

10 Tufts Health Plan Quality Administrative Guidelines

Quality Improvement Program

Tufts Health Plan (Tufts HP) Corporate Quality Improvement (QI) Program monitors network providers to improve the quality of clinical care and service delivered. The QI program offers a variety of activities that cover important aspects of health care delivery and is responsible for the following:

- Credentialing providers
- Monitoring inpatient, outpatient, office and home care
- Establishing and disseminating guidelines for health care access, preventive health disease management and medical records
- Offering services provided in accordance with guidelines
- Maintaining member and provider satisfaction
- Implementing programs designed to improve health care
- Evaluating program results and giving feedback to providers
- Redesigning and implementing future programs as necessary

The QI program is administered by the Clinical Services Department, and the Tufts HP Board of Directors has overall responsibility for the program. To supply input to the QI program, Tufts Health Plan providers do the following:

- Serve on the Clinical Quality Improvement (CQI) Committee and the Quality of Care Committee (QOCC)
- Review selected initiatives presented by the Central Physicians Committee or by specialty advisory committees
- Participate in ad hoc groups to assist in the development of specific programs

Medical Care Access Goals for Primary Care

Access to medical care services is a key component of health care quality. Patients must be able to access their physicians, although in a life-threatening situation patients are expected to obtain care at the nearest medical facility.

Tufts Health Plan Medicare Preferred HMO (Tufts Medicare Preferred HMO) recognizes the diversity with which physicians handle member calls, arrange urgent care, and schedule routine care. Tufts Medicare Preferred HMO also understands that no set of guidelines will be satisfied totally by all offices at all times. However, Tufts HP does expect that patients will be heard and their medical needs met in a manner that provides reasonable and quality medical care.

With the review, advice, and support of the Central Physicians Committee, the Plan developed the *Medical Care Access Goals*. All PCP offices should follow these guidelines and review them with their office staff. These goals contain several suggestions that PCPs may adopt to provide better service to their patients. Most physicians may have already included these suggestions in their telephone triage system.

Tufts Medicare Preferred HMO is periodically contacted by members with concerns about office waiting times, appointment availability and similar issues. Tufts HP uses these guidelines to determine whether member concerns are reasonable and provides feedback to the members and physicians as necessary.

Since it is the PCP who is ultimately responsible for coordinating the member’s care, these guidelines are not as directly pertinent to a specialist’s office. However, the goals do provide a sense of what is reasonable for issues such as appointment dates, waiting times, and telephone callback times, and are a good way to measure how well an office is functioning.

All *Medical Care Access Goals* are evaluated at least annually by Plan Management and revised, as necessary, based on the results of access surveys and the input of plan providers.

Medical Care Access Goals

Providing medical care is not a completely predictable experience. Emergencies and episodic increases in the demand for services at times will overwhelm the ability of an individual office to meet the expectations for medical care access. However, in the normal course of providing medical care, primary care offices should regularly meet the goals shown in [Table 10-1](#).

Table 10-1: Medical Care Access Goals

Medical Care	Access Goal
Emergency care	Appointments are scheduled for same day with an available clinician.
Urgent care	Appointments are scheduled within 24 hours with an available clinician. If office has more urgent cases than it can handle, the staff arranges for urgent care at another site.
Nonurgent symptomatic care	Appointments are scheduled within one week with an available clinician for nonurgent episodic illness.
Preventive care	For history and physical checkups with no acute illness, the physician or other appropriately licensed clinician ordinarily sees the patient within 45 days.
After-hours care	Office is accessible through one of the following: <ul style="list-style-type: none"> • Answering service with access to the member’s physician or physician on call • Answering machine with options to page the physician on call (call back should occur within an hour) • Advice nurse with access to the member’s physician or physician on call • Hospital-based service with access to member’s physician or the physician on call

Table 10-1: Medical Care Access Goals (continued)

Medical Care	Access Goal
Office waiting time	In most situations, patients should not have to wait more than 30 minutes past their appointment time to be seen. If a longer wait is anticipated, staff members should explain the reason for the delay and offer to book the patient for another appointment.
Telephone callbacks during office hours	The office determines if patients' calls are urgent. <ul style="list-style-type: none"> • If urgent, the office calls the patient back within one hour. • If nonurgent, the office calls the patient back the same day.

Note: Routine use of an emergency department to supply after-hours care is not an acceptable coverage arrangement.

