

**Minnesota Department of Health
Compliance Monitoring Division
Managed Care Systems Section**



PrimeWest Health

Final Report

Quality Assurance Examination

For the period:

January 1, 2006

Through

June 30, 2008

Final Issue Date:

December 19, 2008

Examiners:

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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 and Federal law. 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. “Mandatory Improvements” are required corrections that must be made to policy/procedures, documents or processes to be compliant with the law but have not yet adversely affected enrollees or enrollee rights. The “Recommendations” listed are areas where, although compliant with law, MDH identified improvement opportunities.

To address recommendations, PrimeWest Health should:

Allow the delegate to be responsible for developing the CAP, have consistent criteria as what is acceptable performance for a delegate and should expand the delegation oversight policy to include:

- All delegated functions since this is an expectation of MDH and DHS
- Annual delegation evaluation needs to include file review where appropriate
- What would be done if the delegate does not fulfill CAP responsibilities
- Where the delegation oversight findings are reported and who is ultimately responsible
- The newly developed delegation oversight committee

Continue with their corrective action to accurately display the date on file documents that they were actually received.

Improve documentation to clearly and consistently indicate what providers are notified orally and in writing.

Consistently apply the extension/lack of information policy.

State in acknowledgement/resolution letters possibly related to quality of care that peer reviewed quality of care investigations are confidential and results may not be released, even to the enrollee and the letter should include the complete response.

Include in the annual quality evaluation a summary of the analysis of the geo-access monitoring done and a summary of all the good work they have done to address the gaps and increase access.

Revise its procedure for same or similar specialty review of clinical appeals and describe under what circumstances and how PrimeWest Health chooses a specialist to review a clinical appeal.

To address mandatory improvements, PrimeWest Health must:

Revise the credentialing policy to accurately reflect the organizational provider requirements and their actual practice.

Revise its Appeal and Grievance, and Utilization Management policies and procedures to include all the requirements of law.

To address deficiencies, PrimeWest Health must:

Include in enrollee extension letters the enrollee's right to file a grievance if he/she disagrees.

Revise its policies and procedures and reformat the appeal resolution letter to include a summary of the findings, the qualifications of the reviewer (including specialty) and the relationship between the diagnosis and the criteria.

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.

Darcy Miner, Director
Compliance Monitoring Division

Date

I. Introduction	5
II. Quality Program Administration.....	6
Minnesota Rules, Part 4685.1110. Program	6
Minnesota Rules, Part 4685.1115. Activities.....	7
Minnesota Rules, Part 4685.1120. Quality Evaluation Steps	7
Minnesota Rules, Part 4685.1125. Focused Study Steps.....	7
Minnesota Rules, Part 4685.1130. Filed Written Plan and Work Plan.....	8
III. Grievance Systems.....	8
Section 8.1. §438.402 General Requirements.....	9
Section 8.2. §438.404 DTR Notice of Action to Enrollees.....	9
Section 8.3. §438.408 Internal Grievance Process Requirements.....	10
Section 8.4. §438.408 Internal Appeals Process Requirements	11
Section 8.5. §438.416 (c) Maintenance of Grievance and Appeal Records.....	12
Section 8.7. §438.408 (f) State Fair Hearings.....	12
Minnesota Rules, Part 4685.1900. Records of Complaints	12
IV. Access and Availability	12
Minnesota Statutes, Section 62D.124. Geographic Accessibility.....	12
Minnesota Rules, Part 4685.1010. Availability and Accessibility.....	12
Minnesota Statutes, Section 62Q.55. Emergency Services	13
Minnesota Statutes, Section 62Q.121. Licensure of Medical Directors	13
Minnesota Statutes, Section 62Q.527. Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance.....	13
Minnesota Statutes, Section 62Q.535. Coverage for Court-Ordered Mental Health Services.....	13
Minnesota Statutes, Section 62Q.56. Continuity of Care	13
Minnesota Rules, Part 4685.0700. Comprehensive Health Maintenance Services.....	13
V. Utilization Review	14
Minnesota Statutes, Section 62M.04. Standards for Utilization Review Performance.....	14
Minnesota Statutes, Section 62M.05. Procedures for Review Determination	14
Minnesota Statutes, Section 62M.06. Appeals of Determinations not to Certify	15
Minnesota Statutes, Section 62M.08. Confidentiality	16
Minnesota Statutes, Section 62M.09. Staff and Program Qualifications.....	16
Minnesota Statutes, Section 62M.10. Accessibility and on-site Review Procedures	16
Minnesota Statutes, Section 62M.11. Complaints to Commerce or Health.....	16
Minnesota Statutes, Section 62M.12. Prohibition on Inappropriate Incentives.....	17
Minnesota Statutes, Section 62D.12. Prohibited Practices	17
VII. Recommendations	17
VIII. Mandatory Improvements	18
IX. Deficiencies	18

