



Managed Care Grievance System Information Summary Calendar Years 2016–2018

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 2016-2018**

MCO	Year	F&C MA Number of Grievances	F&C MA Grievanc e 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	2016	2,548	7.9	107	24.1	254	26.9	103	3.5	.	.	3,012	8.2
	2017	2,700	7.2	83	17.6	254	26.5	127	3.7	.	.	3,164	7.5
	2018	2,978	7.8	160	38.0	592	57.1	75	2.1	.	.	3,805	8.8
Health Partners	2016	595	6.6	28	13.0	50	13.3	185	9.0	74	37.6	932	7.9
	2017	1,366	10.4	38	15.1	75	19.9	304	13.5	210	42.8	1,993	12.1
	2018	1,580	9.9	81	28.7	112	29.4	336	14.1	310	48.6	2,419	12.3
Hennepin Health	2016	14	1.4	.	.	.	.	.	.	.	.	14	1.4
	2017	36	1.4	.	.	.	.	3	1.6	19	7.4	58	1.9
	2018	50	1.8	.	.	.	.	1	0.5	17	6.9	68	2.1
Itasca Medical Care	2016	1	0.1	.	.	.	.	.	.	.	.	1	0.1
	2017	1	0.1	1	3.8	.	.	.	.	.	.	2	0.2
	2018	6	0.7	1	3.7	.	.	.	.	.	.	7	0.7
Medica	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	27	2.0	1,015	58.4	1,645	10.5
	2018	2	5000	101	20.5	91	6.9	.	.	759	47.7	953	28.0
Metropolitan Health Plan	2016	.	.	.	.	.	.	.	.	33	10.6	33	10.6
PrimeWest	2016	44	1.2	.	.	5	2.2	1	0.3	10	3.8	60	1.3
	2017	42	1.1	3	3.0	3	1.3	1	0.3	24	9.2	73	1.5
	2018	54	1.3	3	3.0	13	5.6	6	1.7	27	9.9	103	2.0
South Country Health Alliance	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	3	0.8	8	2.3	34	0.7
	2018	71	1.8	5	4.9	25	11.4	8	2.1	73	20.3	182	3.7
UCare Minnesota	2016	38	2.6	33	7.7	124	9.5	8	4.3	609	20.1	812	12.7
	2017	279	1.8	31	5.8	114	8.1	19	0.9	561	17.1	1,004	4.4
	2018	640	2.4	21	3.6	138	9.3	34	1.1	653	18.5	1,486	4.2
Total	2016	4,096	4.9	196	11.5	474	10.8	380	3.3	1,256	19.6	6,402	6.0
	2017	4,878	5.6	264	13.3	510	11.1	484	4.8	1,837	28.8	7,973	7.2
	2018	5,381	5.8	372	18.5	971	20.6	461	4.6	1,839	27.7	9,024	7.8

* 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 2016-2018**

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	2016	71	2.4	2,369	78.7	407	13.5	29	1.0	17	0.6	119	4.0
	2017	81	2.6	2,651	83.8	266	8.4	16	0.5	3	0.1	147	4.6
	2018	44	1.2	3,296	86.6	278	7.3	16	0.4	10	0.3	161	4.2
Health Partners	2016	332	35.6	202	21.7	282	30.3	15	1.6	21	2.3	80	8.6
	2017	716	35.9	538	27.0	539	27.0	25	1.3	63	3.2	112	5.6
	2018	641	26.5	751	31.0	686	28.4	40	1.7	123	5.1	178	7.4
Hennepin Health	2016	11	78.6	.	.	2	14.3	.	.	.	.	1	7.1
	2017	35	60.3	5	8.6	9	15.5	2	3.4	.	.	7	12.1
	2018	35	51.5	12	17.6	7	10.3	1	1.5	1	1.5	12	17.6
Itasca Medical Care	2016	.	.	.	.	1	100	.	.	.	.	.	.
	2017	.	.	.	.	1	50.0	.	.	.	.	1	50.0
	2018	.	.	6	85.7	.	.	.	.	.	.	1	14.3
Medica	2016	279	19.0	97	6.6	977	66.6	9	0.6	14	1.0	92	6.3
	2017	150	9.1	48	2.9	1,389	84.4	.	.	6	0.4	52	3.2
	2018	155	16.3	15	1.6	742	77.9	5	0.5	2	0.2	34	3.6
Metropolitan Health Plan	2016	18	54.5	4	12.1	4	12.1	1	3.0	2	6.1	4	12.1
PrimeWest	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
	2018	17	16.5	17	16.5	18	17.5	11	10.7	3	2.9	37	35.9
South Country Health Alliance	2016	25	36.2	11	15.9	16	23.2	5	7.2	5	7.2	7	10.1
	2017	7	20.6	4	11.8	10	29.4	.	.	11	32.4	2	5.9
	2018	78	42.9	38	20.9	21	11.5	3	1.6	31	17.0	11	6.0
UCare Minnesota	2016	438	53.9	64	7.9	252	31.0	11	1.4	5	0.6	42	5.2
	2017	389	38.7	63	6.3	450	44.8	18	1.8	4	0.4	80	8.0
	2018	777	52.3	90	6.1	498	33.5	10	0.7	3	0.2	108	7.3
Total	2016	1,180	18.4	2,756	43.0	1,951	30.5	74	1.2	77	1.2	364	5.7
	2017	1,383	17.3	3,315	41.6	2,681	33.6	68	0.9	89	1.1	437	5.5
	2018	1,747	19.4	4,226	46.8	2,250	24.9	86	1.0	173	1.9	542	6.0

