

Quartz Health Plan

QUALITY ASSURANCE EXAMINATION

Quartz Health Plan Report

For the Period: March 2020 – August 2022 Examiners: Dena Harrell, BA, MPNA; Tom Major, MA, MDiv. Issue Date: March 25, 2024

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MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of Quartz Health Plan to determine 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 Quartz Health Plan 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, Quartz Health Plan should:

(None Found)

To address mandatory improvements, Quartz Health Plan and its delegates must:

(None Found)

To address deficiencies, Quartz Health Plan 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:

Quartz Health Plan Minnesota Corporation (Company or QHPMC) was organized in 2011 as a nonprofit HMO pursuant to Minnesota Statutes Chapter 62D. The Company is licensed to provide comprehensive health care insurance in four Minnesota counties bordering Wisconsin.

Prior to May 2, 2016, Quartz Health Plan Corporation (QHPC), the Company's sole corporate member, was a wholly owned subsidiary of Gundersen Health System (GHS), a membership corporation. On May 2, 2016, GHS entered into a partnership agreement with University Health Care, Inc. (UHC) to share management and administrative services with QHPC. The parties accomplished the partnership through an agreement to exchange the membership rights in QHPC with the stock of Quartz Health Benefits Plan Corporation (QHBPC). GHS took twenty-five percent interest in QHBPC and UHC took seventy-five percent interest in QHPC.

Effective July 1, 2017, GHS entered into a Members Agreement with Iowa Health System d/b/a Unity Point Health (UPH) and UHC in which all three entities became members of QHPC. Through this affiliation, the Company became part of the Quartz Group (Quartz) operating under the same umbrella as Quartz Health Insurance Corporation (QHIC) and QHBPC.

2. Membership: Quartz Health Plan self-reported Minnesota enrollment as of August 2022 consisted of the following:

| Product | Enrollment |
|---|------------|
| Fully Insured Commercial | |
| Large Group | 134 |
| Small Employer Group | 778 |
| Individual | 1500 |
| Minnesota Health Care Programs – Managed Care (MHCP-MC) | |
| Families & Children | n/a |
| MinnesotaCare | n/a |
| Minnesota Senior Care (MSC+) | n/a |
| Minnesota Senior Health Options (MSHO) | n/a |
| Special Needs Basic Care | n/a |
| Total | 2412 |

Self-Reported Enrollment

- 1. Onsite Examination Dates: November 14 18, 2022
- Examination Period: March 1, 2020, to August 31,2022
 File Review Period: September 1, 2021 to August 31, 2022
 Opening Date: September 1, 2022
- National Committee for Quality Assurance (NCQA): QHPMC is accredited by NCQA for its Commercial HMO/POS Combined, Marketplace PPO and Medicaid HMO products based on 2022 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:
- 4. 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

| 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 Also refer to 62Q.097 | □Met | 🗆 Not Met | 🛛 NCQA |
| Subp. 12. | Qualifications | □Met | 🗆 Not Met | 🛛 NCQA |
| Subp. 13. | Medical Records | ⊠Met | 🗆 Not Met | |

Minnesota Rules, Part 4685.1110

Delegated Activities

<u>Subp. 6.</u> 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.

| Entity | UM | QOC | Cred | Claims | Disease Mgmt | Network | Care Coord | Cust Service |
|-----------|----|-----|------|--------|-----------------|---------|---------------|-----------------|
| Fulcrum | х | | х | | | х | х | х |
| MedImpact | | | | Х | | Х | | х |

Delegated Entities and Functions

| Entity | UM | QOC | Cred | Claims | Disease Mgmt | Network | Care Coord | Cust Service |
|------------------------|----|-----|------|--------|-----------------|---------|---------------|-----------------|
| Gunderson | | | х | | | | | |
| Oak Leaf | | | х | | | | | |
| Winona Health Services | | | х | | | | | |

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

<u>Subp. 1 and 3</u>. 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.

| 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 |

Minnesota Rules, Part 4685.1130

Provider Selection and Credentialing

<u>Subp. 11</u>. 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. Quartz Health Plan scored 100% on all 2022 NCQA Credentialing/recredentialing standards.

