



Minnesota Department of Health

Health Regulation Division
Managed Care Systems Section

Final Report

HealthPartners, Inc.

Quality Assurance Examination
For the Period:

April 1, 2012 through March 31, 2015

Issue Date:
October 12, 2015

Examiners
Susan Margot, MA
Kate Eckroth, MPH
Michael McGinnis

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 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:

Consider including a graph or chart of commercial complaints by category type when assessing year to year trends;

Consider evidence in the meeting minutes, or documents provided during committee meetings that show quality of care complaints are discussed;

Clarify their goals and measurement techniques to ensure it is adequately measuring the efficacy of interventions;

Revise its appeal resolution notices to reflect that external review may be performed by any of three vendors;

Revise its HPCare and MSHO Appeals Policy, RVMRB PP 01, to reflect that the DHS contract no longer includes a separate PCA Notice of Rights; and

Revise its policy/procedure, Clinical Appeals Process, regarding notice for extension to include the reasons for the extension and the updated due dates.

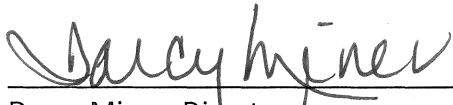
To address mandatory improvements, HealthPartners must:

Inform the enrollee of the right to continue coverage pending the outcome of an appeal, at least in the Certificate of Coverage.

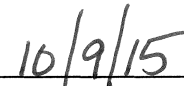
To address deficiencies, HealthPartners and its delegates must:

Ensure that the written notice of denial for an appeal is sent to the enrollee and the attending health care professional.

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.



Darcy Miner, Director
Health Regulation Division



Date

Contents

I.	Introduction	1
II.	Quality Program Administration.....	3
	Minnesota Rules, Part 4685.1110. Program.....	3
	Minnesota Rules, Part 4685.1115. Activities.....	4
	Minnesota Rules, Part 4685.1120. Quality Evaluation Steps	4
	Minnesota Rules, Part 4685.1125. Focus Study Steps.....	4
	Minnesota Rules, Part 4685.1130. Filed Written Plan and Work Plan.....	5
III.	Complaints and Grievance Systems.....	6
	Minnesota Statutes, Section 62Q.69. Complaint Resolution	6
	Minnesota Statutes, Section 62Q.70. Appeal of the Complaint Decision	7
	Minnesota Statutes, Section 62Q.71. Notice to Enrollees	7
	Minnesota Statutes, Section 62Q.73. External Review of Adverse Determinations.....	7
	Grievance System.....	8
	Section 8.1.....	8
	Section 8.2.....	8
	Section 8.3.....	9
	Section 8.4.....	9
	Section 8.5.....	10
	Section 8.9.....	10
IV.	Access and Availability	11
	Minnesota Statutes, Section 62D.124. Geographic Accessibility	11
	Minnesota Rules, Part 4685.1010. Availability and Accessibility	11
	Minnesota Statutes, Section 62Q.55. Emergency Services	11
	Minnesota Statutes, Section 62Q.121. Licensure of Medical Directors	11
	Minnesota Statutes, Section 62Q.527.	
	Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance.....	11

	Coverage
Minnesota Statutes, Section 62Q.535. for Court-Ordered Mental Health Services.....	11
Minnesota Statutes, Section 62Q.56. Continuity of Care.....	11
V. Utilization Review	12
Minnesota Statutes, Section 62M.04. Standards for Utilization Review Performance ..	12
Minnesota Rules, Part 4685.1125. Focus Study Steps.....	12
Minnesota Statutes, Section 62M.05. Procedures for Review Determination	12
Statutes, Section 62M.06. Appeals of Determinations not to Certify	13
Minnesota Statutes, Section 62M.08. Confidentiality.....	14
Minnesota Statutes, Section 62M.09. Staff and Program Qualifications	14
Minnesota Statutes, Section 62M.11. Complaints to Commerce or Health	14
VI. Recommendations	15
VII. Mandatory Improvements.....	15
VIII. Deficiencies	15

