DEPARTMENT OF HEALTH

# United Healthcare of Illinois

QUALITY ASSURANCE EXAMINATION - 2023

**UnitedHealthcare of Illinois Final Report**

For the Period: February 1, 2021 – February 28, 2023 (Commercial)
January 1, 2022 – February 28, 2023 (MHCP)
File Review Period: February 1, 2021 - February 28, 2023 (Commercial)
January 1, 2022 – February 28, 2023 (MHCP)
Virtual Exam Dates: April 10 – 18, 2023
Examiners:
Dena Harrell, MA, MPNA; Tom Major, MA, MDiv; Brenda Sorvig, MHI, LPN; Mary Timm, BS
Final Issue Date: September 19, 2024

Minnesota Department of Health
Managed Care Systems Section
PO Box 64975
St. Paul, MN 55164-0975
651-201-5100
health.mcs@state.mn.us
www.health.state.mn.us

# MINNESOTA DEPARTMENT OF HEALTH
# EXECUTIVE SUMMARY

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of United Healthcare of Illinois ("UHC-Illinois") 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 UHC-Illinois is compliant with Minnesota and Federal law, except in the areas outlined in the "Deficiencies" 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, UHC-Illinois should:**

(None identified)

**To address mandatory improvements, UHC-Illinois and its delegates must:**

(None)

**To address deficiencies, UHC-Illinois and its delegates must:**

- Inform enrollees in writing of the right to submit the complaint at any time to the commissioner of health and the toll-free number for the Minnesota Department of Health.

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.

[redacted]

10/11/2024

Diane Rydrych, Director
Health Policy Division

Date

# Contents

# I. Introduction

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

**Self-Reported Enrollment**

| Product | Enrollment |
|---|---|
| ***Fully Insured Commercial*** | |
| Large Group | 477 |
| Small Employer Group | 449 |
| Individual | 0 |
| ***Minnesota Health Care Programs – Managed Care (MHCP-MC)*** | |
| Families & Children | 33,248 |
| MinnesotaCare | 3,734 |
| Minnesota Senior Care (MSC+) | 4 |
| Minnesota Senior Health Options (MSHO) | 11 |
| Special Needs Basic Care | 268 |
| ***Total*** | **38,191** |

2. Virtual Examination Dates: April 10 - April 21, 2023

3. Examination Period: February 1, 2021, to February 28, 2023 (Commercial)
   January 1, 2022, to February 28, 2023 (MHCP)

4. File Review Period: February 1, 2021, to February 28, 2023 (Commercial)
   January 1, 2022, to February 28, 2023 (MHCP)

   Opening Date: February 3, 2023

5. National Committee for Quality Assurance (NCQA)**:** HealthPlan is accredited by NCQA.

| ☒Yes | ☐ No |
|---|---|

6. **United Healthcare of Illinois** for its Minnesota Health Care Programs – Managed Care (MHCP-MC) products based on 2022 standards. The Minnesota Department of Health (MDH) evaluated and used results of the NCQA review in one of three ways:

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

7. 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.

8. 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 | ☒ NCQA |
| 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 |
|---|---|---|---|---|---|---|---|---|---|
| OptumRx (Affiliate) | X | | | | | X | | X | |

| Entity | UM | QOC | Complaints/ Grievances | Appeals | Cred | Claims | Disease Mgmt | Network | Care Coord |
|---|---|---|---|---|---|---|---|---|---|
| Optum HealthCare Solutions (Affiliate) | X | | | | X | X | | X | |
| Optum Insight (Affiliate) | | | | | | X | | | |
| United Behavioral Health (Affiliate) | X | | X | X | X | X | | X | |
| United Healthcare Services (Affiliate) | X | X | X | X | X | X | X | X | X |
| EviCore | X | | | | | | | | |
| Allina Health | | | | | X | | | | |
| Children's Hospitals and Clinics | | | | | X | | | | |
| Minnesota Rural Health Cooperative (PMAP only) | | | | | X | | | | |
| St. Luke's Hospital | | | | | X | | | | |

## 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. UHC-Illinois scored 100% on all 2023 NCQA Credentialing/recredentialing standards.

MDH reviewed a total of 24 credentialing and recredentialing files as indicated in the table below.

