DEPARTMENT OF HEALTH

South Country Health Alliance

QUALITY ASSURANCE EXAMINATION

Date: Final Report September 14, 2023

South Country Health Alliance Plan Final Report

For the Period: August 2019 to June 2022
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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 South Country Health Alliance (SCHA) 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 SCHA 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, SCHA should:

No recommendations identified.

To address mandatory improvements, SCHA and its delegates must:

- Show evidence of approval from its governing body, the Joint Powers Board, of the written quality plan since the JPB has ultimate authority for quality activities.

- Revise its policies to include the allowed 30 additional days when the health plan company identifies a substantive quality or safety concern in the course of provider credentialing that requires further investigation.

To address deficiencies, SCHA and its delegates must:

No deficiencies 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.

signature on file

9/13/2023

Diane Rydrych, Director
Health Policy Division

Date

Contents

I. Introduction

1. History:

South Country Health Alliance became the first operational multi-county County-Based Purchasing (CBP) health plan in Minnesota on November 1, 2001. As a county-owned health plan, South Country was established to improve coordination of services between Minnesota Health Care Programs and public health and social services, improve access to providers and community resources, and provide stability and support for existing provider networks in rural communities.

The initial service area included Brown, Dodge, Freeborn, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca Counties; nine rural counties located in the southern half of Minnesota. Initial product offerings included only Pre-Paid Medical Assistance (PMAP) and General Assistance Medical Care (GAMC). South Country saw continuous enrollment growth in its first few years, and in 2005 additional products were added to include Minnesota Senior Care Plus (MSC+) and SeniorCare Complete, a Minnesota Senior Health Options (MSHO) Program, and in 2006, Minnesota Care (MNCare) and AbilityCare (a Medicare Advantage Special Needs Program).

South Country expanded its service area for all products except SeniorCare Complete in January 2007 to add five northern Minnesota counties: Cass, Crow Wing, Morrison, Todd, and Wadena Counties.

South Country administered five Minnesota Health Care Programs and served 14 counties in Minnesota until 2020. As of January 1, 2020, the counties of Morrison, Todd and Wadena withdrew from South Country. The current county owners are Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca counties. Freeborn County is no longer part of the South Country Joint Powers Agreement, but South Country continues to provide services to seniors and people with disabilities in that county. Currently, South Country serves approximately 31,600 members in the nine counties.

2. Membership: SCHA's self-reported Minnesota enrollment as of February 1, 2022 consisted of the following:

Self-Reported Enrollment

Product	Enrollment
Minnesota Health Care Programs – Managed Care (MHCP-MC)	
Families & Children	24493
MinnesotaCare	2264
Minnesota Senior Care (MSC+)	998
Minnesota Senior Health Options (MSHO)	1451

Product	Enrollment
Special Needs Basic Care	2446
Total	31,652

3. Virtual Onsite Examination Dates: April 25, 2022, to April 29, 2022

4. Examination Period: June 1,2019 to February 28, 2022
   File Review Period: February 1, 2021 to January 31, 2022
   Opening Date: February 10, 2022

5. National Committee for Quality Assurance (NCQA)**:** HealthPlan is accredited by NCQA

☐**Yes**	☒ **No**

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
Subp. 1.	Written Quality Assurance Plan	☒Met	☐ Not Met
Subp. 2.	Documentation of Responsibility	☐Met	☒ Not Met
Subp. 3.	Appointed Entity	☒Met	☐ Not Met
Subp. 4.	Physician Participation	☒Met	☐ Not Met
Subp. 5.	Staff Resources	☒Met	☐ Not Met
Subp. 6.	Delegated Activities	☒Met	☐ Not Met
Subp. 7.	Information System	☒Met	☐ Not Met
Subp. 8.	Program Evaluation	☒Met	☐ Not Met
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
Subp. 12.	Qualifications	☒Met	☐ Not Met
Subp. 13.	Medical Records	☒Met	☐ Not Met

Finding: Quality Assurance Plan

Subp. 2. Minnesota Rules 4685.1110, subparts 1 and 2 states the requisite contents of the written quality assurance plan (Quality Program Description) and further states the governing body of the organization has ultimate responsibility for the quality activities outlined in the written plan and has approved the written plan's quality activities.

In 2020 and 2021, there was no evidence that the Joint Powers Board (JPB) approved the written quality plan. Specifically:

> 2020: SCHA's Quality Assurance Committee (QAC) minutes of 3/6/20 state: "*The 2020 Quality Program Description must be submitted to MDH and DHS by May 1, 2020, and will be presented to the Joint Powers Board for approval at a later date*". QAC approved the written plan on this date. The QAC's membership includes two representatives from the Joint Powers Board (JPB), its governing body. On June 4, 2020, the QAC minutes went to the JPB. JPB minutes do not reflect approval of the 2020 Quality Program Description.
>
> 2021: On March 5, 2021, the 2021 Quality Program description was approved by the QAC, and the minutes subsequently went to the JPB on March 29, 2021, where a verbal summary of the minutes was presented. The JPB minutes do not reflect approval of the 2021 Quality Program description.

