



Evaluation of the 2023 Quality Program

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



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South Country Health Alliance
Evaluation of the 2023 Quality Program

Section 1 – Program Administration



Introduction

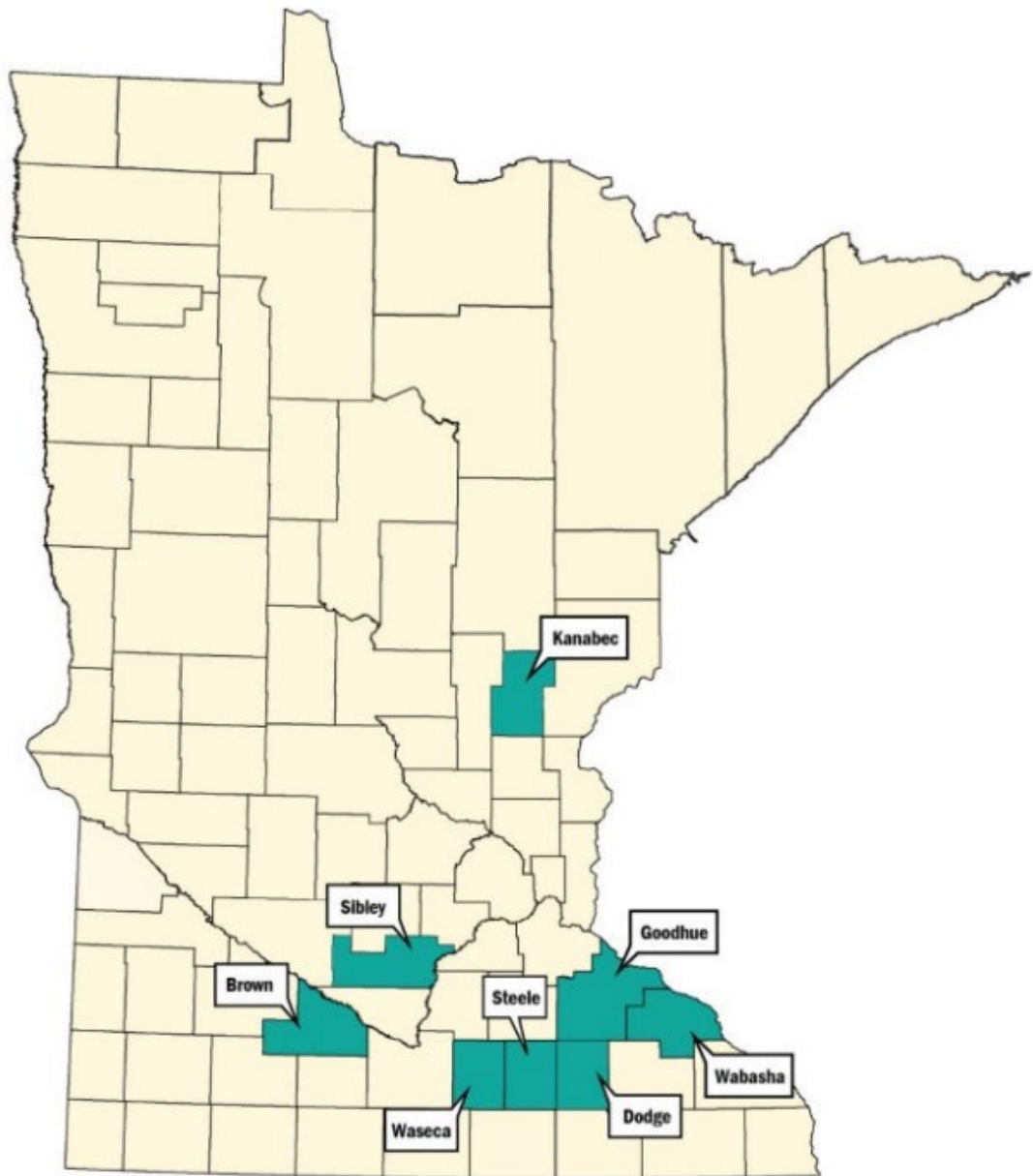
South Country Health Alliance (South Country) became the first operational multi-county county-based purchasing (CBP) health plan in Minnesota on November 1, 2001. As a county-owned health plan, we were established to improve coordination of services between Minnesota Health Care Programs and public 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 that South Country 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 & Medicaid Services (CMS). Our owner counties in 2023 were Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca.



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 85 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 2023. 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.