I. Introduction

A. History:

PrimeWest Health is a county-based purchasing organization that became operational in July 2003. PrimeWest Health is comprised of thirteen counties: Big Stone, Douglas, Grant, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse Counties; and Beltrami, Clearwater and Hubbard Counties added as of March 2008. County commissioners, representing each county, comprise the Joint Powers Board, its governing body. PrimeWest serves public program enrollees under contract with the Minnesota Department of Human Services. It covers enrollees under the Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+), Minnesota Senior Health Options (MSHO) and Special Needs Basic Care (SNBC) programs. Until 2007, PrimeWest delegated many functions to Metropolitan Health Plan (MHP), a Minnesota certified HMO. In August 2007, PrimeWest Health transitioned those services to internal operations. PrimeWest is currently preparing a new strategic plan, including a pilot program for integrated mental health and primary care networks and expansion of programs available in its newest counties.

B. Membership: PrimeWest Health self-reported enrollment as of June 30, 2008 consisted of the following:

Product	Enrollment
Prepaid Medical Assistance (MA and GAMC) Program	12,654
MinnesotaCare	1,220
Minnesota Senior Health Options	2,104
Minnesota Senior Care Plus	963
Special Needs Basic Care	152
Total	17,093

C. Onsite Examination Dates: September 8, 2008 through September 11, 2008

D. Examination Period: January 1, 2006 through June 30, 2008

File Review Period: August 1, 2007 through June 30, 2008

E. 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.

F. Performance Standard: For each instance of non-compliance with applicable law or rule identified during the course of the quality assurance examination, which covers a three-year audit period, the health plan is cited with a “deficiency.”

II. Quality Program Administration

Minnesota Rules, Part 4685.1110. Program

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
Subp. 3.	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4.	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5.	Staff Resources	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 6.	Delegated Activities	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 7.	Information System	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 8.	Program Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 12.	Qualifications	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 13.	Medical Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Subp. 6. Minnesota Rules, part 4685.1110, subpart 6, states the HMO may delegate the performance of activities to other entities and that the HMO shall develop and implement review and reporting requirements to ensure that the delegated entity performs all delegated activities. The standards established by the National Committee for Quality Assurance (NCQA) for delegation are understood to be the community standard and, as such, are used for the purposes of this examination. PrimeWest Health should expand the delegation oversight policy to include:

- All delegated functions since this is an expectation of MDH and DHS (add claims, network, and grievances.) You do appropriate oversight of all these functions so they should be in your policy.
- Annual delegation evaluation needs to include file review where appropriate (e.g., Grievances, Credentialing, UM)
- What you would do if the delegate does not fulfill CAP responsibilities
- Where the delegation oversight findings are reported and who is ultimately responsible
- The newly developed Delegation oversight committee

Interviews with PrimeWest Health staff revealed that it is PrimeWest's process to develop any corrective action plans (CAP) in response to the annual evaluation of a delegate then review it with the delegate. PrimeWest Health should allow the delegate to be responsible for developing the CAP since the delegate would be in a better position to know the root cause of the deficiencies and the specific intervention options they need to pursue. Credentialing oversight staff could not verbalize what parameters they consider acceptable performance by a delegate and when a CAP is needed. **(Recommendation #1)**

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states the HMO shall have policies and procedures for provider selection, credentialing, and recredentialing that, at a minimum, are consistent with accepted community standards. The standards established by the NCQA are understood to be the community standard and, as such, are used for the purposes of this examination. MDH reviewed a total of 42 credentialing and recredentialing files from

PrimeWest Health and its delegates as follows:

