DEPARTMENT OF HEALTH

Sanford Health Plan

QUALITY ASSURANCE EXAMINATION - 2023

Sanford Health Plan Report

For the Period: March 1, 2020 – March 31, 2023
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MINNESOTA DEPARTMENT OF HEALTH
EXECUTIVE SUMMARY

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

None identified.

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

1. Revise its quality of care investigation policy to include classification of complaints that warrant peer protection confidentiality.
2. Revise its complaint form to include a description of its internal complaint procedure and applicable time limits, the toll-free number of the commissioner of health and notification that the complainant has the right to submit the complaint at any time to the commissioner for investigation.
3. Revise its member handbook and certificate of coverage to inform enrollees, as part of the complaint resolution procedure, of the right to file a complaint with the commissioner of health at any time during the complaint and appeal process and of the toll-free number for the commissioner.
4. Revise its policy to include definitions relating to utilization management.

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

1. Revise its policies and complaint notification statements to include that the complainant has the right to submit the complaint at any time to the commissioner of health for investigation and the toll-free number of the commissioner.

2. Revise its policies, certificate of coverage, and appeal notification statements to include that if the appeal decision is partially or wholly adverse to the complainant, they must be advised of the right to submit the appeal decision to the external review process described in Minnesota Statutes, section 62Q.73 and the procedure for initiating the external process.

3. Revise its policies and certificate of coverage to include the right to external review of any adverse determination (if applicable under Minnesota Statutes, section 62Q.68, subd. 1 or Minnesota Statutes, section 62M.06) and the procedure for initiating the external process.

4. Provide the correct timeframes for Expedited Appeal and Standard Appeal resolution notice timeline in the "Important Information About Your Internal Appeal Rights."

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 12/16/2024

Diane Rydrych, Division Director Date
Health Policy Division

Contents

I. Introduction

1. History:

   Sanford Health Plan is a nonprofit, community-based HMO that began operations on January 1, 1998. Managed care services are provided to large and small groups in North Dakota, South Dakota, Iowa and, in Minnesota, by Sanford Health Plan of Minnesota. Uniquely positioned in the upper Midwest, Sanford Health Plan is a provider-owned health plan that is part of Sanford Health's integrated system of care. As one of the largest nonprofit rural health systems in the country, Sanford Health Plan's Commercial HMO plans are accredited by the National Committee for Quality Assurance (NCQA).

   Sanford Health Plan's Minnesota business license and business is as follows:

   - Licensed to sell large group and small group plans and TPA services in western Minnesota counties. Small group plans are sold off-exchange only (not on MNSure).
   - Licensed to sell Medicare Supplement and Medicare Select Plans in southwest Minnesota counties.
   - Sanford Health Plan is not licensed to sell individual policies either on-exchange through MNSure or off-exchange.

2. Membership: 3307 self-reported Minnesota enrollment as of February 1, 2023, consisted of the following:

Self-Reported Enrollment

Product	Enrollment
Fully Insured Commercial	
Large Group	
Minnesota Commercial Group (CMN), Minnesota Large Group True (LMT), Minnesota Large Group Plus (LPM)	2584
Small Employer Group	
Sanford Health Plan of Minnesota Small Group Simplicity (CMO), Sanford Health Plan of Minnesota Small Group True (SMT)	251
Individual	
Medicare Supplement Select Basic Plan (MNS)	45
Medicare Advantage	
Align Medicare Advantage-Drug Program Powered by Sanford Health Plan of Minnesota (MCM)	427
Total	3307

3. Virtual Examination Dates: June 26, 2023 to June 29, 2023

4. Examination Period: March 1, 2020 to March 31, 2023
   File Review Period: January 1, 2021 to December 31, 2022
   Opening Date: April 25, 2023

5. National Committee for Quality Assurance (NCQA)**:** Sanford Health Plan is accredited by NCQA for its fully insured commercial products based on 2023 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:

   a. If NCQA standards do not exist or are not as stringent as Minnesota law, the accreditation results were not used in the MDH examination process [No NCQA checkbox].
   b. If the NCQA standard was the same or more stringent than Minnesota law and the health plan was accredited with 100% of the possible points, the NCQA results were accepted as meeting Minnesota requirements [NCQA ☒], unless evidence existed indicating further investigation was warranted [NCQA ☐].
   c. If the NCQA standard was the same or more stringent than Minnesota law, but the plan was accredited with less than 100% of the possible points or MDH identified an opportunity for improvement, MDH conducted its own examination.

