

# Medica Health Plan

QUALITY ASSURANCE EXAMINATION - 2023

## **Final Report**

For the Period: July 1, 2020 – March 31, 2023

Examiners:

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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 Medica 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 Medica 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, Medica should:**

(None found)

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

(None found)

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

(None found)

This report including these deficiencies, mandatory improvements and recommendations is approved and adopted by the Minnesota Commissioner of Health pursuant to authority in Minnesota Statutes, chapter 62D.

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Diane Rydrych, Director  
Health Policy Division

Date

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MEDICA QUALITY ASSURANCE EXAMINATION REPORT

# I. Introduction

History: In 1975, physician members of the Hennepin County Medical Society founded Physicians Health Plan, an open access nonprofit HMO. In 1991 Physicians Health Plan merged with another nonprofit Twin Cities HMO, Share Health Plan, to form Medica. In 1994 Medica merged with HealthSpan to form Allina Health System, which provided both health insurance and health care. Medica became an independent company in 2001.

Medica offers commercial employer-based coverage, Medicare, Medicaid, and individual and family coverage. These coverage options are offered in different states throughout its service area of Iowa, Kansas, Minnesota, Missouri, Nebraska, Oklahoma, North Dakota, South Dakota, and Wisconsin.

Membership: Medica self-reported Minnesota enrollment as of March 1, 2023 consisted of the following:

## Self-Reported Enrollment

Product	Enrollment
<b>Medicare Advantage</b>	31,447
<b>Minnesota Health Care Programs – Managed Care (MHCP-MC)</b>	
Families & Children	6735
MinnesotaCare	1511
Minnesota Senior Care (MSC+)	5219
Minnesota Senior Health Options (MSHO)	9957
Special Needs Basic Care Medica AccessAbility Solution Enhanced (SNBC D-SNP)	12,753
<b>Total</b>	<b>67,622</b>

1. Examination Dates: May 15 – May 19, 2023
2. Examination Period: July 1, 2020, to March 31, 2023,  
File Review Period: January 1, 2021, to March 31, 2023  
Opening Date: February 1, 2023
3. National Committee for Quality Assurance (NCQA): Medica is accredited by NCQA for its Commercial PPO products based on 2022 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.
4. 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.
  5. 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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 2.	Documentation of Responsibility	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 3.	Appointed Entity	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 4.	Physician Participation	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 5.	Staff Resources	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 6.	Delegated Activities	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" 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 type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
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 Also refer to 62Q.097	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 12.	Qualifications	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 13.	Medical Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	

### 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	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
Altru Health System					X				
Olmsted Medical Center					X				



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Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
Delta Dental	X	X	X		X	X		X	
CentraCare									X
Fairview Partners									X

## Activities

### Minnesota Rules, Part 4685.1115

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

## Quality Evaluation Steps

### Minnesota Rules, Part 4685.1120

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

## Focused Study Steps

### Minnesota Rules, Part 4685.1125

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

## Filed Written Plan and Work Plan

### Minnesota Rules, Part 4685.1130

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

## Provider Selection and Credentialing

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states the plan must have policies and procedures for provider selection, credentialing and recredentialing that, at a minimum, are consistent with community standards. MDH recognizes the community standard to be NCQA. Medica scored 100% on all date March 15, 2023, NCQA Credentialing/recredentialing standards.

MDH reviewed a total of 51 credentialing and recredentialing files as indicated in the table below.

### Credentialing File Review

File Source	# Reviewed
Initial -	
<i>Physicians</i>	12
<i>Allied</i>	13
Re-Credential -	
<i>Physicians</i>	5
<i>Allied</i>	13
Organizational -	
	8
<b>Total</b>	<b>51</b>

## Requirements For Timely Provider Credentialing

### Minnesota Statutes, Section 62Q.097

Subdivisions	Subject	Met	Not Met
<b>Subd. 1.</b>	Definitions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 2.</b>	Time limit for credentialing determination		
	(1) If application is clean and if clinic/facility requests, notify of date by which determination on app.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(2) If app determined not to be clean, inform provider of deficiencies/missing information within three business days	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(3) Make determination on clean app within 45 days after receiving clean app	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(4) Health plan allowed 30 additional days to investigate any quality or safety concerns.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Enrollee Advisory Body

### Minnesota Statutes, Section 62D.06, Subdivision 2

Section	Subject	Met	Not Met
<b>Subd. 2</b>	Enrollee Input. Governing body shall establish a mechanism to afford the enrollees an opportunity to express their opinions in matters of policy and operation.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

### III. Quality of Care

MDH reviewed a total of 27 quality of care grievance and complaint system files.

#### Quality of Care File Review

File Source	# Reviewed
<i>Quality of Care</i>	
<i>MHCP Grievances</i>	27
<b>Total</b>	<b>27</b>

#### Quality of Care Complaints

##### Minnesota Statutes, Section 62D.115

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

# IV. Grievance Systems

## Grievance System

MDH examined Medica’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 2022 Contract, Article 8.

MDH reviewed a total of 111 Grievance System files.

