Minnesota Department of Health
Compliance Monitoring Division
Managed Care Systems Section

Quality Assurance Examination

Final Report
of

UCare

For the period:

March 1, 2005
To
November 30, 2007

Final Issue Date:
June 9, 2008

Examiners:
Susan Margot, M.A.
Elaine Johnson, RN, BS, CPHQ
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 and applicable federal law. MDH has found that UCare is compliant with Minnesota and applicable federal law, except in the areas outlined in the “Deficiencies” and “Recommendations” sections of this report.

To address deficiencies, UCare and its delegates must:

Perform delegation oversight to evaluate the counties’ ability to provide an adequate network of Elderly Waiver providers as indicated in the delegation contract.

Implement a system to evaluate medical records that assures medical records are maintained with timely, legible, and accurate documentation of all patient interactions, and are readily accessible.

Mail the utilization review notice to deny, terminate or reduce previously authorized services at least ten days prior to the date of the proposed action.

Notify in writing the attending health care professional of its determination on the appeal.

To address recommendations, UCare should:

Analyze the geo-access data for its provider network and its delegates doing network management and have written action plans to address any identified gaps in health care services.

Ensure that the enrollee gets any reasonable assistance in completing forms and other procedural steps, which includes an explanation of the enrollee’s right to seek further review and to how to seek it when an oral grievance is not resolved to the enrollee’s satisfaction.

Ensure that the record of its determination notification is properly dated.

Ensure that its written procedure regarding a failure to provide necessary information for review is consistent with its practices.

Have a more specific policy/procedure that addresses what procedures/treatments require specialty review.
This report including these deficiencies 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
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I. Introduction
   A. History:
      In 1984, the Department of Family Medicine (DFM) at the University of Minnesota Medical School created UCare Minnesota as a demonstration project for Medical Assistance recipients in Hennepin County. In addition to being UCare’s key provider group, University Affiliated Family Physicians (UAFP) was UCare’s sole corporate member and managed UCare through a management services agreement. UCare participated in MinnesotaCare, beginning in July 1996, requiring expansion of its service area and provider network throughout the state. In 1999, UAFP ended its role as the sole corporate member of UCare. The DFM has significant (60%) representation on the UCare Board of Directors, and the University clinics remain providers for UCare members. UCare pioneered Minnesota Disability Health Options (MnDHO) in 2001 for persons with physical disabilities and in 2006 launched a health care program for adults with developmental disabilities. In addition to its public program products, UCare also offers Medicare Advantage, Medicare supplement and third party administration products. In 2007, UCare served enrollees in 80 counties.

   B. Membership: UCare self-reported enrollment as of December 31, 2006 consisted of the following:

<table>
<thead>
<tr>
<th>Product</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepaid Medical Assistance Program</td>
<td>56,230</td>
</tr>
<tr>
<td>MinnesotaCare</td>
<td>18,713</td>
</tr>
<tr>
<td>Prepaid General Assistance Medical Care</td>
<td>4,341</td>
</tr>
<tr>
<td>Minnesota Senior Health Options</td>
<td>7,873</td>
</tr>
<tr>
<td>Minnesota Disability Health Options</td>
<td>791</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>87,948</strong></td>
</tr>
</tbody>
</table>

   C. Onsite Examination Dates: February 11 through 15, 2008

   D. Examination Period: March 1, 2005 through November 30, 2007

   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 [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 [Met] [Not Met]
Subp. 12. Qualifications [Met] [Not Met]
Subp. 13. Medical Records [Met] [Not Met]

Subp. 6. Minnesota Rules, section 4685.1110, subpart 6, states that 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 considered the community standard and, as such, were used for the purposes of this examination. UCare delegates functions to business entities, networks and counties. The following table indicates the sample of delegates and their delegated functions reviewed for this examination.

<table>
<thead>
<tr>
<th>Delegate</th>
<th>Utilization</th>
<th>Care Coordination</th>
<th>Cred/Recred</th>
<th>Claims</th>
<th>Network Mgmt</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic Care of Minnesota (CCMI)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Partners Choice Network (PCN/MORA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altru Health System</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AXIS Healthcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Mayo Management Systems, Inc (MMSI)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Benedictine Health Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Mower County</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roseau County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stearns County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

In the oversight of network management for CCMI, geo-access mapping was done for the chiropractic network; however a written analysis was not done to determine if the network had any gaps. If any gaps are identified a written action plan should be done that addresses what steps UCare will take to address those gaps. (Recommendation #1) (Also refer to Minnesota Rules, part 4685.1010, subpart 2.)
In the delegation contract with the counties for the MSHO product, UCare has delegated the responsibility of maintaining an adequate network of Elderly Waiver (EW) providers to the counties. UCare needs to perform oversight of this delegated function and regularly evaluate the counties’ ability to provide an adequate network of Elderly Waiver services as indicated in the delegation contract. (Deficiency #1)

