



## Managed Care Grievance System Information Summary Calendar Years 2014–2016

Minnesota Department of Human Services

Margaret Manderfeld  
Manager, Office of the Ombudsman for Public Managed Health Care  
Programs 651-478-8280 [margaret.manderfeld@state.mn.us](mailto:margaret.manderfeld@state.mn.us)



For accessible formats of this information or assistance with additional equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 651-431-2000, or use your preferred relay service. ADA1 (2-18)

## Table of Contents

<b>Introduction</b> .....	3
The Office of the Ombudsman for Public Managed Health Care Programs.....	3
Terminology.....	3
Purpose of Report.....	3
Interpreting Grievance Data.....	3
Comparisons Across Managed Care Organizations.....	4
Time Trends.....	4
<b>Tables</b> .....	5
Grievances .....	5
Grievances by Managed Care Organization and Program .....	5
Grievances by Managed Care Organization and Issue .....	6
Grievances by Managed Care Organization and Outcome.....	7
Denials, Terminations, and Reductions of Service (DTRs) or Denials of Payment	8
DTRs by Managed Care Organization and Program.....	8
DTRs by Managed Care Organization and Action .....	9
Appeals .....	10
Appeals by Managed Care Organization and Program .....	10
Appeals by Managed Care Organization and Issue .....	11
Grievances by Managed Care Organization and Outcome.....	12
State Fair Hearings .....	13
State Fair Hearings by Managed Care Organization and Program .....	13
State Fair Hearings by Managed Care Organization and Type .....	14
State Fair Hearings by Managed Care Organization and Service Category.....	15
State Fair Hearings by Managed Care Organization and Outcome .....	16

## Introduction

### The Office of the Ombudsman for Public Managed Health Care Programs

Members in managed care organizations (MCOs) within Minnesota Public Health Care Programs have a variety of rights under federal and state law as defined in annual contracts between the Minnesota Department of Human Services (DHS) and individual MCOs. Members may submit grievances to managed care organizations about their quality of care, file appeals of denied services internally with MCOs, or appeal a denial through a state fair hearing reviewed by a human services judge with DHS.

The Office of the Ombudsman for Public Managed Health Care Programs is part of DHS and helps members navigate the grievance and appeals system. The ombudsman office can offer advice on how to file grievances, appeals or state fair hearings while negotiating with MCOs to ensure fair and equitable treatment for all public managed care members. The ombudsman office educates members, investigates members' concerns and assists in monitoring health plan compliance. The ombudsman staff also helps members with access, service and billing problems with MCOs.

### Terminology

- **Grievance:** A grievance (complaint) is a member's expression of dissatisfaction about the quality of care or service(s) provided by the MCO or their providers. Members can file a grievance with the MCO by telephone or in writing.
- **Denial, termination and reduction of services or payment (DTRs):** A DTR is a MCO's denial, termination or reduction of a healthcare service or payment of a claim. Federal and state law and the DHS managed care contracts require MCOs to send members a *Notice of Action*, which is a DTR letter, anytime an MCO denies, terminates or reduces a service or claim. This is to ensure that members are educated about their right to file an appeal if members disagree with the MCO's decision.
- **Appeal:** Members can ask their MCO to review and overturn a decision. By filing an appeal, members have the potential to receive services they were initially denied. Members can file an appeal with the MCO by telephone or in writing.
- **State fair hearing (SFH):** A state fair hearing (also known as a state appeal) is a member's request to have a Department of Human Services judge conduct an independent review of the MCO's decision. The member has the opportunity to present evidence to support his or her case.

### Program Acronyms

- F&C = Families and Children
- MA = Medical Assistance
- MSC+ = Minnesota Senior Care Plus
- MSHO = Minnesota Senior Health Option
- SNBC = Special Needs BasicCare

### Purpose of Report

As an extension of the mission of the ombudsman's office to promote members' rights, the office collects data about grievances, DTRs, health plan appeals and state fair hearings from MCOs across the state. This report summarizes three years of that data. Note the following when looking through the tables in this report.

### **Interpreting Grievance Data**

Drawing conclusions about the quality of MCOs based on the number of grievances is difficult. Unfortunately, MCOs do not necessarily record grievances in the same way. For example, if a member called the MCO customer service line and complained that an address for a clinic was listed incorrectly in member materials, the MCO should record the complaint as a grievance. However, some MCO customer service staff might tell the member the correct address and not record the complaint as a grievance, given that the complaint was resolved immediately over the phone. This means that, in some cases, higher numbers of grievances are actually desirable given that those higher numbers may reflect better data collection practices. Additionally, some members may not be aware of their right to file a grievance; higher numbers of grievances, therefore, could also indicate that a MCO effectively communicates information about rights to their members. Overall, readers should not use the number of grievances filed as a measure of quality among the MCOs.

### **Comparisons Across MCOs**

In general, treat comparisons of any rate across different MCOs with caution. Each MCO within the state serves a very different population of members, all with unique health needs, cultural expectations, or demographic compositions. Accordingly, do not conclude that one MCO is doing better or worse than another based solely on the rates published in this report.

There are many factors that play a role in the types or amount of services members might seek, or whether or not a member would file an appeal. Because of this, the ombudsman office notes that any interpretation of a health plan's performance compared to another, based solely on the rates published in this report, would be misleading without weighing other measures reported by DHS. Other reports include the [quality, outcomes and performance measures](#), the [consumer satisfaction survey results](#), the [annual technical reports](#), and the [HEDIS and quality assurance reports](#).

### **Historical Change and Time Trends**

Finally, when interpreting this report, consider historical changes (also known as time trends). Legislative changes, at the federal and state levels have significant impacts on healthcare programs, policies and services. The legislature dictates what defines eligibility and covered services in the Prepaid Minnesota Health Care Programs. These definitions may change from one legislative session to the next. Consequently, while changes in rates across time may be due to changes in practice within the health plan, they also may be due to legislative changes outside of the MCO's control. Furthermore, this report includes only three years of data, which is not enough to observe meaningful trends.

