

Facility Requirements - Attestation

Facilities providing primary care and obstetric and gynecological services must meet Neighborhood Health Plan of Rhode Island's (Neighborhood) facility requirements. Please review the requirements below and respond to whether/not your facility meets the condition. You may comment on your processes and/or attach applicable policies for each requirement.

Neighborhood retains the right to conduct a quality on onsite assessment prior to the facility joining the Neighborhood network (initial credentialing), or in response to a complaint received from a member pertaining to the facility.

Ability to Handle Medical Emergencies in the Facility	Yes	No	N/A
Facility has the ability to manage unexpected medical emergencies and maintains in good wo	rking order	equipr	nent
needed to manage emergencies, including:			
Severe allergic reaction			
Comments:			
Cardio-pulmonary arrest			
Comments:			
Staff is trained and facility ensures that training is current			
Comments:			
Facility has a process for transferring patients to an emergency room			
Comments:			
Physical Accessibility and Maintenance	Yes	No	N/A
Office is handicapped accessible (including restrooms)			
Comments:			
Process for disposal of needle/syringes (if injectable medication is administered)			
Comments:			
Containers are out of reach of children			
Comments:			
Narcotics secured in double-locked storage (if narcotics are administered)			
Comments:			
Process for checking narcotics validation is in place			
Comments:			
Process in place for discarding narcotics			
Comments:			
Internal Policies and Procedures:	Yes	No	N/A
Facility has documented processes for handling:			
Patient grievances			
Comments:			
Employee training			
Comments:			
Hospitalization for patients needing inpatient care			
Comments:			
Practitioner coverage is available 24 hours per day 7 days per week			
Comments:			

which includes:		
The patient record is secured and accessible to	authorized personnel only	
Comments:		
Record is legible		
Comments:		
There is a written medical record policy that ac record	ddresses security and confidentiality of the	
Comments:		
There is a process for retention of active and in	active files	
Comments:		
There is a process regarding release of information	tion requests	
Comments:		
Records are available to covering practitioners		
Comments:		
Consent or refusal of treatment is documented	in the record	
Comments:		
All employees sign a confidentiality agreement	and receive instruction regarding HIPAA	
Comments:		
By signing below, I attest that this Facility Printed Name: Signature*: *Attestation must be signed by the Medical Directors ility Information	Thas the capability to handle the key areas sp Title: Date: Or, Practice Manager, or Chief Nursing Officer	ecified above:
By signing below, I attest that this Facility Printed Name: Signature*: *Attestation must be signed by the Medical Director ility Information actice Name:	Title: Date:	ecified above:
By signing below, I attest that this Facility Printed Name: Signature*: *Attestation must be signed by the Medical Directors ility Information	Title: Date:	ecified above:
By signing below, I attest that this Facility Printed Name: Signature*: *Attestation must be signed by the Medical Director ility Information actice Name:	Title: Date:	ecified above:
By signing below, I attest that this Facility Printed Name: Signature*: *Attestation must be signed by the Medical Director ility Information actice Name:	Title: Date: Or, Practice Manager, or Chief Nursing Officer	ecified above:
By signing below, I attest that this Facility Printed Name: Signature*: *Attestation must be signed by the Medical Director ility Information actice Name: Iddress:	Title: Date: Or, Practice Manager, or Chief Nursing Officer Fax: Contact Email:	ecified above:

Medical Records Keeping and Confidentiality

N/A

Yes

No