DEPARTMENT OF HEALTH

HealthPartners

QUALITY ASSURANCE EXAMINATION

Final Report

For the Period: January 1, 2018 – December 31, 2020
Examiners: Elaine Johnson, RN, BS, CPHQ; Tom Major, MA, MDiv; and Kate Eckroth, MPH
Issue Date: October 20, 2023

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

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 has 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:

Review its fax process for one business day notification of the denial determination and consider having a back-up procedure in place for when the fax notification fails.

To address mandatory improvements, HealthPartners and its delegates must:

Revise its definition of quality of care in its *Case Review Process for Quality of Care* policy/procedure to be more comprehensive and consistent with the law as well as consistent with the definition included in *Member Complaints Minnesota Health Care Programs Quality of Care* policy/procedure.

Ensure that complaint case file status is properly marked to ensure that its policies and procedures are followed regarding offering a written complaint form in its review of oral complaints.

Render its authorizations decisions within the 10-business day timeline as required by law.

To address deficiencies, HealthPartners and its delegates must:

None Identified.

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

Diane Rydrych Digitally signed by Diane Rydrych
Date: 2023.10.30 09:38:04 -05'00'

Diane Rydrych, Director — Date
Health Policy Division

Contents

I. Introduction

1. History:

   HealthPartners was founded in 1957 as a cooperative. It was one of the first consumer-governed, prepaid health plans in the United States.

   In 1992, Group Health merged with MedCenters Health Plan. Together, they formed HealthPartners. Since then, they have included Park Nicollet Health System, Regions Hospital, Lakeview Health, Hudson Hospital & Clinic, Amery Hospital and Hutchinson Health.

   Today, HealthPartners serves more than 1.8 million medical and dental health plan members nationwide. It includes a multi-specialty group practice of more than 1,800 physicians that serves more than 1.2 million patients.

2. Membership: HealthPartners self-reported Minnesota enrollment as of November 30, 2020, consisted of the following:

Self-Reported Enrollment

Product	Enrollment
Fully Insured Commercial	
Large Group	12,156
Small Employer Group	81,828
Individual	53,157
Minnesota Health Care Programs – Managed Care (MHCP-MC)	
Families & Children	148,107
MinnesotaCare	21,995
Minnesota Senior Care (MSC+)	1,949
Minnesota Senior Health Options (MSHO)	4,550
Special Needs Basic Care	7,673
Total	**331,415**

3. Onsite Examination Dates: February 22– 26, 2021
   Examination Period: January 1 2018 to December 31, 2020
   File Review Period: January 1, 2020 to December 31, 2020
   Opening Date: November 23, 2020

4. National Committee for Quality Assurance (NCQA)**:** HealthPartners is accredited by NCQA for its Commercial HMO/POS/PPO Combined, Marketplace PPO and Medicaid HMO products based on 2020 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:

    a. If NCQA standards do not exist or are not as stringent as Minnesota law, the accreditation results were not used in the MDH examination process [No NCQA checkbox].
    b. If the NCQA standard was the same or more stringent than Minnesota law and the health plan was accredited with 100% of the possible points, the NCQA results were accepted as meeting Minnesota requirements [NCQA ☒], unless evidence existed indicating further investigation was warranted [NCQA ☐].
    c. If the NCQA standard was the same or more stringent than Minnesota law, but the plan was accredited with less than 100% of the possible points or MDH identified an opportunity for improvement, MDH conducted its own examination.

5. 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.

6. Performance Standard: For each instance of non-compliance with applicable law or rule identified during the quality assurance examination, that covers a three-year audit period, the health plan is cited with a deficiency. A deficiency will not be based solely on one outlier file if MDH has sufficient evidence that a plan's overall operation is compliant with an applicable law. Sufficient evidence may be obtained through: 1) file review; 2) policies and procedures; and 3) interviews.

