



Practitioner Environmental Site Review (PESR)

Provider Name _____

Discipline _____

Address _____

Suite _____

City _____

State _____

Zip _____

Phone Number _____

Fax Number _____

CAS Number _____

Indicate Solo ____ or Group ____

Potential High Volume ____ Yes ____ No

Actual High Volume ____ Yes ____ No

Reason for Review (please check one) ----- Recredentialing Credentialing Quality Review Action Plan Follow-Up Relocation Additional Practice Site

Clinical Group (if any) _____

Affected Account(s) _____



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Directions:

1. Answer each item by placing a check in the YES cell if the indicator is satisfied, if it is not satisfied, place a check in the NO cell. If not applicable, check the NA cell.
2. NOTE: FOR CALIFORNIA PROVIDERS, THE ITEMS INDICATED WITH * AND THE RESPONSE IS “NO” MAY REQUIRE A CORRECTIVE ACTION PLAN FOR PROVIDERS WHETHER OR NOT THEY MEET THE 80% THRESHOLD.

			YES	NO	N/A	COMMENTS
1	Physical Access	Is adequate parking available to members?				
2		Is the office accessible to the disabled or can alternative arrangements be made to serve members with special needs?				
3		Is a rest room available to members?				
4		Is the rest room accessible to disabled members?				
5		Do members have access to a telephone on premises?				
6		Is there an elevator available if the office is above the first floor?				
7	Appearance	Is the office well maintained?				
8		Is the rest room clean?				
9		Is there adequate seating in the waiting area and in treatment rooms?				
10		Is the office adequately lighted?				
11	Safety	Is the office emergency exit clearly marked?				
12		Is there a working smoke detector/fire alarm/sprinkler system present, if required by law?				
13		Is a fire extinguisher available and working?				
14		Is an elevator inspection posted, if applicable?				



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			YES	NO	N/A	COMMENTS
15	Records	Are member records kept in individual folders by name or identification number?				
16		Are member records maintained in a locked and a safe setting?				
17		Prescription forms are in a secure location. NA if non-MD office or APN without prescriptive authority.				
18		All medications, including samples, are stored in a safe location that is not accessible to patients. NA if non-MD office or APN without prescriptive authority.				
19 *		* Does the provider maintain a log of medication samples kept and distributed? N/A if non-MD office or APN without prescriptive authority.				
20		Is the appointment schedule kept out of public view?				
21		Does the provider secure records after business hours?				
22		Records are available, as appropriate to other practitioners or staff at the site.				
23		Is the treatment record maintained in a consistent manner with the model treatment record?				
24	Confidentiality	Confidential verbal communication is not audible to unauthorized persons.				
25		Computer screens with patient information are removed from view. NA if no computer.				
26		Fax forms with patient information are removed from view. NA if no fax.				
27		Mail with patient identifiable information is not visible by unauthorized persons.				

			YES	NO	N/A	COMMENTS
28		Other documents with patient identifiable information are not visible by unauthorized persons.				



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29 **		** Does the provider offer hours of operation to TennCare enrollees that are equivalent to the hours of operation offered to commercial enrollees?				
30 *		* Does the provider have a specific policy and procedure regarding confidentiality, or is provider able to adequately explain confidentiality guidelines per state regulations?				
31 *	Availability	* Are appointments or other arrangements for life-threatening emergencies available immediately or within 30 minutes?				
32 *		* Are appointments for non-life threatening emergencies available within 6 hours?				
33 *		* Are appointments for urgent needs available within 48 hours (or within 24 hours for California providers)?				
34 *		* Are routine appointments available within 10 calendar days (or within 7 calendar days for California providers)?				
35 *		* Does the provider have ability to track member waiting time for scheduled appointments?				
36 *		* Does the provider have an adequate mechanism for members to contact him/her after hours and in emergency situations?				
37	Informed Members	Is a printed copy of member rights and responsibilities available to members or posted?				
38		Does the environment or office site (i.e., magazines pictures, children, adults, ethnic, etc.) reflect the culture of the members served?				
39		Is a written explanation of grievance procedures available to members or posted?				
40		Is the practitioner's degree and license posted in public view?				
41 **		** Does the provider have written procedures for the provision of language interpretation and translation services for any enrollee who needs such services, including, but not limited to, Enrollees with Limited English Proficiency?				



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Not Scored:

#	CATEGORY	QUESTION	ADDITIONAL COMMENTS
42	Complaint Issue	<p>The substance of the complaint specified below was assessed and the findings are: <i>(attach paper if additional space is required).</i></p> <p>No issue identified (explain/describe; _____ _____ _____)</p> <p>Issue identified (describe) _____ _____ _____</p> <p>If issue exists, has it been addressed? Y ___ N ___</p> <p>Actions taken (describe) _____ _____ _____</p> <p>Complaint: _____</p>	

- 43. Do you submit electronic claims to any insurer? [Yes/No] To Beacon Health Options (Beacon), formerly ValueOptions? [Yes/No]
- 44. Would you be interested in learning about electronic claims? [Yes/No/NA]
- 45. Number of Beacon members treated at this location within the past year _____
- 46. Can we schedule a demo of the software? [Yes/No]
- 47. Do you have a computer? [Yes/No] With a modem? [Yes/No] Do you have Internet Access? [Yes/No]
- 48. Do you visit the Internet for business? [Yes/No]
- 49. Have you ever visited the Beacon website? [Yes/No]
- 50. In the last year, about how many times have you visited the Beacon website? _____



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51. Are you interested in receiving information through the Internet from Beacon? [Yes/No]
52. Are you aware that providers can download forms from the Beacon website? [Yes/No]
53. Are you aware that providers can submit information, such as address changes, through Beacon's ProviderConnect™ web portal? Yes/No]
54. Would your practice be interested in using the Beacon's ProviderConnect web portal to check the status of claims? [Yes/No]
55. Would your practice be interested in using the web portal to check the eligibility status of Beacon members? [Yes/No]
56. Do you have concerns about security that would deter you from using the Beacon website? [Yes/No]
57. What could Beacon do to make you comfortable using the website for business purposes with Beacon?
58. [If they have filed electronically] What was the experience like? Note: Always offer to log on to the Beacon web site for a brief tour of the Provider page and to show him/her where to download and install/upgrade ECLW version 3.0 (HIPAA-compliant)..]

Reviewer's Signature _____

Reviewer's Name _____ Reviewer's Credentials _____

(Please print)

Reviewer's Phone Number _____

Engagement Center _____ Date of Review _____

Vendor _____

*Note: The information in this box is mandatory. If incomplete the review will not be scored.



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