



Final Report

Blue Plus

Quality Assurance Examination
For the Period:
April 1, 2013 through September 30, 2015

Final Issue Date:
March 23, 2016

Examiners:
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Minnesota Department of Health Executive Summary

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

More clearly state in the quality improvement program evaluation what products, whether commercial or a Minnesota Health Care Program, are referred to when summarizing quality projects and focus studies;

Develop more robust measures for timely availability; and

Revise the reason for the denial on the Prime Therapeutics (PTI) denial notification letters from “treatment naïve” to a reason the majority of its enrollees would be better able to understand.

To address mandatory improvement, Blue Plus must:

Update its policy titled *Government Programs Service Review - GP 210* to accommodate the requirement that DHS no longer requires the Plan to have a separate *Notice of Rights* when issuing a Denial, Termination, and Reduction (DTR) notice for personal care assistance (PCA) services;

Revise its policy/procedure, *Government Programs Emergency Service and Post Stabilization Care*, to include the following:


- 1) Emergency services are available 24 hours a day and seven days a week,
- 2) Emergency services are covered whether from a participating or non-participating provider, and
- 3) Co-pays and deductibles are the same for emergency services, whether provided at a participating or non-participating provider.

To address deficiencies, Blue Plus and its delegates must:

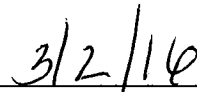
Perform a credentialing file review as part of its annual evaluation of delegated activities to determine whether Prime Therapeutics correctly implements its credentialing standards;

Revise its written notification letters to direct enrollees to the Department of Health rather than Department of Commerce when explaining the appeal process. Blue Plus identified the underlying root cause of the issue and implemented the appropriate corrective actions to fix the identified issue effective November 20, 2015, as communicated to MDH during the onsite review.

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
Health Regulation Division



Date

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I. Introduction

- A. History: Founded in 1974, Blue Plus, a subsidiary of Blue Cross and Blue Shield of Minnesota (Blue Cross), is a Minnesota nonprofit licensed health maintenance organization (HMO) that offers health plans and networks throughout Minnesota to individuals and local, state and national groups through contracted networks of health care providers. Aware Integrated, Inc., a Minnesota nonprofit corporation, serves as the parent holding company of Blue Cross. A Board of Directors, consisting of 40% enrollee elected directors, oversees Blue Plus. In addition to offering a range of commercial products, Blue Plus currently contracts with the Centers for Medicare & Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS) to deliver and administer Minnesota Senior Care Plus and the Minnesota Senior Health Options (MSHO) program and also contracts with DHS to deliver and administer MinnesotaCare and the Prepaid Medical Assistance Program (PMAP).
- B. Membership: Blue Plus self-reported enrollment as of July 31, 2015 consisted of the following:

Product	Enrollment
<i>Fully Insured Commercial</i>	
Large Group	1,203
Small Group	449
Individual	7,962
<i>Minnesota Health Care Programs-Managed Care (MHSP-MC)</i>	
Families & Children	78,198
MinnesotaCare	16,244
Minnesota Senior Care (MSC+)	3,367
Minnesota Senior Health Options (MSHO)	7,932
Special Needs Basic Care (SNBC)	
<i>Medicare</i>	
Medicare Advantage	n/a
Medicare Cost	n/a
Total	115,355

- C. Onsite Examinations Dates: November 16, 2015 through November 20, 2015
- D. Examination Period: April 1, 2013 through September 30, 2015
 File Review Period: September 1, 2014 through August 31, 2015
 Opening Date: August 4, 2015
- E. National Committee for Quality Assurance (NCQA): Blue Plus is accredited by NCQA based on 2014 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:
 1. If NCQA standards do not exist or are not as stringent as Minnesota law, the accreditation results will not be used in the MDH examination process [No NCQA checkbox].
 2. 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 .

3. If the NCQA standard was the same or more stringent than Minnesota law, but the review resulted in less than 100% of the possible points on NCQA's score sheet or as an identified opportunity for improvement, MDH conducted its own examination.
- F. 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.
- G. 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 had sufficient evidence obtained through: 1) file review; 2) policies and procedures; and 3) interviews, that a plan's overall operation is compliant with an applicable law.

