



# PreferredOne Community Health Plan

QUALITY ASSURANCE EXAMINATION

ISSUE DATE: June 29, 2020

## **PreferredOne Community Health Plan Final Report**

For the Period: October 1, 2017 – February 29, 2020

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## MINNESOTA DEPARTMENT OF HEALTH EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of PCHP 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 PCHP is compliant with Minnesota and Federal law, except in the areas outlined in the "Mandatory Improvements" section 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, PCHP should:**

Clarify and specify a comprehensive definition for quality of care complaints in its policy/procedure so that the meaning is clear and consistent with the definition of Minnesota Statute.

Include the complaint form requirements in its policy/procedure since it is part of their practice to include these items.

Clarify and expand on its definition/description of concurrent review to include timelines and perhaps examples for increased understanding.

### **To address mandatory improvements, PCHP and its delegates must:**

Include a description of the proposed focus studies/improvement projects planned for the following year in future annual work plans.

Revise its policy/procedure to state the enrollee has the right to complain to the Commissioner of Health.

Revise its appeals notification letter such that, for 62Q appeals or "complaint appeals," the language allowing for a 14 day extension is deleted from the notification.

Revise its policy, *NM019 Availability of Practitioners and Providers and Guidelines for Network Expansion*, to state the correct member to behavioral health services ratio against which behavioral health availability and access is measured.

### **To address deficiencies, PCHP and its delegates must:**

No deficiencies

PCHP QUALITY ASSURANCE EXAMINATION REPORT

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

7/1/2020

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Susan Castellano, Assistant Director  
Health Policy Division

Date

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# I. Introduction

History: PreferredOne Community Health Plan (PCHP) is a Minnesota nonprofit corporation organized on December 2, 1994 under Chapter 317A of the Minnesota Statutes. PCHP became operational in 1996. Contributing members of PCHP were Fairview Health Services and North Memorial Health Care. The sole non-contributing member was PCHP Physician Associates. The Minnesota Department of Health primarily under Minnesota Statutes, Chapter 62D, regulates PCHP and its products. Minnesota Statutes provide that 40% of an HMO’s board members be enrollees of the health plan. Participants in a group plan administered by PCHP Administrative Services (“PAS”) may also serve as a consumer board member on the PCHP Board of Directors subject to certain conditions and limits set forth in the PCHP bylaws. On January 15, 2016, Fairview Health Services became the sole member of PCHP. PCHP is managed by PAS under a management agreement between PCHP and PAS. PCHP offers a variety of fully-insured HMO products for both large and small employers and features an open-access provider network. Plans feature a variety of benefit options including 100% preventive coverage and options for out-of-network coverage.

1. Membership: PCHP self-reported Minnesota enrollment as of December 2019 consisted of the following:

### Self-Reported Enrollment

Product	Enrollment
<b><i>Fully Insured Commercial</i></b>	
Large Group	450
Small Employer Group	NA
Individual	NA
<b><i>Total</i></b>	<b>450</b>

2. Onsite Examination Dates: March 23–24, 2020
3. Examination Period: October 1, 2017 to February 29, 2020  
 File Review Period: January 1, 2018 to January 31, 2020  
 Opening Date: January 7, 2020
4. National Committee for Quality Assurance (NCQA): PCHP is accredited by NCQA for its Commercial HMO, based on 2018 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.
5. Sampling Methodology: Due to the small sample sizes and the methodology used for sample selection for the quality assurance examination, the results cannot be extrapolated as an overall deficiency rate for the health plan.
  6. Performance Standard: For each instance of non-compliance with applicable law or rule identified during the quality assurance examination, 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 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 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 checked="" type="checkbox"/> Met	<input 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	<input 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	<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	

#### 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	QOC	Complaints	Appeals	Cred	Claims	Network	Care Coord
ClearScript					X	X	X	
Magellan Health Care	X	X		X	X		X	

Entity	UM	QOC	Complaints	Appeals	Cred	Claims	Network	Care Coord
Bellin					X			
Trinity					X			

Review of PCHP’s delegation oversight indicated a thorough process consistent with the standards as set forth in the *2019 NCQA Standards and Guidelines for the Accreditation of Health Plans*.