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 2016-2018**

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	2016	2,435	80.8	13	0.4	225	7.5	93	3.1	240	8.0	6	0.2
	2017	2,826	89.3	26	0.8	56	1.8	2	0.1	250	7.9	4	0.1
	2018	3,492	91.8	.	.	43	1.1	1	0.0	264	6.9	5	0.1
Health Partners	2016	679	72.9	19	2.0	78	8.4	.	.	156	16.7	.	.
	2017	1,588	79.7	33	1.7	140	7.0	.	.	232	11.6	.	.
	2018	2,034	84.1	7	0.3	95	3.9	.	.	281	11.6	2	0.1
Hennepin Health	2016	1	7.1	.	.	6	42.9	1	7.1	6	42.9	.	.
	2017	6	10.3	.	.	33	56.9	4	6.9	15	25.9	.	.
	2018	7	10.3	.	.	30	44.1	11	16.2	20	29.4	.	.
Itasca Medical Care	2016	.	.	.	.	.	.	.	.	1	100	.	.
	2017	.	.	.	.	.	.	.	.	2	100	.	.
	2018	.	.	.	.	7	100	.	.	.	.	.	.
Medica	2016	1,271	86.6	17	1.2	92	6.3	15	1.0	73	5.0	.	.
	2017	1,520	92.4	13	0.8	42	2.6	7	0.4	63	3.8	.	.
	2018	819	85.9	.	.	40	4.2	1	0.1	93	9.8	.	.
Metropolitan Health Plan	2016	1	3.0	2	6.1	16	48.5	2	6.1	12	36.4	.	.
PrimeWest	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	.	.
	2018	43	41.7	.	.	16	15.5	2	1.9	34	33.0	8	7.8
South Country Health Alliance	2016	14	20.3	.	.	24	34.8	26	37.7	4	5.8	1	1.4
	2017	12	35.3	1	2.9	8	23.5	9	26.5	3	8.8	1	2.9
	2018	21	11.5	1	0.5	103	56.6	46	25.3	10	5.5	1	0.5
UCare Minnesota	2016	612	75.4	13	1.6	134	16.5	13	1.6	39	4.8	1	0.1
	2017	708	70.5	23	2.3	184	18.3	15	1.5	72	7.2	2	0.2
	2018	557	37.5	.	.	772	52.0	46	3.1	106	7.1	5	0.3
Total	2016	5,044	78.8	66	1.0	590	9.2	153	2.4	540	8.4	9	0.1
	2017	6,692	83.9	98	1.2	476	6.0	44	0.6	656	8.2	7	0.1
	2018	6,974	77.3	8	0.1	1,106	12.3	107	1.2	808	9.0	21	0.2

