PrimeWest HEALTH™
Your *greater* Minnesota health plan

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2026 Office Site Standards for Primary Care, Specialty Care, Mental Health Clinics, and Substance Use Disorder (SUD) Outpatient Treatment Centers

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

Element	Standard	Regulatory Requirement
A. Availability of Services		
1. Members with a life-threatening condition are instructed to dial 911, be seen immediately if in the office for emergency care or urgently needed care, or be transported to the emergency room. Health services are available 24 hours per day, 7 days per week.	The clinic will inform a member with a life-threatening condition to call 911, be seen immediately if in the office for emergency care or urgently needed care, 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. Requirement is met through written standards for regularly scheduled appointments during normal business hours, after clinic hours, use of 24-hour answering service with standards for maximum allowable call-back times based on what is medically appropriate to each situation, back-up coverage by another participating primary care/specialty physician, and referrals to urgent care centers, where available, and to hospital emergency care.	• 2026 Minnesota Department of Human Services (DHS) Families and Children contract, articles 6.1.26, 6.13.3, and 6.13.8. • 2026 DHS Minnesota Senior Health Options (MSHO)/ Minnesota Senior Care Plus (MSC+) contract, articles 6.1.30, 6.8.3, and 6.8.9 • 2026 DHS Special Needs BasicCare (SNBC) contract, articles 6.1.31, 6.10.3, and 6.10.10 • MN Rules part 4685.1010 • Title 42 Code of Federal Regulations (CFR) Part 422.111 (b) (5) (iii) • 42 CFR 422.112 (a) (7) (ii) • 42 CFR 438.206 (c) (1) (iii) • Centers for Medicare & Medicaid Services (CMS) Medicare Managed Care Manual (MMCM), Chapter 4, section 110.1
2. Urgent care visit is available within 24 hours.	Urgent care or acute care refers to acute, episodic medical services available on a 24-hour basis that are required 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, or a health care provider has determined that a longer wait is acceptable.	• 2026 DHS Families and Children contract, articles 6.1.26, 6.13.3, and 6.13.8 • 2026 DHS MSHO/MSC+ contract, articles 6.1.30, 6.8.3, and 6.8.9 • 2026 DHS SNBC contract, articles 6.1.31, 6.10.3, and 6.10.10 • National Committee for Quality Assurance (NCQA) NET 2
3. Routine and preventive care is scheduled within 30 days. **(Primary care only)**	Physicals, health maintenance exams, follow-up appointments for chronic conditions, and routine and preventive visits are scheduled within 30 days, or a health care provider has determined	• 2026 DHS Families and Children contract, article 6.13.1 • 2026 DHS MSHO/MSC+ contract, article 6.8.1

Element	Standard	Regulatory Requirement
	that a longer wait is acceptable. **This standard is *not* applicable to specialty care clinics, mental health clinics, or SUD outpatient treatment centers.**	• 2026 DHS SNBC contract, article 6.10.1 • MN Rules part 4685.1010, subp. 6 (B) • CMS MMCM, Chapter 4, section 110.1 • NCQA NET 2 Element A
4. Translation services or other measures are taken to accommodate members with limited English proficiency.	The practitioner must have taken adequate steps to ensure that members 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 for members who are deaf and use sign language or an alternative mode of communication, to the extent that interpreter services are available when services are delivered.	• 2026 DHS Families and Children contract, articles 3.8.1, 6.1.23, and 6.13.9 • 2026 DHS MSHO/MSC+ contract, articles 3.10.1, 6.1.20, 6.8.10, and 6.15 • 2026 DHS SNBC contract, articles 3.11.2, 6.1.23, 6.10.11, and 6.17 • MN Stat. sec. 144.651, subd. 9 • CMS MMCM, Chapter 4, section 110.1 • 28 CFR 36.303 • 42 CFR 422.112 (a) (8) • 42 CFR 438.100 (b) (2) (iii) • 42 CFR 438.206 (c) (2) • NCQA NET 1 • NCQA ME 1 and 2