**Finding: Provider Selection and Credentialing**

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states the plan must have policies and procedures for provider selection, credentialing and recredentialing that, at a minimum, are consistent with community standards. MDH recognizes the community standard to be NCQA. *2019 NCQA Standards and Guidelines for the Accreditation of Health Plans* was used for the purposes of this examination. PCHP scored 100% on all credentialing/recredentialing standards.

**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 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: Work Plan

Subp. 2. Minnesota Rules, 4685.1130, subpart 2, states the health maintenance organization shall annually prepare a written work plan. The health maintenance organization shall file the work plan with the commissioner, as requested. The work plan must be approved by the governing body and give a detailed description of the proposed quality evaluation activities and the proposed focused studies to be conducted in the following year.

PCHP’s 2019 and 2020 Quality Management Work Plans give a description of the proposed quality activities, but does not describe the proposed focus studies/improvement projects planned for the year. The focus studies/improvement projects are described in the *Quality Management Program Evaluation* and the *Continuity and Coordination of Medical Care and Behavioral Health Care Report*.

Accordingly, PCHP, in future annual work plans, must include a description of the proposed focus studies/improvement projects planned for the following year. **(Mandatory Improvement #1)**

#### Finding: Amendments to Written Plan

Subp. 3. Minnesota Rules, 4685.1130, subpart 3 states the health maintenance organization may change its written quality assurance plan by filing notice with the commissioner.

During the course of the examination, MDH reviewed PCHP’s *Quality Management Program Description* (dated January 16, 2020). The written plan contained all the required elements as outlined in Minnesota Rules, 4685.1110 and was subsequently approved.

### III. Quality of Care

Since PCHP did not have any quality of care complaint files for MDH to review, MDH discussed in detail PCHP’s quality of care complaint process during the examination. A review of PCHP’s quality of complaint policies and procedures coupled with discussions during the examination demonstrate that PCHP has a process that meets Minnesota Statutory requirements.

#### Quality of Care File Review

File Source	# Reviewed
<i>Quality of Care</i>	
<i>Commercial Complaints</i>	0
<b>Total</b>	<b>0</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

#### Finding: Quality of Care Complaint Definition

Subd. 1. Minnesota Statutes, section 62D.115, subdivision 1, defines quality of care complaints to be an expressed dissatisfaction regarding health care services resulting in potential or actual harm to an enrollee. It may include, to the extent they affect clinical quality of health care services, those related to access, provider and staff competence, clinical appropriateness of care, communications, behavior, facility and environmental considerations and other factors that involve quality of health care services.

In PCHP’s policy and/procedure, *Q001 Quality of Care Complaint Investigation*, the definition for quality of care complaints is described in several parts throughout the policy and/or procedure requiring the reader to piece it together in parts as they read through the document.

Therefore, MDH recommends that PCHP clarify and specify a comprehensive definition for quality of care complaints in its policy/procedure so that the meaning is clear and consistent with the definition of Minnesota Statute. **(Recommendation #1)**

# IV. Complaint Systems

## Complaint Systems

MDH examined PCHP’s fully-insured commercial complaint system for compliance with complaint resolution requirements of Minnesota Statutes, Chapter 62Q.

### Complaint System File Review

File Source	# Reviewed
Complaint Files	
<i>PCHP Written</i>	2
Non-Clinical Appeals	0
<b>Total</b>	<b>2</b>

## Complaint Resolution

### Minnesota Statutes, Section 62Q.69.

Section	Subject	Met	Not Met
Subd. 1.	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Procedures for Filing a Complaint	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Notification of Complaint Decisions	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met

### Finding: Complaint Form

Subd. 2 Minnesota Statutes, section 62Q.69, subdivision 2, lists what must be included in the complaint form that is sent to the enrollee to complete including the telephone number of the health plan company, the address to where to send the form, a description of the health plan company’s internal complaint procedure, etc.

