

F&C	X	PHC (HMO SNP) ⁴	X
MSC+ ¹	X	MnCare	X
PWSHC (HMO SNP) ²	X	Part D	
SNBC ³	X	Other	

Gray text indicates quoted regulatory, statutory, or other language not subject to change

Policy Name	Provider Office Site Visits
Policy Number	QM05
Origination Date	June 2007
Revision Effective Date	May 7, 2026
Responsible Position	Manager of Quality Management
Regulatory Requirement(s)	2026 Minnesota Department of Human Services (DHS) Families and Children contract, articles 3, 6, 7, 8, 9, 13, 15, and 16 2026 DHS Minnesota Senior Health Options (MSHO)/Minnesota Senior Care Plus (MSC+) contract, articles 3, 6, 7, 8, 9, 13, 15, and 16 2026 DHS Special Needs BasicCare (SNBC) contract, articles 3, 6, 7, 8, 9, 13, 15, and 16 DHS Child & Teen Checkups (C&TC) Program MN Rules parts 4605, 4642, 4685, 4732, 6800, and 9505 MN Stat. Chaps. 116, 144, 144A, 145, 145C, 147, 147A, 147B, 147C, 147D, 148, 148B, 148D, 148F, 150A, 151, 153, 153A, 253B, and 256B Minnesota Department of Health (MDH) Vaccine Management Guidelines Title 21 Code of Federal Regulations (CFR) Parts 201, 203, 205, and 1301 28 CFR 35 and 36 29 CFR 1910 42 CFR 422, 423, 438, 441, 489, and 493 45 CFR 160 and 164 Title 42 United States Code (USC) Section 17931 Centers for Medicare & Medicaid Services (CMS) Medicare Managed Care Manual (MMCM), chapter 4, sections 20.2 and 110.1 2026 National Committee for Quality Assurance (NCQA) Standards Definitions National Fire Protection Association (NFPA) 101: Life Safety Code (LSC) Prescription Drug Marketing Act of 1987 (PDMA), Public Law (PL) 100-293 United States Pharmacopoeia General Chapter 797 and 800 (USP 797 and 800), Pharmaceutical Compounding – Sterile Preparations
Cross-References	Office Site Standards for Primary Care, Specialty Care, Mental Health Clinics, and Substance Use Disorder (SUD) Outpatient Treatment Centers Office Site Visit Assessment Standards QM01: Quality of Care Grievances QM02: Quality of Care Tracking QM03: Quality Assurance Plan QM06: Health Records CC05: Access to Care CR01: Credentialing Plan Overview CR23: Ongoing Monitoring PS17: Assessment of Organizational Providers
Attachments	

Policy

Pursuant to the above regulatory authorities and accreditation standards, where required by Minnesota Department of Human Services contract, PrimeWest Health assesses the quality, safety, and accessibility of office sites where care is delivered to PrimeWest Health members. PrimeWest Health has established a process that ensures the offices of all practitioners/providers within PrimeWest Health's network meet the office site visit standards for performance criteria and thresholds. These office site standards are available on PrimeWest Health's website for all practitioners/providers.

¹PrimeWest Health's Minnesota Senior Care Plus (MSC+) program for members who have only Medicaid coverage through PrimeWest Health

²PrimeWest Health's Minnesota Senior Health Options (MSHO) program for members who have both Medicaid and Medicare coverage through PrimeWest Health

³PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have only Medicaid coverage through PrimeWest Health

⁴PrimeWest Health's Special Needs BasicCare (SNBC) program for members who have both Medicaid and Medicare coverage through PrimeWest Health

Definitions

Health Record – Any information, whether oral or recorded in any form or medium, that relates to the past, present, or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member. Use of “health record” in this policy is per Minnesota Department of Human Services (DHS) contract language, and as governed by MN Stat. secs. 144.291 – 144.298, which also applies to and has the same as use of “medical records” per MN Stat. sec. 145C.08; use of “medical records” per MN Stat. sec. 256B.27; use of “medical record” per MN Rules part 4685.1110, subp. 13; use of “provider records” per MN Rules part 9505.0205; use of “health service records” per MN Rules part 9505.2175; and use of “client record” per MN Stat. sec. 148F.15. PrimeWest Health distinguishes between the use of “health record” for information that relates to the physical condition of a member and use of “mental health record” for information that relates to the mental health of a member for policy and procedure documentation standards and annual record review reports.