Element	Standard	Regulatory Requirement
B. Physical Accessibility		
1. External signage is plainly visible and office hours are posted.	Clinic signage is clear and readily visible. The entrance to the clinic is clearly marked. Office hours and instructions for after-hours care, including phone numbers, should be posted near the entrance/reception area.	• 28 CFR 36.304 (c) (1) • 28 CFR Appendix D, 4.30 • 42 CFR 422.111 • MN Rules part 4685.1010
2. Adequate parking and designated accessible parking is available.	Adequate parking is available for members. Accessible parking spaces shall be designated as reserved by a sign showing the symbol of accessibility and shall be available within easy access to the practitioner's office. Signs designating accessible parking places for individuals with a disability must be mounted high enough above the ground to be viewable from the driver's seat and located right in view of parking spaces. Such signs shall be located so they cannot be obscured by a vehicle parked in the space.	• 28 CFR 35.104 • 28 CFR 36.304 (a) (b) (c) (1) • 28 CFR 36.403 (e) (2) (g) (2) • 28 CFR 36 Appendix D, 4.6 and 4.30 • Provider Participation Agreement, Section 3.6

Element	Standard	Regulatory Requirement
3. Wheelchair access or a ramp into the office is present. Minimal or no-hands access entry into the office building is available.	Wheelchair access is 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. 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 the office site.	• 28 CFR 36.304 (a) (b) (c) (1) • 28 CFR 36.305 • 28 CFR 36.403 (e) (2) (g) (2) • Provider Participation Agreement, Section 3.6
4. 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 the members' special needs, including those who are visually impaired or have limited reading proficiency.	• 2026 DHS Families and Children contract, articles 3.8.1, 3.8.2, and 6.13.9 • 2026 DHS MSHO/MSC+ contract, articles 3.10.1, 3.10.2, and 6.8.10 • 2026 DHS SNBC contract, articles 3.11.2, 3.11.3, and 6.10.11 • 28 CFR 35.130 (d) • 28 CFR 36.303 • 28 CFR 36.403 (e) (2) (g) (2) • NCQA ME 2
5. Exits within the building are clearly marked and are free of clutter and obstructions.	Each exit must be clearly visible and marked by a suitable illuminated sign reading "Exit" in plainly legible letters not less than (6) six inches high. 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.	• 29 CFR 1910.36 (g) (4) • 29 CFR 1910.37 (a) (3) (b) (2) (6) (7) • National Fire Protection Association (NFPA) 101: Life Safety Code
6. Hallways and doorways allow for navigation of wheelchairs, carts, and other large equipment.	Hallways and entrance, examination room, and restroom door widths permit 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 how a member can obtain access in the office and restrooms.	• 28 CFR 36, Appendix D, 4.21 • 28 CFR 36.304 (c) (3) (4) • 28 CFR 36.305
7. 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 how a member can obtain access in the restrooms.	• 28 CFR 36.304 (a) (b) (12) (c) (3) • 28 CFR 36, Appendix D, 4.16.4, 4.26.1, and 4.26.2 • 28 CFR 36.305 • 28 CFR 36.403 (g) (2) (iii)

Element	Standard	Regulatory Requirement
C. Physical Appearance		
1. Reception areas are clean, well-maintained, and well-lit.	The appearance of the clinic is maintained in a safe and clean condition, with a well-lit waiting room. It must be well organized to accommodate member services. Restrooms, doorways, and hallways are easily accessible.	• 29 CFR 1910.22 • NFPA 101
2. Exam and treatment rooms are clean and private.	The appearance of the exam and treatment rooms is maintained in a safe, clean, and 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
3. Health Care Directive and/or Advance Psychiatric Directive/Declaration 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. A policy must also be in place that this is made available to members.	• 2026 DHS Families and Children contract, article 14 • 2026 DHS MSHO/MSC+ contract, article 14 • 2026 DHS SNBC contract, article 14 • MN Stat. Chap. 145C • 42 CFR 422.128 (b) (1) (i) (E)
4. Fire extinguishers are mounted and readily available, visually inspected monthly, and professionally inspected annually.	1. Fire extinguishers must be mounted, identified, and located so they are readily accessible to employees. 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 (1) year after the last entry or the life of the shell, whichever is less. 3. One-time-use fire extinguishers in an office require a visual inspection monthly by the office staff.	• 29 CFR 1910.39 • 29 CFR 1910.157 (c) (1) (4) (e) (2) (3) • NFPA 101
5. 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.	• 29 CFR 1910.1030 (d) (2) (xiii)