Medical Record Maintenance

Tufts HP requires medical records to be maintained in a manner that is current, detailed, and organized and permits effective and confidential patient care and quality review. As an M+C plan, Tufts HP agrees to maintain records for six years and to provide medical record access to federal entities, such as Health and Human Services (HHS) and the Comptroller General or their designees.

The medical record, whether electronic or paper, communicates the patient's past medical treatment, past and current health status, and treatment plans for future health care. Well-documented medical records facilitate communication and the coordination and continuity of care while promoting efficiency and effectiveness of treatment. Tufts HP considers all records to be confidential and requires that all Tufts HP physicians do the following:

- Maintain medical records in a space staffed by office personnel
- Maintain medical records in a locked office when staff is not present
- Permit review or removal of medical records **only** with patient's authorization
- Release medical and mental health records, other enrollee health information, and other enrollee information regarding Tufts Medicare Preferred HMO members **only** when in accordance with state and federal laws regarding confidentiality and disclosure

In addition, as a Medicaid and CMS contractor, Tufts HP is obligated to participate in QI activities as directed by the contracting agency. These activities often involve medical record reviews. Tufts HP requires that physicians provide access to medical records when requested as part of QI activities and maintain confidentiality during medical record review.

Medical Record Review

As part of the office site visit required during the initial credentialing process, Tufts HP reviews office records for clerical accuracy and completeness. Office site visits with medical record review are performed for all new PCPs, all new obstetrician/gynecologists, and all new mental health specialists. These reviews are also conducted on a sample of PCPs as well as on those PCPs whose past performance falls below compliance levels.

The medical record review is designed to be constructive and enables the Plan to identify opportunities for improvement in the Tufts Medicare Preferred HMO provider network. The review is an important part of the credentialing effort as it verifies that physicians' offices meet reasonable standards of medical record keeping.

Medical Record Review Process

The medical record review process checks the following:

- Presence of an organized record-keeping system
- Records that are bound and organized
- Accessibility
- Procedures for maintaining confidentiality
- Proper storage

Medical Record Compliance

The medical record review examines the specific elements for compliance. To attain compliance, 80% of the following medical record elements must be complete.

- **Essential elements**
 - Problem lists
 - Diagnoses consistent with findings
 - Treatment plans consistent with diagnoses
 - Allergies prominently noted
 - Pertinent history present
 - No evidence that patient is placed at inappropriate risk
- **Continuity/coordination of care elements**
 - Encounter forms and notes have a notation, when indicated, regarding follow-up care, calls or visits. The specific time of return is noted, in weeks or months as needed.
 - Unresolved problems from previous visits are addressed in subsequent visits.
 - If consultation is requested, a note from the consultant exists in the record.
 - Consultation, lab, and imaging reports filed in the chart are initialed by the PCP to signify review.
- **Other elements**
 - All pages contain patient ID.
 - Biographical and personal data are recorded.
 - Provider is identified on each entry.
 - All entries are dated and all records are legible.
 - Smoking habits, alcohol and substance use are documented.
 - Lab and other studies are ordered as appropriate.
 - Consultants are used appropriately.
 - Immunization records are complete.
 - Preventive services are used.
 - History and physical include subjective and objective information for presenting complaints.
 - Health Care Proxy is present in a prominent place or there is evidence of discussion.

Note: Corrective action plans are requested of all physicians whose compliance falls below stated levels. Reassessment is subsequently completed to verify improved performance.

Outpatient Mental Health/Substance Abuse Treatment Access Standards

All contracted inpatient and outpatient mental health providers are expected to meet the following standards.

Temporal Access

Emergency care will be made available to all Tufts HP members at any Tufts HP contracted facility with emergency services available. Emergency care must be available 24 hours a day at each of Tufts HP's Mental Health/Substance Abuse (MH/SA) Designated Facilities.

A member with life-threatening needs must be seen immediately. A member with non-life-threatening needs must be seen within 6 hours. Each Designated Facility is a licensed hospital with a full-time specific MH/SA emergency and triage team. Tufts HP also covers emergency MH/SA care at any licensed facility when medically necessary.

Urgent care must be available upon a member's request. It may be provided by any Tufts HP mental health provider. Non-urgent care must be available within 10 business days of a member's request.

Geographic Access

Most outpatient MH/SA care is available within a 30 miles of the member's home or workplace. For certain areas of subspecialty care, Tufts HP may agree to a longer time allowance.

