

SITE VISIT REVIEW CRITERIA	
Facility Information	<ul style="list-style-type: none"> • Ensure Roster has all NPI Locations/Provider Taxonomy/Match our Roster
Organization Name	
Tax ID	
NPI	
Review Reason	
Contact Person	
Contact Phone Number	
Contact Email	
Address	
City	
State	
Zip Code	
Facility Type	
Medical Director	
Phone Number	
Email	
Obtain Current Documentation on the following:	
<input type="checkbox"/> Copy of all current State and/or local licenses required to operate as a health care facility.	If your State / provider type does not require a State / local license [Explanation Needed]

<input type="checkbox"/> Current copy of your onsite governmental agency site survey including facility's corrective action plan if deficiencies were cited, OR cover letter/e-mail from licensing agency stating facility is in substantial compliance with licensing standards	
<input type="checkbox"/> Copy of facility's current Commercial General Liability insurance certificate	
<input type="checkbox"/> Current copy of facility's Professional liability insurance certificate covering all facility employees	
<input type="checkbox"/> Copy of current accreditation letter or certificate	
<input type="checkbox"/> Signed copy Medicare certification documents from CMS	
<input type="checkbox"/> Copy of Facility Application	
<input type="checkbox"/> Copy of Facility Roster	

SITE VISIT REVIEW CRITERIA	PTS.	YES	NO	N/A	COMMENTS
I. Facility Information					
a. Office clearly marked					
b. Adequate parking					
c. Adequate seating in waiting room					
d. Office handicapped accessible and compliant with ADA					
e. Are emergency services available currently and after hours					
II. Credentialing Privileges					
a. Are the policies and procedures for credentialing, recredentialing, sanctions & disciplinary actions					
b. Are their facility files that include copies of the standard CMS required credentialing criteria					
c. Are Medicare & Medicaid Sanctions & ongoing monitoring of exclusions lists being performed daily					
d. Is their unrestricted Medicare and Medicaid certification for participation & licensure					
e. Is their ongoing monitoring for quality of care issues					
f. How often are PSV (primary source verification) processes monitored					
g. Who do you communicated credentialing issues to with our insurance company – check for communication errors					
h. How often do you send a fully updated roster with adds and terms					
III. Provider Accessibility					
a. Are patients scheduled at a rate of 6 or less per hour?					

b. Are patients with urgent/emergent conditions seen same day?					
c. Are patients scheduled for routine visits within 10 days?					
d. Are patients scheduled for complete physical within 3 weeks?					
(PCP only)					
IV. Emergency Preparedness					
a. Is there a written medical emergency policy?					
b. Are any staff CPR certified?					
V. Treatment Areas					
a. Does office have 2 or more exam rooms?					
b. Is patient restroom handicap accessible?					
c. Do all exam rooms contain appropriate equipment?					
d. Can patient's privacy be ensured?					
e. Space in exam rooms are adequate?					
VI. Medication Administration					
a. Medication accessible only to authorized staff?					
b. Prescription pads, needles and syringes are inaccessible to patients and visitors.					
c. Drug and sample medication expiration dates are monitored.					
d. Controlled substances are secured.					
VII. Medical Record Keeping Practices					
a. Patient name and ID on all pages.					
b. Personal biographical data is included in the patient record.					
c. All entries in the record contain the author's identification.					
d. All entries dated.					
e. Record is legible to someone other than the writer.					

f. Each patient medial record is kept in a separate file (papers are fastened in the file).					
g. Medical records are kept in a secure, confidential area.					
h. Patient's immunization record is documented.					
i. Records can be easily located.					
j. Electronic medical record system.					
Total Score:					
Signature of Facility Contact					
Date of Site Visit					
Credentialing Coordinator	Annie Daniell				
Date of Site Visit					