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	<input type="checkbox"/> NCQA
Subp. 2	Documentation of Responsibility	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 3	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 4	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 5	Staff Resources	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 6	Delegated Activities	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 7	Information System	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 8	Program Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
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 type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 12	Qualifications	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
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 must develop and implement review and reporting requirements to assure that the delegated entity performs all delegated activities. The processes established by the National Committee for Quality Assurance (NCQA) for delegation oversight are considered the community standard and, as such, were used for the purposes of this examination to include all delegated functions. The following delegated entities and functions were reviewed:

Delegated Entities and Functions								
Entity	UM	UM Appeals	QM	Complaints/ Grievances	Cred	Claims	Network	Care Coord.
Delta Dental	X	X	X	X	X	X	X	
Prime Therapeutics	X				X	X	X	
Geriatric Services								X
Aitkin County								X
Nobles County								X

Prime Therapeutics (PTI) is delegated the functions as indicated in the table above. Blue Plus in its oversight of the credentialing function reviewed PTI’s policies and procedures related to credentialing, however was unable to show evidence of how Blue Plus ensures PTI is following its credentialing policies. In order to comply with Minnesota Rules, part 4685.1110, subpart 6, Blue Plus must perform a credentialing file review as part of its annual evaluation of delegated activities to determine whether PTI correctly implements its credentialing standards. **(Deficiency #1)**. All other functions delegated to PTI had a thorough oversight review.

Subd. 9. Minnesota Rules, part 4685.1110, subpart 9, states the quality program must conduct ongoing evaluation of enrollee complaints related to quality of care. A total of 20 Blue Plus and Delta Dental quality of care complaint and grievance files were reviewed as follows:

Quality of Care File Review	
QOC File Source	# Reviewed
Complaints—Commercial Products	
Blue Plus	4
Grievances—MHCP-MC Products	
Blue Plus	10
Delta Dental	6
Total	20

Minnesota Rules, Part 4685.1115. Activities

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

Subp. 1 Minnesota Rules, part 4685.1115, subpart 1, states the plan will conduct quality evaluation activities. The quality evaluation (2014 Quality Improvement Program Evaluation) is a comprehensive document however it is not clear what products, whether commercial or a Minnesota Health Care Program, are referred to when summarizing quality projects and focus studies. **(Recommendation #1)**

Minnesota Rules, Part 4685.1120. Quality Evaluation Steps

- Subp. 1 Problem Identification Met Not Met NCQA
- Subp. 2 Problem Selection Met Not Met NCQA
- Subp. 3 Corrective Action Met Not Met NCQA
- Subp. 4 Evaluation of Corrective Action Met Not Met NCQA

Minnesota Rules, Part 4685.1125. Focus Study Steps

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

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 NCQA

III. Complaint/Grievance System

Complaint System

MDH examined Blue Plus fully-insured commercial complaint system under Minnesota Statutes, Chapter 62Q. MDH reviewed a total of 12 complaint system files.

Complaint System File Review	
File Source	# Reviewed
Complaint Files (Oral and Written)	8
Non-Clinical Appeal	4
Total	12

Minnesota Statutes, Section 62Q.69. Complaint Resolution

Subp. 1	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2	Procedures for Filing a Complaint	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Notification of Complaint Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Minnesota Statutes, Section 62Q.70. Appeal of the Complaint Decision

Subp. 1	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2	Procedures for Filing an Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Notification of Appeal Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Minnesota Statutes, Section 62Q.71. Notice to Enrollees

Met Not Met

Minnesota Statutes, Section 62Q.73. External Review of Adverse Determinations

Subd. 3.	Right to External Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
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Grievance System

MDH examined Blue Plus’s Minnesota Health Care Programs Managed Care Programs-Managed Care (MCHP-MC) grievance system for compliance with the federal law (42 CFR 438, subpart E) and the DHS 2011 Model Contract, Article 8.