Preventive Health and Clinical Practice Guidelines

Tufts Medicare Preferred HMO endorses and/or adopts existing evidenced-based guidelines and distributes them to plan providers. There are two types of guidelines:

- [Preventive health guidelines](#), involving screening for disease
- [Clinical practice guidelines](#), outlining a recommended treatment path or use of ancillary services

Preventive Health Screening Guidelines

The [preventive health guidelines](#) are developed in collaboration with Massachusetts Health Quality Partners, Inc. (MHQP), and are based on evidence-based, generally accepted guidelines available in current medical literature. Guidelines are reviewed, approved, and endorsed by the Plan Medical Directors.

Tufts Medicare Preferred HMO uses standardized measurement such as HEDIS[®] and CAHPS[®] to assess its performance against established benchmarks, such as measuring mammography rates in suitable populations to determine the successful implementation of the breast cancer screening guideline (see [Breast Cancer Prevention Program](#) for additional information). Tufts Medicare Preferred HMO also develops programs to improve network performance for selected guidelines, such as promoting screening mammography by member and physician education and/or reminder mechanisms.

Plan management and providers review all guidelines at least every two years. The guidelines are updated to reflect changes in medical literature, and approved by the Plan Medical Directors.

These guidelines are available on our website and include:

- [MHQP Pediatric Preventive Care Guidelines 2005](#)
- [MHQP Adult Preventive Care Guidelines 2005](#)
- [MHQP/Massachusetts Department of Public Health \(DPH\) Childhood Immunization Guidelines 2005](#)
- [MHQP/Massachusetts DPH Adult Immunization Guidelines 2005](#)
- [MHQP Perinatal Guidelines 2004](#)

If you do not have internet access and would like a hard copy of any of the above mentioned guidelines, contact the Tufts Medicare Preferred HMO Provider Services department at 1-800-279-9022.

Clinical Practice Guidelines

Tufts Medicare Preferred HMO adopts and/or endorses evidenced-based, disease-specific clinical practice guidelines that are either developed by credible medical sources and/or agencies or through regional collaboratives. The guidelines outline recommended treatment paths.

The delivery of medical treatment normally provided to suitable patient populations is monitored. Monitoring results provide feedback on the effectiveness of disease-specific treatment delivery for the Tufts Medicare Preferred HMO population. All disease-specific treatment guidelines are reviewed at least every two years and updated to reflect changes.

The clinical practice guidelines, which are available online, include:

- **Chronic Kidney Disease**

National Kidney Foundation (NKF) and Kidney Disease Outcome Quality Initiative (K/DOQI) Advisory Board developed [guidelines to define chronic kidney disease and to classify stages of progression of chronic kidney disease](#). The guideline supports the management of chronic kidney disease.

- **Chronic Heart Failure**

[American College of Cardiology \(ACC\)/American Heart Association \(AHA\) guidelines for evaluation and management of chronic heart failure in the adult](#). A report of the ACC/AHA task force on Practice Guidelines 2001.

- **Asthma**

[MHQP Asthma Tools, The Asthma Action Plan](#)

- **Diabetes**

[Massachusetts Guidelines for Adult Diabetes Care \(revised June 2003\), consistent with American Diabetes Association \(ADA\) guidelines](#)

- **Cardiovascular Disease Secondary Prevention**

[ACC/AHA guidelines for Preventing Heart Attack and Death in Patients with coronary and other vascular diseases \(2001\)](#)

- **Smoking Cessation**

[Surgeon General's Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence, U.S. Department of Health and Human Services, Public Health Service](#)

- **Depression**

[Tufts HP’s Clinical Guideline for the Treatment of Depression in the Primary Care Setting](#), based on the AHCPR Guideline, *Depression in the Primary Care: Detection, Diagnosis, and Treatment*, and updated with information from more recent evidence-based guidelines, review articles, and primary literature

- **Substance Abuse**

[Tufts HP’s Clinical Guideline for Screening, Initiating Care and Engaging Patients in the Treatment of Substance Abuse Disorders](#)

Additional information available online includes:

- The most up-to-date information on the HIV treatment guidelines on the Center for Disease Control (CDC) website (www.cdc.gov/hiv/pubs/mmwr.htm)
- Information on Domestic Violence and Health Care Proxies can be found at [National Domestic Violence Hotline](#).

If you do not have access to the internet and would like hard copies of the above mentioned information, contact the Tufts Medicare Preferred HMO Provider Services department at 1-800-279-9022.

The following section provides examples of the preventive health and disease management programs that Tufts Medicare Preferred HMO offers. For further information regarding these programs, contact the Health Programs department at 1-888-766-9818.

