I. SCOPE

This policy applies to (1) Canopy Health, LLC ("Canopy Health") and its subsidiaries and affiliates (each, an "Affiliate"); and (2) any other entity or organization with which Canopy Health contracts for such entity or organization to perform provider credentialing on Canopy Health's behalf (each a "Contractor"). To the extent that any Contractors perform functions set forth herein, references to "Canopy Health" or the "Credentialing Department" shall be interpreted to refer to such Contractors.

II. PURPOSE

The purpose of this policy is to implement a program to assess the quality, safety and accessibility of office sites where primary care is delivered.

III. DEFINITIONS

Primary Care Provider Location: The location of any practitioner rendering primary care and contracted with Canopy Health as a general practitioner, family (medicine) practitioner, internal medicine practitioner, pediatric practitioner, or obstetrics-gynecology practitioner.

Credentialing Peer Review Committee: A group of providers selected by Canopy Health that evaluate the qualifications and make the final determination regarding the status of providers applying for participation in Canopy Health's network, and evaluate the necessity, quality or utilization of care rendered by providers in the network. Peer review is conducted by other health care providers from the same discipline or with similar or essentially equal qualifications who are not in direct economic competition with the health care professional under review.

IV. POLICY

A. It is the policy of Canopy Health that primary care provider locations meet specific thresholds for quality, safety, and accessibility.

B. It is Canopy Health's policy to require an onsite visit to verify these standards are met.

C. It is the policy of Canopy Health to monitor member complaints to ensure that those providers who meet minimum threshold of complaints are appropriately addressed.

V. PROCEDURE

A. Canopy Health will assess the following elements to establish standards and thresholds for office criteria:
   1. Physical accessibility
      a. Accessibility standards must include provisions for physically disabled patients
      b. All practice sites have an entrance for handicapped equipment with handrails on both sides
      c. Access to an elevator if the facility is a multi-story building
      d. Bathroom is handicapped accessible
   2. Physical appearance, e.g. cleanliness, orderliness, well-lit waiting room
      a. Corridors, hallways, exits and doorways are free from obstruction
      b. Rooms and supplies are clean
      c. There are no noxious odors
   3. Adequacy of waiting and examining room space taking into account the number of assigned members and accommodations in the office for said members
   4. Appropriate Storage of Supplies, Instruments and Trash
      a. Puncture-resistant containers for the disposal of needles and syringes are located in every room
      b. Hazardous and toxic materials are centrally stored away from treatment areas
      c. There is compliance with OSHA Exposure Control Plan and Policy and Procedure
      d. There is compliance with a written Sterilization Policy and Procedures
         (i) Medical instruments are sterilized or disposed of after each use.
      e. No syringes, needles or prescription pads are stored in exam rooms or within patient access.
      f. Trash is contained, stored and properly disposed of
   5. Adequacy of equipment
      a. Fire extinguishers are visible and easy to reach
      b. Fire inspections are current
   6. Appropriate Storage of Drugs
      a. Drugs are current and expiration dates are checked routinely
      b. There is a procedure for dispensing samples
      c. Refrigerated drugs are properly maintained
      d. Controlled medications are locked with restricted access and log
      e. Medication administration is performed by licensed staff or provider
      f. There is compliance with a written Policy and Procedure for the Storage of Drugs

7. Imaging
    a. Equipment is state inspected and licensed
    b. Equipment and staff licenses are current and posted
    c. There is compliance with the Imaging Policy and Procedure
8. X-ray Equipment Standards
    a. Requirements of equipment include a diagnostic machine having a rotating anode tube with a tube filtration sufficient to achieve a half-value layer (HVL) of 3-4 mm of aluminum. When a grid is used, at least a 10:1 aluminum interspace grid with a minimum of 103 lines per inch is recommended
    b. Radiographs shall be exposed only with equipment having a beam-limiting device that provides rectangular collimation
    c. There should be at least a 72-inch source-image distance (SID) to minimize magnification
    d. The source (focal spot) shall not exceed 2.0 mm; 0.6 mm is the recommended range
    e. For analog studies, intensifying screens shall be used
    f. Any filmscreen combination may be used that has a speed of at least 100.
    g. Automatic processing is preferable with carefully controlled temperature and maintenance
    h. A constant time and temperature shall be employed for manual processing
9. Laboratory (if applicable)
    a. On-site lab is CLIA certified or if it meets requirements has a certificate of waive
    b. Accessibility and organization of records
    c. Forms and methods for consistency
    d. Secure/confidential filing system
10. Sterilization of Supplies
    a. Soiled and contaminated supplies are kept separated from clean and sterilized supplies and equipment.
    b. Sterile supplies are handled in a manner that minimizes stress and pressure and stored in a clean cabinet that is protected from dust, insects and extremes in temperature changes and humidity.
    c. An orderly system of rotation is used.
    d. Steam sterilization
        (i) Items will be thoroughly cleaned with soap and water, rinsed and dried. All joints will be unlocked or disassembled.

