



**Itasca Medical Care**  
QUALITY ASSURANCE EXAMINATION

## **Final Report**

For the Period: August 1, 2018 to April 30, 2021

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## MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of Itasca Medical Care (IMCare) 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 IMCare 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.

**To address recommendations, IMCare should:**

Break out medical record and Advance directive compliance by product and then aggregate results to give a better picture of where interventional efforts should be focused.

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

None identified.

**To address deficiencies, IMCare and its delegates must:**

None Identified.

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.

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Diane Rydrych, Director  
Health Policy Division

Date

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# I. Introduction

## 1. History:

The Itasca Medical Care (IMCare) program was established in 1982 as a collaborative effort involving the MN Department of Human Services (DHS), Itasca County and the local community providers. Both DHS and Itasca County recognized the need for change surrounding the legacy Fee-For-Service health delivery system. IMCare began providing health care coverage for Itasca County residents eligible to receive services under the Minnesota General Assistance Medical Care program. IMCare was the first Medicaid Managed Care organization in the state and one of the first such organizations in the country.

In 1985, Public Law 99-272, The Consolidated Omnibus Budget Reconciliation Act of 1985 gave Itasca County federal authority to contract as a Managed Care entity. Also reference 42CFR434.20 (a) (5) and 42USC139u-2(a) (3) (C).

Itasca County was also authorized as a prepayment demonstration provider by Minnesota Statute 256B.69, Subd.2. (b) in 1985. Subsequently, IMCare was approved by the Minnesota Department of Health in 2002 to meet all regulatory compliance as a County-Based Purchasing entity per Minnesota Statute 256B.692.

In 1985, IMCare expanded to include the Medical Assistance program and in 1996 further extended our coverage to include MinnesotaCare. In 2005 IMCare brought on the Minnesota Senior Care Plus (MSC+) population. Finally, the Medicare population, Minnesota Senior Health Options (MSHO), was included in 2006.

IMCare currently serves approximately 9,500 enrollees in Itasca County, 395 of which are MSHO enrollees and 303 MSC+ enrollees. IMCare currently have 28 staff, a Medical Director, Pharmacy Director, and Dental Director. IMCare also contracts with other providers to deliver expert advice, professional input, and recommendations.

Being a County Based Purchasing (CBP) organization allows for integration and coordination with county efforts. IMCare works closely with many of the county departments to help facilitate care with a common enrollee. IMCare’s goal with county collaboration is to not duplicate efforts or take away any functions that the county is already doing and doing well.

## 2. Membership: IMCare self-reported enrollment as of April 1, 2021, consisted of the following:

### Self-Reported Enrollment

Product	Enrollment
<b><i>Minnesota Health Care Programs – Managed Care (MHCP-MC)</i></b>	
Families & Children	8202
MinnesotaCare	558
Minnesota Senior Care (MSC+)	305

Product	Enrollment
Minnesota Senior Health Options (MSHO)	394
<b>Total</b>	<b>9459</b>

3. Virtual Onsite Examination Dates: July 12 to July 16, 2021
4. Examination Period: August 1, 2018, to April 30, 2021  
 File Review Period: May 1, 2020, to April 30, 2021  
 Opening Date: April 27, 2021
5. 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.
6. Performance Standard: For each instance of non-compliance with applicable law or rule identified during the quality assurance examination, which examination 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

### Quality Program

#### Minnesota Rules, Part 4685.1110

Subparts	Subject	Met	Not Met
Subp. 1.	Written Quality Assurance Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Documentation of Responsibility	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 3.	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4.	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5.	Staff Resources	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 6.	Delegated Activities	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 7.	Information System	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 8.	Program Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 9.	Complaints	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 10.	Utilization Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 11.	Provider Selection and Credentialing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 12.	Qualifications	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Subparts	Subject	Met	Not Met
Subp. 13.	Medical Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

**Finding: Delegated Activities**

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 and processes established by the National Committee for Quality Assurance (NCQA) for delegation are considered the community standard and, as such, were used for the purposes of this examination. The following delegated entities and functions were reviewed.

**Delegated Entities and Functions**

Entity	UM	UM Appeals	QM	Grievances	Cred	Claims	Network	Care Coord	Customer Service
CVS/Caremark (PBM)					x	x	x		
Itasca County								x	

Review of delegation oversight indicated a comprehensive oversight of all delegated functions.

**Finding: Provider Selection and Credentialing**

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states the plan must have policies and procedures for provider selection, credentialing and recredentialing that, at a minimum, are consistent with community standards. MDH recognizes the community standard to be NCQA.

MDH reviewed a total of 32 credentialing and recredentialing files as indicated in the table below. All files met the credentialing standards.

