



PrimeWest Health

QUALITY ASSURANCE EXAMINATION

01/27/2021

Final Report

For the Period: July 2, 2018 – May 31, 2020

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As requested by Minnesota Statutes, Section 3.197: This report cost approximately \$125.00 to prepare, including staff time, printing and mailing expenses.

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MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of PrimeWest 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 PrimeWest 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, PrimeWest should:

Perform more robust reporting that includes tracking and trending by grievance categories for the purposes of identifying patterns and assessing trends over time.

Ensure in its selection of clinics for medical record review that there are a variety of clinics reviewed each year, not merely the same top 20 clinics.

To address mandatory improvements, PrimeWest and its delegates must:

Specifically identify the standards used by provider types in accordance with Minnesota Rule requirements in the written summaries and analysis of network adequacy, and ensure they are applying the standards correctly in the analysis.

To address deficiencies, PrimeWest and its delegates must:

Ensure the written quality assurance plan is developed, reviewed, and approved by the Quality and Care Coordination Committee, its designated quality entity, prior to seeking review and approval from the Joint Powers Board.

Work with its delegate, MedImpact to ensure the correct dates are recorded on the Denial, Termination, or Reduction (DTR) notice to provide accurate information to the enrollee.

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.

signature on file

January 27, 2021

Susan Castellano, Acting Director
Health Policy Division

Date

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I. Introduction

1. History:

PrimeWest Health (PrimeWest) was legally established in December 1998 as a county government “Joint Powers” entity under MN Stat. sec. 471.59. PrimeWest’s counties include Big Stone, Douglas, Grant, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse. The Minnesota Department of Health (MDH) approved PrimeWest’s County Based Purchasing (CBP) application in October 2002 in accordance with MN Stat. sec. 256B.692. In April 2003, the Minnesota Department of Human Services (DHS) awarded PrimeWest the contract for administering the Prepaid Medical Assistance Program (PMAP) in its 10 Joint Powers counties beginning July 2003.

In 2003, PrimeWest started with one MHCP product serving approximately 5,500 members in 10 counties through a network of fewer than 1,000 contracted providers. Today, PrimeWest administers six MHCP programs serving nearly 44,000 members in 13 counties through a network of over 12,500 contracted providers.

2. Membership: PrimeWest’s self-reported Minnesota enrollment as of March 31, 2020 consisted of the following:

Self-Reported Enrollment

Product	Enrollment
Minnesota Health Care Programs – Managed Care (MHCP-MC)	
Families & Children	32,730
MinnesotaCare	2,663
Minnesota Senior Care (MSC+)	897
Minnesota Senior Health Options (MSHO)	1911
Special Needs Basic Care	2307
Total	40,508

3. Onsite Examination Dates: July 27, 2020 to July 31, 2020

4. Examination Period: July 2, 2018 to May 31, 2020
 File Review Period: June 1, 2019 to May 31, 2020
 Opening Date: May 1, 2020

5. National Committee for Quality Assurance (NCQA): PrimeWest is accredited by NCQA for its Medicaid HMO product based on 2019 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:

- 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 plan was accredited with less than 100% of the possible points or MDH identified an 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 type="checkbox"/> Met	<input checked="" 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 checked="" type="checkbox"/> Met	<input 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: Written Quality Assurance Plan

Subp. 1. Minnesota Rules 4685.1110, subparts 2 and 3, gives authority of the quality program to the governing body, which approves the quality program and its activities. The governing body designates an entity that is responsible for the quality assurance activities.

PrimeWest's Joint Powers Board (JPB) is the governing body, which has ultimate responsibility and authority over the quality program. PrimeWest has established its Quality and Care Coordination Committee (QCCC) as its designated entity and "*JPB has assigned responsibility for development and implementation of the Quality Assurance Plan, Annual Quality Program Assessment, and Annual Quality Work Plan to QCCC*"¹.

