DEPARTMENT OF HEALTH

Quartz Health Plan Minnesota

QUALITY ASSURANCE EXAMINATION

Final Report

For the Period: June 1, 2016 – August 31, 2019
Examiners: Elaine Johnson, RN, BS, CPHQ
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MINNESOTA DEPARTMENT OF HEALTH
EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of Quartz Health Plan Minnesota Corporation (QHPMC) to determine 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 QHPMC is compliant with Minnesota and Federal law, except in the areas outlined in the 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. "Recommendations" are areas where, although compliant with law, MDH identified improvement opportunities.

To address recommendations, QHPMC should:

1. Consistently submit its Quality Improvement Program Description (written quality plan) to MDH for approval annually after its annual review of the program.

To address mandatory improvements QHPMC and its delegates must:

1. Revise its policy to expand upon its definition of Quality of Care to include the components as outlined in MS 62D.115, subd 1.

2. Revise its MN Appeals Process policy to eliminate the inclusion of extensions for non-clinical appeals.

3. Revise its notice of the right to appeal to relay the appeal process requirements clearly and accurately to its members, including:
   - Preservice appeal requirements do not include a complaint nor require written authorization for the provider to initiate a preservice appeal.
   - Non-clinical appeal requirements do not include the right to extend the 30-day timeline

   MDH notes that during the exam period on 11/8/2019 QHPMC submitted an updated appeals information form that clarified providers can appeal without being appointed as an authorized representative. QHPMC stated this form will be used by the utilization management departments in all their denial letters. This form will also replace the appeals language in the medical denial letters to address the issues identified with clinical versus non-clinical appeal requirements. MDH agreed that this form will meet requirements for preservice clinical denial appeals.
4. Revise its *Timeliness of Decisions and Notifications* policy to include the correct statutory requirements for expedited appeals.

To address deficiencies QHPMC and its delegates must:

None Identified

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.

9/19/2022

Susan Castellano, Interim Director
Health Policy Division

Date

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I. Introduction

1. History:

   Quartz Health Plan Minnesota Corporation (Company or QHPMC) was organized in 2011 as a nonprofit HMO pursuant to Minnesota Statutes Chapter 62D. The Company is licensed to provide comprehensive health care insurance in four Minnesota counties bordering Wisconsin.

   Prior to May 2, 2016, Quartz Health Plan Corporation (QHPC), the Company's sole corporate member, was a wholly owned subsidiary of Gundersen Health System (GHS), a membership corporation. On May 2, 2016, GHS entered into a partnership agreement with University Health Care, Inc. (UHC) to share management and administrative services with QHPC. The parties accomplished the partnership through an agreement to exchange the membership rights in QHPC with the stock of Quartz Health Benefits Plan Corporation (QHBPC). GHS took twenty-five percent interest in QHBPC and UHC took seventy-five percent interest in QHPC.

   Effective July 1, 2017, GHS entered into a Members Agreement with Iowa Health System d/b/a Unity Point Health (UPH) and UHC in which all three entities became members of QHPC. Through this affiliation, the Company became part of the Quartz Group (Quartz) operating under the same umbrella as Quartz Health Insurance Corporation (QHIC) and QHBPC.

2. Membership: QHPMC self-reported Minnesota enrollment as of August 1, 2019 consisted of the following:

Self-Reported Enrollment

Product	Enrollment
Fully Insured Commercial	
Large Group	54
Small Employer Group	281
Individual	na
Medicare	
Advantage	1,777
Total	**2,112**

