

\_\_\_\_ 4.6.3 Office must not reuse disposable equipment.

\_\_\_\_ 4.7 Office must have the appropriate size airways and ambu bags to meet patient requirements.

Resuscitation mouthpieces are acceptable in replacement of ambu bag. At least one person must be trained to use the equipment.

\_\_\_\_ 4.8 Office must have an oxygen tank with a nasal cannula or mask. The tank must also have a regulator valve on the tank. Oxygen must be immediately available.

\_\_\_\_ 4.9 At least one person must be CPR certified during active office hours.

