Quartz Health Plan

QUALITY ASSURANCE EXAMINATION - 2025

Quartz Health Plan Final Report
For the Period: September 1, 2022 – June 30, 2025
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MINNESOTA DEPARTMENT OF HEALTH
EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of Quartz Health Plan to determine 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 Quartz Health Plan 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, Quartz Health Plan should:

None identified

To address mandatory improvements, Quartz Health Plan and its delegates must:

1. Revise its policies and procedures to include definitions related to utilization review.

To address deficiencies, Quartz Health Plan and its delegates must:

1. Revise its policies and procedures to require the governing body to periodically review and approve the written quality plan.
2. Revise its policies and procedures to require the Quality Improvement Committee meets quarterly with the governing body.
3. Revise its policies and procedures to require that the results of the annual quality program evaluation are being presented to the governing body.
4. Revise its policies and procedures to require the governing body to review and approve the annual written quality work plan and that the minimum of three focus studies are included in the annual written quality work plans.

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 Digitally signed by Diane Rydrych
Date: 2026.08.03 13:23:02 -05'00'

Diane Rydrych, Director — Date
Health Policy Division

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I. Introduction

1. History:

   Quartz Health Plan MN Corporation (QHPMC) was organized in 2011 as a non-profit HMO pursuant to Minnesota Statutes, Chapter 62D. The Company is licensed to provide comprehensive health insurance in five Minnesota counties bordering Wisconsin.

   Prior to May 2, 2016, QHPMC, which was formerly known as Gundersen Health Plan Inc., was a wholly owned subsidiary of Gundersen Health System (GHS), a membership corporation. On May 2, 2016, GHS entered into a partnership agreement with University Health Care, Inc. (UHC) to share management and administrative services with GHS. The Company's immediate parent, QHPC, was jointly owned by UHC with a 75% stake and GHS with a 25% stake.

   Effective July 1, 2017, GHS, UHC, and Unity Point Health (UPH) entered into an Exchange Agreement pursuant to which the parties share membership and equity interest in QHPMC and equity stake in Quartz Holding Company (QHC) at 20.53%, 61.58%, and 17.89%, respectively. QHC became the sole owner of Quartz Health Insurance Corporation (QHIC) and QHIC became the sole owner of Quartz Health Benefit Plans Corporation (QHBPC).

   Effective October 15, 2020, Aurora Health Inc. (AHC) became a member in QHPMC with 20% of QHPC's Class A membership rights. Existing Class A membership rights in QHPC were adjusted whereby UHC had 49.09% of Class A rights, GHS had 16.37% of Class A rights and UPH had 14.26% of Class A rights.

   Currently, QHPC is controlled by UHC (42.020%), GHS (34.319%), UPH (11.284%) and AHC (12.377%).

2. Membership: Quartz Health Plan MN Corporation self-reported Minnesota enrollment as of August 2025 consisted of the following:

Self-Reported Enrollment

	Product	Enrollment
Fully Insured Commercial	Large Group	150
	Small Employer Group	481
	Individual	1501
	Total	**2,132**

3. Virtual Examination Dates: October 27 – October 31, 2025

4. Examination Period: September 1, 2022 to June 30, 2025,
   File Review Period: January 1, 2024 to December 31, 2024
   Opening Date: July 31, 2025

5. National Committee for Quality Assurance **(NCQA):** HealthPlan is accredited by NCQA for its Commercial HMO products based on 2024 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 and "No NCQA" is found in the table cell.

   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 ("X" in the NCQA Column) unless evidence existed indicating further investigation was warranted ("NCQA Not Met" in the NCQA column)

   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

Minnesota Rules, § 4685.1110

Subject	Met or Not Met	NCQA
Subpart 1. Written Quality Assurance Plan	Met	No NCQA
Subpart 2. Documentation of Responsibility	Not Met	
Subpart 3. Appointed Entity	Not Met	
Subpart 4. Physician Participation	Met	
Subpart 5. Staff Resources	Met	
Subpart 6. Delegated Activities	Met	
Subpart 7. Information System	Met	
Subpart 8. Program Evaluation	Not Met	
Subpart 9. Complaints	Met	No NCQA
Subpart 10. Utilization Review	Met	No NCQA
Subpart 11. Provider Selection and Credentialing Also refer to 62Q.097	Met	
Subpart 12. Qualifications	Met	
Subpart 13. Medical Records	Met	No NCQA

Finding: Documentation of Responsibility

Minnesota Rules, § 4685.1110, Subpart 2, states that quality assurance authority, function, and responsibility shall be delineated in specific documents, including documents such as bylaws, board resolutions, and provider contracts. These documents shall demonstrate that the health maintenance organization has assumed ultimate responsibility for the evaluation of quality of care provided to enrollees, and that the health maintenance organization's governing body has periodically reviewed and approved the quality assurance program activities. Review of Quartz Health Plan (QHP) policies and procedures and the governing body meeting minutes did not show evidence of approval of the written plan by the governing body.