In 2019 and 2020, the JPB approved *PrimeWest Health Quality Improvement Program* description before it was reviewed and approved by the QCCC. For example, in 2020, the March

¹ Taken from PrimeWest Health Quality Improvement Program, 2020

5, 2020 JPB minutes stated, “Policy and Procedure Approval – QM01, QM03, QM08, QMAG01, UM02, and UM14” and further stated it went for approval following the review by the QCCC. The minutes did not indicate the QM03 was PrimeWest’s Quality Assurance Plan nor did the minutes reflect any discussion or review. On April 14, 2020, QM03 was brought to the QCCCC along with 60-plus other policies and the minutes stated the following “QM03: Quality Assurance Plan – approved on March 5, 2020, by PrimeWest Health JPB.” The minutes did not reflect any review, discussion, or organizational input into PrimeWest’s written quality assurance plan.

PrimeWest must ensure the written quality assurance plan has been developed, reviewed, and approved by the QCCC, its designated quality entity, prior to seeking review and approval from the JPB. **(Deficiency #1)**

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	X		X	
Beltrami County									X
Big Stone County									X
Renville County									X

Delegation oversight of MedImpact included all the functions listed in the delegation agreement. The oversight audit done on MedImpact for the year 2018 was not initiated until September of 2019, with summary report in February 2020. Oversight audit done for year 2019 was initiated in June 2020, much timelier. MDH noted that many of the oversight documents submitted for review were not dated. In future oversight audits, PrimeWest should date all documents and reports utilized in the review.

Finding: Quality of Care Complaints

Subp. 9(c) Minnesota Rules, 4685.1110, subpart 9(c), shall conduct ongoing evaluation of enrollee complaints that are related to quality of care.

PrimeWest submitted evidence that quality of care grievances are being reviewed and evaluated on an ongoing basis as indicated in the QCCC Meeting Minutes. It is also reported in the 2018 Quality Assessment report. However, PrimeWest does not report in the quality

committee nor in the Quality Assessment quality of care grievances by complaint categories for purposes of tracking and trending. They are individually reported to the Department of Human Services broken out by these categories.

Therefore, PrimeWest should perform more robust reporting that includes tracking and trending by grievance categories for the purposes of identifying patterns and assessing trends over time. **(Recommendation #1)**

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. PrimeWest scored 100% on all 2019 NCQA Credentialing/recredentialing standards.

Finding: Medical Records

Subp. 13. Minnesota Rules, part 4685.1110, subpart 13 states the quality assurance entity shall conduct ongoing evaluation of medical records.

PrimeWest submitted medical record audits done in 2018 and 2019 as well as policy *QM06 Health Records*. The policy states the clinics are identified based on number of unique members and the top 20 clinics are reviewed.

PrimeWest should ensure in its selection of clinics for medical record review that there are a variety of clinics reviewed each year, not merely the same top 20 clinics. **(Recommendation #2)**

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

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

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

Finding: Amendments to Plan

Subp. 3. Minnesota Rules, part 4685.1130, subpart 3 states the plan must submit the written quality assurance plan to MDH for approval when any modifications are made to the program or activities. *PrimeWest Quality Improvement Program 2020* was reviewed and approved by MDH during the examination, having met all requirements outlined in Minnesota Rules, part 4685.1110.

III. Grievance Systems

Grievance System

Consistent with federal law (42 CFR 438, subpart F) and the DHS 2019 Contract, Article 8, MDH examined PrimeWest’s Minnesota Health Care Programs Managed Care Programs – Managed Care (MHCP-MC) grievance system, including the review of 32 grievance system files.

Grievance System File Review

File Source*	# Reviewed
Grievances	
<i>PrimeWest Written</i>	2
<i>PrimeWest Oral</i>	6
Quality of Care Grievances	8
Non-Clinical Appeals	8
State Fair Hearing	8
Total	32

