South Country HEALTH ALLIANCE

South Country Health Alliance 2024 Quality Program Description

Quality Assurance Committee: Approval:
Joint Powers Board Approval:

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1. Introduction and Purpose

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, South Country was 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 provides members in eight counties with Prepaid Medical Assistance Program (PMAP) and MinnesotaCare (MNCare), Minnesota Senior Care Plus (MSC+), SeniorCare Complete (MSHO), AbilityCare (SNBC), SingleCare (SNBC), and SharedCare (SNBC) - (See Attachment A). Under contract with the Minnesota Department of Human Services (DHS) and Centers for Medicare & Medicaid Services (CMS), South Country is fully at risk for guaranteeing payment for covered services for the enrolled population and must meet all requirements that apply to health maintenance organizations or community integrated service networks. The current county owners are Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca counties.

South Country served its first members in November 2001, with a membership volume of just under 5,000. Enrollment has grown significantly over the years because of Medicaid and Medicare program changes and service area expansions; South Country's enrollment at the end of 2023 was 30,963 members.

The Quality Program for South Country is the framework that guides the formal process for evaluating and improving, where necessary, the quality and appropriateness of health care services and the health status of the population South Country serves. South Country implements this program through a collaborative effort between South Country staff, county public health and human services staff, and South Country's third-party administrators (TPAs). The program is designed to meet federal requirements under Title XIX of the Social Security Act, 42 CFR Part 438, Subpart D; Title XVIII of the Social Security Act, § 1852I of the Social Security Act and 422 CFR § 152-158; Minnesota statutes, chapters 62D, 62M, 62N, 62Q and 256B; Minnesota rules 4685.1105 to 4685.1130; applicable National Committee of Quality Assurance(NCQA) "Standards and Guidelines for the Accreditation of Health Plans" as specified in the DHS contract; specifically for Medicare Advantage populations, 42 U.S.C. § 1395w-22 and the implementing regulations at 42 CFR § 422.152-158. The Quality Program integrates the CMS Model of Care as specified in 42 CFR §§ 422.152 (g), 422.4(a)(iv), and 422.101(f) as well as applicable state and federal requirements for the home and community-based Elderly Waiver services.

2. Mission & Vision Statement and Philosophy

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.

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

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

3. Values

South Country's Diamond Values guide the organization's Quality Program:

- **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.

4. Goals and Objectives

The goals of South Country's Quality Program are 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 all members, regardless of race, ethnicity, and geographic location, have access to needed services and supports;
- Make certain that South Country and 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;
- Gathering insights and feedback from our Member Advisory Committee; 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;
- Providing education on telehealth/telemedicine services; and
- Addressing rural disparities.

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 & Medicare Services (CMS), and Minnesota Department of Human Services (DHS) contract requirements;
- NCQA Quality Management and Improvement Standards; and
- Public health goals for the state of Minnesota.

5. Scope of Activities

The Quality Program is designed to assess and improve, where warranted, the quality of and member access to all types of health care services regardless of race, ethnicity, and geographic location. One component of South Country's program is the timely correction of problems that are identified through monitoring of service utilization patterns, complaints, administrative processes, program outcomes, and other mechanisms. However, the program encompasses all aspects of care delivery provided to members.

Clinical Components

- Acute hospitalization;
- Ambulatory care;
- Dental;
- Emergency care;
- Mental health and chemical dependency;
- Prevention and wellness programs;
- Pharmacy;
- Care by allied health professionals;
- Home health care;
- Durable medical equipment; and
- Skilled nursing.

Organizational Components

- Referrals;
- Care coordination/case management;
- Community case management;
- Discharge planning;
- Access, such as appointment scheduling and waiting periods;
- Prior authorizations;
- Provider reimbursement arrangements;
- Other procedures that affect care; and
- Education.

Member Components

- Member surveys assessing experience and satisfaction;
- Effective and timely review of and response to complaints, comments, and questions; and
- Member utilization of services.

6. Quality Program Structure

6.1 Leadership & Management

The governing body for South Country is the Joint Powers Board (JPB). Each county owner is represented on the JPB by one elected county commissioner or their designated alternate board member. The JPB meets monthly, providing the organization's vision and policy direction. With input from the Quality Assurance Committee (QAC), the JPB monitors and evaluates the effectiveness of Quality Program activities throughout the year.

South Country has around eighty-five (85) staff positions led by chief executive officer (CEO) Leota Lind. The CEO is responsible for providing leadership and day-to-day direction for all South Country functions. As a long-standing employee of South Country since 2000, Leota has had the unique experience of participating in the planning, development, implementation, and ongoing operations of the organization. Prior to her career at South Country, Leota worked at Freeborn County Human Services as an adult mental health case manager and a project coordinator for a multi-county demonstration project for individuals with disabilities. Also, she worked at Fountain Centers, a chemical dependency treatment center for adolescents. She is a graduate of Winona State University and a 2012-2013 Policy Fellow, Humphrey School of Public Affairs, University of Minnesota.

South Country's medical director, Dr. Timothy Miller, M.D., actively participates in the implementation of the Quality Program by providing clinical oversight to utilization management programs, assisting, and setting the direction in the development and implementation of clinical guidelines and quality assurance and improvement activities, participating in peer review functions, and ensuring adequate provider representation in quality activities. Dr. Miller provides leadership and direction to the Quality Assurance Committee, Utilization Management Committee, Credentialing Committee and Medical Policy Review Committee and works collaboratively with the medical directors of delegated entities. Dr. Miller offers over 30 years of clinical experience in internal medicine in clinic, hospital, and nursing facilities, as well as over 10 years of administrative experience.

Matt Hoenck, South Country's director of information technology (IT) & analytics provides the technology vision and leadership, with focus on providing accurate data-driven insights that help leadership make key decisions about South Country's strategic direction and performance. Matt joined South Country in 2018. He has a Master of Science in information systems technology and brings over 20 years of experience leading IT departments and making analytics more accessible.

Kelly Braaten, South Country's director of community engagement, provides oversight and management of the quality, communications and marketing, and care management teams. These teams help ensure members receive accurate and timely information, quality care and that care is coordinated across all settings. The community engagement team works closely with South Country's member counties and other community organizations and partners to help serve members and support communities. Kelly has over 27 years of business experience, including eight years of medical/health plan experience.

Justin Smith, South Country's manager of quality, is responsible for the design and strategic implementation of South Country's comprehensive Quality Program to achieve the highest standards of quality of care, member satisfaction, and positive health outcomes for members. This includes leading organizational-wide performance improvement projects, population health management, chronic care improvement projects, focused studies, wellness programs, star ratings program, and health care effectiveness data information set (HEDIS). Justin is responsible for evaluating quality performance and monitoring and reporting outcomes. He has over 18 years of experience in the health care industry and holds a Bachelor of Science degree from the University of Minnesota and a Master of Business Administration degree from Saint Mary's University of Minnesota. He has worked with South County since 2013 in various roles within the quality improvement department.

