

Minnesota Department of Health
Compliance Monitoring Division
Managed Care Systems Section



Final Report

UCare

Quality Assurance Examination
For the Period:

January 1, 2011 to June 30, 2013

Final Issue Date:
March 18, 2014

Examiners
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Minnesota Department of Health Executive Summary

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of UCare to determine whether it is operating in accordance with Minnesota law. MDH finds that UCare 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, UCare should:

Consider a more thorough delegation summary report that includes the number of files reviewed and findings of the review for each delegated function.

Review DentaQuest’s policy and procedures regarding responses to quality of care complaints and make changes if deemed necessary to comply with applicable state law.

Amend its quality of care grievance definition to include the items in the explanatory list, as well as the failure to respect the enrollee’s rights, as noted in DHS contract, section 8.2.1

Consider adding tables/graphs to better display performance improvement projects’ (PIPs) progress towards its goals in its Quality Improvement Evaluation.

To address mandatory improvements, UCare and its delegates must:

Revise its policy/procedure the *Altru Health System Credentialing Procedure* to accurately reflect the credentialing process of the granting of temporary privileges.

Revise its process and the letter sent to practitioners to reflect temporary privileges will not exceed 60 days.

Revise its continuity of care policy/procedure to describe how it will notify the enrollee of available participating providers.

To address deficiencies, UCare and its delegates must:

Develop and implement review and reporting requirements to ensure delegates perform all delegated activities, including identification of issues and oversight of corrective actions to ensure any issues are resolved in a timely manner.

File notice with the Commissioner of Health for approval when making any changes to its written quality plan.

Inform the enrollee a grievance may be submitted in writing and offer assistance in completing the form.

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
Compliance Monitoring Division

Date

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I. Introduction

A. History:

In 1984, the Department of Family Medicine and Community Health (DFMCH) at the University of Minnesota Medical School created UCare Minnesota as a demonstration project for Medical Assistance recipients in Hennepin County. At that time, the Minnesota Department of Human Services (DHS) was moving Medical Assistance recipients into managed care. By creating a health plan, the DFMCH ensured that their low-income patients could continue to see their doctor at the family practice group – University Affiliated Family Physicians. As a result, UCare began enrolling Prepaid Medical Assistance Program (PMAP) and Prepaid General Assistance Medical Care (PGAMC) recipients in 1985. UCare became an independent, nonprofit HMO in 1999.

UCare continues to serve people enrolled in Minnesota Health Care Programs and Medicare Advantage programs, including Special Needs Plans (SNPs). UCare is licensed as an HMO in all 87 Minnesota counties.

Almost two-thirds of UCare’s business is serving individuals and families enrolled in Minnesota Health Care Programs, including PMAP, MinnesotaCare, Special Needs BasicCare, and Minnesota Senior Care Plus. Another three percent of UCare’s members are enrolled in Special Needs Plan (SNP) -- Minnesota Senior Health Options (MSHO). UCare serves approximately 33 percent of all Minnesota Health Care Programs managed care enrollees. In addition, UCare provides Third Party Administrative (TPA) services to Portico Healthnet, a nonprofit organization providing health and human services to uninsured Minnesotans, and to Health Traditions, a health plan based in Onalaska, Wisconsin.

B. Membership: UCare self-reported enrollment as of July 1, 2013 consisted of the following:

Product	Enrollment
<i>Minnesota Health Care Programs- Managed Care (MHSP-MC)</i>	
Families & Children	149,175
MinnesotaCare	35,111
Minnesota Senior Care (MSC+)	3,055
Minnesota Senior Health Options (MSHO)	9,618
Special Needs Basic Care (SNBC)	18,294
<i>Total</i>	215,253
<i>Medicare</i>	
Medicare Advantage (MN and WI)	95,990

C. Onsite Examinations Dates: 9/9-16/13

D. Examination Period: 1/1/11-6/30/13

File Review Period: 7/1/12-6/30/13

Opening Date: 6/14/13

- E. Sampling Methodology: Due to the small sample sizes and the methodology used for sample selection for the quality assurance examination, the results cannot be extrapolated as an overall deficiency rate for the health plan.
- F. Performance Standard: For each instance of non-compliance with applicable law or rule identified during the 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	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 2.	Documentation of Responsibility	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 3.	Appointed Entity	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 4.	Physician Participation	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 5.	Staff Resources	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 6.	Delegated Activities	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Subp. 7.	Information System	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 8.	Program Evaluation	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 9.	Complaints	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Subp. 10.	Utilization Review	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 11.	Provider Selection and Credentialing	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Subp. 12.	Qualifications	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Subp. 13.	Medical Records	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>

