



Minnesota Department of Health  
Health Regulation Division  
Managed Care Systems Section

## Final Report

### Gundersen Health Plan Minnesota

Quality Assurance Examination  
For the Period:  
February 1, 2012 to November 30, 2015

*Final Issue Date:*  
June 9, 2016

Examiners  
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## Minnesota Department of Health Executive Summary

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

Consider describing in its policy and procedure the process for applying for a network exception in cases where GHP is not able to meet this geographic access standard in the future.

### **To address mandatory improvement, GHP must:**

Include in its next revision of its written quality assurance plan a description of the following:

- Peer review process;
- System for communicating information regarding quality assurance activities;
- Information/data systems to support quality;
- Delegation process.

Revise their policy to state that the enrollee has a right to continued coverage pending the outcome of an appeal (regardless of the type of service request under review);

Have a specific policy and procedure that describes coverage and continuing care for enrollees using antipsychotic drugs when the drug is not on the formulary;

Have a written plan that provides a process for coverage and continuity of care for up to 120 days when requested when the enrollee is receiving culturally appropriate services and/or does not speak English and the health plan does not have a provider in network to address these needs;

Revise its *GHP Utilization Management Program Description* and any corresponding policy/procedures to include the notification of the right to submit to the expedited appeal process when an expedited prior authorization request is denied;

Revise the *GHP Utilization Management Program Description* and any corresponding policy/procedures to delete the provision stating it may extend the timeframes of preservice and post service request for situations beyond the organizations control. This provision is not in Minnesota state law or rule;

Revise its policy *MN Appeals Process (AuTR16.006)* to clarify an attending health care professional does not require an authorization form to appeal on the enrollee's behalf.

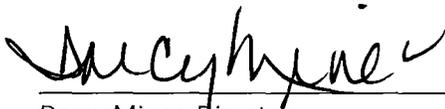
**To address deficiencies, GHP must:**

Must develop a process for the Board of Directors to receive and act upon quality activity reporting at least quarterly;

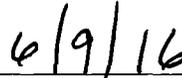
Report utilization data and activities to its quality program at least quarterly;

Submit its written quality assurance plan to MDH for approval when any changes are made.

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: Gundersen Health Plan Minnesota (GHP) is a not-for-profit affiliate of Gundersen Health Plan which was established in 1995 in Wisconsin. The Minnesota HMO was licensed in 2012 and offers plans in Fillmore, Houston, Olmsted and Winona counties in southeast Minnesota. GHP does not offer health plans on the MNsure exchange. In 2013 GHP expanded by offering a Medicare Advantage product in the full counties of Fillmore, Houston and Winona.
- B. Membership: GHP's self-reported enrollment as of December 1, 2015 consisted of the following:

Product	Enrollment
<b>Fully Insured Commercial</b>	
Large Group	69
Small Employer Group	194
Individual	10
<b>Medicare</b>	
Medicare Advantage	665
Medicare Cost	NA
<b>Total</b>	<b>938</b>

- C. MDH in office document and file review dates: January 19, 2016 to February 26, 2016
- D. Examination Period: February 1, 2012 to November 30, 2015  
File Review Period: February 1, 2012 to November 30, 2015  
Opening Date: December 3, 2015
- E. National Committee for Quality Assurance (NCQA): GHP is accredited by NCQA based on 2012 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 type="checkbox"/> Met	<input checked="" 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 type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 4	Physician Participation	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" 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 checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 7	Information System	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input 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	<input type="checkbox"/> NCQA
Subp. 10	Utilization Review	<input type="checkbox"/> Met	<input checked="" 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. 1. Minnesota Rules, part 4685.1110, subpart 1. states the HMO shall have a written quality assurance plan that includes all the elements outlined in Minnesota Rule, part 4685.1110, subparts 1 through 13. GHP's written quality assurance plan did not contain a description of the following:

- Peer review process;
- System for communicating information regarding quality assurance activities;
- Information/data systems to support quality;
- Delegation process.

GHP must include these elements in its next written quality assurance plan for submission in 2016.

**(Mandatory Improvement #1)**

Subp. 3. Minnesota Rules, part 4685.1110, subpart 3. states the quality assurance entity shall meet with the governing body at least quarterly. The GHP Board of Directors only meets twice a year which does not allow for quarterly reporting of quality activities and Board timely approval of key quality documents. There is a significant lag time between initiation of quality documents and approval. For example, the annual quality evaluation for the year 2014 was approved by the Quality Improvement Subcommittee on April 13, 2015 but had not been approved by the Board in 2015. GHP must develop a process for the Board of Directors to receive and act upon quality activity reporting at least quarterly. **(Deficiency #1)**

Subp. 6. Minnesota Rules, part 4685.1110, subpart 6., states the HMO must develop and implement review and reporting requirements to assure that the delegated entity performs all delegated activities. The standards established by the National Committee for Quality Assurance (NCQA) for delegation are considered

the community standard and, as such, were used for the purposes of this examination. The following delegated entities and functions were reviewed:

Delegated Entities and Functions								
Entity	UM	UM Appeals	QM	Complaints	Cred	Claims	Network	Care Coord
ClearScript						X	X	
ChiroCare of Wisconsin	X				X		X	

GHP submitted evidence of adequate oversight of all delegated functions for ClearScript and ChiroCare of Wisconsin.