Scott Schufman, South Country's chief financial officer provides operational direction and leadership to South Country's provider contracting, provider relations, and credentialing teams to secure and maintain competitive contractual relationships with providers in accordance with regulatory, operational, and financial goals and standards, and ensure South Country's adherence with network management goals, state, federal and other regulatory requirements.

Kim Worrall LSW, South Country's director of health services, provides oversight and management of all utilization management functions, behavioral health programming, and complex case management services. Kim has over 30 years of experience in the health care industry, primarily working with seniors. She is a licensed social worker (LSW) and licensed nursing home administrator.

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

- Care systems manager
- Chief executive officer
- Chief financial officer
- Communications manager
- Compliance auditor
- Compliance officer
- Contract specialist
- Credentialing supervisor

- Director of health services
- Director of IT and analytics
- Director of operations
- Director of provider network
- Grievance and appeals manager
- Health informatics analyst
- IT development manager
- Manager of clinical care management
- Manager of community care coordination
- Manager of quality
- Manager of utilization management
- Medical director
- Pharmacy manager
- Provider network analyst
- Provider relations representative
- Quality program coordinator
- Quality specialist

Through separate delegation agreements with third-party administrators (TPAs), South Country relies on the following internal staff for the implementation of South Country's Quality Program:

- Director of operations and staff;
- Compliance officer and staff;
- Director of provider network and staff; and
- Account management.

6.2 Committees

Several formal committees comprised of South Country staff, Joint Powers Board representatives, county representatives, providers, and other stakeholders support South Country's Quality Program. These committees include (see Attachment B for a Committee Chart):

1. Compliance Committee (CC), reporting to the JPB; has 2 sub-committees:
    - Regulatory, Internal Audit, Delegation Entity Committee (RIDE), reporting to the CC.
    - Program Integrity Oversight Committee, reporting ad hoc to the CC meeting.
2. Quality Assurance Committee (QAC), reporting to the JPB; has 5 sub-committees:
    - Rural Stakeholders Committee, reporting to the QAC;
    - Credentialing Committee, reporting to the QAC;
    - Contract Review Committee, reporting to QAC;
    - Health Equity Committee, reporting to QAC; and
    - Utilization Management (UM) Committee, reporting to the QAC; has 1 sub-committee:
        - Medical Policy Review Committee, reporting to the UM Committee.
3. Public Health and Human Services Advisory Committee (PH/HSAC), reporting to the JPB. There are 4 sub-committees of the PH/HSAC:
    - Model of Care/Care Coordination Workgroup;
    - Connector Workgroup;
    - Behavioral Health Programs Workgroup; and
    - Family Health Committee.
4. Member Advisory Committee (MAC), reporting to the JPB.

Compliance Committee
To ensure compliance with legal, regulatory, and contractual requirements, and as required by CMS, South Country maintains a compliance program that is designed to prevent, detect, and correct any Medicaid or Medicare non-compliance as well as any fraud, waste, and abuse (FWA) in the programs. The Compliance Committee reviews compliance functions and activities, the Compliance Work Plan, the Auditing and Monitoring Work Plan, the Risk Assessment, specific Medicaid and Medicare compliance issues or concerns, privacy and security concerns, and other items relative to the overall compliance of South Country's contracts, products, and regulations. It serves to advise the compliance officer and is accountable to and provides regular compliance reports to the JPB.

Regulatory Internal Audit and Delegation Entity (RIDE Committee)
Responsible for the oversight of South Country's system for audit and monitoring and identification of compliance risks; it serves to advise the Compliance Committee, the compliance officer and the JPB related to oversight of delegated entities and the auditing and monitoring of South Country's internal operations.

Program Integrity Oversight Committee
The Program Integrity Oversight 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.

Quality Assurance Committee (QAC)
A designated subcommittee of the JPB, the QAC is responsible for implementing the Quality Program Description and successfully completing the annual Quality Work Plan. This committee is essential for providing input and direction as South Country strives to carry out its mission. Primary responsibilities of the QAC are to:

- Establish annual quality objectives that support the mission and philosophy of South Country;
- Evaluate and revise the Quality Program Description, as necessary;
- Evaluate progress of quality improvement initiatives;
- Ensure that all quality, utilization, and care coordination activities support and address the needs of South Country members;
- Recommend enhancements and approve the annual Quality Work Plan;
- Establish and approve target rates for clinical and non-clinical service indicators;
- Evaluate performance indicators and recommend/approve action plans, as necessary;
- Monitor activities delegated to subcontracted entities;
- Provide input into the development and review of quality improvement studies, corrective action plans, the annual Quality Work Plan, and the annual Quality Evaluation;
- Review utilization trends to identify potential problems in quality of care or access to service; and
- Conduct ongoing evaluations of all enrollee complaints, assessing trends, and establishing corrective action, as necessary.

The QAC is co-chaired by a member of the JPB and South Country's manager of quality. Membership includes physician and non-physician providers, county director(s), as well as JPB and Member Advisory Committee representatives. Committee members are selected from South Country's county service area and may be rotated periodically to maintain continuity while assuring that all counties have adequate representation on the QAC. The committee meets at least quarterly to review results of quality improvement activities, identify topics for investigation, and recommend corrective action plans. Reports from the QAC are provided to the JPB on a routine basis.

Rural Stakeholders Committee
Supports activities related to South Country's senior and SNBC products. The committee meets at least biannually to identify and address areas of improvement and build on current strengths related to the delivery of health care in their communities. Participating stakeholders include health care providers, social service and public health agencies, advocates, caregivers, and health plan members.

Credentialing Committee
Participants on the Credentialing Committee are appointed by South Country's medical director on behalf of the JPB. The Committee enlists a multidisciplinary representation of various practitioner types and specialties. The medical director has reserved the right to accept or deny the participating status of a practitioner or an organization within the network at his discretion, or upon consultation with the Credentialing Committee. The Credentialing Committee will review 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. The Credentialing Committee meets monthly or additionally as needed.

Contract Review Committee
The Contract Review Committee focuses on reviewing providers and facilities applications that request to become part of South Country's network.

Health Equity Committee
South Country's Health Equity Committee collaborates with community partners to understand health equity within our communities. The committee focuses on breaking down structural racism, social inequities, and disadvantages in our service area to improve health outcomes across our communities.

Utilization Management (UM) Committee
The UM Committee is responsible for ensuring the UM Program complies with relevant state and federal statutes and regulations and NCQA UM Standards. At least annually, the committee reviews and modifies the program description and supporting documents and processes as needed to ensure continued compliance. The committee is responsible for developing and implementing the mechanisms to establish and monitor the priorities of the UM Program.

Medical Policy Review Committee
Medical Policy Review Committee make up is a majority of practicing physicians who meet at least annually to review and institute coverage decisions on any South Country medical coverage policies.