I. Introduction

- A. History: Founded in 1957 as a cooperative, HealthPartners provides care and coverage to members across Minnesota, western Wisconsin and eastern North Dakota and South Dakota. Its affiliates are an integrated healthcare network, including HealthPartners Medical Group, medical and dental clinics, hospitals, “virtuwell” and other 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).
- B. Membership: HealthPartners self-reported enrollment as of December 2014 consisted of the following:

Product	Enrollment
<i>Fully Insured Commercial</i>	
Large Group	195,024
Small Employer Group	117,479
Individual	21,773
<i>Minnesota Health Care Programs-Managed Care (MHCP-MC)</i>	
Families & Children	77,285
MinnesotaCare	9,511
Minnesota Senior Care (MSC+)	1,436
Minnesota Senior Health Options (MSHO)	3,219
Special Needs Basic Care (SNBC)	0
<i>Medicare</i>	
Medicare Advantage	0
Medicare Cost	49,314
Total	475,041

- C. Onsite Examinations Dates: May 11 – 15, 2015
- D. Examination Period: April 1, 2012 through March 31, 2015
 File Review Period: April 1, 2014 through March 31, 2015
 Opening Date: February 13, 2015
- E. National Committee for Quality Assurance (NCQA): HealthPartners is accredited by NCQA based on 2013 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:
 1. If NCQA standards do not exist or are not as stringent as Minnesota law, the accreditation results will not be used in the MDH examination process [No NCQA checkbox].
 2. 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

3. 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.
- F. 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.
 - G. 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 had sufficient evidence obtained through: 1) file review; 2) policies and procedures; and 3) interviews, that a plan's overall operation is compliant with an applicable law.

II. Quality Program Administration

Minnesota Rules, Part 4685.1110. Program

Subp. 1	Written Quality Assurance Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 2	Documentation of Responsibility	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 3	Appointed Entity	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 4	Physician Participation	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" 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 type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 7	Information System	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 8	Program Evaluation	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 9	Complaints	<input type="checkbox"/> Met	<input checked="" 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	

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 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	UM Appeals	QM	Complaints / Grievances	Cred	Claims	Network	Care Coord
MedImpact						X	X	
ChiroCare/Landmark	X				X		X	
VGM Group/HomeLink							X	

Subd. 9. Minnesota Rules, part 4685.1110, subpart 9, states the quality program must conduct ongoing evaluation of enrollee complaints related to quality of care. A total of 32 HealthPartners quality of care complaint and grievance files were reviewed as follows:

Quality of Care File Review	
QOC File Source	# Reviewed
Complaints—Commercial Products	
	16
Grievances—MHCP-MC Products	
	16
Total	32

Subp. 9. Minnesota Rules, part 4685.1110, subpart 9, also states the HMO shall conduct ongoing evaluation of all enrollee complaints....to track specific complaints, assess trends and establish that corrective action is implemented and effective in improving the identified problem. HealthPartners assesses grievances and appeals by category type year to year in their quality reports. HealthPartners should consider including a graph or chart of commercial complaints by category type to assess trends year to year. **(Recommendation #1)**

Subp. 9. Minnesota Rules, part 4685.1110, subpart 9, also states the data on complaints related to quality of care must be reported to and evaluated by the appointed quality assurance entity at least quarterly. HealthPartners does not specifically state in quarterly Quality Committee meeting minutes that the committee reviews quality of care complaints. HealthPartners should consider evidence in the meeting minutes or documents provided during committee meetings that show quality of care complaints are discussed. **(Recommendation #2)**

Subp. 9. Also see Minnesota Statutes, section 62Q.69, subdivision 1 and Minnesota Rules, part 4685.1120.

