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Department of Human Services Quality Strategy Report

Performance Management and Quality Improvement

November 2012



Legislative Report

For more information contact:

Minnesota Department of Human Services
Health Care Administration
P.O. Box 64983
St. Paul, MN 55155
651-431-2106

This information is available in alternative formats to individuals with disabilities by calling 651-431-2182.

TTY users can call through Minnesota Relay at (800) 627-3529.

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For additional assistance with legal rights and protections for equal access to human services programs, contact the agency's ADA coordinator.

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$216.75.

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In compliance with Minnesota Statutes 62Q.37 subdivision7, the Department of Humans Services is reporting on the review and application of accreditation standards in the Department's managed care contracts. The Department's review and application of NCQA accreditation standards are part of the Department's Quality Strategy and is posted each year on the Department's website. Two of eight managed care organizations (MCOs) under contract with DHS are accredited by NCQA for services to Medicaid enrollees. One other MCO is accredited for their commercial products.

Each year the Department considers new or updated NCQA standards, comparing them with Federal and State requirements. The table below contains the most recent NCQA standards that are consistent with federal & State Regulations, and adopted for all MCOs under contract with DHS. Accreditation and Medicaid standards and applicable federal and state requirements are reviewed and assessed on an ongoing basis to determine any needed changes to the list. The following table provides private accreditation (NCQA) that are comparable to BBA Managed Care standards (42 CRF 438.360)

Revised October 2012

BBA Regulation	NCQA Standard"100% Compliance",1
Utilization Review and Over/Under Utilization of Services 42 CFR 438.240 (b)(3)	UM 1-4, UM 10- 15
Health Information Systems 42 CFR 438.242	Annual NCQA Certified HEDIS Compliance Audit
Quality Assessment and Performance Improvement Program 42 CFR 438.240 (e)(1-2)	QI 1, Element B
Clinical Practice Guidelines 42 CFR 438.236 (b-d)	QI 9, Elements A
Case Management and Care Coordination 42 CFR 438.208 (b)(1-3)	QI 4 Element B, QI 5
Access and Availability of Care and Services 42 CFR 438.206	QI 3 Element A QI 4 Elements A-D, QI 5 Elements A-C RR 3 MED 1
Emergency Room and Post Stabilization Care 42 CFR 438.114	UM 12
Confidentiality 42 CFR 438.208 (b)(4), 438.224, and 45 CFR Parts 160 and 164, Part 431, Subpart F	RR5, Elements A-G
Subcontractual Relationships and Delegation 42 CFR 438.230	QI 12 UM 15, CR 12, RR 7, MEM 9
Credentialing and Recredentialing 42 CFR 438.214	CR 1 - 11, QI 4, QI 5

- 1. An MCO will be considered to have met the requirements in BBA 42 CFR 438: if the previous three annual NCQA Certified HEDIS Compliance Audits indicate; a). all performance measures are reportable, and b). the MCO provides the audit reports from the previous three years for review.
- 2. DHS/MCO Contract Section 7.3(A) Disease Management Program Standards. If the MCO has diabetes, asthma, and cardiac disease management programs that achieves 100 percent compliance with the NCQA QI 8, the MCO will not need to further demonstrate compliance.

¹ 2012 NCQA Standards and Guidelines for Accreditation of Health Plans, effective July 1, 2012.