



Americans with Disabilities Act (ADA) and Access Provider Survey

SURVEY MUST BE COMPLETED IN ITS ENTIRETY

This form is required to be submitted with any provider onboarding/enrollment requests that indicate interest in the Medicaid Network. Failure to include this form will cause delays in processing your request

To determine compliance with the ADA ACT and CMS accessibility requirements, practice offices are required to complete this survey for each office location. This only needs to be completed once per facility. If you need assistance completing this survey, please email: BCBSOKMedicaidNetworkManagement@bcbsok.com and you will be contacted by a local Blue Cross and Blue Shield of Oklahoma (BCBSOK) Network Representative.

Please respond to all questions in each section by checking the appropriate response. You can view the ADA Act Criteria at www.ada.gov.

ACCESS/ACCESSIBILITY		YES	NO	N/A
How many staff members does the office/group practice/facility employ?				
1	Does the office have a 24-hour answering service when the office is closed?			
2	Are answering service call logs maintained for 1 year?			
3	Does the practice have physician on-call 24 hours a day?			
4	Does the MD respond to emergent phone calls within 30 minutes?			
5	For an <i>Immediate Visit</i> , is a patient seen within 24 hours of request?			
6	For a <i>Routine Visit</i> , is a patient seen within 10 business days or 2 weeks of request?			
7	For an <i>Extended Preventive Care Visit</i> , is a patient seen within 4 weeks of request?			
8	If the office treats infants <6 months of age, is a <i>preventive care visit</i> scheduled within 2 weeks of request?			
9	If the office provides OB care, are <i>initial prenatal visits</i> scheduled per the below timelines:			
	1st Trimester within 2 weeks of request?			
	2nd Trimester within 1 week of request?			
	3rd Trimester within 3 days of request?			
10	Are patients notified when the MD wait time exceeds 30 minutes? If yes, please indicate how patients are notified:			
11	Are walkways from public transportation to the office paved and accessible to wheelchairs?			
12	Is Handicap parking available according to ADA Requirements? (Adequate location and number of spaces available with required signage)			
13	Is equipment available (lift, transfer board or low exam table) to transfer patients from a wheelchair to exam table?			
14	Is the office and facility clean and organized?			
15	Are office patient areas, halls and doorways accessible to wheelchairs, motorized scooters and walkers?			
16	Is the waiting room well-lit for reading with adequate seating in the waiting room for patient volume?			
17	Are there an adequate number of private exam rooms for the number of physicians?			
18	Is at least one building entrance wheelchair accessible (ramp and auto door open functions)?			

19	Does the office have at least one exam room that is handicap accessible with doorways and hallways at least 36" wide?			
20	Does the Provider Facility have a handicap accessible scale (wheelchair can be rolled on it)			
21	Does the office have at least one restroom that is handicap accessible (restroom doorway at least 36" wide to accommodate wheelchairs, motorized scooters and walkers and has grab bars)?			
22	Is there handicap accessible signage by the restrooms (high contrast/ raised lettering and braille)?			
23	If the provider's office is not on the 1st floor, is the office serviced by a working elevator that is accessible by a wheelchair or motorized scooter?			
24	Are facility and office EXIT signs high contrast (red on green, red on white)?			
SAFETY/ EQUIPMENT				
25	Does the office have Universal Precaution equipment (masks, gowns, gloves)?			
26	Does the office have bio hazardous Waste Disposal Bags/Containers?			
27	Does the office have a working Fire Extinguisher(s)?			
28	Are Controlled Substances logged and stored in locked areas?			
29	Are medication samples and OTC meds monitored for expiration dates?			
30	Is there a Policy & Procedure for Expired Meds and Discarding Meds?			
31	Are open meds labeled with the date opened and discarded within 28 days of date opened?			
32	Is there a med/lab refrigerator(s) designated for meds only, and not shared with food?			
33	Does the office have Sharp supply storage container(s)?			
34	Are prescription pads stored in a secure area?			
35	Is the Medical Equipment maintained annually as evidenced by a tag or log?			
36	Are sterile supplies packaged and sealed (dry and intact)?			
37	Is at least one staff member current with CPR Certification?			
38	Is the written emergency plan posted or in a policy binder?			
CONFIDENTIALITY/RESOURCES				
39	Does the office have current HIPAA Policies & Procedures for Medical records? Patient and employee confidentiality (HIPAA)?			
40	Does the office have current Policies & Procedures for the Release of Records?			
41	Does the office provide patient education materials and member resources available in large print (16 pt. font)?			

Certification of ADA ACT Compliance

I hereby certify that I have reviewed the BCBSOK survey which includes the Americans with Disabilities Act (ADA) requirements and that I have answered the questions truthfully and to the best of my knowledge. I further attest this (office/group practice name/facility) as well as the building in which it is located, meets the requirements of the ADA ACT.

INDIVIDUAL PRACTITIONER NAME OR GROUP NAME	FACILITY NAME
AUTHORIZED SIGNATURE	DATE
NAME OF INDIVIDUAL COMPLETING THIS SURVEY	SURVEY COMPLETION DATE