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 2016-2018**

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	2016	208,674	643.6	19,176	4326.9	46,651	4944.4	22,147	761.2	.	.	296,648	807.7
	2017	273,643	732.2	20,961	4438.4	46,833	4884.3	28,022	817.4	.	.	369,459	874.6
	2018	241,403	631.7	17,946	4263.4	47,489	4582.2	26,209	732.4	.	.	333,047	768.0
Health Partners	2016	43,068	480.2	6,025	2807.8	5,530	1472.4	8,895	432.4	3,193	1622.2	66,711	564.7
	2017	48,591	371.0	5,862	2337.0	4,266	1133.9	8,147	361.5	9,720	1980.8	76,586	464.9
	2018	30,453	190.4	1,172	415.9	984	258.1	5,760	241.1	4,342	681.0	42,711	216.6
Hennepin Health	2016	20,418	1976.3	.	.	.	.	.	.	.	.	20,418	1923.1
	2017	34,672	1327.1	.	.	.	.	1,696	902.6	13,744	5361.2	50,112	1638.9
	2018	34,075	1219.5	.	.	.	.	1,658	792.1	10,450	4268.3	46,183	1414.5
Itasca Medical Care	2016	5,619	677.3	707	3103.6	1,505	2704.4	442	565.7	.	.	8,273	838.9
	2017	4,973	565.8	898	3428.8	1,386	2469.3	412	553.8	.	.	7,669	740.5
	2018	4,936	567.2	1,137	4237.8	1,456	2646.3	341	470.2	.	.	7,870	767.2
Medica	2016	158,713	503.8	8,960	2175.6	20,517	1603.9	26,607	482.8	48,197	2104.2	262,994	641.3
	2017	47,369	442.4	6,288	1283.6	17,525	1304.8	5,524	401.6	18,425	1061.0	95,131	607.5
	2018	1,090	2.73E6	4,890	992.8	13,493	1027.8	.	.	13,797	867.3	33,270	979.8
Metropolitan Health Plan	2016	.	.	.	.	.	.	.	.	21,319	6834.5	21,319	6834.5
PrimeWest	2016	22,623	610.9	5,218	5858.3	5,042	2182.7	2,051	717.2	4,492	1694.1	39,426	861.8
	2017	27,850	699.7	5,553	5645.0	6,181	2646.7	2,121	621.5	5,319	2043.3	47,024	956.8
	2018	30,040	727.8	4,966	4989.5	6,437	2771.6	2,364	650.7	5,440	1991.6	49,247	965.1
South Country Health Alliance	2016	20,145	621.4	2,771	2758.6	1,865	976.3	2,197	597.5	6,748	2130.1	33,726	799.5
	2017	22,841	637.3	2,952	2683.4	1,523	736.1	2,427	646.7	5,380	1572.1	35,123	760.3
	2018	20,622	529.3	3,203	3123.4	1,777	809.7	2,296	609.2	6,675	1860.1	34,573	697.0
UCare Minnesota	2016	31,978	2197.3	22,543	5265.9	25,042	1925.0	4,131	2240.6	100,583	3325.6	184,277	2882.2
	2017	52,857	340.5	29,462	5547.0	26,838	1903.2	8,079	381.4	108,799	3310.2	226,035	987.9
	2018	126,591	481.0	37,063	6349.3	33,736	2277.3	15,861	529.3	34,815	988.2	248,066	709.2
Total	2016	511,238	614.8	65,400	3824.6	106,152	2425.3	66,470	581.9	184,532	2880.7	933,792	871.9
	2017	512,796	584.3	71,976	3637.6	104,552	2280.3	56,428	555.7	161,411	2532.8	907,163	818.1
	2018	489,210	530.5	70,377	3505.0	105,372	2233.1	54,548	546.2	75,519	1139.4	795,026	686.5

**Number and Percent of DTRs by Managed Care Organization (MCO) and Action
Calendar Years 2016-2018**

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	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
	2018	292,076	87.7	802	0.2	38,268	11.5	1,901	0.6
Health Partners	2016	63,090	94.6	208	0.3	3,266	4.9	147	0.2
	2017	71,419	93.3	111	0.1	4,961	6.5	95	0.1
	2018	31,990	74.9	246	0.6	10,254	24.0	221	0.5
Hennepin Health	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
	2018	44,300	95.9	35	0.1	1,844	4.0	4	0.0
Itasca Medical Care	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
	2018	7,292	92.7	34	0.4	19	0.2	525	6.7
Medica	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	.	.
	2018	27,841	83.7	2,606	7.8	2,823	8.5	.	.
Metropolitan Health Plan	2016	21,060	98.8	2	0.0	257	1.2	.	.
PrimeWest	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
	2018	45,120	91.6	60	0.1	3,766	7.6	301	0.6
South Country Health Alliance	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
	2018	30,703	88.8	38	0.1	3,317	9.6	515	1.5
UCare Minnesota	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
	2018	228,115	92.0	2,162	0.9	14,619	5.9	3,170	1.3
Total	2016	871,646	93.3	5,672	0.6	51,143	5.5	5,331	0.6
	2017	805,525	88.8	5,454	0.6	90,302	10.0	5,882	0.6
	2018	707,495	89.0	5,983	0.8	74,911	9.4	6,637	0.8

