		<h2>Policy and Procedure</h2>
Name of Policy:	Assessment of Provider Cultural Competence and Awareness	
Policy Number:	PR-014	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Provider Relations	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/01/01	
Last Revision Date:	10/28/21	
Last Review Date:	10/28/21	
Next Review Date:	10/01/22	

Policy: PerformCare is committed to developing a provider network that has the competency and awareness to treat members from different cultures and back grounds. PerformCare recognizes that assessment of cultural competency requires ongoing effort using multiple modalities, including training and education.

Purpose: To establish procedures for assessing and supporting providers commitment to providing an inclusive and respectful environment.

Definitions: None

Acronyms: **QI/UM:** Quality Improvement/Utilization Management

- Procedure:**
1. Cultural competency is assessed through a variety of methods to include:
 - 1.1. Informal, unstructured self-assessments by network providers
 - 1.2. Online or telephone surveys
 - 1.3. Formal site visit surveys
 - 1.4. Review of provider’s internal policy and procedure around cultural competency and training requirements
 - 1.5. Credentialing submission and data capture of languages spoken and cultural competency training completed by providers
 2. As part of its responsibilities, the PerformCare QI/UM committee identifies qualities and policies that reflect cultural competency including language policies and alternate language availability.

3. The QI/UM Committee will annually include a provider language/cultural assessment within its Work Plan to assist in this process.
4. Education and Information for Providers
 - 4.1. Provider Notices and the Provider Manual will include educational information and ideas for providers to better reflect the needs of their communities.

Related Policies: *CFR-002 Member Communications*
CFR-003 Outreach to Different Ethnic Groups and Difficult to Reach Populations
CFR-004 Member Handbook Distribution
CM-MS-006 Serving Members with Special Needs
PR-027: Interpreter Costs in Service Delivery

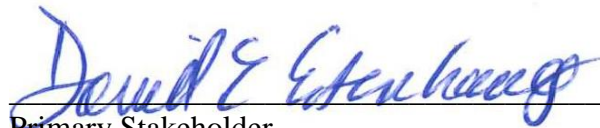
Related Reports: None

Source Documents and References: *MA Bulletin 991711 - Limited English Proficiency Requirements*
OMHSAS Bulletin-11-01 Non-Discrimination Toward Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex People
Site Visit Tool

Superseded Policies and/or Procedures: None

Attachments: *Attachment 1 PerformCare Initial and ReCred Site Visit Form*
Attachment 2 PerformCare Part II Credentialing Site Visit Form
Attachment 3 PerformCare High Volume Site Visit Self Audit Form
Attachment 4 PerformCare Low Volume Site Visit Self Audit Form

Approved by:


Primary Stakeholder

Initial/Recredentialing
Credentialing Site Visit Tool

Date of Site Visit:	
Initial/Recredentialing	
Name of AE completing Site Visit:	
Provider Score:	#DIV/0!
Total Yes:	0
Total No:	0
Pass/Fail:	
Recommendations to Providers:	
Required Corrective action plan required and accepted:	
Comments:	
Provider Demographics:	
Provider ID:	
Name of Provider:	
Physical Address Where Credentialing Review Occurred:	
Phone Number of Facility:	
Fax Number of Facility:	
Contact Person Name:	
Title of Contact Person:	
Contact Person Email Address:	
After Hours Telephone Verification:	
Date Called:	
Time Called:	
Is an answering machine the first point of contact for after hours calls:	
Are urgent/emergent instructions provided:	
Is a telephone number for after hours on-call staff/Crisis/ER/911 given:	
Provider Orientation/Provider Manual Reviewed:	
Member Rights:	
Access Standards:	
Freedom of Choice:	
Claims Submission Timeframes:	
Authorization Processes:	
Review of TPL requirements by provider:	
PerformCare Complaints and Grievances Brochure distributed:	
Other:	
Quality Improvement:	
Corporate Compliance policy and/or plan exists:	
Name of Corporate Compliance officer:	
The facility has an adequate QI plan to detect and address quality issues including reporting, analyzing and tracking problems:	
General Policies:	
Protect patient confidentiality:	
Confidentiality agreements for staff and vendors:	
Report program and licensure changes to Account Executive:	
Critical Incident Reporting to BH-MCO and appropriate entities:	
Address offering of provider choice:	
Address compliance with the Child Protective Services Law (previously Act 124 of 1975) relative to mandatory reporting. Mandated Reporter training must be done, and redone every 5 years:	
Management and disposal of data storage (paper and electronic) for current and archived files that is HIPAA compliant:	