### Credentialing File Review

| File Source | # Reviewed |
|---|---|
| Initial - | |
| *Allied-NCC MN DOH MCE* | 8 |
| *UBH Physician* | 8 |
| Re-Credential - | |
| *Optum Allied* | 8 |
| **Total** | 24 |

# Requirements For Timely Provider Credentialing

**Minnesota Statutes, Section 62Q.097**

## New Requirements for Timely Provider Credentialing

Subd. 2. Minnesota Statues, section 62Q.097 states, a health plan company that receives an application for provider credentialing must: (3) make a determination on the health care provider's clean application within 45 days after receiving the clean application unless the health plan company identifies a substantive quality or safety concern in the course of provider credentialing that requires further investigation. Upon notice to the health care provider, clinic, or facility, the health plan company is allowed 30 additional days to investigate any quality or safety concerns.

The health plan submitted the UnitedHealthcare Credentialing Addendum that reflected the new MN Statute requirement 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 |

# 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 |

| Subparts | Subject | 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.** | Work Plan | ☒ Met | ☐ Not Met |
| **Subp. 3.** | Amendments to Plan | ☒ 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 eight MHCP-MC quality of care grievance and complaint system files. UnitedHealthcare of Illinois did not have any commercial quality of care files to review.

**Quality of Care File Review**

| File Source | # Reviewed |
|---|---|
| ***Quality of Care*** | |
| *MHCP-MC Grievances* | 8 |
| *Commercial Complaints* | 0 |
| **Total** | **8** |

## 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 |

### Finding: Quality of Care Definition

While there is a definition for "Quality-of-Care" and references to policies for Quality-of-Care Complaints, there is no definition for "Quality of Care Complaints" per Minnesota Statute 62D.115, Subdivision 1. Therefore, MDH finds that UHC-Illinois must include a definition of "Quality of Care Complaints" in policy, per Minnesota Statute 62D.115, Subdivision 1.

Following MDH's identification of the issue during the virtual examination, UHC-Illinois updated its internal policies to include the definition for Quality of Care Complaint per Minnesota Statute 62D.115, Subdivision 1.

# IV. Complaint Systems

## Complaint Systems

MDH examined UHC-Illinois' fully insured, commercial complaint system for compliance with complaint resolution requirements of Minnesota Statutes, Chapter 62Q. MDH reviewed a total of 31 complaint files.

**Complaint System File Review**

| File Source | # Reviewed |
|---|---|
| Complaint Files | |
| *UHC-Illinois Written* | 1 |
| *UHC-Illinois Oral* | 0 |
| Non-Clinical Appeals | 30 |
| ***Total*** | ***31*** |

## 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: Complaint Form

Subd. 2: Procedures for Filing a Complaint

Per Minnesota Statutes, § 62Q.69, Subd. 2, a health plan company must provide enrollees with any assistance needed to submit a written complaint via a complaint form, and the complaint form must include specific information including:

- the telephone number for the health plan company member services or other department;
- the address to which the form must be sent;
- a description of the health plan company's internal complaint procedure and the applicable time limits; and

- the toll-free number for the commissioner of health, and notification that the complainant has the right to submit the complaint to the commissioner of health for investigation.

UHC-Illinois has an online complaint form, but it could not be determined whether the online form met requirements for inclusion of all elements. UHC-Illinois could not produce a paper or printable complaint form, although internal policy and member certificate of coverage indicate that a written complaint may be filed. Therefore, MDH finds that UHC-Illinois must be able to provide to its members a paper or printable form compliant with Minnesota Statutes § 62Q.69, for filing a written complaint.

Following MDH's identification of the issue during the virtual examination, UHC-Illinois provided a Corrective Action Plan in August 2023 for the MDH 2021 QA Exam, which identified this as a previous finding. UHC-Illinois updated its complaint form to include the identified missing elements and the form went live on its website on 02/06/2024. The form is available for download or printing through www.myuhc.com under "member resources - forms – appeals and grievance medical and prescription drug request forms - Minnesota."

## Finding: Notification of Complaint Decision

Subd. 3.

