

HealthPartners

QUALITY ASSURANCE EXAMINATION

Final Report

For the Period: June 1, 2015 – December 31, 2017

Examiners: Elaine Johnson, RN, BS, CPHQ; Kate Eckroth, MPH; Anne Kukowski, MS, JD

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Minnesota Department of Health
Managed Care Systems Section
PO Box 64882
St. Paul, MN 55164-0882
651-201-5100
health.mcs@state.mn.us
www.health.state.mn.us

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MINNESOTA DEPARTMENT OF HEALTH
EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of HealthPartners to determine whether it is operating in accordance with Minnesota Law. Our mission is to protect, maintain and improve the health of all Minnesotans. MDH has found that HealthPartners is compliant with Minnesota and Federal law, except in the areas outlined in the "Deficiencies" and "Mandatory Improvements" sections of this report. Deficiencies are violations of law. "Mandatory Improvements" are required corrections that must be made to non-compliant policies, documents or procedures where evidence of actual compliance is found or where the file sample did not include any instances of the specific issue of concern. The "Recommendations" listed are areas where, although compliant with law, MDH identified improvement opportunities.

To address recommendations, HealthPartners should:

Clearly indicate in the annual evaluation what population(s) were involved in the individual improvement activities;

Include the commissioner's toll-free number on the complaint form.

To address mandatory improvements, HealthPartners and its delegates must:

Identify and describe its focus studies/improvement initiatives in the annual work plan;

Update its policy indicating that they must offer a provider contract to any designated ECP located within the service area.

To address deficiencies, HealthPartners and its delegates must:

Provide telephone/fax notification to the attending health care professional within one working day of the authorization denial decision.

This report including these deficiencies, mandatory improvements and recommendations is approved and adopted by the Minnesota Commissioner of Health pursuant to authority in Minnesota Statutes, chapter 62D.



Diane Rydrych, Director
Health Policy Division

1/30/19
Date

Contents

I.	Introduction	5
II.	Quality Program Administration	7
	Program.....	7
	Activities.....	8
	Quality Evaluation Steps	8
	Focused Study Steps	9
	Filed Written Plan and Work Plan.....	9
III.	Quality of Care.....	10
	Quality of Care Complaints	10
IV.	Complaint and Grievance Systems.....	11
	Complaint Systems.....	11
	Complaint Resolution.....	11
	Appeal of the Complaint Decision	12
	Notice to Enrollees.....	12
	External Review of Adverse Determinations	12
	Grievance System.....	12
	General Requirements.....	13
	Internal Grievance Process Requirements	13
	DTR Notice of Action to Enrollees.....	14
	Internal Appeals Process Requirements	15
	Maintenance of Grievance and Appeal Records	16
	State Fair Hearings	16
V.	Access and Availability	17
	Geographic Accessibility	17
	Essential Community Providers	17
	Availability and Accessibility	17
	Emergency Services	18
	Licensure of Medical Directors	18
	Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance.....	18
	Coverage for Court-Ordered Mental Health Services	18
	Continuity of Care	19

HEALTHPARTNERS QUALITY ASSURANCE EXAMINATION

VI. Utilization Review..... 20

Standards for Utilization Review Performance 20

Procedures for Review Determination 20

Appeals of Determinations Not to Certify 21

Confidentiality..... 22

Staff and Program Qualifications..... 22

Complaints to Commerce or Health 22

Prohibition of Inappropriate Incentives 22

VII. Summary of Findings..... 23

Recommendations 23

Mandatory Improvements..... 23

Deficiencies 23

I. Introduction

1. History: Founded in 1957 as a cooperative, HealthPartners provides care and coverage to members across Minnesota, western Wisconsin, eastern North Dakota and South Dakota, and parts of Iowa and Illinois. Its affiliates are an integrated healthcare network, including HealthPartners Medical Group, medical and dental clinics, hospitals, on-line services, and education and research institutes. HealthPartners offers products for the fully-insured commercial market and publicly funded Minnesota HealthCare Programs—Managed Care (MHCP-MC).
2. Membership: HealthPartners self-reported Minnesota enrollment as of December 31, 2017 consisted of the following:

