South Country
HEALTH ALLIANCE

Evaluation of the 2022 Quality Program

Quality Assurance Committee Approval: Pending
Joint Powers Board Approval: Pending

Contributors

Angela Truelson	Complex Case Manager
Ashley Beckel	Manager of Utilization Management
Amanda Haukos	Quality Specialist
Becky Ziller	Behavioral Health Professional
Brenna Hagen	Manager of Clinical Care Management
Carrie Sharp	Compliance Auditor
Cheri Lewer	Director of Operations
Dr. Tim L. Miller	Medical Director
Jeanette Horn	Credentialing Supervisor
Jeff Marks	Compliance Officer
Justin Smith	Manager of Quality Improvement
Melissa Stanton	Quality Program Coordinator
Kelly Braaten	Director of Community Engagement
Kim Worrall	Director of Health Services
Leota Lind	CEO
Madison Babcock	Behavioral Health Professional
Michele Grose	Dental Program Manager
Michelle Wolfe	Coding & Reimbursement Specialist
Grace Bartelt	Member Services Supervisor
Rebecca Harrigan	Complex Case Manager
Ruth Boubin	Behavioral Health Professional
Ruth Torres	Health Services System Analyst
Scott Schufman	CFO
Stacey Miller	Provider Network Data Analyst
Sarah Bailey	Pharmacy Program Manager
Suzette Miller	Grievance & Appeals Manager

Table of Contents

South Country Health Alliance
Evaluation of the 2022 Quality Program

Section 1 – Program Administration

Introduction

South Country Health Alliance (South Country) became the first operational multi-county county-based purchasing (CBP) health plan in Minnesota on November 1, 2001. As a county-owned health plan, we were established to improve coordination of services between Minnesota Health Care Programs and public health and social services, to improve access to providers and community resources, and provide stability and support for existing provider networks in rural communities.

South Country's mission is to empower and engage our members to be as healthy as they can be, build connections with local agencies and providers who deliver quality services, and be an accountable partner to the counties we serve. Our vision is South Country Health Alliance will continue to be a fierce advocate for the health and well-being of people living in rural Minnesota.

Our Diamond Values help guide South Country's business plan and how we establish and maintain our relationships with others.

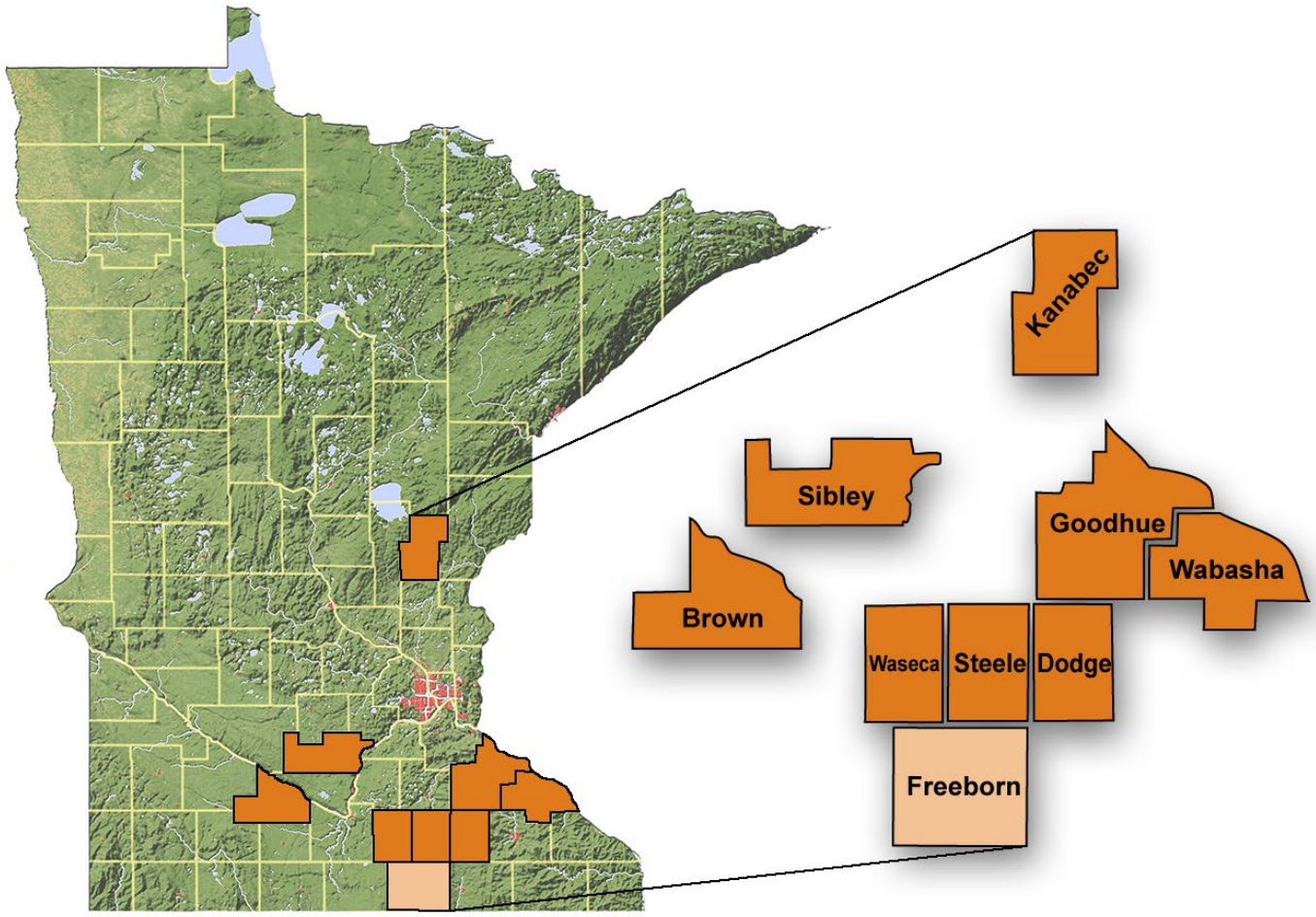
- **Collaboration**: We value the contributions of many individuals, partners, and agencies in helping meet the needs of our members.

- **Stewardship**: We responsibly manage our resources, using them in the best way possible for our members.

- **Communication**: We communicate openly, honestly and frequently, responsibly sharing information and ideas in all areas of our business.

- **Excellence**: We provide quality through our programs and services that make a difference in people's lives.

South Country is fully at risk for guaranteeing payment for covered services within the service area and must meet all requirements that apply to health maintenance organizations or community integrated service networks through our contracts with the Minnesota Department of Human Services (DHS) and Centers for Medicare and Medicaid Services (CMS). Our owner counties in 2022 were Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca. Freeborn County is not a part of the South Country Joint Powers Agreement, but we continued to provide services to seniors and people with disabilities in Freeborn County.



The Joint Powers Board, partnering county agencies, administrative personnel and network providers are committed to delivering efficient and effective services in a manner that continuously improves the quality of care and the health status of our members. This is achieved through a care management and service delivery model that is integrated in partnership with local county-based health and human service resources; it incorporates medical, public health and social services, and enables South Country's members to receive services in a comprehensive and cohesive manner.

Quality Program Structure

As a county-based purchasing entity, South Country is governed by the Joint Powers Board (JPB) through a Joint Powers Agreement among the member counties. Each owner county is represented on the JPB by one elected county commissioner or their designated alternate board member. The JPB meets regularly, typically monthly, providing the organization's vision and policy direction. The JPB monitors and evaluates the effectiveness of the Quality Program activities throughout the year with input from the Quality Assurance Committee (QAC).

South Country has around 80 staff members led by our chief executive officer (CEO). The CEO, chief financial officer (CFO), and the medical director comprised South Country's executive leadership team in 2022. The director of community engagement, Kelly Braaten, and manager of quality, Justin Smith, provide the leadership for the organization's Quality Program. They were assisted by South Country's medical director, Dr. Tim L. Miller, M.D. Our medical director provides guidance for key aspects of clinical programming such as performance improvement projects, focus studies, utilization management, provider network credentialing, population health, and the Quality Assurance Committee (QAC). The medical director actively participates in board meetings of other operational committees and meetings, providing clinical and operational leadership as appropriate.

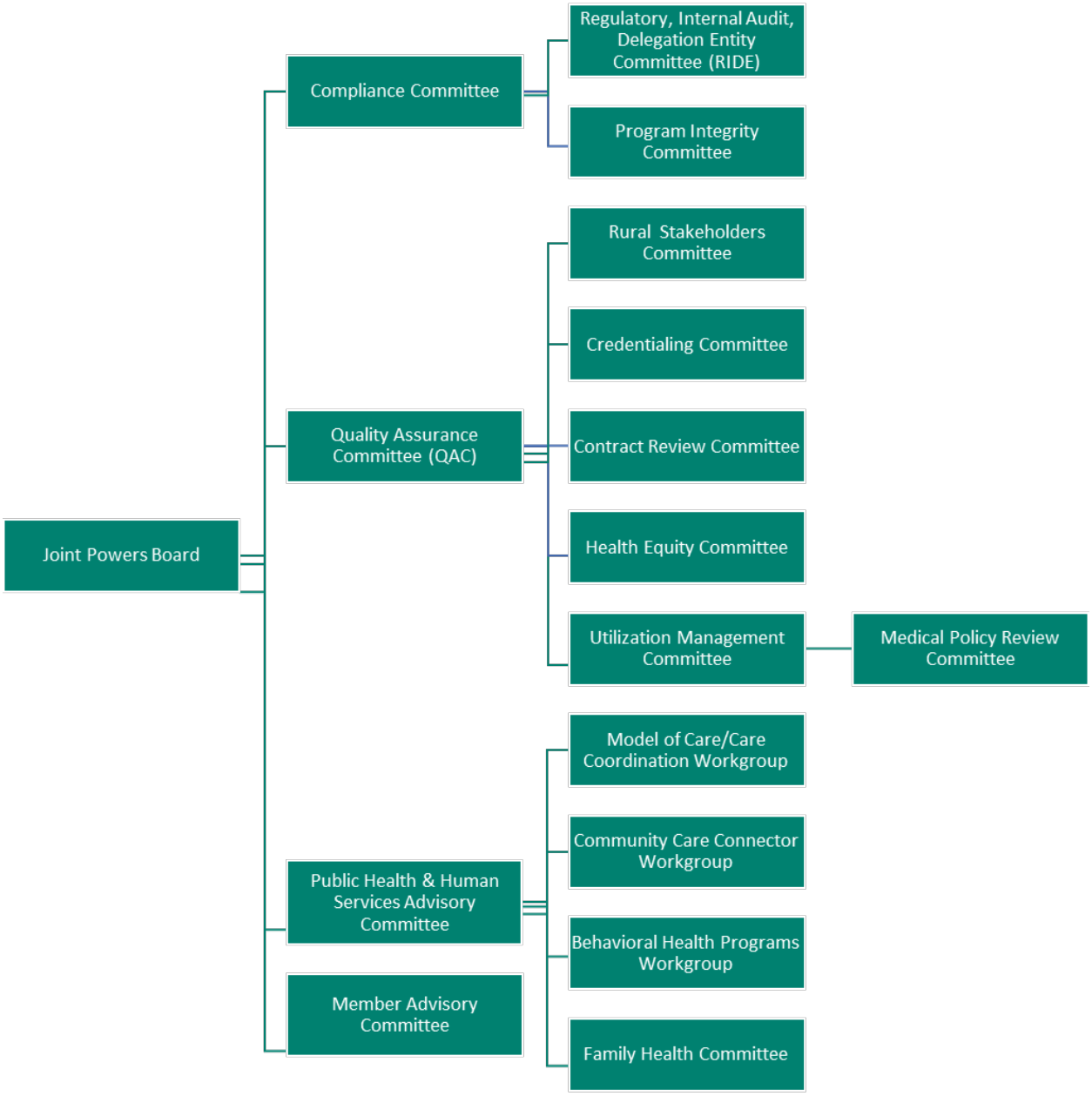
South Country's Quality Program is resourced through an annual budget process. Quality program resource requirements were evaluated to ensure that staffing, materials, analytic and information systems were adequate for 2022 and are adequate for the upcoming year. South Country has designated specific positions responsible for direct support of quality programs, including:

- Chief executive officer
- Medical director
- Chief financial officer
- Manager of quality
- Quality program coordinator
- Director of community engagement
- Compliance auditor
- Grievance and appeals manager
- Credentialing supervisor
- Compliance officer
- Quality specialist
- Director of provider network and contracting
- Director of IT and analytics
- Director of health services
- Director of operations
- Provider relations representative
- IT development manager
- Health informatics analyst
- Communications manager
- Care systems managers
- Complex case managers
- Utilization management manager

Multiple committees, workgroups and meetings comprised of South Country staff, JPB representatives, county representatives, providers and other stakeholders support South Country's Quality Program. These include:

1. Quality Assurance Committee (QAC), reporting to the JPB;
2. Compliance Committee (CC), reporting to the JPB;
3. Utilization Management (UM) Committee, reporting to the JPB — there is 1 sub-committee of the UM Committee:
    a. Medical Policy Review Committee;
4. Public Health and Human Services Advisory Committee (PH/HSAC), reporting to the JPB — there are 4 sub-committees of the PH/HSAC:
    a. Model of Care/Care Coordination Workgroup;
    b. Connector Workgroup;
    c. Behavioral Health Programs Workgroup; and
    d. Family Health Committee.
5. Member Advisory Committee (MAC), reporting to the JPB;
6. Rural Stakeholder's Committee, reporting to the QAC;
7. Credentialing Committee, reporting to the QAC;
8. Health Equity Committee, reporting to the QAC;
9. Contract Committee, reporting to the QAC;
10. Regulatory, Internal Audit, Delegation Entity Committee (RIDE), reporting to the Compliance Committee;
11. County Supervisors; and
12. Community Care Connectors.

The QAC provides direct input and recommendations as South Country executes its Quality Program goals. The QAC evaluates and approves the annual Quality Work Plan and Evaluation, ensuring that all quality, utilization, and care coordination activities support and address the needs of South Country members. In 2022, the QAC was chaired by commissioner Don Springer of Wabasha County. Justin Smith, manager of quality, is a co-chair. Additional committee members included the South Country medical director and representatives from county public health and human services (PH/HS) agencies, Member Advisory Committee representative(s), an additional commissioner and South Country staff.



South Country's operations are supplemented by third-party administrators (TPAs) through administrative services and delegation agreements. In 2022, Delta Dental of Minnesota, PerformRx, and PrimeWest Health served as South Country's dental, pharmacy benefits manager and medical benefit manager, respectively.

Delegated functions include credentialing and recredentialing, provider contracting, grievance and appeals processing, utilization management, and data collection that supports quality activities. The scope of each delegation is outlined in the delegation agreement between South Country and the delegate. South Country oversees and has final responsibility for all delegated activities.

South Country established a community care connector (Connector) position within each member county. These are county employees, funded by South Country, who coordinate community health, social services, medical care, and behavioral health services. The connector is a social worker, nurse, or related professional who strengthens South Country's ability to make effective and efficient use of local resources and facilitate positive relationships between South Country, local health care providers, county staff, and our members. South Country continues to build relationships necessary to enhance access to quality health care for our members.

South Country is a data-driven organization, and accordingly, has an established data warehouse that brings together historical member-specific program enrollment data, service authorization data, waiver services records, and claims data into a single repository. This enables South Country to extract and analyze utilization, prevention, enrollment, and claims data to support operations, quality improvement, strategic planning, provider contracting, regulatory compliance and annual reporting.

Quality Program Goals

Through the activities of the Quality Program, South Country strives to:

Establish effective partnerships with providers, primary care clinics, provider networks, and counties committed to quality care; to accomplish this, South Country will:

- Collaborate with providers and county public health and human services agencies to share ideas and implement strategies to improve quality;
- Ensure that South Country and third-party administrator (TPA) provider contracts reflect mutual expectations of quality initiatives;
- Monitor South Country's and TPA's credentialing and re-credentialing processes to ensure quality standards are maintained by providers; and
- Recruit additional providers when gaps in the network are identified to ensure members have access to quality providers and to offer more choices whenever possible.

Establish and measure performance expectations that include:

- Clinical outcomes and clinical processes;
- Functional outcomes;
- Member and provider satisfaction;
- Access to care; and
- Service utilization.

Improve the clinical and functional outcomes of our members over time addressing the following domains of care:

- Prevention;
- Acute care;
- Chronic illness care;
- Behavioral health care;
- Special population needs;
- High-volume services;
- High-risk services;
- Continuity and coordination of care;
- Access to quality community-based behavioral health and support services;
- Patient safety;
- Health disparities; and
- Social determinants of health.

Improve member satisfaction and South Country's understanding of which factors contribute to satisfaction by:

- Addressing processes and/or underlying issues identified through analysis of complaints, grievances, and appeals; and
- Analyzing satisfaction surveys on an on-going basis.

Ensure appropriate access by:

- Continuing to expand community relationships;
- Assessing and improving culturally and linguistically competent services;
- Promoting efficient and appropriate use of health care resources;
- Understanding patterns of service utilization;
- Decreasing unnecessary variation in use;
- Exploring non-traditional resources, services, and settings for care; and
- Availability of telehealth/telemedicine services.
-

Meet regulatory requirements such as:

- Requirements for quality activities and set by South Country's governing agencies;
- Rules and regulations of Minnesota Department of Health (MDH), Centers for Medicaid and Medicare Services (CMS), and Minnesota Department of Human Services (DHS) contract requirements;
- National Committee for Quality Assurance (NCQA) Quality Management and Improvement Standards; and
- Public health goals for the state of Minnesota.

Quality Management Documents

In 2023, the 2023 Quality Work Plan, 2023 Quality Program Description, and 2022 Annual Quality Program Evaluation were completed and approved by the Quality Assurance Committee (QAC) and the Joint Powers Board. These documents were submitted to the Minnesota Department of Human Services (DHS) with the Work Plan also being submitted to the Minnesota Department of Health (MDH). The 2023 Utilization Management Program Description was also approved by the QAC and submitted to MDH. Also, the annual Population Health Analysis was submitted to the MN Department of Human Services.

South Country Health Alliance
Evaluation of the 2022 Quality Program

Section 2 – Auditing & Monitoring

Delegation Oversight Program

Description

South Country maintains contracts with third parties (delegates, delegated entities) to provide administrative and health care services for members on behalf of South Country. South Country's delegation oversight program is vital to ensure delegates are adequately performing services and functions consistent with applicable federal and state contracts, regulatory requirements, and applicable National Committee of Quality Assurance (NCQA) standards. Our delegation oversight program monitors compliance with delegates as South Country remains ultimately responsible for fulfilling the terms and conditions of our contracts with the Minnesota Department of Human Services (DHS) and Centers for Medicare and Medicaid Services (CMS).

Process

In 2022, South Country's compliance auditor, under the direction of South Country's compliance officer, was responsible for South Country's delegation oversight program.

The compliance auditor is the chair of the Regulatory Internal and Delegation Entity (RIDE) Committee. The RIDE Committee is responsible for providing oversight to ensure South Country has an effective system for routine monitoring and identification of compliance risks both internally and with our delegated entities. The committee is comprised of South Country's operations managers, director of health services, utilization management (UM) manager, director of community engagement, director of operations, compliance and government relations manager, compliance analyst, grievance and appeals manager, IT development manager, director of provider network and contracting and the compliance officer. The RIDE Committee provides quarterly summary reports to the Compliance Committee and then informs the Joint Powers Board on issues and concerns, as necessary.

South Country's delegation oversight program includes South Country's larger delegates, PerformRx (pharmacy), PrimeWest Health (medical claims) and Delta Dental of Minnesota (dental), multiple credentialing delegates and DHS.

South Country's delegation oversight program includes these credentialing entities to ensure they are meeting all state, federal and NCQA standards when performing their credentialing responsibilities: Essentia Health, Sanford Health, Fairview Health Systems, Hennepin County Medical Center, Olmsted Medical, Children's Health, Mayo Clinic Health Systems/Mayo Rochester, CentraCare, Allina Health and MN Rural Health Cooperative. South Country also delegates functions of dual eligible enrollment to DHS.

South Country completes annual care coordination delegate oversight as required in our DHS contract. Our care coordination delegates complete care coordination activities for MSHO/MSC+ and Special Needs Basic Care (SNBC) members residing in the respective county. In 2022, South Country's care coordination delegates were:

- Brown County;
- Dodge County Public Health;
- Freeborn County Public Health;
- Goodhue County;
- Kanabec County;
- Minnesota Prairie County Alliance (Human Services from Steele, Dodge and Waseca);
- Sibley County;
- South Central Human Relations Center (SNBC members residing in Steele, Dodge and Waseca that receive Mental Health Targeted Case Management (MH-TCM) through South Central Human Relations Center);
- Steele County Public Health;
- Wabasha County; and
- Waseca County Public Health.

Analysis

The analysis below highlights the significant findings and results of South Country's 2022 delegation oversight program.

Annual delegation audits completed that demonstrated 99-100% compliance include:

- Delta Dental of MN;
- DHS Enrollment;
- Essentia Health;
- Fairview;
- Mayo Clinic Health System;
- Mayo Rochester;
- PerformRx;
- Sanford;
- Children's Health of MN;
- Olmsted Medical;
- Hennepin County Medical Center;
- CentraCare;
- Allina Health;
- PrimeWest Health; and

- MN Rural Health Cooperative.

Delta Dental of Minnesota

For Delta Dental's annual review for 2022, a desktop audit was completed that included a credentialing and recredentialing file review, utilization management file audit with DDMI providing claims data for the review, policy and procedure review including a review of program integrity and fraud, waste, and abuse (FWA) policies and procedures, and a grievance and appeals file review. South Country had one recommendation regarding the DDMN state fair hearings procedure in language in section 6.4.3 and section 6.12.1. The credentialing, recredentialing, grievance, appeals and utilization management file reviews were 100% compliant with no issues. The review of program integrity and FWA policies results were 100% compliant with no issues noted.

PrimeWest Health

PrimeWest Health's annual review included a review of 2022 quarter three provider appeals, which were 100% compliant with no issues, and a 2022 review of the claims process and procedures for dual integrated beneficiaries with other primary insurance outside of South Country. Results of this review were 100% compliant.

PerformRx

PerformRx's annual review included a review of 2022 improving drug utilization review (IDUR) census files, an organizational, credentialing and recredentialing file review, Medicaid appeals, prior authorization denial file review, as well as a PDL/formulary comparison review, and a policy and procedure review, including a review of program integrity and FWA policies and procedures. The PerformRx annual review continues to be in progress.

SeniorCare Complete (MSHO)/MSC+ Care Coordination Audit Analysis

South Country completed the 2022 care plan and care system audit for MSHO/MSC+ Elderly Waiver, non-Elderly Waiver, and institutionalized members. Audits were conducted during the months of March through August, reviewing calendar year 2021 member files.

The 2022 audit of Elderly Waiver showed a total of 33 elements at 100%, as compared to 43 elements at 100% in 2021. There were five elements at 99% as compared to one item at 99% in 2021 and there were six elements between 95%-98% in 2022 and one item at 93%. There was one element that improved in 2022 from 2021:

- Care coordinator follow-up plan — contact with person according to the plan is documented or the reason the plan was not followed is documented increased from 95% in 2021 to 99% in 2022.

The 2022 audit of community well, showed a total of 26 elements between 98%-100%, with four elements at 96% and one element at 94%. There were four elements that improved in 2022 from

2021:

- Care plan – choice of HCBS provider — completed and signed care plan increased from
- 93% in 2021 to 100% in 2022.
- Communication of care plan/summary — member — care plan is signed and dated by
- member or authorized representative increased from 93% in 2021 to 100% in 2022.
- Follow-up plan — documentation of contact with person according to plan or documented
- reason the plan was not followed increased from 93% in 2021 to 98% in 2022.
- Advance directive — advance directive exists, or documentation of conversation, or
- documentation of member refusal to discuss, or documentation of reason why
- conversation not initiated increased from 99% in 2021 to 100% in 2022.

The county delegates overall did very well with the 2022 nursing home audit, which is consistent with audit results of the last two or three years. In 2021, all but two of the nursing home audit elements were 100%, with the remaining two elements at 98% and 99%. In 2022, all but one of the nursing home audit elements were 100%, with the remaining element at 94%.

- Care conference — attending at least one care conference in the year increased to 100% in 2022, from 98% in 2021.

South Country's care coordination teams demonstrated some opportunities for improvement.

The 2022 audit of Elderly Waiver showed a decrease in 10 audit elements from the 2021 audit. Of those audit elements that decreased, all but one element was between 95%-99%. The one element was 93%. The audit elements were:

- Timeliness — reassessment completed within 365 days of previous assessment, or an explanation is documented, decreased from 100% in 2021 to 96% in 2022.
- Complete — all (100%) of the fields relevant to the member's assessment are completed with pertinent information or noted as N/A, decreased from 100% in 2021 to 93% in 2022.
- Complete for person-centered domains — all (100%) of the fields within each domain listed are completed with pertinent data or noted as N/A, decreased from 100% in 2021 to 96% in 2022.
- Assessment – LTCC — appropriate level of care (case mix) decreased from 100% in 2021 to 99% in 2022.
- Comprehensive care plan — timeliness — members receive completed care plan within 30 calendar days of a completed LTCC or explanation of status is documented decreased from 100% in 2021 to 97% in 2022.
- Comprehensive care plan — assessed needs addressed — all assessed needs and concerns related to primary care, acute care, long-term services and supports, mental health, behavioral, and service needs and concerns are addressed in care plan, decreased from 100% in 2021 to 99% in 2022.
- Comprehensive care plan — goals — monitoring progress toward goals is included within the care plan, decreased from 100% in 2021 to 99% in 2022.
- Comprehensive care plan — goals — target dates for goal completion are included (at

least month and year), decreased from 100% in 2021 to 99% in 2022.

- Comprehensive care plan — goals — outcome and achievement dates are included (at least month and year), decreased from 100% in 2021 to 99% in 2022.
- Comprehensive care plan — goals — at least one high priority goal and all goals have a priority, decreased from 100% in 2021 to 95% in 2022.

The 2022 audit of community well showed all but five audit elements were between 98%-100%. The five remaining audit elements were between 94%-96%. There were eight audit elements that decreased, compared to five elements that decreased in the 2021 audit. Those eight elements are listed below:

- Health risk assessment — timeliness — annual HRA is completed within 365 calendar days of previous HRA, or explanation documented if not completed.
- Health risk assessment — complete — all (100%) of the fields relevant to a person's program is completed or noted as N/A as appropriate, decreased from 100% in 2021 to 96% in 2022.
- Care plan — timeliness — care plan is completed and sent to member within 30 calendar days of the date of completed HRA, or if attempted but not completed, an explanation of status is documented, decreased from 100% in 2021 to 96% in 2022.
- Care plan — assessed needs addressed — identified needs and concerns related to primary care, acute care, long-term care, mental health, behavioral and social services are addressed in care plan, decreased from 100% in 2021 to 96% in 2022.
- Care plan — goals — target dates for completion are included (at least month and year), decreased from 100% in 2021 to 99% in 2022.
- Care plan — goals — outcome and achievement dates are included (a month and year needs to be documented), decreased from 100% in 2021 to 94% in 2022.
- Care plan — goals — at least one high priority goal and all goals have a priority, decreased from 100% in 2021 to 98% in 2022.
- Communication of care plan/summary — physician — evidence of the communication of care plan elements with primary care physician, decreased from 100% in 2021 to 99% in 2022.

In 2022, overall, South Country's delegates scored 100% for all nursing home audit elements except for one element, with seven of nine delegates having 100% compliance with the nursing home elements:

- Annual comprehensive health assessment (review of MDS) completed within 365 days of previous assessment was 99% in 2021 and decreased to 94% in 2022.

<u>SNBC Care Coordination Audit Analysis</u>

South Country delegates care coordination tasks for AbilityCare (dual-integrated), SingleCare (Medicaid-only), and SharedCare (Medicaid-only/Medicare eligible) cases to delegated entities. South Country utilized the audit protocol developed collaboratively with all Minnesota health plans and DHS. South Country adds a few elements specific to South Country's Model

of Care.

South Country has continued to combine our AbilityCare, SingleCare/SharedCare audit information together.

Overall, three audit elements improved, and there were twenty-two (22) elements at 98-100%. Audit elements showing improvement are as follows:

- Care plan elements — care plan is signed by member or authorized representative, or evidence of case manager attempts to obtain signature, increased from 94% in 2021 to 100% in 2022.
- Care plan elements — interventions identified and linked to needs assessment, increased from 94% in 2021 to 100% in 2022.
- Care coordinator/case manager follow-up — documentation of the contact with member according to plan, increased from 95% in 2021 to 98% in 2022.

Opportunities for improvement were identified in a few areas. Overall, across all delegates, there were 13 audit elements that decreased in 2022's audit. Eight of these audit elements were collectively below 95%, as compared to three elements that were below 95% in 2021.

- Member contact — date notification occurs within 10 business days of case manager assignment or change in case manager, decreased from 100% in 2021 to 91% in 2022.
- Annual health risk assessment (HRA) completed within 365 days of previous health assessment (AbilityCare only), decreased from 100% in 2021 to 90% in 2022.
- Annual HRA completed but not within 365 days/12 months and explanation for not completing timely is present, decreased from 100% (as N/A as previously all were timely) in 2021 to 56% in 2022.
- Care plan timeliness — care plan is completed (date sent to member) within 30 calendar days of HRA/LTCC or if attempted but not completed, an explanation of status must be present, decreased from 100% in 2021 to 94% in 2022.
- Care plan timeliness — if completed care plan was not sent or reviewed within 30 days of initial/annual HRA, a member-related explanation of status is documented, decreased from 100% (as N/A as previously all were timely) in 2021 to 31% in 2022.
- Care plan timeliness — if attempted but not completed an explanation of status must be present, decreased from 100% (as N/A as previously all were timely) in 2021 to 11% in 2022.
- Care plan elements — care plan addresses health care needs, concerns, behavioral health care needs and chronic conditions as identified in the HRA, decreased from 100% in 2021 to 99% in 2022.
- Care plan elements — goals — the goals and target dates identified decreased from 100% in 2021 to 97% in 2022.
- Care plan elements — goals — at least one high priority goal and all goals have a priority (AbilityCare only), decreased from 99% in 2021 to 95% in 2022.
- Care plan elements — goals — documentation monitoring progress toward goals, etc., decreased from 99% in 2021 to 98% in 2022.
- Care plan elements — goals — outcome and achievement dates identified decreased from

100% in 2021 to 89% in 2022.

- Care coordinator/case manager follow up — documentation the reason the plan was not followed, decreased from 100% in 2021 to 0% in 2022.
- Communication of care plan summary — evidence of communication of care plan elements with a primary care physician (PCP), decreased from 100% in 2021 to 97% in 2022.

Next Steps

South Country's delegation oversight audit team continues to identify strategies that will be beneficial for future auditing and monitoring, which include:

- Continue to work on establishing clearer expectations related to addressing corrective action plans and added direction and education provided surrounding the corrective action plan.
- Continue to communicate the progress of the audit and monitoring plan, final reports and concerns to the RIDE Committee and South Country's compliance officer.
- Collaborate with South Country's care system managers on strategies to improve our delegated entity's compliance with specific care coordination tasks.
- Continue to use the education-based exit interview process, which provides specific case examples of items found on the audit that allow for discussion and brainstorming with the delegate to correct any deficiencies noted during the audit.
- Continue analysis of the audit and monitoring plan to add audits or monitoring tasks as changes occur with requirements, or as concerns are identified.

Internal Audit & Monitoring Program

Description

As a county-based purchasing organization, South Country is subject to all laws and regulations governing Minnesota managed care organizations. To ensure compliance with obligations under the Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Human Services (DHS) contracts, South Country maintains an internal audit and monitoring program. South Country conducts (at least annually) a formal risk assessment of all internal operational areas as well as delegated entities for the type and level of risk that that area presents to South Country's programs. After completion of the risk assessment, the annual South Country internal audit and monitoring work plan is developed while taking into consideration the results of the risk assessment as well as other regulatory requirements.

Process

The compliance auditor is responsible for the coordination, completion and general oversight of South Country's internal audit and monitoring program. The compliance auditor reports directly to the compliance officer. Audit tools for the individual internal functions being audited were updated and implemented, as needed in 2022, to ensure that the audit tools reflect current state and federal regulations, current DHS contract requirements, and as applicable, current National Committee for Quality Assurance (NCQA) standards. Internal audits and/or monitoring activities were completed in 2022 for the following areas:

- Credentialing/recredentialing;
- Care coordination for AbilityCare and SharedCare;
- Organizational assessment;
- Complex case management;
- Utilization management; and
- Compliance department.

During the process of auditing and monitoring activities, if South Country identifies a deficiency or mandatory improvement, a corrective action plan (CAP) is implemented. The compliance auditor works with the supervisor of the program area to develop a CAP to ensure all requirements are followed. After the development of the CAP, the supervisor sends the CAP to the compliance auditor who discusses the CAP with the compliance officer. South Country's compliance officer approves the CAP or requests additional clarification or interventions to be added to the CAP.

As part of South Country's oversight of Internal Audits and Monitoring Program, the final audit reports, and a CAP, if indicated, are provided to the Regulatory Internal and Delegation Entity (RIDE) Committee for review and approval. A summary of the RIDE Committee agenda items, including all report and CAP information, is shared with the Compliance Committee at their quarterly meeting. The Compliance Committee shares information, as needed, with the Joint Powers Board.

Analysis

Internal care coordination teams work with various groups of South Country members. One group they work with are members on AbilityCare. Assertive Community Treatment (ACT) members (members on AbilityCare, SharedCare or SingleCare who reside in Dodge, Steele and Waseca counties as identified) and SharedCare. AbilityCare and ACT audit scores were combined for the 2022 audit reporting.

During review of the AbilityCare and ACT cases it was noted that there were six deficiencies in the 2022 audit and that they were all but one repeat deficiencies that had been noted in the 2021 audit that took place late in the year and resulted in a corrective action plan (CAP).

South Country's internal care coordination team demonstrates some opportunities for improvement; however, the 2022 showed 11 audit elements that demonstrated improvement from 2021. Twenty-five audit elements were between 95%-100%. Audit elements that increased from 2021 to 2022 are:

- Annual health risk assessment (HRA) completed within 365 days of previous health assessment increased from 89% in 2021 to 100% in 2022.
- Annual HRA complete all (100%) areas have been evaluated and documented or marked as N/A increased from 68% in 2021 to 94% in 2022.
- Care plan timeliness care plan is completed (date sent to member) within 30 calendar days of HRA/LTCC or if attempted but not completed, an explanation of status must be present increased from 95% in 2021 to 96% in 2022.
- Care plan is signed by member or authorized representative or evidence of case manager attempts to obtain signature increased from 70% in 2021 to 100% in 2022.
- Care plan goals and target dates identified increased from 89% in 2021 to 100% in 2022.
- Care plan element at least one high priority goal and all goals have a priority increased from 79% in 2021 to 94% in 2022.
- Care plan elements interventions identified and linked to needs assessment increased from 89% in 2021 to 100% in 2022.
- Care plan elements documentation monitoring progress toward goals increased from 94% in 2021 to 100% in 2022.
- Care plan outcome and achievement dates identified increased from 0% in 2021 to 59% in 2022.
- Care coordinator/case manager follow-up documentation of the contact with member according to plan increased from 75% in 2021 to 80% in 2022.
- Communication of care plan summary evidence of communication of care plan elements with primary care physician (PCP) increased from 95% in 2021 to 100% in 2022.

There were two audit elements that audit percentages decreased from 2021 to 2022. The two audit elements are:

- Care plan timeliness if completed care plan was not sent or reviewed within 30 days of initial/annual HRA a member-related explanation of status is documented, decreased from 100% (as N/A for 2021) in 2021 to 0% in 2022.
- Care coordinator/case manager follow-up documentation of the reason the plan was not followed decreased from 53% in 2021 to 0% in 2022.

SharedCare, the largest group of members that the internal care coordination team works with, showed 100% compliance when looking at care coordination procedures identified in the standard operating procedure. No deficiencies were noted for care management of SharedCare and SNBC nursing facility members.

The 2022 utilization management audit focused on review of Standard Written Authorization Review Organization Determination (UM 05), Denial System Controls (UM 39), UM Clinical Criteria (UM D37), and Q1 Denials of both dual eligible and Medicaid-only cases to ensure all needed criteria including the decision and response timelines are met. Both dual eligible and Medicaid-only cases were 100% compliant with no issues noted. Policies and procedures are reviewed and updated timely for regulatory or process changes with no concerns.

The 2022 complex case management audit focused on the complex case management standard operating procedures (SOPs), South Country's Complex Case Management Policy and Procedure (CM 21), the initial member assessment and care plan. No issues were noted with any of the elements of the 2022 audit.

The credentialing/recredentialing audit was completed with no deficiencies, recommendations, or corrective action plans being required.

The 2022 organizational assessment audit focused on the Organizational Assessment Policy (CR 03) as well as initial organizational providers and reassessed organizational providers. No issues were noted, and all elements were 100% compliant.

The 2022 compliance program audit consisted of a policy and procedure review, using an audit tool based on current DHS, federal and contract requirements. The 2022 audit demonstrated that all the audit elements were within compliance and 100% met.

For the 2022 provider directory audit, South Country utilized the results of two separate external audits that both confirmed that South Country's provider directory is meeting regulatory standards. The 2022 MMP Medicare Provider Annual Network Submission occurred in September 2022 with results in December 2022. The second audit that occurred was the 2022 MDH Audit, which included audit elements for Access/Availability/Continuity of Care including Provider Network Adequacy Standards policy (PR 04), Geo Access Maps Summary, Network Adequacy Submission, SCHA Gap

Analysis Summary and ECP Providers. All audit elements for both extra audits showed 100% compliance with no issues noted.

Next Steps

South Country will continue to implement internal audits and monitoring activities, where appropriate, with a focus on those internal areas that have an identified higher risk based on the annual risk assessment, as well as if new programs or processes are put in place that indicate further monitoring would be beneficial for evaluation of successful implementation. The key areas of improvement that continue to be implemented include:

- Continue to expand the “monitoring” approach to be broader rather than simply performing annual audits.
- Continue to work closely with each business area to identify available department-specific tracking and reporting mechanisms to incorporate into the South Country’s audit and monitoring work plan for ongoing monitoring by the compliance department.
- Continue targeted unannounced internal audits, as appropriate.
- Continue to communicate the monitoring plan, progress, and final reports to the RIDE Committee and compliance officer.

South Country Health Alliance
Evaluation of the 2022 Quality Program

Section 3 – Membership

Member Demographics

Description

South Country is committed to developing and maintaining programs that are relevant to the needs of our members. Monitoring changes in the demographics of members is important to ensure that programs remain appropriate for each population served.

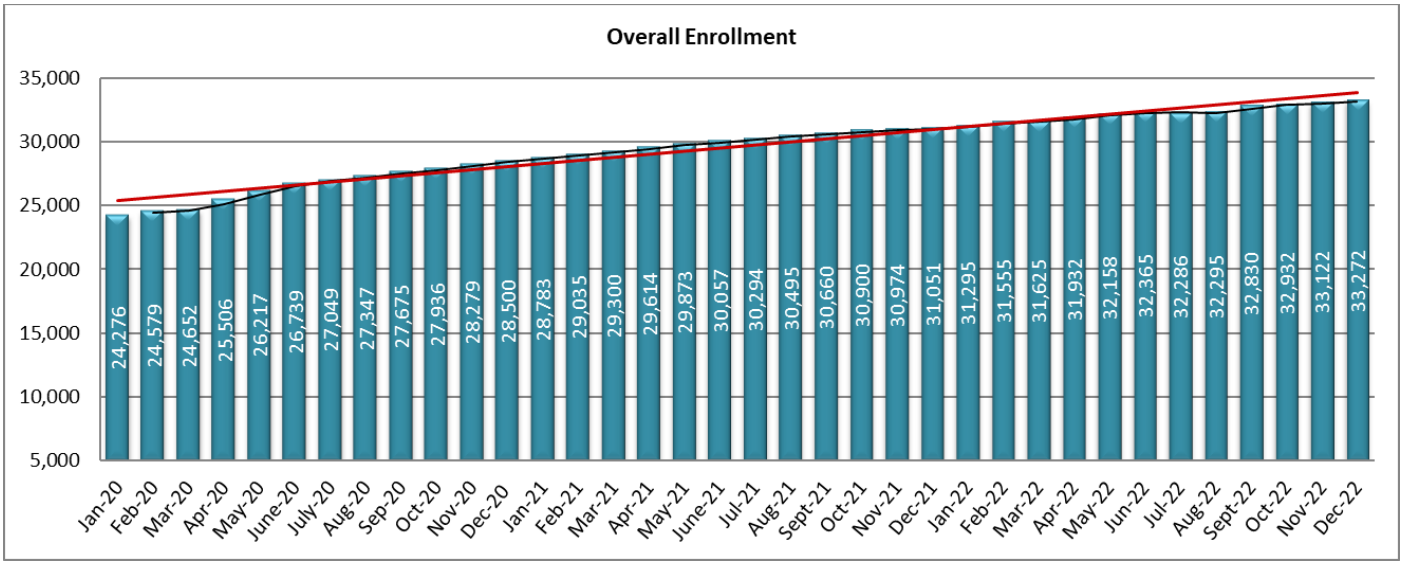
Process

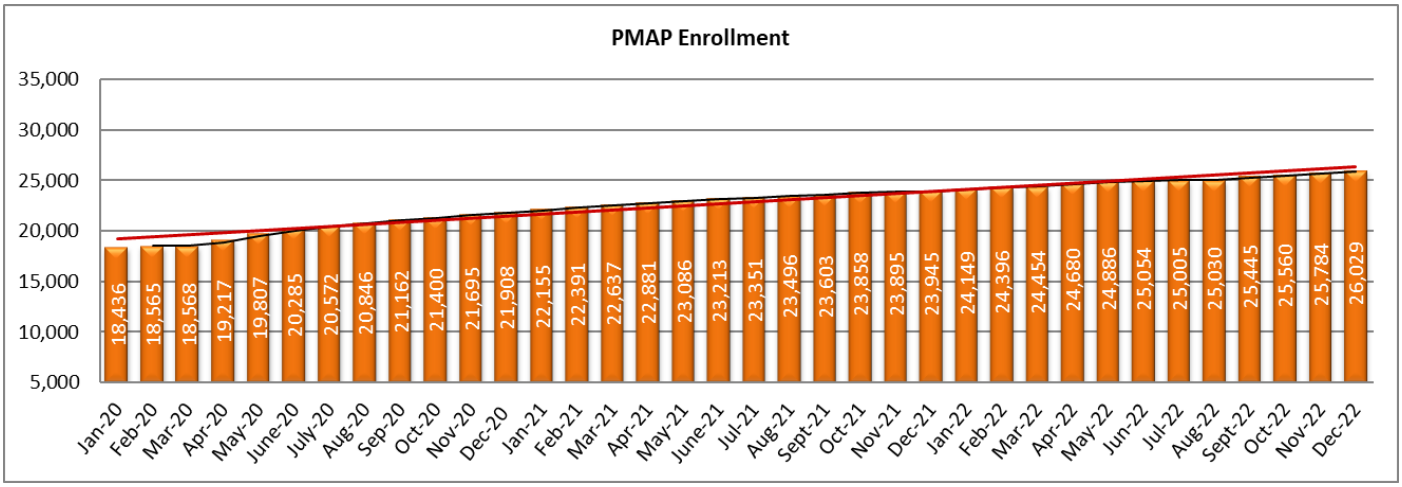
The purpose of the analysis described below is to provide context for the information contained in the annual evaluation and other quality reporting, and to support discussion about how effectively South Country's programs and services meet the unique demographics and needs of members.

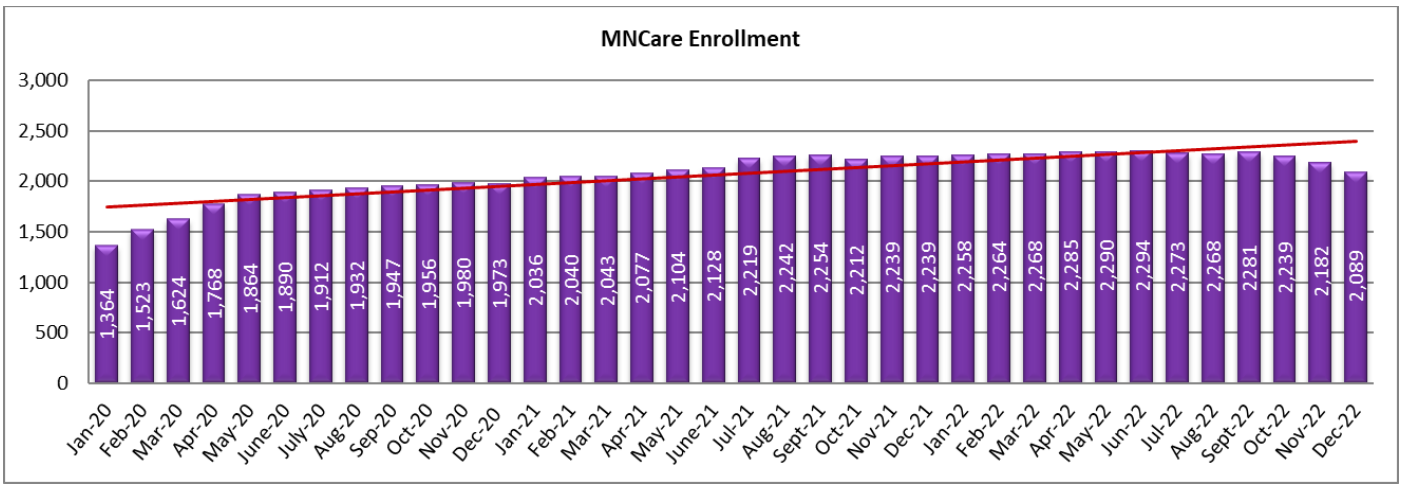
Analysis

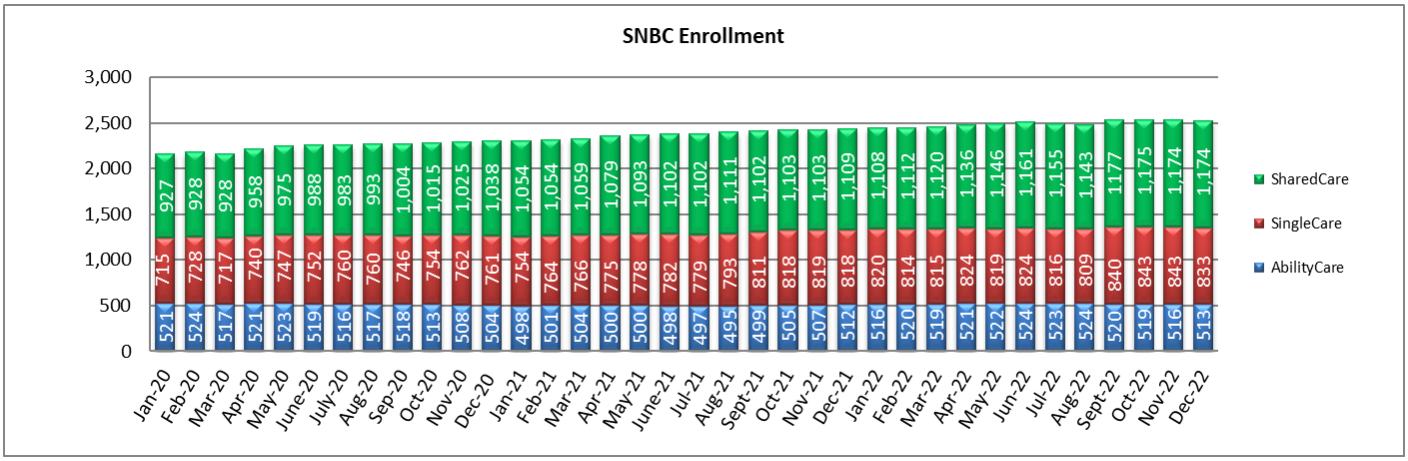
Enrollment by Product

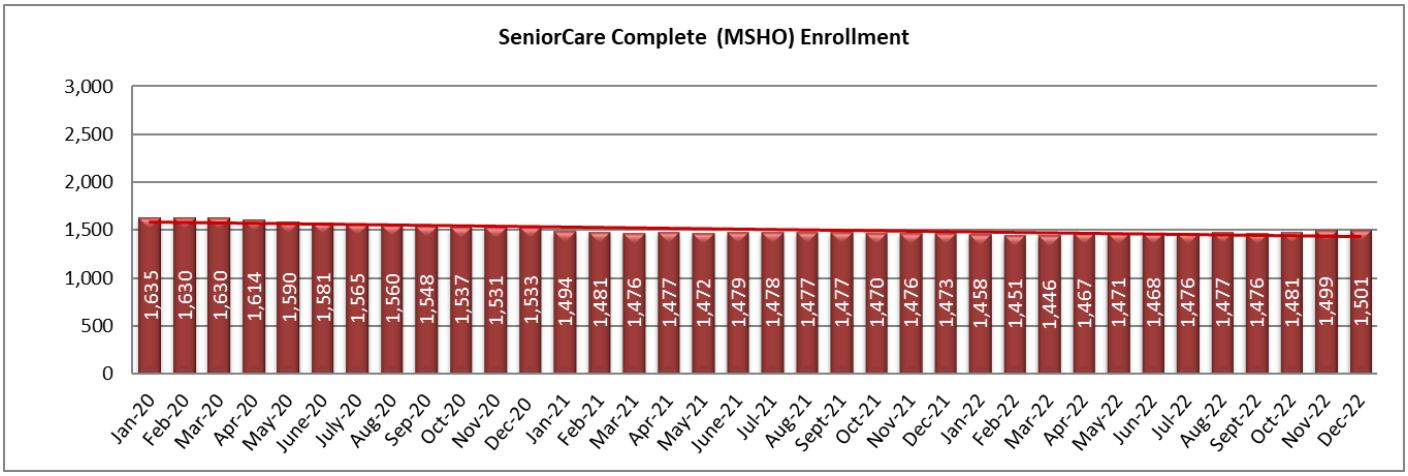
The graphs below show the volume of our membership month to month, overall and by product, from January 2020 through December 2022.

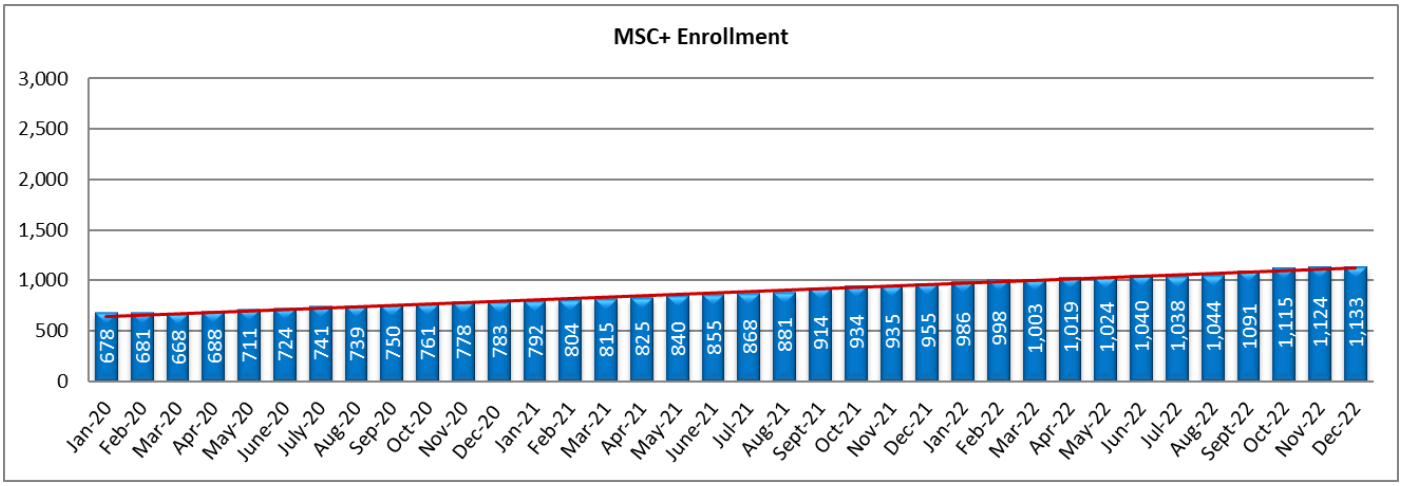



PMAP Enrollment
35,000
30,000
25,000
20,000
15,000
10,000
5,000
18,436
18,565
18,568
19,217
19,807
20,285
20,572
20,846
21,162
21,400
21,695
21,908
22,155
22,391
22,637
22,881
23,086
23,213
23,351
23,496
23,603
23,858
23,895
23,945
24,149
24,396
24,454
24,680
24,886
25,054
25,005
25,030
25,445
25,560
25,784
26,029
Jan-20 Feb-20 Mar-20 Apr-20 May-20 June-20 July-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 June-21 Jul-21 Aug-21 Sept-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sept-22 Oct-22 Nov-22 Dec-22

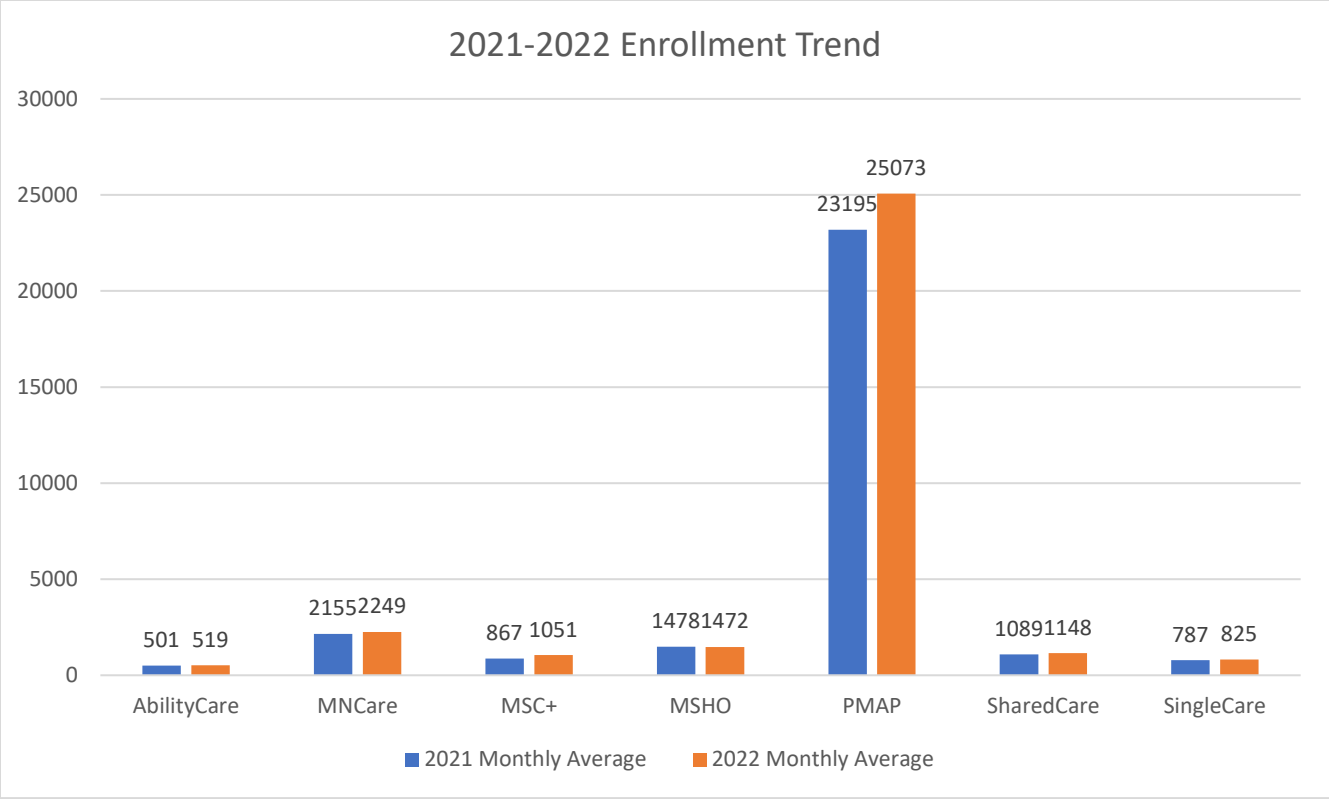

MNCare Enrollment
3,000
2,500
2,000
1,500
1,000
500
0
1,364
1,523
1,624
1,768
1,864
1,890
1,912
1,932
1,947
1,956
1,980
1,973
2,036
2,040
2,043
2,077
2,104
2,128
2,219
2,242
2,254
2,212
2,239
2,239
2,258
2,264
2,268
2,285
2,290
2,294
2,273
2,268
2281
2,239
2,182
2,089
Jan-20 Feb-20 Mar-20 Apr-20 May-20 June-20 July-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 June-21 Jul-21 Aug-21 Sept-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sept-22 Oct-22 Nov-22 Dec-22


SNBC Enrollment
3,000
2,500
2,000
1,500
1,000
500
0
927 928 928 958 975 988 983 993 1,004 1,015 1,025 1,038 1,054 1,054 1,059 1,079 1,093 1,102 1,102 1,111 1,102 1,103 1,103 1,109 1,108 1,112 1,120 1,136 1,146 1,161 1,155 1,143 1177 1,175 1,174 1,174
715 728 717 740 747 752 760 760 746 754 762 761 754 764 766 775 778 782 779 793 811 818 819 818 820 814 815 824 819 824 816 809 840 843 843 833
521 524 517 521 523 519 516 517 518 513 508 504 498 501 504 500 500 498 497 495 499 505 507 512 516 520 519 521 522 524 523 524 520 519 516 513
SharedCare
SingleCare
AbilityCare
Jan-20 Feb-20 Mar-20 Apr-20 May-20 June-20 July-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 June-21 Jul-21 Aug-21 Sept-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sept-22 Oct-22 Nov-22 Dec-22



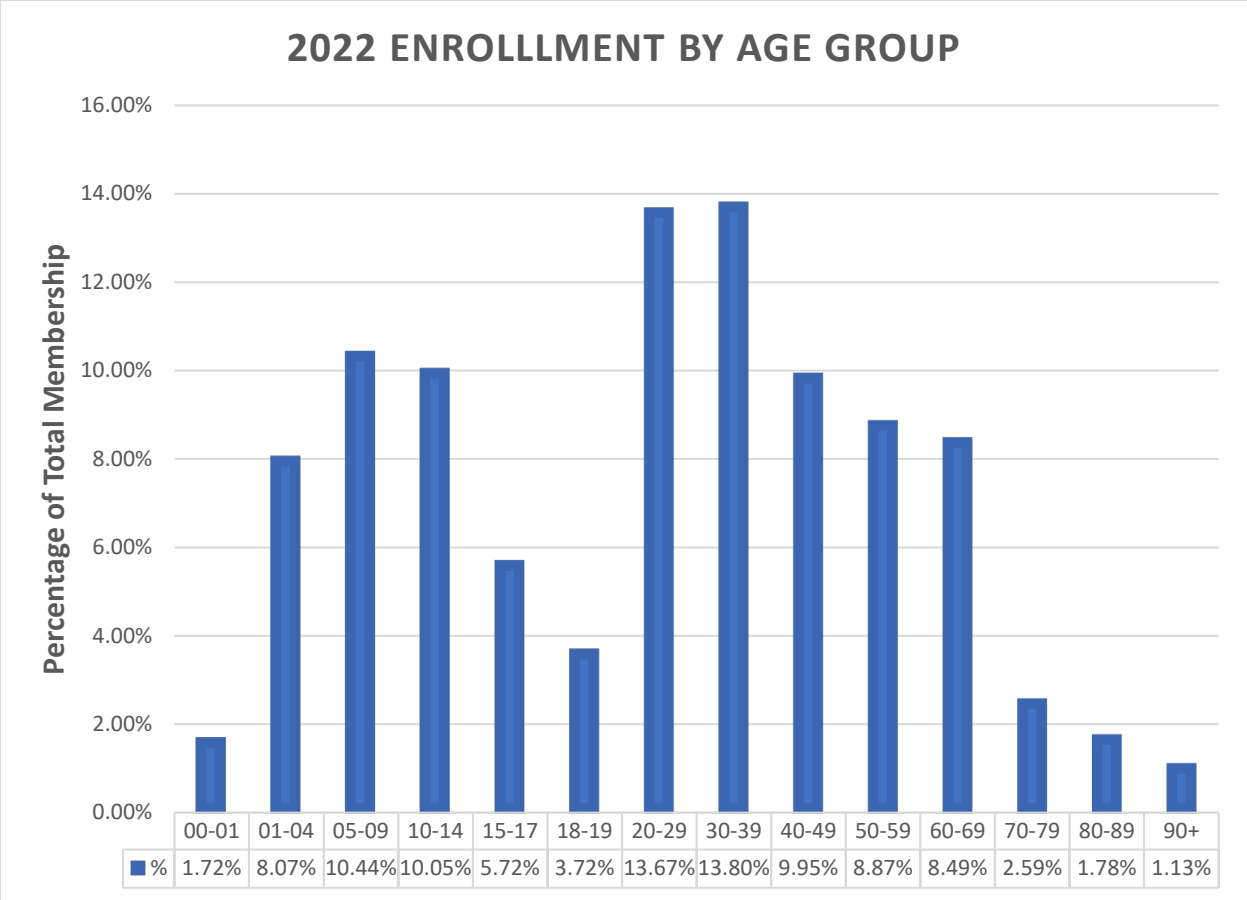


The graphs below compare the average volume of our membership by product in 2021 and 2022. Most products showed an average increase in enrollment between 2021 and 2022.



Enrollment by Age

Member age groups show 39.7% of enrollees being members 18-19 years of age and below. This emphasizes the importance of South Country continuing to focus preventive care and other wellness outreach efforts toward children, adolescents, and teenagers. Below is the 2022 membership percentage by age group.



Enrollment by Gender

Generally, each product has more females enrolled than males. Below you can see the detail by product. Our senior products continue to have a much higher female population compared to other products.

Product	Gender Split 2021	Gender Split 2022	% Difference between 2021 and 2022
PMAP	Female = 53.9% Male = 46.1%	Female = 53.9% Male = 46.1%	Female = - 0% Male = 0%
MinnesotaCare	Female = 54.8% Male = 45.2%	Female = 53.4% Male = 46.6%	Female = -1.4 % Male = +1.4%
SingleCare	Female = 50.1% Male = 49.9%	Female = 47.9% Male = 52.1%	Female = -2.2 % Male = +2.2%
SharedCare	Female = 55% Male = 45%	Female = 53.9% Male = 46.1%	Female = -1.1% Male = +1.1%

AbilityCare	Female = 55.4% Male = 44.6%	Female = 55.6% Male = 44.4%	Female +0.2 % Male -0.2 %
MSC+	Female = 60.6% Male = 39.4%	Female = 59.6% Male = 40.4%	Female -1.0% Male +1.0%
SeniorCare Complete	Female = 69.9% Male = 30.1%	Female = 68.8% Male = 31.2%	Female -1.1 % Male +1.1 %

Enrollment by Race and Ethnicity

Racial and ethnic information is collected by the Minnesota Department of Human Services (DHS) at the time individuals enroll in a Minnesota Health Care Program (MHCP) and is included in the monthly enrollment file provided to South Country. The majority of South Country members report being the race of white. Members reporting their race as Black/African American was 4.19%, Asian is 0.79%, members reporting with two or more races was 0.18%, and members indicating “unknown” that none of the racial categories apply or decided to not disclose the information was 34.11%. Also, members reporting their ethnicity was Hispanic or Latino is 5.6% and the “unknown” ethnicity was 8.98%.

South Country makes a diligent effort to collect demographic data on our members to assess possible health disparities and understand potential barriers our members might face. We are often limited, however, to basic demographic data provided from enrollment information like race, age, and ethnicity, but can also attain information like preferred language, where they live, and disability waivers they may be on. We do utilize other sources, like the Robert Wood Johnson Foundation and state-based reports to capture as much data as we can on our members, in all our counties, and examine how numerous variables, including possible health disparities, could impact their health outcomes.

South Country has initiatives in place such as our community health worker position that was established in 2014. South Country partnered with Sibley County for the development and implementation of a community health worker position. This position has remained active within the Sibley County community for the nine years and continues to directly collaborate with South Country to breakdown any structural racism, social inequities, and/or health disadvantages and improve overall health outcomes for any Latinx members. Sibley County is one of our current eight servicing counties and has the largest Latinx population. We have established an initial objective aimed at improving the overall comprehensive diabetes care along with a continuing focus to examine and improve upon additional services that are identified as a need for these members.

Collaboration work includes the following:

- To collaborate, communicate and actively listen to the Sibley County advocates.

- To review, analyze and discuss available data to investigate opportunities for improvement in health outcomes.
- To address, advocate and develop necessary system changes and interventions to reduce barriers for Sibley County Latinx members with a diagnosis of Type 1 or Type 2 diabetes.
- To Recommend changes or suggest improvements to South Country leadership to improve health equity for our members.

The collaboration group is made up of internal South Country staff and Sibley County Community health workers who work directly with the Latinx population. Current initiatives consist of translating of diabetic member materials into Spanish, collaborating with the Hy-Vee dietician to offer a Spanish grocery store tour for diabetics, and planning to expand discussion with Sibley County and their community partners and members to identify further areas of need.

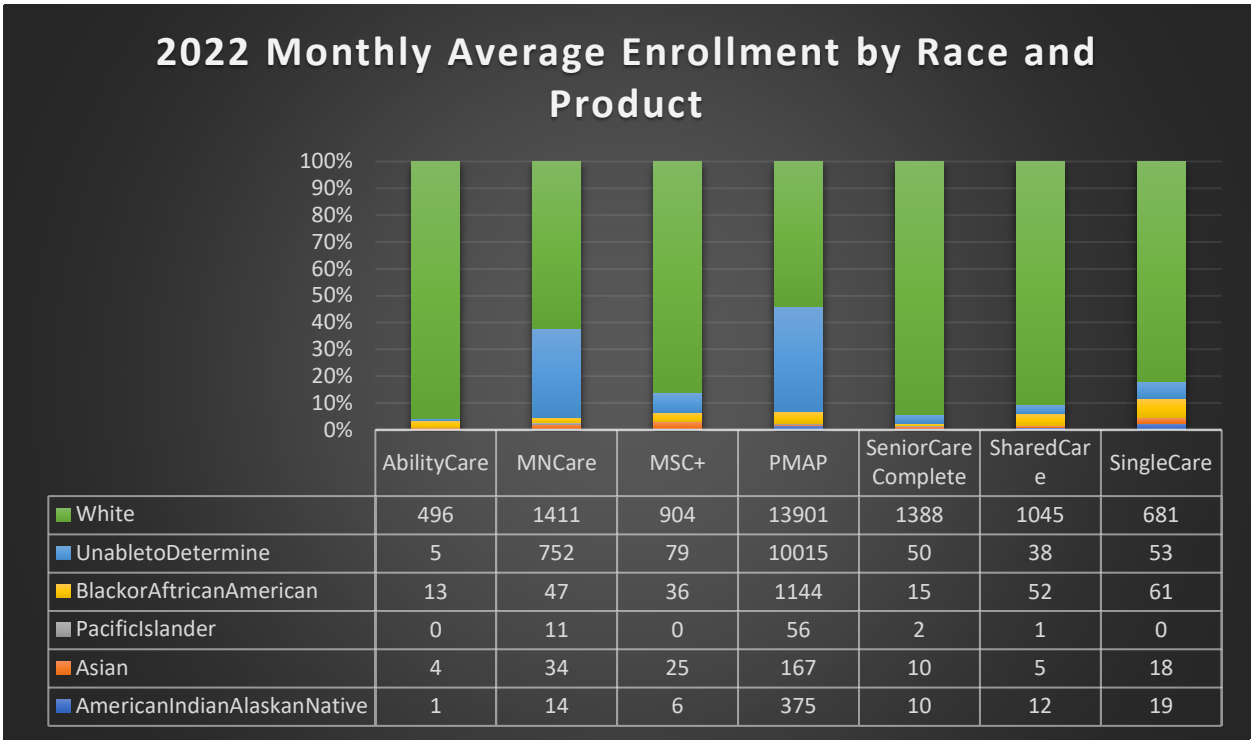
In addition, South Country has partnered with a local community partner, the HealthFinders Collaborative. We are working together with HealthFinders Collaborative to explore and understand any social inequities or health disadvantages for Somali and Hispanic individuals in Steele, Dodge and Waseca counties. Steele County has the largest Black or African American population out of all South Country's servicing counties. Moreover, this partnership looks for opportunities to collaborate on efforts to improve members' overall health and identifying ways to partner in community events to get more feedback to support further initiatives.

Collaboration work focuses on the following:

- To collaborate, communicate, and actively listen to the HealthFinders advocates.
- To review, analyze and discuss available data to investigate opportunities for improvement in health outcomes.
- To address, advocate and develop necessary system changes and interventions to reduce barriers for South Country members.
- To recommend changes or suggest improvements to South Country leadership to improve health equity for our members.

2022 Monthly Average Enrollment by Race and Product

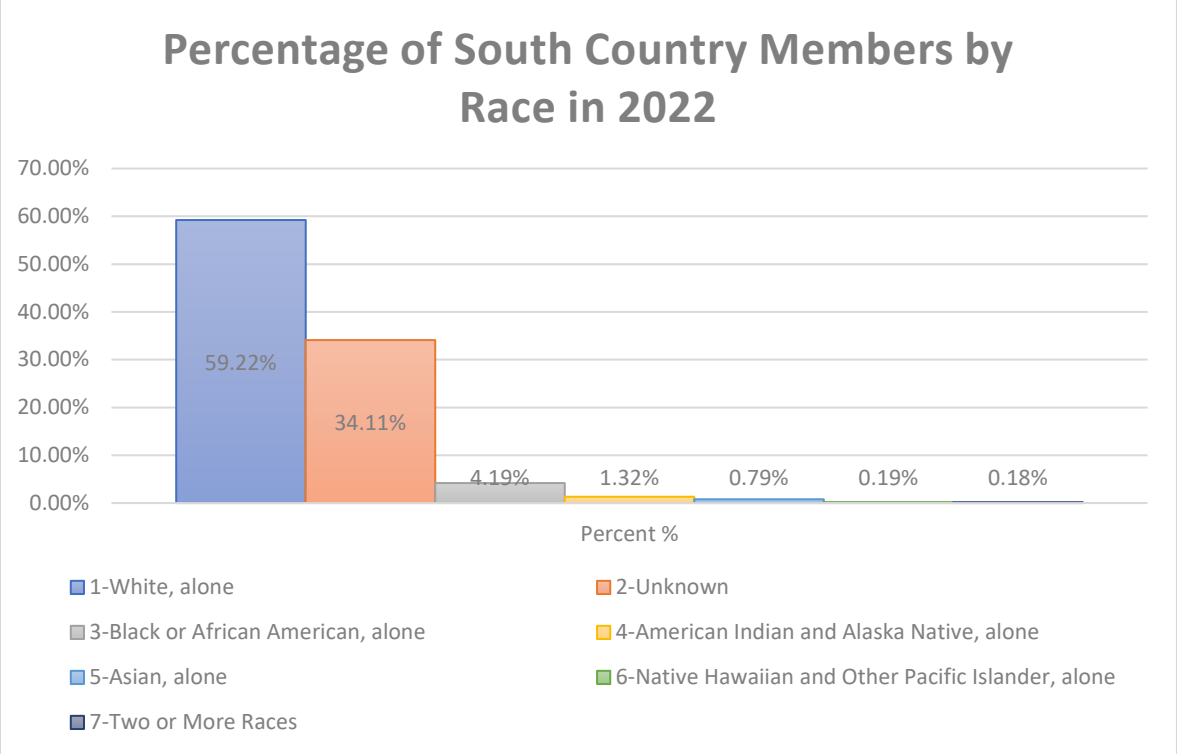
In 2022, the South Country monthly average enrollment by race and product shows many members in Medicaid products with a race that was "unable to determine."



	AbilityCare	MNCare	MSC+	PMAP	SeniorCare Complete	SharedCare	SingleCare
White	496	1411	904	13901	1388	1045	681
UnabletoDetermine	5	752	79	10015	50	38	53
BlackorAftricanAmerican	13	47	36	1144	15	52	61
PacificIslander	0	11	0	56	2	1	0
Asian	4	34	25	167	10	5	18
AmericanIndianAlaskanNative	1	14	6	375	10	12	19

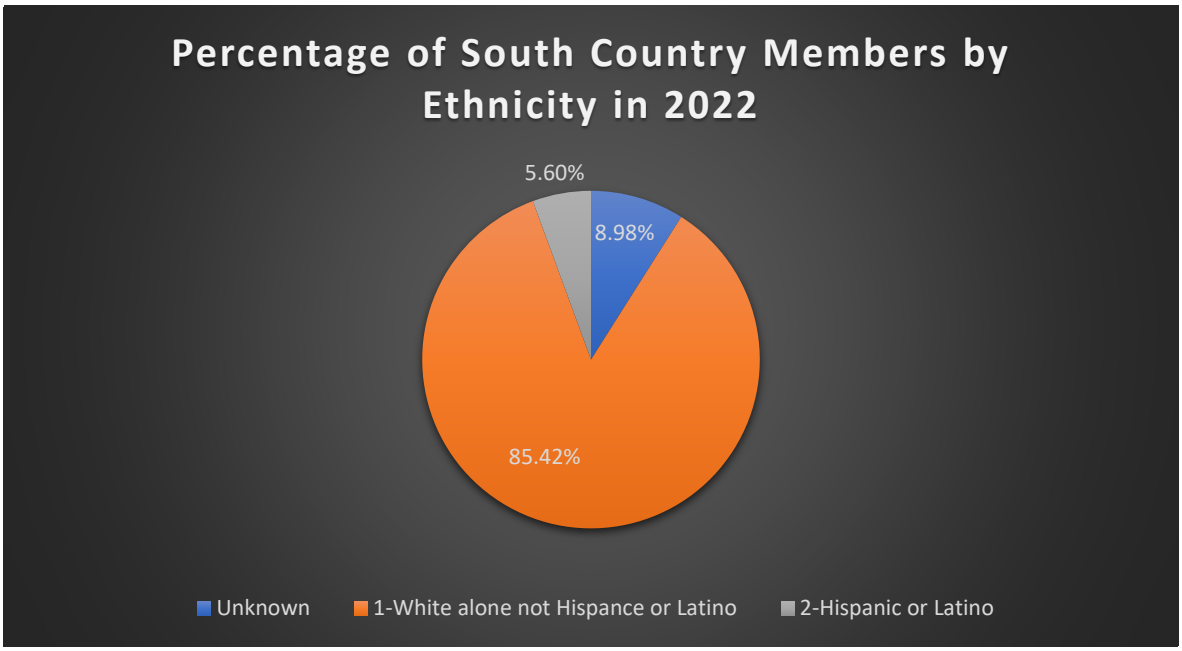
Percentage of South Country Members by Race in 2022

In 2022, the South Country percentage of members by race that has the largest percent reported was white followed by unknown, and then Black or African American.



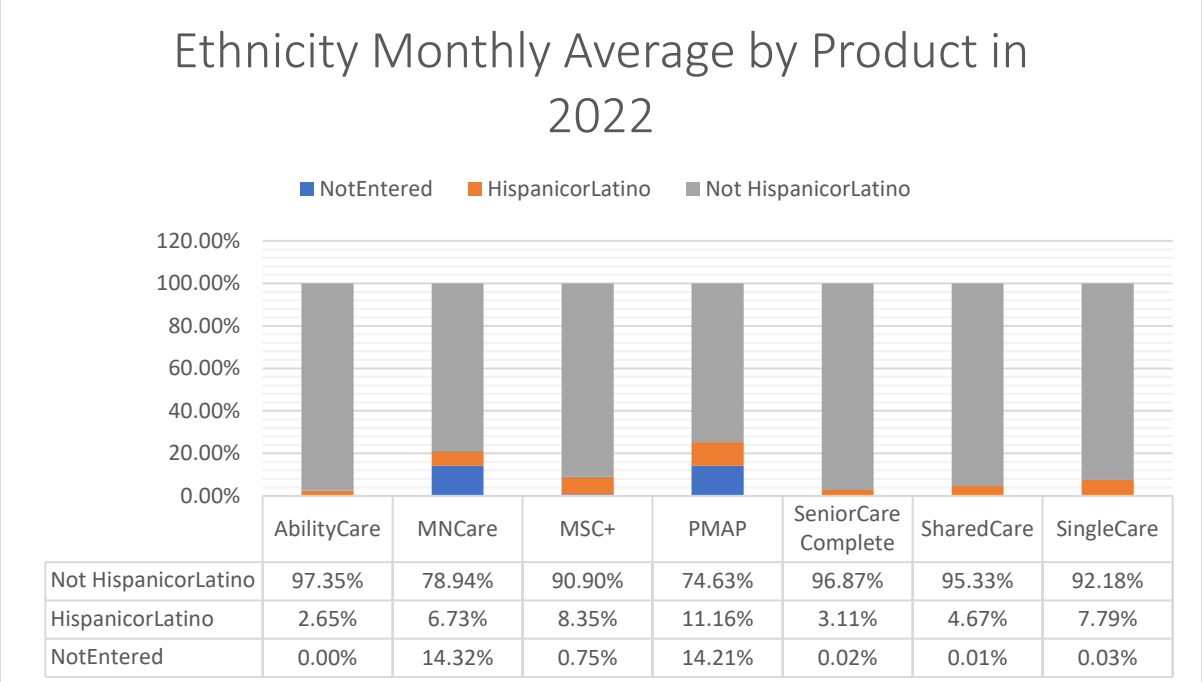
Percentage of South Country Members by Ethnicity in 2022

In 2022, South Country had a total of 85.42% of the overall population identifying as white alone/not Hispanic or Latino and 8.98% of population identifying as ethnicity unknown. A total of 5.6% of members report upon enrollment an ethnicity of Hispanic or Latino.



Ethnicity Monthly Average by Product in 2022

In 2022, South Country had a majority of not Hispanic or Latino for all product lines.



	AbilityCare	MNCare	MSC+	PMAP	SeniorCare Complete	SharedCare	SingleCare
Not HispanicorLatino	97.35%	78.94%	90.90%	74.63%	96.87%	95.33%	92.18%
HispanicorLatino	2.65%	6.73%	8.35%	11.16%	3.11%	4.67%	7.79%
NotEntered	0.00%	14.32%	0.75%	14.21%	0.02%	0.01%	0.03%

Cultural, Ethnic, Racial and Linguistic Needs

South Country is aware that barriers to health care exist for minority populations and has processes in place that assess the need for special initiatives or programs. We work to provide culturally competent care through interpreters, community health workers and active recruitment of local providers who can deliver services that are responsive to the health beliefs, practices, cultural and linguistic needs of diverse members. If a local provider is not contracted with South Country, we extend an offer to either join the network or agree to special contract arrangements to offer necessary services, such as case management, home care, primary care, specialty care and therapy. As a county-owned health plan, we have the advantage of working alongside our county partners in forming relationships with community-based organizations that support the unique cultural and socio-demographic needs of our minority populations, including migrant health centers, free clinics, and immigrant resource centers. Our community care connectors, as well as other public health and social services staff who work with our members on a frequent basis, are most familiar with local community resources and have contacts established with community leaders and agencies.

South Country works with members to connect them to health care providers who serve their specific racial, ethnic, or cultural needs, or if necessary, recruit's providers into the South Country network. South Country assists members who have special language or cultural needs to locate providers within their communities. Our provider directories and the primary care network listings show the non-English languages spoken at many primary care and specialty facilities. This provider information is readily available to South Country member services and county staff to assist members with finding these resources.

South Country's members, staff and county partners use our online provider search tool (https://mnscha.org/find-a-provider/) to identify facilities in their area where certain clinic or hospitals are available and can select a specific language spoken at facility.

Our interpreter vendor is called Cyracom, which offers interpreters for over 200 different languages to help communicate with non-English speaking members. We are able to provide telephonic and/or video interpreter services depending on technology access and the members' preference. This service is free of charge to the member. South Country provides the same telephonic interpreter service free of charge to county partners in social services and public health departments to assist them with member communication. South Country uses the Minnesota Relay Service to provide TTY, voice, ASCII, hearing carry over, and speech-to-speech relay for members with hearing impairment or other adaptive communication needs. For direct face-to-face clinic language needs, contracted interpreters are available in the communities served.

All South Country member materials contain the state of Minnesota's required "language block." The language block is a paragraph with a sentence repeated in 16 different languages that

instructs the reader to call a number listed at the top of the paragraph for free help in translating the document. The number shown atop the paragraph directs members to call the South Country member services toll-free number.

In accordance with federal and state requirements, South Country translates member materials when the number of persons eligible to be served who speak a language other than English reaches five percent (5%). At this time, none of South Country's non-English speaking populations have reached that threshold. However, South Country is increasing the number of member materials in other languages, primarily Spanish & Somali.

Language Description	2022 Member Count	2022 Member's Reported Language
AMERICAN SIGN LANGUAGE	8	0.02%
AMHARIC	1	0.00%
ARABIC	3	0.01%
CANTONESE	1	0.00%
ENGLISH	29439	79.71%
FRENCH	2	0.01%
HMONG	18	0.05%
KAREN	30	0.08%
KHMER	1	0.00%
KOREAN	1	0.00%
LAOSIAN	5	0.01%
MANDARIN	11	0.03%
OTHER	34	0.09%
RUSSIAN	10	0.03%
SERBO-CROATION	1	0.00%
SOMALIAN	183	0.50%
SPANISH	627	1.70%

UNKNOWN	6542	17.71%
VIETNAMESE	14	0.04%

Next Steps

South Country will continue to monitor enrollment data, reporting statistics and trends to the Joint Powers Board, Quality Assurance Committee, and county public health and human service directors throughout the year.

Member Satisfaction & Experience

South Country uses the results of multiple surveys to directly assess member satisfaction and experience with us as their health plan, their health care providers and the health care services they receive. This process provides valuable insight into how we are meeting the needs of our members and where there are opportunities for improvement.

Surveys used in 2022 included a Care Coordination Satisfaction Survey, Home Care Satisfaction Survey, Health Promotion Survey, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey, and the Health Outcomes Survey (HOS), mid-year satisfaction survey, and member services survey. Results of these surveys provide insight into members' experiences and identify opportunities to better meet members' expectations and needs. Results of the surveys are included within different sections throughout the annual quality evaluation.

Customer Service/Member Services

Description and Process

South Country's member services team works to accomplish our mission to empower and engage our members to be as healthy as they can be. A member services specialist is often a member's first point of contact with South Country. To make a great first impression and to ensure members continue to reach out when needed, each specialist strives to treat members with the utmost respect and to communicate openly and honestly to meet their expectations. We aim to answer every question with one contact in a timely manner. When needed, member services utilize an interpreter vendor for other languages, which allows us to meet each member's individual needs. To ensure we are meeting our goal of member satisfaction, South Country continues to request members to complete a member services follow-up survey. The first year that surveys were mailed to members was 2022. Member responses provide valuable member feedback regarding the performance of our member services specialists. The member services manager continues to monitor incoming calls for quality and efficiency. And call center statistics are reviewed daily against the requirements set forth by the Centers for Medicare and Medicaid Services (CMS) of 80% of calls answered within 30 seconds and an abandoned call rate of 5% or less.

Analysis

Call center data is presented to the Quality Assurance Committee on a quarterly basis. In 2022, member services handled an average of 2,632 calls per month. This is an 8.07% decrease from 2021. The decrease may be attributed to stabilization of health care access during the COVID-19 pandemic as well as fewer pandemic-related questions in 2022. The call center experienced multiple unexpected staffing issues throughout 2022 and fell short of meeting the call center metric of 80% of calls answered within 30 seconds. Instead, 78.71% of calls were answered in less than 30 seconds. However, only 3.17% of calls were abandoned, which meets the goal metric.

Table 1

Call Center Three-Year Trend			
Year	**2020**	**2021**	**2022**
Average Calls/Month	2452	2863	2632
% Calls Answered Within 30 Seconds	86.03%	79.92%	78.71%
Abandoned Call %	2.46%	3.02%	3.17%

South Country's member services team follow-up call survey continues to provide valuable feedback. Each month, 15% of de-duplicated member callers from the previous month are sent the survey. The current return rate is 18%. The results of the returned survey responses are depicted in Table 2. We were able to make improvements from 2021 on the question: Was the member services specialist able to answer your questions in one call? While there is still a higher percentage where a single-call resolution did not occur, this can be attributed to staff turnover and 60% of the member services team having less than one year in their roles. We expect this question to continue to improve during 2023.

Table 2

2022 Responses for Member Services Follow Up Survey		
Member Services Specialist Performance	**Yes**	**No**
Did the Member Services Specialist greet you with their name?	452/466 **96.99%**	14/466 **3.00%**
Was the Member Services Specialist able to answer your questions in one call?	421/462 **91.12%**	41/462 **8.87%**
Did the Member Services Specialist ask if you had any other questions?	446/466 **95.70%**	20/466 **4.29%**
Did the Member Services Specialist treat you with respect and dignity?	454/465 **97.63%**	11/465 **2.36%**
Did the Member Services Specialist listen to your needs?	455/465 **97.84%**	10/465 **2.15%**
Did the Member Services Specialist provide you with resources or information that was helpful?	426/460 **92.60%**	34/460 **7.39%**

In 2022, South Country purchased ServiceSkills to provide customer service and soft skills trainings to the member services team. ServiceSkills has over 200 courses on a variety of topics including: customer service basics, neurodiversity, dealing with an irate customer and problem solving. This web-based educational platform allows the member services manager to work with each specialist to customize their experience. Together they choose courses to focus on areas in need of improvement and to build upon areas of strength.

Next Steps

- Continue to review and analyze member services post-call survey results in 2023.
- Present results to the member services team, provide training and make improvements where needed.
- Continue to conduct monthly one-on-one quality reviews with each member services specialist and focus on individual improvement.
- Continue team training opportunities with ServiceSkills.

- Meet the call center metrics goal of 80% of calls answered within 30 seconds and less than 5% abandoned calls.

Member Satisfaction Survey

Description and Process

Annually, South Country formally evaluates member satisfaction with care coordination services and with South Country as their health plan by obtaining feedback from members through a mailed survey. Members included in the survey are enrolled in SeniorCare Complete (MSHO), MSC+, AbilityCare (SNBC dual-integrated), and SingleCare/SharedCare (Medicaid only-SNBC) for 2022.

South Country uses results from the Care Coordination Satisfaction Survey to analyze the effectiveness of care coordination and health plan services and identify opportunities for improvement.

Process

A random sample of members was selected using a statistically valid sampling process that considered the following factors: population size, confidence interval and confidence level. Surveys were mailed to members who reside within all nine counties that South Country served in 2022. The survey included a cover letter that listed the respective member's care coordinator, to help identify for the member whose services South Country would like evaluated. All member surveys were mailed out to members on Nov. 18, 2022, with a return date of Nov. 22, 2022. South Country accepted survey responses until Dec. 30, 2022.

The 2022 survey was divided into three sections. The first section focused on the evaluation of the care coordinator and the member's overall satisfaction with their care coordinator. Included in that section is a question as to whether the care coordinator recommended preventive services to the member. The second section of the survey included questions as to the various other services the member was receiving, such as hospital services, dental services, clinic services and member's overall rating of the health plan. The last section focused on social determinants of health, asking members to comment on different aspects of their life and how often they feel a certain way in response to the questions.

To ensure that all the responses were reviewed, all returned surveys were entered to see if any question received a response. For this reason, each question will have different response rates, but percentages will be based on all entered surveys.

Analysis

Our response rate across all products and the variation in products is slightly lower than would be expected, but overall understood based on the demographics in each group. Our SNBC members are generally less likely to complete the survey than our senior members and the survey responses demonstrate this. Below is the detail of our Medicare product member response rates for the past three years as well as our Medicaid product member response rates.

Medicare Care Coordination Satisfaction Survey Member Response Rates						
	2020		2021		2022	
Product	Returned / Sent	Response Rate	Returned / Sent	Response Rate	Returned / Sent	Response Rate
SeniorCare Complete (MSHO: Seniors)	142 / 308	**46%**	136 / 305	**45%**	122 / 301	**41%**
AbilityCare	65 / 220	**30%**	74 / 219	**34%**	65 / 216	**30%**
Medicare Overall Response Rate	**207 / 528**	**39%**	**210 / 524**	**40%**	**187 / 517**	**36%**

Medicaid Care Coordination Satisfaction Survey Member Response Rates						
	2020		2021		2022	
Product	Returned / Sent	Response Rate	Returned / Sent	Response Rate	Returned / Sent	Response Rate
MSC+	92 / 256	**36%**	*N/A*	*N/A*	68 / 270	**25%**
SingleCare	63 / 255	**25%**	*N/A*	*N/A*	51 / 245	**21%**
SharedCare	64 / 279	**23%**	*N/A*	*N/A*	50 / 275	**18%**
Medicaid Overall Response Rate	219 / 790	**28%**	*N/A*	*N/A*	169 / 790	**21%**

Our performance target for member satisfaction with South Country as their plan is 95%. Questions in the care coordinator performance domain directly correlate to the performance of the member's care coordinator. Overall, members responded positively with either an "Excellent," "Very Good," or "Good" rating related to the care coordination services they received. As noted in the chart below, South Country achieved its overall performance goal of 95% in all seven areas. We have met our performance target for the last few years.

