



Hennepin Health

QUALITY ASSURANCE EXAMINATION

Date: Final Issue Date December 11, 2023

Hennepin Health Final Report

For the Period: August 2019 to June 2022

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MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

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

(None-Discussion and revisions noted)

To address mandatory improvements, Hennepin Health and its delegates must:

(None Found)

To address deficiencies, Hennepin Health and its delegates must:

(None found)

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

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I. Introduction

1. History:

Hennepin Health, formerly known as Metropolitan Health Plan (MHP), has functioned as a Hennepin County-owned and operated health maintenance organization (HMO) since 1983. Hennepin Health is the only county-run HMO in Minnesota and currently operates and bears financial risk for three products, Prepaid Medical Assistance Program (PMAP), Special Needs BasicCare (SNBC) and MinnesotaCare, in its Hennepin County service area. As of May 2022, Hennepin Health serves over 36,000 Hennepin County residents as members, and works to serve all Hennepin County residents, especially those who are eligible for Medical Assistance, regardless of membership in the Hennepin Health plans.

Under the leadership of the Hennepin County Board of Commissioners, Hennepin Health works to execute its mission to improve the health of Hennepin County residents through innovative collaboration with health care providers, Hennepin County Human Services, and community organizations, as well as our Hennepin Health members. Hennepin Health operates in close collaboration with other Hennepin County departments and Hennepin Healthcare, Minnesota's leading safety-net provider system owned by a subsidiary corporation of Hennepin County, to provide an integrated approach to addressing the social determinants of health and to reducing barriers that individuals and families face in accessing the safety-net programs, including medical assistance, that provide the tools residents need to build healthy, productive lives. Hennepin Health plays a leading role in the County's health reform efforts including financing annual value-based payments and funding and spearheading innovations across Hennepin County and Hennepin Healthcare, seeking to reform the health care delivery system, and to deliver better health outcomes at lower cost with increased member and resident satisfaction. Hennepin Health also works collaboratively with departments across Hennepin County on initiatives such as reducing disparities by re-focusing and optimizing the way Hennepin County works in order to make long-term impacts on outcomes in the following domains: education, employment, health, housing, income, justice and transportation.

Hennepin Health's PMAP and MinnesotaCare products are centered around an innovative, nationally recognized accountable care model, focused on integrating county and community services into health care settings to address the social determinants of health, to have a greater impact on total health, and to streamline access to health care and social services for Hennepin County residents. The core of the Hennepin Health provider network includes Hennepin Healthcare (HCMC), NorthPoint Health & Wellness, Children's Hospitals and Clinics of Minnesota, North Memorial Medical Center, Fairview Health Services, and effective January 1, 2022, Allina Health. In addition, Hennepin Health has a robust network of other providers, including Federally Qualified Health Centers, community clinics, and behavioral health organizations, that offer a full range of covered services, including dental and transportation benefits. The Hennepin Health SNBC product has an even broader

network, including additional providers who provide specialty services frequently accessed by adult SNBC members living with disabilities.

As Hennepin Health completes its thirty-ninth year of operation, the Hennepin Health team continues to develop new ways to integrate health care and social services, to reduce barriers to access for Hennepin Health members and all Hennepin County residents and to execute on the Hennepin Health vision to change how we build healthy, equitable communities in Hennepin County and beyond.

- Membership: Hennepin Health self-reported Minnesota enrollment as of April 1, 2022, consisted of the following:

Self-Reported Enrollment

Product	Enrollment
<i>Fully Insured Commercial</i>	
Large Group	NA
Small Employer Group	NA
Individual	NA
<i>Minnesota Health Care Programs – Managed Care (MHCP-MC)</i>	
Families & Children	31,577
MinnesotaCare	2299
Minnesota Senior Care (MSC+)	NA
Minnesota Senior Health Options (MSHO)	NA
Special Needs Basic Care	2151
<i>Total</i>	36,027

- Onsite Examination Dates: July 11 through 14, 2022
- Examination Period: August 2019 to June 2022
File Review Period: March 1, 2021, to April 30, 2022
Opening Date: April 28, 2022
- 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.
- 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

