

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

Thursday, October 25, 2018

- I. Welcome and Introductions:** *Kayla Krenz, Compliance and Government Relations Manager*, 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 May 16, 2018 Meeting - SNBC Dental Project Committee:**
Are the health plans reviewing the dental coverage that is provided to members; specifically dental implants?
Answer: Currently there are no plans to make any changes to cover dental implants; we will continue to explore this benefit.
- III. Provider Spotlight: House of Hope, Inc. – Mankato, MN:** *Presented by: Dean Gilbertson, President and CEO*
House of Hope's mission is to provide holistic medium intensity residential treatment services to individuals with substance use and mental health disorders. The goals of House of Hope, Inc. are to provide client-centered treatment services with a holistic methodology; decrease access to treatment barriers through a Client Scholarship Fund; to address client recovery barriers through a peer support specialist; and to increase access to housing with the Special Needs Fund.

Currently they serve a 26-county region within southwestern and southeastern Minnesota and are currently located in Mankato, Fairmont, and opening soon in Waseca, MN. The Mankato residential program consists of a 29 bed men's program and a 9 bed women's program and a GRH house that is licensed for 5 men. The Fairmont program is co-ed with 26 beds. The new Waseca location will consist of (2) programs; a Steele-Waseca County Drug Court Program and a Community Program for individuals who are not in the Drug Court Program.

The Adult Residential Treatment Program is for individuals who have substance use and mental health disorders. The majority of clients within the program have had a previous inpatient high intensity treatment placement and this program is a medium intensity residential program that includes Peer Support Specialists and Treatment Coordinators to provide services that reduce barriers and reduce the risk of relapse. Other Services Provided: Rule Assessments; Compulsive Gambling Assessment; Individual Therapy Sessions; Suboxone Management; Medication Management; and Mental Health Diagnostic Assessments.

The House of Hope Waseca Non-Residential Evening Programs are the result of meeting with the Drug Court Team and some of the Probation Officers in Waseca County and they expressed a need for this type of service within the Waseca community especially as it refers transportation. The largest concern is when clients are assessed for Non-Residential level of care and are sent to a psyche in Mankato to receive that treatment; the transportation is not there for them to go to Mankato from Waseca. The other concern was to keep lines of recovery available to them by developing a support network within their community.

Question: Is the Peer Support Specialist someone who is recovering from chemical dependency or chemical dependency? *Answer: Yes. The criteria are that (1) they are on a stable dose when they come to us (2) they have been compliant with taking their dose daily and (3) prior to completing the program they have a primary care provider so they can continue the care they need with the suboxone.*

Question: Do you take clients who are on Suboxone? *Answer: Yes.*

Question: Is there a dosage limit for suboxone? *Answer: The dosage level is 22 ml is the highest for someone who is looking to get maximum effect; we work collaboratively with the provider to insure the patient is on the right dosage.*

IV. Meeting the Challenges of Opioids and Pain: *Presented by: Dr. Brad Johnson, Chief Medical Officer*

Dr. Johnson has been very involved in working with DHS on the Opioid Prescribing Workgroup and South Country has worked collaboratively with many MCO's to create materials, guidelines, and resources to address this challenge. The 17-year trend in opioid abuse deaths has continuously gone up for those who have been prescribed opioids.

Since 2000 the medical community has contributed to the problem which may have opened the door for people to seek opioids other than prescription opioids. Well over 50 percent of opioid deaths in Minnesota in 2016 involved prescription opioids. South Country partnered with other MCO's to develop a Provider Tool Kit. The Provider Tool Kit is a 25-page document that gives providers a tool kit of resources of behavioral, physical, and other strategies. To access the Provider Tool Kit, go to stratishealth.org/PIP/Opioids.html – Resources.

South Country is completing case management for members who are newly prescribed opioids. South Country reaches out to our members with a series of calls during the 45-day treatment period:

- **1st Call** occurs after the acute pain for which they have received a prescription and after receiving a first opioid prescription refill. We reach out to the member to assess their health, review safe storage and disposal, and discuss a follow-up plan.
- **2nd Call** occurs when the member has gotten a second opioid refill. We review with the member their recovery status, doctor recommended alternative treatment options, the side effects and risks of opioid medications, and follow up with a letter which informs the member of alternatives for pain management.
- **3rd Call** occurs if the member gets a third opioid refill. During this call we discuss the member's view of the recovery process, assess pain level, and any change in the use of pain meds. We also review alternative treatment options and a recovery plan, offer additional follow-up calls, and follow-up with a letter to the provider with the number of days of use and any other issues we discussed with the member.
- **Deterra Packets** are offered to the member which contain a substance that neutralizes pain meds by simply adding water, shaking the package, and disposing the medication.

South Country has been monitoring the use of medication assisted treatment for the past 3 years in each of our 11-member counties and fewer members per 1000 are receiving opioid prescriptions. In Minnesota opioid involved deaths continue to increase, driven by heroin and other synthetic opioids such as fentanyl. There were over 3,000,000 prescriptions for opioids in the state of Minnesota in 2017 and the #1 opioid prescription of abuse was Oxycodone. The CDC recently reported for 2018 the year-to-date rate of increase in opioid deaths is now at a 3% increase which is down from 10% a year ago.