3. Onsite Examination Dates: November 4, 2019 through November 5, 2019

4. Examination Period: June 1, 2016 to August 31, 2019
   File Review Period: July 1, 2018 to August 31, 2019

Opening Date: September 17, 2019

5. National Committee for Quality Assurance (NCQA)**:** QHPMC is accredited by NCQA for its Commercial HMO/POS Combined, Marketplace PPO and Medicaid HMO products based on 2018 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 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	☒Met	☐ Not Met	
Subp. 2.	Documentation of Responsibility	☒Met	☐ Not Met	☐ NCQA
Subp. 3.	Appointed Entity	☒Met	☐ Not Met	☐ NCQA
Subp. 4.	Physician Participation	☒Met	☐ Not Met	☐ NCQA
Subp. 5.	Staff Resources	☐Met	☐ Not Met	☒ NCQA
Subp. 6.	Delegated Activities	☒Met	☐ Not Met	☐ NCQA
Subp. 7.	Information System	☐Met	☐ Not Met	☒ NCQA
Subp. 8.	Program Evaluation	☒Met	☐ Not Met	☐ NCQA
Subp. 9.	Complaints	☒Met	☐ Not Met	
Subp. 10.	Utilization Review	☒Met	☐ Not Met	
Subp. 11.	Provider Selection and Credentialing	☒Met	☐ Not Met	☐ NCQA
Subp. 12.	Qualifications	☐Met	☐ Not Met	☒ NCQA
Subp. 13.	Medical Records	☒Met	☐ Not Met	

Finding: Delegated Activities

Subp. 6. Minnesota Rules, part 4685.1110, subpart 6, states that if an HMO delegates performance of quality assurance activities to other entities, 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	OS	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord	MTM
MedImpact Healthcare Systems (new in 2018 June)	X					X	X		X		X
Fulcrum Health (Chiro)	X	x				x			x		
Agnesian (Cred)						x					
Freeport (Cred)						x					
Gundersen (Cred)						x					
ProHealth (Cred)						x					
Medimore (Cred)						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. QHPMC scored 100% on its policies/procedures for the 2018 NCQA Credentialing and Recredentialing standards. File review was done as indicated below since QHPMC underwent an interim survey, for which no files were reviewed.

File Source	# Reviewed
Initial *Physicians and Allied*	8
Re-Credential *Physicians and Allied*	8
Organizational *Initial and Reassessments*	8
Delegate files *Physicians and Allied*	8
Total	32

Activities

Minnesota Rules, Part 4685.1115

Subparts	Subject	Met	Not Met
Subp. 1.	Ongoing Quality Evaluation	☒Met	☐ Not Met
Subp. 2.	Scope	☒Met	☐ Not Met

Quality Evaluation Steps

Minnesota Rules, Part 4685.1120

Subparts	Subject	Met	Not Met
Subp. 1.	Problem Identification	☒Met	☐ Not Met
Subp. 2.	Problem Selection	☒Met	☐ Not Met
Subp. 3.	Corrective Action	☒Met	☐ Not Met
Subp. 4.	Evaluation of Corrective Action	☒Met	☐ Not Met

Focused Study Steps

Minnesota Rules, Part 4685.1125

Subparts	Subject	Met	Not Met
Subp. 1.	Focused Studies	☒Met	☐ Not Met
Subp. 2.	Topic Identification and Selections	☒Met	☐ Not Met
Subp. 3.	Study	☒Met	☐ Not Met
Subp. 4.	Corrective Action	☒Met	☐ Not Met
Subp. 5.	Other Studies	☒Met	☐ Not Met

Filed Written Plan and Work Plan

Minnesota Rules, Part 4685.1130

Subparts	Subject	Met	Not Met
Subp. 1.	Written Plan	☒Met	☐ Not Met
Subp. 2.	Work Plan	☒Met	☐ Not Met
Subp. 3.	Amendments to Plan	☒Met	☐ Not Met

Finding: Filed Written Quality Plan

Subp. 1and 3. Minnesota Rules, part 4685.1130, subparts 1 and 3, require HMOs have a written quality plan (quality program description) that is consistent with the requirements set forth in Minnesota Rules, 4685.1110, subparts 1 through 13. The written quality plan must be submitted to MDH for approval with any changes/revisions.

MDH noted QHPMC did not consistently submit its written quality program (QI program description) to MDH for approval annually.

