



Practitioner Office Site Evaluation Tool (POSET)

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Provider information

Please enter your provider information	
Group or provider name (1)	
PCP or specialist (2)	
Specialty type (3)	
Practitioner name (4)	
Manager/Contact (5)	
Office address (6)	
Office city (7)	
Office state (8)	
Office ZIP code (9)	
Phone number (10)	
Fax number (11)	
Manager/Contact email (12)	
Practice tax ID (13)	
Practitioner individual NPI (14)	
Organization/Entity NPI (15)	
Website address (16)	
Designated contact for disability-related issues (17)	
Name of individual from provider's office completing site survey (18)	
Date of site survey completion (19)	

Provider auditor conducting site survey

Company conducting audit (1)	
Name of auditor (2)	
Email of auditor (3)	

Survey purpose

- Initial credentialing
- Recredentialing
- Audit, based on cause

Provider type

- PCP
- OB/GYN
- Pediatrician
- Specialist

General information

1. Do/can you provide alternative appointment scheduling for those who need extra time?
 - Yes (1)
 - No (2)

2. Are members' rights to file a grievance visually posted?
 - Yes (1)
 - No (2)

3. Is there a policy and procedure document that states what to do in case of emergency?
 - Yes (1)
 - No (2)

Parking for disabled people

4. Is the parking adequate and close by?
 - Yes (1)
 - No (2)

5. Does your facility provide one accessible parking space per 25 total parking spaces?
 - Yes (1)

- No (2)
6. Is at least one van-accessible parking space available per every one to 25 total spaces?
- Yes (1)
 - No (2)
7. Is the parking space clearly marked by the International Symbol of Access?
- Yes (1)
 - No (2)
8. If only on-street parking is available, is there an unobstructed curb cut/ramp?
- Yes (1)
 - No (2)

Exterior travel route

9. If the accessible route crosses a curb, is a curb ramp provided?
- Yes (1)
 - No (2)
 - N/A (3)
10. Is the ramp at least 36 inches wide?
- Yes (1)
 - No (2)
 - N/A (3)

Building entrance

11. Is the exterior entry door at least 32 inches wide and does it open at least 90 degrees?
- Yes (1)
 - No (2)

12. Does the entrance door have handles that can be opened without grasping, pinching or twisting of the wrist?

- Yes (1)
- No (2)

Interior route

13. Are all interior travel route paths at least 36 inches wide?

- Yes (1)
- No (2)
- N/A (3)

14. Is the route stable, firm and slip-resistant?

- Yes (1)
- No (2)
- N/A (3)

15. Is the route clear of any free object that may stick out?

- Yes (1)
- No (2)
- N/A (3)

16. Is the interior door leading from waiting room to other interior rooms at least 32 inches wide and does it open at least 90 degrees?

- Yes (1)
- No (2)
- N/A (3)

17. Does the facility have an elevator?

- Yes (1)
- No (2)
- N/A (3)

18. Do the sliding doors reopen automatically when obstructed by an object? (Note: If constructed before March 15, 2012, and manually operated, the door is not required to reopen automatically.)

- Yes (1)
- No (2)
- N/A (3)

19. Are the call buttons no higher than 54 inches from the floor?

- Yes (1)
- No (2)
- N/A (3)

20. Are the in-car buttons no higher than 48 inches from the floor?

- Yes (1)
- No (2)
- N/A (3)

21. Do the elevators provide audible signal indicators and or Braille signage?

- Yes (1)
- No (2)
- N/A (3)

22. Are there audible signals when the elevator car passes or stops at a floor?

- Yes (1)
- No (2)
- N/A (3)

Waiting room/area

23. Is there an open space at least 36 inches wide by 48 inches long in the waiting area to accommodate a wheelchair?

- Yes (1)
- No (2)

24. Does the reception area accommodate at least 1.5 seats per number of patients scheduled each hour?

- Yes (1)
- No (2)

Restrooms

25. Does the restroom entry configuration provide adequate maneuvering space for a person using a wheelchair? (A person in a wheelchair needs 36 inches of clear width for forward movement and a five-foot diameter or T-shaped clear space to make turns. If a restroom's entry vestibule has two doors, a person in a wheelchair needs a minimum distance of 48 inches clear of the door swing between the two doors.)

