Evaluation of Care Coordinator’s Performance

Policy Title: Evaluation of Care Coordinator’s Performance
Department: Government Programs
Business Unit: State Public Programs
Approved By: Director of SPP Products.
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PRODUCTS AFFECTED:
- Medica DUAL Solution® – for Minnesota Senior Health Options (MSHO) enrollees
- Medica Choice CareSM – for Minnesota Senior Care Plus (MSC+) enrollees
- Medica AccessAbility Solution® – for Special Needs Basic Care (SNBC) enrollees.

DEFINITIONS:
Care Coordinator/Case Manager/Wellness Navigator Qualifications:

MSHO/MSC+ Care Coordinators- Care Coordination must be provided by an individual that is a Registered Nurse, a Licensed Social Worker, County Social Worker evaluated under the Minnesota Merit System, Physician Assistant, Nurse Practitioner or Physician.

SNBC Care Coordinator’s- Medica prefers SNBC Care Coordinators be a Registered Nurse, Licensed Social Worker, County Social Worker evaluated by the Minnesota Merit System, Physician Assistant, Nurse Practitioner or Physician. At a minimum, SNBC Case Manager/Navigation Assistant must be supervised by a Licensed Social Worker, Registered Nurse, Physician Assistant, Nurse Practitioner or Physician.

In lieu of these requirements, an individual with specialized expertise working with people with disabilities may be allowed to act as a care coordinator if they have a four-year degree in a closely related field and three or more years of experience in home and community based services. The individual must also be trained on assessments and consultation for long-term care services and other training required by DHS.

Medica must approve the individual’s qualifications before they can function in a Case Manager/Navigation Assistant capacity. The entity that hired these individuals must submit the initial and ongoing disability-related training plan for the staff working with the SNBC Medica members. Medica requires these staff to have at a
minimum 24 clock hours of training that is relevant to their role as a Case Manager/Navigation Assistant and/or the population served every two years. It is the responsibility of the contracted entity to ensure this training occurs and to provide Medica with documentation upon request.

PURPOSE:
To assure that all Care Systems, Agencies, and Counties that provide Care Coordination for Medica members have a policy and/or procedure to clarify annual individual Care Coordinator evaluations.

POLICY:
Care Systems, Agencies, and Counties that provide Care Coordination for Medica members are required to have procedures in place to guarantee that an annual evaluation of the performance of individual Care Coordinators is occurring. This policy must also include a process on how members can request and be offered a different Care Coordinator.

Medica will review this element for each Delegate annually during the Regulatory Quality Delegation Oversight Review.

PROCEDURE
1. Each Care System, Agency, and County will conduct an annual evaluation of the performance of individual Care Coordinators.

2. These evaluations of performance may include: member input, chart reviews and/or audits, assessment of Care Coordinator competencies, and status of employee’s credentials and licensure.

3. Annually, Care Coordinators will share the process for filing a grievance, reporting dissatisfaction with services received from their Care Coordinator, or how members can request a different Care Coordinator.

4. Medica will communicate with the Care System, Agency, or County if a member is dissatisfied with the services received from their Care Coordinator or if a member makes a request for a change of Care Coordinator.
   a. The Care System, Agency, or County will assist the member when such a request is received.
   b. The Care System, Agency, and County will follow its internal process for review, investigation, and action as needed for each concern or complaint.
   c. The Care System, Agency, and County will note complaints received, if any, in the annual performance review of Care Coordinators.
   d. The Care System, Agency, and County will share with Medica if a member is reporting dissatisfaction with services received from their Care Coordinator that the Care System, Agency, or County is unable to resolve.
Cross References
Medica Care Coordinator Leave-Behind Document
Member Signature Sheet
MSHO/MSCl+ Contract
SNBC Contract

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