

PreferredOne Community Health Plan Quality Assurance examination

FINAL REPORT

For the Period: August 1, 2014 to January 31, 2017

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Quality Assurance Examination

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FINAL REPORT

**Minnesota Department of Health
Executive Summary**

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of PreferredOne Community Health Plan (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 "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, PCHP (and its delegates, if applicable) should:

Include in its access and availability reports specific information about the areas (counties) in which accessibility requirements are not met, requests for waivers, analysis of meeting ECP requirements and its plan and practice for providing services to members living in areas where care is not available.

Update their policy and procedure to include more specificity around the types of professionals who can make determinations for mental health and substance review requests so that any new internal staff have a clear understanding of the process.

To address mandatory improvements, PCHP must:

Have a specific policy and procedure for contracting with Essential Community Providers within the areas served.

Revise its policy and procedure to state their process for contacting the attending health care professional to discuss any expedited request that PreferredOne deems is not urgent care.

To address deficiencies, PCHP and its delegates must:

Perform and document delegation oversight of the pharmacy claims and credentialing delegated functions.

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



Martha Burton Santibanez, Assistant Director
Health Regulation Division

10/16/2017
Date

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1. Introduction

A. 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 PreferredOne Physician Associates. PCHP and its products are regulated by the Minnesota Department of Health primarily under Minnesota Statutes, Chapter 62D. Minnesota Statutes provide that 40% of an HMO’s board members be enrollees of the health plan. Participants in a group plan administered by PreferredOne 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. The current PCHP Board of Directors consists of five members: three representatives from Fairview Health Services and two consumer board members elected by the PCHP membership. 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.

B. Membership: PCHP self-reported enrollment as of January 1, 2017 consisted of the following:

Product	Enrollment
<i>Fully Insured Commercial</i>	
Large Group	100
Small Employer Group	708
Individual	NA
<i>Total</i>	808

C. Onsite Examinations Dates: April 17, 2017 to April 19, 2017

D. Examination Period: August 1, 2014 to January 31, 2017
File Review Period: February 1, 2016 to January 31, 2017
Opening Date: January 18, 2017

E. National Committee for Quality Assurance (NCQA): PCHP is accredited for its Commercial product by NCQA based on 2015 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:

- a. If NCQA standards do not exist or are not as stringent as Minnesota law, the accreditation results will not be 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 - 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.

F. 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.

G. Performance standard: For each instance of non-compliance with applicable law or rule identified during the quality assurance examination, which 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.

2. Quality Program Administration

Minnesota Rules, Part 4685.1110. Program

Subp. 1	Written Quality Assurance Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	
Subp. 2	Documentation of Responsibility	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 3	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 4	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 5	Staff Resources	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 6	Delegated Activities	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subp. 7	Information System	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subp. 8	Program Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<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	

Subp. 6. Minnesota Rules, part 4685.1110, subpart 6, states that the HMO must develop and implement review and reporting requirements to assure that the delegated entity performs all

delegated activities. The standards and processes established by the National Committee for Quality Assurance (NCQA) for delegation are considered the community standard and, as such, were used for the purposes of this examination. The following delegated entities and functions were reviewed:

Delegated Entities and Functions									
Entity	UM	UM Appeals	QM	Complaints/ Grievances	Cred	Claims	Network	Care Coord	Other
Magellan Healthcare (Chiro)	X	X	X		X		X		
Clearscript (PBM)						X	X		Other UM functions

PreferredOne expanded its delegation agreement in January 2017 to support several new utilization management (UM) functions for which a pre-delegation assessment was completed. In addition to the pharmaceutical UM functions, Clearscript is also delegated Claims and Network. Minnesota Rule requires oversight of all delegated functions. Documents submitted to MDH showed network adequacy review; however, there was:

- Insufficient evidence of oversight of the pharmacy claims function. There was no policy/procedure outlining the pharmacy claims review process, results of the review or where those results are reported.
- No evidence of oversight of pharmacy credentialing done by Clearscript.

PreferredOne must perform and document delegation oversight of all delegated functions.