**Grievance Rates\* (per 10,000 Member Months) by Managed Care Organization (MCO) and Program  
Calendar Years 2014-2016**

MCO	Year	F&C MA Number of Grievances	F&C MA Grievance Rate	MSC+ Number of Grievances	MSC+ Grievance Rate	MSHO Number of Grievances	MSHO Grievance Rate	Minnesota Care Number of Grievances	Minnesota Care Grievance Rate	SNBC Number of Grievances	SNBC Grievance Rate	Total Number of Grievances	Total Grievance Rate
Blue Plus	2014	499	5.9	66	16.1	181	17.9	96	7.5	.	.	842	7.5
	2015	427	4.5	66	16.3	111	11.7	72	4.0	.	.	676	5.4
	2016	2,548	7.8	107	24.1	254	26.9	103	3.5	.	.	3,012	8.2
HealthPartners	2014	700	6.1	14	8.7	71	19.0	95	9.0	.	.	880	6.8
	2015	930	8.8	29	16.0	73	19.4	144	10.1	.	.	1,176	9.4
	2016	595	6.6	28	13.0	50	13.3	185	9.0	74	37.6	932	7.9
Hennepin Health	2014	16	1.6	.	.	.	.	.	.	.	.	16	1.8
	2015	28	2.2	.	.	.	.	.	.	.	.	28	2.2
	2016	14	1.4	.	.	.	.	.	.	.	.	14	1.4
Itasca Medical Care	2014	2	0.3	.	.	4	7.0	.	.	.	.	6	0.6
	2015	.	.	1	5.0	2	3.5	.	.	.	.	3	0.3
	2016	1	0.1	.	.	.	.	.	.	.	.	1	0.1
Medica	2014	271	2.0	22	6.0	43	3.7	33	1.7	570	23.4	939	4.8
	2015	322	2.0	18	4.9	43	3.6	38	1.2	492	18.7	913	3.9
	2016	808	2.6	26	6.3	39	3.0	79	1.4	516	22.5	1,468	3.6
Metropolitan Health Plan	2014	.	.	2	3.1	6	9.0	.	.	17	4.8	25	5.2
	2015	.	.	.	.	.	.	.	.	35	10.2	35	10.2
	2016	.	.	.	.	.	.	.	.	33	10.6	33	10.6
PrimeWest	2014	42	1.3	.	.	9	3.7	2	1.3	33	13.9	86	2.2
	2015	22	0.6	.	.	8	3.4	.	.	15	6.0	45	1.0
	2016	44	1.2	.	.	5	2.2	1	0.3	10	3.8	60	1.3
South Country Health Alliance	2014	101	3.2	2	2.0	7	3.6	3	2.4	25	9.3	138	3.6
	2015	143	4.0	4	4.2	14	7.5	7	3.0	38	13.8	206	4.7
	2016	48	1.5	2	2.0	2	1.0	4	1.1	13	4.1	69	1.6
UCare Minnesota	2014	777	2.5	16	4.0	88	7.5	70	1.9	547	22.8	1,498	3.9
	2015	1,080	2.9	27	6.0	137	11.1	77	1.3	792	30.0	2,113	4.5
	2016	38	2.6	33	7.7	124	9.5	8	4.4	609	20.1	812	12.7
Total	2014	2,408	3.3	122	7.6	409	9.5	299	3.6	1,194	21.0	4,432	4.8
	2015	2,952	3.6	145	9.0	388	9.1	338	2.6	1,372	22.3	5,195	4.8
	2016	4,096	4.9	196	11.5	474	10.8	380	3.3	1,256	19.6	6,402	6.0

\* Numbers include both oral and written grievances

**Number and Percent of Grievances by Managed Care Organization (MCO) and Issue Category  
Calendar Years 2014-2016**

MCO	Year	Access Number	Access Percent	Administration Number	Administration Percent	Communication and Behavior Number	Communication and Behavior Percent	Coordination of Care Number	Coordination of Care Percent	Facilities and Environment Number	Facilities and Environment Percent	Technical Competence Number	Technical Competence Percent
Blue Plus	2014	420	49.9	176	20.9	133	15.8	39	4.6	15	1.8	59	7.0
	2015	223	33.0	267	39.5	113	16.7	12	1.8	8	1.2	53	7.8
	2016	71	2.4	2,369	78.7	407	13.5	29	1.0	17	0.6	119	4.0
HealthPartners	2014	286	32.5	203	23.1	230	26.1	29	3.3	51	5.8	81	9.2
	2015	396	33.7	290	24.7	278	23.6	32	2.7	60	5.1	120	10.2
	2016	332	35.6	202	21.7	282	30.3	15	1.6	21	2.3	80	8.6
Hennepin Health	2014	8	50.0	1	6.3	4	25.0	1	6.3	.	.	2	12.5
	2015	11	39.3	7	25.0	5	17.9	.	.	.	.	5	17.9
	2016	11	78.6	.	.	2	14.3	.	.	.	.	1	7.1
Itasca Medical Care	2014	.	.	.	.	4	66.7	2	33.3	.	.	.	.
	2015	.	.	.	.	3	100	.	.	.	.	.	.
	2016	.	.	.	.	1	100	.	.	.	.	.	.
Medica	2014	489	52.1	36	3.8	294	31.3	15	1.6	19	2.0	86	9.2
	2015	280	30.7	58	6.4	492	53.9	1	0.1	21	2.3	61	6.7
	2016	279	19.0	97	6.6	977	66.6	9	0.6	14	1.0	92	6.3
Metropolitan Health Plan	2014	7	28.0	3	12.0	9	36.0	1	4.0	1	4.0	4	16.0
	2015	18	51.4	1	2.9	9	25.7	1	2.9	2	5.7	4	11.4
	2016	18	54.5	4	12.1	4	12.1	1	3.0	2	6.1	4	12.1
PrimeWest	2014	10	11.6	11	12.8	20	23.3	19	22.1	4	4.7	22	25.6
	2015	1	2.2	5	11.1	9	20.0	4	8.9	4	8.9	22	48.9
	2016	5	8.3	9	15.0	10	16.7	4	6.7	13	21.7	19	31.7
South Country Health Alliance	2014	23	16.7	60	43.5	28	20.3	7	5.1	6	4.3	14	10.1
	2015	82	39.8	40	19.4	45	21.8	16	7.8	7	3.4	16	7.8
	2016	25	36.2	11	15.9	16	23.2	5	7.2	5	7.2	7	10.1
UCare Minnesota	2014	845	56.4	122	8.1	405	27.0	24	1.6	18	1.2	84	5.6
	2015	1,211	57.3	182	8.6	580	27.4	17	0.8	16	0.8	107	5.1
	2016	438	53.9	64	7.9	252	31.0	11	1.4	5	0.6	42	5.2
Total	2014	2,090	47.2	612	13.8	1,127	25.4	137	3.1	114	2.6	352	7.9
	2015	2,222	42.8	850	16.4	1,534	29.5	83	1.6	118	2.3	388	7.5
	2016	1,180	18.4	2,756	43.0	1,951	30.5	74	1.2	77	1.2	364	5.7