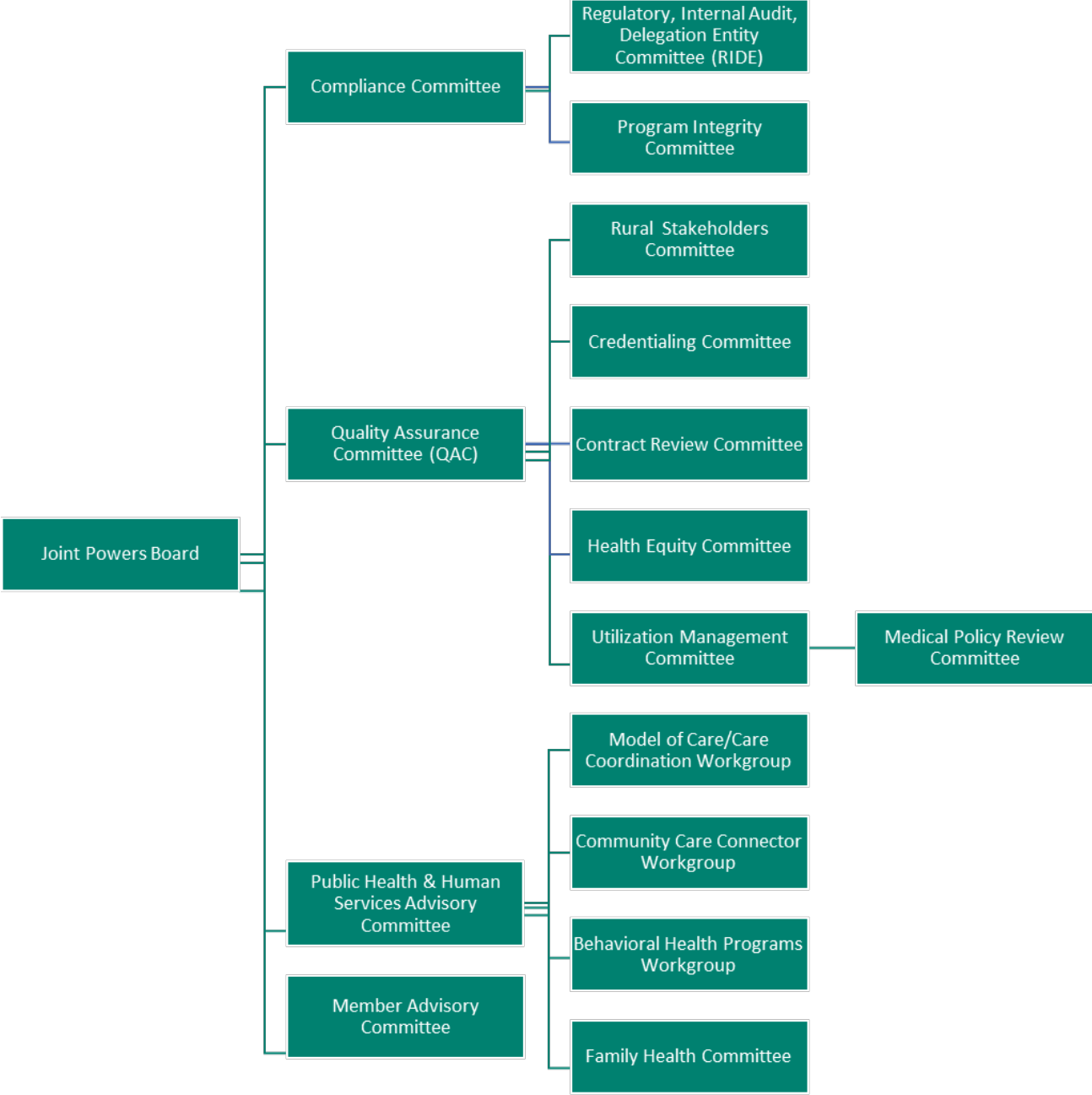
South Country's Quality Program is resourced through an annual budget process. Quality program resource requirements were evaluated to ensure that staffing, materials, analytic and information systems were adequate for 2023 and are adequate for the upcoming year. South Country has designated specific 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
- Manager of clinical care management
- 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, Joint Powers Board (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 2023, 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 2023, 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 & 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 2024, the 2024 Quality Work Plan, 2024 Quality Program Description, and 2023 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 2024 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
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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 & Medicaid Services (CMS).

Process

In 2023, 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/MSO+ and Special Needs Basic Care (SNBC) members residing in the respective county. In 2023, South Country's care coordination delegates were:

- Brown County;
- Dodge 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 2023 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 2023, a desktop audit was completed that included a credentialing and recredentialing file review, utilization management file audit with Delta Dental Michigan (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. The credentialing, recredentialing, grievance, 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. The appeals file review had one sample where the most recent version of the Managed Care State Appeal Rights Notice was not used in which South Country recommended implementing a process to ensure that correct documents are being provided to members.

PrimeWest Health

PrimeWest Health's annual review included a review of 2023 quarter three provider appeals, which were 100% compliant with no issues, and a 2023 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 for 2023 included an organizational credentialing and recredentialing file review, Medicaid appeals and 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. Results of this review were 100% compliant.

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

South Country completed the 2023 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 2022 member files.