2022 Care Coordination Satisfaction Member Survey Results						
Care Coordinator Performance	SeniorCare Complete	MSC+	AbilityCare	SingleCare	SharedCare	Overall
Treats me with respect and dignity	112 / 114 98%	63 / 64 98%	62 / 63 98%	50 / 50 100%	45 / 47 96%	**332 / 338** **98%**

2022 Care Coordination Satisfaction Member Survey Results						
Care Coordinator Performance	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare**	**SharedCare**	**Overall**
Listens to my wishes and needs	112 / 114 98%	62 / 64 97%	62 / 63 98%	48 / 50 96%	45 / 47 96%	**329 / 338** **97%**
Gives me choices concerning my health care, providers, and services	110 / 113 97%	60 / 63 95%	62 / 63 98%	47 / 50 94%	45 / 47 96%	**324 / 336** **96%**
Follows through on actions requested by me	112 / 112 100%	61 / 63 97%	62 / 63 98%	49 / 50 98%	45 / 47 96%	**329 / 335** **98%**
Answers my questions	110 / 112 98%	62 / 64 97%	62 / 63 98%	48 / 49 98%	45 / 47 96%	**329 / 335** **98%**
Provides a timely response to my calls	108 / 109 99%	59 / 61 97%	61 / 62 98%	49 / 50 98%	44 / 47 94%	**321 / 329** **98%**
Provides me resources that are helpful	108 / 111 97%	56 / 62 90%	62 / 63 98%	48 / 50 96%	44 / 47 94%	**318 / 333** **95%**


Care Cooordination Satisfaction Member Survey Results
100%
99%
98%
97%
96%
95%
97%
98%
97%
Listens to my wishes and needs
2020 2021 2022


Care Cooordination Satisfaction Member Survey Results
100%
99%
98%
97%
96%
95%
94%
98%
97%
96%
Gives me choices concerning my health care, providers, and services
2020 2021 2022

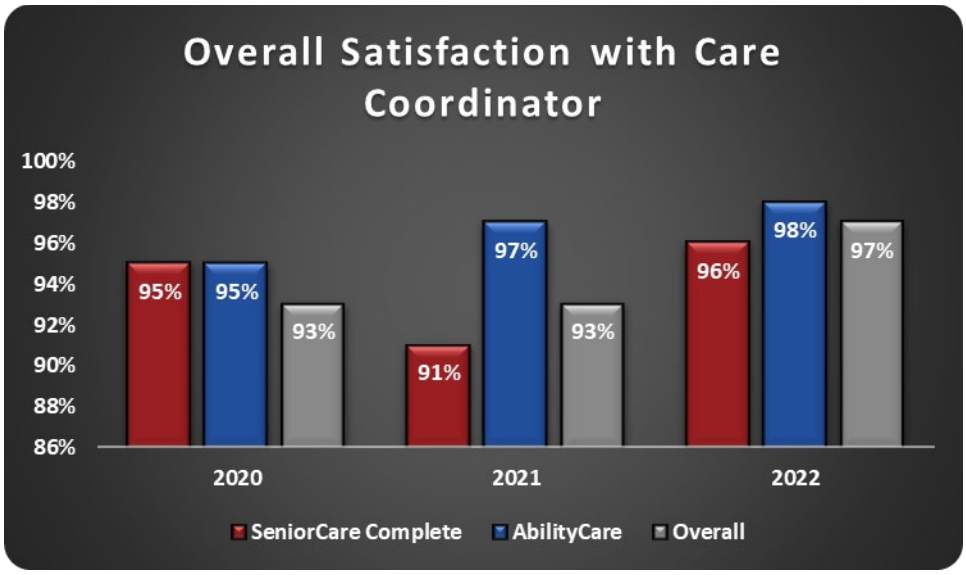

Care Cooordination Satisfaction Member Survey Results
100%
99%
98%
97%
96%
95%
94%
97%
96%
98%
Follows through on actions requested by me
2020 2021 2022

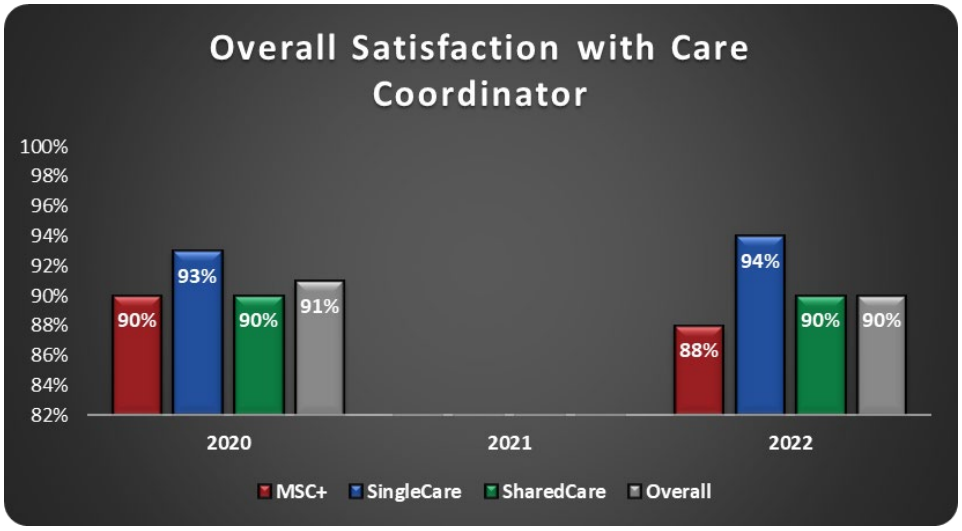
South Country asked members how often they talk to or see their care coordinator to get the frequency of member integration with care coordinators from the member perspective. Care coordinators are required to follow up with members at least every three months if they have an active care plan or annually if the member does not have an active care plan. Fifty-eight percent of the members shared that they talk with or see their care coordinators every three months or more frequently. Forty-four percent shared they talk or see their care coordinator at least annually or every six months.

Care Coordination Satisfaction Member Survey Results *How often do you talk or see your care coordinator?*						
	Weekly	**Monthly**	**Every Other Month**	**Every Three Months**	**Every Six Months**	**Yearly**
SeniorCare Complete	4 / 107 4%	19 / 107 18%	14 / 107 13%	27 / 107 25%	15 / 107 26%	15 / 107 14%
MSC+	2 / 59 3%	5 / 59 8%	6 / 59 10%	17 / 59 29%	16/ 59 27%	13/ 59 22%
AbilityCare	1 / 62 2%	4 / 62 3%	14 / 62 23%	19 / 62 31%	14 / 62 23%	10 / 62 16%
SingleCare	2 / 50 4%	4 / 50 8%	7 / 50 14%	17 / 50 34%	11 / 50 22%	9 / 50 18%
SharedCare	5 / 43	6 / 43	3 / 43	5 / 43	12 / 43	12 / 43
Overall	**14 / 321 4%**	**38 / 321 12%**	**44 / 321 14%**	**85 / 321 26%**	**81 / 321 25%**	**59 / 321 18%**

Members were asked about their overall satisfaction with their care coordinator. The table below shows the product breakdown for members who stated they were “Satisfied” or “Very Satisfied” with their care coordinator. Our satisfaction rate for our SeniorCare Complete and AbilityCare members remained the same at 91% and 97% respectively. Overall satisfaction increased by 1% from 93% to 94% with the inclusion of all products in 2022.

2022 Care Coordination Satisfaction Member Survey Results						
Care Coordinator Performance	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare**	**SharedCare**	**Overall**
Overall Satisfaction with Care Coordinator	110 / 114 96%	56 / 64 88%	62 / 63 96%	47 / 50 94%	43 / 48 90%	**318 / 339 94%**





One question was asked to learn whether members felt that they were educated and encouraged by their care coordinator to complete a preventive service. When asked whether their care coordinator recommended preventive services, the majority of members surveyed provided a “Yes” response. The percentage of “Yes” responses decreased by 4% (88% in 2020, to 88% in 2021, to 84% in 2022). South Country will continue to work with care coordinators to improve this percentage.

Does your Care Coordinator recommend preventive services?						
Response	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare**	**SharedCare**	**Overall**
Yes	96 / 111 86%	54 / 63 86%	54 / 63 86%	39 / 47 83%	34 / 45 76%	**277 / 329** **84%**
No	15 / 111 14%	9 / 63 14%	9 / 63 14%	8 / 47 17%	11 / 45 24%	**52 / 329** **16%**

The next set of survey responses were related to how members feel about health care services received from South Country.

Eighty-one percent of members responded that that their overall satisfaction with South Country was "Excellent" or "Very Good." The 2021 overall member satisfaction rate was 82%, and the 2020 overall member satisfaction rate was 89%. There has been a decrease over the past two years. The percentage of members who responded with the neutral "Good" was 18% in 2020, but it decreased by 2% in 2021 to 16% (only SeniorCare Complete and AbilityCare members were surveyed) and decreased by 1% in 2022 to 15%.

2022 Overall Member Satisfaction with South Country						
Response	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare**	**SharedCare**	**Overall**
Excellent	55 / 117 47%	24 / 60 40%	34 / 63 54%	18 / 50 36%	17 / 46 37%	**148 / 336** **44%**
Very Good	40 / 117 34%	27 / 60 45%	20 / 63 38%	18 / 50 38%	18 / 46 39%	**124 / 336** **37%**
Good	18 / 117 15%	8 / 60 13%	6 / 63 10%	10 / 50 20%	10 / 46 22%	**52 / 336** **15%**
Fair	4 / 117 3%	0 / 60 0%	3 / 63 5%	3 / 50 6%	1 / 46 2%	**11 / 336** **3%**
Poor	0 / 117 0%	1 / 60 2%	0 / 63 0%	0 / 50 0%	0 / 46 0%	**1 / 336** **0%**

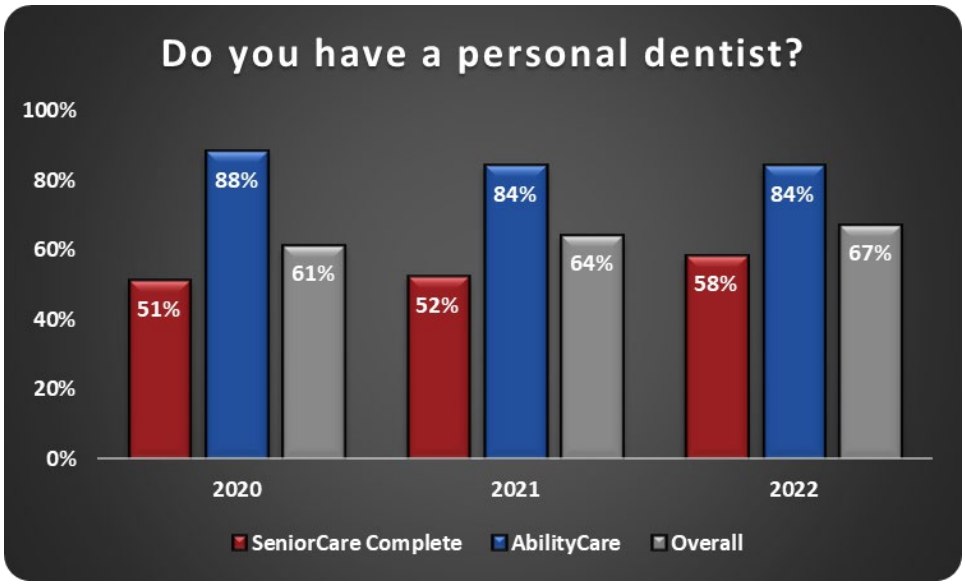
The next group of questions were regarding how satisfied members are with specific services: dental, pharmacy, clinical services including their personal doctor, mental health services, and hospital services. South Country has worked over the years to increase access to dental services for our members, but this remains a statewide issue with limited providers willing to see Medicaid members. South Country has an increased payment set up for dental providers within our servicing counties. We also have dental care coordination services through Delta Dental of Minnesota. This team specifically helps to connect members to dental services when barriers are identified. South Country has also increased our focus area on the importance of mental health services and our behavioral health professionals are working on different initiatives to improve member access in this area. However, dental services and mental health services are once again the lowest percentage and decreased from the previous year. Hospital services satisfaction was the only area that saw an increase in percentage overall from last year's results.

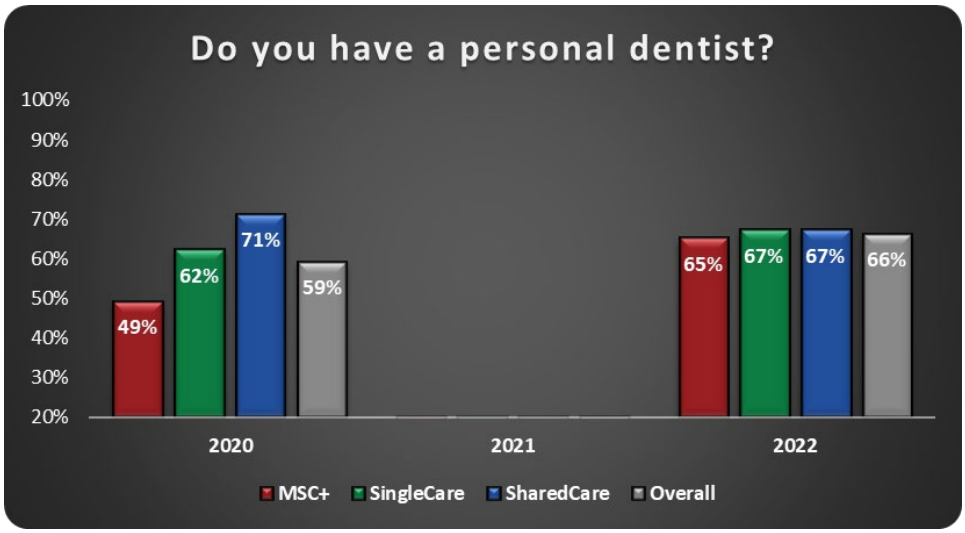
The table below reflects member satisfaction with services responses and includes the "Very Satisfied" and "Satisfied" responses as positive responses. If a member did not respond to the question or marked N/A as they did not use the service, the response was not counted in the below table.

Member Satisfaction with Services Survey Results						
Service Type	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare**	**SharedCare**	**Overall**
Dental services	70 / 106 66%	44 / 61 72%	50 / 62 81%	35 / 50 70%	32 / 49 65%	**231 / 328** **70%**
Pharmacy services	101 / 115 88%	58 / 63 92%	55 / 62 89%	46 / 50 92%	45 / 49 92%	**305 / 339** **90%**
Clinic Services (including their personal doctor)	108 / 117 92%	59 / 64 92%	55 / 63 87%	42 / 50 84%	41 / 48 85%	**305 / 342** **89%**
Mental health services	42 / 102 41%	42 / 56 75%	46 / 57 81%	33 / 48 69%	36 / 45 80%	**199 / 308** **65%**
Hospital services	92 / 110 84%	49 / 60 82%	47 / 61 77%	41 / 48 85%	41 / 48 85%	**270 / 327** **83%**

The next two questions in the survey were regarding having a personal dentist and going to the dentist during the past year. The data shows that more AbilityCare members say they have a personal dentist than all other products. SeniorCare Complete members had an increase of 6% of members who replied "Yes" to having a personal dentist and AbilityCare remained the same. This resulted in an overall increase of 3% from last year to this year for Medicare members.

Do you have a personal dentist?						
Response	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare**	**SharedCare**	**Overall**
Yes	68 / 117 58%	40 / 62 65%	54 / 64 84%	33 / 49 67%	33 / 49 67%	**228 / 341** **67%**
No	49 / 117 42%	22 / 62 35%	10 / 64 16%	16 / 49 33%	16 / 49 33%	**113 / 341** **33%**





In the past year, Did your care coordinator talk to you about seeing a dentist?						
Response	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare**	**SharedCare**	**Overall**
Yes	56 / 112 50%	33 / 61 54%	52 / 63 83%	30 / 50 60%	27 / 47 57%	**198 / 333** **59%**
No	56 / 112 50%	28 / 61 46%	11 / 63 17%	20 / 50 40%	20 / 47 43%	**135 / 333** **41%**

Social Determinants of Health

The last section on the survey were questions regarding social determinants of health:

- How often do you feel that you lack companionship?
- How often do you feel left out?
- How often do you feel isolated from others?
- Are you worried that in the next two months you may not have stable housing?
- In the past year, have you or your family members had difficulty getting food?
- In the past year, have you or your family members had difficulty getting utilities paid?
- In the past year, have you or your family members had difficulty getting clothing?

Members could respond with hardly ever, some of the time, or often.

Social Determinants of Health All SeniorCare Complete and AbilityCare Members						
Question	**Hardly Ever**		**Some of the Time**		**Often**	
How often do you feel that you lack companionship?	88 / 161	**55%**	56/ 161	**35%**	17 / 161	**11%**
How often do you feel left out?	97 / 161	**60%**	52 / 161	**32%**	12 / 161	**7%**
How often do you feel isolated from others?	106 / 161	**66%**	36 / 161	**22%**	19 / 161	**12%**
Are you worried that in the next two months you may not have stable housing?	143 / 160	**89%**	14 / 160	**9%**	3 / 160	**2%**
In the past year, have you or your family members had difficulty getting food?	142 / 159	**89%**	14 / 159	**9%**	3 / 159	**2%**
In the past year, have you or your family members had difficulty getting utilities paid?	140 / 158	**89%**	15 / 158	**9%**	3 / 158	**2%**

Social Determinants of Health All SeniorCare Complete and AbilityCare Members						
Question	**Hardly Ever**		**Some of the Time**		**Often**	
In the past year, have you or your family members had difficulty getting clothing?	139 / 157	**89%**	13 / 157	**8%**	6 / 157	**4%**

Social Determinants of Health All MSC+, SingleCare, and Shared Care Members						
Question	**Hardly Ever**		**Some of the Time**		**Often**	
How often do you feel that you lack companionship?	106 / 201	**53%**	73 / 201	**36%**	22 / 201	**11%**
How often do you feel left out?	126 / 201	**63%**	50 / 201	**25%**	25 / 201	**12%**
How often do you feel isolated from others?	132 / 199	**66%**	44 / 199	**22%**	23 / 199	**12%**
Are you worried that in the next two months you may not have stable housing?	174 / 198	**88%**	20 / 198	**10%**	4 / 198	**2%**
In the past year, have you or your family members had difficulty getting food?	182 / 198	**92%**	12 / 198	**6%**	4 / 198	**2%**
In the past year, have you or your family members had difficulty getting utilities paid?	186 / 198	**94%**	11 / 198	**6%**	1 / 198	**1%**
In the past year, have you or your family members had difficulty getting clothing?	182 / 195	**93%**	9 / 195	**5%**	4 / 195	**2%**

Next Steps

South Country has demonstrated improvement in many member-reported areas. We will continue to focus on the responsiveness of care coordinators to members and the importance of preventive services. Some interventions South Country will work on are:

- We will review the survey responses with the care coordination supervisors and discuss ways to impact improvement in responsiveness to members as well as the importance of preventive services.
- We will provide training to new and current care coordinators as needed throughout the year to ensure they understand South Country's care coordination model and the importance of following up with members and preventive services.
- We will monitor the decrease in member overall satisfaction with the next survey to determine if a deeper dive is warranted.
- We will continue educating about the importance of dental care.
- We will continue educating about the importance of mental health care.

Consumer Assessment of Healthcare Providers Survey (CAHPS)

Description and Process

The Consumer Assessment of Healthcare Providers Survey (CAHPS) is conducted annually by the Minnesota Department of Human Services (DHS) through a contract with the Health Services Advisory Group (HSAG) evaluating the quality of health care services provided to adult managed care and fee-for-service members to measure members' satisfaction with plan performance, quality of care and overall satisfaction with medical providers and the health plan.

The 2022 surveys were completed from January through March 2022 and asked members about their experiences with their managed care organization (MCO) in the last six months. Some MCO data was combined with the South Country Health Alliance data to meet the sample size for each MCO proportional to the combined population to reach the sample size of 1,350.

The Health Services Advisory Group (HSAG) evaluated both the Managed Care Organization (MCO) Program data and the Minnesota Health Care Program (MHCP) data for calculations. For each measure, the MCO's individual results were compared to the total MCO Program average to determine if the individual program results were significantly different than the total MCO Program average. Results of the programs were compared to the total MCO Program results.

The 2022 DHS survey of South Country members are in the following programs: Families and Children-Medical Assistance (F&C-MA), MinnesotaCare, MSC+ and Special Needs Basic Care (SNBC).

MinnesotaCare program members were combined for Hennepin Health (HH), Itasca Medical Care (IMCare), PrimeWest (PW) and South Country Health Alliance (SCHA). Of those who responded, South Country members accounted for 31.3%.

MSC+ program members were combined for IMCare, PW and SCHA. Of those who responded, South Country members accounted for 37.5%

2022 Products	2022 Response Rate
PMAP	21.71%
MNCare *HH, IMCare, PW, & South Country Data Combined	29.15%
MSC+ *IMCare, PW, & South Country Data Combined	47.81%
SNBC	36.04%

*HH= Hennepin Health; IMCare= Itasca Medical Care; PW=PrimeWest Health System

Members were asked about their experiences in four global rating questions, four composite measures and one individual item measure for each program. Members were asked to rate their health plan on a scale of 0 to 10, with a 0 being the “worst health plan possible” and 10 being the “best health plan possible.”

Global Rating Questions

- Rating of health plan;
- Rating of all health care;
- Rating of personal doctor; and
- Rating of specialist seen most often.

Composite Measures

- Getting needed care;
- Getting care quickly;
- How well doctors communicate; and
- Customer service.

Individual Item Measures

- Coordination of care.

The tables below indicate improvement or decline in scores from 2020 to 2022. They also include South Country's performance relative to the entire program/product.

PMAP Summary

- Above the state average for rating of health plan, rating of specialist seen most often, getting needed care, getting care quickly and coordination of care.
- Below the state average for rating of all health care, rating of personal doctor, how well doctors communicate and customer service.

Global Ratings	2020	2021	2022	2021-2022Trend	2022 PMAP MN Program
Rating of Health Plan	56.7%	64.6%	62.1%	⬇	59.9%
Rating of All Health Care	53.5%	54.4%	43.2%	⬇	51.2%
Rating of Personal Doctor	76%	72%	67.7%	⬇	68.8%
Rating of Specialist Seen Most Often	64.9%	72.4%	65.4%	⬇	57.9%
Getting Needed Care	81.6%	83.9%	84.0%	⬆	79.0%
Getting Care Quickly	85.4%	88.6%	84.3%	⬇	82.4%
How Well Doctors Communicate	93.1%	93.7%	90.8%	⬇	95.0%
Customer Service	87.4%	92.2%	89.7%	⬇	90.9%
Coordination of Care	82%	92.8%	84.8%	⬇	81.8%

MinnesotaCare Summary

- Data was combined with Hennepin Health, Itasca Medical Care and PrimeWest Health due to the small sample size.
- Above the state average for rating of specialist seen most often, getting needed care, getting care quickly, coordination of care and customer service.
- Below the state average for how well doctors communicate, rating of health plan, rating of all health care and rating of personal doctor.

Global Ratings	2020	2021	2022	2021-2022Trend	2022 MNCare MN Program
Rating of Health Plan	47.8%	58.1%	58.1%	↑	60.8%
Rating of All Health Care	49%	61.7%	54.7%	↓	56.0%
Rating of Personal Doctor	70.1%	73.1%	71.1%	↓	71.8%
Rating of Specialist Seen Most Often	58.7%	71%	70.2%	↓	67.5%
Getting Needed Care	84.6%	90.2%	83.9%	↓	82.3%
Getting Care Quickly	88.5%	87.3%	83.4%	↓	81.8%
How Well Doctors Communicate	97%	98.2%	94.1%	↓	95.6%
Customer Service	86.8%	93.3%	95.1%	↑	88.4%
Coordination of Care	83.1%	89.5%	92.5%	↑	83.3%

MSC+ Summary

- Data was combined with Itasca Medical Care and PrimeWest Health due to the small sample size.
- Above the state average for rating of health plan, rating of all health care, rating of specialist seen most often, getting needed care, getting care quickly, how well doctors communicate, customer service and coordination of care.
- Below the state average for rating of personal doctor.

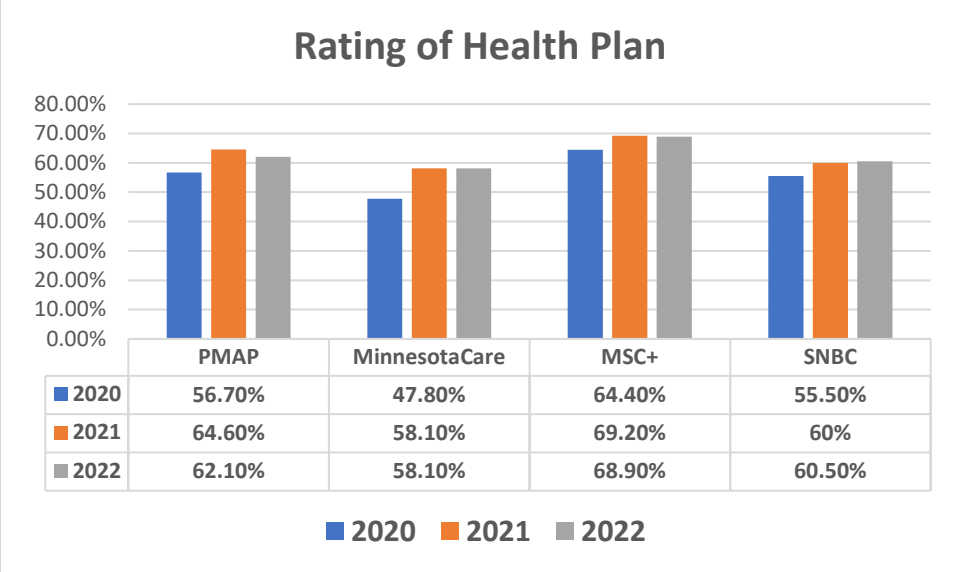
Global Ratings	2020	2021	2022	2020-2021Trend	2022 MSC+ MN Program
Rating of Health Plan	64.4%	69.2%	68.9%	↓	64.1%
Rating of All Health Care	57.7%	69.6%	67.3%	↓	60.5%
Rating of Personal Doctor	72%	76.1%	74.3%	↓	74.6%
Rating of Specialist Seen Most Often	72.2%	77.5%	76.7%	↓	67.1%
Getting Needed Care	87.9%	90.9%	88.7%	↓	84.3%
Getting Care Quickly	87.7%	92.2%	90.8%	↓	86.2%
How Well Doctors Communicate	94.0%	94.9%	96.2%	↑	95.2%
Customer Service	91.4%	95.3%	93.7%	↓	91.3%
Coordination of Care	86.2%	92.4%	90.8%	↓	89.9%

SNBC Summary

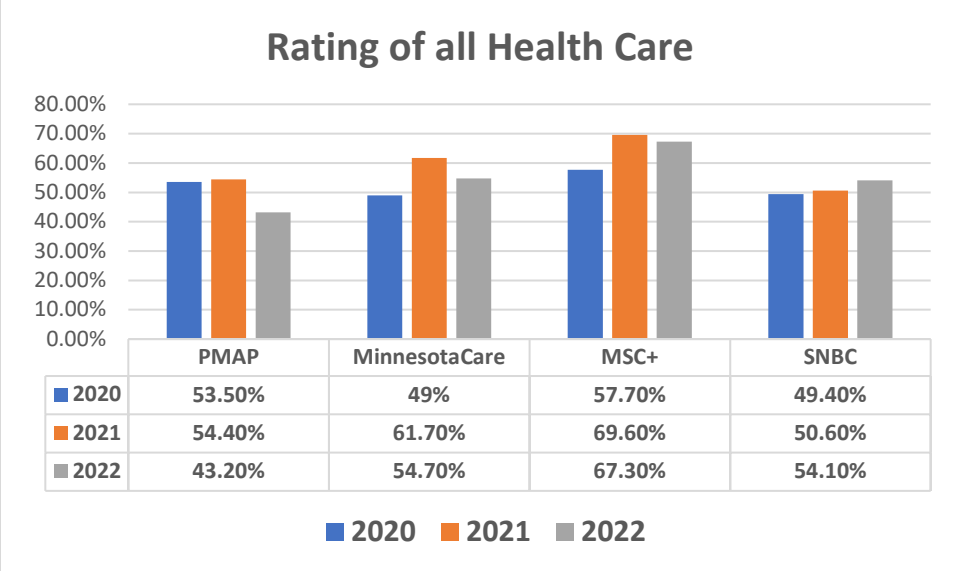
- Above the state average for rating of health plan, rating of all health care, getting care quickly, how well doctors communicate, customer service and coordination of care.
- Below the state average for rating of personal doctor, rating of specialist seen most often and getting needed care.

Global Ratings	2020	2021	2022	2020-2021Trend	2022 SNBC MN Program
Rating of Health Plan	55.5%	60.0%	60.5%	↑	58.2%
Rating of All Health Care	49.4%	50.6%	54.1%	↑	50.5%
Rating of Personal Doctor	70.3%	67.3%	69.9%	↑	72.4%
Rating of Specialist Seen Most Often	68%	72.7%	66.7%	↓	67.5%
Getting Needed Care	82.5%	88.7%	82.1%	↓	83.3%
Getting Care Quickly	87%	86.1%	84.7%	↓	80.7%
How Well Doctors Communicate	92.6%	94.8%	94.1%	↓	92.9%
Customer Service	90.2%%	93.7%	89.2%	↓	88.6%
Coordination of Care	91.7%	85%	87.7%	↑	85.7%

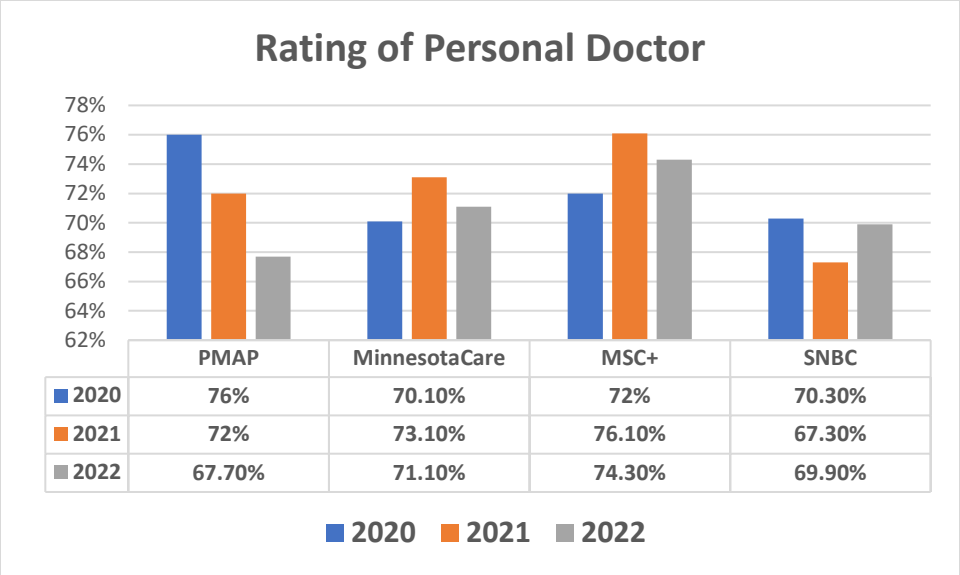
2020-2022 CAHPS Trending Data



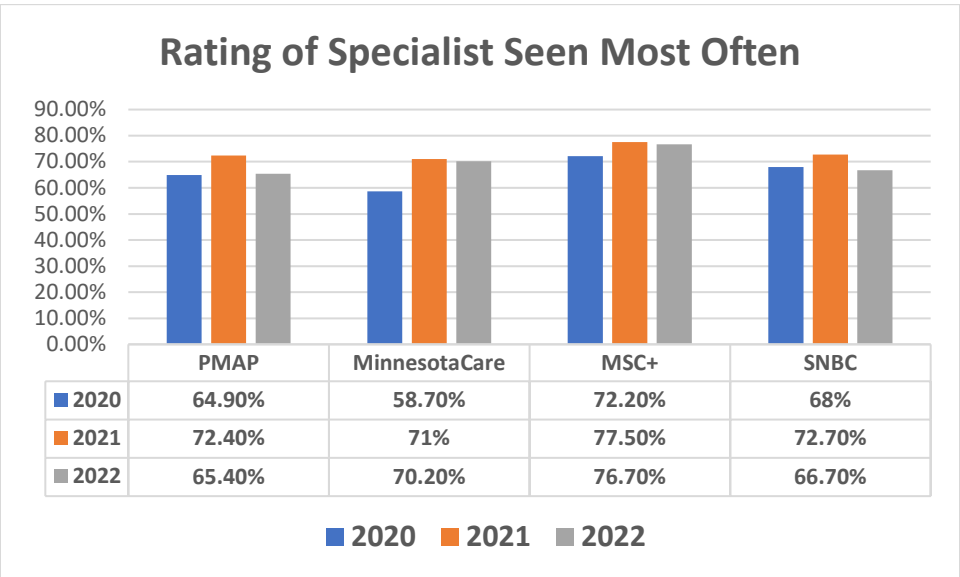
	PMAP	MinnesotaCare	MSC+	SNBC
2020	56.70%	47.80%	64.40%	55.50%
2021	64.60%	58.10%	69.20%	60%
2022	62.10%	58.10%	68.90%	60.50%



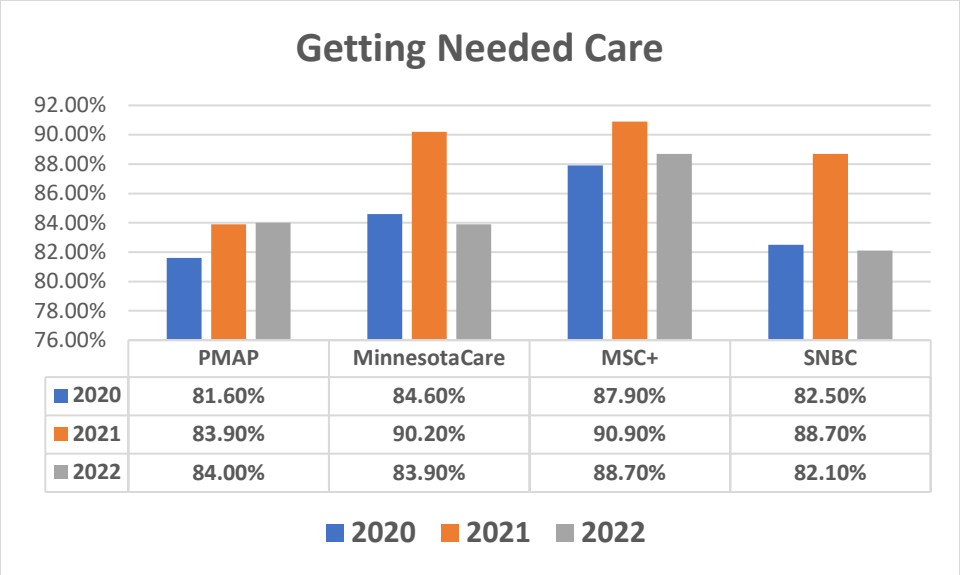
	PMAP	MinnesotaCare	MSC+	SNBC
2020	53.50%	49%	57.70%	49.40%
2021	54.40%	61.70%	69.60%	50.60%
2022	43.20%	54.70%	67.30%	54.10%



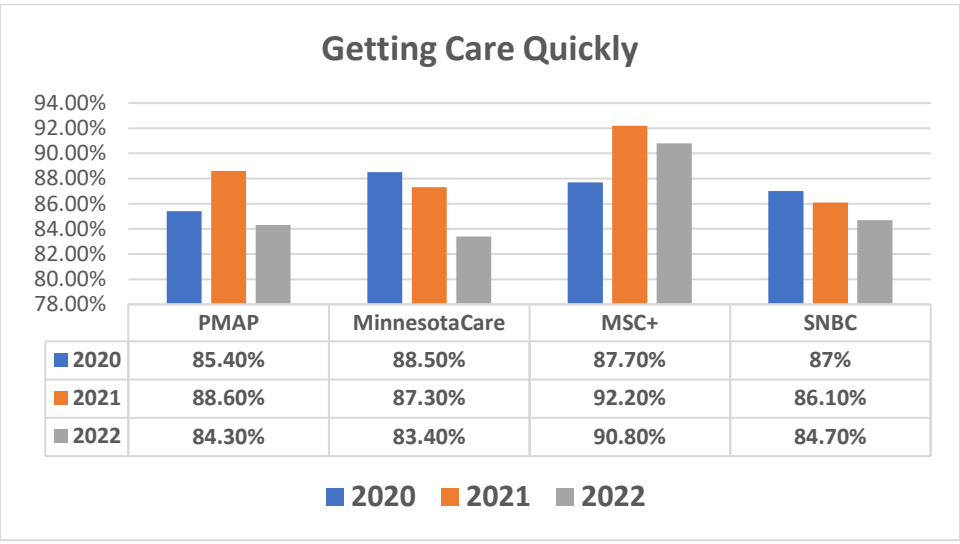
	PMAP	MinnesotaCare	MSC+	SNBC
2020	76%	70.10%	72%	70.30%
2021	72%	73.10%	76.10%	67.30%
2022	67.70%	71.10%	74.30%	69.90%



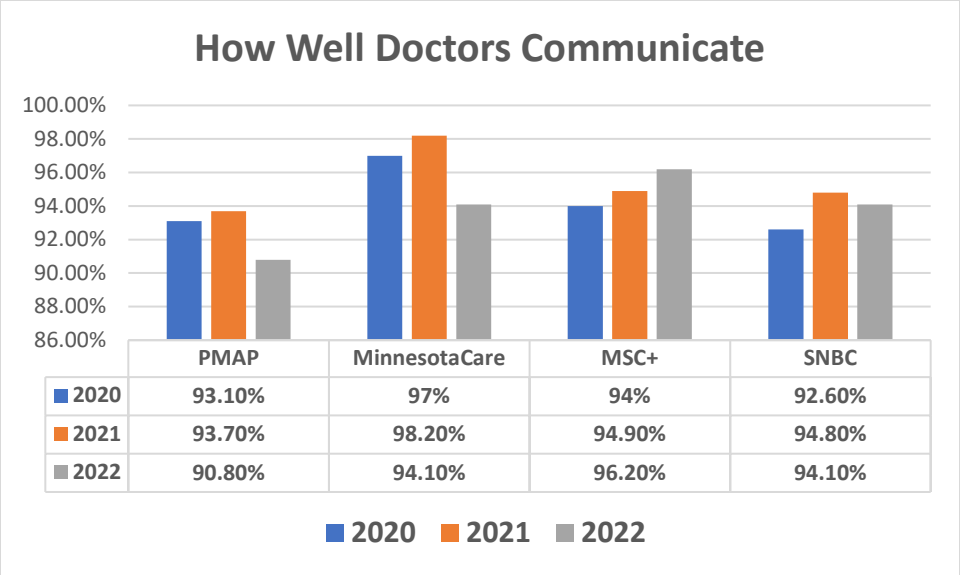
	PMAP	MinnesotaCare	MSC+	SNBC
2020	64.90%	58.70%	72.20%	68%
2021	72.40%	71%	77.50%	72.70%
2022	65.40%	70.20%	76.70%	66.70%



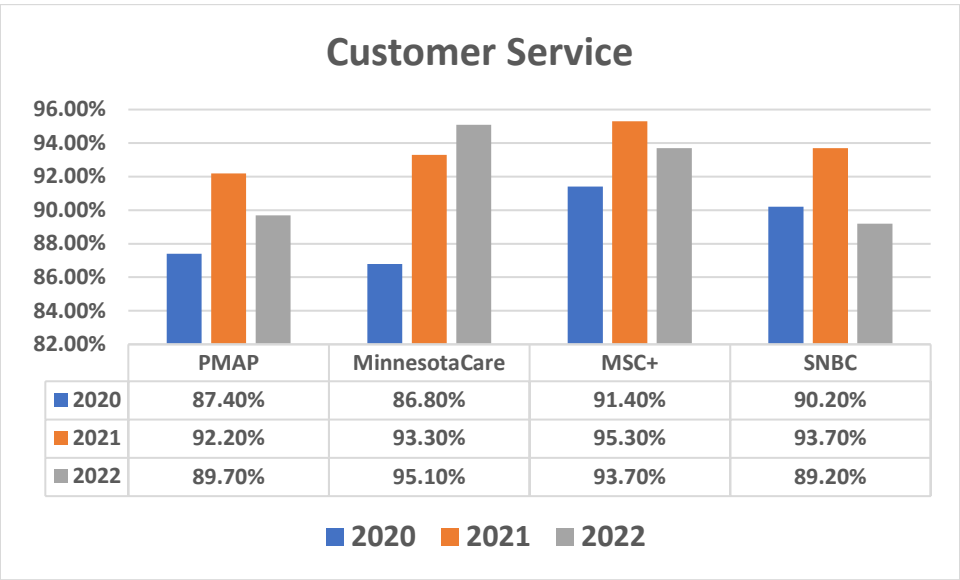
	PMAP	MinnesotaCare	MSC+	SNBC
2020	81.60%	84.60%	87.90%	82.50%
2021	83.90%	90.20%	90.90%	88.70%
2022	84.00%	83.90%	88.70%	82.10%



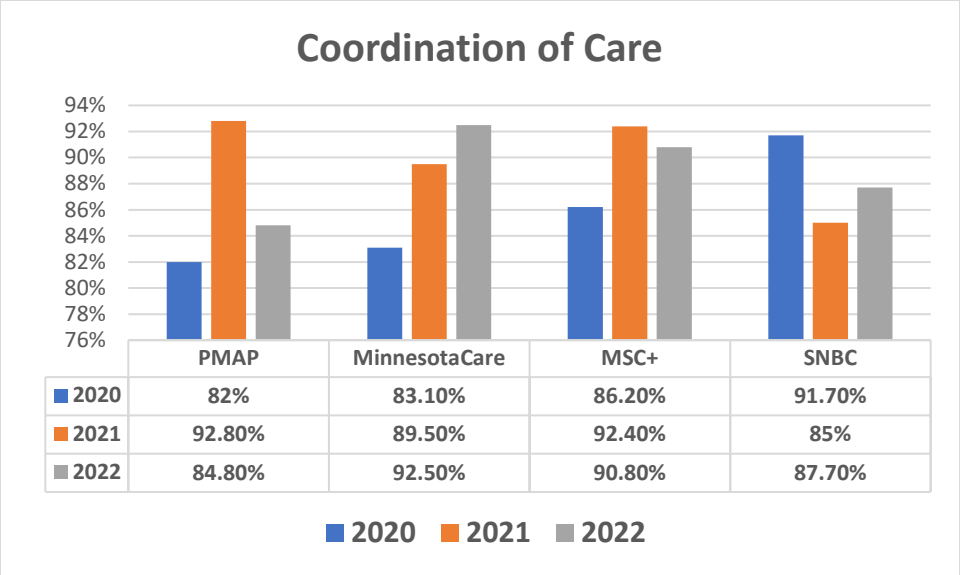
	PMAP	MinnesotaCare	MSC+	SNBC
2020	85.40%	88.50%	87.70%	87%
2021	88.60%	87.30%	92.20%	86.10%
2022	84.30%	83.40%	90.80%	84.70%



	PMAP	MinnesotaCare	MSC+	SNBC
2020	93.10%	97%	94%	92.60%
2021	93.70%	98.20%	94.90%	94.80%
2022	90.80%	94.10%	96.20%	94.10%



	PMAP	MinnesotaCare	MSC+	SNBC
2020	87.40%	86.80%	91.40%	90.20%
2021	92.20%	93.30%	95.30%	93.70%
2022	89.70%	95.10%	93.70%	89.20%



	PMAP	MinnesotaCare	MSC+	SNBC
2020	82%	83.10%	86.20%	91.70%
2021	92.80%	89.50%	92.40%	85%
2022	84.80%	92.50%	90.80%	87.70%

Minnesota Programs CAHPS Scores Evaluated by Race and Ethnicity

PMAP

- Respondents who were White were statistically significantly less likely to get an interpreter when they needed one.
- Respondents who were Hispanic were statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were statistically significantly less likely to:
  - Get the after hours care they felt they needed.
  - Share the same race, ethnicity or language as their provider.
- Respondents who were Asian were statistically significantly less likely to:
  - Have a positive experience with their MCO and their health care.
  - Get their care quickly.
  - Share the same race, ethnicity or language as their provider.

MinnesotaCare

- Respondents who were Multi-Racial, White or in the “Remaining” category were statistically significantly less likely to get an interpreter when they needed one.
- Respondents who were Hispanic were statistically significantly less likely to share the same race, ethnicity or language as their provider.
- Respondents who were Black were:
  - Statistically significantly more likely to be told they showed up too late to an appointment to be seen.

    - Statistically significantly less likely to share the same race, ethnicity or language as their provider.
- Respondents who were Asian were statistically significantly less likely to:
    - Get the care they needed.
    - Get their care quickly.
    - Share the same race, ethnicity or language as their provider.

MSC+

- Respondents who were Multi-Racial were statistically significantly less likely to:
    - Have a positive experience with their specialist.
    - See a health provider the same day they made an appointment.
    - Get an interpreter when they needed one.
- Respondents who were White were statistically significantly less likely to:
    - See a health provider the same day they made an appointment.
    - Get an interpreter when they needed one.
- Respondents who were Hispanic were statistically significantly less likely to share the same race, ethnicity or language as their provider.
- Respondents who were Black were statistically significantly less likely to:
    - Get care after their doctor's office was closed.
    - Share the same race, ethnicity or language as their provider.
- Respondents who were Asian were statistically significantly less likely to:
    - Get the care they needed.
    - Share the same race, ethnicity or language as their provider.

SNBC

- Respondents who were Multi-Racial or White were statistically significantly less likely to get an interpreter when they needed one.
- Respondents who were Hispanic were statistically significantly less likely to share the same race, ethnicity or language as their provider.
- Respondents who were Black were statistically significantly more likely to be told they showed up too late to an appointment to be seen.
- Respondents who were Asian were statistically significantly less likely to:
    - Have a positive experience with their personal doctor.
    - Share the same race, ethnicity or language as their provider.
- Respondents who were in the "Remaining" race category were statistically significantly less likely to:
    - Get an interpreter when they needed one.
    - Share the same race, ethnicity or language as their provider.

CAHPS Survey Narrative Summary

Note to use caution when comparing 2021 and 2022 results to prior year's results as surveys may have been impacted by the COVID 19 pandemic, as well as members' perceptions of and experiences with the health care system.

Member satisfaction will continue to be assessed through multiple processes including Member Satisfaction and Effectiveness of Care Coordination surveys, Member Satisfaction of Home Care Services surveys, and quarterly reviews of both Grievance & Appeals and Customer Service Satisfaction. These surveys allow us to identify potential gaps in service delivery and member satisfaction to assess underlying factors, identify barriers and determine strategies for ensuring continued success in meeting the needs and expectations of our members. South Country continues to look at other ways to receive direct feedback from members and communities to support specific needs.

Next Steps

Results of the CAHPS surveys suggest that our members are satisfied with us as their health plan, the health care they receive and the provision of services by health care providers. South Country's leadership team and Quality Assurance Committee will review the CAHPS results for all products during the first quarter of 2023 and discuss strategy ideas to maintain and improve member satisfaction for 2023.

Also, South Country's leadership team and Quality Assurance Committee will continue to review survey results and strategies will be identified to improve member satisfaction for 2023. Strategies include continued improvement and implementation of focused marketing and education to new and current members along with promotion of overall population health initiatives to help members achieve their own level of wellbeing and success.

Grievances & Appeals Program

Description

South Country has a strong commitment to providing accessible, high-quality services to its members and believes that satisfactory and appropriate/fair resolution of member concerns is essential. A process that encourages members to express their concerns and exercise their rights provides a mechanism for identifying and tracking areas where quality assessment or improvement efforts might be focused. Such a process also provides opportunities to intervene in individual circumstances where quality is of concern.

South Country's member grievances and appeals (G/A) system is designed to comply with contractual and regulatory requirements. This system ensures member access to appeals, such as an internal health plan appeal, the state appeal process (also referred to as state fair hearing or Medicaid fair hearing), additional Medicare appeal levels and appeal reviews by the Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO) (the entity contracted with the Centers for Medicare & Medicaid Services (CMS) to handle certain appeals, like a fast appeal for discharge from skilled services). This system is also designed to receive, investigate, and monitor member complaints, including quality of care (QOC) type grievances in which a member may experience potential or actual harm.

Process

In 2022, dental grievances and appeals were processed by Delta Dental (South Country's delegated entity for dental services) and pharmacy appeals were processed by PerformRx (South Country's pharmacy benefit manager). All other member G/A requests were processed by South Country's internal G/A department. South Country maintains oversight of delegated G/A services, ensuring routine interaction, guidance, and training to delegated entities as needed. South Country's G/A manager meets quarterly with Delta Dental representatives to review quarterly G/A data, and to discuss other G/A topics, as necessary.

Member G/A requests may be submitted via multiple methods. Staff in the member services department, along with other South Country staff that might receive G/A requests, are trained to identify member grievances, and appeals, so such requests can be appropriately and timely routed to the G/A department for further intake and processing.

Member grievances and appeals are tracked and trended to identify opportunities for internal improvement, and any potential need for intervention regarding specific clinics, providers, or practitioners. PerformRx and Delta Dental provide a quarterly report to South Country, which

are reviewed by the G/A department and used for mandated reporting to regulatory agencies. South Country's Quality Assurance Committee receives quarterly updates regarding QOC grievances (which also includes Quality of Service (QOS) grievances), Provider QOC quarterly grievance reports, top appeal issues and top non-QOC grievance issues (including any identified trends, agency recommendations or follow-up, and process improvements).

CMS regulations provide additional guidance on QOC complaints for SeniorCare Complete and AbilityCare members, as they have access to an external quality improvement organization for filing and reviewing Medicare QOC grievances. The QOC process allows South Country to track specific complaints, assess trends and monitor that any recommended corrective action is implemented and effective in improving the identified problem. QOC grievances are reviewed by South Country's medical director and assigned a severity level, as outlined in the corresponding QOC policy. Any substantiated QOC grievance associated with a practitioner or provider is reported accordingly to the provider network department to assist with any necessary follow up, ongoing monitoring and trending of such provider issues. This data is also considered during the recredentialing process of the practitioner or provider. Disclosure of information related to QOC peer review processes and outcomes is dependent upon current law and policy.

Providers within South Country's network are expected to report member QOC grievances, which they directly receive and investigate on a quarterly basis. Minnesota Statute 62D.115, Subdivision 1, defines a QOC complaint as follows: An expressed dissatisfaction regarding health care services resulting in potential or actual harm to an enrollee. QOC complaints may include the following, to the extent that they affect the clinical quality of health care services rendered: access; provider and staff competence; clinical appropriateness of care; communications; behavior; facility and environmental considerations; and other factors that could impact the quality of health care services.

South Country's member services department uses a software system called CRM to document any member G/A request received by the member services specialist, which is automatically routed by CRM to the G/A department email inbox.

Grievances

Analysis

Medicaid-only grievances (excludes QOC/QOS grievances which are summarized separately)

There was a total of 61 cases for CY 2022 (11 of these were dental grievances), which is an increase from the previous year (in CY 2021, there were a total of 46 grievances (nine dental)).

This increase was felt to be due to multiple grievances (multiple grievances are multiple (separate) issues reported by the same member (i.e., the total number of cases was higher but the number of unique members was less than the total number of cases)) and increased member activity (usage of services and calls to member services) due to the lessening of COVID-19 pandemic restrictions.

The number of dental grievances increased slightly from the previous year (CY 2022=11; CY 2021=9; CY 2020=4) but remained low and steady when factoring in "multiple grievances" and unique members (CY 2022=7 unique members; CY 2021= 8 unique members).

Approximately 57% of the total grievance cases involved members enrolled in PMAP (MA12), which remained unchanged from the previous year (CY 2021=57%; CY 2020=42%). PMAP is the program that holds South Country's highest membership.

Access was the top grievance category for 2022 (this is consistent with previous years).

The top access grievance service code continues to be non-emergency medical transportation (NEMT). All these NEMT access cases were substantiated (South Country could prove that the allegation occurred). When substantiated due to the actions or practices of the transportation agency, some root causes were related to new driver(s), overbooked schedules, difficulty with locating the member's residence (pick-up location) and dispatch errors (e.g., sending the wrong vehicle). When substantiated due to internal factors, some root causes related to staff not following the process and not clarifying certain ride request details. While NEMT remains a challenging benefit to administer, the lasting effects of the pandemic contribute greatly as it relates to driver availability and fluctuations with ride requests and appointments.

South Country's G/A department reaches out as necessary to providers involved in the grievance incident, to thoroughly investigate the issue and to discuss findings and ensure satisfactory member resolution (to the extent possible). South Country's G/A department also works closely with other key staff, as necessary, throughout the grievance investigation process, and notifies appropriate department management and lead staff of issues that are identified, so any necessary follow up, such as staff re-training or process changes, can occur.

Medicaid quality of care (QOC)/quality of service (QOS) grievances

There was a total of 23 cases for CY 2022, which is an increase from 11 cases the previous year; however, this annual total includes multiple grievances by same (unique) members, and in some cases, a member withdrawal of the grievance.

The top service category was tied between dental and NEMT services (nine cases each, making up 78% of the QOC/QOS grievances (18 of 23)).

Dental QOC cases remained consistent, with nine cases this year compared to eight cases last year. There was a noted increase with NEMT cases, with nine cases this year compared to four cases last year.

Similar to previous years, the outcomes ranged from no QOC/QOS concerns to a mild level of concern (these severity levels are referenced and described below). All QOC/QOS cases undergo review by South Country's medical director, who recommends any follow-up action.

QOC Severity Level 0-1 descriptions:

- **Severity level 0** (Unable to or not determined to be a QOC concern).
- **Severity level 1** (No QOC issue substantiated: care appropriate or mild QOC concern exists having minimal or no harmful physical or functional effects on the member).

QOS Severity Level 0-1 descriptions:

- **Severity level 0** (not determined to be a QOS concern).
- **Severity level 1** (a mild QOS concern exists having minimal or no harm on the member).

Contracted Provider Quarterly QOC Grievance Reports

This process and expectations are outlined in South Country's online provider manual. Providers only need to submit a quarterly report if they directly received and investigated any QOC South Country member complaints during the previous quarter (this is a process to report by exception, which eliminates unnecessary resource, labor, and fax usage for report submissions of zero cases). South Country continues to receive very few reports from contracted providers.
There were four potential QOC issues reported, which was a decrease from nine cases last year. These cases involved separate providers and members and there was no evidence of continued member dissatisfaction following the provider's response to the member (resolution), and none of these members reported these concerns directly to South Country.

Appeals

Analysis

For CY 2022, South Country resolved a total of 190 member appeals.

Pharmacy appeals accounted for 38% (72 of 190) of these cases.

Dental appeals accounted for 14% (27 of 190) of these cases.

Non-pharmacy and non-dental appeals accounted for 48% (91 of 190) of these cases.

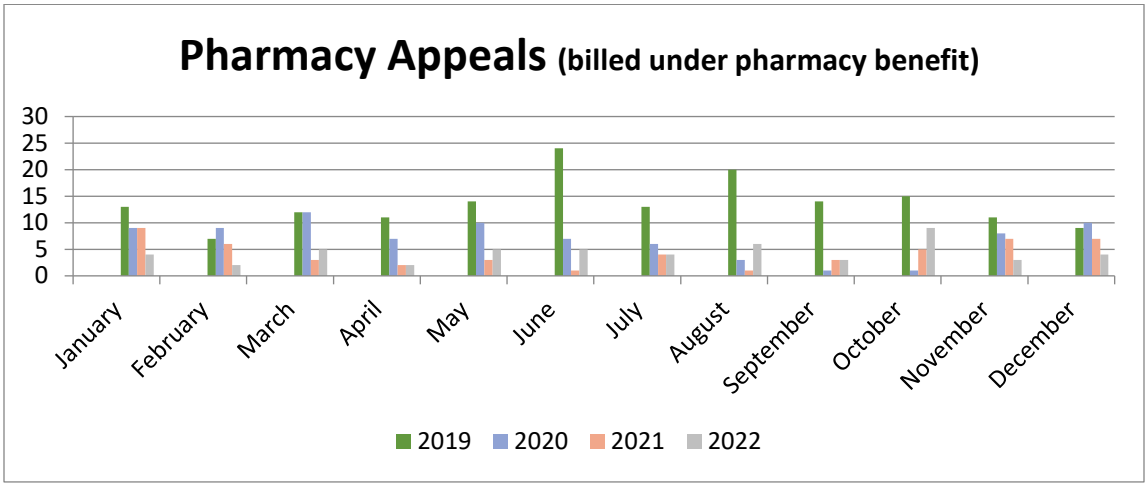
	CY 2022	CY 2021
Pharmacy Appeals	72	73
Dental Appeals	27	15
Non-pharmacy/Non-dental Appeals	91	31

Pharmacy Medicaid-only Appeals:

Drugs billed under the pharmacy benefit:

Seventy-one percent (51 of 72) of total pharmacy appeals; this volume remained steady from 50 cases the previous year

Eighty-two percent (42 of 51) of these appeals resulted in an overturned (fully approved) outcome, which is attributed to additional information being available at the time of the appeal review that met coverage criteria.



The chart below outlines the eight drugs, which account for six separate classes of drugs, which had more than two appeals. Below the chart is a list of the drugs with their formulary status and corresponding criteria.
The high rate of approval is due to the required information to satisfy criteria not being submitted on first level review, despite the request for information (RFI) process and extended review timeframe. The required information is either submitted with the appeal or obtained via outreach during the appeal process.

PA Status	Total	Approved		Denied	
Drug		#	%	#	%
OZEMPIC	3	2	66.67%	1	33.33%
SAXENDA	3	3	100.0%	0	0.0%
VRAYLAR	3	3	100.0%	0	0.0%
CLONIDINE ER	2	2	100.0%	0	0.0%
MORPHINE SULFATE ER	2	2	100.0%	0	0.0%
OXYCODONE-ACETAMINOPHEN	2	2	100.0%	0	0.0%
PHENTERMINE	2	2	100.0%	0	0.0%
UBRELVY	2	1	50.0%	1	50.0%

Ozempic – Non-Preferred PDL drug subject to Non-Preferred Drug criteria

Saxenda/Phentermine – Non-Formulary drugs subject to Weight Loss Drugs criteria

Vraylar – NP PDL drug subject to Antipsychotic Drugs criteria

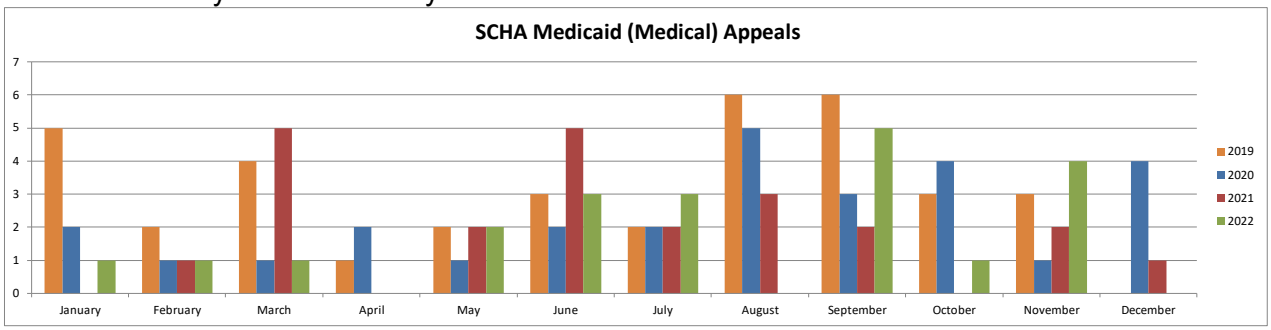
Clondine ER – Non-Formulary drug subject to Non-Preferred Drug criteria

Morphine Sulfate/Oxycodone-APAP – Preferred PDL drugs subject to safety edits (7 day limit for naïve members, 90 MME limit for all members) and Opioid Containing Products criteria

Ubrelvy – Preferred PDL drug subject to Acute Migraine Treatments criteria

Drugs billed under the medical benefit:

PerformRx continues to process appeals for drugs billed under the medical benefit (referred to as pharmacy medical appeals). There were 21 of these appeals in 2022, with the denial being overturned in all the cases. This was a slight decrease from the previous year, in which there were 23 cases with the denial being overturned in all but one of these cases. The chart below shows the monthly trend over the years:



Only two drugs had more than one request (refer to chart below). Medical reviews must be evaluated and completed, including physician oversight review of denials, within 24 hours. There is no RFI process due to the tight turnaround times. Typically, denials are based on

missing clinical information, which is submitted with the appeal or obtained via outreach during the appeal process.

PA Status	Total	Approved		Denied	
Drug		#	%	#	%
BOTOX	7	7	100.0%	0	0.0%
ENTYVIO	6	6	100.0%	0	0.0%

Botox – subject to MN Botulinum Toxins criteria. The drug has multiple indications and there are previous use requirements depending on the specific diagnosis

Entyvio – subject to MN Immunomodulators criteria, Inflectra/Renflexis are Tier 2 drugs, anti-JVC test is required

Non-Pharmacy Medicaid Appeals:

There were 27 dental appeals resolved in CY 2022. This was an increase from the number of dental appeals from the previous year (15). The denial was upheld in 70% of these cases. Dental orthodontia was the top appealed dental service category (33% of cases), followed by dentures (15% of cases). Key staff members with South Country and Delta Dental continue to meet quarterly to review operational statistics which includes a focus on G/A cases and any significant changes or concerns.

There were 91 non-pharmacy/non-dental appeals in CY 2022. This was a significant increase in volume from the previous year, in which there were 31 appeals. This increase was due to multiple claim (payment/billing) appeals for different claim numbers and same (unique) members. The majority of these claim appeals were withdrawn (for example, in Q1 there were 35 claim appeals and 63% (22 of 35) of these cases were withdrawn; 19 of these withdrawn cases were for the same member who had other insurance on file and the member withdrew the appeal upon verification of the other insurance end date and plans for claim reprocessing). Additionally, almost half of the appeal cases were either withdrawn or dismissed (43 of 91 cases, or 47%). The denial was overturned in 10 of the remaining 48 cases, or 21%, which is consistent with the overturned rate the previous year (19%). This rate contributes to South Country's continued demonstration of appropriate decision-making and accurate interpretation of coverage criteria and regulatory requirements.

The top appealed category was professional medical services (most of which were lab/diagnostics and primary care), which was a change from the previous year, in which durable medical equipment was the top appealed service category.

Next Steps

Moving forward in 2023, quality improvement topics for the G/A department will include but are

not limited to:

- Collaborate more frequently via routine meetings with South Country departments that may benefit from G/A member case data (e.g., provider network, member services, operations, and health services); explore new ways to share data between departments regarding member experiences, provider outreach and other applicable data that would benefit each department in the work they do and/or more easily identify opportunities for service delivery/process improvements.

- Work with South Country's IT department to further develop tracking and reporting mechanisms for G/A case work to increase department efficiencies and allow for quick reference visual charts that show current and trending data. Develop tools to use with department oversight and routine committee and regulatory/audit reporting.

Member Safety

South Country takes an integrated approach toward member safety through collaboration with all servicing counties, providers, and other delegates to ensure safety is considered in all aspects of operations and programs. The following activities exemplify South Country's efforts in 2022 related to member safety.

Process

Committees

On a routine basis, South Country sought input from county public health and human services staff, providers, delegates and members on the administration and effectiveness of programs and services. Some of South Country's committees and their roles in ensuring member safety include our:

- Quality Assurance Committee (QAC): This committee reports to the Joint Powers Board (JPB). The QAC verified that program-related quality, utilization, provider network and care coordination activities address the needs of our members, identified potential issues in quality of care or access to services via utilization trends, monitored auditing and compliance of subcontracted entities, evaluated trending of member grievances and appeals and recommended corrective action plans, as necessary.
- Compliance Committee (CC): This committee reports to the JPB. The CC reviewed compliance functions and activities, including policies and procedures, the annual Compliance Work Plan, specific Medicaid and Medicare compliance issues, privacy and security concerns, fraud, waste and abuse issues and other items relative to overall quality and compliance of South Country's contracts, products, and services.
- Family Health Committee (FHC): This committee advises South Country's quality and health services departments on the development and implementation of health education materials and quality improvement programs for members, including well-child visit and lead testing outreach, and information for pregnancy and mothers. The committee also served as a forum for addressing South Country and county-based family health programs and services.
- Member Advisory Committee (MAC): This committee provides representation for South Country members on key topics such as access to care, quality improvement program functions and member benefits, and provides input on member materials including newsletters and program brochures. In 2022, South Country held community events throughout the year in our service area. We are in the process of re-evaluation and restructuring the Member Advisory Committee and exploring additional opportunities for 2023.

- Rural Stakeholders meetings: South Country continued to host our Rural Stakeholders meeting to gain member, county, community and provider feedback through in-person and video meetings.
- Utilization Management Committee (UM): As a sub-committee of South Country's QAC, the South Country UM Program assumes an organization-wide, interdisciplinary approach to balancing quality, risk and cost concerns in the provision of member care. As such, the UM Committee has governance of the UM Program.
- Public Health & Human Services Advisory Committee (PH/HSAC): Comprised of county directors, this committee reviewed and made recommendations to South Country management and the JPB on a variety of topics regarding access to care and county services, provided input regarding South Country's care coordination model and the roles of county staff in serving South Country members.
- Medical Policy Review Committee (MPRC): The Medical Policy Review Committee is a subcommittee of the UM Committee that is made up of clinicians and South Country staff who annually review and institute recommendations for medical coverage criteria to be used for authorization determinations.
- Health Equity Committee: This committee collaborates with community partners to understand health equity within our communities. The committee focus is on breaking down structural racism, social inequities, and health disparities to improve health outcomes across our communities.
- Credentialing Committee: The Credentialing Committee reviews all credentialing files and organizational assessment files with variations that the medical director has recommended to the committee for further review to approve or deny participation in the South Country network.
- Contract Review Committee: This committee focuses on reviewing the applications of providers and facilities that wish to become part of South Country's network.
- Program Integrity Oversight Committee: This committee is responsible for providing oversight of the prevention, detection and investigation of fraud, waste and abuse by South Country's employees, providers, and members.

Delegated Services

Ongoing monitoring as well as annual evaluations and audits were implemented to ensure the following activities were met by South Country delegates:

- Credentialing procedures addressed continuing competence of network providers;
- Member service calls were handled appropriately and in a timely manner;
- Members had adequate access to providers and timely visits; and
- Documentation of care plan activities including health risk assessments, completion of care plans, education on advance directives and other care coordination services.

Results of these evaluations were reviewed by South Country staff and various committees including the QAC, CC, FHC, MAC, RIDE and PH/HSAC. Respective South Country departmental staff and committees developed strategies to address areas in need of improvement and to ensure compliance.

Delta Dental of Minnesota (DDMN), as South Country's dental benefit administrator, ensures member safety in all aspects of their operations and activities is reported to South Country on a quarterly basis. The delivery of quality dental services is monitored through provider credentialing reports, the grievance and appeals process and utilization data analysis. An especially valuable program, DDMN's care coordination team works with members to schedule dental services as needed. South Country case management and care coordination staff may work directly with DDMN's care coordinators, which is particularly helpful for SNBC members. DDMN's care coordination process includes scheduling an appointment with a dental provider of the member's choice and ensuring that necessary transportation or interpreter services are scheduled. The care coordination team also provides appointment confirmation and rescheduling assistance if needed. After the appointment, DDMN follows up with the dental provider regarding the appointment and any further treatment needs. If post-appointment follow-up reveals pertinent findings, DDMN relays the information to South Country's care coordinators so that member-specific barriers may be addressed.

To improve medication safety, possible drug and/or drug interactions were identified at the point of service by a monitoring system through South Country's pharmacy benefit manager, PerformRx. This concurrent (online at point of service) drug utilization review process verified that all dispensed drugs in a member's medication claims history were included in the drug utilization review. The system was able to check contraindications for drugs, even if the drugs were dispensed at various pharmacies. PerformRx also had multiple retrospective drug utilization review (DUR) programs in place, several of which were specifically designed for patient safety.

In addition, PerformRx offered a Medication Therapy Management Program (MTMP) to SeniorCare Complete and AbilityCare members who met certain criteria. PerformRx clinical staff collaborated with eligible MTMP members, their health care providers and pharmacy to ensure appropriate medications and dosages were prescribed to minimize the risk of drug interactions and to educate members about their medical conditions. PerformRx also managed South Country's drug formularies, applying utilization management programs (i.e., quantity limits and prior authorizations) to ensure that prescriptions were being dispensed with the correct dosage instructions and that members were not over-utilizing certain medications. The claims adjudication system monitored the quantities dispensed and alerted pharmacists if the dosage exceeded the limits.

Utilization Management

The Utilization Management Program clinical criteria is based on current clinical practice guidelines utilizing a defined process of references, such as those posted by CMS/DHS, or evidence-based criteria, such as InterQual or FDA. In addition, South Country's Medical Policy Committee, comprised of clinicians, review and institute recommendations for criteria to be used for authorization determinations. These policy recommendations and revisions are brought forward to the Utilization Management Committee. In addition, South Country's criteria policy guides application and hierarchy of criteria.

Utilization of Services Review

Each year the Utilization Management Committee selects and reviews specific measures to monitor to assure members receive appropriate services and to identify potential over-utilization and under-utilization of resources. Measures are selected based on relevance to the population and are related to both medical and behavioral health care. Statistical methods assist in monitoring information by setting thresholds for variability, such as upper and lower run limits (plus/minus two standard deviations from the mean). When the results exceed the run-limit threshold, additional analyses may be warranted to identify potential causes for the outlying result. Additional drill-down analyses may be done at the county or clinic level, as necessary. Utilization measures are reviewed and discussed at quarterly UM Committee meetings.

Restricted Recipient Program

South Country's Restricted Recipient Program (RRP) monitored members who were thought to be misusing medical services such as receiving care from multiple providers, clinics, and hospitals. The program also identified members who had received multiple prescriptions from different providers. South Country restricted access to provider types for those members whose health and safety was at risk due to dangerous use of prescription medication, and who, in turn, could have benefitted from having their care streamlined through one primary care provider, hospital and pharmacy.

Population Health Management

The Population Health Program was developed and implemented internally. It is important to add that the foundation of this program is rooted in the actions of our South Country case management teams, care coordinators, the quality team, supportive providers, and other key team players such as the communications team, internal and external data analytics and other business leads. This multifaceted program was designed to improve the health outcomes of South Country members. Through specific target groups and focus areas, the Population Health Program allows us to better measure and tell the story of how our programs and services are benefiting our members.

Member Outreach Programs

South Country uses evidence-based practice guidelines, including those developed by the U.S. Preventive Services Task Force, American Academy of Family Physicians, American Diabetes Association, Institute for Clinical Systems Improvement (ICSI), Global Initiative for Asthma, American College of Cardiology, American Heart Association and American Academy of Pediatrics, as a foundation for various quality improvement initiatives. These programs encourage utilization of health care services and provide education regarding healthy lifestyles for members of all South Country products.

As described in the health promotions section of this report, member outreach programs in 2022 included:

- Car seats for children and child passenger safety education for parents/guardians;
- Early Childhood Family Education (ECFE) scholarships;
- Community Education class participation discounts;
- Embracing Life prenatal guide and calendar for pregnant women regarding prenatal care, South Country benefit coverage and county-specific resources;
- Reminder programs and rewards for the completion of various health care services including prenatal and postpartum care, infant well care visits, young adult well care, chlamydia screening, colon cancer screening, mammograms, and dental visits;
- A 24-hour nurse line services at no cost to members to ensure access to medical advice when necessary.
- A Tobacco Cessation Program (EX Program) that offers an interactive, self-paced guided quit plan that provides specialized support for tobacco users to assist with the need for the behavioral, social and physical aspects of tobacco addiction.
- Be Active fitness benefit for SeniorCare Complete, MSC+, AbilityCare, SharedCare and SingleCare members to join a local health club and receive a discounted rate.

South Country continues to communicate important health and safety information to members through our Member Connection newsletters targeting all members, South Country's website, Facebook, and county partnerships. South Country provides community care connectors (connectors) with regular informational meetings about South Country programs, services, and delegate operations to ensure consistency and appropriateness of care for all members. Connectors also met to address current issues pertaining to member care coordination as well as access to and quality of services, in all aspects of member enrollment with South Country.

Connectors were instrumental in providing transition of care services for members who were hospitalized. Upon notification by a provider that a member had been hospitalized, South Country notified the connector using the web-based information system called TruCare. The connector either contacted the member or passed the information on to the member's care coordinator if appropriate. Member outreach was completed by the connector or care coordinator to determine if the member needed assistance with medication fills, follow-up

appointments with providers, transportation, or other services. If the hospitalization was for the delivery of a baby, the notification was provided to the respective county's Maternal Child Health and/or WIC Program to assist with connecting the new mom to services.

In 2022, South Country continued to participate in the statewide health plan and Department of Human Services initiative. South Country monitored vaccination rates and remains engaged in the ongoing efforts to address and encourage vaccinations, including fielding any outreach questions or concerns. Correspondingly, county public health departments continued to offer vaccinations or host vaccination clinics.

Our SeniorCare Complete members have access to a personal emergency response system through our Medicare supplemental benefit. Any member on SeniorCare Complete who did not already have access to a personal emergency response system through Elderly Waiver or another waiver program were eligible to receive a personal emergency response system, which included installation cost and monthly costs.

Grievance and Appeals

South Country's grievance and appeals (G/A) department continues to have processes in place to ensure member G/A requests are resolved as quickly as a member's condition warrants and within contractual and regulatory timeframes. During the intake process for member quality of care (QOC) or quality of service (QOS) grievances, South Country's G/A manager (a licensed registered nurse (RN)), or the designated G/A RN coordinator, reviews the initial allegation for any potential or actual severe level of member harm (one that poses severe harmful physical or functional effects on the member). If there is an indication of such level of harm, South Country's medical director (or physician designee) is immediately notified and can then provide expert clinical advice and guidance, as needed, to the RN staff. The QOC/QOS process includes provider outreach, so that any necessary member (patient) safety precautions or protections can be initiated by the provider entity and the provider entity can begin their own internal investigation of the issue. South Country's medical director (or physician designee) conducts a final review of the QOC/QOS case file, determining the QOC/QOS severity level and recommending any follow up or corrective action. In addition to this, for member appeals South Country's G/A manager routinely shares information with South Country's medical director to assist in the medical director's oversight of ensuring the clinical accuracy and appropriateness of appeal determinations (especially for those cases undergoing medical necessity review) rendered by the Medical Review Institute of America (MRIoA), an independent external agency contracted with South Country for certain clinical reviews. South Country's G/A manager also works closely with South Country's operations managers in the monitoring and oversight of delegated G/A functions. Furthermore, South Country's G/A manager actively participates in several internal committees that have a focus on member safety (which includes the Quality Assurance Committee, Compliance Committee, Regulatory-Internal Audit and Delegated Entity (RIDE) Committee, Medical Coverage Policy Committee and the UM Committee), and also

partakes in external Minnesota DHS managed care organization G/A policy workgroups (led by the Minnesota DHS managed care ombudsman office). South Country's G/A manager and department staff collaborate as necessary with other key South Country staff, partners, and delegated entities to discuss case outcomes, root causes and key patterns or trends, in an effort to prevent reoccurring issues, protect member rights, promote member safety, and identify opportunities for process improvement.

Provider Relations

Member safety language was incorporated into all South Country's provider contracts, including those with hospitals, clinics, home care agencies and behavioral health agencies. Providers were encouraged to develop and implement patient safety policies to both report and systematically reduce medical errors.

A provider-focused newsletter, Provider Network News, is distributed on a quarterly basis to improve communication with South Country's contracted and noncontracted providers. In between newsletters, bulletins were posted for providers, as needed, to relay urgent information. South Country also sends email blasts out to specific provider segments on urgent information/changes for those providers. South Country's website and provider portal were used as a means for communication with providers regarding member benefits and programs, including specialized transportation services for members not able to safely use a non-emergency medical transportation, interpreter services, chemical dependency services, authorization processes and clinical practice guidelines. Providers are informed of the provider contact center phone number (1-888-633-4055) and email with both the provider contact center (via secure email on the provider portal) and South Country Provider Network email providerinfo@mnscha.org.

Analysis

South Country's member safety activities are reviewed annually to ensure key topics are addressed in an appropriate manner. The need for additional safety programs, or modifications to existing ones, is also determined by environmental influences such as legislative changes, members' utilization of services, as well as feedback from members, counties, and other stakeholders. The various activities described are incorporated into the general operations of South Country's programs and are monitored and evaluated accordingly.

Next Steps

Member safety will continue to be a top priority for South Country, its servicing counties, and delegates in 2023. South Country will maintain, and enhance where necessary, its integrated approach for ensuring the health and safety needs of members continue to be met.

South Country Health Alliance
Evaluation of the 2022 Quality Program

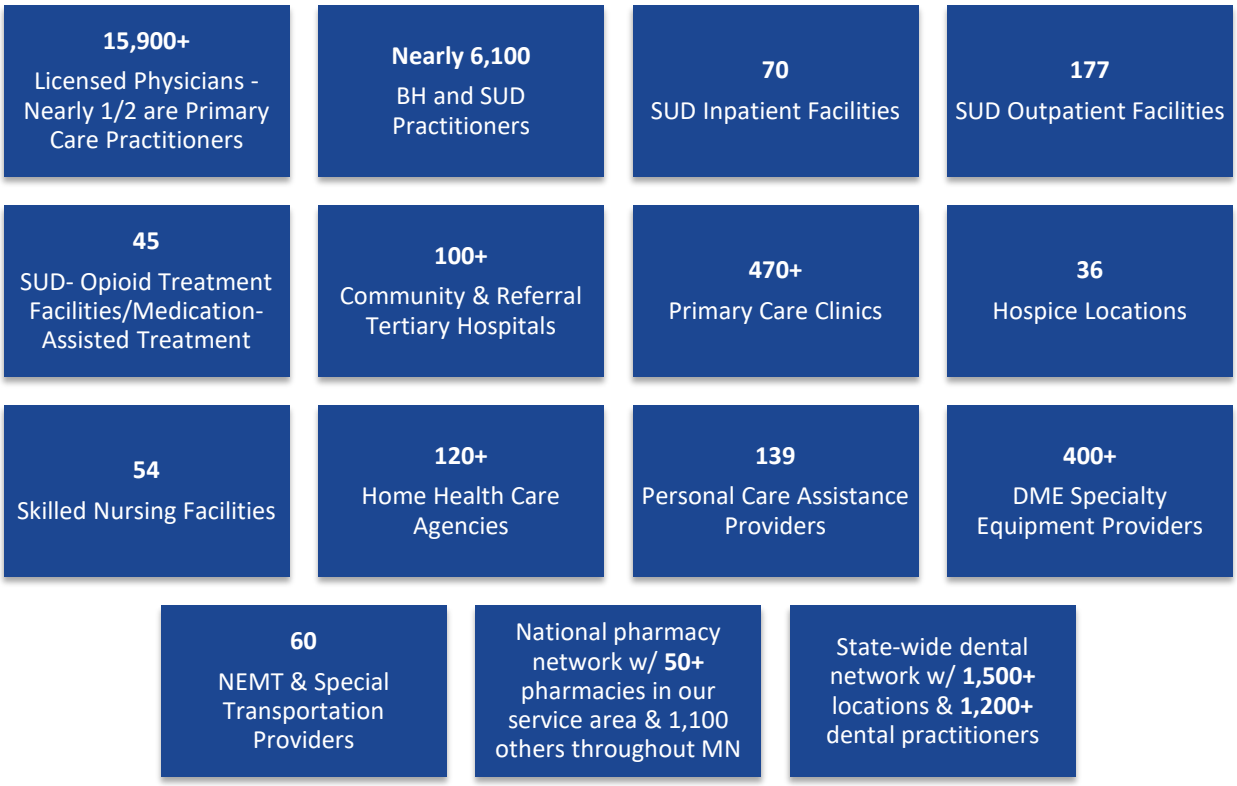
Section 4 – Provider Network

Access and Availability to Care

Description

South Country Health Alliance (South Country) has a comprehensive and geographically dispersed provider network created to meet the health care needs of our members throughout our service area. Our provider network consists of both local community-based providers in each of our member counties as well as state-wide health systems. The contracted network includes general and specialty hospitals, primary care and specialty physicians, behavioral health, mental health, and substance use disorder providers, home care providers, durable medical equipment and suppliers, dental providers, chiropractors, and non-emergency transportation services.

Specific highlights of our contracted provider network 2022 data include:



South Country's provider network was created to meet the complete spectrum of medical and social needs of our members. It also includes subsets of specialized providers that focus on the unique needs of our elderly and disabled populations. South Country provides exceptional access to specialty care largely due to our primary care and hospital relationships, which drive referrals to specialty care. We work to improve our members' access to quality care by building

our provider network in areas that concentrate on the specific health care needs of our Special Needs Plan (SNP) populations.

Process & Analysis

Among our guiding principles, South Country's network strategy is to help ensure the communities we serve are supported by contracted health care providers. We strive to continuously evolve a county-specific network comprised of primary care, hospital and specialty service providers supported by a referral and tertiary network reflecting the existing physician referral patterns and relationships. In addition, it is important our provider network reinforces South Country's vision and Model of Care to best support the health and wellness needs of our members.

OUR VISION

South Country Health Alliance will continue to be a fierce advocate for the health and well-being of people living in rural Minnesota.

Geriatricians: South Country's primary network, includes physicians and mid-level practitioners, and nurse practitioners-gerontologists specializing in the care and treatment of the frail elderly. These geriatricians serve both in the role of primary care and as a consultant to other primary care specialties to help meet the complex and unique needs of our frail elderly members.

Skilled Nursing Facilities: South Country has contracted with 54 skilled nursing facilities (SNFs) throughout our counties to meet the complex medical, social, mental health and personal living needs of our members. We partnered with primary care practices to develop an innovative nursing home program. This collaborative practice provides our skilled nursing facility members with primary care services by pairing an adult nurse practitioner (NP) with a primary care physician. Members participating in this unique program reside either permanently or on an interim basis in six skilled nursing facilities located in two of our eight counties.

Home Health Care: To support the home health care needs of our members in nursing homes, 24-hour assisted and customized living facilities, and home settings, we contract with over 120 home health care agencies. These agencies provide the full spectrum of nursing and specialized therapy services to meet our member needs in their place of residence. To ensure continuity of care across health care settings, our care coordinators work with the home health agency providers to coordinate the care they are providing with our locally based interdisciplinary care teams.

Mental Health and Substance Use Disorder (SUD) Network: South Country has an extensive network of community-based behavioral health and SUD services to meet the specialized needs of our members. To assure convenient access to these services for our members, our mental health network consists of provider locations dispersed throughout our service area and adjacent counties. Consistent with SUD reform, South Country contracts with all SUD providers

interested in participating in our contracted network and we continue to expand the SUD network to support the state's reform goals and objectives. We currently hold contracts with 70 SUD inpatient facilities, 177 outpatient facilities and 45 opioid treatment facilities.

Non-Emergency Medical Transportation (NEMT): South Country covers services under the RideConnect program to eligible members who do not have access to their own transportation to get to and/or from the site of a South Country covered service. RideConnect provides South Country members with the safest, most appropriate and cost-effective mode of transportation.

Our RideConnect program is staffed by our member services RideConnect team dedicated to scheduling rides for our members. This dedicated focus enables South Country to establish transportation for our members with little notice. To support the program, we currently maintain direct contracts with approximately 60 providers as part of our RideConnect program while continuing to build upon this network as additional providers are identified by our county partners or as interested providers contact South Country directly.

Cultural and Language Barriers: To assist members with special language and cultural needs, South Country publishes the provider languages spoken in both primary care and specialty care group practices within the provider directories. To further assist members in their access to culturally specific providers, South Country's online provider search tool (https://mnscha.org/find-a-provider/) is available to aid in the identification of facilities in their area where non-English languages are spoken. This information is also readily available to South Country and county staff. We maintain a network of 10 interpreters (sign and spoken language services) to assist members during face-to-face medical and/or other health care appointments. Telephonic-based interpreters are also available for South Country and county staff to communicate with members and connect members with appropriate providers.

Evaluating Access and Availability

South Country utilizes multiple tools and techniques to evaluate the quality, accessibility, and availability of our provider network. A process is followed at the organizational/facility and individual practitioner level to initially credential and then re-credential providers every three years. These efforts ensure providers meet important quality standards, have all appropriate licenses and accreditations, and are not excluded from participation in any federal or state health care program. Furthermore, South Country completes a quarterly review of all quality complaints or grievances, monthly checks of the Office of Inspector General (OIG) sanctions list, preclusion list and monitoring of reporting through medical practice boards for any suspensions or revocations in licensure.

To ensure our members have timely access to covered services, South Country surveys a portion of our contracted provider networks annually. The process follows the National Committee for Quality Assurance (NCQA) Accessibility of Services Standards, with the

expectation that providers offer appointment times to members in accordance with the time frame appropriate for the needs of the member, and consistent with the state's generally accepted community standards. The standards applied to South Country's contracted provider network include:

- Primary care:
  - Regular and routine care appointments within 30 days of the member's request (previous standard was 45 days).
  - Urgent care appointments within 48 hours of the member's request (previous standard was 24 hours).
  - After-hours care availability, such as an on-call physician and/or emergency services instructions provided to the member.
- Behavioral health care:
  - Initial visit for routine care within 10 business days of the member's request (previous standard was 30 business days).
  - Follow-up routine care within 30 business days of the initial visit.
  - Urgent care within 48 hours of the member's request.
  - Care for a non-life-threatening emergency within six hours of the member's request.
- Specialty care
  - Appointments are available in accordance with the time frame appropriate for the needs of the member, and/or within 30 days of the member's request (whichever is sooner).

A subset of primary care, behavioral health, and specialty providers (allergy/immunology, cardiology, chiropractic/acupuncture, dermatology, endocrinology, ENT/otolaryngology, gastroenterology, neurology, obstetrics, oncology, ophthalmology/optometry, orthopedics, pediatrics and rheumatology) were invited to participate in the survey. The sampling process focused primarily on those providers under direct contracts with South Country.

South Country utilized an email survey, which allowed the providers to complete the survey electronically. South Country also created Excel spreadsheets for any provider that had five or more sites contracted and emailed these directly to our contracting contact.

Participation significantly increased from the 2022 survey. A total of 4,022 providers were selected for the survey with a total of 710 responses for an approximate 18% provider participation rate.

2022 Provider Survey Participation Rates			
Provider Type	**# Providers Sampled**	**# Providers Participating**	**2022 Participation Rate**
Primary Care	431	43	10%
Behavioral Health	1,044	405	39%
Cardiology	161	3	2%
Pediatrics	189	4	2%
Obstetrics	281	25	9%
Oncology	124	16	13%
Neurology	164	8	5%
Orthopedics	370	41	11%
Total	**4,022**	**710**	**18%**

South Country's provider network is largely rural, and the number of providers is often limited to a single organization serving a broad rural geographic area. South Country's performance goal is for at least 80% of contracted providers surveyed to demonstrate compliance with the appointment and availability standards; however, we also understand and take into consideration the current industry challenges such as a fewer number of medical and behavioral health care providers choosing to practice in rural Minnesota communities and the increased demand for services particularly in the area of behavioral health related to the pandemic.

Access to Primary Care Services

Primary care is the most basic and vital service needed in rural communities offering a broad range of services and treating a variety of medical issues. All access and availability standards were met by primary care providers surveyed.

Accepting New Patients: Of those surveyed, 91% of the primary care providers reported they were accepting new patients.

Routine/Preventive Care Appointments: Compliance with appointment access standards was met among the primary care providers surveyed. South Country members are able to access routine/regular care from primary care providers within 30 days of the request 95% of the time with 71% of the providers able to accommodate appointment requests within one week of the request.

To assess an element of patient experience at these surveyed providers, we also asked about the typical length of time patients wait while in the office to see a provider for a pre-scheduled appointment; 93% of providers indicated that the wait time was less than 15 minutes.

Urgent Care: Access to urgent care services is one strategy providers undertake to reduce unnecessary emergency room utilization. However, the ability to staff urgent care facilities is often hindered by finances and difficulties in recruiting physicians. Current survey results for primary care providers show that 67% of the time members are able to access urgent care services within 24 hours of the request.

Emergency Care: South Country's standard for network performance in emergency care is to ensure after-hours care is available, such as an on-call physician and/or emergency services instructions are provided to the member on how to access emergency care. One hundred percent of providers surveyed reported systems in place to instruct members to call 911 or go to the nearest emergency room for emergency situations.

After-Hours Care: One hundred percent of providers surveyed had processes and systems in place to guide members for care, including nurse triage, routing calls to the ER and having an answering service or hospital switchboard.

Telehealth/Telemedicine Services: Ninety-three percent of the primary care providers reported telehealth/telemedicine services are available by both video and phone services.

Primary Care Providers			
Standard	**2020 Network Performance**	**2021 Network Performance**	**2022 Network Performance**
Regular & Routine Care Appointments within 30 days of member's request (45 days prior to 2022)	100%	100%	95%
Urgent Care Appointment within 24 hours of member's request	100%	80%	69%
Emergency Care Instruct to call 911 or go to nearest ER	89%	90%	100%
After-hours Care Instructions are provided for how to access emergency services or an on-call provider	100%	91%	100%

Access to Behavioral Health Services

South Country does and will continue to contract with behavioral health providers willing to enter into a provider contract. Despite this strategy, access to behavioral health services remains a challenge for member counties.

Accepting New Patients: Of those surveyed, 87% of South Country's contracted behavioral health providers indicated they are accepting new patients.

Initial, Routine appointments: South Country's standard is that our members can obtain an initial appointment for non-urgent or emergent services within 10 days of their request. Fifty-five percent of contracted providers met this standard, and an additional 23% provided an initial appointment for members within 30 days of the request. Unfortunately, due to the high demand for behavioral health services, some providers stated that initial appointments can take more than 30 days for new patients to be seen.

Follow-up Appointments: We expect our members to receive follow-up appointments within 30 days of the initial visit. Eighty-eight percent of our contracted providers met this standard.

Urgent/Emergent Services: Unlike primary care services, the standard for urgent care services for behavioral health is 48 hours and, for emergency needs, within six hours of the request. Approximately 54% of providers surveyed report members can be seen within 48 hours of the request for urgent care. Twenty-one percent of providers are able to see members within six hours for a non-life-threatening emergency situation.

For emergency services, 100% of the providers surveyed guide the member to emergency care, either through advising to call 911, or immediately going to the nearest emergency room.

The behavioral health providers were also asked about the typical length of time patients wait while in the office to see a provider for a pre-scheduled appointment. Eighty-nine percent said their patients wait less than 15 minutes to see their practitioner for care.

Telehealth/Telemedicine Services: Ninety-four percent of the behavioral health providers reported they provide telehealth/telemedicine service via video, with some providers offering both video and phone services.

Behavioral Health Care Providers			
Standard	**2020 Network Performance**	**2021 Network Performance**	**2022 Network Performance**
Initial Visit for Routine Care Appointment within 10 business days of member's request	70%	51%	55%
Follow-up Routine Care Appointment within 30 days of initial visit	96%	83%	88%
Urgent Care Appointment within 48 hours of member's request	73%	45%	56%
Care for Non- Life-Threatening Emergency Appointment within six hours of member's request	35%	12%	21%

Access to Specialty Services:

Specialty providers are those who treat specific conditions that have serious consequences for the patient and require significant resources.

Accepting New Patients: Ninety-three percent of providers surveyed reported they are accepting new patients.

New Patient Appointments: Specialty providers are expected to schedule a new patient appointment within 30 days of the request. Of the providers surveyed, 68% reported members receive an initial appointment within 10 days, and an additional 15% within 30 days of the request. Sixteen percent of participating specialty providers require a referral to schedule an appointment.

Follow-up Appointments: Eighty-seven percent of the providers surveyed reported scheduling follow-up appointments within 30 days of the initial appointment.

Urgent/Emergent Services: For calls outside of business hours, 83% of the providers reported providing instructions for accessing emergency services.

Telehealth/Telemedicine Services: Forty-three percent of the specialty providers reported telehealth/telemedicine services by video and/or phone services are available.

Next Steps

1. Non-contracted utilization reports will serve as a basis for monitoring specific services which members are receiving from providers not in South Country's network.

2. Geo-Access maps provide a broad picture of contracted locations in our service area, by provider type. These maps are developed at least twice annually, if not more often, and will continue to be utilized as one measure of access.

3. Contract with providers who offer the following:
    a. Medical services that are unique;
    b. Centers of excellence;
    c. Continuity of care, current member utilization;
    d. Geographic availability;
    e. Specific need addressed — behavioral health, telehealth services for SNF's;
    f. Chiropractic care;
    g. Mental health or SUD services;
    h. Services provided to diverse populations; and
    i. Ethnic and culturally diverse providers.

Practitioner Credentialing & Organizational Assessment

Description

South Country maintains comprehensive and uniform credentialing and recredentialing processes, for evaluating and selecting licensed independent practitioners to provide care to our members. Certain organizational health care providers contracted with South Country are also subject to initial and reassessment processes. Our practitioner, credentialing and organizational assessment processes meet federal, state, Centers for Medicare and Medicaid Services (CMS), and Minnesota Department of Human Services (DHS) contract requirements as well as applicable National Committee for Quality Assurance (NCQA) standards and guidelines.

Process

Under the direction of South Country's medical director and credentialing supervisor, the credentialing department conducts the required credentialing and recredentialing process of practitioners and assessments of organizational providers. South Country staff identify practitioner types who must be credentialed prior to providing care to members, including licensed practitioners or groups of practitioners who practice independently (e.g., treat patients without direction or supervision) and have an independent relationship with South Country. At the organization level, organizational assessment processes apply to facilities such as hospitals, home health agencies, skilled nursing facilities, free-standing ambulatory surgery centers, and inpatient and residential behavioral health facilities. Credentialing and organizational assessment activities are reviewed on a quarterly basis by South Country's Quality Assurance Committee (QAC).

Practitioner Credentialing

The initial credentialing process for practitioners requires a written application, primary source verification, disciplinary status check, adequate malpractice insurance coverage, and confirmation of eligibility for payment under Medicare. An attestation indicating correctness and completeness of the information must be signed by the practitioner within 180 days prior to approval. South Country is required, per MN Statute 62Q.097, to process clean credentialing applications within 45 days after receiving the clean application unless it is identified there is substantive quality or safety concern in the course of the provider credentialing that requires further investigation, at which time South Country is allowed 30 additional days to investigate any quality or safety concerns.

The recredentialing process occurs, at a minimum, every 36 months and updates are made with the information obtained during initial credentialing. Other information that may be reviewed at

the time of recredentialing includes performance indicators collected through quality improvement programs, utilization management systems, grievances, member satisfaction surveys and other health plan activities.