**Appeal Rates (per 1,000 DTRs) by Managed Care Organization (MCO) and Program
Calendar Years 2016-2018**

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	2016	1,663	8.0	18	0.9	61	1.3	227	10.2	.	.	1,969	6.6
	2017	3,677	13.4	18	0.9	43	0.9	424	15.1	.	.	4,162	11.3
	2018	4,199	17.4	203	11.3	66	1.4	540	20.6	.	.	5,008	15.0
Health Partners	2016	369	8.6	24	4.0	40	7.2	63	7.1	15	4.7	511	7.7
	2017	568	11.7	16	2.7	40	9.4	105	12.9	64	6.6	793	10.4
	2018	851	27.9	31	26.5	37	37.6	148	25.7	112	25.8	1,179	27.6
Hennepin Health	2016	36	1.8	.	.	.	.	.	.	.	.	36	1.8
	2017	105	3.0	.	.	.	.	10	5.9	19	1.4	134	2.7
	2018	109	3.2	.	.	.	.	13	7.8	14	1.3	136	2.9
Itasca Medical Care	2016	13	2.3	.	.	.	.	1	2.3	.	.	14	1.7
	2017	9	1.8	.	.	.	.	.	.	.	.	9	1.2
	2018	6	1.2	.	.	.	.	.	.	.	.	6	0.8
Medica	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	315	57.0	546	29.6	3,297	34.7
	2018	1	0.9	41	8.4	108	8.0	4	67.8	567	41.1	721	21.6
Metropolitan Health Plan	2016	.	.	.	.	.	.	.	.	22	1.0	22	1.0
PrimeWest	2016	223	9.9	3	0.6	4	0.8	31	15.1	26	5.8	287	7.3
	2017	200	7.2	3	0.5	11	1.8	23	10.8	21	3.9	258	5.5
	2018	248	8.3	2	0.4	15	2.3	34	14.4	33	6.1	332	6.7
South Country Health Alliance	2016	360	17.9	3	1.1	6	3.2	56	25.5	68	10.1	493	14.6
	2017	425	18.6	4	1.4	7	4.6	67	27.6	84	15.6	587	16.7
	2018	319	15.5	1	0.3	2	1.1	41	17.9	49	7.3	412	11.9
UCare Minnesota	2016	95	3.0	53	2.4	172	6.9	14	3.4	271	2.7	605	3.3
	2017	669	12.7	44	1.5	116	4.3	88	10.9	331	3.0	1,248	5.5
	2018	1,362	10.8	72	1.9	173	5.1	202	12.7	430	12.4	2,239	9.0
Total	2016	4,047	7.9	113	1.7	305	2.9	640	9.6	654	3.5	5,759	6.2
	2017	8,020	15.6	109	1.5	262	2.5	1,032	18.3	1,065	6.6	10,488	11.6
	2018	7,095	14.5	350	5.0	401	3.8	982	18.0	1,205	16.0	10,033	12.6