6. Sampling Methodology: Due to the small sample sizes and the methodology used for sample selection for the quality assurance examination, the results cannot be extrapolated as an overall deficiency rate for the health plan.

7. Performance Standard: For each instance of non-compliance with applicable law or rule identified during the quality assurance examination, that covers a three-year audit period, the health plan is cited with a deficiency. A deficiency will not be based solely on one outlier file if MDH has sufficient evidence that a plan's overall operation is compliant with an applicable law. Sufficient evidence may be obtained through: 1) file review; 2) policies and procedures; and 3) interviews.

II. Quality Program Administration

Program

Minnesota Rules, Part 4685.1110

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

Delegated Activities

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
Optum Rx						x		x	
Evicore	x				x				
Altru Health System					x				

Entity	UM	QOC	Complaints/ Grievances	Appeals	Cred	Claims	Disease Mgmt	Network	Care Coord
Avera Health					x				
Essentia Health					x				
Heartland Healthcare Network					x				

Activities

Minnesota Rules, Part 4685.1115

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

Quality Evaluation Steps

Minnesota Rules, Part 4685.1120

Subparts	Subject	Met	Not Met
Subp. 1.	Problem Identification	☒Met	☐ Not Met
Subp. 2.	Problem Selection	☒Met	☐ Not Met
Subp. 3.	Corrective Action	☒Met	☐ Not Met
Subp. 4.	Evaluation of Corrective Action	☒Met	☐ Not Met

Focused Study Steps

Minnesota Rules, Part 4685.1125

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

Filed Written Plan and Work Plan

Minnesota Rules, Part 4685.1130

Subparts	Subject	Met	Not Met
Subp. 1.	Written Plan	☒Met	☐ Not Met
Subp. 2.	Annual Work Plan	☒Met	☐ Not Met
Subp. 3.	Amendments to Plan	☒Met	☐ 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. Sanford Plan Name scored 100% on all 2023 NCQA Credentialing/recredentialing standards.

MDH reviewed a total of 38 credentialing and recredentialing files as indicated in the table below.

Credentialing File Review

File Source	# Reviewed
Initial - Sanford	
Physicians	4
Allied	4
Re-Credential - Sanford	
Physicians	4
Allied	4
Initial - Altru	
Physicians	3
Allied	1
Initial – Avera	
Physicians	2
Allied	2
Re-Credential – Avera	
Physicians	3
Allied	5
Initial - Essentia	
Physicians	3
Allied	3

File Source	# Reviewed
Total	38

Requirements For Timely Provider Credentialing

Minnesota Statutes, Section 62Q.097

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

Enrollee Advisory Body

Minnesota Statutes, Section 62D.06, Subdivision 2

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

III. Quality of Care

MDH reviewed a total of 0 quality of care grievance and complaint system files.

Sanford Health Plan indicated no Quality-of-Care Complaints for the file review period, January 1, 2021 - December 31, 2022.

Quality of Care File Review

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

Quality of Care Complaints

Minnesota Statutes, Section 62D.115

Subparts	Subject	Met	Not Met
Subd. 1.	Definition	☒Met	☐ Not Met
Subd. 2.	Quality of Care Investigations	☐ Met	☒ Not Met
Subd. 3.	Complaint Reporting	☒Met	☐ Not Met
Subd. 4.	Records	☒Met	☐ Not Met

Finding: Quality of Care Investigations

Subd. 2 Minnesota Statutes, Section 62D.115, Subdivision 2, states each health maintenance organization shall develop and implement a quality of care complaint investigation process that meets statute requirements, including a written policy and procedure for the receipt, investigation, and follow-up of quality of care complaints. Section (c)(1) states the health maintenance organization must include a classification of complaints that warrant peer protection confidentiality [as defined by the commissioner in paragraph (h)—see Minnesota Statutes Section 145.61 - 145.67]. Complaints subject to peer protection confidentiality are complaints, from any complaint category, that result in any patient harm or have the potential for patient harm that are related to the care and treatment of patients by a provider (as defined under Minnesota Statutes, Section 62M.02, Subd. 17).

