



## Managed Care Grievance System Information Summary Calendar Years 2015–2017

Minnesota Department of Human Services

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## Introduction

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

Members in managed care organizations (MCOs) within Minnesota Health Care Programs (MHCP) 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 an 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, requires MCOs to send members a *Notice of Action*, which is a DTR letter, anytime a 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 2015-2017**

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	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
	2017	2,694	7.1	82	17.4	253	26.4	126	3.7	.	.	3,155	7.4
Health Partners	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
	2017	1,363	10.3	38	15.1	73	19.4	301	13.3	210	42.8	1,985	11.9
Hennepin Health	2015	28	2.2	.	.	.	.	.	.	.	.	28	2.2
	2016	14	1.4	.	.	.	.	.	.	.	.	14	1.4
	2017	35	1.3	.	.	.	.	2	1.1	19	7.4	56	1.8
Itasca Medical Care	2015	.	.	1	5.0	2	3.5	.	.	.	.	3	0.3
	2016	1	0.1	.	.	.	.	.	.	.	.	1	0.1
	2017	1	0.1	1	3.8	.	.	.	.	.	.	2	0.2
Medica	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
	2017	433	4.0	108	22.0	62	4.6	26	1.9	1,011	58.2	1,640	10.4
Metropolitan Health Plan	2015	.	.	.	.	.	.	.	.	35	10.2	35	10.2
	2016	.	.	.	.	.	.	.	.	33	10.6	33	10.6
PrimeWest	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
	2017	42	1.0	3	3.0	3	1.3	1	0.3	24	9.2	73	1.5
South Country Health Alliance	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
	2017	21	0.6	.	.	2	1.0	1	0.3	8	2.3	32	0.7
UCare Minnesota	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
	2017	270	1.7	31	5.8	113	8.0	18	0.8	551	16.8	983	4.3
Total	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
	2017	4,859	5.5	263	13.3	506	11.0	475	4.7	1,823	28.6	7,926	7.1

\* Numbers include both oral and written grievances  
 \* Metropolitan Health Plan merged with Hennepin Health in 2017

**Number and Percent of Grievances by Managed Care Organization (MCO) and Issue Category  
Calendar Years 2015-2017**

MCO	Year	Access Number	Access Percent	Administration Number	Administration Percent	Communication & Behavior Number	Communication & Behavior Percent	Coordination of Care Number	Coordination of Care Percent	Facilities & Environment Number	Facilities & Environment Percent	Technical Competence Number	Technical Competence Percent
Blue Plus	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
	2017	79	2.5	2,650	84.0	264	8.4	16	0.5	3	0.1	143	4.5
Health Partners	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
	2017	714	36.0	537	27.1	537	27.1	25	1.3	63	3.2	109	5.5
Hennepin Health	2015	11	39.3	7	25.0	5	17.9	.	.	.	.	5	17.9
	2016	11	78.6	.	.	2	14.3	.	.	.	.	1	7.1
	2017	35	62.5	3	5.4	9	16.1	2	3.6	.	.	7	12.5
Itasca Medical Care	2015	.	.	.	.	3	100	.	.	.	.	.	.
	2016	.	.	.	.	1	100	.	.	.	.	.	.
	2017	.	.	.	.	1	50.0	.	.	.	.	1	50.0
Medica	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
	2017	150	9.1	46	2.8	1,387	84.6	.	.	6	0.4	51	3.1
Metropolitan Health Plan	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	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
	2017	5	6.8	6	8.2	17	23.3	7	9.6	2	2.7	36	49.3
South Country Health Alliance	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
	2017	7	21.9	2	6.3	10	31.3	.	.	11	34.4	2	6.3
UCare Minnesota	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
	2017	388	39.5	63	6.4	430	43.7	18	1.8	4	0.4	80	8.1
Total	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
	2017	1,378	17.4	3,307	41.7	2,655	33.5	68	0.9	89	1.1	429	5.4

NOTE: Descriptions below are not all inclusive but describe some of the situations covered by the main category.

