



Texas Practitioner Office Site Evaluation

Physician Name: _____ Office Manager: _____
 Office Address: _____
 Specialty: _____ Date: _____ Reviewer Name: _____

	Point Value	Y	N	Point Score
A. Physical Accessibility:	12			
1 Is there handicapped accessibility? (First floor access, ramps or elevator access)	3			
If not, does staff have an alternative plan of action? Access throughout the office?				
2 Is handicapped parking clearly marked? (Sign or painted symbol on pavement.)	3			
Only applies to off-street parking; N/A if parking is street-side only.				
3 Are exits clearly marked?	3			
4 Are building and office suite clearly identifiable (clearly marked office sign)?	3			
B. Physical Appearance:	12			
1 Is the office clean and well kept? (Neat appearance, no trash on floor, furniture in good repair, no significant spills on floors /furnishings)	3			
2 Is treatment area clean and well kept? (No significant spills on floors, counters or furnishings, no trash on floor)	3			
3 Easy access to a clean, supplied bathroom? (Soap, toilet paper, hand towels and hand washing instructions)	3			
4 Fire extinguishers clearly present and fully charged or a sprinkler system?	3			
C. Adequacy of Waiting and Examining Room Space:	14			
1 Is there adequate seating in the waiting area (based on number of providers)? *	2			
2 Does the staff provide extra seating when the waiting room is full?	2			
3 Is there a minimum of 2 exam rooms per scheduled provider?	2			
4 Is there privacy of exam rooms? (Doors or curtain closures, exam rooms cannot be seen from waiting room)	2			
5 Are exam rooms' reasonably sound proof? (Conversations cannot be heard from waiting room or other exam rooms)	2			
6a An otoscope, ophthalmoscope, blood pressure cuff and scale readily accessible? OR	2			
6b For OB/GYNs only or any provider providing OB Care: Does the office have the following readily accessible: (If not OB/GYN, document N/A)	2			
- A fetal scope (DeLee and/or Dopler) and a measuring tape for fundal height measurement?				
- Supplies for dipstick urine analysis (glucose, protein)?				
D. Adequacy of Medical Records:	22			
1 Are there individual patient records?	3			
2 Are records stored in a manner that ensures confidentiality? (Is there a written confidentiality policy and can staff verbalize the process for release of medical records)	3			
3 Are all items secured in the chart?	2			
4 Are medical records readily available? (Within 15 minutes of request) Ask them if they are.	2			
5 Medical recordkeeping practices:				
5a Is there a place to document allergies?	2			
5b Is there a place to document current medication list?	2			
5c Is there a place to document current chronic problems list?	2			
5d Is there an immunization record on pediatric charts?	2			
5e Is there a growth chart on pediatric charts?	2			
5f Is there a place to document presence/absence and discussion of a patient self-determination/advance directive? (If not appropriate, document N/A)	2			
* 1 provider = 6 seats, 2 providers = 8 seats, 3 providers = 11 seats, 4 providers = 14 seats, 5 providers = 17 seats				



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E. Appointment Availability: Is the provider available:	20			
1 Routinely within a wait time of 45 minutes or less? (Ask office manager)	2			
2 At least 4 days or 20 hours per week?	2			
3 For 24-hour call coverage for emergencies (by themselves or by a covering provider)?	3			
4 For urgent care within 24 hours?	4			
5 For routine care within two weeks of the date of contact/request (including a first visit after pregnancy determination excluding a home pregnancy test)?	3			
6 For physical/wellness exams for adults within 10 weeks?	3			
7 For physical/wellness exams for children within 2 months from the date of contact/request?	3			
F. Documentation Evaluation: Does the office have the following:	8			
1 No-show follow-up procedure/policy?	3			
2 A chaperon policy?	3			
3 A written policy for hand washing, gloved procedures, and disposal of sharps?	2			
G. Office Evaluation:	12			
1 Is there an approved process for biohazardous disposal?	2			
2 Are pharmaceutical supplies and medication stored in a locked area that is not readily accessible to patients?	3			
3 Are vaccines and other biologicals refrigerated, as appropriate?	2			
4 Observe 2-3 office staff interactions: Are they professional and helpful?	3			
5 Is emergency equipment available (an oral airway and ambu bag)?	2			

To complete the form, answer every question, then total the number of points and record here.

TOTAL

Miscellaneous Items:

Does the office have the AMERIGROUP Provider Manual? Document N/A, if pre-operational.

Are you receiving the AMERIGROUP newsletter? Document N/A, if pre-operational.

A copy of this complete profile was received by:

Office Manager /Provider (please circle one)