The 2023 audit of Elderly Waiver showed a total of 42 out of 44 elements between 99-100%. The remaining two (2) elements were between 96-97%. There were ten (10) elements that improved in 2023 from 2022:

- Reassessment completed within 365 days of previous assessment, or an explanation is documented improved from 96% in 2022 to 100% in 2023.
- 100% of member's assessment are completed or noted as NA improved from 93% in 2022 to 96% in 2023.

- LTCC appropriate level of care (case mix) increased from 99% in 2022 to 100% in 2023.
- Members receive their care plan within 30 calendar days of a completed LTCC or explanation of status is documented improved from 97% in 2022 to 100% in 2023.
- All assessed needs and concerns are addressed in care plan increased from 99% in 2022 to 100% in 2023.
- Target dates for goal completion increased from 98% in 2022 to 100% in 2023.
- Monitoring progress toward goals increased from 99% in 2022 to 100% in 2023.
- Goal priority increased from 95% in 2022 to 99% in 2023.
- Care coordinator contact with person according to the plan is documented or the reason the plan was not followed is documented improved from 99% in 2022 to 100% in 2023.

The 2023 audit of community well, showed all elements were between 98-100% There were twelve (12) elements that improved in 2023 from 2022:

- HRA completed within 365 days of previous HRA improved from 96% in 2022 to 98% in 2023.
- HRA 100% completed improved from 96% in 2022 to 100% in 2023.
- Care plan timeliness/sent within 30 days of HRA improved from 96% in 2022 to 100% in 2023.
- All assessed needs and concerns are addressed in care plan improved from 96% in 2022 to 100% in 2023.
- Community-wide disaster plan documented improved from 99% in 2022 to 100% in 2023.
- Action steps, support identified improved from 99% in 2022 to 100% in 2023.
- Target dates for completion identified improved from 99% in 2022 to 100% in 2023.
- Documentation monitoring goal progress improved from 99% in 2022 to 100% in 2023.
- Outcome and achievement dates identified improved from 94% in 2022 to 100% in 2023.
- Goal priority improved from 98% in 2022 to 99% in 2023.
- Communication of care plan elements with primary care provider (PCP) improved from 99% in 2022 to 100% in 2023.
- Follow-up contact with members according to plan improved from 98% in 2022 to 99% in 2023.

The county delegates overall did very well with the 2023 nursing home audit, which is consistent with audit results of the last two or three years. In 2022, all but one of the nursing home audit elements were 100%, with the remaining two elements at 94%. In 2023, all but one of the nursing home audit elements were 100%, with the remaining element at 98%.

- Annual health assessment (review of MDS) completed within 365 days of previous assessment improved from 94% in 2022 to 98% in 2023.

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

The 2023 audit of Elderly Waiver showed a decrease in two (2) audit elements from the 2022 audit. The audit elements were:

- Outcome and achievement dates included within the care plan went from 98% in 2022 to 96% in 2023.

- Care plan is signed and dated by member or authorized representative went from 100% in 2022 to 97% in 2023.

The 2023 audit of community well had no audit elements decreasing from 2022 to 2023.

The 2023 audit of nursing home had no audit elements decreasing from 2022 to 2023.

SNBC Care Coordination Audit Analysis

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, twelve (12) audit elements improved, and there were twenty-seven (27) elements at 98-100%. Audit elements showing improvement are as follows:

- Notification of new care coordinator within 10 days increased from 91% in 2022 to 99% in 2023.
- HRA completed within 365 days of previous HRA (AbilityCare) increased from 90% in 2022 to 100% in 2023.
- HRA completed within 12 months of previous HRA (SingleCare) increased from 98% in 2022 to 100% in 2023.
- HRA not timely and explanation present increased from 56% in 2022 to 100% in 2023.
- HRA 100% complete increased from 94% in 2022 to 100% in 2023.
- Care plan sent to member within 30 days increased from 94% in 2022 to 97% in 2023.
- Goal target date identified increased from 97% in 2022 to 100% in 2023.
- Goal priority identified (AbilityCare) increased from 95% in 2022 to 97% in 2023.
- Monitoring progress toward goal increased from 98% in 2022 to 100% in 2023.
- Goal outcome and achievement dates increased from 89% in 2022 to 100% in 2023.
- Care plan communication with primary care provider (PCP) increased from 97% in 2022 to 99% in 2023.
- Documentation of the contact with member according to plan increased from 98% in 2022 to 100% in 2023.

Opportunities for improvement were identified in a few areas. Overall, across all delegates, there were three (3) audit elements that decreased in 2023's audit. A total of one audit element was collectively below 95% compared to eight audit elements were collectively below 95% in 2022.

- Care plan timeliness - care plan not sent or reviewed within 30 days, but a member-related explanation of status is present decreased from 31% in 2022 to 31% in 2023. (Goal tied to care plan

timeliness above.)

- Care plan action steps and supports decreased from 100% in 2022 to 99% in 2023.
- Care plan is signed by member or authorized representative, or evidence of case manager attempts to obtain signature decreased from 100% in 2022 to 96% in 2023.

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 & 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 2023, 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 2023 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 the 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 2023 audit reporting.

