

PerformCARE®		Policy and Procedure
<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>	07/19/24	
<b>Last Review Date:</b>	06/12/25	
<b>OMHSAS Approval Date:</b>	N/A	
<b>Next Review Date:</b>	06/01/26	

**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*

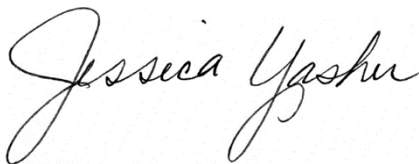
**Related Reports:** None

**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 Facility HV Site Visit Tool*  
*Attachment 2 Group Ind HV Site Visit Tool*  
*Attachment 3 IBHS Site Visit Tool*  
*Attachment 4 Low Volume Self Audit Tool*

Approved by:



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Primary Stakeholder

PERFORMCARE AE HIGH VOLUME FACILITY SITE VISIT	
<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>QUALITY IMPROVEMENT:</b>	
Name of Corporate Compliance officer:	
Corporate Compliance policy and/or QI plan exists:	
<b>GENERAL POLICY &amp; PROCEDURE REVIEW:</b>	
Policy regarding protecting patient confidentiality:	
Policy regarding confidentiality agreements for staff and vendors:	
Policy regarding reporting program and licensure changes to BH-MCO and/or appropriate entities:	
Policy regarding critical Incident Reporting to BH-MCO and appropriate entities:	
Policy regarding addressing offering of provider choice:	
Policy that addresses 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:	
Policy regarding management and disposal of data storage (paper and electronic) for current and archived files that is HIPAA compliant:	
<b>STAFF TRAINING POLICY &amp; PROCEDURE REVIEW:</b>	
Policy regarding staff training on medical records documentation:	
Policy regarding staff training on HIPAA/Confidentiality:	
Policy regarding staff training on Cultural Competency:	
Policy regarding staff training on Code of Conduct:	
Policy regarding staff training on Corporate Compliance:	
Policy regarding staff training on billing and coding protocol (Staff as appropriate):	
Policy regarding staff training on Patient rights:	
Policy regarding staff training to give Members “informed choice” about treatment options, including advantages and disadvantages of each option:	
Policy that outlines all staff trainings required per year and how individual staff plans are generated:	
Provide Individual Staff training plan example:	
<b>HR POLICY &amp; PROCEDURE REVIEW:</b>	
Policy regarding collection of resume reflecting continuous work experience at hire:	
Policy regarding primary source verification of education for all clinical staff at hire:	
Policy regarding verification of licenses directly with Department of State (DOS) at hire and every 2 years:	
Policy for regarding verification of Board Certification Status at hire and every 10 years:	
Policy for prescribers regarding DEA Certification is confirmed at hire and current every 3 years:	
Policy regarding evidence of malpractice/liability insurance (individually or covered under agency):	
<b>CLEARANCE POLICY REVIEW:</b>	
Policy regarding PA Child Abuse History Clearance confirmed at hire and every 5 years: (Only required if provider serves members under the age of 18)	
Policy regarding PA Criminal Record Checks confirmed at hire and every 5 years:	
Policy regarding FBI Criminal Background Checks confirmed at hire and every 5 years:	
<b>SANCTION/EXCLUSION POLICY REVIEW:</b>	
Policy regarding HHS-OIG is referenced to assure employee is not excluded from participation in any federal health care program monthly:	
Policy regarding SAM is referenced to assure that employees are not excluded from receiving federal contracts, certain subcontracts and certain federal financial and non-financial benefits monthly:	
Policy regarding Medichex is referenced to assure employees are not precluded or excluded from PA MA monthly:	

