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| <b>Policy Title:</b>                | <b>Delegation Oversight</b>                              |
| <b>Department:</b>                  | <b>Government Programs</b>                               |
| <b>Business Unit:</b>               | <b>Regulatory Oversight &amp; Improvement</b>            |
| <b>Approved By:</b>                 | <b>Manager of Regulatory Oversight &amp; Improvement</b> |
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### PRODUCTS AFFECTED:

- Minnesota Senior Health Options (MSHO) – Medica DUAL Solution®
- Minnesota Senior Care Plus (MSC+) – Medica Choice Care<sup>SM</sup> MSC+
- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution®
- Special Needs BasicCare (SNBC) Integrated – Medica AccessAbility Solution Enhanced®

### DEFINITIONS

**Care Coordination:** The assessment, care planning, providing support, and coordination of needed services between members, involved health professionals and care settings.

**Care Coordinator (CC):** A person who assesses the member, develops a care plan, coordinates and supports delivery of services identified in the care plan, also referred to as a navigator.

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

**CCP Leadership:** The Director State and Public Program (SPP) Products and his/her designated committee of key managers and internal stakeholders of the affected products. This committee serves as the delegation oversight committee for Care Coordinated Products

**Delegate:** A Care Coordination entity providing services to members of a Medica Care Coordination product or products. Care Coordination entities can be counties/tribes, care systems and/or agencies.

### PURPOSE

This policy guides Delegates and Medica Regulatory Oversight & Improvement staff through the review process of contracted care coordination entities.

### POLICY

Medica performs a formal review of each Delegate annually. The review includes the following:

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- Timely entry of assessments
  - Timely submission of other requested materials;
  - Delegate attestations to their understanding, under Medica contract, that they are in compliance with the administrative requirements and protocols of Medica, including policies and procedures

Following the Delegation Oversight review, recommendations and/or corrective action plans are initiated with the Care Coordination Delegate. Medica will provide additional training on Care Coordination duties as needed.

Delegation oversight is the responsibility of the Regulatory Oversight & Improvement team with members from CCP Leadership which includes the Director of State Public Program (SPP) Products, Manager of Medica Care System, Clinical Liaison, Regulatory Oversight & Improvement Manager and others as identified.

The first annual review occurs approximately 12 months after the contract is completed or 12 months after membership was first assigned.

### **PROCEDURE**

All Care Coordination Delegates will be reviewed annually. Content reviewed as part of the Delegation Oversight process will be identified by the Regulatory Oversight & Improvement team and CCP Leadership.

The Clinical Improvement Lead notifies each Delegate of the annual review via email and requests the completion and return of the Annual Care Coordination Delegate Oversight Review form and additional written processes. Materials requested will be customized to reflect the populations the Delegate serves. For example, if the entity has a contract for SNBC members, no MSHO-only requirements will be requested. A review date will be established that allows 2 to 3 weeks for the Delegate to provide the requested information.

The Clinical Improvement Lead will gather and share internal data such as Health Risk Assessment/Care Plan audit and Transition of Care audit results. The Annual Care Coordination Delegate Review is completed upon receipt of the Delegate's Response form and prior to the meeting of CCP Leadership.

### **Annual Review:**

Medica Regulatory Oversight & Improvement staff will present to the CCP Leadership Committee the review and recommendation of each Delegate annually. The committee meetings are scheduled annually to accommodate organizational and departmental priorities. A list of those Delegates who meet all Medica expectations will be presented in aggregate for discussion. A summary of each Delegate who does not meet Medica requirements will be presented individually to the CCP Leadership Committee. The Annual Care Coordination Delegate Review form is the primary document reviewed. A quorum must be present to complete the review. A quorum can be established by in-person meeting, conference call or other forms of electronic communication and represents at least 51% of CCP Leadership Committee.

The Clinical Improvement Lead will work with each Delegate during their review process to resolve any discrepancies or concerns prior to bringing recommendations to the CCP Leadership Committee. The final Annual Care Coordination Delegate review form and supplementary documentation is filed in the Delegate's electronic folder.

