HOUSE RESEARCH

Bill Summary

FILE NUMBER: H.F. 3045 **DATE:** March 31, 2016
Version: First engrossment

Authors: Zerwas and Anderson, S.

Subject: HMO quality of care complaint investigations

Analyst: Elisabeth Klarqvist

Overview

This bill requires health maintenance organizations to implement a process for investigating enrollee quality of care complaints and establishes reporting and recordkeeping requirements for quality of care complaints.

Section

1 **Application review.** Amends § 62D.04, subd. 1. For a health maintenance organization (HMO) to obtain a certificate of authority to operate in the state, requires the HMO's systems for ongoing evaluation of the quality of health care to include a peer review process.

2 **Quality of care complaints.** Adds § 62D.115. Requires HMOs to establish a process to investigate quality of care complaints. Also requires HMOs to report annually to the commissioner of health on the number of complaints and the complaint category, and establishes recordkeeping requirements for quality of care complaints.

Subd. 1. Quality of care complaint. Defines quality of care complaint as an expressed dissatisfaction regarding the clinical quality of health care services rendered by a provider, resulting in potential or actual harm to an enrollee.

Subd. 2. Quality of care complaint investigation. Requires an HMO to implement a quality of care complaint investigation process, including written procedures for receiving, investigating, and following up on quality of care complaints. Requires the complaint investigation process to define quality of care complaint in compliance with the definition in subdivision 1, and to specify levels of severity for different types of complaints. Also requires:

Section

- an HMO to investigate all quality of care complaints, document every allegation was addressed, and support conclusions with evidence;
- review by a medical director when there is potential for patient harm;
- an HMO to track and trend quality of care complaints for review; and
- the commissioner, in consultation with interested stakeholders, to define complaints that are subject to peer protection confidentiality by January 1, 2018.

Subd. 3. Complaint reporting. Requires HMOs to submit to the commissioner, as part of their annual filing, data on the number of complaints and complaint category as defined by the commissioner. Requires the commissioner to define complaint categories in consultation with stakeholders by January 1, 2018.

Subd. 4. Record keeping. Requires HMOs to maintain records for five years on quality of care complaints and the resolution of those complaints. Makes these records available to the commissioner upon request, and classifies data obtained by the commissioner under this subdivision as confidential data on individuals.