Public Health and Human Services Advisory Committee (PH/HSAC)
The PH/HSAC consists of the public health and human services directors in each member county, along with South Country leadership staff. The committee meets bi-monthly and works to advance common goals between county agencies and South Country, as well as assists with recommendations to the JPB. The chairs of the committee report on PH/HSAC activities to the JPB. Several subcommittees of the PH/HSAC exist to focus on issues needing the intelligence, communication and collaboration of both South Country and county staff:

Model of Care/Care Coordination Workgroup
This 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 (H2419, MSHO) and AbilityCare (H5703, SNBC), Minnesota Department of Human Services requirements and federal requirements. Representatives from South Country's eight member counties and South Country's programmatic team and compliance team members provide input on how South Country's care coordination program functions at the county level.

Community Care Connector (Connector) Committee
Unique to South Country, community care connectors are a key component to the creation of pathways to community resources for members. Connectors function as liaisons between South Country and local county services, serving as the South Country expert within the local community/county. Connectors promote preventive services, South Country wellness programs, and early intervention services for members, communicate back to South Country regarding new potential providers in the community, gaps in network, and ensure access for members to services throughout the member's county. Although not a formal committee, this group of connectors meets quarterly to receive updates and training about South Country operations, plan benefits, policies and procedures, guidelines for interaction with South Country members, and provision of care coordination for members.

Behavioral Health Subcommittee
This subcommittee works together to enhance South Country's behavioral health program by evaluating population health issues, social determinants of health, individual service needs of each county, interpreting state policy, and sharing knowledge and resources to strengthen the entire service area.

Family Health Committee
Serves as a resource for development, implementation, and review of South Country's family health programs and services. Public health nurses from each of South Country's counties meet throughout the year and discuss collaboration ideas along with providing input on how South Country's wellness programs, high risk pregnancy and other family health services at the county level.

Member Advisory Committee (MAC)

Members of the MAC are selected from the beneficiaries and other stakeholders representing South Country's products and service area. The MAC provides a forum for members to share their health care experiences and provide advice and feedback to South Country staff on matters of policy and operation to the benefit of all members. Member representatives of this committee may also sit on other committees, including the QAC and UM, to provide membership representation. Correspondingly, South Country gathers additional feedback from our county partners through additional meetings held throughout the year. We have a county supervisors meeting and community care connectors meeting, which are described in more detail below.

County Supervisors

Public health and human services supervisors from each member county meet quarterly to provide information and work collaboratively with the county's frontline staff to advance common goals of South Country and the counties. Although not a formal committee, the group strives to maintain proper alignment between health plan benefits and delegated activities being provided by the county staff. South Country's community engagement department staff lead and facilitate the county supervisor's meetings.

6.3 Delegation of Quality Assurance Activities

South Country delegates the following quality assurance (QA) functions to select delegates as appropriate: credentialing and re-credentialing, provider contracting, grievance and appeals processing, utilization and case management, and some data collection that supports quality activities. The scope of this delegation is separately outlined in the delegated functions agreement between South Country and the respective delegate. South Country oversees and has final responsibility for all delegated activities.

Delegated activities and requirements for reporting are clearly defined in TPA contracts, addendums, or agreements. Prior to any formal delegation of QA functions, South Country conducts a pre-delegation assessment of each entity. This assessment is meant to determine if the potential delegate meets, or has the capacity to meet, all state and federal regulatory requirements, NCQA guidelines, and South Country's standards.

South Country monitors each delegated entity's continued ability to meet existing and new standards. Ongoing oversight is conducted in scheduled meetings, an annual delegation oversight audit and monitoring tasks, and other activities, as necessary. If the delegate is found non-compliant in any given standard or regulation, the delegate is required to correct the non-compliant issue and complete a corrective action plan as indicated by the South Country Compliance department.

6.4 Data and Information Support

Through a collaborative effort with delegates and a variety of in-depth software systems and other sources, South Country's IT department collects and manages provider data, plan enrollment data, and claims data, which it reports to county partners and other stakeholders to implement programs for improving the delivery of health care services and the wellness of members. These systems and data sources are used to measure and compare provider activity and performance, monitor effectiveness of care, look at patterns of utilization, measure rates, support clinical practice guidelines, and develop quality improvement initiatives.

The data and information systems and sources supporting South Country's Quality Program include the following:

- **The South Country Data Warehouse** – The central database that integrates data available from every health encounter for each member. The collected information is transformed to member-centric knowledge, allowing South Country to separate members by specific attributes and demographics, including gender, age, race, and other socioeconomic characteristics.
- **SQL Server Reporting Services (SSRS**) – The tool used alongside the data warehouse to provide reporting to support South Country's corporate processes.
- **Power BI Report Server** – The Microsoft tool used to support reporting, analytics, and data visualization.
- **Dynamics 365 CRM** – A software system from Microsoft that is used to manage contact with our members and to manage our transportation program.
- **EncoderPro** – Optum's online application service that provides medical coding and compliance information.
- **TruCare** – An enterprise care management platform by Zyter. The program helps South Country implement, coordinate, and manage utilization management, case management, care coordination and population health programs in a single application.
- **IntelliCred and IntelliContract** – A provider data management tool by Symplr (formerly IntelliSoft) that enables tracking of credentialing information and provider contracts.
- **SharePoint** - A Microsoft platform that allows South Country staff to collaborate on documents and business activities.
- **Web-based applications** – Applications that have been created within South Country's environment to enhance data or improve both internal and external processes.

- **ExpertScan** – A data collection tool by AutoData that is used to create and record the responses to surveys and provide insights.
- **Mutare Text** – A secure, two-way communication system that enables South Country's case management team to interact with members via the members' mobile devices.
- **HEDIS and Star Ratings** – South Country's annual performance on HEDIS and Star Ratings measures. Local and national HEDIS and Star Ratings rates are referenced when South Country establishes benchmarks for assessing Quality performance and development improvement initiatives.
- **Grievances and Appeals** – Detailed reports identifying specific member grievance and appeal cases, as well as trending over time.

Through these systems and data sources, South Country can transform data into useful information about members and their providers. South Country staff work with internal data consumers, IT developers, and the IT management team to ensure appropriate and efficient data use. Health information is made available to decision makers who affect health service level and outcomes, including everyone from South Country's leadership team to county care coordinators, from interdisciplinary care teams to community care connectors.

7. Systems for Communication

As reflected in the organization's Diamond Values, South Country strives to communicate openly, honestly, and frequently with stakeholders to responsibly share information and ideas. South Country is committed to providing accurate and useful information to members, providers, county partners, regulatory agencies, and other stakeholders in accordance with federal and state regulations. Communication regarding Quality Program activities and outcomes is achieved through a variety of mechanisms including:

- Regulatory materials
    - At the time of enrollment and at least annually thereafter, members are provided ID cards, and are notified how to access information about plan benefits, resources, programs, and other services available to them from South Country. All plan materials are available for free upon request and are sent to members within two business days. Members can request materials online, by phone, by mail, or in person.

