

South Country Health Alliance

Rural Stakeholder Meeting July 2020

1. Rural Stakeholders Meeting

DATE: Wednesday, July 22, 2020

TIME: 2:00 p.m. to 4:00 p.m.

2. Health Plan Staff in Attendance:

- Kim Worrall, Director of Health Services
- Stephanie Bartelt, Director of Community Engagement
- Chris Gartner, Communications and Marketing Manager
- Cheryl Lewer, Director of Operations
- Melissa Campbell, Director of Provider Network and Contracting
- Jane Hanson, Provider Relations Representative
- Staci DeBus, Quality Manager
- Nikita Woltersen, Communications and Materials Specialist
- Mitch Johnson, Member Services Manager
- Michele Grose, Dental Program Manager
- Kirsten Rhodes, Care Systems Manager
- Kelsey Schmidt, Administrative Assistant – Community Engagement

3. SNBC Members in Attendance

- a. There were no SNBC members of South Country Health Alliance in attendance.
- b. Number of SNBC family or friends in attendance: None.
- c. How SNBC members are chosen or recruited for the meeting: Community Care Connectors, Care Coordinators, Invitation, Rural Stakeholders tab on the South Country website.
- d. How all currently enrolled SNBC members or their family/friends were informed of the meeting: Meeting Flyers, South Country website, Care Coordinator.
- e. How the MCO is including representatives of the LTSS population: None

4. List of providers, advocates, or other community members (names, titles, agencies) in attendance:

Name	Title	Agency
Katie Adams	Case Manager	Human Relations Center
Bethany Schwerr	Housing Access Coordinator	Arc of Minnesota
Chrissy Borboom	Director of Housing and Director of Nursing	The Maples
Dana Syverson	Community Care Connector & SNBC Care Coordinator	Goodhue County
Denise Smith	Case Aide	Goodhue County
Vikki Ebenhoh	RN for the Behavioral Health Program	South Central Human Relations Center
Jennifer Schurhammer	Community Care Connector & Senior and SNBC Care Coordinator	Wabasha County
Katie Cochran		
Ruth Lumley	Community Care Connector & SNBC Care Coordinator	Minnesota Prairie County Alliance

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Melissa Dallenbach	Community Care Connector & Senior Care Coordinator	Brown County
Sarah Sletten	Community Care Connector & SNBC Care Coordinator	Waseca County
Susan Maricle	Member Advisory Committee	

5. Include the agenda for the meeting:

Please reference Rural Stakeholders Meeting Agenda, July 22, 2020 (Attachment I).

6. Include a copy of the presentations:

Please reference meeting packet for July 22, 2020 (Attachment II).

7. Include any surveys conducted at the meeting and summarize responses. Describe how the surveys were administered. Please indicate if this is not applicable to the meeting.

- o This is not applicable to this meeting.

8. Include a summary of the meeting; include in the summary:

- a. A description of issues/concerns brought up by SNBC members, responses given at the meeting and action items requiring MCO follow-up.

Welcome and Introductions: *Stephanie Bartelt, Director of Community Engagement*, facilitated the meeting from the South Country office location in Owatonna via Microsoft Teams. Introductions were made by all attendees through Teams and the conference line. Two call in participants did not introduce themselves.

Follow-Up from October 24, 2019 Meeting:

There were no follow-up questions from the October 24, 2019 meeting.

South Country Impact of COVID - 19:

- Providers – Telehealth: *Jane Hanson, Provider Relations Representative*
 - o Telehealth is comprised of health-related services and information that use electronic information and telecommunication technologies. There are three types of telehealth visits: telemedicine, e-visit, and virtual. It allows a patient and clinician to have contact, care, advice, reminders, education, intervention, monitoring and remote admissions. Telemedicine is also used to describe remote clinic services and is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. The limitation on payment for telehealth (telemedicine) services (previously limited to three per week for a South Country member) has been temporarily suspended as of March 19, 2020. You will find more information on Telemedicine in Chapter 33 of our Provider Manual, located on our website at mnscha.org.
 - o Telehealth has become an integral part of health care since the COVID-19 Pandemic began to affect our everyday lives, and it has been an effective way for our members to safely receive the many types of health care they need.
 - o South Country has reviewed Telehealth activity since the first of the year and find the largest amount of Telehealth visits have been in the month of April, with PMAP and MNCare having the largest volume of activity. The majority of the treatment was related to Mental Health conditions.

