

Appendix II-B — Healthfirst Office Site Evaluation Form

PROVIDER NAME: _____ SPECIALTY: _____

ADDRESS: _____

PROVIDER ID: _____

Office Hours:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Reason for Visit:

Initial Site Visit Recredentialing Visit Routine Visit Other _____

PHYSICAL ACCESSIBILITY	YES	NO	N/A	COMMENTS
Clearly marked office sign				
Handicapped parking available				
Entrance to facility handicapped accessible				
Exam rooms handicapped accessible				
Patient restrooms properly equipped and handicapped accessible				
PHYSICAL APPEARANCE	YES	NO	N/A	COMMENTS
Facility is clean and well maintained				
Restrooms AND exam rooms clean				
Provider hand washing area available				
Adequate patient seating available				
Adequate number of exam rooms				
FIRE AND SAFETY ISSUES	YES	NO	N/A	COMMENTS
Exits are clearly marked and accessible				
Fire safety equipment present (alarm/detector AND extinguisher)				
Hazardous waste disposal process in place (“Red bag system”)				
Impervious container for needle/syringe disposal				
Emergency kit available and includes Ambu bag/mask – Emergency drugs				
X-RAY / LABORATORY / PHARMACEUTICALS	YES	NO	N/A	COMMENTS
Current X-Ray/Radiological Equipment inspection certificate				
Current CLIA certificate or certificate of waiver				
Medication accessible only to authorized personnel				
Prescription pad, needles and syringes are inaccessible to patients				
MEDICAL RECORDKEEPING/CONFIDENTIALITY	YES	NO	N/A	COMMENTS
Current medical records are accessible only to authorized staff				
Medical records are kept in a secured location after hours				
Private consultation space available				
Use of Mental Health Assessment Tool *				
Standardized medical record format				

*If the provider office is using a tool other than Healthfirst’s, please provide a copy.

Healthfirst Office Site Evaluation Form (continued)

PROVIDER AVAILABILITY	YES	NO	N/A	COMMENTS
Maximum wait time for appointments – 1 hour for a scheduled visit <i>Medicare patients only</i> – 30 minute or less wait-time				
Maximum wait time for appointments – 2 hours for a walk-in (non-emergent condition)				
Emergency Care: Immediately upon presentation				
Urgent medical care appointment within 48 hours				
Non-urgent “sick visits” within 48-72 hours				
New patient appointments within 12 weeks (4 weeks for HIV positive members)				
Pediatrics – well child care 4 weeks				
Routine appointments within 4 weeks				
24 hour coverage available/7 days a week (list method)				
Physician MUST be available minimum of 16 hours/week at each site (Medicare and Commercial only minimum of 10 hours/ 2 days)				

Name and address of practitioner(s) providing coverage: _____

Is the practitioner providing coverage a Healthfirst provider? Yes No

Comments:

Score: _____

Healthfirst Representative: _____ Date: _____

I acknowledge that the above review has taken place and that I am not necessarily in agreement with the above listed responses.

Provider / Staff Acknowledgment Signature: _____ Date: _____