Initial/Recredentialing
Credentiaing Site Visit Tool

*HR Policies in place to ensure State Credentialing minimum criteria is met/followed:	
PA Code checks (all to be checked prior to hire and every 3 years)	
Work History - Resume reflects continuous work experience. Breaks are explained:	
Education/Training - Highest level of education is verified at the primary source:	
Original license reviewed:	
Board Certification Status:	
For Prescribers, DEA Certification is confirmed and current:	
Evidence of malpractice/liability insurance:	
Malpractice claims history:	
Child Abuse Clearances (PA Act 33) checks (all to be checked prior to hire and every 5 years)	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	
Sanction/Exclusion checks (all to be checked monthly)	
OIG - Office of Inspector General:	
EPLS - Excluded Parties List System (SAM):	
Medicheck:	
NPDB - National Practitioner Data Bank (optional):	
Staff Training:	
Medical records documentation:	
HIPAA/Confidentiality:	
Cultural Competency:	
Code of Conduct:	
Corporate Compliance:	
Billing and Coding protocol (Staff as appropriate):	
Patient rights:	
Practitioners are trained to give Members "informed choice" about treatment options, including advantages and disadvantages of each option. (confirm by review of Policy & Procedure, training material)	

Initial/Recredentialing
Credentialing Site Visit Tool

Employee chart reviews (Review 2 licensed staff files, with one staff being an MD/DO):	
Employee Name #1 (Licensed Staff):	
PA Code checks (all to be checked prior to hire and every 3 years)	
Work History - Resume reflects continuous work experience. Breaks are explained:	
Education/Training - Highest level of education is verified at the primary source:	
Original license reviewed:	
License verified on DOS website - print out in employee chart:	
Board Certification Status:	
For Prescribers, DEA Certification is confirmed and current:	
Evidence of malpractice/liability insurance:	
Malpractice claims history:	
Child Abuse Clearances (PA Act 33) checks (all to be checked prior to hire and every 5 years)	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	
Sanction/Exclusion checks (all to be checked monthly)	
OIG - Office of Inspector General:	
EPLS - Excluded Parties List System (SAM):	
Medicheck:	
NPDB - National Practitioner Data Bank (optional):	
Employee Name #2 (MD/DO):	
PA Code checks (all to be checked prior to hire and every 3 years)	
Work History - Resume reflects continuous work experience. Breaks are explained:	
Education/Training - Highest level of education is verified at the primary source:	
Original license reviewed:	
License verified on DOS website - print out in employee chart:	
Board Certification Status:	
For Prescribers, DEA Certification is confirmed and current:	
Evidence of malpractice/liability insurance:	
Malpractice claims history:	
Child Abuse Clearances (PA Act 33) checks (all to be checked prior to hire and every 5 years)	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	
Sanction/Exclusion checks (all to be checked monthly)	
OIG - Office of Inspector General:	
EPLS - Excluded Parties List System (SAM):	
Medicheck:	
NPDB - National Practitioner Data Bank (optional):	