During review of the AbilityCare and ACT cases it was noted that there was one deficiency in the 2023 audit that was an initial deficiency and resulted in a corrective action plan (CAP). South Country's internal care coordination team demonstrates some opportunities for improvement; however, the 2023 showed 5 audit elements that demonstrated improvement from 2022. Twenty-seven audit elements were at 100% with one audit element at 95%. Audit elements that increased from 2022 to 2023 are:

- Annual HRA complete all (100%) areas have been evaluated and documented or marked as N/A increased from 94% in 2022 to 100% in 2023.
- 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 96% in 2022 to 100% in 2023.
- Care plan element at least one high priority goal and all goals have a priority increased from 94% in 2022 to 100% in 2023.
- Care plan outcome and achievement dates identified increased from 59% in 2022 to 100% in 2023.
- Care coordinator/case manager follow-up documentation of the contact with member according to plan increased from 80% in 2022 to 100% in 2023.

There was one audit element that the audit percentage decreased from 2022 to 2023:

- Care plan is signed by member or authorized representative, or evidence of case manager attempts to obtain signature decreased from 100% in 2022 to 85% in 2023.

SharedCare, the largest group of members that the internal care coordination team works with, showed 100% compliance with all but one audit element. The remaining audit element was 95% 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 resulting in a corrective action plan (CAP).

There was one audit element within SharedCare that the audit percentage decreased from 2022 to 2023:

- Six (6) month follow-up tasks decreased from 100% in 2022 to 95% in 2023.

The 2023 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), Utilization Management Program Structure-Plan (UM 01) and Q1-Q2 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 2023 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 2023 audit.

The 2023 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 but one were 100% compliant. For 2023, one audit element decreased in percentage and was a deficiency resulting in a corrective action plan (CAP):

- Initial organizational assessment: new organization assessed before contracted decreased from 100% in 2022 to 27% in 2023.

The 2023 compliance program audit consisted of a policy and procedure review, using an audit tool based on current DHS, federal and contract requirements. The 2023 audit demonstrated that all the audit elements were within compliance and 100% met.

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.

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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.