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states that the health plan must have procedures for credentialing and recredentialing providers that are, at a minimum, consistent with accepted community standards. MDH understands the community standard to be NCQA credentialing and recredentialing standards. MDH reviewed 69 credentialing and recredentialing files from UCare and some of its delegates. Minnesota Rural Health Cooperative (MRHC) files had a number of issues. UCare performed delegation oversight of MRHC and, in response, MRHC prepared a corrective action plan in December 2007. At the exam, MRHC provided verification that it has completed its corrective action plan, including a contract with a new certified verification organization. Because UCare and MRHC have corrected the credentialing issues, MDH does not find a deficiency.

Subp. 13. Minnesota Rules, part 4685.1110, subpart 13, states that the health plan must conduct ongoing evaluation of medical records to assure that medical records are maintained with timely, legible, and accurate documentation of all patient interactions, and are readily accessible. UCare did not perform medical record evaluation in 2006. Medical records were evaluated in 2007 however, the report noted limitations and concerns about the process. UCare determined in 2007 that moving forward it would contract with its HEDIS audit vendor to evaluate medical records. At the time of this examination, UCare had not yet invoked the vendor’s contract option. (Deficiency #2)

**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

Minnesota Rules, Part 4685.1130. Filed Written Plan and Work Plan
Subp. 1. Written Plan Met Not Met
Subp. 2. Work Plan Met Not Met

III. Grievance and Appeal Systems

MDH examined UCare’s public program grievance system for compliance with the federal BBA law (42 CFR 438, subpart F) and the DHS 2007 Model Contract, Article 8.

MDH reviewed a total of 79 grievance system files:

<table>
<thead>
<tr>
<th>Grievance System</th>
<th># Files</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievance Files (BBA regulated)</td>
<td>26</td>
</tr>
<tr>
<td>Appeal Files (BBA regulated)</td>
<td>39</td>
</tr>
<tr>
<td>State Fair Hearing</td>
<td>6</td>
</tr>
<tr>
<td>Quality of Care Grievances</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>79</td>
</tr>
</tbody>
</table>

Section 8.1. §438.402 General Requirements
Sec. 8.1.1. Components of Grievance System Met Not Met
Sec. 8.1.2. Timeframes for Disposition Met Not Met

Section 8.2. §438.404 DTR Notice of Action to Enrollees
Sec. 8.2.1. General requirements Met Not Met

Sec. 8.2.2. §438.404 (c) Timing of DTR Notice
A. §438.404 (c)(1) Previously Authorized Services Met Not Met
B. §438.404 (c)(2) Denials of Payment Met Not Met
C. §438.404 (c)(3) Standard Authorizations Met Not Met
D. §438.404 (c)(4) Extensions of Time Met Not Met
E. §438.404 (c)(5) Delay in Authorizations Met Not Met
F. §438.404 (c)(6) Expedited Authorizations Met Not Met
Sec. 8.2.3. §438.420 (b)  Continuation of Benefits Pending Decision

§438.404(c)(1) (contract section 8.2.2.A) states that, when a health plan makes a utilization review determination to deny, terminate or reduce previously authorized services, the health plan must mail the notice (DTR) at least ten days prior to the date of the proposed action. If an enrollee requests a State Fair Hearing prior to the date of the proposed action, services must be continued. A short notice period restricts the enrollee’s right to continue services during appeal. MDH found four MMSI files where the notice was mailed to the enrollee less than ten days prior to the proposed action. (Deficiency #3)

Section 8.3. §438.408  Internal Grievance Process Requirements

Sec. 8.3.1. §438.402 (b)  Filing Requirements

Sec. 8.3.2. §438.408 (b)(1)  Timeframe for Resolution of Grievances

Sec. 8.3.3. §438.408 (c)  Timeframe for Extension of Resolution of Grievances

Sec. 8.3.4. §438.406  Handling of Grievances

A. §438.406 (a)(2)  Written Acknowledgement
B. §438.416  Log of Grievances
C. §438.402 (b)(3)  Oral or Written Grievances
D. §438.406 (a)(1)  Reasonable Assistance
F. §438.406 (a)(3)(ii)  Appropriate Clinical Expertise

[See Minnesota Statutes, section 62M.06, subd. 3(f)]

§438.406 (a)(1) (contract section 8.3.4.D) states that the MCO must give the enrollee any reasonable assistance in completing forms and other procedural steps. In five files from UCare’s delegate Doral Dental, a written response was sent regarding an oral grievance since the enrollee was not reachable by telephone. In the written response there was no information to the enrollee indicating that, if the enrollee is still dissatisfied, they have the right to file an appeal and the right to request a State Fair Hearing (SFH). However, UCare had identified this issue in November 2007 and the letter to the enrollee has been changed to now include appeal rights and the right to request a State Fair Hearing. This will not be a deficiency since UCare has identified and corrected the problem.