*DTR and Clinical Appeals files recorded in Section VI, Utilization Review

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		

PRIMEWEST HEALTH QUALITY ASSURANCE EXAMINATION

Section	42 CFR	Subject	Met	Not Met
Section 8.2.1.	§438.402 (c)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.2.2.	§438.408 (b)(1), (d)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.2.3.	§438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.2.4.	§438.406	Handling of Grievances		
8.2.4.1	§438.406 (b)(1)	Written Acknowledgement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.2	§438.416	Log of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.3	§438.402 (c)(3)	Oral or Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.4	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.5	§438.406 (b)(2)(i)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.6	§438.406 (b)(2)(ii)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.2.5.	§438.408 (d)(1)	Notice of Disposition of a Grievance		
8.2.5.1	§438.404 (b) §438.406 (a)	Oral Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.5.2	§438.404 (a), (b)	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.	§438.10 §438.404	DTR Notice of Action to Enrollees		
Section 8.3.1.	§438.10(c), (d) §438.402(c) §438.404(b)	General Requirements	<input checked="" type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
Section 8.3.2	§438.402 (c), §438.404 (b)	Content of DTR Notice of Action	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
8.3.2.1	§438.404	Notice to Provider	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.3.	§438.404 (c)	Timing of DTR Notice		
8.3.3.1	§431.211	Previously Authorized Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.2	§438.404 (c)(2)	Denials of Payment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.3	§438.210 (c)(d)	Standard Authorizations		
(1)		As expeditiously as the enrollee's health condition requires	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Section	42 CFR	Subject	Met	Not Met
(2)		To the attending health care professional and hospital by telephone or fax within one working day after making the determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(3)		To the provider, enrollee and hospital, in writing, and must include the process to initiate an appeal, within ten (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
8.3.3.4	§438.210 (d)(2)(i)	Expedited Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.5	§438.210 (d)(1)	Extensions of Time	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.6	§438.210(d)(3) and 42 USC 1396r-8(d)(5)	Covered Outpatient Drug Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.7	§438.210 (d)(1)	Delay in Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Content of DTR Notice of Action

Sec. 8.3.2. 42 CFR 438.404 (DHS Contract 8.3.2) outlines the contents of the Denial, Termination or Reduction (DTR) notice, which must include:

- First date of service, if the Action is for denial, in whole or in part, of payment for a service;
- Date the MCO received the request for Service Authorization if the Action is for a denial, limited authorization, termination or reduction of a requested service;
- Effective date of the Action if the DTR it results in a reduction or termination of ongoing or previously authorized services.

All MedImpact DTRs have incorrect dates recorded in the above categories. On the DTRs, for *First Date of Service*, the request date is listed; for *Date of Authorization Request*, the denial notification date is listed; for *Effective Date of Action*, the denial notification date is again listed.

The correct dates included in the DTRs would have been:

- *First Date of Service*, no date or not applicable since DTR is not for payment of a service;
- *Date of Authorization Request*, the date of the request should be listed;
- *Effective Date of Action*, not applicable since the DTR would not result in a reduction or termination of previously authorized medication or could include notification date.

PrimeWest must work with its delegate, MedImpact to ensure the correct dates are recorded on the DTR to provide accurate information to the enrollee. **(Deficiency #2)**

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		

PRIMEWEST HEALTH QUALITY ASSURANCE EXAMINATION

Section	42 CFR	Subject	Met	Not Met
Sec. 8.4.1.	§438.402 (b)	One Level Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.2.	§438.408 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.3.	§438.408	Timeframe for Resolution of Appeals		
8.4.3.1	§438.408 (b)(2)	Standard Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.3.2	§438.408 (b)(3)	Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.3.3	§438.408 (c)(3)	Deemed Exhaustion	<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		
8.4.5.1	§438.406 (b)(3)	Oral Inquiries	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.2	§438.406 (b)(1)	Written Acknowledgment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.3	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.4	§438.406 (b)(2)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.5	§438.406 (b)(2)	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
8.4.5.6	§438.406 (b)(4)	Opportunity to Present Evidence	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.7	§438.406 (b)(5)	Opportunity to Examine the Care File	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.8	§438.406 (b)(6)	Parties to the Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.9	§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		
Sec. 8.4.7.	§438.408 (d)(2)	Notice of Resolution of Appeals		
8.4.7.1	§438.408 (d)(2)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.7.2	§438.210 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.7.3	§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
Sec. 8.5.	§438.420 (b)	Continuation of Benefits Pending Appeal or State Fair Hearing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Written Acknowledgment

Sec. 8.4.5.2 42 CFR 438.406 (b)(1)(DHS Contract 8.4.5.2) states the MCO must send a written acknowledgment within ten days of receiving the request for an Appeal and may combine it with the MCO’s notice of resolution if a decision is made within the ten days.

In file review, PrimeWest had one file in which the acknowledgement letter took longer than ten days to generate (12 days).