Medical Emergency (Emergency Care) – Per DHS contract language, a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in: 1) placing the physical or mental health of the member (or, with respect to a pregnant member, the health of the member or their unborn child) in serious jeopardy; 2) continuation of severe pain; 3) serious impairment to bodily functions; 4) serious dysfunction of any bodily organ or part; or 5) death. Labor and delivery is a medical emergency if it meets this definition. The condition of needing a preventive health service is not a medical emergency. Use of “medical emergency” or “emergency care” in this policy per DHS contract language also applies to and has the same meaning per MN Rules part 4685.1010, subp. 7; per MN Rules part 4685.0100, subp. 5 (A) where emergency care means medically necessary care that is immediately necessary to preserve life, prevent serious impairment to bodily functions, organs, or parts, or prevent placing the physical or mental health of the member in serious jeopardy; and per Centers for Medicare & Medicaid Services (CMS) *Medicare Managed Care Manual*, Chapter 4, and Title 42 Code of Federal Regulations (CFR) Part 438.114 where “emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in: 1) serious jeopardy to the health of the individual or, in the case of a pregnant person, the health of the person or their unborn child; 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.

Non-Life-Threatening Emergency – An emergency situation where clinical evidence shows that a person requires immediate care, but that lack of care would not lead to death, per the National Committee for Quality Assurance (NCQA).

Protected Health Information (PHI) – Any information held by a covered entity that concerns health status, provision of health care, or payment for health care that can be linked to an individual and includes any part of an individual’s health record or payment history. Use of “PHI” in this policy also applies to and has the same meaning per DHS contract language, where “protected information” means private information concerning individual State clients that the managed care organization (MCO) may handle in the performance of its duties and includes any or all of the following: 1) private data, confidential data, welfare data, medical data, and other non-public data; 2) health records; 3) alcohol and drug abuse patient records; 4) PHI; and 5) information protected by applicable State and Federal statutes, rules, and regulations governing or affecting the collection, storage, use, disclosure, or dissemination of private or confidential individually identifiable information. There are 18 categories of identifiers (e.g., name, street address, email address, telephone number, Social Security number, medical record number, health plan beneficiary or account number, birth date, dates of service, and five-digit zip code). Age is not considered PHI, except for individuals over age 89. The age for these individuals can be aggregated into a single category of “age 90 or above.”

Provider – An individual or entity that is engaged in the delivery, ordering, or referring of services and is legally authorized to do so by the state in which the individual or entity delivers the services. Use of “provider” in this policy, per DHS contract language, also applies to and has the same meaning per MN Stat. sec. 144.291, where “provider” means: 1) any person who furnishes health care services and is regulated to furnish the

services under MN Stat. Chaps. 147, 147A, 147B, 147C, 147D, 148, 148B, 148D, 148F, 150A, 151, 153, or 153A; 2) a home care provider licensed under MN Stat. sec. 144A.471; 3) a health care facility licensed under MN Stat. Chap. 144A; 4) an assisted living facility licensed under MN Chap. 144G; and 5) a physician assistant registered under MN Stat. Chap. 147A. Per NCQA, “provider” is an institution or organization that provides services, such as a hospital, residential treatment center, home health agency, pharmacy, or rehabilitation facility. NCQA uses the term “practitioner” to refer to a licensed or certified professional who provides medical care or behavioral health care services, but recognizes that a “provider directory” generally includes both providers and practitioners and the inclusive definition is the more common use of the word. Per DHS contract language, “health care professional” means a physician, optometrist, chiropractor, psychologist, dentist, advanced dental therapist, dental therapist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse, Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), and certified nurse midwife, Licensed Independent Clinical Social Worker (LICSW), and registered respiratory therapy technician. All terminology relating to provider has the same meaning in this policy and procedure and is used in accordance with the cited regulatory requirements.

Quality Improvement – Implementing corrective actions based on assessment results, aimed at addressing identified deficiencies and improving outcomes, per NCQA.

Urgent Care – Acute, episodic medical services available on a 24-hour basis that are required in order to prevent a serious deterioration of the health of a member, per DHS contract language. Use of “urgent care” in this policy, per DHS contract language, also applies to and has the same meaning per the **CMS Medicare Managed Care Manual**, Chapter 4, where “urgently needed services” means covered services that are as follows: 1) not emergency services as defined in this section; 2) medically necessary and immediately required as a result of an unforeseen illness, injury, or condition; and 3) provided when the member is temporarily absent from the Medical Assistance (Medicaid) plan’s service (or, if applicable, continuation) area, and therefore, they cannot obtain the needed service from a network provider; or when the member is in the service or continuation area, but the network is temporarily unavailable or inaccessible and given the circumstances, it is not reasonable for the member to wait to obtain the needed services through the Medical Assistance (Medicaid) plan’s participating provider network after the member returns to the service area or the network becomes available.

Utilization Management – Evaluating and determining coverage for and appropriateness of medical care services, as well as providing needed assistance to clinicians or patients, in cooperation with other parties, to ensure appropriate use of resources, per NCQA.