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6. Emergency equipment is available or access to 911 is available. Emergency medical equipment is checked at least annually or in accordance with the clinic's written policy and procedure.	Appropriate emergency equipment and medications are present in the clinic. Any clinic at which intravenous medications, parental injections, or invasive procedures are performed has emergency medications and equipment present on site that are regularly monitored and replaced as they expire. Minimally, first aid supplies are present, even if no intravenous or parental medications are given and/or no invasive procedures are done. The mechanical and electrical equipment must be regularly inspected, tested, and maintained. Evidence exists that this is done annually.	• 29 CFR 1910.38 • 42 CFR 422.111 (5) (iii) • 42 CFR 422.112 (9) • 42 CFR 438.206 (c) (1) (iii)

Element	Standard	Regulatory Requirement
D. Adequacy of Waiting and Examining Room Space		
1. There is adequate seating in reception and waiting areas.	There is a waiting room with sufficient seating for the usual number of patients present (e.g., members are not waiting in hallways), reflecting the number of patient visits per hour and the number of practitioners.	• 29 CFR 1910.22

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E. Medication Management		
1. Controlled substances are logged, counted, and stored in a locked area.	Controlled substances (Schedules II, III, IV, and V), to include sample medications, are stored in locked cabinets and secured at all times by a designated staff member. Medication automated distribution units with logon and password/ biometric identification are considered to be locked, since they can only be accessed by authorized personnel who are permitted access to Schedule II – V medications. Mobile nursing medication carts and other medication carts containing Schedule II, III, IV, and V drugs must be locked within a secure area. Controlled substances, including sample medications, are logged with the date given, hour, name of member, name of physician, 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	• MN Rules part 6800.9951 • MN Rules part 6800.9954 • 21 CFR 203 • 21 CFR 205 • 21 CFR 1301.75 – 1301.76 • Prescription Drug Marketing Act of 1987 (PDMA), Public Law (PL) 100-293

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	signature log to document the witnessed disposal of a specified amount of an identified medication.	
2. 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 members could be left unattended. Prescription pads are kept in secure, non-member care areas, where only appropriate office staff has access.	• MN Rules part 6800.9951
3. In the last month, the daily log of medication/ vaccine refrigerator or freezer temperatures shows all temperatures to be in the required range. The refrigerator or freezer does not contain food or beverage items.	Thermometers are found in medical product refrigerators and the temperatures are logged daily. If medical products are kept in the freezer section of the refrigerator, the temperatures are also logged from the freezer area. Medication refrigerators/freezers are not used for storage of food or beverage items. 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 • Minnesota Department of Health (MDH) Vaccine Management Guidelines

Element	Standard	Regulatory Requirement
F. Written Policy Review		
1. Child and Teen Checkups (C&TC) Policy **(Primary care only)**	Eligibility defined (birth through age 20, Medical Assistance [MA], Families and Children (F&C) MinnesotaCare children). Children enrolled in Minnesota Health Care Programs (MHCP) receive C&TCs per DHS C&TC program guidelines. Forms for documentation are addressed. Age-appropriate services are defined. Documentation is present in the health record. Correct coding assigned. **This standard is *not* applicable to specialty care clinics, mental health clinics, or SUD outpatient treatment centers.**	• 2026 DHS Families and Children contract, articles 6.1.5 and 6.6 • 2026 DHS SNBC contract, article 6.1.7 • DHS C&TC Program • 42 CFR 441.56
2. Complaint Management Policy	Process to receive written and verbal complaints from 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	• 2026 DHS Families and Children contract, article 8 • 2026 DHS MSHO/MSC+ contract, article 8 • 2026 DHS SNBC contract, article 8 • 42 CFR 438.402 • NCQA ME 1 and 7 • Provider Participation Agreement, Section 3.18

