

**Product Lines Affected**

Medicaid	X	PHC (HMO SNP) <sup>‡</sup>	X
GAMC	X	MnCare	X
MSC Plus	X	Part D	
PWSHC (HMO SNP) <sup>*</sup>	X	Other	
PHC (SNBC) <sup>‡</sup>			

<b>Policy Name</b>	Provider Office Site Visits		
<b>Policy Number</b>	QM 05		
<b>Effective Date</b>	June 2007	<b>Review Date</b>	January 6, 2011
<b>Responsible Position</b>	Quality Manager		
<b>Regulatory Requirement(s)</b>	<p>Minnesota Department of Human Services (DHS) Families and Children contract, Article 7.1.6</p> <p>DHS Minnesota Senior Health Options (MSHO)/Minnesota Senior Care Plus (MSC+) contract, Article 7.1.6</p> <p>DHS Special Needs BasicCare (SNBC) contract, Article 7.1.6</p> <p>National Committee for Quality Assurance (NCQA) CR 6 – Practitioner Office Site Quality</p>		

**Policy**

Pursuant to the above regulatory authorities, PrimeWest Health assesses the quality, safety, and accessibility of office sites where care is delivered to our members. A process has been established to ensure that the offices of all practitioners meet the office site visit standards for performance criteria and thresholds. These office site guidelines are provided to practitioners during the credentialing process.

<sup>\*</sup>PrimeWest Health’s name for the Minnesota Senior Health Options (MSHO) program

<sup>‡</sup>PrimeWest Health’s name for the Special Needs BasicCare (SNBC) program for people *without* Medicare

<sup>‡</sup>PrimeWest Health’s name for the Special Needs BasicCare (SNBC) program for people *with* Medicare

## Procedure

Ongoing monitoring and member complaints related to quality are investigated for all credentialed practitioners, taking into account the severity of an issue based on reasonable thresholds for the number of reported complaints. If the complaint threshold is met for complaints related to quality and safety, accessibility, physical appearance, and adequacy of waiting- and examining-room space, PrimeWest Health conducts an office site visit.

### A. Provider Responsibility

1. Maintain facility in compliance with PrimeWest Health site visit criteria (see attachments to this Policy).
2. Conduct periodic self-evaluations to ensure compliance with PrimeWest Health site visit criteria.
3. If deficiencies are noted in "self-evaluation," notify PrimeWest Health and implement a quality improvement plan.
4. Based on the PrimeWest Health site visit report, make necessary changes to improve quality, safety, and accessibility of provider/organizational site.
5. Develop and implement a corrective action plan (CAP) to correct any deficiencies noted during a site visit conducted based on exceeding thresholds established for member complaints received about the office site.
6. If applicable, provide PrimeWest Health with a current copy of accreditation by recognized accrediting body or a copy of Centers for Medicare & Medicaid Services (CMS) or State review, including status and time frame in which accreditation is valid.

### B. PrimeWest Health Responsibility

PrimeWest Health has established elements, standards, and performance thresholds for office site criteria based on regulatory requirements (see attachments to this Policy). PrimeWest Health is responsible to:

1. Set performance standards and thresholds for office site criteria based on the following:
  - a. Physical accessibility and appearance
  - b. Adequacy of waiting- and examining-room space
  - c. Availability of appointments
  - d. Medical/treatment record-keeping criteria
  - e. Adequacy of treatment record keeping
2. Conduct office site visits:
  - a. Primary care providers including family practice, pediatrics, internal medicine, obstetrics/gynecology (Ob/Gyn), general practitioners, physician assistants, advance practice nurses, and behavioral health care providers about which member complaints have been received.
  - b. For a multiple-site practice, medical/treatment record keeping practices may be reviewed at one site.
3. When complaints related to the quality of practitioner office sites are received, the need for a site visit is determined by the number and severity or type of issues (site visits are not required for complaints about availability of an appointment or adequacy of treatment record keeping) reported and upon review by the Medical Director, Quality Management department, and/or Provider Services department:
  - a. PrimeWest Health will conduct site visits for complaints related to physical accessibility, physical appearance, and/or adequacy of waiting and examining