**Number and Percent of Appeals by Managed Care Organization (MCO) and Issue
Calendar Years 2016-2018**

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	2016	46	2.3	1	0.1	1,922	97.6	.	0.0
	2017	31	0.7	1	0.0	4,130	99.2	.	0.0
	2018	36	0.7	.	0.0	4,972	99.3	.	0.0
Health Partners	2016	86	16.8	.	0.0	425	83.2	.	0.0
	2017	89	11.2	.	0.0	704	88.8	.	0.0
	2018	159	13.5	.	0.0	1,020	86.5	.	0.0
Hennepin Health	2016	4	11.1	.	0.0	32	88.9	.	0.0
	2017	17	12.7	.	0.0	117	87.3	.	0.0
	2018	14	10.3	.	0.0	122	89.7	.	0.0
Itasca Medical Care	2016	1	7.1	.	0.0	13	92.9	.	0.0
	2017	.	0.0	.	0.0	9	100	.	0.0
	2018	1	16.7	.	0.0	5	83.3	.	0.0
Medica	2016	19	1.0	6	0.3	1,797	98.6	.	0.0
	2017	22	0.7	7	0.2	3,253	98.7	14	0.4
	2018	12	1.7	5	0.7	698	96.8	5	0.7
Metropolitan Health Plan	2016	2	9.1	.	0.0	20	90.9	.	0.0
	2017	.	.	.	.	.	.	.	.
	2018	.	.	.	.	.	.	.	.
PrimeWest	2016	11	3.8	21	7.3	255	88.9	.	0.0
	2017	5	1.9	36	14.0	217	84.1	.	0.0
	2018	15	4.5	42	12.7	275	82.8	.	0.0
South Country Health Alliance	2016	3	0.6	.	0.0	489	99.2	1	0.2
	2017	7	1.2	1	0.2	579	98.6	.	0.0
	2018	5	1.2	.	0.0	407	98.8	.	0.0
UCare Minnesota	2016	91	15.0	.	0.0	514	85.0	.	0.0
	2017	124	9.9	.	0.0	1,124	90.1	.	0.0
	2018	316	14.1	.	0.0	1,923	85.9	.	0.0
Total	2016	263	4.6	28	0.5	5,467	94.9	1	0.0
	2017	295	2.8	45	0.4	10,133	96.6	14	0.1
	2018	558	5.6	47	0.5	9,422	93.9	5	0.0

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 2016-2018**

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	Appeal Denied / Exceeds 90-day Limit Number	Appeal Denied / Exceeds 90-day Limit Percent	Withdrawn Number	Withdrawn Percent
Blue Plus	2016	.	.	22	1.1	771	39.2	1,024	52.0	34	1.7	118	6.0
	2017	.	.	70	1.7	1,722	41.4	2,166	52.0	45	1.1	159	3.8
	2018	4	0.1	132	2.6	2,249	44.9	2,370	47.3	21	0.4	232	4.6
Health Partners	2016	.	.	7	1.4	218	42.7	269	52.6	17	3.3	.	.
	2017	.	.	2	0.3	353	44.5	393	49.6	32	4.0	13	1.6
	2018	6	0.5	1	0.1	548	46.5	570	48.3	35	3.0	18	1.5
Hennepin Health	2016	.	.	2	5.6	19	52.8	15	41.7	.	.	.	.
	2017	.	.	1	0.7	67	50.0	64	47.8	1	0.7	1	0.7
	2018	.	.	2	1.5	69	50.7	62	45.6	3	2.2	.	.
Itasca Medical Care	2016	.	.	.	.	5	35.7	8	57.1	.	.	1	7.1
	2017	.	.	.	.	1	11.1	8	88.9	.	.	.	.
	2018	.	.	.	.	2	33.3	4	66.7	.	.	.	.
Medica	2016	.	.	10	0.5	1,016	55.8	696	38.2	33	1.8	67	3.7
	2017	.	.	13	0.4	2,574	78.1	675	20.5	22	0.7	13	0.4
	2018	.	.	5	0.7	469	65.0	242	33.6	2	0.3	3	0.4
Metropolitan Health Plan	2016	.	.	.	.	12	54.5	10	45.5	.	.	.	.
PrimeWest	2016	.	.	11	3.8	140	48.8	112	39.0	2	0.7	22	7.7
	2017	.	.	5	1.9	104	40.3	121	46.9	5	1.9	23	8.9
	2018	3	0.9	1	0.3	124	37.3	157	47.3	16	4.8	31	9.3
South Country Health Alliance	2016	.	.	1	0.2	318	64.5	169	34.3	.	.	5	1.0
	2017	.	.	8	1.4	416	70.9	158	26.9	2	0.3	3	0.5
	2018	.	.	.	.	266	64.6	139	33.7	2	0.5	5	1.2
UCare Minnesota	2016	.	.	5	0.8	259	42.8	291	48.1	22	3.6	28	4.6
	2017	.	.	6	0.5	766	61.4	397	31.8	29	2.3	50	4.0
	2018	.	.	5	0.2	1,400	62.5	739	33.0	30	1.3	63	2.8
Total	2016	.	.	58	1.0	2,758	47.9	2,594	45.0	108	1.9	241	4.2
	2017	.	.	105	1.0	6,003	57.2	3,982	38.0	136	1.3	262	2.5
	2018	13	0.1	146	1.5	5,127	51.1	4,283	42.7	109	1.1	352	3.5

