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Minnesota Department of  
**Human Services**

## Health Care

### Our Mission

The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.

### Our Values

- We focus on people, not programs.
- We provide ladders up and safety nets for the people we serve.
- We work in partnership with others; we cannot do it alone.
- We are accountable for results, first to the people we serve, and ultimately to all Minnesotans.

*We practice these shared values in an ethical environment where integrity, trustworthiness, responsibility, respect, justice, fairness and caring are of paramount importance.*

## Report to the Legislature

# Health Plan Audits

Laws of Minnesota 2005  
1<sup>st</sup> Special Session  
chapter 5, article 8 section 4

**July 2008**

## NCQA Standards Used in Managed Care Contract

This report is submitted in fulfillment of Minnesota Statutes section 62Q.37, subdivision 7.

Under the Balanced Budget Act, Managed Care Standards, DHS is required to conduct annual audits of managed care organizations under contract, 42 CFR 438.364. Where an accreditation component is comparable to a federal regulation, Minnesota statute, or contract requirement, DHS will use the components and reports from the accreditation audits to reduce the MCO's data collection burden, 42 CFR 438.360. Three of nine managed care organizations that contract with DHS seek accreditation through NCQA. Of the three, Blue Cross and Medica pursue NCQA accreditation for the Medicaid population. Below is a table of the accreditation components that meet the requirements for the contract and/or the annual DHS audits. This chart is updated annually. If you have any questions please contact Vicki Kunerth, Director, Performance Measurement and Quality Improvement at (651) 431-2618.

BBA Regulation	NCQA Standard "100% Compliance"	Medicare Standards "Met"
Utilization Review and Over/Under Utilization of Services 42 CFR 438.240 (b)(3)	UM 1 through 4, UM 10 through 15	QY 03 (Information Only) Appropriate Utilization Management Program
Health Information Systems 42 CFR 438.242		QY 02 Adequate Health Information System
Quality Assessment and Performance Improvement Program 42 CFR 438.240 (e)(1-2)	QI 1, Element B	
Persons with Special Health Care Needs 42 CFR 438.208 (e)(1)(i-ii)		AA 04 (Information Only) Adequate and Appropriate Access to Care
Clinical Practice Guidelines 42 CFR 438.236 (b-d)	QI 9, Elements A	PR 02 (Information Only) Consultation with Physicians and Other Health Care Professionals
Case Management and Care Coordination 42 CFR 438.208 (b)(1-3)	QI 10, Element A (as applicable), QI4B	CMS Monitoring Guide, Chapter 4 (Information Only)
Access and Availability of Care and Services 42 CFR 438.206		AA 04 Adequate and Appropriate Access to Care
Emergency Room and Post Stabilization Care 42 CFR 438.114		OC 01 Correct Claim Determinations
Confidentiality 42 CFR 438.208 (b)(4), 438.224, and 45 CFR Parts 160 and 164, Part 431, Subpart F	RR 6, Elements A through E (as applicable)	
Subcontractual Relationships and Delegation 42 CFR 438.230	UM 15, CR 12, RR 7, QI 13 (as applicable)	DG 01, ) Over site of Delegated Entities Chapter 4 Responsibilities QY 07 Oversight of Delegated Entities with Chapter 5 Responsibilities CN 07 Required Contract Provisions Delegation Requirements (Information Only)
Credentialing and Recredentialing 42 CFR 438.214	CR 1 through CR 11, QI 4 and QI 5 (as applicable)	PR 01 through PR 06 Provider Relations(Information Only)

### 2007 Changes:

- The 2007 DHS/MCO Model Contract Section 7.3.1 the Disease Management Program language was changed to require compliance with NCQA's QI 8 elements B through H standards<sup>1</sup> replacing the reference to the Disease Management Association of America. If the MCO has a diabetes and asthma disease management programs that achieves 100 percent compliance with the NCQA standards, the MCO will not need to further demonstrate compliance.
- If an MCO obtains full compliance with the Information System standards for each of the previous three years NCQA Certified HEDIS Audits, and submits the audit reports from the previous three years, the MCO will be considered to have met the requirement of BBA 42 CFR 438.242.

<sup>1</sup> The 2007PMAP Model Contract now references the 2007 NCQA Disease Management Standards for Quality Management and Improvement which are effective 7/1/07.