(ii) Items will be placed in appropriate covering and sealed with pressure/temperature sensitive indicator tape.
(iii) Items will be positioned in the sterilizer to allow maximum free circulation of air and to prevent excessive condensation.
(iv) Time temperature settings and operating instructions recommended by the device manufacturer will be followed.
(v) Items shall remain untouched until cooled. Visual inspection of the indicator tape will be performed before sterilized items are placed in storage for re-use.
(vi) Flash sterilization will be used for emergency sterilization only for unwrapped items.
(vii) Sterilizer indicating thermometers will be checked and recorded daily; records will be kept for one year.
(viii) Monthly bacteriological tests and preventive maintenance will be conducted according to the manufacturer's instruction; records will be kept for one year.

e. Cold Sterilization
(i) Applies to heat sensitive items (non-metal, disposable vaginal speculate, anoscopes, and all scopes with light bulbs and stainless steel instruments).
(ii) Items will be thoroughly cleaned with soap and water, rinsed and dried. All joints will be unlocked or disassembled.
(iii) Items will be immersed completely in an activated high-level disinfectant that eradicates HIV, HB and TB is used according to product label instructions.
(iv) Sterile forceps will be used to remove the items from the solution.
(v) Items will be rinsed with sterile water and placed on a clean towel or drape.
(vi) Only sterilization disinfectant will be used. This disinfectant will be kept covered and stored in a well-ventilated area. The expiration date, determined by the manufacturer's recommendations, will be marked on the container in use.

f. Gas Sterilization
(i) Applies to heat sensitive items (plastics).
(ii) Procedure must be performed in a well-aerated area.
(iii) Environmental protection procedures will be followed.
(iv) Length of time for materials gas sterilized must be monitored.
(v) Ethylene Oxide is an example of the gas used.

(vi) Provision must be made for the safe handling and storage of gas cylinders.

11. Emergencies
    a. Staff is trained in emergency procedures.
    b. Emergency equipment/supplies/drugs are available and routinely checked.
    c. There is compliance with a written Emergency Policy and Procedure and Fire/Safety/Disaster Policy and Procedure.
12. Intake System/Access to Care Standards
    a. Office staffs are professional and courteous.
    b. Office staffs speak the language of the member population; arrangement for translation services is available if needed.
    c. Clinical staffs provide triage support to scheduling staff to determine how soon a patient needs to be seen.
    d. There is provision of 24-hour physician care.
    e. Office waiting room wait times are within 30 minutes.
    f. Office telephone wait time is within 30 seconds and call abandonment rate is less than 5%.
    g. Patients are scheduled to see their personal provider whenever possible.
    h. Appointments are scheduled to allow for coordination of visits with multiple providers and in conjunction with scheduled diagnostic testing whenever medically appropriate.
    i. Appointment scheduling standards include:
        (i) Immediate for emergency (or direction to the nearest emergency room)
        (ii) Within 24 hours for urgent
        (iii) Within 7 calendar days for PCP routine (symptomatic patients)
        (iv) Within 24 calendar days for specialist non-urgent referrals
        (v) Within 30 calendar days for preventive care and physical examinations.
    j. Patient requests for same day appointments will be honored as the provider's schedule permits.
13. Compliance with federal, state, and Canopy's standards for medical record keeping practices and confidentiality requirements.

B. The minimum passing score for the site review survey and the medical/treatment record keeping practices is 85%.
    1. The compliance level categories are as follows:
        a. ***Exempted Pass*** 90% or above, without deficiencies in critical elements

b. ***Conditional Pass*** 85-90% with deficiencies in critical elements
c. ***Not Pass*** below 85%

C. Canopy Health will train staff to conduct office site visits and medical/treatment record keeping practices.
   1. Staff can include credentialing coordinators, credentialing specialists, and provider relations coordinators or network representatives.

D. For any primary care location that fails to receive a passing score, the practitioner or office must develop and submit to the CD an action plan to address the deficiencies identified during the review. The CD will review the action plan and approve the action plan if, in the CD's determination, the action plan will remediate the identified deficiencies.

   1. The action plan will be evaluated every 6 months until the site meets the threshold or until the CD terminates the practitioner's credentialing.

E. If any practitioner receives four complaints for any of the criteria listed above, Canopy Health will conduct an office site and medical/treatment record-keeping practice elements review.
   1. The site visit will be performed within 60 calendar days of the complaint threshold.
   2. Complaints will be forwarded to the appropriate health plan upon receipt.
   3. If the site does not meet the above criteria, the site must develop and implement an action plan as described above.
      a. The action plan will be evaluated every 6 months until the site meets the threshold or until the CD terminates the practitioner's credentialing.
   4. Canopy Health will conduct a follow up site audit of a previous deficient office, if the practice site meets the reasonable complaint threshold, subsequent to correcting the deficiencies.

F. CD will maintain records of a practitioner's compliance with the applicable quality elements described above and the practitioner's overall score.

VI. ENFORCEMENT

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management

may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. REFERENCES

A. MED 4

REVISION HISTORY:

Version Date	Edited By	Reason for Change
01/01/2017	**M. Durbin**	**Created policy**
11/13/2018	**R. Scott**	**Updated for NCQA Requirements**
01/01/2019	**R. Scott**	**Updated to correctly reference NCQA MED 4 standard rather than CR 7.**