

HealthPartners

QUALITY ASSURANCE EXAMINATION - 2024

HealthPartners Quality Assurance Examination Report

For the Period: January 1, 2021 – December 31, 2023

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MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of HealthPartners 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 HealthPartners 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, He	ealthPartners should:
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None Identified

To address mandatory improvements, HealthPartners and its delegates must:

None Identified

To address deficiencies, HealthPartners 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.

Diane Rydrych
Diane Rydrych, Director

12/16/2024

Diane Rydrych, Director Health Policy Division Date

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I. Introduction

1. History:

HealthPartners, an integrated health care organization providing health care services and health plan financing and administration, was founded in 1957 as a cooperative.

In 1992, Group Health merged with MedCenters Health Plan. Together, they formed HealthPartners. Since then, HealthPartners combined with Park Nicollet Health System, Regions Hospital, Lakeview Health, Hudson Hospital & Clinic, Amery Hospital, Hutchinson Health, and Olivia Hospital & Clinic. In the 2010s, HealthPartners expanded to new states and are found in Minnesota, Wisconsin, Iowa, Illinois, North Dakota, and South Dakota.

Today, HealthPartners serves more than 1.8 million medical and dental health plan members nationwide. HealthPartners includes a multi-specialty group practice of more than 1,800 physicians that serve more than 1.2 million patients.

2. Membership: HealthPartners self-reported Minnesota enrollment as of December 31, 2023, consisted of the following:

Self-Reported Enrollment

Product	Enrollment
Fully Insured Commercial	
Large Group	10,657
Small Employer Group	73,918
Individual	46,147
Minnesota Health Care Programs – Managed Care (MHCP-MC)	
Families & Children	169,546
MinnesotaCare	22,727
Minnesota Senior Care (MSC+)	3,771
Minnesota Senior Health Options (MSHO)	5,972
Special Needs Basic Care	7,444
Total	340,182

3. Onsite Examination Dates: March 4 - 8, 2024

4. Examination Period: January 1, 2021, to December 31, 2023 File Review Period: January 1, 2023, to December 31, 2023

Opening Date: December 20, 2023

- 5. National Committee for Quality Assurance (NCQA): HealthPlan is accredited by NCQA for its Commercial HMO/POS/PPO Combined, Marketplace PPO and Medicaid HMO products based on 2023 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 plan was accredited with less than 100% of the possible points or MDH identified an 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 has sufficient evidence that a plan's overall operation is compliant with an applicable law. Sufficient evidence may be obtained through: 1) file review; 2) policies and procedures; and 3) interviews.

II. Quality Program Administration

Program

Minnesota Rules, Part 4685.1110

Subparts	Subject	Met	Not Met	NCQA
Subp. 1.	Written Quality Assurance Plan	⊠Met	□ Not Met	
Subp. 2.	Documentation of Responsibility	□Met	□ Not Met	⊠ NCQA
Subp. 3.	Appointed Entity	⊠Met	□ Not Met	□ NCQA
Subp. 4.	Physician Participation	⊠Met	□ Not Met	□ NCQA
Subp. 5.	Staff Resources	□Met	□ Not Met	⊠ NCQA
Subp. 6.	Delegated Activities	⊠Met	□ Not Met	□ NCQA
Subp. 7.	Information System	□Met	□ Not Met	⊠ NCQA
Subp. 8.	Program Evaluation	⊠Met	□ Not Met	□ NCQA
Subp. 9.	Complaints	⊠Met	□ Not Met	
Subp. 10.	Utilization Review	⊠Met	□ Not Met	
Subp. 11.	Provider Selection and Credentialing Also refer to 62Q.097	⊠Met	□ Not Met	□ NCQA
Subp. 12.	Qualifications	⊠Met	□ Not Met	□ NCQA
Subp. 13.	Medical Records	⊠Met	□ Not Met	

Delegated Activities

<u>Subp. 6.</u> 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	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
MedImpact HealthCare Systems, Inc.						Х		X	
Independent Lifestyles, INC									Х

Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
OncoHealth	Χ								
Fulcrum Health					Х				
Lifestance Health					Χ				
Medical Review Institute of America (MRIoA)	Х								

Activities

Minnesota Rules, Part 4685.1115

Subparts	Subject	Met	Not Met
Subp. 1.	Ongoing Quality Evaluation	⊠Met	□ Not Met
Subp. 2.	Scope	⊠Met	☐ Not Met

Quality Evaluation Steps

Minnesota Rules, Part 4685.1120

Subparts	Subject	Met	Not Met
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

Focused Study Steps

Minnesota Rules, Part 4685.1125

Subparts	Subject	Met	Not Met
Subp. 1.	Focused Studies	⊠Met	□ Not Met
Subp. 2.	Topic Identification and Selections	⊠Met	□ Not Met
Subp. 3.	Study	⊠Met	□ Not Met
Subp. 4.	Corrective Action	⊠Met	□ Not Met
Subp. 5.	Other Studies	⊠Met	□ Not Met

Filed Written Plan and Work Plan

Minnesota Rules, Part 4685.1130

Subparts	Subparts Subject		Not Met
Subp. 1.	Written Plan	⊠Met	□ Not Met
Subp. 2.	Work Plan	⊠Met	☐ Not Met
Subp. 3.	Amendments to Plan	⊠Met	□ Not Met

Provider Selection and Credentialing

<u>Subp. 11</u>. 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. HealthPartners scored 100% on all 2023 NCQA Credentialing/recredentialing standards.

MDH reviewed a total of 24 credentialing files as indicated in the table below.

Credentialing File Review

File Source	# Reviewed
Initial -	
HP Physicians	4
HP Allied	4
Fulcrum	8
LifeStance	8
Total	24

Requirements For Timely Provider Credentialing

Subdivisions	Subject	Met	Not Met
Subd. 1.	Definitions	⊠Met	□ Not Met
Subd. 2.	Time limit for credentialing determination		
	(1) If application is clean and if clinic/facility requests, notify of date by which determination on app.	⊠Met	□ Not Met

Subdivisions	Subject	Met	Not Met
	(2) If app determined not to be clean, inform provider of deficiencies/missing information within three business days	⊠Met	□ Not Met
	(3) Make determination on clean app within 45 days after receiving clean app	⊠Met	□ Not Met
	(4) Health plan allowed 30 additional days to investigate any quality or safety concerns.	⊠Met	□ Not Met

Enrollee Advisory Body

Minnesota Statutes, Section 62D.06, Subdivision 2

Section	Subject	Met	Not Met
Subd. 2	Enrollee Input. Governing body shall establish a mechanism to afford the enrollees an opportunity to express their opinions in matters of policy and operation.	⊠Met	□ Not Met

III. Quality of Care

Quality of Care File Review

MDH reviewed a total of 8 quality of care grievance and complaint system files.

Quality of Care File Review

File Source	# Reviewed
Quality of Care	
MHCP Grievances	7
Commercial Complaints	1
Total	8

Quality of Care Complaints

Subparts	Subject	Met	Not Met
Subd. 1.	Definition	⊠Met	□ Not Met
Subd. 2.	Quality of Care Investigations	⊠Met	☐ Not Met

IV. Complaint Systems

Complaint System File Review

MDH examined HealthPartners's fully insured commercial complaint system for compliance with complaint resolution requirements of Minnesota Statutes, Chapter 62Q. MDH reviewed a total of 16 complaint system files.

Complaint System File Review

File Source	# Reviewed
Complaint Files	
HealthPartners Written	0
HealthPartners Oral	8
Non-Clinical Appeals	8
Total	16

Complaint Resolution

Minnesota Statutes, Section 62Q.69.