**Credentialing File Review**

File Source	# Reviewed
Initial	
<i>Physicians</i>	7
<i>Allied</i>	8
Re-Credential	
<i>Physicians</i>	8
<i>Allied</i>	8
Organizational	1
Total	32

### Finding: Medical Records

Subp. 13. Minnesota Rules 4685.1110, subpart 13, states the quality assurance entity appointed under subpart 3 shall conduct ongoing evaluation of medical records.

Medical record audit consists of a random sample of 30 enrollees from each primary care clinic who had three or more clinic visits during the measurement year. Medical record results are reported annually to each individual clinic, in Provider newsletters, and reported to the Provider Advisory Subcommittee. Medical record audits are comprehensive with excellent follow up and interventions as appropriate.

IMCare may want to break out medical record and Advance directive compliance by product and then aggregate results to give a better picture of where interventional efforts should be focused. **(Recommendation #1)**

### Activities

#### Minnesota Rules, part 4685.1115

Subparts	Subject	Met	Not Met
Subp. 1.	Ongoing Quality Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Scope	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Quality Evaluation Steps

#### Minnesota Rules, part 4685.1120

Subparts	Subject	Met	Not Met
Subp. 1.	Problem Identification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Problem Selection	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 3.	Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4.	Evaluation of Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Focus Study Steps

#### Minnesota Rules, part 4685.1125

Subparts	Subject	Met	Not Met
Subp. 1.	Focused Studies	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Topic Identification and Selections	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met



Subparts	Subject	Met	Not Met
Subp. 3.	Study	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4.	Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5.	Other Studies	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Filed Written Plan and Work Plan

### Minnesota Rules, part 4685.1130

Subparts	Subject	Met	Not Met
Subp. 1.	Written Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2.	Work Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 3.	Amendments to Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

#### Finding: Amendments to Written Plan (Program Description)

Subp. 1 and 3. Minnesota Rules, part 4685.1130, subparts 1 and 3, require HMOs have a written quality plan (quality program description) that is consistent with the requirements set forth in Minnesota Rules, 4685.1110, subparts 1 through 13. The written quality plan must be submitted to MDH for approval with any changes/revisions.

MDH reviewed Itasca Medical Care’s 2021 Improvement Program Description during the exam, and it was found to have met all the criteria of Minnesota Rules, 4685.110, subparts 1 through 13 and was subsequently approved.

## III. Quality of Care

A total of two quality of care grievance files were reviewed.

### Quality of Care File Review

File Source	# Reviewed
Quality of Care Grievances – MHCP – MC Products	2

## Quality of Care Complaints

### Minnesota Statutes, Section 62D.115

Subparts	Subject	Met	Not Met
Subd. 1.	Definition	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Quality of Care Investigations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## IV. Grievance and Appeal Systems

MDH examined IMCare’s Minnesota Health Care Programs Managed Care Programs – Managed Care (MCHP-MC) grievance system for compliance with the federal law (42 CFR 438, subpart F) and the DHS 2021 Contract, Article 8.

MDH reviewed a total of 38 grievance system files which was the total universe of files.

### Grievance System File Review

File Source	# Reviewed
<b>Grievances</b>	
Oral and written	10
<b>DTRs</b>	
	10
<b>Non-Clinical Appeals</b>	
	9
<b>Clinical Appeals</b>	
	9
<b>State Fair Hearing</b>	
	0
<b>Total</b>	<b>38</b>

### General Requirements

#### DHS Contract, Section 8.1

Section	42 CFR	Subject	Met	Not Met
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

### Internal Grievance Process Requirements

#### DHS Contract, Section 8.2

Section	42 CFR	Subject	Met	Not Met
Section 8.2.	§438.408	Internal Grievance Process Requirements		
Section 8.2.1.	§438.402 (c)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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Section	42 CFR	Subject	Met	Not Met
<b>Section 8.2.2.</b>	§438.408 (b)(1), (d)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Section 8.2.3.</b>	§438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Section 8.2.4.</b>	<b>§438.406</b>	<b>Handling of Grievances</b>		
8.2.4.1	§438.406 (b)(1)	Written Acknowledgement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.2	§438.416	Log of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.3	§438.402 (c)(3)	Oral or Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.4	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.5	§438.406 (b)(2)(i)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.6	§438.406 (b)(2)(ii)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Section 8.2.5.</b>	<b>§438.408 (d)(1)</b>	<b>Notice of Disposition of a Grievance</b>		
8.2.5.1	§438.404 (b) §438.406 (a)	Oral Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.5.2	§438.404 (a), (b)	Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## DTR Notice of Action to Enrollees

