

# PrimeWest Health

QUALITY ASSURANCE EXAMINATION

## **Final Report**

For the Period: November 1, 2014 – March 31, 2017

Examiners: Elaine Johnson, RN BS, CPHQ; Anne Kukowski, JD, MS; and Kate Eckroth, MPH

Final Issue Date: June 19, 2018

Minnesota Department of Health  
Managed Care Systems Section  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-5100  
[health.mcs@state.mn.us](mailto:health.mcs@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

As requested by Minnesota Statutes, Section 3.197: This report cost approximately \$125.00 to prepare, including staff time, printing and mailing expenses.

*Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.*

## MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of PrimeWest Health to determine whether it is operating in accordance with Minnesota Law. Our mission is to protect, maintain and improve the health of all Minnesotans. MDH has found that PrimeWest Health is compliant with Minnesota and Federal law, except in the areas outlined in the “Deficiencies” and Mandatory Improvements” sections of this report. 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 complaint with law, MDH identified improvement opportunities.

**To address recommendations, PrimeWest Health should:**

None

**To address mandatory improvements, PrimeWest Health must:**

Revise its oversight checklists and summary reports to clearly indicate oversight review against Minnesota Statutes §62M requirements;

Include in its delegation oversight of pharmacy credentialing file review of both initial and recredentialed providers and sanction review;

Include the full scope of the disease management (DM) programs in the work plan as outlined in the Quality Plan (Quality Program Description), especially the three DHS mandated disease programs, and a summary of the work and progress of those DM quality activities must be reflected in the annual evaluation;

Revise the policy *Notice of Denials, Terminations, or Reductions (DTRs) of Services* (UM13) to state Minnesota Commissioner of Health rather than Minnesota Commissioner of Commerce.

**To address deficiencies, PrimeWest Health and its delegates must:**

None

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.



---

Martha Burton Santibáñez, Assistant Director  
Health Regulation Division

6/25/2018

Date

# Contents

I.	Introduction .....	5
II.	Quality Program Administration .....	7
	Program.....	7
	Activities.....	9
	Quality Evaluation Steps .....	9
	Focus Study Steps .....	10
	Filed Written Plan and Work Plan.....	10
III.	Quality of Care.....	11
IV.	Grievance and Appeal Systems .....	11
	General Requirements.....	11
	Internal Grievance Process Requirements .....	12
	Denial, Termination, or Reduction (DTR) Notice of Action to Enrollees .....	12
	Internal Appeals Process Requirements.....	13
	Maintenance of Grievance and Appeal Records .....	14
	State Fair Hearings.....	14
V.	Access and Availability .....	15
	Geographic Accessibility .....	15
	Essential Community Providers .....	15
	Availability and Accessibility .....	15
	Emergency Services .....	16
	Licensure of Medical Directors .....	16
	Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance.....	16
	Coverage for Court-Ordered Mental Health Services .....	16
	Continuity of Care.....	17
VI.	Utilization Review.....	18
	Standards for Utilization Review Performance .....	18
	Procedures for Review Determination .....	18
	Appeals of Determinations Not to Certify .....	19
	Confidentiality.....	19
	Staff and Program Qualifications.....	19
	Complaints to Commerce or Health .....	20

Prohibition of Inappropriate Incentives .....	20
VII. Summary of Findings.....	21
Recommendations .....	21
Mandatory Improvements.....	21
Deficiencies .....	21

## I. Introduction

1. History: PrimeWest Health System (PWH) was established in December of 1998 as a county government “Joint Powers” entity under Minnesota Statutes, Section 471.59. The participating counties were Pipestone, Renville, McLeod, Meeker, Big Stone, Douglas, Grant, Pope, Stevens, and Traverse. PrimeWest Health began with 5,500 members and approximately 1,000 contracted providers.

MDH approved PHW’s County-Based Purchasing (CBP) application in October 2002, in accordance with Minnesota Statutes, Chapter 256B. In April 2003, the Department of Human Services (DHS) awarded PWH the contract for administering the Prepaid Medical Assistance Program (PMAP) in its ten Joint Powers Board counties beginning July 2003.

During 2005, PrimeWest Health expanded, opening MinnesotaCare, Minnesota Senior Care (MSC+) and Minnesota Senior Health Options (MSHO) programs. In 2007, Beltrami, Clearwater, and Hubbard counties joined the PrimeWest Health Joint Powers organization. MDH approved expansion of CBP operations to these counties in 2008. Services originally included PMAP, MSC+, and MinnesotaCare populations. Services for MSHO and SNBC members were added in 2010. In 2015, the National Committee for Quality Assurance (NCQA) awarded PrimeWest Health accreditation for its PMAP and Minnesota Care Programs.