MDH reviewed QHPMC's Quality Improvement Program Description 2019 during the exam and it was found to have met all the criteria of Minnesota Rules, 4685.110, subparts 1 through 13 and was subsequently approved.

QHPMC should consistently submit its Quality Improvement Program Description to MDH for approval annually after its annual review of the program. **(Recommendation #1)**

III. Quality of Care

MDH reviewed and discussed quality of care policies, procedures, and processes. There were no quality of care files for review.

Quality of Care Complaints

Minnesota Statutes, Section 62D.115

Subparts	Subject	Met	Not Met
Subd. 1.	Definition	☐Met	☒ Not Met
Subd. 2.	Quality of Care Investigations	☒Met	☐ Not Met

Finding: Quality of Care Complaints

Subds. 1 and 2. Minnesota Statutes, section 62D.115, subdivisions 1 and 2, requires a definition of quality of care. Statute states "Quality of care complaint" means an expressed dissatisfaction regarding health care services resulting in potential or actual harm to an enrollee. Quality of care complaints may include the following, to the extent that they affect the clinical quality of health care services rendered: access; provider and staff competence; clinical appropriateness of care; communications; behavior; facility and environmental considerations; and other factors that could impact the quality of health care services."

Quartz quality of care definition in policy *Addressing Quality of Care Concerns* (QMPH.004) defines Quality of Care Complaint as "*The member (or member's authorized representative) initiates complaint and feels their health or ability to maximize function has been jeopardized in some way due to the care or attitude of a practitioner."*

MDH finds that Quartz must revise its policy to expand upon its definition of Quality of Care to include the components as outlined in MS 62D.115, subd 1. **(Mandatory Improvement #1)**

IV. Complaint System

Complaint Systems

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

Complaint System File Review

File Source	# Reviewed
Complaint Files	NONE TO REVIEW
Non-Clinical Appeals	NONE TO REVIEW
Total	NONE TO REVIEW

Complaint Resolution

Minnesota Statutes, Section 62Q.69.

Section	Subject	Met	Not Met
Subd. 1.	Establishment	☒ Met	☐ Not Met
Subd. 2.	Procedures for Filing a Complaint	☒ Met	☐ Not Met
Subd. 3.	Notification of Complaint Decisions	☒ Met	☐ Not Met

Appeal of the Complaint Decision

Minnesota Statutes, Section 62Q.70

Section	Subject	Met	Not Met
Subd. 1.	Establishment	☒ Met	☐ Not Met
Subd. 2.	Procedures for Filing an Appeal	☐ Met	☒ Not Met
Subd. 3.	Notification of Appeal Decisions	☒ Met	☐ Not Met

Finding: Non-clinical Appeal Requirements

Subd. 2. Minnesota Statutes 62Q.70, subdivisions 1 through 3 describes the procedures and requirements for non-clinical appeals. Extensions to 62Q appeal timelines are not included in the appeal procedures or statutory requirements.

QHPMC's policy *MN Appeals Process* (ApGr16.006) states under the subheading **Non-Clinical Appeals *(Minn. Stat. 62Q.70)*** on page 7***,***

> *Extensions to Appeal Time Frame: If GHP Minnesota is unable to resolve the appeal within thirty (30) calendar days of receipt, the time period may be extended 14 calendar days.*

Extensions to non-clinical appeal timelines are not allowed under the 62Q appeal requirements/procedures. MDH was not able to verify the process in operation as there were no non-clinical appeal files during the exam timeframe to review. Extensions are allowed for clinical appeals as outlined in 62M.06 procedures

MDH finds that QHPMC must revise its policy to eliminate the inclusion of extensions for non-clinical appeals. **(Mandatory Improvement#2)**

Notice to Enrollees

Minnesota Statutes, Section 62Q.71

Section	Subject	Met	Not Met
62Q.71.	Notice to Enrollees	☒ Met	☐ Not Met

External Review of Adverse Determinations

Minnesota Statutes, Section 62Q.73

Section	Subject	Met	Not Met
Subd. 3.	Right to External Review	☒ Met	☐ 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	☒Met	☐ Not Met
Subd. 2.	Other Health Services	☒Met	☐ Not Met
Subd. 3.	Exception	☒Met	☐ Not Met