- room space in circumstances where the complaints threshold is met. PrimeWest Health considers a reasonable complaint threshold to be three per six-month period.
- b. A site visit will also be conducted when a complaint is received relating to any element where the clinic received a “No” score during a previous on-site visit.
4. When issues are identified during a scheduled Quality Improvement (QI) visit by the Medical Director and/or a QI/Utilization Management (UM) professional from PrimeWest Health, the PrimeWest Health Quality department, in collaboration with the Medical Director and Provider Services department, will determine when a practitioner/provider group site visit is required. PrimeWest Health will perform a site visit within 60 calendar days of an office exceeding the reasonable complaint threshold.
    - a. If a complaint is verified or a deficiency is identified during the on-site visit, the facility will develop and submit a CAP to PrimeWest Health’s Medical Director for approval within 30 days of site visit.
    - b. PrimeWest Health will provide the facility with a CAP template, a specified time frame for completion, and an expected date of follow-up.
    - c. All CAPs will be reported to the Quality and Care Coordination Committee (QCCC) and the Joint Powers Board (JPB).
    - d. PrimeWest Health’s Director of Care & Quality Management, in collaboration with the Medical Director, is responsible for monitoring follow-up every six months until standards are met or as determined in any CAP developed upon completion of the site visit.
    - e. PrimeWest Health will conduct a follow-up visit and a full evaluation of the initial complaint to ensure that the office meets performance standards.
    - f. Results of site visits are presented to QCCC and provided to PrimeWest Health’s Provider Services department to include in the practitioner’s/provider group’s file.
  5. The PrimeWest Health site visit staff will make arrangements with the practitioner or provider group to schedule a date and time for the on-site visit. Every effort will be made to provide at least a seven-day notice of an on-site visit.
    - a. The site visit staff will conduct the on-site survey and complete the appropriate sections of the site visit evaluation tool (see attachment to this Policy).
    - b. If additional areas of non-compliance are noted during the assessment, a complete on-site assessment will be completed.
    - c. Medical or treatment record-keeping processes may be reviewed during an on-site visit. PrimeWest Health utilizes National Committee for Quality Assurance (NCQA) 8/30 rule methodology to review medical records. In cases where no PrimeWest Health member records are available in claims data for a specific site, a “blinded” medical or treatment record or a model record will be used to meet this requirement. All medical/treatment records reviewed will be maintained as confidential.

### **C. Threshold for Compliance**

1. A score of 85 percent. Education may be provided on-site for any noted deficiency. If deemed necessary, PrimeWest Health may follow up on specific deficiencies.
2. A score of 84 percent or below requires review by PrimeWest Health’s Medical Director and QCCC to determine whether further action or monitoring is necessary.
  - a. QCCC may recommend a CAP based on review of the site visit report or investigation of a complaint. If a CAP is required, the Medical Director will notify the facility in writing and request a CAP.

- b. The facility will develop and submit a CAP to PrimeWest Health's Medical Director for approval within 30 days of notification.
    - i. A CAP template will be provided.
    - ii. A specified time frame for completion will be provided.
    - iii. An expected date of follow-up will be provided.
    - iv. All CAPs will be reported to QCCC and JPB.
  - c. All CAPs must include the following:
    - i. Measurable objectives for each action, including the degree of expected change in people or situations
    - ii. Times frames for corrective action
    - iii. People responsible for implementing corrective action
  - d. PrimeWest Health's Director of Care & Quality Management, in collaboration with the Medical Director, is responsible for monitoring follow-up every six months until standards are met or as determined in any CAP developed upon completion of the site visit.
3. Following review of site visit reports by PrimeWest Health's QCCC, reports will be forwarded to the provider.
  4. All QCCC recommendations will be reported to the PrimeWest Health JPB in a timely manner.

All site visits are tracked in the site visit tracking record and filed in the practitioner's credentialing file.

References: Specific Regulatory Requirements are cited in the attachments to this Policy & Procedure.  
MN Rules Chaps. 4605, 4685, 4730, 4740, 6800, and 9505  
MN Stat. Chapter 144, MN Stat. Chapter 145, MN Stat. Chapter 13  
Title 42 Code of Federal Regulations (CFR) parts 422, 423, 438, 441, 489, and 493  
45 CFR 164  
28 CFR 36  
29 CFR 1910  
2010 NCQA Standards  
2011 DHS Contract Number \_\_\_\_\_ for Medical Assistance, General Assistance, and MinnesotaCare Medical Care Services (referenced as F&C Contract in Office-Site Criteria)  
2011 DHS Contracts Number \_\_\_\_\_ for Minnesota Senior Health Options and Minnesota Senior Care Plus (referenced as MSHO/MSC+ Contract in Office-Site Criteria)  
2011 DHS Contract Number \_\_\_\_\_ for Special Needs BasicCare (referenced as SNBC Contract in Office-Site Criteria)  
PrimeWest Health Credentialing Policy and Quality Plan

**Violation of this Policy**

No or only partial adherence to this policy may result in noncompliance with current regulatory requirements and subsequent penalties to PrimeWest Health. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Signatures**