MDH review of Sanford Health Plan's quality of care investigation procedure found there was not a policy including classification of complaints that warrant peer protection confidentiality. Therefore, MDH finds that Sanford Health Plan must revise its quality of care investigation policy to include classification of complaints that warrant peer protection confidentiality. (**Mandatory Improvement #1)**

IV. Complaint Systems

Complaint Systems

MDH examined Sanford Health Plan's fully insured commercial complaint system for compliance with complaint resolution requirements of Minnesota Statutes, Chapter 62Q. A total of 9 complaint system files were reviewed.

Complaint System File Review

File Source	# Reviewed
Complaint Files	
Sanford Health Plan Written	2
Sanford Health Plan Oral	0
Non-Clinical Appeals	7
Total	*9*

Complaint Resolution

Minnesota Statutes, Section 62Q.69

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

Finding: Procedures for Filing a Complaint

Subd. 2. Complaint Form Minnesota Statutes, Section 62Q.69, Subdivision 2, establishes the procedures for filing a complaint, including information required on the health plan's complaint form.

MDH review of Sanford Health Plan's complaint form found it to be missing a description of the health plan company's internal complaint procedure and the applicable time limits, and the toll-free number of the commissioner of health and notification that the complainant has the right to submit the complaint at any time to the commissioner for investigation. Therefore, MDH finds that Sanford Health Plan must revise its complaint form to include a description of its internal complaint procedure and applicable time limits, and the toll-free number of the

commissioner of health and notification that the complainant has the right to submit the complaint at any time to the commissioner for investigation. (**Mandatory Improvement #2)**

Finding: Notification of Complaint Decisions

Subd. 3. Minnesota Statutes, Section 62Q.69, Subdivision 3(d) states that the notification of complaint decisions sent by the health plan must inform the complainant of the right to submit the complaint at any time to either the commissioner of health or commerce for investigation and the toll-free number of the appropriate commissioner.

MDH review of Sanford Health Plan's policies and two files, did not find reference to the right to complain at any time to the commissioner of health (regardless of outcome) and the toll-free phone number. Therefore, MDH finds that Sanford Health Plan must revise its policies and complaint notification statements to include that the complainant has the right to submit the complaint at any time to the commissioner of health for investigation and the toll-free number of the commissioner of health. **(Deficiency #1)**

Appeal of the Complaint Decision

Minnesota Statutes, Section 62Q.70

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

Finding: Notification of Appeal Decisions

Subd. 3. Minnesota Statutes, Section 62Q.70, Subdivision 3(b) states if the appeal decision is partially or wholly adverse to the complainant, the notice must advise the complainant of the right to submit the appeal decision to the external review process described in section 62Q.73 and the procedure for initiating the external process.

MDH review of Sanford Health Plan's policies and certificate of coverage indicated that complainants may file an external appeal if the adverse determination was based on medical necessity. However, Minnesota Statutes 62Q.73, subd. 1(3) states (for group health plans) that adverse determination applies to any complaint decision relating to a health care service or claim that has been appealed in accordance with 62Q.70 (see also 62Q.68, subd. 2, which provides a broad definition of "complaint"). In addition, there were four non-clinical appeal files with unfavorable notifications of adverse determination that did not include the notification of the right to submit an external appeal as described in 62Q.73.