Credentialing Entities	# Credentialing Files	# Recredentialing Files
PrimeWest	10	10
Stevens	2	9
Altru	3	8
Total	15	27

The organizational credentialing policy does not specifically address the assessment of contracted facilities providing mental health and substance abuse services, including inpatient, residential, and ambulatory settings. PrimeWest Health was able to show evidence that they do monitor and gather information on behavioral health organizations every three years. Five behavioral health organizational provider files were reviewed and the standard is being met. PrimeWest Health must revise the credentialing policy to accurately reflect the organizational provider requirements and their actual practice. **(Mandatory Improvement #1)**

Other observations during file review included one file was greater than 180 days from attestation signature to committee date (183 days) and one recredentialing file was greater than the 36 months (37.2 months) timeline. There was ample evidence that these files were not representative of normal credentialing processes.

Minnesota Rules, Part 4685.1115. Activities

- Subp. 1. Ongoing Quality Evaluation Met Not Met
- Subp. 2. Scope Met Not Met

Minnesota Rules, Part 4685.1120. Quality Evaluation Steps

- 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

Minnesota Rules, Part 4685.1125. Focused Study Steps

- Subp. 1. Focused Studies Met Not Met
- Subp. 2. Topic Identification and Selection Met Not Met
- Subp. 3. Study Met Not Met
- Subp. 4. Corrective Action Met Not Met
- Subp. 5. Other Studies Met Not Met

- §438.406 (b)(1) (Contract section 8.4.5.A) states that, “All oral inquiries **challenging or disputing a DTR** Notice of Action or any Action as defined in 42 CFR 438.400(b) shall be **treated as an oral Appeal** and shall follow the requirements of Section 8.4.” During the examination, MDH had no findings that adversely affected enrollees. However, the PrimeWest Health appeal procedures did not state that an oral inquiry disputing a DTR (denial, termination or reduction notice) is an oral appeal.
- Minnesota Statutes, section 62M.06, subdivision 3 (a), states the plan must notify in writing the enrollee and attending health care professional of its determination on appeal. The PrimeWest Health procedure states that the notice goes to the enrollee, but does not state that the attending health care professional also receives the notice of resolution on appeal. In file review, the DTR did not state that a copy goes to the attending health care professional. In interviews, PrimeWest Health stated that the information is entered in CCMS software; the same system pulls the provider information and sends the provider a notice. MDH verified this activity in the UM denial files and is assured that notices are sent to both the enrollee and health care professional. However, appeal procedures did not state that the response to an appeal is sent to the attending health care professional.
- Minnesota Statutes, section 62M.09, subdivision 3 (c), states the reviewing physician should be reasonably available by telephone to discuss the determination with the attending health care professional. Per interviews, the PrimeWest Health medical director is consistently available and frequently consults with the attending health care professionals. However, the medical administration and the appeal procedures do not include this statement.

(Mandatory Improvement #2)

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 |
| Sec. 8.1.2. | Timeframes for Disposition | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |

Section 8.2. §438.404 DTR Notice of Action to Enrollees

- | | | | |
|-------------|--------------------------------------------------------|-----------------------------------------|---------------------------------------------|
| Sec. 8.2.1. | General requirements | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| Sec. 8.2.2. | §438.404 (c) Timing of DTR Notice | | |
| A. | §438.404 (c)(1) Previously Authorized Services | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| B. | §438.404 (c)(2) Denials of Payment | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| C. | §438.404 (c)(3) Standard Authorizations | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| D. | §438.404 (c)(4) Extensions of Time | <input type="checkbox"/> Met | <input checked="" type="checkbox"/> Not Met |
| E. | §438.404 (c)(5) Delay in Authorizations | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| F. | §438.404 (c)(6) Expedited Authorizations | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| Sec. 8.2.3. | §438.420 (b) Continuation of Benefits Pending Decision | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |

§438.404 (c)(3) (Contract section 8.2.2.C), states that for standard authorization decisions that deny or limit services, notice must be provided as expeditiously as the Enrollee’s health condition requires, not to exceed ten business days. In some files MDH noted multiple dates

displayed on some of the documents and the date stamp may differ from the electronic documentation dates in the CCMS system, making it difficult to determine timelines. PrimeWest Health has a corrective action plan in place (dated April 2008) and is taking action to correct this problem. All the files reviewed were within the regulatory timelines using the earliest date displayed. PrimeWest Health should continue with their corrective action to accurately display the date on file documents that they were actually received. **(Recommendation #2)**
 [Also see Minnesota Statutes 62M.05, subdivision 3a(a)]