\* Access: delay in obtaining service, inadequate geographic options, delays in appointment scheduling, problem obtaining referral, inability to obtain medical information, lack of availability of special services

\* Administration: member materials, benefit set dissatisfaction, MCO member process issues, non-appealable claims or billing process issues

\* Communication & 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 at time of care, multiple providers or lack of coordination of treatment

\* Facilities & Environment: facility does not physically accommodate patient needs, environment not comfortable, equipment malfunction, cleanliness, and 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 and Outcome  
Calendar Years 2015-2017**

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	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
	2017	2,824	89.5	26	0.8	56	1.8	2	0.1	243	7.7	4	0.1
Health Partners	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	.	.
	2017	1,583	79.7	33	1.7	138	7.0	.	.	231	11.6	.	.
Hennepin Health	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	.	.
	2017	6	10.7	.	.	31	55.4	4	7.1	15	26.8	.	.
Itasca Medical Care	2015	.	.	.	.	.	.	.	.	3	100	.	.
	2016	.	.	.	.	.	.	.	.	1	100	.	.
	2017	.	.	.	.	.	.	.	.	2	100	.	.
Medica	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	.	.
	2017	1,516	92.4	13	0.8	42	2.6	7	0.4	62	3.8	.	.
Metropolitan Health Plan	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	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
	2017	32	43.8	2	2.7	13	17.8	7	9.6	19	26.0	.	.
South Country Health Alliance	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
	2017	12	37.5	1	3.1	7	21.9	8	25.0	3	9.4	1	3.1
UCare Minnesota	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
	2017	692	70.4	23	2.3	183	18.6	14	1.4	69	7.0	2	0.2
Total	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
	2017	6,665	84.1	98	1.2	470	5.9	42	0.5	644	8.1	7	0.1

Examples of situations covered in outcome categories

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

**DTR Rates (per 10,000 Member Months) by Managed Care Organization (MCO) and Program  
Calendar Years 2015-2017**

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	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
	2017	273,643	723.5	20,961	4436.9	46,833	4884.3	28,022	815.5	.	.	369,459	865.2
Health Partners	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
	2017	48,320	365.1	5,845	2328.6	4,198	1115.4	8,108	359.4	9,674	1971.1	76,145	458.4
Hennepin Health	2015	22,526	1729.9	.	.	.	.	.	.	.	.	22,526	1729.9
	2016	20,418	1974.8	.	.	.	.	.	.	.	.	20,418	1921.7
	2017	34,672	1322.4	.	.	.	.	1,696	902.2	13,744	5361.6	50,112	1634.0
Itasca Medical Care	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
	2017	4,973	561.7	898	3428.8	1,386	2469.3	412	552.8	.	.	7,669	735.8
Medica	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
	2017	47,369	439.4	6,288	1283.5	17,525	1304.8	5,524	401.8	18,425	1061.0	95,131	604.7
Metropolitan Health Plan	2015	.	.	.	.	.	.	.	.	19,717	5745.0	19,717	6142.2
	2016	.	.	.	.	.	.	.	.	21,319	6834.5	21,319	6834.5
PrimeWest	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
	2017	27,850	691.3	5,553	5639.9	6,181	2645.3	2,121	619.1	5,319	2043.1	47,024	947.3
South Country Health Alliance	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
	2017	22,841	631.5	2,952	2683.4	1,523	736.1	2,427	645.9	5,380	1572.0	35,123	754.9
UCare Minnesota	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
	2017	52,857	337.2	29,462	5546.7	26,838	1903.2	8,079	381.1	108,799	3310.0	226,035	981.5
Total	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
	2017	512,525	578.1	71,959	3635.9	104,484	2278.7	56,389	554.6	161,365	2531.9	906,722	811.0

**Number and Percent of DTRs by Managed Care Organization (MCO) and Action  
Calendar Years 2015-2017**

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	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
	2017	320,267	86.7	522	0.1	47,153	12.8	1,517	0.4
Health Partners	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
	2017	71,419	93.8	65	0.1	4,612	6.1	49	0.1
Hennepin Health	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
	2017	48,196	96.2	29	0.1	1,883	3.8	4	0.0
Itasca Medical Care	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
	2017	6,831	89.1	55	0.7	37	0.5	746	9.7
Medica	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	.	.
	2017	73,473	77.2	2,752	2.9	18,906	19.9	.	.
Metropolitan Health Plan	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	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
	2017	43,636	92.8	50	0.1	3,005	6.4	333	0.7
South Country Health Alliance	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
	2017	30,768	87.6	53	0.2	3,817	10.9	485	1.4
UCare Minnesota	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
	2017	210,911	93.3	1,882	0.8	10,540	4.7	2,702	1.2
Total	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
	2017	805,525	88.8	5,408	0.6	89,953	9.9	5,836	0.6

