sunshine health

Site Visit and Evaluation Tool – Visiting Provider

Group Name:		Group Tax ID:	
Site Address:		City/State/Zip:	
Date of Visit:		Auditor Name:	
Type of Audit:	☐ Initial/Recred ☐ CAP Follow-up ☐ Complaint Follow-up ☐ Other		
Final Score:	Pass: ☐ Yes ☐ No	CAP Indicated: ☐ Yes ☐ No	

Component Reviewed	Yes	No	N/A
Consumer Assistance Notice (Sub Section 641.511 (11), F.S. – Provided to Patient			
Includes addresses and toll-free telephone numbers of the Agency for Health Care Administration, the Subscriber Assistance Program, and the Department of Financial Services			
Clearly states that the address and toll-free telephone number of the HMO grievance department shall be provided upon request			
Patient's Bill of Rights and Responsibilities – Provided to Patient			
Provider has *complete copy* of Patient's Bill of Rights available upon request			
Medical Records (Paper Charts) - Administrative Office Standards			
Secure/confidential filing system			
Records easily located with legible file markers			
Records organized and fastened in folder			
Appointments for PCP/OB/GYN - Administrative Office Standards			
Routine Well Care visit within 4 weeks			
Routine Sick Patient Care within 1 week			
Urgent care within 24 hours			
24-hour emergency coverage			
Type of After-Hours Coverage: ☐ Direct transfer to Nurse Triage ☐ Phone message w/ exchange number ☐ Phone message w/ Nurse Triage number ☐ Phone message directing to ER ☐ Other: please specify:			

Additional Comments:

Site Visit Scoring Instructions:
 ➢ Add column A (items identified as YES); Add column B (items identified as NO)
 ➢ Add total of the A column to the total of the B column to obtain the Grand Total
 ➢ Divide the total of the A column by the Grand Total and obtain percentage.
 ➢ Percentage will equal your score, document score at the top of page one.
 ➢ Note: Column C (items identified as NA) does not apply to Grand Total.

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Electronic Medical Records - Informational Only – Not Scored	Yes	No	N/A
Does the practice use an Electronic Health Record System			
Name of EHR Software Program:			
Physician(s) participating in either Medicaid or Medicare Meaningful Use Program			
Have you attested to Meaningful Use (MU)			
Are you participating in a Health Information Exchange			
Are you using a Direct Messaging Service			

Reviewer Signature _____ Date _____

Office Staff Signature _____ Date _____