§438.404 (c)(3) (Contract section 8.2.2.C), also states the MCO must provide telephone notification to the attending health care professional within one working day and written notification to the attending health care professional and enrollee. There was unclear documentation in some of the files as to what providers received telephone notification and what providers received notification letters, particularly in files involving a third party vendor (such as Personal Care Attendant (PCA)). PrimeWest Health should improve documentation to clearly and consistently indicate what providers are notified orally and in writing. **(Recommendation #3)**
 [Also see Minnesota Statutes 62M.05, subdivision 3a(c)]

§438.404 (c)(4) (Contract section 8.2.2.D), states that the MCO may extend the timeframe by an additional 14 days for resolution of a standard authorization if the enrollee or provider requests the extension, or if the MCO justifies a need for additional information and how the extension is in the enrollee’s interest. The MCO must provide written notice to the enrollee of the reason for the decision to extend the timeframe, and the enrollee’s right to file a grievance if he/she disagrees. Extension letters were sent appropriately to the enrollee when the timeframe was extended, however the letters did not include the enrollee’s right to file a grievance if he/she disagrees with the extension. PrimeWest Health stated that they did include the enrollee rights statement in all extension letters. However, the enrollee rights statement does not include any information about grievances. PrimeWest Health must include in enrollee extension letters the enrollee’s right to file a grievance if he/she disagrees. **(Deficiency #1)**

In reviewing prior authorization denial files, inconsistencies were noted in how PrimeWest Health handles lack of information. In some cases they extend, as in PCA services, and in some cases they deny. PrimeWest Health should consistently apply the extension policy. **(Recommendation #4)**
 [Also see Minnesota Statutes 62M.05, subdivision 4]

Section 8.3. §438.408	Internal Grievance Process Requirements	
Sec. 8.3.1. §438.402 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
Sec. 8.3.2. §438.408 (b)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
Sec. 8.3.3. §438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
Sec. 8.3.4. §438.406	Handling of Grievances	
A. §438.406 (a)(2)	Written Acknowledgement	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met
B. §438.416	Log of Grievances	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met

- C. §438.402 (b)(3) Oral or Written Grievances Met Not Met
 - D. §438.406 (a)(1) Reasonable Assistance Met Not Met
 - E. §438.406 (a)(3)(i) Individual Making Decision Met Not Met
 - F. §438.406 (a)(3)(ii) Appropriate Clinical Expertise
- [See Minnesota Statutes, section 62M.06, subd. 3(f)]

§438.406 (a)(2) (Contract section 8.3.4.A) states “The MCO must mail a written acknowledgment to the Enrollee within 10 days of receiving a written Grievance, and may combine it with the MCO’s notice of resolution if a decision is made within the 10 days.” The PrimeWest Health acknowledgement/response letter states that quality of care issues are investigated by the Quality Department. The enrollee may assume that an additional response will be received from the Quality Department. However, whether or not a quality of care issue is substantiated, peer-reviewed investigations must be confidential as required by law. When a grievance includes quality of care issues, the acknowledgement/response letter should so inform the enrollee and should include the complete response. **(Recommendation #5)**

