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**UCare**

**QUALITY ASSURANCE EXAMINATION**

**2024**

## **UCare Quality Assurance Examination Report**

For the Period: March 1, 2021, to February 29, 2024.

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## UCARE QUALITY ASSURANCE EXAMINATION REPORT

### MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

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

None at this time.

**To address mandatory improvements, UCare and its delegates must:**

None found.

**To address deficiencies, UCare 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.

/s/ Diane Rydrych

6/17/2025

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Diane Rydrych, Director  
Health Policy Division

Date

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# I. Introduction

## 1. History:

In 1984, the University of Minnesota Medical School’s Department of Family Medicine and Community Health (DFMCH) created UCare Minnesota as a demonstration project for Medical Assistance beneficiaries in Hennepin County. At the time, DHS was moving Medical Assistance beneficiaries into managed care. Creating a health plan helped ensure that patients of the DFMCH family practice clinic group – University Affiliated Family Physicians (UAFP) – could continue seeing their doctors.

UCare operated as a health plan through UAFP. In addition to being UCare’s key provider group, UAFP was UCare’s sole corporate member and managed UCare through a management services agreement. From an office near the Medical School, UCare offered Prepaid Medical Assistance Program (PMAP) and Prepaid General Assistance Medical Care (PGAMC) products. Enrollment began in 1984, for coverage in 1985, with fewer than 100 members. By the end of 1988, UCare was serving nearly 1,200 members.

UCare became an independent, nonprofit HMO in 1989, while maintaining clinical and other collaborative ties to the DFMCH. The DFMCH is represented on the UCare Board of Directors, and UCare provides annual financial support to the DFMCH for training primary care providers, and to support the development and growth of the primary care delivery model, health care workforce and health care delivery infrastructure across Minnesota.

Over time, UCare expanded its product portfolio and coverage area. UCare added Medicare Advantage plans, a range of Minnesota Health Care Programs and commercial health plans available on MNsure. UCare pioneered plans for people with disabilities (including the former Minnesota Disability Health Options product) and developed innovative health care products and services responsive to changes in Minnesota’s populations and Minnesota Health Care Programs (MHCP).

In 2016, UCare introduced its Special Needs Basic Care (SNBC) product (UCare Connect + Medicare), an integrated dual eligible Special Needs Plan for adults with disabilities and expanded its SNBC (UCare Connect) product in 20 additional Minnesota counties.

UCare products include MinnesotaCare, Families and Children Medical Assistance, MSHO, MSC+, two SNBC products, a statewide Medicare Advantage plan, a Medicare Advantage Preferred Provider Organization (PPO) with Essentia Health in north-central Minnesota, a Medicare Advantage PPO with MHealth Fairview & North Memorial in the metropolitan area, a new Institutional Special Needs Plan in 14 counties, three statewide Medicare Supplement Plans and two commercial plans on MNsure. UCare also offers a Medicare Advantage PPO plan, EssentiaCare, in three counties in western Wisconsin.

## 2. Membership: UCare self-reported Minnesota enrollment in May 2024, consisting as the following:

### Self-Reported Enrollment

	Product	Enrollment
<b>Fully Insured Commercial</b>	Large Group	0
	Small Employer Group	0
	Individual	52,167

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	Product	Enrollment
<b>Minnesota Health Care Programs – Managed Care (MHCP-MC)</b>	Families & Children	321,420
	MinnesotaCare	35,004
	Minnesota Senior Care (MSC+)	8,941
	Minnesota Senior Health Options (MSHO)	17,414
	Special Needs Basic Care	37,235
<b>Medicare</b>	Medicare Advantage	123,192
	<b>Total</b>	<b>595,373</b>

3. Virtual Examination Dates: June 24 to June 28, 2024.
4. Examination Period: March 1, 2021, to February 29, 2024.  
File Review Period: January 1, 2023, to December 31, 2023.  
Opening Date: March 25, 2024.
5. National Committee for Quality Assurance (**NCQA**): HealthPlan is accredited by NCQA for its Commercial Exchange HMO and Medicaid HMO products accredited products based on 2023 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 and “No NCQA” is found in the table cell.
  - 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” in the NCQA Column).
  - 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