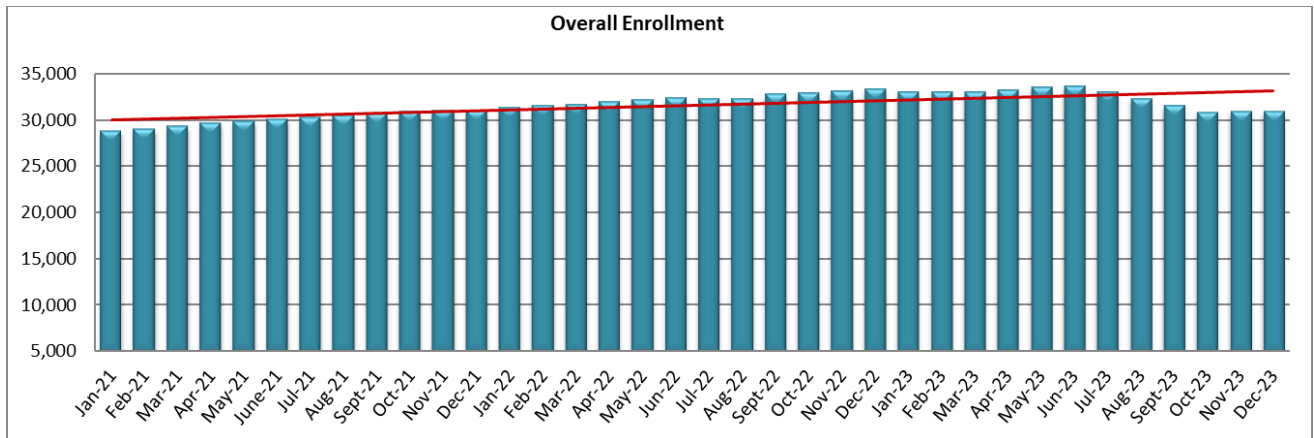
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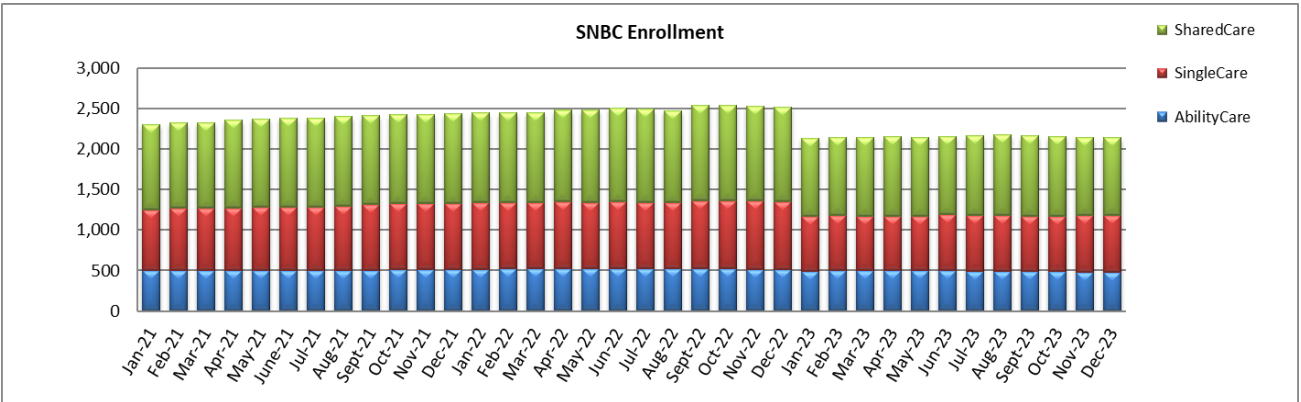
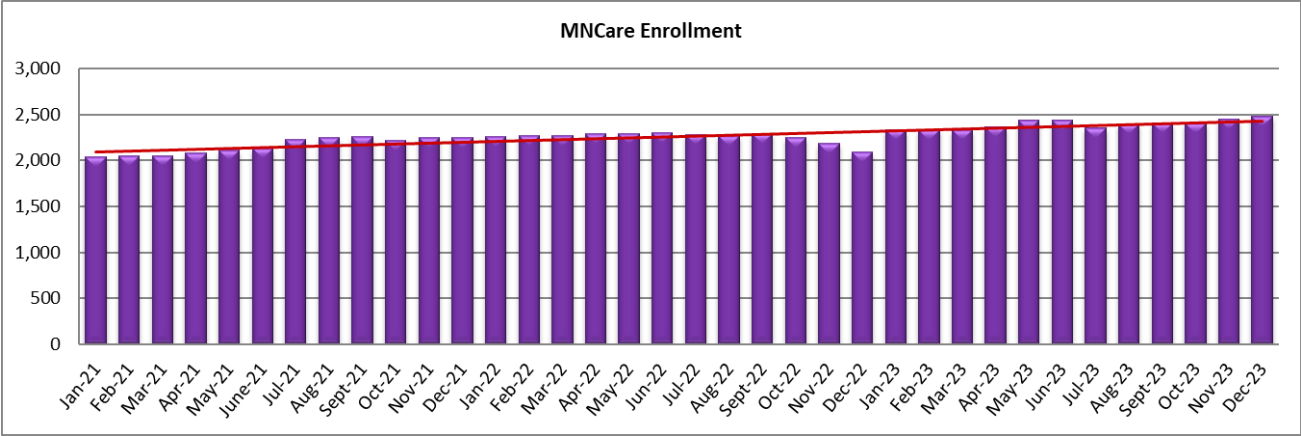
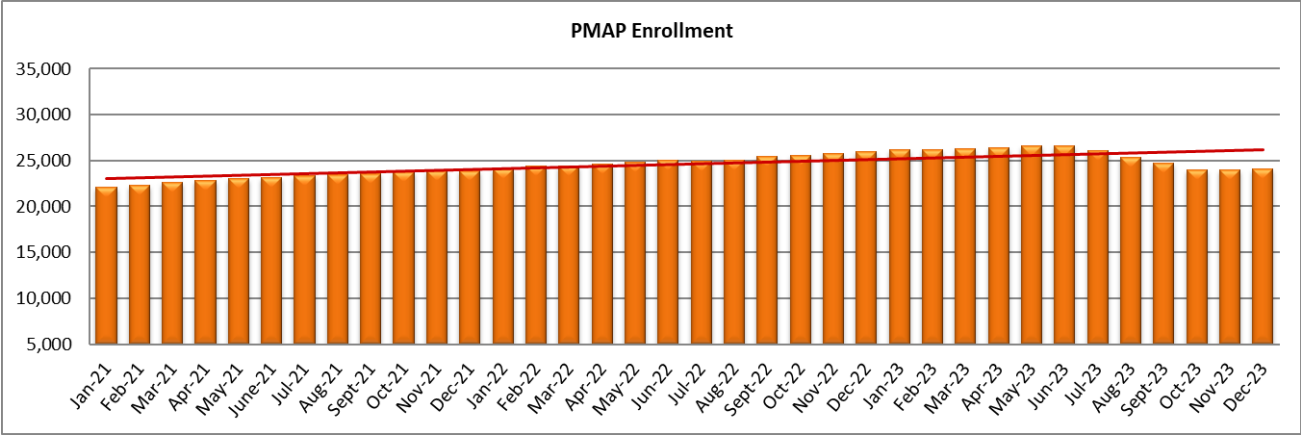
The purpose of the analysis described below is to provide context for the information contained in the annual evaluation and other quality reporting, and to support discussion about how effectively South Country's programs and services meet the unique demographics and needs of members.

