



UCare
QUALITY ASSURANCE EXAMINATION

UCare Final Report

For the Period: December 1, 2015 – February 28, 2018

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**MINNESOTA DEPARTMENT OF HEALTH
EXECUTIVE SUMMARY**

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

Consider including a synopsis in the ESI annual oversight summary report of the monthly UM oversight performed to illustrate the comprehensive oversight done on an ongoing basis.

To address mandatory improvements, UCare and its delegates must:

None

To address deficiencies, UCare and its delegates must:

Mail a written acknowledgment for written grievances to the enrollee or provider acting on behalf of the enrollee within 10 days of receiving a written grievance;

For all covered outpatient drug authorization decisions, provide notice by telephone or other telecommunication device within twenty-four hours of a request for prior authorization;

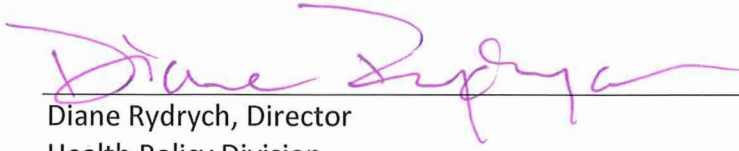
Provide a written notification to the enrollee when making an extension to an appeal;

Send a written acknowledgement within ten days of receiving a request for an appeal;

Send the enrollee’s provider a written notification of the outcome for the clinical appeal.

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



Diane Rydrych, Director
Health Policy Division

Date 2/20/19

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I. Introduction

1. History: In 1970, the University of Minnesota Medical School created the Department of Family Medicine and Community Health (DFMCH) in response to a legislative mandate to train physicians who could meet the primary care needs of Minnesotans. Fourteen years later, the DFMCH created UCare Minnesota as a demonstration project for Medical Assistance recipients in Hennepin County to ensure its low-income patients could continue seeing their doctor at University Affiliated Family Physicians.

In 1989, UCare became an independent, nonprofit HMO. UCare continued to maintain clinical and collaborative ties with the DFMCH while growing new partnerships with provider groups, care systems, stakeholder organizations, and nonprofits to serve UCare members.

In the ensuing years, UCare expanded its product portfolio and coverage area. UCare added Medicare Advantage plans, a range of Minnesota Health Care Programs and commercial health plans available on MNSure. UCare pioneered plans for people with disabilities, and developed innovative health care products and services responsive to changes in the state's populations and state public programs mix. UCare membership reached a peak of more than 510,000 in 2015.

Following a statewide competitive bidding process in 2015 by the Department of Human Services for its Medical Assistance and MinnesotaCare programs, UCare's availability for these two programs was limited to Olmsted County for 2016. That same year, UCare introduced a new Medicare integrated product for adults with disability and expanded its Medical Assistance disability program into 20 additional Minnesota counties

Upon Medica's exit from Medical Assistance and MinnesotaCare programs on May 1, 2017, UCare gained 180,000 new members in 37 counties Medical Assistance counties and 54 MinnesotaCare counties. UCare owned an office in the Duluth that summer and continued to offer members access to more than 92% of Minnesota providers.

Today UCare serves Minnesotans of all ages with ten products – a statewide Medicare Advantage plan, a Medicare Advantage PPO with Essentia Health in north-central Minnesota, MinnesotaCare, Medical Assistance, Minnesota Senior Health Options, Minnesota Senior Care Plus, two Special Needs BasicCare products and two commercial plans on MNSure.

2. Membership: UCare self-reported Minnesota enrollment as of April 1, 2018 consisted of the following:

Self-Reported Enrollment

Product	Enrollment
<i>Fully Insured Commercial</i>	
Large Group	n/a
Small Employer Group	n/a
Individual	31,184
<i>Medicare Advantage</i>	80,476
<i>Minnesota Health Care Programs – Managed Care (MHCP-MC)</i>	
Families & Children	220,034
MinnesotaCare	24,813
Minnesota Senior Care (MSC+)	4,334
Minnesota Senior Health Options (MSHO)	11,942
Special Needs Basic Care	26,538
SNBC Integrated (with Medicare)	1,800
<i>Total</i>	401,421

3. Onsite Examination Dates: May 7, 2018 to May 11, 2018
4. Examination Period: December 1, 2015 to February 28, 2018
 File Review Period: For Delta and Magellan Files - November 1, 2017 to March 1, 2018
 For UCare and ESI Files – December 1, 2017 to March 1, 2018
 Opening Date: March 1, 2018
5. National Committee for Quality Assurance (NCQA): UCare is accredited for its Medicare and Marketplace HMO combined products by NCQA based on 2016 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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 2.	Documentation of Responsibility	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 3.	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 4.	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 5.	Staff Resources	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 6.	Delegated Activities	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input 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 checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 9.	Complaints	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 10.	Utilization Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 11.	Provider Selection and Credentialing	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 12.	Qualifications	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 13.	Medical Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