Section	Subject	Met	Not Met
Subd. 1.	Establishment	⊠ Met	\square Not Met
Subd. 2.	Procedures for Filing a Complaint	⊠ Met	□ Not Met
Subd. 3.	Notification of Complaint Decisions	⊠ Met	☐ Not Met

Appeal of the Complaint Decision

Section	Subject	Met	Not Met
Subd. 1.	Establishment	⊠ Met	□ Not Met
Subd. 2.	Procedures for Filing an Appeal	⊠ Met	□ Not Met
Subd. 3.	Notification of Appeal Decisions	⊠ Met	□ Not Met

Notice to Enrollees

Minnesota Statutes, Section 62Q.71

Section	Subject	Met	Not Met
62Q.71.	Notice to Enrollees	⊠ Met	□ Not Met

Record Keeping; Reporting

Minnesota Statutes, Section 62Q.72

Section	Subject	Met	Not Met
Subd. 1.	Record Keeping	⊠ Met	\square Not Met

External Review of Adverse Determinations

Section	Subject	Met	Not Met
Subd. 3.	Right to External Review	⊠ Met	☐ Not Met

V. Grievance Systems

Grievance System File Review

MDH examined HealthPartners's Minnesota Health Care Programs Managed Care Programs – Managed Care (MHCP-MC) grievance system for compliance with the federal law (42 CFR 438, subpart F) and the DHS 2023 Contract, Article 8.

MDH conducted a review of a total of 30 grievance system files.

Grievance System File Review

File Source	# Reviewed
Grievances	
HealthPartners Written	4
HealthPartners Oral	4
DTRs	8
Clinical and Non-Clinical Appeals	
HealthPartners Written	4
HealthPartners Oral	4
State Fair Hearing	6
Total	30

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	⊠Met	□ Not Met

Internal Grievance Process Requirements

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	⊠Met	□ Not Met

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

DTR Notice of Action to Enrollees

Section	42 CFR	Subject	Met	Not Met
Section 8.3.	§438.10 §438.404	DTR Notice of Action to Enrollees		
Section 8.3.1.	§438.10(c), (d) §438.402(c) §438.404(b)	General Requirements		□ Not Met
Section 8.3.2	§438.402 (c), §438.404 (b)	Content of DTR Notice of Action	⊠Met	□ Not Met
8.3.2.1	§438.404	Notice to Provider	⊠Met	□ Not Met
Section 8.3.3.	§438.404 (c)	Timing of DTR Notice MCO must make a good faith effort to promptly notify the STATE and the Ombudsman for Managed Care if the MCO becomes aware that DTRs are not being issued timely.	⊠Met	□ Not Met
8.3.3.1	§431.211	Previously Authorized Services	⊠Met	☐ Not Met
8.3.3.2	§438.404 (c)(2)	Denials of Payment	⊠Met	☐ Not Met
8.3.3.3	§438.210 (c)(d)	Standard Authorizations		
(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

Section	42 CFR	Subject		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
8.3.3.4	§438.210 (d)(2)(i)	Expedited Authorizations	⊠Met	□ Not Met
8.3.3.5	§438.210 (d)(1)	Extensions of Time	⊠Met	□ Not Met
8.3.3.6	§438.210(d)(3) and 42 USC 1396r-8(d)(5)	Covered Outpatient Drug Decisions	⊠Met	□ Not Met
8.3.3.7	§438.210 (d)(1)	Delay in Authorizations	⊠Met	□ Not Met