In conclusion, SCHA must have evidence of approval from its governing body, the Joint Powers Board, of the written quality plan since the JPB has ultimate authority for quality activities. **(Mandatory Improvement #1)**

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
Perform Rx	x			x	x	x		x	
MN Rural Health Cooperative					x				
Olmsted					x				
Brown County						x			
South Central Human Relation Center						x			

Document and file review (file review done for Perform Rx DTRs and Appeals) showed a comprehensive delegation oversight process of all delegated functions for the delegated entities reviewed.

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

Filed Written Quality Plan

Minnesota Rules, Part 4685.1130, subpart 1 and subpart 3 states, the health maintenance organization shall file its written quality assurance plan with the commissioner and may change its written quality assurance plan by filing notice with the commissioner for approval. During the examination period, MDH reviewed and approved South Country Health Alliance 2021 and 2022 Quality Program Description submissions, having met all requirements as outlined in Minnesota Rule 4685.1110.

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 and as such, NCQA standards were utilized for credentialing review in addition to Minnesota Statutes 62Q.097 as indicated below.

MDH reviewed a total of 101 credentialing and recredentialing files as indicated in the table below.

Credentialing File Review

File Source	# Reviewed
Initial - SCHA	
Physicians	30
Allied	30
Re-Credential - SCHA	
Physicians	9
Allied	9
Organizational - SCHA	
Initial	12
Recred	11
Total	**101**

Requirements For Timely Provider Credentialing

Minnesota Statutes, Section 62Q.097

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

Finding: Requirements for Timely Provider Credentialing

Subd. 2. Minnesota Statues, section 62Q.097 states, a health plan company that receives an application for provider credentialing must: (3) make a determination on the health care provider's clean application 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.

The health plan policies submitted for review, *Credentialing CR01* and *Credentialing Review and Approval CR 04,* do not reflect the allowed 30 additional days to investigate and any quality or safety concerns.

In conclusion, SCHA must revise its policies to include the 30 additional days when the health plan company identifies a substantive quality or safety concern in the course of provider credentialing that requires further investigation. **(Mandatory Improvement #2)**

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 a total of 6 quality of care grievance files.

Quality of Care File Review

File Source	# Reviewed
Quality of Care	
SCHA Quality of Care Grievances	6
Total	**6**

Quality of Care Complaints

Minnesota Rules, Part 4685.1110, Subpart 9C

Subparts	Subject	Met	Not Met
Subp. 9. C	Ongoing evaluation of enrollee complaints related to quality of care.	☒Met	☐ Not Met

Minnesota Statutes, Section 62D.115

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

Quality of Care Complaints

Subd. 1 Minnesota Rules, part 4685.1110, subpart 9c and Minnesota Statutes, section 62D.115 subdivision 2, requires the health plan to investigate enrollee complaints related to quality of care, track/trend/analyze data related to quality of care and report to the organization's appointed quality assurance entity (SCHA's Quality Assurance Committee) at least quarterly. Document and file review revealed thorough investigations and follow up of all issues with reporting of data and analysis to the QAC.

IV. Grievance Systems

Grievance System

MDH examined SCHA'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 101 grievance system files.

Grievance System File Review

File Source	# Reviewed
Grievances	
SCHA (oral/written)	35
DTRs	
SCHA	30
Perform Rx	8
Non-Clinical Appeals	
SCHA (Oral/written)	NONE
Perform Rx	3
Clinical Appeals (oral/written)	
SCHA	14
Perform Rx	8
State Appeals	3
Total	**101**

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 (c)	Filing Requirements	☒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 (c)	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 (c)(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(c), (d) §438.402(c) §438.404(b)	General Requirements	☒Met	☐ Not Met
Section 8.3.2	§438.402 (c), §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 (c)	Timing of DTR Notice		
8.3.3.1	§431.211	Previously Authorized Services	☒Met	☐ Not Met
8.3.3.2	§438.404 (c)(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

Section	42 CFR	Subject	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
(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 timelines

Sec. 8.3.3.3. 42CFR §438.210 (c)(d) (DHS Contract section 8.3.3.3) states, 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 ten (10) business days following receipt of the request for the service, unless the MCO receives an extension of the resolution period.

File review indicated one SCHA prior authorization denial notice exceeded the 10-business day requirement.

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**		
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 (c)	Appeals of UM Decisions	☒Met	☐ 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)	☒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 Appeal**	☒Met	☐ Not Met

Appeal letters

8.4.7.1 42 CFR §438.408 (d)(2) and (e) (DHS contract 8.4.7.1 and 8.4.7.4) outlines the content requirements of appeal resolution letters. MDH noted SCHA's appeal letters contained clear, customer focused, understandable information related to the appeal decision.

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	☒Met	☐ Not Met
Sec. 8.8.5.	§438.424	Compliance with State Appeal 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. Summary of Findings

Recommendations

None

Mandatory Improvements

- To comply with Minnesota Rules 4685.1110, subparts 1 and 2, SCHA must show evidence of approval from its governing body, the Joint Powers Board, of the written quality plan since the JPB has ultimate authority for quality activities.

- To comply with Minnesota Statutes 62Q.097, subpart 2, SCHA must revise its policies to include the allowed 30 additional days when the health plan company identifies a substantive quality or safety concern in the course of provider credentialing that requires further investigation.

Deficiencies

None