- Newsletters
    - Member newsletters are published annually and mailed directly to all member households. The newsletter covers a variety of topics that may include health and safety education, member wellness programs, South Country benefits, common member questions and answers, and health plan updates. The member newsletter is also shared with county agencies and providers, TPAs, county commissioners, state representatives and senators, and other advocates.
    - Provider newsletters are published electronically quarterly and offer updates on provider-specific information, including changes to policies, processes and procedures, forms, South Country benefits and programs, credentialing, and other organizational news and information.

- Website and social media
    - South Country's website maintains pages dedicated to each product offered, structured according to and with content relevant to various stakeholder needs and interests. This includes information about benefit coverage, how to access services, provider directories, wellness programs information, grievance and appeals processes, service authorization materials, policies, newsletters, and program updates.
    - The website is updated regularly to reflect current activity and is compliant with regulatory standards for people with disabilities (Section 508).
    - South Country utilizes social media outlets (e.g., Facebook) to create a constructive dialogue with individuals regarding South Country's programs, activities designed to promote and improve wellness, and outcomes of such efforts.
    - Communication via social media is frequent and timely in relation to current events, seasonal health topics, and South Country operations.

- Committee meetings
    - Multiple committees exist with county partners for the purpose of developing, monitoring, and evaluating quality initiatives put in place for members. Most committees meet on a bi-monthly or quarterly basis. Meeting minutes are shared with the JPB and other stakeholders to ensure awareness of focused efforts, progress toward goals, and program outcomes.

- Providers
    - Communication with providers is maintained through materials such as the provider manual (available on the website), contract agreements, and audit processes.
    - A provider contact center managed by South Country's respective third-party administrator is available through phone and/or the provider portal.

- Customer service lines
    - The member services call center supports all South Country telephonic customer service activities from members, providers, and county staff. This includes answering benefit questions, resolving member issues, taking complaints or appeals, and engaging telephonic interpreter services.
    - More specialized provider service assistance is available through dedicated phone lines managed by South Country's respective TPAs.

- Web-based portals
    - CRM, TruCare, the South Country Care Plan, and Partner Portal applications are utilized so that South Country and/or county partners can effectively and efficiently communicate regarding service delivery, utilization, and other program functions pertaining to the care and management of members.

- Reporting
    - Reporting of quality improvement initiatives and performance (including utilization of services, access to care, provider network, member satisfaction, HEDIS, focused studies, and other topics) are completed at least annually through the Annual Quality Program Evaluation. Reports pertaining to specific areas of the Quality Program are typically monitored on at least a quarterly basis, with frequent reporting to the QAC, JPB, and other committees.
    - County reports are produced providing detailed information about South Country's partnership with counties from a variety of perspectives, including membership demographics, enrollment data, service utilization, HEDIS results, and initiatives within the counties.

8. Activities & Programs

8.1 Cultural, Ethnic, Linguistic, and other Minority Needs

South Country strives to make sure all programs and services are appropriate for the diverse needs of members; South Country continually monitors changes in membership demographics. Utilization and quality metrics are also reviewed to identify themes and potential disparities in care among members comprising minority populations (racial, ethnic, age, sex, geographic location, etc.). Review of such information also supports the tailoring of member wellness programs, educational materials, and other outreach efforts promoting important health topics.

South Country maintains a Limited English Proficiency (LEP) Plan that guides the organization's processes and practices to ensure meaningful and effective communication for members in need of such linguistic support. South Country's provider network supplies access to an extensive network of bilingual, multicultural, and interpreter (including sight and written) providers throughout the primary care, behavioral health, and specialty care networks. This information is reflected on South Country's website and is also readily available as South Country member services staff assist members with

finding such resources. The member services department also has telephonic interpreter services available to help communicate with non-English speaking members. This service is free of charge to the member. South Country provides the same telephonic interpreter service free of charge to county partners in the human 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.

South Country translates member materials when a member requests the document in another language. This translation could be written or verbal translation depending on the member material being requested. South Country does have documents translated in Spanish and Somali. All South Country member materials contain the CMS and DHS-approved non-discrimination notice (which includes the state's language block). The language block explains how to call us for free help with translation in 15 different languages. The number shown atop the language block directs members to call the South Country Member Services toll-free number.

South Country's Health Equity Committee focuses their work on ensuring all members have the same access to care regardless of race, ethnicity, or geographical location. The Health Equity Committee will provide reports to various groups and committees throughout South Country's committee structures.

8.2 Peer Review

South Country integrates peer review activities into key Quality Program functions, including service authorization requests, utilization review, appeals, quality of care complaints, medical record reviews, practitioner credentialing, and organizational assessments. Peer reviews are conducted by appropriate practitioners (including medical, dental, pharmacy, chiropractic, and mental health) under employed or contracted arrangements with South Country and/or delegated entities and done in accordance with state and federal confidentiality guidelines. Peer review activities are monitored through various audit and reporting processes, with engagement from committees as appropriate, including the Credentialing and Quality Assurance Committees.

8.3 Model of Care

South Country utilizes the concepts of the CMS Model of Care for its Medicare Fully Integrated Dual Eligible Special Needs Plan, SeniorCare Complete (MSHO, H2419), and Medicare Highly Integrated Dual Eligible Special Needs Plan, AbilityCare (SNBC, H5703).

Supporting these programs' philosophies is a care coordination model driven by an interdisciplinary care team approach, of which the member, or his/her caregiver or authorized representative, is an integral member. The interdisciplinary care team is focused on the member's needs, strengths, resources, and preferences for care, and is responsible for developing strategies in collaboration with the member's primary care provider(s) and other health care providers to meet the individual's

needs with the result of better health outcomes. South Country 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 resources and services available within the community.

Another aspect of the Model of Care is to assure that South Country's provider network meets the complete spectrum of medical and social needs of our members and includes subsets of specialized providers who focus on the unique needs of our elderly and disabled population.

The goals for South Country's Model of Care are:

1. To improve the ease of navigating the clinical and social system for the enrollee and assure that the enrollee has access to the right service at the right time, from the right provider and that it is affordable.
2. To assure that enrollees receive care and services from a system that is seamless for enrollees across healthcare settings, providers, and health and social services.

Components of the overall Quality Improvement Program for the Model of Care include the following:

- Health information system to collect, analyze, and report accurate and complete data;
- Selected quality improvement activities for each population;
- Performance improved projects (PIPs);
- Chronic care improvement programs (CCIPs);
- Collection and reporting of population specific HEDIS measures;
- Participation in the Health Outcomes Survey (HOS);
- Participation in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys;
- Collection and reporting of Medicare Part C data;
- Collection and reporting of Part D medication therapy management data; and
- Annual measurement of the effectiveness of the Model of Care, including indices of quality and member outcomes.