Finding: Delegated Activities

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

Delegated Entities and Functions

Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
Express Scripts, Inc. (ESI)	X				X	X		X	
Delta Dental	X	X	X	X	X	X		X	
Magellan	X								

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Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
Essentia St. Mary's Duluth							X		X
Medtronic							X		
Blue Earth County									X
Roseau County									X

MDH reviewed all submitted delegation oversight documents and discussed process with staff. Evidence indicated UCare has a thorough delegation oversight process and annual evaluation summary reports cover all delegated functions. In the ESI annual summary report, UCare may want to consider including a synopsis of the monthly utilization management (UM) oversight performed to illustrate the comprehensive oversight done on an ongoing basis.

(Recommendation #1)

Finding: Program Evaluation

Subp. 8. Minnesota Rule, 4685.1110, subpart 8, requires an evaluation of the overall quality assurance program. UCare's *2017 Quality Program Evaluation* is an inclusive document that contains a descriptive summary of completed and ongoing quality activities as laid out in its work plan and incorporates an excellent trending of measures with the use of graphs and tables reflecting its improvement progress.

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. UCare scored 100% on all NCQA 2016 credentialing/recredentialing standards.

Activities

Minnesota Rules, Part 4685.1115

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

Quality Evaluation Steps

Minnesota Rules, Part 4685.1120

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

Focused Study Steps

Minnesota Rules, Part 4685.1125

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

Filed Written Plan and Work Plan

Minnesota Rules, Part 4685.1130

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

Subp. 2. Minnesota Rules 4685.1130, subparts 2, requires an annual work plan furnishing a description of the proposed quality assurance activities that will be conducted in the following year. MDH reviewed work plans for the years 2016, 2017, and 2018. The *2018 Quality Program Work Plan* was a thorough document, describing the quality activities, performance improvement projects/focus studies and monitoring activities for the coming year.

III. Quality of Care

MDH reviewed a total of 21 quality of care grievance and complaint system files. In addition, MDH reviewed all quality of care policies and procedures which contained all the requirements of Minnesota Statutes 62D.115.

Quality of Care File Review

File Source	# Reviewed
<i>Quality of Care Grievances – UCare MHCP</i>	12
<i>Quality of Care Grievances- MHCP Delta Dental</i>	8
<i>Quality of Care Complaints-UCare Commercial (only 1)</i>	1
Total	21

Quality of Care Complaints

Minnesota Statutes, Section 62D.115

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

Finding:

See Deficiency #1 under the Grievance section for findings related to quality of care grievances.

IV. Complaint and Grievance Systems

Complaint Systems

MDH examined UCare’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	31
<i>UCare Written</i>	17
<i>UCare Oral</i>	14
Non-Clinical Appeals	31
Total	62

Complaint Resolution

Minnesota Statutes, Section 62Q.69.

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

Finding: Complaint Resolution

Subd. 2(b). Minnesota Statutes, Section 62Q.69, subdivision 2(b), requires that a health plan acknowledge a written complaint within 10 days of receipt. Of seventeen written complaints reviewed, one was acknowledged beyond the 10 day period (26 days).

Finding: Notification of Complaint Decision

Subd. 3. Minnesota Statutes, Section 62Q.69, subdivision 3(a), requires that a health plan company provide a complainant written notice of its decision no later than 30 days after receipt of a written complaint. The same file that exceeded the time period for acknowledgement also exceeded the time period for notice of the decision (40 days).

Minnesota Statutes, Section 62Q.69, subdivision 3(d), requires that the complainant be notified of the right to submit the complaint to the commissioner of health for investigation and of the toll-free telephone number. The file for one complaint contained no notice of appeal rights. These problems were not noted in any other complaint files reviewed.

Appeal of the Complaint Decision

Minnesota Statutes, Section 62Q.70.

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

Notice to Enrollees

Minnesota Statutes, Section 62Q.71.

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

Finding: Notice to Enrollees

Subd. 3. Minnesota Statutes, Section 62Q.71, subdivisions 4 and 5 require the health plan company to notify a complainant of the right to file a complaint with the commissioner of at any time during the complaint and appeal process and of the toll-free telephone number. One file for an appeal for which denial was upheld did not include notice to the enrollee of the right to complain to MDH or of the MDH phone number.

External Review of Adverse Determinations

Minnesota Statutes, Section 62Q.73.

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

Finding: 62Q. Complaint System Files

MDH noted four 62Q. Complaint System files under four different citations that had issues. MDH will follow up at mid-cycle by reviewing a random sample of commercial complaint and appeal files.

Grievance System

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

MDH reviewed a total of 54 grievance system files.

