



Minnesota Department of
Human Services

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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

Audits Conducted by Independent Organization

Minnesota Statute Chapter 62Q,
section 62Q.37, subdivision 7

January 2009

Minnesota Department of Human Services Report to Legislature

In compliance with Minnesota Statutes 62Q.37 subdivision 7, 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 :
<http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-4538-ENG>

Two of nine 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 Medicare standards and applicable federal and state requirements will be reviewed and assessed on an ongoing basis to determine any needed changes to the list.

Revised June 2008

The following table provides private accreditation (NCQA) and Medicare standards that are comparable to BBA Managed Care standards (42 CRF 438.360).

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 (c)(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)