PRODUCTS AFFECTED:

- Medica DUAL Solution® – for Minnesota Senior Health Options (MSHO) enrollees
- Medica Choice Care℠ – for Minnesota Senior Care Plus (MSC+) enrollees
- Medica AccessAbility Solution® – for Special Needs Basic Care (SNBC) enrollees

DEFINITIONS:

Care Coordination Products (CCP): Medica Care Coordination products include the DUAL Solution (MSHO), Choice Care (MSC+), and AccessAbility (SNBC) products.

Primary Care Provider (PCP): Provider or licensed practitioner, pursuant to Minnesota Rules, Part 4685.0100, subpart 12a, or nurse practitioner, or physician assistant pursuant to Minnesota Rules, Part 4685.0100, subpart 12b.

PURPOSE

To assure that all Care Systems, Agencies, and Counties that provide Care Coordination for Medica members have a policy and/or procedure to ensure Medica members are offered a choice of Primary Care Provider (PCP) appropriate to his or her needs that is formally dedicated for supervision and coordination of the health care services furnished to the member.

POLICY

Care Systems, Agencies, and Counties that provide Care Coordination for Medica members are required to have procedures in place to guarantee that Medica members are offered a choice of PCP appropriate to his or her needs that is formally dedicated for coordinating the health care services furnished to the member. Medica will audit for the presence of designated Primary Care discussion annually.

PROCEDURE

1. All members of Care Coordinated Products (CCP) are encouraged to obtain a designated source of Primary Care.
2. During the Initial Health Risk Assessments (HRA), the Care Coordinator (CC) will determine if the member has a designated source of Primary Care.
   a. If the member does have a designated source of Primary Care, the CC should note who the designated source of Primary Care on the Long Term Care Consultation (LTCC)/Health Risk Assessment (HRA) and Care Plan.
   b. If the member does not have a designated source of Primary Care, the CC should facilitate a conversation about the benefits of obtaining a designated source of Primary Care.
      i. The CC may help facilitate finding a designated source of Primary Care for the member.
3. Medica MSHO members are required to designate a Primary Care Provider (PCP) on their enrollment form.
   a. MSHO members may change PCP as often as monthly if desired.
      i. Notification must be received by the 15th of the month for a change to occur the following month.
      ii. If notification is received on the 16th of the month or later, the change will become effective the first day of the 2nd month following notification.
   b. If the member wants a PCP who is not part of the Medica network, s/he will need to either select a network PCP or move to another Health Plan at the next enrollment opportunity.
4. Medica SNBC members are not required to designate a PCP on their enrollment form.
   a. Medica SNBC members may change PCP at any time.
   b. If the member wants a PCP who is not part of the Medica network, s/he will need to either select a network PCP or move to another Health Plan at the next enrollment opportunity.
5. Medica MSC+ members are encouraged to choose a designated source of primary care. These members do not fill out a separate Medica enrollment form.
6. The CC will confirm the designated source of Primary Care annually or with changes in condition.
7. Change from one designated PCP to another designated PCP may require a transfer to a different Care System, Agency, or County for Care Coordination.