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- South Country Health Alliance has been involved in communicating changes and updates to the Telehealth benefit and other COVID-19 related information for our members and our providers. Members can refer to the May 2020 edition of our member newsletter, *The Connection*, for information on COVID-19. Providers will find the most current information on the South Country Health Alliance website at mnscha.org and click on the yellow highlighted area titled “South Country Provider Resources and Information for COVID-19.”
- Coronavirus Aid, Relief and Economic Security Act (CARES) Provider Relief Fund has made it easier to provide Telehealth Services. This includes HIPAA flexibility, Waivers from the Centers for Medicare and Medicaid services, Cost Sharing for patients in federal health care programs, removing barriers to telehealth services and expanded services during the pandemic.
- Member with questions or concerns can call our Member Services Call Center toll free at 1-866-567-7242 (TTY users dial 711), Monday through Friday from 8 am to 5 pm. Providers with questions or concerns, can call our Provider Contact Center at 1-888-633-4055.
- Member Services/RideConnect: *Mitch Johnson, Member Services Manager*
 - Our Member Services team has seen a big impact due to COVID-19, most notably is a decrease in the day-to-day call volume.
 - In the busiest seasons, our Member Services team averages over 750 calls per week. In the beginning months of COVID-19, the team was down to about 330 calls per week in April and about 390 calls per week in May.
 - The drop in call volume was due to both members and clinics cancelling their non-essential appointments, which in turn decreased the amount of transportation requests our team received.
 - Due to the low volume of calls coming in, our Member Services team was able to start making member reach-out calls, which is something that we have not been able to do for quite some time.
 - At the beginning these calls were targeted to the members who had appointment cancellations, encouraging them to stay in contact with their provider in case there were any other means to obtain the services that the member needed, such as Telehealth.
 - The second round was reaching out to members that our team has worked with in the past and know that they would benefit from a phone conversation with a Member Services Representative to touch base and make sure they don't have any questions or concerns.
 - Since the hospitals and clinics have started opening back up for more routine visits, our call volume has been steadily increasing over the last 7 weeks. Currently our team is up to about 550 calls per week.
- Dental: *Michele Grose, Dental Program Manager*
 - Early on the pandemic, while they were monitoring the situation and watching CDC guidance and recommendations, the MN Board of Dentistry issued a recommendation that all elective dental care be postponed for at least a two-week period beginning on March 17 until further direction was given by the state.

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- Then, Governor Walz issued an executive order postponing all elective surgeries, including elective or non-emergent dental care beginning March 23, until further notice.
- Michele explained what makes dental treatment different than many other medical procedures.
 - Depending on what is being done in the mouth, there can be a lot of aerosol spray containing saliva produced. Since COVID-19 is airborne, it could pose serious risk of transmission if a patient was carrying the disease. Another factor is that due to concerns with Personal Protective Equipment (PPE) supply, the goal was to preserve the PPE for medical professionals fighting the pandemic. Some dental practices donated extra PPE that they had on hand to the medical community for this purpose.
- During this time most dental offices were essentially closed but open to emergencies only. Emergent dental care was defined as a condition that if left untreated, posed a threat to a patient's life or permanent dysfunction of the teeth and/or jaws. If they couldn't treat a dental emergency, providers often worked together to set up a referral system so that their patients could be seen. Delta Dental Care Coordination staff also worked with members in need of emergency dental care to secure an available dental appointment. Often, the dental needs were triaged or screened via telephone consultation with the provider to determine whether it was a true dental emergency. During this time, we saw our dental utilization drop by about 80%.
- Governor Walz issued another executive order that allowed dental offices to phase back into practice beginning May 11.
 - There are requirements that must be followed.
 - They must have a detailed facility plan in place describing things like infection control and administrative controls, patient considerations, employee risk assessments and trainings, PPE utilization, screening of patients and visitors.
 - The Board of Dentistry stressed prioritization of care in opening back up. Phase 1 was defined as a condition that, if left untreated for the next 3-6 months, would result in further deterioration of the patient's health. Things like getting proper equipment in place and staff training of increased protocols meant that dental offices differed in when and at what pace they opened back up.
- Dental visits may seem different now that dental offices have opened again. While dental providers have always taken infection control seriously, there are new protocols in place due to COVID-19. The office will likely call their patients a few days ahead of the appointment to inquire about their health. They will likely recommend wearing a mask to the appointment and may limit the amount of people accompanying a patient to a visit. When patients arrive at the office, they may ask them to wait in the car and call to let them know they have arrived. Patients will most likely be screened again, checking symptoms and possibly taking their temperature. Chairs may be removed from the waiting room or spaced out to allow for social distancing. Objects that people often touch in the reception area, like magazines and toys may have been removed.
- The dental staff may look different. Different masks, gowns, face shields and hair