MDH reviewed a total of 60 credentialing and 18 recredentialing files as indicated in the table below. No organizational files were reviewed.

| File Source | # Reviewed |
|------------------|------------|
| Initial - | |
| Physicians | 30 |
| Allied | 30 |
| Re-Credential - | |
| Physicians | 9 |
| Allied | 9 |
| Organizational - | 0 |
| Total | 78 |

Credentialing File Review

Requirements For Timely Provider Credentialing

| Subdivisions | Subject | Met | Not Met |
|--------------|---|------|-----------|
| Subd. 1. | Definitions | ⊠Met | 🗆 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. | ⊠Met | 🗆 Not Met |
| | (2) If app determined not to be clean, inform provider of deficiencies/missing information within three business days | ⊠Met | 🗆 Not Met |
| | (3) Make determination on clean app within 45 days after receiving clean app | ⊠Met | 🗆 Not Met |
| | (4) Health plan allowed 30 additional days to investigate any quality or safety concerns. | ⊠Met | 🗆 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. | ⊠Met | 🗆 Not Met |

III. Quality of Care

MDH reviewed and discussed quality of care policies, procedures, and processes. There were no quality-of-care grievance and complaint system to review. No Quality of Care files to review.

Quality of Care Complaints

| Subparts | Subject Met | | Not Met |
|----------|--------------------------------|------|-----------|
| Subd. 1. | Definition | ⊠Met | 🗆 Not Met |
| Subd. 2. | Quality of Care Investigations | ⊠Met | 🗆 Not Met |

Minnesota Statutes, Section 62D.115

Quality of Care Complaints

<u>Subds. 1 and 2.</u> Minnesota Statutes, section 62D.115, subdivisions 1 and 2, requires a definition of quality of care. Statute states "Quality of care complaint" means an expressed dissatisfaction regarding health care services resulting in potential or actual harm to an enrollee. Quality of care complaints may include the following, to the extent that they affect the clinical quality of health care services rendered: access; provider and staff competence; clinical appropriateness of care; communications; behavior; facility and environmental considerations; and other factors that could impact the quality of health care services."

IV. Complaint Systems

Complaint Systems

MDH examined Quartz Health Plan's fully insured commercial complaint system for compliance with complaint resolution requirements of Minnesota Statutes, Chapter 62Q.

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 |

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

| Section | Subject | Met | Not Met |
|----------|--------------------------|-------|-----------|
| Subd. 3. | Right to External Review | 🛛 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

| 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

| 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 Quartz Health Plan's commercial utilization review (UR) system under Minnesota Statutes, chapter 62M. A total of 16 utilization review files were reviewed.

| File Source | | # Reviewed |
|-----------------------|----------|------------|
| UM Denial Files | | |
| MedImpact | | 8 |
| | Subtotal | 8 |
| Clinical Appeal Files | | |
| Quartz Health Plan | | 8 |
| | Subtotal | 8 |
| | Total | 16 |

UR System File Review

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

| 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 | |
| (a) | Initial determination to certify or not (10 business days) | ⊠Met | 🗆 Not Met | □ NCQA |

| Subdivision | Subject | 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 | |

Appeals of Determinations Not to Certify

| 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 telephone | ⊠Met | 🗆 Not Met |
| (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 |

Minnesota Statutes, Section 62M.06

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

| 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

| Section | Subject | Met | Not Met | NCQA |
|---------|---|------|-----------|-------|
| 62M.12. | Prohibition of Inappropriate Incentives | □Met | 🗆 Not Met | ⊠NCQA |

VII. Summary of Findings

Recommendations

1. None

Mandatory Improvements

1. None

Deficiencies

1. None