Self-Reported Enrollment

Product	Enrollment
<i>Fully Insured Commercial</i>	
Large Group	33,457
Small Employer Group	126,726
Individual	23,422
<i>Minnesota Health Care Programs – Managed Care (MHCP-MC)</i>	
Families & Children	32,558
MinnesotaCare	122,243
Minnesota Senior Care (MSC+)	2,320
Minnesota Senior Health Options (MSHO)	3,217
Special Needs Basic Care	4,840
<i>Total</i>	348,783

3. Onsite Examination Dates: March 5, 2018 – March 8, 2018
4. Examination Period: June 1, 2015 – December 31, 2017
File Review Period: January 1, 2017 – December 31, 2017
Opening Date: January 4, 2018
5. National Committee for Quality Assurance (NCQA): HealthPartners is accredited for its Commercial HMO/POS/PPO combined product by NCQA based on 2017 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:

HEALTHPARTNERS QUALITY ASSURANCE EXAMINATION

- a. If NCQA standards do not exist or are not as stringent as Minnesota law, the accreditation results were not used in the MDH examination process [No NCQA checkbox].
 - b. If the NCQA standard was the same or more stringent than Minnesota law and the health plan was accredited with 100% of the possible points, the NCQA results were accepted as meeting Minnesota requirements [NCQA , unless evidence existed indicating further investigation was warranted [NCQA].
 - c. If the NCQA standard was the same or more stringent than Minnesota law, but the review resulted in less than 100% of the possible points on NCQA's score sheet or as an identified opportunity for improvement, MDH conducted its own examination.
6. Sampling Methodology: Due to the small sample sizes and the methodology used for sample selection for the quality assurance examination, the results cannot be extrapolated as an overall deficiency rate for the health plan.
7. Performance Standard: For each instance of non-compliance with applicable law or rule identified during the quality assurance examination, that covers a three-year audit period, the health plan is cited with a deficiency. A deficiency will not be based solely on one outlier file if MDH has sufficient evidence that a plan's overall operation is compliant with an applicable law. Sufficient evidence may be obtained through: 1) file review; 2) policies and procedures; and 3) interviews.

II. Quality Program Administration

Program

Minnesota Rules, Part 4685.1110

Subparts	Subject	Met	Not Met	NCQA
Subp. 1.	Written Quality Assurance Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 2.	Documentation of Responsibility	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 3.	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 4.	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 5.	Staff Resources	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 6.	Delegated Activities	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 7.	Information System	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 8.	Program Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 9.	Complaints	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 10.	Utilization Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 11.	Provider Selection and Credentialing	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 12.	Qualifications	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 13.	Medical Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

Finding: Delegated Activities

Subp. 6. Minnesota Rules, part 4685.1110, subpart 6, states the HMO must develop and implement review and reporting requirements to assure that the delegated entity performs all delegated activities. The standards and processes established by the National Committee for Quality Assurance (NCQA) for delegation are considered the community standard and, as such, were used for the purposes of this examination. The following delegated entities and functions were reviewed.

Delegated Entities and Functions

Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
MedImpact						X		X	
Fulcrum/EviCore	X				X			X	
Polk County									X

HEALTHPARTNERS QUALITY ASSURANCE EXAMINATION

Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
Norman County									X
Independent Lifestyles									X

Finding: Provider Selection and Credentialing

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states the plan must have policies and procedures for provider selection, credentialing and recredentialing that, at a minimum, are consistent with community standards. MDH recognizes the community standard to be NCQA. HealthPartners scored 100% on all 2017 NCQA credentialing/recredentialing standards.

Activities

Minnesota Rules, Part 4685.1115

Subparts	Subject	Met	Not Met
Subp. 1.	Ongoing Quality Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Scope	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Ongoing Quality Evaluation

Subp.1. Minnesota Rule, part 4685.1115, subpart 1, states the health plan will conduct ongoing evaluation of the quality activities. HealthPartners’ annual evaluation gives a thorough summary of its quality activities. It is not always clear in the summary of the performance improvement projects and focus studies as to which plan populations are included in the project. HealthPartners should clearly indicate in the annual evaluation what population(s) were involved in the individual improvement activities. **(Recommendation #1)**