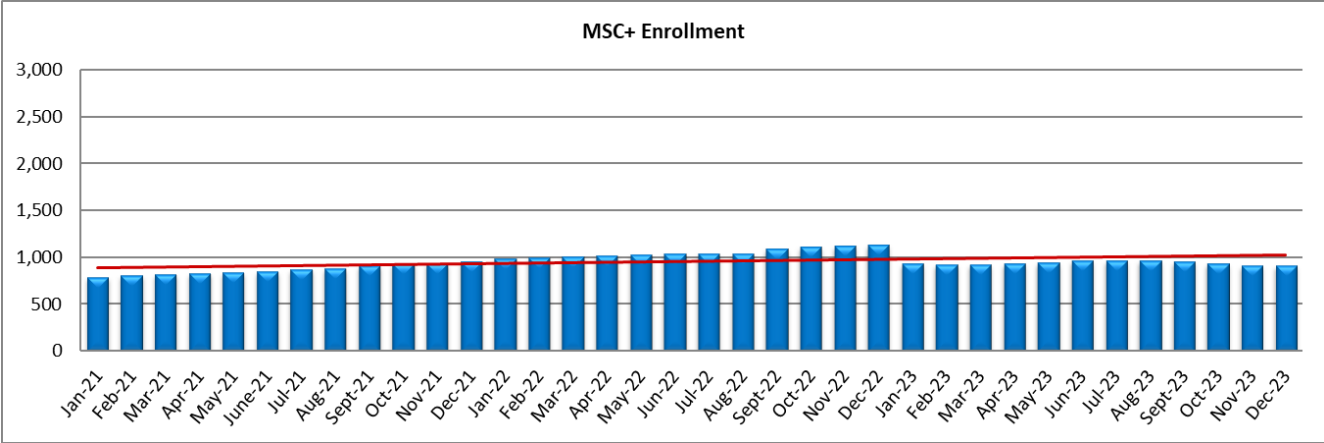
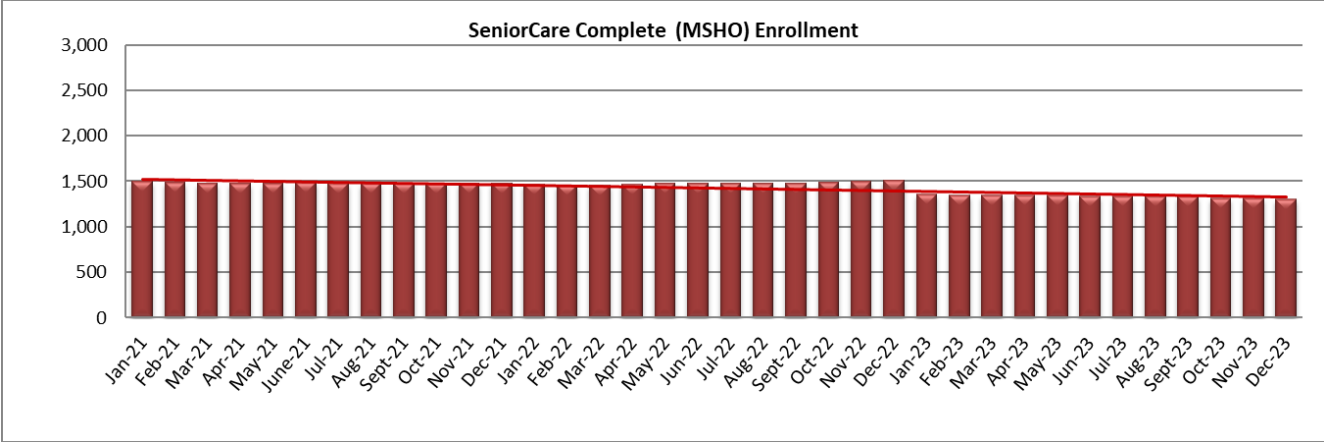
Analysis