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/ Grievances	Cred	Claims	Network	Care Coord
Behavioral Healthcare Providers (BHP)*	X		X		X		X	
Express Scripts, Inc. (ESI)	X				X	X	X	
DentaQuest	X	X	X	X	X	X	X	
Chiropractic Care of Minnesota Inc. (CCMI)	X				X	X	X	
Avera					X			
Altru Health System					X			
Cottonwood								X
Ottertail								X

*Contract terminated effective 11/1/13.

Subp. 6. UCare performed extensive and thorough oversight of Express Scripts, particularly of its utilization management functions to correct deficiencies from the previous MDH QA Examination and mid-cycle findings. In the 2012 Compliance Review of Express Scripts, Inc. (dated January 24, 2013) reported the history of examination findings but did not include any reports of UM file review for the audit. UCare should consider a more thorough summary report that includes the number of files reviewed and findings of the review for each delegated function. **(Recommendation #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. UCare delegates grievance, appeals, quality of care and State Fair Hearing resolution to DentaQuest. UCare found an issue in its 2012 oversight audit [see 42 CFR 438.404 (a), (DHS 8.2.5(A))]. DentaQuest developed a corrective action plan, conducted training and performed internal audits. UCare also conducted file audits. However some information in the training and audit materials was not accurate. The problem remained unresolved. UCare must perform delegation oversight that ensures corrective actions are based on accurate information and the corrective actions are effective in resolving the issue in a timely manner.

In addition, UCare delegates credentialing to Altru Health System. The following should have been addressed by UCare during its credentialing delegation oversight audits of Altru.

- MDH found in file review that all providers were granted temporary privileges until the privileges can be approved by Altru Health System Board of Directors. Altru's credentialing policy/procedure does not address the granting of temporary privileges or the process.
- The letter sent to providers granting the temporary privileges states the temporary privileges are in effect until the privileges are approved by the Board of Directors, not to

exceed 120 days. NCQA credentialing standards state that the organization may not hold practitioners in provisional status for more than 60 calendar days. [see Minnesota Rules, part 4685.1110, subpart 11] .

(Deficiency #1)

Subd. 9. Minnesota Rules, part 4685.1110, subpart 9, states the quality program must conduct ongoing evaluation of enrollee complaints related to quality of care. A total of 15 quality of care grievance files were reviewed as follows:

Quality of Care File Review	
QOC File Source	# Reviewed
<i>Grievances—MHCP-MC Products</i>	
UCare	7
DentaQuest	8
Total	15

Quality of care complaint investigation, frequently requires peer review to substantiate (or not) the allegation. Minnesota Statutes, section 145.64, prohibits the release of peer review results. DentaQuest investigates the allegation and sends a letter advising the enrollee if the complaint was not substantiated. We think it is possible that providing this letter may not be consistent with the confidentiality of peer reviews under state law. We recommend that UCare review its delegate’s policy and procedures and make changes if deemed necessary to comply with applicable state law. The response to a quality of care complaint should acknowledge receipt of the complaint, advising the enrollee that it will investigate the allegation but that state law prohibits the release of the results of the investigation. **(Recommendation #2)**

Subd. 9. Minnesota Rules, part 4685.1110, subpart 9, emphasizes evaluation of quality of care complaints. UCare provided its policy/procedure QAG 0022, *Management of Potential Deficiencies in Clinical Quality of Care*. Elsewhere this policy/procedure is referred to without the term “clinical.” The policy/procedure defines quality of care issues as “concerns involving situations where the reporter indicated that the quality of clinical care or quality of service adversely affected, or has the potential to adversely affect, a member’s health or well-being.” In addition, UCare’s policy/procedure, QAG 0005 also includes a non-exhaustive list of potential quality of care issues. While inherent in the list and definition, MDH recommends UCare amends its quality of care grievance definition to include the items in the list, as well as failure to respect the enrollee’s rights, as noted in DHS contract, section 8.2.1. **(Recommendation #3)**