Minnesota Statutes, § 62Q.69, subd. 3 requires that in the health plan company's notification of the complaint decision, the health plan company must inform the complainant of the right to submit the complaint at any time to the commissioner of health and the toll-free number for the MDH. Eight files were reviewed, and two files did not include information that complaints may be filed at any time with the MDH and include the toll-free number for the MDH. Instead, complainants were directed to the Department of Commerce with the toll-free number to the Department of Commerce. An additional twenty-two files were reviewed. Of the additional twenty-two files reviewed, seven files did not inform complainants to MDH. In six of these files, the complainants were informed to contact the Department of Commerce and the last of these files did not reference either the MDH or Department of Commerce. In this review, nine out of thirty files did not inform the complainant of the right to submit the complaint at any time to the commissioner of health and the toll-free number for the MDH. Therefore, MDH finds that UHC-Illinois did not include the complaint notification in nine out of thirty files of the enrollees right to file a complaint with the Commissioner of Health and the toll-free number for the MDH. UHC-Illinois must inform enrollees of the right to submit the complaint at any time to the commissioner of health and the toll-free number for the MDH. **(Deficiency #1)**

Following MDH's identification of the issue during the virtual examination, UHC-Illinois provided a Corrective Action Plan in August 2023 for the MDH 2021 QA Exam, which identified this as a previous finding. UHC-Illinois updated the appeal attachment form in December 2022 to state that enrollees have the right to file a complaint at any times and provides the address and phone number for MDH.

## 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 |

## Notice to Enrollees

### Minnesota Statutes, Section 62Q.71

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

# V. Grievance Systems

## Grievance System

MDH examined UHC-Illinois' Minnesota Health Care Programs Managed Care Programs – Managed Care (MHCP-MC) grievance system for compliance with the federal law (42 CFR 438, subpart F) and the DHS 2022 Contract, Article 8.

MDH reviewed a total of 28 grievance system files.

**Grievance System File Review**

| File Source | # Reviewed |
|---|---|
| **Grievances** | |
| UHC-Illinois *Written* | 3 |
| UHC-Illinois *Oral* | 5 |
| **DTRs** | 8 |
| **Clinical and Non-Clinical Appeals** | |
| UHC-Illinois *Written* | 8 |
| UHC-Illinois *Oral* | 0 |
| **State Fair Hearing** | 4 |
| ***Total*** | ***28*** |

## General Requirements

**DHS Contract, Section 8.1**

| Section | 42 CFR | Subject | Met | Not Met |
|---|---|---|---|---|
| **Section 8.1.** | **§438.402** | **General Requirements** | | |
| Sec. 8.1.1. | | Components of Grievance System | ☒ Met | ☐ Not Met |

## Internal Grievance Process Requirements

**DHS Contract, Section 8.2**

| Section | 42 CFR | Subject | Met | Not Met |
|---|---|---|---|---|
| **Section 8.2.** | **§438.408** | **Internal Grievance Process Requirements** | | |
| **Section 8.2.1.** | §438.402 (c) | Filing Requirements | ☒ Met | ☐ Not Met |

| Section | 42 CFR | Subject | Met | Not Met |
|---|---|---|---|---|
| **Section 8.2.2.** | §438.408 (b)(1), (d)(1) | Timeframe for Resolution of Grievances | ☒ Met | ☐ Not Met |
| **Section 8.2.3.** | §438.408 (c) | Timeframe for Extension of Resolution of Grievances | ☒ Met | ☐ Not Met |
| **Section 8.2.4.** | **§438.406** | **Handling of Grievances** | | |
| 8.2.4.1 | §438.406 (b)(1) | Written Acknowledgement | ☒ Met | ☐ Not Met |
| 8.2.4.2 | §438.416 | Log of Grievances | ☒ Met | ☐ Not Met |
| 8.2.4.3 | §438.402 (c)(3) | Oral or Written Grievances | ☒ Met | ☐ Not Met |
| 8.2.4.4 | §438.406 (a) | Reasonable Assistance | ☒ Met | ☐ Not Met |
| 8.2.4.5 | §438.406 (b)(2)(i) | Individual Making Decision | ☒ Met | ☐ Not Met |
| 8.2.4.6 | §438.406 (b)(2)(ii) | Appropriate Clinical Expertise | ☒ Met | ☐ Not Met |
| **Section 8.2.5.** | **§438.408 (d)(1)** | **Notice of Disposition of a Grievance** | | |
| 8.2.5.1 | §438.404 (b) §438.406 (a) | Oral Grievances | ☒ Met | ☐ Not Met |
| 8.2.5.2 | §438.404 (a), (b) | Written Grievances | ☒ Met | ☐ Not Met |