MDH reviewed a total of 59 grievance system files:

Grievance System File Review	
File Source	# Reviewed
Grievance	
Blue Plus	31
Delta	5
Non-Clinical Appeals	
Blue Plus	8
Delta	5
State Fair Hearing	
Blue Plus	8
Delta	2
Total	59

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
Section 8.2.	438.408	Internal Grievance Process Requirements		
Sec. 8.2.1.	§438.402 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.2.	§438.408 (b)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.3.	§438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.4.	§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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.406 (a)(1)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.406 (a)(3)(i)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.406 (a)(3)(ii)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.5	§438.408 (d)(1)	Notice of Disposition of a Grievance		
(A)	§438.408 (d)(1)	Oral Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.408 (d)(1)	Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

42 CFR 438.408 (b)(1). (Contract Section 8.2.2 (B)) states written grievances must be resolved within thirty (30) days of receipt. In one written grievance, the file was received late by Consumer Service and was further delayed. The file response took 153 days. No extension was requested.

Section 8.3. §438.404		DTR Notice of Action to Enrollees		
Sec. 8.3.1.		General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.3.2.	§438.404 (c)	Timing of DTR Notice		
(A)	§438.210 (c)	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)	§438.210 (c)	Standard Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(1)	To the attending health care professional and hospital by telephone or fax within one working day after making the determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(2)	To the attending health care professional and hospital by telephone or fax within one working day after making the determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(3)	To the provider, enrollee and hospital, in writing, and must include the process to initiate an appeal, within ten (10) business days following receipt of the request for the service, unless the MCO receives an extension of the resolution period	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.210 (d)(2)(i)	Expedited Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.210 (d)(1)	Extensions of Time	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.210 (d)	Delay in Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.3.3.	§438.420 (b)	Continuation of Benefits Pending Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

42 CFR 438.404. (Contract Section 8.3.1.) Blue Plus must update its policy titled *Government Programs Service Review - GP 210* to accommodate the requirement that DHS no longer requires the Plan to have a separate *Notice of Rights* when issuing a DTR for PCA services. **(Mandatory Improvement #1)**. Blue Plus updated its policy and provided MDH the revised policy while MDH was onsite. The policy is awaiting final approval.

Section 8.4. §438.408		Internal Appeals Process Requirements		
Sec. 8.4.1.	§438.402 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.2.	§438.408 (b)(2)	Timeframe for Resolution of Standard Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.3.	§438.408 (b)	Timeframe for Resolution of Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.408 (b)(3)	Expedited Resolution of Oral and Written Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.410 (c)	Expedited Resolution Denied	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Section 8.4.	§438.408	Internal Appeals Process Requirements		
(C)	§438.410 (a)	Expedited Appeal by Telephone	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.4.	§438.408 (c)	Timeframe for Extension of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.5.	§438.406	Handling of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.406 (b)(1)	Oral Inquiries	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.406(a)(2)	Written Acknowledgement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.406(a)(1)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.406(a)(3)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.406(a)(3)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
		[See Minnesota Statutes, sections 62M.06, and subd. 3(f) and 62M.09]		
(F)	§438.406(b)(2)	Opportunity to Present Evidence	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(G)	§438.406 (b)(3)	Opportunity to examine the Case File	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(H)	§438.406 (b)(4)	Parties to the Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(I)	§438.410 (b)	Prohibition of Punitive Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.6.		Subsequent Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.7.	§438.408 (d)(2) and (e)	Notice of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.408 (d)(2) and (e)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.210 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.210 (c) and §408 (d)(2)(ii)	Telephone Notification of Expedited Appeals [Also see Minnesota Statutes section 62M.06, subd. 2]	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)		Unsuccessful appeal of UM determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.8.	§438.424	Reversed Appeal Resolutions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.5.	§438.416 (c)	Maintenance of Grievance and Appeal Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.9	§438.416 (c)	State Fair Hearings		
Sec. 8.9.2.	§438.408 (f)	Standard Hearing Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.9.5.	§438.420	Continuation of Benefits Pending Resolution of State Fair Hearing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.9.6.	§438.424	Compliance with State Fair Hearing Resolution	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

42 CFR 438.408. (Contract Sections 8.4.3 and 8.4.5), states the MCO must resolve each appeal as expeditiously as Enrollee’s health requires, not to exceed 30 days after receipt of the appeal and must send an acknowledgement letter within ten days of the request. In one MHCP appeal file the acknowledgement letter took 42 days after receipt of the request and the resolution took 170 days.