**State Fair Hearing (SFH) Rates (per 1,000 DTRs) by Managed Care Organization (MCO) and Program
Calendar Years 2016-2018**

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	2016	156	0.7	7	0.4	10	0.2	12	0.5	.	.	185	0.6
	2017	246	0.9	7	0.3	10	0.2	30	1.1	.	.	293	0.8
	2018	166	0.7	6	0.3	2	0.0	13	0.5	.	.	187	0.6
Health Partners	2016	41	1.0	5	0.8	9	1.6	7	0.8	.	.	62	0.9
	2017	54	1.1	8	1.4	8	1.9	6	0.7	4	0.4	80	1.0
	2018	43	1.4	1	0.9	4	4.1	7	1.2	4	0.9	59	1.4
Hennepin Health	2016	10	0.5	.	.	.	.	.	.	.	.	10	0.5
	2017	13	0.4	.	.	.	.	1	0.6	1	0.1	15	0.3
	2018	10	0.3	.	.	.	.	1	0.6	.	.	11	0.2
Itasca Medical Care	2016	2	0.4	.	.	.	.	1	2.3	.	.	3	0.4
	2017	1	0.2	.	.	.	.	.	.	.	.	1	0.1
Medica	2016	144	0.9	9	1.0	15	0.7	22	0.8	39	0.8	229	0.9
	2017	85	1.8	7	1.1	31	1.8	11	2.0	26	1.4	160	1.7
	2018	3	2.8	6	1.2	7	0.5	2	33.9	20	1.4	38	1.1
Metropolitan Health Plan	2016	.	.	.	.	.	.	.	.	4	0.2	4	0.2
PrimeWest	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
	2018	16	0.5	.	.	3	0.5	2	0.8	1	0.2	22	0.4
South Country Health Alliance	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
	2018	8	0.4	1	0.3	.	.	.	.	1	0.1	10	0.3
UCare Minnesota	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	83	3.1	3	0.4	39	0.4	223	1.0
	2018	103	0.8	38	1.0	62	1.8	12	0.8	27	0.8	242	1.0
Total	2016	420	0.8	70	1.1	134	1.3	54	0.8	81	0.4	759	0.8
	2017	463	0.9	77	1.1	135	1.3	55	1.0	72	0.4	802	0.9
	2018	349	0.7	52	0.7	78	0.7	37	0.7	53	0.7	569	0.7

**Number and Percent of State Fair Hearings by Managed Care Organization (MCO) and Type
Calendar Years 2016-2018**

MCO	Year	Access Number	Access Percent	Admin Number	Admin Percent	Billing Number	Billing Percent	Service Number	Service Percent
Blue Plus	2016	.	.	6	3.2	15	8.1	163	88.1
	2017	.	.	13	4.4	17	5.8	263	89.8
	2018	1	0.5	27	14.4	19	10.2	140	74.9
Health Partners	2016	.	.	4	6.5	9	14.5	49	79.0
	2017	.	.	8	10.0	6	7.5	66	82.5
	2018	1	1.7	12	20.3	9	15.3	37	62.7
Hennepin Health	2016	.	.	.	.	3	30.0	7	70.0
	2017	.	.	.	.	.	.	15	100
	2018	.	.	1	9.1	2	18.2	8	72.7
Itasca Medical Care	2016	.	.	.	.	3	100	.	.
	2017	.	.	1	100	.	.	.	.
Medica	2016	.	.	13	5.7	35	15.3	181	79.0
	2017	.	.	7	4.4	23	14.4	130	81.3
	2018	.	.	2	5.3	8	21.1	28	73.7
Metropolitan Health Plan	2016	.	.	.	.	2	50.0	2	50.0
PrimeWest	2016	.	.	1	5.9	3	17.6	13	76.5
	2017	.	.	1	6.3	4	25.0	11	68.8
	2018	.	.	.	.	3	13.6	19	86.4
South Country Health Alliance	2016	.	.	.	.	3	27.3	8	72.7
	2017	.	.	1	7.1	3	21.4	10	71.4
	2018	.	.	.	.	4	40.0	6	60.0
UCare Minnesota	2016	.	.	5	2.1	45	18.9	187	78.6
	2017	.	.	9	4.0	21	9.4	193	86.5
	2018	.	.	7	2.9	51	21.1	184	76.0
Total	2016	.	.	29	3.8	118	15.5	610	80.4
	2017	.	.	40	5.0	74	9.2	688	85.8
	2018	2	0.4	49	8.6	96	16.9	422	74.2