Subject	Met	Not Met	NCQA
<b>Subpart 1.</b> Written Quality Assurance Plan	Met		
<b>Subpart 2.</b> Documentation of Responsibility	Met		
<b>Subpart 3.</b> Appointed Entity	Met		
<b>Subpart 4.</b> Physician Participation	Met		
<b>Subpart 5.</b> Staff Resources	Met		
<b>Subpart 6.</b> Delegated Activities	Met		
<b>Subpart 7.</b> Information System	Met		
<b>Subpart 8.</b> Program Evaluation			NCQA
<b>Subpart 9.</b> Complaints	Met		
<b>Subpart 10.</b> Utilization Review	Met		
<b>Subpart 11.</b> Provider Selection and Credentialing Also refer to 62Q.097	Met		
<b>Subpart 12.</b> Qualifications	Met		
<b>Subpart 13.</b> Medical Records	Met		

Delegated Activities: 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
Delta Dental	UM		Complaints/ Grievances	Appeals					
Fairview					Cred				
Hennepin County Medical Center					Cred				
Cook County							Disease Mgmt		Care Coord
Care Continuum							Disease Mgmt		Care Coord
Lutheran Social Services	UM								

## Activities

### Minnesota Rules, Part 4685.1115

Subject	Met	Not Met
Subpart 1. Ongoing Quality Evaluation	Met	
Subpart 2. Scope	Met	

## Quality Evaluation Steps

### Minnesota Rules, Part 4685.1120

Subject	Met	Not Met
Subpart 1. Problem Identification	Met	
Subpart 2. Problem Selection	Met	
Subpart 3. Corrective Action	Met	
Subpart 4. Evaluation of Corrective Action	Met	

## Focused Study Steps

### Minnesota Rules, Part 4685.1125

Subject	Met	Not Met
Subpart 1. Focused Studies	Met	
Subpart 2. Topic Identification and Selections	Met	
Subpart 3. Study	Met	
Subpart 4. Corrective Action	Met	
Subpart 5. Other Studies	Met	

## Filed Written Plan and Work Plan

### Minnesota Rules, Part 4685.1130

Subject	Met	Not Met	N/A
Subpart 1. Written Plan	Met		
Subpart 2. Work Plan	Met		
Subpart 3. Amendments to Plan			N/A

### Provider Selection and Credentialing

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. UCare scored 100% on all NCQA Credentialing/recredentialing standards. MDH reviewed a total of 24 initial credentialing files as indicated in the table below.

#### Credentialing File Review

File Source	Provider Type	# Reviewed
Initial	<i>UCare Physicians</i>	4
	<i>UCare Allied</i>	4
	<i>Fairview Physicians</i>	4
	<i>Fairview Allied</i>	4
	<i>HCMC Physicians</i>	4
	<i>HCMC Allied</i>	4
	<b>Total</b>	<b>24</b>

### Requirements For Timely Provider Credentialing

#### Minnesota Statutes, Section 62Q.097

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

### Enrollee Advisory Body

#### Minnesota Statutes, Section 62D.06, Subdivision 2

Subject	Met	Not Met
<b>Subdivision 2</b> 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	

### III. Quality of Care

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

#### Quality of Care File Review

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

#### Quality of Care Complaints

##### Minnesota Statutes, Section 62D.115

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

## IV. Complaint Systems

### Complaint Systems

MDH examined UCare’s fully insured commercial Complaint System for compliance with complaint resolution requirements of Minnesota Statutes, Chapter 62Q. MDH reviewed a total of 20 Complaint Systems files.

#### Complaint System File Review

File Source	Complaint Type	# Reviewed
Complaint Files	<i>UCare Oral</i>	4
	<i>UCare Written</i>	4
	<i>Delta Dental Oral</i>	1
	<i>Delta Dental Written</i>	1
	<b>Subtotal</b>	<b>10</b>
Non-Clinical Appeals	UCare	8
	Delta Dental	2
	<b>Subtotal</b>	<b>10</b>
	<b>Total</b>	<b>20</b>

### Complaint Resolution

#### Minnesota Statutes, Section 62Q.69

Subject	Met	Not Met
<b>Subdivision 1.</b> Establishment	Met	
<b>Subdivision 2.</b> Procedures for Filing a Complaint	Met	
<b>Subdivision 3.</b> Notification of Complaint Decisions	Met	

