POLICY STATEMENT:

TTUHSC School of Medicine (SOM) will conduct an initial site visit to the offices of each applicant applying for network participation as a provider as part of the initial credentialing process or whenever a network provider relocates or opens a new site or for cause such as follow up of a complaint made related to the facility, equipment, space, accessibility or confidentiality practices.

SCOPE:

This policy applies and will be distributed to all TTUHSC School of Medicine Clinics in Lubbock, also known as Texas Tech Physicians of Lubbock.

PROCEDURE:

1. As part of the initial credentialing process, site visits to the offices of all PCP, OB/GYN and pediatric providers including Behavioral Health will be conducted by clinical personnel or teams including clinical personnel. The HSC/UMC Medical Staff Office should notify the SOM Director of Performance Improvement (PI) when the credentialing process has been initiated by submitting 8.05.A, Provider Office Review Request Form.

2. The site visit review team will utilize the approved 8.05.B, Physician Office Review Tool (POR/MRR) that specifies SOM’s office standards and scoring guidelines.

3. The office site review shall include a medical record process audit to determine if the site conforms to SOM’s standards for medical record-keeping practices and confidentiality requirements. The results will be documented on 8.05.B, Physician Office Review Tool.

4. Initial site reviews shall be conducted before the effective date of the provider’s approval as a network participating provider or within 30 days of physical relocation. If the office is a site shared by two or more providers, one site review annually, (if the score is 90% or above), may be used to satisfy the site review requirement for all providers practicing at that site.

5. Each Clinical Department Administrator (or designee) should notify the Director of PI in the event of a physical relocation of a clinic or provider or opening of a new clinic site within 14 days.

6. Each site should be reviewed at least annually; however, a site may be reviewed at any time for cause, such as a complaint related to the provider or site which is monitored through the Patient Services Department. Upon identification of three complaints a site visit must be performed within 60 calendar days.

7. If the provider’s office site does not meet the standards indicated by a score lower than 90%, the Director of PI will institute a corrective action plan with the provider. The office site review team will conduct a follow-up review within six months, inspecting only those areas of deficiency identified during the initial review. The results of follow-up review shall be documented and presented to TTUHSC Credentials Committee. Action plans will be filed in the PI office.

8. If the provider’s office meets the standards indicated by a score above 90%, but does not score 100%,
steps planned to bring the score to 100% compliance, or reasons for lower than 100% compliance shall be documented on the Provider Office Review document.

9. The office site review team shall discuss the results of the scored POR tool with the provider or office representative. The provider or office representative shall sign the POR tool as evidence of the discussion of the findings.

10. Completed (POR/MRR) reports, 8.05.B, Physician Office Review Tool, should be maintained in the provider’s credentialing file.

**APPROVAL AUTHORITY:**

This policy shall be reviewed and approved by the Chief Medical Officer.

**RESPONSIBILITY AND REVISIONS:**

It is the responsibility of the Director of Performance Improvement to initiate necessary revision to this policy.

**ATTACHMENTS:**

- [8.05.A – Provider Office Review Request Form](#)
- [8.05.B – Physician Office Review Tool](#)

<table>
<thead>
<tr>
<th>Signatory approval on file by:</th>
<th>Dale M. Dunn, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief Medical Officer</td>
</tr>
</tbody>
</table>