The following descriptions are different types of grievance categories. The examples listed for each category are not all inclusive.

- Access: delay in obtaining service, inadequate geographic options, delays in appointment scheduling, inability to get a referral, inability to get medical information, lack of availability of special services
- Administration: member materials, benefit set dissatisfaction, MCO membership process issues, non-appealable claims or billing process issues
- Communication and Behavior: rude or disrespectful, rushed or did not listen, inadequate education, delay in communicating test results, inappropriate behavior
- Coordination of Care: failure to follow up, information not provided or available at time of care, multiple providers or lack of coordination of treatment between providers, delay in referral
- Facilities & Environment: facility does not physically accommodate patient needs, environment not comfortable, equipment malfunction, cleanliness, unsafe physical conditions
- Technical Competence: delayed or incorrect diagnosis, inappropriate treatment, wrong test ordered or performed, procedural error, failure to refer, procedure or services outside the scope of practice or expertise

**Grievances by Managed Care Organization (MCO) and Outcome  
Calendar Years 2014-2016**

MCO	Year	Grievance Acknowledged Number	Grievance Acknowledged Percent	Grievance Denied/Exceeds 90-day Limit Number	Grievance Denied/Exceeds 90-day Limit Percent	Grievance Substantiated/Action Taken Number	Grievance Substantiated/Action Taken Percent	Grievance Unsubstantiated Number	Grievance Unsubstantiated Percent	Referred to Quality Review Number	Referred to Quality Review Percent	Withdrawn Number	Withdrawn Percent
Blue Plus	2014	307	36.5	7	0.8	357	42.4	57	6.8	111	13.2	3	0.4
	2015	261	38.6	17	2.5	197	29.1	88	13.0	111	16.4	2	0.3
	2016	2,435	80.8	13	0.4	225	7.5	93	3.1	240	8.0	6	0.2
HealthPartners	2014	555	63.1	28	3.2	110	12.5	.	.	187	21.3	.	.
	2015	800	68.0	29	2.5	100	8.5	.	.	247	21.0	.	.
	2016	679	72.9	19	2.0	78	8.4	.	.	156	16.7	.	.
Hennepin Health	2014	2	12.5	.	.	9	56.3	2	12.5	3	18.8	.	.
	2015	1	3.6	1	3.6	14	50.0	3	10.7	9	32.1	.	.
	2016	1	7.1	.	.	6	42.9	1	7.1	6	42.9	.	.
Itasca Medical Care	2014	.	.	.	.	.	.	.	.	6	100	.	.
	2015	.	.	.	.	.	.	.	.	3	100	.	.
	2016	.	.	.	.	.	.	.	.	1	100	.	.
Medica	2014	764	81.4	28	3.0	76	8.1	4	0.4	67	7.1	.	.
	2015	729	79.8	14	1.5	92	10.1	13	1.4	65	7.1	.	.
	2016	1,271	86.6	17	1.2	92	6.3	15	1.0	73	5.0	.	.
Metropolitan Health Plan	2014	6	24.0	.	.	11	44.0	2	8.0	6	24.0	.	.
	2015	2	5.7	2	5.7	13	37.1	3	8.6	15	42.9	.	.
	2016	1	3.0	2	6.1	16	48.5	2	6.1	12	36.4	.	.
PrimeWest	2014	17	19.8	7	8.1	33	38.4	1	1.2	20	23.3	8	9.3
	2015	13	28.9	2	4.4	16	35.6	3	6.7	8	17.8	3	6.7
	2016	31	51.7	2	3.3	15	25.0	3	5.0	8	13.3	1	1.7
South Country Health Alliance	2014	78	56.5	1	0.7	37	26.8	6	4.3	16	11.6	.	.
	2015	79	38.3	1	0.5	69	33.5	30	14.6	22	10.7	5	2.4
	2016	14	20.3	.	.	24	34.8	26	37.7	4	5.8	1	1.4
UCare Minnesota	2014	1,213	81.0	1	0.1	173	11.5	39	2.6	70	4.7	2	0.1
	2015	1,712	81.0	15	0.7	247	11.7	16	0.8	122	5.8	1	0.0
	2016	612	75.4	13	1.6	134	16.5	13	1.6	39	4.8	1	0.1
Total	2014	2,942	66.4	72	1.6	808	18.2	111	2.5	486	11.0	13	0.3
	2015	3,597	69.2	81	1.6	748	14.4	156	3.0	602	11.6	11	0.2
	2016	5,044	78.8	66	1.0	590	9.2	153	2.4	540	8.4	9	0.1

Definition of grievance outcome categories:

- Grievance Acknowledged: Unable to prove or disprove the allegations or incident
- Grievance Denied/Exceeds 90-Day Limit: Grievance from an incident that occurred over 90 days ago
- Grievance Substantiated/Action Taken: Able to prove that allegations or incident occurred
- Grievance Unsubstantiated: Able to prove that allegations or incident did not occur
- Referred to Quality Review: Grievance forwarded to quality review team for use in quality improvement project, may or may not include peer review
- Withdrawn: Member withdrew grievance