Question: The numbers are down for the use of prescription drugs, but is there any way to track those who are transferring over to the use of narcotics such as heroin? *Answer: At the start of the program we looked at the number of heroin overdose deaths within Minnesota and the numbers are going up, but the number was going up prior to this program. Users would much rather*

steal prescription opioids hence we have to get rid of the medicine cabinet supply. I think the future trend will be going from opioid abuse to a stimulant abuse and the use of methamphetamine. Opioid Medication Assisted Therapy will help with opioid addiction but will not help for stimulant abuse.

Question: I work with several suboxone patients and a number of patients who are on South Country; and would like information regarding how the outreach happens. If we were to identify all South Country members who have had surgery can we contact South Country for outreach? *Answer: You can collaborate with Ruth Boubin, Restricted Recipient Case Manager. The criteria for the program is not that they had painful surgery and not because they got pain medication in the acute phase; it is because they refilled the prescription within the 45-day period which is when they would get enrolled in the program.*

V. 2019 Provider Changes: *Presented by: Kate Hendrickson, Provider Relations Representative* As of 1/1/2019 we are switching over to PrimeWest Health for claims processing which was previously done by Mayo Clinic Health Solutions/MMSI.

A. Claims Processing:

- New Payer ID: Providers will need to use a different Payer ID, and we will be starting to use the new Payer ID's on 12/1/2018 and must be implemented by 12/31/2018. Go to our website and fill out our new EFT and ERA Forms; the information that we currently have is not owned by South Country. You are required to fill out these forms even if you receive all data and funds already. The forms can be found on our website mnscha.org Provider tab/Forms. If you have any trouble locating the forms contact Kate Hendrickson at khendrickson@mnscha.org or Jane Hanson at jhanson@mnscha.org for assistance.
- As of 1/1/2019 we will no longer be accepting paper claims. If you have trouble getting that setup; please contact Kate Hendrickson or Jane Hanson for help.

B. New Provider Contact Center: There will be new phone numbers, fax numbers, etc. and a new Provider Portal. Information can be found on our website. Registration will begin on 11/15/18.

C. Provider Education Meetings: We are currently doing Provider Education meetings and we will be posting the dates. If you are unable to attend any of these meetings, we will have a short video on our website mnscha.org to go over the changes.

VI. Utilization Management Transition: *Presented by: Kim Worrall, Director of Health Services*

As of 1/1/2019 the South Country Utilization Management Team will review Medical and Service Procedures as well as Behavioral Health Authorization Requests.

New Process to Submit Requests for Prior Authorization:

- New Provider Portal can be found on our website mnscha.org. Complete the Authorization Request Form and fax to the South Country UM Team at Fax No.: 1-888-633-4052
- 2019 Prior Authorization Grid: The updated Prior Authorization Grid can be found on our website. Review the grid to look up service/code authorization requirements.
- Nursing Home/Skilled Nursing: Beginning 1/1/2019 fax Nursing Home Communication Forms to Fax No.: 1-888-633-4052.

Transportation Providers:

- Beginning 1/1/2019 **Assisted Transportation** Level of Need Assessments will be reviewed, and the authorization will be Mode Specific as stated in the MHCP Manual.

- As of 1/1/19 members whose living arrangement is **Skilled Nursing Facility** (SNF) will no longer require an authorization.

Elderly Waiver:

- 2018 dates of service must be billed through MN-Its: <https://mn-its.dhs.state.mn.us>.
- 2019 dates of service must be billed electronically to South Country using Payer ID#81600

Question: Do you have documentation regarding the changes to the Medicare Advantage Plans regarding homebound and skilled services? *Answer: We will get information out that explains what is covered under the new criteria.*

Question: Is this a different process than the Pre-Admission Screening for Nursing Homes? *Answer: No, the pre-admission screening process remains as it is. There are no recent changes other than to start using the new Fax Number.*

VII. South Country Enrollment by Product: *Presented by: Stephanie Bartelt, Director of Community Engagement*

The total South Country enrollment based on September 2018 data was a total of 41,718 members. South Country's membership has remained very stable within 2018. The following is a summary of enrollment by product group:

Families and Children:

- **PMAP:** *(under 65 years of age low income-medical assistance only)* approximately 32,600 members.
- **MNCare:** *(under 65 higher income-medical assistance only)* approximately 3,400 members.

Seniors:

- **MSC+:** *(over 65 years of age-medical with South Country and Medicare with another health plan or fee-for service)* approximately 860 members.
- **SeniorCare Complete (MSHO):** *(dually-integrated product - medical assistance and Medicare with South Country)* approximately 1,900 members.

Special Needs Basic Care:

- **AbilityCare:** *(under 65 years of age, federal and state disability status – all benefits coordinated through South Country)* approximately 600 members.
- **SingleCare:** *(under 65 years of age, state disability status, medical assistance only)* approximately 1,000 members.
- **SharedCare:** *(medical assistance only with South Country Medicare with another health plan)* approximately 1,400 members.

VIII. 2019 Rural Stakeholder Meeting Dates:

- **Wednesday, May 15, 2019, 1:00 p.m. to 3:00 p.m.**
- **Thursday, October 24, 2019, 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.