Our medical director reviews all files; if a practitioner's file is deemed to be a clean file based on the predetermined criteria, the medical director has the authority to approve the practitioner for network participation. The medical director will review all cases with variation from predetermined criteria and maintains the authority to decide on the approval/denial of the practitioner for network participation and/or will escalate the file to the South Country Credentialing Committee for final determination. South Country's Credentialing Committee is convened monthly to review the credentialing files of practitioners who do not meet South Country's established criteria, when deemed necessary, by the medical director.

The credentialing department is also responsible for ongoing monitoring of practitioner sanctions, complaints, and quality issues between recredentialing cycles. Information from various regulatory entities, including practitioner licensing boards and the Office of Inspector General (OIG), is tracked, and documented. Any identified concerns are reviewed by the medical director, as well as other relevant leadership, with possible action taken to address or remedy the situation.

South Country is a member of the Minnesota Credentialing Collaborative (MCC), which has helped us benefit by having a reduction in staff time and resources required to complete practitioner credentialing applications. In 2022, we implemented a requirement for all providers to submit their credentialing/recredentialing applications through MCC, promoting it online through our Provider Manual, our South Country website, as well as in contracting introductory packets and provider newsletters. The driving force to require applications be submitted through MCC was for our credentialing staff to receive applications that are complete in their entirety, to reduce processing time, and to communicate application status updates to providers regarding their credentialing applications.

Organizational Assessments

South Country follows a documented policy and procedure for the assessments of organizational providers including, but not limited to, hospitals, home health care agencies, skilled nursing facilities, free-standing ambulatory surgery centers, and inpatient and residential behavioral health facilities. This process must be completed prior to the initiation of the organization's contract and at least every 36 months thereafter. We verify that the organization:

- Is licensed to operate in the state;
- Meets all state and federal licensing and regulatory requirements;
- Is in good standing with state and federal regulatory bodies;

- Maintains professional and general liability coverage that meets contractually established limits; and
- Is reviewed and approved by an appropriate accrediting body.

If an organizational provider is not accredited, we may conduct an onsite quality assessment if CMS or the state has not already conducted a site review of the provider, if the CMS or state review is greater than three years old (not applicable to backlog by the state due to circumstances beyond the state's control; e.g., a pandemic) at the time of verification, and/or the provider is in a micro or metropolitan area, as defined by the U.S. Census Bureau.

The Minnesota Nursing Home Report Card report (published annually through a collaborative effort between DHS and MDH) is also integrated into our organizational assessment process. This report provides a snapshot for South Country as to the patient safety, clinical quality, and quality of life available in those facilities, as demonstrated through multiple performance measures. At the time of initial and reassessment, the report card is obtained and incorporated into the review of the quality of care provided by the organization.

The organizational assessment approval processes are like the practitioner approval process, whereby the medical director reviews all files and approves them for network participation if the files are deemed to be clean. The Credentialing Committee reviews the assessments of organizations who do not meet South Country's established criteria, when warranted by the medical director.

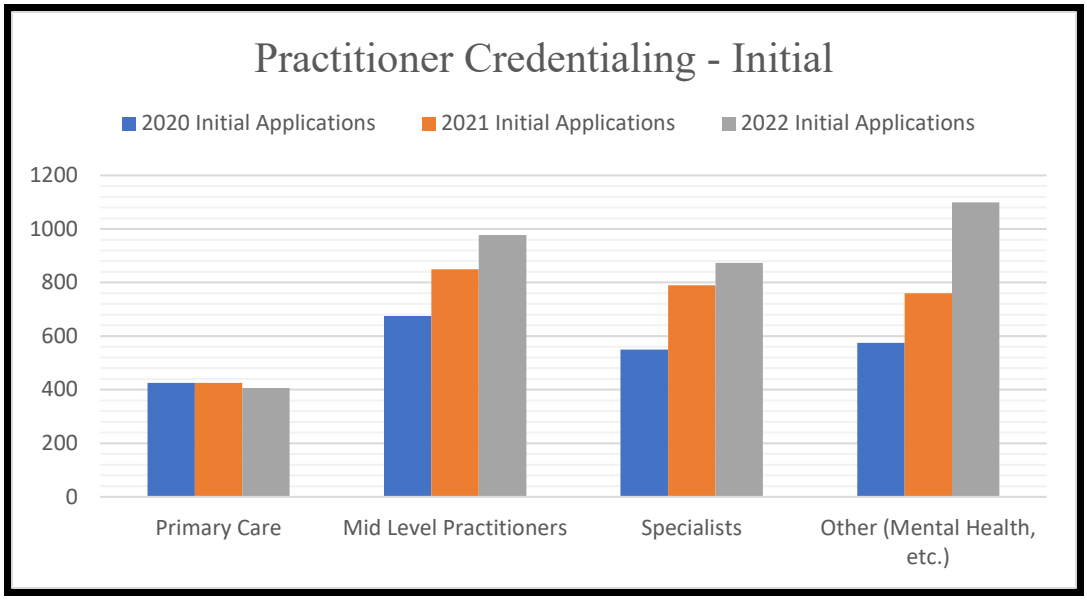
On an ongoing basis, credentialing staff review aspects of the credentialing program for opportunities to improve efficiencies and conduct new and refresher trainings on credentialing processes and database/system use to ensure timely and accurate completion of work. A credentialing turnaround time dashboard is utilized to monitor key metrics to ensure credentialing applications are being processed timely in accordance with state requirements, to anticipate major shifts in workflow related to application volume, and to support our goals of achieving and exceeding market benchmark performance. Elements of the dashboard include minimum, maximum, average, and median turnaround time for initial, recredentialing, clean and issue files. Compilation of the data to complete the dashboard provides the credentialing supervisor with the information to monitor the volume of applications submitted to South Country. This information is monitored monthly by the credentialing supervisor, with progress updates provided quarterly to the QAC.

Analysis

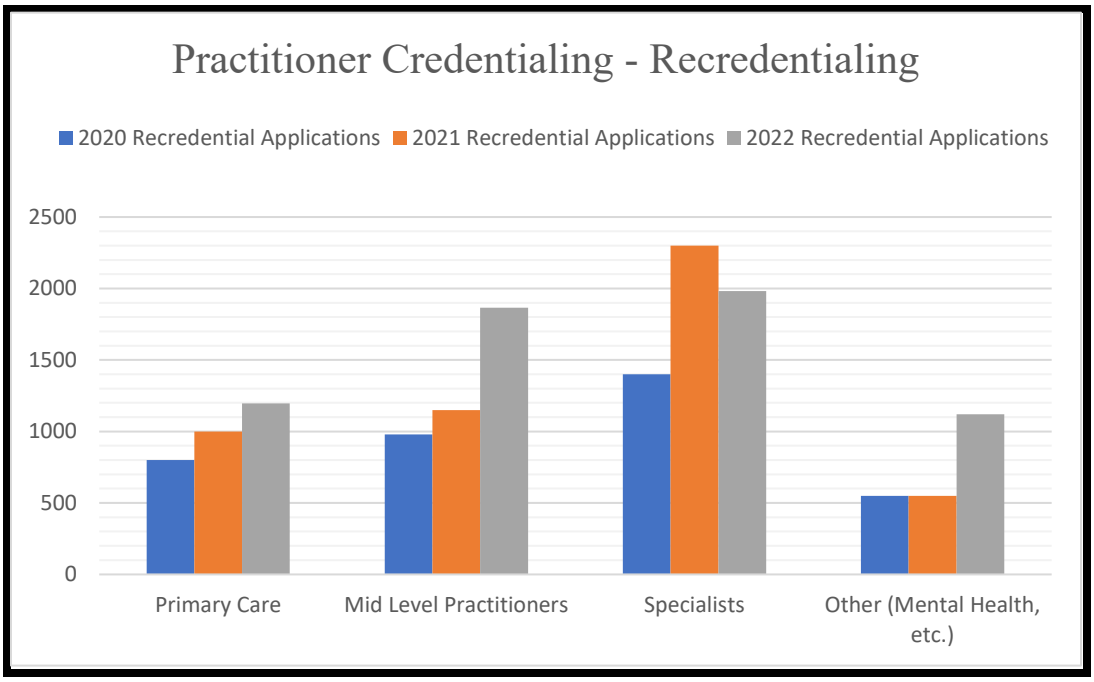
In 2022, the credentialing department credentialed 1,449 practitioners new to the network, and recredentialed 1,100 practitioners for continued network participation, for a total of 2,549 approved practitioners. In addition, there were 6,970 practitioners newly credentialed and

recredentialed through our delegation process with health systems: Allina Health System, CentraCare, Children's Health Care, Essentia Health Systems, Fairview Health Systems, Hennepin Healthcare System, Mayo Clinic Health System and Mayo Clinic Rochester, Olmsted Medical Center, MN Rural Healthcare Cooperative, and Sanford Health Systems. Shown in the tables below is the initial and recredentialing volume across the main provider types in comparison with previous years.

Practitioner Credentialing Volume – Initial



Practitioner Credentialing Volume – Recredentialing



South Country's credentialing department also completed 63 initial assessments and 73 reassessments of organizational providers that resulted in the assessment of 230 total facilities. In accordance with regulatory obligations, reassessments were completed within 36 months of the last assessment. NCQA does not prescribe a time frame for collecting the necessary information to assess initial organizational providers, but processes are in place to ensure applications are reviewed and acted upon in a timely manner for determining network participation. A turnaround time of less than 20 days was maintained for organizational assessment application processing in 2022.

Organizational Assessments: Initial			
Provider Types	**2020**	**2021**	**2022**
Hospitals	1	6	20
Home Health Facility	1	5	16
Skilled Nursing Facility	4	4	9
Ambulatory Surgery Center	0	5	9
Behavioral Health Facility	1	2	2
Substance Use Disorder Facility	7	6	33
Free Standing Birth Center	0	0	0
Total Facilities Assessed	**14**	**28**	**89**

Organizational Assessments: Reassessments			
Provider Types	**2020**	**2021**	**2022**
Hospitals	33	8	17
Home Health Facility	16	13	26
Skilled Nursing Facility	20	13	13
Ambulatory Surgery Center	3	5	12
Behavioral Health Facility	10	9	13
Substance Use Disorder Facility	69	17	60
Free-Standing Birth Center	0	1	0
Total Facilities Assessed	**151**	**151**	**141**

No on-site visits were completed in 2022 by South Country for provider organizations as part of their initial or reassessment application process. In 2022, all 136 organizational providers assessed were approved for network participation; however, 54 were approved with an ad-

interim, provisional status. This is a process South Country implemented, stemming from critical review of internal policies and regulatory requirements that revealed opportunities to improve the quality assurance strategy within the organizational assessment process. The decision to approve network participation ad-interim (e.g., review of specific factors in 6-12 months instead of 36 months) was determined for each case through a collaborative agreement between the organizational assessment specialist managing the case, the credentialing supervisor, and the medical director, based on administrative and/or member safety concerns. In 2022, these reasons included newness of the facility involved (e.g., operational for only a few months), pending confirmation from DHS or CMS that deficiencies from recent surveys had been remedied, a desire for the facility to demonstrate no additional regulatory negative action orders for a period of time, and an inability to provide proper documentation timely due to the implications from the COVID-19 pandemic.

A similar ad-interim approval process was utilized for individual practitioner applications. In 2022, South Country approved 37 practitioners for network participation with a scheduled interim review after one to two years. The purpose of this ad-interim approval process was to formalize the monitoring of continued practitioner compliance with administrative or professional criteria over which there was cause for concern, but not to the degree that warranted denied or restricted approval.

As previously mentioned, our credentialing dashboard was also monitored on a quarterly basis in 2022 to assess timeliness of credentialing activity and to assure that South Country was meeting the state requirement to process credentialing applications within 45 days for clean credentialing files and within 75 days for issue files. We achieved this target, with an average monthly turnaround time of 35 days for all credentialing applications. Aside from the evidence in the dashboard metrics, we experienced less application status update requests from providers inquiring about the status of their application for network participation. This was significant, as it means we processed applications timely for new practitioners and they were available to members for care in a timely manner, which allowed providers to have a more positive experience with us as the health plan, and the decreased demand on staff resources to address provider inquiries means more time to complete the credentialing work.

Also in 2022, the South Country credentialing department started maintaining the data for our PCA, transportation, and EIDBI contracted providers in the Intellisoft provider database. This allows our staff to capture PCA qualified supervisor information, transportation driver information, and different level of EIDBI provider information and provide the information to internal departments for reporting purposes and to better monitor the providers and make sure they have completed proper training and hold required licensing/certifications.

Next Steps

Practitioner credentialing and organizational assessment activities are significantly important to South Country. We understand the implications the program has on member access to care, especially in terms of having an adequate number of specialty providers, appointment availability, timeliness of accessing services, and patient safety. We also recognize the impact the credentialing process has on our relationship with providers; an easy and quick credentialing experience supports positive connections with providers, whose degree of satisfaction can influence that of members.

In 2023, South Country will continue to improve the delegate credentialing enrollment process to be more efficient and timelier by strengthening an import process that was created by the Intellisoft program for delegate credentialing reports received by South Country's larger contracted health systems. The import process was intended to replace manual data entry processes by directly uploading credentialing reports into the practitioner credentialing database. Unfortunately, the initial stages of the process did not work as planned and require additional support by Intellisoft staff to meet the importing requirements.

Additionally in 2023, South Country's credentialing supervisor will work with the provider network team to provide clear communication to providers completing contracting processes about requirements for credentialing and provide them with the applicable information they need to assure they follow the contractual agreement and credentialing requirements with South Country.

Organizational assessment initiatives for 2023 include strengthening the site survey process to conduct surveys at facilities that have surpassed the three-year CMS or state review because of a backlog on surveys due to the COVID-19 pandemic. In the past, South Country has relied on the state or CMS survey in lieu of South Country conducting the survey. However, it has been observed that the government agencies are quite backlogged.

South Country is committed to maintaining compliance with current federal and state regulations, as well as meeting provider expectations. We will continue to monitor the volume of workflow and our performance by processing credentialing applications and organizational assessments through the credentialing/organizational assessment dashboards. This regular monitoring will continue to serve as a valuable tool in ensuring we have adequate resources and are appropriately prioritizing our work.

Medical Record Review & Policy Review

Medical Record Review

Description

In accordance with Minnesota Rule 4685.1110, South Country Health Alliance (South Country) conducts ongoing evaluation of medical records to assure that medical records are maintained with timely, legible, and accurate documentation of all patient interactions. South Country uses a variety of mechanisms to monitor contracted provider compliance with this expectation; supporting this expectation is a general provision in South Country's provider agreements that obligate contracted providers to comply with all state and federal laws and regulations.

Process

South Country conducts ongoing audits of medical records maintained by contracted primary care and behavioral health providers.

South Country's goal is to identify 20 primary care providers and 10 behavioral health care providers for review of 30 randomly selected member medical records from each provider being audited. If there are not 30 medical records to be reviewed, all primary care medical records and behavioral health care medical records will be requested for review. The audit method of 8/30 is used for the audit. If the first eight medical records are compliant then the audit is complete; however, if the first eight medical records are not compliant then all remaining medical records will be reviewed.

The requested medical records include South Country member charts. The audit evaluates compliance with organizational standards/policies (confidentiality, release of information, record storage, etc.) and medical record content (format, documentation of services, documentation of treatment plans and follow-up, etc.).

Upon completion of the medical record review, a written summary report is provided to the providers' organization summarizing the findings and identifying areas requiring improvement. It is our expectation that providers achieve at least 90% compliance in each separate category of standards. Previous audited providers who did not meet the satisfactory threshold for compliance may be reassessed the following year in the areas that were noncompliant. Providers who do not satisfy the expected level of compliance may be placed on a performance improvement initiative.

Primary care providers and behavioral health providers are given the medical records review criteria upon contracting with South Country. In addition, providers continue to receive

communication from South Country at least annually. Such communication may be through the provider manual, provider newsletters, provider emails and through general postings on South Country's website.

In 2022, South Country reviewed a total of 20 primary care providers and 10 behavioral health providers for the medical record review. There were 24 primary care providers and nine behavioral health providers that were reaudited. The influx of providers that needed to be reaudited is due to an additional 10 primary care providers being audited in 2021 to account for the reduced number of audits in 2020 due to the COVID-19 pandemic.

Due to the volume of primary care providers that needed to be reassessed in 2022 and limited staffing, priority was assigned to re-audit the health care directive section for noncompliant providers. There were a small number of providers that were also noncompliant in the preventive care section. Their noncompliance was addressed in their results letters, but this section was not reaudited in 2022.

It was determined prior to beginning the 2022 medical review process that the questions for Section E, Health Care Directives, would be incorporated into Section B, Record Content. The findings for the health care directive questions are highlighted in the results section of this report, but for the purposes of assessing compliance the findings are included in Section B totals.

Results

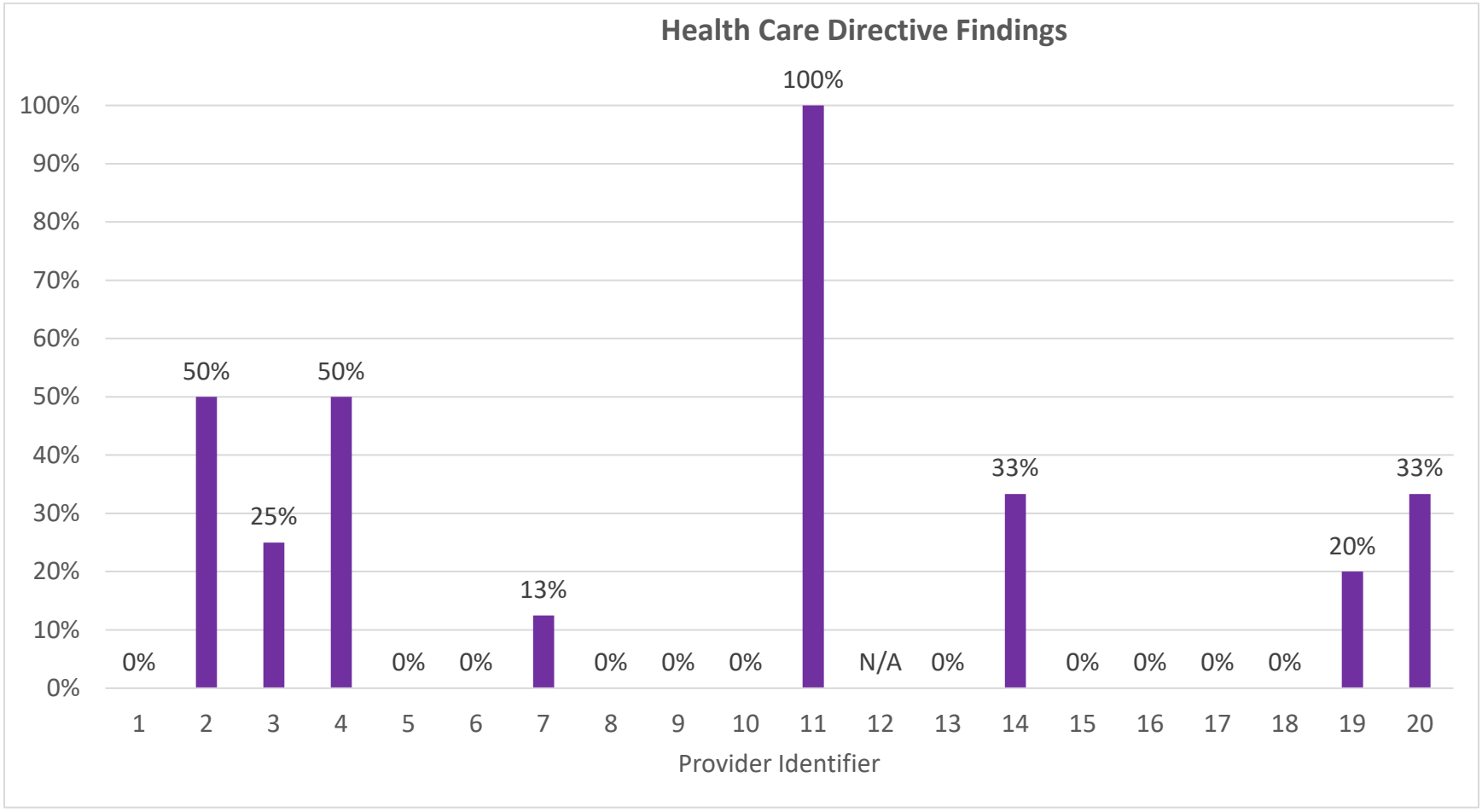
Primary Care Medical Record Review

Twenty primary care providers were reviewed in 2022 for the medical record review. The average for Section A, Record Format, for primary care providers was 100%. Section B, Record Content, had an average of 93%, and Section C, Assessment, Plan and Follow-Up, had an average score of 99%. Section D, Preventive Screening, had an average of 86% for primary care providers.

Results for the health care directive are highlighted below. These results were included in the scores for Section B. One provider, provider 12, was not assessed for health care directives. The member population did not meet the requirements for this review, so the results are presented as "N/A."

2022 Primary Care Provider Medical Chart Review Summary					
Total Primary Care Providers	Total Member Charts Reviewed	Section A: Record Format	Section B: Record Content	Section C: Assessment, Plan, F/U	Section D: Preventative Screening
20	215	100%	93%	99%	86%

2022 Primary Care Provider Medical Chart Review Results					
Primary Care Provider Identifier	Total Member Charts Reviewed	Section A: Record Format	Section B: Record Content	Section C: Assessment, Plan, F/U	Section D: Preventative Screening
1	9	100%	98%	100%	94%
2	14	100%	98%	100%	100%
3	10	100%	95%	100%	94%
4	14	100%	99%	99%	93%
5	8	100%	98%	100%	100%
6	18	100%	95%	100%	94%
7	30	100%	96%	100%	92%
8	5	100%	90%	100%	100%
9	7	100%	95%	100%	100%
10	8	100%	87%	100%	100%
11	2	100%	100%	100%	75%
12	9	100%	100%	99%	100%
13	7	100%	87%	97%	64%
14	6	100%	94%	100%	91%
15	14	100%	91%	97%	88%
16	13	100%	87%	94%	77%
17	17	100%	83%	94%	79%
18	6	100%	91%	98%	92%
19	15	100%	86%	99%	57%
20	3	100%	89%	100%	33%


Health Care Directive Findings
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0%
50%
25%
50%
0%
0%
13%
0%
0%
0%
100%
N/A
0%
33%
0%
0%
0%
0%
20%
33%
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
Provider Identifier

Primary Care Medical Record Review (Health Care Directive) Follow-up (2020, 2021)

Twenty-four primary care providers were re-evaluated for health care directives. Seventeen of the reaudited primary care providers were part of the standard 2021 MRR audit. The remaining seven reaudited primary care providers were audited in 2021, but they were considered part of the 2020 audit.

There was a slight increase in the health care directive section at 17%. However, the average score was still well below the 90% threshold. Seven of the providers that were re-audited improved their scores, but only two of the providers that were reaudited surpassed the compliance threshold.

Primary Care Medical Record Review - 2020 and 2021 Results, Reaudited 2022

Total Primary Care Providers re-evaluated	2020/2021 Health Care Directive Average	Health Care Directive Re-Audit Average	Increase in results re-evaluated in 2022
24	16%	17%	1%

Behavioral Health Medical Record Review- 2022 Results

Ten behavioral health care providers were reviewed in 2022.

Section A, Record Format, and Section B, Record Content, both were at 100% for the behavioral health providers. Section C, Assessment, Plan and Follow-Up, was at 99%. Only one of the providers audited had members that met the criteria for auditing health care directives/advanced psychiatric directive. The provider's score was 100% for Section D. All behavioral health providers that were audited in 2022 were found to be compliant in each section. No providers will need to be reaudited in 2023.

2022 Behavioral Health Provider Medical Chart Review Results					
Primary Care Provider Identifier	Total Member Charts Reviewed	Section A. Record Format	Section B. Record Content	Section C. Assessment, Plan & Follow up	Section D. Health Care Directives/Advance Psychiatric Directives
1	10	100%	100%	100%	N/A
2	9	100%	100%	97%	N/A
3	8	100%	100%	100%	N/A
4	8	100%	100%	98%	N/A
5	9	100%	100%	95%	100%
6	8	100%	100%	100%	N/A
7	8	100%	100%	100%	N/A
8	8	100%	100%	98%	N/A
9	8	100%	100%	100%	N/A
10	7	100%	100%	98%	N/A

Behavioral Health Medical Record Review - Reaudited 2022

One behavioral health provider was reaudited in 2022. The provider was found to be compliant in Section A and B, with 100% compliance scores. The provider was not compliant in Section C, Assessment, Plan and Follow-Up. The provider was not reviewed for health care directives.

Summary

In 2022, the medical record review process was a random selection of all contracted primary care providers and behavioral health care providers. This year was the first year that the health care directive questions were incorporated into Section B: Record Content. These questions continue to be an area where providers can improve. South Country will continue to provide feedback to providers regarding health care directive requirements and reaudit providers as appropriate.

Next Steps

Previously audited providers in 2022 who did not meet satisfactory threshold of compliance will be reassessed the following year in the areas that were non-compliant. Providers who did not satisfy the expected level of compliance may be placed on a performance improvement initiative.

Providers that were reaudited this year and were not found to be compliant will not be reassessed next year. The reaudit findings will be communicated to the providers. These providers will be audited in future years.

Organizational Policy Review

Description

South Country ensures that primary care providers and behavioral health providers maintain organizational policies in accordance with state and federal laws and all applicable South Country standards.

If a provider's organization is accredited by The Joint Commission, the provider does not need to provide copies of their policies as those are reviewed during accreditation process. South Country verifies accreditation during organizational assessment.

The following organization policies/procedures were requested from each primary care and behavioral health care provider that was reviewed for the medical record review.

1. Organization compliance with patient rights and patient complaint system.
2. Confidentiality of patient medical information.
3. Procedures regarding release of information.
4. HIPAA regulations and requirements.
5. Retention of medical records for a minimum of 10 years.
6. Monitoring fraud, waste, and abuse.
7. Quality management program, which describes their description and work plan.
8. Process of discussing advance directives with patients (members).

Summary

South Country will continue to complete outreach to the provider's organization who did not provide copies of their polies and report the findings at next year's medical record review.

South Country Health Alliance
Evaluation of the 2022 Quality Program

Section 5 – Health Services

Clinical Practice Guidelines

Description

South Country actively adopts and disseminates evidence-based clinical practice guidelines to its providers, utilization management (UM) team and appropriate county staff. The practice guidelines support preventive care services, management of chronic diseases and behavioral health care topics that are prevalent among South Country members. When applicable, South Country uses current clinical practice guidelines as the basis for medical necessity decisions, determinations for service coverage, as well as member and provider education.

Process

South Country's medical director, health services team and quality Improvement staff identify and review practice guidelines with support from other staff as needed. The process includes reviewing Healthcare Effectiveness Data and Information Set (HEDIS) rates, Star Ratings, and utilization management rates to ensure that the selected guidelines are relevant and appropriate for each of South Country's populations, including seniors and persons with disabilities. The Quality Assurance Committee (QAC) reviews and approves the adoption of practice guidelines each year. The 2022 clinical practice guidelines were reviewed and approved at the December 2, 2022, QAC meeting.

As part of their provider participation agreement with South Country, contracted medical providers are encouraged to follow and implement the practice guidelines endorsed by South Country. On an annual basis, South Country evaluates medical provider compliance with and performance on specific practice guidelines. This process utilizes HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey activities, thereby ensuring that sound methodologies are followed. Results of provider performance with practice guideline measures are reviewed by South Country's quality and health services departments, the QAC and other stakeholders as appropriate. Low-performing measures are targeted for improvement, with the development of improvement initiatives, as needed, to address lower compliance with guidelines.

Providers are educated about current practice guideline recommendations through a variety of venues, which may include but are not limited to the online provider manual, care coordination training, and provider newsletters and updates. The design of South Country's member health promotion programs, quality improvement projects and population health program also incorporate the practice guidelines adopted by South Country.

The table below shows the guidelines approved by the QAC for 2022 promotion. The primary sources of guidelines are indicated in bold font. Also note that all measures listed are monitored because of their relevance to the associated guideline, but those noted in the measurement column are priority outcome measures assessed for compliance with the respective topics.

2022 Practice Guidelines				
Guideline	**Population**	**Source**	**Measurement**	**Rationale**
Preventive Health: ***Preventive Services for Adults***	X PMAP/MNCare X MSHO/MSC+ X SNBC	**USPSTF**	• **Access to preventive services** • Breast cancer screening • Cervical cancer screening • Flu/pneumonia vaccinations	• Maintain optimal health • Ensure access to care • Address over/under utilization • Decrease emergency room (ER) rates for preventable illness • Improve rate of primary care services
Preventive Health: ***Preventive Services for Children & Adolescents***	X PMAP/MNCare _ MSHO/MSC+ _ SNBC	**USPSTF** **AAP**	• **Access to primary care practitioners** • Childhood immunizations • Well-child visits	• Maintain optimal health • Ensure access • Address over/under utilization • Decrease ER rates for preventable illness • Improve rate of primary care services
Preventive Health: ***Prenatal Care***	X PMAP/MNCare _ MSHO/MSC+ _ SNBC	**AAFP**	• **Timeliness of prenatal care** • **Post-partum care**	• High percentage of population is pregnant • Ensure access to care • Address underutilization • Promote optimal outcomes for mother and newborn
Chronic Condition: ***Diagnosis & Management of Type 2 Diabetes in Adults***	X PMAP/MNCare X MSHO/MSC+ X SNBC	**ADA** ICSI	• Comprehensive diabetes care **- A1C test** - Lipid profile/control - Renal assessment - Eye exam - Blood pressure	• Approximately 5% of members have diabetes • Over 15% of seniors and SNBC members have diabetes • Reduce likelihood of short and long-term complications • Improve quality of life
Chronic Condition:	X PMAP/MNCare _ MSHO/MSC+	**GIA**	• **Use of appropriate medications**	• High prevalence among adults & children • Address morbidity/mortality

2022 Practice Guidelines				
Guideline	**Population**	**Source**	**Measurement**	**Rationale**
Diagnosis & Management of Asthma	_ SNBC			• Reduce likelihood of complications, ER use and hospitalizations • Improve quality of life
Chronic Condition: ***Diagnosis & Treatment of Hypertension***	X PMAP/MNCare X MSHO/MSC+ X SNBC	**AHA**	• **Controlling high blood pressure**	• High prevalence especially among seniors and SNBC members • Address morbidity/mortality • Reduce likelihood of complications and hospitalizations
Behavioral Health: ***Treating Adult Depression***	X PMAP/MNCare X MSHO/MSC+ X SNBC	**ICSI**	• **Anti-depressant medication management**	• Ensure access to care • Promote medication management and adherence • Address over/under utilization
Behavioral Health: ***Assessment & Treatment of ADHD for Children & Adolescents***	X PMAP/MNCare _ MSHO/MSC+ _ SNBC	**AAP**	• **ADHD treatment follow-up care**	• Ensure access to care • Promote appropriate prescribing and use of medications • Promote medication adherence • Address over/under utilization

AACAP: American Academy of Child & Adolescent Psychology
AAP: American Academy of Pediatrics
ACC: American College of Cardiology
ACOG: American College of Obstetrics and Gynecology
ACPM: American College of Preventive Medicine
ADA: American Diabetes Association
AHA: American Heart Association
DHS: Minnesota Department of Human Services (Child & Teen Checkup Schedules)
GIA: Global Initiative for Asthma
ICSI: Institute for Clinical Systems Improvement
SNBC: Includes AbilityCare, SingleCare, and SharedCare products
USDHHS: U.S. Dept of Health & Human Services, National Institutes of Health
USPSTF: U.S. Preventive Services Task Force

Analysis and Next Steps

As previously explained, South Country evaluates provider compliance with and performance on specific practice guidelines primarily through related HEDIS measures. The tables below identify performance with the measures over three-year trend; note that rates are based on measurement year (MY).

Preventive Health: Preventive Services for Adults

HEDIS: Adult Access to Preventive Services			
Products	**MY2019 HEDIS**	**MY 2020 HEDIS**	**MY2021 HEDIS**
PMAP/MNCare	84.3%	80.2%	81.0%
SeniorCare Complete (MSHO)	98.6%	97.5%	98.0%
AbilityCare	97.8%	97.9%	98.4%
SingleCare/SharedCare	94.9%	92.8%	94.35%

Rates for adult access to preventive services have remained stable and in line with state averages over the last five years for all populations. This is attributed to our comprehensive provider networks within member and neighboring counties, as well as the presence and support of care coordinators for SeniorCare Complete, AbilityCare, and SingleCare/SharedCare members. To ensure the positive trend is maintained, we will continue to monitor access to care through GeoAccess reporting of provider networks, grievances and appeals and member surveys.

Preventive Health: Routine Prenatal Care and Post-Partum Care

HEDIS: Timeliness of Prenatal Care			
Products	**MY2019 HEDIS**	**MY 2020 HEDIS**	**MY2021 HEDIS**
PMAP/MNCare	78.3%	78.4%	76.9%

HEDIS: Post-partum Care			
Products	**MY2019 HEDIS**	**MY 2020 HEDIS**	**MY2021 HEDIS**
PMAP/MNCare	81.7%	80.5%	82.1%

Prenatal and postpartum rates remained stable over the past three measurement years. We continue to promote the importance of consistent prenatal and postpartum care to members through health promotion incentive programs and other educational campaigns. In 2022, South Country implemented additional outreach and interventions related to our Healthy Start for Mothers and Babies Performance Improvement Project (PIP).

Chronic Condition: Diagnosis & Management of Type 2 Diabetes in Adults

HEDIS: Diabetes Care Results – A1c Testing			
Products	**MY2019 HEDIS**	**MY 2020 HEDIS**	**MY2021 HEDIS**
PMAP/MNCare	92.8%	87.6%	90.6%
SeniorCare Complete (MSHO)	94.5%	89.7%	93.7%
AbilityCare	95.8%	93.1%	95.8%
SingleCare/SharedCare	92.2%	88.4%	92.3%

In general, we are pleased with the continued high compliance of diabetes A1c testing, as it is reflective of the work our clinic systems are doing to support patient-centered management of chronic conditions. MY2021 rate increases across all products compared to MY 2020 rates may also be reflective of increased access to diabetic testing supplies and new, consumer-friendly technologies. In MY2022, NCQA revised the comprehensive diabetes care measure into separate measures for blood pressure control, HbA1c control and retinal eye exams. The HbA1c control measure does not include testing but does include HbA1c control (<8.0%) and poor control (>9.0%).

Chronic Condition: Diagnosis and Treatment of Hypertension

HEDIS: Controlling Blood Pressure			
Products	**MY2019 HEDIS**	**MY 2020 HEDIS**	**MY2021 HEDIS**

PMAP/MNCare	54.5%	55.5%	66.2%
SeniorCare Complete (MSHO)	64.9%	64.9%	77.2%
AbilityCare	68.7%	84.5%	90.0%
SingleCare/SharedCare	56.9%	62.2%	74.5%

The controlling blood pressure rate increased significantly in MY2021 for all products compared to MY 2020. We continue to closely monitor these rates to develop and implement interventions as needed.

Behavioral Health: Treating Adult Depression

HEDIS: Anti-Depressant Medication Management (Acute Phase)			
Products	**MY2019 HEDIS**	**MY 2020 HEDIS**	**MY2021 HEDIS**
PMAP/MNCare	58.7%	55.0%	61.7%
SeniorCare Complete (MSHO)	86.7%	88.9%	80.4%
AbilityCare	80.7%	89.3%	72.2%
SingleCare/SharedCare	48.2%	51.9%	52.1%

Anti-depressant medication management rates decreased in MY2021 for our SeniorCare Complete and AbilityCare members compared to MY 2020. Our health services team continues to monitor members and does outreach to these members to support them as needed.

Behavioral Health: Assessment & Treatment of ADHD for Children and Adolescents

HEDIS: Follow-up Care for Children Prescribed ADHD/ADD Medication-Initiation			
Products	**MY2019 HEDIS**	**MY 2020 HEDIS**	**MY2021 HEDIS**
PMAP/MNCare	34.3%	35.0%	30.67%

The HEDIS measure for follow-up care provided to children taking ADHD/ADD medication focuses on children 6-12 years of age who complete a follow-up visit with a practitioner within 30 days of medication initiation. Another measure monitors the follow-up care children receive over a 10-month period following medication initiation. However, these measures have a small number of eligible members and so caution must be used when noting significant fluctuations in rates from year to year.

Next Steps

Overall, South Country is pleased with the alignment of member care to priority practice guidelines as indicated by the positive performance with many of the measures described above. South Country will continue to promote the guidelines and monitor provider compliance through related HEDIS and CAHPS measures. Internal work groups are in place with representation from multiple departments to collaborate and support each other in improvement strategies. These work groups will evaluate outcomes again for measurement year 2022 and develop strategies to improve selected low performing measures such as anti-depressant medication management. Interventions will be monitored to ensure that successful progress is being made.

Health Care Directives

Description

South Country plays a key role in the support of members completing a health care directive. The conversations related to advance planning of health care decisions are not necessarily easy but are important.

A health care directive can provide family and health care teams with the clarity needed as to what a member would want in the most critical and emotional time of a health care crisis when a member cannot speak for themselves. South Country has processes in place to comply with the health care directive (advance directive) requirements outlined in applicable Minnesota and federal laws. Advance directives are defined as a written instruction, such as a living will, POLST, or durable power of attorney for health care, recognized under state law, relating to the provision of health care when an individual is incapacitated. All individuals 18 years and older may complete an advance directive, if desired.

Process

South Country maintains written policies and procedures concerning advance directives with respect to all adult individuals receiving medical care by or through a South Country provider or care coordinator. These policies and procedures respect the implementation of these rights.

As a partnering role in educating our members, South Country provides all members, at the time of their enrollment, a written description of health care directives as applicable in the state law governing advance directives. This material includes the information regarding members' right to accept or refuse medical or surgical treatment and to execute a living will, durable power of attorney for health care decisions, or other health care directives. It also includes information regarding the written policies of South Country with respect to implementing this right and the members' ability to file a complaint.

South Country and its providers may not condition treatment or otherwise discriminate based on whether a member has executed an advance directive. South Country requires providers to document in the member's medical record whether the member has an advance directive. Audit compliance on this topic is completed on contracted providers. Results of these audits are shared with the medical providers upon completion of the audit, allowing South Country to provide supporting regulatory references and discuss strategies for improving compliance with this requirement. Additional detail on the compliance of providers can be found in the medical record review chapter of this report.

Advance directives are incorporated into care coordination services provided to senior (SeniorCare Complete and MSC+) and SNBC (AbilityCare, SingleCare and SharedCare) members by county public health and social service agencies or care systems on behalf of South Country. South Country has embedded advance directive questions into its health risk assessment and care plan, and it is part of the discussion between care coordinators and our members.

Care coordinators inquire whether the member does or does not have an advance directive and initiate discussions with their respective members when the lack of a documented advance directive is reported by the member or noted as such in the member's assessment or individualized care plan. Communication about advance directives is expected to occur, as appropriate, between the care coordinator and the member's physician at least annually for all members who have agreed to complete a health assessment and care plan.

For members who reside in the community, care coordinators from our delegated counties/ care systems are required to document on the member's care plan whether the member has an advance directive, refused to initiate an advance directive, whether having an advance directive is culturally inappropriate, that the topic was discussed, and that a copy of South Country's health care directive form was left with the member, as appropriate. Member care plans are housed in South Country's electronic care plan system, the South Country Care Plan Application.

For members who reside in a nursing facility, advance directives can be addressed at a nursing facility care conference or in the members nursing home medical record. The location of the advance directive must be documented on the member's South Country "Nursing Home HRA and Care Plan" document. Care coordinators who educate members regarding advance directives, as well as other staff who may discuss advance directives with members, are trained annually regarding South Country's advance directive process and the care coordinator's critical role in assisting members with end-of-life planning. This process is monitored annually through the care coordination delegation audit and described in the delegation oversight program section of this report.

South Country provides annual training around the importance of advance care planning. In 2022, training occurred at our virtual Annual Care Coordination Conference.

Analysis

Regarding care coordination activities, the table listed below depicts compliance among care coordinators initiating discussion with senior and SNBC members about advance directives as evidenced by documentation in the member's care plan.

The target rate for completion is 95% compliance. As documented in the table below, the members receiving care coordination was at 100% for having an advance directive, documentation of conversation, documentation of member refusal to discuss, and/or documentation of the reason why conversation was not initiated.

Compliance Rates for Health Care Directives			
	2020	2021	2022
Elderly Waiver	100%	100%	100%
Community Well	100%	99%	100%
SNBC	100%	100%	100%

Next Steps

South Country is pleased with the work done by care coordinators to promote and support member engagement with advance directives. Best practices are identified among high performing delegates and shared with others. South Country continues to give attention to this requirement, even though compliance is high, as it is viewed as very important relating to member choice. This element will remain part of the annual delegation oversight process in the future with our county partners and contracted care systems.

Model of Care

Description

In accordance with Minnesota and federal managed care requirements, South Country maintains comprehensive Model of Care (MOC) programs: Fully Integrated Dual Eligible Special Needs Plan (SNP) SeniorCare Complete (MSHO, H2419) and Highly Integrated Dual Eligible SNP AbilityCare (SNBC, H5703). The MOC follows the National Committee for Quality Assurance (NCQA) standards and ensures that all SNP members receive initial and ongoing health risk assessments (HRAs), as well as an individualized care plan (ICP) to encourage the early identification of member health status, member choice, goal setting, and allow coordinated care to improve their overall health. SNP members receive care transition services as part of care coordination.

In February 2020, South Country submitted our MOCs to CMS for calendar years 2021, 2022 and 2023 for both SeniorCare Complete and AbilityCare. On Monday, April 13, 2020, we received confirmation that our MOCs were accepted, and we received the maximum of a three-year approval for both contracts.

Multiple departments at South Country contribute to the development, monitoring and training of the Model of Care as described in its four primary sections:

- Description of the SNP Population;
- Care Coordination;
- SNP Provider Network; and
- Quality Measurement and Performance Improvement.

Process

Underlying the SeniorCare Complete and AbilityCare program philosophies is a care coordination model driven by a member-centered, interdisciplinary care team (ICT) approach, of which the member, and their family or authorized representative, if applicable, is an integral participant. The ICT is focused on the member's needs, strengths, abilities, choices, and preferences for care, and is responsible for developing strategies in collaboration with the member's primary care provider(s), other health care providers, and in partnership with the member's care coordinator to meet the member's wishes and needs, with the result of better health outcomes. South Country primarily utilizes county-based care coordinators to provide the overall care coordination of the member's needs due to their wealth

of experience with service coordination and knowledge of the additional local resources and services available within the community.

The health risk assessment (HRA) is performed face-to-face in the community at a location of the member's choice. Due to the COVID-19 pandemic, HRAs were allowed to be completed by phone or video visit based on waivers and accommodations both from the Minnesota Department of Human Services (MN DHS) and CMS, but face-to-face assessments still occurred. This process continued into 2022. The health risk assessment tool utilized is either the Long-Term Care Consultation tool developed by the state of Minnesota, South Country's health risk assessment, or the skilled nursing facility (SNF) health risk assessment tool. Initial HRAs are completed within 30 days of the member enrolling onto SeniorCare Complete or AbilityCare. Reassessments are completed annually (no more than 365 days) from the member's previous HRA.

Members have the choice to complete the HRA. If a member refuses to complete the HRA, they continue to have an assigned care coordinator. The care coordinator will reach out to the member at least annually, within 365 days of enrollment or a completed HRA, for any hospitalization, or any changes in the member's utilization patterns.

At times, members are also unable to be reached. Care coordinators complete four attempts to reach the member. Typically, there are three phone calls and one unable to reach letter sent to the member. If the member is unable to be reached, they continue to have a care coordinator assigned to help them. The care coordinator will reach out to the member at least annually, within 365 days of enrollment or a completed HRA, for any hospitalization, or any changes in the member's utilization patterns.

South Country uses our electronic-based care plan in the South Country Care Plan Application for all products and programs, except members residing in the nursing home. The care plan in the Care Plan Application was built off the Collaborative Care Plan (CCP). The CCP has been approved by the Minnesota Department of Human Services (MN DHS) and is utilized by multiple health plans across the state. The care plans for members residing in the nursing home are completed in our electronic documentation system, TruCare. The individualized care plan is developed using evidence-based practice guidelines, is driven by the member, and incorporates the philosophy of person-centered planning. The written care plan is shared with the member and the member's ICT.

South Country's Model of Care/Care Coordination Workgroup is a subcommittee of the Public Health & Human Services Advisory Committee. The Model of

Care/Care Coordination Workgroup serves as a resource for the evaluation of policies and procedures of South Country's care coordination program. The workgroup reviews and implements the Model of Care for SeniorCare Complete, AbilityCare, MN DHS care coordination requirements and federal requirements. The primary responsibility of the group includes:

- Collaborating with South Country on the care coordination program design, changes, and ongoing review of processes;
- Recommending changes or improvement suggestions to South Country;
- Providing general feedback on the operations of South Country's care coordination program; and
- Bringing forward any county questions, concerns, and issues for discussion as they relate to the South Country Care Coordination Program.

The workgroup is made up of participants from each county with a variety of positions including a director of human services, supervisors, and care coordinators. South Country has individuals from the community engagement team, compliance team, and health services team present with a variety of positions including the director of community engagement, care systems managers, and the regulatory audit manager.

The overarching goals for South Country's Model of Care for both SeniorCare Complete and AbilityCare are listed below. We have multiple measures within each overarching goal to work on.

- Improve the ease of navigating the clinical and social system for the member and assure that the member has access to the right service, at the right time, from the right provider, and that it is affordable.

- Assure that members receive care and services from a system that is seamless for members across health care settings, providers and county health and social services.

South Country has a well-established MOC training plan for employees, county, and care system staff. Video training was completed due to COVID-19 pandemic restrictions for our annual care coordination conference in August of 2022. The annual care coordination conferences are attended by care coordinators, community care connectors, supervisors, and case aides who work with SeniorCare Complete and AbilityCare members. After the annual care coordination conferences, South Country cross-referenced the individuals who attended the annual training to the care coordinators who have access to TruCare. Any care coordinators who have SeniorCare Complete or AbilityCare

members on their caseload were provided with a one-page training document to review and an attestation to sign.

Internal South Country staff who interact with AbilityCare or SeniorCare Complete members review written MOC training materials each year and attest to their understanding of South Country's MOC. Written MOC materials are also shared with stakeholders and providers.

Analysis

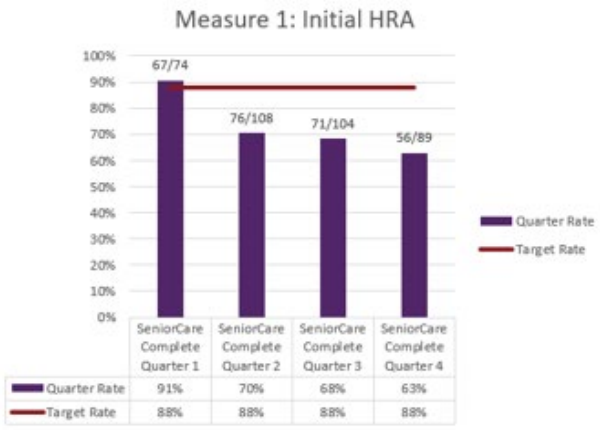
The current measurement period for the MOC analysis is January 1, 2022 – December 31, 2022, and utilizes data sources from TruCare, South Country's data warehouse, and South Country's BI Server reporting module.

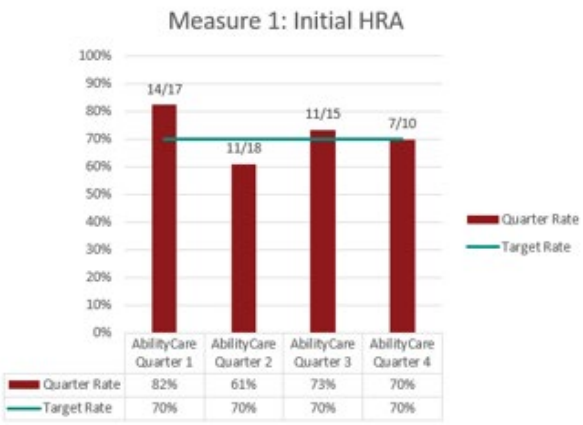
MOC goals and measurable outcomes are reviewed at least quarterly by the community engagement team and reported to South Country's Quality Assurance Committee (QAC) twice a year. The tables below show the measurable outcomes and processes used to evaluate the MOC goals. The data and analysis below review the second year of data for the 2021-2023 MOC.

Goal 1: Improve the ease of navigating the clinical and social system for the member and assure that the member has access to the right service, at the right time, from the right provider, and that it is affordable.

Members will receive integrated care coordination and service accessibility including preventive health services and comprehensive coordination of all services to meet their needs and wants across the continuum: social services, public health, medical and other community services. A health risk assessment will be completed, and an individual care plan will be developed collaboratively by the care coordinator and the enrollee, if the enrollee is willing, with input from the enrollee's interdisciplinary care team.

Measure 1: The percentage of enrollees who have a completed an initial health risk assessment within 30 days of enrollment.
SeniorCare Complete Annual Target Rate: 88%
AbilityCare Annual Target Rate: 70%



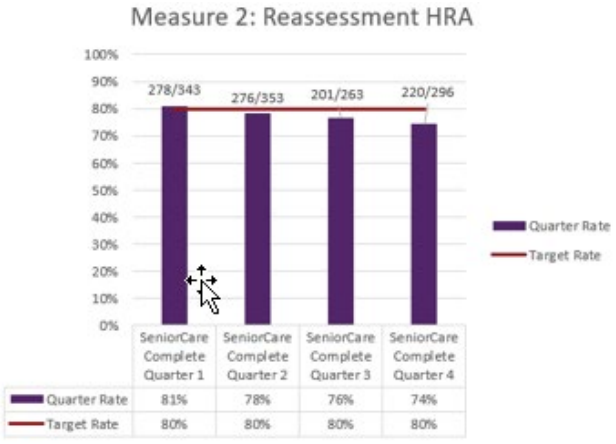


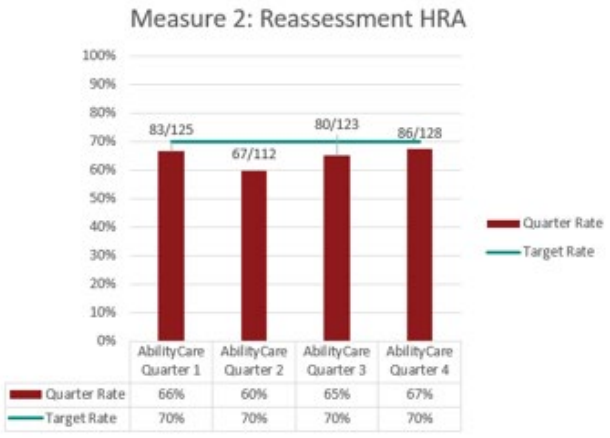
We experienced a downward trend in the completion of SeniorCare Complete health risk assessments throughout 2022. The health risk assessment completion for AbilityCare members was steady throughout the year. Both products were above benchmark for the first quarter, but below or at benchmark for the remainder of 2022. We had an increase in overall enrollment compared to the previous year, causing the total number of health risk assessments to increase.

Measure 2: The percentage of enrollees who have an annual health risk assessment completed no more than 365 days from the previous health risk assessment.

SeniorCare Complete Annual Target Rate: 80%

AbilityCare Annual Target Rate: 70%

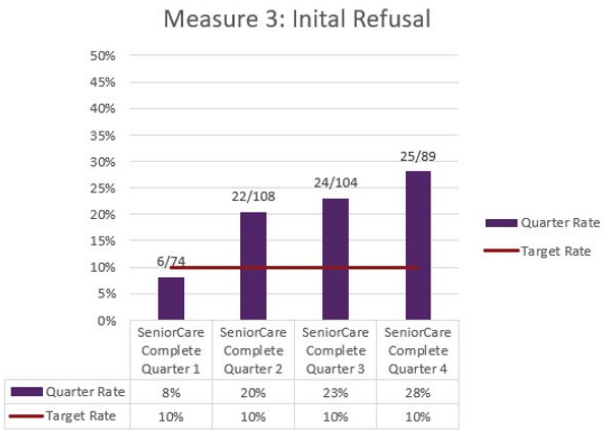


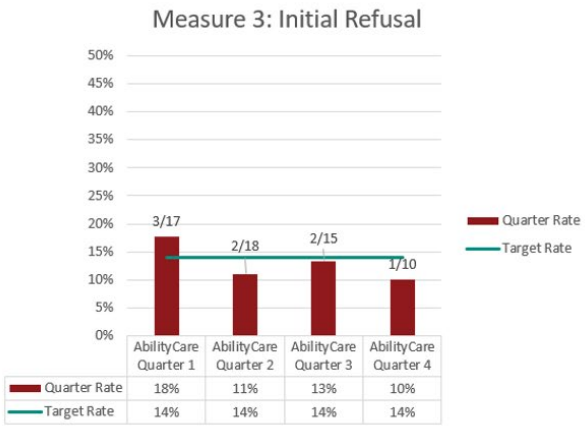


Overall, SeniorCare Complete and AbilityCare reassessment health risk assessments were near benchmark most of 2022.

Measure 3: The percentage of enrollees who actively refused to participate in an initial health risk assessment within 30 days of enrollment.

SeniorCare Complete Annual Target Rate: 10%
AbilityCare Annual Target Rate: 14%

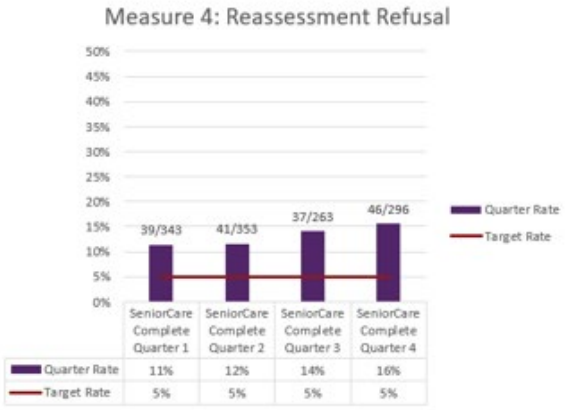


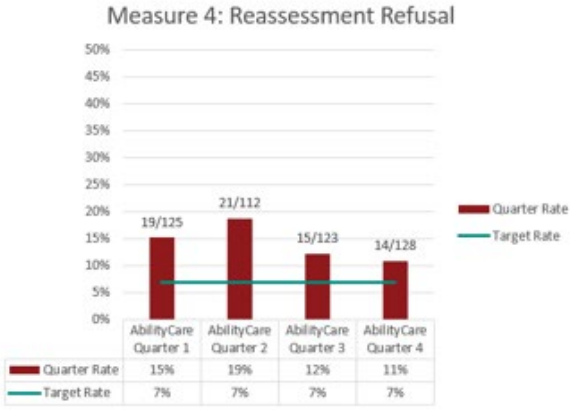


The SeniorCare Complete percentage of initial refusals for the health risk assessment was down in the first quarter, below the benchmark by 2%, but then grew as the year progressed to 18% above benchmark. There was a steady decrease in AbilityCare initial health risk assessment refusals. Overall, AbilityCare was below the benchmark by upwards of 4% in the last three quarters of 2022. This is a remarkable difference compared to last year's AbilityCare initial health risk assessment refusals, which averaged 23% in 2021.

Measure 4: The percentage of enrollees who actively refused to participate in an annual health risk assessment no more than 365 days from the previous health risk assessment or no more than 365 days from the enrollee's enrollment month.

SeniorCare Complete Annual Target Rate: 5%
AbilityCare Annual Target Rate: 7%

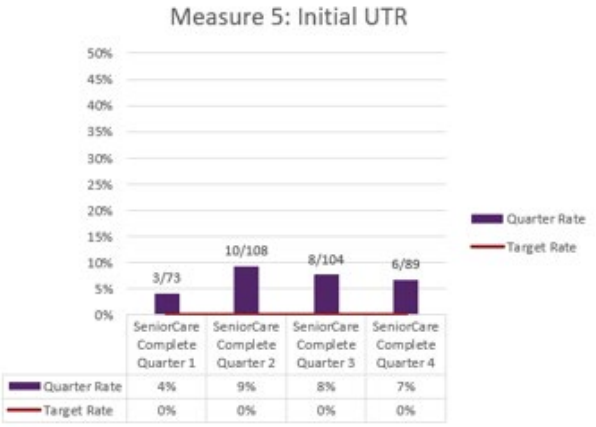


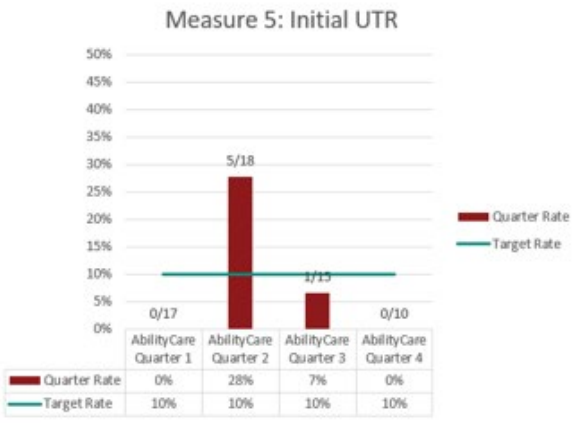


SeniorCare Complete showed an increase throughout 2022 of reassessment refusals. However, AbilityCare showed a steady decline in reassessment refusals after the second quarter. The AbilityCare data is similar to 2021.

Measure 5: The percentage of enrollees who are unable to be reached to participate in an initial health risk assessment within 30 days of enrollment.

SeniorCare Complete Annual Target Rate: 0%
AbilityCare Annual Target Rate: 10%

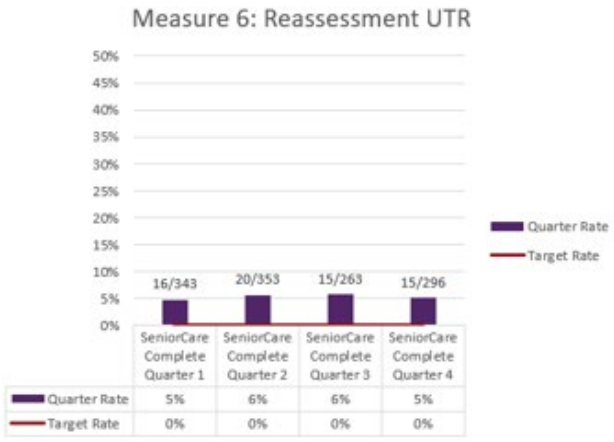


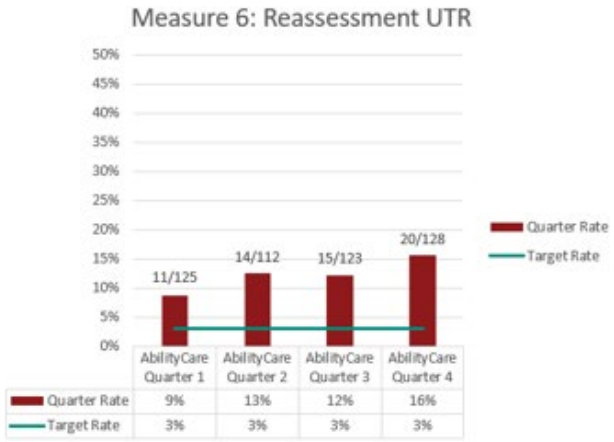


SeniorCare Complete had a higher rate of members who were unable to be reached in 2022 than in 2021, a 10% increase from last year. AbilityCare was lower than its benchmark of 10% for almost the entire year. In the second quarter there was an increase in AbilityCare members who were unable to be reached.

Measure 6: The percentage of enrollees who are unable to be reached to participate in an annual health risk assessment no more than 365 days from the previous health risk assessment or no more than 365 days from the enrollee's enrollment month.

SeniorCare Complete Annual Target Rate: 0%
AbilityCare Annual Target Rate: 3%



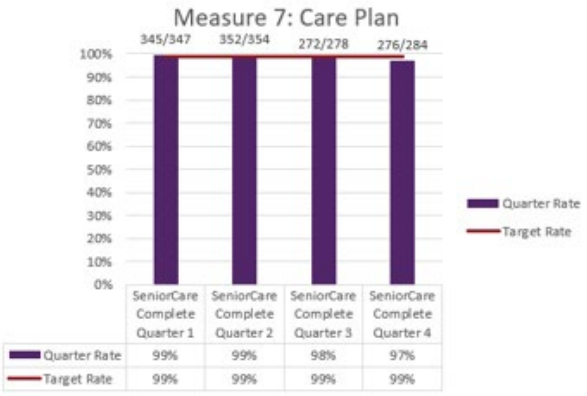


SeniorCare Complete was close to benchmark for the entire year of 2022. AbilityCare stayed consistently above benchmark with the first quarter being the lowest at only 6% over benchmark.

Measure 7: The percentage of enrollees who have developed, with the assistance of their care coordinator, an individual care plan (ICP) within 30 days of the completed health assessment.

SeniorCare Complete Annual Target Rate: 99%

AbilityCare Annual Target Rate: 95%

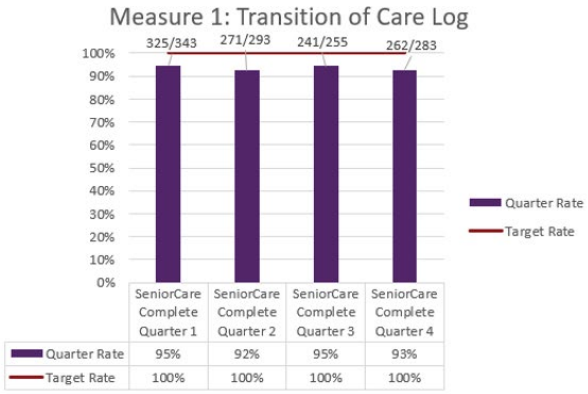


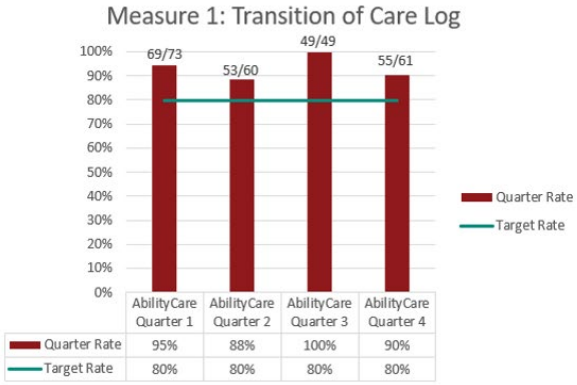
We were able to achieve the target rate for SeniorCare Complete for care plan completion within 30 days of the completed health risk assessment for two quarters and were just shy of meeting benchmark in the other two quarters. For AbilityCare members, although we did not meet the benchmark during the year, we were close for most of the year.

Goal 2: Assure that enrollees receive care and services from a system that is seamless for enrollees across health care settings, providers, and health and social services.

Members will experience seamless transitions of care across health care settings, providers, and health/social services. Care coordinators will be notified regarding a health care event (i.e., hospitalization or nursing facility placement) for follow up with the enrollee or most appropriate individual to assist the enrollee through the transition.

Measure 1: The percentage of enrollees, or most appropriate individuals to assist the enrollees, contacted within one business day for follow up by a care coordinator for a health care event when notified 14 days or less after the event.
SeniorCare Complete Annual Target Rate: 100%
AbilityCare Annual Target Rate: 80%

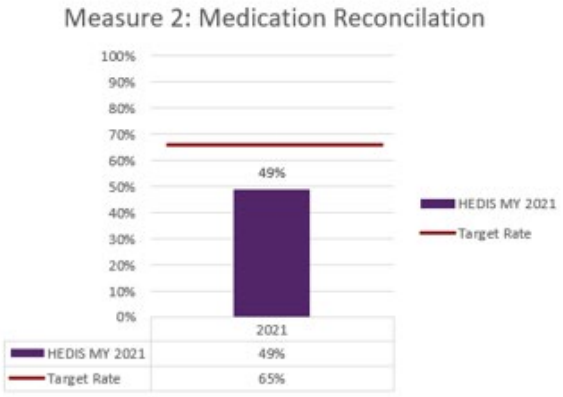


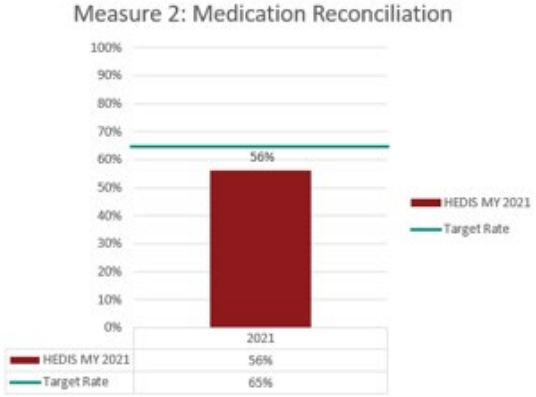


We were slightly under the target rate for SeniorCare Complete in 2022. We were able to surpass the target rate for AbilityCare the entire year. We showed a steady improvement over last year's numbers for both SeniorCare Complete and AbilityCare.

Measure 2: The percentage of enrollees who discharged from a hospital and had a completed medication reconciliation within 30 days of discharge following the HEDIS specification for medication reconciliation post-discharge.

SeniorCare Complete Annual Target Rate: 65%
AbilityCare Annual Target Rate: 65%





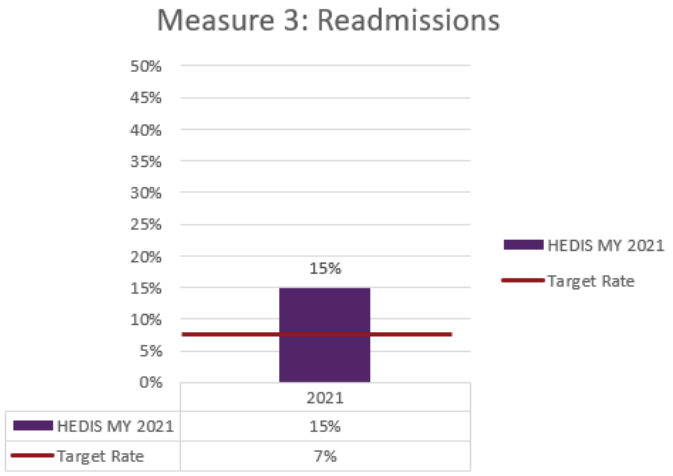
Forty-nine percent of our SeniorCare Complete members who were discharged from a hospital completed medication reconciliation within 30 days of discharge. Fifty-six percent of our AbilityCare members who were discharged from a hospital completed medication reconciliation within 30 days of discharge. These results are increases from the prior year levels (43% for SeniorCare Complete and 53% for AbilityCare).

Measure 3: (SeniorCare Complete Only) The percentage of enrollees with an acute inpatient stay and observation stays followed by an unplanned acute readmission for any diagnosis within

30 days based on HEDIS specification for plan all cause readmissions.

SeniorCare Complete Annual Target Rate: 7%

The percentage of SeniorCare Complete enrollees with an acute inpatient stay and observation stays followed by an unplanned acute readmission for any diagnosis was 15; therefore, we did not achieve our target rate.



Next Steps

Each year, South Country reviews the appropriateness of the plan's monitoring and evaluation of the Model of Care (MOC) and reporting performance to the Quality Assurance Committee (QAC). Stakeholders on the QAC can respond and comment regarding the monitoring or suggest improvements to the MOC.

Next steps include:

- We will continue to monitor our Model of Care goals.
- We will continue care coordinator training on care transitions, timeliness of health assessments and care plan completion.
- We will provide additional training on care plan completion.
- We will provide annual training on senior products and SNBC products at our care coordination conference.
- We will adjust and communicate with counties regarding MnCHOICES/transition for health risk assessments and care plans into MnCHOICES.

Special Health Care Needs

Description

South Country utilizes claims data to identify, assess and coordinate services for members with special health care needs (SHCN), following the requirements outlined in our Minnesota Department of Human Services (DHS) managed care contracts. The program is designed to identify and provide case management services to members who have catastrophic or complex medical and social determinant case management needs. The goal of the program is to provide comprehensive coordinated services that will result in high-quality, cost-effective care to improve health outcomes for identified members. The SHCN Program is available to members in all products, but South Country considers all SeniorCare Complete (MSHO), MSC+ and SNBC (AbilityCare, SingleCare and SharedCare) members as having SHCN, and therefore, assigns a care coordinator to every member in these products upon their enrollment with South Country. Members with special health care needs receive care coordination based on their product. Outreach is designed to be by the team member who is best positioned to support the member. Members meeting SHCN criteria receive follow up either from the care coordinator, community care connector, behavioral health professional, complex case management case manager or Restricted Recipient Program case manager.

All members have direct access to specialists, as appropriate, for their unique conditions and needs. South Country does not require our members to obtain referrals or prior authorizations to see a specialist in our network. If a specialist is not available within our network, then South Country works with the member to find an appropriate specialist. South Country has subsets of specialized providers in our network that are focused on the unique and diverse needs of our members. Members are required to designate a primary care clinic upon enrollment; in certain instances, members may designate a specialist as their primary care provider if their medical needs can be better served through the specialist acting as the primary care provider. If the member seeks specialist care services outside of Minnesota because the specialist is deemed by South Country as in short supply, we do not require authorization if they are in the five-state area (Minnesota, Wisconsin, Iowa, North Dakota, and South Dakota).

Process

Potential members with SHCN are identified through quarterly or monthly claims analyses using DHS criteria and as determined by South Country. Reports have been established to address the following criteria for members 18 years and older on all products, and other reports are focused on members 18 and older on the PMAP and MNCare products only. These reports include members meeting the criteria below:

- The Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators (Ambulatory Care Sensitive Conditions): Hospitalizations for bacterial pneumonia, dehydration, urinary tract infection, adult asthma, congestive heart failure, hypertension, and chronic obstructive pulmonary disease.
- Hospital emergency department (ED) utilization of three or more visits within a three-month time span.
- Inpatient stays based on AHRQ indicators and behavioral health diagnosis clusters (depression with other behavioral health diagnosis like anxiety).
- Hospital readmission for the same or similar diagnosis within 30 days.
- Member claims totaling more than $100,000 per year.
- Home care utilization defined by utilization of personal care assistant (PCA) services among senior populations (MSHO and MSC+).

For the purposes of this evaluation, South Country's health services clinical staff identify members with SHCN through claims reports as unique members. Staff review previous claims and referrals for the members identified in these reports to determine an appropriate referral. Further process detail and analysis is broken into two sections (1) PMAP and MinnesotaCare (MNCare), as those interventions involve certain programs, and (2) care coordination (including MSHO, MSC+ and SNBC) as interventions for these members take place within the care coordination program.

Process: Prepaid Medical Assistance Plan (PMAP)/MinnesotaCare (MNCare)

The South Country programs that provide case management or follow-up services for members enrolled in PMAP or MNCare with SHCN include complex case management, behavioral health follow up, the Restricted Recipient Program and the county-based community care connector.

Complex case management (CCM): Referrals are sent to the complex case management team via TruCare®, a member-centric case management software system. Members are reviewed for possible eligibility into the complex case management program and if the member does not meet criteria for the complex case management program, the member's referral is passed to the county-based community care connector. In instances where the member expresses interest in a face-to-face contact, the referral is also passed to the community care connector, who is located in the member's county. The complex case management team includes two licensed social workers and one registered nurse. The program consists of telephonic outreach, where a health risk assessment is completed and a care plan is developed to educate, encourage, and support the member in achieving their goals and best quality of life.

Behavioral health follow up: South Country employs three behavioral health professionals to provide behavioral health and substance use disorder (SUD) follow up

with members identified as needing follow up after a hospitalization or ED visit. When inpatient members with a diagnosis cluster of behavioral health are identified, they receive person-centered outreach by a behavioral health professional to ensure they have appropriate follow-up care in place. If it is determined that the member does not have outpatient care established, then the behavioral health professional will follow up with the member to find a particular service or provider.

Restricted Recipient Program (RRP): Referrals are sent to the Restricted Recipient team via TruCare®, and the members are reviewed against criteria for the Restricted Recipient Program. Members referred to this program typically appear to be over-utilizing a certain provider type and may need assistance in understanding the appropriate type of provider to use for certain medical needs. Additionally, members are referred if they are receiving pain medication prescriptions from three or more different providers. The Restricted Recipient Program restricts members to one primary care provider and one pharmacy. Case management, provided by a behavioral health professional, is focused on encouraging appropriate utilization of care so that members have access to and are receiving the care they need. If the member does not meet criteria for the Restricted Recipient Program, the member is either placed on a "watchlist" to monitor by the RRP case manager, or the member is referred to the complex case management team.

Community care connector: The community care connector (connector) role is a unique position funded by South Country, in which an individual is embedded in each of our member counties at their public health or human services agency. Connectors, typically with social work or nursing experience, serve as the local link between South Country, the member counties, community partners, local health care providers and other community-based resources. The primary goal of the connector is to ensure effective communication between South Country, county staff, health care providers and community resources so South Country members can receive the most appropriate service, in the right setting, at the right time. Connector's work with PMAP and MNCare members on hospitalization follow up, ED follow up, and SHCN and social determinant of health follow-up tasks. The connector assists members in understanding their medical benefits and community resources are available to assist them in receiving care.

The interventions for members in the PMAP and MNCare products meeting SHCN criteria include receiving follow up either from the complex case management case manager, behavioral health professional, Restricted Recipient Program case manager or a community care connector. Depending on the complexity of the member's medical condition, the follow-up takes place in one of these four program areas. For more detail on the process and outcomes of these programs, refer to the complex case management program section, the behavioral health program and Restricted Recipient Program section, and the community care

connector section of the member safety area of this report.

Process: Seniors and SNBC

All senior and SNBC members are considered to have SHCN and receive care coordination to ensure access to and integration of the delivery of all Medicare and Medicaid preventive, primary, acute, post-acute, rehabilitative, and long-term care services. Care coordination is provided by a care coordinator who is assigned to a member upon enrollment in a senior or SNBC product. Most care coordinators are a social worker, registered nurse or individual with experience working with members needing home and community-based services who coordinates the provision of all Medicare and Medicaid benefits for a member.

The care coordinator utilizes processes to assess the health and safety of the member, member preferences, and areas of need are identified through a comprehensive health risk assessment. The health risk assessment is used to develop the member's individualized care plan. The individualized care plan guides the implementation and monitoring of services to meet the member's needs and addresses social, mental, and physical health. Members have the option to decline completion of the health assessment. If the health assessment is declined, the member is still assigned a care coordinator who reaches out to them on an annual basis and follows up if they are admitted to a hospital or are identified by other utilization triggers including SHCN.

For members in senior and SNBC products, follow-up tasks are sent to the care coordinators from the SHCN reports. Once the care coordinator received the task for the member, additional follow-up was conducted with the member and recorded via a note in TruCare®. Members who are not directly tasked in the system are shared with the care coordinator via monthly interdisciplinary care team meetings. The interdisciplinary care teams, comprised of care coordinators, community care connectors and South Country's staff, review the identified members to see if additional services and resources may benefit the member's health. Additionally, South Country also shares hospital admissions and discharges with care coordinators through TruCare®.

The member's assigned care coordinator is the primary point of contact for a member before, during and after a change in care setting, including hospitalizations. The care coordinator is responsible for completing outreach to the most appropriate individual to assist the member through the transition, which could include: the member and/or authorized representative, nursing home or residential services staff. Primary care provider notification occurs upon admission and discharge by the care coordinator or support staff and care coordinators update care plans, as needed.

Analysis of PMAP and MNCare

Reports identifying Special Health Care Needs members for the PMAP and MNCare populations are reviewed on a monthly and quarterly basis. These reports include members meeting the criteria identified in the description section above and total unique members meeting that criteria set are provided in the below grid.

PMAP/MNCare

Year	2020		2021		2022	
Product Enrollment	**23,941**		**26,204**		**28,538**	
Criteria Group	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Admission Diagnosis: Bacterial Pneumonia	8	0%	6	0%	7	0%
Admission Diagnosis: Dehydration	0	0%	1	0%	2	0%
Admission Diagnosis: Urinary Tract Infection	2	0%	2	0%	1	0%
Admission Diagnosis: Adult Asthma	2	0%	7	0%	4	0%
Admission Diagnosis: Congestive Heart Failure	2	0%	4	0%	8	0%
Admission Diagnosis: Hypertension	10	0%	25	0%	23	0%
Admission Diagnosis: COPD	12	0%	12	0%	7	0%
Emergency Department Utilization (3+ in 3mo)	305	1%	542	2%	511	2%
Behavioral Health Hospitalizations	404	2%	483	2%	380	1%
Hospital Readmissions (in 30 days)	125	1%	126	0%	151	1%
Paid Claims > $100,000 (count of members)	60	0%	64	0%	82	0%

**ED totals are unique members in per quarter (the same member could be on multiple quarters)*
***Readmission unique members are per stay (the same member could be counted multiple times)*

The above grid is a comparison of the unique members and the percentage of the total population that met each criterion point for SHCN. It was determined to begin reporting the data in this way so we could better track and trend the data over time and ensure reporting methodology was consistent from year to year. From our PMAP and MNCare products, one

can see that only a small percentage of members meet SHCN criteria, however the follow up conducted with these members is vital to assist and promote better health outcomes for the member.

From this population, it can be noted that hospitalizations for congestive heart failure and hypertension increased over the past two years, along with ED utilization and readmissions and high-cost claim members. The other trends remained more constant. We attribute these increases to varying factors. One factor would include members delaying care during the COVID-19 pandemic, avoiding primary care clinics, clinic closures that may have affected access, members avoiding preventive appointments and general fear in resuming onsite medical care. South Country developed strategies to address these concerns. Member-centric approaches included member outreach, mailing postcards, providing education and resources to help make informed decisions, supporting members in navigating clinic closures and arranging transportation when needed. In 2021, the complex case management team led our member-centric outreach to educate members on COVID-19 vaccinations along with providing information on the tools available to safely reconnect with medical care such as through telehealth, vaccinations, masks, and social distancing. In 2022, the team has continued to remind members to attend their annual wellness exams and encourage members to reach back out to their primary care provider.

Some existing barriers with this program include maintaining consistent phone numbers for telephonic outreach, members viewing case management as an intrusion in their lives, and social determinants of health impacting the member's life like housing, trust in the health care system and lack of social support. A barrier with our current identification approach in reporting is that information is retrospective and timely outreach to members can be a challenge due to late claim information. In the complex case management program section, we highlight new software we are looking into in the "next steps portion of that section to aid us in conducting more real-time follow-up with members in the special health care needs cohort.

Analysis of Seniors and SNBC

As stated above in the process section, all senior and SNBC members are considered to have SHCN and receive care coordination. Senior and SNBC members are still identified, however, in the various reports identifying members that meet the specific criteria outlined in the description. The below grid provides the total unique members meeting the criteria identified above.

Seniors/SNBC

Year	2020		2021		2022	
Product Enrollment	**4,619**		**4,907**		**4,423**	
Criteria Group	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Admission Diagnosis: Bacterial Pneumonia	58	1%	35	1%	66	1%
Admission Diagnosis: Dehydration	4	0%	4	0%	3	0%
Admission Diagnosis: Urinary Tract Infection	24	1%	21	0%	32	0%
Admission Diagnosis: Adult Asthma	0	0%	1	0%	0	0%
Admission Diagnosis: Congestive Heart Failure	8	0%	3	0%	10	0%
Admission Diagnosis: Hypertension	67	1%	71	1%	84	2%
Admission Diagnosis: COPD	25	1%	21	0%	30	0%
Emergency Department Utilization (3+ in 3mo)	209	5%	318	6%	273	6%
Behavioral Health Hospitalizations	186	4%	156	3%	117	3%
Hospital Readmissions (in 30 days)	228	5%	102	2%	202	5%
Paid Claims > $100,000 (count of members)	178	4%	128	3%	142	3%
Home Health Care (Senior PCA)*	87	NA	86	NA	111	NA

**Percent is not calculated for Senior PCA as it was a carve out population from total population (unique members receiving the service)*

**ED totals are unique members in per quarter (the same member could be on multiple quarters)*
***Readmission unique members are per stay (the same member could be counted multiple times)*

The above grid is a comparison of the unique members and the percentage of the total population that met each criterion point for SHCN. From our senior and SNBC products, one can see that a greater percentage of members meet SHCN criteria than our PMAP and MNCare members, and this is expected as they are already considered to qualify for SHCN.

From this population, many metrics that dropped in 2021 increased again in 2022; however, behavioral health hospitalizations decreased along with ED utilization. We attribute this drop to all the interventions and work our teams are conducting around behavioral health follow up, ensuring members are aligned with services, and members are getting back into their

primary care providers. A goal of the care coordination team for our members is to lower the number of readmissions and to help members avoid unnecessary hospitalization and ED visits through preventive and primary care visits. We also noted with this cohort of members that the personal care assistant (PCA) utilization did increase this year, and that increase was mostly seen in the county of Freeborn. We wanted to examine PCA utilization this year in anticipation of the new benefit that the Minnesota Department of Human Services (DHS) had planned to begin in 2023: Community First Services and Supports (CFSS). Beginning in 2023, Freeborn County is no longer offering South Country Health Alliance and that county had the highest PCA utilizers at 38% of our total utilization. Thus, in 2023, and assuming CFSS will be implemented sometime this year, South Country decided to examine a different cohort of members for home care utilization (covered in the next steps section).

Some existing barriers with this program include having access to valid phone numbers for telephonic outreach and social determinants of health impacting the member's life, like noncompliance, trust in the health care system and multiple comorbidity concerns. Our care coordination teams work with members through a person-centered approach to address any potential social drivers impacting their health.

Next Steps

In 2023, we will continue to follow the same process for the criteria set by the AHRQ. In the identification of high ED utilization, we plan to follow the same criteria of three or more visits in a three-month period, however, we are exploring the use of the Encounter Alerts System (EAS)/Prompt® to access timelier data. South Country worked closely with our county partners throughout 2022 to onboard agencies with the EAS/PROMPT® system and there are only a few agencies left to fully implement. We are hopeful that once all of partner counties are comfortable using the inpatient and ED data in EAS/PROMPT® that we can implement a more real-time follow up on the ED notifications. Inpatient utilization will focus on the diagnosis clusters of mental health and substance use disorder, as we continue to see a need in the promotion of outpatient follow up for those members. We will continue to examine trend data for readmissions and ensure members reaching high-dollar thresholds (over $100,000) have received follow up. For home care monitoring, we will examine trends of utilization among our PMAP/MNCare populations, specifically looking at home care nursing (T1030). We are examining this population to ensure all needs are being met, especially resources needed for home care. This allows the complex case manager to identify other tools and resources the member may need.

For our senior and SNBC members, South Country will continue to collaborate with county public health and human services staff through interdisciplinary care teams, assisting in early identification and intervention, assuring care plans are completed and meeting member needs to achieve positive outcomes.

South Country will continue to analyze claims data for diagnosis and utilization patterns to identify PMAP and MNCare members who may have SHCN. Case management services will be offered through referral to the complex case management or Restricted Recipient Program for members that qualify. For members with less complex needs but still meeting SHCN criteria, a task for follow up will be sent to the community care connector within the member's county. For members in need of behavioral health or SUD follow-up, a task for follow up will be sent to the behavioral health professionals.

Overall, members identified throughout the year meeting SHCN criteria or those with other defined medical conditions or social determinants of health, receive outreach from South Country personnel or our county partners via various identification methods. Special health care needs are only one avenue of identification of at-risk members that South Country employs to identify some of our more medically complex or vulnerable members. Through evaluation and monitoring efforts we continue to improve our processes around identification of members in need of programs and services and how we can more effectively engage with these members.

2022 Population Health Management

Description

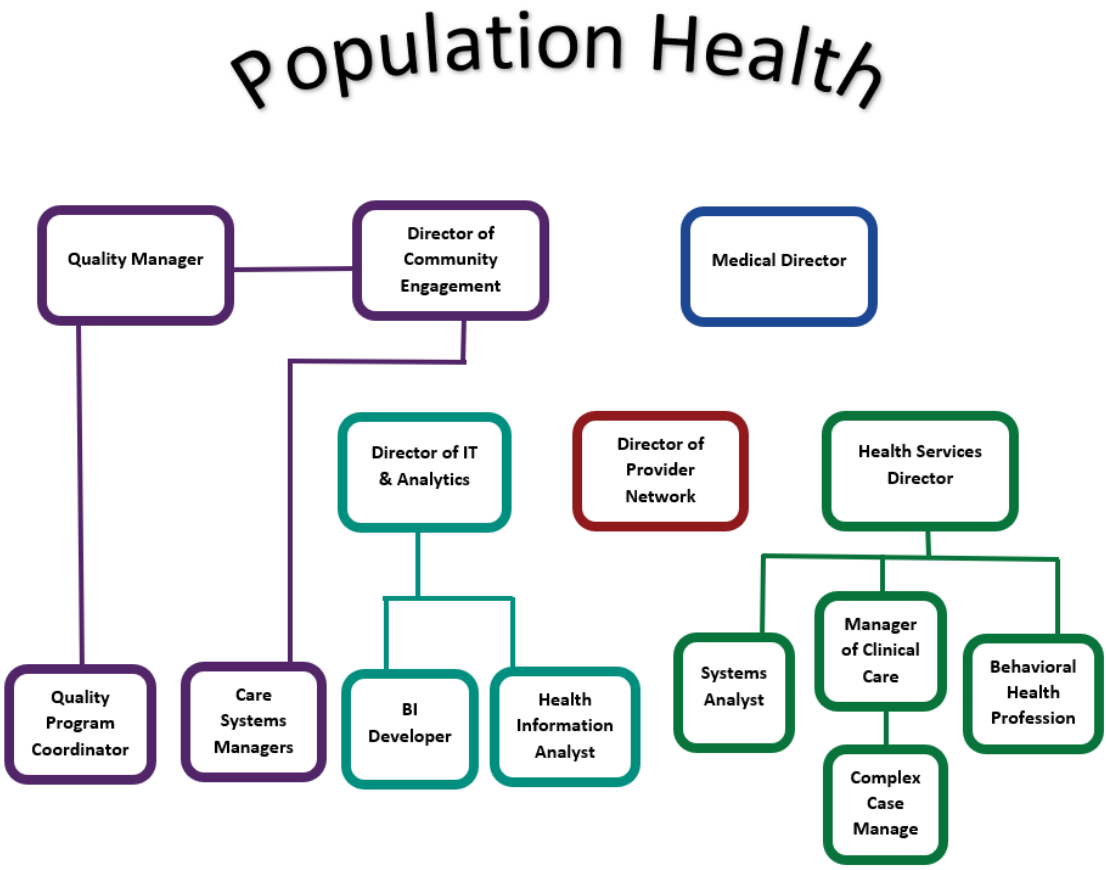
South Country Health Alliance's (South Country's) population health management (PHM) strategy is a collaboration of departments, community partners and counties, which includes services and programs to maintain and improve health care quality and outcomes. South Country, over the years and through our strategy, has set a precedent in the local communities we serve that a member's health is more than just medical care. Our strategy connects health and social services addressing social determinants of health at the local community level. This collaborative strategy includes case management teams, care coordinators, the quality and health services team, supportive providers and other key team players such as the communications team, internal and external data analytics and other business leads. The PHM strategy has allowed, and will continue to allow South Country, an opportunity to better measure and tell the story of how our programs and services are benefiting our members.

The comprehensive PHM strategy includes:

1. Measurable goals and populations targeted for each of the four areas of focus;
2. Programs and services offered to members for each area of focus;
3. At least one activity that is not direct member intervention (an activity may apply to more than one area of focus);
4. How member programs are coordinated across potential settings, providers and levels of care to minimize the confusion for enrollees being contacted from multiple sources (coordination activities may apply across the continuum of care and to other organization initiatives);
5. How enrollees are informed about available PHM programs and services (for example, by interactive contact and/or distribution of materials); and
6. How South Country promotes health equity (strategy that describes South Country's commitment to improving health equity and the actions South Country takes to promote equity in management of enrollee care).

In addition, South Country's population management strategy and Health Equity Committee work to brainstorm and outreach to our member counties to work on special projects specific to them, to decrease the disparities throughout our members living in rural Minnesota. There is additional discussion based on how to use the disparities within the data that we see to benefit members who have disadvantages when it comes to accessing health care services. We have partnered with several counties to assist in overcoming these disparities and disadvantages, through candid discussions on how to create equitable access to health care services and promote health equity.

Structure



Strategy Definition

Numerous data sources are used for current initiatives and community needs identified by internal staff and partners. Our entire population is Medicaid eligible, meeting at least one social determinant of health for eligibility into PHM initiatives, and that along with our rural demographic is a priority in our strategy. Population health management data comes from various sources. Our data warehouse integrates data from enrollment files, claims files and systems that contain information on programs, assessments and health data. Alongside our own data warehouse, South Country has access to examine quality HEDIS data, county and state-based data, and other data sets like the CMS Chronic Conditions Data Warehouse (CCW).

Using the CMS Chronic Conditions Data Warehouse (CCW), which identifies 27 common chronic conditions, including mental health and substance abuse, we compared the most

common chronic conditions to South Country's total membership. We identified the most frequently diagnosed conditions/diagnoses across the total South Country membership by percentage. The percentage of members in the top three conditions are: depression (20%), hypertension (11%) and anxiety (20%).

Per current NCQA guidelines, the population health team at South Country continues to review and update the activities, resources, goals and measurements of the PHM strategy to better address member needs.

Population Segmentation

The point in time of this updated segmentation was December 2022. Total membership for South Country Health Alliance at that time was 33,336.

Population Segments	***Members Eligible # and %***	***Programs and Services Available***
All ages, Medicaid eligible (entire population)	33,336 (100%)	Promotion of population health programs and self-management tools available on website
Over 65, Medicaid eligible	2,634 (8%)	Care coordination
Under 65, Medicaid eligible, and certified disabled	2,520 (8%)	Care coordination
Under 65, Medicaid eligible, not certified disabled, complex medical needs	326 (-1%)	Complex case management program
All ages, Medicaid eligible, with a hospitalization or ED visit indicating behavioral health Dx/no OP services	230 (1%)	Population health strategy FOCUS: conducting follow-up with members not aligned with BH outpatient services
New transitional youth (ages 17-21)	999 (3%)	Targeted mailing and telephonic outreach for those with identified need
(Ages 18-85) Medicaid [Senior and SNBC products] eligible with hypertension dx	2,948 (9%)	Population health strategy FOCUS: increasing the rate of good BP scores through care coordination efforts

Population Segments	***Members Eligible # and %***	***Programs and Services Available***
18 and over in age, Medicaid eligible with NEW depression medication	2,133(6%)	Population health strategy FOCUS: increasing rate of med compliance in acute phase and continuation phase through member outreach
All ages, Medicaid eligible, with dx of depression	8,924 (27%)	Population health strategy FOCUS: reducing ER utilization for members with identified dx by alignment with BH services
All ages, Medicaid eligible, with dx of anxiety	9,013 (27%)	Population health strategy FOCUS: increasing follow-up for members with identified dx by alignment with BH services

With the population segments defined, the collaborative team reviewed goals and measurements that aligned with the quality HEDIS measure outcomes. The PHM strategy is designed to meet NCQA requirements per the "*Standards and Guidelines for the Accreditation of Health Plans."* The strategy is member-driven and utilizes curriculum that prompts members to practice self-care and self-advocacy, with the care coordinator's or case manager's assistance. The PHM policy and procedure outlines the measurable goals, targeted populations and interventions for the teams that are working in the programs or services offered through this strategy.

Process

The population health strategy includes the identification of eligible members, further assessment and review of those members, and identified interventions through programs and services. The interventions broadly focus on member advocacy, member education on benefits and community resources, how to access providers, as well as education on their condition and how to access self-management tools. Each measurable goal for population health is defined as a focus area and is further outlined in this section. The four focus areas are: keeping members healthy, managing members with emerging risk, patient safety or outcomes across settings, and managing multiple chronic illnesses.