Internal Appeals Process Requirements

Section	42 CFR	Subject	Met	Not Met
Section 8.4.	§438.404	Internal Appeals Process Requirements		
Sec. 8.4.1.	§438.402 (b)	One Level Appeal	⊠Met	☐ Not Met
Sec. 8.4.2.	§438.408 (b)	Filing Requirements	⊠Met	☐ Not Met
Sec. 8.4.3.	§438.408	Timeframe for Resolution of Appeals		
8.4.3.1	§438.408 (b)(2)	Standard Appeals	⊠Met	☐ Not Met
8.4.3.2	§438.408 (b)(3)	Expedited Appeals	⊠Met	☐ Not Met
8.4.3.3	§438.408 (c)(3)	Deemed Exhaustion	⊠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		
8.4.5.1	§438.406 (b)(3)	Oral Inquiries	⊠Met	□ Not Met
8.4.5.2	§438.406 (b)(1)	Written Acknowledgment	⊠Met	☐ Not Met
8.4.5.3	§438.406 (a)	Reasonable Assistance	⊠Met	☐ Not Met
8.4.5.4	§438.406 (b)(2)	Individual Making Decision	⊠Met	□ Not Met
8.4.5.5	§438.406 (b)(2)	Appropriate Clinical Expertise	⊠Met	☐ Not Met
8.4.5.6	§438.406 (b)(4)	Opportunity to Present Evidence	⊠Met	☐ Not Met
8.4.5.7	§438.406 (b)(5)	Opportunity to Examine the Care File	⊠Met	☐ Not Met
8.4.5.8	§438.406 (b)(6)	Parties to the Appeal	⊠Met	☐ Not Met
8.4.5.9	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	⊠Met	□ Not Met
Sec. 8.4.6.		Subsequent Appeals If an Enrollee Appeals a decision from a previous Appeal on the same issue, and the MCO decides to hear it, for purposes of the timeframes for resolution, this will be considered a new Appeal.	⊠Met	⊠ Not Met
Sec. 8.4.7.	§438.408 (d)(2)	Notice of Resolution of Appeals		
8.4.7.1	§438.408 (d)(2)	Written Notice Content	⊠Met	☐ Not Met

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Section	42 CFR	Subject	Met	Not Met
8.4.7.2	§438.210 (c)	Appeals of UM Decisions	⊠Met	☐ Not Met
8.4.7.3	§438.410 (c) and .408 (d)(2)(ii)	Telephone Notification of Expedited Appeals	⊠Met	□ Not Met
Sec. 8.4.8.	§438.424	Reversed Appeal Resolutions	⊠Met	☐ Not Met
Sec. 8.5.	§438.420 (b)	Continuation of Benefits Pending Appeal or State Appeal	⊠Met	□ Not Met
Sec. 8.5.	§438.420	Continuation of Benefits Pending Appeal or State Appeal		
Sec. 8.5.1	§438.420 (b)	Continuation of Benefits Pending Resolution of Appeal	⊠ Met	☐ Not Met
Sec. 8.5.2	§438.420 (b)	Continuation of Benefits Pending Resolution of State Appeal	⊠ Met	□ Not Met
Sec. 8.5.3	§438.420 (d)	Upheld Appeal Resolutions	⊠ Met	☐ Not Met
Sec. 8.6.	§438.416	Maintenance of Grievance and Appeal Records	⊠ Met	☐ Not Met

State Appeals

Section	42 CFR	Subject	Met	Not Met
Section 8.8.	§438.416 (c)	State Appeals		
Sec. 8.8.2.	§438.408 (f)	Standard Hearing Decisions	⊠ Met	□ Not Met
Sec. 8.8.3.	§431.250	Costs of State Fair Hearing	⊠ Met	□ Not Met
Sec. 8.8.4.	§431.250	Expedited Hearing Decisions	⊠ Met	□ Not Met
Sec. 8.8.5.	§438.424	Compliance with State Appeal Resolution		
Sec. 8.8.5.1.	§438.424	Compliance with Decisions	⊠ Met	☐ Not Met
Sec. 8.8.5.2.	§438.424(a)	MCO's Responsibility for Payment of Services	⊠ Met	□ Not Met
Sec. 8.8.5.3.	§438.424(b)	Upheld State Fair Hearing Resolutions	⊠ Met	□ Not Met
Sec. 8.8.7.	§438.48(f)	External Review or Medical Review Participation	⊠ Met	□ Not Met
Sec. 8.8.8.	§431.245	Judicial Review	⊠ Met	□ Not Met

VI. Access and Availability

Geographic Accessibility

Minnesota Statutes, Section 62D.124

Subdivision	Subject		Not Met
Subd. 1.	Primary Care, Mental Health Services, General Hospital Services	⊠Met	□ Not Met
Subd. 2.	Other Health Services	⊠Met	□ Not Met
Subd. 3.	Waiver	⊠Met	□ Not Met
Subd. 6.	Provider Network Notifications	⊠Met	□ Not Met