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 2016-2018**

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	2016	12	6.5	10	5.4	58	31.4	32	17.3	30	16.2
	2017	12	4.1	14	4.8	107	36.5	90	30.7	34	11.6
	2018	8	4.3	3	1.6	68	36.4	36	19.3	29	15.5
Health Partners	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
	2018	10	16.9	1	1.7	16	27.1	4	6.8	8	13.6
Hennepin Health	2016	.	.	.	.	4	40.0	3	30.0	1	10.0
	2017	.	.	.	.	10	66.7	3	20.0	1	6.7
	2018	.	.	.	.	7	63.6	1	9.1	2	18.2
Itasca Medical Care	2016	.	.	.	.	.	.	.	2	66.7	
Medica	2016	20	8.7	9	3.9	69	30.1	33	14.4	46	20.1
	2017	10	6.3	9	5.6	44	27.5	34	21.3	21	13.1
	2018	2	5.3	3	7.9	10	26.3	4	10.5	3	7.9
Metropolitan Health Plan	2016	1	25.0	.	.	1	25.0	1	25.0	.	.
PrimeWest	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
	2018	6	27.3	.	.	7	31.8	.	.	6	27.3
South Country Health Alliance	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
	2018	2	20.0	.	.	1	10.0	.	.	6	60.0
UCare Minnesota	2016	10	4.2	12	5.0	120	50.4	11	4.6	33	13.9
	2017	11	4.9	10	4.5	142	63.7	14	6.3	16	7.2
	2018	12	5.0	10	4.1	130	53.7	11	4.5	40	16.5
Total	2016	62	8.2	33	4.3	277	36.5	86	11.3	134	17.7
	2017	51	6.4	36	4.5	338	42.1	152	19.0	88	11.0
	2018	40	7.0	17	3.0	239	42.0	56	9.8	94	16.5

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 2016-2018**

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	2016	33	17.8	14	7.6	4	2.2	44	23.8	1	0.5	70	37.8	19	10.3
	2017	57	19.5	36	12.3	7	2.4	95	32.4	4	1.4	60	20.5	34	11.6
	2018	31	16.6	22	11.8	7	3.7	77	41.2	2	1.1	30	16.0	18	9.6
Health Partners	2016	8	12.9	7	11.3	1	1.6	14	22.6	.	.	29	46.8	3	4.8
	2017	19	23.8	3	3.8	3	3.8	24	30.0	1	1.3	21	26.3	9	11.3
	2018	10	16.9	4	6.8	2	3.4	19	32.2	.	.	20	33.9	4	6.8
Hennepin Health	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
	2018	1	9.1	.	.	1	9.1	5	45.5	.	.	3	27.3	1	9.1
Itasca Medical Care	2016	1	33.3	.	.	.	.	.	.	.	.	2	66.7	.	.
	2017	1	100	.	.	.	.	.	.	.	.	.	.	.	.
Medica	2016	40	17.5	16	7.0	5	2.2	73	31.9	2	0.9	70	30.6	23	10.0
	2017	28	17.5	11	6.9	1	0.6	55	34.4	4	2.5	45	28.1	16	10.0
	2018	5	13.2	4	10.5	1	2.6	13	34.2	2	5.3	9	23.7	4	10.5
Metropolitan Health Plan	2016	1	25.0	.	.	.	.	1	25.0	.	.	1	25.0	1	25.0
PrimeWest	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
	2018	4	18.2	2	9.1	.	.	11	50.0	.	.	4	18.2	1	4.5
South Country Health Alliance	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
	2018	.	.	1	10.0	1	10.0	3	30.0	.	.	5	50.0	.	.
UCare Minnesota	2016	34	14.3	44	18.5	1	0.4	68	28.6	3	1.3	71	29.8	17	7.1
	2017	44	19.7	26	11.7	4	1.8	87	39.0	1	0.4	41	18.4	20	9.0
	2018	46	19.0	16	6.6	8	3.3	74	30.6	3	1.2	73	30.2	22	9.1
Total	2016	122	16.1	83	10.9	11	1.4	209	27.5	6	0.8	260	34.3	68	9.0
	2017	153	19.1	79	9.9	16	2.0	281	35.0	11	1.4	179	22.3	83	10.3
	2018	97	17.0	49	8.6	20	3.5	202	35.5	7	1.2	144	25.3	50	8.8

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.