Essential Community Providers

Minnesota Statutes, Section 62Q.19

Subdivision	Subject	Met	Not Met
Subd. 3.	Contract with Essential Community Providers	☒Met	☐ Not Met

Availability and Accessibility

Minnesota Rules, Part 4685.1010

Subparts	Subject	Met	Not Met
Subp. 2.	Basic Services	☒Met	☐ Not Met
Subp. 5.	Coordination of Care	☒Met	☐ Not Met
Subp. 6.	Timely Access to Health Care Services	☒Met	☐ Not Met

Emergency Services

Minnesota Statutes, Section 62Q.55

Subdivision	Subject	Met	Not Met
Subd. 1.	Access to Emergency Services	☒Met	☐ Not Met
Subd. 2.	Emergency Medical Condition	☒Met	☐ Not Met

Licensure of Medical Directors

Minnesota Statutes, Section 62Q.121

Section	Subject	Met	Not Met
62Q.121.	Licensure of Medical Directors	☒Met	☐ 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	☒Met	☐ Not Met
Subd. 3.	Continuing Care	☒Met	☐ Not Met
Subd. 4.	Exception to Formulary	☒Met	☐ Not Met

Coverage for Court-Ordered Mental Health Services

Minnesota Statutes, Section 62Q.535

Subdivision	Subject	Met	Not Met
Subd. 2.	Coverage required	☒Met	☐ 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	☒Met	☐ Not Met	☐
Subd. 1a.	Change in health care provider, termination not for cause	☒Met	☐ Not Met	☐
Subd. 1b.	Change in health care provider, termination for cause	☒Met	☐ Not Met	☐
Subd. 2.	Change in health plans (applies to group, continuation and conversion coverage)	☒Met	☐ Not Met	☐ N/A

VI. Utilization Review

MDH examined QHPMC's utilization review (UR) system under Minnesota Statutes, chapter 62M. A total of 16 utilization review files were reviewed.

UR System File Review

File Source	# Reviewed
UM Denial Files	
Medical	4
Pharmacy	12
Clinical Appeal Files	None
Total	**16**

Standards for Utilization Review Performance

Minnesota Statutes, Section 62M.04

Subdivision	Subject	Met	Not Met
Subd. 1.	Responsibility on Obtaining Certification	☒Met	☐ Not Met
Subd. 2.	Information upon which Utilization Review is Conducted	☒Met	☐ Not Met

Procedures for Review Determination

Minnesota Statutes, Section 62M.05

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Written Procedures	☒Met	☐ Not Met	
Subd. 2.	Concurrent Review	☒Met	☐ Not Met	☐ NCQA
Subd. 3.	Notification of Determination	☐Met	☐ Not Met	
Subd. 3a.	Standard Review Determination	☒Met	☐ Not Met	
(a)	Initial determination to certify or not (10 business days)	☒Met	☐ Not Met	☐ NCQA
(b)	Initial determination to certify (telephone notification)	☒Met	☐ Not Met	
(c)	Initial determination not to certify (notice within 1 working day)	☒Met	☐ Not Met	
(d)	Initial determination not to certify (notice of right to appeal)	☐Met	☒ Not Met	☐ NCQA

Subdivision	Subject	Met	Not Met	NCQA
Subd. 3b.	Expedited Review Determination	☒Met	☐ Not Met	☐ NCQA
Subd. 4.	Failure to Provide Necessary Information	☒Met	☐ Not Met	
Subd. 5.	Notifications to Claims Administrator	☒Met	☐ Not Met	

Finding: Notice of Right to Appeal

Subd. 3a(d). Minnesota Statutes 62M.05, subdivision 3a(d) states "When an initial determination is made not to certify, the written notification must inform the enrollee and the attending health care professional of the right to submit an appeal to the internal appeal process described in section 62M.06 and the procedure for initiating the internal appeal. The written notice shall be provided in a culturally and linguistically appropriate manner…"

The notice of the right to appeal found in the utilization review denial files has three areas that may be confusing to enrollees and/or is inaccurate information.