**Signature Approval:** \_\_\_\_\_

**Date:** 1/6/2011

Charles McKinzie, MD  
Medical Director/Designated Senior Physician



**Signature Approval:** \_\_\_\_\_

**Date:** 1/6/2011

Larry Kittelson  
PrimeWest Health Joint Powers Board of Directors

# PRIMEWEST HEALTH POLICY & PROCEDURE

## Office Site Standards (Primary Care and Behavioral Health Clinics)

ELEMENT	STANDARD	REGULATORY REQUIREMENT
<b>A. ACCESS AND AVAILABILITY</b>		
1. Members with a life-threatening situation are instructed to dial 911, be seen immediately if in the office, or be transported to the emergency room	The clinic will inform a member with a life-threatening condition to call 911, be seen immediately if in the office, or be transported to the emergency room. After clinic hours, use of 24-hour answering will direct members with a life-threatening situation to dial 911.	42 CFR 422.111 (5) (iii) PMAP Contract 6.1.17, 6.17 MSHO Contract 6.1.19, 6.11 SNBC Contract 6.17, 6.50 NCQA CR-6
2. Health services are available 24 hours per day, 7 days per week	Requirement is met through written standards for regularly scheduled appointments during normal business hours, after clinic hours, use of 24-hour answering with standards for maximum allowable call-back times based on what is medically appropriate to each situation, back-up coverage by another physician, and referrals to urgent care centers, where available, and to hospital emergency care.	42 CFR 438.206 (c) (1) (iii) MN Rules part 4685.1010 (A) (1) (a-e) PMAP Contract 6.1.17, 6.17 MSHO Contract 6.1.19, 6.11 SNBC Contract 6.17, 6.50 NCQA CR-6 NCQA QI-5
3. Non-life-threatening emergency appointment is available within 6 hours (Behavioral Health only)	A non-life-threatening emergency is defined as a circumstance in which the member is experiencing a severe disturbance in mood, behavior, thought, or judgment. There may be evidence of uncontrolled behavior and/or deterioration in ability to function independently that could potentially require intense observation, restraint, or isolation. Appointments are available within six hours. This standard is not applicable to Primary Care Clinics.	NCQA CR-6 NCQA QI-5
4. Urgent care visit is available within 24 hours	Urgent care is acute, episodic medical services available on a 24-hour basis that are required in order to prevent a serious deterioration of the health of the member. The clinic's next available appointment for an urgent care visit is within 24 hours, unless a physician determines that a longer wait is acceptable.	PMAP Contract 6.16.1D MSHO Contract 6.10.1D SNBC Contract 6.49.1D NCQA CR-6 NCQA QI-5
5. Non-urgent care visit is available within two weeks	Non-urgent or non-acute care that does not require emergency or immediate attention, or a physician's determination that a longer wait is acceptable. The clinic appointment for non-urgent care is available within two weeks.	NCQA CR-6 NCQA QI-5
6. Periodic health assessment is scheduled within four (4) weeks. (Primary Care Clinic only)	Physicals/health maintenance exams visits are scheduled within four weeks or a physician's determination that a longer wait is acceptable. This standard is not applicable to Behavioral Health clinics.	PMAP Contract 6.16.1D MSHO Contract 6.10.1D SNBC Contract 6.49.1 NCQA CR-6 NCQA QI-5
7. Calls are answered in 30 seconds or less	When a member calls the clinic, calls are answered by a non-recorded voice within 30 seconds or six rings.	NCQA QI-5
8. Screening and triage calls reflect a telephone	The abandonment rate is determined by dividing the number of callers who hang up after 30 seconds	NCQA QI-5

## PRIMEWEST HEALTH POLICY & PROCEDURE

ELEMENT	STANDARD	REGULATORY REQUIREMENT
abandonment rate within 5 percent	(including those who hang up during the automated attendant script) by total calls. The rate should not exceed 5 percent at any time. This standard is not applicable if the clinic has no centralized screening and triage.	
<b>B. ENVIRONMENT AND SAFETY</b>		
1. External signage is plainly visible	Clinic signage is clear and readily visible. Entrance to the clinic is clearly marked.	28 CFR 36.304 (c) (1) Community Standard
2. Office hours are posted	Office hours should be posted near the entrance/reception area.	NCQA CR-6
3. Adequate parking is available	Adequate parking is available for members.	28 CFR 36.304 (a) (b) (c) (1) NCQA CR-6
4. Designated handicap parking is available	Handicap parking is available for members, within easy access to the practitioner's office. Signs designating parking places for disabled people can be seen from a driver's seat if the signs are mounted high enough above the ground and located at the front of the parking space.	28 CFR 36.304 (a) (b) (c) (1); 28 CFR 36.403 (g) (2) (ii) 28 CFR 36 Appendix. A4.30.7 NCQA CR-6
5. Wheelchair access or a ramp into the office is present	There is wheelchair access available to the office. Facilities must include a wheelchair ramp if necessary to access facility. Ramps are essential for wheelchair users if elevators or lifts are not available to connect different levels. Alternatively, a written alternative accommodation policy exists describing the assistance of the member to and from the office site.	28 CFR 36.304 (a) (b) (c) (1) 28 CFR 36.305 28 CFR 36.403 (g) (2) (ii) NCQA CR-6
6. Minimal or no-hands access entry into the office building is available	There is minimal or no-hands access entry into the building. Alternatively, a written alternative accommodation policy exists describing the assistance of the member to and from office site.	28 CFR 36.304 (a) (b) (c) 28.CFR 36.305 28 CFR 36.403 (g) (2) (ii)
7. Individuals with special needs are provided equal access to the facility	The facility shall have information available in alternative formats and in a manner that takes into consideration of the members special needs, including those who are visually impaired or have limited reading.	28 CFR 36.303 PMAP Contract 3.2.2 MSHO Contract 3.2.2 SNBC Contract 3.8.1, 3.8.2 NCQA CR-6
8. Translation services or other measures are taken to accommodate limited English-speaking members	The practitioner must have adequate steps to ensure that persons with limited English proficiency receive the language assistance necessary, free of charge. The clinic shall provide sign and spoken language interpreter services that assist members in obtaining covered health services, to include services to members that are deaf and use sign language or an alternative mode of communication, to the extent that interpreter services are available when services are delivered.	28 CFR 36.303 (a) (b); 42 CFR 438.100 (b) (2) (iii) PMAP Contract 6.1.13, 6.27 MSHO Contract 6.1.16, 6.13.4, 6.24 SNBC Contract 6.15, 6.51.2, 6.51.6 NCQA RR-1 NCQA RR-5
9. Reception areas are clean, well maintained and well-lit	The appearance of the clinic must be maintained in a safe and clean condition, with a well-lit waiting room, and well organized to accommodate member services. Restrooms, doorways, and hallways should be easily accessible.	29 CFR 1910.22 NCQA CR-6