PrimeWest Health now serves members in 13 counties with over 2,400 contracted facilities and over 10,500 contracted providers. PrimeWest Health enrolls members in five Minnesota Health Care Programs—Managed Care (MHCP-MC) programs: Families & Children (PMAP), MinnesotaCare, MSC+, MSHO, and SNBC.

2. Membership: PrimeWest Health self-reported enrollment as of March 31, 2017 consisted of the following:

### Self-Reported Enrollment

Product	Enrollment
<b><i>Fully Insured Commercial</i></b>	
Large Group	N/A
Small Employer Group	N/A
Individual	N/A
<b><i>Minnesota Health Care Programs – Managed Care (MHCP-MC)</i></b>	
Families & Children	32,652
MinnesotaCare	2,248
Minnesota Senior Care (MSC+)	792
Minnesota Senior Health Options (MSHO)	1,958
Special Needs Basic Care	2,088
<b><i>Total</i></b>	<b>39,738</b>

3. Onsite Examination Dates: July 17, 2017 – July 20, 2017
4. Examination Period: November 1, 2014 – March 31, 2017  
File Review Period: May 1, 2016 to April 30, 2017  
Opening Date: April 24, 2017
5. National Committee for Quality Assurance (NCQA): PWH is accredited for its Medicaid HMO product by NCQA based on 2015 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:
  - a. If NCQA standards do not exist or are not as stringent as Minnesota law, the accreditation results were not used in the MDH examination process [No NCQA checkbox].
  - b. 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 , unless evidence existed indicating further investigation was warranted [NCQA ].
  - c. 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.
6. 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.
7. 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

### Program

#### Minnesota Rules, Part 4685.1110

Subparts	Subject	Met	Not Met	NCQA
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	<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	
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	<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	

#### 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
MedImpact	x	x			x	x	x		x
Minnesota Rural Health Cooperative					x				
Altru Health System					x				

Entity	UM	UM Appeals	QM	Grievances	Cred	Claims	Network	Care Coord	Customer Service
Renville County Public Health & Human Services								x	
Douglas County (Horizon Public Health)								x	

MedImpact, a pharmacy benefit manager, is a new delegate beginning in January 2017. A pre-delegation assessment was done in July 2015 with a summary report completed in November 2015. A subsequent annual evaluation was done in 2016. Oversight of the submitted delegated oversight documents and files showed the following:

- The file review checklist contained NCQA standards for UM which were used for review without any reference to Minnesota Statutes §62M requirements;
- No indication on checklist if denial was made by physician. NCQA allows pharmacists to make medical necessity denials however in Minnesota pharmacists cannot make medical necessity denials.
- No indication of the year of the NCQA standards used;
- No indication of both verbal and written notification requirement compliance;
- File review of showed 100% compliance with §62M requirements.

Delegation oversight of utilization management must clearly show compliance with Minnesota Statutes §62M. PrimeWest must revise its oversight checklists and summary reports to clearly indicate oversight review against Minnesota Statutes, §62M requirements. **(Mandatory Improvement #1)**. MDH suggests PWH utilize the UM tools and file review worksheets found in the monitoring guide to assure comprehensive delegate UM policy and file review compliance with applicable State laws. In addition, all delegation oversight checklists and reports should be dated.

PrimeWest has also delegated to MedImpact credentialing of its pharmacy/pharmacist network. PrimeWest does review oversight of credentialing by reviewing credentialing files completed by MedImpact. Review of submitted credentialing file oversight documents showed:

- Lack of clarity whether PWH reviewed both initial and recredentialed files;
- File review did not include checking for sanctions (Medicare and Medicaid).

PWH must include in its credentialing file review both initial and recredentialed providers and sanction review. **(Mandatory Improvement #2)**

### Finding: Provider Selection and Credentialing

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

PWH received a 100% score from NCQA on credentialing of providers; however, re-credentialing files were not reviewed for re-credentialing timeliness. MDH reviewed a total of

eight re-credentialing physician files, as indicated in the table below. All re-credentialing files were within the required 36 month timeline.