State Fair Hearings

DHS Contract, Section 8.8

Section	42 CFR	Subject	Met	Not Met
Section 8.8.	§438.416 (c)	State Fair Hearings		
Sec. 8.8.2.	§438.408 (f)	Standard Hearing Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.5.	§438.424	Compliance with State Fair Hearing Resolution	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

IV. 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 type="checkbox"/> Met	<input checked="" 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

[Subd. 1 Minnesota Statutes, Section 62D.124, Subd. 1] See Mandatory Improvement #1 below

Essential Community Providers

Minnesota Statutes, Section 62Q.19

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

Availability and Accessibility

Minnesota Rules, Part 4685.1010

Subparts	Subject	Met	Not Met
Subp. 2.	Basic Services	<input type="checkbox"/> Met	<input checked="" 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

Finding: Mental Health Services

Subp. 2 Minnesota Rules, Part 4685.1010, Subp. 2, requires the health plan to have available appropriate and sufficient providers and resources to meet the needs of its enrollees and to develop written standards or guidelines that help assess the capacity and timeliness of services and providers in their network. Minnesota Statutes 62D.124, Subd. 1, requires the health plan to assess mental health providers at a 30 minute/30 mile standard. PrimeWest is assessing mental health providers correctly as was evident in the geo-access maps. However, in the 2019 Quality Assessment report the behavioral health access standard of within 60 minutes/60 miles was incorrectly used. In addition, in the 2018 Quality Assessment report, the standards used for

the types of providers more generally aren't prescriptive enough in the written summary making it unclear which providers were assessed at 60 min/60 miles or 30 min/30 miles without reading into the detailed summary that the reader has to piece together in their own reading.

Therefore, MDH finds that PrimeWest must specifically identify the standards used by provider types in accordance with Minnesota Rule requirements in the written summaries and analysis of network adequacy, and ensure they are applying the standards correctly in the analysis.

(Mandatory Improvement #1)

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

V. Utilization Review

Consistent with Minnesota Statutes chapter 62M, MDH examined PrimeWest’s utilization review (UR) system, including the review of 64 utilization review files.

UR System File Review

File Source	# Reviewed
MHCP-MC UM Denial Files (DTR)	
PrimeWest	10
MedImpact	30
<i>Subtotal</i>	40
Clinical Appeal Files	
PrimeWest	15
MedImpact	9
<i>Subtotal</i>	24
Total Files	64

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

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 type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 3.	Notification of Determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 3a.	Standard Review Determination			
(a)	Initial determination to certify or not (10 business days)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA

Subdivision	Subject	Met	Not Met	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 checked="" type="checkbox"/> Met	<input 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	

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		
(a)	Procedures for appeals written and telephone	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(b)	Appeal resolution notice timeline	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(c)	Documentation requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(d)	Review by a different physician	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(e)	Defined time period in which to file appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(f)	Unsuccessful appeal to reverse determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(g)	Same or similar specialty review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(h)	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
Subd. 1.	Written Procedures to Ensure Confidentiality	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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	<input type="checkbox"/> NCQA
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

VI. Summary of Findings

Recommendations

1. To better comply with Minnesota Rules 4685.1110, subpart. 2, PrimeWest should perform more robust reporting that includes tracking and trending by grievance categories for the purposes of identifying patterns and assessing trends over time.
2. To better comply with Minnesota Rules, part 4685.1110, subpart 13, PrimeWest should ensure in its selection of clinics for medical record review that there are a variety of clinics reviewed each year, not just the same top 20 clinics.

Mandatory Improvements

1. To comply with Minnesota Rules 4685.1010, subpart 2, PrimeWest must specifically identify the standards used by provider types in accordance with Minnesota Rule requirements in the written summaries and analysis of network adequacy, and ensure they are applying the standards correctly in the analysis.

Deficiencies

1. To comply with Minnesota Rules 4685.1110, subpart 2 and 3, PrimeWest must ensure the written quality assurance plan has been developed, reviewed, and approved by the Quality and Care Coordination Committee, its designated quality entity, prior to seeking review and approval from the Joint Powers Board.
2. To comply with 42 CFR 438.404 (DHS Contract 8.3.2), PrimeWest must work with its delegate, MedImpact, to ensure the correct dates are recorded on the Denial, Termination or Reduction (DTR) notice to provide accurate information to the enrollee.