South Country's PHM strategy, Step Up for Better Health, has enabled us to create processes with some of our member populations, along with incorporating the behavioral health team of behavioral health professionals. The cost of behavioral health services, such as ACT or long-

term Mental Health Targeted Case Management (MH-TCM), is and has been part of a utilization study. We anticipate outpatient mental health costs to increase and will expect costs from ED/hospitalizations to decline. Over time this will be easier to analyze. Currently our Step Up! program is focusing on these health areas:

- Hypertension;
- Physical activity & the Be Active program;
- Tobacco cessation & the EX Program;
- Mental health; and
- Medication management.

Our Step Up! For Better Health program is designed to support members in making healthy decisions and managing their health to the best of their abilities. We can help members understand their health better and manage risks, make healthy lifestyle changes to reach their personal health goals, understand their medications and how to take them, discuss and follow the treatment plan recommended by their medical provider, and answer questions about their health and benefits that may be available to them. Step Up! For Better Health resources are available free to South Country members.

For the first focus area, members are identified through the Be Active program and EX Program through monthly files received from our delegated partners at the National Independent Health Club Association (NIHCA) and the EX Program. Each month, verification of member eligibility occurs, and data is reviewed for service utilization. South Country meets with the EX Program contract manager on a quarterly basis for review of utilization and to discuss options for new initiatives and/or interventions. The Be Active program data is reviewed at least quarterly at the population health internal team meetings to review member utilization data.

For the second focus area, which is centered on the member's hypertension score, the members are identified through the HEDIS software, Optum™. The member names that are identified as not meeting the acceptable threshold are exported to a list where they are then tasked out to the care coordinator for follow up. The care coordinator provides follow up to the members to encourage and promote improved hypertension scores with the member, as described in the focus area section above.

In the care coordination program, members are auto-enrolled in the program for the duration of their eligibility with South Country and can choose to participate or opt-out of assessment. Seniors and SNBC members who have care plans typically receive follow up at a minimum of quarterly, but some as frequent as monthly, depending on the member's preference. Members also have their care coordinator's contact information if additional assistance is needed.

For the third focus area related to behavioral health, South Country identifies eligible members through various methods. The primary method used to identify eligible members is through

claims data. This allows for segmentation of those members that have a specific diagnosis, are being treated with a specific medication, accessing outpatient mental health therapy, experiencing hospitalizations/readmissions, or accessing emergency departments. Additionally, specific services are reviewed for utilization with these members including, South Country's Healthy Pathways Program, mental health targeted case management (MH-TCM), adult rehabilitative mental health services (ARMHS), behavioral health home (BHH) or assertive community treatment (ACT). Once identified, the member is referred to the appropriate behavioral health (BH) Professional, case manager or care coordinator for coordinating that support and potentially aligning the member with services or programs. When a member/authorized representative is contacted and agrees to participate in a program, the BH professional, case manager, or care coordinator may begin to support the member by beginning an assessment to discover what medical and social needs the member may have. The assessment covers clinical history, condition-specific issues, medications, activities of daily living, behavioral health, and substance use conditions, along with cognitive function and communication barriers. The assessment also includes questions regarding social determinants of health, housing, life-planning activities, education and literacy, childhood experiences, income and how the member is supported. The BH professional, case manager or care coordinator also assesses the member's understanding of their plan benefits, and other community resources that may be available to them.

After the member is assessed, in care coordination or complex case management, a care plan is developed with the member. The care plan is utilized as a tool for the case manager or care coordinator to conduct follow up with the member, provide support and education, and keep the member engaged in completing goals. The care plans have prioritized goals and consider the preferences and desired level of involvement of the member. Barriers are identified, along with possible available resources to reduce those barriers. A follow-up plan is established with the member and is included in the care plan. The case manager or care coordinator will contact the member at a scheduled time convenient for the member, to work on the care plan goals. A self-management plan is established and encouraged with the member, and educational resources may be provided in support of the care plan. The care plan is a collaborative, member-driven effort to assist the member in achieving self-defined health care goals and improve their quality of life.

Members who participate in a case management program, like complex case management, are typically closed out of the program within two to three months. Once a member's care plan goals have been met and self-management has been achieved, the case manager proposes program closure with the member. A program closure letter is then mailed to the member inviting them to contact the case manager if any future needs arise. See the complex case management quality review section for outcomes.

For the fourth focus area related to medication adherence, a pharmaceutical claims report is monitored. The report provides the names of members that have been newly prescribed an antidepressant medication, and another tab displaying the names of the members that may have missed a refill. There are two more tabs on the report that include members that have made it into their continuation phase of medication compliance and a final tab with names of members that may have missed a refill in that phase.

For members in this focus area, a call from a case manager is completed to review the member's medication and possible barriers to compliance. For members who cannot be reached, a letter with resources is mailed. Case managers are able to provide education to those members reached telephonically about the importance of medication compliance and address any barriers they might be encountering in completing their fills on time.

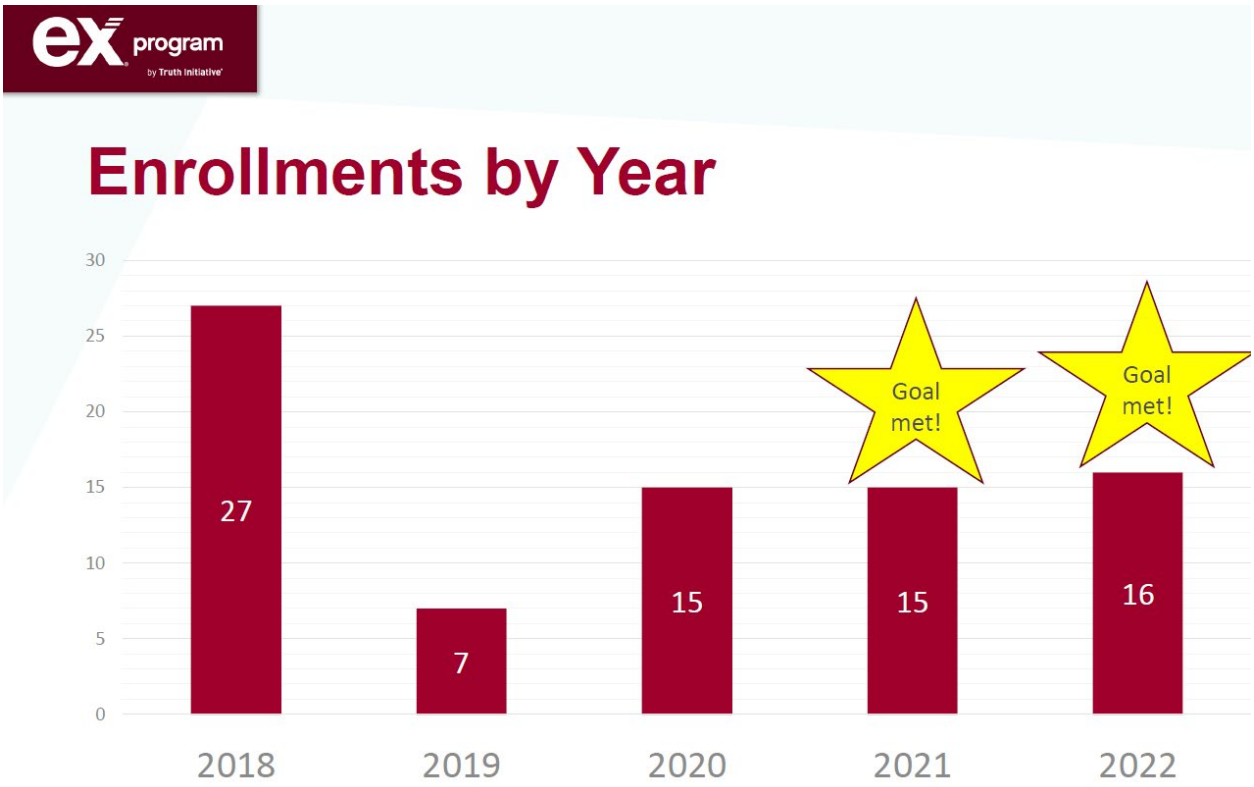
Analysis

Leveraging the programs and services in practice and HEDIS benchmarks, reports were developed to identify eligible members for each focus area. This section details the target populations, goals and interventions utilized, along with the analysis of the outcomes thus far.

FOCUS 1: Keeping Members Healthy
Goal **Increase the number of members, age 18 plus, all products, accessing the EX Program services by 0.06% (14 members annually) over three years.** Was: 2018 (28 members), 2019 (6 members), 2020 (15 members), 2021 (15 members), 2022 (16 members). **Goal** **Increase the number of members, age 18+ on AbilityCare, SingleCare, SharedCare, MSC+ and SeniorCare Complete, utilizing the *BeActive* program by 0.64% (35 members annually) over three years. The past performance level** for all products was: 2018 (141 members), 2019 (72 members), 2020 (55 members), 2021 (37 members), 2022 (47 members).
Targeted Populations **Group 1: Members over the age 18 (all products)** **Group 2: Members age 18+ on AbilityCare, SingleCare, SharedCare, MSC+ and SeniorCare Complete**

Programs/Services
Group 1: Include in the annual member newsletter, education on the importance of quitting smoking and the cessation programs available. A Facebook campaign with similar education around quitting smoking. Mail the EX Program brochure to all newly pregnant women. Mail the EX Program to any new member who identifies wanting information about smoking cessation on their new member health survey. **Group 2:** Educate members on the *BeActive* benefit. Facebook campaign on promoting healthy activities. Promotion of a *BeActive* campaign. **Indirect Member Intervention:** Education in member newsletter and a Facebook campaign for both the EX Program and *BeActive* program.

We were successful in meeting EX Program keeping member healthy goal in 2022. We had a total of 15 members in 2021 and 16 members in 2022, and the goal was to increase the number of members age 18 plus in all products accessing the EX Program, which is 14 members or more utilizing annually. We believe this was attributed to the enhanced and continued number of EX Program Facebook posts along with the mailing of the EX Program materials to members. All new members are mailed a copy of the Take Charge brochure, which highlights the EX Program and how to access this. There has been continued quarterly meetings with the EX Program to review the number of members signing up and accessing the program along with collaboration on new educational materials that can be used to inform and encourage members on how to quit tobacco. The EX Program's director of strategic insights and innovations has provided presentations at the rural stakeholders meeting, the annual care coordinator training, the Family Health Committee meeting and to the Behavioral Health Committee. Through the enhanced education we believe we can continue to see new members enrolling on the program and improving their overall health.



Overall, we are seeing increased members, age 18+ on AbilityCare, SingleCare, SharedCare, MSC+ and SeniorCare Complete, utilizing the Be Active program. The Be Active program was enhanced in 2021 to add eligibility for members on AbilityCare, SingleCare, SharedCare, and MSC+. Members can receive up to a $20 discount on monthly fitness club registration fees. Through South Country's partnership with the National Independent Health Club Association (NIHCA), members in these programs can choose from over 500 health clubs throughout Minnesota. In 2020, approximately 55 members (214 member months) participated and in 2021 approximately 35 members (201 member months) participated in this program. In 2022, about 47 members (418 member months) participated. This utilization shows members more consistently utilizing this program in 2022 compared to 2020 and 2021 based on member months.

Facebook promotions occurred in both English and Spanish informing members about the Be Active program along with how increasing activity can improve overall health. All new members are mailed a copy of the Take Charge brochure, which highlights the Be Active program and how to access this.

FOCUS 2: Managing Members with Emerging Risk

Goal
Increase the percentage of members, **18-85 years** of age on **products offering care coordination,** who have a diagnosis of hypertension, who have adequately controlled (<140/90 mm Hg) their blood pressure during the year. We measure this goal successful by improving our **top rate by 3.15% over three years. The past performance level** for controlling blood pressure (CBP) hybrid - all products (SeniorCare Complete, AbilityCare, SingleCare, SharedCare) was: 2018 (73.70%), 2019 (61.68%), 2020 (65.70%), 2021 (78.42%).
Targeted Populations
Group 1: SeniorCare Complete, MSC+, AbilityCare, SingleCare, SharedCare, ages 18-85 years of age **Group 2: SeniorCare Complete, MSC+, AbilityCare, SingleCare, SharedCare**, ages 18-85 years of age with a diagnosis of hypertension **Group 3: SeniorCare Complete, MSC+, AbilityCare, SingleCare, SharedCare**, ages 18-85 years of age with a diagnosis of hypertension, not adequately controlled
Programs/Services (Factor 2)
Group 1: Care coordinators will review members' diagnosis at each time of assessment and discuss ways to control hypertension (if applicable) with the members. **Group 2:** Care coordinators will provide education around attaining a BP monitor for at home use. **Group 3:** Care coordinators will conduct special follow-up, providing education around programs and services to encourage better control of hypertension. **Indirect Member Intervention (Factor 3):** South Country will provide education to the care coordination teams regarding our clinical practice guideline related to hypertension annually through face-to-face education or informational materials shared with the teams. Facebook campaign for the Be Active program.

The primary intervention for this focus area is the existing work with members enrolled in South Country's care coordination program. Care coordinators collaborate with all members to keep them as healthy as possible. Care coordinators review a member's health conditions including hypertension/high blood pressure annually, at a minimum. Care coordinators document within the health assessment, and in the member's care plan if the member has hypertension. On the care plan, care coordinators document whether they have a conversation with the member about hypertension, if the member has a goal for controlling their hypertension, or if it is not applicable. Below is data from member care plans from calendar year 2020 through 2022.

Care Plan Information Seniors/SNBC Products	2020 Results	2021 Results	2022 Results
Care coordinator provided education through a conversation about blood pressure	358	469	1,744

Based on the above table, 358 members in 2020, 469 members in 2021 and 1,744 members in 2022 had conversation and if applicable education with care coordinator about blood pressure. This does not mean the member has hypertension; however, the care coordinator is providing the member education about how to keep their blood pressure in a healthy range to prevent hypertension, or ways to lower blood pressure for members who have hypertension. If a member needs a blood pressure goal or tracking notes are needed related to blood pressure, the care coordinator will document this to facilitate tracking and follow-up support. Blood pressure resources and educational materials are available for care coordinators to request from South Country to support conversations with members. Also, health education materials can be accessed by members directly through South Country health education website. In addition, care coordinators connect members to services or benefits that would assist them in maintaining a healthy blood pressure. Some additional connections might be community education fitness classes or the Be Active gym membership program.

Once a year after HEDIS is completed for the previous calendar year data, South Country sends tasks to our care coordinators for members who do not have adequately controlled blood pressures (<140/90) to complete documentation of their outreach to members.

The goal for this focus area was to increase the percentage of members, 18-85 years of age on products offering care coordination who have a diagnosis of hypertension, who have adequately controlled (<140/90 mm Hg) their blood pressure during the year. We measure this goal successful by improving our top rate by 3.15% over three years. The past HEDIS performance levels for members on SeniorCare Complete, AbilityCare, SingleCare and SharedCare are as listed below:

MY2017	MY2018	MY2019	MY2020	MY2021
76.69%	73.70%	61.68%	65.70%	78.42%

In 2022, South Country sent out 442 tasks to our care coordination teams across our service area to reach out to members who based off our HEDIS chart review had a blood pressure outside of the adequately controlled threshold of <140/90. A total of 81 members reported no concerns with their blood pressure to their care coordinator and 12 members reported concerns. Our care coordination team is trained to provide education to all members about the importance of maintaining a controlled blood pressure for their overall health. South Country has multiple educational materials available for our care coordinators to share with members including the American Heart Association's What is High Blood Pressure?, What Can I Do To Improve My High Blood Pressure, Consequences of High Blood Pressure, How To Measure Your Blood Pressure at Home, and 7 Salty Myths Busted.

FOCUS 3: Patient Safety or Outcomes Across Settings

Goal

Increase the percentage of members receiving outpatient mental health services (MPT-Outpatient) during the year. We measure this goal successful by improving our **top rate of visits by .56% rate increase over three years. The past performance level** for all products was: 2018 (20.21%), 2019 (21.47%), 2020 (15.82%), and 2021 (14.95%).

Goal

Increase the percentage of members receiving follow-up after hospitalization (FUH) (specifically for mental illness) within 30 days of discharge. We measure this goal successful by improving our **top rate of visits by 6.43% rate increase over three years. The past performance level** for all products was: 2018 (65.99%), 2019 (67.69%), 2020 (72.60%) and 2021 (64.71%).

Goal

Support members through reducing their emergency department (ED) visits related to behavioral health diagnoses, including a diagnosis of depression (MPT-ED). We would measure this goal successful by reducing the target populations **rate ED visits by 0.15% annually over three years. The past performance level** for all products was: 2018 (0.11%), 2019 (3.06%), 2020 (.41%), and 2021 (.19%).

Targeted Populations

Group 1: SeniorCare Complete, MSC+, AbilityCare, SingleCare, SharedCare, ages 18+ years of age

Group 2: SeniorCare Complete, MSC+, AbilityCare, SingleCare, SharedCare, ages 18+ years of age with a mental health diagnosis, and ER visit or hospitalization

Group 3: PMAP/MNCare, ages 21-65 years of age with a mental health diagnosis, ER visit or hospitalization and not connected to any case management or outpatient services

Group 4: PMAP/MNCare, ages 17-21 years of age with a mental health diagnosis, ER visit or hospitalization and not connected to any case management or outpatient services

Programs/Services (Factor 2)

Group 1: Care coordinators will review members needs based off annual health risk assessment, which includes questions about mental health.
Group 2: Post-hospitalization **follow up** is completed and documented in a Transition of Care log; Care coordinators will follow-up with members and discuss/connect members to outpatient services as needed – and encouragement of follow up with mental health practitioner.
Group 3: Members are tasked to behavioral health professionals for post-hospitalization **follow up,** which is recorded via a note. For members with more medically complex needs, a referral is made for complex case management.
Group 4: Members are tasked to a behavioral health professional for **follow up** and the Healthy Transitions program, if applicable, or another appropriate form of case management – and encouragement of follow-up with mental health practitioner.

Indirect Member Intervention (Factor 3): Collaborate with county-based mental health case managers and services by informing them of member hospitalizations; promote outpatient and case management programs/services across our population via Facebook and our website; annual member newsletter promotion of telehealth options; community partnership: Community Care Advisory Board.

The patient safety or outcomes across settings scans the total population of South Country for behavioral health emergency department visits, and then those members are reviewed for outpatient or case management services. Members who are not aligned with outpatient services or case management services are referred to the behavioral health team or care coordination teams based on product.

The first goal for this focus is to increase the percentage of members receiving outpatient mental health services during the year. We measure this goal successful by improving our top rate of visits by 0.05% rate increase over three years. The past HEDIS performance levels for all products are as listed below:

MY2017	MY2018	MY2019	MY2020	MY2021
18.93%	20.21%	21.47%	15.82%	14.95%

Although we did see an increase from 2018 to 2019 in outpatient visits, the percentage fell in 2020 due to the pandemic and difficulty in attaining medical records for HEDIS measurement. For MY2021, the outpatient mental health service utilization rate decreased slightly from MY2020, despite diligent efforts to ensure access to outpatient services for our members through the pandemic. The South Country behavioral health professionals continue to conduct follow-up post-hospitalizations, along with ensuring other involved case managers – like

targeted case managers – are aware of admissions. Utilizing the report that monitors ED visits allows the behavioral health team to intervene with the member and to work on aligning services in the hopes to prevent further ED visits or hospitalizations due to their behavioral health condition.

The second goal for this focus is to increase the percentage of members receiving follow up after hospitalization within 30 days of discharge. We measure this goal successful by improving our top rate of visits by 6.43% rate increase over three years.

MY2017	MY2018	MY2019	MY2020	MY2021
71.57%	65.99%	67.69%	72.60%	64.71%

In 2019, we started concerted efforts in following up with not only all members after a hospitalization, but specifically those experiencing a mental health or substance use related stay. Behavioral health professionals follow up with members to offer further support and guidance to connect the member with appropriate outpatient services – encouraging their post-hospitalization follow up. Our 30-day follow-up rate in MY2021 did not increase, as expected, instead it decreased and was closer to the MY2019 rate. The behavioral health professional team internal to South Country, along with external care coordination and targeted case managers continued efforts throughout 2021 and 2022 to encourage post-hospitalization follow up. The decrease reason from MY2020 could be attributed to an increase in utilization post-COVID-19 and the inability to reach members to promote follow up.

The third goal is to support members through reducing their emergency department (ED) visits related to behavioral health diagnoses, including a diagnosis of depression. We measure this goal successful by reducing the target populations rate ED visits by 0.15% annually over three years.

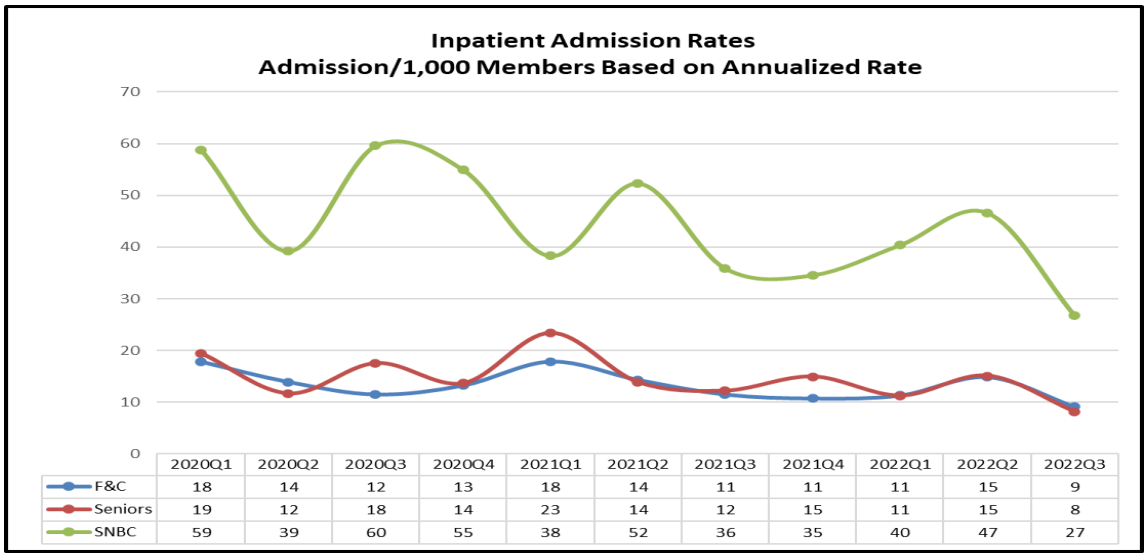
MY2017	MY2018	MY2019	MY2020	MY2021
.09%	.11%	3.06%	.41%	.19%

As part of our population health interventions, across products we implemented the intervention of following up with members that experienced a mental health or substance use related stay in the ED. We track members who might be chronic ED utilizers and we follow up with the members who had only one ED visit and have no other supports in place, that we can identify. The follow up with these members has been critical and essential in supporting our members to achieve better behavioral health outcomes and although the pandemic impacted ED utilization, we expect to see a decline in utilization due to the preventative measures we have in place for

our members. The rate in MY2019 was an outlier due to issues with our HEDIS software vendor showing odd values. This was corrected and no further data issues have been found. Our MY2021 ED visits rate decreased, as expected. Current interventions continued throughout 2022 and will continue in 2023.

As part of our review for population health initiatives we examine psychiatric inpatient admission rates, emergency room visit rates, as well as mental health and substance use disorder outpatient utilization rates for all products. The graphs below show data across 2020 up to quarter three of 2022, for comparison.

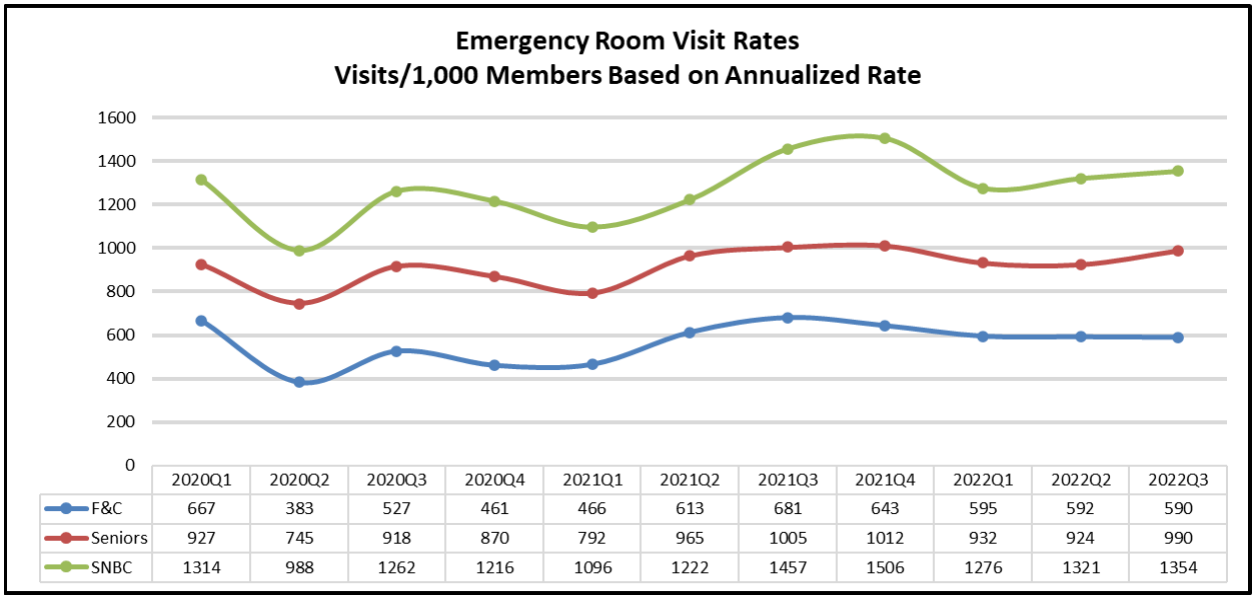
All Inpatient Psychiatric Admission Rates



	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3
F&C	18	14	12	13	18	14	11	11	11	15	9
Seniors	19	12	18	14	23	14	12	15	11	15	8
SNBC	59	39	60	55	38	52	36	35	40	47	27

Beginning in 2019, South Country began tracking psychiatric hospital admissions by product grouping to monitor the impact of the greater incidence of mental health diagnosis in the SNBC product population compared to the Families and Children (F&C) and senior products. This measures the “place of service” code, inpatient psychiatric unit. As expected, the SNBC population shows a higher utilization in psychiatric hospitalization rates compared to the F&C or senior population. There is wider variation in this data due to the small number of admissions per quarter and the relatively small population of members within the SNBC product. In addition, all products showed a significant decline in admission per thousand in quarter two of 2020. There was also an interesting dip in quarter one of 2021 for SNBC, but an increase for the senior population. SNBC had another increase in quarter two of 2021, but along with the other products normalized for the remainder of the year and into 2022.

All Emergency Room Visit Rates

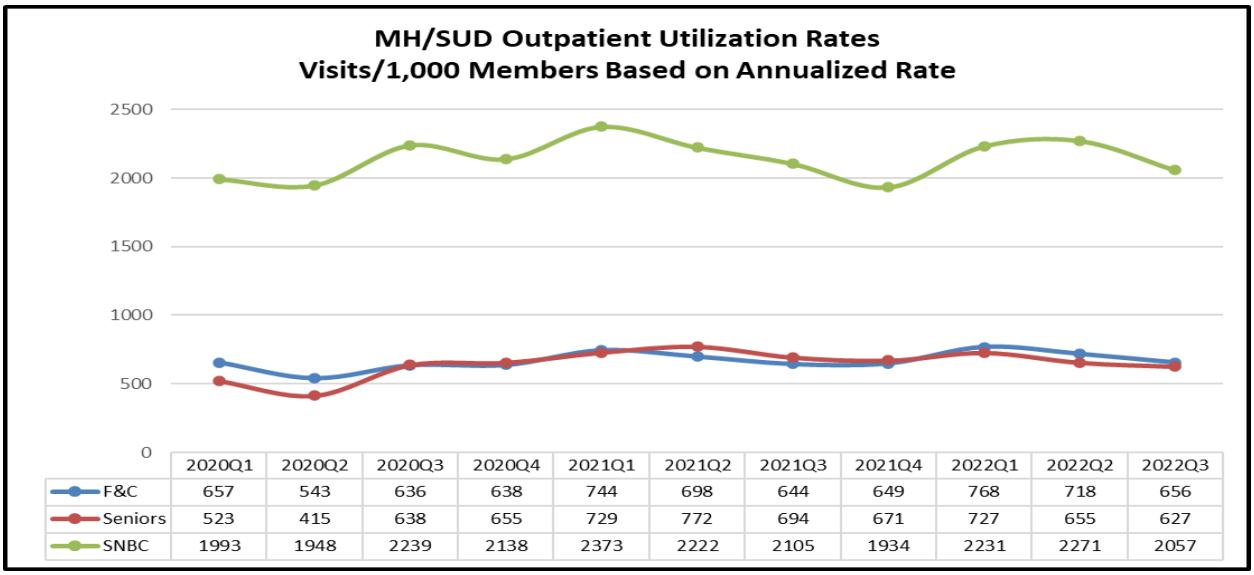


	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3
F&C	667	383	527	461	466	613	681	643	595	592	590
Seniors	927	745	918	870	792	965	1005	1012	932	924	990
SNBC	1314	988	1262	1216	1096	1222	1457	1506	1276	1321	1354

For emergency department (ED) utilization, the SNBC groups experienced the highest utilization rates for ED visits ranging from 1,431 to 988/1,000 members. The senior products were moderately lower than the SNBC rates ranging from 990 to 745 visits/1,000 members. Members on Families and Children's (PMAP & MNCare) products, our largest membership, had a higher level in quarter one of 2020, at 667/1,000, with a peak in quarter three of 2021, at 681/1,000; similar to the other product lines, in 2022, the stability of the medical system allowed for more stable utilization rates.

The population health strategy interventions work to identify members using the ED to manage mental health conditions and when using the ED in the absence of outpatient mental health support; these members are specifically identified and referred to resources for support. Again, as a baseline measure, this tool will be used as one means to view any high-level impact over time. It is important to note that this is for all ED visits, not just ED visits for mental health symptoms.

Mental Health/Substance Use Outpatient Utilization Rates



	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3
F&C	657	543	636	638	744	698	644	649	768	718	656
Seniors	523	415	638	655	729	772	694	671	727	655	627
SNBC	1993	1948	2239	2138	2373	2222	2105	1934	2231	2271	2057

The table above shows the relative rates of MH/SUD outpatient visits by product groupings. SNBC members have a higher incidence of MH/SUD diagnosis demonstrated by higher rates of MH/SUD outpatient visits. Beginning in 2020, due to the pandemic, South Country relaxed benefit limits on outpatient therapy through telehealth, and thus, outpatient visits rose to levels exceeding rates in nearly all of 2020. In 2021, we did see some dips in utilization again, especially in late 2021; however, utilization rates returned to pre-pandemic levels by the end of 2022.

In this focus area, several teams provide follow-up interventions. The care coordination teams, based in our partner counties, provide follow up for members that are part of the care coordination program. For members who are on the PMAP and MNCare products, a behavioral health professional provides the follow-up intervention. In addition to the follow up, there are two behavioral health program offerings that South Country provides: Healthy Transitions and Healthy Pathways. The services offered as interventions in these strategies include the many behavioral health services covered by South Country, along with ancillary benefits promoting health and well-being. Members deemed eligible for a focus area of the population health strategy receive a letter, a phone call, resource information and/or assistance in developing care plan goals. Each member will have a unique touch point depending on their conditions and utilization, as each focus area has a specific set of interventions.

Program Descriptions and Interventions

- The behavioral health case management arm of South Country includes the Healthy Transitions Program and the Healthy Pathways Program, both developed by and unique to South Country.

    - Healthy Transitions is a strength-based behavioral health program that leverages the members strengths, while identifying challenges inhibiting independence. The behavioral health professional is trained in offering behavioral health case management services. This program offers case management services to transitional aged youth (ages 17-21) members who have a behavioral health diagnosis and may not yet be connected to other supportive services.

    - Healthy Pathways was developed in conjunction with the Behavioral Health Subcommittee in 2015 to address an identified gap. The program evolved over the years to provide case management support for members who do not qualify for mental health targeted case management (MH-TCM) due to the absence of a diagnostic assessment (DA) or do not meet the threshold of serious, persistent mental illness. This program functions as a path to engage with members needing initial or ongoing support services, often prior to a DA, or after the member steps down from MH-TCM. The service is provided by South Country's partnering county case managers.

- Care coordination is a community-based, collaborative, and member-centered program offered to South Country members on senior (SeniorCare Complete & MSC+) and Special Needs Basic Care (SNBC; AbilityCare, SingleCare & SharedCare) products. The care coordination program includes an assessment of clinical and non-clinical and social determinants of health questions and a care plan developed from that assessment, driven by the member centered goal(s). The results of the care plan, as determined by the member or their representative, are shared with the interdisciplinary care team. The care coordinator works with the member on their care plan goal(s), communicating any changes or updates, and follows up on health transitions, like hospitalizations. Additionally, for members that participate in care coordination, an assessment is offered on an annual basis, and a new care plan is developed.

To conduct interventions for this goal, once a month a report was run, and referrals were sent to the behavioral health professionals or the care coordination team, depending on the member's product. A task was created for the members who appeared to need more assistance with their mental health, as they were not connected to outpatient services and supports.

The number of members who received outreach from one of the follow-up teams (behavioral health or care coordination), was 82 in 2022. *(Note: Members are only tasked if they do not already have established outpatient or case management services and follow up was not already conducted through a hospitalization follow up*.) In the PMAP or MNCare products, if a

member had more complex needs, a referral was created for the complex case management team. If the member agreed to participate in the complex case management program, the case manager then worked with the member to assess, evaluate, and document their needs within an assessment. Once the assessment was completed, the complex case manager developed a care plan and set specific goals to work on over a period of approximately 2-4 months, including offering services that are available to them.

FOCUS 4: Managing Multiple Chronic Illnesses

Goal

Increase the percentage of members 18 years of age and older, on PMAP/MNCare products, who were treated **with a newly prescribed antidepressant medication and who remained on an antidepressant medication (AMM) acute phase treatment (at least 84 days).** We measure this goal successful by improving our top rate of compliance by 4.60% over three years. **The past performance level** for all products was: 2018 (61.82%), 2019 (60.71%), 2020 (58.33%), and 2021 (61.56%).

Goal

Increase the percentage of members 18 years of age and older, on PMAP/MNCare products, who were treated **with a prescribed antidepressant medication (AMM) and who remained on an antidepressant medication treatment for at least 180 days (continuation phase treatment)** and has at least one other chronic condition**.** We measure this goal successful by improving our top rate of compliance by 5.07% over three years. **The past performance level** for all products was: 2018 (46.45%), 2019 (45.92%), 2020 (45.07%), and 2021 (48.17%).

Targeted Populations

Group 1: Total population (risk and no-risk).
Group 2: PMAP/MNCare, ages 18-65 years of age with a newly prescribed antidepressant medication (lookback of 105 days); continuously enrolled.
Group 3: PMAP/MNCare, ages 18-65 years of age with a newly prescribed antidepressant medication (lookback of 105 days); continuously enrolled; and who did not complete their *first re-fill*. (Goal 1)
Group 4: PMAP/MNCare, ages 18-65 years of age with a prescribed antidepressant medication (lookback of 105 days); continuously enrolled; and who did not complete *subsequent re-fills.* (Goal 2)

Programs/Services (Factor 2)

Group 1: Include in the annual member newsletter, education on the importance of following medication regimens as prescribed, and a Facebook campaign with similar education.
Group 2: Mailing to members at first fill of newly prescribed antidepressant prescription fill (in language that is in terms understandable to the member) that could include: promoting healthy habits and behaviors such as regular exercise, medication schedules, when beneficial effects should be noticed, healthy eating habits, notable side effects, the need to continue medication even after feeling better and consulting with the prescribing doctor before discontinuing medication.
Group 3: Phone call/or text outreach for those who do not fill within 4-10 days of their anticipated first fill date. Exploring the ability to text reminders out, as well. For members not reached via phone, a supportive reminder letter is sent. Member-specific interventions may be identified if member has other chronic conditions.
Group 4: Phone call/or text outreach for those that do not fill within 4-10 days of their fill dates up to six months. Exploring the ability to text reminders out, as well. For members not reached via phone, a supportive reminder letter is sent. Member-specific interventions may be identified if member has other chronic conditions.

Indirect Member Intervention (Factor 3): Education on continuing medications/following prescription – in member newsletter (total population medication education); Facebook campaign on telehealth options.

This focus included members who were in the PMAP and MNCare populations and thus intervention work was completed by the complex case management team. The complex case management program follows the requirements of the National Committee of Quality Assurance (NCQA). Complex case managers collaborate telephonically with members. The case manager is either a registered nurse or social worker. The case managers work with medically complicated members and with members identified in population health initiatives. The complex case management program includes an assessment of clinical and non-clinical topics, such as social determinants of health questions, and a care plan is developed from that assessment, which is driven by the member's goals. The complex case management program is intended to support and advocate for members, or their authorized representative, for a brief amount of time, approximately 2-3 months. The intention of the program is to assist the member through a complex medical need, providing tools, like self-management tools, so the member can better navigate both their health care needs and their condition.

A report was run each week to determine members who had received the first fill of a newly prescribed antidepressant prescription. The members on this report were sent a refill reminder letter that included: promoting healthy habits and behaviors such as regular exercise, medication schedules, when beneficial effects from the medication should be noticed, healthy eating habits, notable side effects, the need to continue medication even after feeling better,

and consulting with the prescribing doctor before discontinuing medication. There were 2,133 refill reminder letters sent out in 2022 to members who were newly prescribed an antidepressant.

South Country also identified through the report members who did not fill their antidepressant medication within 4-10 days of their anticipated fill date. Complex case managers then attempted to contact the member by phone to see why the refill was missed and if any assistance could be provided. If the complex case manager was not able to reach the member by phone, a supportive reminder letter was sent, in addition to the educational pieces, Medication Tip Sheet and What you Need to Know About Depression**,** that educates the member on the reasons it is important to take their antidepressant medication regularly.

There were 968 members tasked for follow up to complex case managers in 2022, for the acute phase of the focus areas. In the continuation phase of the focus, there were 294 members tasked for follow up. The primary reasons members provided for not refilling their antidepressant medication varied, but the most common reasons were forgetting to take the medication, side effects, refill confusion and nonadherence.

The first goal of this focus was to increase the percentage of members 18 years of age and older on PMAP/MNCare products who were treated with a newly prescribed antidepressant medication and who remained on an antidepressant medication treatment for the acute phase of treatment, 84 days. We measure this goal successful by improving our top rate of compliance by 4.60% over three years. The past HEDIS performance levels for PMAP and MNCare are as listed below:

MY2017	MY2018	MY2019	MY2020	MY2021
65.99%	61.98%	66.59%	54.98%	61.56%

As expected, our 2021 rate increased significantly, potentially due to the multiple interventions we have in place, and we anticipate the rate being similar for 2022. In 2023, we might also explore secure texting outreach for medication refill reminders.

The second goal for this focus was to increase the percentage of members 18 years of age and older on PMAP/MNCare products who were treated with a prescribed antidepressant medication and who remained on an antidepressant medication treatment for at least 180 days (continuation phase treatment) and have at least one other chronic condition. We measure this goal successful by improving our top rate of compliance by 5.07% over three years. The past HEDIS performance levels for PMAP and MNCare are as listed below:

MY2017	MY2018	MY2019	MY2020	MY2021
52.2%	46.4%	45.9%	41.77%	46.95%

As part of the medication compliance report, members are identified for the continuation phase on one tab of the report, along with those members who may have missed a fill in that phase. We are glad to see the rate increased in 2021 for this measure and anticipate seeing a similar rate in 2022 as our complex case management team tracks these members closely and works to encourage and remind them in their medication compliance.

Indirect Member Intervention

As part of the strategy for population health, South Country provides contracted providers with education about our programs and services that we are promoting to our members, through our provider newsletter. Information is also provided to our county partners via scheduled supervisor meetings, director meetings, care coordinator trainings, along with subcommittees like the Behavioral Health Subcommittee, the Community Advisory Board, Healthcare Advisory Board, Rural Stakeholders meeting and the Joint Powers Board.

In 2021, South Country was excited to be the first health plan to implement the new state-based alerts system, Encounter Alerts Service™ (EAS). EAS is used by internal users, and in 2022 was implemented in almost all our partner counties. This platform allows for almost real-time notification of hospitalization and emergency department (ED) utilization by our members. Most of South Country acute care hospitals have agreed to transmit data via EAS, and therefore, many of our notifications can be retrieved from this system. Since we focused our efforts on ensuring our county partners were onboarded in 2022, we shifted back our goal to integrate the information to 2023. This year, we plan to integrate the data into the case management system we use, TruCare, along with the Continuity of Care Documents (CCD) data. EAS is a great tool for both providers and payors to share data and we look forward to further opportunities to utilize the data.

Coordination of Programs Across Settings

South Country has systems in place to allow for programs and services to be coordinated across settings, providers, and various levels of care, to limit confusion among our members. This is done by having the program personnel all work in one central care management system, TruCare, where interventions and programs with a member can be easily recognized by a member's case manager or care coordinator. Members who meet criteria for multiple interventions or services are coordinated by one primary care coordinator or case manager, who leads the communication and coordination of care among the other care team members.

Informing Members of Programs and Services

South Country provides information, via our website (https://mnscha.org), on our wellness programs that includes rewards and discount information, maternity resources, including our

Embracing Life guide, our RideConnect Transportation Program, member newsletters, behavioral health resources, etc. Each of these program/resource pages informs members to call our member services number to attain more information on the program. Additionally, we offer a health education and self-help page that includes the self-management tools and educational resources provided under the population health strategy. Members eligible for a specific program or intervention are notified by South Country or the local county agency via mailing or telephonic outreach to offer the available services or programs, where they are invited to participate in the program, in addition to being informed of the benefits of their participation and how to use the program/services.

Provider Support

South Country supports practitioners or providers in its network to achieve population health management goals by:

1. Publishing practice guidelines on our website;
2. Participating in the state-based alerts system (EAS™) that transmits admission, discharge, and transfer (ADT) messages;
3. Sharing the Opioid Provider Toolkit on our website;
4. Providing CAHPS & Health Outcomes Survey (HOS) outcomes on our website;
5. Providing data to Minnesota Community Measurement; and
6. Providing pricing of Healthy Pathways across our county partner providers/agencies.

South Country's long-standing Integrated Care System Partnerships (ICSP) has been in existence for more than five years and remains a strong collaboration with Mayo Health System and Allina Health System for South Country to sponsor the costs of a nurse practitioner. This per-member-per-month payment arrangement to each of the health systems supports the now seven nursing homes and hundreds of members served with onsite medical care.

The scope of the NP services are routine primary care evaluation and management; acute illness care that can safely be provided in the nursing facility; management of chronic health condition(s); performing routine medication review and medication management; facilitating advance care planning; and conducting a face-to-face comprehensive annual assessment/history and physical.

South Country believes a rounding nurse practitioner (NP) has a positive impact on our members' overall health, comfort, and wellbeing. There is long-standing evidence that the role of a NP can combine cost-effective care with enhanced quality-of-life care for residents. Having access to a rounding NP in our rural communities brings value to South Country members and the members quality of life. Additionally, we believe the nursing home care team values the collaboration between the NP, onsite nurses, attending physicians, clinic affiliations and other providers such as hospice or mental health. The value of a rounding NP to the member not only includes medical management where the member lives but proactive, preventative approach to

care to reduce unnecessary emergency room visits and avoidable hospitalizations. Additionally, members are not out traveling to appointments at a clinic, requiring transportation to a facility that is not necessarily conducive to recognizing a true baseline for the member.

We are proud to have been a catalyst in supporting health systems NP traveling to the rural nursing homes they serve. We strongly believe now more than ever this remains a top initiative for our seniors residing in long-term care.

South Country's goal is to provide the care team interventions that may help the member avoid unnecessary hospitalization and ER visits.

Next Steps

The population health strategy team at least annually reviews the data impacting our population, and population segments. An updated population assessment was completed to determine the direction for 2023. Some sources that were reviewed and considered included the County Survey, along with the County Health Rankings and Roadmaps data collected and distributed by the Robert Wood Johnson Foundation program, and the University of Wisconsin Population Health Institute. These other data sources were considered alongside a review of all the initial data sets considered in the development of the program. Reviewing the county-based data, provided South Country with a closer look into both a county perspective of health-based challenges, and social determinants of health impacting our population. It was determined, based on our assessment of the data, to continue moving forward on the goals we have in place for each focus area.

The population health team's day-to-day workload is being monitored and will be addressed as needed. The number of members we anticipate serving will be compared to those served and those with whom we attempt to serve. This is an ongoing part of review to monitor the program.

South Country will continue to support members in achieving their optimal level of wellness through advocacy, education, and communication. We are committed to reaching out to our members with chronic conditions, and those in need of behavioral health services and support. South Country is continuing efforts to involve new partners and providers in the overall PHM strategy, and we continue to explore other metrics that will allow us to better tell the story of our member's improvement and intervention effectiveness.

South Country is continuing efforts and finding new ways to further integrate and expand efforts in the focus of improvements in health equity across disparate populations. South Country will continue to work with community partners in 2023 and attend community-led initiatives to capture and address stakeholder feedback around Health Inequities in access to and quality of care. We will incorporate these findings in reporting and in the PHM strategy and focus areas as appropriate to address health equity concerns of communities.

Utilization Management

Description

South Country maintains a Utilization Management (UM) Program to ensure that members receive the right service at the right time from the right provider. The scope of the Utilization Management Program covers all South Country members. Utilization management activity is provided either by South Country or by its delegates. The program is designed to be consistent with state and federal requirements, as well as National Committee for Quality Assurance (NCQA) standards. The UM Program consists of strategies aimed at ensuring members have access to high-quality medical, behavioral health and community-based services, and that these services appropriately meet member needs while also being provided in a cost-effective manner. The UM Program is not meant to limit or restrict appropriate care, but rather to assure that members receive appropriate and timely care. Through evidence-based, objective UM decision criteria, South Country and its delegates avoid inappropriate utilization of services that may lead to lower quality of care with higher costs and health risks. South Country's UM Program is designed to confirm the medical necessity of services and, as a result, enhance the quality and effectiveness of a member's care.

Process

South Country's UM Program incorporates regulatory requirements along with the UM Program description, policies and procedures to guide the daily functions of the program. The internal South Country team of nurses and specialists meet weekly to discuss processes or implemented changes, discuss cases, and/or provide training. South Country's health services department has the primary responsibility for administering the internal UM Program. The health services department consists of utilization management, complex case management and behavioral health case management. Member coordination of care is integral. South Country's medical director and director of health services set the overall strategic direction of the UM Program and provide clinical oversight to UM activities. The medical director maintains overall decision-making authority. South Country's manager of utilization management oversees the UM day-to-day operations. South Country delegates certain utilization management functions to PerformRx, for pharmacy services including retail pharmacy, Medicaid medical pharmacy, and Delta Dental of Minnesota for dental services. South Country is responsible for monitoring and auditing delegated functions, and compliance with state and federal regulations, NCQA standards and organization-specific policies and procedures.

On a quarterly basis, the director of health services and the medical director provide utilization data and program results to the Utilization Management (UM) Committee, a subcommittee of the Quality Assurance Committee (QAC). The UM Committee supports and guides the activities of the UM Program. Another subcommittee, the Medical Policy Review Committee, made up of clinicians, annually reviews and institutes recommendations for medical coverage criteria to be used in the review of medical necessity for authorization determinations. This committee also meets quarterly and reports to the UM Committee. The UM Committee reports formally on a quarterly basis to the QAC.

Prior authorization of medical services is a major component of the Utilization Management Program. Prior to initiating services, members or providers acting on the member's behalf submit a request to South Country UM, (or delegated entities: PerformRx or Delta Dental UM) via a medical service request form or provider portal authorization request. The clinical staff gather information regarding the anticipated service: service type, date(s) of service, diagnosis and medical necessity of proposed treatment. To determine medical necessity, UM staff utilize clinical criteria including the Minnesota Department of Human Services (DHS) Provider Manual, Centers for Medicare & Medicaid Services (CMS) policy or national and/or local coverage determination; InterQual guidelines or South Country's medical policy guidelines.

All utilization management decisions are made based on appropriateness of care, medical necessity of the service and/or standard of care, and the evidence of coverage. No financial or other incentives that might influence the approval or denial of services that result in under-utilization are provided to review staff whether from South Country or other delegated entities performing the UM determinations. Each case is evaluated by licensed UM staff based upon specific plan benefits, objective evidence-based criteria and individual medical necessity.

The specific case criteria are available to providers by contacting South Country's UM department. Members, upon request, can also obtain the criteria by request through South Country's member services. Only South Country's medical director or appropriately licensed delegates can make the final decision to deny coverage and those determinations are made on sound clinical evidence. As stated earlier, all utilization management decisions are made based on appropriateness of care, service and the existence of coverage.

Authorization decisions are communicated in writing to the member and/or authorized representative as well as the ordering and servicing providers. Upon denial or partial approval, the notice will include the appropriate appeal rights as required by state and federal regulation, including Medicaid member rights to a state fair hearing (also known as Medicaid fair hearing).

UM staff are available using a toll-free number during business hours and can also receive inbound communication from members and providers regarding UM requests or concerns. After normal business hours, requests can be made via facsimile, confidential voicemail or the provider portal.

South Country also provides oversight of delegated UM activities. Each year, delegates are reviewed for compliance with state and federal regulations, as well as applicable NCQA Standards and Guidelines for Health Plans. South Country reviews the delegate's UM criteria for making UM decisions to assure the criteria are objective and based on medical necessity. If the delegate is found noncompliant in any given standard and/or regulation, the compliance department would determine the appropriate action(s) to ensure the delegate becomes compliant. Delegated UM activities and outcomes are covered in additional chapters: Dental Utilization Management, Pharmacy Utilization and Delegation Oversight.

South Country's QAC is responsible for the review and monitoring of all UM activities. UM activities are closely linked with quality improvement activities, including identification of adverse events, detection of over-utilization and under-utilization, identification of high-risk adverse occurrences, review of care management program measures, review of delegates' utilization review activities, and identification of access-to-care issues.

UM leadership meets at least quarterly to review and discuss overall process, strategic direction,

clinical support and guidance, specific code review regulatory changes and overturned cases on appeal. This team, led by the medical director, makes the decisions to implement or amend prior authorization (PA) requirements. In addition, prior to implementation of significant changes, these decisions may be reviewed within South Country's leadership team, including provider network and operations to develop transition plans incorporating communication to a third-party payor, providers and members as needed. The provider manual is updated regularly as changes or clarification may occur throughout the year. In addition, the PA grid on the South Country website is amended as needed and is a primary resource for providers. The provider contact center remains a point of contact for providers for claims, authorization questions, contracting or other various support functions.

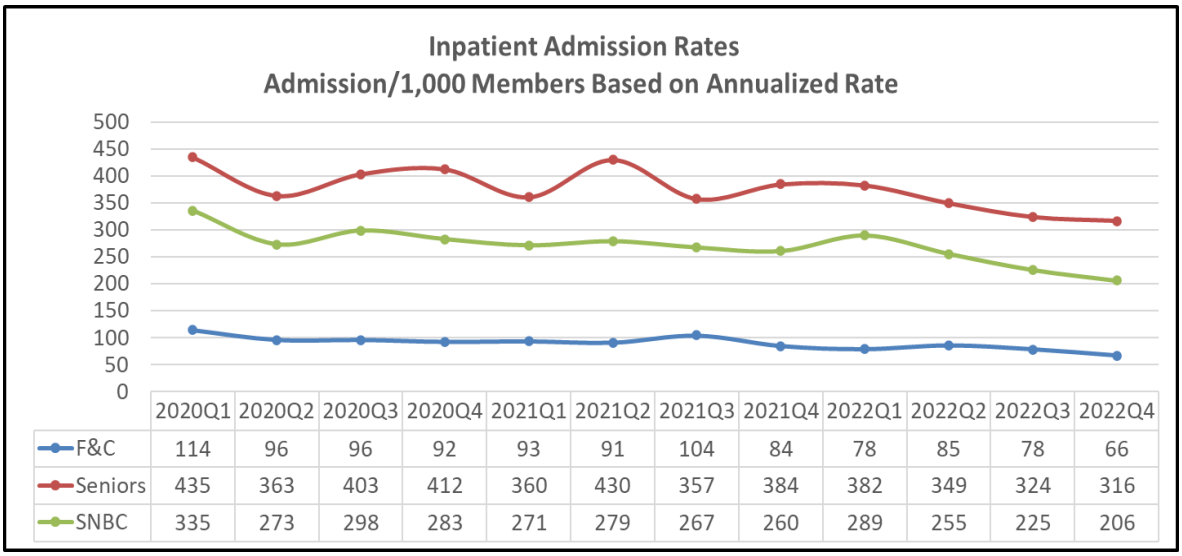
Analysis

Data from various sources is used to monitor and drive the UM Program. Data is used to evaluate utilization, monitor access to services and providers, review authorization outcomes and timeliness, track trends or patterns and measure program effectiveness. Measures are selected based on relevance to the population and are related to both medical and behavioral health care. Statistical methods assist in monitoring information by setting thresholds for variability, such as upper and lower run limits (plus/minus two standard deviations from the mean). When the results exceed the run-limit threshold, additional analyses may be warranted to identify possible causes for the outlying result. Additional drill-down analyses may be done at the county or clinic level, as necessary.

Utilization measures are reviewed and discussed at quarterly UM Committee meetings, providing a forum for county directors, members of the Joint Powers Board (JPB), and a variety of providers and staff to add their insight as to the importance and relevance of the utilization results. Further analysis and review of utilization trends are completed by the QAC and recommendations are received by the UM Committee. When potential causes for outlier results are identified and affirmed through further evaluation, the committee may recommend specific action to address the problem. Progress reports on actions taken to improve results are reviewed and discussed at follow-up UM Committee meetings, and summary results are reported to the QAC.

The following tables and reports are reviewed at each UM Committee meeting for discussion and analysis for review of excessive variation from the average. Each metric is rate/1000 members/year. Due to the small numbers in some of the products, over/under reports are grouped according to the DHS Managed Care Contracts – Families and Children (F&C or PMAP and MNCare); Senior products (MSC+ and SeniorCare Complete [MSHO]); and SNBC (AbilityCare, SingleCare, and SharedCare).

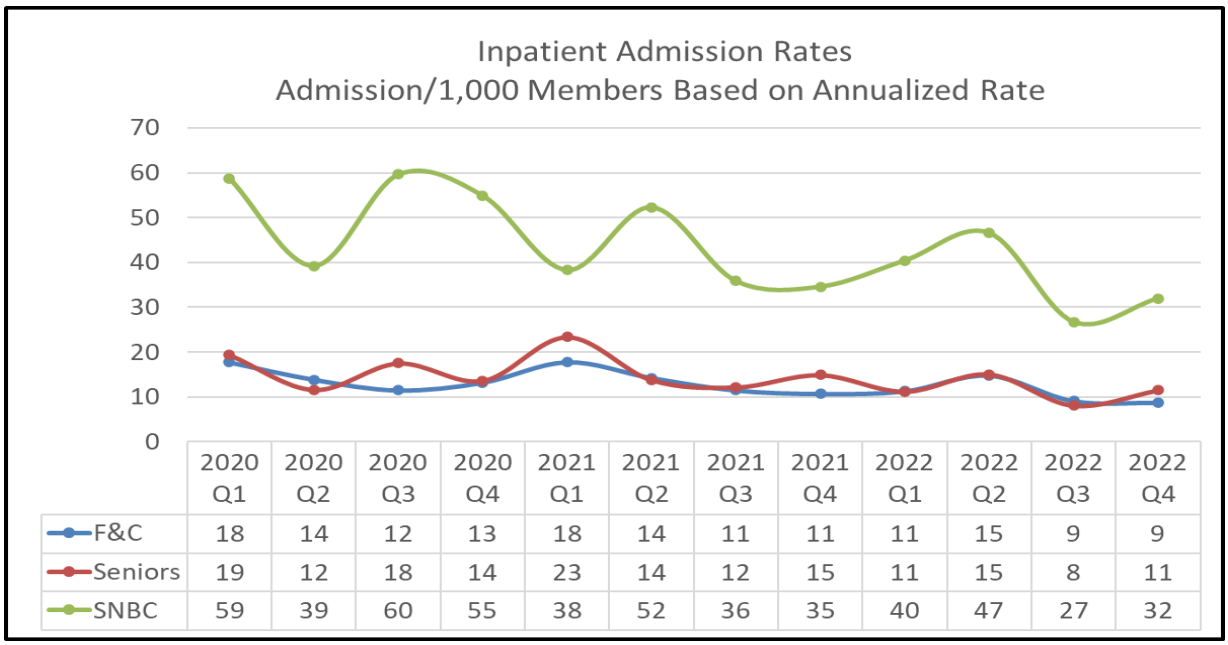
Inpatient Hospital Admissions



	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3	2022Q4
F&C	114	96	96	92	93	91	104	84	78	85	78	66
Seniors	435	363	403	412	360	430	357	384	382	349	324	316
SNBC	335	273	298	283	271	279	267	260	289	255	225	206

The above graph depicts our total memberships' inpatient (IP) admission rates by 1,000 members. In reviewing each product comparatively since 2020 overall IP admission rates have trended downward for three years. We see a trending decrease in inpatient hospitalization rates for all member populations since 2020. There is a notable decline in Quarter 4, 2022. This is due to the data being pulled within two months of service and we expect the numbers to normalize within the trends when the data is pulled the following quarter. This is a report that is pulled quarterly and is reviewed by the UM Committee for trends and patterns.

Inpatient Psych Hospital Admissions

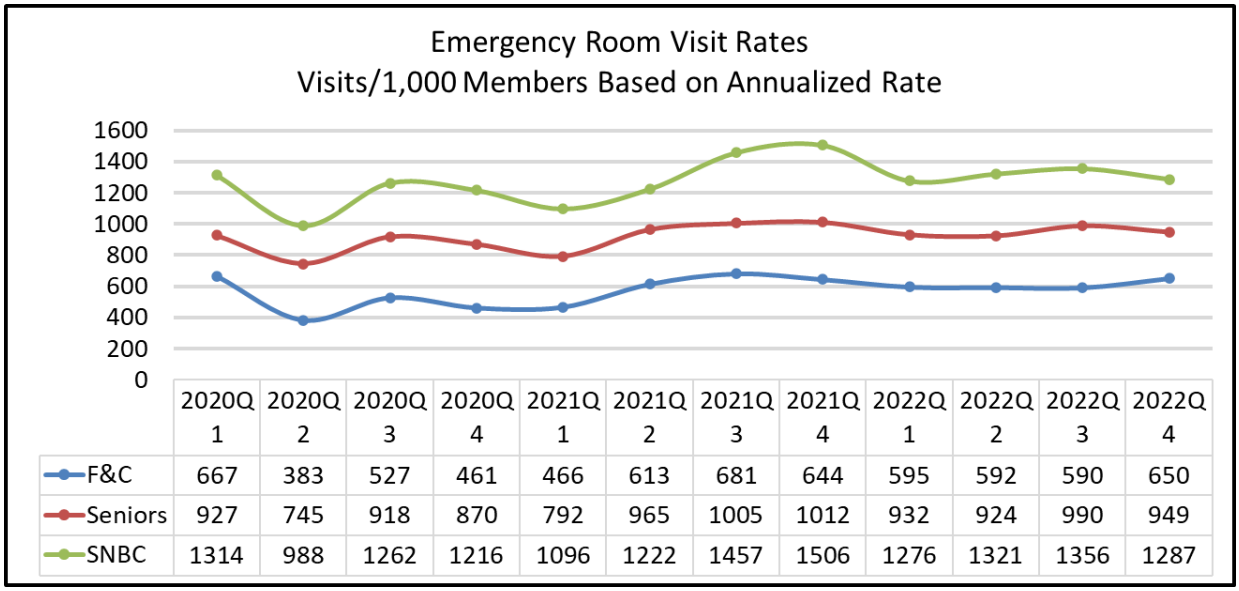


	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3	2022 Q4
F&C	18	14	12	13	18	14	11	11	11	15	9	9
Seniors	19	12	18	14	23	14	12	15	11	15	8	11
SNBC	59	39	60	55	38	52	36	35	40	47	27	32

South Country began tracking psychiatric hospital admission by product to monitor the impact of the

greater incidence of mental health diagnosis in the SNBC product population compared to the F&C and Senior Products. This measures the “place of service” code, inpatient psychiatric unit. As expected, the SNBC population shows a higher utilization in psychiatric hospitalization rates compared to the F&C or Senior population. There is wider variation in this data due to the small number of admissions per quarter and the relatively small population of members within the SNBC product. All member products show a decline in rate of inpatient psych admissions since Q1 2020.

Emergency Department Visits

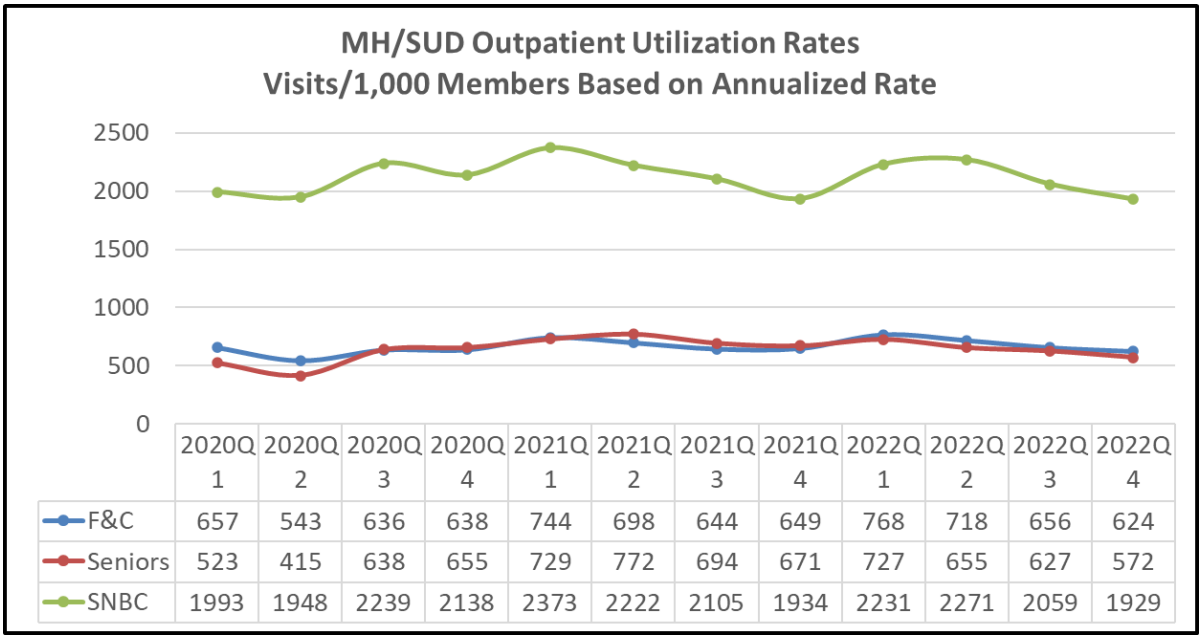


	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3	2022Q4
F&C	667	383	527	461	466	613	681	644	595	592	590	650
Seniors	927	745	918	870	792	965	1005	1012	932	924	990	949
SNBC	1314	988	1262	1216	1096	1222	1457	1506	1276	1321	1356	1287

For emergency department (ED) utilization, the SNBC groups have experienced the highest utilization rates for ED visits since 2020. The senior products were moderately lower than the SNBC rates; however, they do have an upward trend. Members on Families and Children’s (PMAP & MNCare) products, our largest membership, also show an upward trend. Overall, all member products are trending up to pre-pandemic trend levels. In 2023, we plan to review over/under reports for primary care (PCP) visits. We are exploring PCP visit trends to determine if there is any correlation between PCP visits and emergency department visits.

Outpatient Utilization

This measure is used to indicate whether persons with behavioral health needs are able to access services appropriate to their health needs and is an integral measurement for South Country’s Population Health Program and overall goal to increase members utilization of outpatient mental health (MH) and substance use disorder (SUD) services. South Country has focused activities and specific programs designed to improve access to behavioral health services throughout South Country’s service area. This includes open access to mental health providers and limited prior authorization requirements. Upward trends in this measure can demonstrate our success in improving access to mental health service and member outreach.



	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3	2022Q4
F&C	657	543	636	638	744	698	644	649	768	718	656	624
Seniors	523	415	638	655	729	772	694	671	727	655	627	572
SNBC	1993	1948	2239	2138	2373	2222	2105	1934	2231	2271	2059	1929

The table above shows the relative rates of MH/SUD outpatient visits by product groupings. SNBC members have a higher incidence of MH/SUD diagnosis demonstrated by higher rates of MH/SUD outpatient visits. Both MSC+ and SharedCare are products that South Country is responsible to pay Medicaid benefits and the co-insurance for Medicare services. Therefore, rates for some SNBC and senior products are expected to be lower than actual utilization due to some Medicare claims filed with another health plan. Quarter two 2020, showed a decline in all product utilization rates due to the COVID-19 pandemic, however, by relaxing the benefit limit on outpatient therapy through telehealth, outpatient visits rose in the first three quarters of 2021 and continued to stay consistent in 2022. In 2022, there was also interest to split the data and review over/under numbers for MH diagnosis and SUD diagnosis separately to determine which level of service the overall data reflects. In this review, it was identified that the majority of outpatient visits reflect mental health services. It is important to note telehealth codes were added into 2020 and ongoing data to capture all outpatient visits.

At the end of Quarter 3 2022, we identified an area of interest for further review of outpatient MH services. This review included pulling out data for members under the age of 18 (school age) and looking at trends as they relate to the school year. In looking at MH services for school age children, there was a notable decrease in services during the summer months. In 2023, the UM Committee will continue to monitor these trends and bring this information to the Behavioral Health Subcommittee to discuss possible causes.

South Country closely monitors other utilization metrics including behavioral health, special health care needs, hospitalizations, readmissions and specialty health care concerns such as high-risk pregnancy and high-cost utilization. These reports are reviewed in detail for patterns, and individual cases often referred to complex case management, behavioral health professionals, the Restricted Recipient Program, care coordinators and/or community care connectors to work directly with the member.

UM Prior Authorization Metrics

The Utilization Management Committee reviews key metrics related to the UM prior authorization process. Daily key metrics are used to offer a dashboard of requests in queue and the age of the authorization request. This has been a key tool to help the team maintain timeframes for reviews. This is a valuable tool, especially when the clinical team has a request for information out to the provider and the team is waiting for additional clinical information to aid in the review. In 2022, the UM team identified an opportunity to incorporate other key metric tools in our daily dashboard to monitor for timely member and provider determination notices. These key metrics ensure timeliness and compliance for the prior authorization notification process. Other key data elements tracked and reviewed for trending at the UM Committee meetings are summarized below:

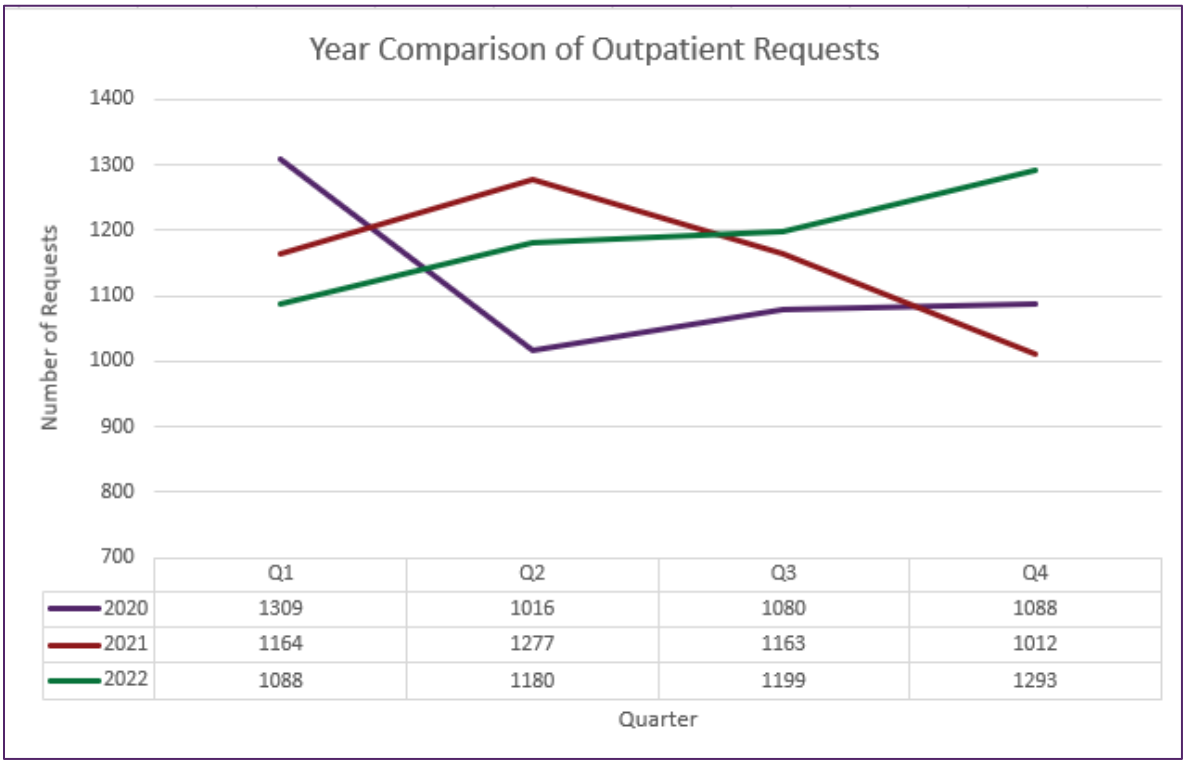
Top Service Types of Authorization Requests Reviewed Year Over Year:

**Durable medical equipment (DME)*

Top Five Clinically Reviewed Service Requests					
2020	**Requests**	**2021**	**Requests**	**2022**	**Requests**
DME	746	DME	699	DME	719
Assisted Transportation	356	Assisted Transportation	654	Assisted Transportation	675
Medical Pharmacy	325	Medical Pharmacy	653	Medical Pharmacy	620
Surgical	235	Surgical	303	Surgical	319
Home Health	155	Home Health	134	Home Health	127

The above table illustrates the top prior authorization requests by service type year over year. Durable medical equipment remains the top requested service. Assisted transportation requests remain consistent in 2022 and we would expect to continue this consistency due to yearly renewals for this service. Surgical requests were lower in 2020 as a result of the pandemic and elective procedures not occurring as frequently; in 2021 and 2022, those numbers increased as elective procedures were scheduled as normal. There was a total of 3,199 clinical reviews in 2021 and 2,580 reviews in 2022, which is a 19% decrease of clinical reviews. This decrease may reflect yearly changes to the prior authorization grid. Codes are reviewed quarterly for prior authorization requirements. The addition or removal of procedure codes from PA requirements is based on rate of approval and changes to standard of care. As a result, South Country has removed prior authorization requirements for the drug Synagis; this is used in the prevention of severe respiratory syncytial virus (RSV) in infants. The removal of this PA requirement ensures that the most at risk infants receive the protection they need without delay. Through our prior authorization review process, South Country has also recognized that the use of continuous glucose monitors (CGMs) in Type 1 and Type 2 diabetics has become the standard of care, which led to the decision to remove all PA requirements for CGMs in 2023. Starting in 2021 and continuing through 2022, we updated the transportation review method to “auto-approve” assisted transportation for certain situations. Upon receipt of a request to continue assisted transportation services for a member previously approved, the nurse evaluates previous approval and if the member’s condition had not changed, the recertification is approved.

Total Number of Authorizations:

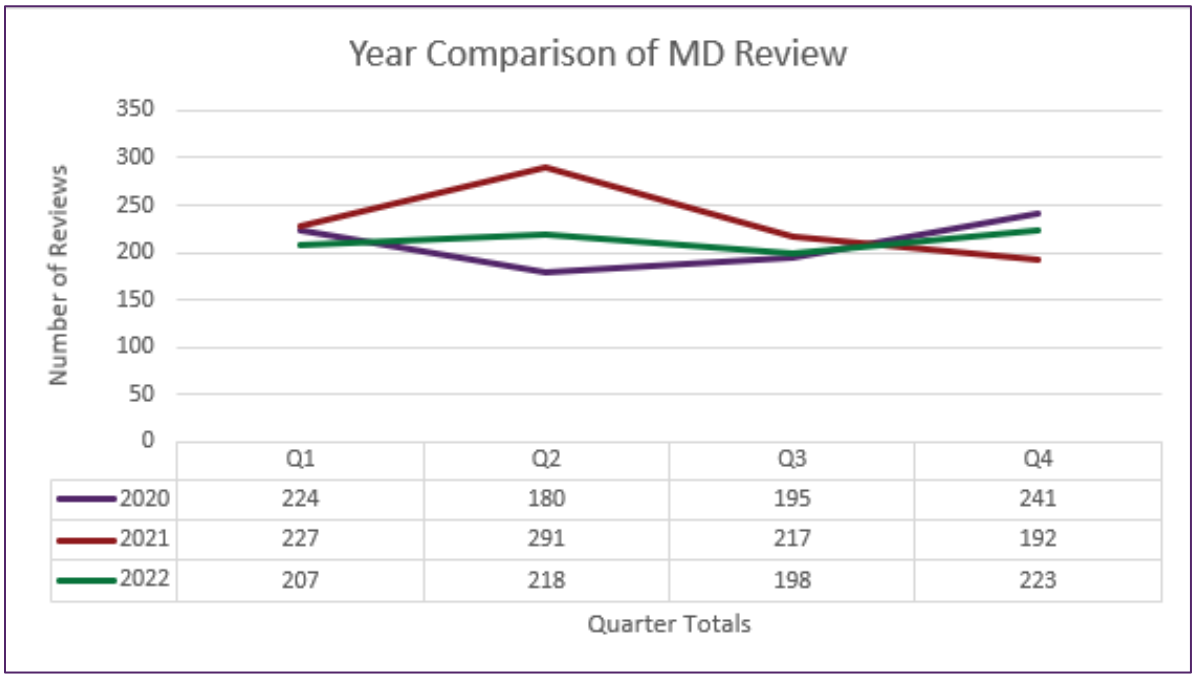


	Q1	Q2	Q3	Q4
2020	1309	1016	1080	1088
2021	1164	1277	1163	1012
2022	1088	1180	1199	1293

The above graph highlights a three year-over-year comparison of total number of authorizations. This includes authorizations entered into the system that undergo an administrative review. The most common authorization entry that does not require medical necessity review is for mental health targeted case management (MH-TCM). Providers of MH-TCM notify South Country of MH-TCM start dates along with documentation of timely diagnostic assessment, and subsequently the authorization data is entered. Based on the above graph, noteworthy for 2020 is the decrease in authorization requests for quarter two due to the onset of the pandemic with a slow return in quarter three and quarter four. This report does depict the overall decline experienced in authorization requests in 2020 directly related to COVID-19 and hospitals and clinics deferring elective procedures. Quarter one and two 2021 shows a slight increase, and then it levels off lower in quarters three and four. Through 2022, the requests gradually increased throughout the year, almost reaching back up to pre-COVID numbers seen in the first quarter of 2020.

Second Level Review

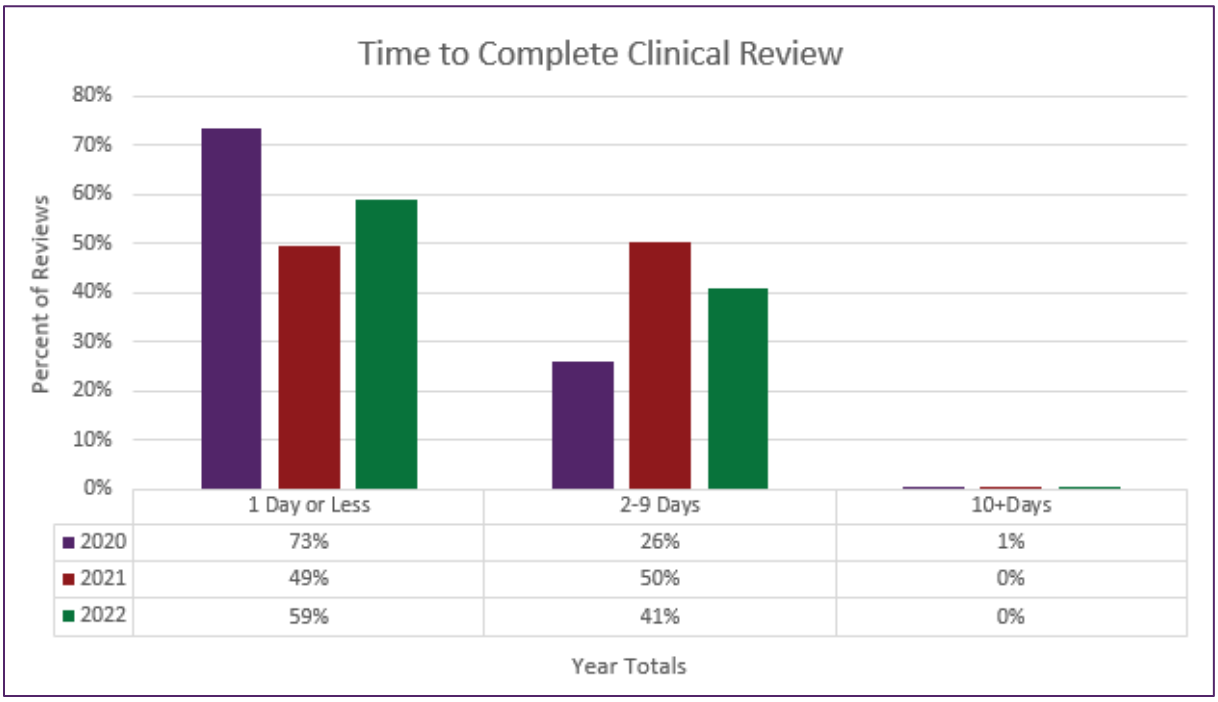
South Country also tracks the number of authorizations that require advisor review and the outcome of those reviews.



The graph above illustrates the year-over-year trend of the volume of authorization requests that are referred for advisor review; the advisor is a physician level reviewer and makes the final determination to approve or deny based on medical necessity. The 2020 line does reflect the reduction in quarter two, which is related to the overall volume of authorization requests being down, but quarters three and four returned to average levels. In 2022, the highest level of reviews took place in quarter four, similar to 2020, this could be attributed to the overall increase in volume of authorization requests during that quarter.

Turnaround Times

In 2022, the percentage of reviews completed in one day or less increased by approximately 18%, and reviews completed in two-nine days decreased by 19%. The improvement in turnaround time can be attributed to the auto-approval process for assisted transportation requests allowing for quicker turnaround times. There were no concerns with South Country meeting turnaround times for authorization requests. The details below indicate that 99% of all reviews are completed within 10 calendar days. The reason there is a small percentage of reviews that exceed ten calendar days is because in 2020 and 2021 retroactive reviews were in the counts, whereas in 2022, those reviews were removed.



As part of the Utilization Management Program, South Country stays informed of changing or new regulations. This year we became aware of a new Centers for Medicare and Medicaid Services (CMS) proposal that would build on the already implemented Interoperability and Patient Access Rule (CMS-9115-F). This new proposal (CMS-0057-P) would expand the Patient Access API, the Provider Access API, recreate the Plan to Plan API, and bring back to the table, the Prior Authorization Transaction API. If the new proposal passes legislation, then it would currently have an implementation date of January 1, 2026. One of the requirements in the prior authorization portion of the rule is for payers to have shortened timeframes in providing the outcome and notification to the member (standard requests to be no later than seven calendar days). In anticipation of this change, the UM team wanted to examine the turnaround times using the defined shortened standard over the next three years. This year, we will establish the benchmark with the data below.

Time to Complete the Clinical Review

	5 Days or Under	Over 5 Days
2022	96%	4%

Time to Determination

	Under 7 Days	Over 7 Days
2022	92%	8%

Interrater Reliability

South Country performs interrater reliability (IRR) reviews and tracks IRR results from PerformRx and South Country's UM department. The results for the past three years are:

Entity	2020	2021	2022
PerformRx (Pharmacy PBM)	99.4%	99.6%	99%
South Country's UM Dept	90.6%	91%	96.7%

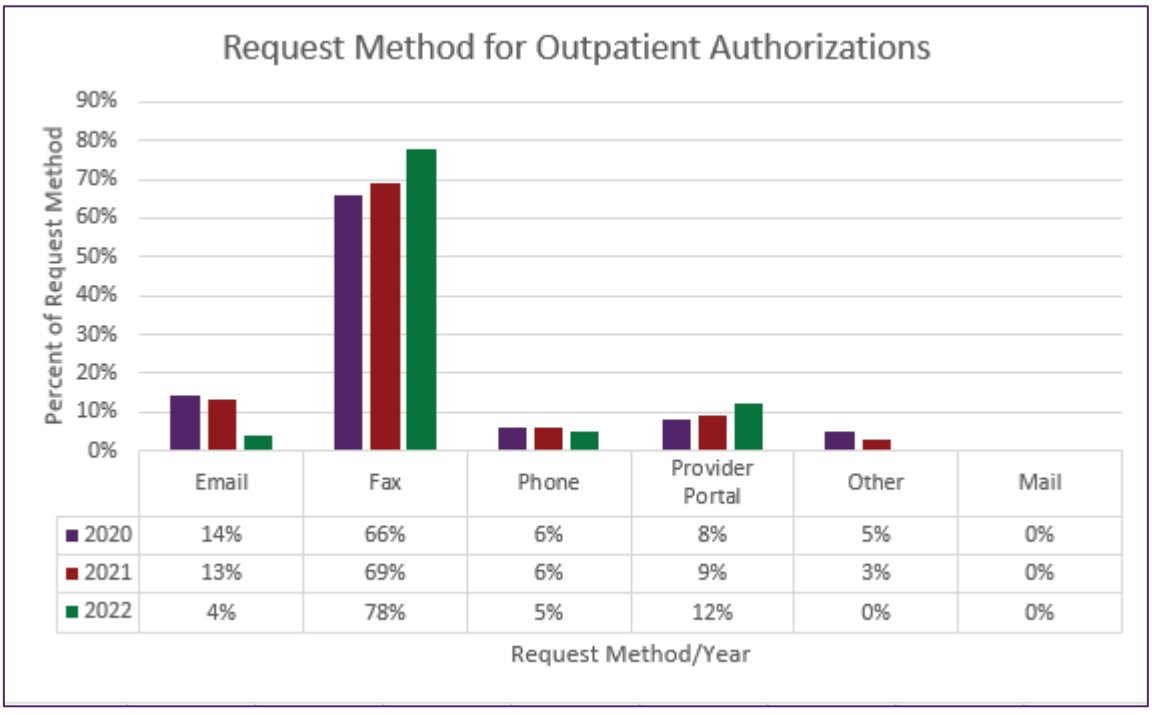
As you can see in the above chart, IRR results are strong and reveal consistent authorization reviews. The South Country UM team is small in comparison to the numerous pharmacists undergoing IRR testing with PerformRx, and as a result South Country UM data can appear skewed. The UM manager will continue to use IRR and other means to ensure South Country's UM team has the knowledge and tools to maintain integrity and consistency with reviews.

Provider Satisfaction Surveys

South Country conducts provider satisfaction surveys to assess reviews of South Country's UM process. In 2019, the number of surveys sent was 228, with 53 completed, making the return rate 23%. In 2020, South Country sent 245 satisfaction surveys and 84 were returned, for a total return rate of over 30%. In 2021, South Country sent 180 satisfaction surveys and 35 were returned, for a total return rate of 20%. In 2022, South Country sent 194 provider satisfaction surveys and the return rate was not statistically significant. As a result of the poor return rate, we are exploring other survey options to increase response rates and provider feedback.

Request Method for Outpatient Authorizations

As another means to measure access and preferences of providers, we have tracked the methods providers are utilizing to submit authorization requests. Below is a graph comparing the request methods between 2020, 2021 and 2022. From this comparison one can see that request methods remained consistent across three years.



**We do receive mailed requests but there is such a low amount it does not equate to a whole percentage. In 2022, there was none in the "other" category.*

The above graph reveals the majority of requests are received via facsimile (fax). South Country's decision to integrate faxing into the authorization software has proven to be useful in supporting this preference easily and accurately. The second preference from providers has shifted from email to the provider portal. Emails are received primarily from our county partners to process requests for specific services such as MH-TCM or to alert us to a home care service request; however, some of our county partners have begun utilizing the portal for particular requests this year. South Country is exploring a new electronic authorization product through the same vendor that provides our utilization management software. This product would live in the provider portal, much like our current electronic authorization product. However, the advantage of this new product is that the information would more easily flow into our utilization management software and enhance the provider experience by providing real-time decisions, guided workflows and other immediate feedback. If we decide to implement this product in 2023, we will conduct a provider information campaign to promote electronic submission of authorization requests among our top requesters. Of course, along with this decision, is the consideration of the new interoperability rule proposing another avenue for providers to make requests directly from their electronic medical record (EMR) system, and how that would impact the utilization of provider portals going forward. Regardless of all these potential changes, South Country continues to provide numerous avenues for submission, along with nurse reviewers seven days per week to address urgent authorization needs, and the UM voicemail is available 24 hours a day, seven days a week for a provider or member to request prior authorization.

Next Steps

Annually, South Country reviews trends in utilization and authorization decisions to set a course for future innovation or programming decisions. South Country now has over three years of medical authorization data to analyze and can use that data to evaluate ongoing efficiencies in process, remove unnecessary authorization on certain services, and continue to improve outcomes for members and providers. There are several new products and processes we are exploring in 2023.

As mentioned above, one of the products we are exploring this year is an authorization product that directly integrates with our current case management/utilization management software, TruCare®. South Country currently offers providers a way to submit electronic authorization requests via our provider portal, using software provided by our provider portal vendor. However, the current solution has not been as broadly adopted by providers as we were hoping and there are shortcomings in the way the data is consumed by TruCare®. We are considering the other authorization product because it will allow for real-time feedback and decisions to our providers and help walk them through the workflow of the authorization regarding what documentation we would need to make a determination on the authorization. In our consideration of this new product, is also the new CMS interoperability rule that could be passed this year and implemented in 2026. New legislation like this weighs on our decisions in implementing new technologies, and thus will be considered in the implementation decision. South Country wants to provide and promote the most efficient and effective avenues for authorization submissions to our providers, and we will continue to leverage

existing and new technologies to do so.

South Country was the first health plan in Minnesota to consume Admit, Discharge, and Transfer (ADT) messages from the state-sponsored ADT platform: the Encounter and Alert Service (EAS)/PROMPT®. Utilizing EAS/PROMPT®, almost all Minnesota acute care hospitals (including our largest provider, Mayo Clinic) and other facilities are transmitting their data into the system. We recently learned there is just one hospital system left that is not yet sending messages into EAS, and we are hopeful to see them onboard this year as it is a major provider in one of our partner counties. This year South Country will start an informational campaign informing providers that due to their transmission of admissions and discharges through PROMPT®, they no longer need to send the notification via fax.

Over the past year, South Country has worked closely with Audacious Inquiry (now a *PointClickCare* company) to implement EAS/PROMPT® with all our partner counties. As each county has started utilizing PROMPT®, they have shared successes at the Minnesota Department of Human Services (MDH) collaboration meetings. In a recent collaboration meeting, we learned that another county spear-headed work on developing an integration with the PHDoc® system that is used among many counties in the state of Minnesota as a documenting system. Many of South Country's partner counties also utilize this system in their agencies, and this new integration will allow them to see the ADT messages right within their PHDoc® system. South Country wants to explore how this new functionality will impact our counties' utilization of the ADT messages and see how we can continue to leverage this and other emerging technologies and integrations to better serve our members.

The UM nurses, along with the medical director will continue annual medical policy review and provide recommendations for final review at the Medical Policy Review Committee. The Medical Policy Review Committee has incorporated the grievance & appeals manager and the manager of clinical care management into the review committee which offers additional depth of knowledge from different points of view.

South Country continues to look at the future of the UM Program to not only be in compliance with requirements, but to be a front runner in innovation. Use of technology can be a critical driver to the success of the UM team, and to the member receiving the right care, at the right time and in the right place.

Pharmacy Utilization

Description

South Country contracts with PerformRx, LLC, as third-party administrator for pharmacy benefits. PerformRx is responsible for processing and paying prescription drug claims, developing, and maintaining the Medicaid and Medicare Part D formularies, contracting with pharmacies, negotiating discounts and rebates with drug manufacturers, conducting clinical management including appeals, and completing drug utilization review and medication management therapy programs. PerformRx' s drug utilization review programs include prior authorization requirements, drug quantity limits and step therapies to ensure member safety and adequate access.

Process and Analysis

PerformRx employs a team of highly qualified staff dedicated to South Country including a regional director, regional account executive and an account executive who coordinates and monitor day-to-day pharmacy benefits administration. There is also a PerformRx customer solutions team, which includes a team of pharmacists and pharmacy technicians charged with managing South Country formularies and clinical management programs.

South Country holds weekly operational meetings with PerformRx to monitor the overall pharmacy program. In addition, South Country and PerformRx hold quarterly meetings to focus on utilization trends and performance for both Medicaid and Medicare. A summary of that review is as follows.

Medicaid Utilization

Table 1

Medicaid Formulary Compliance/Generic Utilization			
	2020	**2021**	**2022**
Formulary Compliance	97.68%	99.30%	99.23%
Generic Utilization Rate	90.31%	85.57%	82.70%

As shown in Table 1, South Country Medicaid has an excellent formulary compliance rate (99.23%). However, the generic utilization rate continues a steady decrease over the last three years. A significant increase of brands being preferred over generics on the required

Minnesota Department of Human Services (DHS) Universal Preferred Drug List (PDL) has led to this marked decrease.

High formulary utilization and the use of generics when available helps to stabilize overall pharmacy costs as much as possible.

Table 2

Medicaid Pharmacy Utilization			
	2020	2021	2022
Average Membership	26,589	30,096	32,318
Total Prescription Cost	$26,466,479	$33,280,786	$38,321,551
Total Prescription Cost per Member per Year	$995	$1,106	$1,186
Total Prescriptions	377,817	413,344	404,100
Average Cost per Prescription	$70.05	$80.52	$94.83
Utilizers (members who filled a prescription)	107,123	118,307	122,478
% Utilizers	36.31%	32.76%	31.58%
Average Cost per Utilizer	$247.07	$281.31	$312.89

Table 2 outlines South Country's Medicaid pharmacy utilization for the past three years. From 2020 to 2022 we experienced a 21.5% increase in average monthly membership to 32,318. This increase can be attributed to the COVID-19 federal emergency continuous enrollment concessions put into place. As a result, we continue to see a steady incline in our overall pharmacy spend (total prescription cost). While the total number of prescriptions decreased from 2021 to 2022, the per member per month cost and average cost per utilizer increased. We also experienced a 35% increase in average cost per prescription from 2020 to 2022.This is largely due to a substantial rise in specialty drug spend coupled with annual industry price increases of brand name medications.

Medicare Utilization

Table 3

Medicare Formulary Compliance/Generic Utilization			
	2020	2021	2022
Formulary Compliance	98.40%	98.77%	98.76%
Generic Utilization Rate	89.20%	88.02%	87.42%

South Country's Medicare population continues to maintain a high formulary compliance and generic utilization rate as illustrated in Table 3 above.