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. There were no quality of care complaint files to review, however, MDH examined GHP’s policy and procedures related to quality of care complaints and they are in compliance.

Subp. 10. Minnesota Rules, part 4685.1110, subpart 10., states the data from the HMO’s utilization review activities must be reported to the quality assurance program for analysis at least quarterly. GHP does not communicate utilization data to the Quality Improvement Subcommittee (QIS). It is reported to the Medical Directors Committee. GHP must report utilization data and activities to its quality program at least quarterly. **(Deficiency #2)**

Subp. 13. Minnesota Rules, part 4685.1110, subpart 13., states the quality assurance entity appointed shall conduct ongoing evaluation of medical records. GHP’s Provider Network Management (PNM) sends an annual Facility Operations Form to all providers and one of the questions is if the provider has electronic medical records, therefore annually the providers’ electronic medical record (EMR) status is updated. Primary care clinics with paper medical records will be audited biannually according to GHP standards as set forth in the Provider Manual. GHP Quality Department is investigating its standards for EMRs. MDH will follow up on the outcome of GHP’s medical record audits and EMR standards at mid-cycle.

**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 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

Subd. 1 Minnesota Statute 62D.124, subdivision 1. outlines the requirements for primary care, mental health and general hospital service 30 mile or 30-minute access standards. While GHP’s policy and procedure correctly states this standard, and the accompanying maps indicate they are able to meet this standard, MDH suggests that GHP describe in their policy and procedure the process for applying and granting an exception should GHP ever not be able to meet this standard. **(Recommendation #1)**

**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

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

Subd. 2 and 3 Minnesota Statute 62Q.527, subdivision 2. requires that a health plan must cover an antipsychotic drug for emotional disturbance or mental illness regardless if it’s on the formulary under certain conditions as indicated by the provider. Subdivision 3 states that a health plan must continue the prescribed drug to treat a diagnosed mental illness or emotional disturbance for up to one year without special payment requirements when the health plan’s drug formulary changes or an enrollee changes health plans and the drug has been shown to be effective for the patient. There is no policy for antipsychotic drug coverage when it is not on the formulary. GHP states that they do approve prior authorization requests for all non-formulary antipsychotic drugs when prescribed to treat an emotional disturbance or mental illness as indicated in the Certificate of Coverage. GHP must have a specific policy and procedure that describes coverage and continuing care of antipsychotic drugs when the drug is not on the formulary. **(Mandatory Improvement #3)**

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

Subd. 2.	Coverage required	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
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**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
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Subd. 1a.	Change in health care provider, termination not for cause	<input type="checkbox"/> Met	<input checked="" 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 type="checkbox"/> Met	<input type="checkbox"/> Not Met
			<input checked="" type="checkbox"/> NA
Subd. 2b.	Request for authorization	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met
			<input checked="" type="checkbox"/> NA
Subd. 3.	Disclosures	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Subd. 1a and 3 Minnesota Statutes 62Q.56, subdivision 1a. requires that the health plan prepare a written plan that provides a process for coverage and continuity of care for up to 120 days when requested when the enrollee is receiving culturally appropriate services and/or does not speak English and the health plan does not have a provider in network to address these needs. GHP must have a policy and procedure for those enrollees who meet these conditions when their current provider is terminated not for cause and request continuity of care. **(Mandatory Improvement #4)** GHP updated the *Continuity of Care* policy 13.002 and the continuity of care notification letter for Minnesota enrollees during the exam to clarify that enrollees who need culturally appropriate services and/or does not speak English may contact GHP for assistance with continuity of care for up to 120 days.

V. Utilization Review

UM System File Review	
File Source	#Reviewed
<i>UM Denial Files</i>	
Commercial	2
ChiroCare	2
<i>Subtotal</i>	4
<i>Clinical Appeal Files</i>	
Commercial	0
<i>Subtotal</i>	
<b>Total</b>	4

**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 checked="" type="checkbox"/> Met	<input 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 checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 3b.	Expedited Review Determination	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 4.	Failure to Provide Necessary Information	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	
Subd. 5.	Notifications to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

Subd.3b. Minnesota Statutes, section 62M.05, subdivision 3b. states, when an expedited initial determination is made not to certify, the utilization review organization must also notify the enrollee and the attending health care professional of the right to submit an appeal to the expedited internal appeal process. The notification of the right to an expedited appeal was not described in the UM Program Description that was submitted. GHP must revise its *GHP Utilization Management Program Description* and any corresponding policy/procedures to include the notification of the right to submit to the expedited appeal process when an expedited UM request is denied. **(Mandatory Improvement #5)**