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ELEMENT	STANDARD	REGULATORY REQUIREMENT
10. Adequate seating in reception and waiting areas	There is a waiting room with sufficient seating for the usual number of members present (e.g., members not waiting in hallways).	29 CFR 1910.22 NCQA CR-6
11. Exam and treatment rooms are clean and private	The appearance of the exam and treatment rooms must be maintained in a safe, clean, orderly condition and well organized to accommodate member services, to include location and organization of rooms to promote member privacy. Examination room windows have shades, curtains, or other methods to ensure privacy.	29 CFR 1910.22 NCQA CR-6 NCQA RR-1 Community Standard
12. Adequate number of exam and treatment rooms	There is at least one examination room available for every practitioner in the clinic, when practitioners have office hours at the same time.	NCQA CR-6 Community Standard
13. Member information is displayed in a manner not identifiable to the general public	The clinic has a procedure in accordance with HIPAA regulation that maintains the privacy and confidentiality of member identity and protected health information.	45 CFR 164.530 (c) (1) (2) MN. Stat. sec. 144.651, subds. 15 – 16 NCQA RR-6
14. “Access to Health Records Notice of Rights” is prominently displayed	All health care providers are required to post “Access to Health Records Notice of Rights” in a clear and conspicuous manner. This requirement is satisfied if this Notice is included with the notice and copy of patient and resident bill of rights or if this Notice is displayed prominently in the provider’s place of business.	45 CFR 164.524 MN. Stat. sec. 144.292, subd. 4
15. Health Care Directive information is available to members	All members are provided written information on Health Care Directives policies and a description of State law regarding their right to accept or refuse medical or surgical treatment and to execute a living will, durable power of attorney for health care decisions, or other advance directive.	42 CFR 422.128 MN .Stat. Chap. 145C PMAP Contract Article 17 MSHO Contract Article 17 SNBC Contract Article 17
16. Health educational materials are available	Educational materials or literature regarding at least two preventive services and at least two medical conditions relevant to the practitioner’s practice must be available for member use.	NCQA QI-8 NCQA QI-9 NCQA MEM-1
17. Fire extinguishers are mounted and readily available, visually inspected monthly and professionally inspected annually	<ol style="list-style-type: none"> <li>1. Fire extinguishers must be mounted, identified, and located so they are readily accessible to employees.</li> <li>2. The clinic shall assure that portable fire extinguishers are subjected to an annual maintenance check. The clinic shall record the annual maintenance date and retain this record for one year after the last entry or the life of the shell, whichever is less.</li> <li>3. One-time-use fire extinguishers in an office require a visual inspection monthly by the office staff.</li> </ol>	29 CFR 1910.157 (c) (1) (4) (e) (2) (3)

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ELEMENT	STANDARD	REGULATORY REQUIREMENT
18. Exits within the building are clearly marked	Each exit must be clearly visible and marked by a suitable illuminated sign reading "Exit" in plainly legible letters not less than six inches high.	29 CFR 1910.37 (b) (2) (6) (7) (q) (1) (6) (8)
19. Exits, corridors, hallways, and rooms are free of clutter and obstructions	Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations or other objects shall be placed as to obstruct access to, egress from, or visibility of exits. Floors are clean.	28 CFR 36, Appendix A.4.2.1, 4.3.10 29 CFR 1910.36 (b) (4) 29 CFR 1910.37 (a) (3) (k) (2) (l) (1)
20. Hallways and doorways allow for navigation of wheelchairs, carts, or other large equipment	Hallways and entrance, examination and restroom door width permits wheelchair access. The minimum clear width must be 32 inches wide at a point and 36 inches wide continuously. Alternatively, a written alternative accommodation policy exists describing the assistance for member access in the office and restrooms.	28 CFR 36, Appendix A4.2.1 28 CFR 36.304 (c) (3) (4) 28 CFR 36.305
21. Handrail assist is present in member restrooms	Handrail assist is present in member restrooms, which may be either within the practitioner's office or within the building in close proximity to the practitioner's suite. Alternatively, a written alternative accommodation policy exists describing the assistance for member access in the office site and restrooms.	28 CFR 36.304 (a) (b) (c) (3) 28 CFR Part 36, Appendix A4.16.4, A4.26.1, A4.26.2 28 CFR 36.305 28 CFR 36.403 (g) (2) (iii);
22. Biohazardous waste containers are present	Biohazardous containers are prominently marked, have lids, and are present in member care areas. If containers are not present in each exam room, the office has a policy and procedure for immediately removing any biohazardous waste from an exam room to a site containing the biohazardous container.	MN Rules part 6800.1050, subp. 3 (E) Community Standard
23. Emergency equipment is available or access to 911 is available	Appropriate emergency equipment and medications are present in the clinic. Any clinic in which intravenous medications, parental injections or invasive procedures are performed has emergency medications and equipment present onsite. Minimally, first aid supplies are present, even if no intravenous or parental medications are given and/or no invasive procedures are done.	NCQA CR 6 Community Standard
24. Emergency medical equipment is checked at least annually or in accordance with the clinic's written policy and procedure	Evidence exists that emergency medical equipment is annually inspected, tested, and calibrated when applicable, as evidenced by logged entries, a service receipt, etc., or in accordance with the clinic's written policy and procedure.	Interpretation of NCQA CR-6, 24-hour emergency coverage Community Standard
25. There is at least one currently certified CPR person in the office whenever members are present	At least one staff member who has Cardiopulmonary Resuscitation (CPR) Certification should be available during member care hours. This certification must be kept current and documentation of certificate must be available upon request.	Interpretation of NCQA CR-6, 24-hour emergency coverage Community Standard

