



Policy Title:	Evaluation of Care Coordinator's Performance
Department:	Government Programs
Business Unit:	State Public Programs
Approved By:	Director of SPP Products.
Approved Date:	7/12/2011
Original Effective Date:	7/12/2011
Review Date(s) (no changes)	11/14/2017, 6/1/2021
Revision Dates:	12/15/2014, 11/2/2015, 12/12/2016, 11/6/2019

PRODUCTS AFFECTED:

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

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. 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 procedure must also include a process on how members can request and be offered a different Care Coordinator. Delegates may either attest to using Medica's policy or submit their own during the 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 Medica leave behind document with members, which provides information about the process for filing a grievance, reporting dissatisfaction with services received from their Care Coordinator, and 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
MSHO/MSC+ Contract
SNBC Contract

Rev. 06/2021

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