Grievance System File Review

File Source	# Reviewed
Grievances	
<i>UCare Written</i>	0
<i>UCare Oral</i>	8
<i>Delta Dental Written</i>	1
<i>Delta Dental Oral</i>	7
Non-Clinical Appeals	
UCare Written	9
UCare Oral	21
Delta Dental Written	5
Delta Dental Oral	3
State Fair Hearing	8
Total	54

General Requirements

DHS Contract, Section 8.1

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

Internal Grievance Process Requirements

DHS Contract, Section 8.2

Section	42 CFR	Subject	Met	Not Met
Section 8.2.	§438.408	Internal Grievance Process Requirements		
Sec. 8.2.1.	§438.402 (c)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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Section	42 CFR	Subject	Met	Not Met
Sec. 8.2.2.	§438.408 (b)(1), (d)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.3.	§438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec 8.2.4.	§438.406	Handling of Grievances		
(A)	§438.406 (b)(1)	Written Acknowledgement	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
(B)	§438.416	Log of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.402 (c)(3)	Oral or Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.406 (b)(2)(i)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.406 (b)(2)(ii)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.5.	§438.408 (d)(1)	Notice of Disposition of a Grievance		
(A)	§438.404 (b) §438.406 (a)	Oral Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.404 (a), (b)	Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Written Acknowledgement

Sec. 8.2.4(A). 42 CFR 438.406(b)(1)(DHS Contract 8.2.4(A)), states that the MCO must mail a written acknowledgment to the enrollee or provider acting on behalf of the enrollee, within 10 days of receiving a written grievance. During file review, MDH noted that in two quality of care MHCP files the written acknowledgment was sent to the enrollee after 10 days. **(Deficiency #1)**

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		
Sec. 8.3.1.	§438.10(c), (d) §438.402(c) §438.404(b)	General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.2.	§438.404 (c)	Timing of DTR Notice		
(A)	§431.211	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)(d)	Standard Authorizations		
(1)		As expeditiously as the enrollee’s health condition requires	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(2)		To the attending health care professional and hospital by telephone or fax within one working day after making the determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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Section	42 CFR	Subject	Met	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)(3) and 42 USC 1396r-8(d)(5)	Covered Outpatient Drug Decisions	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
(G)	§438.210 (d)(1)	Delay in Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Covered Outpatient Drug Decisions

Sec. 8.3.2(F). 42 CFR 438.210(d)(3) and 42 USC 1396r-8(d)(5) (DHS Contract 8.3.2(F)), states for all covered outpatient drug authorization decisions, notice must be provided by telephone or other telecommunication device within twenty-four hours of a request for prior authorization. In two MHCP UM files, the telephone notice was outside the twenty-four hour timeline. **(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		
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		
(A)	§438.408 (b)(2)	Standard Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.408 (b)(3)	Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§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 type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
Sec. 8.4.5.	§438.406	Handling of Appeals		
(A)	§438.406 (b)(3)	Oral Inquiries	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.406 (b)(1)	Written Acknowledgment	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
(C)	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.406 (b)(2)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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Section	42 CFR	Subject	Met	Not Met
(E)	§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
(F)	§438.406 (b)(4)	Opportunity to Present Evidence	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(G)	§438.406 (b)(5)	Opportunity to Examine the Care File	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(H)	§438.406 (b)(6)	Parties to the Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(I)	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.6.		Subsequent Appeals		
Sec. 8.4.7.	§438.408 (d)(2)	Notice of Resolution of Appeals		
(A)	§438.408 (d)(2)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.210 (c)	Appeals of UM Decisions	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
(C)	§438.410 (c) and .408 (d)(2)(ii)	Telephone Notification of Expedited Appeals (Also see Minnesota Statutes section 62M.06, subd.2)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.8.	§438.424	Reversed Appeal Resolutions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
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: Timeframe for Extension of Resolution of Appeal

Sec. 8.4.4. 42 CFR 438.408(c) (DHS Contract 8.4.4), states that the MCO must provide a written notification to the enrollee when making an extension to an appeal and the reasons for the extension. In three MHCP UCare clinical appeal files the enrollee was notified by phone of the extension, however no written notification was sent to the enrollee or attending health care professional. **(Deficiency #3)**

Finding: Written Acknowledgement

Sec. 8.4.5(B). 42 CFR 438.406 (b)(1)(DHS contract 8.4.5(B)), requires that the MCO send a written acknowledgement within ten days of receiving a request for an appeal. In two non-clinical appeal files, one Delta clinical appeal file, and one UCare clinical appeal files, (total of 4 MHCP files), UCare took longer than 10 days to send the written acknowledgment letter. **(Deficiency #4)**