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ELEMENT	STANDARD	REGULATORY REQUIREMENT
<b>C. MEDICATION MANAGEMENT</b>		
1. Medications access is restricted	Medications, to include over-the-counter and herbal supplements, are not present in exam/treatment rooms, or any area where the member could be left unattended (or stored in a locked receptacle within the member care area). Practitioners engaged in dispensing drugs shall have a separate locked drug storage area for the safe storage of drugs. Access to the drug supply shall be limited to persons who have legal authority to dispense and to those under their direct supervision.	MN Rules part 6800.9951 Community Standard
2. Controlled substances (including samples) are logged, counted, and stored in a locked area	Controlled substances, to include sample medications, are stored in locked cabinets and secured at all times by a designated staff member. Controlled substances, including sample medications, are logged with the date given, member name, medication name, lot number, dosage and amount administered, the total amount left in the container, and the staff signature. Discarded controlled medications show a two-person signature log to document the witnessed disposal of a specified amount of an identified medication.	21 CFR 203, 205 21 CFR 1301.75-7 Prescription Drug Marketing Act Public Law 100-293; MN Rules part 6800.9951 MN Rules part 6800.9954 Community Standard
3. Weekly drug counts on controlled substances are done by two professional health care staff	Weekly drug counts on controlled substances are done by two professional health care staff members. Drug count is also conducted by two professional staff each day controlled substances are administered.	Community Standard
4. Medications (including emergency medications and samples) are routinely checked for expiration dates	All stock medications and injectibles are current and no expired medications are accessible to staff. All multi-dose vials should be dated and initialed when opened and discarded after 28 days unless otherwise specified by the manufacturer.	USP 797 Guidelines MN Rules part 6800.9951 Community Standard
5. Needles, syringes, and prescription pads are inaccessible to members and unauthorized individuals	Needles and syringes are not present in exam/treatment rooms, or any area where the member could be left unattended. Prescription pads are kept in secure, non-member care areas, where only appropriate office staff has access.	21 CFR 1301.75-76; MN Rules part 6800.9951 (linked to medications and in same area) Community Standard
6. Non-pierceable sharps containers are present	Non-pierceable sharps containers are kept in each exam room, procedure area, or lab area and are used for the disposal of needles and syringes. Contents of sharps containers do not exceed the manufacturer identified full line.	29 CFR 1910.1030 (d) (2) MN Rules part 6800.1050, subp. 3 (E) Community Standard
7. In the last month, the daily log of medication/vaccine refrigerator or freezer temperatures shows all temperatures to be in the required range	Thermometers are found in medical product refrigerators and the temperatures are logged on a daily basis. If medical products are kept in the freezer section of the refrigerator, the temperatures are also logged from the freezer area. All temperatures are maintained within the safe storage range (35 – 46 degrees for the refrigerator and 5 degrees or colder for freezers).	MN Rules part 6800.1050, subp. (2) (E) MN Rules part 6800.7700; MDH Standard; PMAP Contract 6.7; Community Standard