## Finding: DHS Contract Section 8.2.5. Notice of Disposition of a Grievance

Section 8.2.5.1. Oral Grievances

DHS Contract Section 8.2.5.1. states that oral grievances may be resolved through oral communication and if the resolution, as determined by the Enrollee, is partially or wholly adverse to the Enrollee or if the oral grievance is not resolved to the satisfaction of the enrollee, the MCO must inform the Enrollee that the grievance may be submitted in writing. The MCO must also offer to provide the Enrollee with any assistance needed to submit a written Grievance, including an offer to complete the Grievance form, and promptly mail the completed form to the Enrollee for his or her signature. Oral resolution must include the results of the MCO investigation and actions related to the Grievance, and the MCO must inform the Enrollee of options for further assistance through review by MDH or assistance from the Managed Care Ombudsperson. [Minnesota Statutes, §62Q.69, subd. 2].

MDH review of UHC-Illinois' policies state that the health plan provides "reasonable assistance to all members to ensure equal access to and full participation in the appeal or grievance policy by providing assistance to members with limited English proficiency, visual or other communicative impairment, or physical disabilities." The policy does not state that the MCO must offer assistance to the Enrollee with submitting the written grievance and also offer subsequent assistance to the Enrollee in completing and mailing the form per the contract language. Furthermore, the policy does not specify that the enrollee must be informed of options for further assistance through review by MDH or assistance from the Managed Care Ombudsperson. Therefore, MDH finds that UHC-Illinois must revise its policy to indicate that

when an oral resolution is partially or wholly adverse or not resolved to the satisfaction of the enrollee, that the enrollee should be offered the assistance to complete the form in writing including an offer to complete the grievance form and mail the completed form to the enrollee for their signature. UHC-Illinois must also revise its policy to include informing the enrollee of further assistance through review by MDH or assistance from the Managed Care Ombudsperson.

Following MDH's identification of the issue during the virtual examination, UHC-Illinois updated its internal policies to indicate that when an oral resolution is partially or wholly adverse or not resolved to the satisfaction of the enrollee, that they should be offered the assistance to complete the form in writing including an offer to complete the grievance form and mail the completed form to the enrollee for their signature; and to include informing the enrollee of further assistance through review by MDH or assistance from the Managed Care Ombudsperson.

Section 8.2.5.2. Written Grievances

DHS Contract Section 8.2.5.2. states that when a grievance is filed in writing, the MCO must notify the enrollee in writing, and the content of the letter must include the results of the MCO investigation, MCO actions relative to the Grievance, and options for further review by MDH or assistance from the Managed Care Ombudsperson and MDH.

MDH review of UHC-Illinois' policies do not indicate that the health plan must provide the enrollee with options for further review by MDH or assistance from the Managed Care Ombudsperson in its written grievance resolution letter. Therefore, MDH finds that UHC-Illinois must revise its policy to include informing the enrollee of further assistance through review by MDH or assistance from the Managed Care Ombudsperson in written grievance resolution letters.

Following MDH's identification of the issue during the virtual examination, UHC-Illinois updated its internal policies to include informing the enrollee of further assistance through review by MDH or assistance from the Managed Care Ombudsperson in written grievance resolution letters.

## DTR Notice of Action to Enrollees

### DHS Contract, Section 8.3

| Section | 42 CFR | Subject | Met | Not Met |
|---|---|---|---|---|
| **Section 8.3** | **§438.10 §438.404** | **DTR Notice of Action to Enrollees** | | |
| **Section 8.3.1** | **§438.10(c), (d) §438.402(c) §438.404(b)** | **General Requirements** | ☒ Met | ☐ Not Met |
| **Section 8.3.2** | **§438.402 (c), §438.404 (b)** | **Content of DTR Notice of Action** | ☒ Met | ☐ Not Met |
| 8.3.2.1 | **§438.404** | **Notice to Provider** | ☒ Met | ☐ Not Met |