Therefore, MDH finds that QHP must implement policies and procedures that require the governing body to periodically review and approve the written plan, pursuant to Minnesota Rules, § 4685.1110, Subpart 2. **(Deficiency #1)**

Finding: Appointed Entity

Minnesota Rules, § 4685.1110, Subpart 3, states that the governing body shall designate a quality assurance entity, that may be a person or persons, to be responsible for operation of quality assurance program activities; the entity shall maintain records of its quality assurance activities and shall meet with the governing body at least quarterly. Review of Quartz Health Plan (QHP) policies and procedures indicate that the health plan appoints the Quality Improvement (QI) Committee to be responsible for the operation of QA program activities.

However, QHP policies and procedures and meeting minutes do not reflect that the governing body met with the QI Committee at least quarterly.

Therefore, MDH finds that QHP must implement policies and procedures that require the QI Committee to meet quarterly with the governing body, pursuant to Minnesota Rules, § 4685.1110, Subpart 3. **(Deficiency #2)**

Finding: Program Evaluation

Minnesota Rules, § 4685.1110, Subpart 8, states that an evaluation of the overall quality assurance program shall be conducted at least annually with the results of this evaluation communicated to the governing body and the written quality assurance plan shall be amended when there is no clear evidence that the program continues to be effective in improving care. Review of Quartz Health Plan (QHP) policies and procedures and governing body minutes do not reflect that the annual evaluation was presented to the governing body.

Therefore, MDH finds that QHP must implement policies and procedures which require the results of the annual evaluation be presented to the governing body, pursuant to Minnesota Rules, § 4685.1110, Subpart 8. **(Deficiency #3)**

Delegated Activities

Minnesota Rules, § 4685.1110, Subpart 6, states the HMO must develop and implement review and reporting requirements to ensure 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	UR	QOC	Complaints	Appeals	Cred	Claims	Disease Mgmt.	Network Mgmt.	Care Coord
Optum Rx	X		X					X	
Momentum (Dental)	X	X			X			X	
Fulcrum Health, Inc.	X							X	X
Gundersen Health System					X				
Olmsted Medical Center					X				
Winona Health Services					X				
MedImpact (termed 12/31/23)						X		X	

Activities

Minnesota Rules, § 4685.1115

Subject	Met or Not Met
Subpart 1. Ongoing Quality Evaluation	Met
Subpart 2. Scope	Met

Quality Evaluation Steps

Minnesota Rules, § 4685.1120

Subject	Met or Not Met
Subpart 1. Problem Identification	Met
Subpart 2. Problem Selection	Met
Subpart 3. Corrective Action	Met
Subpart 4. Evaluation of Corrective Action	Met

Focused Study Steps

Minnesota Rules, § 4685.1125

Subject	Met or Not Met
Subpart 1. Focused Studies	Met
Subpart 2. Topic Identification and Selections	Met
Subpart 3. Study	Met
Subpart 4. Corrective Action	Met
Subpart 5. Other Studies	Met

Filed Written Plan and Work Plan

Minnesota Rules, § 4685.1130

Subject	Met or Not Met
Subpart 1. Written Plan	Met
Subpart 2. Work Plan	Not Met
Subpart 3. Amendments to Plan	N/A

Finding: Annual Work Plan; Focus Studies

Minnesota Rules, § 4685.1130, Subpart 2, states that the health maintenance organization (HMO) shall annually prepare a written quality work plan, which must be filed with the commissioner (as requested), and must be approved by the governing body and meet the requirements of subpart items A and B. Subpart 2B includes the requirement that the HMO complete a minimum of three focused studies. Review of Quartz Health Plan (QHP) policies and procedures and the governing body meeting minutes did not show evidence of approval of the annual written quality work plan by the governing body. In addition, QHP provided evidence of their focus studies completed for the years 2023 – 2025. However, information about the focus studies was not included in the annual work plans for the years 2024 – 2025.

Therefore, MDH finds that QHP must implement policies and procedures which require the governing body to review and approve the annual written quality work plan and that the minimum of three focus studies are included in the annual written quality work plan, pursuant to Minnesota Rules, § 4685.1130, Subpart 2. **(Deficiency #4)**

Provider Selection and Credentialing

Minnesota Rules, § 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. Quartz Health Plan scored 100 % on all 2024 NCQA Credentialing/recredentialing standards.