Procedure

PrimeWest Health conducts ongoing monitoring and investigation of member complaints related to the quality of all credentialed practitioner office sites, 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, physical accessibility, physical appearance, and/or adequacy of waiting and examining room space, PrimeWest Health conducts an office site visit. PrimeWest Health considers a reasonable complaint threshold to be three complaints per rolling six-month period. However, Prime West Health, at its sole discretion, can consider one complaint to be a potential threat to member care and/or safety sufficient to trigger a site visit.

A. Provider Responsibility

1. Maintain facility in compliance with PrimeWest Health site visit criteria. Refer to *Office Site Standards for Primary Care, Specialty Care, Mental Health Clinics, and Substance Use Disorder (SUD) Outpatient Treatment Centers* and *Office Site Visit Assessment Standards*.
2. Conduct periodic self-assessments to ensure compliance with PrimeWest Health site visit criteria.
3. If deficiencies are noted in a self-assessment, notify PrimeWest Health and implement a quality improvement plan.
4. Based on PrimeWest Health site visit reports, make necessary changes to improve quality, safety, and accessibility of practitioner/provider office site.
5. Develop and implement a corrective action plan (CAP) to correct any deficiencies noted during a site visit that PrimeWest Health has conducted in response to the site exceeding thresholds established for member complaints received about the office site or that PrimeWest Health has conducted based on the severity or type of member complaint about the office site.
6. If applicable, provide PrimeWest Health with a current copy of accreditation by a recognized accrediting body or a copy of the Centers for Medicare & Medicaid Services (CMS) or State review, including status and time frame for which accreditation is valid.
7. If applicable, provide PrimeWest Health with a copy of the agreement between the provider and the Medicare-approved Beneficiary and Family Centered Care Quality Improvement Organization (BFCC QIO).

Note: The systems and standards described may be superseded or supplemented by specific terms set forth in a written agreement between PrimeWest Health and a provider group.

B. PrimeWest Health Responsibility

1. PrimeWest Health has established elements, standards, and performance thresholds for office site criteria based on regulatory requirements. Refer to *Office Site Standards for Primary Care, Specialty Care, Mental Health Clinics, and Substance Use Disorder (SUD) Outpatient Treatment Centers* and *Office Site Visit Assessment*. PrimeWest Health is responsible to do the following:
 - a. Set performance standards and thresholds for office site criteria based on the following:
 - i. Physical accessibility (90% performance threshold)
 - ii. Physical appearance (90% performance threshold)
 - iii. Adequacy of waiting and examining room space (90% performance threshold)
 - iv. Availability of appointments
 - v. Health/mental health record documentation standards (refer to PrimeWest Health Policy and Procedure QM06: Health Records)
 - vi. Adequacy of health/mental health record keeping (90% performance threshold)
 - b. Upon receipt of complaints sufficient in number, severity or type, conduct office site visits to ensure the site meets established performance thresholds
 - i. Conduct site visits for primary care provider offices including family practice, pediatric, internal medicine, obstetrics/gynecology (OB/GYN), general practitioner, physician assistant, advance practice nurse, and mental health care provider sites about which member complaints have been received.
 - ii. Conduct site visits for specialty care provider offices and substance use disorder outpatient treatment centers about which member complaints have been received.