Quality Program

Minnesota Rules, Part 4685.1110

Subparts	Subject	Met	Not Met
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
Subp. 3.	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4.	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5.	Staff Resources	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 6.	Delegated Activities	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 7.	Information System	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
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 checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 12.	Qualifications	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
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
Navitus Health Solutions (PBM)	x				x	x		x	
Delta Dental	x	x	x	x	x	x		x	
Hennepin Health Care					x				x
TMG						x			

Activities

Minnesota Rules, Part 4685.1115

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

Quality Evaluation Steps

Minnesota Rules, Part 4685.1120

Subparts	Subject	Met	Not Met
Subp. 1.	Problem Identification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
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

Subparts	Subject	Met	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: Written Quality Plan (Program Description)

Hennepin Health’s 2022 Quality Program Description was reviewed and approved during the course of the exam.

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 reviewed a total of 80 credentialing, recredentialing, and organizational files as indicated in the table below.

Credentialing File Review

File Source	# Reviewed
Hennepin Health – Initial	
<i>Physicians</i>	18
<i>Allied</i>	20
Hennepin Health - Re-Credential	
<i>Physicians</i>	20
<i>Allied</i>	12
Hennepin Health - Organizational	

File Source	# Reviewed
<i>Initial</i>	5
<i>Re-Credential</i>	5
Total	80

Requirements For Timely Provider Credentialing

Minnesota Statutes, Section 62Q.097

Subdivisions	Subject	Met	Not Met
Subd. 1.	Definitions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Time limit for credentialing determination		
	(1) If application is clean and if clinic/facility requests, notify of date by which determination on app.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(2) If app determined not to be clean, inform provider of deficiencies/missing information within three business days	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(3) Make determination on clean app within 45 days after receiving clean app	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(4) Health plan allowed 30 additional days to investigate any quality or safety concerns.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Finding: Credentialing additional 30 days to investigate quality concerns.

Minnesota Statute 62Q.097 Subd. 2 requires the plan that receives an application for provider credentialing, make a determination on the health care providers clean claim within 45 days after receiving the clean application unless the health plan company identifies a substantive quality or safety concern in the course of provider credentialing that requires further investigation. Upon notice to the health care provider, clinic, or facility, the health plan company is allowed 30 additional days to investigate any quality or safety concerns.

Hennepin Health updated its credentialing program to make the clarification recommended by MDH to revise policy to clarify that the ten business days are within the 30 days as specified in statute for credentialing in Minnesota Statute 62Q.097 at the close of the virtual portion of the audit in July 2022. The updated credentialing program was approved by Hennepin Health’s Credentialing Committee on August 9, 2022.

Enrollee Advisory Body

Minnesota Statutes, Section 62D.06, Subdivision 2

Section	Subject	Met	Not Met
Subd. 2	Enrollee Input. Governing body shall establish a mechanism to afford the enrollees an opportunity to express their opinions in matters of policy and operation.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

III. Quality of Care

MDH reviewed a total of 12 quality of care grievance and complaint system files.

Quality of Care File Review

File Source	# Reviewed
<i>Quality of Care</i>	
<i>MHCP Grievances</i>	12
Total	12

Quality of Care Complaints

Minnesota Statutes, Section 62D.115

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

IV. Grievance Systems

Grievance System

MDH examined Hennepin Health’s Minnesota Health Care Programs Managed Care Programs – Managed Care (MHCP-MC) grievance system for compliance with the federal law (42 CFR 438, subpart F) and the DHS 2022 Contract, Article 8.

MDH reviewed a total of 77 grievance system files.

Grievance System File Review

File Source	# Reviewed
Grievances	
<i>Hennepin Health Oral and Written</i>	15
DTRs	
<i>UM Denials</i>	30
<i>Navitus Health Solution Denials</i>	15
Non-Clinical Appeals	
<i>Hennepin Health Oral and Written</i>	3
Clinical Appeals	10
State Fair Hearing	4
Total	77