**DTR Rates (per 10,000 Member Months) by Managed Care Organization (MCO) and Program  
Calendar Years 2014-2016**

MCO	Year	F&C MA Number of DTRs	F&C MA DTR Rate	MSC+ Number of DTRs	MSC+ DTR Rate	MSHO Number of DTRs	MSHO DTR Rate	Minnesota Care Number of DTRs	Minnesota Care DTR Rate	SNBC Number of DTRs	SNBC DTR Rate	Total Number of DTRs	Total DTR Rate
Blue Plus	2014	78,943	931.4	20,742	5072.6	54,648	5414.8	16,449	1283.8	.	.	170,782	1527.8
	2015	81,755	865.5	18,853	4652.9	48,607	5106.9	15,203	834.4	.	.	164,418	1302.0
	2016	208,674	640.3	19,176	4326.3	46,651	4944.4	22,147	760.7	.	.	296,648	804.0
HealthPartners	2014	47,629	417.3	5,107	3158.5	4,221	1131.5	5,210	495.9	.	.	62,167	478.2
	2015	51,441	487.6	5,704	3148.3	5,570	1478.4	5,587	393.0	.	.	68,302	545.0
	2016	43,068	477.8	6,025	2807.7	5,530	1471.9	8,895	432.3	3,193	1622.2	66,711	562.5
Hennepin Health	2014	19,130	1896.4	.	.	.	.	.	.	.	.	19,130	1896.4
	2015	22,526	1729.9	.	.	.	.	.	.	.	.	22,526	1729.9
	2016	20,418	1974.8	.	.	.	.	.	.	.	.	20,418	1921.7
Itasca Medical Care	2014	9,039	1131.7	2,102	10437	6,049	10540	611	1142.5	.	.	17,801	1914.7
	2015	6,523	778.0	1,779	8815.7	3,550	6297.7	514	634.4	.	.	12,366	1241.5
	2016	5,619	674.4	707	3103.6	1,505	2704.4	442	566.9	.	.	8,273	836.0
Medica	2014	58,967	436.2	7,967	2166.9	15,391	1321.1	9,856	495.0	49,211	2021.0	141,392	725.5
	2015	71,669	444.4	8,420	2269.3	15,284	1266.8	14,379	437.3	59,946	2272.6	169,698	717.8
	2016	158,713	502.1	8,960	2175.7	20,517	1603.9	26,607	482.7	48,197	2104.2	262,994	639.6
Metropolitan Health Plan	2014	.	.	3,820	5951.1	4,806	7197.8	.	.	15,902	4518.3	24,528	5079.2
	2015	.	.	.	.	.	.	.	.	19,717	5745.0	19,717	6142.2
	2016	.	.	.	.	.	.	.	.	21,319	6834.5	21,319	6834.5
PrimeWest	2014	17,563	548.9	2,347	2592.2	4,262	1738.2	1,093	711.7	4,156	1748.6	29,421	749.2
	2015	22,444	631.1	2,590	2970.2	3,178	1357.4	1,598	604.3	4,253	1708.3	34,063	775.6
	2016	22,623	608.0	5,218	5856.3	5,042	2181.6	2,051	716.0	4,492	1694.1	39,426	858.3
South Country Health Alliance	2014	23,244	733.7	10,875	11094	3,545	1805.0	1,289	1027.7	9,075	3376.2	48,028	1245.2
	2015	17,312	481.4	3,392	3579.9	1,280	681.7	1,121	486.0	3,989	1449.0	27,094	617.8
	2016	20,145	618.5	2,771	2758.6	1,865	976.4	2,197	597.1	6,748	2130.0	33,726	796.6
UCare Minnesota	2014	162,126	522.5	23,731	6005.4	24,842	2107.7	20,809	577.7	86,609	3608.0	318,117	823.7
	2015	154,102	417.9	24,499	5461.0	22,784	1840.1	23,946	405.5	100,569	3805.2	325,900	691.6
	2016	31,978	2188.3	22,543	5265.9	25,042	1925.0	4,131	2247.4	100,583	3325.4	184,277	2879.7
Total	2014	416,641	573.8	76,691	4774.3	117,764	2744.0	55,317	669.9	164,953	2897.0	831,366	898.9
	2015	427,772	519.8	65,870	4096.0	100,983	2375.2	62,348	479.1	188,474	3065.5	845,447	787.6
	2016	511,238	612.1	65,400	3824.4	106,152	2425.2	66,470	581.8	184,532	2880.7	933,792	868.9

**Number and Percent of DTRs by Managed Care Organization (MCO) and Action  
Calendar Years 2014-2016**

MCO	Year	Payment Denial Number	Payment Denial Percent	Reduction of Service Number	Reduction of Service Percent	Service Denial Number	Service Denial Percent	Termination of Service Number	Termination of Service Percent
Blue Plus	2014	164,086	96.1	224	0.1	5,023	2.9	1,449	0.8
	2015	157,798	96.0	150	0.1	4,758	2.9	1,712	1.0
	2016	274,485	92.5	158	0.1	20,491	6.9	1,514	0.5
HealthPartners	2014	58,371	93.9	197	0.3	3,402	5.5	197	0.3
	2015	65,195	95.5	196	0.3	2,696	3.9	215	0.3
	2016	63,090	94.6	208	0.3	3,266	4.9	147	0.2
Hennepin Health	2014	18,728	97.9	9	0.0	388	2.0	5	0.0
	2015	22,114	98.2	10	0.0	389	1.7	13	0.1
	2016	19,818	97.1	16	0.1	583	2.9	1	0.0
Itasca Medical Care	2014	16,965	95.3	80	0.4	91	0.5	665	3.7
	2015	11,256	91.0	124	1.0	125	1.0	861	7.0
	2016	7,381	89.2	48	0.6	96	1.2	748	9.0
Medica	2014	129,929	91.9	4,020	2.8	7,443	5.3	.	.
	2015	158,521	93.4	3,339	2.0	7,838	4.6	.	.
	2016	245,405	93.3	2,993	1.1	14,596	5.5	.	.
Metropolitan Health Plan	2014	24,183	98.6	65	0.3	240	1.0	40	0.2
	2015	19,541	99.1	3	0.0	166	0.8	7	0.0
	2016	21,060	98.8	2	0.0	257	1.2	.	.
PrimeWest	2014	26,924	91.5	44	0.1	2,090	7.1	363	1.2
	2015	31,638	92.9	46	0.1	1,988	5.8	391	1.1
	2016	36,261	92.0	48	0.1	2,877	7.3	240	0.6
South Country Health Alliance	2014	43,472	90.5	40	0.1	4,127	8.6	389	0.8
	2015	22,979	84.8	34	0.1	3,700	13.7	381	1.4
	2016	29,705	88.1	39	0.1	3,545	10.5	437	1.3
UCare Minnesota	2014	294,467	92.6	2,229	0.7	20,199	6.3	1,222	0.4
	2015	305,327	93.7	2,047	0.6	15,736	4.8	2,790	0.9
	2016	174,441	94.7	2,160	1.2	5,432	2.9	2,244	1.2
Total	2014	777,125	93.5	6,908	0.8	43,003	5.2	4,330	0.5
	2015	795,732	94.1	5,949	0.7	37,396	4.4	6,370	0.8
	2016	871,646	93.3	5,672	0.6	51,143	5.5	5,331	0.6

