

HOUSE RESEARCH

Bill Summary

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Subject: Process for investigating quality of care complaints

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Overview

This bill requires health maintenance organizations to implement a process for investigating and resolving enrollee quality of care complaints and requires data on complaints to be reported annually to the commissioner of health.

Section

- 1 **Application review.** Amends section 62D.04, subdivision 1. For a health maintenance organization (HMO) to obtain a certificate of authority to operate in the state, requires the HMO's systems for the ongoing evaluation of health care quality to include a peer review process.
- 2 **Quality of care complaints.** Adds section 62D.115. Requires HMOs to establish a process to investigate and resolve quality of care complaints.
 - Subd. 1. Quality of care complaint.** Defines quality of care complaint as any grievance regarding an enrollee's dissatisfaction with services provided to the enrollee that have potential or actual adverse outcomes and impact care delivery.
 - Subd. 2. Quality of care complaint investigation.** Requires HMOs 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 to comply with the definition in subdivision 1, and to specify levels of severity for different types of complaints. Also requires:
 - the HMO to investigate all quality of care complaints;

Section

- the HMO to document all investigations and support conclusions with evidence;
- review by a medical director when there is a possibility for patient harm; and
- the HMO to track quality of care complaints.

Subd. 3. Reporting. Requires an HMO to report data on quality of care complaints to the commissioner of health.

- 3 Record keeping.** Amends section 62Q.72, subdivision 1. Requires health plan companies to maintain records on quality of care complaints from enrollees and the resolution of those complaints, in addition to other enrollee complaints.
- 4 Complaint recording.** Adds subdivision 3 to section 62Q.72. Requires HMOs to submit, as part of the company's annual filing to the commissioner of health, data on the number of complaints received by the HMO, broken out by complaint category.
- 5 Commissioner of health.** Amends section 145.64, subdivision 5. Specifies that the commissioner of health may access documentation related to review organization activities and to the review organization's final determination.