Initial/Recredentialing
Credentialing Site Visit Tool

Medical Record Review (sample record reviewed for initial; for recredentialing, review 5 charts):	
The files can be easily located	
Paper files are legible	
(Record identifier - member initials) #1	
Documentation of freedom of choice:	
(Record identifier - member initials) #2	
Documentation of freedom of choice:	
(Record identifier - member initials) #3	
Documentation of freedom of choice:	
(Record identifier - member initials) #4	
Documentation of freedom of choice:	
(Record identifier - member initials) #5	
Documentation of freedom of choice:	
Facility Inspection:	
Facility is clean and free of clutter:	
Medications are stored/locked:	
Cleaning supplies stored/locked:	
Adequate space to provide planned services:	
Printed material is appropriate to age and developmental needs of population:	
Signs and brochures are in language based on population:	
Medical records are kept in a separate area and locked:	
Medical records are stored in an organized manner and a specific member file can be easily located:	
Policy and procedure manuals are readily available:	
Appointment book indicates provider has capacity to offer a routine appointment within 7 calendar days: Date of appointment - _____	
Waiting area accommodates the site of the OP practice (minimum of 4 chairs or 2 chairs per practitioner on duty):	
Waiting area is well-lit:	
Waiting area has office hours posted:	
Patient's rights are posted in waiting area OR provided at intake:	
Office is handicapped accessible (i.e. bathrooms equipped with handrails / emergency exits are handicapped accessible). For offices that are not handicapped accessible, staff are willing to make special provisions to accommodate:	
Information about other services available:	
Certificate of Occupancy available:	

Part II
Credentialing Site Visit Tool

Date of Site Visit:	
Initial/Recredentialing	
Name of AE completing Site Visit:	
Provider Score:	#DIV/0!
Total Yes:	0
Total No:	0
Pass/Fail:	
Recommendations to Providers:	
Required Corrective action plan required and accepted:	
Comments:	
Provider Demographics:	
Provider ID:	
Name of Provider:	
Physical Address Where Credentialing Review Occurred:	
Phone Number of Facility:	
Fax Number of Facility:	
Contact Person Name:	
Title of Contact Person:	
Contact Person Email Address:	
After Hours Telephone Verification:	
Date Called:	
Time Called:	
Is an answering machine the first point of contact for after hours calls:	
Are urgent/emergent instructions provided:	
Is a telephone number for after hours on-call staff/Crisis/ER/911 given:	
Facility Inspection:	
Facility is clean and free of clutter:	
Medications are stored/locked:	
Cleaning supplies stored/locked:	
Adequate space to provide planned services:	
Printed material is appropriate to age and developmental needs of population:	
Signs and brochures are in language based on population:	
Medical records are kept in a separate area and locked:	
Medical records are stored in an organized manner and a specific member file can be easily located:	
Policy and procedure manuals are readily available:	
Appointment book indicates provider has capacity to offer a routine appointment within 7 calendar days: Date of appointment - _____	
Waiting area accommodates the site of the OP practice (minimum of 4 chairs or 2 chairs per practitioner on duty):	
Waiting area is well-lit:	
Waiting area has office hours posted:	
Patient's rights are posted in waiting area OR provided at intake:	
Office is handicapped accessible (i.e. bathrooms equipped with handrails / emergency exits are handicapped accessible). For offices that are not handicapped accessible, staff are willing to make special provisions to accommodate:	
Information about other services available:	
Certificate of Occupancy available:	

