

PrimeWest Health

QUALITY ASSURANCE EXAMINATION - 2023

PrimeWest Health Report

For the Period: June 1, 2020 – May 31, 2023

Examiners: Dena Harrell, MPA; Tom Major, MA, MDiv; Brenda Sorvig, LPN, MHI; Mary Timm, BS

Issue Date: May 17, 2024

Minnesota Department of Health
Managed Care Systems Section
PO Box 64975
St. Paul, MN 55164-0975
651-201-5100
health.mcs@state.mn.us
www.health.state.mn.us

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

Upon request, this material will be made available in an alternative format such as large print, Braille, or audio recording. Printed on recycled paper.

MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

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

None Identified

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

None Identified

To address deficiencies, PrimeWest Health 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, Director
Health Policy Division

5/24/2024

Date

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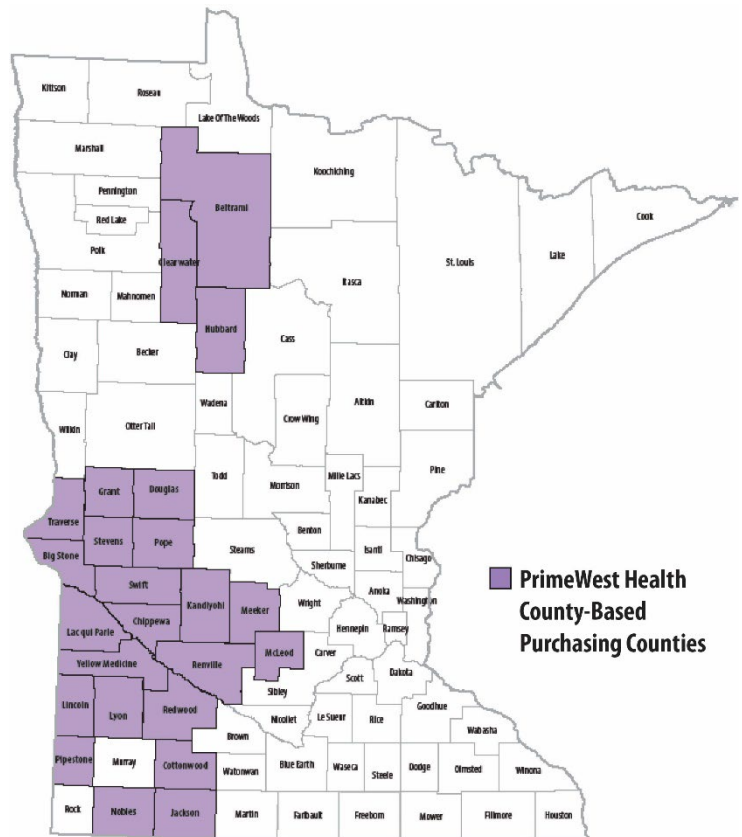
I. Introduction

1. History:

PrimeWest Health is a partnership of 24 rural Minnesota counties that have elected to jointly purchase or provide health care services for Minnesota Health Care Programs (MHCP) enrollees who reside in their counties. This arrangement, called County-Based Purchasing (CBP), is authorized by MN Stat. sec. 256B.692. The counties are united to offer innovative health coverage solutions to those eligible for MHCP.

PrimeWest Health was legally established in December 1998 as a county government “Joint Powers” entity under MN Stat. sec. 471.59 by Big Stone, Douglas, Grant, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties. The Minnesota Department of Health (MDH) approved PrimeWest Health’s CBP application in October 2002 in accordance with MN Stat. sec. 256B.692. In April 2003, the Minnesota Department of Human Services (DHS) awarded PrimeWest Health the contract for administering the Prepaid Medical Assistance Program (PMAP) in its 10 Joint Powers counties beginning July 2003.

Since 2003, PrimeWest Health’s history has been one of continual development and expansion. In 2003, PrimeWest Health started with one MHCP product serving approximately 5,500 members in 10 counties through a network of fewer than 1,000 contracted providers. Today, PrimeWest Health administers six MHCP programs serving nearly 64,000 members in 24 counties¹ through a network of over 15,000 contracted providers. During this same period, PrimeWest Health continually developed



¹ Current counties include Beltrami, Big Stone, Chippewa, Clearwater, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Nobles, Pipestone, Pope, Redwood, Renville, Stevens, Swift, Traverse and Yellow Medicine.

their abilities to optimally serve their MHCP members through internal operations capacity development, new service and program innovation, and health care reform. The following timeline chronicles key milestones in the history of PrimeWest Health.

2. Membership: 53,326 self-reported Minnesota enrollment as of May 31, 2023 consisted of the following:

Self-Reported Enrollment

Product	Enrollment
Minnesota Health Care Programs – Managed Care (MHCP-MC)	
Families & Children	44,514
MinnesotaCare	2,890
Minnesota Senior Care (MSC+)	1,357
Minnesota Senior Health Options (MSHO)	1,941
Special Needs Basic Care (SNBC)	
SNBC MA Only	948
SNBC Medicare elsewhere	1,460
SNBC Prime Health Complete (PHC)	216
Total	53,326

3. Virtual Examination Dates: August 7, 2023 – August 11, 2023
4. Examination Period: June 1, 2020 to May 31, 2023
File Review Period: January 1, 2022 to May 31, 2023
Opening Date: May 19, 2023
5. National Committee for Quality Assurance (NCQA): HealthPlan is accredited by NCQA

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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PrimeWest Health (PWH) for its Minnesota Health Care Programs – Managed Care (MHCP-MC) products based on 2021 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.
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 checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input 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 checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 8.	Program Evaluation	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 9.	Complaints	<input 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 Also refer to 62Q.097	<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	

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 Mgmt	Care Coord
MedImpact	X				X	X		X	
Clearwater County									X
Meeker County									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
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

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. PrimeWest Health scored 100% on all 2023 NCQA Credentialing/recredentialing standards.

MDH reviewed a total of **24** credentialing files as indicated in the table below.

Credentialing File Review

File Source	# Reviewed
<i>Initial</i>	
<i>PrimeWest Health Physicians</i>	4
<i>PrimeWest Health Allied</i>	4
<i>HealthPartners Physicians</i>	5
<i>HealthPartners Allied</i>	3
<i>Essentia Health Physicians</i>	4
<i>Essentia Health Allied</i>	4

File Source	# Reviewed
Total	24

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

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 **8** 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>	8
Total	8

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 PrimeWest 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 **24 grievance** system files.

Grievance System File Review

File Source	# Reviewed
Grievances	
<i>PrimeWest Health Written</i>	
<i>PrimeWest Health Oral</i>	8
DTRs	
<i>MedImpact PBM (Pharmacy Benefit Manager)</i>	8
Clinical and Non-Clinical Appeals	
<i>PrimeWest Health Written</i>	1
<i>PrimeWest Health Oral</i>	3
State Fair Hearing	4
Total	24

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		

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

PRIMEWEST HEALTH QUALITY ASSURANCE EXAMINATION

Section	42 CFR	Subject	Met	Not Met
(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
(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

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Section	42 CFR	Subject	Met	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 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.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> 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	<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. 8.8.3.	§431.250	Costs of State Fair Hearing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.4.	§438.410(a); 431.224	Expedited 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
Sec. 8.8.7.	§438.408(f)	External Review or Medical Review Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.8.	§431.245	Judicial Review	<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.	Waiver	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 6	Provider Network Notifications	<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"/>

VI. Summary of Findings

Recommendations

None Identified

Mandatory Improvements

None Identified

Deficiencies

None Identified