Subd. 4. Minnesota Statutes, section 62M. 05, subdivision 4. states a utilization review organization must have written procedures to address the failure of a provider or enrollee to provide the necessary information for review, which may include extending the time frame. The *GHP Utilization Management Program Description* contains procedures addressing what to do if there is a lack of information. The program description goes on to describe the process for extending the time frame for other reasons by saying “*In a situation beyond the organization’s control, it may extend the nonurgent preservice and post service time frames once, for up to 15 calendar days.*” This provision is not in Minnesota state law or rule. The *GHP Utilization Management Program Description* and any corresponding policy/procedures must be revised to delete this language. **(Mandatory Improvement #6)**

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

Subd. 1.	Procedures for Appeal	<input type="checkbox"/> Met	<input checked="" 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 checked="" type="checkbox"/> Met	<input 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. 1. Minnesota Statutes, section 62M.06, subdivision 1(a). states the right to appeal must be available to the enrollee and to the attending health care professional. GHP’s policy *MN Appeals Process (AuTR16.006)* states “*GHP will require written expression of authorization for representation from a person acting as the member’s Authorized Representative*”. GHP must revise its policy to clarify an attending health care professional does not require an authorization form. **(Mandatory Improvement #7)**

Minnesota Statutes, section 62M.06, subdivision 1(b). states the enrollee has the right to receive continued coverage during the appeals process. The policy *MN Appeals Process (AuTR16.006)* states goes on to state “*If GHP completely overturns the appeal, the appeal written notice will state the decision and the date. GHP will pay, authorize or provide for disputed services immediately.*” The policy needs to be revised to state the enrollee will receive continued coverage pending the outcome of the appeals process. **(Mandatory Improvement #2) [See Minnesota Statutes 62Q.70, subdivision 1]**

The policy was revised in February 2016 during the MDH examination process to include these provisions.

**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            |
|           |  |   |                                  | <input checked="" type="checkbox"/> NA   |
| Subd. 4a. | Chiropractic Reviews                     | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met | <input type="checkbox"/> NCQA            |
| 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 Statute 62D.124, subdivision 1., GHP may want to consider describing in their policy and procedure the process for applying for an exception in case GHP is not able to meet this standard in the future.

**VII. Mandatory Improvements**

1. To comply with Minnesota Rules, part 4685.1110, subpart. 1 to 13, GHP must include in its next revision of its written quality assurance plan, to be submitted in 2016, a description of the following:
  - Peer review process;
  - System for communicating information regarding quality assurance activities;
  - Information/data systems to support quality;
  - Delegation process.
2. To comply with Minnesota Statutes 62Q.70 and 62M.06, subdivision 1(b)., GHP must revise their policy 16.006, *Minnesota Appeals Process*, to state that the enrollee has a right to continued coverage pending the outcome of an appeal (regardless of the type of service request under review).
3. To comply with Minnesota Statute 62Q.527, subdivision 2., GHP must have a specific policy and procedure that describes coverage and continuing care of antipsychotic drugs when the drug is not on the formulary.
4. To comply with Minnesota Statutes 62Q.56, subdivision 1(a)., GHP must prepare a written plan that provides a process for coverage and continuity of care for up to 120 days when requested when the enrollee is receiving culturally appropriate services and/or does not speak English and the health plan does not have a provider in network to address these needs. GHP must have a policy and procedure for those enrollees who meet these conditions when their current provider is terminated not for cause and request continuity of care.
5. To comply with Minnesota Statutes, section 62M.05, subdivision 3b., GHP must revise its *GHP Utilization Management Program Description* and any corresponding policy/procedures to include the notification of the right to submit to the expedited appeal process when an expedited UM request is denied.
6. To comply with Minnesota Statutes, section 62M.05, subdivision 4., GHP must revise the *GHP Utilization Management Program Description* and any corresponding policy/procedures to delete the provision stating it may extend the timeframes of preservice and post service request for situations beyond the organizations control. This provision is not in Minnesota state law or rule.
7. To comply with Minnesota Statutes, section 62M.06, subdivision 1(a)., GHP must revise its policy *MN Appeals Process (AuTR16.006)* to clarify an attending health care professional does not require an authorization form to appeal on the enrollee's behalf.

**VIII. Deficiencies**

1. To comply with Minnesota Rules, part 4685.1110, subpart 3., GHP must develop a process for the Board of Directors to receive and act upon quality activity reporting at least quarterly.
2. To comply with Minnesota Rules, part 4685.1110, subpart 10., GHP must report utilization data and activities to its quality program at least quarterly.
3. To comply with Minnesota Rules, part 4685.1130, subpart 3., GHP must submit its written quality assurance plan to MDH for approval when any changes are made.