

Fulcrum Health, Inc.

Policy Title:	Office Standards, Protocols and Availability		
Policy Number:	CRM - 006	Effective Date:	05/06/2010
		Last Revision Date:	03/04/2019
		Last Approval Date:	04/04/19
Responsible Area/Individual:	Credentialing Subcommittee		
Purpose:	To outline minimum credentialing and network participation criteria pertaining to network facilities.		
Regulation Reference:	CMS Managed Care Manual - Chapter 6 § 60.2/60.3/60.4/70 Nondiscrimination in Health Programs and Activities: Section 1557 of the Affordable Care Act Provider Manual DHS/MHCP Provider Manual		

POLICY:

It is the policy of Fulcrum Health, Inc. that network providers adhere to established office standards and protocols as a condition of network provider participation.

PROCEDURE:

In conjunction with provider credentialing and recredentialing criteria, Fulcrum has established additional minimum office standards for participation in the provider network.

A. Office Standards

1. The facility must have a professional appearance to provide a safe, clean environment for patients, visitors and staff. The facility must be a non-smoking environment.
2. The facility must have a reception/waiting room with adequate seating for multiple individuals other than the facility staff.
3. The facility should be staffed with a staff person who is present during patient contact hours. Additional staffing is required if the facility is treating 30 or more patients per day.
4. The facility should have clearly marked office sign(s) that identifies the licensed care of the provider.
5. The facility must have at least one private examination/treatment room that is clean, neat, properly equipped and provides privacy to the patient.
 - a. Facilities that only have open-bay treatment arrangements are ineligible for network participation.

6. The facility must show evidence of practicing appropriate hygienic measures i.e. hand washing facility for staff, use of disinfectant on machines and tables, use of gel electrodes on therapy equipment, face paper on tables.
7. The facility should not be associated / owned by a gym or health club and must not be a mobile service vehicle.
 - a. If housed in a gym or health club, the facility must have its own entrance, private reception area and treatment rooms and meet all the minimum requirements outlined in this policy.
 - b. Providers who are employees of a gym or health club are not eligible to participate as network providers.
8. Home offices must be properly licensed if the jurisdiction requires it to be licensed, separate from the home and has the standard configuration for an office in relation to the majority of the other providers in the geographic region.
9. The facility must have a rest room available for a patient that is clean and neat.
10. The facility in which the office resides must be current with all federal, state and local building regulations, including fire safety & suppression and handicap accessibility expectations.
11. The provider must maintain general liability insurance for coverage within the premises where services are rendered.
12. Patient files/records must be easily retrievable by the staff and are protected from public access.
13. Nutritional supplements must be stored so they are out of reach of children.
14. If provider performs animal chiropractic, all state guidelines must be fulfilled to include separate waiting room, treatment rooms and entrances.

B. Routine Office Procedures

1. The provider must incorporate differential diagnosis, which meets or exceeds community standards or those set by Fulcrum Health, Inc. as an integral part of the patient intake procedures and not limit the diagnosis/ clinical impression solely to the detection of subluxation (segmental and somatic dysfunction). The assessment must be documented in the patient record.
2. The provider shall be able to demonstrate that patients are referred to, or consultations are conducted with other specialists and physicians when appropriate and clinically necessary.
3. Any one provider, regardless of the size of the facility, must not treat more than ten patients per hour.

C. Availability

1. A non-emergency/ non-urgent care patient must be offered an appointment within five (5) days from the time a request for appointment until treatment is rendered.
2. A patient with urgent needs must not wait more than twenty-four hours from the time of request for appointment until treatment is rendered.

3. You must provide a minimum of 12 patient contact hours per week for chiropractic services unless specified otherwise by health plan.
4. Patients must not wait in the reception room for treatment for more than an average of thirty minutes.
5. The provider or staff should return urgent patient calls with appropriate instructions within thirty minutes of the initial outreach.
6. The facility must have an answering machine or service available 24 hours per day seven (7) days per week that clearly identifies the office and contains directions for obtaining care if the provider is not available and includes instructions regarding emergency services care.

REFERENCES / ATTACHMENTS

Document History:

Date	Update
5/06/2010	Policy effective date
9/18/2014	Policy updated
9/22/2016	Updated to Fulcrum Health, Inc.
11/9/2017	Updated References
6/27/2018	Moved from Credentialing to Network Management
3/21/2017	Approved by Credentialing Subcommittee
4/04/2019	Approved by the Quality Committee of the Board