Preventive Health Programs

Program	Description
Adult Immunization	<ul style="list-style-type: none"> • The Adult Immunization Program includes member and physician education. Provider publications include Immunization Guidelines, updates on billing for vaccinations, and the availability of vaccines. • Members receive reminders via mail and phone, member publications, and information on the public website. Tufts Medicare Preferred HMO participates in coalitions to identify opportunities for vaccination of members. • For additional information, reference the Adult Immunization Program on our website.
Breast Cancer Screening and Awareness	<ul style="list-style-type: none"> • The Breast Cancer Screening and Awareness Program aims to promote the importance and health benefit of regular breast cancer screening. • The program includes providing PCPs with a list of their panel members identified as needing mammography and outreach to members via educational mailings. • For additional information, reference the Breast Cancer Prevention Program on our website.

Program	Description
Coronary Artery Disease (CAD) Secondary Prevention	<ul style="list-style-type: none"> The goals of the CAD Secondary Prevention Program are to support the interventions provided by treating physicians, improve the quality of life of members diagnosed with CAD, and help members actively participate in their own care. Identified members receive an educational packet that includes AHA materials on cholesterol management, a health diary, and depression information, as well as a self-assessment depression screening tool. PCPs receive guidelines and a list of members who have had a coronary event and who may need a follow-up for cholesterol management. For additional information, reference our Coronary Artery Disease Secondary Prevention Program on our website.
Diabetes	<ul style="list-style-type: none"> The Diabetes program provides education and tools to improve the health of members with diabetes. The goal is to improve member's self-management of diabetes and to prevent diabetes-related complications and hospitalizations. Identified members receive an educational mailing that includes self-management tools, information on preventive diabetic care, and information on depression and diabetes. PCP's receive annual preventive screening information for their panel members in need of recommended screenings. For additional information, reference our Taking Charge Diabetes Program on our website.
Healthy Birthday Program	<ul style="list-style-type: none"> The Healthy Birthday program is designed to aid pregnant women at risk for pre-term delivery. The program offers obstetrical case management services to assist high-risk members and to manage prenatal care during their pregnancy. Obstetrical Case Managers work with the obstetrical provider and support members via telephone follow-up throughout pregnancy. Members are identified for Healthy Birthday via completed MHQP Risk Assessment Forms that Tufts Medicare Preferred HMO receives from obstetrical providers. Providers of members who participate in the Healthy Birthday Program receive \$25 at time of enrollment and \$175 at time of delivery. For additional information, reference our Healthy Birthday Program on our website.
MOMS (Smoking Cessation for Pregnant Women)	<ul style="list-style-type: none"> The MOMS program is a telephonic smoking cessation counseling program for pregnant members who smoke. Program interventions consist of telephonic counseling, provision of tailored educational materials, and development of a quit smoking plan with the member. Members are identified for the MOMS program via completed MHQP Risk Assessment Forms which Tufts Medicare Preferred HMO receives from obstetrical providers. For additional information, reference our MOMS program on our website.

Program	Description
QuitWorks	<ul style="list-style-type: none"> • QuitWorks is a collaborative effort to increase physician and member access to a free, evidence-based smoking cessation program. QuitWorks is a free evidence-based stop-smoking service (telephone counseling program) available to any Massachusetts resident who combines brief provider intervention in the office. The project is funded largely by Massachusetts Tobacco Settlement monies. Physicians receive feedback on patient progress at enrollment and six months. • For additional information, reference our QuitWorks Program on our website. • Referral forms are obtained by calling 1-800-TRY-TO-STOP or by accessing our website, www.tuftshealthplan.com.
Tufts HP Transplant Program	<ul style="list-style-type: none"> • All transplants require prior review of clinical information to support authorization. Contact the Tufts Medicare Preferred HMO Transplant Coordinator at 1-888-766-9818 for the appropriate transplant clinical review form. • For heart, lung, heart-lung, liver, intestinal and multivisceral transplantations, members must go to a Medicare-approved transplant facility (see Authorizations, page 10). • All organ transplant requests are subject to Tufts Medicare Preferred HMO's prior authorization, whether the site is a Tufts Medicare Preferred HMO DF or is outside the network. • For further information regarding organ transplants or Tufts Medicare Preferred HMO-designated transplant facilities, contact the Tufts Medicare Preferred HMO Transplant Coordinator at 1-888-766-9818.
Serious and Complex Medical Needs Program	<p>Physicians receive annual feedback on members identified as having serious and complex needs to ensure adequate access to specialists appropriate to their condition, and treatment plans that are specific to their condition and that are updated periodically by the primary care physician. These conditions are:</p> <ul style="list-style-type: none"> • HIV/AIDS • Diabetic retinopathy • Acute inflammatory bowel syndrome • End stage renal disease

To further promote preventive care for members, Tufts Medicare Preferred HMO sends a Primary Care Fact Sheet with cover letter to their participating physicians. This letter explains the importance of including the fact sheet information in the patient's medical record. See samples in [Figure 10-1](#) and [Figure 10-2](#).