**Appeal Rates (per 1,000 DTRs) by Managed Care Organization (MCO) and Program  
Calendar Years 2014-2016**

MCO	Year	F&C MA Number of Appeals	F&C MA Appeal Rate	MSC+ Number of Appeals	MSC+ Appeal Rate	MSHO Number of Appeals	MSHO Appeal Rate	Minnesota Care Number of Appeals	Minnesota Care Appeal Rate	SNBC Number of Appeals	SNBC Appeal Rate	Total Number of Appeals	Total Appeal Rate
Blue Plus	2014	631	8.0	26	1.3	147	2.7	127	7.7	.	.	931	5.5
	2015	534	6.5	19	1.0	107	2.2	108	7.1	.	.	768	4.7
	2016	1,663	8.0	18	0.9	61	1.3	227	10.2	.	.	1,969	6.6
HealthPartners	2014	387	8.1	14	2.7	47	11.1	50	9.6	.	.	498	8.0
	2015	408	7.9	21	3.7	39	7.0	44	7.9	.	.	512	7.5
	2016	369	8.6	24	4.0	40	7.2	63	7.1	15	4.7	511	7.7
Hennepin Health	2014	21	1.1	.	.	.	.	.	.	.	.	21	1.1
	2015	29	1.3	.	.	.	.	.	.	.	.	29	1.3
	2016	36	1.8	.	.	.	.	.	.	.	.	36	1.8
Itasca Medical Care	2014	12	1.3	.	.	.	.	.	.	.	.	12	0.7
	2015	5	0.8	.	.	1	0.3	1	1.9	.	.	7	0.6
	2016	13	2.3	.	.	.	.	1	2.3	.	.	14	1.7
Medica	2014	670	11.4	14	1.8	33	2.1	101	10.2	213	4.3	1,031	7.3
	2015	754	10.5	9	1.1	32	2.1	115	8.0	214	3.6	1,124	6.6
	2016	1,288	8.1	12	1.3	22	1.1	248	9.3	252	5.2	1,822	6.9
Metropolitan Health Plan	2014	.	.	4	1.0	2	0.4	.	.	19	1.2	25	1.0
	2015	.	.	.	.	.	.	.	.	27	1.4	27	1.3
	2016	.	.	.	.	.	.	.	.	22	1.0	22	1.0
PrimeWest	2014	186	10.6	1	0.4	10	2.3	5	4.6	26	6.3	228	7.7
	2015	121	5.4	.	.	7	2.2	11	6.9	21	4.9	160	4.7
	2016	223	9.9	3	0.6	4	0.8	31	15.1	26	5.8	287	7.3
South Country Health Alliance	2014	206	8.9	.	.	5	1.4	11	8.5	37	4.1	259	5.4
	2015	487	28.1	8	2.4	6	4.7	42	37.5	64	16.0	607	22.4
	2016	360	17.9	3	1.1	6	3.2	56	25.5	68	10.1	493	14.6
UCare Minnesota	2014	1,303	8.0	74	3.1	196	7.9	216	10.4	194	2.2	1,983	6.2
	2015	1,309	8.5	86	3.5	208	9.1	185	7.7	223	2.2	2,011	6.2
	2016	95	3.0	53	2.4	172	6.9	14	3.4	271	2.7	605	3.3
Total	2014	3,416	8.2	133	1.7	440	3.7	510	9.2	489	3.0	4,988	6.0
	2015	3,647	8.5	143	2.2	400	4.0	506	8.1	549	2.9	5,245	6.2
	2016	4,047	7.9	113	1.7	305	2.9	640	9.6	654	3.5	5,759	6.2

