

Rural Stakeholders' Group

for South Country Health Alliance seniors and people with disabilities programs

Working
Together!

Join the
Conversation!

Let Your Voice
be Heard!

Meeting Minutes

Wednesday, May 16, 2018

- I. Welcome and Introductions:** *Stephanie Bartelt, Director of Community Engagement, facilitated the meeting from the South Country office location in Owatonna. Introductions were made by all attendees at the South Country, Brown County, Goodhue County, Kanabec County, and Morrison County meeting locations (reference attached sign-in sheets).*
- II. Follow-Up from October 26, 2017 Meeting; SNBC Dental Project Update:**
To address member's fears of going to the dentist it would be helpful to schedule a pre-appointment to provide an opportunity for the member to meet the dentist and become familiar with the dentist office. *How would South Country consider the pre-appointment visit; would it be a reimbursable expense?* Research was done and verified with Delta Dental, as of now there is not a reimbursable code that could be used for a pre-appointment visit. The exam code cannot be used as a dentist must physically look in the members mouth. There is a behavior management code; however, it is not a standalone code; it must be used in conjunction with another service.
- Question: Regarding the SNBC Dental Project Committee; are the health plans reviewing the dental coverage that is provided to members? Specifically, regarding Dental Implants?** Dental Implants are currently only covered for pregnant women and men do not fit into this category. We currently have a member for which dentures are not an option because of his gender so it is getting to the point where he will need tube feeding because his teeth are deteriorating due to the cancer treatments he is receiving. *Answer: We will do some research on this and bring the information back to the meeting; we will also contact you to have a more in-depth conversation about the member's dental condition.*
- III. Provider Spotlight – ACCRA Care, Headquarter-Red Wing, MN:** *Presented by: Jane Vujovich, Heidi Taylor*
ACCRA is a home care provider that provides services throughout the state; with offices located in Alexandria, Bemidji, Brainerd, Duluth, Fergus Falls, Grand Rapids, Hopkins, Lake City, Moorhead, New Ulm, and Red Wing. Their motto is 'ACCRA is committed to helping those living at home to stay independent.' They currently serve over 6,300 adults and children with disabilities or post-acute/chronic conditions and persons needing community living support. They are licensed and certified and are contracted through private and public payers (Medicare, Medicare Advantage, MA, MCO's, VA, MA/HCBS Waivers, private insurance).
- ACCRA started PCA Choices for children back in 1992 and has evolved through the years as a statewide agency with a comprehensive home care license for Medicare and Comprehensive Only Home Care (non-Medicare) throughout the state working to extend services to private pay individuals; particularly older adults, that want to sustain community living. The Home Care Services they mostly concentrate on are post-hospital injury or surgical care, post-nursing home stay, new diagnosis or illness, and chronic conditions. They provide health assessments and risk screenings, medication management, connection to services, incontinence, pain treatment management, fall prevention, caregiver education and support, referrals to health and wellness programs, rehabilitation therapies, and can also do lab testing. Their focus is on managing chronic conditions to help prevent ER visits, admissions and readmissions to hospital, and to keep individuals living in their own homes as long as possible. ACCRA is very open to discussing new opportunities and community collaboration to meet client needs and unmet gaps in services.
- Question: What does ACCRA recognize as a potential gap in services?** *Answer: The transition coming from Medicare and getting individuals to be able to use their private resources to continue services. Dental care is an area of opportunity where we could do more to provide enhanced services; such as an evaluation or assessment, and Emergency Dental Care for those with disabilities. We also look for ways to modernize home care services customized to individual needs.*

Question: Have there been any discussion regarding ICLS services? *Answer: We have discussed it, but have not decided; we would discuss it with the counties if we know that it is a definite need.*

IV. Healthy Pathways Program: *Presented by: Gretchen Petterson, Behavioral Health Manager, Abby Villarin, Goodhue County HHS*
Gretchen explained that South Country works very closely with our member counties and facilitates a bi-monthly workgroup attended by county representatives with expertise in behavioral health services (mental and chemical health). The focus of the workgroup is how to better serve South Country members and how to coordinate with the counties in a way that will allow us to reach those members who are not getting the services they need.