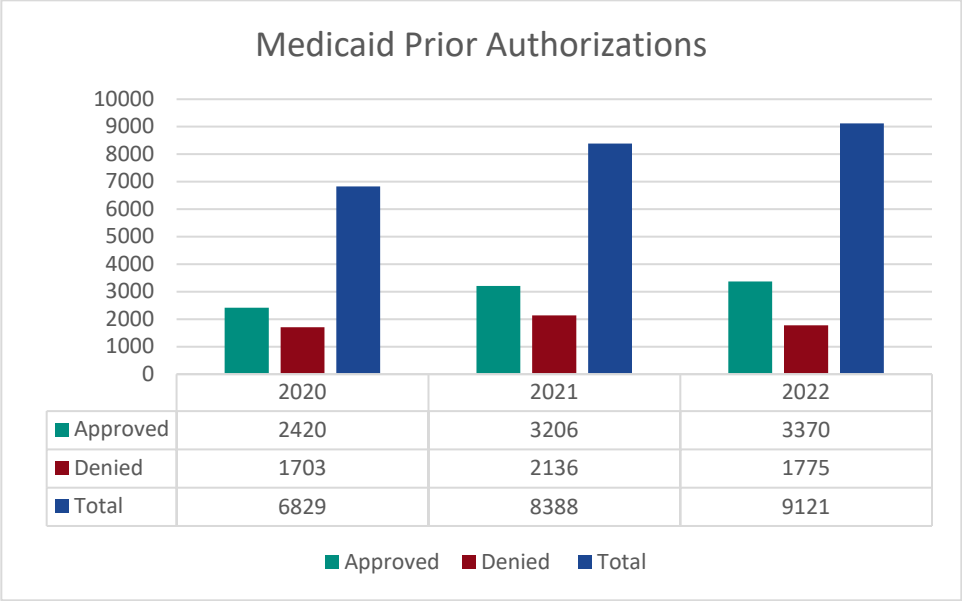
Table 4

Medicare Pharmacy Utilization			
	2020	2021	2022
Average Membership	2,090	1982	2000
Total Prescription Cost	$11,100,427	$10,662,066	$11,242,968
Prescription Cost per Member per Year	$5,311	$5,379	$5,621
Total Prescriptions	150,054	136,612	138,395
Average Cost per Prescription	$73.98	$78.05	$81.24
Utilizers (members who filled a prescription)	21,826	20,474	20,349
% Utilizers	86.72%	86.10%	84.80%
Average Cost per Utilizer	$508.59	$520.76	$552.51

Table 4 outlines South Country's Medicare pharmacy utilization. The average cost per prescription has increased by 9.8% from 2020 to 2022. The continued high generic utilization rate (Table 3) helps soften the impact of brand name medication annual price increases.

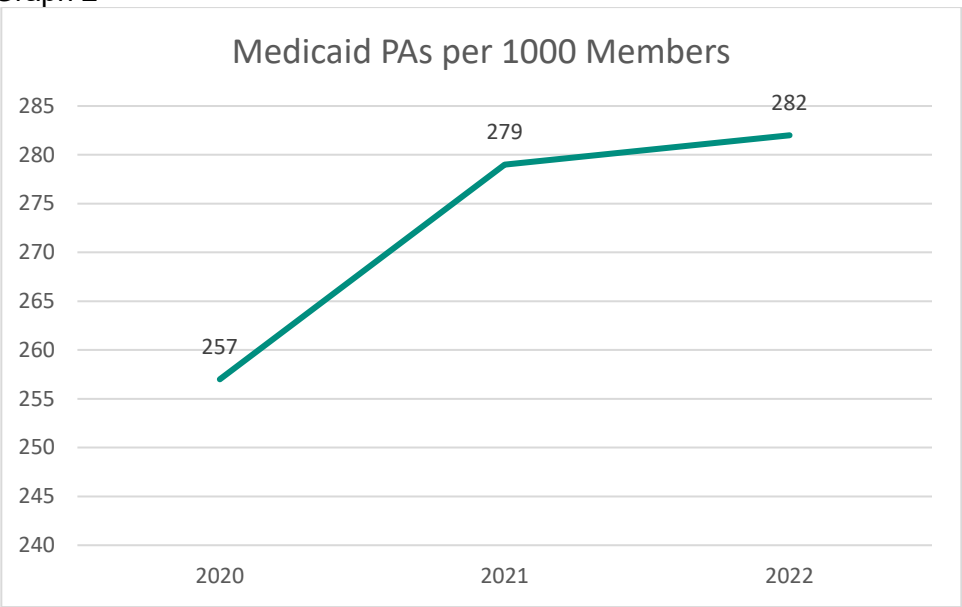
Medicaid Prior Authorizations (PA)

Graph 1



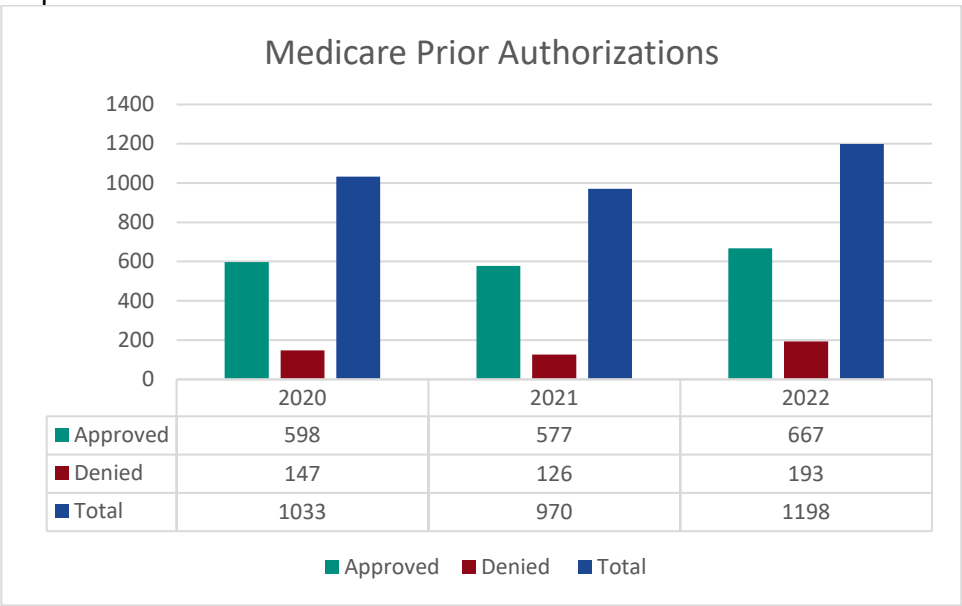
Graph 1 illustrates an increase in the number of Medicaid prior authorization submissions from 2020 to 2022. More than likely, this is due to a steady increase in membership over the same time period and continued changes to the formulary due to the state preferred drug list (PDL). Approval rates increased while denial rates decreased slightly over the past three years. This pattern will be monitored over 2023 to see if a trend develops. In Graph 1, authorizations neither approved nor denied are classified as withdrawn or early closed. Graph 2 (below) is helpful in monitoring the number of prior auth (PA) submissions per 1,000 members. The number has softened over the last year and will continue to be monitored in 2023 as an indicator of overall PA burden for our membership.

Graph 2



Medicare Prior Authorization

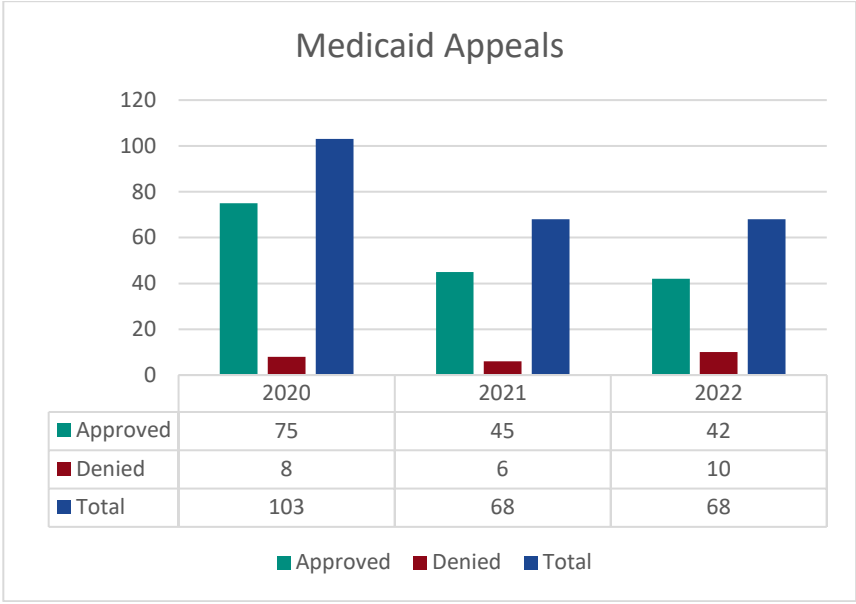
Graph 3



Medicare prior authorizations have remained steady for the past year with a 56-59% approval rate and a 13-16% denial rate. The remaining authorizations were withdrawn/dismissed/ early closed.

Medicaid Appeals

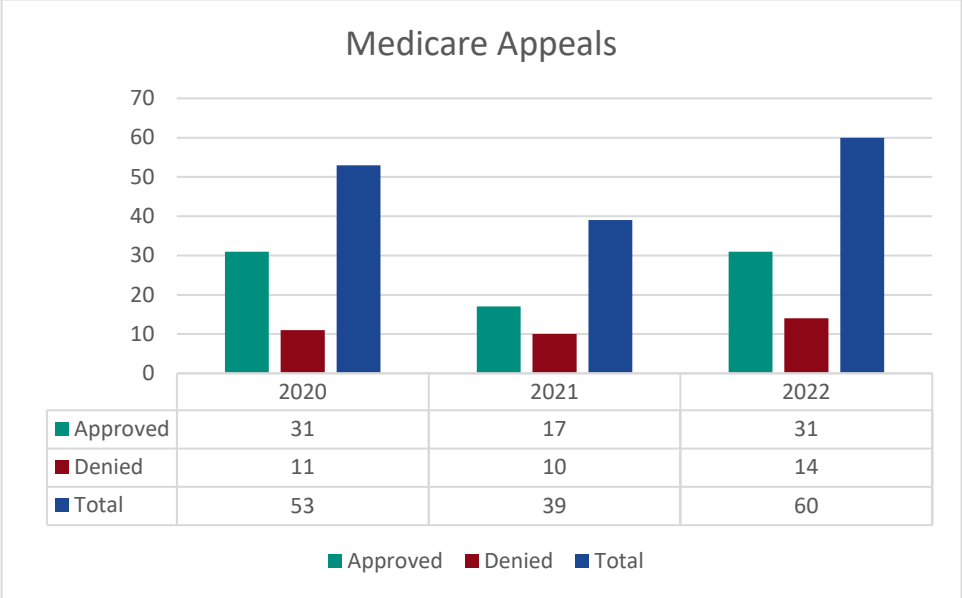
Graph 4



The reduction in total number of submitted appeals in Graph 4 is a direct result of South Country's work with PerformRx to allow the submission of additional information after a denial. Instead, the status of the authorization may change after further review. Both the overall approval and denial rates changed due to the new denominator, fewer total authorizations. Data will continue to be reviewed over the next few years to see if a trend develops.

Medicare Appeals

Graph 5



The number of Medicare appeals declined in 2021 but increased in 2022 (Graph 5). This can be attributed to a January 1, 2022, Medicare formulary change. Because Medicare membership is stable, any change in formulary between calendar years impacts program trend data.

Next Steps

South Country will continue work with the Minnesota Universal Pharmacy Policy Workgroup to implement drug utilization strategies selected by the workgroup. The South Country Drug Utilization Review (DUR) Committee will continue its efforts on reviewing concurrent opioid and benzodiazepine use in South Country's membership. In addition, the DUR will be exploring interventions related to antipsychotic/psychotropic use in children as well as ADHD treatment in children.

South Country staff continue to monitor and analyze data received from PerformRx during our quarterly meetings and annual review. Routine monitoring tasks are performed including the areas of claims, member materials, eligibility, formulary and PDL changes, and benefits processing. This regular monitoring has allowed us to detect and correct issues in a timely manner. The South Country pharmacy manager oversees the critical beginning-of-the-year

pharmacy benefit monitoring as well as the monthly monitoring that occurs throughout the rest of the year. Potential issues discovered through this work are escalated to PerformRx for research and resolution, if necessary.

Dental Utilization Management

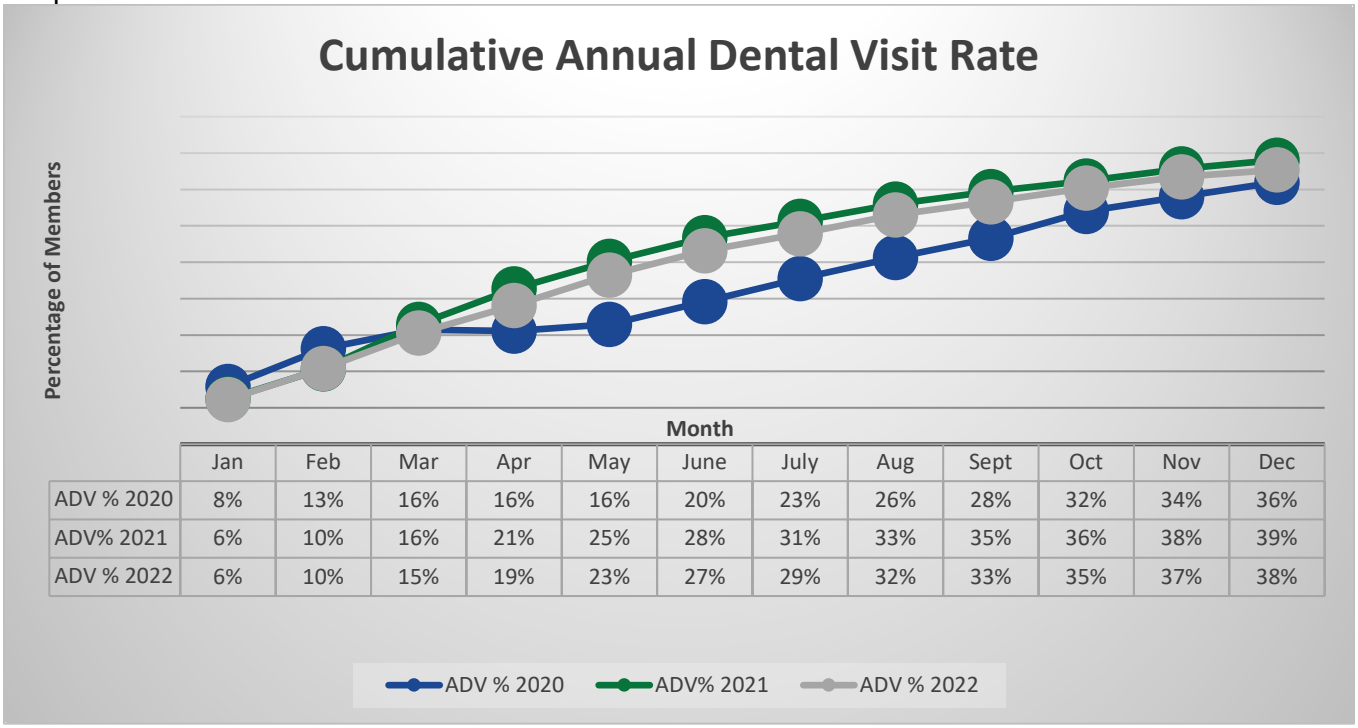
South Country Health Alliance (South Country) contracts with Delta Dental of MN (DDMN) as our dental benefits administrator (DBA). DDMN's responsibilities include processing and paying dental claims, provider credentialing, network management, and member services. Also included are utilization management activities such as pre-service authorization reviews and grievance and appeals.

From a practical standpoint, the restrictions related to the COVID-19 peacetime emergency have been lifted. However, while dental offices have not experienced any mandated closings since 2020, many providers report the aftereffects of the pandemic are ongoing. While supply chain issues of personal protective equipment (PPE) and other materials have improved, costs have increased. Like many other industries, the dental sector reports challenges finding qualified individuals to fill staffing vacancies. Under-staffing of the critical roles of dental assistants or hygienists results in decreased scheduling capabilities.

There has been a decrease in dental provider participation serving Medicaid patients nationwide over the past three years. South Country's dental provider network has experienced a 9% reduction in access points since Q4-2021. Looking back to the start of the pandemic (Q2-2020) there are 17% fewer access points. It is important to note that South Country did not lose any highly utilized providers as part of this network attrition. South Country relies heavily on critical access dental (CAD) providers to achieve members' dental access. Over the last several years, CAD providers have accounted for 65-70% of total services received by South Country members. Providers leaving our network were mainly non-CAD providers, thus minimizing member impact. Most South Country network providers received a fee schedule rate increase in 2022 because of a legislative change in DHS base rates. The goal of a combination of approaches — increased reimbursement rates, a simplified rate structure and added coverage of non-surgical periodontal treatment for non-pregnant adults — is to increase dental provider participation.

Annual dental visit (ADV) results are shown in Graph 1 below comparing 2020, 2021 and 2022 data. While increased dental utilization was demonstrated in 2021 when compared to 2020, the upward trend of the cumulative ADV rate was not maintained for 2022. For 2020 and 2021, the denominator used was South Country's membership with at least three months continuous enrollment. There was a slight change in logic for the 2022 denominator to mirror the legislative specifications for annual dental visit measurement goals. The denominator now consists of members continuously enrolled for at least 11 months within the measurement year. The numerator includes members with any dental visit during the calendar year.

Graph 1



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
ADV % 2020	8%	13%	16%	16%	16%	20%	23%	26%	28%	32%	34%	36%
ADV% 2021	6%	10%	16%	21%	25%	28%	31%	33%	35%	36%	38%	39%
ADV % 2022	6%	10%	15%	19%	23%	27%	29%	32%	33%	35%	37%	38%

Process and Analysis

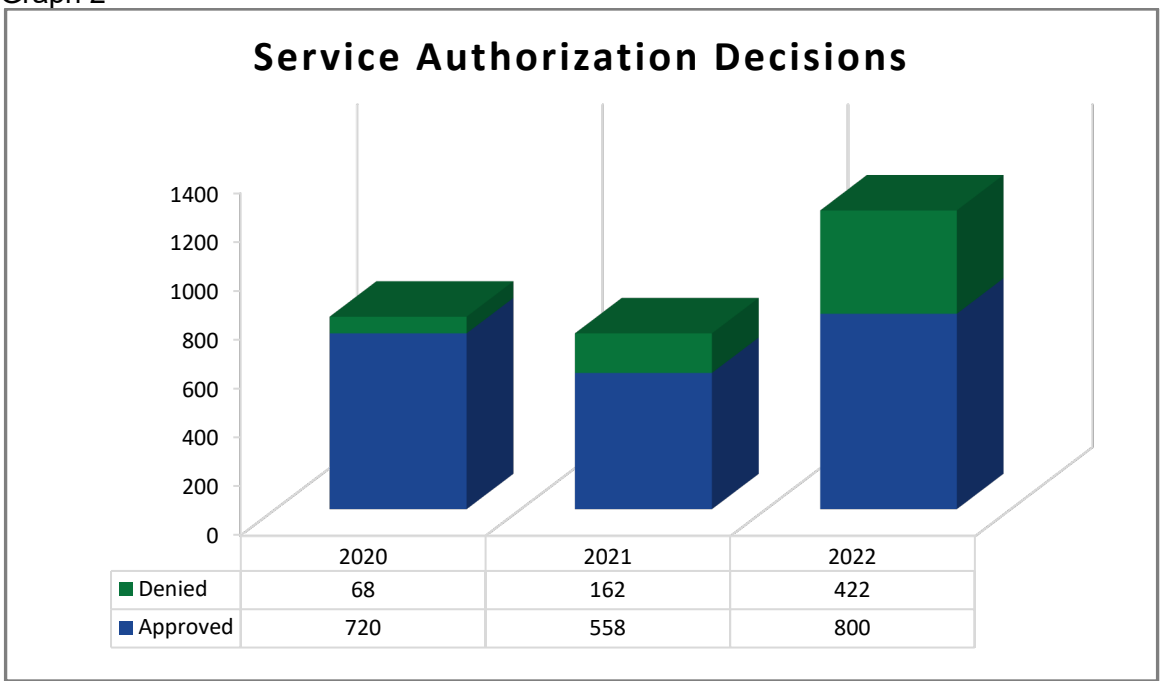
Utilization Management

DDMN provides South Country with reports of current and annualized utilization management activities. These reports are reviewed quarterly, and trends are noted. In addition, potential factors contributing to rates are evaluated and discussed. See Table 1 and Graph 2 below for summary level results.

Table 1

Dental Utilization Management Summary			
	2020	2021	2022
Total Service Reviews	788	720	1,222
Authorization Turn-Around Time	98.1% <10days	99.8% <10days	99.9% <10days

Graph 2



With reduced utilization in 2020 due to the COVID-19 pandemic, there were 788 utilization reviews (shown in Table 1) with an approval rate of 91% (shown in Graph 2). A further decrease in total number of utilization reviews, 720 in 2021 (shown in Table 1) along with a decreased approval rate of 78% (shown in Graph 2), were predicted due to Delta Dental's modifications to reporting specifications midway through 2021. Only pre-service requests are now included in the reporting, excluding post-service cases undergoing clinical review. In addition, requests that contain missing information are now reported as clinical denials, rather than being pended for a request for additional records.

Scaling and root planing, non-surgical treatment for periodontal disease, in a clinic setting, was added to the non-pregnant adult benefit set in 2021. Federal approval was not obtained until December 2021, so the benefit was set up retroactively with a July 1, 2021, effective date. This treatment requires prior authorization to prove medical necessity. Thus, there was a gradual increase in authorization reviews late in 2021 and throughout 2022. Total authorization requests went to 1,222 in 2022, which is 70% more than 2021. The approval rate dipped to 65%. With this decrease in fully favorable decisions, we foresee a rise in the 2023 approval rate as provider awareness grows regarding the process of demonstrating medical necessity for this new benefit.

Also included in Table 1 is the percentage of authorizations that are processed within the mandatory turnaround time of 10 days. In 2020, Delta Dental of Michigan (DDMI), DDMN's third-party administrator responsible for processing prior authorizations, experienced a temporary mail room shut down due to a COVID-19 outbreak. This unique situation resulted in some authorizations exceeding the 10-

day turnaround time. DDMI showed consistent improvement in this metric during 2021 and 2022.

South Country has continually strived to improve dental access for Minnesota government program enrollees through innovative solutions. DDMN's care coordination program has proven to be an effective service for our members. This invaluable team is dedicated to assisting members experiencing challenges, as a one-stop shop for members' scheduling needs. The process entails the team working with the provider and member to get an appointment scheduled, arranging transportation and/or an interpreter, as needed, confirming the appointment, following up on the success of the appointment and addressing additional treatment needs. To further assist our members, South Country and county staff may contact DDMN's care coordination team directly on a member's behalf. In 2022, DDMN's care coordination team assisted South Country members with 1,160 requests or inquiries. They directly scheduled dental appointments for members in close to 250 cases. South Country members' use of the DDMN care coordination team decreased during 2022, as compared to 2021, when there were 1,874 requests for assistance. However, 21% of the inquiries resulted in a scheduled appointment in 2022, which is 6% higher than 2021.

Due to the COVID-19 public health emergency, the Minnesota Department of Human Services (DHS) put the 2020 quality measure for all members to have at least one preventive dental visit per year on hold. The 2021 ADV target rates used 2019 rates as the baseline to establish the improvement goal. The 2021 MN Legislature's Health and Human Service Omnibus Bill includes a dental performance benchmark for MCOs and CBPs. Beginning in 2022, at least 55% of children and adults continuously enrolled for a minimum of 11 months must have at least one dental visit. If the MCO and CBP aggregate group does not meet this target at the end of 2024, the commissioner will issue a request for proposals (RFP) to contract with a single dental benefits administrator beginning in January 2026. Presumably due to this requirement, the ADV quality withhold was removed from the 2022 Families and Children DHS Contract; however, it remained in the Senior and SNBC contracts.

South Country's focus study aimed at improving annual dental visits for members aged 2- 20 was completed in 2021. Postcard and letter reminders were used for targeted outreach as part of that focus study. In 2022, South Country expanded this outreach to include adults. In the fall, members of any age who had a dental visit in 2021, but not yet in 2022, were mailed educational postcard reminders to schedule their dental visit. In targeting previous users of dental services, South Country's goal was to improve dental utilization by the end of the calendar year.

In addition, South Country has systems in place to support our most vulnerable members and those working closely with them. Using claims data, South Country's care coordinators are able to reach out to members that have not had a dental visit within the last year. In 2022, South Country sent lists of 1,201 SNBC members and 2,351 senior members to care coordinators for follow up as these members had no documented dental visit in the past year. Previously only

SNBC members (AbilityCare, SingleCare and SharedCare) were included. In May of 2022, South Country added seniors (SeniorCare Complete and MSC+) to this existing process. Care coordinators also follow up with SNBC members with emergency department claims for non-traumatic dental issues to ensure they visit a dental provider to address the underlying concern. In 2022, 60 members who visited the emergency department for non-traumatic dental issues were referred to our care coordination teams. Of these, 42 members successfully followed up with a dental provider.

South Country continued a dental incentive in 2022 within the Be Rewarded! Wellness Program. Senior (SeniorCare Complete & MSC+) and SNBC (AbilityCare, SingleCare and SharedCare) members can receive a $25 gift card for completing at least one preventive dental visit during the calendar year. In 2020, 233 vouchers were redeemed by South Country senior and SNBC members using this program. Inexplicably, 2021 showed a decline in voucher redemption with 176 members claiming this promotion. However, there was a rebound in 2022 as 259 took advantage of this incentive. Additional details can be found in the health promotions chapter.

While the COVID-19 pandemic's impact on dental utilization has lessened, there remain lingering challenges to South Country's achieving the goal of exceeding 2021 ADV rates. In addition to previously mentioned staffing challenges, dental providers share they are experiencing more cancellations. They believe that patients remain cautious when feeling ill or after exposure to COVID-19. Consumer sentiment regarding personal safety also plays a role. South Country continues to educate members on the importance of resuming dental care and on the safety of dental offices.

Next Steps

South Country places high emphasis on recruiting and maintaining dental providers within our member counties. South Country's dental program manager works closely with these providers and offers resources and support in numerous ways. Also helping dental access, noncontracted dental providers may serve South Country members for reimbursement at the DHS rate. South Country continues recruitment efforts in partnership with DDMN with a goal of improved dental access close to our members' homes. Delta Dental is currently engaged in a recruiting effort to add new providers into the Minnesota Select Dental (MSD) Network. As described earlier, the recent legislative changes may persuade contracted providers to serve more South Country members, potentially by accepting new patients.

South Country has an interdepartmental dental workgroup, which meets quarterly. We continue to look for innovative ways to reach members and their families to improve oral health and expand utilization. Believing strongly in a person-centered and integrated approach this group strategizes ways of supporting our care connectors and coordinators as well as other stakeholders.

The Be Rewarded! wellness incentive for SNBC and senior members receiving an annual dental

visit was renewed for 2023. We aim to continue raising awareness of this voucher reward among eligible members with the goal of greater dental utilization and improved health outcomes for our members.

South Country continues our commitment in working with our members, DHS, dental providers, and our rural communities to improve dental access for individuals enrolled in Minnesota Health Care Programs.

Behavioral Health Services

Description

Behavioral health (BH) services include mental health services and substance use disorder services. South Country Health Alliance membership has a high need for mental health services; approximately 41% of our membership have at least one mental health diagnosis. South Country is committed to reaching out to our members who need behavioral health services and connecting them with the most appropriate service as expediently as possible. The behavioral health department includes three behavioral health professionals (BH professional) with a broad knowledge of behavioral health topics, along with many years of combined experience engaging with our rural members who have behavioral health needs.

South Country's BH department interventions amplify our engagement with our members who are identified as having mental health symptoms or struggling with substance use. The Healthy Transitions Program addresses the needs of young adult members, age 17-22. The BH department recognizes that young adults are at a critical age of development with emerging risks of mental health and substance misuse and identified a gap in support for this demographic. This is a group whose mental health struggles increased during the COVID-19 pandemic. Healthy Transitions includes several key initiatives to provide outreach, support and education to these members as they enter adulthood.

South Country has always provided to members follow-up after a hospitalization discharge. The BH department continued its connections with members after mental health hospitalizations. This follow-up initiative was critical throughout the COVID-19 pandemic due to the escalation in mental health symptoms in our country fueled by the increased uncertainty, stress and isolation. South Country improved contact with the hospitals, our members and members' mental health targeted case managers. The goal of this enhanced follow-up protocol is to encourage members to connect with outpatient services as soon as possible after their hospitalization.

South Country continues our unique Opioid Case Management Program. This program, in its fifth year, has focused on contacting and educating members who are opiate naïve but were recently prescribed opiates. We want to ensure that if the member is recovering from a surgery or an injury, they are fully aware of their insurance benefits and alternative treatment options.

South Country continues to support direct access to substance use disorder (SUD) treatment. South Country works with members who have questions about the treatment process and where to access substance use treatment. South Country provides SUD provider information using Minnesota's FastTracker system, South Country's Provider Network Directory and Substance Abuse and Mental Health Services Administration to find treatment providers who have current

openings and will meet each member's unique needs.

Another distinctive South Country program members continue to access is the Healthy Pathways Program, which fills a gap for our members who need behavioral health support but are not eligible for mental health targeted case management (MH-TCM). Case managers help members to engage with mental health, SUD or other services. This program, developed with South Country's member counties through the Behavioral Health Committee, continues to effectively serve the needs of our members.

Behavioral Health (BH) Subcommittee

A key component to South Country's Behavioral Health Program includes our close working relationship with our counties to create and streamline behavioral health services. South Country utilizes its strong county partnerships in a collaborative workgroup called the Behavioral Health Subcommittee. This workgroup is comprised of South Country staff and key leaders in behavioral health within our counties. As a subcommittee of the larger Public Health and Human Services Directors' Advisory Committee, progress and outcomes from the BH Subcommittee are reported to county leadership and to the Joint Powers Board.

Through the BH Subcommittee, counties have an avenue to communicate directly with South Country staff to identify behavioral health needs specific to members within their rural communities. The purpose of the subcommittee is to evaluate our behavioral health care system, identify service gaps, discuss process improvement and create solutions to members' unmet needs. In 2022, the BH Subcommittee continued to meet on a quarterly basis. This meeting provides an opportunity for South Country to keep updated on staffing changes and challenges, new providers of services available in our member communities, as well as the opportunity to share data trends and new processes within South Country.

Additionally, South Country added a second BH Subcommittee in 2022. This committee is comprised of county and provider supervisors and leaders in children's mental health. South Country understands that services and needs for children can look different than for adults. Additionally, the COVID-19 pandemic has changed the landscape of children's mental health needs with more adolescents needing behavioral health support. Changes to the children's residential treatment path, adolescent SUD treatment and EIDBI services have all been topics of discussion within this specialized group.

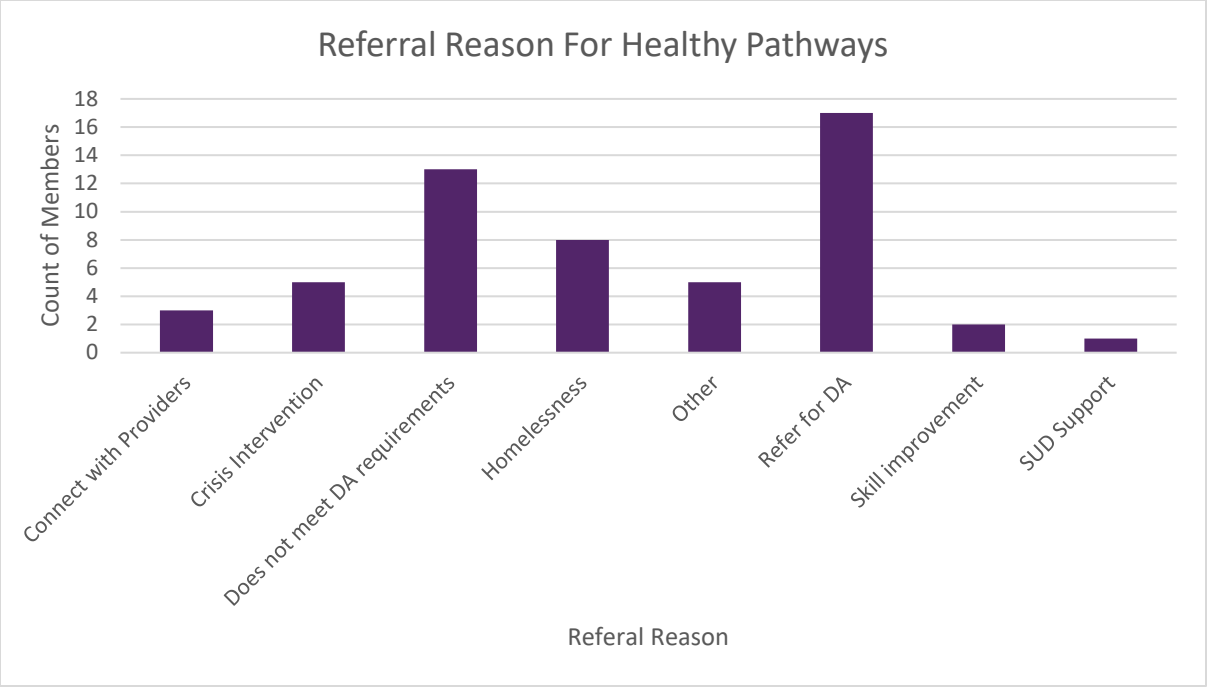
Healthy Pathways Program

The mission of Healthy Pathways (HP) remains the same:

- Prevent mental health deterioration.
- Provide a flexible mental health service option to members who may qualify for MH-TCM but have not completed the assessment requirements or do not meet the qualification requirements for MH-TCM.
- Improve access to existing services and funding streams as they become available.

Several years ago, South Country streamlined the process to initiate, renew and close Healthy Pathways services. The new process helps South Country better understand the unmet needs of our members by providing additional points of data supplied by the member's HP case manager. The documentation included in the request for the Healthy Pathways Program alerts us to the reason for referral and is designed to track member outcomes from program involvement.

The graph below represents the reasons members are initially referred for Healthy Pathways. The most common reason Healthy Pathways is utilized is to support members before they can complete a diagnostic assessment or due to not meeting the requirements for MH-TCM based on their initial diagnostic assessment. Some members will also be opened to the program as a steppingstone off the MH-TCM Program. When the member no longer qualifies for MH-TCM, the Healthy Pathways Program fills that gap by allowing the case manager to continue to provide ongoing interventions with the member. In further review of the 2022 referral reasons, one can see that homelessness was also an increased reason this past year, along with crisis intervention. Last year, case managers used the "other" category for certain referral reasons, and thus, this year we defined those reasons into additional categories.



The “other” reasons for referral were provided in the comments on the initial request form. Below is a list of additional issues and/or needs of our members:

- Chemical dependency commitment and wanting to continue case management.
- Management of physical health or dental issues.
- Transitioning off adult protection case and wanting to continue case management.
- Filling out and turning in required paperwork.
- Managing mental health symptoms (primarily depression and anxiety).
- Problem solving and scheduling transportation.

In 2021, when case managers were asked to give a rating of the issues that cause “extremely severe” impairment, “due to lacking financial, housing and/or transportation resources” was rated the highest, in comparison to “impairment due to substance use.” In 2022, the number of members in the program with some level of impairment due to substance use was 52%, with three at “extremely severe” and five with “severe” ratings for impairment. Of the members that ended the program in 2022 (a total of 29), there were four members who completed the program with an indication that goals were met and another three who transitioned to another service, like mental health targeted case management. The most common reason given for termination of service was that the member requested to discontinue the program.

South Country claims data indicates a combined 713 Healthy Pathways encounters by 106 unique participating members for 2022. In 2021, there were 660 encounters with 82 participating members. In early 2022, we initiated a targeted promotion of the Healthy Pathways Program to

our county agencies and believe this is why we saw an increase in unique member utilization. We are working closely with our Behavioral Health Committee to continue to refine this program to adjust to the current needs within our counties, of the populations experiencing behavioral health or substance use diagnoses, and who need additional support.

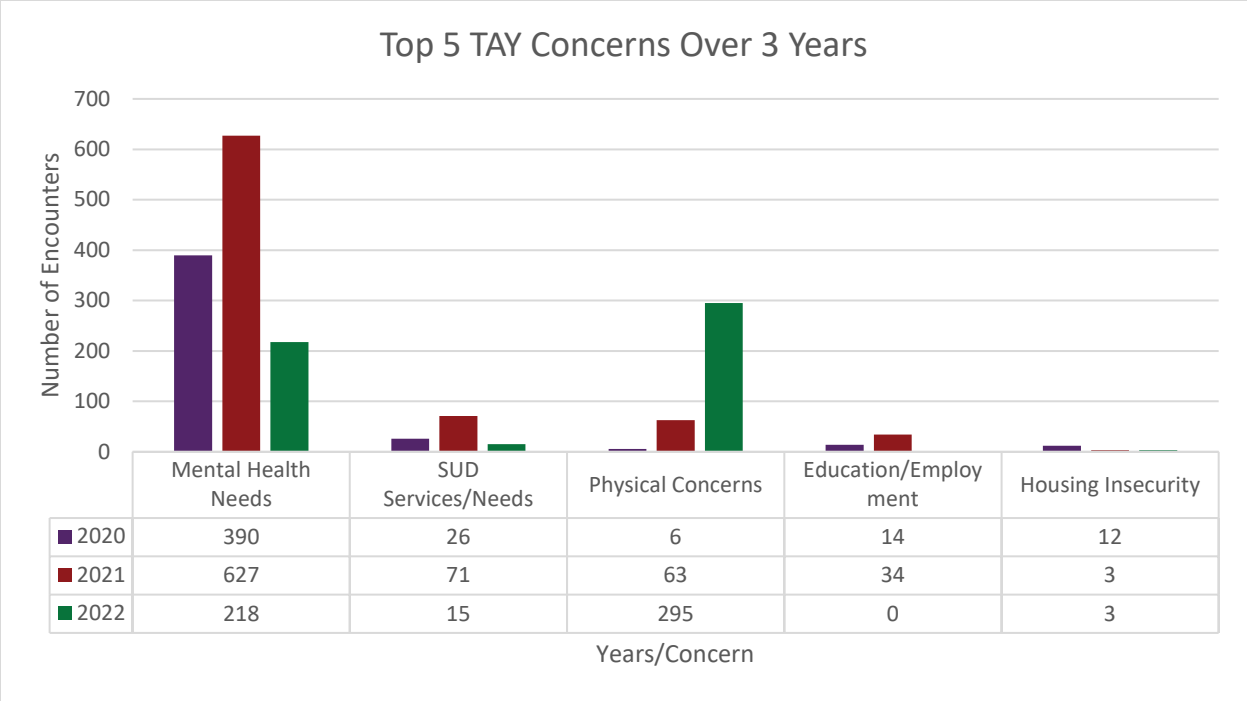
Healthy Transitions

South Country's unique Healthy Transitions Program continued in 2022. This program serves South Country's transition aged youth (TAY) ages 17-21. The goal of this program is to reach all members in this age group to provide education about community resources and support, as well as provide case management for at-risk members. Healthy Transitions is a strength-based and prevention focused program, which capitalizes on what the member does well, while identifying challenges to achieving an independent life with support of the member's choosing.

Before the start of Healthy Transitions, we surveyed our counties' children's and adult mental health case managers to determine the needs and preferences of our transitional age youth. The survey confirmed the most common issues facing youth in our counties are obtaining and keeping health insurance, obtaining food regularly, securing stable housing, managing physical and mental health, dealing with substance abuse symptoms, finding and maintaining employment, and identifying and working on educational goals.

In 2022, Healthy Transitions sent out 991 county-specific resource mailers to all members aged 17 to 21. These mailers included resources covering a wide range of service needs for this age group and focused on more than just mental health. The BH professional coordinating the Healthy Transitions Program placed 554 calls to 339 unique members who were identified on the transitional youth report as at risk. Youth are considered "at risk" if they have had at least one mental health or substance use disorder related ER visit or hospitalization within the last year. These attempts included two to three calls and/or a follow-up letter when the attempt was unsuccessful or there was no working phone number. Of the 339 contacted members, 21 members worked with the BH professional for a month or more.

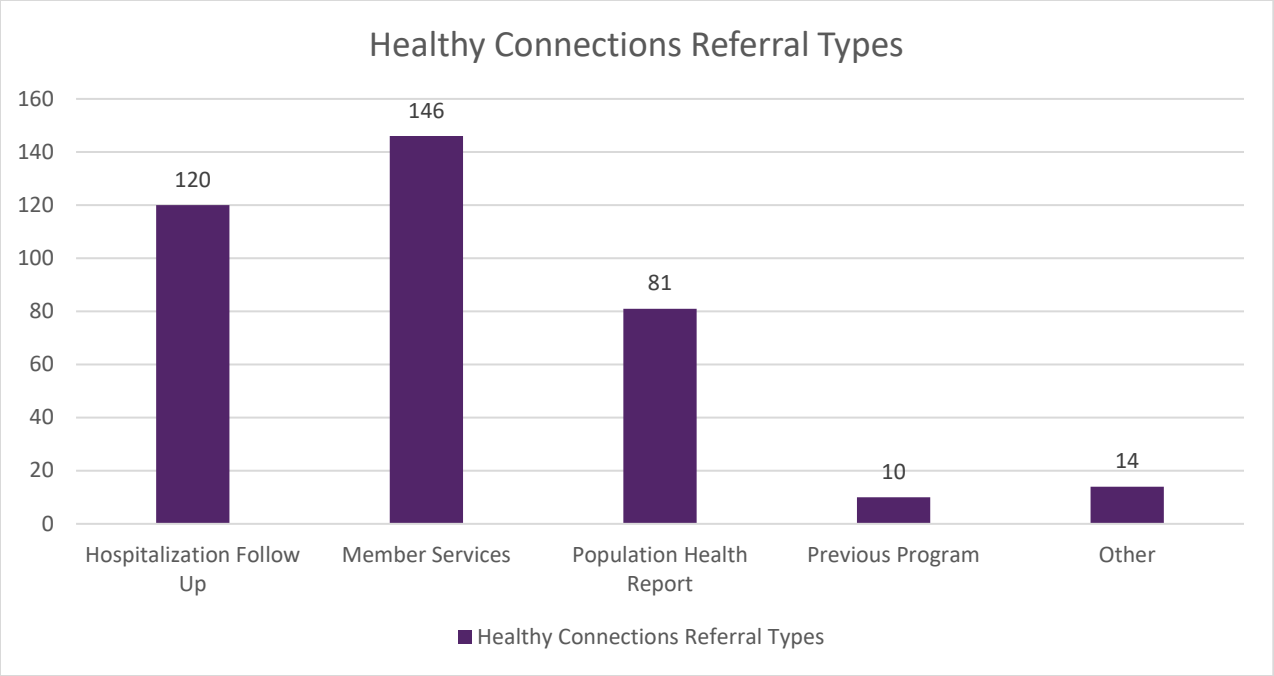
The chart below is a comparison of 2020, 2021 and 2022 primary concerns indicated in each encounter. Most contacts with Healthy Transitions members were related to mental health. Mental health education, in this case, refers to education about mental health management, coping skills, medication issues, referring the member to outpatient mental health services and at times, reminding members of upcoming mental health appointments. In 2022, members needed help with paperwork and benefits more than education and employment. Members also had physical health concerns as much as mental health concerns this past year. The primary concern is indicated at the time of the call. One member may call one time with a mental health concern and another time with a physical health concern. The below data represents the top five concerns from encounters.



	Mental Health Needs	SUD Services/Needs	Physical Concerns	Education/Employment	Housing Insecurity
2020	390	26	6	14	12
2021	627	71	63	34	3
2022	218	15	295	0	3

Healthy Connections

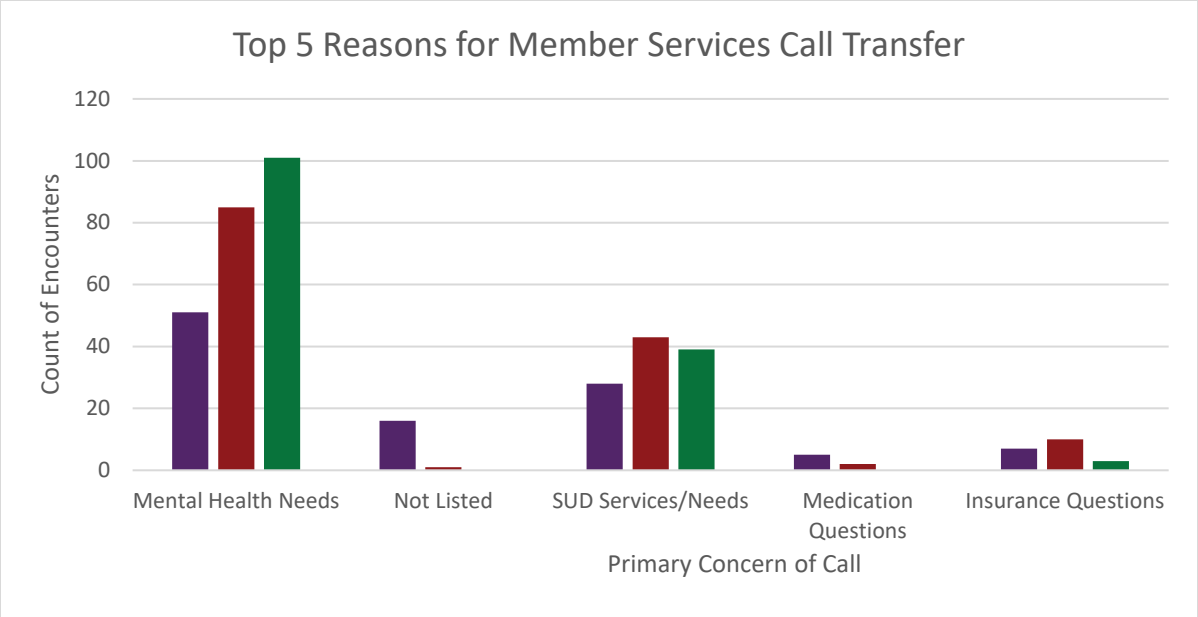
South Country's Healthy Connections Program includes multiple ways of connecting our BH professionals with our members in need. This can include members who have reached out to South Country's member services department, those who were recently hospitalized or those who had previously been a part of a program and have reconnected with their BH professional for any ongoing needs they may have. In 2022, the behavioral health team utilized this note on 370 occasions to capture a variety of supports provided to members. The following is a graph showing different uses for this note type.



Member Services Transfers

At the start of 2020, the behavioral health department recognized a potential gap in the phone support provided to members with behavioral health related concerns, along with a way to properly document those encounters. Early in the year, the BH professionals developed a process for the member services department to forward behavioral health specific phone calls, when the member agrees, to the health services-behavioral health team. This process ensured that the member received information from a BH professional knowledgeable about behavioral health diagnoses, as well as services available to the member. South Country has found with behavioral health services there can be many nuanced details that may make it difficult for a member to access the needed services.

In 2022, BH professionals used the Healthy Connections note to capture 146 instances (125 unique members) where members were transferred by the member services department for specialized assistance. Below is a graph showing the breakdown of primary reasons why a member was transferred, from member services to the behavioral health department.



This process allows the BH professional to identify any case management opportunities or needs for additional follow up and provides the member with a direct contact person to reach out to for additional questions. The following is a scenario involving a member who called into the member services department for information on available behavioral health services.

Program impact: In April 2022, a parent of a young adult called in to South Country's member services after their son had been in the emergency department (ED) for issues related to their alcohol use. The ED recommended that the member seek residential SUD treatment, and the member's mother wanted to check if the providers the ED had given her were within South Country's network. The call was transferred to a BH professional who was able to identify that the three providers who were given to the member's parent do not accept Medical Assistance. The BH professional provided the member's parent with providers who will accept Medical Assistance and counseled on the process for entering treatment. The member's mother was provided with the BH professional's direct phone number for any additional questions. Approximately one month later, the member's parent called the BH professional back after the member had completed a residential program. She then asked if an intensive outpatient program would be covered by the member's insurance as this was the plan for his next step in recovery. The BH professional assured the member's mother that this would be covered and that the member could attend this program.

Mental Health Hospitalization Follow Up

After discharge from an inpatient hospitalization for mental health symptoms, a person may feel vulnerable and anxious. Follow up with a trained mental health provider is critical for a person's mental health recovery and well-being. Effective follow up with outpatient services reduces the

risk of hospital readmission. In 2020, South Country transitioned behavioral health hospitalization follow up from our community care connectors to our internal BH professionals. The BH professionals all have extensive backgrounds as case managers, working directly in our rural communities with members with behavioral health needs. The team reaches out to all members following a mental health hospitalization or a hospitalization related to substance use, overdose, intoxication or withdrawal.

South Country relies on our county partners to reach out to those members who have a care coordinator assigned to them, while an internal BH professional provides the outreach to members who are on the PMAP or MNCare program. With South Country's close relationship with our county partners and for members who are open to targeted case management, the BH professional notifies the designated case manager when their clients are admitted and discharged from the hospital.

After notification of mental health admissions, South Country BH professionals fax a letter to the hospital to be given to the member with a request to verify the member's current address and phone number. BH professionals then monitor the admission and upon discharge outreach to the member. The BH professional assesses the member's functioning and verifies follow up with mental health appointments.

In 2022, there were 467 members who received follow up after discharge from the hospital for mental health symptoms. For those who discharged to their home, a BH professional attempted to reach the member multiple times by phone and if unsuccessful in reaching the member, mailed a follow-up letter, a stress management coloring book and a crisis brochure. In 2022, the 988 Suicide and Crisis Hotline card was included in the mailing. A Spanish version of the 988 cards will be available in 2023.

The key components to South Country's behavioral health hospitalization follow up are assuring that there are no barriers for the member in connecting to outpatient mental health services and filling prescribed medications, affirming members for seeking treatment for mental health symptoms, and clarifying that mental health services are a covered benefit. The follow-up letter includes the direct phone number to one of the behavioral health professionals providing a direct link to a South Country staff member who can provide further assistance and support.

Senior and SNBC members are followed closely by their assigned care coordinator. The care coordinator has an established relationship with the member and helps support them through hospitalization transitions.

Support steps include:

1. Contacting the member or most appropriate individual to help the member plan for transition

back home.
2. Communicating with the hospital where the member is admitted, assisting with discharge planning and sharing the member's care plan as appropriate.
3. Assisting the member with setting up outpatient mental health services and ensuring medications are filled post discharge.

Restricted Recipient Program

The Restricted Recipient Program (RRP) was developed by the Minnesota Department of Human Services (DHS) to identify members in a Minnesota Health Care Program whose approach to using health care services results in unnecessary costs or services, or where the member may be deliberately abusing the system. Those placed in the program are required to receive their health services in an organized, monitored, and managed approach through a primary care provider. South Country collaborates with DHS to administer the program for our members.

South Country's RRP includes a case management model. A BH professional is assigned to each RRP member and contacts the member at least quarterly. Over the 24 or 36 months of the RRP, the case manager functions as a support for the member to not just follow the RRP guidelines, but also to support the member in accessing services to meet their mental and physical needs. In 2022, there were over 600 interventions with RRP members by the BH professionals. This includes direct contact with the member, follow-up letters to the member, processing referrals, entering authorizations and coordinating with the member's primary care provider and other providers.

Program impact: A member was placed in the RRP in 2019 due to 13 emergency department visits and prescriptions from 28 different providers. The cost of their care was approximately $48,000. The cost of care for the 24-month period of restriction was approximately $47,000 as they continued to go to the emergency department, with 12 emergency department visits over the two-year period. During the member's restricted period, the BH professional communicated with the member regarding her frequent ED visits. The member was hospitalized and weaned off opiates. The member was discharged to an IRTS facility where she stabilized and continued to receive mental health services. The cost of care in the 12 months post RRP was $17,000 with only one emergency department visit. South Country's BH professional worked closely with the member to help support her and engage her with mental health services. At the end of her restriction period, she requested to stay on the program, realizing the benefits she received from it.

In cases where a member is not appropriate for the Restricted Recipient Program, South Country prioritizes the member by reaching out to the member to determine if there are barriers to care.

One of the BH professionals reached out to a member with high emergency department utilization, but also who had some concerning diagnosis and symptoms. The member indicated that he was unable to schedule a clinic visit within his health care system due to an outstanding bill, so he felt he had no option but to go to the emergency department. The BH professional reached out to the clinic and gave the member other options for care. The member scheduled an appointment, received excellent treatment and became medically stable.

Restricted Recipient Program Activity

Restricted Recipient Program 2020-2022			
	2020	**2021**	**2022**
Total number of investigations of acts of abuse by members regardless of whether the investigation resulted in actual restriction.	190	238	239
Total number of members who were restricted by the MCO for a 24-month period.	11	9	11
Total number of members who were restricted by the MCO for a 36-month period.	1	2	2
Total number of members in the Restricted Recipient Program.	46	50	49

Opioid Case Management

The year 2022 marked the fifth year for South Country's Opioid Case Management Program. The program identifies members experiencing a post-acute pain period to halt the progression toward chronic opioid use. South Country contacts members who are opioid naïve, defined as having no opioid fills for the prior 90 days. A BH professional provides outreach to members who are new to opioid pain medications and received at least two opioid prescriptions and over seven days of opioid treatment. The BH professional completes an assessment to provide support and determine if any additional assistance or services are needed to aid the member with their pain management and recovery. Educational information on safe storage of medication and the member's recovery plan is reviewed. South Country offers a free Deterra™ disposal packet, so members can discard any leftover medication. With over 30% of prescribed opioids used by individuals to whom they are not prescribed, encouraging our members to discard unused opioids is a safety issue for them and their family and friends.

The Opioid Case Management Program provides a timely opportunity to connect with members after a medical event such as surgery or following an accident or injury. The BH professional shares information on medical equipment, such as canes and walkers, which may help people with stability, improving their chances of recovery. They also connect members with additional medical services such as acupuncture and chiropractic and provide information on mental health

services. South Country outreaches to members who continue opioid pain medication treatment and provides them information on alternative pain management treatments covered by South Country. Once a member is on opioids for 45 days, South Country sends a letter to the prescribing provider encouraging them to review alternative pain management treatments.

Program impact: A BH professional contacted a member who fell and injured her back and hip. The member was treated with pain medication. The member received a subsequent pain medication because a large hematoma formed, causing great discomfort. The member ultimately required surgery and a drainage tube for the hematoma. The BH professional followed member through the injury, surgery, and recovery, offering support and education on resources. The member recovered and experienced medical stability.

Opioid Case Management Program Activity

Opioid Case Management 2020-2022			
	2020	**2021**	**2022**
Members who received material on opioid pain medication, safe storage, and safe disposal of prescription medications.	329	355	341
Number of opioid naïve members reached telephonically for assessment, support, and referral.	191	211	221
Number of Deterra™ disposal packets mailed.	83	78	92
Number of members on opioids for 45 days.	8	16	15

The BH professional monitored members who were not reached by phone and received opioids for 45 days so a prescriber letter could be sent to their provider. In 2022, there were seven members who met that criterion. In 2023, this 45-day prescriber letter will be altered to include alternative pain management treatments covered by South Country and available to the member.

Members on the opioid report can be identified as having chronic pain through medical claims or notes. Starting in late 2022, South Country started to send those members on the opioid report who are diagnosed with chronic pain a follow-up letter with a list of pain management treatments covered by South Country. This will continue in 2023. This program has been an effective intervention with our members. South Country continues to make yearly improvements to better meet the needs of our members.

Substance Use Disorder Services

South Country has seen an increase in residential SUD treatment over the past three years. In 2020, there were 311 unique members, 350 members in 2021 and 365 members in 2022, who entered residential treatment. The overwhelming majority of members who enter residential

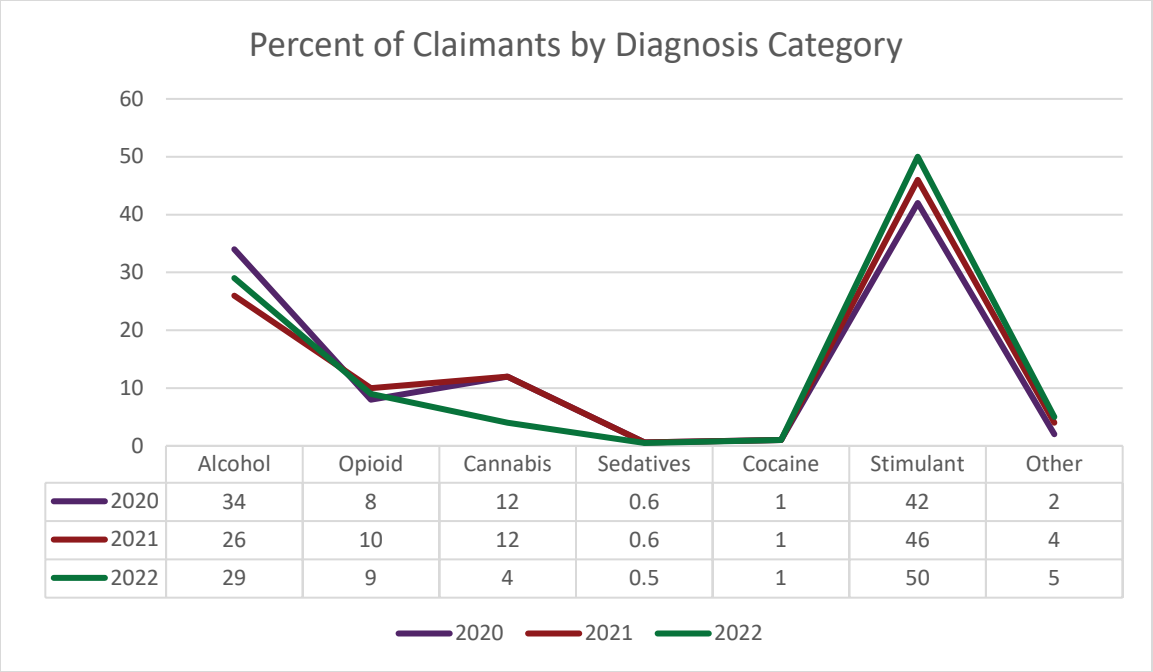
treatment are enrolled in the PMAP program; in 2022, this was the case for 89% of the 365 members who accessed residential SUD treatment.

South Country does not require prior authorization for residential treatment, which allows for timely and direct access. However, notification from providers is required to ensure that once a member discharges from a residential facility, the behavioral health department can send out a follow-up letter. The follow-up letter explains that additional outpatient services are covered and available to the member. It also provides direct contact information to the behavioral health department in case the member experiences any barriers to accessing treatment. In 2022, South Country mailed 262 SUD follow-up letters to members who recently discharged from residential treatment.

Program Impact: A member contacted a BH professional after receiving the SUD follow-up letter. The member stated that he was having a difficult time making it to outpatient SUD treatment due to transportation issues. The member was attending a SUD treatment group that occurred in the evenings when non-emergency medical transportation (NEMT) providers are difficult to find. The BH professional discussed this member's issue with South Country's Ride Connect supervisor to discuss any available options for this member. The Ride Connect supervisor found an NEMT provider who was able to transport the member to these evening appointments after South Country agreed to pay an increased rate due to the atypical working hours required.

According to the Minnesota Department of Health, only one in 10 people with a substance use disorder receive treatment in the United States. Among Minnesota residents, alcohol remains the primary substance used at the time of admission to substance use disorder (SUD) treatment[1]. South Country continues to see stimulant use as the primary substance for admission to SUD treatment. Stimulant use disorder can encompass multiple drugs, but most commonly means [2]methamphetamine for our members. The chart below shows a breakdown of primary diagnosis listed on admission to a residential treatment facility for 2020, 2021 and 2022.

[1] (*Drug Overdose Dashboard - MN Dept. of Health (state.mn.us)*



	Alcohol	Opioid	Cannabis	Sedatives	Cocaine	Stimulant	Other
2020	34	8	12	0.6	1	42	2
2021	26	10	12	0.6	1	46	4
2022	29	9	4	0.5	1	50	5

Next Steps

The above interventions and programs are examples of collaboration across teams to support South Country members' behavioral health. Through effective communication and coordination between primary health care, county human services and public health agencies, South Country leverages its partnerships to align members with local public services such as housing, education and social services. All program efforts focus on connecting individual members to community resources and coordinating care beyond the medical setting.

In 2023, South Country plans to administer a case management program for members who are receiving early intensive developmental and behavioral intervention (EIDBI) services. Members who are eligible for these services include those who are under the age of 21 and have a diagnosis of autism spectrum disorder or a related condition. A behavioral health professional will contact the member and/or parent/guardian to discuss the services they are receiving, as well as any resources or information they may need. This could include transportation, financial concerns, medication issues or community support. South Country's behavioral health professionals will meet with our contracted doctorate-level behavioral health practitioner to collaborate in ongoing evaluation of the case management program and reviewing key interventions. In addition, the case manager is working closely with our counties' public health and human services departments to fold in local community resources.

From 2015-2019, the rate of alcohol related deaths in Minnesota increased by over 50%. There was a significant increase in alcohol throughout the pandemic. South Country is seeing more young members with alcohol-related health conditions. Therefore, we will be starting a new early

intervention in 2023 to address members at risk for alcohol use disorder. South Country will identify members who have a recent emergency department visit for an alcohol-related diagnosis and send a follow-up letter and brochure explaining the impact of alcohol on overall health and confirming that mental health and substance use disorder treatment are covered benefits.

South Country plans to continue to engage with members in the method of communication they prefer. South Country's use of texting service has improved engagement with our younger members to better serve them. Our use of Mutare® texting allows us to reach members who prefer this type of communication and may otherwise be difficult to reach.

During the COVID-19 pandemic, telehealth and virtual visits increased substantially, providing mental health services while reducing the risk of exposure to COVID-19. South Country's behavioral health department maintains a knowledge base of providers who continue to provide virtual visits and those who have transitioned back to an in-person service. Due to the rural nature of our membership, virtual visits have continued to be an appropriate option for members who experience barriers to getting to an office or to accessing services due to the distance the services are from their home.

Finally, research indicates that the COVID-19 pandemic impacted mental health in several ways. Those who experienced serious symptoms of the disease are having residual symptoms including an increase in anxiety and depression. The isolation, fear and financial stress experienced by many during the pandemic has increased mental health symptoms including anxiety, depression and suicidal ideation especially among our youth. In addition, there continues to be a growing increase in the misuse of alcohol and drugs even after the height of the pandemic. South Country BH professionals continue to monitor and research trends in this area, modify programs, and outreach as needed to reflect the needs of our population. Prevention and early intervention of mental health and substance use will guide many of the initiatives this year and into the future.

Complex Case Management

Description

South Country Health Alliance (South Country) internally manages the Complex Case Management (CCM) Program for Medical Assistance (PMAP) and MinnesotaCare (MNCare) members. The CCM Program provides support for members with complex conditions and assists them in accessing needed resources. This program is designed to meet the National Committee for Quality Assurance (NCQA) requirements per the Standards and Guidelines for the Accreditation of Health Plans. The program is member-driven and utilizes curriculum that prompts members to practice self-care and self-advocacy with the complex case manager's assistance. The goals of the CCM Program are to be proactive, to advocate and assist members navigating through their health care needs, and to give members the tools to manage their condition(s). The structure and process of the CCM Program is designed to meet these goals and impact member lives in a positive way.

Process

South Country understands the importance of establishing a relationship with the members and encouraging their own personal support structure. Complex case managers help the members navigate their course of treatment, understand benefits, services and resources available to them. The process below defines how members are identified for the CCM Program, how eligibility is determined for the program, and how complex case managers meet the goals of the program through member outreach and intervention.

South Country identifies eligible members for the CCM Program through various methods. The primary method of referral is based on hospital admission notifications. When South Country receives a hospital admission notification for any member that is enrolled in the PMAP or MNCare products, the complex case managers review the member for potential referral into the program. Other referrals come from the special health care needs reports, population health reports, high risk pregnancy reports and sometimes directly from family members, community care connectors or a provider. Another source for referrals is the new member survey (Health Survey*)* provided to all new PMAP and MNCare members. When a chronic diagnosis is identified on their survey, a referral is made to CCM. The complex case managers review referrals received for eligibility into the program, and if the member is eligible, a case is opened to engage the member and offer the CCM Program. For members to be eligible for CCM the member should meet certain criteria, as stated below.

- Be enrolled in a South Country PMAP or MNCare product.
- Have claims indicating frequent admissions, re-admissions, or emergency room (ER) visits. This could include, more specifically, the criteria below.

    - Three hospital admissions within three months.
    - Greater than three ER visits within three months.
    - Three or more chronic diseases, complex medical issues or co-morbidities.
    - A new major medical diagnosis.
- The complex case manager determines that the member appears to have care coordination needs considering gaps in enrollment, number of providers or high utilization.

Members that are eligible for CCM receive a phone call from a complex case manager to attain approval for participation in the program. Complex case managers make two attempts to reach a member by phone before mailing an “unable to reach” letter, which provides an explanation of the CCM Program along with the complex case manager’s direct phone number. Members who do not respond to this letter within seven days are considered unable to be reached.

When a member or authorized representative is reached and agrees to participate in the program, the complex case manager begins a health risk assessment to assess both the medical and social needs of the member. The assessment, designed to follow NCQA guidelines, covers condition-specific issues, clinical history, medications, activities of daily living, behavioral health conditions, cognitive function and communication barriers. The assessment also covers social determinants of health, and includes questions around life-planning, activities, cultural and linguistic challenges, visual and hearing needs, end-of-life planning and other supports the member currently has in place. The complex case manager also assesses whether the member understands their health plan benefits, and the community resources that may be available to them.

After completion of an assessment with a member or authorized representative, a member-centered care plan is developed. The care plan is a collaborative, member-driven tool to assist the member in achieving self-defined health care goals to improve their quality of life. The care plan is a tool the complex case manager utilizes to conduct follow-up with the member, provide support, educate, and keep the member engaged in completing goals. Care plans have prioritized goals where the member drives their preferred level of involvement and follow-up plans. Barriers are identified, along with possible available resources to combat those barriers. A follow-up plan is established with the member, and this dictates how often the case manager will contact the member to work on the care plan goals. A self-management plan is established and encouraged with the member, and educational resources are provided in support of the plan.

An automated workflow in the care management system, TruCare, assists the complex case manager in staying on track while working with a member through the CCM Program. Starting with the referral, each step in the process is documented and timestamped with the complex case manager’s name. Follow up on the care plan is set as a task within the system. Interaction with the member or authorized representative, is recorded via a system note. The care plan itself allows the complex case manager to mark progress along the way with the member and set automated tasks for ongoing management.

Once a member's care plan has been resolved and self-management has been achieved, the complex case manager proposes program closure. With the member's agreement, the care plan, program and case are closed. A program closure letter is then mailed to the member inviting them to contact the complex case manager if any future needs arise. This closure letter also notifies the member that an alternate complex case manager will be reaching out within one month to offer the opportunity to complete a satisfaction survey.

High-Risk Pregnancy Case Management: Members that qualify for high-risk pregnancy case management due to a diagnosis indicating a high-risk pregnancy are offered a specialized assessment and care plan pertaining to high-risk pregnancy. All high-risk pregnancy members receive a phone call from a complex case manager. The complex case manager will attempt two phone calls to the member before they send an unable to reach letter. The complex case manager will ensure the member is aware of their Women, Infant, Children (WIC) eligibility, and availability of a maternal child health visiting program through their county public health office. All newly identified pregnant mothers are provided with information on pregnancy related benefits including:

- Prenatal and postpartum care reward vouchers,
- Infant well-care reward vouchers,
- South Country Car Seat Program, *Be Buckled,*
- Tobacco cessation assistance,
- 24-hour nurse advice line,
- Community Education and Early Childhood Family Education class coverage,
- South Country *Be Active*™ program,
- Prenatal vitamin coverage,
- Pregnancy and childbirth classes,
- South Country Breast Pump Program, and
- Embracing Life guide for moms.

Members who agree to participate in high-risk pregnancy case management are followed by a complex case manager throughout their pregnancy. The CCM Program will be closed shortly after delivery unless the infant is placed in the neonatal intensive care unit (NICU). In the case of a NICU admission, the complex case manager may continue to follow the mother throughout the baby's NICU stay. If the pregnancy results in the child becoming eligible for CCM, the program is offered to the mother for the child. Currently, South County is evaluating our opportunities to incorporate technology for pregnant mothers to utilize, doula services to our pregnant and postpartum population.

Neonatal Intensive Care Unit (NICU): If an infant is admitted to the NICU, the utilization management (UM) team is notified via fax. This fax is then shared with the CCM team via TruCare. The mother may opt to open a CCM Program for the infant, or she may opt to be

enrolled in healthy coaching. Either way, the CCM is able to consistently talk to the family for updates and help the family find resources in the community upon discharge. If the infant needs a prior authorization (PA) for discharge supplies or for a procedure, the complex case manager is able to help with those processes.

Anti-Depressant Medication Management: Anti-depressant medication management for the PMAP and MNCare population is carried out by the complex case management team. Please refer to the Population Health chapter for more information.

High-Cost Report: As part of South Country's special health care needs interventions, the CCM team conducts follow up with members that appear on a high-utilization report. Every month a report is generated that highlights members who have reached over $100,000 in claims. If the member is PMAP or MNCare, one of the complex case managers will investigate what claims are coming through that are high cost. The complex case manager may find a new diagnosis, a long stay, or a new medication, and will reach out to the member. The complex case manager will offer CCM services or healthy coaching to the member, if needed.

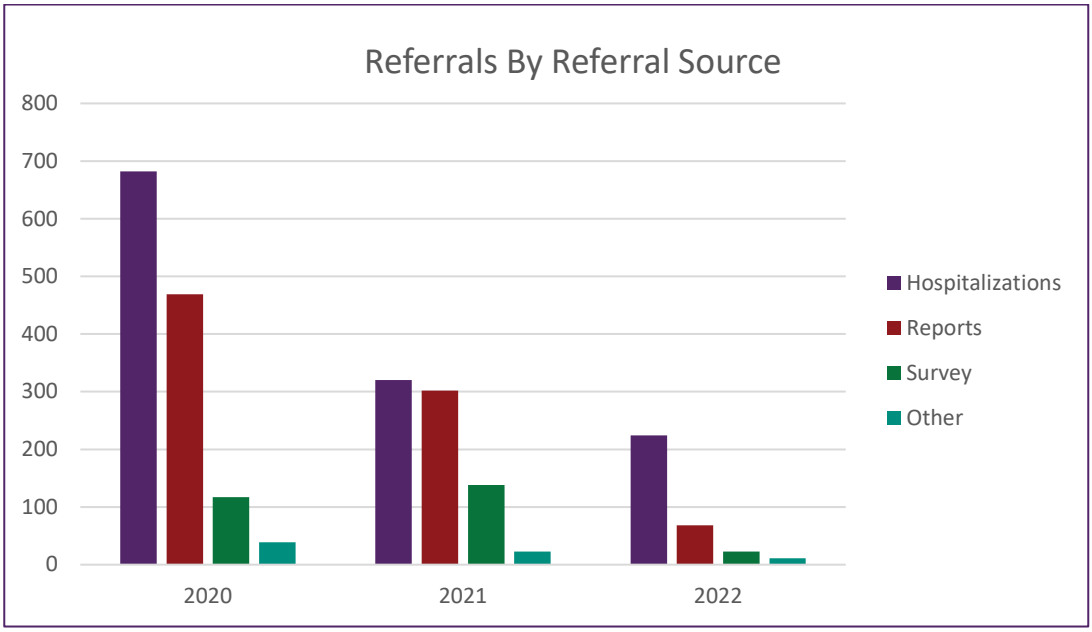
Healthy Connections Coaching: Complex case managers as a resource to members, help orchestrate complicated health care delivery and coordination of care. The complex case managers work to uncomplicate members health care and access to services. It is through these often-frequent contacts, the complex case manager acts as a health coach and provides varied levels of support for our members. The complex case managers' role as a health coach is provided through South Country's Healthy Connections pathway. This specific pathway opens the door for our case managers to stay connected with members who are not actively engaged in case management services and has proven to be an effective method of support for our members. This pathway is offered to members with short-term questions/concerns or circumstances, where in a few interventions with the member a clear course of solutions can be established for the member to continue their path to healthy living. The Healthy Connections track provides our case management team flexibility to meet the member where they are at in their current health journey.

Analysis

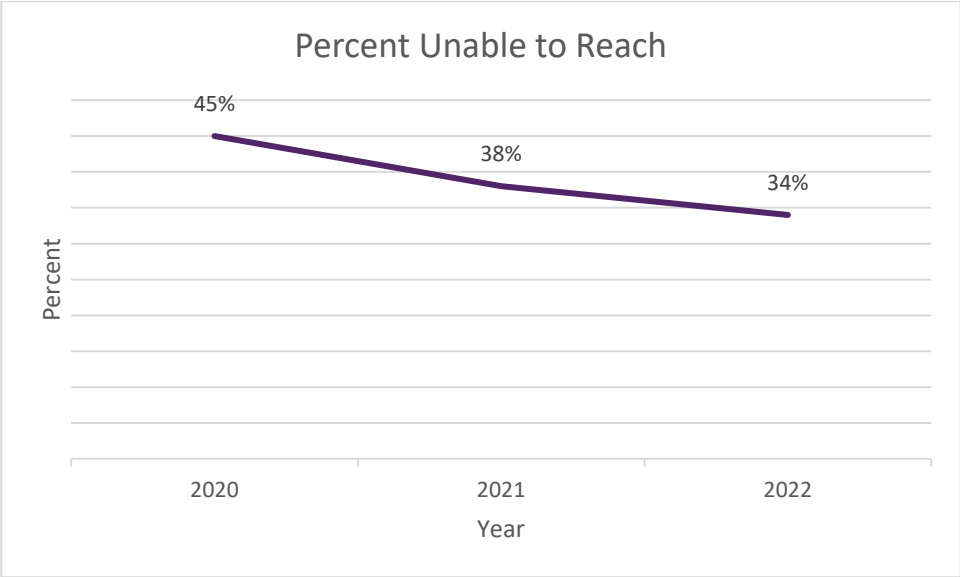
To analyze the Complex Case Management Program and the High-Risk Pregnancy Case Management Program, South Country evaluates trends over the past three years and then focuses on the specific year in review. Although enrollment decreased in 2020, South Country started the population health management (PHM) strategy, which included interventions completed by the CCM team. In 2021, the CCM team began evaluating hospitalizations prior to referral into CCM programs, and therefore more appropriate referrals could be made to the program. In 2022, the CCM team also heavily focused on supporting members with anti-depressant medication adherence to better align the interventions for the acute and continuation phase, Healthcare Effectiveness Data and Information Set (HEDIS) measures.

Complex Case Management

Referrals for CCM come from various sources, like population health reports, the new member Health Survey, and mostly, from hospitalizations. The total referrals made in 2020 was 1,307, and in 2021, that number dropped to 783. This reduction in referrals was mostly due to a process change around how hospitalizations were evaluated, along with limiting duplication between reports, where other referrals are generated from. This refinement methodology continued into 2022 – mostly in the reporting category, as the number of overall referrals continued to decrease from 2020 and 2021; however, appropriateness in the referral was higher, allowing the CCM team to focus on the highest-need members. In 2022, there was a total of 326 referrals for complex case management.



Referrals that meet criteria for the Complex Case Management Program move forward to a case opening and outreach to the member or authorized representative. In 2020, there were 1,296 cases opened with 586 (45%) members that could not be reached. In 2021, there were 752 cases opened, with 288 (38%) of members unable to be reached. In 2022, there were 252 cases opened with 85, or 35% of members, who were unable to be reached. Overall, as the below graph demonstrates, the unable to reach rate is decreasing year over year, which can be attributed to some new resources allowing complex case M\managers to retrieve a more valid phone number for the member.



Once a case manager connects with a member or authorized representative, the CCM Program is explained and offered to the member. In 2022, for those members or authorized representatives that were contacted, 124 (49%) declined participation and 16 (6%) additional members were closed for other reasons like having other case management services in place, or finding their condition was stable at outreach. There were 27 (11%) members that did agree to participate in complex case management in 2022, in comparison to 2020 with 52 programs, and 2021, with 36 programs, we can see that program enrollment has declined. However, taking referral and case counts into consideration, the percentage of program enrollment has increased. The overall enrollment to outreach percentage jumped in 2022 to 16%, compared to 2020 and 2021 both at 4%. This can be attributed to a combination of efforts, as outlined above, to achieve more accurate referrals and review, along with attaining better contact information and inviting participation more effectively. In addition to complex case management, the complex case managers also work with members in the high-risk pregnancy case management program.

High-Risk Pregnancy Case Management

Referrals for high-risk pregnancy case management mainly come from a report developed to capture members meeting certain high-risk criteria. Referrals can come from other sources including hospitalization follow up. Referrals in 2020 were 318, and dropped in 2021 to 115, and rose again to 349 in 2022.

In 2022, of the 349 referrals, 278 cases were opened. There were 111 members the CCM was unable to reach. From the remaining members that could be reached, there were 136 members that declined participation. Of the remaining cases, there were 13 members that were considered stable and no longer needing intervention, and another 11 members that met another exclusion, like having other case management. There were seven members who participated in the High-Risk Pregnancy Program. The program participation rate was around 4%, versus 5% for 2021. This participation rate has been stable since this program was introduced, but in 2023 we are looking at a new platform to hopefully garner more interest and participation in the High-Risk

Pregnancy Program. We also anticipate the new platform will promote an increase in overall maternal outcomes as well.

The CCM and High-Risk Pregnancy Program participants have a dedicated complex case manager to complete an assessment of their medical and social needs. A barrier to maintaining ongoing engagement of participants in both programs is the length of the health risk assessment (as required by NCQA). There are many required topics to cover within the assessment and it is usually completed over the course of a few calls. Some member assessments are started and then cannot be completed because the member either declines ongoing participation or is then unable to be reached.

For members who complete the assessment, a care plan is developed and driven by the member, with progress tracked and follow-up calls scheduled with the member or their representative. The care plan and support portion of this program is helpful to the member, and yet, engagement in this phase also proves to be a challenge. The table below looks at the members who agreed to participate in both programs, and those that made it through the assessment phase and began a care plan with the complex case manager.

Year/Program	2020	2021	2022
CCM Program	52	36	27
CCM Care Plan	36 (69%)	25 (69%)	20 (74%)
HP Program	5	6	7
HP Care Plan	4 (80%)	3 (50%)	5 (71%)

In 2022, we continued the work we started in 2021: to understand and assess the barriers in engagement into a CCM or HP Program and the challenge of maintaining engagement. We understand the length of assessment as a barrier to continued engagement; however, the assessment follows NCQA requirements and cannot be reduced. In 2021, we started the approach of breaking up the assessment over multiple calls and believe that approach has assisted in continued engagement throughout 2022. Another barrier in maintaining engagement with the members that agree to participate is the ability for the CCM to consistently connect with the member. In 2022, another method of communication that the team tried was texting.

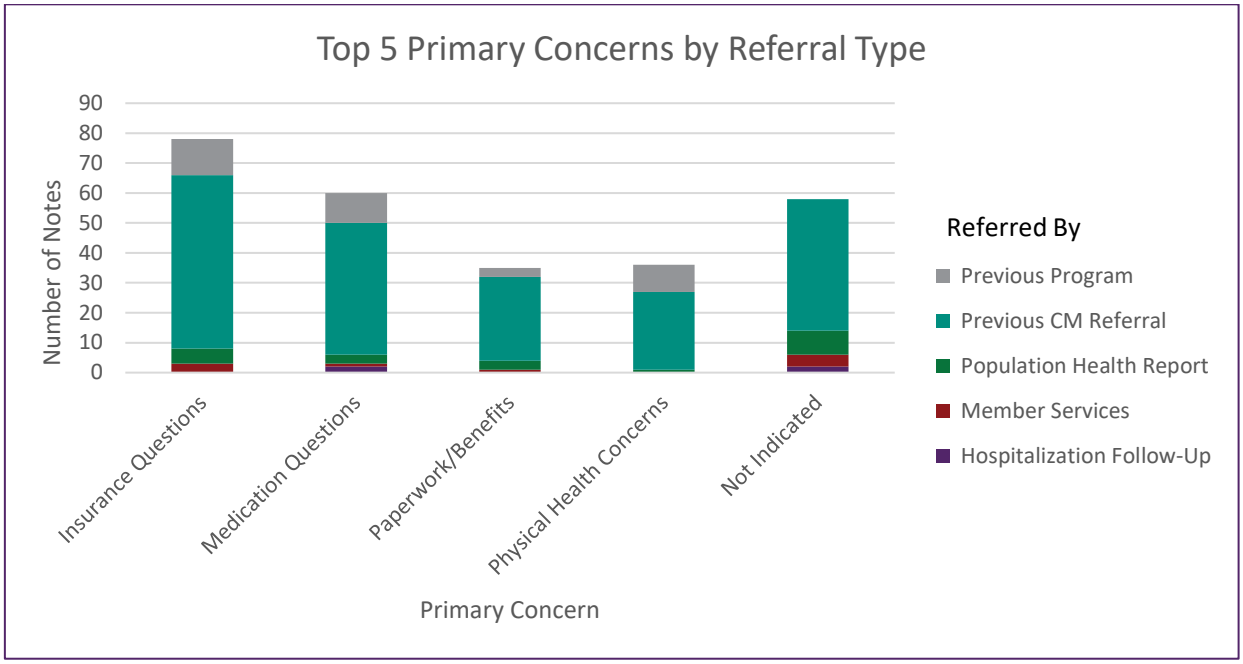
The CCM team was granted use of a new texting platform (Mutare™) to communicate with members. This is a secure platform used for communication. Since implementation, the largest barrier of using Mutare™ is the need of a smart phone. Not all members have a smart phone to utilize this platform. The CCM team must also obtain consent with each member via a telephone call. Some members are hesitant to use this platform for these reasons. In 2023, we will continue our research into using this texting platform and how we can make texting a more streamlined process for our members.

Additional initiatives were developed to achieve a higher percentage of members opting in and

completing the full assessment, care plan and contribute to successful program outcomes. The complex case management team identified some other opportunities to provide materials to members who would like more information sent before moving forward with the program. In 2022, the team developed a brochure and flyer to mail out to members who are curious about complex case management. The team opted to coin this name as the wellness support team. These handouts are now available in 2023 for mailings. The team has also made a commitment in previous years to take an annual training for motivational interviewing. The skills and topics discussed in this training are found valuable to the CCM team. We will continue to implement this training to refresh the team on their motivational interviewing skills.

Healthy Connections Coaching

The Healthy Connections note was developed to record the encounters with members where the CCM conducted some level of coaching to the member. The members that participate in this coaching level of assistance are typically previous case management participants, members who were offered case management but chose not to participate. In 2020, there were 106 unique members that engaged with the case manager through coaching. In 2021 there were 164, and in 2022 there were 144. The total number of notes completed in 2020 was 253; in 2021 it was 373 and in 2022 there were 309. In the below chart are the top five concerns with an indication of where the members were referred from. In 2022, the top concern reported by the members was regarding insurance questions, and the most referrals for outreach came from previous complex case management referrals or program participants.



The Healthy Connections coaching provided by the complex case managers highlights the importance of the outreach that is conducted during the Complex Case Management and High-Risk Pregnancy Program process. It demonstrates that even though many members do not agree to participate in the formal programs, they find value in having a person at South Country they can

reach out to with questions and concerns.

Since programs like CCM can be difficult to measure in terms of preventable expenses, and thus, South Country relies heavily on the feedback from members who have participated in the program and anecdotal experiences from complex case managers about feedback they have received from members to help measure program effectiveness. Below are some experiences that members shared directly with their complex case manager, along with additional comments under the survey results.

Survey Results:

South Country conducts a survey with members to measure quantitative outcomes of member feedback and program impact. The survey is completed with members upon their completion of the program. Overall, all members that participated in the program and completed the survey in the past have good things to say about their complex case manager and outcomes are positive.

Comments:

- “No suggestions, everything was excellent.”
- “No suggestions.”
- “The [complex case manager] did a lot of things for [member]. [She] also gave [member] ideas and resources for community resources.”
- “I was thankful for the follow-up phone call after my hospital stay. It was nice to have someone check in on me.”
- “I was not aware of the mental health benefits.”
- “[She] is so wonderful. [She] has really, really helped me. [She] has been helping me through a lot of things and [she] encourages me; I really need it, too. You got a good one; [she] is genuinely concerned.”

Since we were unable to capture any quantitative survey data for 2022, we are sharing program impact stories below.

Program Impact Stories:

Example one: A member who was referred to the case management program after appearing on the reinsurance report due to plans for a stem cell transplant accepted the case management program for support with navigating his insurance benefits and community resources to ensure his needs would be met throughout the transplant process. At the time of opening to the CCM Program, the member was in the process of making lodging arrangements for his outpatient post-transplant care requirements. During the CCM Program, the complex case manager provided the member with caregiver resources from the American Cancer Society, education on anxiety, depression, and high blood pressure, and education on managing stress. The complex case manager followed up with the member every two weeks to review his care plan and discuss any new concerns or needs. The member completed all pre-transplant appointments and accessed

lodging at The Gift of Life Transplant House. After his transplant, he attended all post-transplant appointments and was able to return home a few weeks earlier than anticipated. At the time of program closure, the member continued to attend post-transplant appointments once a week in Rochester and once a week locally. After the member returned home, he reported feeling everything was headed in the right direction post-transplant as his lab results were all good. He reported having a great support network with no further case management needs.

Example two: A member who had previously participated in the CCM Program and became unable to reach contacted her complex case manager a year after her CCM Program was closed and expressed the need to get back on track with addressing her physical and mental health needs. She reported she had stopped attending mental health counseling and was interested in establishing care with a new provider. She requested to open back up to the CCM Program for assistance with establishing care with a new mental health provider and help with quitting smoking. The complex case manager provided the member with a list of in-network mental health providers, which the member used to research the different providers and identify a provider she felt comfortable making an appointment with. The complex case manager regularly checked in with the member on her research progress. After four months, the member established care with a provider whom she continued to see up until CCM Program closure. For assistance with quitting smoking, the complex case manager provided the member with information on the Ex Program, which the member later enrolled in. The CCM followed up with the member every two weeks throughout the CCM Program. After 13 months of being opened to the CCM Program for continued support with her self-management plan, the member’s coverage changed due to moving out of South Country’s service area. In preparation for the member’s move, the complex case manager provided the member with information on notifying the county of her address change, as well as information on health plans available in her new county. The CCM Program was closed once the member confirmed a successful transition to her new county and her South Country coverage terminated.

Example three: A member was referred to the CCM Program due to appearing on the high dollar claims report. The member's diagnoses included morbid severe obesity, hypertension, hyperlipidemia, narcolepsy, obstructive sleep apnea, and type two diabetes. At the time of opening to the CCM Program, the member reported he was five months post gastric bypass surgery. The member also reported he was about 90% compliant with taking his medications from a weekly pill planner. A care plan was developed with the member identifying goals of increasing his physical activity from zero days per week to four days per week and improved compliance with taking medications, showering and brushing his teeth. When the care plan was developed, the member shared his motivation was low and he was unable to identify any activities he enjoyed in the past. The complex case manager provided him with education on ways to increase physical activity. When the complex case manager next followed up with the member, he identified walking as an activity he would like to try. The complex case manager continued to check in with the member and encouraged physical activity throughout the CCM Program. The member regularly reported walking some days each week when the weather was good and during the final CCM call

reported he obtained a treadmill he could use to walk indoors. To increase medication, showering and teeth brushing compliance, the member decided to keep a calendar with daily reminders that could be checked off once the activity was completed for the day. The member and his grandmother reported improved compliance with these activities.

Example four: A member was referred to the CCM Program after sustaining injuries in a motorcycle accident. The member accepted the Complex Case Management Program as he stated he needed home care services for physical therapy and bathing. He stated the hospital had contacted five agencies prior to discharging him, but none of the agencies were able to provide services. The complex case manager encouraged the member to schedule and attend a follow-up appointment with his primary care provider (PCP). The complex case manager coordinated with a home care agency that was able to start services for the member after he attended his PCP follow-up appointment, and the PCP provided an order for services. At the time of opening to the CCM Program, the member was already receiving food support and denied a need for information on other community resources. The member's living situation later changed, and he became in need of information on housing, transportation and energy assistance. The complex case manager provided him with information on subsidized housing, transportation through South Country and energy assistance through the local community action center. The member eventually obtained a subsidized apartment and successfully accessed rides through South Country. During the last contact with the complex case manager, the member shared he completed his six-month surgery follow-up appointment and was continuing to attend physical therapy.

Next Steps

South Country continues to explore opportunities to improve and expand the Complex Case Management Program. We continue to evaluate approaches and strategies to engage more effectively with the members that do agree to participate in case management and evaluate the reasons why certain members end engagement. Over the past several years, the team has taken a close look at some of the barriers that impact agreement to participate and maintain consistent engagement.

Some of the barriers identified that impact engagement include inaccurate contact information, lack of interest, or denial of need for case management needed, to name a few. The complex case management team continues to explore those challenges and evolve the processes in the program to mitigate those barriers to participation.

An example of that work was in the review of the member engagement approach that began in 2021 and has continued throughout 2022. The approach was aligned with motivational interviewing techniques, where the case managers ensured communication was warm, encouraging and engaging while using reflective listening techniques. Additionally, the CCM team has requested that the communications team build meaningful and effective materials. The new

materials contain messaging geared toward members and providers that explains the program, available support and overall value in a case managers role in advocacy, education and navigating the health care system.

To combat the barrier of accurate contact information, the CCM team also utilized the EAS™ system to attain more accurate phone numbers, and utilized a secure texting platform, called Mutare™ to see if texting would promote more prolonged engagement.

In 2023, South Country teams are exploring a new predictive analytics/risk scoring platform that could integrate with our case management solution, TruCare. This system provides a robust dashboard for users to get real-time insights into members, but also various cohorts of members. It can break down and provide predictive analytics on risk of disease, cost and future events like hospitalization or ED visits. We are exploring this software to assist with complex case management programs, but also for quality-based interventions, special health care needs and population health programs. Another benefit of this software is the ability for it to provide some measurable outcomes for preventative programming, like CCM and HRP programs. South Country could use the software, as an example, to show the risk score of a member previous to case management interventions, and then again post-intervention, showing direct member impact. We are also hoping that an analytical tool like this would provide a solution to capturing more social driver of health (SDOH) data, and how those data points impact our member outcomes.

South Country will continue to use the Healthy Connections coaching note to track the number of members the case managers assist outside of the formal CCM Program. Additionally, the CCM team will also receive further training on motivational interviewing again in 2023. The complex case managers recognize their role in equity to health care, to address health disparities and support members on an individual basis who may be affected by bias, racism, or systemic barriers. Complex case managers will continue to support PMAP and MNCare members with complex medical conditions in achieving their optimal level of wellness through advocacy, education, and communication.

South Country Health Alliance
Evaluation of the 2022 Quality Program

Section 6 – Performance Improvement

Health Promotion Programs

Description

South Country Health Alliance implements member health promotion programs using evidence-based practice guidelines, with the intent of improving and supporting the health status of members through different topics of education and incentives surrounding wellness.

Process

South Country's 2022 Take Charge! Health and Wellness Programs included the following:

Exercise Reward Program

The *Be Active*™ Program was in place for AbilityCare, SharedCare, SingleCare, MSC+ and SeniorCare Complete members who can receive up to a $20 discount off monthly fitness club registration fees. Through South Country's partnership with the National Independent Health Club Association (NICHA), members in both programs can choose from 516 health clubs throughout Minnesota. An average of 19 members participated in this program each month during 2022 with a total of 93 unique members participating throughout the year. This is an increase of 39 unique members from the previous year, which is likely due to the results of the pandemic and members getting back into fitness centers; however, we are still seeing transportation barriers in some member counties in which some members are not able to find transportation to facilities.

Car Seat Education and Distribution Program

In partnership with certified child passenger safety technicians at county public health departments, South Country provides one car seat per child under the age of eight years old, along with child passenger safety education for the child's parent or guardian. To best meet the safety guidelines recommended for young children, South Country offered several types of car seats in 2022 including convertible and booster options. One type of available booster seat supports children up to higher weight and height standards, thereby securing the child appropriately while encouraging compliance with state laws. Car seats and safety education were provided to 147 members in 2022, which was an increase from 138 seats distributed in 2021.

Community Education/Early Childhood Family Education (ECFE) Scholarship

South Country pays up to $15 of the registration fees for most community education classes to increase member access to a variety of health and safety classes, as well as introduce members to various community resources. In addition, South Country pays the registration fees

associated with ECFE classes that include a parent/child component during every class session. Among the classes members were registered for using the South Country scholarship were classroom and behind-the-wheel driver's training, parenting topics, babysitter training, cooking, dancing, yoga, gymnastics, martial arts, robotics, music lessons, swimming lessons, arts and crafts, science exploration, and sports activities/camps. In 2022, 320 members participated in various community education and/or ECFE classes through this scholarship program, which is an increase from 249 members in 2021.

