



Minnesota Department of Health

Health Regulation Division
Managed Care Systems Section

Final Report

Itasca Medical Care

Quality Assurance Examination
For the Period:

August 1, 2012 through July 31, 2015

Issue Date:
December 23, 2015

Examiners:
Elaine Johnson, RN, BS, CPHQ
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Minnesota Department of Health
Executive Summary

The Minnesota Department of Health (MDH) conducted a Quality Assurance Examination of Itasca Medical Care (IMCare) 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 IMCare is compliant with Minnesota and federal law, and as such, MDH found no "Deficiencies" or "Mandatory Improvements". "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, IMCare should:

Revise the written quality plan as follows:

- Include in the quality evaluation section IMCare's quality evaluation focus that could include a trending of measures for the quality activities, an analysis and evaluation of the overall effectiveness of its quality program and to whom does it get reported and approved; and
- Expand the area of utilization management to include more specifics regarding IMCare's utilization management program and reporting relationships. Include more tables and or graphs (or both) especially in its quality evaluation, especially in summarizing its performance improvement projects. IMCare should also reorganize the evaluation to include all the utilization management activities together under one section with a summary of the overall effectiveness of utilization management program.

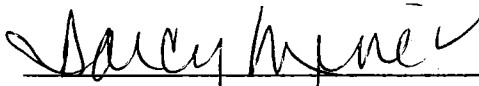
To address mandatory improvements, IMCare and its delegates must:

There are no mandatory improvements that IMCare must address.

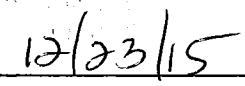
To address deficiencies, IMCare and its delegates must:

There are no deficiencies that IMCare must address.

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



Darcy Miner, Director



Date

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I. Introduction

History: The Itasca Medical Care (IMCare) program was established in 1982 as a collaborative effort involving the Minnesota Department of Human Services (DHS), Itasca County and the local community providers. IMCare began providing health care coverage for Itasca County residents eligible to receive services under the Minnesota General Assistance Medical Care program. IMCare was the first Medicaid Managed Care organization in the state and one of the first such organizations in the country.

In 1985, Public Law 99-272, The Consolidated Omnibus Budget Reconciliation Act of 1985 gave Itasca County federal authority to contract as a Managed Care entity. In 1985, IMCare expanded to include the Medical Assistance program and in 1996 further extended coverage to include MinnesotaCare. In 2005 IMCare brought on the Minnesota Senior Care Plus population. Finally, the Medicare population, Minnesota Senior Health Options (MSHO), was included in 2006.

- A. Membership: IMCare self-reported enrollment as of July 31, 2015 consisted of the following:

Product	Enrollment
<i>Minnesota Health Care Programs-Managed Care (MHSP-MC)</i>	
Families & Children	6,843
MinnesotaCare	721
Minnesota Senior Care (MSC+)	168
Minnesota Senior Health Options (MSHO)	475
Special Needs Basic Care (SNBC)	n/a
Total	8,207

- B. Onsite Examinations Dates: September 28-October 2, 2015
- C. Examination Period: August 1, 2012-July 31, 2015
File Review Period: August 1, 2014-July 31, 2015
Opening Date: June 19, 2015
- D. 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.
- E. 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 had sufficient evidence obtained through: 1) file review; 2) policies and procedures; and 3) interviews, that a plan’s overall operation is compliant with an applicable law.

II. Quality Program Administration

Minnesota Rules, Part 4685.1110. Program

Subp. 1	Written Quality Assurance Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2	Documentation of Responsibility	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 3	Appointed Entity	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 4	Physician Participation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5	Staff Resources	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 6	Delegated Activities	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 7	Information System	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 8	Program Evaluation	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 9	Complaints	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 10	Utilization Review	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 11	Provider Selection and Credentialing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 12	Qualifications	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 13	Medical Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Subp. 1. Minnesota Rules, part 4685.1110, subpart 1, specifies the elements that are required to be included in the written quality plan. All the specified elements are included, however the area of utilization management could be expanded upon to include more specifics regarding IMCare’s utilization management program and reporting relationships. The quality evaluation section could be revised to include IMCare’s quality evaluation focus that includes a trending of measures for the quality activities, an analysis and evaluation of the overall effectiveness of its quality program and to whom does it get reported and approved. **(Recommendation #1)**

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

Delegated Entities and Functions								
Entity	UM	UM Appeals	QM	Complaints/ Grievances	Cred	Claims	Network	Care Coord
CVS/Caremark						X	X	
Itasca County HHS- Public Health								X

Subd. 9. Minnesota Rules, part 4685.1110, subpart 9, states the quality program must conduct ongoing evaluation of enrollee complaints related to quality of care. A total of three quality of care complaint and grievance files were reviewed as follows:

Quality of Care File Review	
QOC File Source	# Reviewed
QOC Grievances—MHCP-MC Products	
	3
Total	3

MDH commends IMCare for their thorough investigation of quality of care complaints. All aspects of each complaint were carefully evaluated and addressed.