### DHS Contract, Section 8.3

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.3.</b>	<b>§438.10 §438.404</b>	<b>DTR Notice of Action to Enrollees</b>		
Section 8.3.1.	§438.10(c), (d) §438.402(c) §438.404(b)	General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.2	§438.402 (c), §438.404 (b)	Content of DTR Notice of Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.2.1	§438.404	Notice to Provider	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.3.	§438.404 (c)	Timing of DTR Notice		
8.3.3.1	§431.211	Previously Authorized Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.2	§438.404 (c)(2)	Denials of Payment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.3	§438.210 (c)(d)	Standard Authorizations		
(1)		As expeditiously as the enrollee’s health condition requires	<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
8.3.3.4	§438.210 (d)(2)(i)	Expedited Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.5	§438.210 (d)(1)	Extensions of Time	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.6	§438.210(d)(3) and 42 USC 1396r-8(d)(5)	Covered Outpatient Drug Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.7	§438.210 (d)(1)	Delay in Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Internal Appeals Process Requirements

### DHS Contract, Section 8.4

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.4.</b>	<b>§438.404</b>	<b>Internal Appeals Process Requirements</b>		
Sec. 8.4.1.	§438.402 (b)	One Level Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.2.	§438.408 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Sec. 8.4.3.</b>	<b>§438.408</b>	<b>Timeframe for Resolution of Appeals</b>		
8.4.3.1	§438.408 (b)(2)	Standard Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.3.2	§438.408 (b)(3)	Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.3.3	§438.408 (c)(3)	Deemed Exhaustion	<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
<b>Sec. 8.4.5.</b>	<b>§438.406</b>	<b>Handling of Appeals</b>		
8.4.5.1	§438.406 (b)(3)	Oral Inquiries	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.2	§438.406 (b)(1)	Written Acknowledgment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.3	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.4	§438.406 (b)(2)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.5	§438.406 (b)(2)	Appropriate Clinical Expertise (See Minnesota Statutes, sections 62M.06, and subdivision 3(f) and 62M.09)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.6	§438.406 (b)(4)	Opportunity to Present Evidence	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.7	§438.406 (b)(5)	Opportunity to Examine the Care File	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.8	§438.406 (b)(6)	Parties to the Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.9	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Sec. 8.4.6.</b>		<b>Subsequent Appeals</b>		
<b>Sec. 8.4.7.</b>	<b>§438.408 (d)(2)</b>	<b>Notice of Resolution of Appeals</b>		
8.4.7.1	§438.408 (d)(2)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.7.2	§438.210 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.7.3	§438.410 (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
Sec. 8.4.8.	§438.424	Reversed Appeal Resolutions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.5.	§438.420 (b)	Continuation of Benefits Pending Appeal or State Fair Hearing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Finding: Extension of Resolution of Appeals

Sec. 8.4.4. 42 CFR §438.408 (c) (DHS Contract section 8.4.4), states The MCO must make reasonable efforts to provide prompt oral notice, and provide written notice within two (2)

calendar days to the Enrollee of the reason for the decision to extend the timeframe if the MCO determines that an extension is necessary.

In one non-clinical appeal file, there was no evidence that reasonable efforts to provide prompt oral notice was made.

## State Fair Hearings

### DHS Contract, Section 8.8

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.8</b>	<b>§438.416 (c)</b>	<b>State Fair Hearings</b>		
Sec. 8.8.2.	§438.408 (f)	Standard Hearing Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.5.	§438.424	Compliance with State Fair Hearing Resolution	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## V. Access and Availability

### Geographic Accessibility

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

Subdivision	Subject	Met	Not Met
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

### Essential Community Providers

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

Subdivision	Subject	Met	Not Met
Subd. 3.	Contract to Essential Community Providers	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Availability and Accessibility

#### Minnesota Rules 4685.1010

Subparts	Subject	Met	Not Met
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

## Emergency Services

### Minnesota Statutes, Section 62Q.55

Subdivision	Subject	Met	Not Met
Subd. 1	Access to Emergency Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2	Emergency Medical Condition	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Licensure of Medical Directors

### Minnesota Statutes, Section 62Q.121

Section	Subject	Met	Not Met
62Q.121	Licensure of Medical Directors	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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

### Minnesota Statutes, Section 62Q.527

Subdivision	Subject	Met	Not Met
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

## Coverage for Court-Ordered Mental Health Services

### Minnesota Statutes, Section 62Q.535

Subdivision	Subject	Met	Not Met
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

## Continuity of Care

### Minnesota Statutes, Section 62Q.56

Subdivision	Subject	Met	Not Met	N/A
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 (applies to group, continuation and conversion coverage)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A
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	

## VI. Summary of Findings

### Recommendations

1. To better comply with Minnesota Rules 4685.1110, subpart 13, IMCare may want to break out medical record and Advance directive compliance by product and then aggregate results to give a better picture of where interventional efforts should be focused.

### Mandatory Improvements

None Identified.

### Deficiencies

None Identified.