Quality Evaluation Steps

Minnesota Rules, Part 4685.1120

Subparts	Subject	Met	Not Met
Subp. 1.	Problem Identification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Problem Selection	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 3.	Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4.	Evaluation of Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Focused Study Steps

Minnesota Rules, Part 4685.1125

Subparts	Subject	Met	Not Met
Subp. 1.	Focused Studies	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Topic Identification and Selections	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 3.	Study	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4.	Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5.	Other Studies	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Filed Written Plan and Work Plan

Minnesota Rules, Part 4685.1130

Subparts	Subject	Met	Not Met
Subp. 1.	Written Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Work Plan	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
Subp. 3.	Amendments to Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Work Plan

Subp. 2. Minnesota Rules, part 4685.1130, subpart 2.B, states the work plan must describe the proposed focus studies to be conducted in the following year. HealthPartners listed as focus studies/improvement initiatives in its 2017 Work Plan as Antidepressant Medication Management (AMM), Medication Therapy Management (MTM) for MSHO, and Colorectal Cancer Screening. MTM is mentioned only briefly in conjunction with withhold activities and Colorectal is not in the work plan. For 2016, HealthPartners indicated focus studies were AMM, Asthma Action Plan and Chlamydia. Again, not all were included in the 2016 work plan. HealthPartners must identify and describe its focus studies/improvement initiatives in the annual work plan. **(Mandatory Improvement #1)**. MDH noted however, that all focus studies/improvement initiatives in both 2016 and 2017 were included in the annual evaluations.

III. Quality of Care

MDH reviewed HealthPartners’ policy and procedures and a total of 30 quality of care grievance and complaint system files. MDH found that HealthPartners met all quality of care requirements.

Quality of Care File Review

File Source	# Reviewed
<i>Quality of Care</i>	
MHCP Products - Grievances	15
Commercial – Complaints	15
Total	30

Quality of Care Complaints

Minnesota Statutes, Section 62D.115

Subparts	Subject	Met	Not Met
Subd. 1.	Definition	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Quality of Care Investigations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

IV. Complaint and Grievance Systems

Complaint Systems

MDH examined HealthPartners's fully-insured commercial complaint system for compliance with complaint resolution requirements of Minnesota Statutes, Chapter 62Q.

MDH reviewed a total of 40 Complaint System files.

Complaint System File Review

File Source	# Reviewed
Complaint Files	
<i>HealthPartners Written</i>	28
<i>HealthPartners Oral</i>	2
Non-Clinical Appeals	10
Total	40

Complaint Resolution

Minnesota Statutes, Section 62Q.69.

Section	Subject	Met	Not Met
Subd. 1	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2	Procedures for Filing a Complaint	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Notification of Complaint Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Procedures for filing a complaint

Subd. 2(a). Minnesota Statutes, section 62Q.69, subdivision 2(a), requires that a health plan company respond to oral complaints within ten days or inform the complainant that the complaint may be submitted in writing. One of the eight oral complaint files initially reviewed was not resolved within ten days. Therefore, all 30 files sampled were reviewed. All other files were resolved within ten days. HealthPartners subsequently clarified that the situation documented in the file that had been noted as taking over ten days to resolve had begun as an inquiry and did not rise to the level of a complaint until a later date, at which time HealthPartners responded within ten days.

Subd 2(a)(4). Minnesota Statutes, section 62Q.69, subdivision 2(a)(4), requires that a health company's complaint form include the toll-free number of either the commissioner of health or

the commissioner of commerce so that a complainant may exercise his or her right to submit the complaint to the appropriate commissioner for investigation. HealthPartners' complaint form did not include a phone number. However, the phone number was included in the letter that accompanies the complaint form sent to the member. HealthPartners should include the commissioner's toll-free number in the complaint form. **(Recommendation #2)**

Appeal of the Complaint Decision

Minnesota Statutes, Section 62Q.70.

Section	Subject	Met	Not Met
Subd. 1.	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Procedures for Filing an Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Notification of Appeal Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Notice to Enrollees

Minnesota Statutes, Section 62Q.71.

Section	Subject	Met	Not Met
62Q.71.	Notice to Enrollees	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

External Review of Adverse Determinations

Minnesota Statutes, Section 62Q.73.

