

		<b>Policy and Procedure</b>
<b>Name of Policy:</b>	Assessment of Provider Cultural Humility and Awareness	
<b>Policy Number:</b>	PR-014	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Provider Relations	
<b>Related Stakeholder(s):</b>	All Departments	
<b>Applies to:</b>	Associates	
<b>Original Effective Date:</b>	10/01/01	
<b>Last Revision Date:</b>	08/31/23	
<b>Last Review Date:</b>	08/31/23	
<b>Next Review Date:</b>	08/01/24	

**Policy:** PerformCare is committed to developing a provider network that has the humility and awareness to treat members from different cultures and back grounds. PerformCare recognizes that assessment of cultural humility 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 humility 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 humility and training requirements
    - 1.5. Credentialing submission and data capture of languages spoken, and cultural humility training completed by providers.
  2. As part of its responsibilities, the PerformCare QI/UM committee identifies qualities and policies that reflect cultural humility including language policies and alternate language availability.

3. The QI/UM Committee will annually include a provider language/cultural humility 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*

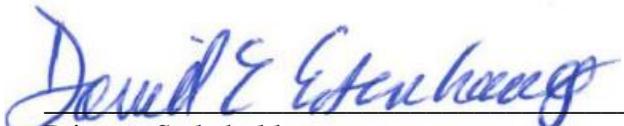
**Related Reports:** None

**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 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:	
<b>PROVIDER DEMOGRAPHICS:</b>	
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:	
<b>AFTER HOURS TELEPHONE VERIFICATION:</b>	
Date Of Call:	
Time of Call:	
Are urgent/emergent instructions provided including on-call staff/Crisis/ER/911:	
<b>PROVIDER MANUAL REVIEW:</b>	
Copy of or link to provider manual given:	
Member Rights:	
Access Standards:	
Freedom of Choice:	
Claims Submission Timeframes:	
Authorization Processes:	
Review of TPL requirements by provider:	
PerformCare Complaints and Grievances Brochure distributed:	
<b>QUALITY IMPROVEMENT:</b>	
Corporate Compliance policy and/or plan exists:	
Name of Corporate Compliance officer:	
<b>GROUP ONLY:</b>	
The group has an adequate QI plan to detect and address quality issues:	
Process to identify quality issues (i.e. routine self audits-must be quantified):	
Process identified to report quality issues:	
Process identified to analyze/track and determine action steps:	
<b>GENERAL POLICY &amp; PROCEDURE REVIEW:</b>	
Protect patient confidentiality (GROUP ONLY):	
Confidentiality agreements for staff and vendors:	
Report program and licensure changes to BH-MCO and appropriate entities:	
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 2 years:	

Initial/Recredentialing  
Credentialing Site Visit Tool

Management and disposal of data storage (paper and electronic) for current and archived files that is HIPAA compliant:	
Policy that outlines all staff trainings required per year and how individual staff plans are generated:	
Individual Staff training plan example provided:	
<b>HR POLICY &amp; PROCEDURE REVIEW:</b>	
<b>PA Code Check Policy:</b> <i>(all checked prior to hire and every 3 years)</i>	
Resume reflects continuous work experience and breaks are explained:	
Primary source verification of education is conducted for all clinical staff:	
Verification of licenses directly with Department of State (DOS):	
Documentation of disciplinary actions identified by DOS:	
Board Certification Status:	
For prescribers, DEA Certification is confirmed and current:	
Evidence of malpractice/liability insurance:	
<b>Child Abuse Clearances (PA Act 33) Policy:</b> <i>(checked prior to hire and every 5 years)</i>	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	
<b>Sanction/Exclusion Check Policy:</b> <i>(checked monthly)</i>	
HHS-OIG is referenced to assure employee is not excluded from participation in any federal health care program:	
SAM is references to assure that employees are not excluded from receiving federal contracts, certain subcontracts and certain federal financial and non-financial benefits:	
Medicheck is referenced to assure employees are not precluded or excluded from PA MA:	
NPDB - National Practitioner Data Bank (optional):	
<b>FACILITIES ONLY:</b>	
Have sanction/exclusion checks been submitted to PerformCare Corporate Credentialing?	
Date Submitted:	
Verified by AE:	

<b>EMPLOYEE FILE REVIEW (FACILITY ONLY):</b> <i>(Review of 2 licensed staff files, with one staff being an MD/DO) :</i>	
<b>EMPLOYEE NAME #1 (Licensed Staff):</b>	
<b>PA Code checks:</b> <b>(all to be checked prior to hire and every 3 years)</b>	
Work History - Resume reflects continuous work experience. Breaks are explained:	
Education/Training - Highest level of education is verified at the primary source:	
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:	
<b>Child Abuse Clearances (PA Act 33) checks:</b> <b>(all to be checked prior to hire and every 5 years)</b>	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	

<b>EMPLOYEE NAME #2 (MD/DO):</b>	
<b>PA Code checks:</b> <b>(all to be checked prior to hire and every 3 years)</b>	
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:	
<b>Child Abuse Clearances (PA Act 33) checks:</b> <b>(all to be checked prior to hire and every 5 years)</b>	
PA Child Abuse History Clearances:	
PA Criminal Record Checks:	
FBI Criminal Background Checks:	

Initial/Recredentialing  
Credentialing Site Visit Tool

FREEDOM OF CHOICE REVIEW:	
Documentation of freedom of choice Member #1:	
Documentation of freedom of choice Member #2:	
Documentation of freedom of choice Member #3:	
Documentation of freedom of choice Member #4:	
Documentation of freedom of choice Member #5:	
PHYSICAL SPACE INSPECTION:	
GROUP INSPECTIONS:	
Printed material is appropriate to age and developmental needs of population:	
Signs and brochures are in language based on population <i>(Spanish materials required for Dauphin, Franklin, Lancaster, Lebanon only)</i> :	
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: <i>(If self audit, date required)</i>	
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:	

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:	
<b>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:</b>	
Provider signature:	
Comments:	
<b>Medical Record Review:</b>	
<b>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.</b>	
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

<b>Facility Inspection:</b>	
<b>Please conduct a walk-through of your site. Answer</b>	
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: <b>Date of appointment - _____</b> <b>Please be sure to include the date of the next appointment</b>	
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:	
<b>PerformCare Internal Use Only:</b>	
Account Executive Desk Review:	
AE reports site visits not passed and any follow up activities at Credentialing Committee and log here:	<a href="#">Committee Monthly Reports\E4-E5 Credentialing and Re-credentialing Site Visits\Provider Credentialing Site Visits not passed (E5)</a>
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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**PERFORMCARE LOW VOLUME SELF AUDIT FORM**

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:	

**FREEDOM OF CHOICE 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 and signed by member.*

(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:	
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 ( <i>Spanish materials required for Dauphin, Franklin, Lancaster, Lebanon only</i> ):	
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:	
Appointment book indicates provider has capacity to offer a routine appointment within 7 calendar days: <b>Date of appointment - _____</b> <i>Please be sure to include the date of the next appointment</i>	
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:	
FOR PERFORMCARE AE USE ONLY	
Total Yes:	0
Total No:	0
Provider Score:	#DIV/0!
Pass/Fail:	
6 MONTH FOLLOW UP NEEDED (YES/NO)	