**Appeal Rates (per 1,000 DTRs) by Managed Care Organization (MCO) and Program  
Calendar Years 2015-2017**

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	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
	2017	3,403	12.4	18	0.9	38	0.8	386	13.8	.	.	3,845	10.4
Health Partners	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
	2017	544	11.3	14	2.4	39	9.3	101	12.5	62	6.4	760	10.0
Hennepin Health	2015	29	1.3	.	.	.	.	.	.	.	.	29	1.3
	2016	36	1.8	.	.	.	.	.	.	.	.	36	1.8
	2017	102	2.9	.	.	.	.	10	5.9	19	1.4	131	2.6
Itasca Medical Care	2015	5	0.8	.	.	1	0.3	1	1.9	.	.	7	0.6
	2016	13	2.3	.	.	.	.	1	2.3	.	.	14	1.7
	2017	9	1.8	.	.	.	.	.	.	.	.	9	1.2
Medica	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
	2017	2,367	50.0	24	3.8	45	2.6	314	56.8	542	29.4	3,292	34.6
Metropolitan Health Plan	2015	.	.	.	.	.	.	.	.	27	1.4	27	1.3
	2016	.	.	.	.	.	.	.	.	22	1.0	22	1.0
PrimeWest	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
	2017	190	6.8	3	0.5	9	1.5	22	10.4	20	3.8	244	5.2
South Country Health Alliance	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
	2017	417	18.3	4	1.4	7	4.6	67	27.6	84	15.6	579	16.5
UCare Minnesota	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
	2017	618	11.7	40	1.4	111	4.1	82	10.1	317	2.9	1,168	5.2
Total	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
	2017	7,650	14.9	103	1.4	249	2.4	982	17.4	1,044	6.5	10,028	11.1

**Number and Percent of Appeals by Managed Care Organization (MCO) and Issue  
Calendar Years 2015-2017**

MCO	Year	Billing & Financial Issues Number	Billing & Financial Issues Percent	Out-of-Network Service Denial Number	Out-of-Network Service Denial Percent	Services & Benefits Number	Services & Benefits Percent	Timeliness of Service Delivery Number	Timeliness of Service Delivery Percent
Blue Plus	2015	26	3.4	.	0.0	742	96.6	.	0.0
	2016	46	2.3	1	0.1	1,922	97.6	.	0.0
	2017	29	0.8	1	0.0	3,815	99.2	.	0.0
Health Partners	2015	59	11.5	.	0.0	453	88.5	.	0.0
	2016	86	16.8	.	0.0	425	83.2	.	0.0
	2017	85	11.2	.	0.0	675	88.8	.	0.0
Hennepin Health	2015	3	10.3	.	0.0	26	89.7	.	0.0
	2016	4	11.1	.	0.0	32	88.9	.	0.0
	2017	16	12.2	.	0.0	115	87.8	.	0.0
Itasca Medical Care	2015	.	0.0	.	0.0	7	100	.	0.0
	2016	1	7.1	.	0.0	13	92.9	.	0.0
	2017	.	0.0	.	0.0	9	100	.	0.0
Medica	2015	27	2.4	7	0.6	1,090	97.0	.	0.0
	2016	19	1.0	6	0.3	1,797	98.6	.	0.0
	2017	22	0.7	6	0.2	3,249	98.7	14	0.4
Metropolitan Health Plan	2015	2	7.4	.	0.0	25	92.6	.	0.0
	2016	2	9.1	.	0.0	20	90.9	.	0.0
	2017	.	.	.	.	.	.	.	.
PrimeWest	2015	8	5.0	3	1.9	149	93.1	.	0.0
	2016	11	3.8	21	7.3	255	88.9	.	0.0
	2017	4	1.6	35	14.3	205	84.0	.	0.0
South Country Health Alliance	2015	24	4.0	.	0.0	583	96.0	.	0.0
	2016	3	0.6	.	0.0	489	99.2	1	0.2
	2017	6	1.0	1	0.2	572	98.8	.	0.0
UCare Minnesota	2015	241	12.0	.	0.0	1,770	88.0	.	0.0
	2016	91	15.0	.	0.0	514	85.0	.	0.0
	2017	114	9.8	.	0.0	1,054	90.2	.	0.0
Total	2015	390	7.4	10	0.2	4,845	92.4	.	0.0
	2016	263	4.6	28	0.5	5,467	94.9	1	0.0
	2017	276	2.8	43	0.4	9,694	96.7	14	0.1

Examples below show some, but not all, of the situations covered by the issue category:

- \* 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
- \* Timeliness of Service Delivery: related to timelines or expectations for contractual service delivery, as defined in DHS contract

