Vendor Oversight

Policy Title: Vendor Oversight
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Business Unit: State Public Programs
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Products Affected
- Medica DUAL Solution® – for Minnesota Senior Health Options (MSHO) enrollees
- Medica Choice Care SM – Minnesota Senior Care Plus (MSC+)
- Medica AccessAbility Solution® – for Special Needs Basic Care (SNBC) enrollees

Definitions
Abuse: Actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and or/intentionally misrepresented facts to obtain payment.

Access: The ability and/or right to utilize a quality service with quality staff.

State Public Programs (SPP) Leadership: The Director of SPP Products and his/her designated committee of key managers and internal stakeholders of the affected products.

Fraud: Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

Quality of Service: Ongoing process of building relationships and providing accessible, knowledgeable, reliable delivered services in a timely fashion to Medica members.

Quality Service and/or Quality Staff Concern Examples:
- Unprofessional behavior
- Non-Timely response to requests
- Communication concerns, (staff has language barriers or doesn’t communicate changes to member, Care Coordinator (CC) or family)
- Not providing requested and approved services
- Doesn’t complete service as expected, job accountabilities not completed
- Lack of continuity
- Documentation inadequate
- Not member focused
- Not culturally appropriate
- Safety concerns (cleanliness, equipment/environmental, ability to handle the service)
- Suspected fraud, waste, or abuse
- Personal Health Information (PHI) concerns

**Waste:** Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources

**PURPOSE**

To assure that all Care Systems, Agencies, and Counties that provide Care Coordination for Medica members have a policy and/or procedure establishing Medica's process for timely identification of access concerns, quality concerns, fraud, waste, and abuse for services provided by vendor contractors.

Medica may utilize providers that are enrolled providers, non-enrolled providers that meet state service standards, Counties, and/or Tribal Human Service Agencies.

**POLICY:**

Care Systems, Agencies, and Counties that provide Care Coordination for Medica members are required to have procedures in place to guarantee that timely identification is occurring to address access concerns, quality concerns, and fraud, waste, and abuse concerns for services provided by vendor contractors.

Medica monitors the quality of vendor contractors by collecting and analyzing documented concerns provided by members, member representatives, and CC’s.

In addition to the Vendor Concern Reporting Form, concerns may also be reported to Medica Customer Service Staff, Medica Compliance Department, and/or Special Investigation Unit (SIU) Staff. These reports are also collected and analyzed.

**PROCEDURE:**

1. Upon observation or notification of quality of service or quality or adequacy of staff, or network adequacy concerns the Care Coordinator completes the Vendor Concern Form,

2. Data collected includes:
   - name of vendor
   - member identifier
   - time period involved
   - type of problem/concern
   - impact to member
   - organization actions
3. Upon completion of data collection, the Delegates designated person will send the Vendor Concern Form to the Regulatory Oversight & Improvement Department at the identified fax number on the form,

4. Vendor Concern Forms are reviewed by Regulatory Oversight & Improvement staff upon receipt to determine if immediate action is needed,

5. Regulatory Oversight & Improvement staff sends the concern form to the appropriate manager or department at Medica for investigation and follow through. The appropriate manager will incorporate the vendor complaint into their departmental analysis of member issues and concerns.

6. Escalated concerns are presented to SPP Leadership to determine appropriate timeliness of response.

7. If potential for member harm is identified, immediate action will be taken.

8. Upon request, the Vendor Concerns are reviewed by SPP Leadership to identify possible member risks, trends, and/or patterns. Follow-up actions will be identified as needed.

9. Medica may work with the Care Systems, Agencies, and Counties to identify alternative vendors whenever member risk, trends, and/or patterns are identified.

10. CC’s receive initial and on-going training regarding the Vendor Concern Report process. Medica may also share this information through the Medica.com Care Coordinator News, Quarterly Care Coordinator meetings, and/or direct communications with the Care Coordination Delegates.

CROSS REFERENCES
MSHO/MSC+ Contract
SNBC Contract
Vendor Concern Report Form
Member Satisfaction Policy

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