Subd. 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 understands the community standard to be NCQA.

MDH looked at a total of 18 credentialing files.

Credentialing File Review	
File Source	# Reviewed
Initial	9
Re-credential	8
Organizational	1
Total	18

Subd. 11. During file review, MDH noted that of the nine initial credentialing files, one file took longer than 60 days between the committee approval date and the notice to the provider. All credentialing files were well organized and contained all of the required documentation.

Minnesota Rules, Part 4685.1115. Activities

- | | | | |
|---------|----------------------------|---|----------------------------------|
| Subp. 1 | Ongoing Quality Evaluation | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| Subp. 2 | Scope | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |

Minnesota Rules, Part 4685.1120. Quality Evaluation Steps

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

Subp. 1 Minnesota Rules, part 4685.1120, subpart 1, states the organization must do ongoing monitoring of clinical performance and evaluate that data. IMcare may want to include more tables and or graphs (or both) to better demonstrate trends and progress over time, especially in summarizing its performance improvement projects. IMCare may also want to reorganize the

evaluation to include all the utilization management activities together under one section and include a summary of the overall effectiveness of utilization management program. **(Recommendation #2)**

Minnesota Rules, Part 4685.1125. Focus Study Steps

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

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

Subp. 1	Written Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 2	Work Plan	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

III. Grievance System

MDH examined IMCare’s Minnesota Health Care Programs Managed Care Programs-Managed Care (MCHP-MC) grievance system for compliance with the federal law (42 CFR 438, subpart E) and the DHS 2015 Model Contract, Article 8.

MDH reviewed a total of nine grievance system files:

Grievance System File Review	
File Source	# Reviewed
Grievances	3
Non-Clinical Appeals	6
State Fair Hearing	0
Total	9

Section 8.1.	§438.402	General Requirements		
Sec. 8.1.1		Components of Grievance System	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.2.	438.408	Internal Grievance Process Requirements		
Sec. 8.2.1.	§438.402 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.2.	§438.408 (b)(1)	Timeframe for Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.3.	§438.408 (c)	Timeframe for Extension of Resolution of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.4.	§438.406	Handling of Grievances		
(A)	§438.406 (a)(2)	Written Acknowledgement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.416	Log of Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.402 (b)(3)	Oral or Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.406 (a)(1)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.406 (a)(3)(i)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.406 (a)(3)(ii)	Appropriate Clinical Expertise	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.2.5	§438.408 (d)(1)	Notice of Disposition of a Grievance		
(A)	§438.408 (d)(1)	Oral Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.408 (d)(1)	Written Grievances	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Section 8.3.	§438.404	DTR Notice of Action to Enrollees		
Sec. 8.3.1.		General Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.3.2.	§438.404 (c)	Timing of DTR Notice		
(A)	§438.210 (c)	Previously Authorized Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.404 (c)(2)	Denials of Payment	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.210 (c)	Standard Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(1)		To the attending health care professional and hospital by telephone or fax within one working day after making the determination	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(2)		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	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(D)	§438.210 (d)(2)(i)	Expedited Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.210 (d)(1)	Extensions of Time	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.210 (d)	Delay in Authorizations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.3.3.	§438.420 (b)	Continuation of Benefits Pending Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Section 8.4.	§438.408	Internal Appeals Process Requirements		
Sec. 8.4.1.	§438.402 (b)	Filing Requirements	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.2.	§438.408 (b)(2)	Timeframe for Resolution of Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.3.	§438.408 (b)	Timeframe for Resolution of Expedited Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.408 (b)(3)	Expedited Resolution of Oral and Written Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.410 (c)	Expedited Resolution Denied	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.410 (a)	Expedited Appeal by Telephone	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.4.	§438.408 (c)	Timeframe for Extension of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.5.	§438.406	Handling of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.406 (b)(1)	Oral Inquiries	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.406(a)(2)	Written Acknowledgement	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.406(a)(1)	Reasonable Assistance	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Section 8.3.	§438.404	DTR Notice of Action to Enrollees		
Section 8.4	§438.408	Internal Appeals Process Requirements		
(D)	§438.406(a)(3)	Individual Making Decision	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(E)	§438.406(a)(3)	Appropriate Clinical Expertise [See Minnesota Statutes, sections 62M.06, and subd. 3(f) and 62M.09]	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(F)	§438.406(b)(2)	Opportunity to Present Evidence	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(G)	§438.406 (b)(3)	Opportunity to examine the Case File	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(H)	§438.406 (b)(4)	Parties to the Appeal	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(I)	§438.410 (b)	Prohibition of Punitive Action	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.6.		Subsequent Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.4.7.	§438.408 (d)(2)	Notice of Resolution of Appeals	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(A)	§438.408 (d)(2) and (e)	Written Notice Content	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(B)	§438.210 (c)	Appeals of UM Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
(C)	§438.210 (c) and .408 (d)(2)(ii)	Telephone Notification of Expedited Appeals [Also see Minnesota Statutes section 62M.06, subd. 2]	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec, 8.4.8.	§438.424	Reversed Appeal Resolutions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.5.	§438.416 (c)	Maintenance of Grievance and Appeal Records	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Section 8.9.	§438.416 (c)	State Fair Hearings		
Sec. 8.9.2.	§438.408 (f)	Standard Hearing Decisions	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.9.5.	§438.420	Continuation of Benefits Pending Resolution of State Fair Hearing	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Sec. 8.9.6.	§438.424	Compliance with State Fair Hearing Resolution	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Section 8.9 MDH reviewed all required policies and procedures related to State Fair Hearings. However, there were no State Fair Hearing files to review.