- Section 8.4. §438.408 Internal Appeals Process Requirements**
- Sec. 8.4.1. §438.402 (b) Filing Requirements Met Not Met
 - Sec. 8.4.2. §438.408 (b)(2) Timeframe for Resolution of Standard Appeals Met Not Met
 - Sec. 8.4.3 §438.408 (b) Timeframe for Resolution of Expedited Appeals
 - A. §438.408 (b)(3) Expeditious Resolution and oral notice Met Not Met
 - B. §438.410 (b) Punitive Action Prohibited Met Not Met
 - C. §438.410 (c) Denial of Request for Expedited Appeal 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
 - A. §438.406 (b)(1) Oral Inquiries Met Not Met
 - B. §438.406 (a)(2) Written Acknowledgement Met Not Met
 - C. §438.406 (a)(1) Reasonable Assistance Met Not Met
 - D. §438.406 (a)(3)(i) Individual Making Decision Met Not Met
 - E. §438.406 (a)(3)(ii) Appropriate Clinical Expertise
 - [See Minnesota Statutes, section 62M.06, subd. 3(f)]
 - F. §438.406 (b)(2) Opportunity to Present Evidence Met Not Met
 - G. §438.406 (b)(3) Opportunity to Examine the Case File Met Not Met
 - H. §438.406 (b)(4) Parties to the Appeal Met Not Met
 - Sec. 8.4.6. Subsequent Appeals Met Not Met
 - Sec. 8.4.7. §438.408 (e) Notice of Resolution of Appeals Met Not Met
 - Sec. 8.4.8. §438.424 (a) Reversed Appeal Resolutions

Sec. 8.4.9. §438.420 (d) Upheld Appeal Resolutions Met Not Met
Met Not Met

Section 8.5. §438.416 (c) Maintenance of Grievance and Appeal Records
Met Not Met

Section 8.7. §438.408 (f) State Fair Hearings

Section 8.7.2. §438.408 (f) Standard Hearing Decisions Met Not Met
Section 8.7.5. §438.420 Continuation of Benefits Pending Resolution of State Fair Hearing
Met Not Met
Section 8.7.6. §438.424 Compliance with State Fair Hearing Resolution
Met Not Met

Minnesota Rules, Part 4685.1900. Records of Complaints

Subp. 1. Record Requirements Met Not Met
Subp. 2. Log of Complaints §438.416 (a) Met Not Met

IV. Access and Availability

Minnesota Statutes, Section 62D.124. Geographic Accessibility

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

Minnesota Rules, Part 4685.1010. Availability and Accessibility

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

Subp. 2. Minnesota Rules, part 4685.1010, subpart 2, states the plan “. . . shall develop and implement written standards or guidelines that assess the capacity of each provider network to provide timely access to health care services . . .” PrimeWest Health regularly does geo-access mapping, summarizes the findings by individual county and by specialty, and has taken action to address the identified gaps. PrimeWest Health should include in the annual evaluation a summary of the analysis of the geo-access monitoring done and a summary of all the good work they have done to address the gaps and increase access. (**Recommendation #6**)

Minnesota Statutes, Section 62Q.55. Emergency Services

Met Not Met

Minnesota Statutes, Section 62Q.121. Licensure of Medical Directors

Met Not Met

Minnesota Statutes, Section 62Q.527. Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

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

Minnesota Statutes, Section 62Q.535. Coverage for Court-Ordered Mental Health Services

Subd. 1. Mental health services

Met Not Met

Subd. 2. Coverage required

Met Not Met

Minnesota Statutes, Section 62Q.56. Continuity of Care

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

Met Not Met

Subd. 2a. Limitations

Met Not Met

Subd. 2b. Request for authorization

Met Not Met

Subd. 3. Disclosures

Met Not Met

Minnesota Rules, Part 4685.0700. Comprehensive Health Maintenance Services

Subp. 3. Permissible limitations

Met Not Met

Subp. 4. Permissible exclusions

Met Not Met

V. Utilization Review

MDH reviewed a total of 54 utilization review denial files as follows:

Utilization Review File Stratification	# Files
Dental	10
Professional Medical	15
PCA	14
Chiropractic – Behavioral Health - Pharmacy	15
Total	54

Minnesota Statutes, Section 62M.04. Standards for Utilization Review Performance

- Subd. 1. Responsibility on Obtaining Certification Met Not Met
 Subd. 2. Information upon which Utilization Review is Conducted Met Not Met
 Subd. 3. Data Elements Met Not Met
 Subd. 4. Additional Information Met Not Met
 Subd. 5. Sharing of Information Met Not Met

Minnesota Statutes, Section 62M.05. Procedures for Review Determination

- Subd. 1. Written Procedures Met Not Met
 Subd. 2. Concurrent Review Met Not Met
 Subd. 3. Notification of Determinations Met Not Met
 Subd. 3a. Standard Review Determination
 (a) Initial determination to certify (10 business days) Met Not Met
 (b) Initial determination to certify (telephone notification) Met Not Met
 (c) Initial determination not to certify Met Not Met
 (d) Initial determination not to certify (notice of rights to external appeal) Met Not Met
 Subd. 3b. Expedited Review Determination Met Not Met
 Subd. 4. Failure to Provide Necessary Information Met Not Met
 Subd. 5. Notifications to Claims Administrator Met Not Met