- Yes (1)
- No (2)
- N/A (3)

26. In restrooms without stalls, is there a 30-inch-by-48-inch area of open floor space (or larger) clear of the door swing?

- Yes (1)
- No (2)
- N/A (3)

27. Is the side-wall grab bar at least 42 inches long?

- Yes (1)
- No (2)
- N/A (3)

28. Is the rear-wall grab bar at least 36 inches long?

- Yes (1)
- No (2)
- N/A (3)

29. Is the toilet paper dispenser no greater than 48 inches above the floor below the side-wall grab bar?

- Yes (1)
- No (2)
- N/A (3)

30. Is there at least one accessible sink that provides enough space for wheelchair users to park in front of the sink (30 inches wide by 48 inches long)?

- Yes (1)
- No (2)
- N/A (3)

31. Is the faucet handle operable without needing to grasp, twist or pinch?

- Yes (1)
- No (2)
- N/A (3)

32. Are the soap and towel dispensers (or hand-driers) within reach (i.e., no higher than 48 inches from floor) and not over an obstruction?

- Yes (1)
- No (2)
- N/A (3)

Exam rooms

33. Is the entry door to the exam room at least 32 inches wide?

- Yes (1)
- No (2)

34. Is there adequate space for a mobility device to make a 180-degree turn (i.e., at least 30 inches by 48 inches) on one side of the exam table?

- Yes (1)
- No (2)

35. Are there private changing areas that are accessible?

- Yes (1)
- No (2)

36. Are gowns and drapes provided?

- Yes (1)
- No (2)

Compliance for the physically disabled: Equipment/Scales

37. Is there a weight scale that can accommodate people in wheelchairs or who are unable to stand without assistance, which is either integrated into a patient lift, integrated into an exam table or has a wheelchair-accessible platform?

- Yes (1)
- No (2)

38. Does your office have or can your office adapt an exam table for accessible transfers of people who use a wheelchair or are unable to transfer without assistance? (This may include the use of an adjustable-height table, transfer board, portable lift or a stretcher/gurney.)

- Yes (1)
- No (2)

Accommodations for hearing, speech and sight disabilities

39. Does the office have the ability to accommodate members with hearing, speech and sight disabilities? (The following materials are examples of accommodations: paper/writing utensil, visual aids, written materials, assistive-listening devices or systems and access to qualified sign language interpreters.)

- Yes (1)
- No (2)

Translation services – Limited English proficiency requirements

40. Are translation services available in a minimum of 150 languages (oral interpretation vendor)?

- Yes (1)
- No (2)

Americans with Disabilities Act (ADA) and cultural competency training

41. Do your staff members receive ADA training once a year?

- Yes (1)
- No (2)

Plans, policies and licensure

42. Is there a hazardous materials/waste policy that describes the storage of sterile needles and proper disposal of used needles?

- Yes (1)
- No (2)

43. Is there an exposure-control process that includes infections control and universal precautions policies, procedures or protocols?

- Yes (1)
- No (2)

44. Does the office have a Clinical Laboratory Improvement Amendments (CLIA)

certificate?

- Yes (1)
- No (2)

CLIA certificate number (1)	
Certificate date (2)	
Certificate expiration date (3)	
Waiver number (4)	
Waiver expiration date (5)	

45. Does the office have an automated prescription writing tool that ensures the following standard list of abbreviations are not used? The list must include:

- U, u
- IU
- Q.D., QD, q.d., qd, Q.O.D., QOD, q.o.d. qod
- Trailing zero (x.o mg)
- Lack of leading zero (.xmg)
- MS
- MSO4
- MgSO4
- Yes (1)
- No (2)

46. Are procedures in place to review prescriptions for accuracy and don't contain the previously mentioned abbreviations prior to giving to patients or sending to pharmacies?

- Yes (1)
- No (2)

47. Does the office label all medications and medication containers (e.g., syringes, basins) to identify the contents?

- Yes (1)
- No (2)

48. Are all medications stored and maintained in an area away from public access **and** in an area, cabinet or room that can be securely locked?