These requirements for inclusion in the complaint form are not outlined in any of PCHP’s policy and/procedures, but are included in the PCHP Certificate of Coverage. During file review of complaints it was evident that these requirements are included in the complaint form.

Accordingly, MDH recommends that PCHP include the complaint form requirements in their policy and/procedure since it is part of their practice to include these items. **(Recommendation #2)**

### Finding: Notification of Complaint Decision

Subd. 3. Minnesota Statutes, section 62Q.69, subdivision 3, states that the notification to the complainant must include the right to submit a complaint at any time to the commissioner of health and the toll-free telephone number of the appropriate commissioner.

The PCHP *Customer Service Complaint Policy CSC0100* incorrectly states that the complainant has the right to complain to the Commissioner of Commerce. It is correctly stated in the PCHP Certificate of Coverage the right to complain to the Commissioner of Health.

Therefore, MDH requires PCHP to revise their policy/procedure to state the enrollee has the right to complain to the Commissioner of Health. **(Mandatory Improvement #2)**

### Appeal of the Complaint Decision

#### Minnesota Statutes, Section 62Q.70

Section	Subject	Met	Not Met
Subd. 1.	Establishment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Procedures for Filing an Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Notification of Appeal Decisions	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met

### Finding: Notification of Appeal Decisions

Minnesota Statutes, section 62Q.70, subdivision 3, states that if a complainant appeals in writing, the health plan company must give the complainant written notice of the appeal decision and all key findings within 30 days of the health plan company's receipt of the complainant's written notice of appeal.

In the Magellan notification, the letter directs the complainant for “complaint appeals” that “*within 30 calendar days after your written appeal is received by Magellan, you will receive notice of Magellan's decision in writing, including the specific reasons for it and the procedure for requesting an external review to the extent external review is required by law. This time period may be extended for up to an additional 14 calendar days if you agree.*” The letter incorrectly informs the complainant that the time period may be extended for a 14 calendar days.

Accordingly, Magellan, as a delegate of PCHP, must revise its appeals notification letter such that for 62Q appeals or “complaint appeals” the language allowing for a 14 day extension is deleted from the notification. **(Mandatory Improvement #3)**

## Notice to Enrollees

### Minnesota Statutes, Section 62Q.71

Section	Subject	Met	Not Met
62Q.71.	Notice to Enrollees	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## External Review of Adverse Determinations

### Minnesota Statutes, Section 62Q.73

Section	Subject	Met	Not Met
Subd. 3.	Right to External 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 type="checkbox"/> Met	<input checked="" 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

### Finding: Assessment of Network Access and Availability

Subp. 2. Minnesota Rules 4685.1010, subpart 2, states that an HMO shall have available appropriate and sufficient personnel, physical resources and equipment to meet the projected needs of its enrollees for covered health care services. The HMO, in coordination with participating providers, shall develop and implement written standards or guidelines that assess the capacity of each provider network to provide timely access to health care services.

In establishing member to provider ratio standards, PCHP identified in its policy *NM019 Availability of Practitioners and Providers and Guidelines for Network Expansion*, an established member to behavioral health services provider ratio of 800:1. PCHP's annual Availability and Accessibility studies from 2017 and 2018 indicate an applied member to behavioral health services provider ratio of 500:1.

MDH finds that PCHP must revise its policy, *NM019 Availability of Practitioners and Providers and Guidelines for Network Expansion*, to state the correct member to behavioral health services ratio against which behavioral health availability and access is measured. **(Mandatory Improvement #4)**

## 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. Utilization Review

Consistent with Minnesota Statutes chapter 62M, MDH examined PCHP’s utilization review (UR) system, including the review of 14 utilization review files.

### UR System File Review

File Source	# Reviewed
<b><i>UM Denial Files</i></b>	
PCHP Commercial	12
<b><i>Clinical Appeal Files</i></b>	
PCHP Commercial	2
<b>Total</b>	<b>14</b>

### 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 checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input 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	

**Finding: Concurrent review**

Subd. 2 Minnesota Statutes, section 62M.05, subdivision 2, states a utilization review organization must have concurrent review procedures that include the organization may review ongoing inpatient stays based on the severity or complexity of the enrollee's condition or on necessary treatment or discharge planning activities. Such review must not be consistently conducted on a daily basis.

