

Meeting Minutes

Thursday, October 24, 2019

1:00-3:00 PM

Meeting Locations:

South Country Health Alliance

Goodhue County Health & Human Services

Morrison County Government Center

Brown County Community Services-Human Services

Kanabec County Public Services

Topic

Minutes

I. Welcome and Introductions

Meeting Facilitator: Chris Gartner, Communication Manager

II. Follow-Up from May 15, 2019 Meeting

There were no follow-up items from the meeting held on May 15, 2019.

III. Provider Spotlight

Mobile Crisis- South Central Human Relations

Presented by:

Barb Durbahn, Deputy Executive Director

Mary Harders, Mobile Crisis Team Lead

Mary Harders presented a PowerPoint regarding crisis response for Southeast Minnesota. This program started a little over three years ago and is funded in part by a grant from the State of Minnesota, which runs 24/7/365 and supports all age groups.

They cover 10 counties in Southeast Minnesota.

1. Olmsted
2. Goodhue
3. Mower
4. Fillmore
5. Houston
6. Steele
7. Dodge
8. Waseca
9. Winona
10. Wabasha

Individuals can call the crisis line, which offers 24/7 phone support, including holidays, to talk through whatever their concerns are.

The crisis center has an Assessment Domains that they use when they assess a situation. Some of them are listed below:

- Life situation
- Symptoms
- Vulnerabilities
- Risky behaviors
- Substance use

The crisis team has a few intervention actions that they provide such as:

- Therapeutic response

- Addressing current crisis symptoms
- Identifying current providers
- Identifying natural supports and community resources
- Creating a safety plan
- Educating on coping skills
- Identifying referrals to prevent future crisis and care for mental health needs

Mary and Barb left some informational flyers and pamphlets for the group.

IV. Population Health

Presented by:
Judy Dube, Manager of Health Services

A population health program is a program that works to improve the health outcomes of a specific group of members through identifying, case managing and supporting individuals within that group; therefore, impacting better health for all within that identified population.

Through comprehensive analysis of member data SCHA identified the following chronic conditions across all products:

- Depression – Average of 35% of all members
- Hypertension – Average of 33.6% of all members
- Anxiety – Average of 31.5% of all members

Average of 9% of all members have a diagnosis of Depression, Anxiety, and Hypertension.

There are four focus areas (NCQA):

1. Keeping members healthy
 - a. Goal – Increase the percent of members with high blood pressure to have adequate control < 140/90 (3.1% increase over 3 years)
2. Managing members with emerging risk
 - a. Goal – Increase the percent of members receiving outpatient mental health services (.05% increase over 3 years)
3. Patient safety or outcomes across settings
 - a. Goal – Increase the percent of members age 18+ with new diagnosis of depression who remained on a new prescription of anti – depressant for 84 days (Increase of 4.6%)
4. Managing multiple chronic illnesses
 - a. Goal – Increase utilization of mental health services as opposed to crisis intervention in ER or Hospital with such services as CM, HP, BHH; to help manage chronic conditions of Depression, Anxiety, and HTN (10% over 3 years)

SCHA will be sunseting Disease Management and will be rolling under the population health program.