### Appeal of the Complaint Decision

#### Minnesota Statutes, Section 62Q.70

Subject	Met	Not Met
<b>Subdivision 1.</b> Establishment	Met	
<b>Subdivision 2.</b> Procedures for Filing an Appeal	Met	
<b>Subdivision 3.</b> Notification of Appeal Decisions	Met	

## Notice to Enrollees

### Minnesota Statutes, Section 62Q.71

Subject	Met	Not Met
62Q.71. Notice to Enrollees	Met	

## Record Keeping; Reporting

### Minnesota Statutes, Section 62Q.72

Subject	Met	Not Met
Subdivision 1. Record Keeping	Met	

## External Review of Adverse Determinations

### Minnesota Statutes, Section 62Q.73

Subject	Met	Not Met
Subdivision 3. Right to External Review	Met	

## V. Grievance Systems

### Grievance Systems

MDH examined UCare’s Minnesota Health Care Programs Managed Care Programs – Managed Care (MHCP-MC) grievance system for compliance with federal law (42 CFR 438, subpart F) and the DHS 2024 Contract, Article 8.

MDH reviewed a total of 60 Grievance System files.

#### Grievance System File Review

File Source	Complaint Type	# Reviewed
<b>Grievances</b>	UCare Oral	8
	Delta Dental Oral	8
<b>DTRs</b>	UCare DTRs	8
<b>Clinical and Non-Clinical Appeals</b>	UCare Written	8
	UCare Oral	8
	Delta Dental Written	1
	Delta Dental Oral	3
<b>State Fair Hearing</b>	UCare	8
	Delta Dental	8
	<b>Total</b>	<b>60</b>

### General Requirements

#### DHS Contract, Section 8.1, 42 CFR §438.402

Contract Section	42 CFR	Subject	Met	Not Met
8.1.	§438.402	General Requirements: Sec. 8.1.1 Components of Grievance System	Met	

### Internal Grievance Process Requirements

#### DHS Contract, Section 8.2, 42CFR §438.408

Topic	Contract Section	42 CFR	Subject	Met	Not Met
	8.2.1.	§438.402 (c)	Filing Requirements	Met	
	8.2.2.	§438.408 (b)(1), (d)(1)	Timeframe for Resolution of Grievances	Met	

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

DTR Notice of Action to Enrollees

**DHS Contract, Section 8.3, 42CFR §438.10, §438.404**

Contract Section	42 CFR	Subject	Met	Not Met
8.3.1.	§438.10(c), (d) §438.402(c) §438.404(b)	General Requirements	Met	
		Written Notice	Met	
8.3.2	§438.402 (c), §438.404 (b)	<b>Content of DTR Notice of Action</b>	Met	
8.3.2.1	§438.404	<b>Notice to Provider</b>	Met	
8.3.3.	§438.404 (c)	<b>Timing of DTR Notice</b>	Met	
8.3.3.1	§431.211	Previously Authorized Services	Met	
8.3.3.2	§438.404 (c)(2)	Denials of Payment	Met	
8.3.3.3	§438.210 (c)(d)	Standard Authorizations (1) <i>As expeditiously as the enrollee's health condition requires</i>	Met	
		Standard Authorizations (2) <i>To the attending health care professional and hospital by telephone or fax within one working day after making the determination</i>	Met	
		Standard Authorizations (3) <i>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</i>	Met	
8.3.3.4	§438.210 (d)(2)(i)	Expedited Authorizations	Met	
8.3.3.5	§438.210 (d)(1)	Extensions of Time	Met	

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Contract Section	42 CFR	Subject	Met	Not Met
8.3.3.6	§438.210(d)(3) and 42 USC 1396r-8(d)(5)	Covered Outpatient Drug Decisions	Met	
8.3.3.7	§438.210 (d)(1)	Delay in Authorizations	Met	