The quality improvement components determine whether the Model of Care goals are being met or whether changes in the program are necessary to improve goal measures. Goals and desired outcomes are reviewed on a routine basis and reported to the Quality Assurance Committee. If goals are not being met, South Country will develop an action plan and offer additional training and resources to care coordinators, providers, and other stakeholders to achieve the desired goals.

8.4 Utilization Management Program

South Country's Utilization Management (UM) program ensures that members receive the right service at the right time from the right provider. The UM program is not meant to limit or restrict care, but rather to assure that appropriate care is delivered and received. Through evidence-based, objective UM decision criteria, South Country avoids inappropriate utilization of services that may

lead to lower quality of care with higher costs and health risks. South Country's UM program helps determine what is medically necessary, and as a result, enhances the quality and effectiveness of a patient's care.

South Country's medical director and director of health services set the overall strategic direction of the utilization management program, while providing clinical oversight to utilization management. The medical director maintains overall clinical decision-making authority and sets the direction of medical practice guidelines and medical policies. South Country delegates certain utilization management functions to PerformRx (pharmacy services), and Delta Dental (dental services). South Country is responsible for the monitoring and oversight of delegated UM functions.

All UM decisions are made based on appropriateness of care and service and the existence of coverage. Service authorization requirement information is made available to members in the Member Handbook and/or Evidence of Coverage as well as to providers in the online authorization grid and provider manual. The following categories of utilization management activities are performed either directly by South Country or by delegates on behalf of South Country:

Inpatient/Concurrent Review
South Country has elected to not require prior authorization for inpatient acute care stays for in-network providers as defined within the five-state region: Minnesota, Wisconsin, North Dakota, South Dakota, and Iowa. In-network providers are requested to submit admission and discharge notifications; however, claims payment is not subject to receipt of notification. Concurrent reviews are not required for members continued stay. South Country may complete periodic post service reviews to verify medical necessity for continued stay such as inpatient stays that are less than 48 hours.

Pre-service Review
Pre-service requests are defined as any request for medical care, medication, supply, or treatment that must be approved, in whole or in part, prior to the member obtaining the care, equipment or service. Requests may be standard or urgent and review timelines are triggered based on the type of request. Urgent pre-service requests are clinically urgent requests to which application of the time periods for making a routine or non-life-threatening determination could seriously jeopardize the life, health or safety of the member or others, due to member's physical or psychological state. Common preservice reviews include outpatient services such as durable medical equipment (DME), medical pharmacy, prescription medication, surgery/procedures, and assisted transportation.

Post-service Review
Also called retrospective review, the utilization management team may review medical necessity to services already rendered to the member by a provider. In this case, the review request for medical necessity is most requested by the provider through a claim appeal process and claim payment is subject to the service meeting medical necessity criteria. Post service requests may be initiated prior to, or after, the claim submission and a specific workflow follows depending on that submission request and member product.

Case Management/Care Coordination services

South Country's' case management services are designed to coordinate the provision of services to its members; promote and ensure service accessibility; provide attention to individual needs, continuity of care, comprehensive and coordinated service delivery; provide culturally appropriate care; and ensure fiscal and professional accountability.

South Country provides case management and care coordination services to offer personal, one-on-one support from professional staff for members with special health care needs, complex medical, behavioral health and/or high cost, based on actual or potential risk. Members may self-refer to South Country case management services, be referred by family members or practitioners, or be identified through screening of specific diagnoses and/or high-cost claims (F&C and MinnesotaCare members).

For members ages 65 and over and those in Special Needs Basic Care (SNBC), care coordination services are provided to all members. South Country Health Alliance coordinates care with members using family members/guardians, caregivers, primary care practitioners, public health and social/human/family services case management programs, and other agency expertise to ensure the best outcomes through the South Country Health Alliance case management model.

Case management and care coordination includes holistic approaches, including but not limited to the individual health and behavioral health, transitional services, developmental disabilities, high-risk health problems, special ethnic/cultural needs, difficulty living independently, functional problems, and language or comprehension barriers. Potential issues or concerns are found through analysis of health risk assessment (HRA) surveys and pharmacy and medical claims data (including the potential high-risk member report) looking for both over- and underutilization of services. The assessment may result in individual treatment plan development, establishment of treatment objectives, treatment follow-up, monitoring of outcomes, and/or revision of a previously established treatment plan.

Behavioral health case managers and complex case managers as a resource to members, help orchestrate complicated health care delivery and coordination of care. The case managers work to uncomplicate members' health care and access to services. It is through these often-frequent contacts, the case manager acts as a health coach and provides varied levels of support for our members. The case manager's role as a health coach is provided through South Country's Healthy Connections pathway. This specific pathway allows our case managers to stay connected with members who are not actively engaged in case management services. This pathway for case managers to offer member support has shown strong success. This is mostly offered to members with short-term questions/concerns. Healthy Connections is also used in circumstances where a few interventions with the member sets a clear course of solutions for the member to continue their path to healthy living. This connection with the member may simply clear a few hurdles and answer a few questions when the member is not interested or would benefit from full-scale case

management services. The Healthy Connections track provides our case management team with flexibility to meet the member where they are at in their journey.

Member utilization of services is tracked and analyzed include, but are not limited to, the following:

- Hospital ER utilization;
- Inpatient stays;
- Hospital readmission for the same or similar diagnosis;
- Individual member claims totaling more than $100,000 per year; and
- High utilization of pharmaceuticals or multiple prescribers of opioids.

As part of case management, South Country implements a course of action for members identified as having special needs and follows these members to gauge the effectiveness of the interventions. The approach taken is to provide early intervention and monitoring through member education, and tools or resources, to reduce complications and unnecessary hospitalizations. As part of its annual report, South Country reports to the Minnesota Department of Health and Minnesota Department of Human Services efforts to identify members with special health care needs, the total number of adults identified, and the total number of assessments completed and any measurable outcomes.

Appeals: When a member, authorized representative, or provider is not satisfied with a coverage determination by South Country and asks for a reconsideration of the decision.

South Country and its delegates use a variety of criteria from both internal and external sources to ensure decisions are objective, consistent with community standards of practice, and based on evidence-based guidelines where possible.

8.5 Population Health Management

South Country maintains a Population Health Management (PHM) Program.

The PHM strategy includes:

1. Goals and populations targeted for each of the four areas of focus:
    a. Keeping members healthy;
    b. Managing members with emerging risk;
    c. Patient safety or outcomes across settings; and
    d. Managing multiple chronic illnesses.
2. Programs or services offered to members.
3. Activities that are not direct member interventions.
4. How member programs are coordinated.
5. How members are informed about available PHM programs.
6. How the organization promotes health equity.

