

## 4.4 ENSURE ONGOING QHP COMPLIANCE

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### Existing Oversight and Monitoring Processes

In addition to its initial review of network adequacy, the Minnesota Department of Health monitors and evaluates terminations of providers from provider networks to ensure HMOs continue to meet network adequacy standards as these network changes occur. These review processes will be extended to all issuers as part of MDH's review of network adequacy.

The Minnesota Department of Health also conducts Quality Assurance activities as part of its oversight of HMOs and will continue to carry out these specialized activities only for HMOs. Quality Assurance is monitored through auditing and examination procedures at the health plan level and investigating individual enrollee Quality of Care complaints. Quality Assurance includes evaluation of an HMO's Quality program administration, internal complaint and appeal program, availability and accessibility of health services to HMO enrollees and compliance with Minnesota's utilization review law.

### Enrollee Complaint Resolution

The Exchange will leverage existing complaint investigation and resolution processes at the Departments of Commerce and Health as described below. The Exchange will also accept complaints specific to Exchange operational issues.

The Minnesota Department of Commerce assists consumers in filing of appeals and investigation of complaints related to insurance companies. The Department of Commerce's Enforcement Division works with consumers and those who are licensed by the department. The division takes calls from the public, investigates complaints, and enforces state laws pertaining to the products and services it licenses. Investigations can result in an administrative enforcement action such as a cease and desist order, the revocation of a license or civil penalties.

Other health plan company enrollees have the right to file complaints with the Minnesota Department of Health (MDH). The complaint process can be initiated via phone call or written communication. MDH can investigate to determine if the health plan company and its providers have acted consistent with applicable law and with the terms of the enrollee's health plan. MDH's investigation can take place at the same time as the health plan company's internal complaint and appeal process. There is no cost to file a complaint with MDH.

Consumers may also file complaints directly with a health plan company. Minnesota law requires each health plan company to establish an internal process whereby enrollees can complain about any action taken by their health plan company. The complaint process can be initiated via phone call or written communications to the health plan company's member service department. If the enrollee's complaint is not resolved to his or her satisfaction, the enrollee has the right to file an appeal with the health plan company. Both complaint and appeal process are provided at no cost to enrollees.