During our workgroup discussions the common theme within the counties seemed to be that individuals come to them seeking help to get through a crisis. These individuals needed help right now and there was no opportunity to provide them with immediate services. South Country had funds available that were allotted to be reinvested back into the communities; the workgroup decided to use this funding to allow the counties to provide case management services immediately for those experiencing mental health symptoms seeking help. As a result, the Healthy Pathways Program was implemented July 1, 2015 which is a benefit unique to South Country members.

Currently we have approximately 100 active members. The goal of the program is to prevent mental health deterioration by providing intervention at the onset of mental health symptoms. Instead of being a reactive system which is typical for mental health; it is a flexible program that offers services to members whose mental health symptoms are preventing them from meeting their everyday needs such as obtaining housing, financial assistance, necessary medical care, medication management, etc. The program is also used as a transition from a higher level of service and an alternative service option.

Abby explained that the Healthy Pathways Program has allowed Goodhue County to branch out and help more individuals than they ever have in the past. They currently have approximately 60 active members in the Healthy Pathways Program and over 200 clients receiving mental health case management services through Goodhue Social Services. Their intakes are generated from case management referrals (both voluntary and in-voluntary). Members may come to the county for help or call to request assistance. As a result, care coordinators in Goodhue County have experienced an increase of clients who have been connected to resources, gotten their basic needs met, connected to a primary care provider, and they have found that some no longer require any services. The hope is that the program will decrease hospitalizations, decrease suicide attempts, and prevent incarcerations.

Question: How do you make a referral to the Healthy Pathways Program and how does that process work? *Answer: We have had providers call the Behavioral Health Manager at South Country or the county social services intake and we will evaluate the situation and assign a case manager who will reach out to the individual.*

V. HIE Update (Health Information Exchange) *Presented by: John Whittington, South Country Health Alliance CIO,*
The HIE applications that are ready to bring forward to the healthcare communities are Direct-Secure Messaging; Exchange; Alerts (admits, discharges, transfers); and Analytics. Analytics is a reporting platform and we have loaded 2 years of claims to provide the ability to manipulate data to report on claims and utilization. Currently we are working with CHAMPS and PHDOcs to be able provide access to the counties. As we expand services within the counties we review the providers of healthcare services within each county to make sure all partners within that healthcare community are connected. Some exchanges are looking very narrowly and just looking at

primary, specialty, and acute care, but we want to reach out to public health and human services, long-term care, and behavioral health, and other services that may be needed to make sure the whole healthcare community is informed of what is happening with that member/patient.

In the past several months we have been working with the Allina Healthcare ADT's and have connected all their hospitals which gives us the chance to begin working with 3 communities - Kanabec County through their FirstLight partnership with Allina; Brown County through New Ulm Medical Center; and Steele County through Allina Hospital. The ADT's are used for the transition of care (inpatient admit, inpatient readmit, inpatient admit changes, discharges). Currently there are 31 active users and 45 subscribers that are using ADT's Notification Alert Platform. The alerts can be setup to filter distinct types of admits and services so you do not get blasted with every alert.

South Country continues to have discussions with Mayo regarding their involvement, but have been held at bay because of Mayo's medical records transition to EPIC. We have joined the national e-health exchange so we can still get access to Mayo's information, but it requires the user to do a request for information. South Country is one of 4 certified health organizations (Allina, Southern Prairie, South Country and Koble) that have been working together to make a collaborative request to the larger healthcare organizations.