(Deficiency #1)

Subp. 11. Minnesota Rules, part 4685.1110, subpart 11, states that 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. PreferredOne scored 100% on all 2015 NCQA credentialing/rec credentialing standards.

Minnesota Rules, Part 4685.1115. Activities

- | | | | |
|---------|----------------------------|---|----------------------------------|
| 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 |

Minnesota Rules, Part 4685.1120. Quality Evaluation Steps

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

Minnesota Rules, Part 4685.1125. Focus Study Steps

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

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

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

3. Quality of Care

Minnesota Statutes, Section 62D.115, states that each health maintenance organization shall develop and implement a quality of care complaint investigation process that meets the requirements of this section. The process must include a written policy and procedures for the receipt, investigation, and follow-up of quality of care complaints must follow the requirements specified. There were no quality of care complaints during the file review period of this examination. Policies/procedures and discussions indicated PreferredOne's quality of care processes were consistent with law.

4. Complaint System

MDH examined PreferredOne's fully-insured commercial complaint system under Minnesota Statutes, chapter 62Q.

MDH reviewed a total of six (all) Complaint System files.

Complaint System File Review	
Complaint Files (Oral and Written)	4
Non-Clinical Appeal	2
Total Number of Files Reviewed	6

Minnesota Statutes, Section 62Q.69. Complaint Resolution

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

Minnesota Statutes, Section 62Q.70. Appeal of the Complaint Decision

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

Minnesota Statutes, Section 62Q.71. Notice to Enrollees

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
|---|----------------------------------|

Minnesota Statutes, Section 62Q.73. External Review of Adverse Determinations

- | | | |
|-----------------------------------|---|----------------------------------|
| Subd. 3. Right to External Review | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
|-----------------------------------|---|----------------------------------|

5. Access and Availability

Minnesota Statutes, Section 62D.124. Geographic Accessibility

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

Subds. 1 and 2. Minnesota Statutes, Section 62D.124, subdivision 1, outlines the accessibility requirements for primary, mental health, and general hospital services. Subdivision 2 outlines accessibility requirements for specialty and ancillary services. MDH reviewed PCHP's "Complete Network" network adequacy filings for the 2017 plan year, as well as the submitted 2014 and 2015 *Availability and Accessibility Study Reports*. The study results included a summary of PCHP's provider types, member to provider ratios, number of members without availability, and average distance to provider. The 2015 gap analysis concluded that gaps in geographic coverage impact a very small number of members, and generally, PreferredOne met geographic access requirements. PreferredOne stated: "the two main reasons for no access is that there is not the provider type in the area or members are living in remote parts of the county." Although displayed on the maps and network filings, PreferredOne's access and availability reports could be enhanced and better reflect network adequacy filings by the inclusion of information regarding the counties affected by the gaps, any waivers requested, and whether they are meeting ECP requirements. PreferredOne could also offer information in the reports as to how it provides services for members outside of access parameters. PreferredOne should include in its access and availability reports specific information about the areas in which accessibility requirements are not met, requests for waivers, analysis of meeting ECP requirements, and its plan and practice for providing services to members living in areas where care is not available. **(Recommendation #1)**

Minnesota Statutes, Section 62Q.19. Essential Community Providers

Subd. 3.	Health Plan Company Affiliation	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met
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Subd. 3. Minnesota Statutes, Section 62Q.19, subdivision 3, requires that health plans offer provider contracts to any designated essential community provider (ECP) located within the area served by the health plan. PreferredOne's Network Adequacy filings indicates that it is meeting the requirement of offering contracts to ECP designees in the areas it serves. This practice is not reflected in any policy documents. PreferredOne must have a specific policy and procedure for contracting with Essential Community Providers within the areas served. **(Mandatory Improvement #1)**

Minnesota Rules, Part 4685.1010. Availability and Accessibility

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

Minnesota Rules, Part 4685.1010. Availability and Accessibility

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

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 Non-formulary 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 Met Not Met

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

6. Utilization Review

MDH examined PreferredOne’s fully-insured commercial Utilization Management program under Minnesota Statutes, Section 62M.

MDH reviewed a total of 32 (all) Utilization Management program files including its delegate files.