Initial/Recredentialing
Credentialing Site Visit Tool

Date Self-Audit Completed:	
Name of AE:	
AE phone number:	
AE email address:	
Provider Name:	
Service(s) at this site:	
Site address:	
Name of provider staff submitting site review:	
Staff title:	
Provider office phone number:	
Staff email address:	
I affirm that this site is a high volume site (seeing more than 200 unique PerformCare members) and that information reported in this self-audit is factual:	
Provider signature:	
Comments:	
Quality Improvement:	
Corporate Compliance policy and/or plan exists:	
Name of Corporate Compliance officer:	
The facility has an adequate QI plan to detect and address quality issues including reporting, analyzing and tracking problems:	
General Policy Review:	
Please ensure that there are policies in place addressing each of the topics below.	
Protect patient confidentiality:	
Confidentiality agreements for staff and vendors:	
Report program and licensure changes to Account Executive:	
Critical Incident Reporting to BH-MCO and appropriate entities:	
Address offering of provider choice:	
Address compliance with the Child Protective Services Law (previously Act 124 of 1975) relative to mandatory reporting. Mandated Reporter training must be done, and redone every 5 years:	
Management and disposal of data storage (paper and electronic) for current and archived files that is HIPAA compliant:	
HR Policy Review:	
Please ensure that there are HR Policies in place to ensure State Credentialing minimum criteria is met/followed. The policy(ies) should touch on each of the following items.	
Work History - Resume reflects continuous work experience. Breaks are explained:	
Education/Training - Highest level of education is verified at the primary source:	
Original license reviewed:	
Board Certification Status:	
For Prescribers, DEA Certification is confirmed and current:	
Evidence of malpractice/liability insurance:	
Malpractice claims history:	
Background checks (all to be checked prior to hire and every 5 years)	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	
Sanction/Exclusion checks (all to be checked monthly)	
OIG - Office of Inspector General:	
EPLS - Excluded Parties List System (SAM):	

Initial/Recredentialing
Credentialing Site Visit Tool

Medicheck List:	
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Initial/Recredentialing
Credentialing Site Visit Tool

NPDB - National Practitioner Data Bank (optional):	
Staff Training Review:	
Please ensure that staff training is occurring on the following topics as applicable to the staff's role.	
Medical records documentation:	
HIPAA/Confidentiality:	
Cultural Competency:	
Code of Conduct:	
Corporate Compliance:	
Billing and Coding protocol (Staff as appropriate):	
Patient rights:	
Practitioners are trained to give Members "informed choice" about treatment options, including advantages and disadvantages of each option. (confirm by review of Policy & Procedure, training material)	
Staff Chart Review:	
Please Self Audit 2 licensed staff files, with one staff being an MD/DO:	
Employee Name #1 (Licensed Staff):	
Work History - Resume reflects continuous work experience. Breaks are explained:	
Education/Training - Highest level of education is verified at the primary source:	
Original license reviewed:	
License verified on DOS website - print out in employee chart:	
Board Certification Status:	
For Prescribers, DEA Certification is confirmed and current:	
Evidence of malpractice/liability insurance:	
Malpractice claims history:	
Child Abuse Clearances (PA Act 33) checks (all to be checked prior to hire and every 5 years)	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	
Sanction/Exclusion checks (all to be checked monthly)	
OIG - Office of Inspector General:	

Initial/Recredentialing
Credentialing Site Visit Tool

EPLS - Excluded Parties List System (SAM):	
Medicheck:	
NPDB - National Practitioner Data Bank (optional):	
Employee Name #2 (MD/DO):	
Work History - Resume reflects continuous work experience. Breaks are explained:	
Education/Training - Highest level of education is verified at the primary source:	
Original license reviewed:	
License verified on DOS website - print out in employee chart:	
Board Certification Status:	
For Prescribers, DEA Certification is confirmed and current:	
Evidence of malpractice/liability insurance:	
Malpractice claims history:	
Child Abuse Clearances (PA Act 33) checks	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	
Sanction/Exclusion checks	
OIG - Office of Inspector General:	
EPLS - Excluded Parties List System (SAM):	
Medicheck:	
NPDB - National Practitioner Data Bank (optional):	
Medical Record Review:	
Please self-audit 5 charts. Providers are reminded to check Medical Record Standards in Chapter 1101 "General Provisions" 1101.51 to assure Medical Record keeping meets minimum requirements for MA and PerformCare. Enter member initials on first line and then Yes or No to indicate if freedom of choice was offered to member.	
The files can be easily located	
Paper files are legible (if applicable)	
(Record identifier - member initials) #1	
Documentation of freedom of choice:	
(Record identifier - member initials) #2	
Documentation of freedom of choice:	
(Record identifier - member initials) #3	
Documentation of freedom of choice:	
(Record identifier - member initials) #4	
Documentation of freedom of choice:	
(Record identifier - member initials) #5	
Documentation of freedom of choice:	
Facility Inspection:	
Please conduct a walk-through of your site.	