**Number and Percent of Appeals by Managed Care Organization (MCO) and Outcome  
Calendar Years 2015-2017**

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	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
	2017	67	1.7	1,593	41.4	2,001	52.0	41	1.1	143	3.7
Health Partners	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	.	.
	2017	2	0.3	341	44.9	375	49.3	30	3.9	12	1.6
Hennepin Health	2015	.	.	7	24.1	22	75.9	.	.	.	.
	2016	2	5.6	19	52.8	15	41.7	.	.	.	.
	2017	1	0.8	66	50.4	62	47.3	1	0.8	1	0.8
Itasca Medical Care	2015	.	.	4	57.1	3	42.9	.	.	.	.
	2016	.	.	5	35.7	8	57.1	.	.	1	7.1
	2017	.	.	1	11.1	8	88.9	.	.	.	.
Medica	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
	2017	13	0.4	2,573	78.2	671	20.4	22	0.7	13	0.4
Metropolitan Health Plan	2015	1	3.7	9	33.3	17	63.0	.	.	.	.
	2016	.	.	12	54.5	10	45.5	.	.	.	.
PrimeWest	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
	2017	5	2.0	102	41.8	112	45.9	4	1.6	21	8.6
South Country Health Alliance	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
	2017	8	1.4	413	71.3	153	26.4	2	0.3	3	0.5
UCare Minnesota	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
	2017	6	0.5	728	62.3	360	30.8	28	2.4	46	3.9
Total	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
	2017	102	1.0	5,817	58.0	3,742	37.3	128	1.3	239	2.4

**State Fair Hearing (SFH) Rates (per 1,000 DTRs) by Managed Care Organization (MCO) and Program  
Calendar Years 2015-2017**

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	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
	2017	247	0.9	7	0.3	10	0.2	29	1.0	.	.	293	0.8
Health Partners	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
	2017	55	1.1	8	1.4	8	1.9	5	0.6	4	0.4	80	1.1
Hennepin Health	2015	10	0.4	.	.	.	.	.	.	.	.	10	0.4
	2016	10	0.5	.	.	.	.	.	.	.	.	10	0.5
	2017	13	0.4	.	.	.	.	1	0.6	1	0.1	15	0.3
Itasca Medical Care	2016	2	0.4	.	.	.	.	1	2.3	.	.	3	0.4
	2017	1	0.2	.	.	.	.	.	.	.	.	1	0.1
Medica	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
	2017	86	1.8	7	1.1	31	1.8	11	2.0	26	1.4	161	1.7
Metropolitan Health Plan	2015	.	.	.	.	.	.	.	.	9	0.5	9	0.4
	2016	.	.	.	.	.	.	.	.	4	0.2	4	0.2
PrimeWest	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
	2017	12	0.4	.	.	1	0.2	3	1.4	.	.	16	0.3
South Country Health Alliance	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
	2017	9	0.4	.	.	2	1.3	1	0.4	2	0.4	14	0.4
UCare Minnesota	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
	2017	43	0.8	55	1.9	81	3.0	3	0.4	37	0.3	219	1.0
Total	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
	2017	466	0.9	77	1.1	133	1.3	53	0.9	70	0.4	799	0.9

**Number and Percent of State Fair Hearings by Managed Care Organization (MCO) and Type  
Calendar Years 2015-2017**

MCO	Year	Access Number	Access Percent	Admin Number	Admin Percent	Billing Number	Billing Percent	Service Number	Service Percent
Blue Plus	2015	2	2.3	12	13.8	11	12.6	62	71.3
	2016	.	.	6	3.2	15	8.1	164	88.2
	2017	.	.	14	4.8	17	5.8	262	89.4
Health Partners	2015	1	1.4	11	15.1	10	13.7	51	69.9
	2016	.	.	4	6.5	9	14.5	49	79.0
	2017	.	.	8	10.0	6	7.5	66	82.5
Hennepin Health	2015	.	.	2	20.0	3	30.0	5	50.0
	2016	.	.	.	.	3	30.0	7	70.0
	2017	.	.	.	.	.	.	15	100
Itasca Medical Care	2016	.	.	.	.	3	100	.	.
	2017	.	.	1	100	.	.	.	.
Medica	2015	1	0.6	17	11.0	22	14.2	115	74.2
	2016	.	.	13	5.7	35	15.3	181	79.0
	2017	.	.	7	4.3	24	14.9	130	80.7
Metropolitan Health Plan	2015	.	.	1	11.1	.	.	8	88.9
	2016	.	.	.	.	2	50.0	2	50.0
PrimeWest	2015	.	.	.	.	5	38.5	8	61.5
	2016	.	.	1	5.9	3	17.6	13	76.5
	2017	.	.	1	6.3	4	25.0	11	68.8
South Country Health Alliance	2015	.	.	.	.	3	20.0	12	80.0
	2016	.	.	.	.	3	27.3	8	72.7
	2017	.	.	1	7.1	3	21.4	10	71.4
UCare Minnesota	2015	.	.	13	2.7	65	13.3	410	84.0
	2016	.	.	5	2.1	45	18.9	187	78.6
	2017	.	.	9	4.1	20	9.1	190	86.8
Total	2015	4	0.5	56	6.6	119	14.0	671	78.9
	2016	.	.	29	3.8	118	15.5	611	80.4
	2017	.	.	41	5.1	74	9.3	684	85.6