Minnesota Rules, Part 4685.1115. Activities

- Subp. 1 Ongoing Quality Evaluation Met Not Met NCQA
- Subp. 2 Scope Met Not Met NCQA

Minnesota Rules, Part 4685.1120. Quality Evaluation Steps

- Subp. 1 Problem Identification Met Not Met NCQA
- Subp. 2 Problem Selection Met Not Met NCQA
- Subp. 3 Corrective Action Met Not Met NCQA
- Subp. 4 Evaluation of Corrective Action Met Not Met NCQA

Subp. 1. Also see Minnesota Statutes, section 62Q.69, subdivision 1.

Minnesota Rules, Part 4685.1125. Focus Study Steps

- Subp. 1 Focused Studies Met Not Met NCQA
- Subp. 2 Topic Identification and Selection Met Not Met NCQA
- Subp. 3 Focus Study Met Not Met NCQA
- Subp. 4 Corrective Action Met Not Met NCQA

Subp. 5 Other Studies

Met Not Met NCQA

Subp. 3. Minnesota Rules, part 4685.1125, subpart 3, states the HMO shall document the study methodology employed including “e” measurement technique. This report lacked detail in the results section to help demonstrate statistical significance. The goals outlined in the study were also vague (such as “improve A1C levels”). Without baseline data, measureable goals, and evaluation of statistical significance, it is difficult to assess whether the interventions were successful. The conclusions and overall findings are vague and don’t tie their results to overall conclusions. In addition, HealthPartners results for the Appropriate ER Admissions focus study from 2009-2014 showed a 19 **percentage point** decrease in ER use among the Medicaid population. HealthPartners should change their language to indicate a 30% decrease and *not* a 19% decrease. HealthPartners would benefit from clarifying their goals and measurement techniques to ensure it is adequately measuring the efficacy of interventions. **(Recommendation #3)**

Minnesota Rules, Part 4685.1130. Filed Written Plan and Work Plan

Subp. 1 Written Plan

Met Not Met

Subp. 2 Work Plan

Met Not Met NCQA

III. Complaints and Grievance Systems

Complaint System

MDH examined HealthPartners fully-insured commercial complaint system under Minnesota Statutes, chapter 62Q.

MDH reviewed a total of 39 Complaint System files.

Complaint System File Review	
Complaint Files (Oral and Written)	30
Oral	29
Written	1
Non-Clinical Appeal	8
Total # Reviewed	38

Minnesota Statutes, Section 62Q.69. Complaint Resolution

Subp. 1	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 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

Subd. 1. Minnesota Statutes, section 62Q.69, subdivision 1, states the plan must establish and maintain an internal complaint resolution process that meets the requirements to provide for the resolution of a complaint initiated by a complainant. In addition, Minnesota Rules, part 4685.1110, subpart 9 C, requires that quality of care complaints require special review. The Rule states, "The quality assurance program shall conduct ongoing evaluation of enrollee complaints that are related to quality of care. The evaluation shall be conducted according to the steps in part 4685.1120." MDH notes that it has included its expectations of quality of care complaint investigation in the Monitoring Guide for the past two years, which involves assuring all aspects of the quality of care complaint are investigated.

HealthPartners policy (QA 05), *Case Review for Quality of Care Issues*, states "QIC staff will conduct case investigations in compliance with established processes. Such processes must ensure that all information necessary to support investigations is obtained and documented."

In three of 32 quality of care files reviewed, all supporting information was not gathered, providers were not interviewed and all aspects of the complaints were not addressed. HealthPartners stated in its letter of September 3, 2015, that HealthPartners policy states that all aspects of a complaint should be reviewed, but they do not specify what precise actions should be taken during the review. Consulting the medical record is an appropriate form of review. HealthPartners states that moving forward it will request additional information regarding communication issues. Given HealthPartners' response, MDH will monitor HealthPartners' investigation of quality of care complaints during the mid-

cycle review, the next quality assurance exam and during follow-up of MDH received quality of care complaints to ensure that all aspects of the complaint are fully investigated.