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ELEMENT	STANDARD	REGULATORY REQUIREMENT
8. Medication refrigerator or freezer does not contain food or beverage items	Medication refrigerators/freezers are not used for storage of food or beverage items.	MN Rules part 6800.1050, subp. (2) (E) MN Rules part 6800.7700 Community Standard
<b>D. WRITTEN POLICY REVIEW</b>		
1. Child and Teen Checkups Policy (Primary Care Clinic only)	Eligibility defined (birth through age 20, MA, PMAP, MinnesotaCare children). Children enrolled in MHCP receive C&TC per MN DHS C&TC program guidelines. Forms for documentation addressed. Age-appropriate services defined. Documentation in medical record. Correct coding. This standard is not applicable to Behavioral Health Clinics.	42 CFR 441. 56 PMAP Contract 6.1.5 SNBC Contract 6.4
2. Communicable Disease Reporting Policy	Requirement to report communicable diseases by State Health Department. Reporting time frame (within one day). Responsibility of reporting defined. Forms, completion, and submittal addressed.	MN Rules part 4605.7030, subps. 1 and 4
3. Complaint Management Policy	Process to receive written and verbal complaints for PrimeWest Health members. Designate an individual to be the primary contact for complaint management, including the tracking of such complaints. Document the substance of the complaint, the investigation, and any actions taken. Notify members of the right to complain and appeal to their health plan. Track complaints by categories and report at least annually to an in-house committee. A report is sent to PrimeWest Health quarterly.	PMAP Contract Article 8 MSHO Contract Article 8 SNBC Contract Article 8 NCQA RR-1
4. Confidentiality of Protected Health Information Policy	Training, including how soon initial training occurs, when or how often refresher training occurs, verified by signatures of trainer and individual being trained, and on file for six years. Accountability, including how control is maintained. Personal and protected health information (PHI) disposal. Security of both paper and electronic PHI follow HIPAA guidelines. Reviewed annually.	45 CFR 164.530 (i) (1-5) MN Stat. Chap. 13 MN Stat. sec. 144.335, subd. 1, 3, 3a MN. Stat. sec. 145.651, subd. 15-16; PMAP Contract Article 14 MSHO Contract Article 14 SNBC Contract Art 14 NCQA CR-6 NCQA RR-6 NCQA QI-12
5. Confidentiality and Security of Medical Records Policy	Medical record keeping practices, which includes the confidentiality and security of both paper and electronic medical records, and release of information. Medical records are kept in a secure location. Review of the confidentiality policy and procedure is performed at least annually with staff. Tracking system for medical records is in place. Release of medical record forms are available.	45 CFR 164.530 (i) (1-5) MN Stat. Ch.13 MN Stat.144.335, subd. 1, 3, 3a MN Stat. 145.651, subd. 15-16; PMAP Contract Article 14 MSHO Contract Article 14 SNBC Contract Article 14 NCQA CR-6 NCQA RR-6 NCQA QI-12
6. Cultural, Racial Minority, and Prohibitions from Discrimination Policy	Cultural appropriateness of services identified in record. Access to providers with special expertise in the delivery of health care services to the various cultural and racial minority groups, and to the	PMAP Contract 6.18.4, 6.18.5, 6.18.12, 13.2 MSHO Contract 6.12.5, 6.12.10, 6.23, 13.2

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ELEMENT	STANDARD	REGULATORY REQUIREMENT
	various American Indian tribes. Prohibit discrimination on the grounds of race, sex, color, age, religion, health status, physical disability, sexual orientation, national origin, or public assistance status.	SNBC Contract 6.51.3, 6.51.7, 6.62, 13.2 NCQA RR-5
7. Foreign Language Translation and Hearing Impaired Services Policy	Assistance provided for both situations. Interpreter available for phone calls and face-to-face interactions. Members/family are notified that interpreter is provided. Resources are identified.	28 CFR 36.303 (a) (b) 42 CFR 438.100 (b) (2) (iii) PMAP Contract 6.1.15, 6.18.4, 6.18.8, 6.28 MSHO Contract 6.1.17, 6.12.8, 6.23 SNBC Contract 6.15, 6.51.2, 6.51.6 NCQA RR-1 NCQA RR-5
8. Hazardous Materials and Waste Management Policy	Written plan in place. Hazardous material and waste defined. Mechanism in place for responding to a spill. Material safety data sheets (MSDS) available. Hazardous materials and waste are identified and inventoried. Mechanism defined for responding to a spill/breach of containment. Chemical and regulated medical waste addressed. Hazardous gas and vapors addressed. Personal protective equipment addressed. Orientation and education of staff outlined. Training records are kept for three years.	29 CFR 1900.1030 29 CFR 1910.1200-1450 29 CFR 1910.132 Minnesota Pollution Control Agency
9. Health Care Directives (Advance Directives or Living Will) Policy	Information made available. Discussion is documented in medical record. Copies retained. Hospitals notified upon admission.	42 CFR 422.128 MN Stat. Chap. 145C PMAP Contract Article 17 MSHO Contract Article 17 SNBC Contract Article 17
10. Infection Control Policy	Basic overview of infection control and how it relates to controlling disease. Hand washing outlined, when and how. Universal precautions addressed, including glove use. Personal protection equipment addressed. Screening employees for TB. Vaccinating employees for Hepatitis B. Steps taken when employee is exposed to breach of infection control or exposure, how to report to OSHA. Training records are kept for three years.	29 CFR 1910.1020; 29 CFR 1910.1030; 29 CFR 1910.132-140 MN Rules part 4605.7400
11. Medical Emergency Policy	Mechanism in place for responding. Medical emergency code is identified. Identify who directs activities. Identify who determines if 911 is called.	42 CFR 422.111 (5) (iii) PMAP Contract 6.1.15, 6.17; MSHO Contract 6.1.19; SNBC Contract 6.17
12. Medical Records Retention Policy	Medical records retention periods defined. Records maintained and available for a period through 10 years from the date of final settlement for any contract year.	42 CFR 422.504 (d) 42 CFR 423.136 MN. Stat. sec. 145.30-32 MN Rules part 4642.1000, subp. 2 PMAP Contract 9.4.5 MSHO Contract 9.5.5 SNBC Contract 9.4.7