In two oral grievance files from Doral, the form used to document the oral grievance when the grievance is not resolved to the enrollee’s satisfaction states “told can file complaint with MDH or DHS.” UCare should ensure that the enrollee is getting information regarding their rights to seek further review and how to seek it. (Recommendation #2)

Section 8.4. §438.408  Internal Appeals Process Requirements

Sec. 8.4.1. §438.402 (b)  Filing Requirements
§438.408 (b)(2) (contract section 8.4.2.) states that the MCO must resolve each appeal no later than 30 days and §438.408 (c) (contract section 8.4.4.) states that an extension of the timeframes for the resolution of appeals of 14 days is available. Three files were over the regulatory timeline. In two files no extension was taken and in the third file, an extension was taken but the extended time frame was prolonged. UCare staff stated they recognized a database issue that was causing the prolonged timeframes and corrected the problem in January 2007. Through monitoring, UCare verified that all cases received after January 2007 were resolved within the regulatory timelines. This will not be a deficiency since UCare has identified and corrected the problem.


(Also refer to Minnesota Statutes, section 62M.06 for Appeals of Determinations Not to Certify)
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 in pertinent part that the HMO shall provide or contract with sufficient number of primary care, specialty physicians, hospitals and ancillary services to meet the needs of its enrollees. UCare provided geo-access mapping done in 2007 with an analysis by county that recognized some gaps in their network, particularly in mental health. Network staff indicated they are working with the mental health delegates and have set priorities to improve access. UCare, as well as analyzing the geo-access data for UCare and its delegates (e.g. chiropractic, mental health, etc.), should have written action plans to address any identified gaps in health care services. (Recommendation #1)

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, 4685.0700. Comprehensive Health Maintenance Services

Subp. 3. Permissible limitations

Met ☑ Not Met
Subp. 4. Permissible exclusions

Met ☑ Not Met
V. Utilization Review

<table>
<thead>
<tr>
<th>File Source</th>
<th># Files</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCare</td>
<td>28</td>
</tr>
<tr>
<td>MMSI</td>
<td>29</td>
</tr>
<tr>
<td>BHP</td>
<td>7</td>
</tr>
<tr>
<td>CCCI</td>
<td>9</td>
</tr>
<tr>
<td>Altru</td>
<td>1</td>
</tr>
<tr>
<td>Doral</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
</tr>
</tbody>
</table>

MDH reviewed a total of 82 utilization review files from UCare and five of its delegates.

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

<table>
<thead>
<tr>
<th>Subd.</th>
<th>Requirement</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Responsibility on Obtaining Certification</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>Information upon which Utilization Review is Conducted</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>Data Elements</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>Additional Information</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>Sharing of Information</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Subd.</th>
<th>Requirement</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Written Procedures</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>Concurrent Review</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>Notification of Determinations</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>3a.</td>
<td>Standard Review Determination</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>(a)</td>
<td>Initial determination to certify (10 business days)</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>(b)</td>
<td>Initial determination to certify (telephone notification)</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>(c)</td>
<td>Initial determination not to certify</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>(d)</td>
<td>Initial determination not to certify (notice of rights to external appeal)</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>3b.</td>
<td>Expedited Review Determination</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>Failure to Provide Necessary Information</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>Notifications to Claims Administrator</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

Subd. 3a(c). Minnesota Statutes, section 62M.05, subdivision 3a(c), states that when an initial determination is made not to certify, notification must be provided to the attending health care professional, by telephone, within one working day after making the determination. In four
UCare files, UCare did not document one working day telephone notice. UCare provided documentation that it corrected the problem in March 2007. This will not be a deficiency since UCare identified and corrected the problem.

MDH also notes that CCMI utilizes a fax notice to the requesting provider. The fax records do not include a date of transmission. UCare provided the CCMI “fax back” procedure. In addition, UCare has observed the process and is assured the fax notice is consistently performed on the same day as the determination. (Recommendation #3)

Subd. 4. Minnesota Statutes, section 62M.05, subdivision 4, states a health plan must have written procedures to address the failure of a provider or enrollee to provide the necessary information for review. UCare procedure CLS0112 Attachment A flow chart says that UCare will make three attempts to request additional information, then the file is reviewed by the medical director for a decision based on the available information. Files did not document three attempts, but documented whether or not additional information was received. (Recommendation #4)