**Number and Percent of Appeals by Managed Care Organization (MCO) and Issue  
Calendar Years 2014-2016**

MCO	Year	Billing and Financial Issues Number	Billing and Financial Issues Percent	Out-of-Network Service Denial Number	Out-of-Network Service Denial Percent	Services and Benefits Number	Services and Benefits Percent
Blue Plus	2014	37	4.0	.	0.0	894	96.0
	2015	26	3.4	.	0.0	742	96.6
	2016	46	2.3	1	0.1	1,922	97.6
HealthPartners	2014	22	4.4	.	0.0	476	95.6
	2015	59	11.5	.	0.0	453	88.5
	2016	86	16.8	.	0.0	425	83.2
Hennepin Health	2014	3	14.3	.	0.0	18	85.7
	2015	3	10.3	.	0.0	26	89.7
	2016	4	11.1	.	0.0	32	88.9
Itasca Medical Care	2014	1	8.3	.	0.0	11	91.7
	2015	.	0.0	.	0.0	7	100
	2016	1	7.1	.	0.0	13	92.9
Medica	2014	33	3.2	15	1.5	983	95.3
	2015	27	2.4	7	0.6	1,090	97.0
	2016	19	1.0	6	0.3	1,797	98.6
Metropolitan Health Plan	2014	4	16.0	.	0.0	21	84.0
	2015	2	7.4	.	0.0	25	92.6
	2016	2	9.1	.	0.0	20	90.9
PrimeWest	2014	4	1.8	22	9.6	202	88.6
	2015	8	5.0	3	1.9	149	93.1
	2016	11	3.8	21	7.3	255	88.9
South Country Health Alliance	2014	10	3.9	.	0.0	249	96.1
	2015	24	4.0	.	0.0	583	96.0
	2016	3	0.6	.	0.0	489	99.2
UCare Minnesota	2014	328	16.5	.	0.0	1,655	83.5
	2015	241	12.0	.	0.0	1,770	88.0
	2016	91	15.0	.	0.0	514	85.0
Total	2014	442	8.9	37	0.7	4,509	90.4
	2015	390	7.4	10	0.2	4,845	92.4
	2016	263	4.6	28	0.5	5,467	94.9

Examples of situations covered by the issue categories:

- Billing and Financial: balance billing and co-pay, elderly waiver obligations, denial in whole or in part of payment for a service
- Out-of-Network Service Denial: for residents of a rural area with only one MCO
- Service and Benefits: denied, terminated, or reduced service authorizations, denial of referrals to another provider, restricted recipients

**Number and Percent of Appeals by Managed Care Organization (MCO) and Outcome  
Calendar Years 2014-2016**

MCO	Year	Appeal Denied / Exceeds 90-day Limit Number	Appeal Denied / Exceeds 90-day Limit Percent	MCO Decision Overturned / Member Request Approved Number	MCO Decision Overturned / Member Request Approved Percent	MCO Decision Upheld / Member Request Denied Number	MCO Decision Upheld / Member Request Denied Percent	MCO Partially Upheld / Member Partially Denied Number	MCO Partially Upheld / Member Partially Denied Percent	Withdrawn Number	Withdrawn Percent
Blue Plus	2014	21	2.3	328	35.2	513	55.1	24	2.6	45	4.8
	2015	28	3.6	322	41.9	373	48.6	20	2.6	25	3.3
	2016	22	1.1	771	39.2	1,024	52.0	34	1.7	118	6.0
HealthPartners	2014	1	0.2	199	40.0	266	53.4	29	5.8	3	0.6
	2015	3	0.6	211	41.2	261	51.0	28	5.5	9	1.8
	2016	7	1.4	218	42.7	269	52.6	17	3.3	.	.
Hennepin Health	2014	.	.	10	47.6	11	52.4	.	.	.	.
	2015	.	.	7	24.1	22	75.9	.	.	.	.
	2016	2	5.6	19	52.8	15	41.7	.	.	.	.
Itasca Medical Care	2014	.	.	4	33.3	8	66.7	.	.	.	.
	2015	.	.	4	57.1	3	42.9	.	.	.	.
	2016	.	.	5	35.7	8	57.1	.	.	1	7.1
Medica	2014	17	1.6	550	53.3	445	43.2	17	1.6	2	0.2
	2015	16	1.4	603	53.6	469	41.7	23	2.0	13	1.2
	2016	10	0.5	1,016	55.8	696	38.2	33	1.8	67	3.7
Metropolitan Health Plan	2014	.	.	8	32.0	17	68.0	.	.	.	.
	2015	1	3.7	9	33.3	17	63.0	.	.	.	.
	2016	.	.	12	54.5	10	45.5	.	.	.	.
PrimeWest	2014	5	2.2	81	35.5	111	48.7	17	7.5	14	6.1
	2015	8	5.0	53	33.1	73	45.6	4	2.5	22	13.8
	2016	11	3.8	140	48.8	112	39.0	2	0.7	22	7.7
South Country Health Alliance	2014	6	2.3	185	71.4	68	26.3	.	.	.	.
	2015	3	0.5	427	70.3	175	28.8	1	0.2	1	0.2
	2016	1	0.2	318	64.5	169	34.3	.	.	5	1.0
UCare Minnesota	2014	6	0.3	1,132	57.1	735	37.1	53	2.7	57	2.9
	2015	10	0.5	1,012	50.3	881	43.8	41	2.0	67	3.3
	2016	5	0.8	259	42.8	291	48.1	22	3.6	28	4.6
Total	2014	56	1.1	2,497	50.1	2,174	43.6	140	2.8	121	2.4
	2015	69	1.3	2,648	50.5	2,274	43.4	117	2.2	137	2.6
	2016	58	1.0	2,758	47.9	2,594	45.0	108	1.9	241	4.2

**State Fair Hearing (SFH) Rates (per 1,000 DTRs) by Managed Care Organization (MCO) and Program  
Calendar Years 2014-2016**