Element	Standard	Regulatory Requirement
	least annually to an in-house committee. A report is sent to PrimeWest Health quarterly.	
3. Confidentiality and Security of Protected Health Information (PHI) and Health Records 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 (6) years. Accountability, including how control is maintained. Personal and PHI disposal. Security of both paper and electronic PHI follows Health Insurance Portability and Accountability Act (HIPAA) guidelines. Health record keeping practices include the confidentiality and security of both paper and electronic health records and release of information. Health records are kept in a secure location. Reviewed annually. Tracking system for health records is in place. Release of health record forms are available.	• 2026 DHS Families and Children contract, article 13 • 2026 DHS MSHO/MSC+ contract, article 13 • 2026 DHS SNBC contract, article 13 • MN Stat. secs. 144.291 – 144.298 • MN Stat. sec. 144.651, subds. 15 – 16 • 42 CFR 423.136 • 45 CFR 160.103 • 45 CFR 164.530 (i) (1 – 5)
4. 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 various American Indian tribes. Prohibit discrimination on the grounds of physical or mental condition, health status, need for or receipt of health services, claims experience, medical history, genetic information, disability, marital status, age, sex, sexual orientation, national origin, race, color, religion, or political beliefs.	• 2026 DHS Families and Children contract, articles 3.2, 3.8.1, 3.8.2, 3.8.3, 6.1.23, and 6.13.9 • 2026 DHS MSHO/MSC+ contract, articles 3.2, 3.10.2, 3.10.3, 6.1.20, 6.8.10, and 6.15 • 2026 DHS SNBC contract, articles 3.2, 3.11.2, 3.11.3, 3.11.4, 6.1.23, 6.10.11, and 6.17 • MN Rules part 4685.1010, subp. 2 (E) (4) • 28 CFR 35.130 • 42 CFR 422.112 (a) (8) • 42 CFR 438.100 • 42 CFR 438.206 (c) (2) • NCQA NET 1 • NCQA ME 2 and 7
5. Disaster Preparedness Policy	Mechanism in place for responding to disasters/non-medical emergencies. Provides for the emergency care of members, staff and others in the facility in the event of fire, natural disasters, weather emergencies, bomb threats, bioterrorism threats, nuclear accidents, industrial accidents, other likely mass casualty events, electrical or fuel/gas disruption, disruption of water supply, disruption of sewer utilities, functional failure of equipment, or other	• 29 CFR 1910.33 – 1910.39 • 29 CFR 1910.155 – 165 • NFPA 101

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	unexpected events or circumstances that are likely to threaten the health and safety of those in the clinic. Management of behavior considered a threat to members or others is addressed. Emergency escape procedures and exit routes addressed. Conducts fire extinguisher training initially and annually. Conducts drills, including fire drills, at least annually, to test the plan's effectiveness. Completes a written evaluation of each drill and promptly implements corrections to the plan. Coordinates the plan with Federal, State, and local emergency preparedness and health authorities.	
6. Health Records Retention Policy	Health record retention periods defined. Records maintained and available for a period through 10 years from the date of final settlement for any contract year.	• 2026 DHS Families and Children contract, articles 9.3.1 and 9.3.7 • 2026 DHS MSHO/MSC+ contract, articles 9.3.1 and 9.3.7 • 2026 DHS SNBC contract, articles 9.3.1 and 9.3.7 • MN Rules part 4642.1000, subp. 2 • MN Stat. sec. 145.32 • 42 CFR 422.504 (d) • Provider Participation Agreement, Section 7.3
7. Infection Control and Communicable Disease Reporting Policy	Maintains an active clinic-wide infection control program for the prevention, control, and investigation of infectious and communicable diseases. Requirement to report communicable diseases to State Health Department. Reporting time frame (within one day). Program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities. Basic overview of infection control and how it relates to disease control. Blood-borne pathogens addressed. Multidrug-resistant organisms addressed. Hand washing outlined, including when and how. Universal precautions addressed, including glove use. Personal protection equipment addressed. Screening employees for tuberculosis. Vaccinating employees for hepatitis B. Steps taken when employee is exposed to breach of infection control or exposure and how to	• MN Rules part 4605.7030, subp. 1 – 4 • MN Rules part 4605.7400 • MN Stat. sec. 144.12, subd. 1 (7) • MN Stat. sec. 144.4804 • 29 CFR 1910.132 – 1910.140 • 29 CFR 1910.1020 • 29 CFR 1910.1030