The appeal rights notice appears to be directed to both clinical and non-clinical appeal rights. The enrollee receives this in response to a clinical medical necessity denial.

- The notice's first line is the heading "**How to File a Complaint**"
    - This may be confusing to the member and may lead the enrollee to believe the process is to file a complaint first after receiving the pre-service denial.
- Under the heading **How to File a Pre-service Appeal**, the notice states
    - *"after the first level of complaint review was denied, you or your authorized representative may submit an appeal request…".*
        - This may lead the enrollee to believe the process is to file a complaint first after the denial.
    - *"If you wish to authorize another person to act on your behalf, we require your authorization in writing..."*
        - Under 62M.06 Preservice clinical appeals, the right to initiate an appeal of a clinical denial must be available to the enrollee and the provider, without the requirement of a written authorization.
- Under the heading **How to File a Non-clinical Appeal**, the notice states
    - *"In certain circumstances, this time period (30 days) may be extended 14 additional days".*
    - The right to extend the timeline for non-clinical appeals is not included in the non-clinical appeal process as outlined in 62Q.70, thus this is inaccurate information given to the enrollee.
    - The notice correctly indicated the right to extend is available for clinical denials.

MDH finds that QHPMC must revise its notice of the right to appeal to relay the appeal process requirements clearly and accurately to its members, including:

- Preservice appeal requirements do not include a complaint nor require written authorization for the provider to initiate a preservice appeal.
- Non-clinical appeal requirements do not include the right to extend the 30 day timeline

(Mandatory Improvement #3)

MDH noted that during the exam period on 11/8/2019, QHPMC submitted an updated appeals information form that clarified providers can appeal without being appointed as an authorized representative. QHPMC stated this form will be used by the utilization management departments in all their denial letters. This form will also replace the appeals language in the medical denial letters to address the issues identified with clinical versus non-clinical appeal requirements. MDH agreed that this form will meet requirements for preservice clinical denial appeals.

Appeals of Determinations Not to Certify

Minnesota Statutes, Section 62M.06

Subdivision	Subject	Met	Not Met
Subd. 1.	Procedures for Appeal	☒Met	☐ Not Met
Subd. 2.	Expedited Appeal	☒Met	☒ Not Met
Subd. 3.	Standard Appeal		
(a)	Procedures for appeals	☒Met	☐ Not Met
(b)	Appeal resolution notice timeline	☒Met	☐ Not Met
(c)	Documentation requirements	☒Met	☐ Not Met
(d)	Review by a different physician	☒Met	☐ Not Met
(e)	Defined time period in which to file appeal	☒Met	☐ Not Met
(f)	Unsuccessful appeal to reverse determination	☒Met	☐ Not Met
(g)	Same or similar specialty review	☒Met	☐ Not Met
(h)	Notice of rights to external review	☒Met	☐ Not Met
Subd. 4.	Notifications to Claims Administrator	☒Met	☐ Not Met

Finding: Expedited Appeal

Subd. 2. Minnesota Statutes 62M.06, subdivision 2, explains the requirements of an expedited appeal and the timeline of notifying the enrollee and the provider of the determination no later than 72 hours after receiving the expedited appeal.

QHM policy *Timeliness of Decisions and Notifications* (#C.1.06) indicates that expedited pre-service appeals are allowed an extension up to 14 days and UM must provide written notice to enrollee of reason for decision to extend timeframe, and enrollee's right to file a grievance if he/she disagrees. um must issue a determination no later than date the extension expires.

62M.06 does not allow for an extension of an expedited appeal. It is allowed for standard clinical appeals.