| Section | 42 CFR | Subject | Met | Not Met |
|---|---|---|---|---|
| **Section 8.3.3** | **§438.404 (c)** | **Timing of DTR Notice**<br>MCO must make a good faith effort to promptly notify the STATE and the Ombudsman for Managed Care if the MCO becomes aware that DTRs are not being issued timely. | ☒ Met | ☐ Not Met |
| 8.3.3.1 | §431.211 | Previously Authorized Services | ☒ Met | ☐ Not Met |
| 8.3.3.2 | §438.404 (c)(2) | Denials of Payment | ☒ Met | ☐ Not Met |
| 8.3.3.3 | §438.210 (c)(d) | Standard Authorizations | | |
| (1) | | As expeditiously as the enrollee's health condition requires | ☒ Met | ☐ Not Met |
| (2) | | To the attending health care professional and hospital by telephone or fax within one working day after making the determination | ☒ Met | ☐ Not Met |
| (3) | | To the provider, enrollee, and hospital, in writing, and must include the process to initiate an appeal, within ten (10) business days following receipt of the request for the service, unless the MCO receives an extension of the resolution period | ☒ Met | ☐ Not Met |
| 8.3.3.4 | §438.210 (d)(2)(i) | Expedited Authorizations | ☒ Met | ☐ Not Met |
| 8.3.3.5 | §438.210 (d)(1) | Extensions of Time | ☒ Met | ☐ Not Met |
| 8.3.3.6 | §438.210(d)(3) and 42 USC 1396r-8(d)(5) | Covered Outpatient Drug Decisions | ☒ Met | ☐ Not Met |
| 8.3.3.7 | §438.210 (d)(1) | Delay in Authorizations | ☒ Met | ☐ Not Met |

# Internal Appeals Process Requirements

## DHS Contract, Section 8.4

| Section | 42 CFR | Subject | Met | Not Met |
|---|---|---|---|---|
| **Section 8.4.** | **§438.404** | **Internal Appeals Process Requirements** | | |
| **Sec. 8.4.1.** | **§438.402 (b)** | **One Level Appeal** | ☒ Met | ☐ Not Met |
| **Sec. 8.4.2.** | **§438.408 (b)** | **Filing Requirements** | ☒ Met | ☐ Not Met |
| **Sec. 8.4.3.** | **§438.408** | **Timeframe for Resolution of Appeals** | | |
| 8.4.3.1 | §438.408 (b)(2) | Standard Appeals | ☒ Met | ☐ Not Met |
| 8.4.3.2 | §438.408 (b)(3) | Expedited Appeals | ☒ Met | ☐ Not Met |
| 8.4.3.3 | §438.408 (c)(3) | Deemed Exhaustion | ☒ Met | ☐ Not Met |
| **Sec. 8.4.4.** | **§438.408 (c)** | **Timeframe for Extension of Resolution of Appeals** | ☒ Met | ☐ Not Met |
| **Sec. 8.4.5.** | **§438.406** | **Handling of Appeals** | | |
| 8.4.5.1 | §438.406 (b)(3) | Oral Inquiries | ☒ Met | ☐ Not Met |
| 8.4.5.2 | §438.406 (b)(1) | Written Acknowledgment | ☒ Met | ☐ Not Met |