Question: Who are the users? *Answer: The data is utilized by mostly nurses and care coordinators so they can do follow-up and begin the discharge process.*

Question: Is it hard to balance exchanges with confidentiality? *Answer: Within the state of Minnesota it is standard that everyone is defaulted into an exchange, but a patient can opt-out and prevent their data from being available to the exchange. It follows the rules of HIPAA, Hi-Tech, and Minnesota Privacy Act. A user would need to fill out a consent form to get permission to share to the exchange and permission to access the exchange as well.*

Question: Regarding the expansion in Kanabec; are there any plans to expand to the assisted living facilities within the healthcare community? *Answer: It is not currently, but we would welcome the opportunity to discuss. Kirsten will bring back contact information for John to follow-up.*

VI. Survey Results: *Presented by: Stephanie Bartelt, Director of Community Engagement and Heather Goodwin, Sr. Health Services Mgr.* Annually South Country sends out a survey for our SeniorCare Complete, Minnesota Senior Care Plus, Ability Care, Single Care and Shared Care products. For our annual survey we breakout care coordination into (2) populations - Elderly Waiver and those members who do not have the elderly waiver extra benefits. Our overall response rate for Non-Elderly Waiver care coordination was 20 percent, and for Elderly Waiver the overall response rate was 34%.

The survey provides feedback directly from our members regarding the quality of care they are receiving through the county care coordination staff. The survey also includes questions regarding member benefits, member services, and the member's quality of life. South Country values feedback from our members and has a team that goes through and analyzes all the responses we receive because a member may have expressed something within the survey that the care coordinator may not be aware of and South Country will provide follow-up with their county care coordinator and outreach to follow-up with the member.

Survey results showed that overall members are 96% satisfied with the services they are receiving from their care coordinator, which makes South Country very confident that our care coordinators are working well with our members. The members overall satisfaction with South Country: Excellent- 55%, Good- 39%, Fair-5%, Poor- 1%. For Elderly Waiver overall members are 98% satisfied with the service provided by their care coordinator.

As a health plan we take very seriously that the member is driving their services, choosing their services, have full choice, and is part of the development of the services they receive

Question: How long did they have to fill out the survey: *Answer: We generally allow 6 weeks knowing there is an entire team that is providing care coordination and they may want to do some follow-up with them prior to filling out the survey.*

Question: Why doesn't South Country provide this survey for all members/products? *Answer: The State does a survey called CAHPS for which they use the same statistical method so we decided to follow the same format for efficiency purposes.*

VII. Transportation – RideConnect (Non-Emergency Medical Transportation) Update: *Presented by: Cheri Lewer, Director of Operations* On November 1, 2017, South Country brought transportation scheduling in-house. The transition was difficult and members experienced very long hold times, dropped calls, abandoned calls, etc. South Country has worked very hard to correct these issues and is now consistently meeting an average speed of answer of less than 30 seconds.

The process works by members calling Member Services to schedule a ride; a Member Services rep fills out the RideConnect Form and the screening questions, the request is logged into our system and goes to one of four (4) RideConnect Schedulers. The RideConnect Schedulers work with specific counties allowing them to build a relationship with the members and the transportation providers within the counties they work with. We have implemented internal guidelines that the ride needs to be scheduled within three (3) days of when South Country receives the RideConnect Notification. We receive a lot of same day ride requests, but cannot always accommodate these requests; we try to work with those members who need to get in to Urgent Care or same day clinic, but it is not always possible.

We did hear from one of our counties that were having difficulty with members who were going in for same day surgery and would be under general anesthesia. They reported that it would be valuable to include on the request form that they need to have someone with them and cannot ride home alone. As a result, we have now implemented this change and added this question right on the request form.

South Country has an internal transportation committee that reviews the RideConnect program and processes. Our contract requirements with the state require us to provide rides within 30 miles to a primary care appointment and within 60 miles to a specialist. Within the next 6 months or so you may be hearing more about this requirement because, in some cases, we have been transporting our members farther than the than is required. In the meantime, if you have a member that needs to be transported farther than the 30-60 requirement; they can still choose that provider; however, their transportation may not be provided by South Country. A question and answer session followed the presentation. Your feedback is very important to keep up with any changes that need to be implemented to better serve our members. You may contact Cheri Lewer, Director of Operations, at clewer@mnscha.org

VIII. Next 2018 Rural Stakeholder Meeting Date:

- **Thursday, October 25, 2018, 1:00 p.m. to 3:00 p.m.**

If you have suggestions for agenda topics for our next meeting, please email your suggestions to countyinfo@mnscha.org.