- iii. For a multiple-site practice, health/mental health record-keeping practices may be reviewed at one site.
2. When complaints related to the quality of practitioner/provider office sites are received, the need for a site visit is determined by the number and severity or type of issues reported (site visits are not required for complaints about availability of an appointment or adequacy of health/mental health record keeping) and review by the Chief Senior Medical Director, Quality Management staff, and/or Provider Services staff; and determination by the Chief Senior Medical Director and Director of Quality & Utilization Management.
 - a. PrimeWest Health conducts 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.
 - b. PrimeWest Health may conduct a site visit to any other facility at its sole discretion, after consultation with the Chief Senior Medical Director.
3. When issues are identified during complaint monitoring, PrimeWest Health does the following:
 - a. Discusses the issues with the Chief Senior Medical Director to help determine when a practitioner/provider group site visit is required.
 - b. Conducts site visits of offices within 60 calendar days of determining that the reasonable complaint threshold was met. The following PrimeWest Health staff may be involved in the site visit: the Chief Senior Medical Director, a Quality Improvement (QI)/Utilization Management (UM) professional, Quality staff, and Provider Services staff.
4. PrimeWest Health site visit staff makes arrangements with the practitioner or provider group to schedule a date and time for the on-site visit. Every effort is made to provide at least a seven-day notice of an on-site visit. A follow-up call is made to the facility prior to performing the on-site visit to ensure the written notice was received.
 - a. Site visit staff conduct the on-site survey and complete the appropriate sections of the office site visit assessment, *Office Site Standards for Primary Care, Specialty Care, Mental Health Clinics, and Substance Use Disorder (SUD) Outpatient Treatment Centers* and *Office Site Visit Assessment*. PrimeWest Health's *Office Site Visit Assessment* may need to be supplemented with existing State or Federal survey tools in circumstances where more depth is needed and/or deemed appropriate.
 - b. If additional areas of noncompliance are noted during the assessment, a complete on-site assessment is completed, which includes, but is not limited to, a chart review and a check of licensure requirements.
 - c. Health or mental health record-keeping practices may be reviewed during an on-site visit. All health/mental health records reviewed are maintained as confidential. The office site visit record review selection process includes the following:
 - i. Using claims from the previous 12 months, the number of unique members seen at the clinic scheduled for an on-site visit is identified
 - ii. The National Committee for Quality Assurance (NCQA) 8/30 rule methodology is utilized in reviewing health/mental health records. If there are fewer than eight records in the sample, all records are reviewed.
 - iii. In cases where no PrimeWest Health member records are available in claims data for a specific site, a "blinded" health or mental health record or a model record is used to meet the 8/30 requirement.
5. PrimeWest Health reserves the right to complete a site visit after one complaint depending on the nature/severity of the complaint.
6. PrimeWest Health conducts a follow-up visit of a previously deficient office if the practice site meets the reasonable complaint threshold subsequent to correcting the deficiencies.
 - a. PrimeWest Health conducts a full office site visit assessment for the initial complaint to ensure that the office meets performance standards.
 - b. If another complaint directed at the same office site standard is received, PrimeWest Health is not required to perform another site visit but must only follow-up on that specific complaint. However, if PrimeWest Health receives another complaint about the same office, but for a different standard, a site visit will be performed, but only on the specific performance standard pertaining to the complaint.

7. If a complaint is verified or deficiencies are identified during the on-site visit, the site will develop and submit a CAP to PrimeWest Health's Chief Senior Medical Director for approval within 30 calendar days of PrimeWest Health notification.
 - a. PrimeWest Health provides the site with a CAP template, a specified time frame for completion, and an expected date of follow-up.
 - b. All CAPs are reported to the Quality and Care Coordination Committee (QCCC) and the Joint Powers Board (JPB).
 - c. PrimeWest Health's Director of Quality & Utilization Management, in collaboration with the Chief Senior Medical Director, is responsible for monitoring follow-up and evaluating effectiveness of the CAP at least every six months until standards are met or as determined in any CAP developed and implemented upon completion of the site visit.
8. Results of site visits are presented to QCCC and JPB and provided to PrimeWest Health Provider Services staff to include in the practitioner's/provider group's file.

C. Threshold for Compliance

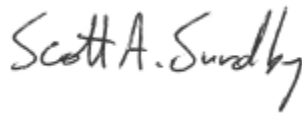
1. A score of 90 percent or higher in the areas of physical accessibility, physical appearance, adequacy of waiting and examining room space, and adequacy of medical/treatment record keeping means PrimeWest Health may provide on-site education for any noted deficiency. If deemed necessary, PrimeWest Health may follow up on specific deficiencies.
2. A score of 89 percent or below in any one or all of the areas listed in C1 above requires review by PrimeWest Health's Chief Senior 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 Chief Senior Medical Director notifies the site in writing and requests a CAP.
 - b. The facility develops and submits a CAP to PrimeWest Health's Chief Senior Medical Director for approval within 30 calendar days of PrimeWest Health notification.
 - i. PrimeWest Health provides the facility with the following:
 - A CAP template
 - A specified time frame for completion
 - An expected date of follow-up
 - ii. All CAPs are reported to the 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 Quality & Utilization Management, in collaboration with the Chief Senior Medical Director, is responsible for monitoring follow-up and evaluating effectiveness of the CAP at least every six months until standards are met or as determined in any CAP developed and implemented upon completion of the site visit.
3. Following review of site visit reports by PrimeWest Health's QCCC, reports are forwarded to the provider.
4. All QCCC recommendations are reported to the JPB in a timely manner.
5. All site visits are tracked in the site visit tracking record and filed in the practitioner's credentialing file.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to PrimeWest Health. Remediation for violators includes, but is not

limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

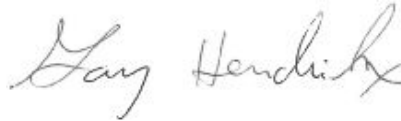
Signatures



Medical Director Approval:
05/07/2026

Date:

Scott Sundby, MD
Chief Senior Medical Director



Board Approval:
05/07/2026

Date:

Gary Hendrickx, Chair
PrimeWest Health Joint Powers Board of Directors