General Requirements

DHS Contract, Section 8.1

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

Internal Grievance Process Requirements

DHS Contract, Section 8.2

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

Section	42 CFR	Subject	Met	Not Met
Section 8.2.2.	§438.408 (b)(1), (d)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.2.3.	§438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.2.4.	§438.406	Handling of Grievances		
8.2.4.1	§438.406 (b)(1)	Written Acknowledgement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.2	§438.416	Log of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.3	§438.402 (c)(3)	Oral or Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.4	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.5	§438.406 (b)(2)(i)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.6	§438.406 (b)(2)(ii)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.2.5.	§438.408 (d)(1)	Notice of Disposition of a Grievance		
8.2.5.1	§438.404 (b) §438.406 (a)	Oral Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.5.2	§438.404 (a), (b)	Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

DTR Notice of Action to Enrollees

DHS Contract, Section 8.3

Section	42 CFR	Subject	Met	Not Met
Section 8.3.	§438.10 §438.404	DTR Notice of Action to Enrollees		
Section 8.3.1.	§438.10(c), (d) §438.402(c) §438.404(b)	General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.2	§438.402 (c), §438.404 (b)	Content of DTR Notice of Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.2.1	§438.404	Notice to Provider	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.3.	§438.404 (c)	Timing of DTR Notice		
8.3.3.1	§431.211	Previously Authorized Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.2	§438.404 (c)(2)	Denials of Payment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.3	§438.210 (c)(d)	Standard Authorizations		
(1)		As expeditiously as the enrollee’s health condition requires	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(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

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
8.3.3.4	§438.210 (d)(2)(i)	Expedited Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.5	§438.210 (d)(1)	Extensions of Time	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.6	§438.210(d)(3) and 42 USC 1396r-8(d)(5)	Covered Outpatient Drug Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.7	§438.210 (d)(1)	Delay in Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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		
8.4.3.1	§438.408 (b)(2)	Standard Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.3.2	§438.408 (b)(3)	Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.3.3	§438.408 (c)(3)	Deemed Exhaustion	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.4.	§438.408 (c)	Timeframe for Extension of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.5.	§438.406	Handling of Appeals		
8.4.5.1	§438.406 (b)(3)	Oral Inquiries	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.2	§438.406 (b)(1)	Written Acknowledgment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.3	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.4	§438.406 (b)(2)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.5	§438.406 (b)(2)	Appropriate Clinical Expertise (See Minnesota Statutes, sections 62M.06, and subd. 3(f) and 62M.09	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.6	§438.406 (b)(4)	Opportunity to Present Evidence	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.7	§438.406 (b)(5)	Opportunity to Examine the Care File	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.8	§438.406 (b)(6)	Parties to the Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.9	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.6.		Subsequent Appeals		
Sec. 8.4.7.	§438.408 (d)(2)	Notice of Resolution of Appeals		

Section	42 CFR	Subject	Met	Not Met
8.4.7.1	§438.408 (d)(2)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.7.2	§438.210 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.7.3	§438.410 (c) and .408 (d)(2)(ii)	Telephone Notification of Expedited Appeals (Also see Minnesota Statutes section 62M.06, subd.2)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.8.	§438.424	Reversed Appeal Resolutions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.5.	§438.420 (b)	Continuation of Benefits Pending Appeal or State Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

State Appeals

DHS Contract, Section 8.8

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

Finding:

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

Subpart. 2 Minnesota Rule, 4685.1010, in coordination with participating providers, shall develop and implement written standards or guidelines that assess the capacity of each provider network to provide timely access to health care services in accordance with subpart 6.

Finding: Basic Services

Following a virtual discussion with MDH, Hennepin Health submitted additional documentation. In previous audit, the plan submitted the *2020 Provider Availability and Access Survey Results* document which provided a summary at the end of the document. The *2021 Provider Availability and Access Survey Result* document does not. MDH did not receive the documentation that Hennepin Health performed an analysis on what was completed the survey results were received.

Additionally, Hennepin Health shared documentation with MDH during the 2022 Quality Assurance Examination regarding the methods it uses to measure member access and availability to provider appointments. Hennepin Health has also taken additional steps since the audit to improve this area.

Hennepin Health will continue documenting their access and availability analysis and look for new, innovative ways to ensure their members have appropriate access to needed medical and dental services.

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

Subdivision	Subject	Met	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

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

Minnesota Statutes, Section 62M.12

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

VI. Summary of Findings

Recommendations

1. (None found) *After discussion and submissions with plan. We have no recommendations. Revisions are noted.

Mandatory Improvements

1. (None found)

Deficiencies

1. (None found)