Examples of some situations covered by type categories:

- \* Access: obtaining access to provider, cannot access provider due to physical restrictions
- \* Admin: regarding placement in restricted recipient program
- \* Billing: regarding provider bills for services, can be bill from MCO, provider billing error, available benefits have been exceeded, non-covered service, or balance billing
- \* Service: regarding denial, termination or reduction of a service

**Number and Percent of State Fair Hearings by Managed Care Organization (MCO) and Top Five Service Categories  
Calendar Years 2015-2017**

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	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
	2017	12	4.1	14	4.8	107	36.5	89	30.4	34	11.6
Health Partners	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
	2017	10	12.5	1	1.3	31	38.8	7	8.8	9	11.3
Hennepin Health	2015	.	.	.	.	4	40.0	1	10.0	2	20.0
	2016	.	.	.	.	4	40.0	3	30.0	1	10.0
	2017	.	.	.	.	10	66.7	3	20.0	1	6.7
Itasca Medical Care	2016	.	.	.	.	.	.	.	2	66.7	
Medica	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
	2017	10	6.2	9	5.6	44	27.3	34	21.1	22	13.7
Metropolitan Health Plan	2015	1	11.1	.	.	.	.	6	66.7	1	11.1
	2016	1	25.0	.	.	1	25.0	1	25.0	.	.
PrimeWest	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
	2017	4	25.0	.	.	3	18.8	1	6.3	5	31.3
South Country Health Alliance	2015	7	46.7	1	6.7	.	.	2	13.3	3	20.0
	2016	5	45.5	.	.	1	9.1	.	.	4	36.4
	2017	4	28.6	2	14.3	1	7.1	3	21.4	2	14.3
UCare Minnesota	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
	2017	11	5.0	10	4.6	141	64.4	11	5.0	15	6.8
Total	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
	2017	51	6.4	36	4.5	337	42.2	148	18.5	88	11.0

Percentages will not necessarily sum to 100% since only top five service categories are displayed.

**Number and Percent of State Fair Hearings by Managed Care Organization (MCO) and Outcome  
Calendar Years 2015-2017**

MCO	Year	Dismissed Number	Dismissed Percent	Member Prevailed Number	Member 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	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
	2017	56	19.1	36	12.3	7	2.4	95	32.4	4	1.4	60	20.5	35	11.9
Health Partners	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
	2017	18	22.5	3	3.8	3	3.8	25	31.3	1	1.3	21	26.3	9	11.3
Hennepin Health	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
	2017	2	13.3	2	13.3	.	.	8	53.3	.	.	2	13.3	1	6.7
Itasca Medical Care	2016	1	33.3	.	.	.	.	.	.	.	.	2	66.7	.	.
	2017	1	100	.	.	.	.	.	.	.	.	.	.	.	.
Medica	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
	2017	28	17.4	11	6.8	1	0.6	56	34.8	4	2.5	45	28.0	16	9.9
Metropolitan Health Plan	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	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
	2017	1	6.3	.	.	1	6.3	8	50.0	.	.	5	31.3	1	6.3
South Country Health Alliance	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	.	.
	2017	1	7.1	1	7.1	.	.	4	28.6	1	7.1	5	35.7	2	14.3
UCare Minnesota	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
	2017	41	18.7	26	11.9	4	1.8	87	39.7	1	0.5	41	18.7	19	8.7
Total	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
	2017	148	18.5	79	9.9	16	2.0	283	35.4	11	1.4	179	22.4	83	10.4

Examples of situations covered by outcomes:

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 and the Member's request was approved.

MCO Partially Upheld and Member Partially Denied: The MCO's decision was partially upheld and the Member's request was partially denied.

MCO Prevailed: The MCO's decision was upheld and the Member's request was denied

Resolved After Hearing: The MCO reversed its decision after the hearing but before the Commissioner's Order. Dispute was resolved in favor of the Member.

Resolved Before Hearing: The MCO reversed its decision before the hearing was held. Dispute was resolved in favor of the Member.

Withdrawn: The appellant withdrew their request for a State Fair Hearing.