| Section | 42 CFR | Subject | Met | Not Met |
|---|---|---|---|---|
| 8.4.5.3 | §438.406 (a) | Reasonable Assistance | ☒ Met | ☐ Not Met |
| 8.4.5.4 | §438.406 (b)(2) | Individual Making Decision | ☒ Met | ☐ Not Met |
| 8.4.5.5 | §438.406 (b)(2) | Appropriate Clinical Expertise | ☒ Met | ☐ Not Met |
| 8.4.5.6 | §438.406 (b)(4) | Opportunity to Present Evidence | ☒ Met | ☐ Not Met |
| 8.4.5.7 | §438.406 (b)(5) | Opportunity to Examine the Care File | ☒ Met | ☐ Not Met |
| 8.4.5.8 | §438.406 (b)(6) | Parties to the Appeal | ☒ Met | ☐ Not Met |
| 8.4.5.9 | §438.410 (b) | Prohibition of Punitive Action Subsequent Appeals | ☒ Met | ☐ Not Met |
| **Sec. 8.4.6.** | | **Subsequent Appeals**<br>If an Enrollee Appeals a decision from a previous Appeal on the same issue, and the MCO decides to hear it, for purposes of the timeframes for resolution, this will be considered a new Appeal. | ☒ Met | ☐ Not Met |
| **Sec. 8.4.7.** | **§438.408 (d)(2)** | **Notice of Resolution of Appeals** | | |
| 8.4.7.1 | §438.408 (d)(2) | Written Notice Content | ☒ Met | ☐ Not Met |
| 8.4.7.2 | §438.210 (c) | Appeals of UM Decisions | ☒ Met | ☐ Not Met |
| 8.4.7.3 | §438.410 (c) and §408 (d)(2)(ii) | Telephone Notification of Expedited Appeals | ☒ Met | ☐ Not Met |
| 8.4.7.4 | §438.408(d)(2) | Unsuccessful appeal of UM determination | ☒ Met | ☐Not Met |
| **Sec. 8.4.8.** | **§438.424** | **Reversed Appeal Resolutions** | ☒ Met | ☐ Not Met |
| **Sec. 8.5.** | **§438.420** | **Continuation of Benefits Pending Appeal or State Appeal** | | |
| Sec. 8.5.1 | §438.420 (b) | Continuation of Benefits Pending Resolution of Appeal | ☒ Met | ☐ Not Met |
| Sec. 8.5.2 | §438.420 (b) | Continuation of Benefits Pending Resolution of State Appeal | ☒ Met | ☐ Not Met |
| Sec. 8.5.3 | §438.420 (d) | Upheld Appeal Resolutions | ☒ Met | ☐ Not Met |
| **Sec. 8.6.** | **§438.416** | **Maintenance of Grievance and Appeal Records** | ☒ Met | ☐ Not Met |

## Finding: Timeframe for Resolution of Appeals

Sec. 8.4.3.2.(2) Expedited Appeals

DHS Contract Section 8.4.3.2.(2) states that if the MCO denies a request for expedited appeal, it shall transfer the denied request to the standard appeal process (consistent with 42 CFR § 438.410(c)), preserving the first filing date of the expedited appeal, and it must notify the enrollee of that decision orally within twenty-four (24) hours of the request and follow up with a written notice within two (2) days.

MDH review of UHC-Illinois' policies found rather than oral notification within 24 hours of the denial, it states to make "reasonable efforts to give the enrollee prompt verbal notice of the denial within 2 days." Therefore, MDH finds that UHC-Illinois must revise its policy to inform enrollees within 24 hours of denial of an expedited appeal that will be transferred to a standard appeal process.

Following MDH's identification of the issue during the virtual examination, UHC-Illinois updated its internal policy to inform enrollees within 24 hours of denial of an expedited appeal that will be transferred to a standard appeal process.

## Finding: Handling of Appeals

Sec. 8.4.5.6.

DHS Contract Section 8.4.5.6. specifies that during the handling of appeals by the MCO, it must provide the enrollee with a reasonable opportunity to present evidence and testimony and make legal and factual arguments, in person or by telephone as well as in writing. During MDH's review of UHC-Illinois' policies, the language was found to be vague regarding how enrollees may present evidence and does not specifically state that it can be done in person, by telephone, or in writing. Therefore, MDH finds that UHC-Illinois should revise its policy to specifically state that during the handling of appeals, it must provide the enrollee with a reasonable opportunity to present evidence and testimony and make legal and factual arguments, *in person or by telephone as well as in writing*.

Following MDH's identification of the issue during the virtual examination, UHC-Illinois updated its internal policy to specifically state that during the handling of appeals, it must provide the enrollee with a reasonable opportunity to present evidence and testimony and make legal and factual arguments, in person or by telephone as well as in writing.

## Finding: Subsequent Appeals

Sec. 8.4.6.

DHS Contract Section 8.4.6. specifies that if an enrollee appeals a decision from a previous appeal on the same issue, and the MCO decides to hear it, for purposes of the timeframes for resolution, this will be considered a new appeal, and will follow the procedures and timeframes of section 8.4.

UHC-Illinois' policy states that if subsequent appeals are received regarding a previously upheld issue, the appeal is directed to State Appeals. The policy does not indicate that the appeal will be considered a new appeal and will follow the procedures and timeframes of (DHS Contract) section 8.4. Therefore, MDH finds that UHC-Illinois should revise its policy to state that subsequent appeals received regarding a previously upheld issue should be considered a new appeal (if the MCO decides to hear it) and will follow procedures and timeframes specified in DHS Contract Section 8.4.

