

1 **Policy:** **Office Facility Standards**

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3 **Date of Implementation:** **December 16, 2010**

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5 **Product:** **Specialty**

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8 The standards for a professional office facility have been established and approved by  
 9 American Specialty Health – Specialty’s (ASH) peer review committees. These  
 10 committees are comprised of practicing clinicians who participate in ASH  
 11 multidisciplinary practitioner networks. Each facility in which the practitioner intends to  
 12 see members must meet the applicable facility standards.

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14 Facility standards include but are not limited to physical appearance and accessibility,  
 15 adequacy of waiting and examination room space, office policies, emergency procedures,  
 16 access to treatment/services, safety, privacy, confidentiality, medical record keeping  
 17 components and storage, and ability to meet expectations for the delivery of quality care.  
 18 In addition, facility standards require compliance with applicable state and federal laws  
 19 and regulations, including the Americans with Disabilities Act (ADA).  
 20 Practitioners/providers receive ASH facility standards during the application process and  
 21 are encouraged to evaluate their facilities to ensure compliance. Facility standards may  
 22 change during a public health emergency and practitioners/providers are required to follow  
 23 all applicable CDC and local, state and federal guidelines for sanitation/hygiene/social  
 24 distancing. If a conflict arises between these guidelines, the guideline that provides the  
 25 greatest level of patient safety should apply.

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27 **Facility Criteria**

28 Refer to the appropriate specialty facility requirements addendum.

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30 **Member Complaints Regarding a Practitioner/Provider’s Facility**

31 ASH monitors and investigates all member complaints related to the quality of a  
 32 practitioner/provider’s facility (0% threshold). ASH conducts a site evaluation within 60  
 33 days in response to a reasonable complaint related to physical accessibility, physical  
 34 appearance, adequacy of waiting or examination room space, and/or examining room  
 35 privacy. This site evaluation provides an opportunity for ASH to evaluate the basis for the  
 36 complaint as well as to:

- 37 • Clarify if the facility meets the access-related requirements;
- 38 • Assess if the facility meets established minimum criteria for cleanliness and safety  
 39 for members as well as office staff;
- 40 • Review storage and availability of medical records; and

- Assist in validating that the facility is properly equipped to meet member expectations and ASH standards.

The results of this site evaluation are reviewed as part of the member complaint review process. When appropriate, complaints will be forwarded to the applicable health plan client upon receipt.

If the practitioner/provider site evaluation results do not meet acceptable performance thresholds, a site evaluation deficiency notification is developed and sent to the practitioner/provider for implementation. Evidence of compliance with the site evaluation deficiency notification must be provided by the practitioner/provider within the allotted timeline indicated on the site evaluation deficiency notification, not to exceed six months from the date of the notification. Depending on the specifics of each case, compliance may be demonstrated during a live site evaluation, a virtual site evaluation through photographic or video evidence, or through an attestation of compliance. The method of evaluating site compliance is at the discretion of the ASH clinical quality committee reviewing the matter. Failure to demonstrate compliance with the site evaluation deficiency notification may result in further disciplinary action as described in ASH policy.

**Medical Record Keeping**

Appropriate medical record documentation and maintenance practices are an integral component of a practitioner/provider’s practice. ASH contracted practitioners/providers are required to meet minimum standards of medical record documentation as described in the *Medical Record Maintenance and Documentation Practices (CPG 110 – S)* clinical practice guideline. Practitioners/providers are referred to this document during the application process as well as during various educational and corrective action opportunities.

Additionally, administrative and clinical aspects of medical record keeping are assessed during a site evaluation. When a member complains about a quality of care issue, that specific member’s medical records are requested from the practitioner. The medical records undergo peer evaluation, and the evaluation and a blinded copy of the member’s records are presented to the ASH clinical peer review committee(s) during review of the member complaint.

**Medical Record Criteria**

For a list of medical record criteria evaluated during the site evaluation and peer review evaluation processes, please refer to the appropriate specialty site evaluation addendum and the *Medical Record Maintenance and Documentation Practices (CPG 110 – S)* clinical practice guideline.

1 **Site Surveyor Training and Qualifications**

2 Surveyors that conduct site evaluations receive formal training. Before they are permitted  
3 to perform a site evaluation, they must first pass an exam which assesses their  
4 comprehension of ASH site evaluation requirements. Individuals who complete the  
5 training and pass the exam are considered qualified to conduct site evaluations.

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7 Practitioner/provider and member complaint patterns regarding dissatisfaction with the  
8 surveyor’s performance of the site evaluation review and/or deficiencies in assessing and  
9 reporting compliance with site evaluation requirements are evaluated to determine  
10 opportunities for improvement of training protocol. When such opportunities are identified,  
11 training enhancements are implemented as applicable. When specific surveyors fail to  
12 respond to training and performance improvement plans, they do not perform site  
13 evaluations.