Minnesota Statutes, Section 62Q.70. Appeal of the Complaint Decision

Subp. 1	Establishment	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
Subp. 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

Subd. 1. Minnesota Statutes, section 62Q.70, subdivision 1 (d), states the enrollee must be allowed to receive continued coverage pending the outcome of the appeals process. Clinical Appeals Process policy/procedure (page 4) states,

(K) Continued coverage pending the outcome of an appeal: When the Plan is contacted before the end of the approved authorization – the period of time or number of treatments, the plan will provide coverage for otherwise covered services pending the outcome of the appeal.

HealthPartners states, for commercial products, it does not reduce or terminate services before an authorization ends. An extension of authorized services is considered a new authorization. Therefore, the continuation of coverage should not arise. During file review MDH saw that HealthPartners continued coverage pending the outcome of an appeal.

The enrollee’s right to continue coverage pending the outcome of an appeal is not stated in the Certificate of Coverage or in the complaint resolution notice. Regardless of its assertion, HealthPartners must inform the enrollee of the right to continue coverage pending the outcome of an appeal, at least, in the Certificate of Coverage. **(Mandatory Improvement #1)** (Also see 62M.06, subd. 1 (b))

Minnesota Statutes, Section 62Q.71. Notice to Enrollees

Met Not Met

Minnesota Statutes, Section 62Q.73. External Review of Adverse Determinations

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

Subp. 3. Minnesota Statutes, section 62Q.73, subdivision 3, states in pertinent part that notification of the enrollee's right to external review must accompany the denial issued by the insurer. HealthPartners’ appeal resolution notices correctly states that right. However, the notice goes on to describe Maximus as the State’s vendor. Minnesota now contracts with three vendors for external review. HealthPartners should revise its appeal resolution notices. **(Recommendation #4)**

Grievance System

MDH examined HealthPartners's Minnesota Health Care Programs Managed Care Programs-Managed Care (MCHP-MC) grievance system for compliance with the federal law (42 CFR 438, subpart E) and the DHS 2014 Model Contract, Article 8.

MDH reviewed a total of 25 grievance system files:

Grievance System File Review	
File Source	# Reviewed
Grievances	12
Non-Clinical Appeals	8
State Fair Hearing	5
Total	25

Section 8.1. §438.402

Sec. 8.1.1

General Requirements

Components of Grievance System Met Not Met

Section 8.2. 438.408

Sec. 8.2.1.

§438.402 (b)

Internal Grievance Process Requirements

Filing Requirements Met Not Met

Sec. 8.2.2.

§438.408 (b)(1)

Timeframe for Resolution of Grievances Met Not Met

Sec. 8.2.3.

§438.408 (c)

Timeframe for Extension of Resolution of Grievances Met Not Met

Sec. 8.2.4.

§438.406

Handling of Grievances

(A)

§438.406 (a)(2)

Written Acknowledgement Met Not Met

(B)

§438.416

Log of Grievances Met Not Met

(C)

§438.402 (b)(3)

Oral or Written Grievances Met Not Met

(D)

§438.406 (a)(1)

Reasonable Assistance Met Not Met

(E)

§438.406 (a)(3)(i)

Individual Making Decision Met Not Met

(F)

§438.406 (a)(3)(ii)

Appropriate Clinical Expertise Met Not Met

Sec. 8.2.5

§438.408 (d)(1)

Notice of Disposition of a Grievance

(A)

§438.408 (d)(1)

Oral Grievances Met Not Met

(B)

§438.408 (d)(1)

Written Grievances Met Not Met

Section 8.3.	§438.404	DTR Notice of Action to Enrollees		
Sec. 8.3.1.		General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 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 (c)	Standard Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(1)	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
	(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
(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

Section 8.4.	§438.408	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 Expedited 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 Resolution 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 Acknowledgement	<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

Section 8.4	§438.408	Internal Appeals Process Requirements		
(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 Case 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	<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) and (e)	Notice of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.408 (d)(2) and (e)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.210 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.210 (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
(D)		Unsuccessful appeal of UM determination	<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