Section	Subject	Met	Not Met
Subd. 3	Right to External Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Grievance System

MDH examined HealthPartners's Minnesota Health Care Programs Managed Care Programs – Managed Care (MHCP-MC) grievance system for compliance with the federal law (42 CFR 438, subpart E) and the DHS 2017 Contract, Article 8.

MDH reviewed a total of 24 grievance system files.

HEALTHPARTNERS QUALITY ASSURANCE EXAMINATION

Grievance System File Review File Source	# Reviewed
Grievances	
<i>HealthPartners Written</i>	1
<i>HealthPartners Oral</i>	7
Non-Clinical Appeals	
<i>HealthPartners Written</i>	0
<i>HealthPartners Oral</i>	8
State Fair Hearing	8
Total	24

General Requirements

DHS Contract, Section 8.1

Section	42 CFR	Subject	Met	Not Met
Section 8.1.	§438.402	General Requirements		
Sec. 8.1.1.		Components of Grievance System	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Internal Grievance Process Requirements

DHS Contract, Section 8.2

Section	42 CFR	Subject	Met	Not Met
Section 8.2	§438.408	Internal Grievance Process Requirements		
Sec. 8.2.1	§438.402 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.2	§438.408 (b)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.3	§438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec 8.2.4	§438.406	Handling of Grievances		
(A)	§438.406 (a)(2)	Written Acknowledgement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.416	Log of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.402 (b)(3)	Oral or Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.406 (a)(1)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.406 (a)(3)(i)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.406 (a)(3)(ii)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

HEALTHPARTNERS QUALITY ASSURANCE EXAMINATION

Section	42 CFR	Subject	Met	Not Met
Sec. 8.2.5	§438.408 (d)(1)	Notice of Disposition of a Grievance		
(A)	§438.408 (d)(1)	Oral Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.408 (d)(1)	Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

DTR Notice of Action to Enrollees

DHS Contract, Section 8.3

Section	42 CFR	Subject	Met	Not Met
Section 8.3	§438.408	DTR Notice of Action to Enrollees		
Sec. 8.3.1		General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.2	§438.404 (c)	Timing of DTR Notice		
(A)	§438.210 (c)	Previously Authorized Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.404 (c)(2)	Denials of Payment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.210 (b)(c)(d)	Standard Authorizations that deny or limit services must provide notice:		
(1)		As expeditiously as the enrollee's health condition requires	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(2)		To the attending health care professional and hospital by telephone or fax within one working day after making the determination	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
(3)		To the provider, enrollee and hospital, in writing, and must include the process to initiate an appeal, within two (10) business days following receipt of the request for the service, unless the MCO receives an extension of the resolution period	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.210 (d)(2)(i)	Expedited Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.210 (d)(1)	Extensions of Time	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.210 (d)	Delay in Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.3.3.	§438.420 (b)	Continuation of Benefits Pending Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Notification to Attending Health Care Professional

Sec. 8.3.2. 42 CFR 438.210(c)(d) (contract section 8.3.2(C)(2)), states the MCO must provide telephone/fax notification to the attending health care professional within one working day of the authorization denial decision. None of the ten dental utilization denial files contained a telephone or fax notification of denial within one working day. HealthPartners became aware of this during preparations for the MDH examination and stated the process was changed in January 2018, which was outside of the file review period. HealthPartners must provide telephone/fax notification to the attending health care professional within one working day of the authorization denial decision. **(Deficiency #1)**

[Also see Minnesota Statutes 62M.05, subdivision 3a.(c)]