MDH finds that QHPMC must revise its policy to include the correct statutory requirements for expedited appeals. **(Mandatory Improvement #4)**

Confidentiality

Minnesota Statutes, Section 62M.08

Subdivision	Subject	Met	Not Met
Subd. 1.	Written Procedures to Ensure Confidentiality	☒Met	☐ Not Met

Staff and Program Qualifications

Minnesota Statutes, Section 62M.09

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Staff Criteria	☐Met	☐ Not Met	☒ NCQA
Subd. 2.	Licensure Requirements	☐Met	☐ Not Met	☒ NCQA
Subd. 3.	Physician Reviewer Involvement	☐Met	☒ Not Met	☐ NCQA
Subd. 3a.	Mental Health and Substance Abuse Review	☒Met	☐ Not Met	
Subd. 4.	Dentist Plan Reviews	☐Met	☐ Not Met	☒ NCQA
Subd. 4a.	Chiropractic Reviews	☐Met	☐ Not Met	☒ NCQA
Subd. 5.	Written Clinical Criteria	☒Met	☐ Not Met	☐ NCQA
Subd. 6.	Physician Consultants	☒Met	☐ Not Met	☐ NCQA
Subd. 7.	Training for Program Staff	☐Met	☐ Not Met	☒ NCQA
Subd. 8.	Quality Assessment Program	☐Met	☐ Not Met	☒ NCQA

Finding: Physician Reviewer Involvement

Subd.3. Minnesota Statutes, section 62M.09, subdivision 3, states a physician must review all cases in which the HMO has concluded that a determination not to certify for clinical reasons is appropriate. In all 12 pharmacy denial files, the denial was done by a pharmacist rather than a physician.

Minnesota Statute 62M.09, subdivision 3, language changed in 2021, to state *a review of an adverse determination involving a prescription drug must be conducted by a licensed pharmacist or physician who is competent to evaluate the specific clinical issues presented in the review.*

In view of the change in statutory requirements allowing pharmacists to render an adverse determination for prescription drugs, this will not be labelled a deficiency given the timing of the report.

Complaints to Commerce or Health

Minnesota Statutes, Section 62M.11

Section	Subject	Met	Not Met
62M.11.	Complaints to Commerce or Health	☒Met	☐ Not Met

Prohibition of Inappropriate Incentives

Minnesota Statutes, Section 62M.12

Section	Subject	Met	Not Met	NCQA
62M.12.	Prohibition of Inappropriate Incentives	☐Met	☐ Not Met	☒NCQA

VII. Summary of Findings

Recommendations

2. To better comply with Minnesota Rules, part 4685.1130, subparts 1 and 3, QHPMC should consistently submit its Quality Improvement Program Description (written quality plan) to MDH for approval annually after its annual review of the program.

Mandatory Improvements

1. To comply with Minnesota Statutes, section 62D.115, subdivisions 1 and 2, QHPMC must revise its policy to expand upon its definition of Quality of Care to include the components as outlined in MS 62D.115, subdivision 1.

2. To comply with Minnesota Statutes 62Q.70, subdivisions 1 through 3, QHPMC revise its MN Appeals Process policy to eliminate the inclusion of extensions for non-clinical appeals.

3. To comply with Minnesota Statutes 62M.05, subdivision 3a(d), QHPMC revise its notice of the right to appeal to relay the appeal process requirements clearly and accurately to its members, including:
   - Preservice appeal requirements do not include a complaint nor require written authorization for the provider to initiate a preservice appeal.
   - Non-clinical appeal requirements do not include the right to extend the 30-day timeline

   MDH noted that during the exam period on 11/8/2019 QHPMC submitted an updated appeals information form that clarified providers can appeal without being appointed as an authorized representative. QHPMC stated this form will be used by the utilization management departments in all their denial letters. This form will also replace the appeals language in the medical denial letters to address the issues identified with clinical versus non-clinical appeal requirements. MDH agreed that this form will meet requirements for preservice clinical denial appeals.

4. To comply with Minnesota Statutes 62M.06, subdivision 2, QHPMC must revise its *Timeliness of Decisions and Notifications* policy to include the correct statutory requirements for expedited appeals.

Deficiencies

None identified