42 CFR 438.408(d)(2) (DHS section 8.4.7) DHS contract section 8.4.7 states the MCO must include with the notice a copy of the State's Notice of Rights. HPCare and MSHO *Appeals Policy*, RVMRB PP 01, states written notice of resolution for all appeals should include a copy of the State's Notice for Rights and/or PCA Notice of Rights. The DHS contract no longer includes a separate PCA Notice of Rights. HealthPartners should delete reference to PCA Notice of Rights. **(Recommendation #5)**

Section 8.5.	§438.416 (c)	Maintenance of Grievance and Appeal Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.9.	§438.416 (c)	State Fair Hearings		
Sec. 8.9.2.	§438.408 (f)	Standard Hearing Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.9.5.	§438.420	Continuation of Benefits Pending Resolution of State Fair Hearing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.9.6.	§438.424	Compliance with State Fair Hearing Resolution	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

IV. Access and Availability

Minnesota Statutes, Section 62D.124. Geographic Accessibility

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

Minnesota Rules, Part 4685.1010. Availability and Accessibility

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

Minnesota Statutes, Section 62Q.55. Emergency Services

Met Not Met

Minnesota Statutes, Section 62Q.121. Licensure of Medical Directors

Met Not Met

Minnesota Statutes, Section 62Q.527. Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

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

Minnesota Statutes, Section 62Q.535. Coverage for Court-Ordered Mental Health Services

Subd. 1.	Mental health services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Coverage required	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Minnesota Statutes, Section 62Q.56. Continuity of Care

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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2a.	Limitations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2b.	Request for authorization	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Disclosures	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

V. Utilization Review

UM System File Review	
File Source	#Reviewed
<i>UM Denial Files</i>	
Commercial	8
MHCP-MC	8
<i>Subtotal</i>	16
<i>Clinical Appeal Files</i>	
Commercial	30
MHCP-MC	8
<i>Subtotal</i>	38
Total	54

Minnesota Statutes, Section 62M.04. Standards for Utilization Review Performance

- Subd. 1. Responsibility on Obtaining Certification Met Not Met
- Subd. 2. Information upon which Utilization Review is Conducted Met Not Met

Minnesota Rules, Part 4685.1125. Focus Study Steps

- Subp. 1. Focused Studies Met Not Met NCQA
- Subp. 2. Topic Identification and Selection Met Not Met NCQA
- Subp. 3. Study Met Not Met NCQA
- Subp. 4. Corrective Action Met Not Met NCQA
- Subp. 5. Other Studies Met Not Met NCQA

Minnesota Statutes, Section 62M.05. Procedures for Review Determination

- 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 (10 business days) Met Not Met NCQA
- (b) Initial determination to certify (telephone notification) Met Not Met
- (c) Initial determination not to certify Met Not Met
- (d) Initial determination not to certify (notice of right to external appeal) 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 N/A

Statutes, Section 62M.06. Appeals of Determinations not to Certify

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

Subd. 1. Minnesota Statutes, section 62M.06, subdivision 1 (b), states the enrollee must be allowed to receive continued coverage pending the outcome of the appeals process. Clinical Appeals Process policy/procedure (page 4) states,

(K) Continued coverage pending the outcome of an appeal: When the Plan is contacted before the end of the approved authorization – the period of time or number of treatments, the plan will provide coverage for otherwise covered services pending the outcome of the appeal.

HealthPartners states, for commercial products, it does not reduce or terminate services before an authorization ends. An extension of authorized services is considered a new authorization. Therefore, the continuation of coverage should not arise; but should the circumstance arise that an enrollee need coverage immediately while an appeal outcome is pending, HealthPartners would continue coverage pending the outcome of the appeal.