Pregnancy and Childbirth Education Scholarship

South Country pays the registration fees associated with pregnancy and childbirth education classes offered by hospitals, clinics and/or community education programs. Hospitals and clinics within South Country's provider network can bill for member participation through medical claims as these classes are covered benefits. This program is designed to assist members who take classes through community education or other organizations that do not submit medical claims. Classes available to be used with the South Country scholarship include labor and delivery preparation, cesarean section delivery and recovery, baby care, baby nutrition and child and babysitting safety.

Prenatal Care Education

South Country offers members the Embracing Life prenatal care guide and calendar for moms, which was produced internally by South Country and county staff. The guide is unique compared with other prenatal care educational materials as it reflects South Country's member benefits, county-specific resources, and health promotion programs, and it is primarily distributed via South Country targeted mailings to pregnant members by county public health departments or South Country. By scanning a QR code located on the inside cover of the booklet, members can see additional information regarding pregnancy and parenting information located on South Country's website. The Embracing Life guide available on the South Country website is translated into Spanish. South Country offers a summarized version of the booklet in a pregnancy care brochure to emphasize various resources available through the county public health departments, including the Women, Infants and Children (WIC) Program. Additional car seat and breast pump information is sent to South Country members who are new mothers to try to increase utilization of these benefits.

***Be Rewarded*™**

The *Be Rewarded*™ programs provide gift card incentives to eligible South Country members who complete preventive care services within the recommended timeframe and submit a completed voucher for the designated service and signed by a health care provider. The following *Be Rewarded*™ incentive programs were offered to eligible members in 2022:

Prenatal care visit: South Country provided a $25 gift card for the completion of four prenatal care visits with a health care provider.

Postpartum care visit: South Country provided a $25 gift card for the completion of a postpartum visit between seven and 84 days after delivery.

Infant well-child visits: South Country provided a $50 gift card for the completion of at least six well-child checkups before 15 months of age.

Young adult well-care visit: South Country provided a $10 gift card for the completion of an annual well-care exam and an additional $15 gift card for screening for chlamydia for members ages 16-24 years.

Dental visit: South Country offered a $25 gift card for the completion of an annual preventive dental visit for members enrolled in AbilityCare, SharedCare, SingleCare, SeniorCare Complete or MSC+.

Mammogram screening: South Country provided a $25 gift card for the completion of a breast cancer screening for members 50-74 years of age or as recommended by provider.

Colorectal screening: South Country provided a $25 gift card for the completion of a colorectal cancer screening 50-75 years of age or as recommended by provider.

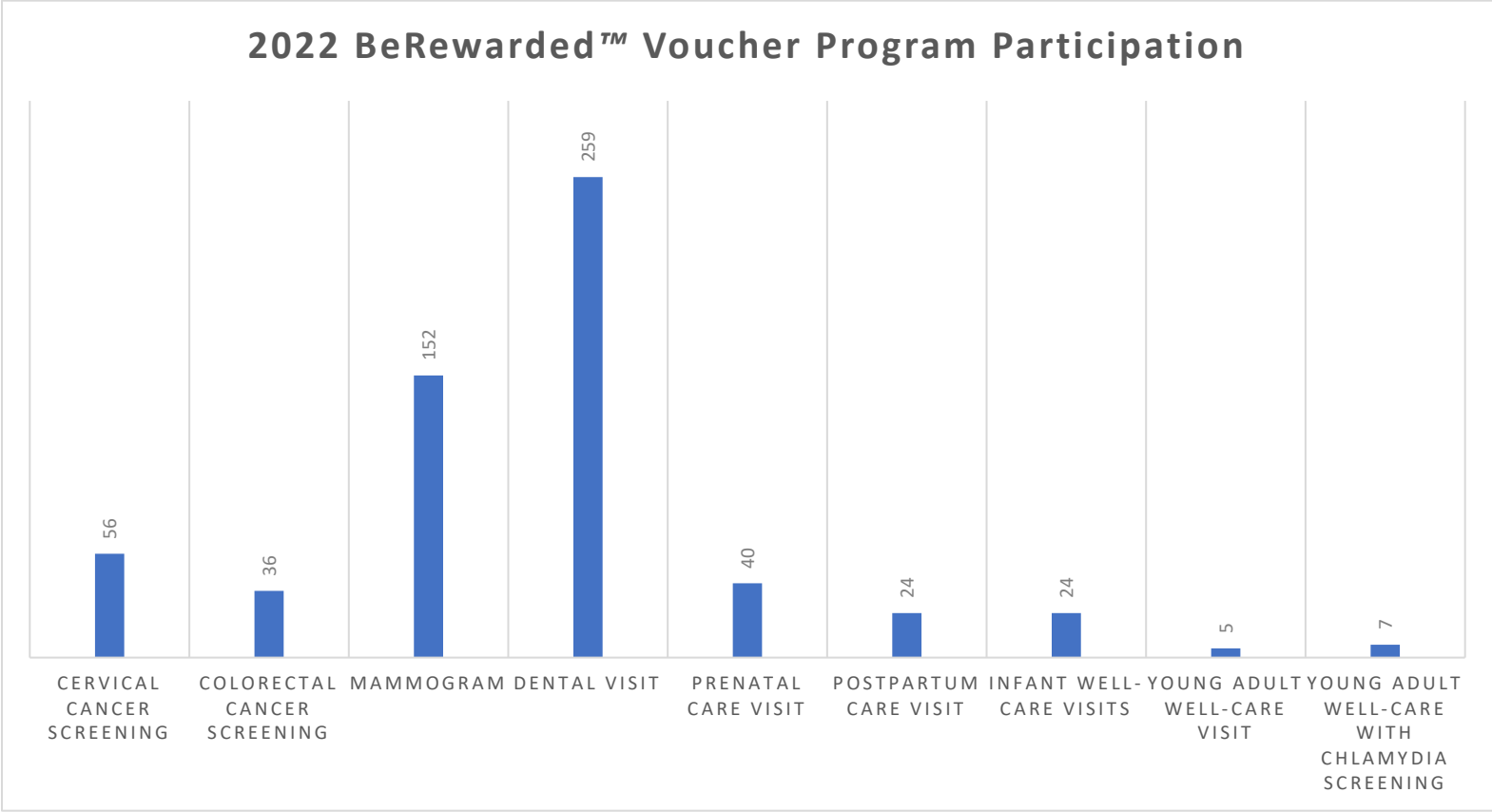
Cervical cancer screening: South Country provided a $25 gift card for the completion of a cervical cancer screening for members 21 to 64 years of age or as recommended by provider.

Information about South Country's wellness programs is made available to members through a variety of avenues, including:

- Brochures describing the programs are provided to new members upon enrollment through new member packets;
- Targeted reward program voucher mailings to members as they become due for the corresponding preventive care services;
- Articles and reminder updates in member newsletters;
- Postings on South Country's website and on Facebook;
- South Country's member services department; and
- Partnerships with county public health and human services agencies, who actively distribute program materials/vouchers to our members.

Analysis

The graph below shows health promotion program participation totals for 2022.



The table listed below provides a three-year summary of the HEDIS measures in which South Country offers reward program incentives for completing the services.

HEDIS PMAP / MNCare				
Voucher Name	**HEDIS Measures**	**HEDIS MY2019**	**HEDIS MY 2020**	**HEDIS MY2021**
Pregnancy Care	Prenatal Care Hybrid	78.33%	78.37%	76.87%
Postpartum Care	Postpartum Care Hybrid	81.67%	80.53%	82.09%
Infant Well-care Visits	Well-Child Visits in the First 15 Months of Life	NA	38.36%	39.64%

Young Adult Well-Care Visit	Child and Adolescent Well-Care Visits	NA	29.87%	34.76%
Young Adult Well-Care Visit with Chlamydia Testing	Chlamydia Screening in Women	39.96%	38.27%	39.69%
HEDIS PMAP/MNCare/SingleCare/SharedCare/AbilityCare				
Voucher Name	**HEDIS Measures**	**HEDIS MY2019**	**HEDIS MY 2020**	**HEDIS MY2021**
Cervical Cancer Screening	Cervical Cancer Screening Hybrid	55.63%	54.30%	54.13%
HEDIS AbilityCare/SeniorCare Complete				
Voucher Name	**HEDIS Measures**	**HEDIS MY2019**	**HEDIS MY 2020**	**HEDIS MY2021**
Breast Cancer Screening	Breast Cancer Screening	73.26%	*66.29%	66.95%
Colorectal Cancer Screening	Colorectal Cancer Screening Hybrid	70.22%	*65.45%	69.39%

* Notes Statistical Significance

Rewards Program Satisfaction Survey:

To gain insight into the effectiveness of the *Be Rewarded*™ program, all members submitting vouchers for completing preventive care services were sent a survey asking specific questions about their experience with the health promotion program(s) in which they participated. In 2022, there were 221 surveys completed. Insights gained through the survey included:

- Eighty-eight percent of respondents were satisfied with the *Be Rewarded*™ Program(s).
- Seventy-eight percent of the respondents indicated the “importance of wellness and staying healthy” was the top determinant in their decision to complete the related preventive care service, followed by the opportunity to receive a gift card, and the dollar amount of the gift card.
- When asked where the member obtained health and wellness information, most members indicated their health care provider or health care coordinator; followed by South Country member materials (i.e., member handbook, Take Charge! brochure, etc.) and county public health (WIC clinic, public health nurse, etc.).

- Seventy-three percent of the respondents indicated they were not likely to have completed the recommended preventive care service if the gift card reward had not been offered.
- Respondents' preferences for receiving health and wellness information from South Country were 81% U.S. mail, 24% email and 12% text messaging.
- Respondent internet access capabilities included:
    - Forty-five percent - personal computer/tablet;
    - Forty-seven percent - personal cell phone;
    - Five percent - computer/tablet at work;
    - Three percent - computer/tablet of a friend or family member;
    - One percent - computer at a public library; and
    - Five percent - cell phone of a friend or family member.

2022 *BeRewarded*™ Program Satisfaction Survey Results Member Comments	
Answered no changes needed	17 / 59 29%
Thank you/positive affirmation	19 / 59 32%
Provide better notification to members	4 / 59 6%
Offer different gift card options	1 / 59 2%
Dissatisfied with $ amount of reward	1 / 59 2%
Dissatisfied with expiration date	4 / 59 6%
Do not send info if not eligible	1 / 59 2%
Want more rewards/bring back rewards	10 / 59 17%
No interest in receiving gift card	1 / 59 2%
Disappointed in doctor/no doctor in area	1 / 59 2%

Next Steps

South Country's health promotion program goal is to support member engagement in preventive care and wellness using education and incentives.

Several health promotion initiatives have been developed by the quality department in collaboration and consultation with our member services, communication/marketing team, health services, information analyst, and the South Country Family Health Committee. These initiatives are designed to incorporate health promotion best practices supported by research and include the following strategies:

- The mapping of member mailing lists, health promotion participation data in CRM to effectively track member participation in the rewards program. CRM is a process-driven

product designed to increase efficiency through electronic inputting, approval, and processing of incentive rewards;

- Continue the processing of health promotion incentive vouchers in the CRM system;
- Review and update of all health promotion materials and voucher forms to ensure the information is clear and concise in explaining the importance of preventive care services and member eligibility for participation in the rewards program;
- Evaluation and revision of incentive programs is being looked at for 2023 to promote preventative care participation across South Country products;
- Enhanced provider awareness of health promotion incentives through meetings with child & teen check-up coordinators and provider newsletter articles.

Healthcare Effectiveness Data and Information

Description

A variety of quality measures are used by health plans to evaluate performance over time relative to their own previous results, results of other health plans and national results. The Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool designed by the National Committee for Quality Assurance (NCQA) and is used by more than 90% of America's health plans to measure performance on important dimensions of care and service. HEDIS® measures are often considered representations for health outcomes and reflect provider compliance with practice guidelines.

Process

To assure accuracy of HEDIS® measure rates, South Country contracts with independent companies to facilitate the processes associated with collecting data, assembling reports, and validating results. South Country contracted with Optum (HEDIS® software), Attest Health (HEDIS® auditor), and Optum (HEDIS® chart abstraction) for HEDIS® measurement year (MY) 2022 activities.

The full complement of HEDIS® measures consists of many topics across different domains of care, such as preventive care services, chronic conditions, behavioral health, and access/availability of care. HEDIS® measures are calculated from medical and pharmacy claims data (administrative measures) or from claims data supplemented by medical record reviews (hybrid measures).

Evaluation of measures to assess factors that may have impacted the rates and to identify areas or measures that require improvement initiatives is completed. These measures are evaluated year over year trending, statistically significant changes, and variances. Measures with significant changes from the prior two years are analyzed for validity to confirm the reason for changes and data reliability. Results were shared with South Country leadership and the Quality Assurance Committee for additional discussion regarding opportunities for further improvement.

HEDIS® measures identified in this report are being monitored for performance concerns and/or measures for which improvement initiatives are in place related to:

- DHS financial withholds;
- CMS Star Ratings;
- Member health promotion programs;
- DHS performance improvement projects (PIPs);
- CMS quality improvement projects and chronic care improvement projects (CCIPs);
- Focus studies; and

- Population Health Program.

Improvement initiatives were developed and implemented through a collaborative effort between several departments within South Country, including consultation with county staff and medical providers when applicable. Initiatives developed and implemented include diabetes and Healthy Start PIPs, focus studies and CCIPs.

Variation in rates is expected from year to year as a normal occurrence; however, important rate changes may also be the result of improvement projects, changes in HEDIS® specifications, and changes in data-collection processes. Trends in some of the rates from HEDIS® MY 2020 to MY 2022 are identified in the table below. Changes in measures from HEDIS® MY2021-MY2022 that are statistically significant (p-value ≤ 0.05) are identified with an asterisk (*) in the HEDIS® measure column. Measures that have a small sample size are identified with two asterisks (**). Measures that were rotated using prior year rates are identified with three asterisks (***). All hybrid measures rotated in MY 2020 were due to the impact of the COVID-19 hybrid chart pursuit.

South Country considers rates at or above the national 75th percentile to be high performing. Low-performing measures are those below the 25th percentile. Percentiles change annually and may place a measure in a higher or lower percentile each year, despite an insignificant increase or decrease in rate. The tables below include South Country's national benchmark rankings for applicable HEDIS® measures. It should be noted that national percentiles are given for Medicaid and Medicare products and do not necessarily provide comparisons for equivalent products and regions.

HEDIS PMAP/MinnesotaCare				
HEDIS® Measure	**HEDIS® MY 2019**	**HEDIS® MY 2020**	**HEDIS® MY 2021**	**National Benchmark Ranking**
Childhood Immunizations - Combo 10 (8 required and 2 recommended)	***46.02%	45.89%	43.40%	75th
Adolescent Immunizations Combo 1	***86.92%	84.02%	83.88%	50th
Breast Cancer Screening	61.94%	*55.46%	57.79%	75th
Cervical Cancer Screening	***58.76%	54.50%	45.75%	10th
Comprehensive Diabetes Care - HbA1c <8****	***53.27%	*39.61%	*45.50%	50th
Comprehensive Diabetes Care – Eye Exams****	***67.73%	65.24%	60.12%	75th
Controlling High Blood Pressure	***67.44%	*55.47%	*56.67%	25th
Prenatal Care	***84.21%	*78.37%	76.87%	10th
Postpartum Care	***73.44%	*80.53%	82.09%	75th
Annual Dental Visit	*57.45%	*48.12%	*51.72%	50th
Antidepressant Medication Management - Effective	43.72%	41.77%	46.95%	50th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

**** For MY2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD)

**** For MY2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

HEDIS SeniorCare Complete (MSHO)				
HEDIS® Measure	**HEDIS® MY2019**	**HEDIS® MY2020**	**HEDIS® MY2021**	**National Benchmark Ranking**
Breast Cancer Screening	71.86%	*59.81%	62.15%	25th
Colorectal Screening	67.69%	*61.54%	65.96%	25th
Controlling High Blood Pressure	***72.64%	*64.88%	*77.16%	50th
****Comprehensive Diabetes Care – HbA1c <8	***72.83%	*^26.21%	*68.53%	50th
****Comprehensive Diabetes Care – Eye Exams	***76.30%	75.17%	83.54%	90th
Comprehensive Diabetes Care – Screening for Nephropathy	***94.80%	*89.66%	94.41%	50th
Antidepressant Medication Management-Effective	80.00%	*75.00%	80.36%	95th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

**** For MY2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD)

**** For MY2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

^ Inverted rate due to MY2020 specs

HEDIS AbilityCare				
HEDIS® Measure	HEDIS® MY2019	HEDIS® MY2020	HEDIS® MY2021	National Benchmark Ranking
Breast Cancer Screening	75.32%	76.26%	74.29%	50th
Cervical Cancer Screening	61.60%	64.09%	66.06%	75th
Colorectal Screening	73.68%	70.92%	74.33%	50th
Controlling High Blood Pressure	***80.69 %	84.47%	90.00%	95th
Comprehensive Diabetes Care – HbA1c <8	***67.33 %	*^26.72%	*65.55%	25th
Comprehensive Diabetes Care – Eye Exams	***85.33 %	83.62%	83.19%	90th
Comprehensive Diabetes Care – Screening for Nephropathy	***92.00 %	92.24%	89.92%	75th
Antidepressant Medication Management - Effective	70.97%	*78.57%	**55.56%	10th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

**** For MY2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD)

**** For MY2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

^ Inverted rate due to MY2020 specs

HEDIS SingleCare/SharedCare				
HEDIS® Measure	HEDIS® MY2019	HEDIS® MY2020	HEDIS® MY2021	National Benchmark Ranking
Antidepressant Medication Management - Effective	33.33%	*40.74%	41.10%	25th
Breast Cancer Screening	68.89%	*60.21%	56.74%	75th
Comprehensive Diabetes Care – HbA1c <8	***50.52 %	*^18.94%	*54.13%	75th
Comprehensive Diabetes Care – Eye Exams	***74.61 %	70.10%	71.80%	95th
Controlling High Blood Pressure	***72.02 %	*62.20%	*74.52%	95th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

A team of experienced South Country staff from various departments and backgrounds continue to participate in the medical record review abstraction and overread process. These staff include health services nurses, quality improvement staff and medical coders with many years of experience. Each year, these individuals are trained in new and changed measure specifications, as well as any updated functions of the overread tool to validate the accuracy of the medical record reviews for each HEDIS® hybrid measure.

Many providers have moved to the electronic medical record (EMR) and have established central locations for chart abstraction, making it more efficient to locate and obtain charts. However, many EMRs are set up differently and have the potential to create challenges in retrieval and abstraction. Communication with clinics, nursing homes and other chart retrieval locations explaining the importance of HEDIS®, including vendor abstraction processes and internal processes, continues to be an essential part of ensuring continuity in chart retrieval and abstraction. Supportive outreach and education will continue through formal notification via phone, letters, and emails.

Next Steps

South Country completed the eighth year of work with Optum as the HEDIS® chart abstraction vendor and the fourth year as the HEDIS® software vendor. South Country continues to use Optum as the software vendor for medical record chart abstraction.

Strategies that remain in place:

- Continue to promote strong project team collaboration and clear communication between Optum and South Country.

- Establish timely electronic medical records (EMR) access to large provider groups, aiding in the availability of and accessibility to the systems for chart retrieval and abstraction.
- Processes to ensure timely and accurate data processing for chart retrieval and HEDIS® measures.

- South Country will continue to review records for missed “opportunities” for abstraction and will re-chase or verify compliancy status of overreads conducted by South Country.

System and process improvements continue to be essential for improving provider databases, timeline management, communicating with HEDIS® vendors, enhancing chart-chase logic, systematic audits of chart reviews and compiling/analyzing data for reports.

NCQA has and will continue to put a strong emphasis on health equity and the social determinants of health. Furthermore, NCQA continues to increase the number of measures that are stratified by race and ethnicity. In October 2022, South Country participated in a qualitative interview with NCQA’s Race and Ethnicity Stratification Learning Network, which focused on the following themes:

- Organizational approach to health equity;
- Collection and management of race and ethnicity data for health equity efforts;
- Analysis and use of race and ethnicity data; and
- Process improvement.

South Country’s leadership team understands the importance and necessity of achieving high performing rates associated with member outcomes, and will continue the companywide awareness, support, and collaboration around HEDIS®.

2022 CMS Health Outcomes Survey

Description

The Centers for Medicare & Medicaid Services (CMS) Health Outcomes Survey (HOS) is a longitudinal survey administered on an annual basis to a random sampling of eligible South Country members at the beginning and the end of a two-year period. The survey is designed to assess a health plan's ability to maintain or improve the physical and mental health status of its members over this designated time. Several self-rated health outcome questions, focused on physical health, mental health, and effectiveness of care components, are reported as Healthcare Effectiveness Data and Information Set (HEDIS) performance measures and incorporated as measures for Star Ratings. Additionally, HOS questions related to chronic conditions, activities of daily living and sociodemographic information capture valuable data that reflect variables impacting the functional health status of our members.

Analysis of performance measures compare the percentage of South Country members who are better, the same or worse than expected at the two-year follow-up, in comparison to the national average for both physical and mental health. Measure of change for physical health includes the combination of death and Physical Component Score (PCS) scores into one overall measure, while status of mental health is measured by only the Mental Component Score (MCS) scores. Six main categories of health outcomes are used in the HOS performance measurement analysis:

- Alive and physical health is better;
- Alive and physical health is the same;
- Dead or physical health is worse;
- Mental health is better;
- Mental health is the same; and
- Mental health is worse.

Members in the original 2019 HOS Cohort 22 baseline survey were invited to participate in the 2021 Cohort 22 follow-up survey. Performance measurement results were provided to South Country by CMS in August 2022 for use in our quality improvement activities.

The original baseline sample size for SeniorCare Complete was 1,200, narrowed to an analytic sample size of 399 and resulted in a final survey sample size of 222 members. This was due to a variety of factors including members no longer enrolled with South Country, incorrect address and/or phone number and language barriers. The original sample size for AbilityCare was 588 members, with an analytic sample size of 165 and a final sample size of 114 members. This

was due to a variety of factors including members no longer enrolled with South Country, incorrect address and/or phone number and language barriers.

Cohort 22 Follow-Up Response Rates for HOS				
Product	**# of Deaths**	**# of Respondents**	**SCHA Response Rate**	**National Response Rate**
SeniorCare Complete	112	155/222	69.8%	63.0%
AbilityCare	9	67/114	58.%	N/A

Demographic Comparisons

Demographic information about HOS respondents is captured and reported by CMS, with comparison data provided for SeniorCare Complete and the total National HOS sample. The table below depicts socioeconomic differences between our SeniorCare Complete members and the total National HOS sample.

	Cohort 22: 2019-2021 HOS Follow-up Demographics - MAO H2419			
Demographic	**SeniorCare Complete Baseline**	**SeniorCare Complete Follow Up**	**National Medicare Sample Baseline**	**National Medicare Sample Follow Up**
Age				
65-69	21.3%	11.6%	27.6%	13.7%
70-74	20.6%	22.6%	29.0%	31.2%
75-79	19.4%	20.0%	21.4%	24.7%
80-84	20.6%	16.1%	13.0%	16.3%
85+	18.1%	29.7%	8.9%	14.1%
Gender				
Male	26.5%	26.5%	42.2%	42.2%
Female	73.5%	73.5%	57.8%	57.8%
Race				
White	97.4%	97.4%	79.6%	79.6%
Black	0.0%	0.0%	9.7%	9.7%
Other/Unknown	2.6%	2.6%	10.7%	10.7%

Marital Status Married Widowed Divorced/Separated Never Married	12.0% 36.0% 32.0% 20.0%	12.4% 35.9% 33.1% 18.6%	53.8% 21.5% 18.1% 6.6%	50.9% 24.9% 17.7% 6.5%
Education Did Not Graduate HS High School Graduate Some College 4 Year+ Degree	34.4% 39.7% 19.2% 6.6%	37.2% 37.9% 17.9% 6.9%	15.5% 29.5% 26.8% 28.3%	15.7% 29.4% 26.7% 28.2%
Medicaid Status Medicaid Non-Medicaid	100% 0.0%	100% 0.0%	21.5% 78.5%	22.3% 77.7%

Demographic information about HOS respondents is captured and reported by CMS. The table below depicts socioeconomic respondents for AbilityCare members. There is no national information to compare the demographics.

Cohort 22: 2019-201 HOS Follow-up Demographics - MAO 5703		
Demographic	**AbilityCare Baseline**	**AbilityCare Follow Up**
Age 18-64 65+	100% 0.0%	98.5% 1.5%
Gender Male Female	41.8% 58.2%	41.8% 58.2%
Race White Black Other/Unknown	98.5% 0.0% 1.5%	98.5% 0.0% 1.5%

Cohort 22: 2019-2021 HOS Follow-up Demographics - MAO 5703		
Demographic	**AbilityCare Baseline**	**AbilityCare Follow Up**

Marital Status Married Widowed Divorced/Separated Never Married	9.5% 1.6% 25.4% 63.5%	7.8% 3.1% 21.9% 67.2%
Education Did Not Graduate HS High School Graduate Some College 4 Year+ Degree	11.3% 66.1% 19.4% 3.2%	8.1% 74.2% 16.1% 1.6%
Medicaid Status Medicaid Non-Medicaid	100% 0.0%	100% 0.0%

Self-Rated General and Comparative Health Responses

The tables below represent the distribution of SeniorCare Complete members across self-rated general health, physical heath compared to a year ago, and mental health compared to a year ago, along with the national average at baseline and at the time of the follow-up survey. National benchmarks are not reported for products such as AbilityCare; therefore, the AbilityCare comparison is only noted for baseline and follow-up responses for the South Country cohort.

SeniorCare Complete – H2419

Performance Measures	Cohort 22 Response Rates			
	SeniorCare Complete		National Average	
Self-Rated Health Status	Baseline N (%)	Follow-Up N (%)	Baseline N (%)	Follow-Up N (%)
General Health Excellent to Good Fair or Poor	87(57.2%) 65(42.8%)	77(51.0%) 74(49.0%)	57,460(78.4%) 15,814(21.6%)	54,533(75.1%) 18,052(24.9%)
Comparative Health - Physical Much Better/About the Same Slightly Worse/Much Worse	93(61.6%) 58(38.4%)	84(56.8%) 64(43.2%)	55,646(77.4%) 16,291(22.6%)	51,614(72.2%) 19,827(27.8%)
Comparative Health - Mental Much Better/About the Same Slightly Worse/Much Worse	130(87.8%) 18(12.2%)	120(81.6%) 27(18.4%)	64,044(90.1%) 7,044(9.9%)	61,239(86.4%) 9,649(13.6%)

AbilityCare – H5703

Performance Measures	Cohort 22 Response Rates	
Self-Rated Health Status	**AbilityCare**	
	Baseline	**Follow-Up**
General Health Status Excellent Very Good Good Fair Poor	3.0% 24.2% 40.9% 28.8% 3.0%	1.5% 23.9% 43.3% 28.4% 3.0%
Physical Health Compared to One Year Ago Much Better Slightly Better About the Same Slightly Worse Much Worse	12.3% 10.8% 58.5% 13.8% 4.6%	6.3% 0.0% 68.8% 17.2% 7.8%
Mental Health Compared to One Year Ago Much Better Slightly Better About the Same Slightly Worse Much Worse	20.0% 10.8% 56.9% 9.2% 3.1%	11.3% 4.8% 62.9% 11.3% 9.7%

HOS Measures and Star Ratings Cohort 2022 (2019-2021)

CMS rates the quality of service and care provided by Medicare Advantage health plans based on a Five Star rating scale. Medicare Star Ratings for SeniorCare Complete and AbilityCare include three HOS Measures:

- Monitoring physical activity;
- Improving bladder control; and
- Reducing risk of falling.

Other HOS Measure being considered for official Star Ratings include display measures below:

- Improving or maintaining physical health;
- Improving or maintaining mental health; and
- Physical functioning activities of daily living.

Analysis

SeniorCare Complete enrollment was 1,473 members as of December 2022. Members present

unique health disparities including lower socioeconomic status, poor health literacy, possible cognitive deficits, and multiple co-morbidities. Approximately 30% (29.7%) of SeniorCare Complete members are over the age of 85 years old. Ninety-seven-point four percent (97.4%) of our SeniorCare Complete enrollees are classified as Caucasian, 0.0% as Black, and 2.6% as other/unknown, and 37.4% of enrollees did not graduate from high school.

Due to the challenges and complexity of individual health care needs, each enrollee is assigned a county-based public health or human services care coordinator. Care coordinators proactively connect with the enrollee to assess and coordinate their health care needs across a continuum of care. SeniorCare Complete enrollees require a higher level of attention and support to navigate and better understand the healthcare system.

AbilityCare enrollment was 512 members as of December 2022. Members present unique health disparities including lower socioeconomic status, poor health literacy, possible cognitive deficits, and higher rate of mental health concerns/issues. Approximately 99% (98.5%) of our AbilityCare enrollees are classified as Caucasian, 0.0% as Black, and 1.5% as other/unknown, and 8.1% of enrollees did not graduate from high school.

Due to the challenges and complexity of individual health care needs, each Medicare enrollee is assigned a care coordinator. Care coordinators proactively connect with the enrollee to assess and coordinate their healthcare needs across a continuum of care. AbilityCare enrollees require a higher level of attention and support to navigate and better understand the healthcare system.

The table below shows performance rates for SeniorCare Complete members with medical conditions compared to the national average:

Performance Measures	Cohort 22 Response Rates - H2419			
Medical Conditions	SeniorCare Complete Baseline N (%)	SeniorCare Complete Follow-Up N (%)	National Average Baseline N (%)	National Average Follow-Up N (%)
Hypertension	105(69.1%)	100(67.6%)	47,491(65.7%)	48,219(67.1%)
Arthritis – Hip or Knee	80(53.0%)	87(58.8%(	31,204(43.3%)	32,514(45.4%)
Arthritis – Hand or Wrist	67(43.8%)	71(48.6%)	25,684(35.7%)	26,714(37.3%)
Diabetes	49(32.0%)	44(30.1%)	18,471(25.6%)	19,105(26.6%)
Sciatica	33(22.0%)	32(22.4%)	18,315(25.5%)	18,507(25.9%)
Other Heart Conditions	37(24.7%)	38(26.0%)	14,677(20.4%)	16,148(22.6%)
Osteoporosis	47(31.5%)	44(29.9%)	14,804(20.6%)	15,994(22.4%)
Pulmonary Disease	44(28.9%)	50(34.2%)	11,990(16.6%)	12,882(17.9%)
Depression	42(28.0%)	42(29.2%)	12,089(16.8%)	12,450(17.5%)
Any Cancer (except skin cancer)	21(14.9%)	25(17.9%)	10,316(14.9%)	11,136(16.5%)
Coronary Artery Disease	21(14.0%)	25(17.5%)	8,273(11.5%)	8,997(12.6%)

Performance Measures	Cohort 22 Response Rates - H2419			
Medical Conditions	SeniorCare Complete Baseline N (%)	SeniorCare Complete Follow-Up N (%)	National Average Baseline N (%)	National Average Follow-Up N (%)
Congestive Heart Failure	28(18.5)	33(22.9%)	4,819(6.7%)	6,015(8.4%)
Myocardial Infarction	22(14.6%)	19(13.1%)	5,209(7.2%)	5,681(7.9%)
Stroke	21(13.9%)	20(13.6%)	4,355(6.0%)	4,991(7.0%)
Gastrointestinal Disease	10(6.6%)	2(1.4%)	3,420(4.7%	3,672(5.1%

The table below shows performance rates for AbilityCare members with medical conditions:

Performance Measures	Cohort 22 Response Rates - H5703	
Medical Conditions	AbilityCare Baseline N (%)	AbilityCare Follow-Up N (%)
Hypertension	19(30.6%)	28(43.1%)
Arthritis – Hip or Knee	17(26.6%)	21(32.8%)
Arthritis – Hand or Wrist	8(12.5%)	10(15.6%)
Diabetes	18(28.1%)	20(31.3%)
Sciatica	14(21.9%)	11(17.2%)
Other Heart Conditions	8(12.5%)	11(17.5%)
Osteoporosis	11(17.2%)	10(15.6%)
Any Cancer (except skin cancer)	5(7.9%)	4(6.5%)
Depression	33(51.6%)	35(56.5%)
Pulmonary Disease	12(18.8%)	12(19.0%)
Coronary Artery Disease	4(6.3%)	1(1.5%)
Myocardial Infarction	2(3.1%)	2(3.1%)
Congestive Heart Failure	2(3.2%)	2(3.2%)
Stroke	0	0
Gastrointestinal Disease	1(1.6%)	1(1.6%)

Next Steps

The HOS measure Star Rating outcomes are presented annually at the Quality Assurance Committee and the Star Ratings Work Group for discussion and recommendations for potential improvement strategies. Strategies may include but are not limited to:

- Continue to provide input to CMS during Star Rating Update/Call Letter Q & A sessions as appropriate.
- Maintain the focus on improving the overall care of Medicare enrollees, performance measure development, and accounting for social determinants of health for Special Needs Plans in developing/revising survey instruments and methods.
- Development of marketing campaigns to increase membership of members newly eligible for SeniorCare Complete (improve the sample size for the survey and reduce repetitive surveying of the same members).
- Education and consistent messaging to providers and members on the purpose and intent of the HOS instrument.
- In collaboration with South Country's health services, share Health Outcome Survey results with stakeholders to educate and facilitate positive change.

CMS Star Ratings

Description

The Centers for Medicare and Medicaid Services (CMS) uses Star Ratings to score and rank health plans according to the quality of services they offer Medicare beneficiaries. Star Ratings emphasize outcomes of care above process measures, so they assign higher weights to clinical measures and patient experience. Star Ratings for health plans are posted on the CMS website to assist beneficiaries in selecting an appropriate Medicare Advantage Plan available in their area.

The ratings for Medicare Advantage Plans with prescription drug coverage (MA-PD) include several topic areas and up to 38 unique quality and performance measures. The measures are derived from: 1) Healthcare Effectiveness Data and Information Set (HEDIS®) measures, 2) Medicare Health Outcomes Survey (HOS) measures, 3) Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey measures, and 4) Plan-Level Data measures.

The measures in these topic areas extend into five broader categories:

- Outcomes: Measures focused on improvements to a member's health because of the care that is provided;
- Intermediate outcomes: Measures that assist members/plans in moving closer to truer outcomes such as a better health status;
- Patient experience: Measures representing the members' perspective regarding the care they receive;
- Access: Measures reflecting issues that may create barriers to receiving needed care;
- Process: Measures capturing the method by which health care is provided.

Process

CMS rates health plans on a scale from one to five stars, with five stars representing the highest quality. Measures can be weighted differently in comparison to process measures, patient experience and access to care measures. Each measure receives a Star Rating based upon standardized methodology used for calculating and assigning stars for each measure, domain and groupings.

Health plans have three summary ratings:

- Medicare Part C: Applies to the quality of health care.

- Medicare Part D: Applies to the quality of the drug plan.
- Overall Rating: Combines ratings from Medicare Parts C and D.

The results of the improvement measures, summary and overall ratings are calculated and rounded to the nearest half star using consistent rounding rules established by CMS and its contractors.

CMS adjusts results to reward health plans that perform well across all measures in a consistent pattern. CMS does not publish quality ratings for plans when insufficient data is not available to calculate valid scores; this includes South Country's AbilityCare Part C population, as the number of eligible members per measure are too low to qualify for a rating.

Changes for 2023 (MY2021):

For the 2023 Star Ratings, the only adjustments for the impact of the COVID-19 public health emergency (PHE) were for three of the measures, derived from HEDIS® (CMS.gov, Medicare Advantage and Part D Star Ratings, 2023). Guardrails, or caps that limit significant changes in cut-points, were introduced in the 2023 Star Ratings for most measures. Finally, the weight of patient experience/complaints (e.g., call-center experience) and access measures (e.g., getting needed care) increased from two to four for the 2023 Star Ratings. All these changes had an impact on South Country's 2023 Star Ratings.

South Country evaluated Star Ratings performance with various measures using current rates, percentile/rating thresholds, and other data obtained from CMS. These ratings were based on HEDIS® MY 2021 performance outcome measures using data reported for measurement year 2021.

Reports were developed, monitored, and shared with South Country's Stars Workgroup, leadership team, Quality Assurance Committee and other stakeholders. These groups provided input into the evaluation of measures and strategies for continued achievement and improvement.

SeniorCare Complete Analysis

As noted in the table below, South Country received a 4 Star Rating for the SeniorCare Complete (MSHO) population for measurement year (MY) 2021. Approximately 26.8% of MA-PDs (contracts) earned a 4 Star for their 2023 overall rating. Approximately 11.2% of MA-PDs (contracts) earned a 5 Star for their 2023 overall rating, a 4.5% decrease from the 2022 overall ratings. The national average for Medicare Part D for MA-PDs also decreased by half a star.

SeniorCare Complete Star Rating Performance				
Level	**2021 Rating**	**2022 Rating**	**2023 Rating**	**National Average**
Medicare Part C	4	4.5	3.5	--
Medicare Part D	5	5	4	3.0
Overall Summary	4.5	5	4	4.0

AbilityCare Analysis

As stated previously, CMS does not publish quality ratings for plans when not enough data is available to calculate valid scores, which includes South Country's AbilityCare Part C population, as the numbers of eligible members per measure are too low to qualify. However, we were able to submit enough data for the calculation of valid scores for over half of the Medicare Part D measures and therefore received a Star Rating for this level. As noted in the table below, the ratings can fluctuate because of the low denominators.

AbilityCare Star Rating Performance				
Level	**2021 Rating**	**2022 Rating**	**2023 Rating**	**National Average**
Medicare Part C	Not enough data available	Not enough data available	Not enough data available	N/A
Medicare Part D	4.5	4.5	5.0	3.0
Overall Summary	Not enough data available	Not enough data available	Not enough data available	N/A

Next Steps

South Country recognizes the importance of Star Ratings in evaluating the quality-of-care members receive, members' experience of care, care coordination and in assuring overall health plan performance. South Country will continue to evolve in terms of defining its purpose and functionality and in developing effective intervention strategies that can be collaboratively implemented within the organization as well as with our providers and counties.

Barriers for maintaining or increasing the overall Star Rating were identified for HEDIS® MY 2022, including low denominators due to smaller population sizes, influential socioeconomic and demographic factors and expected variations in accuracy on member surveys, such as CAHPS and HOS, because of social and health care disparity determinants. As stated above, changes to COVID-19 adjustments, guardrails and measure weights were also considered.

South Country continues to implement strategies for improvement through the Stars Workgroup that meets quarterly. The workgroup's goal is to review Star Ratings and develop and implement new processes and strategies for improvement such as:

- Analyzing HEDIS® results to identify non-compliant members in selected specific measures. Identifying specific cohorts of noncompliant members and thereby supporting the design of HEDIS® improvement initiatives and conducting survey analysis and review.
- In 2022, a survey workgroup was formed within South Country to identify barriers to and gaps in survey access and completion rates.
    - The survey workgroup lead works with DataStat to advise on best practices in survey uptake and completion, in accordance with CMS guidelines.
- Finding and implementing other data sources as needed.
- Star Workgroup Measure improvement initiatives:
    - Health risk assessments are being used as supplemental data source for care of older adults.
    - Transition of care medication reconciliation process improvements.
- Other important measure activities and review are related to screenings, hypertension, and diabetes.
- Preparing for CMS 2024 changes such as the:
    - Introduction of tukey outlier deletion (removing statistical outliers from cut-point calculations).
    - Potential removal of all COVID-19 public health emergency accommodations.
    - Potential introduction of a Health Equity Index (HEI) (based on social risk factors or SRFs) reward (CMS, Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Program for Contract Year 2024, Proposed Rule, 87 FR 79452, December 27, 2022).

CMS Quality Improvement & DHS Performance Improvement Projects

As part of our contract agreement with the Minnesota Department of Human Services (DHS), South Country Health Alliance (South Country) conducts performance improvement projects (PIPs) designed to achieve, through ongoing measurements and intervention, significant improvement on member health outcomes and satisfaction. PIP topics are determined by DHS with discussions with all health plans and implemented following a cycle length determined by DHS along with annual status reports demonstrating progress toward achieving project goals. Additionally, the Centers for Medicare & Medicaid Services (CMS) require chronic care improvement programs (CCIPs) for AbilityCare and SeniorCare Complete. PIPs and CCIPs are similar but use slightly different formats based on DHS and CMS requirements.

A Healthy Start for Mothers and Children PIP 2021-2023

Planning for the PIP began in 2020 with an implementation date of January 1, 2021. This PIP topic was chosen by DHS and is intended to promote a “Healthy Start” for the health of our mothers and children ages (0-15 months) on our Families & Children (PMAP) and MinnesotaCare (MNCare) programs experiencing the effects of geographic disparities due to living in rural communities.

South Country is participating in the Managed Care Organization (MCO) Collaboration of other health plans focusing on similar goals and intervention. To facilitate improvement, the MCOs will support joint collaborative interventions as well as individual MCO specific strategies. Each participating MCO has established a goal aimed at improving prenatal care, postpartum care, well-child visits and/or combo 10 immunization rates with the focus on disparities, relevant to the individual MCO population.

Our goal is to see improvement in the rate of South Country members who receive a prenatal care visit in the first trimester, on or before their South Country enrollment start date or within 42 days of South Country enrollment, seeing improvement in the rate of South Country members who receive a postpartum care visit on or between seven and 84 days after delivery, and by seeing improvement in the rate of South Country members who have six or more well-child visits with a primary care provider (PCP) during their first 15 months of life. Success of the project will be achieved by seeing an improvement in the rates for these goals over the three-year lifespan of the project.

South Country membership is rural and is therefore uniquely positioned to focus much of its work on rural geographic disparities. However, many drivers of health disparity cut across many

groups whether these groups are defined by geographic location, ethnicity, race, socioeconomic status, or other characteristics. Interventions will have impact on various overlapping groups, and some will be more amenable to measurement than others, but always with a goal of addressing the needs of all affected by health disparities.

South Country's PMAP program is our medical assistance program, which has the largest membership. Medical Assistance is health care coverage for children, families, pregnant women, and adults under age 65 that meet Minnesota income requirements. Based upon 2019 data, the number of pregnant members eligible for the interventions each year would be 797 and the number of members ages 0-15 months old eligible for the interventions each year would be 1,600.

South Country's MinnesotaCare coverage is for people ages 0-64 with income slightly higher than the income standard for PMAP. Based on 2019 data, the number of pregnant members eligible for the interventions each year would be 46 and the number of members ages 0-15 months eligible for the interventions each year would be 10.

South Country will utilize the following HEDIS measures to gather, assess and evaluate the success of this project:

Timeliness of prenatal care — the percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. The measurement period includes deliveries of live births on or between October 8th of the year prior to the measurement year and October 7th of the measurement year.

Success of the project will be achieved by seeing improvement in the rate of South Country members who receive a prenatal care visit in the first trimester, on or before their South Country enrollment start date or within 42 days of South Country enrollment by an absolute 5.15% points above baseline over the three-year lifespan of the project. The goal will be obtaining a rate of 85.48%. This goal will be to use administrative and medical record review data gathered for the HEDIS prenatal hybrid measure.

An increase of an absolute 5.15% points (85.48%) will bring South Country closer to the average of all health plans in Minnesota, according to the MN Health Plan report measurement year (MY) 2019 Prenatal Hybrid Rate of 91.13% for PMAP/MNCare. Also, this increase is considered a significant increase using P-value = .05 and 95% confidence interval. South Country believes this is an attainable goal and a valid benchmark for project success. Approximately 33 additional members will need to obtain their prenatal care visit in South Country's PMAP/MNCare populations to achieve this goal.

Sample size for the overall goal is calculated assuming a two-tailed test of significance between two proportions (P - Value = 0.05, 80 percent power, two-tailed test of significance). For South Country's population, this is a sample size of 411. However, South Country uses a sample size of 432, given that members can be excluded from the denominator of the HEDIS prenatal measure

for various reasons. The table below presents the measurement periods for the HEDIS prenatal measure. It is important to note that HEDIS rates will not reflect a full year of this PIP's interventions until 2022. Thus, a complete picture of the impact of the PIP's interventions will not be available until 2023.

HEDIS Prenatal Measurement Periods

HEDIS Reporting Year	HEDIS Measurement Period	PIP Intervention Year
2018 - 2020	Deliveries: October 8, 2016 – October 8, 2019	Baseline (3-year trend)
2021	Deliveries: October 8, 2019 – October 8, 2020	Pre-implementation
2022	Deliveries: October 8, 2020 – October 8, 2021	Partial year after implementation (January 1, 2020 – October 8, 2021, deliveries)
2023	Deliveries: October 8, 2021 – October 8, 2022	Year 1
2024	Deliveries: October 8, 2022 – October 8, 2023	Year 2
2025	Deliveries: October 8, 2023 – October 8, 2024	Year 3

HEDIS Prenatal Baseline

South Country Health Alliance HEDIS® Rates	2017 (measure year) PMAP/ MinnesotaCare	2018 (measure year) PMAP/ MinnesotaCare	2019 (measure year) PMAP/ MinnesotaCare Final	2020 (measure year) PMAP/ MinnesotaCare Final	2021 (measure year) PMAP/ MinnesotaCare Final	Baseline 3-year trend
(PPC)Prenatal Care N	331	352	329	326	317	1012
(PPC)Prenatal Care D	423	418	420	416	417	1261
(PPC)Prenatal Care Rate Hybrid	78.25%	84.21%	78.33%	78.37%	75.84%	80.25 %

Summary results for the first year of PIP show that prenatal rates are stable between MY 2019 and MY 2020. This is expected in lieu of utilization patterns due to the COVID-19 pandemic impacting utilization across many services and measured outcomes. Also, MY 2021 rates have slight decrease compared to MY 2020 and this is expected due to the lingering impact of COVID-19 pandemic and increase in prenatal bundling codes being submitted from providers.

Postpartum care — the percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

The measurement period will be October 8th of the year prior to the measurement year and October 7th of the measurement year and will include deliveries of live newborns.

Success of the project will be achieved by seeing improvement in the rate of South Country members who receive a postpartum care visit on or between seven and 84 days after delivery by an absolute 5.78% points above baseline over the three-year lifespan of the project. The goal will be obtaining a rate of 81.43%. This goal will use administrative and medical record review data gathered for the HEDIS postpartum hybrid measure.

An increase of an absolute 5.78% points will bring South Country to the average of all health plans in Minnesota, according to the Minnesota Health Plan Report MY 2019 Postpartum Hybrid Rate of 81.60% for PMAP/MNCare. Also, this increase is a significant increase (P-value = 0.05, 95% confidence interval). South Country believes this is an attainable goal and a valid benchmark for project success. Approximately 46 additional members will need to obtain their postpartum visit in South Country's PMAP/MNCare populations to achieve this increase in percentage points.

Sample size for the overall goal is calculated assuming a two-tailed test of significance between two proportions (P- value = .05, 80 percent power, two-tailed test of significance). For South Country population, this is a sample size of 411. However, South Country uses a sample size of 432, given that members can be excluded from the denominator of the HEDIS Prenatal measure for various reasons.

The table below presents the measurement periods for the HEDIS postpartum measure. It is important to note that HEDIS rates will not reflect a full year of this PIP's interventions until 2022. Thus, a complete picture of the impact of the PIP's interventions will not be available until 2023.

HEDIS Postpartum Measurement Period

HEDIS Reporting Year	HEDIS Measurement Period	PIP Intervention Year
2018 - 2020	Deliveries: October 8, 2016 – October 8, 2019	Baseline (3-year trend)
2021	Deliveries: October 8, 2019 – October 8, 2020	Pre-implementation
2022	Deliveries: October 8, 2020 – October 8, 2021	Partial year after implementation (January 1, 2020 – October 8, 2021, deliveries)
2023	Deliveries: October 8, 2021 – October 8, 2022	Year 1
2024	Deliveries: October 8, 2022 – October 8, 2023	Year 2

2025	Deliveries October 8, 2023-October 8, 2024	Year 3

HEDIS Postpartum Baseline

South Country Health Alliance HEDIS Rates	2017 (measure year) PMAP/ MinnesotaCare	2018 (measure year) PMAP/ MinnesotaCare	2019 (measure year) PMAP/ MinnesotaCare	2020 (measure year) PMAP/ MinnesotaCare	2021 (measure year) PMAP/ MinnesotaCare	Baseline 3-year trend
(PPC)Postpartum Care N	304	307	343	335	345	954
(PPC)Postpartum Care D	423	418	420	416	418	1261
(PPC)Postpartum Care Rate Hybrid	71.87%	73.44%	81.67%	80.53%	82.54%	75.66 %

Summary results for the first year of PIP show that postpartum rates are slightly decreased comparing MY 2019 and MY 2020. This is expected in lieu of utilization patterns due to the COVID-19 pandemic impacting utilization across many services and measured outcomes. In MY2021, South Country surpassed its initial goal of increasing the postpartum rate to 81.60%. This rate has improved despite the impact of COVID-19.

South Country interventions that may be contributing to this increase are:

- Creating a separate incentive for members who attend a certain number of postpartum appointments.
- Providing outreach and education to providers and parents.
- Expanding and improving access to OBGYN and pediatricians through telehealth.

Well-child visits in the first 15 months — children who turned 15 months old during the measurement year and have six or more well-child visits.

The percentage of members who had six or more well-child visits with a primary care provider (PCP) during the first 15 months of life.

Success of the project will be achieved by seeing improvement in the rate of South Country members who have six or more well-child visits with a PCP during their first 15 months of life by an absolute 7.04% points above baseline over the three-year lifespan of the project. The goal will be obtaining a rate of 56.53%. This goal will be to use administrative data gathered for the HEDIS well child measure.

South Country believes an increase of an absolute 7.04% points is an attainable goal and a valid benchmark for project success. This increase is a significant increase (P- value = .05, 95% confidence interval). Approximately 28 additional members will need to obtain six or more well child

visits in South Country's PMAP/MNCare population to achieve this increase in percentage points.

There will be no sample size for this measure, as South Country will use all their members eligible population for the HEDIS well child visits for the goal rate.

The table below presents the measurement periods for the HEDIS well child in the first 30 months of life measure. It is important to note that HEDIS rates will not reflect a full year of this PIP's interventions until 2023, as the intervention for members turning 15 months in 2022 will go back to 2020. Thus, a complete picture of the impact of the PIP's interventions will not be available until 2023.

HEDIS Well Child Measurement Periods

HEDIS Reporting Year	HEDIS Measurement Period	PIP Intervention Year
2018 - 2020	Members turning 15 months: 2017 – 2019. Well child visits: October 2016 – December 2019	Baseline (Average of the 3 years)
2021	Members turning 15 months in 2020. Well child visits: October 2018 – December 2020	Pre-implementation
2022	Members turning 15 months in 2021. Well child visits: October 2019 – December 2021	Partial year after implementation
2023	Members turning 15 months in 2022. Well child visits: October 2020 – December 2022	Year 1
2024	Members turning 15 months in 2023. Well child visits: October 2021 – December 2023	Year 2
2025	Members turning 15 months in 2022. Well child visits: October 2022 – December 2024	Year 3

HEDIS Well Child Baseline

South Country Health Alliance HEDIS® Rates	2017 (measure year) PMAP/MinnesotaCare	2018 (measure year) PMAP/ Minnesota Care	2019 (measure year) PMAP/ Minnesota Care	2020 (measure year) PMAP/ Minnesota Care	2021 (measure year) PMAP/ Minnesota Care	Baseline 3-year trend
(W30) Well-child Visits in the first 15 months of life (6) N	123	209	261	122	155	593
(W30) Well-child Visits in the first 15 months of life (6) D	254	385	555	318	391	1194
(W30) Well-child Visits in the first 15 months of life (6) Rate	48.43%	54.29%	47.03%	38.36%	39.64%	49.67%

For MY 2019 well child visits in the first 15 months rates have decreased compared to MY 2020. This is expected in lieu of utilization patterns due to the COVID-19 pandemic impacting utilization across many services and measured outcomes. The MY2021 rate showed an increase from MY2020 but was still lower than the baseline rate. MY 2022 rates will be monitored and would expect trending to increase from MY 2021.

Collaborative Interventions include:

The project is designed to work with a broad variety of partners to improve access and coordination of resources to support mothers in receiving the right care, at the right time, in the right setting. Interventions include developing an educational series of webinars, pregnancy benefit training and development of a pregnancy packet. Details of these efforts are provided below.

- "Racism's Roots in Medicine & How Implicit Bias Impacts Care" was held for staff and providers on Wednesday, April 7, 2021, with expert presenter Dr. Nathan Chomilo, who is the medical director for the state of Minnesota's Medicaid and MinnesotaCare programs and general Pediatrician and internal medicine hospitalist. The webinar presented attendees with education around implicit biases outside of a person's conscious awareness that could lead to a negative appraisal of another person based on irrelevant characteristics like race or gender. During this presentation, attendees learned

about how health care professionals display implicit biases towards patients, the impact these biases have on patient experience and outcomes, and how to begin to address their own biases to provide better care.

- “Achieving Health Equity: Tools to Move Forward” was held for staff and providers on Wednesday, October 13, 2021, with Dr. Veronica Gillispie-Bell, who is a board-certified obstetrician & gynecologist and associate professor. The webinar presented attendees with meaningful tools to eliminate health inequities in their own work and organizations.

- “Disparities in Childhood Health” was presented by Andrea Singh, MD, and Jason Maxwell, MD, on July 28, 2021. This webinar looked at disparities in childhood health such as immunizations and well-child checks. Clinicians and public health entities have a role in finding solutions to improving these gaps in care. Doctors Maxwell and Singh shared what works for them with their patients and some of the strategies they have used to try to bridge this gap.

- “How Doulas Support a Health Pregnancy” was held for staff and providers on March 23, 2002, with Akhmiri Sekhr-Ra and Kaytee Crawford. This webinar included information about coula certification, the role of a doula in supporting birthing persons, doulas and perinatal care team, and health equity with doulas.

The collaborative had discussions with several groups who were interested in collaborating with us in various ways or invited us to join existing efforts. Some of these collaborations already included MCO participation but have strengthened over the course of the project thus far.

The collaborative has hosted the following guests to strengthen our PIP work:

Name	Organization
Debby Pruhomme	Everyday Miracles
Dr. Nora Hall, Karen Gray, and Dr. Diane Banigo	Integrated Care for High-Risk Pregnancies (ICHRP)
Chelsea Georgeson and Lucas Nesse	Minnesota Council of Health Plans (MCHP)
Mark Gottwald	Minnesota Association of County Health Plans (MACHP)
Dr. Katy Kozhimannel	University of Minnesota School of Public Health

Karen Fog	Minnesota Department of Health (MDH) Family Home Visiting
Dr. Nora Hall and Karen Gray	ICHRP
Dawn Reckinger	MDH Family Home Visiting

Integrated care for high-risk pregnancies (ICHRP) was created by the MN legislature in 2015 with the explicit purpose of improving birth outcomes in MN. The collaborative has had conversations with ICHRP leaders and individual members who welcomed our interest in joining their efforts to improve birth experiences for African American women. The collaborative and ICHRP have been meeting and sharing information since the initiation of the PIP. During the most recent conversation, the two groups have determined that the most logical area to work together on is that of early identification of pregnant people. Interventions are more effective when initiated earlier in a pregnancy but the people who need interventions most (such as those delaying prenatal care for any reason) are those that we find out are pregnant later in their pregnancy, or even not until they have given birth. At the time of this writing, ICHRP is in process of establishing 501c3 status as well as expanding their programs for urban Native American women. The collaborative will continue to have conversations with ICHRP about how we can support and amplify their work and next steps to collaborate on early identification of pregnant people.

Doulas are a covered service for Minnesota Medicaid members. The benefits of this support and outcomes measures are clear, yet utilization of this service is low. The collaborative has worked with the Birth Equity Community Council (BECC) and MDH to move toward expanding the MDH doula training registry, which is the list of acceptable doula training organizations for certifying doulas to bill Medicaid. The expansion will allow for more culturally specific doula training to meet the birth support needs of communities of color in Minnesota. The collaborative also worked with BECC with the support of Dr. Chomilo to remove the NPI billing requirement for doulas so that more organizations and individual doulas can be made available to the Medicaid population, but the change did not advance through the legislature before the end of the most recent session.

Everyday Miracles is an organization whose mission is to improve birth outcomes and reduce health disparities by providing evidence-based education, compassionate and culturally aware support, and a non-judgmental, caring community. Their services include birth education, lactation support, prenatal yoga, and birth doula support. The collaborative has worked in tandem with Everyday Miracles via BECC to improve doula access for Medicaid populations of color and increase access to culturally congruent doula support for all birthing people. The collaborative utilized Everyday Miracles to provide the presenters for our doula informational webinar.

MDH QUIT Program for Pregnant Women – the Collaborative has worked with MDH to distribute information to our provider networks on their clinician training for helping pregnant people quit using tobacco.

Minnesota Council of Health Plans (MCHP) has attended multiple collaborative PIP meetings to discuss ways to collaborate on maternal and child health equity initiatives. Recently, several members of the collaborative served on a subcommittee of the MCHP Health Equity Committee and was tasked with providing direction to the Equity Committee on health plan approaches to improving maternal and early childhood outcomes and decreasing disparities. The collaborative and MCHP are also working together on a social media strategy to increase child and teen checkups and child immunization rates.

Regional child and teen check-up (C&TC) groups — the state has a group made up of MCOs and county C&TC staff from that area. Collaborative members attend the Metro Action Group, which is comprised of the seven-county metro area C&TC workers. At the beginning of the PIP, the collaborative also surveyed C&TC workers in Greater Minnesota to assess what they perceived as the most significant barriers to well-child checks and prenatal/postpartum for the families they serve with transportation and childcare being the most prominent issues presented. Currently, the structure of C&TC outreach is in flux as some of the responsibility has shifted to participating Integrated Health Partnership (IHP) clinics. Some counties have lost staff due to the change and are restructuring their outreach, and IHPs are still establishing their outreach systems. The collaborative will work with all parties to facilitate C&TC outreach to our members.

Birth Equity Community Council (BECC) is a Ramsey County initiative to support birth equity for communities of color. The collaborative has worked with them to explore and problem-solve billing issues for community trained doulas. Please see the above section on doulas to learn more about what the collaborative has done and accomplished in this area.

<u>South Country interventions include:</u>

- A checklist to help navigate the path to a healthy start for mothers and baby.
- A list of the community care connectors in each South Country's counties along with their contact information.
- Pregnancy benefits 411 — provides a side-by-side view of the difference in pregnancy benefits between PMAP and MinnesotaCare.
- Pregnancy benefit training –South Country's Healthy Start for Mothers and Children internal meetings discussed and developed a training video that is available to our county partners to educate on the additional benefits available to pregnant moms when they are enrolled in PMAP at first notification of their pregnancy. Historically, we have seen members who are pregnant, who were enrolled in MinnesotaCare and did not transition to PMAP. The PMAP plan would provide them with the maximum benefits available to promote the healthiest pregnancy outcomes. The video was created in 2021, in collaboration with our county partners, to provide the product benefits available to pregnant members enrolled on PMAP, along with information on the pregnancy packet

to be given out to pregnant moms. The training was also sent to the South Country county financial worker supervisors and shared with county supervisors and the community care connectors. The pregnancy packets that are available to the county staff include:

    - A South Country pregnancy brochure that provides a summary of information and resources about the health care benefits available to pregnant women and crucial advice for a healthy pregnancy by addressing the importance of regular prenatal check ups.
    - A South Country Take Charge brochure that provides details about each of the Take Charge wellness programs available to help South Country members achieve their best personal health and wellness goals.
    - A South Country incentive voucher reward for members who keep the recommended number of prenatal appointments and one for those attending a postpartum appointment. See our website for more details: Wellness Programs – South Country Health Alliance (mnscha.org).

- Provider newsletter articles were published to educate and remind providers to complete a depression screening and inform providers of the number of times a depression screening can be completed before an authorization is required. We also educated providers on the "Best Practice Guidelines for Perinatal Depression Screening." Other articles in the newsletter included: Prenatal Genetic Screening, Hepatitis C and Clinical Practice Guidelines, as well as education about the PIP.
- South Country has a guide called Embracing Life, which is available online — Embracing Life Online – South Country Health Alliance (mnscha.org) or in printed booklet. This guide contains helpful tips and resources for new moms both during and after their pregnancy.
- A baby's 1st year calendar that can be given to moms on baby milestones, the C&TC visit schedule, and the childhood vaccination schedule.
- Monthly outreach to members identified as newly pregnant with materials about baby's health care, our Car Seat Program, Breast Pump Program, tobacco cessation, our Embracing Life booklet and other wellness program information.
- Referral lists of all newly identified pregnant members to county public health agencies to complete outreach for family home visiting programs and return communication back to South Country for high-risk case management services.
- We worked to expand and improve access to OBGYN and pediatricians through telehealth. We held a Facebook campaign to increase awareness about telehealth. We also created a web document and Facebook posts for education on what a postpartum telehealth appointment could look like.
- South Country collaborated with member counties to create Healthy Teeth, Healthy Baby kits and then distributed to all member counties requesting kits. These kits can be used by counties to distribute to families to support dental health. Additionally, we

encouraged members through our member newsletter to get in for preventive dental visit.
- An Educational mailing was sent to parents informing them of what to say and the benefits of scheduling and attending well-child visits.

South Country remains committed to advocating for pregnant members access to routine prenatal care and birthing facilities. We will continue to actively promote, educate, and assist all our pregnant members on the importance of prenatal care to support a healthy start for moms and babies.

Comprehensive Diabetes PIP 2021-2023

The comprehensive diabetes PIP planning began in 2020 with an implementation date of January 1, 2021. This PIP topic was chosen by DHS and is intended to promote an improvement in the diabetic health of our members on MSC+, SeniorCare Complete, SingleCare, SharedCare and AbilityCare with a focus on health disparities.

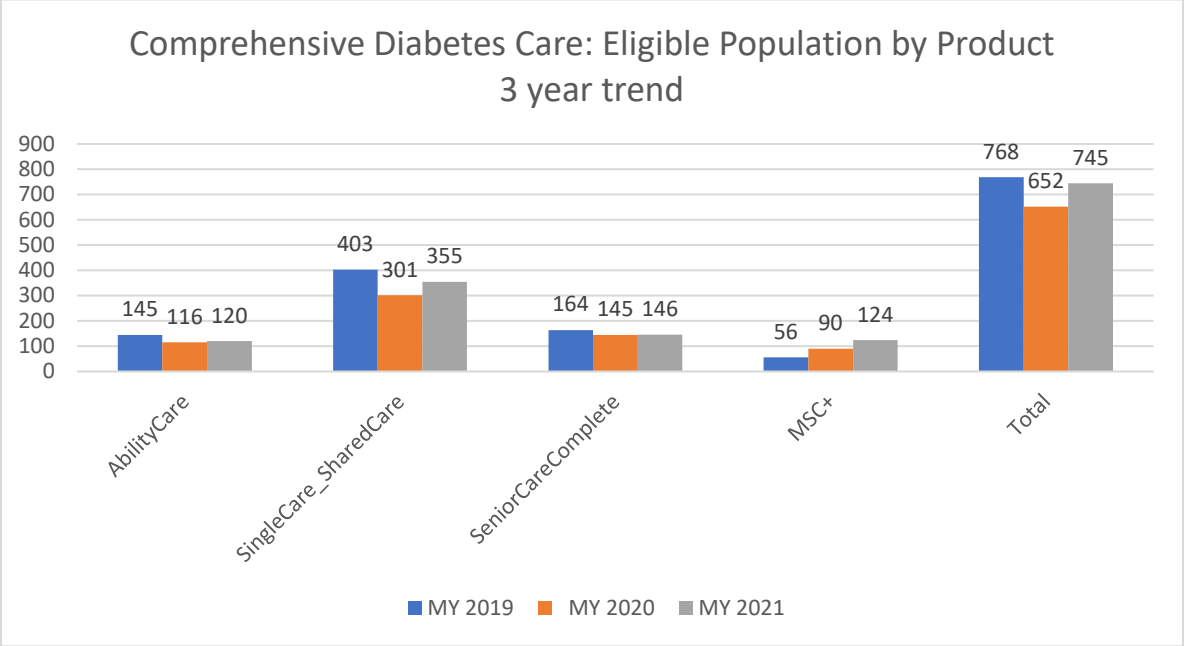
Our goal is to improve members' self-management of their diabetes for those living in rural communities and experiencing geographic health disparities. Success of the project will be achieved by having a decrease in the Hba1c poor control (>9%) rate of South Country members over the three-year lifespan of the project. We will evaluate using HEDIS data and producing yearly rates for SeniorCare Complete and SNBC members living in rural communities experiencing geographic health disparities.

South Country is also involved with a Managed Care Organization (MCO) Collaborative Workgroup, which supports joint collaborative interventions. Interventions may involve specific strategies including member and provider specific interventions, along with county and community collaboration.

The South Country Population

- SNBC - AbilityCare: Dual-eligible enrollees ages 18 to 64 who have both their Medicaid and Medicare benefits administered by South Country. Based on HEDIS MY 2019, the number of members with diabetes in the eligible population each year would be about 145.
- SNBC – SingleCare and SharedCare: Enrollees ages 18 to 64 who are not eligible for Medicare and have Medicaid benefits administered by South Country. Based on HEDIS MY 2019, the number of members with diabetes in the eligible population each year would be about 403.

- MSC+: Enrollees aged 65 and over who have Medicaid benefits administered by South Country and may have Medicare benefits administered by another health plan. Based on HEDIS MY 2019, the number of members with diabetes in the eligible population each year would be about 56.
- SeniorCare Complete: Dual-eligible enrollees ages 65 and older who have both their Medicaid and Medicare benefits administered by South Country. Based on HEDIS MY 2019, the number of members in eligible population each year would be about 164.



Measures

South Country will utilize the following HEDIS measure to gather, assess, and evaluate the success of this project. The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

Numerator — comprehensive diabetes care HbA1c poor control (>9.0%): HbA1c level performed during the measurement year is >9.0% or is missing or was not done during the measurement year (i.e., 2019, 2020). A lower rate indicates better performance for this indicator.

For SeniorCare Complete a decrease of an absolute 8.17% points (15.38%) will bring South Country just above the lowest health plan in Minnesota, which is according to the Minnesota Health Plan Report MY 2019 Comprehensive Diabetes Rate of 12.50%. South Country believes these are attainable goals and valid benchmarks for project success. Approximately 61

additional members will need to decrease their HbA1c > 9% in South Country's SeniorCare Complete population to achieve this decrease in percentage points.

For SNBC, a decrease of an absolute 5.85% points (31.56%) will bring South Country closer to the average of all health plans in Minnesota, according to the Minnesota Health Plan Report MY 2019 Comprehensive Diabetes Rate of 30.20% for SNBC. Approximately 33 additional members will need to decrease their HbA1c > 9% in South Country's SNBC population to achieve this decrease in percentage points.

These decreases are considered statistically significant decreases using P-value = .05 and 95% confidence interval. South Country believes these are attainable goals and valid benchmarks for project success. The sample size for the overall goal is calculated assuming a two-tailed test of significance between two proportions (P - Value = .05, 80 percent power, two-tailed test of significance). For South Country's population, this is a sample size of 411. However, South Country uses a sample size of 453, given that members can be excluded from the denominator of the HEDIS comprehensive diabetes care for various reasons.

The table below presents the HEDIS comprehensive diabetes care HbA1c >9 rates.

South Country Health Alliance HEDIS® Rates SeniorCare Complete	2017 (measure year)	2018 (measure year)	2019 (measure year)	2020 (measure year)	2021 (measure year)	Baseline 3-year trend
Comprehensive Diabetes Care-Poor Control (>9.0%) N	65	27	46	102	31	138
CDC) Comprehensive Diabetes Care-Poor Control (>9.0%) D	249	173	164	145	143	586
Comprehensive Diabetes Care-Poor Control (>9.0%) Hybrid	26.10%	15.61%	28.05%	70.34%	21.68%	23.54%

South Country Health Alliance HEDIS® Rates SNBC	2017 (measure year)	2018 (measure year)	2019 (measure year)	2020 (measure year)	2021 (measure year)	Baseline 3-year trend
Comprehensive Diabetes Care-Poor Control (>9.0%) N	182	182	226	305	142	590
Comprehensive Diabetes Care-	501	536	540	417	467	1577

Poor Control (>9.0%) D						
Comprehensive Diabetes Care-Poor Control (>9.0%) Hybrid	36.33%	33.96%	41.85%	73.14%	30.41%	37.41%

For MY 2020, it shows that the diabetes poor control rates have increased comparing MY 2020 to prior years. This is expected in lieu of utilization patterns due to the COVID-19 pandemic impacting utilization across many services and measured outcomes. Moreover, this rate represents members latest HbA1C result in measurement year or if no results have been identified through hybrid pursuit or administrative claims. The MY 2021 SeniorCare Complete rate is trending below the MY 2019 and the baseline rate and decreasing in a direction that is on target with reaching the goal rate of 15.38% for MY 2023. The MY 2021 SNBC rate was trending below the MY 2019 and baseline rate. Also, the MY 2021 rate of 30.41% is below the goal rate of 31.56% for MY 2023.

Collaborative interventions include:

The MCO Collaborative created an education series for care coordinators designed to better equip them with the knowledge and skills to best help members with managing their diabetes. Care coordinators/case managers have an essential role in educating, supporting, and assisting members in setting and achieving health goals to improve their diabetes care and play a key role in closing the gaps in health care disparities within our populations. While some care coordinators/case managers are nurses, many are social workers who benefit from additional information on the role they can play to support their members with diabetes. With that in mind, the trainings developed included information for those with a range of experience and skillsets to supplement their current expected knowledge base. For example, a social worker is not typically knowledgeable about medical issues, so a diabetes basics course was found to be beneficial in enhancing their knowledge of working with their members with diabetes. The high enrollment, attendance and positive evaluations of these webinars reinforced the value of this type of information for our care coordinators. All these webinars are recorded and posted on the project page of the Stratis Health website for viewing anytime.

- A webinar on Tuesday, October 26, 2021, was held "The Challenges of Achieving Optimal Diabetes Results: Barriers, Disparities, and Strategies for Care Coordination Success." The goal of the presentation series was to provide care coordinators, case managers and other professionals working with Minnesota Senior Health Options (MSHO) and Special Needs Basic Care (SNBC) members information to understand the impact of diabetes better and enhance their skillsets when working with members with

diabetes.

- A webinar on Tuesday, August 17, 2021, was held – “Meeting the Challenges of Diabetes: Updates with the Pharmacists.” This training is the second in a series to help care coordinators/case managers better understand diabetes, its impact on people living with diabetes, and how to best support members to best manage their condition. This training aimed to ensure that care professionals working with MSHO and SNBC members have a good understanding of the work of pharmacists in relation to diabetes care, its impact, and to begin to enhance their skill set for working with members with diabetes.

- A webinar on Tuesday, March 2, 2021, was held – “Meeting the Challenges of Diabetes: Core Basics.” This training is the first of a series of activities during this project that will help care coordinators/case managers better understand diabetes, its impact on people living with diabetes, and how to best support members to best manage their condition. This training will give care coordinators, case managers, and other professionals working with MSHO and SNBC members to understand the impact of diabetes and enhance their skill set when working with members with diabetes.

- An “Implicit Bias & the Pursuit of Health Equity” training was held for staff and providers on August 8, 2022, with Dr. Talee Vang. This webinar looked at the process by which implicit bias is formed and how bias impacts health disparities.

- A “Transforming Food Shelves to Meet Clients Needs with Super Shelf” training was held for staff and providers on September 20, 2022. This webinar discussed how food shelves and other hunger resources are important for supporting healthy eating for food insecure people who live with diabetes. It also expands the understanding of the food needs, preferences and health concerns of people who are food insecure in Minnesota.
- A “Food is Medicine – Integrating Effective Nutrition Interventions into the Healthcare System: A Concept Whose Time Has Come” training was held for staff and providers on June 28, 2022, with Dr. Dariush Mozaffarian. This webinar focused on food insecurity as a social determinant of health and contributor to chronic disease prevention and management. It also provided information about how health care clinicians and systems are finding new clinical and community interventions to improve patients’ access to quality nutrition and education.

- A “Meeting the Challenges of Diabetes: Consequences of Disease Progression” training was held for staff and providers on May 11, 2022. This training provided care coordinators, case managers and other professionals working with Minnesota Senior Health Options (MSHO) and Special Needs Basic Care (SNBC) members information to

understand the impact of diabetes better and enhance their skillsets when working with members with diabetes.

For clinicians, care coordinators and other staff who support our members, it can be difficult to track the resources available to each individual they care for, especially when they may work with people across multiple MCOs. In 2021, the MCOs launched a standardized supplemental benefits resource. This resource serves as an information hub to find relevant resources and supplemental benefits that enhance and support the care of our members.

This tool has received positive feedback from care coordinators, as it creates symmetry when working with multiple plans. The collaborative is focused on ensuring continual attention to opportunities to include resources that promote health care equity and culturally tailored resources. The standardized template also follows the order of the new MnCHOICES questionnaire to incorporate smoothly in the care coordinators' standard workflow. Some of the resources that are included on the benefits grid include:

- Supplemental benefits for each plan relevant to diabetes care, such as fitness/wellness classes, technology available, a healthy diet or cooking classes and weight management.
- Access to care coordination or disease management resources for each plan.
- How to access resources to address the social determinants of health.
- Transportation services available.
- Incentives for diabetes care.

This information template is posted on each individual MCO's care coordination resource hub, which is the main location where care coordinators access tools and resources while working with members. The resource was publicized across each organization through trainings and newsletters. South Country shared this resource with many community partners and member counties. While the partnering organization may vary by MCO, we have worked collaboratively to promote the availability of these resources for our members.

South Country interventions include:

- Education to members on the South Country diabetes benefits available to them and other outreach on managing diabetes.
- Our Be Active program benefit includes all seniors (SeniorCare Complete and MSC+) and SNBC (AbilityCare, SingleCare and SharedCare) members. This benefit gives members the opportunity to receive up to a $20 reimbursement a month toward a health club membership. See our website for more details: Wellness Programs – South Country Health Alliance (mnscha.org).
- We created a diabetes brochure to provide information to members on South Country specific resources available to members. Brochures were distributed to member counties per their request for use with members.

- We provided education on the use of statins and encouragement for members to discuss this with their health care provider.
- We expanded and improved access to preventive services, home and community-based services, social supports, and care management through telehealth.
- We created and provided diabetes tools and resources and researched new options available to members in their home such as: web applications, texting, and videoconferencing services.
- We collaborated with Sibley County Latinx members on MSC+ or MSHO with a diagnosis of diabetes.
- We collaborated with Hy-Vee to promote virtual grocery stores for members with diabetes in English and Spanish.
- We utilized social media to create awareness throughout the year and during National Diabetes Month in November
- We started developing a food diary for diabetics for our members.
- We partnered with Sterling Pharmacies partnered to develop the A1C At Home Testing Program as a supplemental benefit for AbilityCare and SeniorCare Complete members. The program includes an in-home kit with four strips for quarterly testing (prescribed by a physician). It is designed to provide members with the ability to test and monitor their A1C levels at home as well as receive education and follow-up from a pharmacist regarding their results.

The initiatives implemented within the scope of this project are intended to improve seniors and SNBC enrollee members self-management of their diabetes. Additionally, this project will reduce the disparities by addressing factors such as nutrition and physical activity. South County will evaluate the collaborative interventions and our plan-specific interventions to determine how to sustain these in the years to come.

Chronic Care Improvement Project (CCIP): Colon Cancer and Breast Cancer Screenings

This CCIP was implemented on January 1, 2022, and will continue through December 31, 2024, with the goal to increase the percentage of South Country SeniorCare Complete and AbilityCare members who are up to date on their colorectal and breast cancer screenings.

Colon Cancer Screening

We have 61.54% (216/351) of SeniorCare Complete members and 70.92% (178/251) of AbilityCare members who are up to date with a colon cancer screening in MY 2020 HEDIS.

In MY 2022, the eligible population for colon cancer screenings for AbilityCare is 322 members and SeniorCare Complete is 421 members.

There are projected to be 147,950 individuals newly diagnosed with CRC in the United States in 2020, including 104,610 cases of colon cancer and 43,340 cases of rectal cancer. Although the majority of these occur in individuals aged 50 years and older, 17,930 new cases of CRC (12%) will be diagnosed in individuals aged younger than 50 years. In addition, there will be an estimated 53,200 CRC deaths in 2020, including 3640 decedents (7%) aged younger than 50 years.[1]

Beginning at age 50, both men and women at average risk for developing CRC should have a colonoscopy every 10 years. The risk of developing CRC increases with age, with more than 90 percent of cases occurring in persons aged 50 or older.[2]

South Country Health Alliance has a goal to increase the SeniorCare Complete COL HEDIS rate by 6.77% during the three-year measurement period. The three-year (MY 2018-2020) average HEDIS rate for Senior Care Complete is 61.72%.

Additionally, South Country Health Alliance has a goal to increase the AbilityCare COL HEDIS rate by 7.69% percent during the three-year measurement period. The three-year (MY 2018-2020) average HEDIS rate for AbilityCare is 69.60%.

South Country Members – Colon Cancer Screening (COL)				
Product	**MY 2019**	**MY 2020**	**MY 2021**	**Baseline3 year rate (MY 2018-MY2020)**
AbilityCare	**73.68% (210/285)**	**70.92% (178/251)**	**74.33% (194/261)**	**69.60%**
SeniorCare Complete	**67.69% (264/390)**	**61.54% (216/351)**	**65.96% (248/376)**	**61.72%**

The HEDIS MY 2021 COL rate for SeniorCare Complete is 65.96% and is trending above the MY2020 rate, but the MY 2021 rate is lower compared to MY 2019. The AbilityCare MY 2021 rate is 74.33% and is now trending above the baseline rate, MY 2019 and MY 2020 rate. It appears that both the AbilityCare and SeniorCare Complete rates will rebound fully from impact on services and rates from pandemic to attain goal rate by MY 2024.

Breast Cancer Screening

[1] Colorectal cancer statistics, 2020 - Siegel - 2020 - CA: A Cancer Journal for Clinicians - Wiley Online Library

[2] ASGE | Colorectal Cancer Screening

We have 76.26% (106/139) Ability Care members and 59.81% (128/214) Senior Care Complete members who are up to date with a breast cancer screening in MY 2020 HEDIS.

In MY 2022, the eligible population for breast cancer screenings for AbilityCare is 144 members and SeniorCare Complete is 224 members.

Aside from some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity. Screening can improve outcomes: Early detection reduces the risk of dying from breast cancer and can lead to a greater range of treatment options and lower health care costs.[3]

Being a woman and getting older are the main risk factors for breast cancer.[4] All women need to be informed by their health care provider about the best screening options for them. When members are told about the benefits and risks of screening, they can decide with their health care provider whether screening is right for them and if so, when to have it.[5]

All South Country SeniorCare Complete and AbilityCare members ages 18+ live within our rural eight-county service area. The rural nature of our service area poses different environmental and life challenges, such as affordable and adequate housing, access to healthy food, lack of workforce to serve our population, lack of public transportation and shortages of and distance to see health care professionals and access to hi-tech medical equipment coupled with high need.

South Country Health Alliance has a goal to increase the AbilityCare breast cancer screening HEDIS rate by 9.21% during the three-year measurement period. The three-year (MY 2018-2020) average HEDIS rate for Ability is 76.97%.

Additionally, South Country Health Alliance has a goal to increase the SeniorCare Complete HEDIS rate by 8.41% during the three-year measurement period. The three-year (MY 2018-2020) average HEDIS rate for SeniorCare Complete is 68.14%.

[3] Breast Cancer Screening - NCQA
[4] What Are the Risk Factors for Breast Cancer? | CDC
[5] What Is Breast Cancer Screening? | CDC
[8] Cancer Screening Guidelines by Age | American Cancer Society

South Country Members – Breast Cancer Screening (BCS)				
Product	**MY 2019**	**MY 2020**	**MY 2021**	**Baseline3 year rate (MY 2018-MY2020)**
AbilityCare	**75.32% (119/158)**	**76.26% (106/139)**	**74.29% (104/140)**	**76.97%**
SeniorCare Complete	**71.86% (166/231)**	**59.81% (128/214)**	**62.15% (133/214)**	**68.14%**

The HEDIS MY 2021 breast cancer screening rate for SeniorCare Complete is 62.15%. It appears that the rate is slowly starting to rebound from pandemic, but the MY 2021 rate is still lower compared to MY 2019. The HEDIS MY 2021 breast cancer screening rate for AbilityCare is 74.29% and has been maintaining stability for the past three years. This is noteworthy given the small denominators for AbilityCare and impact to rates from COVID 19.

Interventions for the CCIP

In 2022, education was given to care coordinators on the CCIP and the different types of screenings, and training was done about the importance of screening at the annual care coordination training and throughout the year.

Additionally, in 2022 South Country reached out to members directly to provide education and information through a bi-annual mailing to members eligible for the CCIP who have not had a colon cancer screening or breast cancer screening within the recommended timeframe. The mailing focused on the importance of breast cancer screening and colon cancer screening and the different types of screenings: the fecal occult blood test, flexible sigmoidoscopy, colonoscopy, CT colonography, and the FIT-DNA test. There were approximately 3,200 members who were mailed this information during the first half of 2022 and in the second half of 2022.

South Country has been collaborating with the American Cancer Society (ACS) to co-sponsor education, materials, and outreach to members to further the outreach and to impress upon members the importance of screenings. In 2022, South Country did various social media and Facebook posts to create awareness and educate members and other stakeholders about colorectal cancer and breast cancer screenings. We also participated in Colorectal Cancer Awareness Month in March and Breast Cancer Awareness Month in October. We collaborated with the ACS and other organizations to create more awareness around these screenings during these specific months and throughout the year conducted outreach to members. Information was also included in the South Country member newsletter about the importance of preventive care visits and consulting with providers on recommended medical tests and screenings.

We also included an article in our provider newsletter informing providers about the South Country chronic care improvement project related to colorectal cancer screenings and breast cancer screenings with a focus on AbilityCare and SeniorCare Complete members. In addition, we sent an update to providers via newsletter on the clinical practice guidelines, which can be referenced in detail on website through Provider Manual – South Country Health Alliance (mnscha.org). These guidelines include a focus on adult prevention and screenings and specific references for conditions such as diabetes.

Furthermore, our member newsletter contained information about new health promotions in 2022, which included a colorectal cancer screening promotion. Members on AbilityCare and SeniorCare Complete can get a $25 gift card when they complete a colorectal cancer screening through a fecal occult blood test, flexible sigmoidoscopy, colonoscopy, CT colonography, and/or a FIT-DNA test and return the completed voucher signed by a provider. Also, a breast cancer screening promotion is offered. Members age 50+, or as recommended by a provider, who complete an annual mammogram and return the completed voucher signed by a provider can get a $25 gift card. Both health promotions will be continued in 2023 and the eligible age range for members has been expanded for the colorectal cancer screening to 45-75 years of age or as recommended by a provider. Five AbilityCare and 11 SeniorCare Complete members received a health promotion incentive for completing a colorectal cancer screening for dates of service in 2022. Twenty-eight AbilityCare and 38 SeniorCare Complete members received a health promotion incentive for completing a breast cancer screening (mammogram) for dates of service in 2022.

In 2022, a provider survey was sent to a randomly selected group of providers. The intent was to better understand providers' understanding of the possible barriers for patients to complete colorectal cancer screenings to better inform South Country to assist and support providers through education to members to improve the rate of patients getting colorectal cancer screenings.

The barriers reported by providers for reasons they believed that patients do not get colorectal cancer screenings included:

- Transportation;
- The distance to location;
- Language barriers;
- Office hours;
- Patient anxiety/hesitancy;
- COVID-19;
- Insurance/paperwork;
- Cost; and
- Appointment availability.

South Country will use the survey feedback to update outreach to support increasing members going in for health screenings as recommended by their physicians/providers through direct member outreach and collaboration with providers.

Analysis

Overall, the interventions have supported the rates from decreasing dramatically lower during the pandemic. Increased efforts will continue to encourage members and providers to continue screening with an emphasis on various screening options and the importance of keeping up with recommended screenings. Measurement Year 2022 HEDIS rates will be reviewed once final in 2023.

In HEDIS measurement 2022 specifications had an update to the colorectal screening (COL) age range for the eligible population. The change expanded the eligible population age range from 50-75 to age 45-75. This may impact results and comparing year-to-year goals as this is a significant change in specifications age range. South Country has shifted to targeting this expanded age range and American Cancer Society recommends people at “average risk” should start colon cancer testing at age 45[8.]

Next Steps

Going into 2023, we plan to increase the collaboration with the ACS for all screenings and expand the different kinds of posts and documents we have been using to create more awareness and education around the importance of cancer screenings. Also, there is a focus on returning to “normal” so that members are going to see their provider for preventative visits and screenings as recommended by their provider.

South Country will conduct and monitor our PIPs and CCIPs regularly through internal meetings and with other stakeholders to determine the appropriateness of current interventions and to generate ideas for new or improved initiatives. We will implement a new CCIP in 2024 and two PIPs in 2024. We will continue to participate in the PIP MCO collaborative initiatives that coordinate topics and designs between MCOs.

Focused Studies

Description

Following Minnesota state statute requirements, each year South Country Health Alliance (South Country) conducts focused studies to acquire information relevant to quality of care and services provided to our members. Topics selected for these studies are based on areas of high volume of membership where problems are expected, or may have occurred in the past, where issues can be corrected, prevention may have an impact, areas that have potential adverse health outcomes, or topics of frequent member or provider complaints. The goal is to achieve improvement with the issues identified and implement systemic changes to ensure continued success.

Process and Analysis

As part of the ongoing Quality Program evaluation processes described throughout this report, South Country reviews health care service utilization data, network Geo Access maps, member survey results, care coordination activities, grievances and appeals cases, and quality metrics, such as the Healthcare Effectiveness and Information Set (HEDIS) and Minnesota Community Measurement data, to identify existing or potential gaps in quality of and access to care. Based on feedback from county partners, including the Public Health & Human Service Advisory Committee and other stakeholders, under the guidance of the Quality Assurance Committee (QAC), targeted interventions and improvement activities are developed with the goal of improving outcomes in the areas identified.

The following three initiatives were selected as specific focused studies for 2022:

1. This focused study is directed at the opportunity to improve routine prevention screening for cervical cancer and early detection of cervical cancer.
2. This focused study is directed at the opportunity for improvement and an area with potential for improvement in care as it relates to chlamydia screenings.
3. This focused study is intended to promote a “Healthy Start” for the health of our mothers and children ages (0-15 months) on our PMAP and Minnesota Care programs experiencing the effects of geographic disparities due to living in rural communities.

<u>Focused Study #1: Increasing the overall percentage of PMAP, MinnesotaCare, SingleCare, Shared Care, and AbilityCare members ages 21-64 who receive a cervical cancer screening.</u>

The primary goal of this focused study is to increase the overall percentage of PMAP, MinnesotaCare, SingleCare, Shared Care, and AbilityCare members ages 21-64 who receive a cervical cancer screening. This focused study was implemented on January 1, 2022, and will

end December 31, 2024. The HEDIS cervical cancer screening rate includes only women ages 24-64.

The HEDIS Measurement Year (MY) 2020 Cervical Cancer Screening measure was used as the baseline rate to determine the expected outcome performance measurement rate. The rate will be calculated for each measurement year and the methodology will be applied over the course of the three measurement years following HEDIS technical specifications.

HEDIS Reporting Year	HEDIS Measurement Period	Intervention Year
2020	2020-2021	Baseline
2021	2021-2022	Pre-implementation Year 1
2022	2022-2023	Year 2
2023	2023-2024	Year 3

The three-year (MY 2018-2020) average HEDIS rate for PMAP is 54.99%. South Country's goal is to increase the PMAP HEDIS rate to 61.80% over the three-year project, which is a 6.81% increase. In MY2021, the PMAP HEDIS rate was 55.23%.

The three-year (MY 2018-2020) average HEDIS rate for MNCare is 52.55%. South Country's goal is to increase the MNCare HEDIS rate to 59.37% over the three-year project, which is a 6.82% increase. In MY2021, the MNCare HEDIS rate was 54.01%.

The three-year (MY 2018-2020) average HEDIS rate for SingleCare/SharedCare is 48.66%. South Country's goal is to increase the SingleCare/SharedCare HEDIS rate to 55.72% over the three-year project, which is a 7.06% increase. In MY2021, the SingleCare/SharedCare HEDIS rate was 46.72%.

The three-year (MY 2018-2020) average HEDIS rate for AbilityCare is 61.22%. South Country's goal is to increase the AbilityCare HEDIS rate to 69.80%, which is an 8.58% increase. In MY2021, the AbilityCare HEDIS rate was 66.06%.

In MY2021, AbilityCare was the only product that had an increase to the Cervical Cancer Screening (CCS) rate compared to the three-year average rate. If MY2022 rates show a similar trend, South Country will compare the AbilityCare population with the other populations to identify characteristics and/or access/barrier issues that may prevent members in other products from finding cervical cancer screening services.

Cervical Cancer Screening						
Product	MY 2018-MY 2020 Average	HEDIS MY 2020	HEDIS MY 2021	Year 1 HEDIS MY 2022	Year 2 HEDIS MY 2023	Year 3 HEDIS MY 2024
PMAP	54.99%	54.01%	55.23%	TBD	TBD	TBD
MNCare	52.55%	54.99%	54.01%	TBD	TBD	TBD
AbilityCare	61.22%	64.09%	66.06%	TBD	TBD	TBD
SingleCare/ SharedCare	48.66%	48.66%	46.72%	TBD	TBD	TBD

Besides confusion about whether and when to screen, other factors prevent women from being tested, such as lack of a regular health care provider and lack of transportation. South Country data shows a significant opportunity to outreach to our eligible members to educate them on the reasons to have a cervical cancer screening, the types of cervical cancer screenings and the South Country coverage for these screenings. We also have an opportunity to increase our outreach to our providers in educating them on the importance of recommended guidelines for regular cervical cancer screenings.

South Country can enhance our current prevention processes by continuing to promote the HPV vaccination and adding promotion and education on all recommended screening methods.

- Pap smear tests should begin at age 21.
- The HPV vaccination is recommended for preteens aged 11 to 12 years but can be given starting at age 9.
- The HPV vaccine also is recommended for everyone through age 26 years if they are not vaccinated already.[1]
- Have an HPV test if age 30 or older or if a pap test was abnormal showing atypical squamous cells of undetermined significance.[2]

[1] What Can I Do to Reduce My Risk of Cervical Cancer? | CDC
[2] HPV test - Mayo Clinic
[6] The HPV Test (cancer.org)

Focused Study #2: Increasing the overall percentage of MinnesotaCare, PMAP, SingleCare and Shared Care members ages 16-24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

The primary goal of this focused study is to increase the overall percentage of MinnesotaCare, PMAP, SingleCare and Shared Care members ages 16-24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. This focused study was implemented on January 1, 2022, and will end December 31, 2024. The HEDIS chlamydia cancer screening rate includes members ages 16-24.

The HEDIS MY 2020 Chlamydia Screening rate will be used as the baseline rate to determine the expected outcome performance measurement rate. The rate will be calculated for each measurement year and the methodology will be applied over the course of the three measurement years following HEDIS technical specifications.

HEDIS Reporting Year	HEDIS Measurement Period	Intervention Year
2020	2020-2021	Baseline
2021	2021-2022	Pre-implementation Year 1
2022	2022-2023	Year 2
2023	2023-2024	Year 3

The three-year average (MY 2018 to MY 2020) of PMAP, MNCare,SingleCare, and SharedCare products will be used to determine the goal rate for the project. South Country has a goal to increase the PMAP, MNCare,SingleCare, and SharedCare HEDIS rate by 4.35%(45.80%) during the three-year measurement period.

PMAP

The three-year (MY 2018-2020) average HEDIS rate for PMAP is 41.85%. In MY2021, the PMAP HEDIS rate was 39.28%.