## PRIMEWEST HEALTH POLICY & PROCEDURE

ELEMENT	STANDARD	REGULATORY REQUIREMENT
13. Medication Management Policy	Mechanism in place for procuring, storing, controlling, and distributing medication. Controlled substances addressed, even if to say they are not kept at the clinic. Recalls addressed. Emergency and sample drugs addressed. Sign-out log covered. Prescription pad accessibility addressed.	MN Rules part 6800.9951-9954
14. Non-Medical Emergency Preparedness Policy	Mechanism in place for responding. Emergency escape procedures and exit routes. Fire extinguisher training initially and annually. Includes power outages, weather emergencies, bomb threats, and both fire and fire drills. Management of behavior considered a threat to members or others is addressed.	29 CFR 1910.33-39 29 CFR 1910.155-165
15. Refusal of Treatment by a Provider Policy	Reasons for refusal to continue to provide care. Provisions for notification of member and health plan.	MN Rules part 4685.1010, subp. 2 (H)
16. Treating Unattended Minors Policy	Minor defined, exceptions covered. Scheduling appointments addressed. Mechanism in place to respond when an unaccompanied minor calls/arrives asking to be seen. Circumstances for which a minor may consent on his/her own behalf for diagnosis and treatment. Sample of authorization to consent to treatment of a minor is provided. Minors may consent on their own behalf for diagnosis and treatment involving: 1. Pregnancy and associated conditions (interpreted to include contraception, exception –abortions require notification of both parents), 2. Venereal disease, 3. Alcohol or drug abuse, 4. Hepatitis B vaccination, 5. Emergency treatment.	MN Stat. sec. 144.341-347 MN Stat. sec. 144.3441
<b>E. MEDICAL RECORD KEEPING PRACTICES</b>		
1. Medical records are easily located by authorized individuals	Medical records have legible file markers and are easily located by authorized individuals.	MN Rules part 9505.2175, subp. 2 (A) NCQA CR-6 NCQA QI -12
2. Medical records are stored in a secure area that is inaccessible to unauthorized individuals	The medical records are stored in a secure area. At a minimum, medical records must be monitored by staff during clinic hours and after hour vendors must sign a confidentiality clause.	45 CFR 164.310 (a) (1) (2) MN Stat. sec. 144.651, subd. 16 NCQA CR-6 NCQA QI-12
3. A separate medical record is maintained for each member	A separate medical record must be maintained for each unique member with the member's name present on every page.	MN Stat. sec. 541.15 MN Rules part 9505.2175, subp. 2 (B) NCQA QI-12
4. Contents of the medical record are affixed and organized in consistent manner	Contents of medical records are to be maintained in a logical, consistent manner that is current, detailed, and organized and that promotes effective and confidential member care and quality review at each member visit. Contents are affixed and records are organized in chronological order.	NCQA QI-12

## PRIMEWEST HEALTH POLICY & PROCEDURE

ELEMENT	STANDARD	REGULATORY REQUIREMENT
5. Clinics with more than one practitioner have a tracking system to ensure chart availability and access	The clinic has a procedure for the routine availability of medical records for the members visit. If a practitioner has several offices, there is a system to transport records or records content from one office to another.	Interpretation of NCQA QI-12, ease of access and standards of availability
6. A Release of Medical Record form is available	A release of medical/treatment record form is readily available to members upon request.	MN Stat. sec. 144.293 MN Stat. sec. 144.651, subd. 16
<b>F. LABORATORY AND RADIOLOGY/DIAGNOSTIC</b>		
1. Laboratory has current CLIA certification or CLIA waiver	1. If the lab performs microscopy or moderate/complex tests, there is the appropriate current Clinical Laboratory Improvement Amendment (CLIA) certification posted. 2. If the lab performs waived tests only, there is a current CLIA waiver.	42 CFR 493.5 42 CFR 493.15 PMAP Contract Article 16 MSHO Contract Article 16 SNBC Contract Article 16
2. Radiology services performed with a current state registration (Primary Care Clinic only)	There is current State Certificate of Registration for offices performing radiology testing, including Dexa Scan and any nuclear testing. This standard is not applicable to Behavioral Health Clinics.	MN Rules part 4730.0400 MN Rules part 4730.0500
<b>H. HEALTH CARE (QUALITY) IMPROVEMENT</b>		
1. A quality improvement program is in place	A quality improvement program or someone to monitor identified quality activities is in place.	42 CFR 438.236 PMAP Contract 7.1.8 MSHO Contract 7.1.8 SNBC Contract 7.1.8 NCQA QI-9
2. Quarterly reports are submitted to PrimeWest Health of PrimeWest Health member complaints	The clinic should report its Complaints, Appeals, and Grievances (CAG) data to PrimeWest Health using a PrimeWest Health form or provided electronic format on a quarterly basis for all DTRs (Denial, Termination, or Reduction of services) issued in the previous quarter on or before the 1 <sup>st</sup> day of the month in January, April, July, and October. If there are no complaints, the form is returned as required indicating no complaints were received.	PMAP Contract 8.6 MSHO Contract 8.6 SBNC Contract 8.6