II. Quality Program Administration

Program

Minnesota Rules, Part 4685.1110

Subparts	Subject	Met	Not Met	NCQA
Subp. 1.	Written Quality Assurance Plan	☒Met	☐ Not Met	
Subp. 2.	Documentation of Responsibility	☒Met	☐ Not Met	☐ NCQA
Subp. 3.	Appointed Entity	☒Met	☐ Not Met	☐ NCQA
Subp. 4.	Physician Participation	☒Met	☐ Not Met	☐ NCQA
Subp. 5.	Staff Resources	☐Met	☐ Not Met	☒ NCQA
Subp. 6.	Delegated Activities	☒Met	☐ Not Met	☐ NCQA
Subp. 7.	Information System	☐Met	☐ Not Met	☒ NCQA
Subp. 8.	Program Evaluation	☒Met	☐ Not Met	☐ NCQA
Subp. 9.	Complaints	☒Met	☐ Not Met	
Subp. 10.	Utilization Review	☒Met	☐ Not Met	
Subp. 11.	Provider Selection and Credentialing	☐Met	☐ Not Met	☒ NCQA
Subp. 12.	Qualifications	☐Met	☐ Not Met	☒ NCQA
Subp. 13.	Medical Records	☒Met	☐ Not Met	

Delegated Activities

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

Delegated Entities and Functions

Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
MedImpact					x	x		x	
Fulcrum					x			x	
Blue Sky									x
Guild, Inc.									x

Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
Cook County									x
Marshal County									x

MDH reviewed all submitted delegation oversight documents for the above delegates and discussed process with staff. Evidence submitted indicated HealthPartners has a thorough delegation oversight process which includes all delegated functions of the delegates.

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. HealthPartners scored 100% on all eight 2020 NCQA Credentialing/recredentialing standards for its accreditation of Commercial HMO/POS/PPO Combined.

Activities

Minnesota Rules, Part 4685.1115

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

Quality Evaluation Steps

Minnesota Rules, Part 4685.1120

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

Focused Study Steps

Minnesota Rules, Part 4685.1125

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

Filed Written Plan and Work Plan

Minnesota Rules, Part 4685.1130

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

Amendments to Written Plan (Program Description)

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

MDH reviewed HealthPartners's Quality Improvement Program Description 2021 during the exam, and it was found to have met all the criteria of Minnesota Rules, 4685.110, subparts 1 through 13 and was subsequently approved.

III. Quality of Care

MDH reviewed a total of 16 quality of care grievance and complaint system files.

Quality of Care File Review

File Source	# Reviewed
Quality of Care	
MHCP Grievances	8
Commercial Complaints	8
Total	16

Quality of Care Complaints

Minnesota Statutes, Section 62D.115

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

Finding: Quality of Care Complaints

Subd. 1 Minnesota Statutes, Section 62D.115, Subdivision 1, states a definition for what is considered a "quality of care complaint" and those categories that are included. The definition in HealthPartner's *Member Complaints Minnesota Health Care Programs Quality of Care* policy/procedure contains a quality-of-care definition consistent with Minnesota Statutes, Section 62D.115. However, HealthPartners has another policy, *Case Review Process for Quality of Care*, which applies to both commercial and Minnesota Health Care Programs. The definition included in this policy is different than the above policy and not comprehensive enough to capture all grievances and complaints that may cause potential harm for members.

Therefore, MDH finds that HealthPartners must revise the definition of quality of care in its *Case Review Process for Quality-of-Care* policy/procedure to be more comprehensive and consistent with the law as well as the definition found in the *Member Complaints Minnesota Health Care Programs Quality of Care* policy/procedure. **(Mandatory Improvement #1)**

IV. Complaint and Grievance Systems

Complaint Systems

MDH examined HealthPartners' 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	
HealthPartners Written	4
HealthPartners Oral	29
Non-Clinical Appeals	8
Total	**41**

Complaint Resolution

Minnesota Statutes, Section 62Q.69.

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

Finding: Procedures for Filing a Complaint

Subd. 2 Minnesota Statutes 62Q.69, subd. 2 requires that "If a complaint is submitted orally and the resolution of the complaint, as determined by the complainant, is partially or wholly adverse . . . or the oral complaint is not resolved to the satisfaction of the complainant, by the health plan company within ten days of receiving the complaint, the health plan company must inform the complainant that the complaint may be submitted in writing." MDH found in its file review one file in which HealthPartners' did not properly offer the opportunity for the complainant to submit a written complaint. While communications with both the member and provider took place, the case file was marked "resolved" in the case file system on the day it was received by HealthPartners and 20 days before the final resolution. HealthPartners must ensure that case file status is properly marked to ensure that its policies and procedures are

followed regarding offering a written complaint form in its review of oral complaints. **(Mandatory Improvement #2)**

Appeal of the Complaint Decision

Minnesota Statutes, Section 62Q.70

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

Notice to Enrollees

Minnesota Statutes, Section 62Q.71

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

External Review of Adverse Determinations

Minnesota Statutes, Section 62Q.73

Section	Subject	Met	Not Met
Subd. 3.	Right to External Review	☒ Met	☐ Not Met

Grievance System

MDH examined HealthPartners'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 2020 Contract, Article 8.