The population health initiatives will allow South Country to better measure and tell the story of how our programs and services are benefiting our members. Programming includes community care connectors, care coordination, complex case management, and other sub-group programs and services. Additionally, the work around segmenting and stratifying members identified a need for various interventions and to promote health equity.

Below is a summary of South Country's four areas of focus and programs around population health management:

Keeping Members Healthy
South Country's goals are to increase the number of members, age 18 years of age and older, all products, accessing the Ex-Program (tobacco cessation) services and to increase the number of members, age 18 plus on AbilityCare, SingleCare, SharedCare, MSC+ and SeniorCare Complete, utilizing the BeActive (health club membership) program.

Managing Members with Emerging Risk
South Country's goal is 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 will measure this goal by using the controlling blood pressure HEDIS measure.

Patient Safety or Outcomes Across Settings
South Country's goals are to increase the percentage of members receiving outpatient mental health services during the year. Also, to increase the percentage of members receiving follow-up after hospitalization (specifically for mental illness) within 30 days of discharge and support members through reducing their emergency department (ED) visits related to behavioral health diagnoses, including a diagnosis of depression.

Managing Multiple Chronic Illnesses
South Country's goal is to increase the percentage of members 18 years of age and older, on PMAP and MinnesotaCare products, who were treated with a newly prescribed anti-depressant medication and who remained on an anti-depressant medication acute phase treatment (at least 84 days) and continuation phase (180 days).

8.6 Special Health Care Needs Program

South Country has developed methods to identify, assess, and coordinate services for members with special health care needs (SHCN). The SHCN Program is designed to identify and provide case management services to members who have catastrophic, complex medical, and/or social needs. The goal of the program is to provide comprehensive and coordinated services that will result in high quality, cost-effective care with improved health outcomes for members.

South Country health services staff analyze claims data for specific diagnoses as well as utilization patterns. Members who are identified with possible SHCN are referred to the complex case management program or to the care coordinator where members are further screened.

Members who meet the criteria for and voluntarily agree to participate, are enrolled in complex case management. Members are managed at a frequency determined by the unique needs and status of the member until the intensity or complexity of the member's needs no longer require complex case management. Health assessments are completed, and member-centered care plans are developed based upon needs identified in the health assessment, including but not limited to assistance interpreting medical information, transportation coordination, or development of self-management plans. Upon closure, South Country's health services staff may refer the case to the appropriate local county-based public health or human services staff for direct contact by telephone or home visit to ensure that the member's ongoing health and social needs are met. Members may also be referred to the restricted recipient team for assessment if over utilization of services or prescriptions is identified.
PMAP and MinnesotaCare members where case management criteria are not met or when member has been unable to reach the member maybe referred to our community care connectors to determine if they can assist the member further regarding the member's identified health care concerns.

All SeniorCare Complete, MSC+, AbilityCare, SingleCare, and SharedCare members are considered to have special health care needs. Each member is assigned a care coordinator. In coordination with the member's interdisciplinary care team, the care coordinator develops a written comprehensive care plan based upon the member's initial or annual health assessment. The care plan includes: health and safety concerns, what is important to the member; medical health history, diagnoses, member strengths and barriers, schedule for goal/intervention follow-up and ongoing communication, formal and informal supports and any community relationships, long- and short-term prioritized goals, specific cultural and linguistic needs, informed choice of services, providers, and control over services and supports, emergency preparedness plan, community-wide disaster plan, essential services back-up plan (if applicable), self-management plan, personal risk management plan, and caregiver's needs (if applicable). Specific goals and timelines are identified and tracked. The care coordinator communicates summary information regarding the care plan activity to the interdisciplinary care team which includes the primary care provider.

South Country reviews SHCN reports on a routine basis to monitor the SHCN program's processes. The SHCN reports are presented to the QAC at least annually within South Country's Annual Quality Program Evaluation. The QAC makes recommendations for improvement, as appropriate, based on evaluation of report information.

8.7 Clinical Practice Guidelines

South Country adopts preventive care, chronic disease and behavioral health clinical practice guidelines that are evidence based and respected by Minnesota practitioners, providers in the selected field of practice, and national organizations. Each year, the Quality Assurance Committee reviews existing guidelines in consultation with the South Country medical director and quality and health services department staff. The process includes identifying and adopting new guidelines as needed, based on relevance and appropriateness for each of South Country's populations including seniors age 65 years and older and persons with disabilities. Members are educated about current practice guideline recommendations through member newsletters, as well as wellness programs, and quality improvement project materials, and upon request. Guidelines are distributed to providers in the Provider Manual (accessible on South Country's website).

8.8 Practitioner Credentialing and Organization Assessment

More than any other factor, the quality of care received by members depends on the individual practitioner's training and skills and the organization (facility) where that care is provided. Initial and periodic review of individual practitioners' credentials and facility performance help ensure that South Country makes available a network of qualified practitioners and organizations. South Country conducts its own credentialing program for many practitioners and delegates the credentialing and re-credentialing process to some health care systems in the region.

South Country's credentialing department performs the entire initial credentialing process for its contracted practitioners and assessments of organizations, including primary source verification of individual practitioner credentials, as well as re-credentialing of providers and reassessments of organizations, at least every 36 months. South Country policies and procedures comply with federal regulations, Minnesota statutes and rules, DHS contract and applicable NCQA standards. A peer review process is followed, as South Country's medical director approves all practitioner and organization files that are fully compliant with South Country's criteria, and the Credentialing Committee reviews and makes a determination on those practitioner files that do not fully meet South Country's established thresholds. The credentialing department conducts ongoing monitoring of its credentialed practitioners for Medicare and Medicaid sanctions and exclusions, licensure sanctions or limitations, complaints, and adverse events between the practitioner's re-credentialing cycles. South Country takes appropriate action against practitioners when it identifies occurrences of poor quality. Practitioners who are denied participation in South Country's practitioner network, for quality reasons, are offered a formal appeal process.

Credentialing is also delegated to:

- Allina Health System;
- CentraCare;
- Children's Healthcare;
- Delta Dental of Minnesota for dental practitioners; and
- Essentia Health East;
- Essentia Health West;
- Fairview Health System;
- Hennepin County Medical Center;
- Mayo Clinic Health System & Mayo Clinic Rochester MN;
- MN Rural Health Coop;
- Olmsted Medical Center;
- PerformRx for pharmacy organizational credentialing.
- Sanford Health System;

South Country maintains delegation agreements with all credentialing delegates and performs annual audits to ensure compliance with federal regulations, Minnesota statutes and rules, DHS contracts and applicable NCQA standards. South Country retains the right to approve, suspend and terminate individual practitioners where it has delegated decision making.