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states the HMO shall have policies and procedures for provider selection, credentialing and recredentialing that, at a minimum, are consistent with accepted community standards. The standards established by the National Committee for Quality Assurance (NCQA) for credentialing are considered the community standard and, as such, were used for the purposes of this examination. MDH reviewed a total of 79 credentialing and recredentialing files (including physician, allied and organizational providers) from UCare and delegates as follows:

Credentialing and Recredentialing File Review			
File Source	#Reviewed Physician	#Reviewed Allied	#Reviewed Organizational
<i>Initial Credentialing</i>			
UCare	8	8	5
Altru	5	5	NA
Avera	4	2	NA
<i>Recredentialing</i>			
UCare	8	8	5
Altru	5	5	NA
Avera	10	1	0
Total = 79	40	29	10

Upon review of Altru Health System credentialing files, all providers were granted temporary privileges until the privileges can be approved by Altru Health System Board of Directors, not to exceed 120 days. In *Altru Health Systems Credentialing Procedure* the process of granting temporary privileges was not clearly spelled out. When questioned about the process for handling files that are not clean, it was explained to MDH that the Chief Medical Director reviews those files to determine whether the temporary privileges can be given. If he/she feels there is not a risk to the members then they would grant the temporary privileges and then it goes to the Board of Directors for final approval. If they felt there was risk then they would not grant temporary privileges. The granting of temporary privileges and the process was not addressed in the *Altru Health System Credentialing Procedure*. The procedure must be revised to accurately reflect the credentialing process. **(Mandatory Improvement #1)**

In addition, the letter sent to providers granting the temporary privileges states the temporary privileges are in effect until the privileges are approved by the Board of Directors, not to exceed 120 days. NCQA credentialing standards state that the organization may not hold practitioners in provisional status for more than 60 calendar days. The letter and process must be changed to reflect temporary privileges will not exceed 60 calendar days. **(Mandatory Improvement #2)** In one Altru initial credentialing file the practitioner was in temporary privilege status for greater than 60 days. (72 days).

Minnesota Rules, Part 4685.1115. Activities

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

Minnesota Rules, Part 4685.1120. Quality Evaluation Steps

- Subp. 1. Problem Identification Met Not Met
- Subp. 2. Problem Selection Met Not Met

- Subp. 3. Corrective Action Met Not Met
 Subp. 4. Evaluation of Corrective Action Met Not Met

Subp. 1. Minnesota Rules, part 4685.1120, subparts 1 through 4, states the HMO will perform ongoing monitoring and evaluation of patient care or clinical performance data to determine improvement opportunities and to evaluate the effectiveness of interventions. In its 2012 Quality Program Evaluation UCare had an excellent summary of its improvement and monitoring initiatives. UCare may want to consider adding tables/graphs to better display performance improvement projects' (PIPs) progress towards its goals. **(Recommendation #4)**

Minnesota Rules, Part 4685.1125. Focus Study Steps

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

Minnesota Rules, Part 4685.1130. Filed Written Plan and Work Plan

- Subd. 1. Written Plan Met Not Met
 Subd. 2. Work Plan Met Not Met
 Subd. 3. Amendments to Plan Met Not Met

Subd. 3. Minnesota Rules, part 4685.1130, subpart 3, states the HMO may change its written plan by filing notice with the commissioner for approval. UCare revised its 2012 written quality assurance plan, however did not file its revised written plan with MDH for approval. **(Deficiency #2)**

III. Grievance Systems

MDH examined UCare'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 2012 Model Contract, Article 8.