Initial/Recredentialing  
Credentialing Site Visit Tool

<b>EMPLOYEE FILE REVIEW:</b>	
<b>EMPLOYEE NAME #1 (Licensed Staff):</b>	
<b>PA Code Check:</b>	
Evidence of collection of CV/resume reflecting continuous work experience at hire:	
Evidence of original license reviewed:	
Evidence of license verified on DOS website (print out must be in employee file):	
Evidence of malpractice/liability insurance confirmed and current:	
<b>Clearance Check:</b>	
Evidence of PA Child Abuse History Clearance <b>at hire:</b> (Only required if provider serves members under the age of 18)	
Evidence of <b>current</b> PA Child Abuse History Clearance: (Only required if provider serves members under the age of 18)	
Evidence of PA Criminal Record Check <b>at hire:</b>	
Evidence of <b>current</b> PA Criminal Record Check:	
Evidence of FBI Criminal Background Check <b>at hire:</b>	
Evidence of <b>current</b> FBR Criminal Background Check:	
<b>EMPLOYEE NAME #2 (MD/DO):</b>	
<b>PA Code checks:</b>	
Evidence of collection of CV/resume reflecting continuous work experience at hire:	
Evidence of original license reviewed:	
Evidence of license verified on DOS website (print out must be in employee file):	
Evidence of Board Certification/Eligible Status confirmed and current for prescribers:	
Evidence of DEA Certification is confirmed and current for prescribers:	
Evidence of malpractice/liability insurance confirmed and current:	
<b>Clearance Check:</b>	
Evidence of PA Child Abuse History Clearance <b>at hire:</b> (Only required if provider serves members under the age of 18)	
Evidence of <b>current</b> PA Child Abuse History Clearance: (Only required if provider serves members under the age of 18)	
Evidence of PA Criminal Record Check <b>at hire:</b>	
Evidence of <b>current</b> PA Criminal Record Check:	
Evidence of FBI Criminal Background Check <b>at hire:</b>	
Evidence of <b>current</b> FBR Criminal Background Check:	
<b>FREEDOM OF CHOICE REVIEW:</b>	
Evidence of signed freedom of choice Member #1:	
Evidence of signed freedom of choice Member #2:	
Evidence of signed freedom of choice Member #3:	
Evidence of signed freedom of choice Member #4:	
Evidence of signed freedom of choice Member #5:	

Initial/Recredentialing  
Credentialing Site Visit Tool

<b>PHYSICAL SPACE INSPECTION:</b>	
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:	
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:	
Medications are stored/locked:	
Cleaning supplies stored/locked:	
<b>FOR PERFORMCARE AE USE ONLY</b>	
<b>AFTER HOURS TELEPHONE VERIFICATION:</b>	
Date Of Call:	
Time of Call:	
Are urgent/emergent instructions provided including on-call staff/Crisis/ER/911 OR on-call person available in real time:	
<b>SANCTION/EXCLUSION REVIEW:</b>	
Have sanction/exclusion checks been submitted to PerformCare Corporate Credentialing?	
Date Submitted:	
Verified by AE:	
Date of Site Visit:	
Name of AE completing Site Visit:	
Provider Score:	#DIV/0!
Total Yes:	0
Total No:	0
Pass/Fail:	
Recommendations to Providers:	
6 MONTH FOLLOW UP NEEDED (YES/NO)	
<b>PROVIDER MANUAL REMINDERS:</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 link:	

Initial/Recredentialing  
Credentialing Site Visit Tool

PERFORMCARE AE HIGH VOLUME GROUP/INDIVIDUAL SITE VISIT	
<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>QUALITY IMPROVEMENT:</b>	
Name of Corporate Compliance officer:	
Corporate Compliance policy and/or QI plan exists:	
<b>GENERAL POLICY &amp; PROCEDURE REVIEW:</b>	
Policy regarding protecting patient confidentiality:	
Policy regarding confidentiality agreements for staff and vendors:	
Policy regarding reporting program and licensure changes to BH-MCO and/or appropriate entities:	
Policy regarding critical Incident Reporting to BH-MCO and appropriate entities:	
Policy regarding addressing offering of provider choice:	
Policy that addresses 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:	
Policy regarding management and disposal of data storage (paper and electronic) for current and archived files that is HIPAA compliant:	
<b>STAFF TRAINING POLICY &amp; PROCEDURE REVIEW:</b>	
Policy regarding staff training on medical records documentation:	
Policy regarding staff training on HIPAA/Confidentiality:	
Policy regarding staff training on Cultural Competency:	
Policy regarding staff training on Code of Conduct:	
Policy regarding staff training on Corporate Compliance:	
Policy regarding staff training on billing and coding protocol (Staff as appropriate):	
Policy regarding staff training on Patient rights:	
Policy regarding staff training to give Members “informed choice” about treatment options, including advantages and disadvantages of each option:	
Policy that outlines all staff trainings required per year and how individual staff plans are generated:	
Provide Individual Staff training plan example:	