Requirements For Timely Provider Credentialing

Minnesota Statutes, § 62Q.097

Subdivision	Subject	Met or Not Met
Subd. 1.	Definitions	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
	(2) If app determined not to be clean, inform provider of deficiencies/missing information within three business days	Met
	(3) Make determination on clean app within 45 days after receiving clean app	Met
	(4) Health plan allowed 30 additional days to investigate any quality or safety concerns.	Met

Enrollee Advisory Body

Minnesota Statutes, § 62D.06, Subdivision 2

Subject	Met or 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

III. Quality of Care Grievances and Complaints

MDH reviewed a total of zero quality of care complaint system files.

Quartz Health Plan did not report any quality of care complaints, so MDH reviewed a total of zero quality of care complaint system files.

Quality of Care File Review

File Source	# Reviewed
Quality of Care	
Commercial Complaints	0
Total	0

Quality of Care Complaints

Minnesota Statutes, § 62D.115

Subject	Met or Not Met
Subd. 1. Definition	Met
Subd. 2. Quality of Care Investigations	Met

IV. Complaint Systems

MDH examined Quartz Health Plan'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	Complaint Type	# Reviewed
Complaint Files	*Quartz Health Plan Written*	1
	Quartz Health Plan Oral	7
	Subtotal	**8**
Non-Clinical Appeals	*Quartz HealthPlan*	8
	Subtotal	**8**
	Total	***16***

Definitions

Minnesota Statutes, § 62Q.68

Subject	Met or Not Met
Subd. 2. Complaint	Met
Subd. 3. Complainant	Met

Complaint Resolution

Minnesota Statutes, § 62Q.69

Subject	Met or Not Met
Subd. 1. Establishment	Met
Subd. 2. Procedures for Filing a Complaint	Met
Subd. 3. Notification of Complaint Decisions	Met

Appeal of the Complaint Decision

Minnesota Statutes, § 62Q.70

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

Notice to Enrollees

Minnesota Statutes, § 62Q.71

Subject	Met or Not Met
62Q.71. Notice to Enrollees	Met

Record Keeping; Reporting

Minnesota Statutes, § 62Q.72

Subject	Met or Not Met
Subd. 1. Record Keeping	Met

External Review of Adverse Determinations

Minnesota Statutes, § 62Q.73

Subject	Met or Not Met
Subd. 3. Right to External Review	Met

V. Access and Availability

Geographic Accessibility

Minnesota Statutes, § 62D.124

Subject	Met or Not Met
Subd. 1. Primary Care, Mental Health Services, General Hospital Services	Met
Subd. 2. Other Health Services	Met
Subd. 3. Waiver	Met
Subd. 4. Provider Network Notifications	Met

Licensure of Medical Directors

Minnesota Statutes, § 62Q.121

Subject	Met or Not Met
62Q.121. Licensure of Medical Directors	Met

Essential Community Providers

Minnesota Statutes, § 62Q.19

Subject	Met or Not Met
Subd. 3. Health Plan Company Affiliation	Met

Availability and Accessibility

Minnesota Rules, § 4685.1010

Subject	Met or Not Met
Subpart 2. Basic Services	Met
Subpart 5. Coordination of Care	Met
Subpart 6. Timely Access to Health Care Services	Met
Subpart 7. Access to Emergency Care	Met

Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

Minnesota Statutes, § 62Q.527

Subject	Met or Not Met
Subd. 2. Required Coverage for Anti-psychotic Drugs	Met
Subd. 3. Continuing Care	Met
Subd. 4. Exception to Formulary	Met

Mental Health Coverage; Medically Necessary Care

Minnesota Statutes, § 62Q.53

Subject	Met or Not Met
Subd. 1. Requirement	Met
Subd. 2. Minimum Definition	Met

Coverage for Court-Ordered Mental Health Services

Minnesota Statutes, § 62Q.535

Subject	Met or Not Met
Subd. 2. Coverage required	Met

Emergency Services

Minnesota Statutes, § 62Q.55

Subject	Met or Not Met
Subd. 1. Access to Emergency Services	Met
Subd. 2. Emergency Medical Condition	Met
Subd. 3. Emergency Services	Met
Subd. 4. Stabilize	Met
Subd. 5. Coverage Restrictions or Limitations	Met