MDH reviewed a total of 54 grievance system files:

Grievance System File Review	
File Source	# Reviewed
Grievances	
UCare	9
DentaQuest	9
Non-Clinical Appeals	
UCare	8
DentaQuest	13
State Fair Hearing	
UCare	7
DentaQuest	8
Total	54

Section 8.1. §438.402 General Requirements

Sec. 8.1.1 Components of Grievance System Met Not Met

Section 8.2. §438.408 Internal Grievance Process Requirements

Sec. 8.2.1. §438.402 (b) Filing Requirements Met Not Met

Sec. 8.2.2. §438.408 (b)(1) Timeframe for Resolution of Grievances
Met Not Met

Sec. 8.2.3. §438.408 (c) Timeframe for Extension of Resolution of Grievances
Met Not Met

S Sec. 8.2.4. §438.406 Handling of Grievances

(A) §438.406 (a)(2) Written Acknowledgement Met Not Met

(B) §438.416 Log of Grievances Met Not Met

(C) §438.402 (b)(3) Oral or Written Grievances Met Not Met

(D) §438.406 (a)(1) Reasonable Assistance Met Not Met

(E) §438.406 (a)(3)(i) Individual Making Decision Met Not Met

(F) §438.406 (a)(3)(ii) Appropriate Clinical Expertise
Met Not Met

Sec. 8.2.5. §438.408 (d)(1) Notice of Disposition of a Grievance

(A) §438.408 (d)(1) Oral Grievances Met Not Met

(B) §438.408 (d)(1) Written Grievances Met Not Met

42 CFR 438.408 (d)(1), (DHS 8.2.5(A)), states that, if the resolution of an oral grievance is not resolved to the satisfaction of the enrollee, the MCO must inform the enrollee that the grievance may be submitted in writing and must offer to provide the enrollee with any assistance needed to submit a written grievance, including an offer to complete the grievance form, and promptly mail it for the enrollee's signature. In two of six oral grievances, UCare's delegate, DentaQuest, did not offer the enrollee a complaint form and did not offer assistance in completing the form.

(Deficiency #3)

[Also see Minnesota Rules, part 4685.1110, subpart 6]

Section 8.3. §438.404 DTR Notice of Action to Enrollees

Sec. 8.3.1. General Requirements Met Not Met

Sec. 8.3.2. §438.404 (c) Timing of DTR Notice

(A) §438.210 (c) Previously Authorized Services Met Not Met

(B) §438.404 (c)(2) Denials of Payment Met Not Met

(C) §438.210 (c) Standard Authorizations Met Not Met

(1) As expeditiously as the enrollee's health condition requires Met Not Met

(2) To the attending health care professional and hospital by telephone or fax within one working day after making the determination Met 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 Met Not Met

(D) §438.210 (d)(2)(i) Expedited Authorizations Met Not Met

(E) §438.210 (d)(1) Extensions of Time Met Not Met

(F) §438.210 (d) Delay in Authorizations Met Not Met

Sec. 8.3.3. §438.420 (b) Continuation of Benefits Pending Decision Met Not Met

Section 8.4. §438.408 Internal Appeals Process Requirements

Sec. 8.4.1. §438.402 (b) Filing Requirements Met Not Met

Sec. 8.4.2. §438.408 (b)(2) Timeframe for Resolution of Expedited Appeals Met Not Met

Sec. 8.4.3. §438.408 (b) Timeframe for Resolution of Expedited Appeals

(A) §438.408 (b)(3) Expedited Resolution of Oral and Written Appeals Met Not Met

(B) §438.410 (c) Expedited Resolution Denied Met Not Met

(C) §438.410 (a) Expedited Appeal by Telephone Met Not Met

Sec. 8.4.4. §438.408 (c) Timeframe for Extension of Resolution of Appeals Met Not Met

Sec. 8.4.5. §438.406 Handling of Appeals

(A) §438.406 (b)(1) Oral Inquiries Met Not Met

(B) §438.406(a)(2) Written Acknowledgement Met Not Met

(C) §438.406(a)(1) Reasonable Assistance Met Not Met

(D) §438.406(a)(3) Individual Making Decision Met Not Met

(E) §438.406(a)(3) Appropriate Clinical Expertise Met Not Met

[See Minnesota Statutes, sections 62M.06, and subd. 3(f) and 62M.09]