IV. Access and Availability

Minnesota Statutes, Section 62D.124. Geographic Accessibility

Subd. 1.	Primary Care, Mental Health Services, General Hospital Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Other Health Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Exception	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Minnesota Rules, Part 4685.1010. Availability and Accessibility

Subp. 2.	Basic Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5	Coordination of Care	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 6.	Timely Access to Health Care Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Subp. 6. Minnesota Rules, part 4685.1010, subpart 6, A, states the plan shall arrange for covered services to be accessible to enrollees on a timely basis consistent with medically appropriate guidelines and accepted practice parameters. The 2014 Accessibility of Services Report (page 1) states Blue Plus uses the CAHPS survey to measure timely accessibility of health services. The Blue Plus goal is an 85% satisfaction response for routine and urgent care. The Blue Plus PMAP and MNCare rates did not meet goal for Routine Care Appointments. Blue Plus concluded that since the composite scores (routine and urgent services) met goal of the 90th percentile and because Blue Plus contracts with over 90% of the providers in Minnesota, no new action would be taken. Blue Plus recognizes that the CAHPS data does not allow for more in-depth evaluation of timely availability. Blue Plus states that it has added more questions to its survey to gather more specific data. Blue Plus might develop more robust measures for timely availability.

(Recommendation #2)

Minnesota Statutes, Section 62Q.55. Emergency Services

Met Not Met

Minnesota Statutes, section 62Q.55, subdivision 1, states enrollees have the right to available and accessible emergency services 24 hours a day and seven days a week. Blue Plus provided policy/procedure, GP215, Government Programs Emergency Service and Post Stabilization Care. The policy/procedure does not include the following provisions:

- 1) Emergency services are available 24 hours a day and seven days a week.
- 2) Emergency services are covered whether from a participating or non-participating provider.
- 3) Co-pays and deductibles are the same for emergency services, whether provided at a participating or non-participating provider.

Blue Plus addressed these issues in the 2016 evidence of coverage, however these elements should also be in the policy/procedure. **(Mandatory Improvement #2)** Blue Plus amended the policy/procedure during the MDH on-site visit. The policy/procedure is awaiting final approval.

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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Continuing Care	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 4.	Exception to formulary	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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

Subd. 1.	Mental health services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Coverage required	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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

Subd. 1.	Change in health care provider, general notification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 1a.	Change in health care provider, termination not for cause	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 1b.	Change in health care provider, termination for cause	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Change in health plans	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2a.	Limitations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2b.	Request for authorization	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Disclosures	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

V. Utilization Review

UM System File Review	
File Source	# Reviewed
<i>UM Denial Files</i>	
Commercial - Blue Plus	8
Prime Therapeutics (PTI)	30
MHCP-MC – Blue Plus	8
Delta	8
Prime Therapeutics (PTI)	8
<i>Subtotal</i>	62
<i>Clinical Appeal Files</i>	
Commercial -Blue Plus	15
MHCP-MC – Blue Plus	30
Delta	10
<i>Subtotal</i>	55
Total	117

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

Subd. 1	Responsibility on Obtaining Certification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Information upon which Utilization Review is Conducted	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met

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

Subd. 1.	Written Procedures	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 2.	Concurrent Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 3.	Notification of Determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 3a.	Standard Review Determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(a) Initial determination to certify (10 business days)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
	(b) Initial determination to certify (telephone notification)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(c) Initial determination not to certify	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(d) Initial determination not to certify (notice of right to external appeal)	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 3b.	Expedited Review Determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 4.	Failure to Provide Necessary Information	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 5.	Notifications to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

Subd. 3a. Minnesota Statutes, section 62M.05, subdivision 3a (d), states the written notification must inform the enrollee and the attending health care professional of the appeal process. In 26 of the 30 PTI commercial utilization management denial files reviewed, the notification letter directed the enrollee to the Department of Commerce rather than the Department of Health. (Also refer to 62M.06, subdivision 3 (g)) **(Deficiency #2)** Blue Plus identified the underlying root cause of the issue and implemented the appropriate corrective actions to fix

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

the identified issue effective November 20, 2015, as communicated to MDH during the onsite review. Blue Plus provided documentation demonstrating that appropriate corrective actions had been implemented and that the issue had been corrected as of November 20, 2015.