Figure 10-1: Cover Letter for Primary Care Fact Sheet (sample)

January, 2004

Dear Tufts Medicare Preferred HMO Primary Care Physician:

As part of our commitment to promote high quality care to our members and in an effort to assist you in documenting preventive care discussion with your patients Tufts Health Plan is providing you with the enclosed **Primary Care Fact Sheet**.

Discussion with your patients and documentation of the guidelines constitutes good medical care and will be used to meet HEDIS 3.0 and NCQA (National Committee for Quality Assurance) guidelines.

If you are currently using a flow sheet we request that you include these guidelines within your form. The Primary Care Fact Sheet should be considered a part of the patient's medical record.

If you have questions about the guidelines refer to the Preventive Care Guideline section of your Tufts Medicare Preferred HMO Manual.

Thank you for your cooperation in our quality improvement program.

Sincerely,

Leslie Sebba, M.D.
Medical Director
Tufts Medicare Preferred HMO

Beverly Loudin, M.D., F.A.C.O.G.
Medical Director
Women's Health & Health Programs

Figure 10-2: Primary Care Fact Sheet (sample)

TUFTS HEALTH PLAN / Tufts Medicare Preferred HMO									
Primary Care Fact Sheet									
<i>Put Prevention Into Practice</i>									
Member Name: Member's Tufts Health Plan or Tufts Medicare Preferred HMO ID: DOB:Gender: Primary Care Physician:									
All Fields require Date and Initials									
Guideline	1995	1996	1997	1998	1999	2000	2001	2002	2003
Healthcare Proxy discussed *									
Healthcare Proxy signed and present in medical record *									
Immunizations									
Pneumococcal immunization with 23 valent vaccine for all seniors (once)* age 65 **									
Influenza immunization (annual) age 65+									
Preventive Care									
Dental exam discussed (annual)									
Eye exam by ophthalmologist or optometrist discussed (annual) age 65+									
Fecal occult blood (annual) age 50+									
Mammography screening (females age 50-69 every year, age 70 and older every 1-2 years)									
Bone mass screening									
Prostate cancer screening									
Pap smear screening									
Pelvic Exam									
Exercise (annual discussion)									
Nutrition status (annual discussion)									
Alcohol use/substance abuse (annual discussion)									
Smoking habits (annual discussion)									
Safety awareness (annual discussion)									
Depression (annual discussion)									
R Patient Refused * If prior to 1995 please note date in 1995 column A Allergic Seniors ** If patient had 14 valent vaccine in past, give 23 valent once. (Every 5 years for high-risk Seniors) C Completed H Member History									

Summary of Credentialing Process

Tufts HP credentials affiliated physicians when they join the plan and at least every three years in accordance with state law.

Physician Requirements

For initial credentialing and recredentialing, each physician is required to comply with the Tufts HP Credentialing Program and to submit the following information to Tufts HP for review:

- A physician credentialing/recredentialing application which includes all credentialing questions answered completely and attestation statement signed within 180 days of Committee Review
- Signed release form
- Current copy of federal DEA certificate, if applicable
- Current malpractice insurance binder
- Curriculum Vitae or work history (initial credentialing dating back a minimum of 5 years in month/year format)
- Signed Health Services Agreement (initial credentialing only)
- Signed W-9 form (initial credentialing only)

Recredentialing packets containing the physician requirements are sent to physicians 15 to 30 days prior to the physician's date of birth. This allows enough time for each physician to complete the information and return it to Tufts HP by his or her recredentialing date.

Primary Hospital Requirements

The primary hospital is sent a letter requesting that it assess each physician's performance by answering specific questions mandated by state regulation. The hospitals are queried again during recredentialing.

Each physician must indicate his/her primary admitting hospital on the *Physician Release Form*. Then an appointment verification letter is sent to the primary admitting hospital for each physician.