(F) §438.406(b)(2) Opportunity to Present Evidence

- Met Not Met
- (G) §438.406 (b)(3) Opportunity to examine the Case File Met Not Met
- Met Not Met
- (H) §438.406 (b)(4) Parties to the Appeal Met Not Met
- (I) §438.410 (b) Prohibition of Punitive Action Met Not Met
- Sec. 8.4.6. Subsequent Appeals Met Not Met
- Sec. 8.4.7. §438.408 (d)(2) and (e) Notice of Resolution of Appeals
- Met Not Met
- (A) §438.408 (d)(2) and (e) Written Notice Content
- Met Not Met
- (B) §438.210 (c) Appeals of UM Decisions Met Not Met
- (C) §438.210 (c) and .408 (d)(2)(ii) Telephone Notification of Expedited Appeals
- Met Not Met
- [Also see Minnesota Statutes section 62M.06, subd. 2]
- Sec, 8.4.8. §438.424 Reversed Appeal Resolutions
- Met Not Met

42CFR438.408 (b)(3) (DHS 8.4.3 (A)) states the plan must resolve expedited appeals within 72 hours of receipt. In one DentaQuest file, DentaQuest offered an expedited appeal, but did not expedite the appeal (21 days).

42CFR 438.406(a)(2) (DHS 8.4.5(B)) states the MCO must send a written acknowledgement within ten days of receiving the request. In one clinical appeal file the acknowledgement letter was greater than ten days (21 days).

Section 8.5. §438.416 (c) Maintenance of Grievance and Appeal Records

Met Not Met

Section 8.9. §438.416 (c) State Fair Hearings

- Sec. 8.9.2. §438.408 (f) Standard Hearing Decisions Met Not Met
- Sec. 8.9.5. §438.420 Continuation of Benefits Pending Resolution of State Fair Hearing
- Met Not Met
- Sec. 8.9.6. §438.424 Compliance with State Fair Hearing Resolution
- Met Not Met

IV. Access and Availability

Minnesota Statutes, Section 62D.124. Geographic Accessibility

- Subd. 1. Primary Care, Mental Health Services, General Hospital Services
- Met Not Met
- Subd. 2. Other Health Services Met Not Met

Subd. 3. Exception Met Not Met

UCare performs evaluation and analysis of the geographic access and timely availability of its networks, including carve-out networks.

Minnesota Rules, Part 4685.1010. Availability and Accessibility

Subp. 2. Basic Services Met Not Met

Subp. 5. Coordination of Care Met Not Met

Subp. 6. Timely Access to Health Care Services Met Not Met

Subp. 2 H. Minnesota Rules, part 4685.1010, subpart 2 H, requires the plan to furnish the enrollee with contact information for other participating providers when the current provider refuses to continue care. Policy/procedure CSC-009, *Member Primary Care Clinic Change*, states the policy applies if the member requests a change of primary care clinic for any reason. The policy/procedure assumes the enrollee will contact UCare to make a change while the rule requires a more proactive approach to identifying a new primary care provider. UCare must revise its policy/procedure to describe how it will notify the enrollee of available participating providers. **(Mandatory Improvement #3)**

Minnesota Statutes, Section 62Q.55. Emergency Services

Met Not Met

Minnesota Statutes, Section 62Q.121. Licensure of Medical Directors

Met Not Met

Minnesota Statutes, Section 62Q.527. Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

Subd. 2. Required Coverage for Anti-psychotic Drugs Met Not Met

Subd. 3. Continuing Care Met Not Met

Subd. 4. Exception to formulary Met Not Met

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

Subd. 1. Mental health services Met Not Met

Subd. 2. Coverage required Met Not Met

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

Subd. 1. Change in health care provider, general notification Met Not Met

Subd. 1a. Change in health care provider, termination not for cause Met Not Met

Subd. 1b. Change in health care provider, termination for cause

- Subd. 2. Change in health plans Met Not Met
- Subd. 2a. Limitations Met Not Met
- Subd. 2b. Request for authorization Met Not Met
- Subd. 3. Disclosures Met Not Met

V. Utilization Review

UM System File Review	
File Source	#Reviewed
<i>MHCP-MC UM Denial Files</i>	
UCare	8
ESI	10
CCMI	10
DentaQuest	19
<i>Subtotal</i>	<i>47</i>
<i>MHCP-MC Clinical Appeal Files</i>	
UCare	30
UCare BH	5
DentaQuest	11
<i>Subtotal</i>	<i>46</i>
Total	93

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

- Subd. 1. Responsibility on Obtaining Certification Met Not Met
- Subd. 2. Information upon which Utilization Review is Conducted Met Not Met