**Credentialing File Review**

File Source	# Reviewed
Re-Credential Physicians	8

**Activities**

**Minnesota Rules, Part 4685.1115**

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

**Finding: Quality Evaluation and Work Plan**

**Subp. 1.** Minnesota Rules, part 4685.1115, subpart 1, states the plan must conduct an evaluation of its quality activities. Minnesota Rules, part 4685.1130, subpart 2, states the plan must have a work plan that gives a detailed description of the quality activities conducted in the following year. PrimeWest’s *Quality Work Plan(s)*, (2016 and 2017) depict the planning of its quality activities, with the exception of disease management (DM). The *Annual Quality Assessment* (2017) gives an evaluation of the completed and ongoing quality activities, again with the exception of DM. One of the mandated DHS quality activities is a disease management (DM) program for enrollees with diabetes, asthma and heart disease. PWH’s *Quality Assurance Plan* states “PrimeWest Health offers DM/CCIPs for members with asthma, chronic obstructive pulmonary disease (COPD), depression, diabetes, and high blood pressure (heart disease)”. The 2016 and 2017 work plans include disease management; however, the work listed encompasses only Diabetes and Depression. The 2017 Quality Annual Evaluation includes a summary for the disease management activities of diabetes and depression only. Since asthma, diabetes, and heart disease, among other disease entities, are in the Quality Assurance Plan (program description), the full scope of DM programs must be included in the work plan, especially the three DHS mandated disease programs, and a summary of the work and progress of those DM quality activities must be reflected in the annual evaluation. **(Mandatory Improvement #3)**

**Quality Evaluation Steps**

**Minnesota Rules, Part 4685.1120**

Subparts	Subject	Met	Not Met	NCQA
Subp. 1.	Problem Identification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA

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

## Focus Study Steps

### Minnesota Rules, Part 4685.1125

Subparts	Subject	Met	Not Met	NCQA
Subp. 1.	Focused Studies	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 2.	Topic Identification and Selections	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 3.	Study	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 4.	Corrective Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 5.	Other Studies	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA

## 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 type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
Subp. 3.	Amendments to Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### Finding: Written Plan and Amendments

Subp. 1 and 3. Minnesota Rules, subparts 1 and 3, state that the health plan will file the written quality assurance plan with MDH with any changes or revisions. PWH submitted its 2017 Health Quality Improvement Program on April 26, 2017. The program was reviewed and approved during the course of the examination and was found to meet all State requirements.

Subp. 2. Minnesota Rules, subpart 2, [See Mandatory Improvement #3 above]

### III. Quality of Care

MDH reviewed a total of nine quality of care grievance system files. Quality of care file review showed a comprehensive policy/procedure, thorough investigation of allegations, as well as follow-up on issues identified. Tracking and trending occurs for all grievances regardless if it is determined to be a quality of care issue or not.

#### Quality of Care File Review

File Source	# Reviewed
Quality of Care Grievances	9

### IV. Grievance and Appeal Systems

MDH examined PWH’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 2016 Contract, Article 8.

MDH reviewed a total of 22 grievance system files.

#### Grievance System File Review

File Source	# Reviewed
Grievances	
<i>Written</i>	1
<i>Oral</i>	7
Non-Clinical Appeals	8
State Fair Hearing	6
<b>Total</b>	<b>22</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
<b>Section 8.2</b>	<b>§438.408</b>	<b>Internal Grievance Process Requirements</b>		
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
<b>Sec 8.2.4</b>	<b>§438.406</b>	<b>Handling of Grievances</b>		
(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
<b>Sec. 8.2.5</b>	<b>§438.408 (d)(1)</b>	<b>Notice of Disposition of a Grievance</b>		
(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

## Denial, Termination, or Reduction (DTR) Notice of Action to Enrollees

## DHS Contract, Section 8.3

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.3</b>	<b>§438.408</b>	<b>DTR Notice of Action to Enrollees</b>		
Sec. 8.3.1	§438.404	General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Section 8.3.2</b>	<b>§438.404 (c)</b>	<b>Timing of DTR Notice</b>		
(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 (b)(c)(d)	Standard Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(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 two (10) business days following receipt of the request for the	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Section	42 CFR	Subject	Met	Not Met
		service, unless the MCO receives an extension of the resolution period		
(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
<b>Sec. 8.3.3.</b>	<b>§438.420 (b)</b>	<b>Continuation of Benefits Pending Decision</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

**Finding: DTR Notice of Action Requirements**

42 CFR §438.404 (contract section 8.3.1) gives general requirements for DTR’s. PWH policy *Notice of Denials, Terminations, or Reductions (DTRs) of Services (UM13)* incorrectly states *additional information is made available if requested by a member, provider or Minnesota Commissioner of Commerce*. The policy should state the Minnesota Commissioner of Health. PWH must change its policy accordingly. **(Mandatory Improvement #4)**

