

## 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 \_\_\_\_\_

<b>PHYSICAL ACCESSIBILITY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
Clearly marked office sign				
Handicapped parking available				
Entrance to facility handicapped accessible				
Exam rooms handicapped accessible				
Patient restrooms properly equipped and handicapped accessible				
<b>PHYSICAL APPEARANCE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
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				
<b>FIRE AND SAFETY ISSUES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
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				
<b>X-RAY / LABORATORY / PHARMACEUTICALS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
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				
<b>MEDICAL RECORDKEEPING/CONFIDENTIALITY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
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 <b>MUST</b> 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: \_\_\_\_\_