Tufts Health Plan Requirements

Along with the credentialing packet, Tufts HP is required to obtain and review the following information prior to the final assessment of each physician:

- Board certification status (after 7/1/95 all new Tufts HP providers must be board-certified within 5 years of joining the Plan)
- Internal quality assurance (QA) events and member complaint reports (recredentialing only)
- Information obtained from the National Practitioner Data Bank
- Utilization and claims reports (recredentialing only)
- Medicare/Medicaid sanctions
- Office site visit and record review for PCPs, OB/GYNs and all prescribing and high-volume mental health specialists (initial credentialing and any new office that has not been visited previously). See [Figure 10-3](#).
- State disciplinary actions
- Member satisfaction surveys (recredentialing only) if available

The Quality of Care Committee (QOCC) chaired by the medical director meets monthly to review and discuss physicians who are being credentialed or recredentialed. No physician will be authorized to provide services to Tufts HP members unless the following criteria are met:

- Approval by a Tufts HP designated medical director or by the QOCC
- Review of all data requirements from the physician

Site Visit Checklist

Tufts HP uses the *Initial Credentialing and Subsequent Site Visit Checklist* (shown in [Figure 10-3](#) and [Figure 10-4](#)) to evaluate a provider's office for site standard compliance. The *Site Visit Checklist Key* in [Table 10-2](#) describes the information in each section that is reviewed during the evaluation.

Tufts Medicare Preferred HMO participating providers must comply with Tufts HP medical policy, QA program and medical management program which are developed in consultation with participating physicians.

- Practice guidelines and utilization management guidelines:
 - Are based on reasonable medical evidence or a consensus of health care professionals in a particular field.
 - Consider the needs of the enrolled population.
 - Are developed in consultation with contracting health care professionals.
 - Are reviewed and updated periodically.
- The guidelines are communicated to providers, and as appropriate, to enrollees.
- Decisions with respect to utilization management, enrollee education, coverage of services, and other areas in which the guidelines apply are consistent with the guidelines.

A M+C organization that operates a M+C plan through subcontracted physician groups or other subcontracted networks of health providers must provide that the participation procedures in this section apply equally to physicians and other health care providers within those subcontracted groups.

Figure 10-3: Initial Credentialing and Subsequent Site Visit Checklist (sample - page 1 of 2)

Initial Credentialing and Subsequent Site Visit Checklist

Name: _____ Address: _____
 Telephone Number: () _____
 Tufts HP ID Number: _____
 PU Affiliation: _____
 Type of Provider: PCP OB/GYN
 Psychiatrist

Name of other practitioners @ same site(attach additional sheet if necessary): _____
 Nurse Practitioners: Y N
 Physician Assistants: Y N
 Office Contact: _____ #of Office Staff: _____

Reason for site visit: Initial Credentialing
 New Practice Address
 Other

Name of Tufts Health Plan Representative: _____
 Date and Time of Site Visit: _____

Check One: Actual Record Sample Record

Medical Record Keeping:

1. Demographics (total 7 pts.)
 - A. Name (1 pt.) Y N
 - B. Address (1 pt.) Y N
 - C. Home phone # (1 pt.) Y N
 - D. Date of birth (1 pt.) Y N
 - E. Employer (1 pt.) NA Y N
 - F. Work phone # (1pt.) NA Y N
 - G. Marital status (1pt.) NA Y N
2. Problem list (4 pts.) Y N
3. Allergy notation system (4 pts.) Y N
4. Legible (3 pts.) NA Y N
5. All entries signed (3 pts.) NA Y N
6. All entries dated (3 pts.) NA Y N
7. Member ID/name on each page (3pts) NA Y N

Health Care Proxy:
 Is there a Health Care Proxy in a prominent place in patient files?
 NA Y N

*If NO, advance directive information left for office Y N

*If NO, is there evidence that one has been discussed? Y N

Organization of Record Keeping System:

8. Standardized formats/forms (3 pts.) Y N
9. Individual records organized/ labeled (3 pt) Y N
10. Adequate filing space (3 pts.) NA Y N
11. Records stored neatly & orderly (3 pts.) NA Y N
12. Organized filing system (e.g. alphabetical/cross indexed alphabetically) (3 pts.) NA Y N
13. Tracking system in place for out of file records (2 pts.) NA Y N
14. Process in place for tracking labs (3 pts.) NA Y N

Confidentiality:

15. Record file area is secure & kept locked when not attended (3 pts.) NA Y N
16. Policies & procedures re: patient confidentiality (3 pts.) Y N

Safety:

17. Use of clean linen or paper on exam tables (4 pts.) NA Y N
18. Provisions for Universal Precautions (gloves, mask, hand washing) (4 pts.) NA Y N
19. Medications and prescription pads locked or have restricted access (4 pts.) Y N