Consumer Protections Against Balance Billing

Minnesota Statutes, § 62Q.556

Subject	Met or Not Met
Subd. 1. Nonparticipating Provider Balance Billing Prohibition	Met
Subd. 2. Cost-sharing Requirements and Independent Dispute Resolution	Met

Continuity of Care

Minnesota Statutes, § 62Q.56

Subject	Met or Not Met
Subd. 1. Change in health care provider, general notification	Met
Subd. 1a. Change in health care provider, termination not for cause	Met
Subd. 1b. Change in health care provider, termination for cause	Met
Subd. 2. Change in health plans (applies to group, continuation and conversion coverage)	Met

VI. Utilization Review

MDH examined Quartz Health Plan's commercial Utilization Review (UR) System under Minnesota Statutes, Chapter 62M. MDH reviewed a total of 24 UR files.

Commercial UR System File Review

File Type	File Source	# Reviewed
Commercial **UM Denial Files**	Quartz HealthPlan	8
	Optum Rx	8
	Momentum	0
	Subtotal	***16***
Commercial **Clinical Appeal Files**	Quartz HealthPlan	8
	Optum Rx	0
	Momentum	0
	Subtotal	**8**
	Total	**24**

Scope

Minnesota Statutes, § 62M.01

Subject	Met or Not Met
Subd. 3. Scope	Met

Definitions

Minnesota Statutes, § 62M.02

Subject	Met or Not Met
Subd. 1a – 18, 20. Definitions	Not Met

Finding: Definitions

Minnesota Statutes, § 62M.02, includes definitions related to utilization review. MDH review of utilization review policies and procedures for Quartz Health Plan (QHP) uncovered the following missing definitions:

- Subd. 3, Attending Dentist;
- Subd. 5, Authorization;
- Subd. 7, Claimant;
- Subd. 9, Concurrent Review;
- Subd. 10, Discharge Planning;

- Subd. 11, Enrollee;
- Subd. 12, Health Benefit Plan;
- Subd. 12a, Health Plan Company;
- Subd. 13, Inpatient Admission to Hospitals;
- Subd. 16, Prospective Review;
- Subd. 18, Quality Assessment Program;
- Subd. 20, Utilization Review.

Following MDH's identification of the issue after the virtual examination, QHP updated internal policies and procedures and Minnesota Certificates of Coverage (COC) to include the following definitions:

- Subd. 5, Authorization;
- Subd. 9, Concurrent review;
- Subd. 11, Enrollee
- Subd. 12a, Health plan company, Health benefit plan;
- Subd. 20, Utilization review;

The following definitions remain missing from QHP's internal policy and procedures and state specific COC:

- Subd. 3, Attending Dentist;
- Subd. 7, Claimant;
- Subd. 10, Discharge Planning;
- Subd. 13, Inpatient Admission to Hospitals;
- Subd. 16, Prospective Review;
- Subd. 18, Quality Assessment Program.

MDH does not expect definitions listed in Minnesota Statute, § 62M.02 to be verbatim in QHPs internal documents and COCs. However, MDH will expect the general meaning of all definitions to be encompassed and/or referenced in state specific COC, policies and procedures, and any other pertinent documents to ensure alignment with the utilization review requirements outlined in Minnesota Statute, § 62M. In addition, Minnesota Statute, § 62Q.71 requires the procedure used for utilization review as defined under chapter 62M as part of the member handbook, subscriber contract, or certificate of coverage. If the health plan already has a definition that is similar but not verbatim, at a minimum, the health plan's definition should include the meaning defined in Minnesota Statute, § 62M.02 along with QHP's similar definition.

Therefore, MDH finds that QHP must revise its state specific policies and procedures, COCs, and any other pertinent documents to include the definitions listed in subdivisions 3, 7, 10, 13, 16, and 18 related to utilization review pursuant to Minnesota Statute, § 62M.02. **(Mandatory Improvement #1)**

Standards for Utilization Review Performance

Minnesota Statutes, § 62M.04

Subject	Met or Not Met
Subd. 1. Responsibility for Obtaining Certification	Met
Subd. 2. Information Upon Which Utilization Review is Conducted	Met

Procedures for Review Determination

Minnesota Statutes, § 62M.05

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

Appeals of Adverse Determinations

Minnesota Statutes, § 62M.06

Subject	Met or Not Met
Subd. 1. Procedures for Appeal	Met
Subd. 2. Expedited Appeal	Met
Subd. 3a. Standard Appeal *(a) Procedures for appeals written and telephone*	Met
Subd. 3b. Standard Appeal *(b) Appeal resolution notice timeline*	Met
Subd. 3c. Standard Appeal *(c) Documentation requirements*	Met
Subd. 3d. Standard Appeal *(d) Review by a different physician*	Met
Subd. 3e. Standard Appeal *(e) Defined time period in which to file appeal*	Met
Subd. 3f. Standard Appeal *(f) Unsuccessful appeal to reverse determination*	Met
Subd. 3g. Standard Appeal *(g) Same or similar specialty review*	Met
Subd. 3h. Standard Appeal *(h) Notice of rights to external review*	Met
Subd. 4. Notifications to Claims Administrator	Met