MCO	Year	F&C MA Number of SFHs	F&C MA SFH Rate	MSC+ Number of SFHs	MSC+ SFH Rate	MSHO Number of SFHs	MSHO SFH Rate	Minnesota Care Number of SFHs	Minnesota Care SFH Rate	SNBC Number of SFHs	SNBC SFH Rate	Total Number of SFHs	Total SFH Rate
Blue Plus	2014	66	0.8	8	0.4	16	0.3	11	0.7	.	.	101	0.6
	2015	61	0.7	7	0.4	8	0.2	11	0.7	.	.	87	0.5
	2016	157	0.8	7	0.4	10	0.2	12	0.5	.	.	186	0.6
HealthPartners	2014	39	0.8	6	1.2	17	4.0	5	1.0	.	.	67	1.1
	2015	45	0.9	6	1.1	18	3.2	4	0.7	.	.	73	1.1
	2016	41	1.0	5	0.8	9	1.6	7	0.8	.	.	62	0.9
Hennepin Health	2014	4	0.2	.	.	.	.	.	.	.	.	4	0.2
	2015	10	0.4	.	.	.	.	.	.	.	.	10	0.4
	2016	10	0.5	.	.	.	.	.	.	.	.	10	0.5
Itasca Medical Care	2016	2	0.4	.	.	.	.	1	2.3	.	.	3	0.4
Medica	2014	69	1.2	8	1.0	21	1.4	11	1.1	24	0.5	133	0.9
	2015	82	1.1	2	0.2	37	2.4	10	0.7	24	0.4	155	0.9
	2016	144	0.9	9	1.0	15	0.7	22	0.8	39	0.8	229	0.9
Metropolitan Health Plan	2014	.	.	.	.	5	1.0	.	.	2	0.1	7	0.3
	2015	.	.	.	.	.	.	.	.	9	0.5	9	0.4
	2016	.	.	.	.	.	.	.	.	4	0.2	4	0.2
PrimeWest	2014	7	0.4	1	0.4	.	.	2	1.8	1	0.2	11	0.4
	2015	6	0.3	.	.	4	1.3	1	0.6	2	0.5	13	0.4
	2016	12	0.5	.	.	.	.	3	1.5	2	0.4	17	0.4
South Country Health Alliance	2014	8	0.3	1	0.1	.	.	2	1.6	1	0.1	12	0.2
	2015	14	0.8	.	.	.	.	1	0.9	.	.	15	0.6
	2016	7	0.3	1	0.4	2	1.1	.	.	1	0.1	11	0.3
UCare Minnesota	2014	192	1.2	69	2.9	115	4.6	19	0.9	32	0.4	427	1.3
	2015	258	1.7	59	2.4	99	4.3	34	1.4	38	0.4	488	1.5
	2016	48	1.5	48	2.1	98	3.9	9	2.2	35	0.3	238	1.3
Total	2014	385	0.9	93	1.2	174	1.5	50	0.9	60	0.4	762	0.9
	2015	476	1.1	74	1.1	166	1.6	61	1.0	73	0.4	850	1.0
	2016	421	0.8	70	1.1	134	1.3	54	0.8	81	0.4	760	0.8

**Number and Percent of State Fair Hearings (SFH) by Managed Care Organization (MCO) and Type  
Calendar Years 2014-2016**

MCO	Year	Access Number	Access Percent	Admin Number	Admin Percent	Billing Number	Billing Percent	Service Number	Service Percent
Blue Plus	2014	.	.	9	8.9	13	12.9	79	78.2
	2015	2	2.3	12	13.8	11	12.6	62	71.3
	2016	.	.	6	3.2	15	8.1	164	88.2
HealthPartners	2014	1	1.5	5	7.5	6	9.0	55	82.1
	2015	1	1.4	11	15.1	10	13.7	51	69.9
	2016	.	.	4	6.5	9	14.5	49	79.0
Hennepin Health	2014	.	.	.	.	2	50.0	2	50.0
	2015	.	.	2	20.0	3	30.0	5	50.0
	2016	.	.	.	.	3	30.0	7	70.0
Itasca Medical Care	2016	.	.	.	.	3	100	.	.
Medica	2014	1	0.8	12	9.0	19	14.3	101	75.9
	2015	1	0.6	17	11.0	22	14.2	115	74.2
	2016	.	.	13	5.7	35	15.3	181	79.0
Metropolitan Health Plan	2014	.	.	2	28.6	1	14.3	4	57.1
	2015	.	.	1	11.1	.	.	8	88.9
	2016	.	.	.	.	2	50.0	2	50.0
PrimeWest	2014	.	.	.	.	1	9.1	10	90.9
	2015	.	.	.	.	5	38.5	8	61.5
	2016	.	.	1	5.9	3	17.6	13	76.5
South Country Health Alliance	2014	.	.	1	8.3	2	16.7	9	75.0
	2015	.	.	.	.	3	20.0	12	80.0
	2016	.	.	.	.	3	27.3	8	72.7
UCare Minnesota	2014	1	0.2	7	1.6	39	9.1	380	89.0
	2015	.	.	13	2.7	65	13.3	410	84.0
	2016	.	.	5	2.1	45	18.9	187	78.6
Total	2014	3	0.4	36	4.7	83	10.9	640	84.0
	2015	4	0.5	56	6.6	119	14.0	671	78.9
	2016	.	.	29	3.8	118	15.5	611	80.4

Examples of some of the situations covered by type categories of state fair hearings:

- Access: obtaining access to provider, cannot access provider due to physical restrictions
- Admin: disputing placement in the restricted recipient program
- Billing: regarding provider bills for services; such as cost sharing, billing error, available benefits have been exceeded, non-covered service, or balance billing
- Service: regarding denial, reduction or termination of a medical service

**Number and Percent of State Fair Hearings (SFH) by Managed Care Organization (MCO) and Top Five Service Categories\*  
Calendar Years 2014-2016**