Therefore, MDH finds that Sanford Health Plan must revise its policies, certificate of coverage, and appeal notification statements to include that if the appeal decision is partially or wholly adverse to the complainant, they must be advised of the right to submit the appeal decision to the external review process described in section 62Q.73 and the procedure for initiating the external process. **(Deficiency #2)**

Notice to Enrollees

Minnesota Statutes, Section 62Q.71

Section	Subject	Met	Not Met
62Q.71.	Notice to Enrollees	☐ Met	☒ Not Met

Finding: Right to File a Complaint with the Commissioner of Health

Minnesota Statute, Section 62Q.71, states that health plan companies shall provide to enrollees a clear and concise description of its complaint resolution procedure as part of the member handbook, subscriber contract, or certificate of coverage, and includes six elements that must be included in the document.

MDH review of Sanford Health Plan's member handbook found that although there was reference in the "Minnesota Bill of Rights" to enrollees having the right to file a complaint with the commissioner of health, it does not specify that the complaint may be filed at any time during the complaint and appeal process, and it is also missing the toll-free number for the commissioner. MDH review of Sanford Health Plan's certificate of coverage did not find reference to enrollees having the right at any time during the complaint and appeal process to file a complaint with the commissioner of health and it is also missing the toll-free number for the commissioner.

Therefore, MDH finds that Sanford Health Plan must revise its member handbook and certificate of coverage to inform enrollees, as part of the complaint resolution procedure, of the right to file a complaint with the commissioner of health at any time during the complaint and appeal process and of the toll-free number for the commissioner. **(Mandatory Improvement #3)**

Record Keeping; Reporting

Minnesota Statutes, Section 62Q.72

Section	Subject	Met	Not Met
Subd. 1.	Record Keeping	☒ Met	☐ Not Met

External Review of Adverse Determinations

Minnesota Statutes, Section 62Q.73

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

Finding: Right to External Review

Subd. 3. Minnesota Statutes, Section 62Q.73, Subdivision 3 states any enrollee or anyone acting on behalf of an enrollee who has received an adverse determination may submit a written request for an external review of the adverse determination, if applicable under section 62Q.68, subdivision 1, or 62M.06, to the commissioner of health if the request involves a health plan company regulated by that commissioner.

MDH review of Sanford Health Plan's policies and certificate of coverage indicate that complainants may file an external review if the adverse determination was based on medical necessity. However, Minnesota Statutes 62Q.73, subd. 1(3) states (for group health plans) that adverse determination applies to any complaint decision relating to a health care service or claim that has been appealed in accordance with 62Q.70 (see also 62Q.68, subd. 2), which includes non-medical determination complaints.

Therefore, MDH finds that Sanford Health Plan must revise its policies and certificate of coverage to include the right to the external review of any adverse determination (if applicable under section 62Q.68, subd. 1 or 62M.06) and the procedure for initiating the external process. **(Deficiency #3)**

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	☒Met	☐ Not Met
Subd. 2.	Other Health Services	☒Met	☐ Not Met
Subd. 3.	Waiver	☒Met	☐ Not Met
Subd. 6.	Provider Network Notifications	☒Met	☐ Not Met

Essential Community Providers

Minnesota Statutes, Section 62Q.19

Subdivision	Subject	Met	Not Met
Subd. 3.	Contract with Essential Community Providers	☒Met	☐ Not Met

Availability and Accessibility

Minnesota Rules, Part 4685.1010

Subparts	Subject	Met	Not Met
Subp. 2.	Basic Services	☒Met	☐ Not Met
Subp. 5.	Coordination of Care	☒Met	☐ Not Met
Subp. 6.	Timely Access to Health Care Services	☒Met	☐ Not Met

Emergency Services

Minnesota Statutes, Section 62Q.55

Subdivision	Subject	Met	Not Met
Subd. 1.	Access to Emergency Services	☒Met	☐ Not Met
Subd. 2.	Emergency Medical Condition	☒Met	☐ Not Met

Licensure of Medical Directors

Minnesota Statutes, Section 62Q.121

Section	Subject	Met	Not Met
62Q.121.	Licensure of Medical Directors	☒Met	☐ Not Met

Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

Minnesota Statutes, Section 62Q.527.

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

Coverage for Court-Ordered Mental Health Services

Minnesota Statutes, Section 62Q.535

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

Continuity of Care

Minnesota Statutes, Section 62Q.56

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

VI. Utilization Review

MDH examined Sanford Health Plan's commercial utilization review (UR) system under Minnesota Statutes, chapter 62M. A total of 46 utilization review files were reviewed.