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coverings. They may do treatment a little differently to cut down on the aerosol produced. After the appointment the room is thoroughly cleaned with a disinfectant that is proven to kill the COVID virus.

- Dental visits are an essential part of overall health. We recommend getting any appointments that had to be cancelled rescheduled. It may take some patience, as many offices have a backlog of appointments that need rescheduling. I've heard of offices that aren't scheduling new appointments until they get caught up on those that had to be postponed. Also, the scheduling capacity isn't what it once was due to the increased time needed for the new protocols. The Dental professionals are doing everything they can to make sure your visit is as safe as possible for everyone involved.
- South Country's major message to members is that any form of dental care is extremely important, so any appointments that had to be cancelled should be rescheduled.
 - Due to the increased protocols, it is taking more time to get things scheduled. All dental professionals are doing everything they can to make sure appointments are as safe as possible.
- Care Coordination: *Kirsten Rhodes, Care System Manager*
 - There has been a waiver put into place for the Care Coordination side making it so there can be no closures to Elderly Waiver during Peacetime Emergency and more information can be found in the DHS bulletin 25-56-06.
 - There have been some waivers put in place to help with flexibility for Care Coordinators to perform Health Risk Assessments with members over the phone or via Internet Application versus face-to-face visit
 - Allowances have been given for Care Coordinators to mail Member their Care Plans for review/approval signatures (if no face-to-face visit).
- South Country: *Stephanie Bartelt, Director of Community Engagement*
 - Most South Country Health Alliance's staff is working remotely from their homes, with an average of 6 people working in the South Country office.
 - Business has been continuing as usual throughout the company.

Counties Impact of COVID-19:

- Goodhue County:
 - Most of the staff at Goodhue County are working from remotely, with a limited number of employees working in the building. All employees are required to wear masks when they leave their desks in the office.
- Wabasha County:
 - All Public Health staff have remained in office, with social distancing measures being in place. The Social Workers are in and out of the office throughout the week.
- Brown County:
 - They are still in ICS mode. Brown County has been very busy trying to stay on

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top of everything and working with South Country.

- MNPrairie:
 - At this point, most of the staff is still working remotely from home with only office support staff being in the office. Two of their buildings have been opened to the public, but they are still requesting that you make an appointment before coming in. Because of this, there are some supervisors on site at each location. Most of the meetings and assessments are being completed through phone or via Teams.
- Member:
 - The COVID-19 pandemic hasn't really affected their day-to-day life.
- Human Relations Center:
 - HRC has been using Telehealth a lot in the last couple of months. They have also started meeting with people outside at a picnic table they have set out in front of their building. Meetings with clients have been completed via Teams. There have been some employees that have gone to a client's house to meeting with them outside to help them get the Teams app set up and working. At this time, there are no walk ins available, but you can schedule an appointment to come to the building.

Population Health: *Presented by Kim Worrall, Director of Health Services*

Kim presented and updated the group on the Population Health Program. This was introduced at Rural Stakeholders at our meeting in Fall of 2019 and our program officially started January of 2020.