# PRIMEWEST HEALTH POLICY & PROCEDURE



## Office-Site Visit Evaluation Tool

Date of Review		New Site <input type="checkbox"/>	Follow-up <input type="checkbox"/>	Contract Date
Facility Name		Main Clinic <input type="checkbox"/>	Satellite <input type="checkbox"/>	Behavioral Health <input type="checkbox"/>
Address				
City		State	Zip	County
Fed Tax ID		Provider ID	POC	

A. ACCESS AND AVAILABILITY	Yes	No	N/A
1. Members with a life threatening situation are instructed to dial 911; be seen immediately if in the office; or be transported to the emergency room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Health services are available, 24 hours per day, 7days per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Non-life threatening emergency appointment is available within 6 hours. (BH only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Urgent care visit is available within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Non-urgent care visit is available within 2 weeks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Periodic health assessment is scheduled within 4 weeks. (PCC only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Calls are answered in 30 seconds or less.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Screening and triage calls reflect a telephone abandonment rate within 5 percent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ENVIRONMENT AND SAFETY	Yes	No	N/A
1. External signage is plainly visible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Office hours are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adequate parking is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Designated handicap parking is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wheelchair access or a ramp into the office is present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Minimal or no-hands access entry into the office building is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Individuals with special needs are provided equal access to the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Translation services or other measures are taken to accommodate limited English speaking members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Reception areas are clean, well maintained, and well-lit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate seating in reception and waiting areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Exam and treatment rooms are clean and private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Adequate number of exam and treatment rooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Member information is displayed in a manner not identifiable to the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. "Access to Health Records Notice of Rights" is prominently displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Health Care Directive information is available to members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Health educational materials are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Fire extinguishers are mounted and readily available, visually inspected monthly and professionally inspected annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Exits within the building are clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Exits, corridors, hallways and rooms free of clutter and obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Hallways and doorways allow for navigation of wheelchairs, carts or other large equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Hand rail assist is present in member restrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Biohazardous waste containers are present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Emergency equipment is available or access to 911 is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Emergency medical equipment is checked at least annually or in accordance with the clinic's written policy and procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. There is at least one currently certified CPR person in the office whenever members are present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. MEDICATION MANAGEMENT	Yes	No	N/A
1. Medications access is restricted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PRIMEWEST HEALTH POLICY & PROCEDURE

2. Controlled substances (including samples) are logged, counted, and stored in a locked area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Weekly drug counts on controlled substances are done by two professional health care staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medications (including emergency medications and samples) are routinely checked for expiration dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Needles, syringes and prescription pads are inaccessible to members and unauthorized individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Non-pierceable sharps containers are present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last month, the daily log of medication/vaccine refrigerator or freezer temperatures shows all temperatures to be in the required range.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Medication refrigerator or freezer does not contain food or beverage items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. WRITTEN POLICY REVIEW</b>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Child and Teen Check-Ups Policy. (PCC only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicable Disease Reporting Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Complaint Management Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Confidentiality of Protected Health Information Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Confidentiality and Security of Medical Records Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cultural, Racial Minority, and Prohibitions from Discrimination Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Foreign Language Translation and Hearing Impaired Services Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hazardous Materials and Waste Management Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Health Care Directives (Advance Directives or Living Will) Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Infection Control Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical Emergency Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Medical Records Retention Policy.			
13. Medication Management Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Non-Medical Emergency Preparedness Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Refusal of Treatment by a Provider Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Treating Unattended Minors Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. MEDICAL RECORD KEEPING PRACTICES</b>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Medical records are easily located by authorized individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical records are stored in a secure area that is inaccessible to unauthorized individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A separate medical record is maintained for each member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Contents of the medical record are affixed and organized in consistent manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Clinics with more than one practitioner have a tracking system to ensure chart availability and access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. A Release of Medical Record form is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. LAB AND RADIOLOGY/DIAGNOSTIC</b>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Laboratory has current CLIA certification or CLIA waiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Radiology services performed with a current state registration. (PCC only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. HEALTH CARE (QUALITY) IMPROVEMENT</b>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. A quality improvement program is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quarterly reports are submitted to PrimeWest Health of PrimeWest Health member complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elements Met: \_\_\_\_\_% (80% Performance Threshold)

Site Visit Evaluation Meets PrimeWest Health Performance Thresholds: Yes

Forward to QCCC for Review: Yes

Corrective Action Plan to Follow: No

Reviewer

Date

Clinic Representative

Date

# PRIMEWEST HEALTH POLICY & PROCEDURE

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## COMMENTS SECTION:

<i>Section:</i>	<i>Question Number:</i>
<i>Section:</i>	<i>Question Number:</i>
<i>Section:</i>	<i>Question Number:</i>
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