In addition, subdivision 3a (d) also states the written notification must include the reason or reasons for the determination. In two of the PTI commercial utilization management files the reason for the denial was “treatment naïve.” The average enrollee would not necessarily understand what this means. PTI and Blue Plus may want to revise this language to assure the majority of enrollees would understand the reason for the denial. **(Recommendation #3)**

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	<input type="checkbox"/> NCQA
	(d) Time limit in which to appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(e) Unsuccessful appeal to reverse determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
	(f) Same or similar specialty review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
	(g) Notice of rights to external review	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 4.	Notification to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

Subd. 3. Minnesota Statutes, section 62M.06, subdivision 3 (g), states if the initial determination is not reversed on appeal, the notification must include the right to submit the appeal to the external review process and the procedure for initiating. In four of the commercial Blue Plus appeals the notification letter directed enrollees to the Department of Commerce for external appeal and written requests were to be submitted to Department of Health. The notification letters were revised in March 2015 and files reviewed after March contained the appropriate language. MDH commends Blue Plus for discovering and correcting this in its quality improvement process.

Minnesota Statutes, Section 62M.08. Confidentiality

Met Not Met NCQA

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

Subd. 1.	Staff Criteria	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 2.	Licensure Requirements	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 3.	Physician Reviewer Involvement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 3a	Mental Health and Substance Abuse Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 4.	Dentist Plan Reviews	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 4a.	Chiropractic Reviews	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA

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

Subd. 5.	Written Clinical Criteria	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 6.	Physician Consultants	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 7.	Training for Program Staff	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 8.	Quality Assessment Program	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

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

Met Not Met

VI. Recommendations

1. To better comply with Minnesota Rules, part 4685.1115, subpart 1, Blue Plus could make the quality improvement program evaluation clearer in stating what products, whether commercial or a Minnesota Health Care Program, are referred to when summarizing quality projects and focus studies.
2. To better comply with Minnesota Rules, part 4685.1010, subpart 6, A, Blue Plus could develop more robust measures for timely availability.
3. To better comply Minnesota Statutes, section 62M.05, subdivision 3a (d), could revise the denial reason on the denial notification letters from “treatment naïve” to a reason the majority of its enrollees would be able to understand.

VII. Mandatory Improvements

1. To comply with 42 CFR 438.404 (Contract Section 8.3.1.), Blue Plus must update its policy to accommodate the requirement that the Minnesota Department of Human Services (DHS) no longer requires the plan to have a separate *Notice of Member Rights* when issuing a DTR for PCA services. Blue Plus updated its policy and provided to MDH a revised policy while MDH was onsite and was awaiting final approval.
2. To comply with Minnesota Statutes, section 62Q.55, subdivision 1, Blue Plus must include the following provisions in its policy/procedure, GP215, *Government Programs Emergency Service and Post Stabilization Care*:
 - 1) Emergency services are available 24 hours a day and seven days a week.
 - 2) Emergency services are covered whether from a participating or non-participating provider.
 - 3) Co-pays and deductibles are the same for emergency services, whether provided at a participating or non-participating provider.

VIII. Deficiencies

1. To comply with Minnesota Rules, part 4685.1110, subpart 6, Blue Plus must perform a credentialing file review as part of its annual evaluation of delegated activities to determine whether PTI correctly implements its credentialing standards.
2. To comply with Minnesota Statutes, section 62M.05, subdivision 3a (d), Blue Plus and PTI must revise its written notification letters to direct enrollees to the Department of Health rather than Department of Commerce when explaining the appeal process. Blue Plus identified the underlying root cause of the issue and implemented the appropriate corrective actions to fix the identified issue effective November 20, 2015, as communicated to MDH during the onsite review.