Safety (Cont'd)

20. Provision and container for sharps disposal (4 pts.) NA Y N
21. Biohazardous waste disposal (4 pts.) NA Y N
22. Infection control policies in place (4 pts.) NA Y N
23. Exit signs present and visible (4pts) Y N
24. Smoke detectors present (4 pts.) Y N

Waiting Room:

25. Seating adequate to accommodate all patients currently waiting (3 pts.) Y N
26. Access to receptionist (3 pts.) NA Y N

Cleanliness of Facility:

27. Waiting room (total 3 pts.)
 - A. Visual cleanliness (1 pt.) Y N
 - B. Odor standards (1 pt.) Y N
 - C. Office refuse disposal (1 pt.) Y N
28. Exam/Treatment room (total 3 pts.)
 - A. Visual cleanliness (1 pt.) Y N
 - B. Odor standards (1 pts.) Y N
 - C. Office refuse disposal (1 pt.) Y N
29. Bathroom facilities (total 3 pts.)
 - A. Visual cleanliness (1 pt.) Y N
 - B. Odor standards (1 pt) Y N
 - C. Office refuse disposal (1 pt.) Y N

Handicap Access:

30. Is office handicap accessible? Y N
 -Must include ALL of criteria
 -if "NO" skip to question 31

- A. Handicapped parking clearly identified
- B. Ramp from parking into building.
- C. Elevator if office on second + floor
- D. Waiting room has adequate space
- E. Door knobs are "pull down" and door ways are 3 1/2 feet wide.
- F. One bathroom has adequate space
- G. One exam room has adequate space

31. If office is not accessible, are alternate accommodations made to see patient Y N

Total Score _____ (Passing 80%+) Pass Fail
Discussed opportunities for improvement Y N
Site Visit Standards Explanations left Y N

Signature of Office Staff receiving report _____

Figure 10-4: Initial Credentialing and Subsequent Site Visit Checklist (sample - page 2 of 2)

Provider Name _____ Provider ID _____

Cultural Diversity Information:

1. Languages spoken by the office/clinical staff other than English. _____

2. Are there any populations that are served by the provider(s) more than others? (i.e. special needs, etc) _____

Appointment Access:

Standard	Date/Time Next Available Appointment
Emergent (Medical = same day with any clinician)	
Urgent (Medical = within 24 hours with any clinician)	
Symptomatic/Non Urgent (Medical = within 1 week with any clinician) (Mental Health = within 48 hours)	
Preventive (Medical = within 45 days with PCP or other appropriately licensed clinician) (Mental Health = within 10 business days)	

Table 10-2:Site Visit Checklist Key

Tufts Health Plan Standard	Compliance Measure
Medical Record Keeping:	
1. Demographics	All medical records should include the following updated pieces of patient information (this information decreases the chance of patient/chart confusion as well as enabling staff an accurate means of contacting patient). A. Name B. Address C. Home phone # D. Date of birth E. Employer (NA only with reason noted) F. Work phone # (NA only with reason noted) G. Marital status (NA only with reason noted)
2. Problem list	Each patient’s chart has a problem list that is updated each time a new problem is identified. This enables the staff quick and easy access to patient’s medical history.
3. Allergy notation system	Each patient record should have a clear and easily identified means of noting whether a patient has any allergies and what they are. Note if a patient does not have any known allergies; it too should be noted clearly as this enables staff to know whether someone has remembered to ask the patient.
4. Legible	All notations in the medical record should be legible to staff (other than the writer). This decreases chance of confusion and allows for timely interpretation of the notes. (NA sample charts only)
5. All entries signed	All entries must be signed by the clinician (MD, RN, NP, PA, etc.) writing the note, even if it is a solo practice. This enables the reader to know who wrote the note if any questions arise and also allows the reader to know the expertise of the writer. (NA sample charts only)
6. All entries dated	All entries must be dated to allow the reader to know the chronological order of the notes and patient events. (NA sample charts only)
7. Member ID/name on each page	All entries must have the patient’s name or ID on each page (both front and back). This decreases chance of confusion (e.g., if a page were accidentally detached from its record, it could easily be returned to the correct chart). (NA sample charts only)
Organization of Record Keeping System:	
8. Standardized formats/forms	Standardized formats/forms are used to allow quick and accurate finding of patient information within the chart.
9. Individual records organized/labeled	Each patient has his or her own medical record file or chart which is easily identified with patient’s name (to decrease chance of patient’s information being placed in wrong file).
10. Adequate filing space	There is adequate filing space in restricted area. Records should not be stacked on floor or chairs because there is not enough space in filing racks. (NA for off-zite medical records only)
11. Records stored neatly & orderly	Records should be filed neatly and orderly. Records should not be torn or have pages falling out of them. (NA for off-site medical records only)
12. Organized filing system (e.g. alphabetical/cross indexed alphabetically)	All medical records should be filed in an organized manner, which enables staff quick and easy access to a patient’s chart. This also decreases the chances of filing information in the wrong patient’s chart. (NA for off-site medical records only)