- Yes (1)
- No (2)

49. Is there a 24-hour answering service or machine instructing members about how to obtain care?

- Yes (1)
- No (2)

50. Are your office hours and after-hours phone number posted internally and externally? (Note: May be “N/A” only if the office is located in large building and outside posting is prohibited by building management.)

- Yes (1)
- No (2)
- N/A (3)

Medical records

NOTE: For initial credentialing and recredentialing, the reviewer must evaluate one blinded medical record to assess the adequacy of medical-record-keeping practices.

51. Are medical records maintained in an area away from public access?

- Yes (1)
- No (2)

52. Is a Health Insurance Portability and Accountability Act (HIPAA)-compliant written authorization obtained from the member or the member’s authorized representative for maintaining the release of medical records? (Ask to see policy and procedure and the release form.)

- Yes (1)
- No (2)

53. Is there a mechanism for tracking referrals and reports to and from other practitioners and providers (e.g., between a primary care physician and a specialist)?

- Yes (1)
- No (2)

54. Is there evidence that medical record documentation standards have been implemented (e.g., legible, clear, concise, consistent, complete)?

- Yes (1)
- No (2)

55. Is there prominent documentation in an individual's record regarding the execution of an advance directive?

- Yes (1)
- No (2)

56. Is there a policy/procedure that outlines anti-discrimination in health care delivery?
(Ask to see policy.)

- Yes (1)
- No (2)

General assessment

57. On inspection, is the office functionally safe and sanitary?

- Yes (1)
- No (2)

Access – Florida Medicaid Only

58. Is there a primary care appointment available for:

58a. Complete physical exam, routine preventive health, or well-child visits within 30 calendar days of request?

- Yes (1)
- No (2)

58b. Appointments for urgent medical or behavioral healthcare within 48 hours of request for services that don't require prior authorization?

- Yes (1)
- No (2)

58c. Appointments for urgent medical or behavioral healthcare within 96 hours of request for services that do require prior authorization?

- Yes (1)
- No (2)

58d. Specialty care within 60 calendar days after the appropriate referral is received by the specialist?

- Yes (1)
- No (2)

58e. Within 14 days of a request for ancillary services for the diagnosis or treatment of injury, illness or other health condition?

- Yes (1)
- No (2)

58f. Do physicians see patients within 15 to 30 minutes of scheduled appointments?

- Yes (1)
- No (2)

59. Florida Medicaid requires PCPs be available 24/7 to arrange for coverage of services, consultation or approval of referrals. Acceptable coverage includes answering services, call forwarding, provider call coverage or other customary means approved by AHCA. Does your office have 24/7 phone coverage?

- Yes (1)
- No (2)

Access – Illinois Medicaid Only

58. Is there an appointment available for:

58a. Complete physical exam, routine preventive health, or well-child visits within 21 - 30 calendar days of request?

- Yes (1)
- No (2)

58b. Symptomatic visit within seven calendar days?

- Yes (1)
- No (2)

58c. Specialty care within 21 working days?

- Yes (1)
- No (2)

58d. Urgent visit for an established patient within 24 hours?

- Yes (1)
- No (2)

58e. Emergent visit with an established patient as soon as possible (i.e., immediately)?

- Yes (1)
- No (2)

58f. Do physicians see patients within 15 to 30 minutes of scheduled appointments?

- Yes (1)
- No (2)

Summary
Office address:
Practitioner(s) at this site:
1. The undersigned health plan representative has identified the following areas needing improvement and has discussed these areas with the practitioner or designee:
Follow-up to the site review will be evaluated by the health plan. Health plan representative signature: _____ Title: _____ Date:
Comments to the health plan:
I, the undersigned practitioner or designee, have reviewed the results of the office site evaluation. I agree to correct any area needing improvement as indicated by Humana. Practitioner/designee signature: _____ Title: _____ Date:

	Scoring range
Excellent	90 – 100%
Acceptable	80 – 89%
Unacceptable	79% and below
Any “N/A” answer will receive the assigned score for a “yes” answer automatically when entered into the system.	