Internal Appeals Process Requirements

DHS Contract, Section 8.4

Section	42 CFR	Subject	Met	Not Met
Section 8.4	§438.404	Internal Appeals Process Requirements		
Sec. 8.4.1.	§438.402 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.2.	§438.408 (b)(2)	Timeframe for Resolution of Standard Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.3.	§438.408 (b)	Timeframe for Resolution of Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.408 (b)(3)	Expedited Resolution of Oral and Written Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.410 (c)	Expedited Appeal by Denied	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.410 (a)	Expedited Appeal by Telephone	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.4.	§438.408 (c)	Timeframe for Extension of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.5.	§438.406	Handling of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.406 (b)(1)	Oral Inquiries	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.406 (a)(2)	Written Acknowledgment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.406 (a)(1)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.406 (a)(3)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.406 (a)(3)	Appropriate Clinical Expertise (See Minnesota Statutes, sections 62M.06, and subd. 3(f) and 62M.09)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.406 (b)(2)	Opportunity to Present Evidence	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(G)	§438.406 (b)(3)	Opportunity to Examine the Care File	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(H)	§438.406 (b)(4)	Parties to the Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(I)	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.6.		Subsequent Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.7.	§438.408 (d)(2)(e)	Notice of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.408 (d)(2)(e)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.410 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.410 (c) and .408 (d)(2)(ii)	Telephone Notification of Expedited Appeals (Also see Minnesota Statutes section 62M.06, subd.2)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.8	§438.424	Reversed Appeal Resolutions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Written Acknowledgement

Sec. 8.4.5. 42 CFR 438.406 (a)(2) (contract section 8.4.5(B)), states the MCO must send a written acknowledgement of the appeal within ten days of the request. Of the 12 files initially

reviewed, one clinical appeal file was outside the ten day timeline (32 days) requirement for acknowledgement letters. MDH reviewed 18 more files (for a total of 30) for acknowledgement letter timelines. Of the 30 files reviewed, one file was outside of the 10 day timeline for acknowledgement letters.

Maintenance of Grievance and Appeal Records

DHS Contract, Section 8.6

Section	42 CFR	Subject	Met	Not Met
Section 8.6.	§438.416 (c)	Maintenance of Grievance and Appeal Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

State Fair Hearings

DHS Contract, Section 8.10

Section	42 CFR	Subject	Met	Not Met
Section 8.10.	§438.416 (c)	State Fair Hearings		
Sec. 8.10.2..	§438.408 (f)	Standard Hearing Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.10.5.	§438.424	Compliance with State Fair Hearing Resolution	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

V. Access and Availability

Geographic Accessibility

Minnesota Statutes, Section 62D.124

Subdivision	Subject	Met	Not Met
Subd. 1.	Primary Care, Mental Health Services, General Hospital Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Other Health Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Exception	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Essential Community Providers

Minnesota Statutes, Section 62Q.19

Subdivision	Subject	Met	Not Met
Subd. 3.	Contract with Essential Community Providers	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met

Finding: Contract with Essential Community Providers

Subd. 3. Minnesota Statutes, section 62Q.19, subdivision 3, states that a health plan must offer a provider contract to any designated essential community provider (ECP) located within the area served by the health plan, and cannot restrict access to members seeking ECP services. There is nothing stated in HealthPartners's policy and procedures that addresses contracting with ECPs. MDH's review of Geographic Access indicated that HealthPartners does have contracts with ECPs. HealthPartners must update its policy indicating that they must offer a provider contract to any designated ECP located within the service area. **(Mandatory Improvement #2)**

Availability and Accessibility

Minnesota Rules, Part 4685.1010

Subparts	Subject	Met	Not Met
Subp. 2.	Basic Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5.	Coordination of Care	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 6.	Timely Access to Health Care Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Emergency Services

Minnesota Statutes, Section 62Q.55

Subdivision	Subject	Met	Not Met
Subd. 1.	Access to Emergency Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Emergency Medical Condition	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Licensure of Medical Directors

Minnesota Statutes, Section 62Q.121

Section	Subject	Met	Not Met
62Q.121	Licensure of Medical Directors	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

Minnesota Statutes, Section 62Q.527

Subdivision	Subject	Met	Not Met
Subd. 2.	Required Coverage for Anti-psychotic Drugs	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Continuing Care	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 4.	Exception to Formulary	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Coverage for Court-Ordered Mental Health Services

Minnesota Statutes, Section 62Q.535

Subdivision	Subject	Met	Not Met
Subd. 2.	Coverage required	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Continuity of Care

Minnesota Statutes, Section 62Q.56

Subdivision	Subject	Met	Not Met
Subd. 1.	Change in health care provider, general notification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 1a.	Change in health care provider, termination not for cause	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 1b.	Change in health care provider, termination for cause	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Change in health plans (applies to group, continuation and conversion coverage)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

VI. Utilization Review

MDH examined HealthPartners utilization review (UR) system under Minnesota Statutes, chapter 62M. MDH reviewed a total of 75 UR System files.