Finding: Appeals of UM Decisions

Sec. 8.4.7(B). 42 CFR 438.410(c) (DHS Contract 8.4.7(B) **[See Deficiency #5 under Minnesota Statutes 62M.06, subdivision 3(a)]**)

Maintenance of Grievance and Appeal Records

DHS Contract, Section 8.6

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

State Fair Hearings

DHS Contract, Section 8.10

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

V. Access and Availability

Geographic Accessibility

Minnesota Statutes, Section 62D.124

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

Essential Community Providers

Minnesota Statutes, Section 62Q.19

Subdivision	Subject	Met	Not Met
Subd. 3.	Contract with Essential Community Providers	<input 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 checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5.	Coordination of Care	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 6.	Timely Access to Health Care Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Emergency Services

Minnesota Statutes, Section 62Q.55

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

Licensure of Medical Directors

Minnesota Statutes, Section 62Q.121

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

Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

Minnesota Statutes, Section 62Q.527

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

Coverage for Court-Ordered Mental Health Services

Minnesota Statutes, Section 62Q.535

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

Continuity of Care

Minnesota Statutes, Section 62Q.56

Subdivision	Subject	Met	Not Met	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

VI. Utilization Review

UR System File Review

File Source	# Reviewed
UM Denial Files	
Commercial	
UCare	3
ESI	11
Magellan	8
MHCP-MC	
UCare	10
ESI	30
Magellan	8
Delta	8
Subtotal	78
Clinical Appeal Files	
Commercial	
UCare	15
MHCP-MC	
UCare (includes ESI and Magellan delegate files)	30
Delta	10
Subtotal	55
Total	133

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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(a) Initial determination to certify or not (10 business days)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
	(b) Initial determination to certify (telephone notification)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(c) Initial determination not to certify (notice within 1 working day)	<input 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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(a) Appeal resolution notice timeline	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(b) Documentation requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(c) Review by a different physician	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(d) Time limit in which to appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(e) Unsuccessful appeal to reverse determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(f) Same or similar specialty review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(g) Notice of rights to external review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 4.	Notifications to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Appeal Resolution Notice

Subd. 3(a) Minnesota Statutes 62M.06, subdivision 3(a), and 42 CFR 438.410(c) (DHS Contract 8.4.7(B) requires that a utilization review organization notify the enrollee and attending health

care professional of the appeal decision. In one MHCP UCare clinical appeal file and one UCare commercial file, the provider was not sent a written notification of the outcome for the clinical appeal. **(Deficiency #5)**

Confidentiality

Minnesota Statutes, Section 62M.08

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

Staff and Program Qualifications

Minnesota Statutes, Section 62M.09

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Staff Criteria	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input 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

Finding: Physician Reviewer Involvement

Subd. 3. Minnesota Statutes 62M.09, subdivision 3, states a physician must review all cases in which the health plan has concluded that a determination not to certify is clinically appropriate. UCare’s pharmacy delegate, ESI, has physicians review and render the denial determination, however the UM system is unable to indicate the title of the reviewer as a physician. Instead, “RPh+” or “RPh Supervisor” was indicated. UCare worked with ESI and as of June 2018 “Medical Director” will be accurately denoted as the title when the request is reviewed and denied by the Medical Director. This will be reviewed at mid-cycle.

Complaints to Commerce or Health

Minnesota Statutes, Section 62M.11

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

Prohibition of Inappropriate Incentives

Minnesota Statutes, Section 62M.12

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

VII. Summary of Findings

Recommendations

1. To better comply with Minnesota Rules, part 4685.1110, subpart 6, UCare may want to consider including a synopsis in the ESI annual oversight summary report of the monthly UM oversight performed to illustrate the comprehensive oversight done on an ongoing basis.

Mandatory Improvements

None

Deficiencies

1. To comply with 42 CFR 438.406(A)(2)(DHS Contract 8.2.4(A)), UCare must mail a written acknowledgment for written grievances to the enrollee or provider acting on behalf of the enrollee within 10 days of receiving a written grievance.
2. To comply with 42 CFR 438.210(d)(3) and 42 USC 1396r-8(d)(5) (DHS Contract 8.3.2(F)), UCare must, for all covered outpatient drug authorization decisions, provide notice by telephone or other telecommunication device within twenty-four hours of a request for prior authorization.
3. To comply with 42 CFR 438.408(c) (DHS Contract 8.4.4), UCare must provide a written notification to the enrollee when making an extension to an appeal.
4. To comply with 42 CFR 438.406 (a)(2)(DHS Contract 8.4.5(B)), UCare must send a written acknowledgement within ten days of receiving a request for an appeal.
5. To comply with Minnesota Statutes 42 CFR §438.410 (c)(DHS Contract 8.4.7(B)) and 62M.06, subdivision 3(a), UCare must send the enrollee's provider a written notification of the outcome of the clinical appeal.