MDH reviewed a total of 87 grievance system files, encompassing grievances, DTRs, Appeals (both clinical and non-clinical), and State Fair Hearings.

Grievance System File Review

File Source	# Reviewed
Grievances	
HealthPartners Written	0
HealthPartners Oral	8
DTRs	
HealthPartners Medical	8
Behavioral Health	8
Pharmacy	8
Dental	30
MHCP Appeals Clinical	9
MHCP Non-Clinical Appeals	
HealthPartners Written	1
HealthPartners Oral	7
State Fair Hearing	8
Total	87

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	☒Met	☐ 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(e)	Filing Requirements	☒Met	☐ Not Met

Section	42 CFR	Subject	Met	Not Met
Section 8.2.2.	§438.408 (b)(1), (d)(1)	Timeframe for Resolution of Grievances	☒Met	☐ Not Met
Section 8.2.3.	§438.408 (e)	Timeframe for Extension of Resolution of Grievances	☒Met	☐ Not Met
Section 8.2.4.	§438.406	Handling of Grievances		
8.2.4.1	§438.406 (b)(1)	Written Acknowledgement	☒Met	☐ Not Met
8.2.4.2	§438.416	Log of Grievances	☒Met	☐ Not Met
8.2.4.3	§438.402 (e)(3)	Oral or Written Grievances	☒Met	☐ Not Met
8.2.4.4	§438.406 (a)	Reasonable Assistance	☒Met	☐ Not Met
8.2.4.5	§438.406 (b)(2)(i)	Individual Making Decision	☒Met	☐ Not Met
8.2.4.6	§438.406 (b)(2)(ii)	Appropriate Clinical Expertise	☒Met	☐ 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	☒Met	☐ Not Met
8.2.5.2	§438.404 (a), (b)	Written Grievances	☒Met	☐ 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 (e), (d) §438.402 (e) §438.404 (b)	General Requirements	☒Met	☐ Not Met
Section 8.3.2	§438.402 (e), §438.404 (b)	Content of DTR Notice of Action	☒Met	☐ Not Met
8.3.2.1	§438.404	Notice to Provider	☒Met	☐ Not Met
Section 8.3.3.	§438.404 (e)	Timing of DTR Notice MCO must make a good faith effort to promptly notify the STATE and the Ombudsman for Managed Care if the MCO becomes aware that DTRs are not being issued timely.	☒Met	☐ Not Met
8.3.3.1	§431.211	Previously Authorized Services	☒Met	☐ Not Met
8.3.3.2	§438.404 (e)(2)	Denials of Payment	☒Met	☐ Not Met
8.3.3.3	§438.210 (c), (d)	Standard Authorizations		
(1)		As expeditiously as the enrollee's health condition requires	☒Met	☐ Not Met
(2)		To the attending health care professional and hospital by telephone or fax within one working day after making the determination	☒Met	☐ 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	☐Met	☒ Not Met
8.3.3.4	§438.210 (d)(2)(i)	Expedited Authorizations	☒Met	☐ Not Met
8.3.3.5	§438.210 (d)(1)	Extensions of Time	☒Met	☐ Not Met
8.3.3.6	§438.210(d)(3) and 42 USC 1396r-8(d)(5)	Covered Outpatient Drug Decisions	☒Met	☐ Not Met
8.3.3.7	§438.210 (d)(1)	Delay in Authorizations	☒Met	☐ Not Met

Finding: Standard Authorization Decisions

Sec. 8.3.3.3(3) 42 CFR §438.210(d) (DHS contract Section 8.3.3.3(3)) states for standard authorization decisions that deny or limit services, the MCO must provide the notice to the provider, enrollee, and hospital, in writing, and which must include the process to initiate an appeal, within 10-business days following receipt of the request for the service, unless the MCO receives an extension.

Review of DTR dental files resulted in three files that took longer than 10-business days to make the authorization decision.