Subd. 3a (a). Minnesota Statutes, section 62M.05, subdivision 3a (a), states that an initial determination on requests for utilization review must be communicated within ten business days. In some files it was noted there were multiple dates displayed on some of the documents and the date stamp may differ from the electronic documentation dates in the CCMS system. PrimeWest Health has a corrective action plan in place (dated April 2008) and is taking action to correct this problem. All the files reviewed were within the regulatory timelines using the earliest date displayed. PrimeWest Health should continue with their corrective action to accurately display the date on file documents that they were actually received. **(Recommendation #2)**

[Also see §438.404 (c)(3) (Contract section 8.2.2.C)]

Subd. 3a (c) Minnesota Statutes 62M.05, subdivision 3a(c) states the health plan must provide telephone notification to the attending health care professional within one working day and written notification to the attending health care professional and enrollee. There was unclear documentation in some of the files as to what providers received telephone notification and what providers received notification letters, particularly in files involving a third party vendor (such as PCA). PrimeWest Health should improve documentation to clearly and consistently indicate what providers are notified orally and in writing. **(Recommendation #3)**
 [Also see §438.404 (c)(3) (Contract section 8.2.2.C)]

Subd. 4. Minnesota Statutes, section 62M.05, subdivision 4, states that an HMO must have written procedures to address the failure of a provider or enrollee to provide the necessary information for review. The PrimeWest Health policy appropriately follows §438.404 (c)(4) (Contract section 8.2.2.(D)), and states that the MCO may extend the timeframe by an additional 14 days for resolution of a standard authorization if the enrollee or provider requests the extension, or if the MCO justifies a need for additional information and how the extension is in the Enrollee’s interest. The MCO must provide written notice to the enrollee of the reason for the decision to extend the timeframe, and the enrollee’s right to file a grievance if he/she disagrees. Extension letters were sent appropriately to the enrollee when the timeframe was extended, however the letters did not include the enrollee’s right to file a grievance if he/she disagrees with the extension. PrimeWest Health stated that they did include the enrollee rights statement in all extension letters. The enrollee rights statement does not include any information about grievances. PrimeWest must follow their policy and include in enrollee extension letters the enrollee’s right to file a grievance if he/she disagrees. **(Deficiency #1)**

In reviewing prior authorization denial files, inconsistencies were noted in how PrimeWest Health handles lack of information. In some cases they extend, as in the PCA services, and in some cases they deny. PrimeWest Health should have consistency in how they apply the extension/lack of information policy. **(Recommendation #4)**
 [Also see §438.404 (c)(4) (Contract section 8.2.2.(D))]

Minnesota Statutes, Section 62M.06. Appeals of Determinations not to Certify

- | | | | |
|----------|--------------------------------------------------|-----------------------------------------|---------------------------------------------|
| Subd. 1. | Procedures for Appeal | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| Subd. 2. | Expedited Appeal | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| Subd. 3. | Standard Appeal | | |
| | (a) Appeal resolution notice timeline | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| | (b) Documentation requirements | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| | (c) Review by a different physician | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| | (d) Time limit in which to appeal | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| | (e) Unsuccessful appeal to reverse determination | <input type="checkbox"/> Met | <input checked="" type="checkbox"/> Not Met |
| | (f) Same or similar specialty review | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| Subd. 4. | Notifications to Claims Administrator | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |

Subd. 3 (e). Minnesota Statutes, section 62M.06, subdivision 3 (e), states that, when an appeal is denied, the attending health care professional or enrollee must be given a summary of the

findings, the qualifications of the reviewer (including specialty) and the relationship between the diagnosis and the criteria. The information is not in the Grievance System or utilization review procedures and the appeals response letter does not provide this information. Although the PrimeWest Health Medical Director states he will provide this information if asked, the statute requires that the information must be provided to the attending health care professional. **(Deficiency #2)**