UR System File Review

File Source	# Reviewed
UM Denial Files	
Commercial	
<i>Mental Health</i>	8
<i>Chiropractic</i>	9
<i>Pharmacy/Miscellaneous</i>	10
MHCP-MC	
<i>Mental Health</i>	8
<i>Pharmacy/Miscellaneous</i>	10
<i>Dental</i>	10
<i>Subtotal</i>	55
Clinical Appeal Files	
Commercial	8
MHCP-MC	12
<i>Subtotal</i>	20
Total	75

Standards for Utilization Review Performance

Minnesota Statutes, Section 62M.04

Subdivision	Subject	Met	Not Met
Subd. 1.	Responsibility on Obtaining Certification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Information upon which Utilization Review is Conducted	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Procedures for Review Determination

Minnesota Statutes, Section 62M.05

HEALTHPARTNERS QUALITY ASSURANCE EXAMINATION

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Written Procedures	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 2.	Concurrent Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 3.	Notification of Determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 3a.	Standard Review Determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(a) Initial determination to certify or not (10 business days)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
	(b) Initial determination to certify (telephone notification)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(c) Initial determination not to certify (notice within 1 working day)	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	
	(d) Initial determination not to certify (notice of right to appeal)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 3b.	Expedited Review Determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 4.	Failure to Provide Necessary Information	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 5.	Notifications to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

Finding: Initial determination not to certify (notice within one working day)

Subd. 3a. Minnesota Statutes 62M.05, subdivision 3a(c) [See 42 CFR 438.210(b)(c)(d) (contract section 8.3.2(C)(2)), Deficiency #1]

Appeals of Determinations Not to Certify

Minnesota Statutes, Section 62M.06

Subdivision	Subject	Met	Not Met
Subd. 1.	Procedures for Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Expedited Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Standard Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(a) Appeal resolution notice timeline	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(b) Documentation requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(c) Review by a different physician	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(d) Time limit in which to appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(e) Unsuccessful appeal to reverse determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(f) Same or similar specialty review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(g) Notice of rights to external review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 4.	Notifications to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Confidentiality

Minnesota Statutes, Section 62M.08

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1	Written Procedures to Ensure Confidentiality	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

Staff and Program Qualifications

Minnesota Statutes, Section 62M.09

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Staff Criteria	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 2.	Licensure Requirements	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 3.	Physician Reviewer Involvement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 3a	Mental Health and Substance Abuse Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 4.	Dentist Plan Reviews	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 4a.	Chiropractic Reviews	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 5.	Written Clinical Criteria	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 6.	Physician Consultants	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 7.	Training for Program Staff	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 8.	Quality Assessment Program	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

Complaints to Commerce or Health

Minnesota Statutes, Section 62M.11

Section	Subject	Met	Not Met
62M.11	Complaints to Commerce or Health	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Prohibition of Inappropriate Incentives

Minnesota Statutes, Section 62M.12

Section	Subject	Met	Not Met	NCQA
62M.12	Prohibition of Inappropriate Incentives	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

VII. Summary of Findings

Recommendations

1. In order to better comply with Minnesota Rule, part 4685.1115, subpart 1, HealthPartners should clearly indicate in the annual evaluation what population(s) were involved in the individual improvement activities.
2. In order to better comply with Minnesota Statutes, section 62Q.69, subdivision 2(a)(4), HealthPartners should include the commissioner's toll-free number on the complaint form.

Mandatory Improvements

1. In order to comply with Minnesota Rules, part 4685.1130, subpart 2. B, HealthPartners must identify and describe its focus studies/improvement initiatives in the annual work plan.
2. In order to comply with Minnesota Statutes, section 62Q.19, subdivision 3, HealthPartners must update its policy indicating that they must offer a provider contract to any designated ECP located within the service area.

Deficiencies

1. In order to comply with 42 CFR 438.210(c)(d) (contract section 8.3.2(C)(2)) and Minnesota Statutes 62M.05, subdivision 3a.(c), HealthPartners must provide telephone/fax notification to the attending health care professional within one working day of the authorization denial decision.