Table 10-2:Site Visit Checklist Key (continued)

Tufts Health Plan Standard	Compliance Measure
13. Tracking system in place for out of file records	There is a system in place which lets staff know where a medical record is when not filed; e.g., with MD, RN. (NA for off site medical records only)
14. Process in place for tracking labs	Process in place for tracking labs when they are sent out, placing results in chart, and notifying member when they return. Must have all three to earn points. (NA psych only)
Confidentiality:	
15. Record file area is secure & kept locked when not attended	All medical records are kept in a restricted or locked area that only office staff have access to. Messages, lab results, medical records, etc. should not be left where other patients can read them. (NA for off site medical records only)
16. Policies & procedures re: patient confidentiality	The office should have written policies regarding patient confidentiality and a means of keeping staff informed of these.
Safety:	
17. Use of clean linen or paper on exam tables	Examination table should have clean linen or paper for each patient. (NA for psych only)
18. Provisions for Universal Precautions (gloves, mask, hand washing)	All staff use universal precautions when having physical contact with patients (involving bodily fluids). <ul style="list-style-type: none"> • There are adequate facilities for handwashing before and after working with patients. • Gloves are easily accessible and are used. Gowns and other protective gear are also available. (NA for psych only)
19. Medications and prescription pads locked or have restricted access	Medication cabinets are locked when they are within the examination rooms or in a patient accessible area. Prescriptions pads are not left unattended.
20. Provision and container for sharps disposal	There are safe provisions for sharps (needles, syringes, scalpels, etc.) disposal. The approved sharp container is in good condition, not overflowing & within access of the clinician. There is an approved means for disposal of the sharps container. (NA for psych only)
21. Biohazardous waste disposal	There is a means of clear identification and disposal of biohazardous waste. (NA for psych only)
22. Infection control policies in place	Policies in place (written or verbal training) for infection control (sterilization practices, etc.) (NA for psych only)
23. Exit signs present and visible	Exit signs visible in all areas of the office.
24. Smoke detectors present	Smoke detectors placed throughout the office.
Waiting Room:	
25. Seating adequate to accommodate all patients currently waiting	There should be enough available seating within the office to accommodate the number of patients waiting.
26. Access to receptionist	Patients in waiting area are visible to the receptionist or office staff. However, receptionist/office staff conversations related to other patients should not be able to be overheard. (NA for psych only)
Cleanliness of Facility:	

Table 10-2:Site Visit Checklist Key (continued)

Tufts Health Plan Standard	Compliance Measure
27. Waiting room	A. Visual cleanliness: (no visible dirt or grime) B. Odor standards: (no offensive odors) C. Office refuse disposal: (no improperly disposed trash)
28. Exam/Treatment room	A. Visual cleanliness: (no visible dirt or grime) B. Odor standards: (no offensive odors) C. Office refuse disposal: (no improperly disposed trash)
29. Bathroom facilities	A. Visual cleanliness: (no visible dirt or grime) B. Odor standards: (no offensive odors) C. Office refuse disposal: (no improperly disposed trash)
Handicap Access:	
30. Is office handicap accessible? If "NA" answer #31	Must include all criteria in order to be considered handicap accessible: A. Handicapped parking clearly identified B. Ramp from parking into building C. Elevator if the office is located on the second or higher floor D. Waiting room has adequate space for a person in a wheelchair or assistive device E. Door knobs to the office, bathroom, and at least one exam room are "pull down" and all doorways are at least 3½ feet wide. F. One bathroom has adequate space for a person in a wheelchair or assistive device. G. Once exam room has adequate space for a person in a wheelchair or assistive device.
31. If office is not accessible, are alternate accommodations made to see patient?	If the office is not handicap accessible, the clinician makes alternative arrangements for the patient (e.g., the clinician makes house calls or arranges for the patient to be seen at a different location that is handicap accessible, such as another physician's office, clinic).