Initial/Recredentialing  
Credentialing Site Visit Tool

<b>HR POLICY &amp; PROCEDURE REVIEW:</b>	
Policy regarding collection of resume reflecting continuous work experience at hire:	
Policy regarding primary source verification of education for all clinical staff at hire:	
Policy regarding verification of licenses directly with Department of State (DOS) at hire and every 2 years:	
Policy for regarding verification of Board Certification Status at hire and every 10 years:	
Policy for prescribers regarding DEA Certification is confirmed at hire and current every 3 years:	
Policy regarding evidence of malpractice/liability insurance (individually or covered under agency):	
<b>CLEARANCE POLICY REVIEW:</b>	
Policy regarding PA Child Abuse History Clearance confirmed at hire and every 5 years: (Only required if provider serves members under the age of 18)	
Policy regarding PA Criminal Record Checks confirmed at hire and every 5 years:	
Policy regarding FBI Criminal Background Checks confirmed at hire and every 5 years:	
<b>SANCTION/EXCLUSION POLICY REVIEW:</b>	
Policy regarding HHS-OIG is referenced to assure employee is not excluded from participation in any federal health care program monthly:	
Policy regarding SAM is referenced to assure that employees are not excluded from receiving federal contracts, certain subcontracts and certain federal financial and non-financial benefits monthly:	
Policy regarding Medisearch is referenced to assure employees are not precluded or excluded from PA MA monthly:	
<b>FREEDOM OF CHOICE REVIEW:</b>	
Evidence of signed freedom of choice Member #1:	
Evidence of signed freedom of choice Member #2:	
Evidence of signed freedom of choice Member #3:	
Evidence of signed freedom of choice Member #4:	
Evidence of signed freedom of choice Member #5:	

Initial/Recredentialing  
Credentialing Site Visit Tool

<b>PHYSICAL SPACE INSPECTION:</b>	
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:	
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:	
Medications are stored/locked:	
Cleaning supplies stored/locked:	
<b>AFTER HOURS TELEPHONE VERIFICATION:</b>	
Date Of Call:	
Time of Call:	
Are urgent/emergent instructions provided including on-call staff/Crisis/ER/911 OR on-call person available in real time:	
<b>FOR PERFORMCARE AE USE ONLY</b>	
Date of Site Visit:	
Name of AE completing Site Visit:	
Provider Score:	#DIV/0!
Total Yes:	0
Total No:	0
Pass/Fail:	
Recommendations to Providers:	
6 MONTH FOLLOW UP NEEDED (YES/NO)	
<b>PROVIDER MANUAL REMINDERS:</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 link:	

Initial/Recredentialing  
Credentialing Site Visit Tool

PERFORMCARE AE SITE VISIT TOOL - IBHS	
<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>QUALITY IMPROVEMENT:</b>	
Name of Corporate Compliance officer:	
Corporate Compliance policy and/or QI plan exists:	
<b>GENERAL POLICY &amp; PROCEDURE REVIEW:</b>	
Policy regarding confidentiality agreements for staff and vendors:	
Policy regarding reporting program and licensure changes to BH-MCO and appropriate entities:	
Policy regarding critical Incident reporting to BH-MCO and appropriate entities:	
Policy regarding address offering of provider choice:	
Policy regarding 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:	
Policy regarding 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>MEDICATION POLICY REVIEW (IF APPLICABLE):</b>	
Policy regarding staff training, medication errors and/or missed doses.	
Name of staff who distributes medications:	
Data staff received training:	
Name of backup staff to distribute medications:	
Data backup staff received training:	
<b>HR POLICY &amp; PROCEDURE REVIEW:</b>	
Policy regarding collection of resume reflecting continuous work experience at hire:	
Policy regarding primary source verification of education for all clinical staff at hire:	
Policy regarding verification of licenses directly with Department of State (DOS) at hire and every 2 years:	
Policy for regarding verification of Board Certification Status at hire and every 10 years:	
Policy regarding evidence of malpractice/liability insurance (individually or covered under agency):	