For Delegates who do not meet all Medica expectations, the Delegate will be discussed individually by the CCP Leadership Committee. A member of committee will be identified to follow-up with the Delegate to resolve identified issues. A corrective action plan may be initiated if necessary as well as training. The identified member will report back to the CCP Leadership Committee with the Delegate's response and indicate whether or not the Delegate now meets Medica's expectations. Electronic, telephonic, or in person reporting is acceptable for follow-up with the Delegate. Once issues are resolved, representatives from the CCP Leadership committee including, but not limited to: Manager, SPP Products, Manager, Medica Care System or Manager, Regulatory Oversight & Improvement will review resolution and approve.

In accordance with Medica's responsibilities to Delegation Oversight, Medica provides the following reports to Care Coordination entities:

- Monthly enrollment report with new members, termed members and current members.
- Member Stratification Report: The Member stratification report brings together Demographic and Care System Data with Clinical Markers and Utilization metrics for a given population at the universal person identification (ID) level. The report is based around several data elements per member and built to facilitate Pivot Table reporting in Excel. The report contains a population summary with comparison to the containing product as well as several useful pivot table metrics including enrollment span, inpatient (IP) and emergency room (ER) utilization, and Coordination Issue highlights. Each row of the pivot tables can be double clicked on to expose the detailed rows of the members making up that category. Additionally, the Medica data analytics team or the care coordination delegate can filter either the source data or create additional pivots to help stratify their population and focus clinical intervention to increase member health.
- Enhanced Care Coordination Report: this report is sent to delegates quarterly. Medica uses the Johns Hopkins ACG predictive modeling software combined with other selected indicators, including utilization, claims experience, and member diagnostic information. This report utilizes variables including: total cost of care, multiple chronic conditions, poly pharmaceuticals or drugs, inpatient use, emergency room utilization and high risk mental health condition indicators. The report uses a rolling 12 months of data to identify each member's risk.
- Ad hoc reports including but not limited to: Members Missing Assessment Reports, Department of Human Services (DHS) Medicaid Management Information System (MMIS) Timeliness Reports and other financial/cost of care reports.

In accordance with the Delegate's responsibilities concerning Delegation Oversight, Medica requires the following reports from the Care Coordination entities:

- Monthly Health Risk Assessment (HRA) tracking report, which includes completed HRA's, Care Plan's and assigned Care Coordinator.

- Annual Care Coordination Delegate Oversight Response (includes attestations and required written documentation)
- Requested copies of Medica case files/member records as needed for regulatory and quality purposes such as, but not limited to Transition of Care audits, Minnesota Department of Health audits, Centers for Medicare & Medicaid Services (CMS) audits, Model of Care review, Part C Validation.

In addition, Medica monitors Care Coordination Delegates' performance and collects input on Medica's processes through the following activities:

- Annual meeting with each entity to discuss new requirements and identified issues;
- Input from other Medica departments, including but not limited to Customer Service, Provider Service, Operations, and others
- Care Coordinator comments and input
- Monitoring of missing member assessments
- Part C Special Needs Plan (SNP) Care Management Report Validation

Following completion of a successful review and approval by CCP Leadership Committee, the Clinical Improvement Lead will notify Delegate by email or letter announcing the results of Delegate Oversight Review and compliance with performance requirements. The results indicate approval with:

- No further action required;
- Corrective action plan (CAP) required; and/or
- Opportunities for improvement (OFI).

The Clinical Improvement Lead will ensure completion of all CAPs.

## **REMEDIES**

When a Care Coordination delegate does not meet Medica's delegation requirements as determined during the annual review, an escalating process is pursued:

- Request for missing or improved documentation
- Meetings to discuss issues/deficiencies followed by a written corrective action plan from the entity
- Follow-up review and interaction with delegate to determine if requirements have been met. The time frame for follow-up is determined by the perceived level of potential harm to members
- If the issue/deficiency is not resolved, SPP Leadership is involved and determines the next steps. Options up to and including termination of contract are considered.

## **Cross References**

Annual Delegation Oversight Response form