## Internal Appeals Process Requirements

### DHS Contract, Section 8.4, 42CFR §438.404

Topic	Contract Section	42 CFR	Subject	Met	Not Met
Section 8.4 §438.404	8.4.1.	§438.402 (b)	One Level of Appeal	Met	
	8.4.2.	§438.408 (b)	Filing Requirements	Met	
Timeframe for Resolution of Appeals (Sec. 8.4.3., 42CFR §438.408)	8.4.3.1	§438.408 (b)(2)	Standard Appeals	Met	
	8.4.3.2	§438.408 (b)(3)	Expedited Appeals	Met	
	8.4.3.3	§438.408 (c)(3)	Deemed Exhaustion	Met	
	8.4.4.	§438.408 (c)	Timeframe for Extension of Resolution of Appeals and Expedited Appeals	Met	
Handling of Appeals (Sec. 8.4.5., 42CFR §438.406)	8.4.5.1	§438.406 (b)(3)	Oral Inquiries	Met	
	8.4.5.2	§438.406 (b)(1)	Written Acknowledgment	Met	
	8.4.5.3	§438.406 (a)	Reasonable Assistance	Met	
	8.4.5.4	§438.406 (b)(2)	Individual Making Decision	Met	
	8.4.5.5	§438.406 (b)(2)	Appropriate Clinical Expertise	Met	
	8.4.5.6	§438.406 (b)(4)	Opportunity to Present Evidence	Met	
	8.4.5.7	§438.406 (b)(5)	Opportunity to Examine the Care File	Met	
	8.4.5.8	§438.406 (b)(6)	Parties to the Appeal	Met	
	8.4.5.9	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	Met	
	8.4.6.		Subsequent Appeals	Met	
Notifying Enrollees and Providers of Resolution of Appeal (Sec. 8.4.7.)	8.4.7.1	§438.408 (d)(2) and (e)	Written Notice Content	Met	
	8.4.7.2	§438.210 (c)	Appeals of UM Decisions	Met	
	8.4.7.3	§438.410 (c) and .408 (d)(2)(ii)	Telephone Notification of Expedited Appeals	Met	
	8.4.8	§438.424	Reversed Appeal Resolution	Met	
	8.5.	§438.420 (b)	Continuation of Benefits Pending Appeal or State Appeal	Met	
	8.5.1	§438.420 (b)	Continuation of Benefits Pending Resolution of Appeal	Met	

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Topic	Contract Section	42 CFR	Subject	Met	Not Met
<b>Continuation of Benefits Pending Appeal or State Appeal (Sec. 8.5., 42CFR §438.420)</b>	8.5.2	§438.420 (b)	Continuation of Benefits Pending Resolution of State Appeal	Met	
	8.5.3	§438.420 (d)	Upheld Appeal Resolutions	Met	
	<b>8.6.</b>	<b>§438.416</b>	<b>Maintenance of Grievance and Appeal Records</b>	Met	

## State Appeals

### DHS Contract, Section 8.8, 42CFR §438.416 (c)

Topic	Contract Section	42 CFR	Subject	Met	Not Met
	<b>8.8.2.</b>	<b>§438.408 (f)(2)</b>	<b>Standard Hearing Decisions</b>	Met	
	<b>8.8.3.</b>	<b>§431.250</b>	<b>Costs of State Fair Hearing</b>	Met	
	<b>8.8.4.</b>	<b>§431.250</b>	<b>Expedited Hearing Decisions</b>	Met	
<b>Compliance with State Appeal Resolution (Sec 8.8.5, 42 CFR §438.424)</b>	8.8.5.1.	§438.424	Compliance with Decisions	Met	
	8.8.5.2.	§438.424(a)	MCO's Responsibility for Payment of Services	Met	
	8.8.5.3.	§438.424(b)	Upheld State Fair Hearing Resolutions	Met	
	<b>8.8.7.</b>	<b>§438.48(f)</b>	<b>External Review or Medical Review Participation</b>	Met	
	<b>8.8.8.</b>	<b>§431.245</b>	<b>Judicial Review</b>	Met	

## VI. Access and Availability

### Geographic Accessibility

#### Minnesota Statutes, Section 62D.124

Subject	Met	Not Met
<b>Subdivision 1.</b> Primary Care, Mental Health Services, General Hospital Services	Met	
<b>Subdivision 2.</b> Other Health Services	Met	
<b>Subdivision 3.</b> Waiver	Met	
<b>Subdivision 6.</b> Provider Network Notifications	Met	