Provider Self Site Review
 Credentialing Site Visit Tool

Provider sites who are low volume (see less than 200 unique PerformCare members per year) should use this tool in lieu of an on-site review. Those sites seeing more than 200 unique PerformCare members should complete the "High Volume Self-Audit Tool". School sites are exempt. Please complete via this excel document, please do not complete and scan in. Most fields have a drop-down box feature which should be utilized. Once all fields are completed, please email back to your Account Executive. If you have any questions please contact your Account Executive.

Date self audit completed:	
Name of AE:	
AE phone number:	
AE email address:	
Provider Name:	
Service(s) at this site:	
Site address:	
Name of provider staff submitting site review:	
Staff title:	
Provider office phone number:	
Staff email address:	
I affirm that this site is a low volume site (seeing less than 200 unique PerformCare members) and that information reported in this self-audit is factual:	
Provider signature:	
Comments:	
Medical Record Review:	
Please self-audit 5 charts. Providers are reminded to check Medical Record Standards in Chapter 1101 "General Provisions" 1101.51 to assure Medical Record keeping meets minimum requirements for MA and PerformCare. Enter member initials on first line and then Yes or No to indicate if freedom of choice was offered to member.	
The files can be easily located	
Paper files are legible (if applicable)	
(Record identifier - member initials) #1	
Documentation of freedom of choice:	
(Record identifier - member initials) #2	
Documentation of freedom of choice:	
(Record identifier - member initials) #3	
Documentation of freedom of choice:	
(Record identifier - member initials) #4	
Documentation of freedom of choice:	
(Record identifier - member initials) #5	
Documentation of freedom of choice:	

Provider Self Site Review
 Credentialing Site Visit Tool

Facility Inspection:	
Please conduct a walk-through of your site. Answer	
Facility is clean and free of clutter:	
Medications are stored/locked:	
Cleaning supplies stored/locked:	
Adequate space to provide planned services:	
Printed material is appropriate to age and developmental needs of population:	
Signs and brochures are in language based on population:	
Medical records are kept in a separate area and locked:	
Medical records are stored in an organized manner and a specific member file can be easily located:	
Policy and procedure manuals are readily available:	
Appointment book indicates provider has capacity to offer a routine appointment within 7 calendar days: Date of appointment - _____ Please be sure to include the date of the next appointment	
Waiting area accommodates the site of the OP practice (minimum of 4 chairs or 2 chairs per practitioner on duty):	
Waiting area is well-lit:	
Waiting area has office hours posted:	
Patient's rights are posted in waiting area OR provided at intake:	
Office is handicapped accessible (i.e. bathrooms equipped with handrails / emergency exits are handicapped accessible). For offices that are not handicapped accessible, staff are willing to make special provisions to accommodate:	
Information about other services available:	
Certificate of Occupancy available:	
PerformCare Internal Use Only:	
Account Executive Desk Review:	
AE reports site visits not passed and any follow up activities at Credentialing Committee and log here:	Committee Monthly Reports\E4-E5 Credentialing and Re-credentialing Site Visits\Provider Credentialing Site Visits not passed (E5)
Total Yes:	0
Total No:	0
Provider Score:	#DIV/0!
Pass/Fail:	
If plan of correction was required, is it acceptable?	
AE follow-up plan:	
Date Approved (all elements are in place and credentialing can proceed):	
Date Reported to Cred. Specialist	

Provider Self Site Review
Credentialing Site Visit Tool

AE Signature:	
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