Enrollment by Product

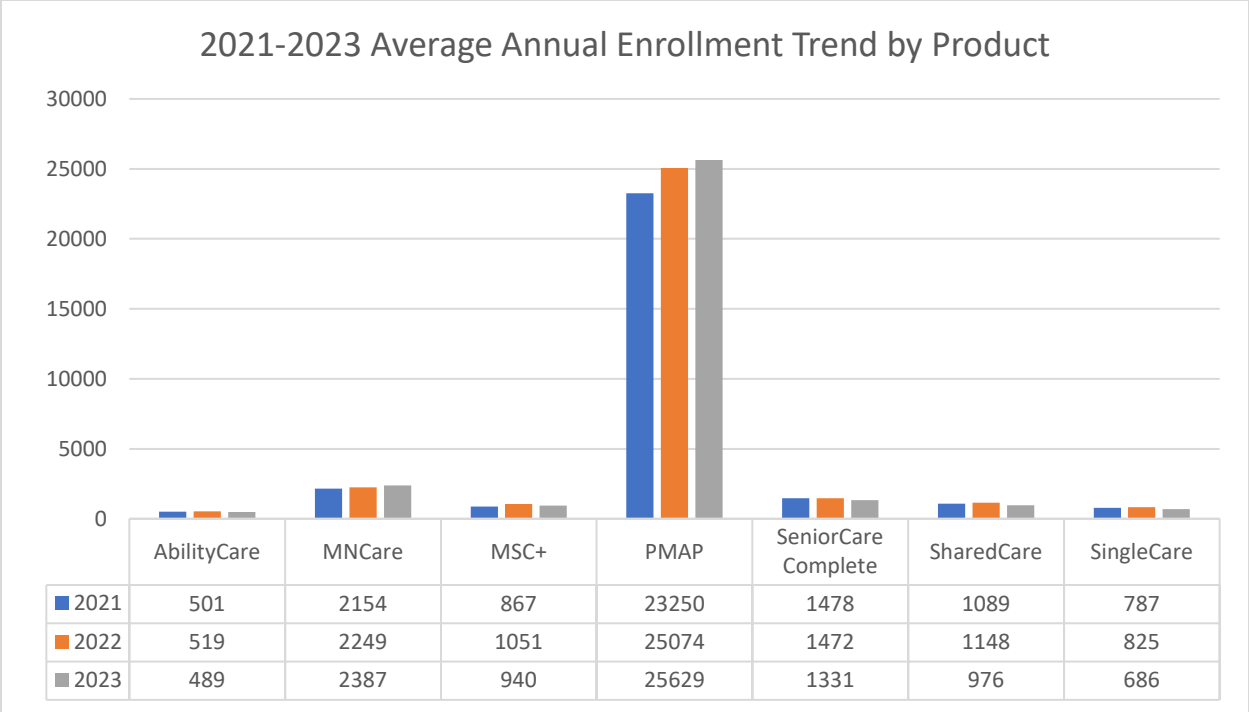
The graphs below show the volume of our membership month to month, overall and by product, from January 2021 through December 2023.







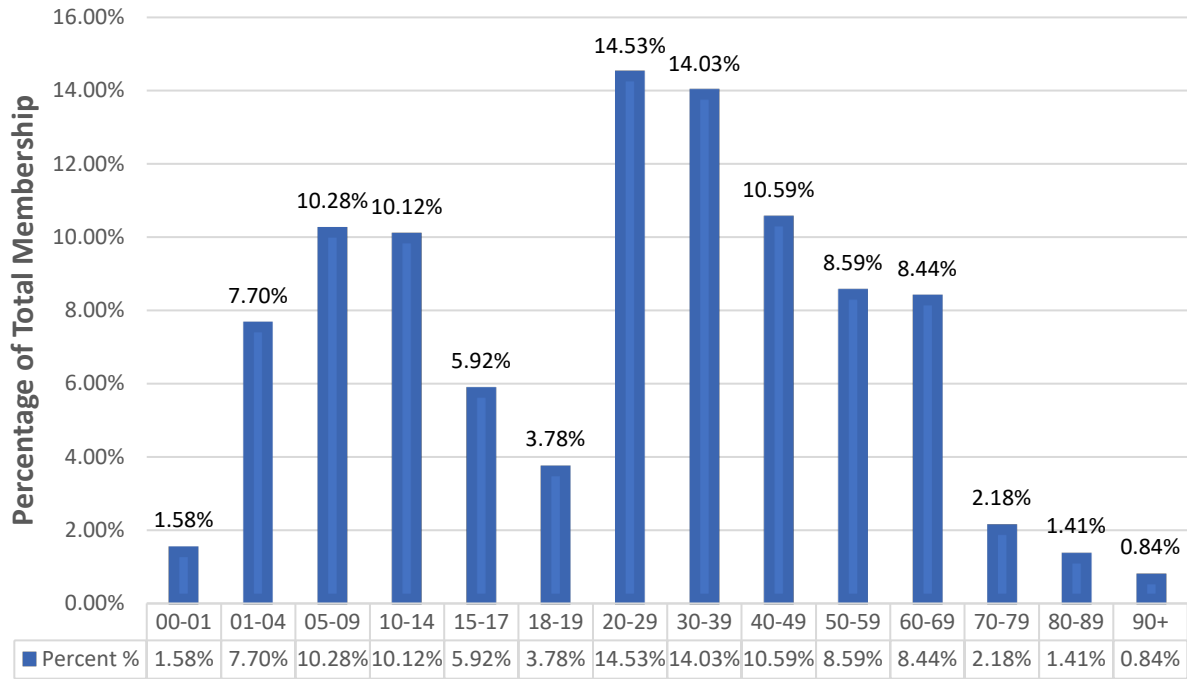
The graphs below compare the average volume of our membership by product in 2021, 2022, and 2023. Most products showed an average increase in enrollment between 2021 and 2022 and a small decrease between 2022 and 2023



Enrollment by Age

Member age groups show 39.4% 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 2023 membership percentage by age group.

2023 ENROLLMENT BY AGE GROUP



Enrollment by Gender

All products except SingleCare have more females enrolled than males. Below you can see the details by product. Our senior products continue to have a much higher female population compared to other products.