South Country assesses the quality of health care delivery organizations with which it contracts prior to the initial contract signing and at least every 36 months thereafter, in accordance with NCQA standards. This process applies to hospitals, home health agencies, skilled nursing facilities, free-standing surgical centers, and behavioral health care facilities providing mental health or substance abuse services in inpatient, residential and ambulatory settings. South Country confirms that the organization is in good standing with state and federal regulatory bodies and has been reviewed and approved by an accrediting body, when applicable.

In selecting practitioners for network participation, South Country does not discriminate in terms of participation, reimbursement, or indemnification against any practitioner who is acting within the scope of his or her license or certification under state law, solely based on such license or certification. South Country also does not discriminate against practitioners who serve high-risk populations or who specialize in the treatment of costly conditions.

8.9 Medical Record Evaluation

South Country expects that all network providers maintain efficient and effective medical records for patients in accordance with state and federal laws, NCQA quality standards, and South Country standards. The medical record, whether electronic or paper, communicates the member's medical treatment, past and current health status, and treatment plans for future health care. Providers are required to implement and maintain written medical record policies, procedures, and documentation standards in a way that will protect individual member confidentiality.

South Country conducts an annual audit of member medical records maintained by credentialed and contracted primary care clinics and behavioral health clinics. The review process evaluates clinic compliance with facility policies regarding confidentiality and release of information, as well as record retention and storage. The review also assesses medical record structure and content to ensure records are maintained in a manner that is current, legible, readily accessible, and includes patient and family history and clinical information including but not limited to services rendered, assessments, diagnostic results, referrals, and plans of care.

In addition, medical records are frequently requested and reviewed as part of other South Country functions, including utilization management activities, case/care management, HEDIS hybrid measures medical record collection, and the grievances/appeals program.

Through the medical record audit and other review processes, if a medical record does not appear to meet the content standards reflected within the relevant policy, the staff involved will engage the provider network management department for review and determination of necessary action. Clinics not in compliance with expected standards are subject to improvement action plans and more frequent oversight or audits, as applicable.

8.10 Patient Safety

South Country maintains high standards for patient safety, addressing the topic through the Quality Program to ensure programs and services support patient safety practices internally and among delegates and providers.

Annual evaluations and audits are completed with internal departments and delegates to ensure credentialing procedures address continuing competence of network providers, that customer service calls are handled appropriately and in a timely manner, and that members have adequate access to providers. In addition, South Country evaluates utilization data to assess for under- or over-utilization of services, particularly related to preventive care, hospitalizations, and emergency department use. Grievance, quality of care complaints, and appeals reports are also reviewed on a regular basis to assess trending and ensure appropriate follow-up on safety and quality of care issues.

Reports that address patient safety topics are reviewed by the QAC throughout the year, with program outcomes assessed annually. The Compliance Committee, Member Advisory Committee, and other stakeholder groups are also informed of provider, delegate, and overall South Country performance regarding patient safety standards so that they can help identify opportunities for improvement and informed quality improvement strategies.

8.11 Member Satisfaction and Experience

South Country's member grievance and appeal (G/A) system provides a means to evaluate member satisfaction and experience with our health plan, covered services and the delivery of these services by individual providers and provider entities/other agencies.

South Country Grievances and Appeals System

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 grievance and appeals 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 review and investigate member complaints, including Quality of Care (QOC) type grievances in which a member may experience potential or actual harm.

Member grievance and appeal requests may be submitted via multiple methods; South Country's internal grievance and appeals department processes all member grievance and appeals requests, except for dental requests (which are delegated to Delta Dental) and Medicaid-only drug appeals and Part D pharmacy appeals (which are delegated to PerformRx). South Country's grievance and appeals department collaborates with multiple South Country departments, its delegated entities and others as needed, to address member concerns. South Country also maintains oversight of its delegated grievance and appeals services, ensuring routine interaction and providing additional guidance and training.

South Country closely monitors adherence to grievance and appeals health plan policies/procedures and the applicable contractual/regulatory requirements. Routine analysis, including tracking/trending, is done to identify improvement opportunities and to ensure fair and appropriate member outcomes. Key information is shared quarterly with South Country's Quality Assurance Committee and on an as needed or required basis with other stakeholders, including mandatory submission of reports to regulatory agencies.

Member Surveys

Through a variety of means, South Country administers surveys to members in all products each year that provide valuable insight into how well we are meeting the needs of members, and where there are opportunities for improvement. The surveys are designed to address topics including overall satisfaction, access to and timeliness of care, quality of services, and quality of care. The results are reviewed by South Country staff, South Country leadership, and various stakeholder groups including the JPB, QAC, and MAC. The following surveys are the primary sources of information South Country uses to assess member experience and satisfaction:

- Verification of Services & Satisfaction Survey;
- Member Services Survey;
- Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey;
- Health Outcomes Survey (HOS);
- Care Coordination Survey;
- Be Rewarded Survey; and
- Complex Case Management Survey.

8.12 Access to Care

South Country has a comprehensive and geographically dispersed provider network created to meet the health and well-being needs of our enrollees throughout our eight participating counties. Our provider networks consist of local community-based providers and state-wide health systems that include primary care, hospitals, behavioral health (including mental health and substance use disorder), specialty care, home care agencies, durable medical equipment and supplies, pharmacies, dentists, and non-emergency transportation. These networks extend well beyond the borders of our member counties into the metropolitan Twin Cities area as well as the cities of Brainerd, Duluth, Fargo, and Bemidji.

South Country's contracted provider networks meet all regulatory access standards for the state of Minnesota (approved by the Minnesota Department of Health) and for the Centers for Medicaid & Medicare Services (CMS). We regularly utilize GeoAccess mapping tools to ensure continued compliance with provider access criteria, as well as surveys of network providers to ensure appointments and other services are available in a timely manner.

8.13 Performance Improvement

Health Care Effectiveness Data Information Set (HEDIS) Program

South Country utilizes a variety of quality measures to evaluate performance over time relative to our own previous results, results of other health plans in Minnesota, and national results. HEDIS is a tool designed by NCQA and used by more than 90% of America's health plans to measure performance on important dimensions of care and service delivery. HEDIS measures are often considered proxies for health outcomes and to be reflective of provider compliance with practice guidelines.

South Country contracts with independent, accredited organizations to facilitate the processes associated with collecting data, assembling reports, and validating results. 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 to and 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).

HEDIS measures are integrated throughout South Country's Quality Program, frequently serving as benchmarks for performance improvement initiatives. The QAC evaluates HEDIS program results annually and helps to determine priority areas for improvement as warranted.

Focused Studies/Performance Improvement Projects

As part of the organization's overall Quality Program and evaluation activities, South Country conducts focused studies to acquire information relevant to quality of care. Focused studies are directed at problems, potential problems, or areas with potential for improvements in care. Topic selection is justified based on relevancy to South Country's membership, and considers the following elements:

- Areas of high volume;
- Areas of high risk;
- Areas where problems are expected or where they have occurred in the past;
- Areas that can be corrected or where prevention may have an impact;
- Areas that have potential adverse health outcomes; and/or
- Areas where complaints have occurred.