### Grievance System File Review

File Source	# Reviewed
<b>Grievances</b>	
<i>Medica Written</i>	1
<i>Medica Oral</i>	7
<i>Delta Dental Written</i>	2
<i>Delta Dental Oral</i>	6
<b>DTRs</b>	
<i>Delta Dental</i>	5
<i>ESI</i>	
<i>MBH</i>	8
<i>Medica</i>	8
<i>Mrx</i>	3
<b>Non-Clinical Appeals</b>	
<i>Medica</i>	8
<b>Clinical Appeals</b>	
<i>Delta Dental</i>	8
<i>ESI</i>	8
<i>MBH</i>	8
<i>Medica</i>	8
<i>Mrx</i>	8
<i>OPH</i>	7
<b>State Fair Hearing</b>	16
<b>Total</b>	<b>111</b>

## General Requirements

### DHS Contract, Section 8.1

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.1.</b>	<b>§438.402</b>	<b>General Requirements</b>		
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>		
<b>Section 8.2.1.</b>	§438.402 (c)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Section 8.2.2.</b>	§438.408 (b)(1), (d)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Section 8.2.3.</b>	§438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Section 8.2.4.</b>	<b>§438.406</b>	<b>Handling of Grievances</b>		
8.2.4.1	§438.406 (b)(1)	Written Acknowledgement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.2	§438.416	Log of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.3	§438.402 (c)(3)	Oral or Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.4	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.5	§438.406 (b)(2)(i)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.4.6	§438.406 (b)(2)(ii)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Section 8.2.5.</b>	<b>§438.408 (d)(1)</b>	<b>Notice of Disposition of a Grievance</b>		
8.2.5.1	§438.404 (b) §438.406 (a)	Oral Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.2.5.2	§438.404 (a), (b)	Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## DTR Notice of Action to Enrollees

### DHS Contract, Section 8.3

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.3.</b>	<b>§438.10 §438.404</b>	<b>DTR Notice of Action to Enrollees</b>		

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Section	42 CFR	Subject	Met	Not Met
Section 8.3.1.	§438.10(c), (d) §438.402(c) §438.404(b)	General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.2	§438.402 (c), §438.404 (b)	Content of DTR Notice of Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.2.1	§438.404	Notice to Provider	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.3.3.	§438.404 (c)	Timing of DTR Notice 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.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.1	§431.211	Previously Authorized Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.2	§438.404 (c)(2)	Denials of Payment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.3	§438.210 (c)(d)	Standard Authorizations		
(1)		As expeditiously as the enrollee's health condition requires	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(2)		To the attending health care professional and hospital by telephone or fax within one working day after making the determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(3)		To the provider, enrollee and hospital, in writing, and must include the process to initiate an appeal, within ten (10) business days following receipt of the request for the service, unless the MCO receives an extension of the resolution period	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.4	§438.210 (d)(2)(i)	Expedited Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.5	§438.210 (d)(1)	Extensions of Time	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.6	§438.210(d)(3) and 42 USC 1396r-8(d)(5)	Covered Outpatient Drug Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.3.3.7	§438.210 (d)(1)	Delay in Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Internal Appeals Process Requirements

### DHS Contract, Section 8.4

Section	42 CFR	Subject	Met	Not Met
Section 8.4.	§438.404	Internal Appeals Process Requirements		
Sec. 8.4.1.	§438.402 (b)	One Level Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.2.	§438.408 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.3.	§438.408	Timeframe for Resolution of Appeals		
8.4.3.1	§438.408 (b)(2)	Standard Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.3.2	§438.408 (b)(3)	Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.3.3	§438.408 (c)(3)	Deemed Exhaustion	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.4.	§438.408 (c)	Timeframe for Extension of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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Section	42 CFR	Subject	Met	Not Met
<b>Sec. 8.4.5.</b>	<b>§438.406</b>	<b>Handling of Appeals</b>		
8.4.5.1	§438.406 (b)(3)	Oral Inquiries	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.2	§438.406 (b)(1)	Written Acknowledgment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.3	§438.406 (a)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.4	§438.406 (b)(2)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.5	§438.406 (b)(2)	Appropriate Clinical Expertise (See Minnesota Statutes, sections 62M.06, and subd. 3(f) and 62M.09	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.6	§438.406 (b)(4)	Opportunity to Present Evidence	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.7	§438.406 (b)(5)	Opportunity to Examine the Care File	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.8	§438.406 (b)(6)	Parties to the Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.5.9	§438.410 (b)	Prohibition of Punitive Action Subsequent Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Sec. 8.4.6.</b>		<b>Subsequent Appeals</b> 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.	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Sec. 8.4.7.</b>	<b>§438.408 (d)(2)</b>	<b>Notice of Resolution of Appeals</b>		
8.4.7.1	§438.408 (d)(2)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.7.2	§438.210 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
8.4.7.3	§438.410 (c) and .408 (d)(2)(ii)	Telephone Notification of Expedited Appeals (Also see Minnesota Statutes section 62M.06, subd.2)	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Sec. 8.4.8.</b>	<b>§438.424</b>	<b>Reversed Appeal Resolutions</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Sec. 8.5.</b>	<b>§438.420 (b)</b>	<b>Continuation of Benefits Pending Appeal or State Appeal</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## State Appeals

### DHS Contract, Section 8.8

Section	42 CFR	Subject	Met	Not Met
<b>Section 8.8.</b>	<b>§438.416 (c)</b>	<b>State Fair Hearings</b>		
Sec. 8.8.2.	§438.408 (f)	Standard Hearing Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.3.	§431.250	Costs of State Fair Hearing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.4.	§438.410(a); 431.224	Expedited Hearing Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.5.	§438.424	Compliance with State Appeal Resolution	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.5.	§438.424	Compliance with State Appeal Resolution	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.7.	§438.408(f)	External Review or Medical Review Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.8.8.	§431.245	Judicial Review	<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

## 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

Subdivision	Subject	Met	Not Met	N/A
Subd. 1.	Change in health care provider, general notification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/>
Subd. 1a.	Change in health care provider, termination not for cause	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/>
Subd. 1b.	Change in health care provider, termination for cause	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/>
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. Summary of Findings

### Recommendations

1. (None Found)

### Mandatory Improvements

1. (None Found)

### Deficiencies

1. (None Found)