### Essential Community Providers

#### Minnesota Statutes, Section 62Q.19

Subject	Met	Not Met
<b>Subdivision 3.</b> Health Plan Company Affiliation	Met	

### Availability and Accessibility

#### Minnesota Rules, Part 4685.1010

Subject	Met	Not Met
<b>Subpart 2.</b> Basic Services	Met	
<b>Subpart 5.</b> Coordination of Care	Met	
<b>Subpart 6.</b> Timely Access to Health Care Services	Met	

### Licensure of Medical Directors

#### Minnesota Statutes, Section 62Q.121

Subject	Met	Not Met
<b>62Q.121.</b> Licensure of Medical Directors	Met	

## Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

### Minnesota Statutes, Section 62Q.527

Subject	Met	Not Met
<b>Subdivision 2.</b> Required Coverage for Anti-psychotic Drugs	Met	
<b>Subdivision 3.</b> Continuing Care	Met	
<b>Subdivision 4.</b> Exception to Formulary	Met	

## Coverage for Court-Ordered Mental Health Services

### Minnesota Statutes, Section 62Q.535

Subject	Met	Not Met
<b>Subdivision 2.</b> Coverage required	Met	

## Emergency Services

### Minnesota Statutes, Section 62Q.55

Subject	Met	Not Met
<b>Subdivision 1.</b> Access to Emergency Services	Met	
<b>Subdivision 2.</b> Emergency Medical Condition	Met	

## Continuity of Care

### Minnesota Statutes, Section 62Q.56

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

## VII. Utilization Review

MDH examined UCare’s commercial Utilization Review (UR) System under Minnesota Statutes, chapter 62M. A total of 25 Utilization Review files were reviewed.

### Commercial UR System File Review

File Type	File Source	# Reviewed
Commercial <b>UM Denial Files</b>	UCare	8
	Delta Dental	8
	<b>Subtotal</b>	<b>16</b>
Commercial <b>Clinical Appeal Files</b>	UCare	8
	Delta Dental	1
	<b>Subtotal</b>	<b>9</b>
	<b>Total</b>	<b>25</b>

### Scope

#### Minnesota Statutes, Section 62M.01

Subject	Met	Not Met
<b>Subdivision 3.</b> Scope	Met	

### Definitions

#### Minnesota Statutes, Section 62M.02

Subject	Met	Not Met
<b>Subdivision 1a – 18, 20</b> Definitions	Met	

### Standards for Utilization Review Performance

#### Minnesota Statutes, Section 62M.04

Subject	Met	Not Met
<b>Subdivision 1.</b> Responsibility for Obtaining Certification	Met	
<b>Subdivision 2.</b> Information Upon Which Utilization Review is Conducted	Met	

## Procedures for Review Determination

### Minnesota Statutes, Section 62M.05

Subject	Met	Not Met
<b>Subdivision 1.</b> Written Procedures	Met	
<b>Subdivision 2.</b> Concurrent Review	Met	
<b>Subdivision 3.</b> Notification of Adverse Determinations and Authorizations	Met	
<b>Subdivision 3a.</b> Standard Review Determination	Met	
<b>Subdivision 3a.(a)</b> <i>Initial determination to certify or not (10 business days)</i>	Met	
<b>Subdivision 3a.(b)</b> <i>Initial determination to certify (telephone notification)</i>	Met	
<b>Subdivision 3a.(c)</b> <i>Initial determination not to certify (notice within 1 working day)</i>	Met	
<b>Subdivision 3a.(d)</b> <i>Initial determination not to certify (notice of right to appeal)</i>	Met	
<b>Subdivision 3b.</b> Expedited Review Determination	Met	
<b>Subdivision 4.</b> Failure to Provide Necessary Information	Met	
<b>Subdivision 5.</b> Notifications to Claims Administrator	Met	