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

| Subd. 1. | Procedures for Appeal | Met | Not Met |
| Subd. 2. | Expedited Appeal | Met | Not Met |
| Subd. 3. | Standard Appeal |
| (a) Appeal resolution notice and timeline | Met | Not Met |
| (b) Documentation requirements | Met | Not Met |
| (c) Review by a different physician | Met | Not Met |
| (d) Time limit in which to appeal | Met | Not Met |
| (e) Unsuccessful appeal to reverse determination | Met | Not Met |
| (f) Same or similar specialty review | Met | Not Met |
| (g) Notice of rights to External Review | Met | Not Met |
| Subd. 4. | Notifications to Claims Administrator | Met | Not Met |

Subd. 3(a) Minnesota Statutes, section 62M.06, subdivision 3(a), states the HMO must notify in writing the enrollee and attending health care professional of its determination on the appeal within 30 days of receipt. In 14 files, the attending health care professional did not receive the written notification of the appeal determination. These involved a third party vendor such as personal care attendants (PCA) or durable medical equipment (DME) requests. (Deficiency #4)

Subd. 3(f) Minnesota Statutes, section 62M.06, subdivision 3(f), states that in cases of appeal to reverse a determination not to certify for clinical reasons, the HMO must ensure that a physician of the HMO’s choice in the same or a similar specialty as typically manages the medical condition, procedure, or treatment under discussion is reasonably available to review the case. UCare policy entitled *Health Care Reviewer Selection and Performance Guidelines* states that independent physician reviewers will be used to review complex procedures or treatment plans that require specialist review. The policy should be expanded to include specifically what
procedures/treatments require specialty review for consistency between medical directors and UM staff. This may include those procedures/treatments not having nationally recognized clinical guidelines. (Recommendation #5)

**Minnesota Statutes, Section 62M.08. Confidentiality**

- Met
- Not Met

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

<table>
<thead>
<tr>
<th>Subd.</th>
<th>Criteria</th>
<th>Met</th>
<th>Not Met</th>
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<tbody>
<tr>
<td>1.</td>
<td>Staff Criteria</td>
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<td>Physician Reviewer Involvement</td>
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<td>Mental Health and Substance Abuse Review</td>
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<td>Training for Program Staff</td>
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<td>8.</td>
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**Minnesota Statutes, Section 62M.10. Accessibility and on-site Review Procedures**

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<tr>
<th>Subd.</th>
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<th>Not Met</th>
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<tbody>
<tr>
<td>1.</td>
<td>Toll-free Number</td>
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<td>2.</td>
<td>Reviews during Normal Business Hours</td>
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<td>7.</td>
<td>Availability of Criteria</td>
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**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
VI. Participating Entity Interviews

MDH visited Mayo Management Systems, Inc. (MMSI) in Rochester, Minnesota. UCare delegates network management, utilization review of enrollees in the MMSI network and credentialing. MMSI reported improved communication and coordination in its relationship with UCare.

VII. Deficiencies

1. To comply with Minnesota Rules, section 4685.1110, subpart 6, UCare must regularly perform delegation oversight to evaluate the counties’ ability to provide an adequate network of Elderly Waiver providers as indicated in the delegation contract.

2. To comply with Minnesota Rules, part 4685.1110, subpart 13, UCare must implement a system to evaluate medical records that assures medical records are maintained with timely, legible, and accurate documentation of all patient interactions, and are readily accessible.

3. To comply with 42 CFR 438.404(c)(1) (contract section 8.2.2.A), UCare and its delegates must mail the utilization review notice to deny, terminate or reduce previously authorized services at least ten days prior to the date of the proposed action.

4. To comply with Minnesota Statutes, section 62M.06, subdivision 3(a), UCare must notify in writing the attending health care professional of its determination on the appeal.

VIII. Recommendations

1. To better comply with Minnesota Rules, part 4685.1010, subpart 2, and Minnesota Rules, part 4685.1110, subpart 6, UCare should, as well as analyzing the geo-access data for UCare and its delegates doing network management, have written action plans to address any identified gaps in health care services.

2. To comply with 42 CFR 438.406 (a)(1) (contract section 8.3.4.D), in the handling of oral grievances, UCare and its delegates should give the enrollee any reasonable assistance in completing forms and other procedural steps, which includes an explanation of the enrollees right to seek further review and to how to seek it.
3. To better comply with Minnesota Statutes, section 62M.05, subdivision 3a(c), UCare and its delegates should ensure that the record of its determination notification is properly dated.

4. To better comply with Minnesota Statutes, section 62M.05, subdivision 4, UCare should ensure that its written procedure regarding a failure to provide necessary information for review is consistent with its practices.

5. To better comply with Minnesota Statutes, section 62M.06, subdivision 3(f), UCare should have a more specific policy/procedure that addresses what procedures/treatments require similar specialty review.