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

- Subd. 1. Written Procedures Met Not Met
- Subd. 2. Concurrent Review Met Not Met
- Subd. 3. Notification of Determinations Met Not Met
- Subd. 3a. Standard Review Determination
 - (a) Initial determination to certify (10 business days) Met Not Met
 - (b) Initial determination to certify (telephone notification) Met Not Met
 - (c) Initial determination not to certify Met Not Met
 - (d) Initial determination not to certify (notice of right to internal appeal) Met Not Met
- Subd. 3b. Expedited Review Determination Met Not Met
- Subd. 4. Failure to Provide Necessary Information Met Not Met

Subd. 5. Notifications to Claims Administrator Met Not Met

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

Subd. 1. Procedures for Appeal Met Not Met

Subd. 2. Expedited Appeal Met Not Met

Subd. 3. Standard Appeal

(a) Appeal resolution notice timeline Met Not Met

(b) Documentation requirements Met Not Met

(c) Review by a different physician Met Not Met

(d) Time limit in which to appeal Met Not Met

(e) Unsuccessful appeal to reverse determination Met Not Met

(f) Same or similar specialty review Met Not Met

(g) Notice of rights to external review Met Not Met

Subd. 4. Notification to Claims Administrator Met Not Met

Minnesota Statutes, Section 62M.08. Confidentiality

Met Not Met

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

Subd. 1. Staff Criteria Met Not Met

Subd. 2. Licensure Requirements Met Not Met

Subd. 3. Physician Reviewer Involvement Met Not Met

Subd. 3a. Mental Health and Substance Abuse Review Met Not Met

Subd. 4. Dentist Plan Reviews Met Not Met

Subd. 4a. Chiropractic Reviews Met Not Met

Subd. 5. Written Clinical Criteria Met Not Met

Subd. 6. Physician Consultants Met Not Met

Subd. 7. Training for Program Staff Met Not Met

Subd. 8. Quality Assessment Program Met Not Met

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

(Commercial Only) N/A Met Not Met

VI. Recommendations

1. To better comply with Minnesota Rules, part 4685.1110, subpart 6, UCare should consider a more thorough delegation summary report that includes the number of files reviewed and findings of the review for each delegated function.
2. To better comply with Minnesota Rules, part 4685.1110, subpart 9, UCare can review DentaQuest's policy and procedures regarding responses to quality of care complaints and make changes if deemed necessary to comply with applicable state law.
3. To better comply with Minnesota Rules, part 4685, subpart 9, UCare can amend its quality of care grievance definition to include the items in the explanatory list, as well as the failure to respect the enrollee's rights, as noted in DHS contract, section 8.2.1
4. To better comply with Minnesota Rules, part 4685.1120, subparts 1 through 4, UCare may want to consider adding tables/graphs to better display performance improvement projects' (PIPs) progress towards its goals in its Quality Improvement Evaluation.

VII. Mandatory Improvements

1. To comply with Minnesota Rules, part 4685.1110, subpart 11, UCare's delegate, Altru Health System must revise its policy/procedure the *Altru Health System Credentialing Procedure* to accurately reflect the credentialing process of the granting of temporary privileges.
2. To comply with Minnesota Rules, part 4685.1110, subpart 11, Altru, UCare's delegate must revise its process and the letter sent to practitioners to reflect temporary privileges will not exceed 60 days.
3. To comply with Minnesota Rules, part 4685.1010, subpart 2 H, UCare must revise its policy/procedure to describe how it will notify the enrollee of available participating providers.

VIII. Deficiencies

1. To comply with Minnesota Rules, part 4685.1110, subpart 6, UCare must develop and implement review and reporting requirements to ensure delegates perform all delegated activities, including identification of issues and oversight of corrective actions to ensure the issues are resolved in a timely manner.

2. To comply with Minnesota Rules, part 4685.1130, subpart 3, UCare must file notice with the Commissioner of Health for approval when making any changes to its written quality plan
3. To comply with 42 CFR 438.408 (d)(1) (DHS 8.2.5(A)), UCare and its delegate, DentaQuest, must inform the enrollee a grievance may be submitted in writing and offer assistance in completing the form.