Policy Title:	Care Coordination Operations
Department:	Government Programs
Business Unit:	State Public Programs
Category:	
Approved By:	Director of SPP Products
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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
- Medica AccessAbility Solution® Enhanced - for Special Needs Basic Care (SNBC) enrollees who are dually eligible

DEFINITIONS

Care Coordination/Case Management for all Enrollees: The assignment of an individual who coordinates the provision of all Medicaid health and long-term care services for MSHO, MSC+, SNBC and SNBC Enhanced Enrollees and Medicare services for MSHO Enrollees. The Care Coordinator is responsible for completion of the assessment, care planning, providing support, and coordination/collaboration of needed care and services between members, involved health and social service professionals, and care settings for members.

Care Coordinator (CC)/Case Manager/Wellness Navigator: A person, who assesses the member, develops a care plan, coordinates, and supports delivery of services identified in the care plan.

PURPOSE

To assure that all Care Systems, Agencies, and Counties/Tribes that provide Care Coordination for Medica members have a policy and/or procedure that follows Medica's requirements related to Care Coordinator operations and ratios for MSHO, MSC+, SNBC and SNBC Enhanced membership.

POLICY

Care Systems, Agencies, and Counties/Tribes that provide Care Coordination for Medica members are required to have procedures in place that describe how they will meet Medica's requirements related to Care Coordinator operations and ratios for MSHO, MSC+,SNBC and SNBC Enhanced membership. Medica recognizes the unique structure of each Care Coordination Delegate and requires they develop policies/procedures/protocols to manage Care Coordination operations and ratios based upon their structure and staffing.

Medica will audit each Delegates policies and/or procedures listed below annually.

PROCEDURE

1. At a minimum, each Delegate must have written policies/procedures/protocols in place to address the following areas or attest to following Medica's policy, as applicable:
    a. Medica Care Coordination Accountabilities Policy (MSHO/MSC+) or Medica Case Management Accountability Policy (SNBC/SNBC Enhanced)
    b. Care Coordination required education, experience, and training including the communication process to share information/training opportunities with internal staff
        - All Care Coordinators are required to attend/participate in Medica facilitated meetings and/or trainings.
        - If staff does not attend, the Delegate needs to ensure materials have been distributed and reviewed with staff that was not present.
        - Delegates are required to maintain documentation of Care Coordination training and provide sign in sheets to Medica upon request
        - Delegates are required to provide a copy of their policies and procedures to Medica upon request.
    c. Care Coordinator orientation, ongoing staff supervision, and annual evaluations of Care Coordination staff that incorporates input from members
    d. Care Coordination paid time off (PTO)/Leave Coverage
    e. Entry of Medicaid Management Information System (MMIS) data within required timelines. Please refer to the Care Coordinator Training manual for more information.
    f. Care Coordination case ratios
        - When determining Care Coordinator caseload ratios, the Delegate will consider the following factors when assigning Medica members to care coordinators:
            1. Need for high intensity acute Care Coordination
            2. Mental health status
            3. Low English proficiency or need for translation
            4. Case mix/Rate Cell Designation
            5. Lack of family or informal supports
            6. Travel time
            7. Other circumstances as appropriate
    g. Monthly enrollment reconciliation which includes monthly review of member enrollment files to ensure all active members are assigned a care coordinator and all termed members have been verified.
        - The full enrollment report, sent by Medica to each delegate, contains information as to all members assigned to the delegate, new members assigned that month, members whose coverage has been terminated and the reason for the termination, as well as a listing of members who DHS has reported that their Medical Assistance will be lapsing at the end of the current month.
        - Delegates are required to review and reconcile the monthly enrollment file against their own internal care coordinator assignments to ensure all members are assigned a care coordinator.
        - Discrepancies should be brought to the attention of the Medica Enrollment team.
    h. Member notification of Assigned Care Coordinator within 10 days: please refer to the Care Coordination Accountability Policy.
    i. Monitoring of members Medicaid status (refer to members who lose eligibility section of Medica Assessment Schedule Policy (MSHO, MSC+) or Medica Assessment Schedule Policy (SNBC, SNBC Enhanced)

Cross References
MSHO/MSC+ DHS Contract
SNBC DHS Contract
Medica Care Coordination Accountability (MSHO, MSC+)
Medica Case Management Accountability (SNBC, SNBC Enhanced)
Assessment Schedule Policy (MSHO, MSC+)
Medica Assessment Schedule Policy (SNBC, SNBC Enhanced)

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