Initial/Recredentialing  
Credentialing Site Visit Tool

CLEARANCE POLICY REVIEW:	
Policy regarding PA Child Abuse History Clearance confirmed at hire and every 5 years:	
Policy regarding PA Criminal Record Checks confirmed at hire and every 5 years:	
Policy regarding FBI Criminal Background Checks confirmed at hire and every 5 years:	
SANCTION/EXCLUSION POLICY REVIEW:	
Policy regarding HHS-OIG is referenced to assure employee is not excluded from participation in any federal health care program monthly:	
Policy regarding SAM is referenced to assure that employees are not excluded from receiving federal contracts, certain subcontracts and certain federal financial and non-financial benefits monthly:	
Policy regarding Medichex is referenced to assure employees are not precluded or excluded from PA MA monthly:	
EMPLOYEE FILE REVIEW:	
EMPLOYEE NAME #1 BCBA or BC or BSC or MT:	
PA Code checks:	
Evidence of collection of CV/resume reflecting continuous work experience at hire:	
Evidence of highest level of education is verified at the primary source:	
Evidence of license verified on DOS website (print out must be in employee file):	
Evidence of BCBA Board Certification Status:	
Clearance Check:	
Evidence of PA Child Abuse History Clearance <b>at hire</b> :	
Evidence of <b>current</b> PA Child Abuse History Clearance:	
Evidence of PA Criminal Record Check <b>at hire</b> :	
Evidence of <b>current</b> PA Criminal Record Check:	
Evidence of FBI Criminal Background Check <b>at hire</b> :	
Evidence of <b>current</b> FBI Criminal Background Check:	
EMPLOYEE NAME #2 BHT/BHT -ABA:	
PA Code checks:	
Evidence of collection of CV/resume reflecting continuous work experience at hire:	
Evidence of highest level of education is verified at the primary source:	
Evidence of license verified on DOS website (print out must be in employee file):	
Evidence of BCBA Board Certification Status:	
Clearance Check:	
Evidence of PA Child Abuse History Clearance <b>at hire</b> :	
Evidence of <b>current</b> PA Child Abuse History Clearance:	
Evidence of PA Criminal Record Check <b>at hire</b> :	
Evidence of <b>current</b> PA Criminal Record Check:	
Evidence of FBI Criminal Background Check <b>at hire</b> :	
Evidence of <b>current</b> FBI Criminal Background Check:	

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:	
Printed material is appropriate to age and developmental needs of population:	
Signs and brochures are in language based on population (Spanish materials required for Dauphin, Franklin, Lancaster, Lebanon only) :	
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:	
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:	
Facility is clean and free of clutter:	
Medications are stored/locked:	
Cleaning supplies stored/locked:	
Are meals and snacks provided, if identified in SD?	
Are the meals and snacks appropriately stored? (i.e. refrigerated as necessary)	
Is transportation of Members to and from IBHS Group or 1:1 Center based occurring with no issue?	
FOR PERFORMCARE AE USE ONLY	
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:	
PROVIDER MANUAL REVIEW:	
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:	
SANCTION/EXCLUSION CHECKS (FACILITIES ONLY):	
Have sanction/exclusion checks been submitted to PerformCare Corporate Credentialing?	
Date Submitted:	
Verified by AE:	

Provider Self Site Review  
Credentialing Site Visit Tool

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:	
<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>FREEDOM OF CHOICE REVIEW:</b>	
<i>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.</i>	
(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> <b><i>Please be sure to include the date of the next appointment</i></b>	
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>FOR PERFORMCARE AE USE ONLY</b>	
Total Yes:	0
Total No:	0
Provider Score:	#DIV/0!
Pass/Fail:	
6 MONTH FOLLOW UP NEEDED (YES/NO)	