<p>V. Utilization Management – Mid-Year Review</p> <ul style="list-style-type: none"> • SNF Update <p>Presented by: <i>Kim Worrall, Director of Health Services</i></p>	<p>Utilization Management is the prior authorization process for medical procedures, services, and equipment.</p> <p>Process – reviews are completed for medical necessity based on a standard set of criteria. If medical information is missing the nurses/doctors reach out to the ordering physician for additional information.</p> <p>The average time nurses/doctors are completing reviews is 3 business days. (The state allowed time is 10 business days.)</p> <p>Durable Medical Equipment remains the highest volume of types of reviews. Some examples are:</p> <ul style="list-style-type: none"> • C – Paps/Bi – Paps • Continuous blood glucose monitors • Hospital beds <p>90% of medical necessity reviews meet prior authorizations</p> <p>Providers are to notify SCHA of admissions AND discharges (no PA required). They can do this by:</p> <ul style="list-style-type: none"> • Completing the form(s) on our website under the notifications tab. • Health Information Exchange (HIE) <p>SCHA is working on a provider portal enhancement to allow providers to enter hospital notifications via the portal.</p>
<p>VI. Opioid Case Management – Mid-Year Review</p> <p>Presented by: <i>Ruth Boubin, Restricted Recipient Case Manager</i></p>	<p>Ruth talked to the group about the Opioid Case Management Review which is a program SCHA is working on to try and limit the long – term usage of opioids, along with safely storing their medication.</p> <ul style="list-style-type: none"> • This year 512 members were eligible for this program, which is down from 793 last year at 9 months. <ul style="list-style-type: none"> ○ Out of the 512 members, we were able to reach 297 of the members. <p>All this information is live, as soon as someone fills a prescription with the pharmacy, we get a notification.</p> <p>Once they are on the list, we complete the first follow up call, which they are then monitored after to see if they have filled subsequent. If they have, Ruth then completes a second call to see how their recovery is going and to see if they need any other support.</p>
<p>VII. Enrollment & Product Benefits</p> <ul style="list-style-type: none"> • SeniorCare Complete • AbilityCare <p>Presented by: <i>Stephanie Bartelt, Director of Community Engagement</i></p>	<p>SCHA has two products that are medical assistance; PMAP and MNCare.</p> <ul style="list-style-type: none"> • PMAP is sitting at about 30,000 enrollment members, but we are expecting to lose 20-25% of those members. • Our MNCare product is sitting at about 3,000 members. <p>SCHA has three SNBC products; AbilityCare, SingleCare, and SharedCare</p> <ul style="list-style-type: none"> • AbilityCare is at about 600 members as of September 2019. • SingleCare is at about 1,000 members • SharedCare is sitting at about 1,500 members as of September 2019. <p>SCHA has two senior products; SeniorCare Complete and MSC+.</p> <ul style="list-style-type: none"> • SeniorCare Complete has about 1,800 members

	<ul style="list-style-type: none"> • MSC+ is sitting at about 900 members
<p>VIII. Member Advisory Committee - Update</p> <p>Presented by: <i>Stephanie Bartelt, Director of Community Engagement</i></p>	<p>We have changed how the structure of the meeting works. Instead of having a face to face meeting at SCHA, the group took the meeting one the road.</p> <p>In May we went to 5 different sites to talk with members. Although May wasn't a very successful time, we did it again in October, where we went to completely different sites. October meetings were successful with the new sites we visited.</p>
<p>IX. HEDIS & Star Ratings</p> <p>Presented by: <i>Justin Smith, Quality Program Coordinator</i></p>	<p>HEIDIS helps us measure who is getting the healthcare they need when they need it and it uses specific instructions and rules to measure performance, so every MCO is measured the same way.</p> <p>There is an annual HEIDIS audit to review all SCHA processes that contribute to HEIDIS measures:</p> <ul style="list-style-type: none"> • Claims • TPAs • Enrollment • Credentialing • Oversight • Data Integration <p>The Centers of Medicare and Medicaid Services uses Star Ratings to score and rank Medicare Advantage health plans according to the quality of services they offer Medicare beneficiaries. Below are the SeniorCare Complete and AbilityCare products and what they received for a Star Rating:</p> <ul style="list-style-type: none"> • SeniorCare Complete = 4.5 • AbilityCare = N/A <ul style="list-style-type: none"> ○ This product did not have enough information for Part C, which is why they did not have an overall Star Rating.
<p>X. Meeting Wrap-Up</p> <ul style="list-style-type: none"> • <i>Questions</i> • <i>Meeting Survey</i> 	<p>A topic suggestion was brought up to address why there are so many authorizations, especially the mental health medication area at the May 14, 2020 meeting.</p>
<p>XI. Next Rural Stakeholder Meeting</p>	<p>2020 Meeting Dates:</p> <ul style="list-style-type: none"> • Thursday, May 14, 2020 • Thursday, October 22, 2020 <p><i>We look forward to your attendance and participation!</i></p>

Please Note: The times are tentative and the topics/subjects may start before or after listed times depending on the amount of discussion.

Thank you for attending!