Essential Community Providers

Minnesota Statutes, Section 62Q.19

Subdivision	Subject	Met	Not Met
Subd. 3.	Contract with Essential Community Providers	⊠Met	□ Not Met

Availability and Accessibility

Minnesota Rules, Part 4685.1010

Subparts	Subject	Met	Not Met
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

Licensure of Medical Directors

Section	Subject	Met	Not Met
62Q.121.	Licensure of Medical Directors	⊠Met	□ 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	⊠Met	□ Not Met
Subd. 3.	Continuing Care	⊠Met	☐ Not Met
Subd. 4.	Exception to Formulary	⊠Met	☐ Not Met

Coverage for Court-Ordered Mental Health Services

Minnesota Statutes, Section 62Q.535

Subdivision	Subject	Met	Not Met
Subd. 2.	Coverage required	⊠Met	☐ Not Met

Emergency Services

Minnesota Statutes, Section 62Q.55

Subdivision	Subject	Met	Not Met
Subd. 1.	Access to Emergency Services	⊠Met	□ Not Met
Subd. 2.	Emergency Medical Condition	⊠Met	□ Not Met

Continuity of Care

Subdivision	Subject	Met	Not Met	N/A
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	⊠Met	□ Not Met	
Subd. 2.	Change in health plans (applies to group, continuation and conversion coverage)	⊠Met	□ Not Met	□ N/A

VII. Utilization Review

Utilization Review Files

MDH examined HealthPartners commercial utilization review (UR) system under Minnesota Statutes, chapter 62M. A total of 18 utilization review files were reviewed.

Commercial UR System File Review

File Source	# Reviewed
Commercial UM Denial Files	
HealthPartners	9
Subtotal	
Commercial Clinical Appeal Files	
HealthPartners	9
Subtotal	
Total	18

Scope

Minnesota Statutes, Section 62M.01

Subdivision	Subject	Met	Not Met
Subd. 3.	Scope	⊠ Met	□ Not Met

Definitions

Minnesota Statutes, Section 62M.02

Subdivision	Subject	Met	Not Met
Subd. 1 – 18, 20	Definitions	⊠ Met	□ Not Met

Su	ubdivision	Subject	Met	Not Met
Su	ıbd. 2.	Emergency medical condition	⊠ Met	□ Not Met
Su	ıbd. 3.	Emergency services	⊠ Met	□ Not Met

Standards for Utilization Review Performance

Minnesota Statutes, Section 62M.04

Subdivision	Subject	Met	Not Met
Subd. 1.	Responsibility on Obtaining Certification	⊠Met	□ Not Met
Subd. 2.	Information upon which Utilization Review is Conducted	⊠Met	☐ Not Met

Procedures for Review Determination

Minnesota Statutes, Section 62M.05

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Written Procedures	□Met	☐ Not Met	
Subd. 2.	Concurrent Review	□Met	☐ Not Met	⊠ NCQA
Subd. 3.	Notification of Determination	⊠Met	□ Not Met	
Subd. 3a.	Standard Review Determination	⊠Met	□ Not Met	
(a)	Initial determination to certify or not (10 business days)	□Met	□ Not Met	⊠ NCQA
(b)	Initial determination to certify (telephone notification)	⊠Met	☐ Not Met	
(c)	Initial determination not to certify (notice within 1 working day)	⊠Met	☐ Not Met	
(d)	Initial determination not to certify (notice of right to appeal)	□Met	☐ Not Met	⊠ NCQA
Subd. 3b.	Expedited Review Determination	□Met	☐ Not Met	⊠ NCQA
Subd. 4.	Failure to Provide Necessary Information	⊠Met	□ Not Met	
Subd. 5.	Notifications to Claims Administrator	⊠Met	□ Not Met	

Appeals of Determinations Not to Certify

Subdivision	Subject	Met	Not Met
Subd. 1.	Procedures for Appeal	⊠Met	☐ Not Met
Subd. 2.	Expedited Appeal	⊠Met	☐ Not Met
Subd. 3.	Standard Appeal		
(a)	Procedures for appeals written and telephone	⊠Met	□ Not Met
(b)	Appeal resolution notice timeline	⊠Met	□ Not Met
(c)	Documentation requirements	⊠Met	☐ Not Met