Following MDH's identification of the issue during the virtual examination, UHC-Illinois updated its internal policy to state that subsequent appeals received regarding a previously upheld issue should be considered a new appeal (if the MCO decides to hear it) and will follow procedures and timeframes specified in DHS Contract Section 8.4.

## State Appeals

### DHS Contract, Section 8.8

| Section | 42 CFR | Subject | Met | Not Met |
|---|---|---|---|---|
| **Section 8.8.** | **§438.416 (c)** | **State Appeals** | | |
| **Sec. 8.8.2.** | **§438.408 (f)** | **Standard Hearing Decisions** | ☒ Met | ☐ Not Met |
| **Sec. 8.8.3.** | **§431.250** | **Costs of State Fair Hearing** | ☒ Met | ☐ Not Met |
| **Sec. 8.8.4.** | **§431.250** | **Expedited Hearing Decisions** | ☒ Met | ☐ Not Met |
| **Sec. 8.8.5.** | **§438.424** | **Compliance with State Appeal Resolution** | | |
| Sec. 8.8.5.1. | §438.424 | Compliance with Decisions | ☒ Met | ☐ Not Met |
| Sec. 8.8.5.2. | §438.424(a) | MCO's Responsibility for Payment of Services | ☒ Met | ☐ Not Met |
| Sec. 8.8.5.3. | §438.424(b) | Upheld State Fair Hearing Resolutions | ☒ Met | ☐ Not Met |
| **Sec. 8.8.7.** | **§438.48(f)** | **External Review or Medical Review Participation** | ☒ Met | ☐ Not Met |
| **Sec. 8.8.8.** | **§431.245** | **Judicial Review** | ☒ Met | ☐ Not Met |

# VI. 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.** | Exception | ☒ 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 |

## Finding: Health plan company affiliation

Subd. 3.

Minnesota Statutes, § 62Q.19, subd. 3 states "A health plan company must offer a provider contract to any designated essential community provider located within the area served by the health plan company. A health plan company shall not restrict enrollee access to services designated to be provided by the essential community provider for the population that the essential community provider is certified to serve. A health plan company may also make other providers available for these services. A health plan company may require an essential community provider to meet all data requirements, utilization review, and quality assurance requirements on the same basis as other health plan providers.

The MDH Network Adequacy Team reviewed the information submitted for MN Health Care Program provider networks by UHC-Illinois, including PMAP/MNCare, MSHO/MSC+, and SNBC. The following information is missing: Pediatric Hospital – must have at least one and MSHO & MSC+ Cardiac Surgery gaps analysis.

In addition, Network Adequacy review of Essential Community Providers found that there was no reference to Native American Community Clinic. Available: Indian Health Board of Minneapolis and general PCP at White Earth (only includes dialysis and home health care). Therefore, UHC-Illinois must include Native American Community clinic in their policy. UHC-Illinois must submit a geographic access summary, including a gap analysis and how gaps are addressed or accommodated.

Following MDH's identification of the issue during the virtual examination, UHC-Illinois updated its geographic access summary to include an analysis and supporting gap narrative for Cardiac Surgery for MSHO & MSC+. UHC-Illinois also updated its Essential Community Provider listing to include Pediatric Hospitals contracted for PMAP/MNCare, MSHO/MSC+, and SNBC programs; and to include Native American Community Clinic.

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

# VII. Utilization Review

MDH examined UHC-Illinois' commercial utilization review (UR) system under Minnesota Statutes, chapter 62M. A total of 24 utilization review files were reviewed.

**Commercial UR System File Review**

| File Source | # Reviewed |
|---|---|
| Commercial ***UM Denial Files*** | |
| UHC-Illinois | 4 |
| Optum UBH UR Denials | 8 |
| Evicore | 4 |
| *Subtotal* | *16* |
| Commercial ***Clinical Appeal Files*** | |
| UHC-Illinois | 8 |
| **Total** | **24** |

## 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 |

**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 |

| Subdivision | Subject | 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 |

## 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 |
| **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 |

# VIII. Summary of Findings

## Recommendations

(None identified)

## Mandatory Improvements

(None)

## Deficiencies

To comply with Minnesota Statutes, § 62Q.69, subd. 3, UHC-Illinois must inform enrollees in writing of the right to submit the complaint at any time to the commissioner of health and the toll-free number for the Minnesota Department of Health. **(Deficiency #1)**