Commercial UR System File Review

File Source	# Reviewed
Commercial ***UM Denial Files***	
Sanford Health Plan	30
Evicore	8
Subtotal	*38*
Commercial ***Clinical Appeal Files***	
Sanford Health Plan	8
Subtotal	8
Total	46

Scope

Minnesota Statutes, Section 62M.01

Subdivision	Subject	Met	Not Met
Subd. 3.	Scope	☒ Met	☐ Not Met

Definitions

Minnesota Statutes, Section 62M.02

Subdivision	Subject	Met	Not Met
Subd. 1 – 18, 20	Definitions	☐ Met	☒ Not Met

Finding: Definitions

Minnesota Statutes, Section 62M.02 includes definitions relating to utilization management. MDH review of Utilization Management policies and procedures uncovered the following missing definitions: Subd. 3. Attending dentist, Subd. 4. Attending health care professional, Subd. 5. Authorization (not up to date), Subd. 6. Claims administrator, Subd. 10. Discharge

planning, Subd. 12. Health benefit plan, Subd. 13. Inpatient admissions to hospitals, Subd. 14. Outpatient services, and Subd. 18. Quality assessment program. Therefore, MDH finds that Sanford Health Plan must revise its policy to include definitions relating to utilization management. (**Mandatory Improvement #4**)

Minnesota Statutes, Section 62Q.55

Subdivision	Subject	Met	Not Met
Subd. 2.	Emergency medical condition	☒ Met	☐ Not Met
Subd. 3.	Emergency services	☒ Met	☐ Not Met

Standards for Utilization Review Performance

Minnesota Statutes, Section 62M.04

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

Procedures for Review Determination

Minnesota Statutes, Section 62M.05

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

Appeals of Determinations Not to Certify

Minnesota Statutes, Section 62M.06

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

Finding: Minnesota Statutes, Section 62M.06

Minnesota Statutes, 62M.06 Subdivision 2 (b), states regarding expedited appeals that the utilization review organization shall notify the enrollee and attending health care professional by telephone of its determination on the expedited appeal as expeditiously as the enrollee's medical condition requires, but no later than 72 hours after receiving the expedited appeal.

Out of eight Commercial UM Denial Files reviewed, one did not include reference to the 72-hour timeframe of an Expedited Appeal in the “Important Information About Your Internal Appeal Rights” for an Appeal.

An additional 22 files were reviewed (for a total of 30 files reviewed). Another file was found not to include the 72-hour timeframe of an Expedited Appeal, and one file erroneously referenced 48-hour timeframe instead of the 72-hour timeframe for an Expedited Appeal.

Minnesota Statutes, 62M.06 Subdivision 3(b), states regarding standard appeals, that a utilization review organization shall notify in writing that the enrollee, attending health care professional, and claims administrator of its determination on the appeal within 15 days after receipt of the notice of appeal; if the utilization review organization cannot make a determination within 15 days due to circumstances outside of the control of the utilization review organization, it may take up to four additional days to notify the enrollee, attending health care professional, and claims administrator of its determination; and if it takes any additional days beyond the initial 15-day period to make its determination, it must inform the enrollee, attending health care professional, and claims administrator, in advance, of the extension and the reasons for the extension.

Upon MDH file review of clinical appeals, there was one instance of a standard appeal indicating the appeal resolution notice timeline is 30-days, instead of 15-days.

Therefore, MDH finds that Sanford Health Plan must provide the correct timeframes for Expedited Appeal and Standard Appeal resolution notice timelines in the "Important Information About Your Internal Appeal Rights." **(Deficiency #4)**

Prior Authorization of Services

Minnesota Statutes, Section 62M.07

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

Confidentiality

Minnesota Statutes, Section 62M.08

Subdivision	Subject	Met	Not Met
Subd. 1.	Written Procedures to Ensure Confidentiality	☒Met	☐ Not Met