Subdivision	Subject	Met	Not Met
(d)	Review by a different physician	⊠Met	☐ Not Met
(e)	Defined time period in which to file appeal	⊠Met	□ Not Met
(f)	Unsuccessful appeal to reverse determination	⊠Met	□ Not Met
(g)	Same or similar specialty review	⊠Met	☐ Not Met
(h)	Notice of rights to external review	⊠Met	☐ Not Met
Subd. 4.	Notifications to Claims Administrator	⊠Met	☐ Not Met

Prior Authorization of Services

Minnesota Statutes, Section 62M.07

Subdivision	Subject	Met	Not Met
Subd. 1.	Written Standards	⊠Met	□ Not Met
Subd. 2.	Prior Authorization of Emergency Services Prohibited	⊠Met	□ Not Met
Subd. 3.	Retrospective Revocation or Limitation of Prior Authorization	⊠Met	□ Not Met
Subd. 4.	Submission of Prior Authorization Requests	⊠Met	□ Not Met

Confidentiality

Minnesota Statutes, Section 62M.08

Subdivision	Subject	Met	Not Met
Subd. 1.	Written Procedures to Ensure Confidentiality	⊠Met	□ Not Met

Staff and Program Qualifications

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Staff Criteria	□Met	☐ Not Met	⊠ NCQA
Subd. 2.	Licensure Requirements	□Met	☐ Not Met	⊠ NCQA
Subd. 3.	Physician Reviewer; Adverse Determinations	□Met	□ Not Met	⊠ NCQA

Subdivision	Subject	Met	Not Met	NCQA
Subd. 3a.	Mental Health and Substance Abuse Review	⊠Met	□ Not Met	
Subd. 4.	Dentist Plan Reviews	□Met	☐ Not Met	⊠ NCQA
Subd. 4a.	Chiropractic Reviews	□Met	☐ Not Met	⊠ NCQA
Subd. 5.	Written Clinical Criteria	□Met	☐ Not Met	⊠ NCQA
Subd. 6.	Physician Consultants	□Met	□ Not Met	⊠ NCQA
Subd. 7.	Training for Program Staff	□Met	☐ Not Met	⊠ NCQA
Subd. 8.	Quality Assessment Program	□Met	☐ Not Met	⊠ NCQA

Complaints to Commerce or Health

Minnesota Statutes, Section 62M.11

Section	Subject	Met	Not Met
62M.11.	Complaints to Commerce or Health	⊠Met	☐ Not Met

Minnesota Statutes, Section 62M.12

Section	Subject	Met	Not Met	NCQA
62M.12.	Prohibition of Inappropriate Incentives	□Met	☐ Not Met	⊠NCQA

Continuity of Care: Prior Authorizations

Section	Subject	Met	Not Met
Subd. 1.	Compliance with prior authorization approved by previous utilization review organization; change in health plan company	⊠ Met	□ Not Met
Subd. 2.	Effect of change in prior authorization clinical criteria	⊠ Met	□ Not Met

Annual Posting on Website; Prior Authorizations

Minnesota Statutes, Section 62M.18

Section	Subject	Met	Not Met	
62M.18.	Annual posting on website; prior authorizations	⊠ Met	□ Not Met	

Prohibited Practices

Minnesota Statutes, Section 62D.12

Section	Subject	Met	Not Met
Subd. 19.	Coverage of service	⊠ Met	□ Not Met

Reconstructive surgery (reviewed only if applicable files)

Section	Subject	Met	Not Met	N/A
Subd. 1.	Scope of coverage	□ Met	☐ Not Met	⊠ N/A
Subd. 2.	Required coverage	□ Met	□ Not Met	⊠ N/A

VIII. Summary of Findings

Recommendations

1. None Identified

Mandatory Improvements

1. None Identified

Deficiencies

1. None Identified