The enrollee’s right to continue coverage pending the outcome of an appeal is stated in the “Clinical Appeals Process” policy and procedure, but is not stated in the Certificate of Coverage or in the denial resolution notice. Regardless of its assertion, HealthPartners must offer continued coverage to any enrollee with a pending appeal outcome regardless if is considered concurrent or a new prior authorization. HealthPartners must inform enrollees (in commercial products) of the right to continue coverage pending the outcome of the appeal, at least in the certificate of coverage. (Also see 62Q.70, subd. 1 (d)) **(Mandatory Improvement #1)**

Subd. 3. Minnesota Statutes, section 62M.06, subdivision 3 (a), states a utilization review organization shall notify in writing the enrollee, attending health care professional, and claims administrator of its determination on the appeal within 30 days upon receipt of the notice of appeal. In the 30 files that were reviewed, four files in which the appeal was denied did not indicate that the attending healthcare professional received a copy of the letter sent to the enrollee. HealthPartners must provide a copy of the letter to the attending health care professional. **(Deficiency #1)**

Under the same statute, subdivision 3 (a), also states if the utilization review organization takes any additional days beyond the initial 30-day period to make its determination, it must inform the enrollee, attending health care professional, and claims administrator, in advance of the extension and the reasons for the extension. In HealthPartners policy/procedure, *Clinical Appeals Process*, HealthPartners should list that in the notification for extension it must include the “reasons for the extension” and the updated due dates. **(Recommendation #6)**

Minnesota Statutes, Section 62M.08. Confidentiality

Met Not Met NCQA

Minnesota Statutes, Section 62M.09. Staff and Program Qualifications

- | | | | | |
|-----------|--|---|----------------------------------|--|
| 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 | <input type="checkbox"/> NCQA |
| Subd. 4. | Dentist Plan Reviews | <input type="checkbox"/> Met | <input type="checkbox"/> Not Met | <input checked="" type="checkbox"/> NCQA |
| Subd. 4a. | Chiropractic Reviews | <input type="checkbox"/> Met | <input type="checkbox"/> Not Met | <input checked="" type="checkbox"/> NCQA |
| Subd. 5. | Written Clinical Criteria | <input type="checkbox"/> Met | <input type="checkbox"/> Not Met | <input checked="" type="checkbox"/> NCQA |
| Subd. 6. | Physician Consultants | <input type="checkbox"/> Met | <input type="checkbox"/> Not Met | <input checked="" 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 |

Minnesota Statutes, Section 62M.11. Complaints to Commerce or Health

Met Not Met

VI. Recommendations

1. To better comply with Minnesota Rules, part 4685.1110, subpart 9, HealthPartners should consider including a graph or chart of commercial complaints by category type when assessing year to year trends.
2. To better comply with Minnesota Rules, part 4685.1110, subpart 9, HealthPartners should consider evidence in the meeting minutes, or documents provided during committee meetings that show quality of care complaints are discussed.
3. To better comply with Minnesota Rules, part 1125, subpart 3, HealthPartners should consider clarifying their goals and measurement techniques to ensure it is adequately measuring the efficacy of interventions.
4. To better comply with Minnesota Statutes, section 62Q.73, subdivision 3, HealthPartners should revise its appeal resolution notices to reflect that external review may be performed by any of three vendors.
5. To better comply with 42 CFR 438.408(d)(2) (DHS section 8.4.7), HealthPartners should revise its HPCare and MSHO *Appeals Policy*, RVMRB PP 01 to reflect that the DHS contract no longer includes a separate PCA Notice of Rights.
6. To better comply with Minnesota Statutes, section 62M.06, subdivision 3 (a), HealthPartners should revise its policy/procedure, *Clinical Appeals Process*, regarding notice for extension to include the reasons for the extension and the updated due dates.

VII. Mandatory Improvements

1. To comply with Minnesota Statutes, sections 62Q.70, subdivision 1 (d), and 62M.06, subdivision 1 (b), HealthPartners must inform the enrollee of the right to continue coverage pending the outcome of an appeal, at least in the Certificate of Coverage.

VIII. Deficiencies

1. To comply with Minnesota Statutes, section 62M.06, subdivision 3 (a), HealthPartners must ensure that the written notice of denial for an appeal is sent to the enrollee and the attending health care professional.