Therefore, MDH finds HealthPartners must make its authorizations decisions within the 10-business day timeline as required by law. **(Mandatory Improvement #3)**

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	☒Met	☐ Not Met
Sec. 8.4.2.	§438.408 (b)	Filing Requirements	☒Met	☐ Not Met
Sec. 8.4.3.	§438.408	Timeframe for Resolution of Appeals		
8.4.3.1	§438.408 (b)(2)	Standard Appeals	☒Met	☐ Not Met
8.4.3.2	§438.408 (b)(3)	Expedited Appeals	☒Met	☐ Not Met
8.4.3.3	§438.408 (c)(3)	Deemed Exhaustion	☒Met	☐ Not Met
Sec. 8.4.4.	§438.408 (c)	Timeframe for Extension of Resolution of Appeals	☒Met	☐ Not Met
Sec. 8.4.5.	§438.406	Handling of Appeals		
8.4.5.1	§438.406 (b)(3)	Oral Inquiries	☒Met	☐ Not Met
8.4.5.2	§438.406 (b)(1)	Written Acknowledgment	☒Met	☐ Not Met

Section	42 CFR	Subject	Met	Not Met
8.4.5.3	§438.406 (a)	Reasonable Assistance	☒Met	☐ Not Met
8.4.5.4	§438.406 (b)(2)	Individual Making Decision	☒Met	☐ 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)	☒Met	☐ Not Met
8.4.5.6	§438.406 (b)(4)	Opportunity to Present Evidence	☒Met	☐ Not Met
8.4.5.7	§438.406 (b)(5)	Opportunity to Examine the Care File	☒Met	☐ Not Met
8.4.5.8	§438.406 (b)(6)	Parties to the Appeal	☒Met	☐ Not Met
8.4.5.9	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	☒Met	☐ Not Met
Sec. 8.4.6.		Subsequent Appeals If an Enrollee Appeals a decision from a previous Appeal on the same issue, and the MCO decides to hear it, for purposes of the timeframes for resolution, this will be considered a new Appeal.	☒Met	☐ Not Met
Sec. 8.4.7.	§438.408 (d)(2)	Notice of Resolution of Appeals		
8.4.7.1	§438.408 (d)(2)	Written Notice Content	☒Met	☐ Not Met
8.4.7.2	§438.210 (e)	Appeals of UM Decisions	☒Met	☐ Not Met
8.4.7.3	§438.410 (e) and .408 (d)(2)(ii)	Telephone Notification of Expedited Appeals (Also see Minnesota Statutes section 62M.06, subd.2)	☒Met	☐ Not Met
Sec. 8.4.8.	§438.424	Reversed Appeal Resolutions	☒Met	☐ Not Met
Sec. 8.5.	§438.420 (b)	Continuation of Benefits Pending Appeal or State Fair Hearing	☒Met	☐ Not Met

State Fair Hearings

DHS Contract, Section 8.8

Section	42 CFR	Subject	Met	Not Met
Section 8.8.	§438.416 (e)	State Fair Hearings		
Sec. 8.8.2.	§438.408 (f)	Standard Hearing Decisions	☒Met	☐ Not Met
Sec. 8.8.5.	§438.424	Compliance with State Fair Hearing Resolution	☒Met	☐ Not Met

V. Access and Availability

Geographic Accessibility

Minnesota Statutes, Section 62D.124

Subdivision	Subject	Met	Not Met
Subd. 1.	Primary Care, Mental Health Services, General Hospital Services	☒Met	☐ Not Met
Subd. 2.	Other Health Services	☒Met	☐ Not Met
Subd. 3.	Exception	☒Met	☐ Not Met

Essential Community Providers

Minnesota Statutes, Section 62Q.19

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

Availability and Accessibility

Minnesota Rules, Part 4685.1010

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

Emergency Services

Minnesota Statutes, Section 62Q.55

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

Licensure of Medical Directors

Minnesota Statutes, Section 62Q.121

Section	Subject	Met	Not Met
62Q.121.	Licensure of Medical Directors	☒Met	☐ Not Met

Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

Minnesota Statutes, Section 62Q.527

Subdivision	Subject	Met	Not Met
Subd. 2.	Required Coverage for Anti-psychotic Drugs	☒Met	☐ Not Met
Subd. 3.	Continuing Care	☒Met	☐ Not Met
Subd. 4.	Exception to Formulary	☒Met	☐ Not Met

Coverage for Court-Ordered Mental Health Services

Minnesota Statutes, Section 62Q.535

Subdivision	Subject	Met	Not Met
Subd. 2.	Coverage required	☒Met	☐ Not Met

Continuity of Care

Minnesota Statutes, Section 62Q.56

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

VI. Utilization Review

MDH examined HealthPartners's utilization review (UR) system under Minnesota Statutes, chapter 62M. A total of 76 utilization review files, including 68 UR denial files and 8 clinical appeal files, were reviewed.

