

Attendance: *See attached attendance sheets*

I. Welcome and Introductions:

Kayla Krenz, Compliance & Government Relations Manager, facilitated the meeting from the South Country, Owatonna office location. Introductions were made by all attendees at the South Country, Brown County, Goodhue County, Kanabec County and Morrison County meeting locations.

II. Follow-Up from the October 27, 2016 Meeting:

No follow-up was required for the agenda items from the May 26, 2016 Rural Stakeholders Meeting.

III. Provider Spotlight - Opioid Epidemic: Presented By: Maureen Murray, Director of Health Services (South Country); Kathy Lange, CHI (St. Gabriel's Hospital); Ruth Boubin, Restricted Recipient Manager (South Country)

- Opioid use is becoming more and more of a problem; the number of Americans dying due to the use of prescription drugs has quadrupled since 1999. Half of the overdose deaths are a combination of benzodiazepines and opiates.
- 80 percent of heroin users first used opiates; 45 percent of those addicted to heroin are also addicted to prescription drugs.
- 80 percent of babies in neonatal units are drug addicted.
- In 2016 South Country had 19,842 scripts for non-seniors that were opiates. The DEA believes that one-third of prescribed opioids are diverted to the streets; this would mean that 5,952 scripts were diverted to the streets for recreational use.
- In 2015 there were 10 deaths related to opioid overdose in our 12-county service area.

A. St. Gabriel's Hospital/Morrison County Opioid Project Grant: In 2014 the Emergency Room (ER) at St. Gabriel's Hospital in Little Falls, MN, Morrison County was concerned about the number of patients requesting narcotics and the number of cases with a diagnosis code of patient seeking narcotics for pain. Data from St. Gabriel's Hospital and South Country showed that one-third of PMAP patients filled 8 or more prescriptions for narcotics in an 8-month period; there was a range of 2-33 narcotic prescriptions per patient. To address the opioid epidemic within their community, St. Gabriel's Hospital completed an application for a SIM Grant and was awarded \$368,000 for a 2-year period to help fund an opioid project in Morrison County; South Country provided the resources and data needed for the grant.

The grant funds were used to hire a Nurse Navigator, a Social Worker, and to utilize a Pharmacist on staff to review alternative pain management modalities as they tapered patients off of narcotics. Another strategy of treatment was Medication Assisted Therapy. Two physicians became certified

in Suboxone Treatment. For the first 127 patients tapered off opioids there was a reduction of 9,000 prescriptions per month.

There are now 10 partners within the community that have become engaged in this project: the School District Coalition focuses on Youth Prevention; Morrison County Social Services and Public Health; the Sheriff's Department; Little Falls Police Department; Morrison County Attorney's Office; Coburn's Pharmacy; Horizon Health in Pierz; St. Otto's Care Center; and Northern Pines Mental Health.

Monthly task force meetings are held to develop new policies and as a result the clinic has created a new Controlled Substance Care Plan that focuses on patient care and how to treat pain properly while reducing Opioid use. This year they were successful to put a bill through the legislature for \$228,000 to continue this project. A video regarding the 'Morrison County Opioid Project Grant' was shared with the stakeholders.

- B. South Country Restricted Recipient Program (RRP):** The RRP has proven to be an effective way to streamline member care for those members who struggle with receiving coordinated healthcare. Referrals to the program are made based on misusing medical services such as getting medications from multiple providers or using the ER for non-emergency care. The program lasts for 24-months and during that time members often receive better healthcare resulting in better outcomes and increased medical stability. If the member continues to use the ER for non-emergency conditions, the member can be in the program for an additional 36 months. If an RRP member switches to another health plan; as part of the Medical Assistance Program, the restriction follows them.

The State has been reviewing those individuals at risk for opiate addiction; therefore South Country's RRP Manager will also be working as a Case Manager for those members taking opiates. South Country will identify those members who are at risk for opiate misuse and those members who have been using opiates for some time and have increased their usage. We will provide early intervention to find alternative methods of treatment for pain management to avoid opiate misuse. South Country will work with physicians, clinics, and services within the community to make an impact.

Question: Within the statistics provided; how many of those members were eligible for the Restricted Recipient Program? *Answer: We used national statistics so are not able to determine how many of those members are eligible for the program.*

Question: Do you have the opioid statistics broken down by ages to reflect our senior population? *Answer: No we do not; the statistics are for PMAP and MinnesotaCare members. Women over the age of 65 are at higher risk for substance abuse and therefore are a group that we will be looking at in the future.*

Question: Is the Restricted Recipient Program specific to the under 65 years of age population?