MNCare

The three-year (MY 2018-2020) average HEDIS rate for MNCare is 41.03%. In MY2021, the MNCare HEDIS rate was 46.67%, a statistically significant increase from the MY2020 rate.

SingleCare/SharedCare

The three-year (MY 2018-2020) average HEDIS rate for SingleCare/SharedCare is 56.00%. In MY2021, the SingleCare/SharedCare HEDIS rate was 30.43%, also a statistically significant increase from the MY2020 rate.

It is expected that the rates for chlamydia screening will continue to increase slightly from MY2020, when the COVID-19 pandemic hit the hardest. The PMAP population should be monitored, as they experienced the lowest rate increase from MY2020, compared to MNCare and SingleCare/SharedCare. The PMAP population may face barriers that the other populations do not such as access to transportation, childcare, and time off from work.

Chlamydia Screening						
Product	MY 2018-MY 2020 Average	HEDIS MY 2020	HEDIS MY 2021	Year 1 HEDIS MY 2022	Year 2 HEDIS MY 2023	Year 3 HEDIS MY 2024
PMAP	41.85%	38.54%	39.28%	TBD	TBD	TBD
MN Care	41.03%	34.00%	46.67%	TBD	TBD	TBD
SingleCare/Shared Care	56.00%	19.23%	30.43%	TBD	TBD	TBD
PMAP/MNCare/SingleCare /SharedCare	41.45%	37.71%	39.50%	TBD	TBD	TBD

South Country believes there is an opportunity for outreach to all members in the 16-24 age range to enhance prevention by providing education and information that promotes and encourages testing per the recommendations.

South Country can enhance our current prevention processes by continuing to promote chlamydia screening and adding education on:

- What is chlamydia — educate about sexually transmitted diseases;
- Signs, symptoms, and treatment;
- Risks of the infection;
- Testing/screening for ages 16–24;

- How to prevent the infection — safe sex and abstinence;
- How to cure the infection — medication;
- Awareness of informing partner(s); and
- Routine annual physical.

Focused Study #3: Increasing the percentage of members who receive prenatal care in their first trimester and postpartum care and increasing the percentage of members ages 0-15 months with six or more well-child visits.

The primary goals of this focused study are to decrease the health disparity gap in the HEDIS measures Timeliness of Prenatal Care, Postpartum Care, and Well-Child Visits in the First 15 Months from MY 2021 through MY 2023. We will evaluate using HEDIS and producing annual rates for PMAP and MinnesotaCare members living in rural communities experiencing geographic health disparities in Minnesota such as geographic isolation and limited access to healthcare specialists and subspecialists.

One in five Americans lives in a rural area, including about 18 million women of reproductive age, but key indicators, including mortality figures, show that the health of mothers and children in these communities' lags behind that of their urban peers and is worsening. Many challenges contribute to disparities in health outcomes in rural areas, including closures of maternity units and hospitals and a growing shortage of primary care physicians, especially in the most remote places.[3]

Health disparities are driven by many factors including known social determinants of health. Each of these factors may impact various groups in ways that are unique, but also in ways that have overlapping similarities. South Country membership is rural and is, therefore, uniquely positioned to focus much of its work on rural geographic disparities. However, many drivers of health disparity cut across many groups whether these groups are defined by geographic location, ethnicity, race, socioeconomic status, or other characteristics. Interventions will have impact on various overlapping groups, and some will be more amenable to measurement than others, but always with a goal of addressing the needs of all affected by health disparities.

[3] https://www.pewtrusts.org/en/research-and-analysis/articles/2020/02/25/child-and-maternal-health-in-rural-areas-lags-the-nation-highlighting-barriers-to-access

Based on enrollment data the following information was found for our pregnant mothers on MinnesotaCare and PMAP in 2019.

- Seventy-seven members identified themselves as Black or African American, Asian, Pacific Islander/Native American, American Indian/Alaskan.

- Sixity-one members identified themselves as white and Hispanic or Latino.

- Six hundred and sixty-four members either identified themselves as white, unable to determine, not entered, or Not Hispanic or Latino.

Success of the prenatal goal will be achieved by seeing improvement in the rate of South Country members who receive a prenatal care visit in the first trimester, on or before their South Country enrollment start date or within 42 days of South Country enrollment, by an absolute 5.15 percentage points above baseline over the three-year lifespan of the project. The goal will be obtaining a rate of 85.48%. This goal will be to use administrative and medical record review data gathered for the HEDIS Prenatal Hybrid Measure.

HEDIS Prenatal Measurement Periods

HEDIS Reporting Year	HEDIS Measurement Period	PIP Intervention Year
2018 - 2020	Deliveries: October 8, 2016 – October 8, 2019	Baseline (average of the 3 years)
2021	Deliveries: October 8, 2019 – October 8, 2020	Pre-implementation
2022	Deliveries: October 8, 2020 – October 8, 2021	Partial year after implementation (January 1, 2020 – October 8, 2021 deliveries)
2023	Deliveries: October 8, 2021 – October 8, 2022	Year 1
2024	Deliveries: October 8, 2022 – October 8, 2023	Year 2

HEDIS Reporting Year	HEDIS Measurement Period	PIP Intervention Year
2025	Deliveries: October 8, 2023 – October 8, 2024	Year 3

Success of the postpartum goal will be achieved by seeing improvement in the rate of South Country members who receive a postpartum care visit on or between seven and 84 days after delivery, by an absolute 5.78 percentage points above baseline over the three-year lifespan of the project. The goal will be obtaining a rate of 81.43%. This goal will be to use administrative and medical record review data gathered for the HEDIS Postpartum Hybrid Measure.

HEDIS Postpartum Measurement Period

HEDIS Reporting Year	HEDIS Measurement Period	PIP Intervention Year
2018 - 2020	Deliveries: October 8, 2016 – October 8, 2019	Baseline (average of the 3 years)
2021	Deliveries: October 8, 2019 – October 8, 2020	Pre-implementation
2022	Deliveries: October 8, 2020 – October 8, 2021	Partial year after implementation (January 1, 2020 – October 8, 2021 deliveries)
2023	Deliveries: October 8, 2021 – October 8, 2022	Year 1
2024	Deliveries: October 8, 2022 – October 8, 2023	Year 2
2025	Deliveries: October 8, 2023 – October 8, 2024	Year 3

Success of the well-child visit's goal will be achieved by seeing improvement in the rate of South Country members who have six or more well-child visits with a PCP during their first 15 months of life, by an absolute 7.04 percentage points above baseline over the three-year lifespan of the

project. The goal will be obtaining a rate of 56.53%. This goal will be to use administrative data gathered for the HEDIS Well Child Measure.

HEDIS Well Child Measurement Periods

HEDIS Reporting Year	HEDIS Measurement Period	PIP Intervention Year
2018 - 2020	Members turning 15 months: 2017 – 2019. Well child visits: October 2016 – December 2019	Baseline (average of the 3 years)
2021	Members turning 15 months in 2020. Well child visits: October 2018 – December 2020	Pre-implementation
2022	Members turning 15 months in 2021. Well child visits: October 2019 – December 2021	Partial year after implementation
2023	Members turning 15 months in 2022. Well child visits: October 2020 – December 2022	Year 1
2024	Members turning 15 months in 2023. Well child visits: October 2021 – December 2023	Year 2
2025	Members turning 15 months in 2022. Well child visits: October 2022 – December 2024	Year 3

The table below presents the measurement periods for the HEDIS Prenatal measure. It is important to note that HEDIS rates will not reflect a full year of this PIP's interventions until MY 2022. Thus, a complete picture of the impact of the PIP's interventions will not be available until June 2023.

HEDIS Prenatal Baseline

South Country Health Alliance HEDIS Rates	2017 (measure year) PMAP/ MinnesotaCare	2018 (measure year) PMAP/ MinnesotaCare	2019 (measure year) PMAP/ MinnesotaCare Final	Baseline3-year trend	2020 (measure year) PMAP/ MinnesotaCare Final	2021 (measure year) PMAP/ MinnesotaCare Final

(PPC)Prenatal Care N	331	352	329	1012	326	317
(PPC)Prenatal Care D	423	418	420	1261	416	417
(PPC)Prenatal Care Rate Hybrid	78.25%	84.21%	78.33%	80.25 %	78.37%	75.84%

HEDIS Postpartum Baseline

South Country Health Alliance HEDIS Rates	2017 (measure year) PMAP/ MinnesotaCare	2018 (measure year) PMAP/ MinnesotaCare	2019 (measure year) PMAP/ MinnesotaCare	Base line 3-year trend	2020 (measure year) PMAP/ MinnesotaCare	2021 (measure year) PMAP/ MinnesotaCare
(PPC)Postpartum Care N	304	307	343	954	335	345
(PPC)Postpartum Care D	423	418	420	1261	416	418
(PPC)Postpartum Care Rate Hybrid	71.87%	73.44%	81.67%	75.66 %	80.53%	82.54%

HEDIS Well Child Baseline

South Country Health Alliance HEDIS Rates	2017 (measure year) PMAP/Minnesota Care	2018 (measure year) PMAP/ MinnesotaCare	2019 (measure year) PMAP/ MinnesotaCare	Baseline 3-year trend	2020 (measure year) PMAP/ MinnesotaCare	2021 (measure year) PMAP/ MinnesotaCare
(W30) Well-child Visits in the first 15 months of life (6) N	159	261	214	634	NA	NA
(W30) Well-child Visits in the first 15 months of life (6) D	254	385	413	1052	NA	NA
(W30) Well-child Visits in the first 15 months of life (6) Rate Hybrid	62.60%	67.79%	51.82%	60.27%	NA	NA
(W30) Well-child Visits in the first 15 months of life (6) N	123	209	261	593	122	155
(W30) Well-child Visits in the first 15 months of life (6) D	254	385	555	1194	318	391
(W30) Well-child Visits in the first 15 months of life (6) Rate Admin	48.43%	54.29%	47.03%	49.67%	38.36%	39.64%

Below is summary of South Country interventions:

- South Country continues to offer a separate incentive voucher reward for members who keep the recommended number of prenatal appointments and one for those attending a postpartum appointment. See website for more details: Wellness Programs – South Country Health Alliance (mnscha.org).

- Provider newsletter articles are published to educate and remind providers to complete a depression screening and inform providers of the number of times a depression screening can be completed before an authorization is required. Also, educated providers on "Best Practice Guidelines for Perinatal Depression Screening," prenatal genetic screening, and information on Hepatitis C.

- South Country provided training to the county financial workers on the benefits to getting pregnant members switched from MinnesotaCare to PMAP for the additional benefits.

- Referral lists are sent monthly to all newly identified pregnant members to county public health agencies to complete outreach for family home visiting programs and return communication back to South Country for high-risk case management services.

- Monthly pregnancy packets are also sent to newly identified pregnant members with a variety of materials to support Healthy Start for mothers and children:

    - Your pregnancy starts here;
    - Embracing Life booklet;
    - Car seat program;
    - Breast pump program;
    - EX Program (Tobacco Cessation);
    - Prenatal voucher;
    - Postpartum voucher;
    - 0–15-month voucher;
    - 15–30-month voucher;
    - Age 2 childhood immunization voucher;
    - TakeCharge brochure;
    - Oral health and pregnancy;
    - Healthy teeth healthy baby information; and
    - Pregnancy and smoking.

- Outreach to members ages 2-4 years old who have not received a well child exam in the last year reminding them of the importance of this annual exam.

- Worked to expand and improve access to OBGYN and pediatricians through telehealth. We conducted a Facebook campaign in March of 2021 to increase awareness about

telehealth. Also, in 2021 we created a web document and Facebook posts in Q3 of 2021 for education on what a postpartum telehealth appointment could look like.

- South Country collaborated with member counties to create healthy teeth healthy baby kits and then distributed to all member counties requesting kits. These kits can be used by counties to distribute to families to support dental health. Additionally, we encouraged members through member newsletter to get in for preventive dental visit.

- South Country has a guide called Embracing Life, which is available online Embracing Life Online – South Country Health Alliance (mnscha.org) or in printed booklet. This guide contains a baby's 1st year calendar, helpful tips, and resources for new moms both during and after their pregnancy.

- Partnering with HealthFinders Collaborative to expand support of diverse populations in Steele, Dodge and Waseca Counties.

Collaborative Interventions:

Five health plans – Blue Plus, Health Partners, Hennepin Health, South Country Health Alliance, and UCare – launched the Healthy Start performance improvement project collaborative in the spring of 2021.The collaborative works on interventions that include working with a wide variety of partners to improve access and coordination of resources to help mothers and children get the right care at the right time in the right setting. The collaborative has worked on many different interventions in the last two years. Below is a summary of this work:

- The collaborative developed an educational series to address topics that can impact birth outcomes and early childhood health with a focus on health equity and addressing racial bias.
- Care team education and training.
- Community partnerships with many programs, organizations and stakeholders including:
    - Everyday Miracles;
    - Integrated Care for High-Risk Pregnancies (ICHRP);
    - Minnesota Council of Health Plans (MCHP);
    - Minnesota Association of County Health Plans (MACHP);
    - University of Minnesota School of Public Health;
    - Minnesota Department of Health (MDH) Family Home Visiting;
    - ICHRP;
    - MDH Family Home Visiting;
    - Birth Equity Community Council (BECC);
    - MDH QUIT Program for Pregnant Women; and
    - Regional Child and Teen Check-up (C&TC) Groups.

Collecting data on member race and ethnicity is one key step in reducing health care disparities, as clinical performance measures can then be stratified by race and ethnicity to guide quality

improvement efforts. Below are the Prenatal and Postpartum Care - Timeliness of Care, Prenatal and Postpartum Care - Postpartum Care, and Well-Child Visits in the First 15 Months HEDIS measures stratified by race and ethnicity for measurement year (MY) 2021 Stratifying these HEDIS measures by race or ethnicity makes most of the denominators have small numbers. South Country is using this information to consider the diversity of populations and if there are specific interventions that are needed for these populations. Also, there are many members that are included in the "unknown race" or "declined" rate, and this implies a need for increased member reporting of race.

Prenatal and Postpartum Care - Timeliness of Care (Hybrid) PMAP/MNCare MY 2021 by Race			
Race	**Denominator**	**Numerator**	**Rate**
White	223	170	76.23%
Black or African American	12	9	75.00%
American Indian and Alaska Native	6	4	66.67%
Asian	2	2	100.00%
Native Hawaiian and other Pacific Islander	2	2	100.00%
Some other race	0	0	0.00%
Two or more races	5	5	100.00%
declined	1	1	100.00%
unknown race	166	124	74.70%
Total	**417**	**317**	**76.02%**
Prenatal and Postpartum Care - Postpartum Care (Hybrid) PMAP/MNCare MY 2021 by Race			
Race	**Denominator**	**Numerator**	**Rate**
White	223	188	84.30%
Black or African American	12	10	83.33%
American Indian and Alaska Native	6	5	83.33%
Asian	2	2	100.00%
Native Hawaiian and other Pacific Islander	2	2	100.00%
Some other race	0	0	0.00%
Two or more races	5	2	40.00%
declined	1	1	100.00%
unknown race	166	135	81.33%
Total	**417**	**345**	**82.73%**
Well-Child Visits in the First 15 Months (Hybrid) PMAP/MNCare MY 2021 by Race			
Race	**Denominator**	**Numerator**	**Rate**
White	69	28	40.58%
Black or African American	5	0	0.00%
American Indian and Alaska Native	1	0	0.00%
Asian	0	0	0.00%
Native Hawaiian and other Pacific Islander	0	0	0.00%
Some other race	0	0	0.00%

Two or more races	2	0	0.00%
declined	1	0	0.00%
unknown race	313	127	40.58%
Total	**391**	**155**	**39.64%**

Prenatal and Postpartum Care - Timeliness of Care (Hybrid) PMAP/MNCare MY 2021 by Ethnicity			
Ethnicity	**Denominator**	**Numerator**	**Rate**
Hispanic or Latino	58	46	79.31%
Not Hispanic or Latino	313	240	76.68%
Declined	46	31	67.39%
Unknown ethnicity	0	0	0.00%
Total	**417**	**317**	**76.02%**

Prenatal and Postpartum Care - Postpartum Care (Hybrid) PMAP/MNCare MY 2021 by Ethnicity			
Ethnicity	**Denominator**	**Numerator**	**Rate**
Hispanic or Latino	58	46	79.31%
Not Hispanic or Latino	313	263	84.03%
Declined	46	36	78.26%
Unknown ethnicity	0	0	0.00%
Total	**417**	**345**	**82.73%**

Well-Child Visits in the First 15 Months (Admin) PMAP/MNCare MY 2021 by Ethnicity			
Ethnicity	Denominator	Numerator	Rate
Hispanic or Latino	57	18	31.58%
Not Hispanic or Latino	154	59	38.31%
Declined	178	76	42.70%
Unknown ethnicity	2	2	100.00%
Total	**391**	**155**	**39.64%**

Next Steps:

In 2023 the cervical cancer screening and chlamydia screening focused studies will be continued to identify trends in screenings, collaboration and education to providers, and outreach and education to members. Also, in 2023 the Healthy Start focused study, which is also a performance improvement project will continue into its third year. Barriers both predicated and unforeseen have become evident through planning and implementation of these projects and implementation of interventions. Many of these barriers are related to COVID-19 pandemic. All three of these focused studies have a large size and scope of complexity and continued work in these areas is essential. South Country will continue to work collaboratively in the upcoming year and as an individual plan to support “healthy start” project. Additional focus on strategies

and targeted interventions specific to community feedback and needs will be a key objective in 2023.

DHS Financial Withhold Measures

Description

South Country Health Alliance (South Country) maintains programs that support and improve the delivery of health care services to members, provide education to members about preventive services to maintain their health, and implement programs that are designed to improve health outcomes. State and federal regulators monitor the quality, timeliness, and access to care that members receive. Each year, The Minnesota Department of Human Services (DHS) withholds a percentage of health plan capitation payments for the Families & Children(F&C), Seniors, and SNBC Contracts. The withheld funds may be "earned back" by meeting performance targets for several measures.

The process and outcomes described below are based on calendar year 2021, as reported by DHS to South Country in 2022.

Process and Analysis

After identifying the withhold measures for the respective year, DHS calculates the baseline and target rates and provides health plans with the measure specifications. Upon receipt of the information, South Country's departments work collaboratively to identify strategies for achieving the target rates.

DHS determines withhold measure performance through the use of reports submitted by South Country, claims data and calculations reflecting DHS specifications.

Annual Dental Visits

Dental access remains a challenge for all Minnesota Government Programs. In 2020, the COVID-19 pandemic also created a significant challenge for meeting our dental withholds as many of our members did not attend dental appointments due to dental offices being closed and the concerns related to COVID-19. In 2021, the pandemic still had a lasting impact on dental services. South Country continued the voucher reward programs for seniors and SNBC members who go into the dentist for an annual visit.

South Country's annual dental visit focus study ended in 2021, but an internal dental workgroup is still being continued with a focus to increase the percentage of members annually who have benefits administered by South Country to receive their annual dental visit. South Country's internal dental workgroup continues to meet on a quarterly basis to discuss ways to enhance and improve our dental withhold scores.

Care Plan Audits and Initial Health Risk Assessments

South Country completes annual audits of our county delegates care plan processes, with corrective action plans, as needed, and ongoing care coordinator training and education. South Country delegates maintain high overall performance with care plan and health risk assessment (HRA) processes demonstrated through the audit process.

MCO Stakeholder Group

In addition to being an active participant in DHS Senior and SNBC Population Stakeholder Workgroups, South Country also hosts a workgroup of its own at least twice per year. The Rural Stakeholder's Committee met in May and October 2021 to continue supporting activities related to South Country's senior and SNBC products. Participants explore opportunities and challenges in meeting the needs of members and provide information and feedback to one another regarding needs, concerns, benefits, and values related to members' care and systems of support. The workgroup also discusses implications of proposed policy and practice changes.

The table below shows the 2021 withhold funds (awarded in 2022) earned by South Country.

DHS Withhold Measure Performance				
Withhold Measure *(Related Contract)*	**2018 Results (Total points)**	**2019 Results (Total points)**	**2020 Results (Total points)**	**2021 Results (Total points)**
Repeat Deficiencies MDH QA Exam Deficiencies *(F&C, Seniors, SNBC)*	17 / 17	15 / 15	15 / 15	2/2 15/15 15/15
Annual Dental Visit: Age Stratification 1-20 Years *(F&C)*	0 / 55	0 / 55	0 / 55	0/55
Annual Dental Visit: Ages 21-64 Years *(F&C)*	0 / 30	0 / 30	0 / 30	0/30
Provider Network Equity: Fee-for-Service (FFS) vs. MCO	0 / 10	0 / 10	0 / 10	0/10

DHS Withhold Measure Performance				
Withhold Measure *(Related Contract)*	**2018 Results (Total points)**	**2019 Results (Total points)**	**2020 Results (Total points)**	**2021 Results (Total points)**
Provider Network Service Mix: Restorative vs. Preventative *(F&C)*	0 / 0 Display measure for 2018	0 / 0	0 / 0	0/0
Annual Dental Visit: Ages 65+ Years *(Seniors)*	5.99 / 15	10.96 / 15	10.96 / 15	0/15
Annual Dental Visit: Ages 18-64 Years *(SNBC)*	0 / 15	15 / 15	15 /15	0/15
Emergency Department Utilization *(F&C)*	0 / 1	1 / 1	1 / 1	1/1
Hospital Admissions *(F&C)*	0 / 1	0.40 / 1	1 / 1	0/1
30 Day Readmission Percentage *(F&C)*	1 / 1	1 / 1	1 / 1	Eliminated from Scoring - Small Population
Care Plan Audits *(Seniors)*	15 / 15	15 / 15	15 / 15	15/15
Initial Health Risk Screening/Assessment (*Seniors)*	30 / 30	30 / 30	30 / 30	30/30
Stakeholder Group Reporting *(SNBC)*	15 / 15	15 / 15	15 / 15	15/15
Compliance with Service Accessibility Requirements *(SNBC)*	15 / 15	15 / 15	15 / 15	15/15

As the charts above indicate, South Country received three of the possible 99 points for families and children, 75 of the possible 90 points for seniors and 45 of the possible 60 points for SNBC.

Next Steps

South Country will continue to ensure our members are encouraged to pursue quality care no matter the barrier and that the members feel supported throughout the process. In our diverse and multi-cultural rural environment, South Country recognizes the importance of fostering strong relationships between South Country, our members, county care coordinators and providers.

South Country Health Alliance
Evaluation of the 2022 Quality Program

Section 7 – Summary of Progress

Overall Effectiveness and Progress of the Quality Improvement Program

South Country Health Alliance's (South Country's) diamond values – collaboration, stewardship, communication, and excellence – reflect our continued commitment to a model of managed care that incorporates not only medical, mental health, dental and chiropractic care, but also public health, social services, and other local resources so our members can receive necessary care in a comprehensive and cohesive manner. Our efforts aim to improve the health outcomes of our members and the quality of services provided to them, while containing health care costs.

South Country has adequate resources for our Quality Improvement Program. Our program crosses multiple departments internally in the South Country along with the services provided by our third-party administrators.

The quality committee structure is continually being evaluated and adjusted as needed. South Country's medical director participated in committees and workgroup meetings and chaired the Utilization Management Committee and the Medical Policy Review Committee. South Country's medical director along with a behavioral health professional and chiropractor also participate on various committees.

Our 2022 annual evaluation goes into detail in each of our Quality Improvement Program areas showing where we demonstrate the progress of our programs that meet and exceed network-wide safe clinical practices.

Highlights from 2022 include the following:

- **We earned a 4 Star Quality Rating from CMS on our SeniorCare Complete product for Star Rating 2023.** CMS implemented several changes to the Star Ratings Program including increasing the weights of experience measures and removing some COVID-19 PHE accommodations. Ongoing work and improvement initiatives continue. South Country's Star Ratings Workgroup collaborates to determine new initiatives and items to focus on how to maintain or increase our star ratings and care for our members. South Country continues to evolve in terms of defining its purpose and functionality and in developing effective intervention strategies that can be collaboratively implemented within the organization as well as with our providers and counties.
- **Successful HEDIS submissions.** South Country will continue to promote strong project team collaboration and clear communication between our HEDIS vendor and all departments in South Country. We continue to utilize skilled internal over readers for our medical record review section to check the accuracy of the compliant/noncompliant

status of medical record reviews. South Country will continue to review records for missed “opportunities” for abstraction and will re-chase or verify compliancy status of overreads conducted by South Country. Improvement initiatives were developed and implemented through a collaborative effort between several departments within South Country, including consultation with county staff and medical providers when applicable.

- **We continue to be a leader in working to address behavioral health needs.** The behavioral health department continued its connections with members after mental health hospitalizations. This follow-up initiative was critical throughout the COVID-19 pandemic due to the escalation in mental health symptoms in our country fueled by the increased uncertainty and isolation. South Country improved contact with the hospitals, our members, and the members’ mental health targeted case managers. Another unique program South Country members continue to access is the Healthy Pathways Program, which fills a gap for our members who need behavioral health support but are not eligible for mental health targeted case management (MH-TCM). Case managers help members to engage with mental health, substance use disorder, or other services. Healthy Pathways services continue to help South Country better understand the unmet needs of our members by providing additional points of data supplied by the member’s Healthy Pathways case manager.

- **Focused studies, performance improvement projects and chronic care improvement projects in 2022.** In 2022, we started two new focused studies related to cervical cancer screening and chlamydia screening. We also started a chronic care improvement project for SeniorCare Complete and AbilityCare focused on colorectal cancer screening and breast cancer screening, and we completed the second year of two performance improvement projects that focused on the Healthy Start for Mothers and Babies and Diabetes Care.

- **Maintaining program requirements amidst the changes brought about by the COVID-19 pandemic by remaining flexible to ensure that our members continued to receive the quality care needed to stay healthy.** We continued to promote health care through models such as telehealth visits with members either by video or phone, additional Facebook posts and on the South Country website, and continuing to meet and promote the best health for our members via different video conference platforms.

- **Our Health Equity Committee continued and new partnerships and collaboration with county and community partners.** South Country is collaborating with our Sibley County partners to understand any structural racism, social inequities and/or health disadvantages and to improve overall health outcomes for any Latinx SNBC members with a focus on disparities through a variety of interventions. South Country is also partnering with Kanabec County, the City of Mora, and Mora Area Youth Recreation Association to improve access to social and recreational activity for youth by reducing or

preventing adverse childhood experiences (ACEs). Kanabec County's access to exercise opportunities is significantly lower among the other counties within South Country's service area. We believe that participation in community recreation can enhance one's personal physical and mental health, which can translate into healthy and happier families and communities. Also, we worked with the HealthFinders Collaborative in 2022 to explore and understand any structural racism, social inequities and/or health disadvantages for members in Steele, Dodge and Waseca Counties and to look for ways to collaborate on efforts to improve their overall health.

South Country's participation in the Association for Community Affiliated Plans (ACAP) learning collaboratives has enhanced South Country's understanding of health disparities and how to reach out to communities that are disproportionately affected by the social determinants of health.

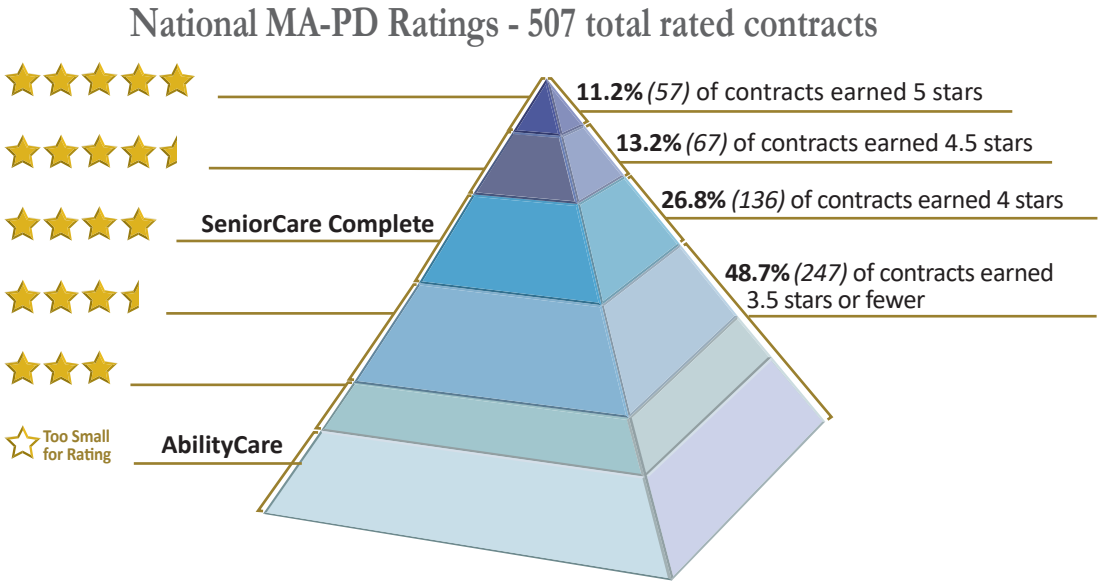
- **Complex Case Management improvement**. The complex case management team, in collaboration with the quality team, reviewed the complex case management data on a quarterly basis. This closer look took place to better understand some of the challenges in raising participation rates for this valuable program. Initiatives were developed to achieve a higher percentage of members opting in and completing the full assessment, care plan and successful program outcomes. The complex case management team has identified some other opportunities to provide materials to members who would like more information sent before moving forward with the program.

South Country Health Alliance
Evaluation of the 2022 Quality Program

Section 8 – Exhibits

Overall Star Rating Distribution for MA-PD Contracts

The Centers for Medicare and Medicaid Services (CMS) uses Star Ratings to score and rank Medicare Advantage health plans according to the quality of services they offer Medicare beneficiaries. CMS rates health plans on a one to five star scale, with 5 stars representing the highest quality. Health plan Star Ratings are posted on the Medicare website at www.medicare.gov to help beneficiaries select an appropriate Medicare Advantage plan.



Medicare evaluates plans based on a 5-star rating system.
Star Ratings are calculated each year and may change from one year to the next.

Medicare Advantage Health Plan Ratings are listed on Medicare.gov

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance.

The ratings above are for Medicare Advantage plans with prescription drug coverage (MA-PD).

Medicare Star Ratings help you know how good a job our plan is doing.

H2419_6350
H5703_6350_M
SeniorCare Complete (HMO SNP) and AbilityCare (HMO SNP) are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) programs to provide the benefits of both programs to enrollees. Enrollment in either plan depends on contract renewal.

South Country HEALTH ALLIANCE

2023 STAR RATING PERFORMANCE

H2419 SeniorCare Complete (HMO SNP)

This plan is available to anyone who has both Medical Assistance and Medicare; lives in our service area; and are age 65 or older.

Overall Star Rating: 4 Star

Health Services Rating: 3.5 Star

Drug Services Rating: 4 Star

Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next. Plan ratings are based on a variety of separate factors called measures. Measures we rated highly in are shown below.

MEASURES WITH A 5 STAR RATING out of 5

Staying Healthy

- Annual Flu Vaccine

Managing Chronic Conditions

- Care for Older Adults - Pain Assessment
- Care for Older Adults - Medication Review
- Reducing the Risk of Falling

Member Satisfaction and South Country's Quality Performance

- Low Number of Complaints about Drug Plan
- Low Number of Complaints about Health Plan
- Few Members Choosing to Leave the Plan (Enrollment)

Drug Plan Customer Service

- Call Center - Foreign Language Interpreter & TTY/TDD

Drug Safety

- Medication Adherence - Hypertension
- Statin Use in Persons with Diabetes
- Medicare Plan Finder Price Accuracy

MEASURES WITH A 4 STAR RATING out of 5

Managing Chronic Conditions

- Controlling Blood Pressure
- Diabetes Care - Blood Sugar Controlled

Health Plan Customer Service

- Call Center - Foreign Language Interpreter & TTY/TDD

Drug Safety

- Medication Adherence - Diabetes Medications
- Medication Adherence - Cholesterol
- MTM Program Completion Rate for CMR

Member Experience

- Getting Appointments and Care Quickly
- Customer Service

South Country HEALTH ALLIANCE

2023 STAR RATING PERFORMANCE

H5703 AbilityCare (HMO SNP)

This plan is available to anyone who has both Medical Assistance and Medicare; lives in our service area; and are age 18 to 64; and are certified disabled by Social Security or the SMRT process.

Overall Star Rating: Not enough data available* — Too Small for Rating

Health Services Rating: Not enough data available — Too Small for Rating

Drug Services Rating: 5 Stars

Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next. **Some plans do not have enough data to rate performance.* Plan ratings are based on a variety of separate factors called measures. Measures we rated highly in are shown below.

MEASURES WITH A 5 STAR RATING out of 5

Staying Healthy

- Breast Cancer Screening

Chronic Conditions

- Diabetes Care - Eye Exam

Drug Plan Customer Service

- Call Center - Foreign Language Interpreter & TTY/TDD

Drug Safety

- Medication Adherence - Diabetes
- Medication Adherence - Hypertension (RAS antagonists)
- Statin Use in Persons with Diabetes (SUPD)

MEASURES WITH A 4 STAR RATING out of 5

Staying Healthy

- Colorectal Cancer Screening

Managing Chronic Conditions

- Diabetes Care- Blood Sugar Controlled

Health Plan Customer Service

- Call Center - Foreign Language Interpreter & TTY/TDD

Drug Safety

- Medication Adherence - Cholesterol

2022 DHS CAHPS Survey Results

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey coordinated by DHS and is designed to rate how well health plans are meeting their member needs. The survey is mailed to a random selection of members every year to collect feedback about the services received. Some of our top ratings are listed below.

Rated # 1 among MN Health Plans

MinnesotaCare

- Customer Service
- Coordination of Care

MSC+

- Rating of a Health Plan
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly
- Customer Service

Rated # 2 among MN Health Plans

Families and Children

- Rating of a Health Plan
- How Well Doctors Communicate

MinnesotaCare

- Rating of Specialist Seen Most Often
- Getting Needed Care
- How Well Doctors Communicate

MSC+

- How Well Doctors Communicate
- Coordination of Care

SNBC

- Getting Care Quickly
- Coordination of Care

Rated Comparable and/or Above the State Average

Families and Children

- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly
- Coordination of Care

MinnesotaCare

- Rating of a Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Care Quickly

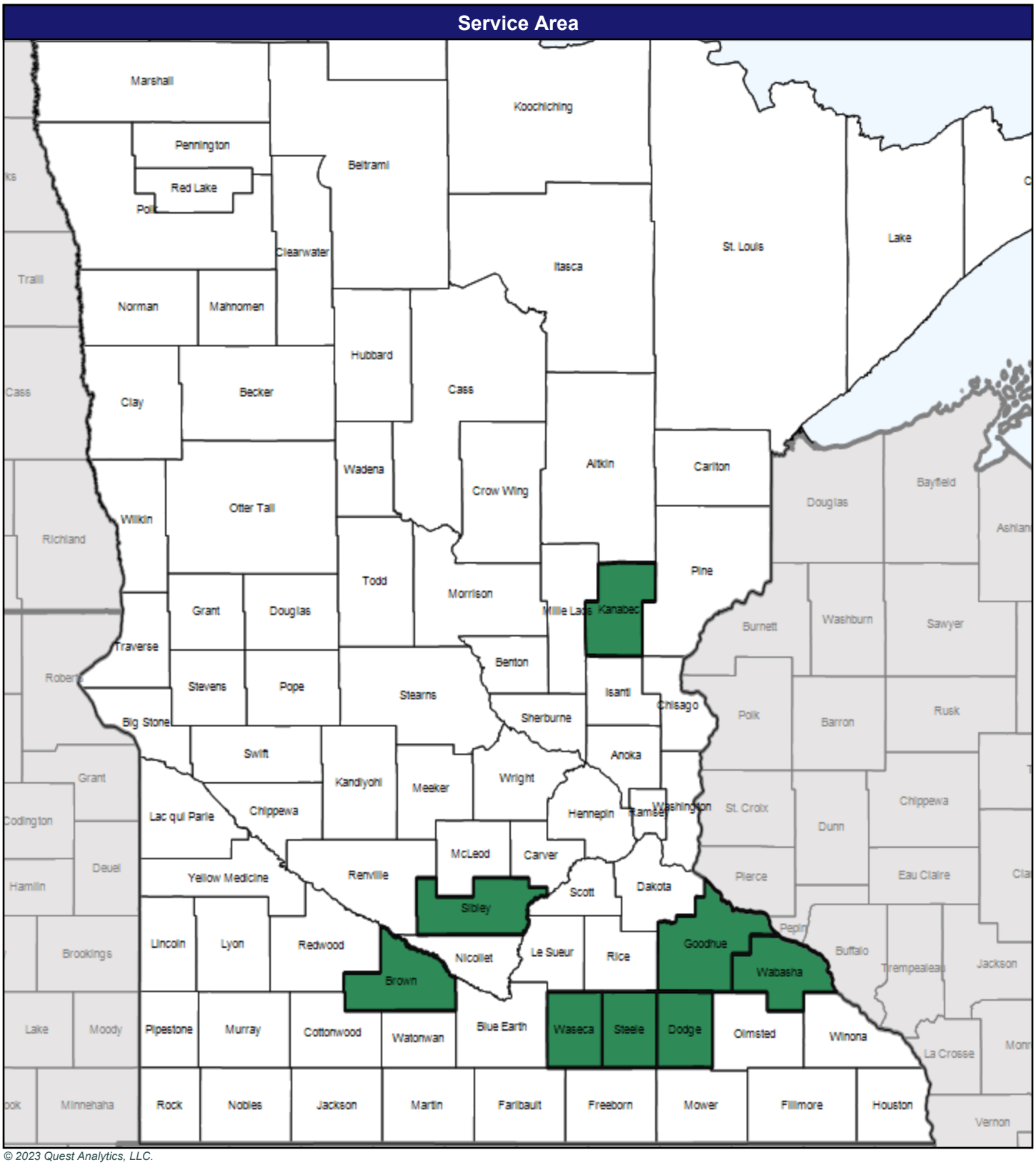
MSC+

- Rating of Personal Doctor

SNBC

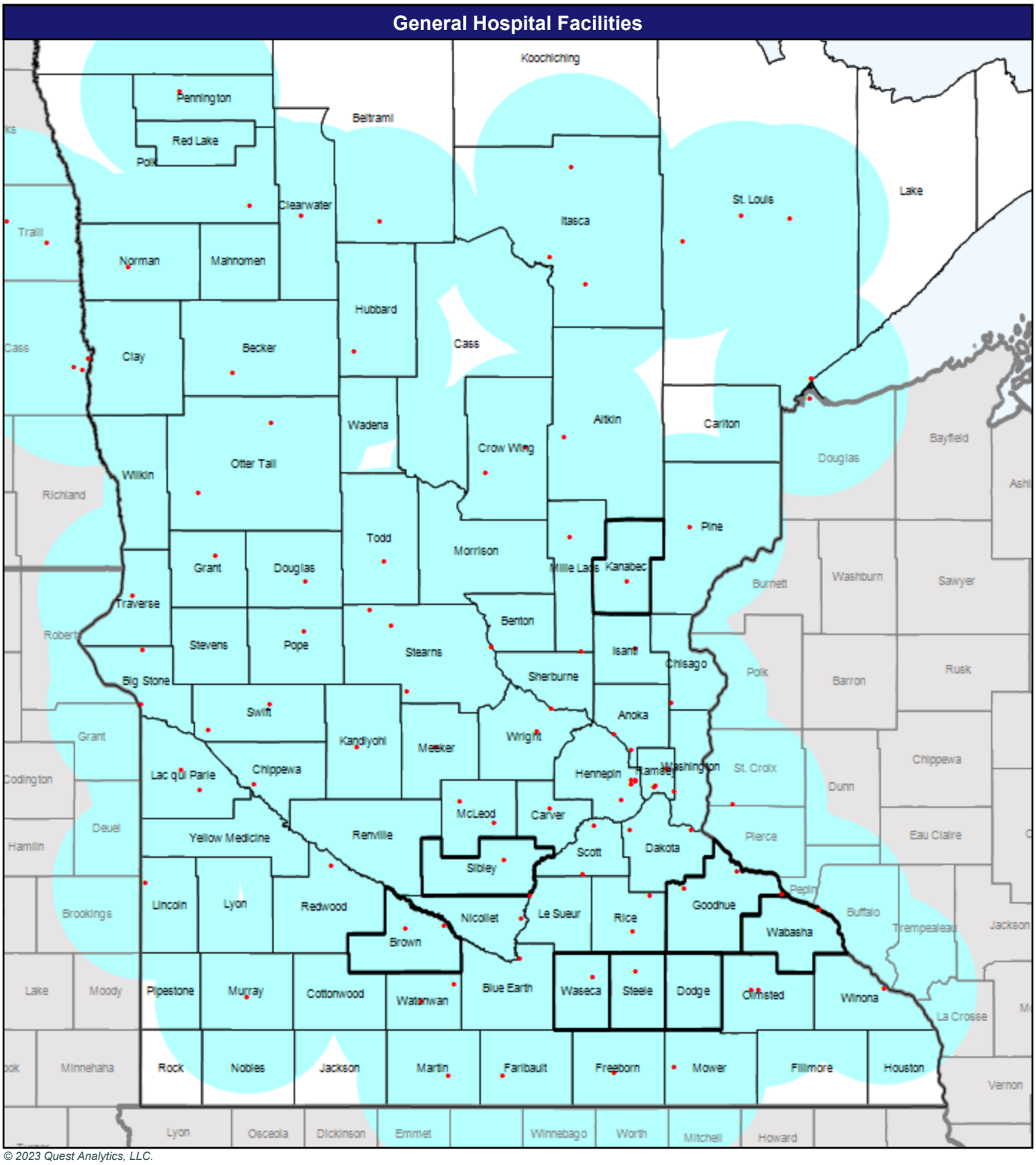
- Rating of a Health Plan
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care
- How Well Doctors Communicate
- Customer Service

Network Access Analysis - All Products



Network Access Analysis - All Products

General Hospital Facilities



Acute Inpatient Hospitals

96 providers at 100 locations

- All providers
- 30 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Family Medicine

2,054 providers at 446 locations

- All providers
- 30 mile radius

General Medicine

36 providers at 20 locations

- All providers
- 30 mile radius

Internal Medicine

1,291 providers at 303 locations

- All providers
- 30 mile radius

Geriatric Medicine

69 providers at 99 locations

- All providers
- 30 mile radius

Primary Care Physician Assistant

1,596 providers at 428 locations

- All providers
- 30 mile radius

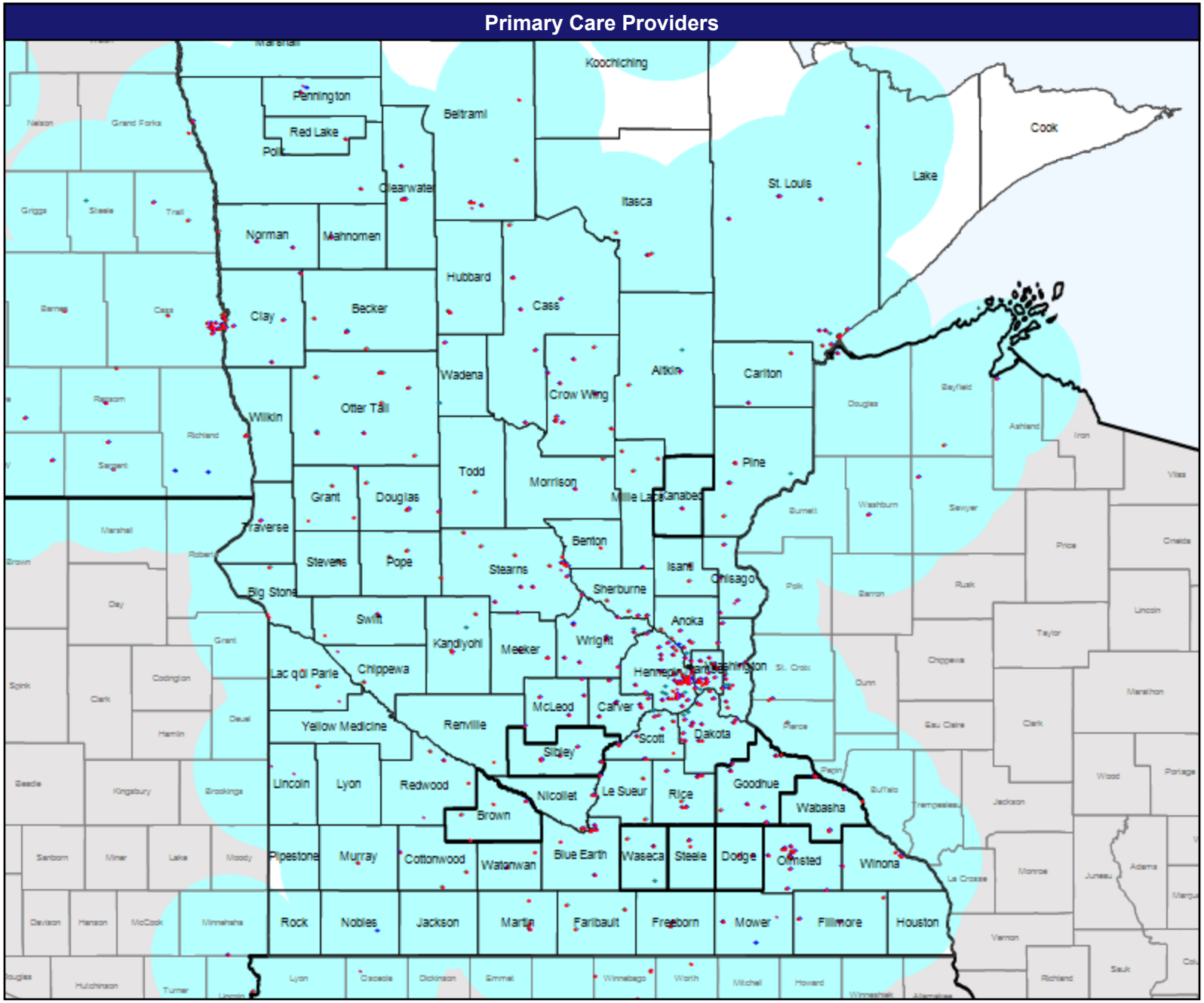
Primary Care Nurse Practitioner

2,197 providers at 492 locations

- All providers
- 30 mile radius

Service Areas

- (Bold Outline) Service Area



Network Access Analysis - All Products

Mental Health Nurse Practitioner

378 providers at 301 locations
- All providers
- 30 mile radius

Licensed Independent Clinical Social Worker

1,406 providers at 703 locations
- ★ All providers
- 30 mile radius

Psychology

958 providers at 617 locations
- All providers
- 30 mile radius

Social Work

1,406 providers at 703 locations
- All providers
- 30 mile radius

Licensed Marriage & Family Therapist

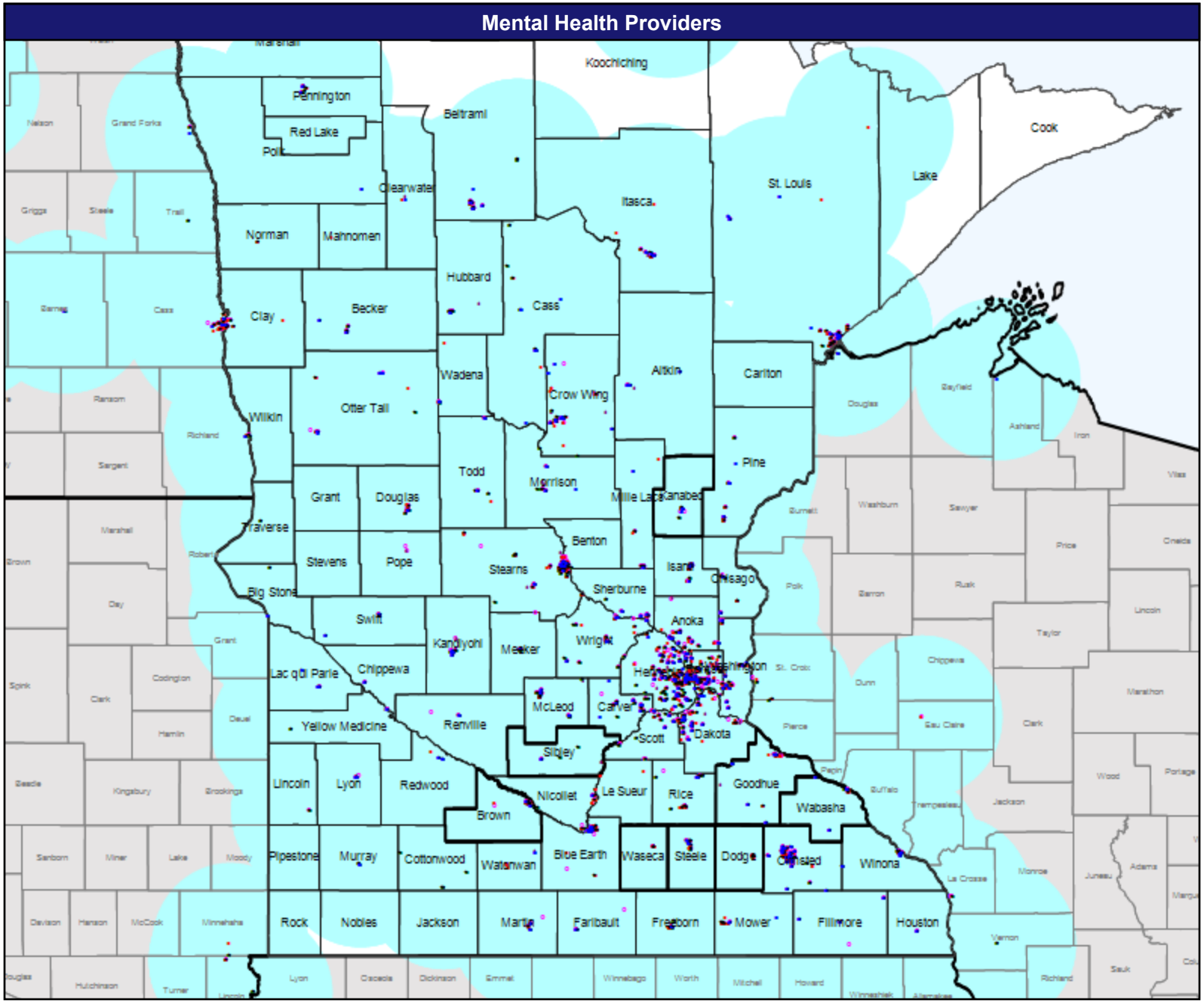
720 providers at 470 locations
- All providers
- 30 mile radius

Licensed Professional Clinical Counselor

996 providers at 528 locations
- All providers
- 30 mile radius

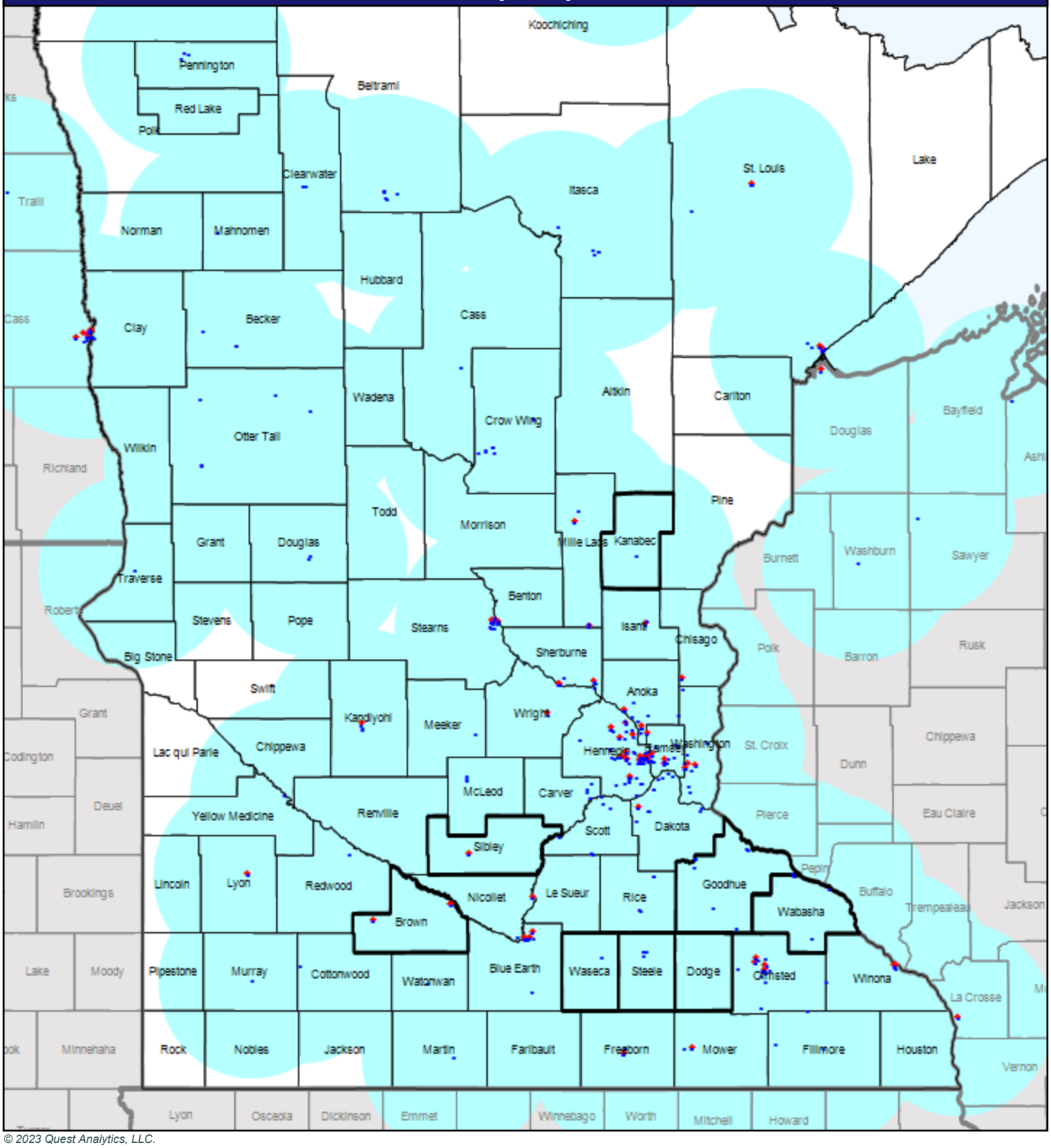
Service Areas

- (Bold Outline) Service Area



Network Access Analysis - All Products

Psychiatry



Psychiatry

528 providers at 293 locations

- All providers
- 30 mile radius

Psychiatry - Child & Adolescent

91 providers at 80 locations

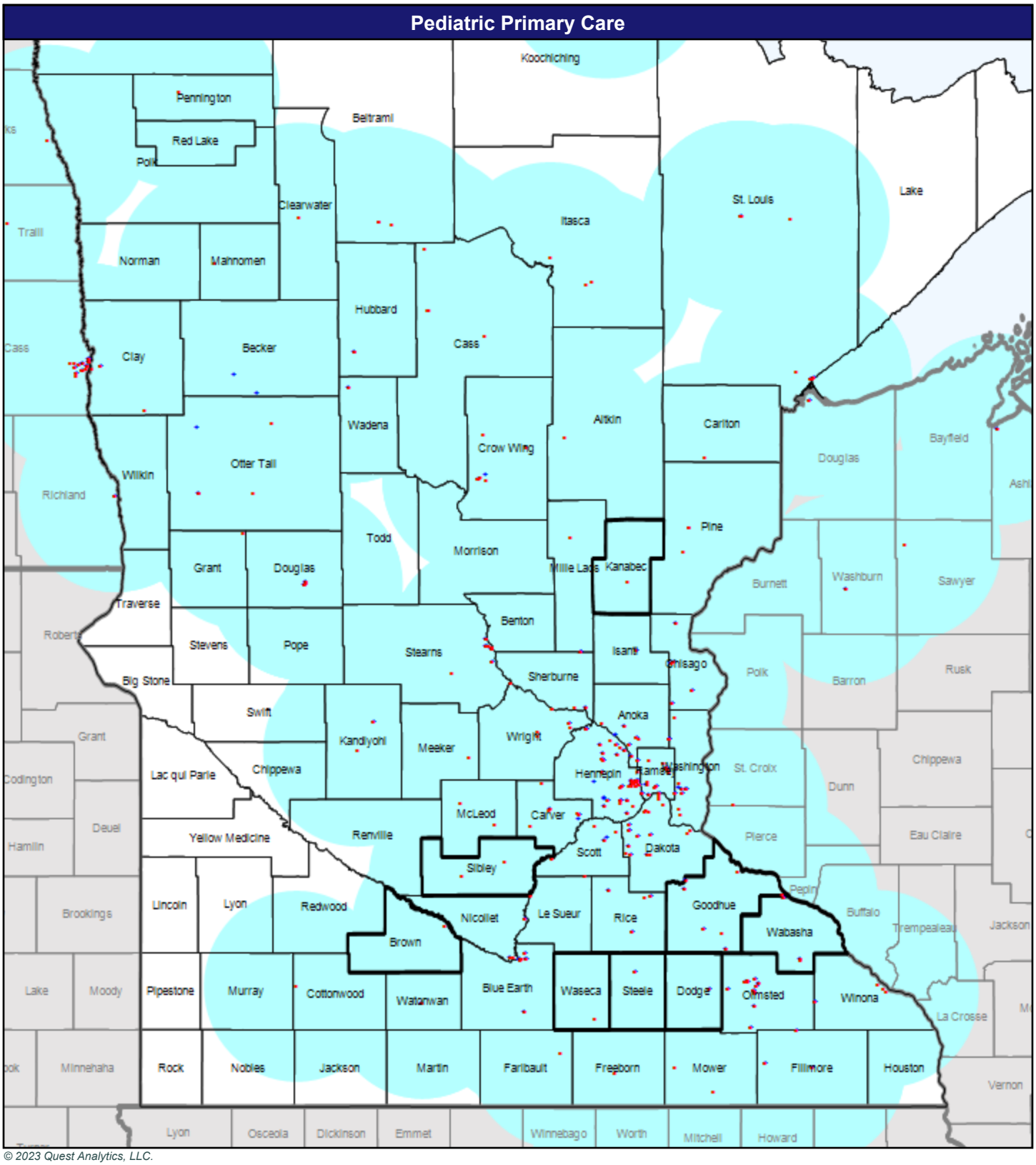
- All providers
- 30 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Pediatric Primary Care



Pediatric Medicine

789 providers at 262 locations

- All providers
- 30 mile radius

Pediatric Nurse Practitioner

434 providers at 148 locations

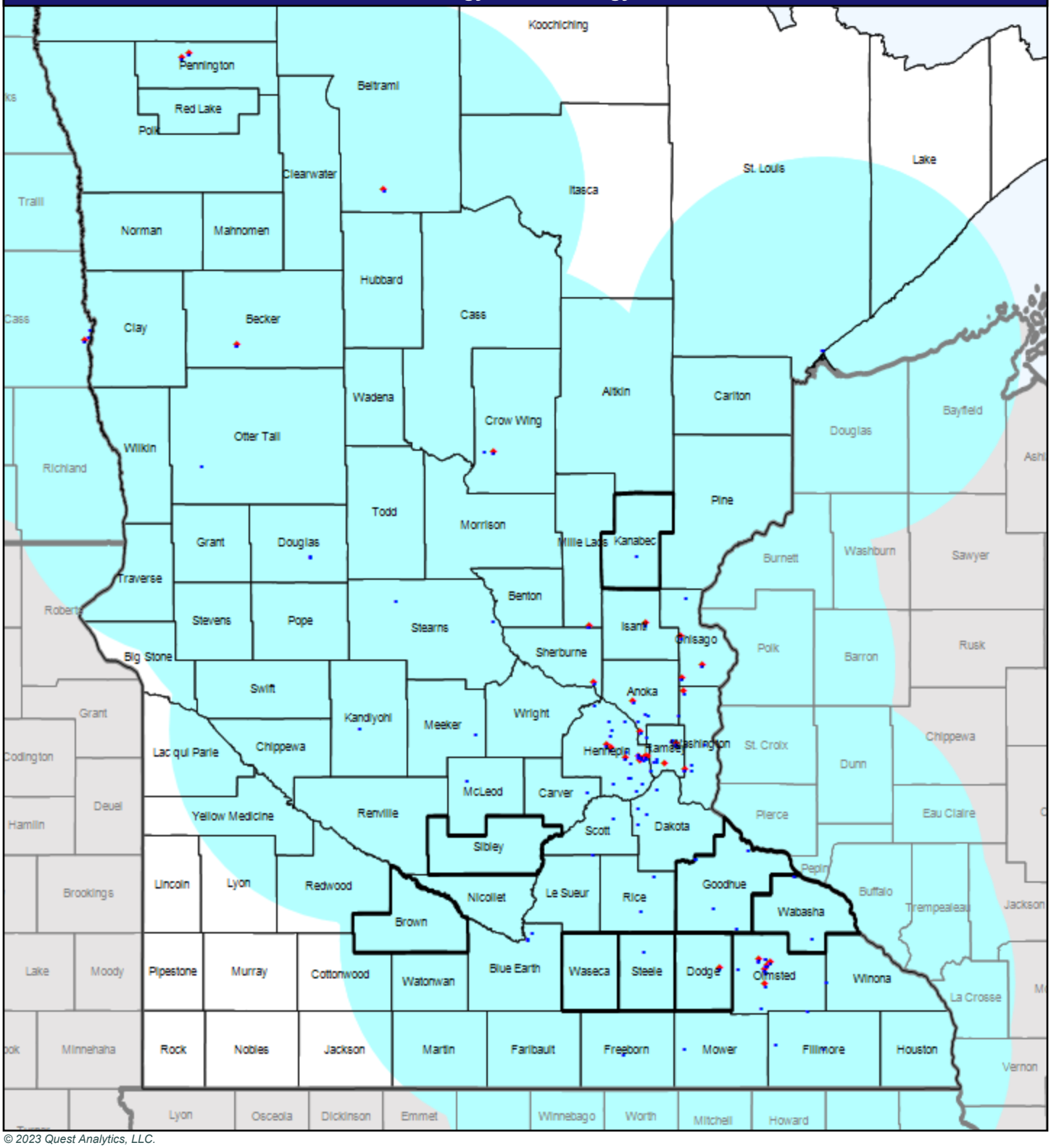
- All providers
- 30 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Allergy & Immunology



Allergy & Immunology

69 providers at 116 locations

- ■ All providers
- ○ 60 mile radius

Pediatric Allergy & Immunology

14 providers at 34 locations

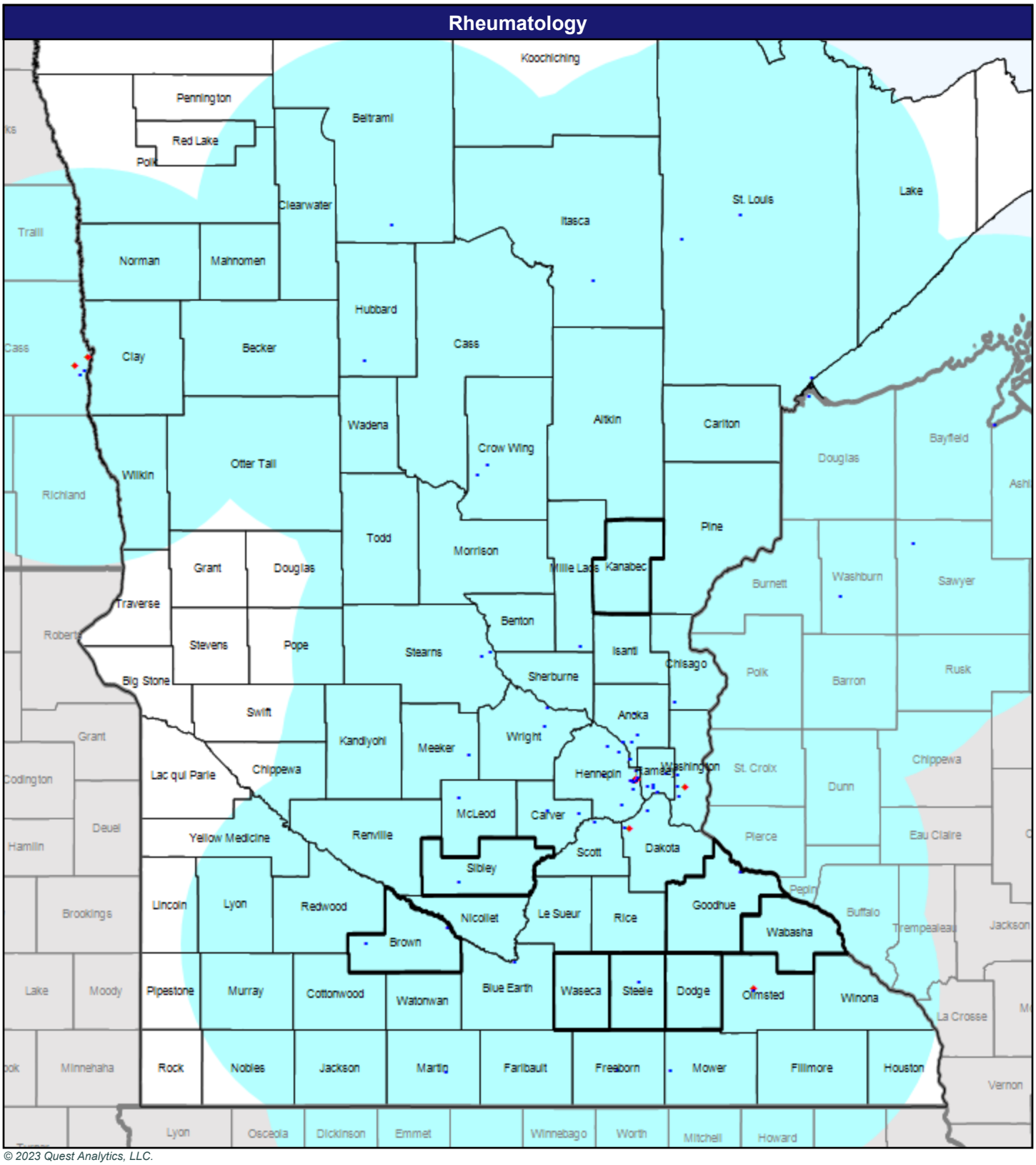
- ◆ All providers
- ○ 60 mile radius

Service Areas

- ☐ (Bold Outline) Service Area

Network Access Analysis - All Products

Rheumatology



Rheumatology

69 providers at 61 locations

- All providers
- 60 mile radius

Pediatric Rheumatology

9 providers at 10 locations

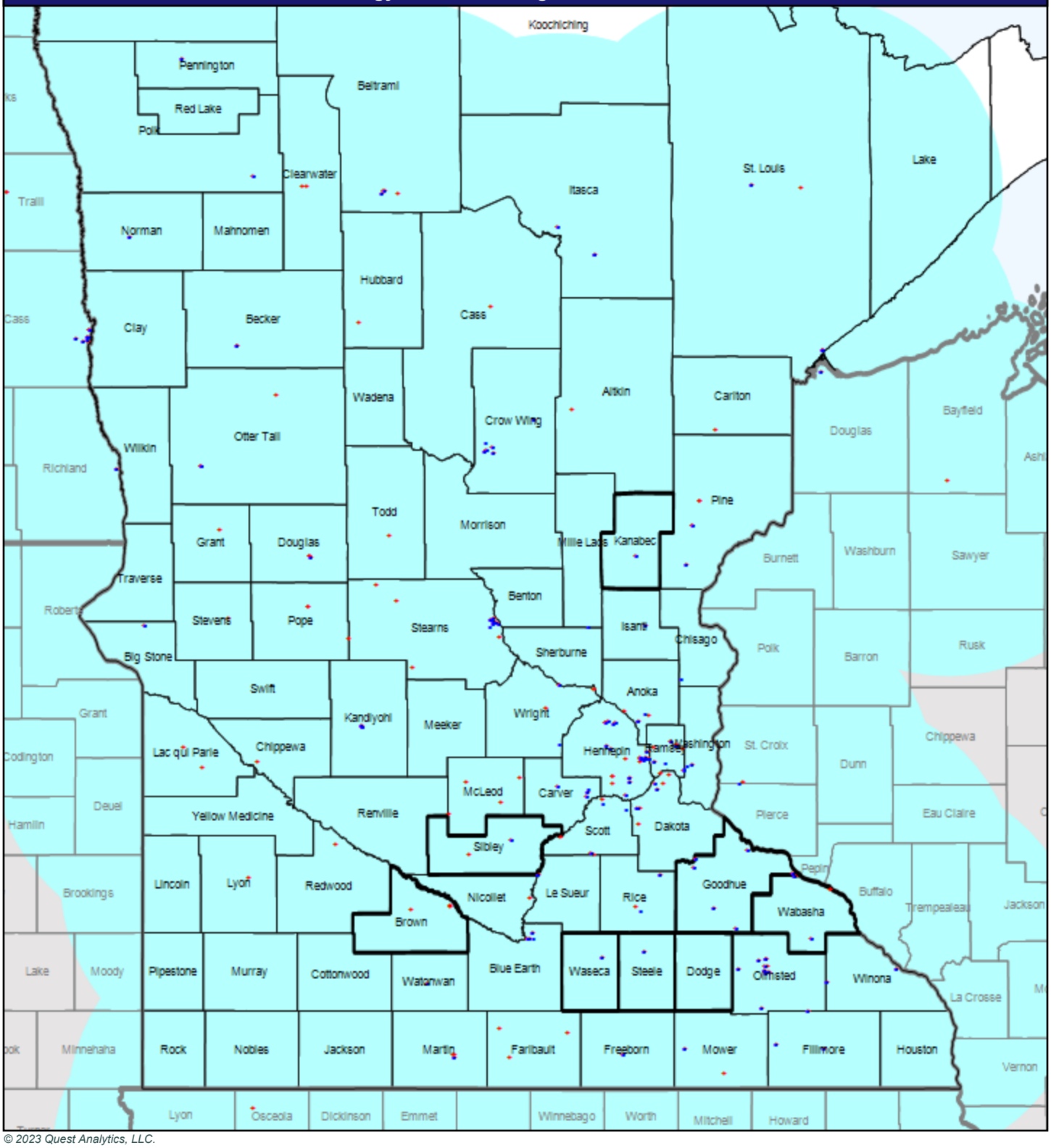
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Anesthesiology & Certified Registered Nurse Anesthetists



Anesthesiology

573 providers at 138 locations

- ■ All providers
- ○ 60 mile radius

Certified Registered Nurse Anesthetists

1,469 providers at 189 locations

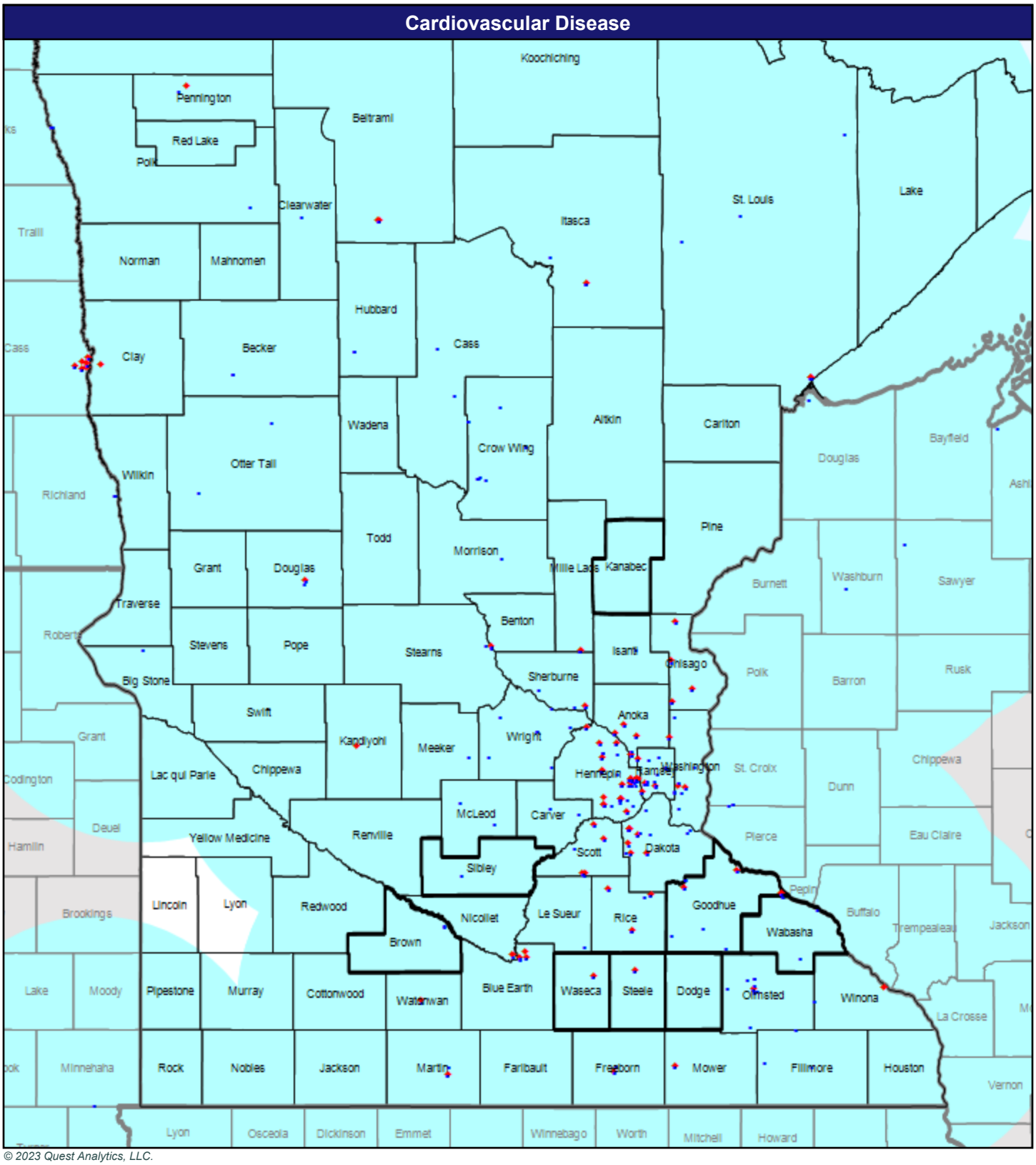
- ◆ All providers
- ○ 60 mile radius

Service Areas

- ☐ (Bold Outline) Service Area

Network Access Analysis - All Products

Cardiovascular Disease



Cardiology

529 providers at 210 locations

- All providers
- 60 mile radius

Pediatric Cardiology

99 providers at 87 locations

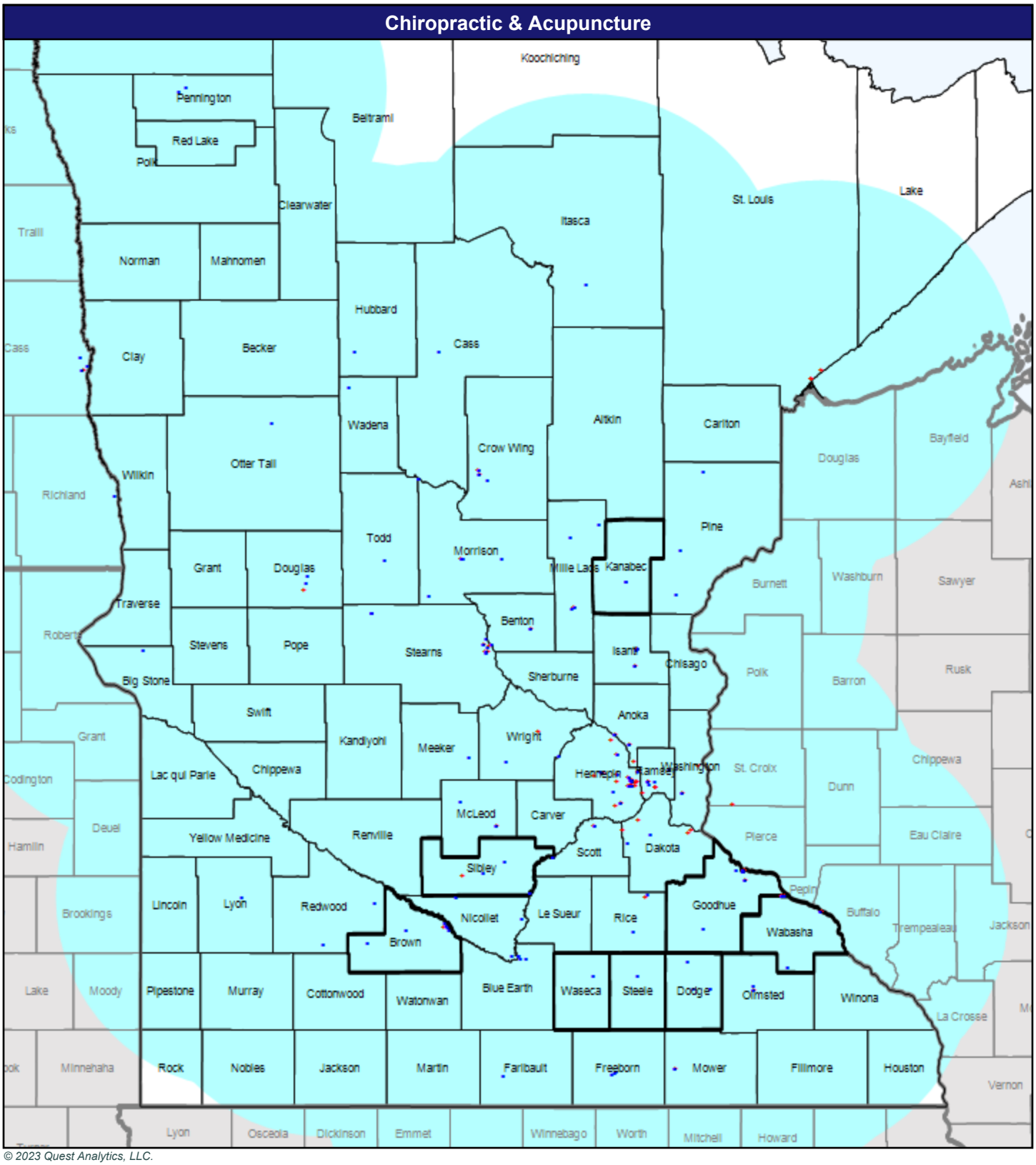
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Chiropractic & Acupuncture



Chiropractic

148 providers at 119 locations

- All providers
- 60 mile radius

Acupuncture

73 providers at 69 locations

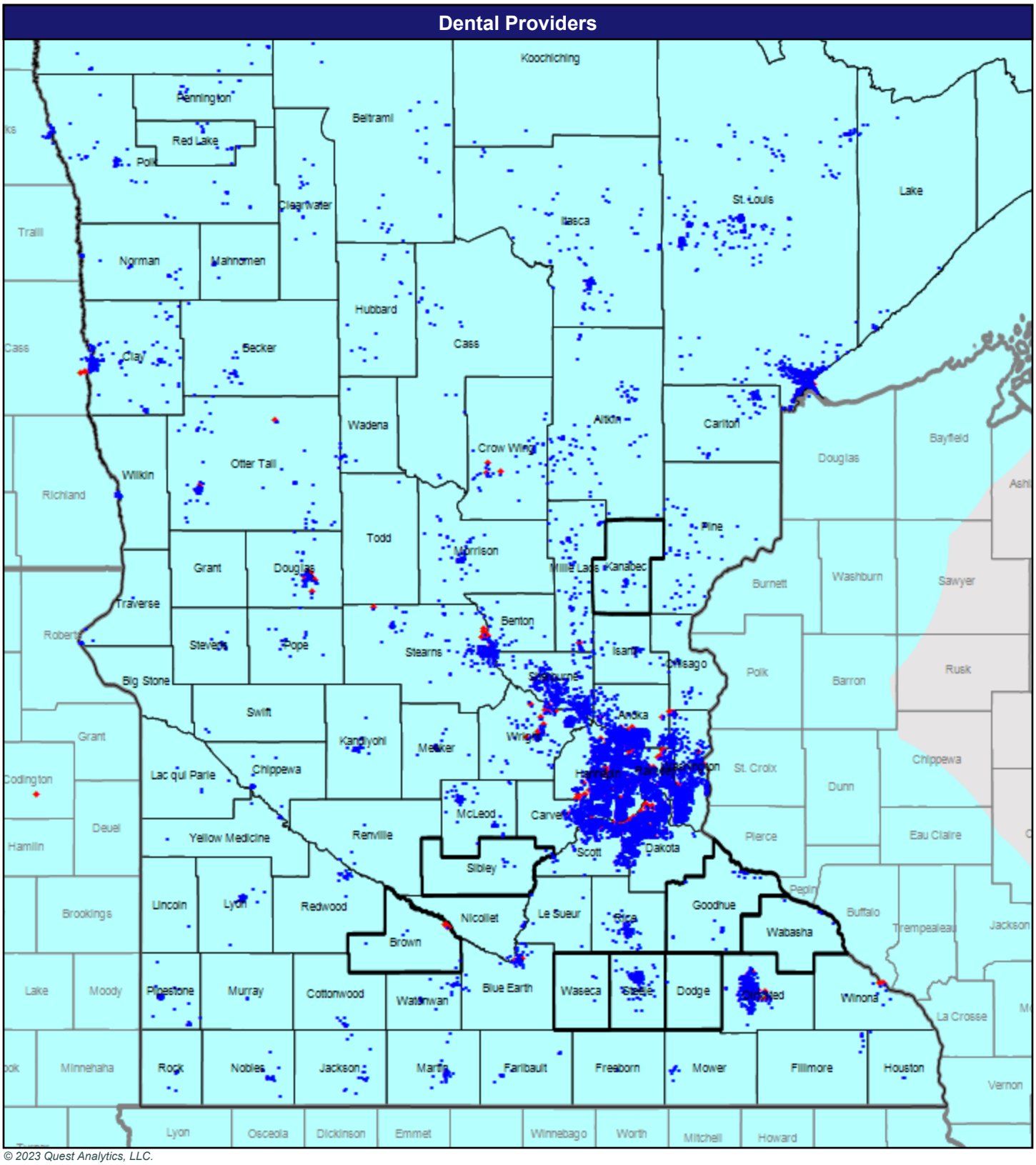
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Dental Providers



General Dentist

16,011 providers at 15,635 locations

- All providers
- 60 mile radius

Pediatric Dentist

330 providers at 330 locations

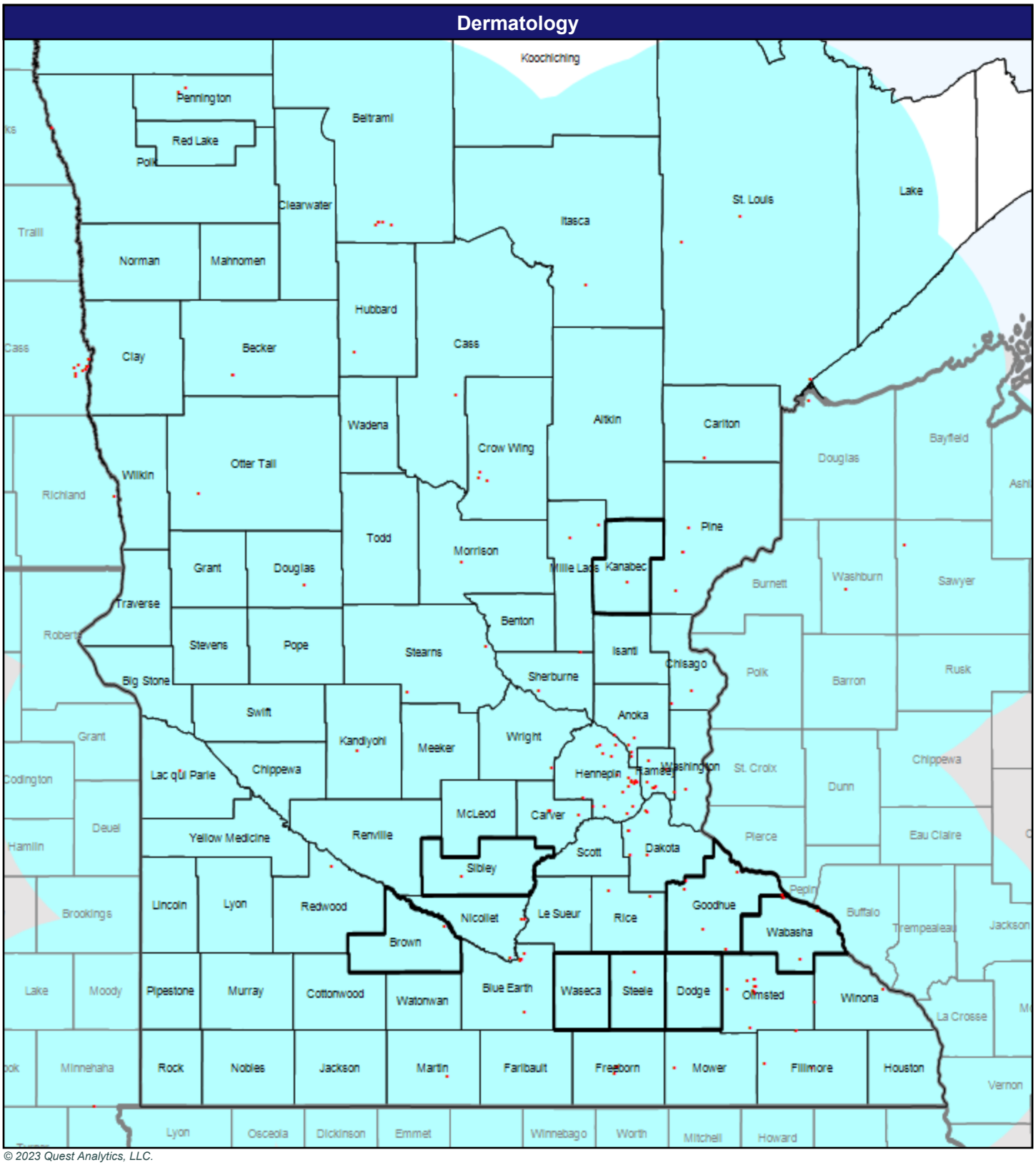
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Dermatology



Dermatology

190 providers at 143 locations

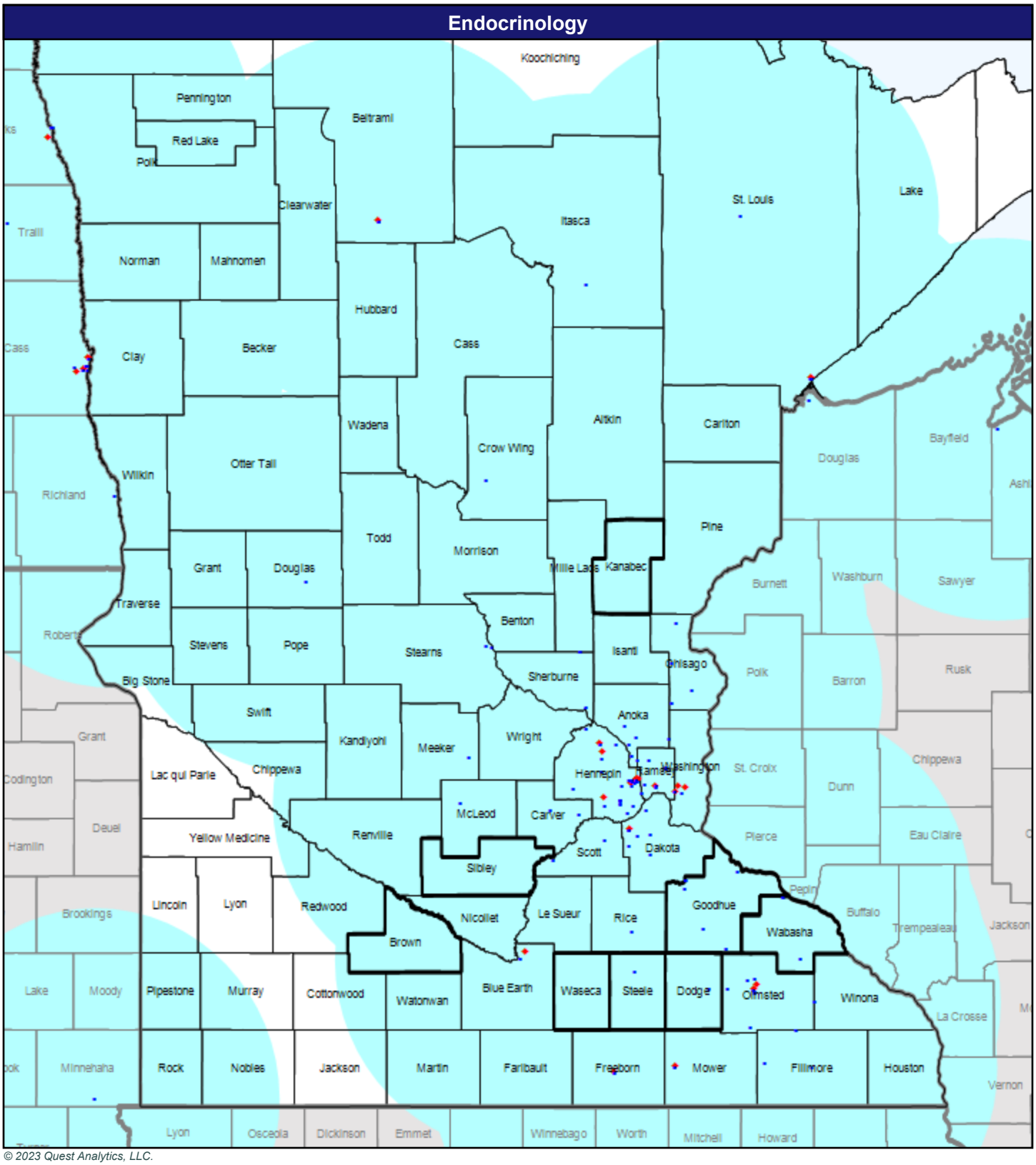
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Endocrinology



Endocrinology

126 providers at 110 locations

- All providers
- 60 mile radius

Pediatric Endocrinology

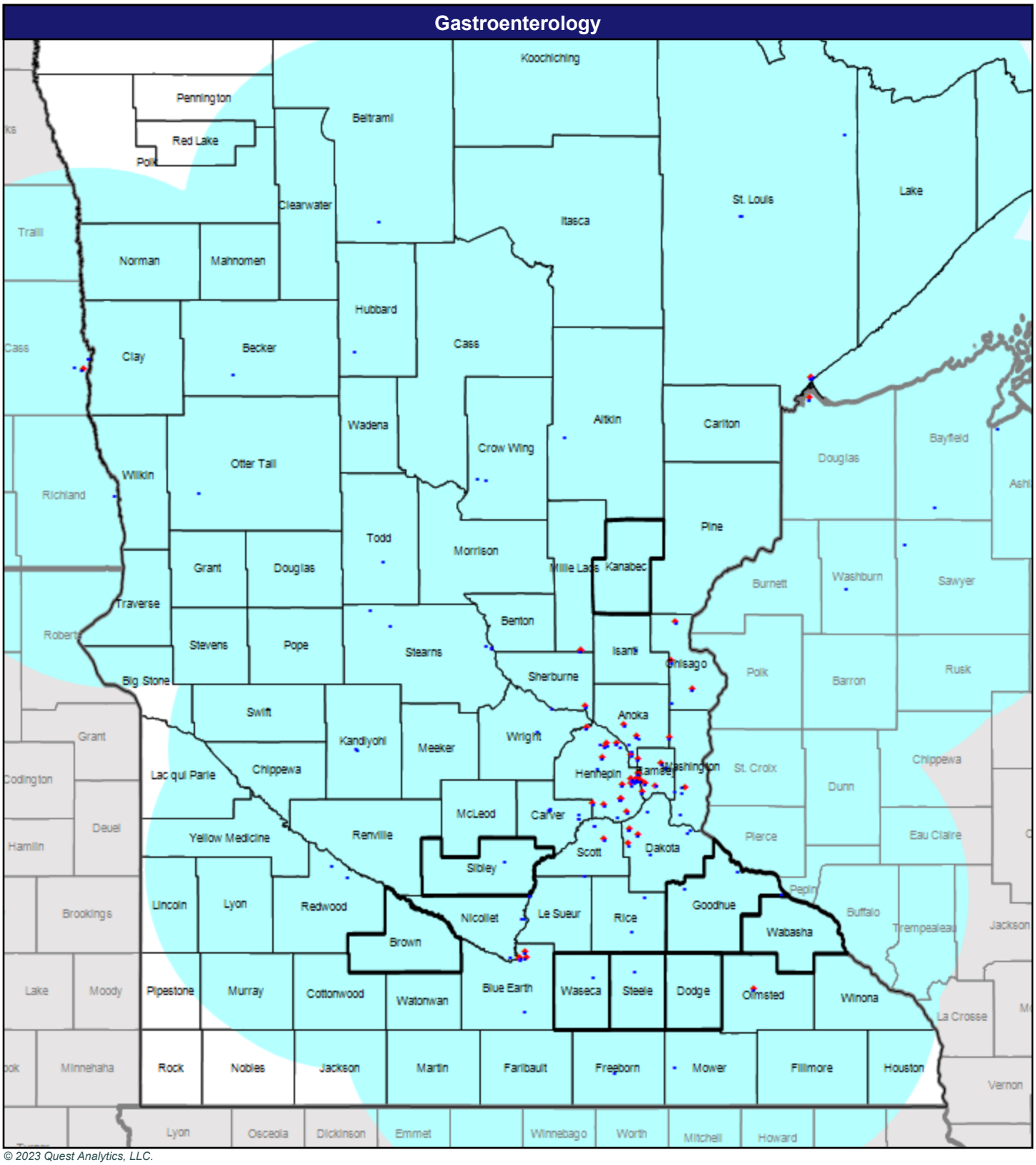
32 providers at 26 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