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	report to the Occupational Safety and Health Administration (OSHA). Training records are kept for three (3) years.	
8. Medical Emergency Policy	Mechanism in place for responding to medical emergencies. Medical emergency code is identified. Identify who directs activities. Identify who determines if 911 is called.	• 2026 DHS Families and Children contract, articles 6.1.26, 6.13.3, and 6.13.8 • 2026 DHS MSHO/MSC+ contract, articles 6.1.30, 6.8.3, and 6.8.9 • 2026 DHS SNBC contract, articles 6.1.31, 6.10.3, and 6.10.10 • 29 CFR 1910.38 • 42 CFR 422.111 (b) (5) (iii)
9. Medication Management/ Administration of Drugs Policy	Mechanism in place for procuring, storing, controlling, and distributing medication. Expiration dates addressed. Opened multi-dose vials addressed. Vaccines addressed. High-risk medications addressed. Safe practices for medication administration addressed. Reporting of and minimizing medication errors addressed. Adverse drug reactions reported. Verbal orders addressed. Distribution, use, and disposition of controlled substances, Schedules II – V, 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. Current medication reference book available.	• MN Rules part 6800.1050 • MN Rules part 6800.7700 • MN Rules parts 6800.9951 – 9954 • 21 CFR 203 • 21 CFR 205 • 21 CFR 1301.75 – 1301.76 • PDMA, PL 100 – 293 • USP 800 Guidelines
10. Refusal of Treatment by a Provider Policy	Provisions for notification of member and health plan. Reasons for refusal to continue to provide care. Examples of reasons for refusal to continue to provide care to a member are unpaid bills incurred by that individual before enrollment in the health maintenance organization, unpaid copayments or coinsurance incurred by the member after enrollment in the health maintenance organization, a member who is uncooperative or abusive toward the provider, and the inability of the member and the provider to agree on a course of treatment.	• MN Rules part 4685.1010, subp. 2 (H)
11. Treating Unattended Minors Policy	Minor defined, exceptions covered. Scheduling of appointments addressed. Mechanism in place to respond when an unaccompanied minor calls/arrives asking to be seen. Circumstances for	• MN Stat. secs. 144.341 – 144.347

Element	Standard	Regulatory Requirement
	which a minor may consent on their own behalf for diagnosis and treatment. Sample of authorization to consent to treatment of a minor is provided.	

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G. Adequacy of Medical/Treatment Record Keeping		
1. Member information is displayed in a manner not identifiable to the general public.	The clinic has a procedure in accordance with HIPAA regulations that maintains the privacy and confidentiality of member identity and PHI.	• MN Stat. sec. 144.651, subds. 15 – 16 • 45 CFR 164.530 (c) (1) (2)
2. "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.	• MN Stat. sec. 144.292, subd. 4 • 45 CFR 164.524
3. Health records are easily located in a secure area and are accessible by authorized individuals.	Health records have legible file markers and are easily located. The health records are stored in a secure area and ensures the integrity, security, and protection of the records. At minimum, health records must be monitored by staff during clinic hours, and after-hour vendors must sign a confidentiality clause. The records are only accessible by authorized individuals.	• MN Rules part 9505.2175, subp. 2 (A) • MN Stat. sec. 144.651, subd. 16 • 45 CFR 164.310 (a) (1) (2)
4. A release of health record form is available.	A release of health record form is readily available to members upon request.	• MN Stat. secs. 144.293 – 144.294 • MN Stat. sec. 144.651, subd. 16

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H. Health Care (Quality) Improvement		
1. A quality improvement program is in place.	The clinic must develop, implement, and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program including program data, program scope, program activities, and performance improvement projects. Minimally, a quality improvement program or someone to monitor identified quality activities is in place.	• 2026 DHS Families and Children contract, article 7 • 2026 DHS MSHO/MSC+ contract, article 7 • 2026 DHS SNBC contract, article 7 • MN Rules parts 4685.1105 – 4685.1130 • 42 CFR 422.152 • 42 CFR 438.310 • NCQA PHM 2, 3

Element	Standard	Regulatory Requirement
2. Quarterly reports of member complaints are submitted to PrimeWest Health.	The clinic reports its Complaints, Appeals, and Grievances (CAG) data to PrimeWest Health using a PrimeWest Health form or provided electronic format quarterly for all Denial, Termination, or Reduction of Services (DTRs) notices issued in the previous quarter on or before the first 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.	• 2026 DHS Families and Children contract, articles 8.6, 8.7 • 2026 DHS MSHO/MSC+ contract, articles 8.6, 8.7 • 2026 DHS SNBC contract, articles 8.6, 8.7