Answer: Yes, the Federal Government does not allow the use of the program for Medicare recipients. The program would be very beneficial to those individuals in that it is a program that puts safety barriers around the use of prescription drugs.

IV. AbilityCare and SeniorCare Complete Product Marketing/South Country's Medicare Advantage Plans: Presented By: Chris Gartner, Communications Manager

A. SeniorCare Complete: is an Integrated Medicare Advantage Plan with a 4.5 out of 5 star rating for which South Country is single payer for all benefits. Our goal is to increase SeniorCare Complete enrollment by 20 percent. In order to reach this goal we are looking at individuals enrolled in this program receiving MA, are eligible for Medicare, and may also have a Part D Plan. These people are currently enrolled in South Country's MSC+ program. We are working with our county staff to move these members into our integrated SeniorCare Complete product and also looking to recruit new members.

In January 2017 SeniorCare Complete enrollment was 1,703 members; the goal for end-of-year enrollment is 2,044 members (increase of 341 members). For more information refer to the brochure included in the meeting packet. If you have any questions regarding our services, please call our Member Services Department (see back of brochure for contact information).

Question: Is SeniorCare Complete actually the rebranding of the MSHO product? *Answer: Yes, SeniorCare Complete is South Country's brand name for the MSHO product.*

B. AbilityCare: is South Country's integrated Medicare Advantage Plan for individuals 18 to 64 who are certified disabled. Our goal for 2017 is to increase enrollment by 20 percent. To reach our goal we are working to convert 20 percent of our SharedCare members (266 members) to the AbilityCare product and also looking to recruit new members. SharedCare is our MA program for those who are eligible for SNBC (Special Needs Basic Care) and Medicare and have a Part D plan with another health plan; by converting to AbilityCare it would enable South Country to coordinate all of their benefits.

In January 2017 the AbilityCare enrollment was 522 members; the goal for yearend enrollment is 626 members (increase of 104 members). For more information refer to the brochure included in the meeting packet.

Question: What can providers do to help South Country reach their goal? *Answer: If you have individuals who are interested or those who could benefit from the AbilityCare Program, you can help by mentioning they should contact South Country about our AbilityCare Program. In order to alleviate some of the concerns associated with joining or switching to a Medicare Advantage Plan we have created a Pre-Enrollment Check List. Before they make the decision to switch we can complete a comparison of our program benefits, medication formulary, etc. and come back to them with a clear cut explanation.*

Comment: It would be very helpful if South Country provided materials that providers could use as handouts to explain the benefits of the AbilityCare product.

V. DiamondView Health Information Exchange (HIE): Presented By: John Whittington, CIO

South Country has built the DiamondView Health Information Exchange to bring care communities together to provide better healthcare for our members. The HIE will enable providers and healthcare partners to share relevant medical information in a uniformly accepted way to protect the privacy of the member. South Country currently has three out of four applications up and running.

The following four applications are utilized within the exchange:

- **Exchange:** is the traditional application that would allow provider groups to provide access to their care documents and bring them into to a central repository of community health records. Care Communities will be established which will include the hospital, primary care physician, Mental/Behavioral Health Services, Long-Term Care Facilities, Social Services and Public Health.
- **Alerts:** are notifications of clinical event data; inpatient and emergency room admissions, discharges, outpatient surgery, and patient updates from the clinics and hospitals. Participants in the Exchange can opt to receive a notification by email, fax, or text when a patient of theirs is admitted or discharged from a facility. Event notifications can be accessed by simply logging on the web portal and viewing the worklist of patients.
- **Analytics:** Collects data from across the healthcare community into a comprehensive, secure, analytics ready environment.
- **Messaging:** Providers will log onto the direct messaging web-based portal to send and receive encrypted messages related to patient protected health information. Direct messaging can be integrated into any healthcare application including electronic health record systems and patient portals to improve coordination of care and existing administrative processes related to the sharing of data with external care team members.

If there is a need within your organization or community for the Health Information Exchange (HIE); a signed Participation Agreement is required. South Country would then start working with the groups within your healthcare community.

Question: If we have an interest in participating what do we do to sign-up? *Answer: Contact: John Whittington by sending an email to: jwhittington@mnscha.org or Phone No.: 507-431-6061 to discuss your needs. We will be working within South Country's 12-county service area to learn to address their needs and expectations.*

Question: Is there a fee associated with becoming a participant? *Answer: For information*

regarding South Country members there is no charge. If you want to expand to access your total population there would be a fee. Our goal is to make sure this is available for all of South Country's membership.