Prior Authorization of Services

Minnesota Statutes, § 62M.07

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

Confidentiality

Minnesota Statutes, § 62M.08

Subject	Met or Not Met
Subd. 1. Written Procedures to Ensure Confidentiality	Met
Subd. 2. Summary Data	Met

Staff and Program Qualifications

Minnesota Statutes, § 62M.09

Subject	Met or Not Met	NCQA
Subd. 1. Staff Criteria		Met
Subd. 2. Licensure Requirements		Met
Subd. 3. Physician Reviewer; Adverse Determinations	Met	No NCQA
Subd. 3a. Mental Health and Substance Abuse Review	Met	No NCQA
Subd. 4. Dentist Plan Reviews		Met
Subd. 4a. Chiropractic Reviews		Met
Subd. 5. Written Clinical Criteria		Met
Subd. 6. Physician Consultants		Met
Subd. 7. Training for Program Staff		Met
Subd. 8. Quality Assessment Program		Met

Accessibility and On-site Review Procedures: Availability of Criteria

Minnesota Statutes, § 62M.10

Subdivision	Subject	Met or Not Met
Subd. 7. Availability of Criteria	**(a)** Utilization Review Determinations other than Prior Authorization	Met
	(b) Prior Authorization Determinations: Current Requirement & Restrictions; Posting on Public Website	Met
Subd. 8. Notice; New Prior Authorization Requirements or Restrictions; Change to Existing Requirement or Restriction	**(a)** New or Amended Prior Authorization Requirement or Restriction; Posting on Public Website	Met
	(b) Notice to Health Care Professionals within 45 Days before Implementation	Met

Complaints to Commerce or Health

Minnesota Statutes, §62M.11

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

Prohibition of Inappropriate Incentives

Minnesota Statutes, § 62M.12

Subject	Met or Not Met	NCQA
62M.12 Prohibition of Inappropriate Incentives	Met	

Continuity of Care: Prior Authorizations

Minnesota Statutes, § 62M.17

Subject	Met or Not Met
Subd. 1. Compliance with Prior Authorization Approved by Previous Utilization Review Organization; Change in Health Plan Company	Met
Subd. 2. Effect of Change in Prior Authorization Clinical Criteria	Met

Annual Posting on Website; Prior Authorizations

Minnesota Statutes, § 62M.18

Subject	Met or Not Met
62M.18 Annual Posting on Website; Prior Authorizations	Met

Annual Report to Commissioner of Health; Prior Authorization

Minnesota Statutes, § 62M.19

Subject	Met or Not Met
62M.18 Annual Report to Commissioner of Health; Prior Authorization	Met

Prohibited Practices

Minnesota Statutes, § 62D.12

Subject	Met or Not Met
Subd. 19. Coverage of Service	Met

Reconstructive surgery (reviewed only if applicable files)

Minnesota Statutes, § 62A.25

Subject	Met or Not Met	N/A
Subd. 1. Scope of Coverage		N/A
Subd. 2. Required Coverage		N/A

VII. Summary of Findings

Recommendations

1. None identified.

Mandatory Improvements

1. To comply with Minnesota Statute, § 62M.02, Subdivisions 3, 5, 7, 9 – 12a, 13, 16, 18, and 20, Quartz Health Plan must revise its policies and procedures to include definitions related to utilization review.

Deficiencies

1. To comply with Minnesota Rules, § 4685.1110, Subpart 2, Quartz Health Plan must implement policies and procedures which require the governing body to periodically review and approve the written quality plan.
2. To comply with Minnesota Rules, § 4685.1110, Subpart 3, Quartz Health Plan must implement policies and procedures to require the Quality Improvement Committee meets quarterly with the governing body.
3. To comply with Minnesota Rules, § 4685.1110, Subpart 8, Quartz Health Plan must implement policies and procedures which require the annual quality program evaluation is presented to the governing body.
4. To comply with Minnesota Rules, § 4685.1130, Subpart 2, Quartz Health Plan must implement policies and procedures which require the governing body to review and approve the annual written quality work plan and that the minimum of three focus studies are included in the annual written quality work plan.