



Policy Title:	Provider and Vendor Concern Reporting
Department:	Markets Growth & Retention
Business Unit:	Medicaid and Special Needs Plan
Approved By:	Director, Medicaid SNP Member Solutions & Innovation
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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®
- Integrated Special Needs BasicCare (I-SNBC) – Medica AccessAbility Solution Enhanced®

Definitions

Abuse: Actions that may, directly or indirectly, result in unnecessary costs to the Medicaid or Medicare program by excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice. Abuse may involve 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. Abuse also includes substantial failure to provide Medically Necessary items and services that are required to be provided to a member under this Contract if the failure has adversely affected or has a substantial likelihood of adversely affecting the health of the Enrollee.

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

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:

- Abuse Concern
- Access Concern
- Care Coordination Concern
- Customer Service Concern
- Fraud Concern
- Network Adequacy Concern (Lack of Available Providers)
- Personal Health Information (PHI) Concern
- Service Quality Concern

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- Communication concerns, (staff has language barriers or doesn't communicate changes to member, Care Coordinator (CC) or family)
 - Documentation inadequate
 - Doesn't complete service as expected, job accountabilities not completed
 - Lack of continuity
 - Not providing member focused/culturally appropriated requested and approved services
 - Safety concerns (cleanliness, equipment/environmental, ability to handle the service)
 - Staff Quality Concern
 - Unprofessional Staff Behavior
 - Staffing Concern (Provider Unable to Staff Hours)
 - Timeliness Concern
 - In responding to requests
 - In providing service
 - Waste Concern

Medicaid & Special Needs Plan (SNP) Leadership: The Senior Director of Medicaid & SNP Programs and his/her designated committee of key managers and internal stakeholders of the affected products.

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 a policy and/or procedure which establishes Medica's process for Care Coordinators to report access concerns, quality concerns, complaints, and/or fraud, waste, and abuse related to services provided to Members.

POLICY:

To ensure that Care Coordinators have a process to report any concerns about experiences working with healthcare providers, service providers or vendors.

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

In addition to the ability to submit a concern on the Care Coordination website, 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 identification of a concern, the Care Coordinator can "Submit a Care Coordinator Concern" which is located under Miscellaneous Tools and Forms on the Care Coordination website.
2. Data collected includes:
 - Member details
 - Care Coordinator Information
 - Entity Information
 - Details of Concern.
3. Upon completion of data collection, the Delegates will submit the form to Medica.

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4. Concerns are reviewed by Medicaid & SNP staff upon receipt to determine if immediate action is needed
 5. Medicaid & SNP staff sends the concern form to the appropriate manager or department at Medica for investigation and follow through. Escalated concerns are presented to SPP Leadership to determine appropriate timeliness of response.
 6. If potential for member harm is identified, immediate action will be taken.
 7. Upon request, the concerns are reviewed by Medicaid & SNP Leadership to identify possible member risks, trends, and/ or patterns, and complaint resolution. Follow-up actions will be identified as needed.
 8. Medica may work with the Care Systems, Agencies, and Counties/Tribes to identify alternative healthcare providers, service providers or vendors whenever member risk, trends, and/or patterns are identified.
 9. CC's receive initial and on-going training regarding the provider 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/MS C+ Contract

SNBC Contract

Submit a Care Coordinator Concern

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