PCHP’s policy/procedure P005 *Timeliness UM Decisions*: Concurrent review definition is “Any case for which there is a review of an extension of a previously approved ongoing course of treatment over a period of time or number of treatments. If not for Urgent Care, this may be handled as a new request and decided within the timeframe appropriate to the type of decision (i.e. pre-service or post-service). It goes on to state the urgent concurrent timeline is 24 hours and concurrent non-urgent review are reviews that do not meet the definition of Urgent Care and may be handled as a new request and decided within the time frame appropriate to the type of decision.

MDH finds that PCHP could clarify and expand on its definition/description of concurrent review to include timelines and perhaps examples for increased understanding.

**(Recommendation #3)**

**Appeals of Determinations Not to Certify**

**Minnesota Statutes, Section 62M.06**

Subdivision	Subject	Met	Not Met
Subd. 1.	Procedures for Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

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Subdivision	Subject	Met	Not Met
<b>Subd. 2.</b>	<b>Expedited Appeal</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 3.</b>	<b>Standard Appeal</b>		
(a)	Procedures for appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(b)	Appeal resolution notice timeline	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(c)	Documentation requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(d)	Review by a different physician	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(e)	Defined time period in which to file appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(f)	Unsuccessful appeal to reverse determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(g)	Same or similar specialty review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(h)	Notice of rights to external review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
<b>Subd. 4.</b>	<b>Notifications to Claims Administrator</b>	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

## Confidentiality

### Minnesota Statutes, Section 62M.08

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

## Staff and Program Qualifications

### Minnesota Statutes, Section 62M.09

Subdivision	Subject	Met	Not Met	NCQA
<b>Subd. 1.</b>	Staff Criteria	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
<b>Subd. 2.</b>	Licensure Requirements	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
<b>Subd. 3.</b>	Physician Reviewer Involvement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 3a.</b>	Mental Health and Substance Abuse Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
<b>Subd. 4.</b>	Dentist Plan Reviews	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 4a.</b>	Chiropractic Reviews	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 5.</b>	Written Clinical Criteria	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
<b>Subd. 6.</b>	Physician Consultants	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
<b>Subd. 7.</b>	Training for Program Staff	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

PCHP QUALITY ASSURANCE EXAMINATION REPORT

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

### 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

1. To better comply with Minnesota Statutes, section 62D.115, subdivision 1, PCHP should clarify and specify a comprehensive definition for quality of care complaints in its policy/procedure so that the meaning is clear and consistent with the definition of Minnesota Statute.
2. To better comply with Minnesota Statutes, section 62Q.69, subdivision 2, PCHP should include the complaint form requirements in its policy/procedure since it is part of their practice to include these items.
3. To better comply with Minnesota Statutes, section 62M.05, subdivision 2, PCHP should clarify and expand on its definition/description of concurrent review to include timelines and perhaps examples for increased understanding.

### Mandatory Improvements

1. To comply with Minnesota Rules, 4685.1130, subpart 2, PCHP, in future annual work plans, must include a description of the proposed focus studies/improvement projects planned for the following year.
2. To comply with Minnesota Statutes, section 62Q.69, subdivision 3, MDH requires PCHP to revise their policy/procedure to state the enrollee has the right to complain to the Commissioner of Health.
3. To comply with Minnesota Statutes, section 62Q.70, subdivision 2, Magellan, as a delegate of PCHP, must revise its appeals notification letter such that for 62Q appeals or “complaint appeals” the language allowing for a 14 day extension is deleted from the notification.
4. To comply with Minnesota Rules 4685.1010, subpart 2, PCHP must revise its policy, *NM019 Availability of Practitioners and Providers and Guidelines for Network Expansion*, to state the correct member to behavioral health services ratio against which behavioral health availability and access is measured.

### Deficiencies

No Deficiencies