Gastroenterology

301 providers at 131 locations

- All providers
- 60 mile radius

Pediatric Gastroenterology

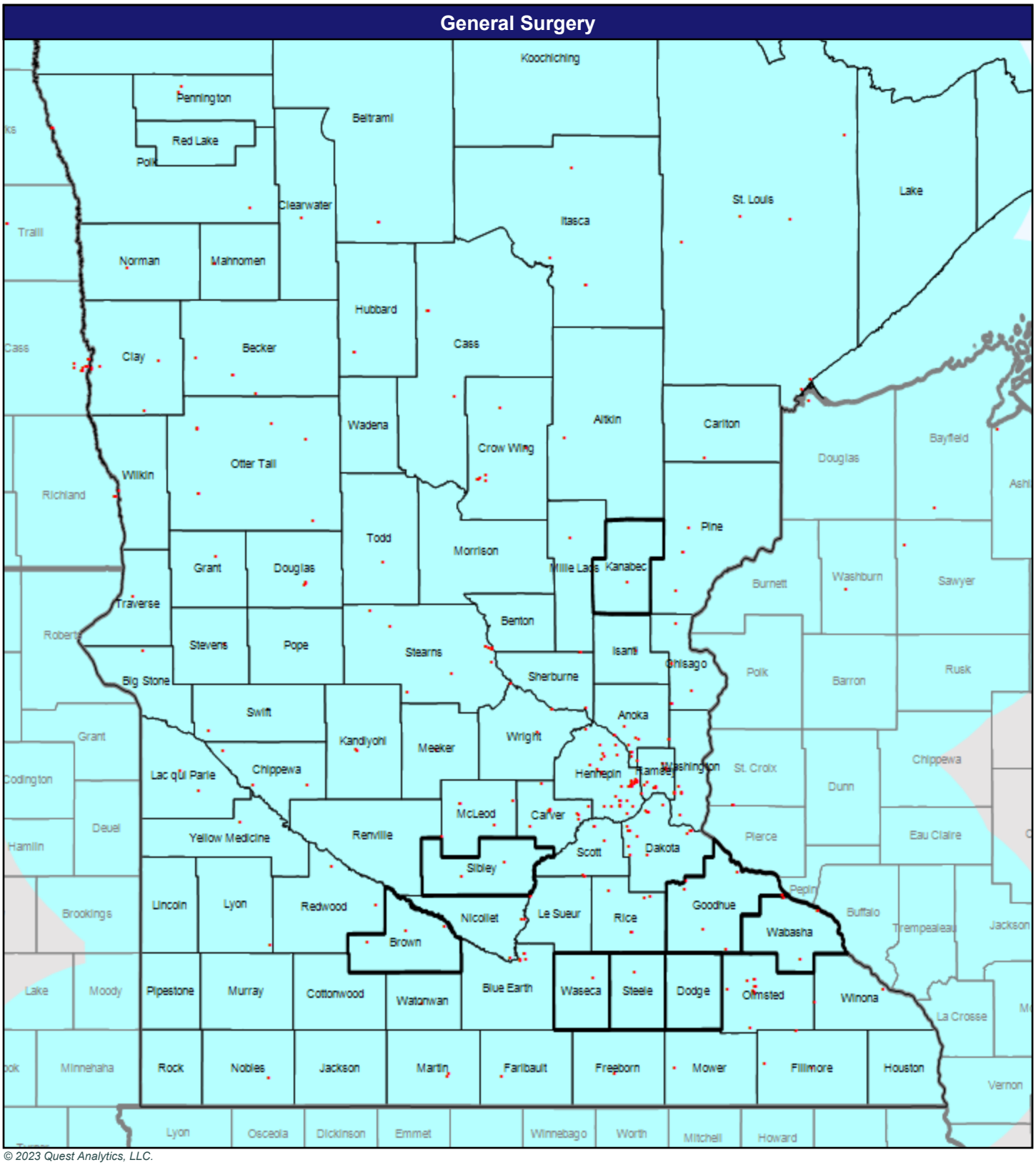
34 providers at 52 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



General Surgery

460 providers at 294 locations

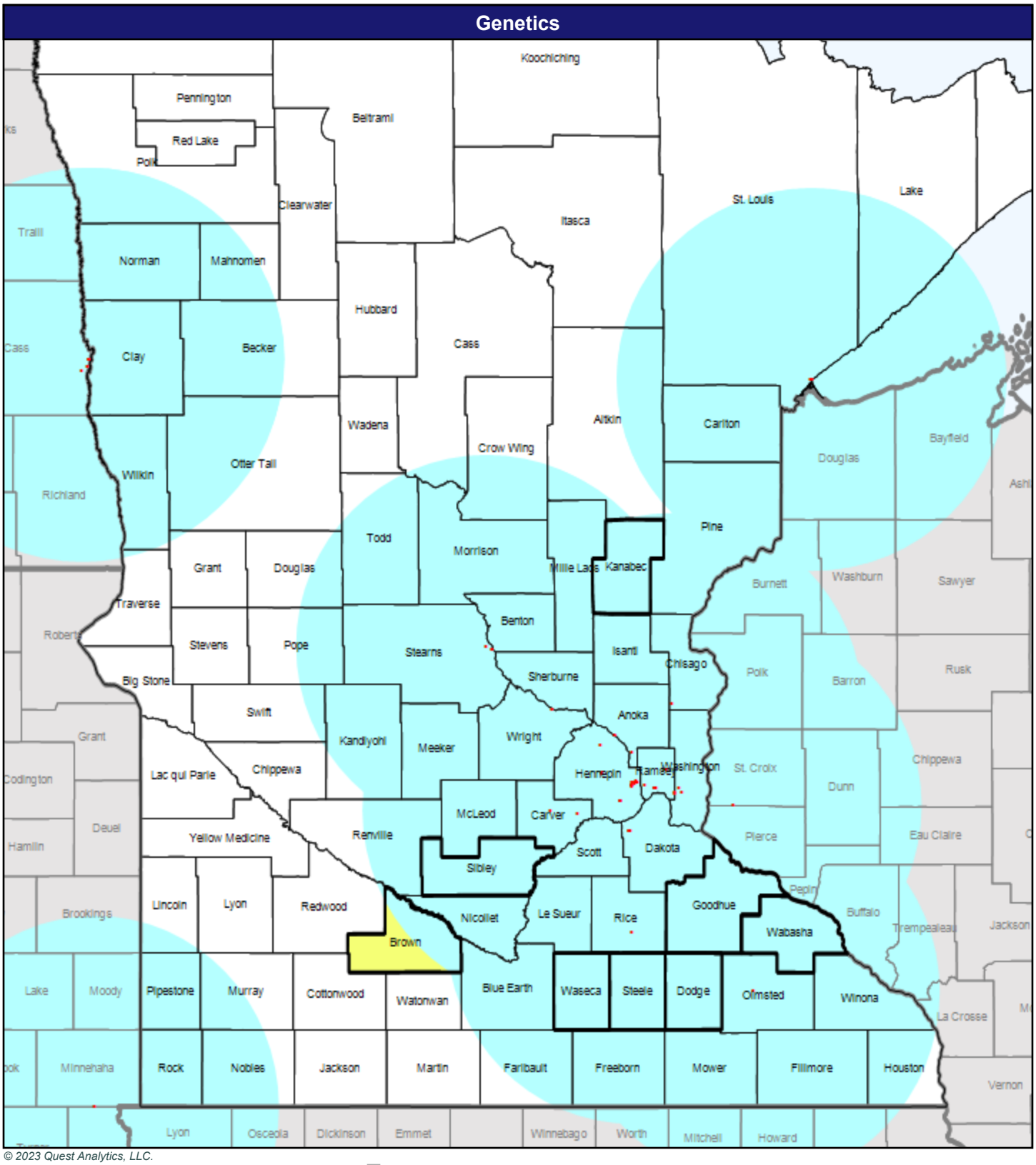
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Genetics



Medical Genetics

87 providers at 52 locations

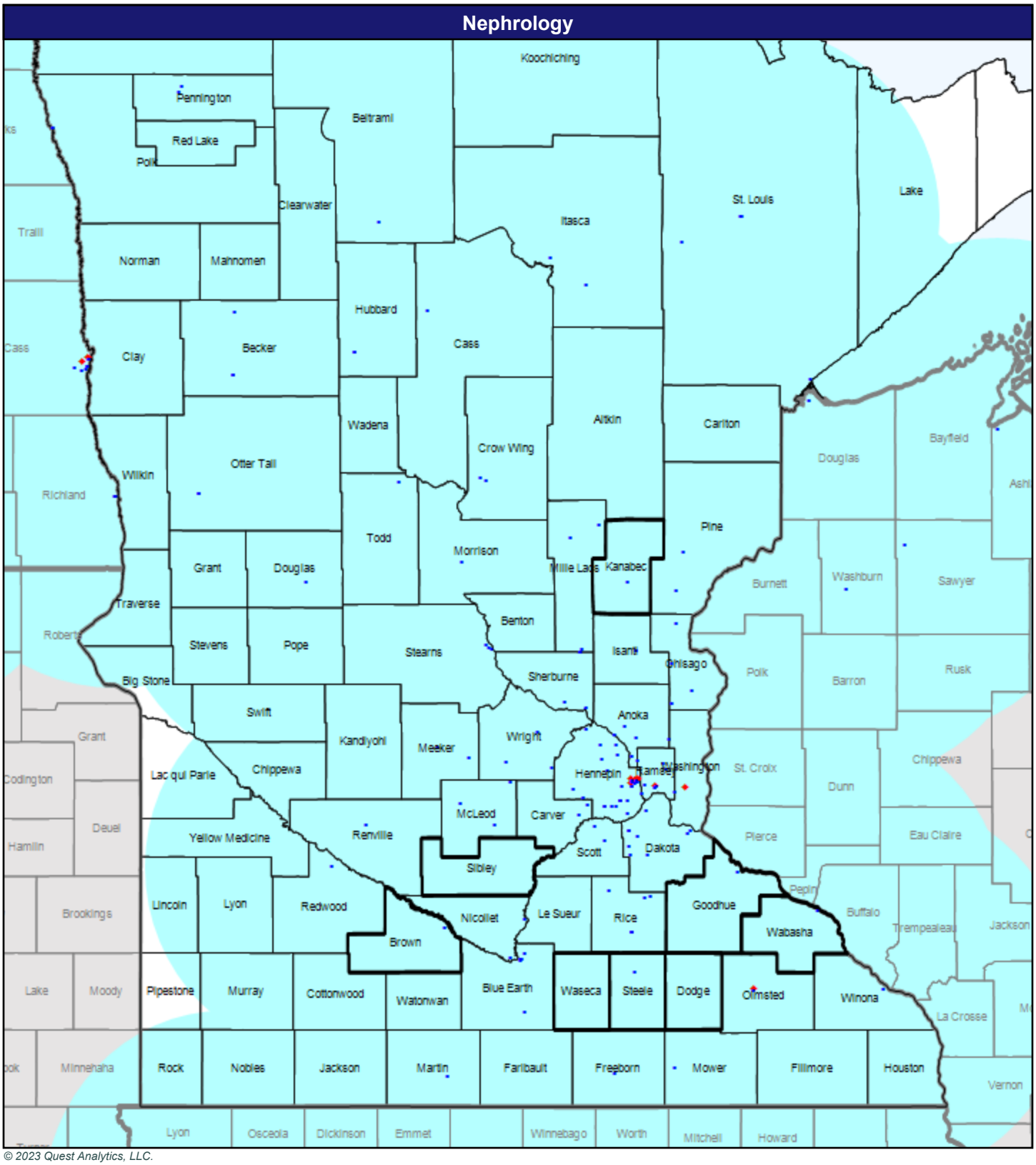
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area
- Gap in Service Area

Network Access Analysis - All Products

Nephrology



Nephrology

158 providers at 147 locations

- ■ All providers
- ○ 60 mile radius

Pediatric Nephrology

19 providers at 12 locations

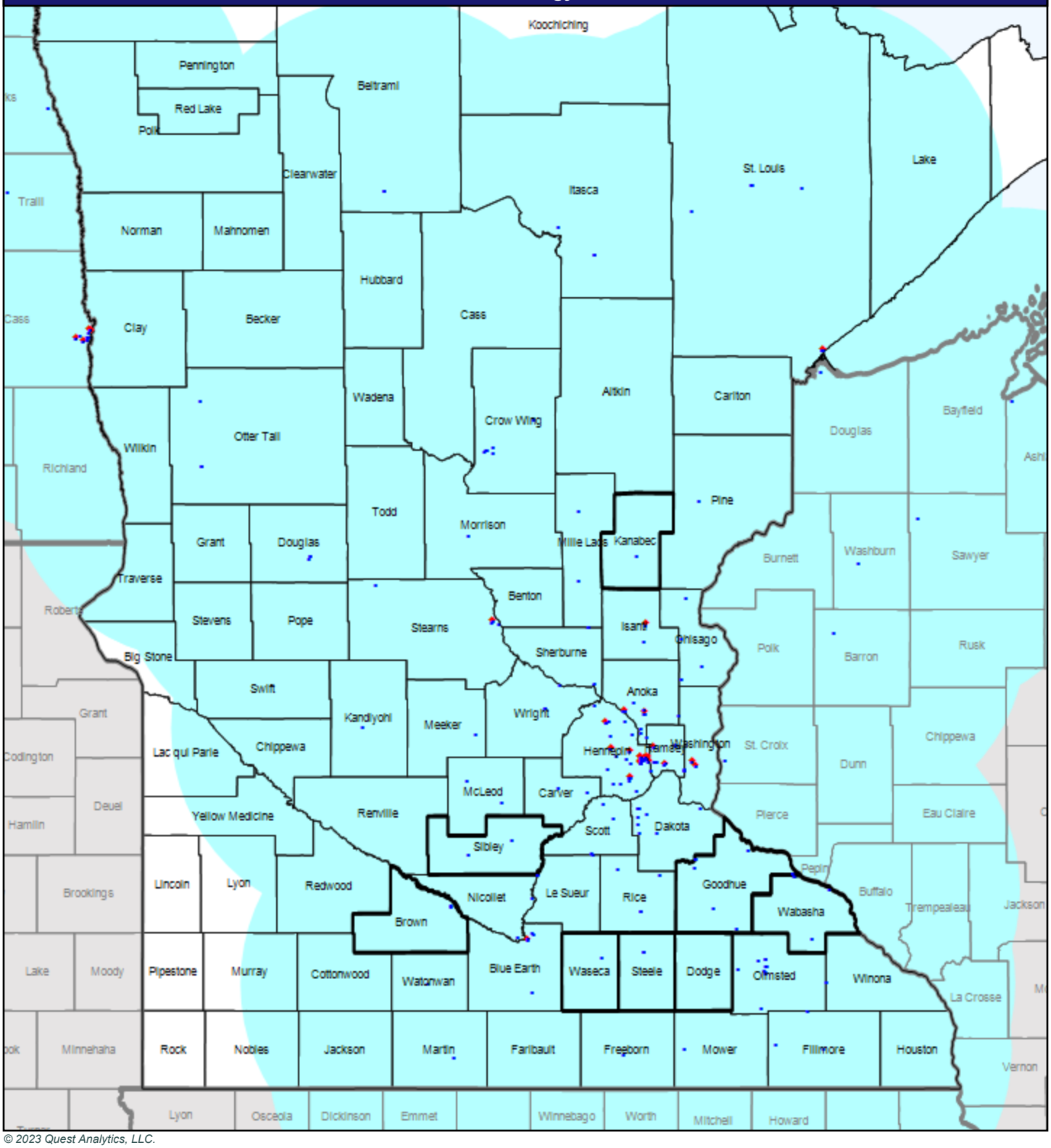
- ◆ All providers
- ○ 60 mile radius

Service Areas

- ☐ (Bold Outline) Service Area

Network Access Analysis - All Products

Neurology



Neurology

398 providers at 190 locations

- All providers
- 60 mile radius

Pediatric Neurology

29 providers at 28 locations

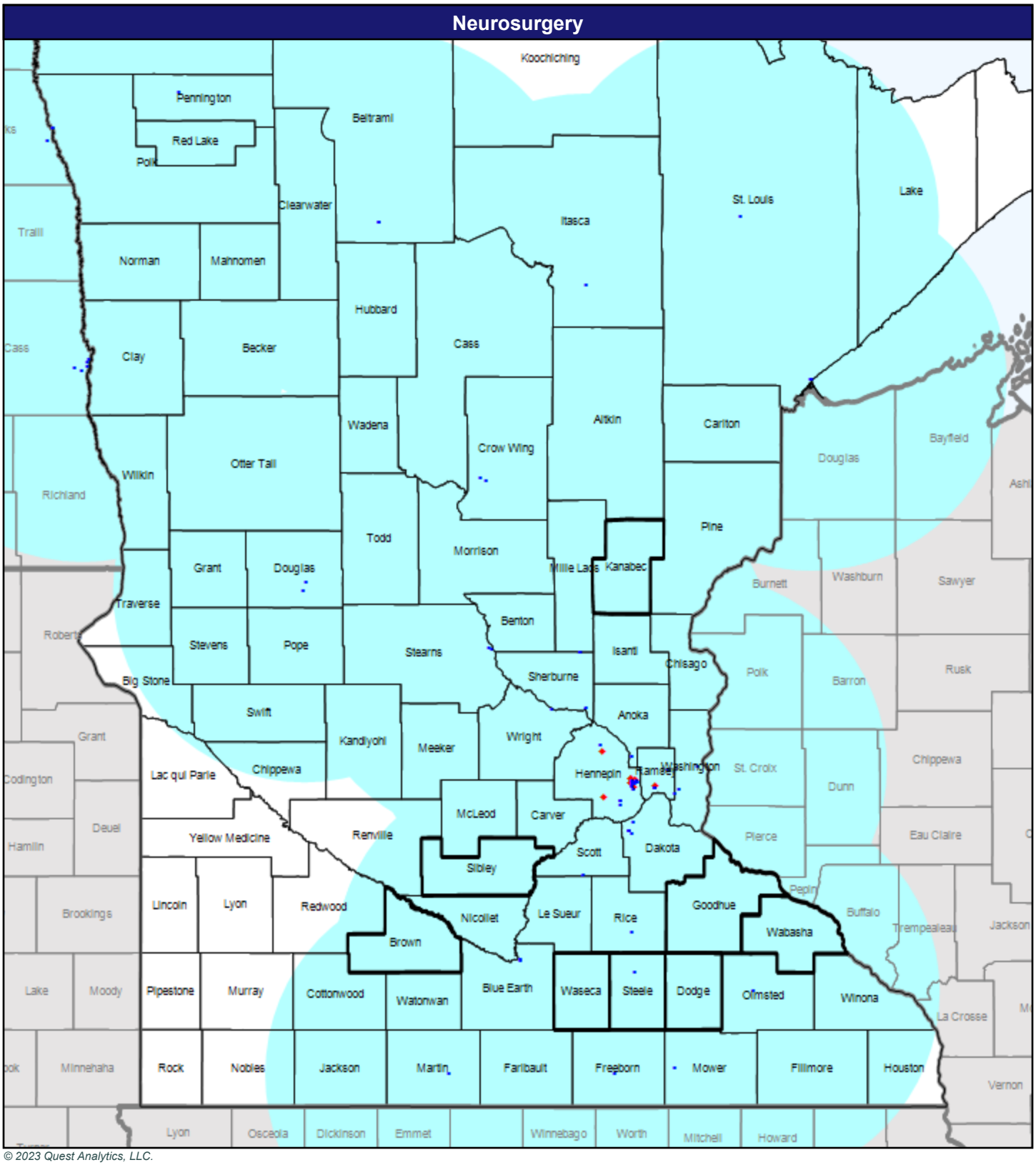
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Neurosurgery



Neurosurgery

111 providers at 62 locations

- All providers
- 60 mile radius

Pediatric Neurosurgery

9 providers at 10 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

OB/GYN

519 providers at 286 locations
- All providers
- 60 mile radius

Certified Professional Midwife

37 providers at 64 locations
- All providers
- 60 mile radius

Certified Nurse Midwife

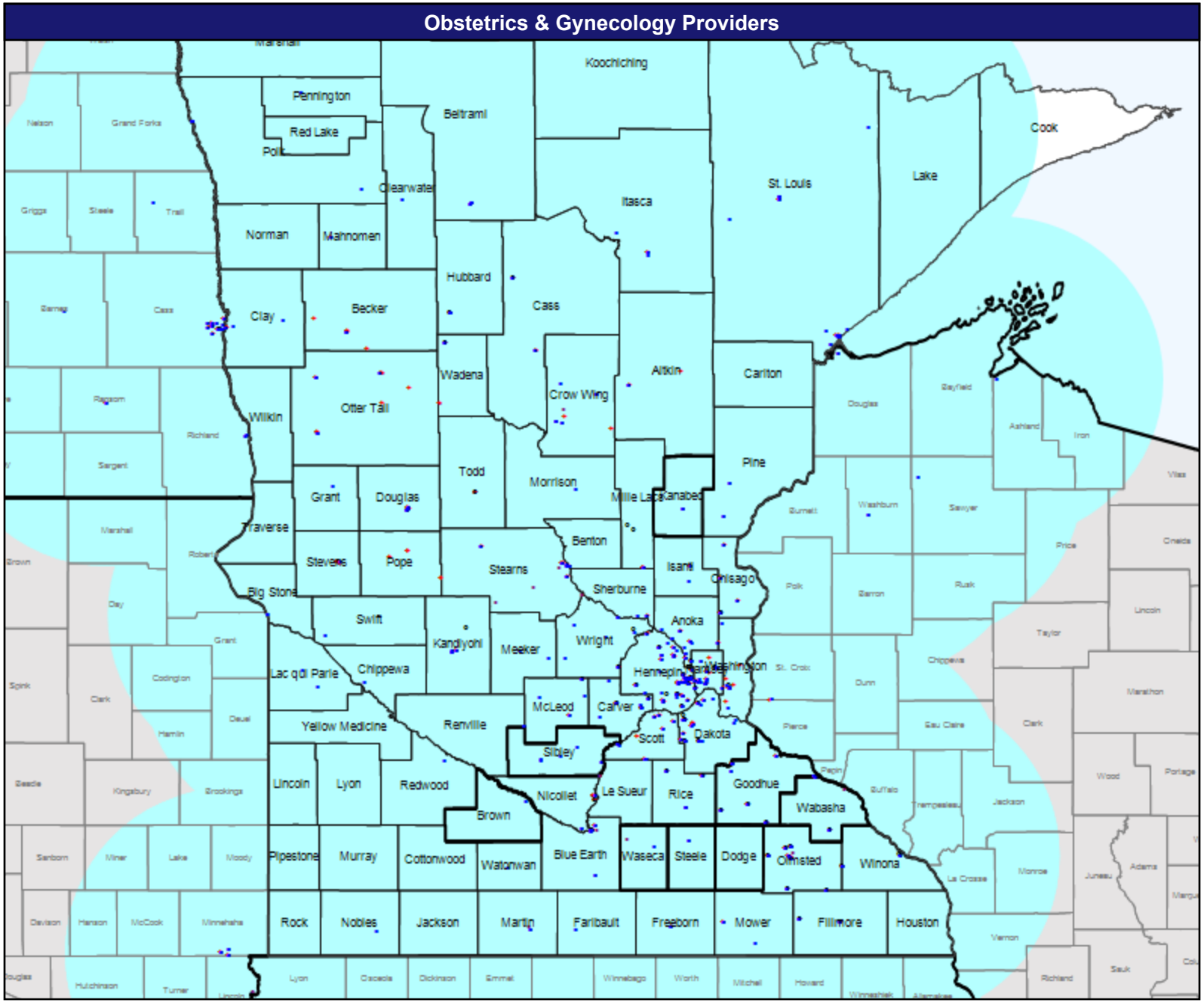
171 providers at 172 locations
- All providers
- 60 mile radius

OB/GYN Nurse Practitioner

132 providers at 144 locations
- All providers
- 60 mile radius

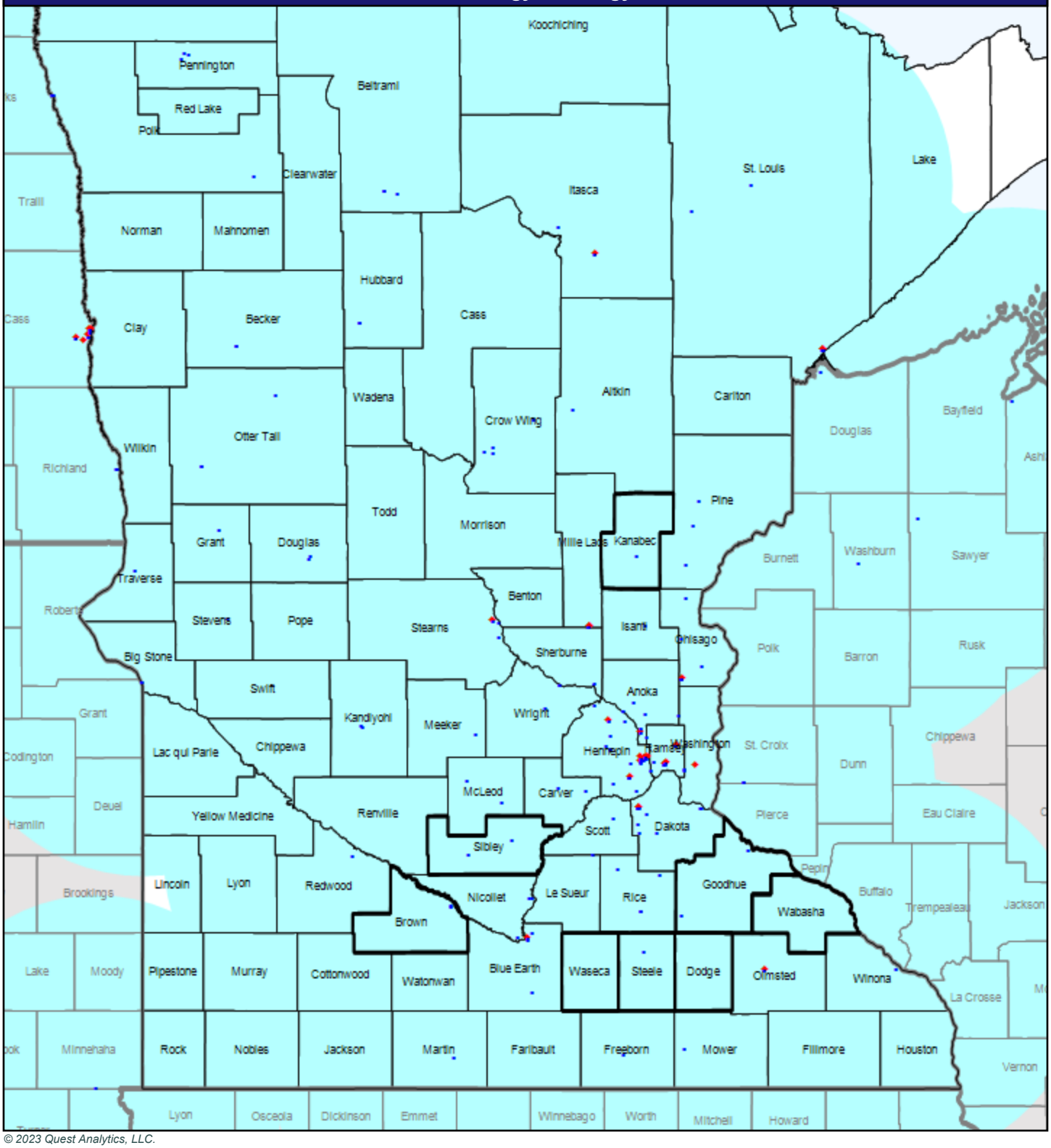
Service Areas

- (Bold Outline) Service Area



Network Access Analysis - All Products

Hematology/Oncology



Hematology/Oncology

287 providers at 158 locations

- All providers
- 60 mile radius

Pediatric Hematology/Oncology

73 providers at 30 locations

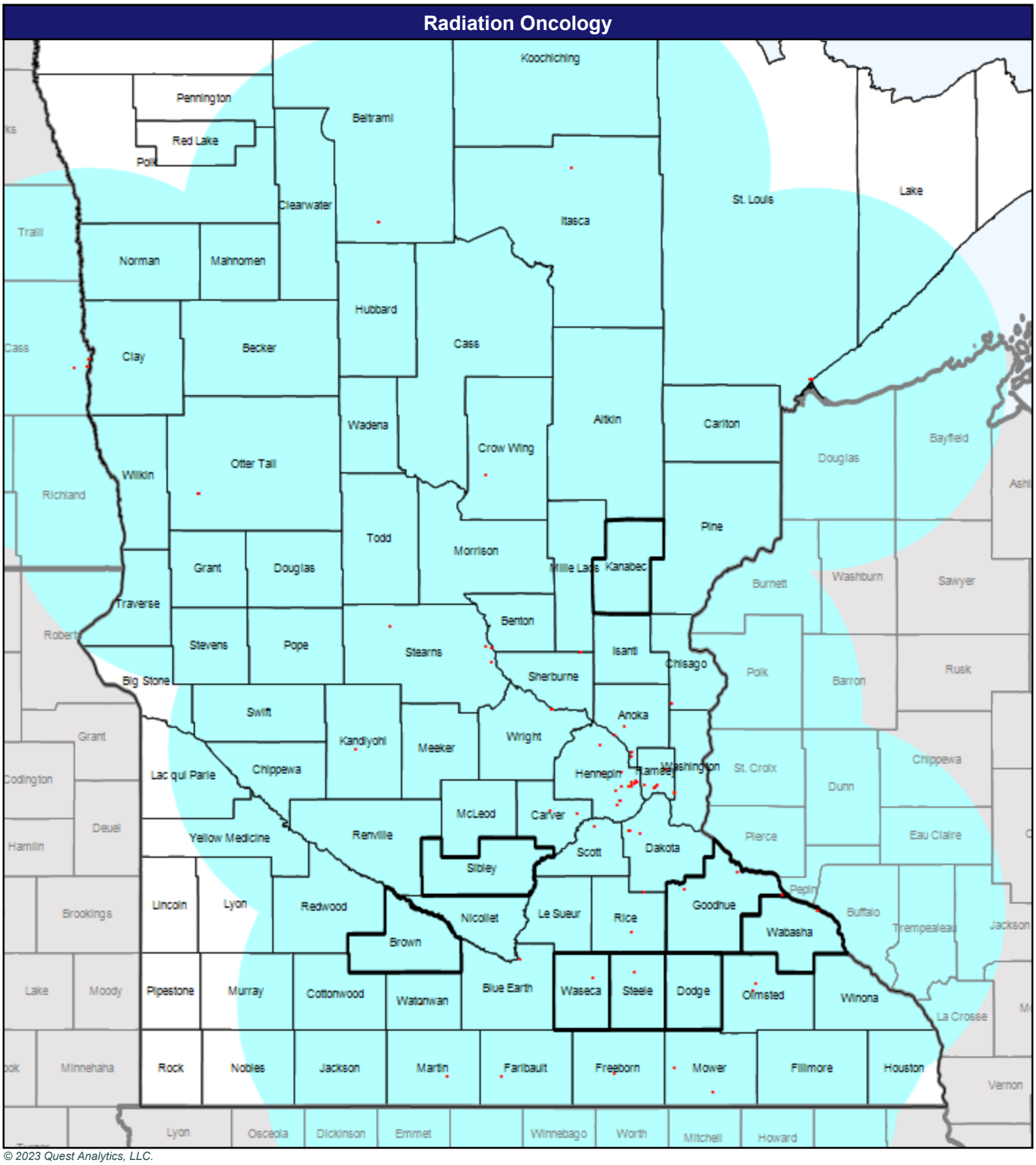
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Radiation Oncology



Radiation Oncology

145 providers at 79 locations

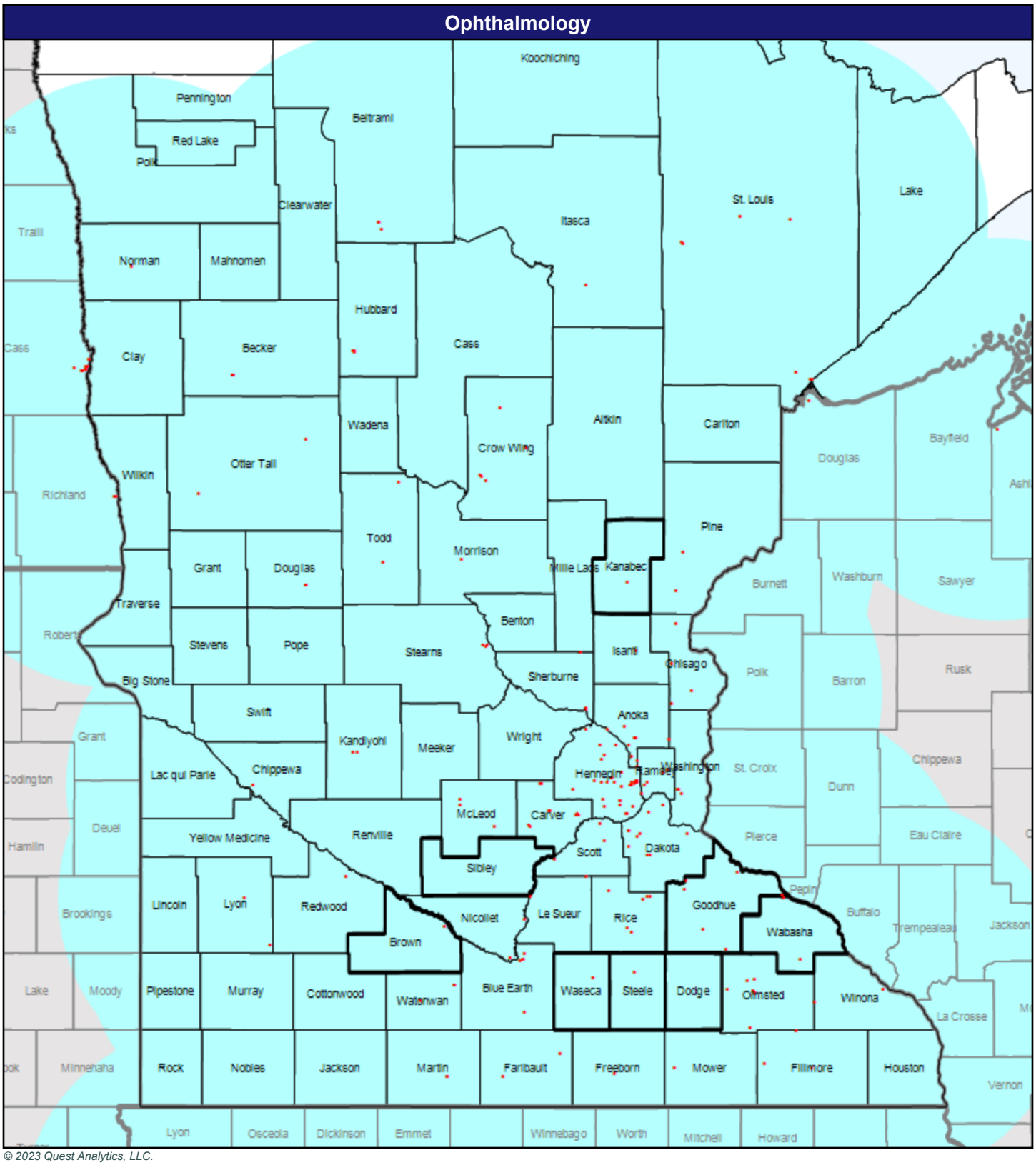
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Ophthalmology



Ophthalmology

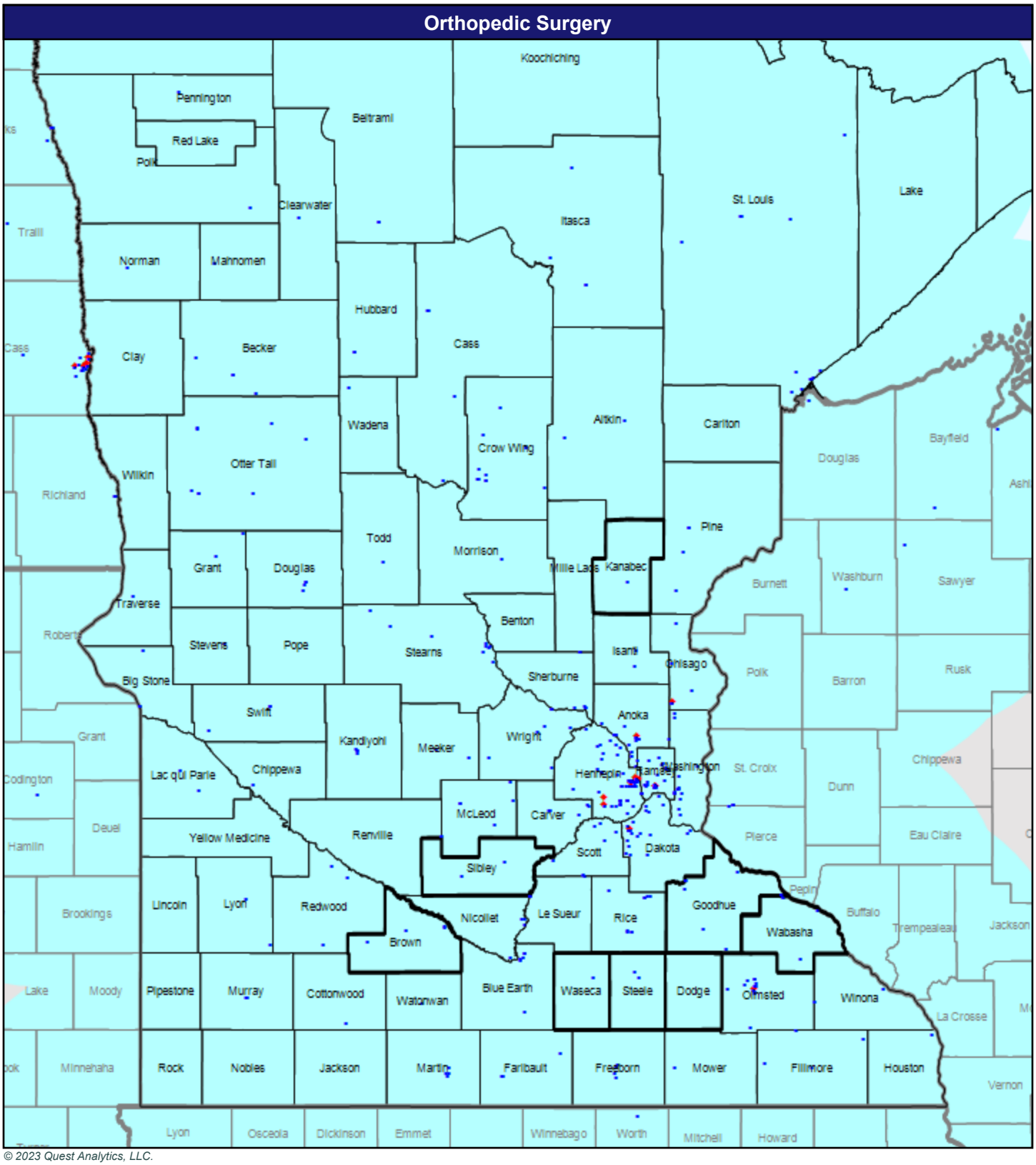
199 providers at 191 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



Orthopedic Surgery

664 providers at 381 locations

- All providers
- 60 mile radius

Pediatric Orthopedic Surgery

37 providers at 17 locations

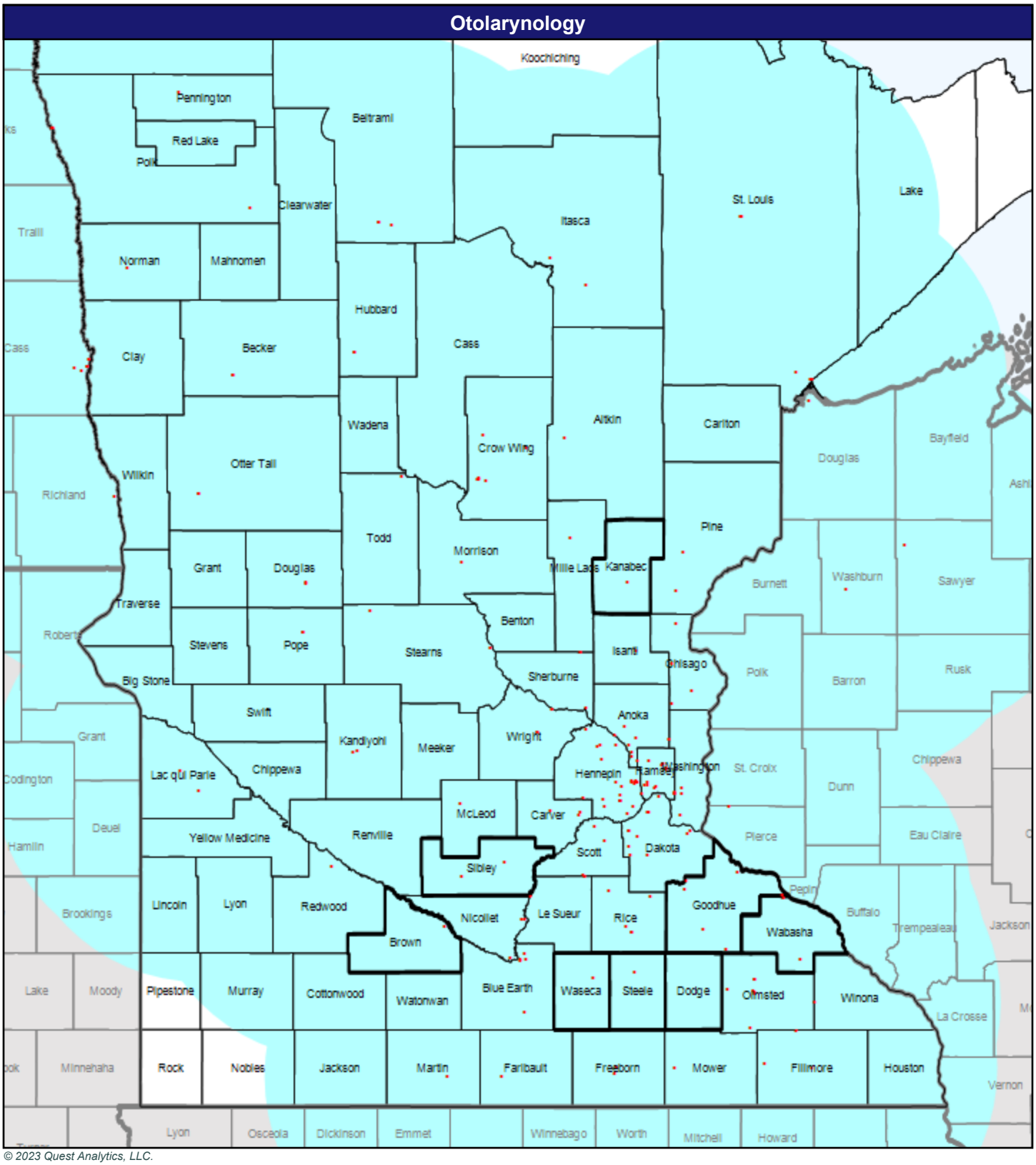
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Otolarynology



ENT/Otolaryngology

213 providers at 179 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Neonatal Perinatal Medicine

97 providers at 97 locations
★ All providers
○ 60 mile radius

Pediatric Cardiology

99 providers at 87 locations
● All providers
○ 60 mile radius

Pediatric Endocrinology

32 providers at 26 locations
■ All providers
○ 60 mile radius

Pediatric Gastroenterology

34 providers at 52 locations
◎ All providers
○ 60 mile radius

Pediatric Hematology/Oncology

73 providers at 30 locations
◆ All providers
○ 60 mile radius

Pediatric Neurosurgery

9 providers at 10 locations
♦ All providers
○ 60 mile radius

Pediatric Pulmonary Medicine

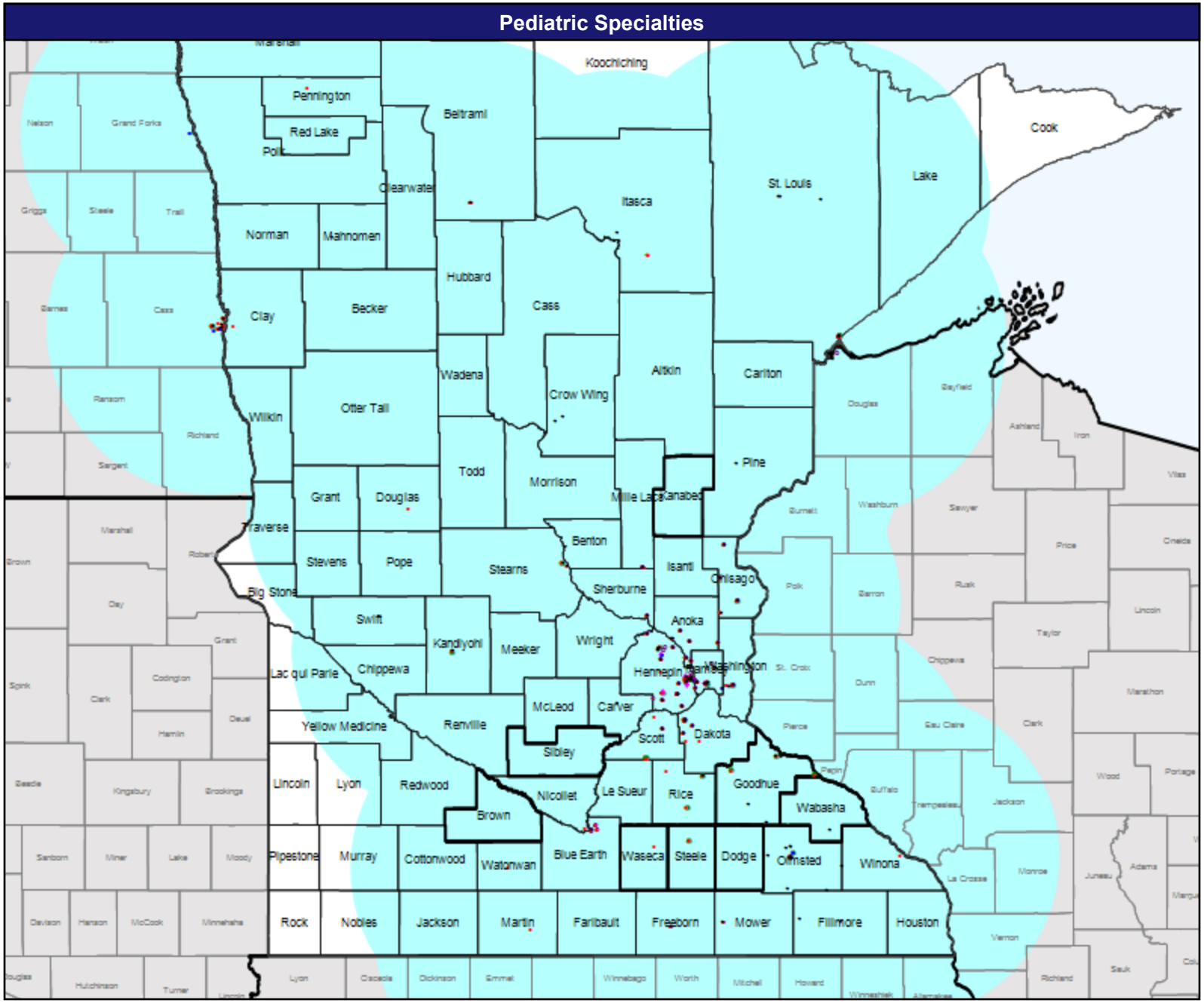
28 providers at 34 locations
✹ All providers
○ 60 mile radius

Pediatric Rheumatology

9 providers at 10 locations
❁ All providers
○ 60 mile radius

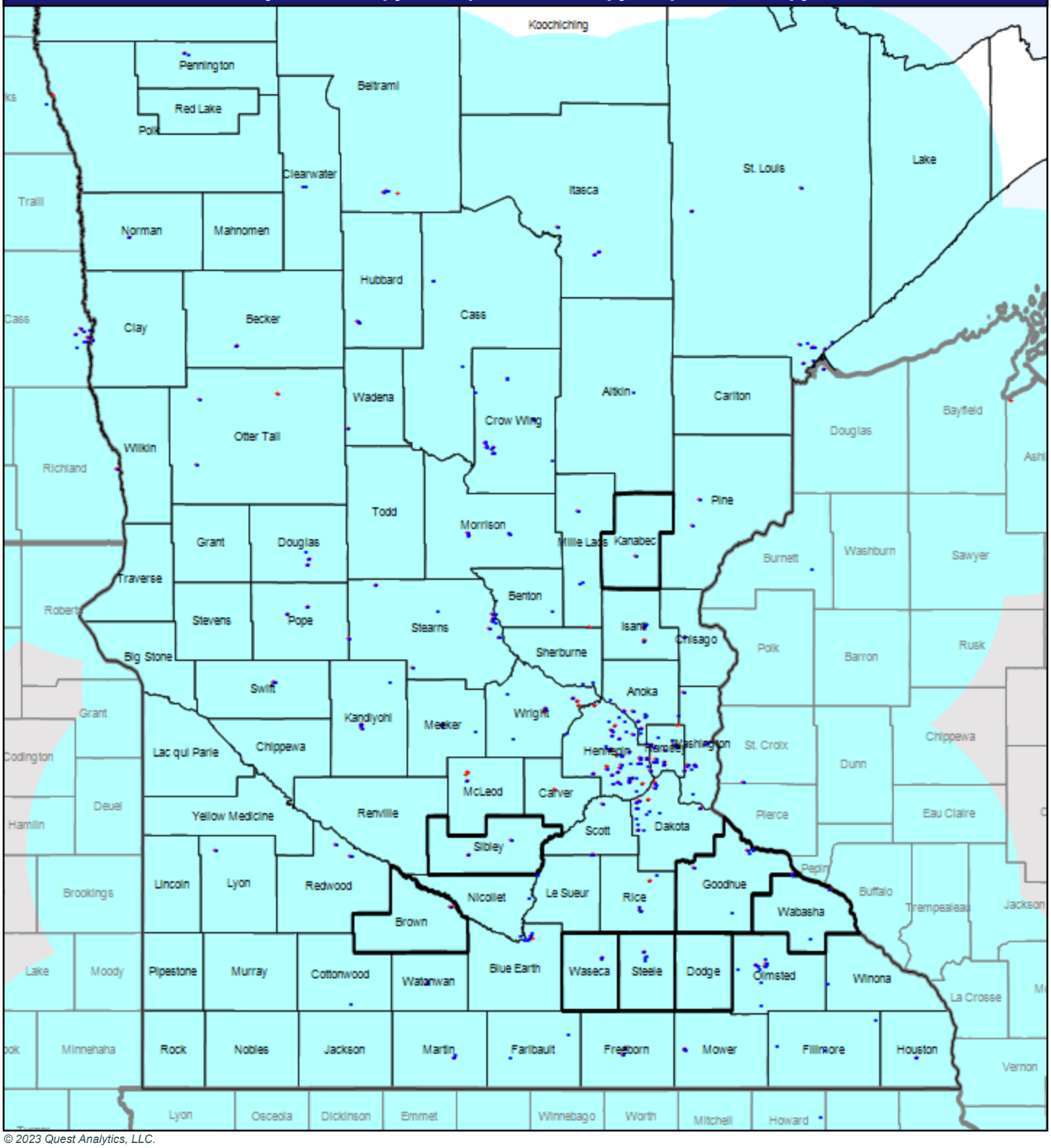
Service Areas

☐ (Bold Outline) Service Area



Network Access Analysis - All Products

Physical Therapy, Occupational Therapy & Speech Therapy



Physical Therapy

153 providers at 295 locations

- All providers
- 60 mile radius

Occupational Therapy

113 providers at 194 locations

- All providers
- 60 mile radius

Speech Therapy

83 providers at 132 locations

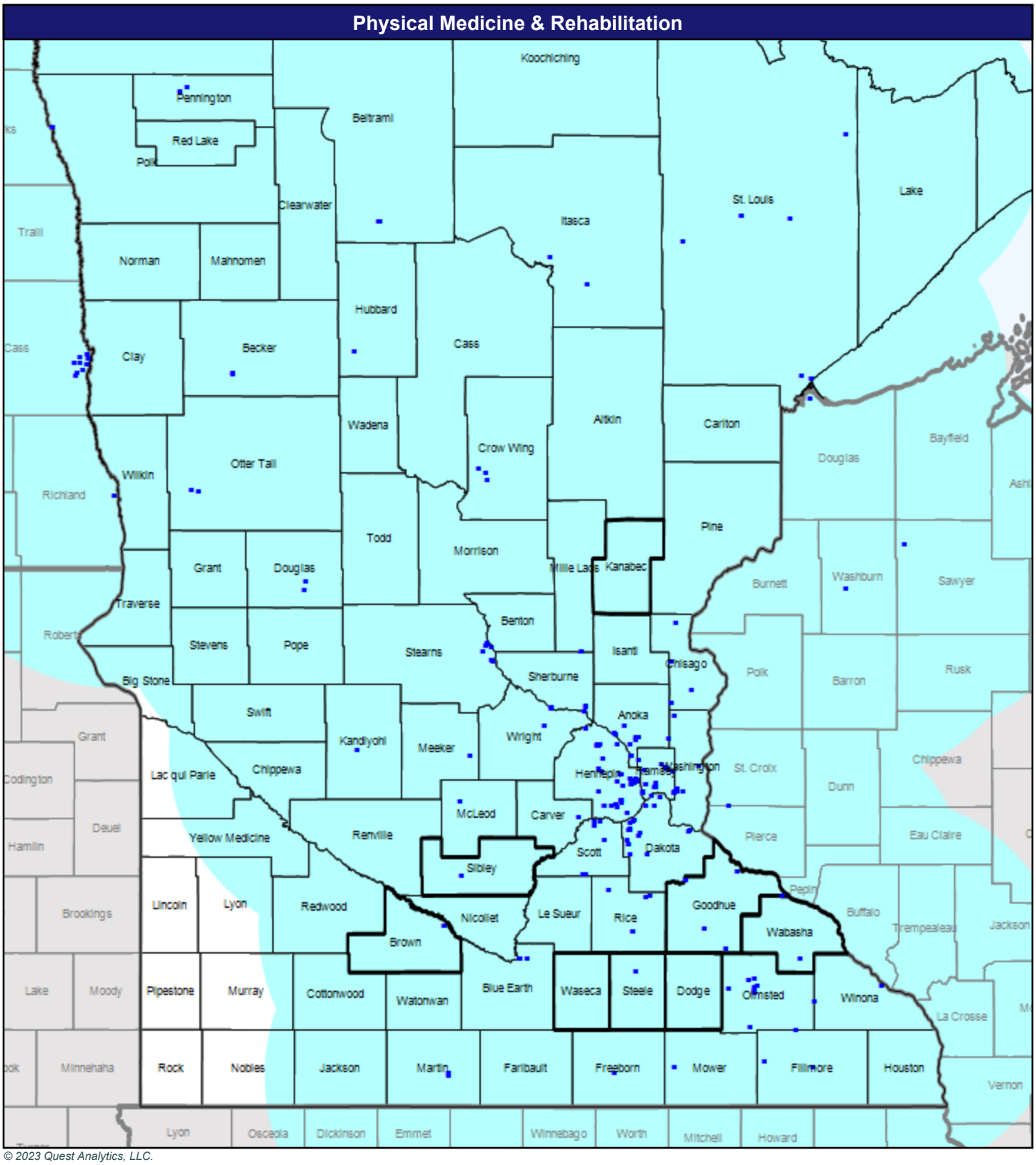
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Physical Medicine & Rehabilitation



Physical Medicine & Rehabilitation

189 providers at 209 locations

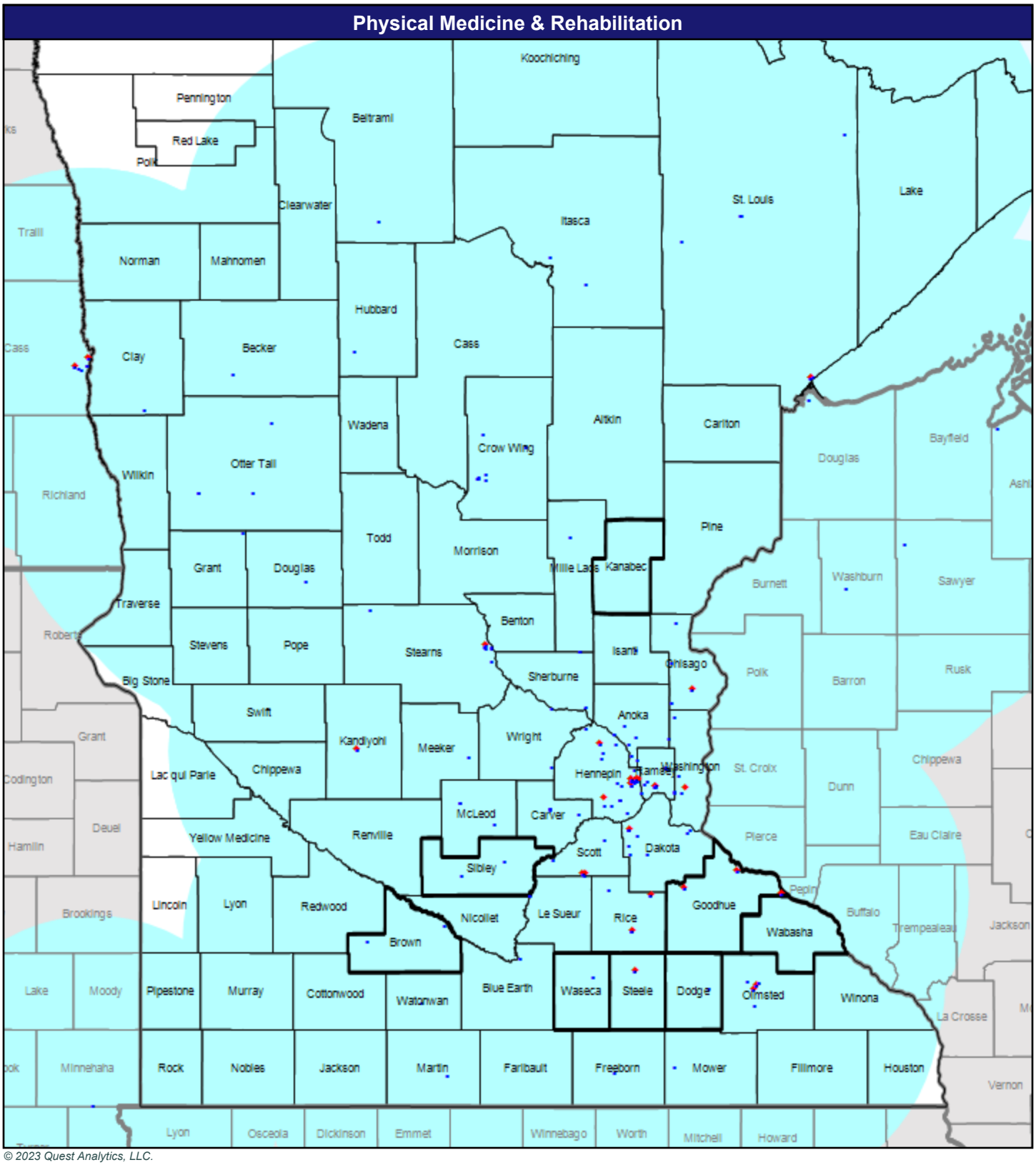
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Physical Medicine & Rehabilitation



Pulmonary Medicine

210 providers at 148 locations

- All providers
- 60 mile radius

Pediatric Pulmonary Medicine

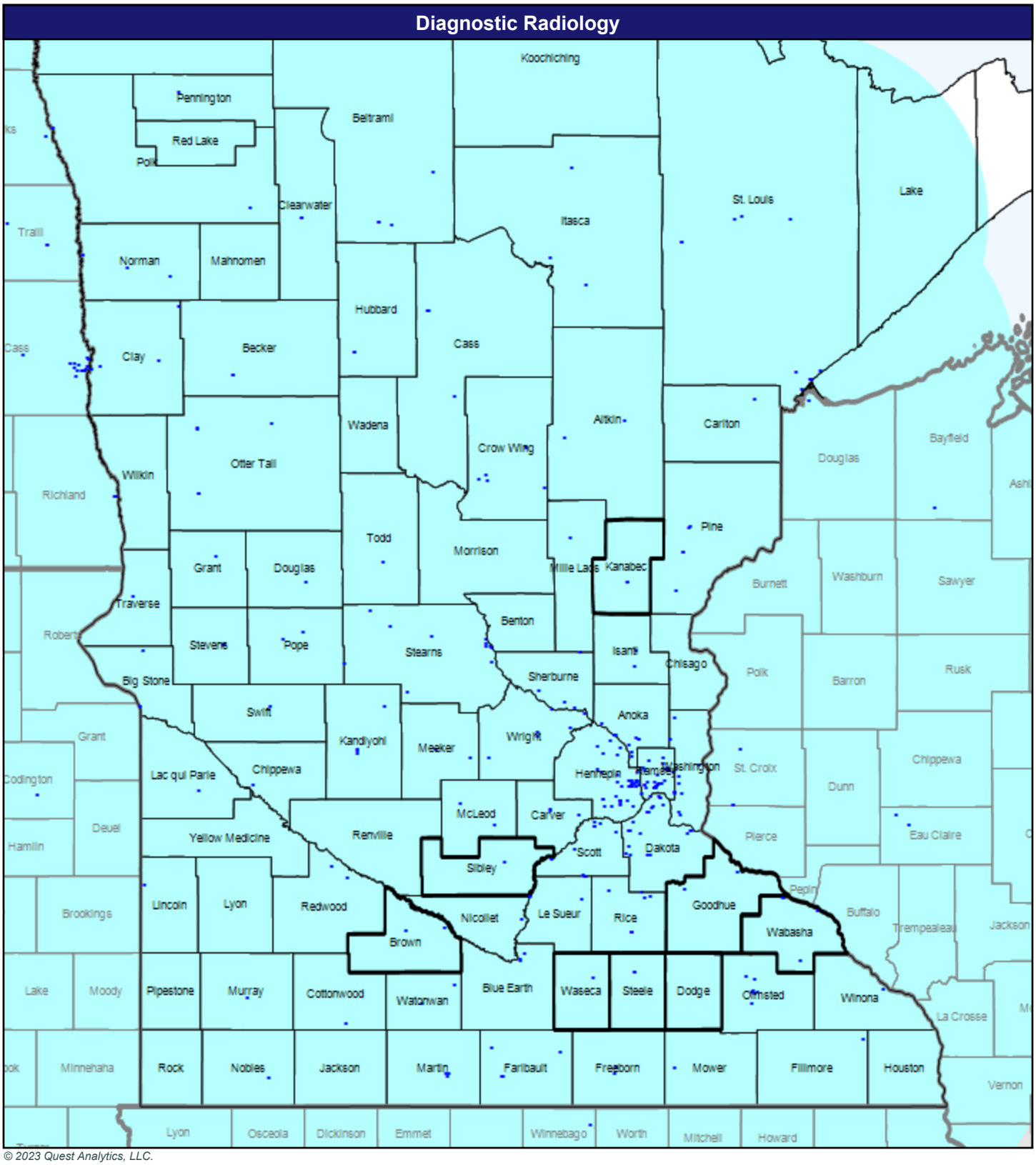
28 providers at 34 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



Diagnostic Radiology

222 providers at 326 locations

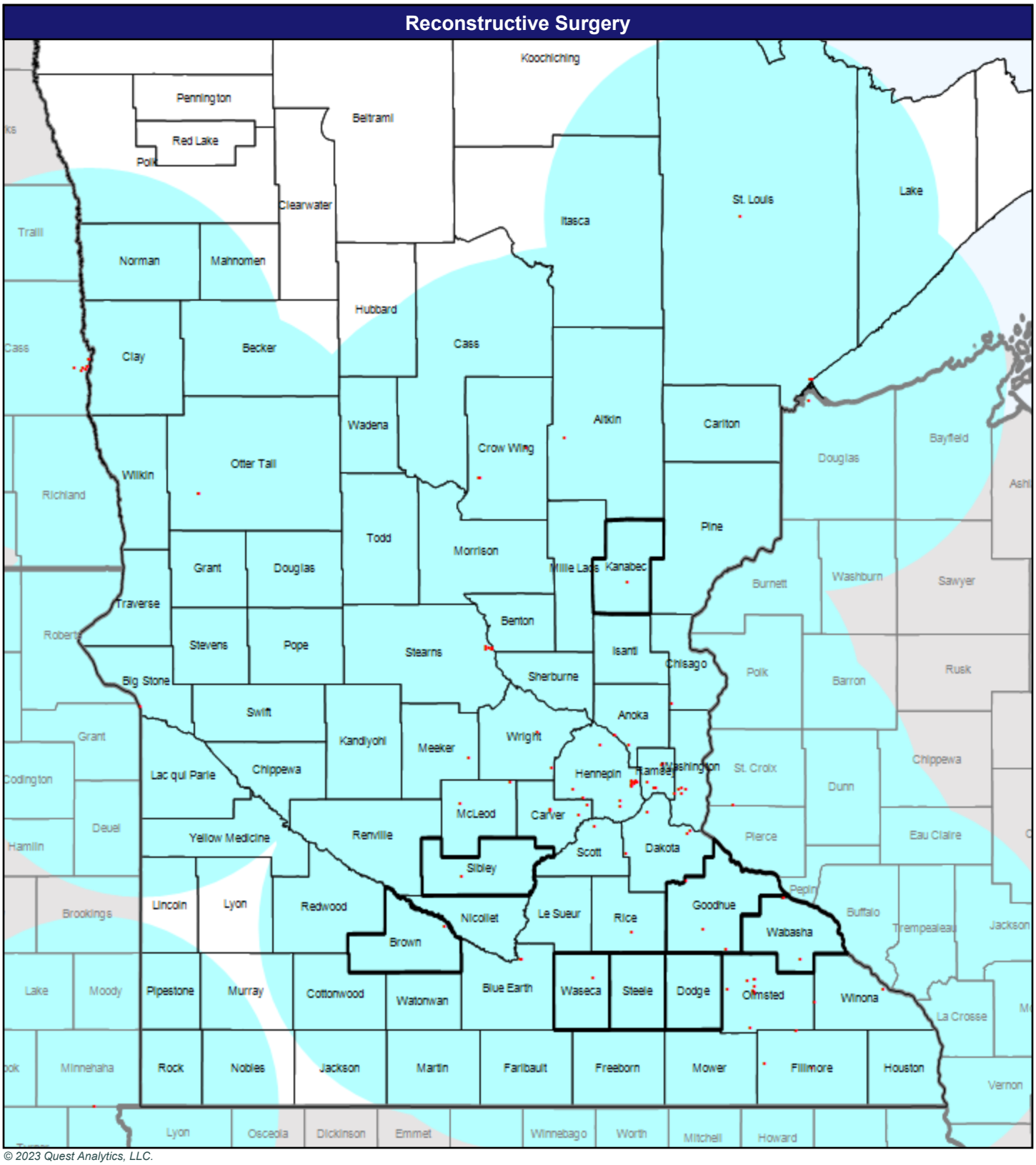
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Reconstructive Surgery



Plastic & Reconstructive Surgery

70 providers at 97 locations

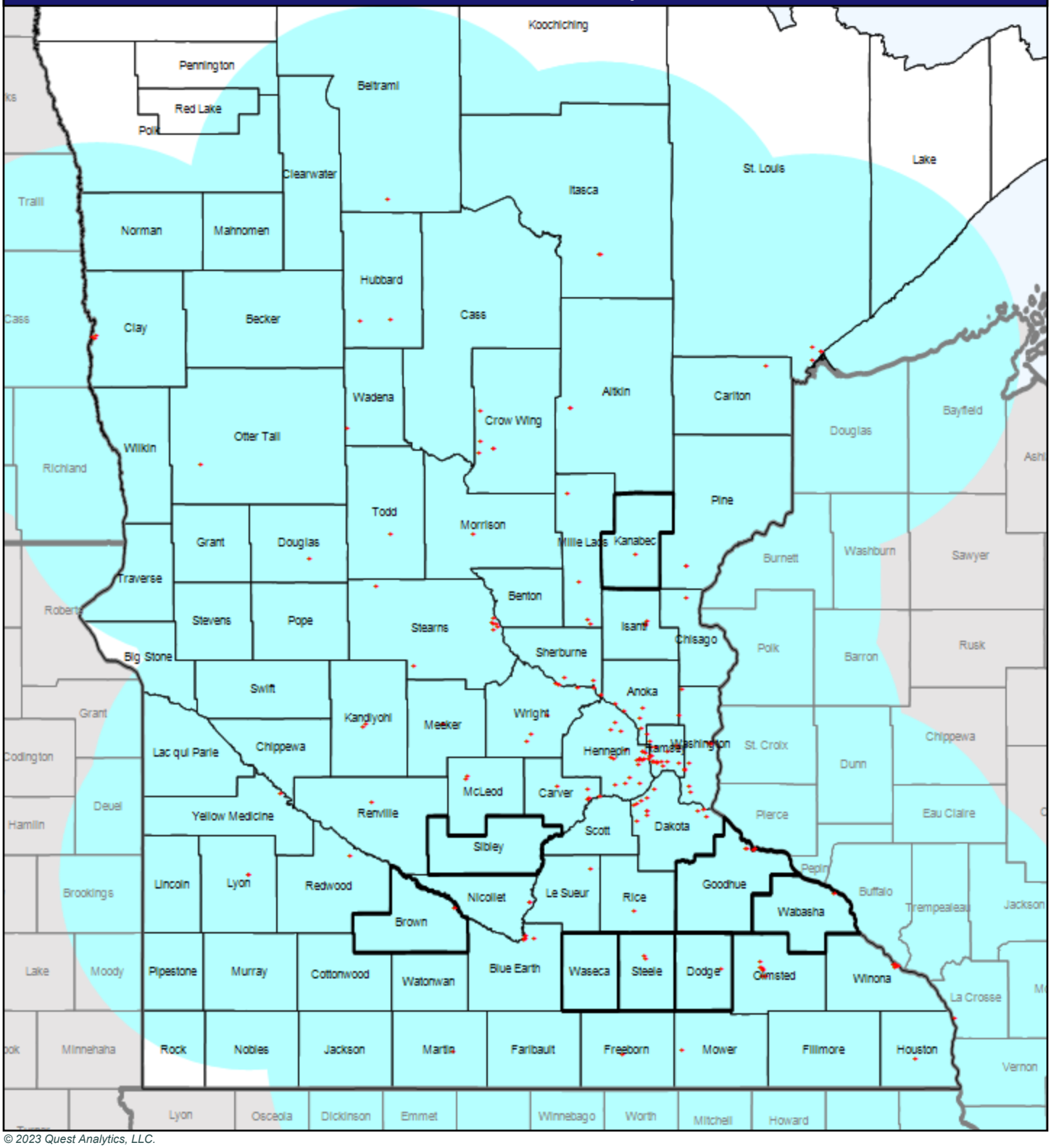
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Substance Use Disorder Outpatient



Substance Use Disorder Outpatient

92 providers at 175 locations

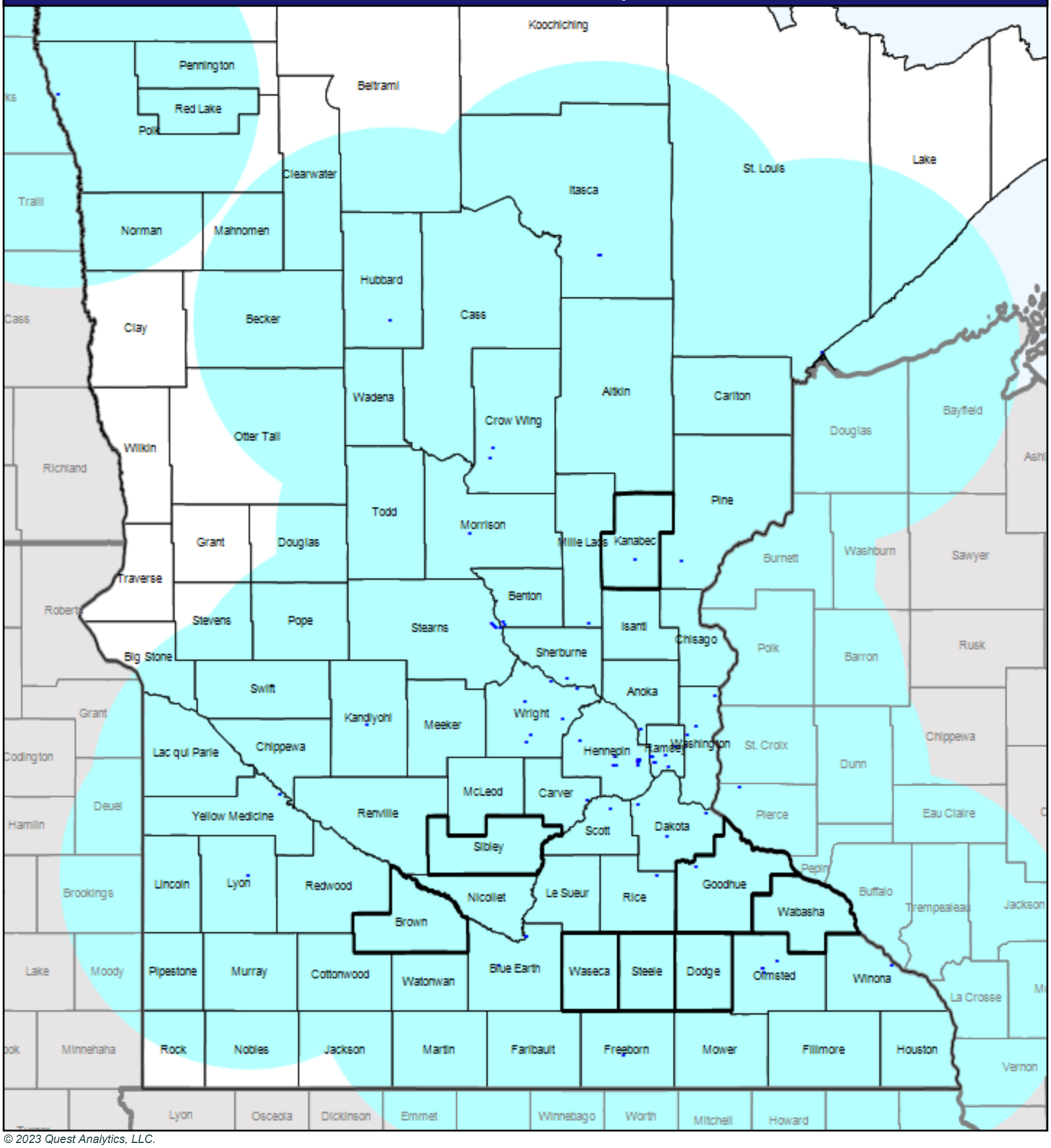
- ◆ All providers
- ○ 60 mile radius

Service Areas

- ☐ (Bold Outline) Service Area

Network Access Analysis - All Products

Substance Use Disorder Inpatient



Substance Use Disorder Inpatient

62 providers at 69 locations

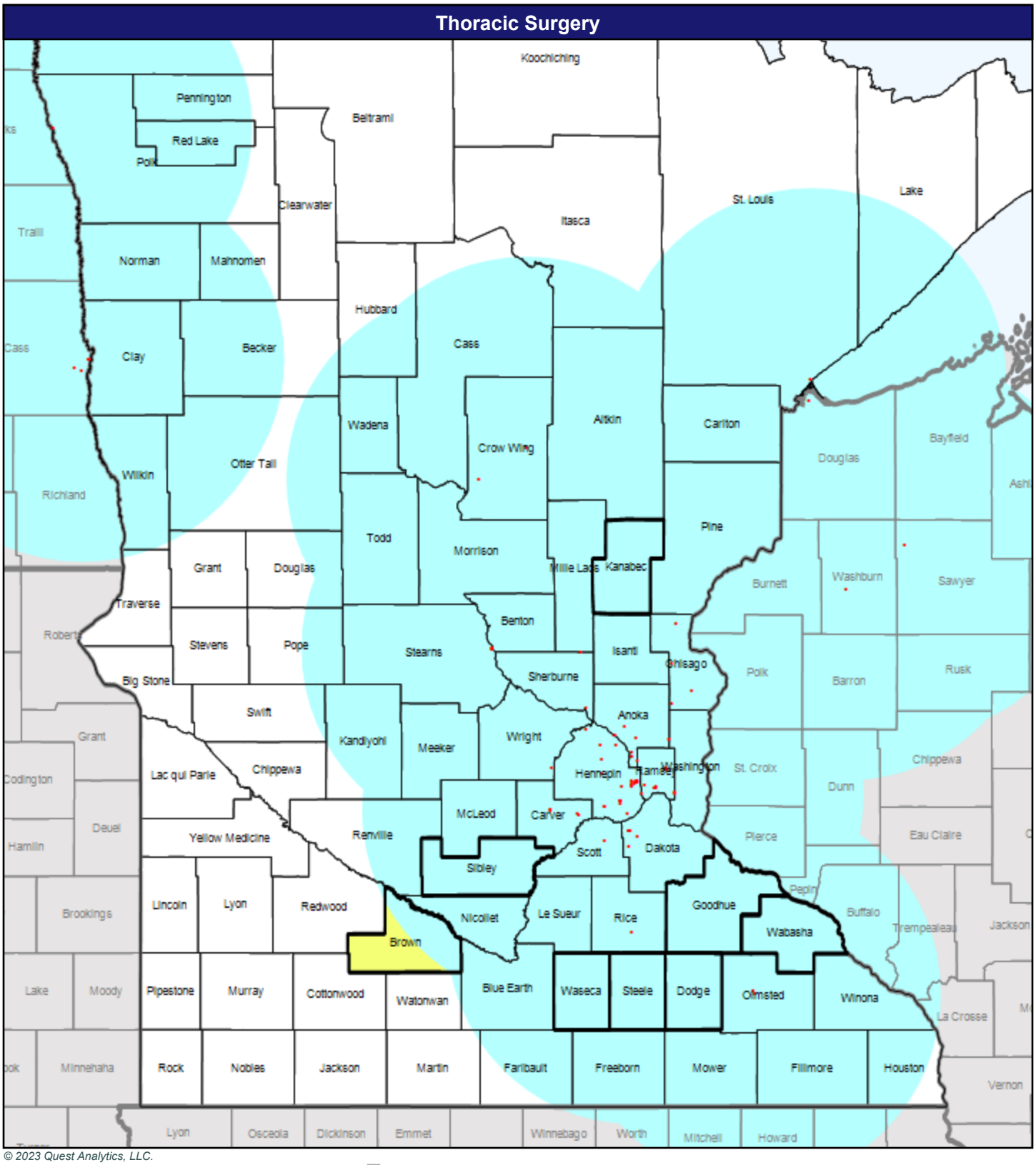
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Thoracic Surgery



Thoracic Surgery

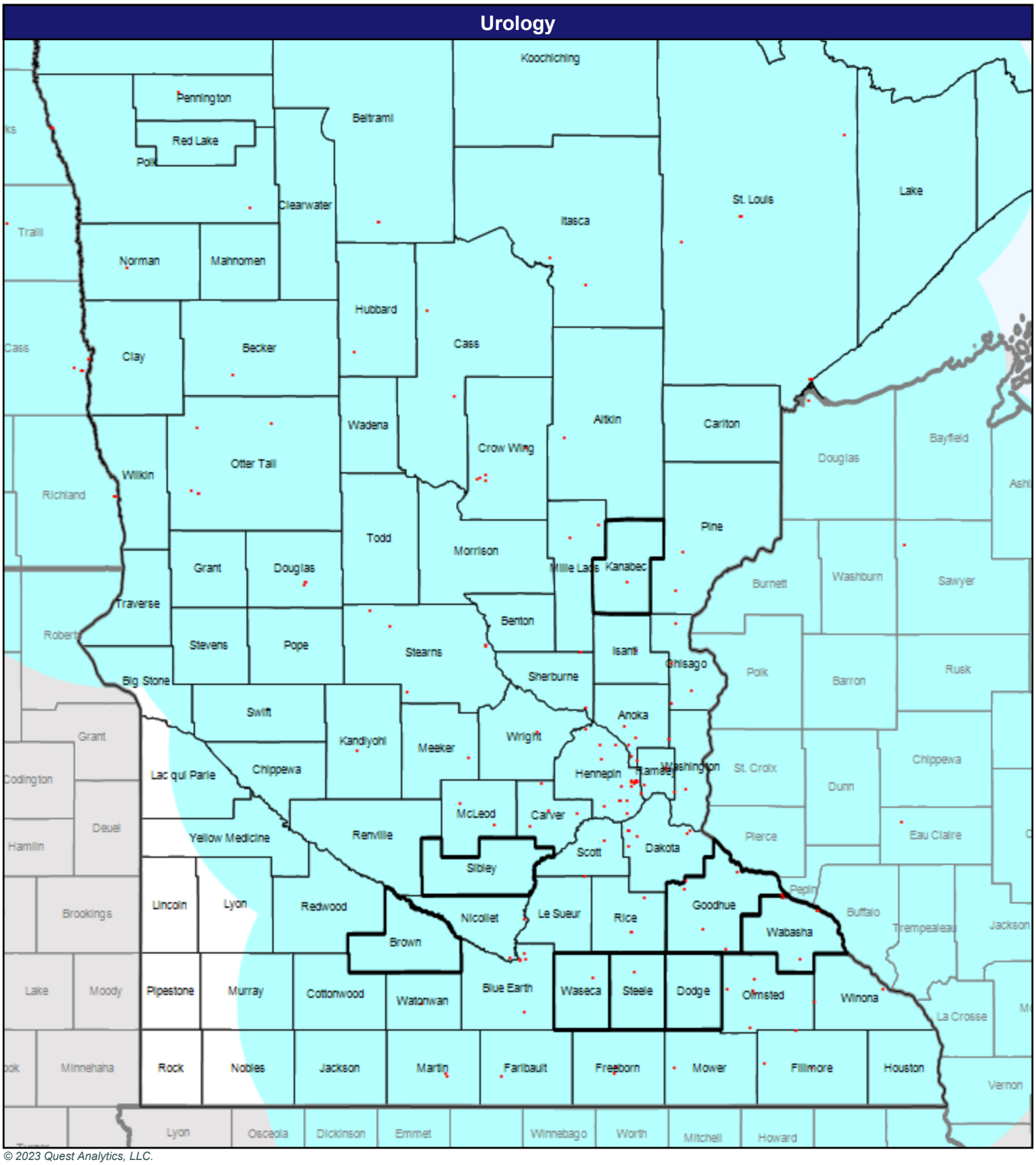
120 providers at 80 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area
- Gap in Service Area

Network Access Analysis - All Products



Urology

190 providers at 157 locations

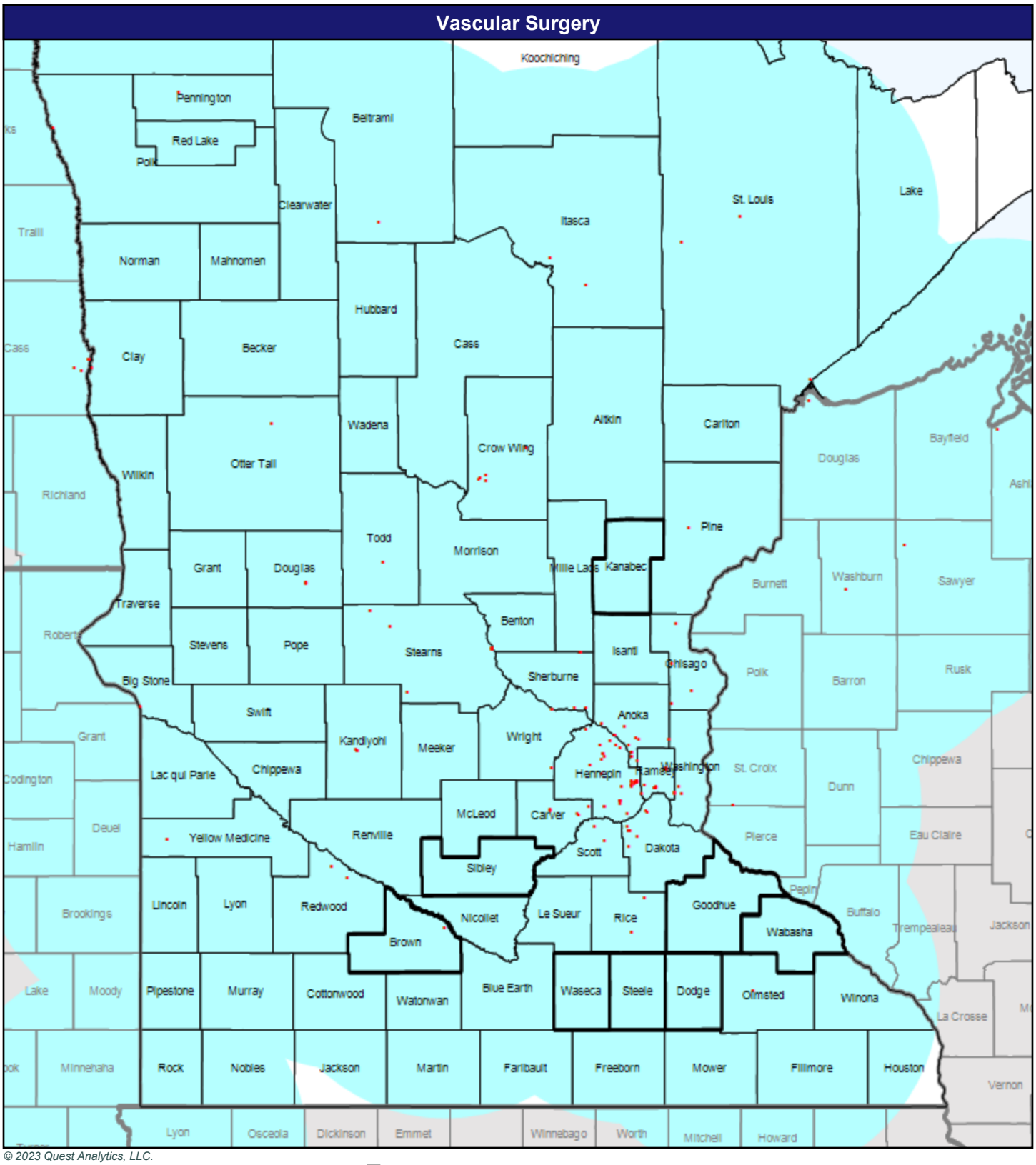
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products

Vascular Surgery



Vascular Surgery

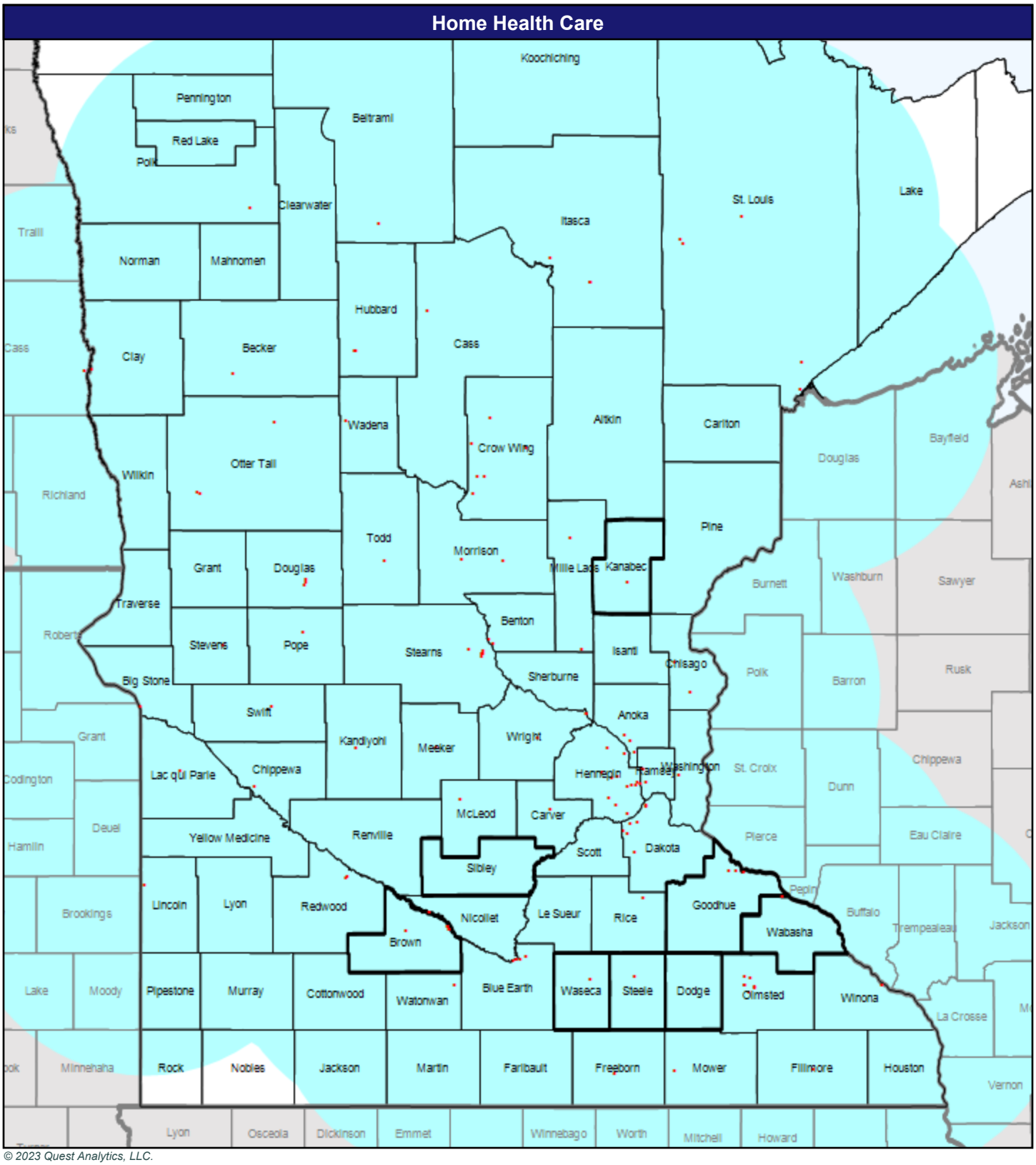
123 providers at 132 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area
- Gap in Service Area

Network Access Analysis - All Products



Home Health Care

79 providers at 114 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area