

Appendix II-C — Interpretative Guidelines for the Office Site Evaluation Form

Physical Accessibility

Clearly marked office sign: Sign identifying the practitioner/practice should be prominent and easy to read from the street or easy to find if the practitioner is housed in a building with other tenants.

Handicapped parking available: This standard is met if there are designated parking spaces available for the handicapped (exceptions are made for urban areas; i.e., Manhattan).

Entrance to facility is handicapped accessible: There must be an appropriate ramp for the building; an entrance large enough to accommodate a wheelchair or person using crutches; no barriers (i.e., curbsides).

Exam rooms are handicapped accessible: The entrance must be large enough to accommodate a wheelchair or person using crutches; no barriers.

Patient restrooms are properly equipped and handicapped accessible: At least one stall is equipped with a grab bar; no barriers; entrance is large enough to accommodate a wheelchair.

Physical Appearance

Facility is clean and well maintained: Reception, waiting area, and hallways are orderly, uncluttered, and clean. The carpet/floor is in good condition. There are clean wall coverings and furniture. Overall appearance is acceptable.

Restrooms and exam rooms are clean: There is no paper on the floor of the restroom; exam room is neat; proper care is taken to ensure that items used for a particular patient—such as gowns, instruments, and paper exam table covers—are not reused.

Practitioner hand washing area is available: There should be a sink, soap, and paper towels available in each exam room for practitioner use.

Adequate patient seating is available: There should be two (2) to three (3) chairs for patient seating for each practitioner in the office.

Adequate number of exam rooms: There should be two (2) exam rooms available per practitioner on duty.

Fire and Safety Issues

Exits must be clearly marked and accessible: Lighted exit signs should be posted on the doors.

Fire safety equipment must be present: This standard is met if there are both a working smoke alarm/smoke detector and fire extinguisher.

Hazardous waste disposal process is in place: The practitioner must have a mechanism in place for the proper disposal of body fluids and any other materials that may be soiled and/or considered hazardous.

Disposable equipment is readily available when necessary: There are disposable gloves within reach of the examination table and disposable masks and table covers inside the exam room.

Impervious container available for needle/syringe disposal: The standard is met if there is an impenetrable container for sharp objects located within reach of the point where the sharp object is being used.

Emergency kit available: This kit must include Ambu bag/mask and epinephrine; a crash cart should be accessible and conveniently located.

X-Ray/Laboratory/Pharmaceuticals

Current X-Ray and Radiology Equipment Inspection Certificate is available: A current or recently reviewed inspection certificate and performance summary-testing sheet must be on file.

Current CLIA Certificate: If laboratory services are performed in the provider's office, the site must have a current CLIA (Clinical Laboratory Improvement Act) certificate or certificate of waiver.

Laboratory specimen storage: Laboratory specimens must be stored/shipped in puncture-proof containers.

Accessibility of medication: Medication is accessible only to authorized personnel; narcotics are kept in a locked and secure area.

Prescription pads, needles, syringes must not be accessible to patients: These supplies are to be kept in a secure location.

Medical Recordkeeping/Confidentiality - The site reviewer must physically examine at least one (1) actual medical record.

Current medical records should be accessible only to authorized staff: Medical records being utilized for the day must be inaccessible to patients.

Medical records are kept in a secured location after hours: Medical records should be kept in a locked cabinet or a locked file room after business hours.

Private consultation space is available: This standard is met if there is space available away from other patients and office staff to discuss patient information privately with the patient or with other clinical staff.

Standardized formats: There should be templates established and followed by the office staff regarding the order of each medical record for consistency. **Templates must meet the medical records standards set by Healthfirst, as adopted from NCQA.**

Provider Availability

Emergency Care: Patients presenting with an emergency condition such as severe chest pains must be seen immediately.

The maximum waiting time in the office for scheduled appointments is one (1) hour. Provider offices should not overbook appointments. The standard is met if the waiting time for a scheduled appointment is zero (0) to one (1) hour. For Medicare patients, the maximum waiting time for scheduled appointments is 30 minutes or less.

The maximum waiting time for a non-emergent walk-in patient (if the provider accepts walk-in patients) is two (2) hours. The standard is met if the waiting time to be seen is between zero (0) to two (2) hours.

Appointments for urgent medical care: Appointments for urgently required medical care must be scheduled to take place within 48 hours of request. Potentially life-threatening conditions require immediate attention.

Appointments for non-urgent "sick visits": These appointments must be scheduled to take place within forty-eight (48) to seventy-two (72) hours of request.

Well-care appointments: Adult baseline physicals/new patient appointments are scheduled within twelve (12) weeks; well-child/preventive care appointments are scheduled within four (4) weeks.

Physician coverage: The provider maintains coverage of the practice twenty-four (24) hours a day, seven (7) days a week. Reviewer must document (1) the type of coverage provided—live voice answering service, answering machine, or direct phone number—and (2) the coverage arrangements in place (e.g., shared coverage with other participating providers).

Physician hours: Providers must practice a minimum of sixteen (16) hours per week. To qualify as a primary care provider, the practitioner must be available a minimum of two (2) days or sixteen (16) hours per week at each practice site. For Medicare and commercial programs, the minimum is two (2) days or ten (10) hours per

week at each practice site.