## Appeals of Determinations Not to Certify

### Minnesota Statutes, Section 62M.06

Subject	Met	Not Met
<b>Subdivision 1.</b> Procedures for Appeal	Met	
<b>Subdivision 2.</b> Expedited Appeal	Met	
<b>Subdivision 3.</b> Standard Appeal (a) <i>Procedures for appeals written and telephone</i>	Met	
<b>Subdivision 3.</b> Standard Appeal (b) <i>Appeal resolution notice timeline</i>	Met	
<b>Subdivision 3.</b> Standard Appeal (c) <i>Documentation requirements</i>	Met	
<b>Subdivision 3.</b> Standard Appeal (d) <i>Review by a different physician</i>	Met	
<b>Subdivision 3.</b> Standard Appeal (e) <i>Defined time period in which to file appeal</i>	Met	
<b>Subdivision 3.</b> Standard Appeal (f) <i>Unsuccessful appeal to reverse determination</i>	Met	
<b>Subdivision 3.</b> Standard Appeal (g) <i>Same or similar specialty review</i>	Met	
<b>Subdivision 3.</b> Standard Appeal (h) <i>Notice of rights to external review</i>	Met	
<b>Subdivision 4.</b> Notifications to Claims Administrator	Met	

## Confidentiality

### Minnesota Statutes, Section 62M.08

Subject	Met	Not Met
<b>Subdivision 1.</b> Written Procedures to Ensure Confidentiality	Met	

## Staff and Program Qualifications

### Minnesota Statutes, Section 62M.09

Subject	Met	Not Met	NCQA
<b>Subdivision 1.</b> Staff Criteria	Met		
<b>Subdivision 2.</b> Licensure Requirements	Met		
<b>Subdivision 3.</b> Physician Reviewer; Adverse Determinations	Met		
<b>Subdivision 3a.</b> Mental Health and Substance Abuse Review	Met		
<b>Subdivision 4.</b> Dentist Plan Reviews	Met		
<b>Subdivision 4a.</b> Chiropractic Reviews	Met		
<b>Subdivision 5.</b> Written Clinical Criteria			NCQA
<b>Subdivision 6.</b> Physician Consultants			NCQA
<b>Subdivision 7.</b> Training for Program Staff			NCQA
<b>Subdivision 8.</b> Quality Assessment Program			NCQA

## Availability of Criteria

### Minnesota Statutes, Section 62M.10

Subdivision	Subject	Met	Not Met
<b>Subdivision 7.</b> Availability of Criteria	<i>(a) Utilization Review Determinations other than Prior Authorization</i>	Met	
	<i>(b) Prior Authorization Determinations: Current Requirement &amp; Restrictions; Posting on Public Website</i>	Met	
<b>Subdivision 8.</b> Notice; New Prior Authorization Requirements or Restrictions; Change to Existing Requirement or Restriction	<i>(a) New or Amended Prior Authorization Requirement or Restriction; Posting on Public Website</i>	Met	
	<i>(b) Notice to Health Care Professionals within 45 Days before Implementation</i>	Met	

## Complaints to Commerce or Health

### Minnesota Statutes, Section 62M.11

Subject	Met	Not Met
<b>62M.11</b> Complaints to Commerce or Health	Met	

### Minnesota Statutes, Section 62M.12

Subject	Met	Not Met	NCQA
<b>62M.12</b> Prohibition of Inappropriate Incentives	Met		

## Continuity of Care: Prior Authorizations

### Minnesota Statutes, Section 62M.17

Subject	Met	Not Met
<b>Subdivision 1.</b> Compliance with Prior Authorization Approved by Previous Utilization Review Organization; Change in Health Plan Company	Met	
<b>Subdivision 2.</b> Effect of Change in Prior Authorization Clinical Criteria	Met	

## Annual Posting on Website; Prior Authorizations

### Minnesota Statutes, Section 62M.18

Subject	Met	Not Met
<b>62M.18</b> Annual Posting on Website; Prior Authorizations	Met	

## Prohibited Practices

### Minnesota Statutes, Section 62D.12

Subject	Met	Not Met
<b>Subdivision 19.</b> Coverage of Service	Met	

**Minnesota Statutes, Section 62Q.55**

Subject	Met	Not Met
<b>Subdivision 2.</b> Emergency Medical Condition	Met	
<b>Subdivision 3.</b> Emergency Services	Met	

Reconstructive surgery (reviewed only if applicable files)

**Minnesota Statutes, Section 62A.25**

Subject	Met	Not Met	N/A
<b>Subdivision 1.</b> Scope of Coverage			N/A
<b>Subdivision 2.</b> Required Coverage			N/A

## VIII. Summary of Findings

### Recommendations

1. None at this time.

### Mandatory Improvements

1. None found.

### Deficiencies

1. None found.