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

Shared last fall that in program development we completed a comprehensive analysis of our member data in comparison to the CMS posts regarding chronic conditions warehouse data. This allowed us to highlight across all products and members any conditions most commonly shared by our members. Our findings developed the basis of our program and that was that we found a commonly shared set of diagnoses across all ages/products, which were depression, anxiety, and hypertension (high blood pressure). In fact, 10% of our members have all three of these diagnoses.

From there our Population Health Goals and interventions were formulated and fostered by a team approach to supporting members we have case managers, care coordinators (county partners) and even providers lending an effort to support members in this program.

- The 4 focus areas were developed.
 - **Focus #1 Keeping members Healthy** – Working with members with high blood pressure to obtain adequate control. Our county care coordinators work with this segment of our members to address concerns with hypertension, offer education, support and offer care planning approaches to address high blood

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pressure.

- **Focus #2 Managing members with Emerging Risk Goal:** Increase the percent of our members experiencing Depression/Anxiety to access outpatient mental health services. The interventions here are education, support, access to services, self-care and connecting to resources especially outpatient therapy. The concept is to work on the members support system and to connect with outpatient therapy. This could avoid unnecessary ER visits that occur when they just don't know where to turn. The plan includes member outreach to support and educate on resources. This includes a unique program being developed for young adults between the ages of 17-21. This "transitional age youth" program is called Healthy Transitions and is being highlighted for specialized support and education by the behavioral health team here at south country.

This team has identified this group of young adults and have a variety of interventions in place to offer education and information as they make independent life choices and face common life transitions at this age. The interventions may include mailing information, contacting them for individualized guidance or reaching out to the case manager they may already be working with.

- **Focus #3 Patient Safety /Outcomes Across Settings** – This goal is to increase the percent of members that are newly taking an antidepressant to encourage them to continue to take this new prescription for at least 3 months. This program involves an educational letter to those newly filling antidepressant medication – this provides information and education on taking medications correctly, as prescribed and refilling timely, also consulting with doctor before abruptly stopping a medication. In addition, a follow up call is made to our member if he/she does not re-fill the medication within the expected refill timeline. In this case the case manager reaches out via phone call to discuss reason for no refill and address concerns, provide education / support and encourage provider involvement if needed.
- **Focus #4 Managing Multiple Chronic Illnesses** – Increase utilization of mental health services such as outpatient to help those managing chronic conditions of depression, anxiety and hypertension. Again, the intent is to align members with a supportive network and perhaps this day to day support can provide stability and avoid those having to go to ER as they have nowhere to turn, or eventual hospitalization. We would like to see that access and awareness of benefits and services is the member's foundation.

This is a member centric program with data driven results; some of the calls our case managers have had with members have been met with responsiveness and member appreciation. They have welcomed the supportive outreach.

This is a long-term program with measurement goals over 3 years, but short-term checks along the way. We are currently doing an analysis at this midyear mark to assess overall impact, barriers, educational materials and other retooling efforts.

2019 Survey Results: Presented by: Stephanie Bartelt, Director of Community Engagement and Staci DeBus, Manager of Quality

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is

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completed annually. The results presented to the group today are from the 2019 survey results, which is because we always report a year prior.

- From 2018 to 2019 our reports showed the following:
 - PMAP members had improvements in the overall rating of our healthcare, rating of their personal doctor, getting needed care, getting care quickly, getting coordination of care, and health promotion and education.
 - MNCARE members had improvements with the rating of the health plan and rating of their personal doctor.
 - SeniorCare Complete (MSHO) had improvements with getting appointments, care quickly, and a rating of healthcare quality.
 - MSC+ showed improvements in the rating of all healthcare, getting needed care, shared decision making, and coordination of care.
 - SingleCare and SharedCare (SNBC) had improvements in the rating of the specialist seen most often and health promotion and education.
- Staci walked through the handout.
- Health Outcome Survey (HOS) is a survey provided by CMS, which is applied to Medicare members. This survey is also done annually by a group of randomly selected South Country members at the beginning and end of a two-year period. The results shared were from the 2016 survey and the 2018 survey.
- The Care Coordination Satisfaction Survey is another survey that South Country completes annually. We are required to complete this survey on our SeniorCare Complete and AbilityCare members, but in 2019 we decided to send the survey out to MSC+ and SingleCare members as well.
 - There are two main sections of the survey:
 - The first section of the survey is used to rate their Care Coordinator and evaluate them for the work that they do.
 - The second section asks about South Country and different South Country information.
 - Stephanie shared the survey response rate for the relevant products.
 - SeniorCare Complete: 44%
 - AbilityCare: 27%
 - SingleCare and MSC+: 24%
 - Our goal for the Care Coordination section is to come in at 90% and we came back a little higher than that. Listed below are the questions that are asked on the survey and the response rate in which we received them for each product.
 - Does your Care Coordinator treat you with respect and dignity?
 - 97%
 - The Care Coordinator listens to my wishes and needs.

