

n00257

Site Visit and Medical Record Keeping Practices

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/NH TPA/Network Health Administrative Services, LLC (NHP/NHIC/NH TPA/NHAS) sets standards and thresholds assessing the quality, safety and accessibility of office site for all practitioners within its network where care is delivered.

Policy Detail:

NHP/NHIC/NH TPA/NHAS sets standards and thresholds assessing the quality, safety, and accessibility of office sites, for all practitioners within its network where care is delivered. The office-site criteria include standards and thresholds for each of these categories:

- Physical Accessibility (to include physically disabled patients)
- Physical Appearance
- Adequacy of Waiting and Examination Room Space
- Adequacy of Medical/Treatment Record keeping practices

The organization monitors and investigates member complaints on a continuous basis for all practitioner sites. The organization conducts an office site visit if it receives a member complaint about the quality of a practitioner's office related to the above criteria.

Procedure Detail:

- I. A site visit is scheduled and conducted within 60 (sixty) calendar days of receipt of a complaint. The organization uses a standardized NHP/NHIC/NH TPA/NHAS Office site visit survey tool/form that incorporates office-site criteria to assess each office about which it has received a member complaint. A full assessment is conducted for the initial complaint. If another complaint is directed at the same office for the same standard, only a follow-up on the specific complaint is completed. However, if NHP/NHIC/NH TPA/NHAS receives another complaint on the same office, but for a different standard, it is required to perform a site visit but only on the specific performance standard pertaining to the complaint. The survey form is completed at the time of or shortly after each site visit.

The structured site visit review process includes, but is not limited to, an assessment of the site: physical accessibility, physical appearance, adequacy of waiting examination room space, and adequacy of medical/treatment record keeping and confidentiality of records.

Results from the site visit and medical/treatment record keeping practices will be documented and scored on the Office Survey Tool. (See related document NHP/NHIC/NH TPA/NHAS Office Survey Tool) NHP/NHIC/NH TPA/NHAS requires a performance standard of 80%-100%. Results of the site visit will be placed in the credentials file of each practitioner located at the site.

- II. If the site achieves the performance standard, a copy of the site visit results will be forwarded to the site manager/designee with a copy to each practitioner at the site.
- III. If the site does not meet the performance standard, a copy of the site visit results, outlining the deficient areas, and a proposed corrective action plan will be forwarded to the site manager/designee with copy to each practitioner at the site. The site manager/practitioners will be given the opportunity to respond to the corrective action plan. The site visit results, corrective action plan, and response from site manager/practitioners, if any, will be reviewed by the Credentials Committee. The site must implement the corrective action plan within six months of the complaint. NHP/NHIC/NH TPA/NHAS will revisit the site at least every six months and document the follow-up visits until the site achieves the performance standard. If the site continues to be out of compliance with NHP/NHIC/NH TPA/NHAS standards the site visit report is forwarded to the Credential Committee. After one year of continued non-compliance the Credentials Committee will review and make recommendations to improve to the Quality Management Committee (QMC). QMC will make a final decision on the action to be taken.
- IV. When a practitioner relocates or opens an additional/new office NHP/NHIC/NH TPA/NHAS will be notified of the change. Notices of new sites will be forwarded to the Credentialing Department from the Managed Care Provider Operations Department when an address change has been received from a contracted site. Notices may also be received from the practitioner as part of his/her recredentialing application. Such notices will be confirmed with the Managed Care Provider Operations Department/Credentialing Department to determine if such sites will be contracted sites.
- V. In the event a practitioner joins a participating practitioner office site in which complaints have been noted, these complaints will be reviewed as part of the initial credentialing file documentation for that practitioner.

Definitions:

None

Regulatory Citations:

None

Related Policies:

None

Related Documents:

[NHP_NHIC Office Survey Tool.pdf](#)

Origination Date: 08/01/1997	Approval Date: 12/4/2024	Next Review Date: 12/4/2025
Regulatory Body: NCQA, CMS	Approving Committee: Credentialing Committee	Policy Entity: NHP, NHIC, NHAS
Policy Owner: Jennifer Delebreau	Department of Ownership: Credentialing	Revision Number: 4
Revision Reason: 08/18/2016 – Transferred to new policy template. 09/13/2017 – Removed AHS, annual update. 09/01/2019 – Annual update. 09/03/2019-Annual update. 9/1/2020 – Annual update 9/4/2021 – Annual update 7/7/2022 – Annual update 2/02/2023 – Annual update, approved at Credentialing Committee 2/02/2023 1/8/2024 – Annual review – approved at Credentialing Committee 2/1/2024 11/2024-Annual update. 4/2025-Updated to reflect Provider Ops role in process.		