UM System File Review	
File Source	# Reviewed
<i>UM Denial Files</i>	
PreferredOne	19
Magellan	7
<i>Subtotal</i>	26
<i>Clinical Appeal Files</i>	
PreferredOne	6
Magellan Healthcare	0
<i>Subtotal</i>	6
Total	32

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 NCQA
- Subd. 3. Notification of Determination Met Not Met
- Subd. 3a. Standard Review Determination Met Not Met
- (a) Initial determination to certify (10 business days) Met Not Met NCQA
- (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 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

Subd. 3 Minnesota Statutes, Section 62M.05, subdivision 3b, states that, “an expedited initial determination must be utilized when an attending health care professional believes that an expedited determination is warranted”. In one utilization review file, an attending health care professional asked

that a prior authorization request be expedited, but PreferredOne made a decision not to expedite it because they did not consider it “urgent”. The attending health care professional was not notified that their expedited request was denied and going to be reviewed under the standard review timelines nor were they provided an opportunity to discuss it further. In discussion while onsite, PreferredOne stated that they only expedite requests that are classified as “urgent care” as defined by PreferredOne’s *P005 Timeliness of UM Decisions* policy and procedure. PreferredOne must revise their policy and procedure to state their process for contacting the attending health care professional to discuss any expedited request that PreferredOne deems is not urgent care. **(Mandatory Improvement #2)**

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

Subd. 1.	Procedures for Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Expedited Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Standard Appeal		
	(a) Appeal resolution notice timeline	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(b) Documentation requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(c) Review by a different physician	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(d) Time limit in which to appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(e) Unsuccessful appeal to reverse determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(f) Same or similar specialty review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
	(g) Notice of rights to external; review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 4.	Notification to Claims Administrator	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Minnesota Statutes, Section 62M.08. Confidentiality

<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
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Minnesota Statutes, Section 62M.09. Staff and Program Qualifications

Subd. 1.	Staff Criteria	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 2.	Licensure Requirements	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 3.	Physician Reviewer Involvement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 3a	Mental Health and Substance Abuse Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> NCQA
Subd. 4.	Dentist Plan Reviews	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 4a.	Chiropractic Reviews	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 5.	Written Clinical Criteria	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 6.	Physician Consultants	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 7.	Training for Program Staff	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA
Subd. 8.	Quality Assessment Program	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NCQA

Subd. 3 Minnesota Statutes, Section 62M.09, subdivision 3a, specifies who can make determinations on mental health and substance abuse prior authorization requests. PreferredOne states in their *P004 Appropriate Professionals* policy and procedure that mental health reviews will be made by qualified professionals. PreferredOne is following the statute appropriately in practice. PreferredOne should consider updating their policy and procedure to include more specificity around the types of professionals who can make determinations for mental health and substance review requests so that any new internal staff have a clear understanding of the process. **(Recommendation #2)**

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

Met

Not Met

7. Recommendations

1. To better comply with Minnesota Statutes, Section 62D.124, subdivisions 1 and 2, PreferredOne should include in its access and availability reports specific information about the areas (counties) in which accessibility requirements are not met, requests for waivers, analysis of meeting ECP requirements and its plan and practice for providing services to members living in areas where care is not available.
2. To better comply with Minnesota Statutes, Section 62M.09, subdivision 3a, PreferredOne should consider updating their policy and procedure to include more specificity around the types of professionals who can make determinations for mental health and substance review requests so that any new internal staff have a clear understanding of the process.

8. Mandatory Improvements

1. To comply with Minnesota Statutes, Section 62Q.19, subdivision 3, PreferredOne must have a specific policy and procedure for contracting with Essential Community Providers within the areas served.
2. To comply with Minnesota Statutes, Section 62M.05, subdivision 3b, PreferredOne must revise their policy and procedure to state their process for contacting the attending health care professional to discuss any expedited request that PreferredOne deems is not urgent care.

9. Deficiencies

1. To comply with Minnesota Rules, part 4685.1110, subpart 6, PreferredOne must perform and document delegation oversight of the pharmacy claims and credentialing delegated functions.