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- 96%
- They provide me with different choices for providers and services.
 - 97%
- The Care Coordinator follows through on the actions the member requests.
 - 96%
- Care Coordinators answer the members questions.
 - 96%
- They provide timely responses to calls (within two business days).
 - 95%
- Provides the member with resources that are helpful.
 - 96%
- A new question that was added to the survey in 2019 was how often the members were talking to or seeing their Care Coordinator. We created this question because we thought that our Care Coordinators were way more involved in the members' lives than we require. South Country requires the member to have a phone call with their Care Coordinator at least once per quarter, or every 3 months. There were some members that came back and stated that they were talking to their Care Coordinator on a weekly basis (6%), 18% of the responses were from members that speak to them on at least monthly, and 14% said that they interact with their Care Coordinator every other month. Meeting the requirement, 27% of the members interact at least quarterly.

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Housing Stabilization Service: *Presented: Kirsten Rhodes, Care System Manager*

As of July 20, 2020, there has been a new benefit available for members called Housing Stabilization and Support Services. This is currently a Minnesota only benefit for Medicaid members.

People with disabilities may sometimes need support to live successfully in the community. However, that support can often be unavailable. Affordable housing is not always enough; challenges such as mental illness and developmental disabilities can make it difficult for someone to find housing, budget, interact with landlords and neighbors, and understand the rules of a lease.

With the right supports, provided by a professional with knowledge and experience in housing, more people can be successful.

As directed by state legislature, Minnesota applied and received CMS approval for Housing Stabilization and Support Services to be added to our state Medicaid plan.

The overall purpose of these services is to support an individual's transition into housing, increase long-term stability in housing in the community, and avoid future periods of homelessness or institutionalization.

2021 Performance Improvement Projects: *Presented by Staci DeBus, Manager of Quality*

South Country is working on development of the 2021 Performance Improvement Project for Families and Children (PMAP and MNCare members); it's a healthy start for mothers and children. We work in collaboration with the Managed Care Organizations. At this point, we are working on the focus for mothers with prenatal and postpartum care. For children we are looking at well child visits and child immunizations.

The other Performance Improvement Project that we are working on is titled Comprehensive Diabetic Care. The three tentative goals and interventions for this project are improving on lowering levels of a person's bad cholesterol with statins, getting members in to see their eye doctors, and improving A1C.

DHS has asked us to have a disparity focus for both projects. At this point, South Country is looking at the rural aspect for our members and populations. We are also looking at high needs versus low needs when the member has a waiver for the Comprehensive Diabetic Care performance improvement project.

SNBC Access Survey: *Presented by Stephanie Bartelt, Director of Community Engagement*

This year our SNBC Access Survey plans to focus on our transportation providers. Internally at South Country we have a group of individuals that are working on creating a survey in partnership with the other Managed Care Organizations to be sent out to all our transportation providers. This is a tentative plan due to COVID-19.

Some of the questions include:

- What factors are challenging when transporting members with a disability?
 - Are they having challenges on how to appropriately handle service animals?
- What do you need from the health plan to help ensure that members with disabilities are not missing their ride?
- Do you have a lack of staff or qualified drivers?

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- What does the provider feel is an acceptable time for the member to wait for their ride?