Subd. 3 (f). Minnesota Statutes, section 62M.06, subdivision 3 (f), states that before the plan upholds its denial of a (clinical) appeal, a physician of “the same or a similar specialty as typically manages the medical condition, procedure, or treatment under discussion” is reasonably available to review the case. In file review, MDH found that PrimeWest Health appropriately requested consultation from appropriately qualified specialists. However, PrimeWest Health medical administration and appeal procedures do not describe under what circumstances or how PrimeWest Health would choose a specialist to review the appeal. **(Recommendation #7)**

Minnesota Statutes, Section 62M.08. Confidentiality

Met Not Met

Minnesota Statutes, Section 62M.09. Staff and Program Qualifications

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

Minnesota Statutes, Section 62M.10. Accessibility and on-site Review Procedures

- Subd. 1. Toll-free Number Met Not Met
- Subd. 2. Reviews during Normal Business Hours Met Not Met
- Subd. 7. Availability of Criteria Met Not Met

Minnesota Statutes, Section 62M.11. Complaints to Commerce or Health

Met Not Met

Minnesota Statutes, Section 62M.12. Prohibition on Inappropriate Incentives

Met Not Met

Minnesota Statutes, Section 62D.12. Prohibited Practices

Subd. 19. Coverage of service

Met Not Met

VII. Recommendations

1. To better comply with Minnesota Rules, part 4685.1110, subpart 6, PrimeWest Health should allow the delegate to be responsible for developing the CAP, have consistent criteria as what is acceptable performance for a delegate and should expand the delegation oversight policy to include:
 - All delegated functions since this is an expectation of MDH and DHS
 - Annual delegation evaluation needs to include file review where appropriate
 - What would be done if the delegate does not fulfill CAP responsibilities
 - Where the delegation oversight findings are reported and who is ultimately responsible
 - The newly developed delegation oversight committee
2. To better comply with §438.404 (c)(3) (Contract section 8.2.2.C) and Minnesota Statutes, section 62M.05, subdivision 3a (a), PrimeWest Health should continue with their corrective action to accurately display the date on file documents that they were actually received.
3. To better comply with §438.404 (c)(3) (Contract section 8.2.2.C) and Minnesota Statutes, section 62M.05, subdivision 3a (c), PrimeWest Health should improve documentation to clearly and consistently indicate what providers are notified orally and in writing.
4. To better comply with §438.404 (c)(4) (Contract section 8.2.2.D) and Minnesota Statutes, section 62M.05, subdivision 4, PrimeWest Health should consistently apply the extension/lack of information policy.
5. To better comply with §438.406 (a)(2) (Contract section 8.3.4.A), PrimeWest Health should state in acknowledgement/resolution letters possibly related to quality of care that peer reviewed quality of care investigations are confidential and results may not be released, even to the enrollee and should include the complete response.
6. To better comply with Minnesota Rules, part 4685.1010, subpart 2, PrimeWest Health should include in the annual quality evaluation a summary of the analysis of the geo-access

monitoring done and a summary of all the good work they have done to address the gaps and increase access.

7. To better comply with Minnesota Statutes, section, 62M.06, subdivision 3, PrimeWest Health should revise its procedure for same or similar specialty review of clinical appeals and describe under what circumstances and how PrimeWest Health chooses a specialist to review a clinical appeal.

VIII. Mandatory Improvements

1. To comply with Minnesota Rules, part 4685.1110, subpart 11, PrimeWest Health must revise the credentialing policy to accurately reflect the organizational provider requirements and their actual practice.
2. To comply with §438.400(a)(3) (Contract section 8.1.3), PrimeWest Health must revise its Appeal and Grievance, and Utilization Management policies and procedures to include all the requirements of law.

IX. Deficiencies

1. To comply with §438.404 (c)(4) (Contract section 8.2.2.D) and Minnesota Statutes, section 62M.05, subdivision 4, PrimeWest Health must include in enrollee extension letters the enrollee's right to file a grievance if he/she disagrees.
2. To comply with Minnesota Statutes, section 62M.06, subdivision 3 (e), PrimeWest Health must revise its policies and procedures and must reformat the appeal resolution letter to include a summary of the findings, the qualifications of the reviewer (including specialty) and the relationship between the diagnosis and the criteria.