Commercial UR System File Review

File Source	# Reviewed
Commercial UM Denial Files	
HealthPartners Medical	8
HealthPartners Behavioral Health	30
HealthPartners Pharmacy	30
Commercial Clinical Appeal Files	
HealthPartners Commercial	8
Total	**76**

Standards for Utilization Review Performance

Minnesota Statutes, Section 62M.04

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

Procedures for Review Determination

Minnesota Statutes, Section 62M.05

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Written Procedures	☒Met	☐ Not Met	
Subd. 2.	Concurrent Review	☒Met	☐ Not Met	☐ NCQA
Subd. 3.	Notification of Determination	☒Met	☐ Not Met	
Subd. 3a.	Standard Review Determination	☒Met	☐ Not Met	

Subdivision	Subject	Met	Not Met	NCQA
(a)	Initial determination to certify or not (10-business days)	☒Met	☐ Not Met	☐ NCQA
(b)	Initial determination to certify (telephone notification)	☒Met	☐ Not Met	
(c)	Initial determination not to certify (notice within 1 working day)	☒Met	☐ Not Met	
(d)	Initial determination not to certify (notice of right to appeal)	☒Met	☐ Not Met	☐ NCQA
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	

Initial Determination within 10-business days

Subd. 3a(a). Minnesota Statutes 62M.05, subdivision 3a(a) states an initial determination on all requests for utilization review must be communicated to the provider and enrollee within 10-business days of the request.

In one behavioral health file, the determination exceeded the 10-business day timeline (actual time was 31 business days).

Finding: One Working Day Telephone Notice of Denial

Subd. 3a(c) Minnesota Statutes 62M.05, subdivision 3a(c) states when an initial determination is made not to certify, notification must be provided by telephone, by facsimile to a verified number, or by electronic mail to a secure electronic mailbox within one working day after making the determination to the attending health care professional.

In one expedited file reviewed, the fax utilized to make the one business day notification of denial failed, thus the one business day notice of denial was not made to the attending health care professional.

Therefore, MDH recommends HealthPartners review the fax process for one business day notification of the denial determination and consider having a back-up procedure in place for when the fax notification fails. **(Recommendation #1)**

Appeals of Determinations Not to Certify

Minnesota Statutes, Section 62M.06

Subdivision	Subject	Met	Not Met
Subd. 1.	Procedures for Appeal	☒Met	☐ Not Met
Subd. 2.	Expedited Appeal	☒Met	☐ Not Met
Subd. 3.	Standard Appeal		
(a)	Procedures for appeals written and	☒Met	☐ Not Met

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

Confidentiality

Minnesota Statutes, Section 62M.08

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

Staff and Program Qualifications

Minnesota Statutes, Section 62M.09

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

Complaints to Commerce or Health

Minnesota Statutes, Section 62M.11

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

Prohibition of Inappropriate Incentives

Minnesota Statutes, Section 62M.12

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

VII. Summary of Findings

Recommendations

To better comply with Minnesota Statutes 62M.05, subdivision 3a(c) HealthPartners should review its fax process for one business day notification of the denial determination and consider having a back-up procedure in place for when the fax notification fails.
(Recommendation #1)

Mandatory Improvements

To comply with Minnesota Statutes, Section 62D.115, Subdivision 1, HealthPartners must revise its definition of quality of care in its *Case Review Process for Quality of Care* policy/procedure to be more comprehensive and consistent with the law as well as the definition included in *Member Complaints Minnesota Health Care Programs Quality of Care* policy/procedure.
(Mandatory Improvement #1)

To comply with Minnesota Statutes, Section 62Q.69, Subdivision 2, HealthPartners must ensure that case file status is properly marked to ensure that its policies and procedures are followed regarding offering a written complaint form in its review of oral complaints.
(Mandatory Improvement #2)

To comply with 42 CFR §438.210 (d) (DHS contract Section 8.3.3.3(3)) HealthPartners must make its DTR authorizations decisions within the 10-business day timeline as required by law.
(Mandatory Improvement #3)

Deficiencies

None Identified.