While multiple focused studies exist each year across the organization as part of the nature of the Quality Program evaluation and improvement processes, two specific focused studies along with the Minnesota Department Human Services delegated performance improvement projects (PIPs) are reported on annually in a more formal manner in accordance with state requirements. These studies are documented to include the question being addressed, member sample selection, data collection methodology, criteria, measurement techniques, and applicable improvement initiatives using Plan-Do-Study Act strategies.

Current focused studies include:

- **Cervical Cancer Prevention Screening:** This focused study is directed at the opportunity to improve routine prevention screening for cervical cancer and early detection of cervical cancer in members.
- **Chlamydia Screening:** This focused study is directed at the opportunity for improvement and an area with potential for improvement in care for members 16 -24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Current Performance Improvement projects include:

- **A Healthy Start for Mothers and Children:** To promote a "Healthy Start" for the health of our mothers and children ages (0-15 months) on our PMAP and Minnesota Care programs.
- **Diabetes and Depression:** This project focuses on addressing the comorbidities of diabetes and depression for Seniors and SNBC members.

Current Chronic Care Improvement Projects include:

- **Cancer Screening –** Increasing the number of South Country SeniorCare Complete, AbilityCare, SingleCare, SharedCare, and MSC+ members who are up-to-date on their colorectal and breast cancer screenings for early detection.

9. Annual Quality Work Plan

A Quality Work Plan is developed each year as part of an organization-wide process. The Work Plan provides a detailed description of quality program improvement and evaluation activities that will be conducted over the course of the year, along with a timetable for completion and responsible business owners. The Quality Assurance Committee and Joint Powers Board must approve the annual Quality Work Plan, and the Work Plan is submitted to DHS in accordance with state requirements.

10. Evaluation of the Quality Program

Using the Quality Program's goals and objectives as criteria, activities outlined in the Quality Program Description and the Quality Work Plan for the previous year are evaluated for appropriateness and effectiveness in assessing and improving the quality of care and services members receive.

Data to be considered includes information gained from sources and activities described previously in this plan and, at a minimum, includes the following information:

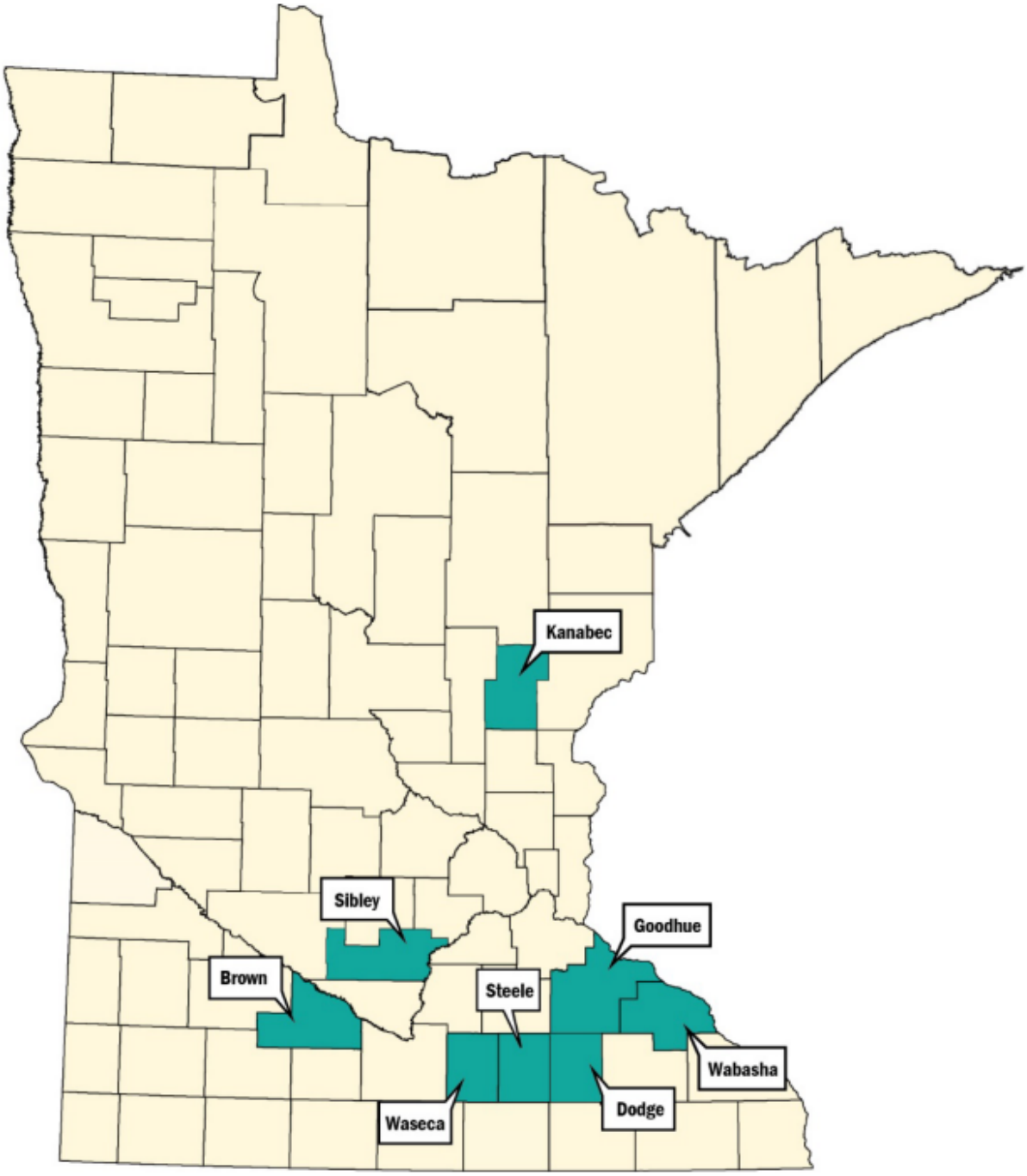
- A description of completed and ongoing activities that address quality and safety of clinical care and quality of service;
- Trending of measures to assess performance in the quality and safety of clinical care and quality of service; and
- Analysis and evaluation of the overall effectiveness of the Quality Program and of its progress toward influencing safe clinical practices throughout the network.

Evaluations and recommendations from regulatory agencies and other external quality review organizations are also considered in assessing the strength of South Country's Quality Program.

The Quality Assurance Committee and Joint Powers Board evaluate the effectiveness of the Quality Program annually by reviewing the Quality Program Description, the Quality Work Plan, and the Quality Program Evaluation. These reports are updated at least annually and are approved by the QAC and JPB. If any substantial changes are made, the documents are re-filed with the Minnesota Department of Health and Minnesota Department of Human Services.

Attachment A:

2024 South Country Service Area



Attachment B:

2024 Committee Chart