Staff and Program Qualifications

Minnesota Statutes, Section 62M.09

Subdivision	Subject	Met	Not Met	NCQA
Subd. 1.	Staff Criteria	☐ Met	☐ Not Met	☒ NCQA
Subd. 2.	Licensure Requirements	☐ Met	☐ Not Met	☒ NCQA
Subd. 3.	Physician Reviewer Involvement	☒Met	☐ Not Met	☐ NCQA
Subd. 3a.	Mental Health and Substance Abuse Review	☒Met	☐ Not Met	
Subd. 4.	Dentist Plan Reviews	☐ Met	☐ Not Met	☒ NCQA
Subd. 4a.	Chiropractic Reviews	☐ Met	☐ Not Met	☒ NCQA

Subdivision	Subject	Met	Not Met	NCQA
Subd. 5.	Written Clinical Criteria	☐ Met	☐ Not Met	☒ NCQA
Subd. 6.	Physician Consultants	☐ Met	☐ Not Met	☒ NCQA
Subd. 7.	Training for Program Staff	☒Met	☐ Not Met	☐ NCQA
Subd. 8.	Quality Assessment Program	☒Met	☐ Not Met	☐ NCQA

Complaints to Commerce or Health

Minnesota Statutes, Section 62M.11

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

Minnesota Statutes, Section 62M.12

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

Continuity of Care: Prior Authorizations

Minnesota Statutes, Section 62M.17

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

Annual Posting on Website; Prior Authorizations

Minnesota Statutes, Section 62M.18

Section	Subject	Met	Not Met
62M.18.	Annual posting on website; prior authorizations	☒ Met	☐ Not Met

Prohibited Practices

Minnesota Statutes, Section 62D.12

Section	Subject	Met	Not Met
Subd. 19.	Coverage of service	☒ Met	☐ Not Met

Reconstructive surgery (*reviewed only if applicable files*)

Minnesota Statutes, Section 62A.25

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

VII. Summary of Findings

Recommendations

1. None identified.

Mandatory Improvements

1. To comply with Minnesota Statutes, Section 62D.115, Subdivision 2, Sanford Health Plan must revise its quality of care investigation policy to include classification of complaints that warrant peer protection confidentiality.

2. To comply with Minnesota Statutes, 62Q.69, Subdivision 2, Sanford Health Plan must revise its complaint form to include a description of its internal complaint procedure and applicable time limits, and the toll-free number of the commissioner of health and notification that the complainant has the right to submit the complaint at any time to the commissioner for investigation.

3. To comply with Minnesota Statutes, Section 62Q.71, Sanford Health Plan must revise its member handbook and certificate of coverage to inform enrollees, as part of the complaint resolution procedure, of the right to file a complaint with the commissioner of health at any time during the complaint and appeal process and of the toll-free number for the commissioner.
4. To comply with Minnesota Statutes, Section 62M.02, Subdivisions 3-6, 10, 12-14, and 18, Sanford Health Plan must revise its policy to include definitions relating to utilization management.

Deficiencies

1. To comply with Minnesota Statutes, Section 62Q.69, Subdivision 3(d), Sanford Health Plan must revise its policies and complaint notification statements to include that the complainant has the right to submit the complaint at any time to the commissioner of health for investigation and the toll-free number of the commissioner.

2. To comply with Minnesota Statutes, Section 62Q.70, Subdivision 3(b), Sanford Health Plan must revise its policies, certificate of coverage, and appeal notification statements to include that if the appeal decision is partially or wholly adverse to the complainant, they must be advised of the right to submit the appeal decision to the external review process described in section 62Q.73 and the procedure for initiating the external process.

3. To comply with Minnesota Statutes, Section 62Q.73, Subdivision 3, Sanford Health Plan must revise its policies and certificate of coverage to include the right to the external review of any adverse determination (if applicable under section 62Q.68, subd. 1 or 62M.06) and the procedure for initiating the external process.
4. To comply with Minnesota Statutes, Section 62M.06, Subdivision 2 and Subdivision 3(b), Sanford Health Plan must provide the correct timeframes for Expedited Appeal and Standard Appeal resolution notice timeline in the “Important Information About Your Internal Appeal Rights.”