**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)	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 Appeal by Denied	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(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 Acknowledgment	<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 (See Minnesota Statutes, sections 62M.06, and subd. 3(f) and 62M.09	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(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 Care 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

PRIMEWEST HEALTH QUALITY ASSURANCE EXAMINATION

Section	42 CFR	Subject	Met	Not Met
(I)	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	<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)(e)	Notice of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.408 (d)(2)(e)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.410 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§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

## Maintenance of Grievance and Appeal Records

### DHS Contract, Section 8.5

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.5</b>	<b>§438.416 (c)</b>	<b>Maintenance of Grievance and Appeal Records</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## State Fair Hearings

### DHS Contract, Section 8.9

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.9</b>	<b>§438.416 (c)</b>	<b>State Fair Hearings</b>		
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

## 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 with Essential Community Providers	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

#### Finding: Essential Community Providers (ECPs)

Minnesota Statutes, section 62Q.19 states that a plan must offer a provider contract to any designated ECP located in the service area. Section 9.3.9 of PWH's contract with the Department of Human Services requires PWH to adhere to the Statute. PWH's *2016 Gaps Analysis Report* did not include information about PWH contracting with ECPs. On April 20, 2017, PWH implemented a corrective action plan (CAP) to create geographical access maps for the ECP community provider designations and to update the *2016 Gaps Analysis Report* with this information. The CAP demonstrates that PWH is in compliance with ECP contracting requirements.

### Availability and Accessibility

#### Minnesota Rules, Part 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. 2.	Coverage required	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Continuity of Care

**Minnesota Statutes, Section 62Q.56**

<b>Subdivision</b>	<b>Subject</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>
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

## VI. Utilization Review

### UR System File Review

File Source	# Reviewed
UM Denial Files-PWH	11
MedImpact	8
<i>Clinical Appeals Files</i>	8
Total	27

### Standards for Utilization Review Performance

#### Minnesota Statutes, Section 62M.04

Subdivision	Subject	Met	Not Met
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

### Procedures for Review Determination

#### Minnesota Statutes, Section 62M.05

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Written Procedures	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subd. 2.	Concurrent Review	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" 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 or not (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 (notice within 1 working day)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
D	Initial determination not to certify (notice of right to appeal)	<input checked="" type="checkbox"/> Met	<input 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	

## Appeals of Determinations Not to Certify

### Minnesota Statutes, Section 62M.06

Subdivision	Subject	Met	Not Met	NCQA
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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
(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.	Notifications to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

## Confidentiality

### Minnesota Statutes, Section 62M.08

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1	Written Procedures to Ensure Confidentiality	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

## Staff and Program Qualifications

### Minnesota Statutes, Section 62M.09

Subdivision	Subject	Met	Not Met	NCQA
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

PRIMEWEST HEALTH QUALITY ASSURANCE EXAMINATION

Subdivision	Subject	Met	Not Met	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 type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" 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

## Complaints to Commerce or Health

### Minnesota Statutes, Section 62M.11

Section	Subject	Met	Not Met	N/A
62M.11	Complaints to Commerce or Health	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> N/A

## Prohibition of Inappropriate Incentives

### Minnesota Statutes, Section 62M.12

Section	Subject	Met	Not Met	NCQA
62M.12	Prohibition of Inappropriate Incentives	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

## VII. Summary of Findings

### Recommendations

None

### Mandatory Improvements

1. In order to comply with Minnesota Rules, part 4685.1110, subpart 6, PWH must revise its oversight checklists and summary reports to clearly indicate oversight review against Minnesota Statutes §62M requirements.
2. In order to comply with Minnesota Rules, part 4685.1110, subpart 6, PWH must include in its credentialing file review both initial and recredentialed providers and sanction review.
3. In order to comply with Minnesota Rules, parts 4685.1115 and 4685.1130, PWH must, since asthma, diabetes, and heart disease, among other disease entities, are in the Quality Assurance Plan (Program Description), the full scope of DM programs must be included in the work plan, especially the three DHS mandated disease programs, and a summary of the work and progress of those DM quality activities must be reflected in the annual evaluation.
4. In order to comply with 42 CFR §438.404 (contract section 8.3.1), PWH must revise the policy *Notice of Denials, Terminations, or Reductions (DTRs) of Services (UM13)* to state Minnesota Commissioner of Health rather than Minnesota Commissioner of Commerce.

### Deficiencies

None