MCO	Year	Dental Number	Dental Percent	Durable Medical Equipment-Medical Supplies Number	Durable Medical Equipment-Medical Supplies Percent	Home Care Number	Home Care Percent	Pharmacy Number	Pharmacy Percent	Professional Medical Services Number	Professional Medical Services Percent
Blue Plus	2014	9	8.9	23	22.8	13	12.9	6	5.9	30	29.7
	2015	4	4.6	10	11.5	11	12.6	9	10.3	30	34.5
	2016	12	6.5	10	5.4	58	31.2	33	17.7	30	16.1
HealthPartners	2014	13	19.4	3	4.5	21	31.3	2	3.0	11	16.4
	2015	7	9.6	2	2.7	27	37.0	5	6.8	8	11.0
	2016	13	21.0	.	.	22	35.5	4	6.5	12	19.4
Hennepin Health	2014	.	.	.	.	.	.	.	.	4	100
	2015	.	.	.	.	4	40.0	1	10.0	2	20.0
	2016	.	.	.	.	4	40.0	3	30.0	1	10.0
Itasca Medical Care	2016	.	.	.	.	.	.	.	2	66.7	
Medica	2014	11	8.3	8	6.0	36	27.1	8	6.0	27	20.3
	2015	6	3.9	5	3.2	39	25.2	21	13.5	25	16.1
	2016	20	8.7	9	3.9	69	30.1	33	14.4	46	20.1
Metropolitan Health Plan	2014	.	.	.	.	4	57.1	.	.	1	14.3
	2015	1	11.1	.	.	.	.	6	66.7	1	11.1
	2016	1	25.0	.	.	1	25.0	1	25.0	.	.
PrimeWest	2014	2	18.2	1	9.1	1	9.1	1	9.1	5	45.5
	2015	2	15.4	1	7.7	.	.	2	15.4	5	38.5
	2016	1	5.9	2	11.8	2	11.8	2	11.8	6	35.3
South Country Health Alliance	2014	4	33.3	.	.	1	8.3	2	16.7	1	8.3
	2015	7	46.7	1	6.7	.	.	2	13.3	3	20.0
	2016	5	45.5	.	.	1	9.1	.	.	4	36.4
UCare Minnesota	2014	59	13.8	4	0.9	253	59.3	26	6.1	34	8.0
	2015	36	7.4	7	1.4	258	52.9	52	10.7	51	10.5
	2016	10	4.2	12	5.0	120	50.4	11	4.6	33	13.9
Total	2014	98	12.9	39	5.1	329	43.2	45	5.9	113	14.8
	2015	63	7.4	26	3.1	339	39.9	98	11.5	125	14.7
	2016	62	8.2	33	4.3	277	36.4	87	11.4	134	17.6

\*The percentages reported in this table represent the top five service categories across all MCOs for the reporting period.

**Number and Percent of State Fair Hearings (SFH) by Managed Care Organization (MCO) and Outcome  
Calendar Years 2014-2016**

MCO	Year	Dismissed Number	Dismissed Percent	Enrollee Prevailed Number	Enrollee Prevailed Percent	HP Partially Upheld / Member Partially Denied Number	HP Partially Upheld / Member Partially Denied Percent	MCO Prevailed Number	MCO Prevailed Percent	Resolved after Hearing Number	Resolved after Hearing Percent	Resolved before Hearing Number	Resolved before Hearing Percent	Withdrawn Number	Withdrawn Percent
Blue Plus	2014	20	19.8	8	7.9	1	1.0	37	36.6	.	.	26	25.7	9	8.9
	2015	23	26.4	9	10.3	1	1.1	31	35.6	2	2.3	17	19.5	4	4.6
	2016	34	18.3	14	7.5	4	2.2	44	23.7	1	0.5	70	37.6	19	10.2
HealthPartners	2014	6	9.0	6	9.0	1	1.5	18	26.9	.	.	19	28.4	17	25.4
	2015	22	30.1	8	11.0	.	.	15	20.5	1	1.4	21	28.8	6	8.2
	2016	8	12.9	7	11.3	1	1.6	14	22.6	.	.	29	46.8	3	4.8
Hennepin Health	2014	1	25.0	.	.	.	.	.	.	.	.	2	50.0	1	25.0
	2015	2	20.0	2	20.0	.	.	1	10.0	1	10.0	3	30.0	1	10.0
	2016	2	20.0	1	10.0	.	.	3	30.0	.	.	3	30.0	1	10.0
Itasca Medical Care	2016	1	33.3	.	.	.	.	.	.	.	.	2	66.7	.	.
Medica	2014	30	22.6	15	11.3	2	1.5	44	33.1	1	0.8	28	21.1	13	9.8
	2015	40	25.8	8	5.2	3	1.9	56	36.1	5	3.2	37	23.9	6	3.9
	2016	40	17.5	16	7.0	5	2.2	73	31.9	2	0.9	70	30.6	23	10.0
Metropolitan Health Plan	2014	.	.	2	28.6	1	14.3	2	28.6	.	.	2	28.6	.	.
	2015	2	22.2	1	11.1	.	.	3	33.3	.	.	3	33.3	.	.
	2016	1	25.0	.	.	.	.	1	25.0	.	.	1	25.0	1	25.0
PrimeWest	2014	1	9.1	1	9.1	.	.	4	36.4	.	.	3	27.3	2	18.2
	2015	5	38.5	.	.	.	.	4	30.8	.	.	3	23.1	1	7.7
	2016	1	5.9	1	5.9	.	.	3	17.6	.	.	8	47.1	4	23.5
South Country Health Alliance	2014	3	25.0	2	16.7	.	.	6	50.0	.	.	1	8.3	.	.
	2015	3	20.0	.	.	.	.	3	20.0	1	6.7	7	46.7	1	6.7
	2016	2	18.2	.	.	.	.	3	27.3	.	.	6	54.5	.	.
UCare Minnesota	2014	62	14.5	50	11.7	11	2.6	153	35.8	1	0.2	127	29.7	23	5.4
	2015	101	20.7	49	10.0	10	2.0	130	26.6	6	1.2	168	34.4	23	4.7
	2016	34	14.3	44	18.5	1	0.4	68	28.6	3	1.3	71	29.8	17	7.1
Total	2014	123	16.1	84	11.0	16	2.1	264	34.6	2	0.3	208	27.3	65	8.5
	2015	198	23.3	77	9.1	14	1.6	243	28.6	16	1.9	259	30.5	42	4.9
	2016	123	16.2	83	10.9	11	1.4	209	27.5	6	0.8	260	34.2	68	8.9

Examples of situations covered by the outcome categories:

- Dismissed: The appellant did not show up for the hearing, the request was beyond the timeline for appealing, or the dispute was outside the jurisdiction of the DHS hearing process.
- Member Prevailed: The MCO's decision was overturned; the member's request was approved.
- MCO Partially Upheld/Member Partially Denied: The MCO's decision was partially upheld; the member's request was partially denied.
- MCO Prevailed: The MCO's decision was upheld; the member's request was denied.
- Resolved After Hearing: The MCO reversed its decision after the hearing but before the Commissioner's Order. Appeal was resolved in favor of the member.
- Resolved Before Hearing: The MCO reversed its decision before the hearing was held. Appeal was resolved in favor of the member.
- Withdrawn: The appellant withdrew their request for a state fair hearing.