IV. Access and Availability

Minnesota Statutes, Section 62D.124. Geographic Accessibility

Subd. 1.	Primary Care, Mental Health Services, General Hospital Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Other Health Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Exception	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Subd. 1. and 2. Minnesota Statutes, section 62D.124, outlines the specific geographic accessibility requirements for primary and specialty care. IMCare performed an excellent gap analysis of its network. A lack of behavioral health providers was identified for northwestern Itasca County and included what measures were being done to alleviate the gap.

Minnesota Rules, Part 4685.1010. Availability and Accessibility

Subp. 2.	Basic Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 5	Coordination of Care	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subp. 6.	Timely Access to Health care Services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Minnesota Statutes, Section 62Q.55. Emergency Services

Met Not Met

Minnesota Statutes, Section 62Q.121. Licensure of Medical Directors

Met Not Met

Minnesota Statutes, Section 62Q.527. Coverage of Nonformulary Drugs for Mental Illness and Emotional Disturbance

Subd. 2.	Required Coverage for Anti-psychotic Drugs	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Continuing Care	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 4.	Exception to formulary	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Minnesota Statutes, Section 62Q.535. Coverage for Court-Ordered Mental Health Services

Subd. 1.	Mental health services	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Coverage required	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

Minnesota Statutes, Section 62Q.56. Continuity of Care

Subd. 1.	Change in health care provider, general notification	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 1a.	Change in health care provider, termination not for cause	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 1b.	Change in health care provider, termination for cause	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2.	Change in health plans	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2a.	Limitations	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 2b.	Request for authorization	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Subd. 3.	Disclosures	<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met

V. Utilization Review

I. UM System File Review	
File Source	#Reviewed
<i>UM Denial Files</i>	
MHCP-MC	13
<i>Clinical Appeal Files</i>	
MHCP-MC	7
<i>Subtotal</i>	
Total	
	20

Minnesota Statutes, Section 62M.04. Standards for Utilization Review Performance

- Subd. 1. Responsibility on Obtaining Certification Met Not Met
- Subd. 2. Information upon which Utilization Review is Conducted Met Not Met

Minnesota Statutes, Section 62M.05. Procedures for Review Determination

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

Subd. 3a Minnesota Statutes, section 62M.05, subdivision 3a, outlines the procedures required for utilization review determinations. IMCare files contained thorough documentation of the determination notifications.

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

- Subd. 1. Procedures for Appeal Met Not Met
- Subd. 2. Expedited Appeal Met Not Met
- Subd. 3. Standard Appeal Met Not Met
 - (a) Appeal resolution notice timeline Met Not Met
 - (b) Documentation requirements Met Not Met
 - (c) Review by a different physician Met Not Met
 - (d) Time limit in which to appeal Met Not Met
 - (e) Unsuccessful appeal to reverse determination Met Not Met

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

- | | | |
|---|---|----------------------------------|
| (f) Same or similar specialty review | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| (g) Notice of rights to external; review | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |
| Subd. 4. Notification to Claims Administrator | <input checked="" type="checkbox"/> Met | <input type="checkbox"/> Not Met |

Minnesota Statutes, Section 62M.08. Confidentiality

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

Minnesota Statutes, Section 62M.09. Staff and Program Qualifications

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

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

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

VI. Recommendations

1. To better comply with Minnesota Rules, part 4685.1110, subpart 1, the written quality plan could be expanded upon expanded upon to include more specifics regarding IMCare’s utilization management program and reporting relationships. The quality evaluation section could be revised to include IMCare’s quality evaluation focus that includes a trending of measures for the quality activities, an analysis and evaluation of the overall effectiveness of its quality program and to whom does it get reported and approved.
2. To better comply with Minnesota Rules, part 4685.1120, subpart 1, IMcare could include more tables and or graphs (or both) to better demonstrate trends and progress over time, especially in summarizing its performance improvement projects. IMCare may also want to reorganize the evaluation to include all the utilization management activities together under one section and include a summary of the overall effectiveness of utilization management program.

VII. Mandatory Improvements

None

VIII. Deficiencies

None