Question: Would we use the same app that South Country care coordinators use? *Answer: No, providers will access information through the DiamondView Portal which is a different application than we use internally; you would receive Alerts through the Portal.*

Question: How do we get beyond barriers with some of the big healthcare providers that don't allow that type of communication? *Answer: The big providers are beginning to see the benefit; John Whittington is on the State Health Advisory Committee and the committee is currently working to determine if there should be a statewide policy that would require their participation.*

VI. SNBC Dental Project Update: Presented By: Julie Stevermer, Senior Quality Manager and Michele Grose, Dental Programs Manager

In 2016 the MN Department of Human Services (DHS) added quality measures to managed care contracts to encourage health plans to increase member annual dental visits. Due to the statewide percentage of Special Needs Basic Care (SNBC) members who had one or more dental visits in calendar year 2015, only 46%, DHS developed a collaborative project between DHS Special Needs Purchasing, Managed Care Organizations (MCO) including HealthPartners, Hennepin Health, PrimeWest Health, Medica, UCare, and South Country; and DHS Direct Care and Treatment Dental Clinics.

In May 2017 DHS approved the MCO's collaborative project proposal. The goals for this project focus on member's access to a dental provider, improving annual visit dental rates, and reducing the use of ER for non-traumatic dental treatment. DHS sent out a survey to members and providers to gather information on member needs and provider needs in order to serve special needs patients.

The three forms of intervention for this project include tele-dentistry, case management, and mentoring with the primary goal being to get members in for an annual dental visit.

- **Case Management:** In order to provide dental case management South Country will utilize the existing case management programs. If the member currently has a care coordinator or case manager, they will provide follow-up on an annual basis, include it as a requirement on the Annual Health Risk Assessment, and add a dental goal to the member's care plan for those members who agree to a dental health goal. The case manager will provide assistance in setting up appointments, follow-up with those members who utilized the emergency room for dental treatment, and educate members on the importance of dental care and preventive services.
- **Mentoring:** The proposed plan is to create an Expert Panel of dental professionals who have been identified as leaders in this field with a passion for special needs dentistry. Last month letters to dental providers were mailed and have received a great response. The plan outlines having 10-12 experts on the panel and to begin meetings with the Panel in the Fall of 2017.

The Expert Panel will create a Tool Kit available for providers to use as a resource specifically for the unique dental needs of the Special Needs Basic Care members and the logistical barriers and challenges the dental staff may face. The Expert Panel will also help to create a curriculum for individualized training which will possibly consist of classroom instruction along with supervised clinic hands-on experience.

After completing the training a survey will be completed to evaluate the content of the training and to gauge their expectations if it will increase accessibility in order for special needs members to receive dental care. Another survey will be completed six months after the training to evaluate if it has impacted dental practices.

- **Tele-dentistry:** The collaborative MCO group along with the MN Direct Care and Treatment Dental Clinic implement the tele-dentistry by the end of 2017 and in 2018 participants will be selected for the mobile care team to begin rural visits. Treatment will be provided in the patient's location which may be their home, care facility, or a centralized community location. Treatments could include cleaning, fluoride treatment, patient education, x-rays, and an oral health evaluation. The goal of this project is to improve patient satisfaction and member experience as they will be able to receive care within their own home and eliminate the hassle and stress of not having to travel to an appointment.

Question: Regarding dental access, is any work being done on providing more dental access in the Dodge-Steele-Waseca area? *Answer: We are always trying to improve dental access by recruiting new dentists close to home and is an ongoing effort.*

Question: Being the State is making an effort to improve dental health; what is being done to get more dentists in the area who are willing to work with MA members? *Answer: There are dentists currently participating, but the problem is the ability or willingness to take on new patients and they are not required to accept state health plans. The statewide rates are relatively low and we hear from dental providers that they are not able to cover the expenses involved with the dental treatment of the SNBC population. From DHS perspective the focus is not on the reimbursement but on education and mentoring and is why they have asked the health plans to join them as a collaborative approach and also added tele-dentistry to address the access issue. This is a 3-year project, the issues are multi-faceted, and there will most likely be legislative issues to address.*

VII. Next Meeting:

Thursday, October 26, 2017, 1:00 p.m. to 3:00 p.m.

The meeting ended at 3:00 p.m.