Product	Gender Split 2021	Gender Split 2022	Gender Split 2023
PMAP	Female = 53.9% Male = 46.1%	Female = 53.9% Male = 46.1%	Female = 53.6% Male = 46.4%
MinnesotaCare	Female = 54.8% Male = 45.2%	Female = 53.4% Male = 46.6%	Female = 52.7% Male = 47.3%
SingleCare	Female = 50.1% Male = 49.9%	Female = 47.9% Male = 52.1%	Female = 48.8% Male = 51.2%
SharedCare	Female = 55% Male = 45%	Female = 53.9% Male = 46.1%	Female = 54% Male = 46%
AbilityCare	Female = 55.4% Male = 44.6%	Female = 55.6% Male = 44.4%	Female = 55.4% Male = 44.6%
MSC+	Female = 60.6% Male = 39.4%	Female = 59.6% Male = 40.4%	Female = 59.4% Male = 40.6%
SeniorCare Complete	Female = 69.9% Male = 30.1%	Female = 68.8% Male = 31.2%	Female = 67.2% Male = 32.8%

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 approximately 4%, Asian is 1%, members reporting with two or more races was less about 0.2%, and members indicating “unknown” that none of the racial categories apply or decided to not disclose the information was 36%. Also, members reporting their ethnicity was Hispanic or Latino is approximately 6% and the “unknown” ethnicity was about 9%.

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 ten 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 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; and
- To identify changes or suggest improvements 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 working to expand collaboration with Sibley County and their community partners and members to identify further areas of need.

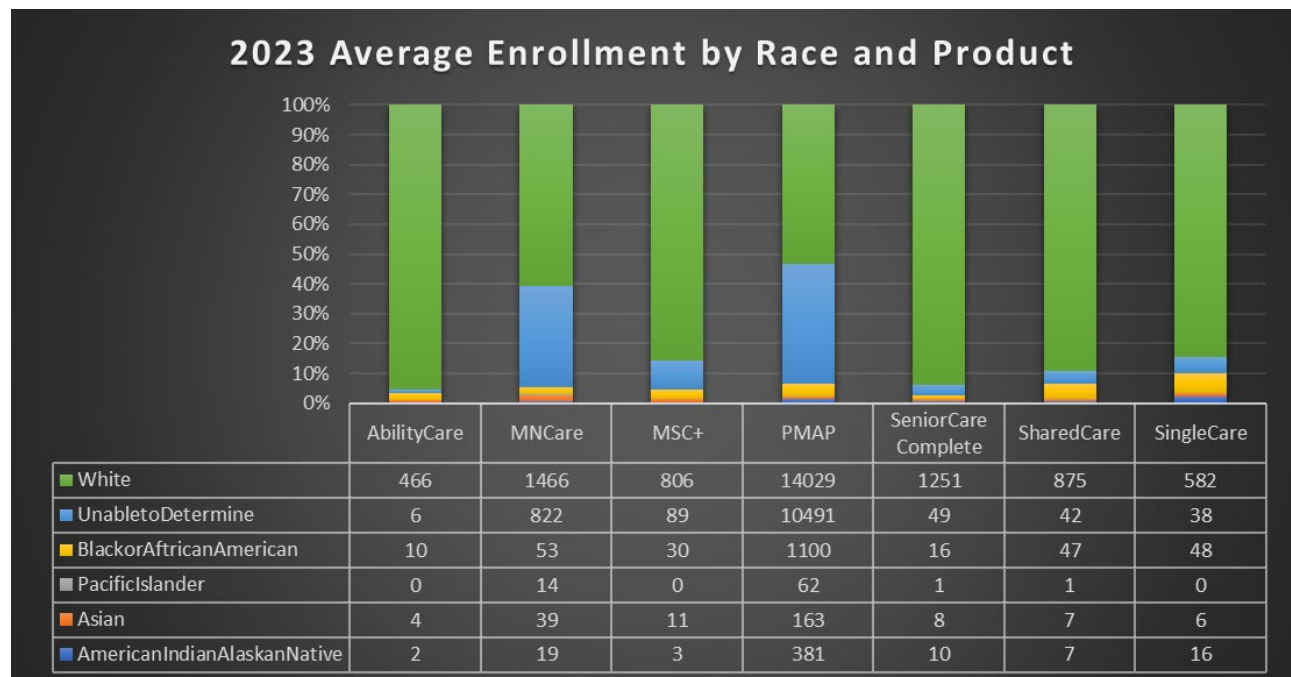
In addition, South Country has partnered with a local community partner, the HealthFinders Collaborative. We are working together with HealthFinders Collaborative to explore and understand any social inequities or health disadvantages for Somali and Hispanic individuals in Steele, Dodge and Waseca counties. Steele County has the largest Black or African American population out of all South Country's servicing counties. Moreover, this partnership collaborates 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; and
- To recommend changes or suggest improvements to South Country leadership to improve health equity for our members.

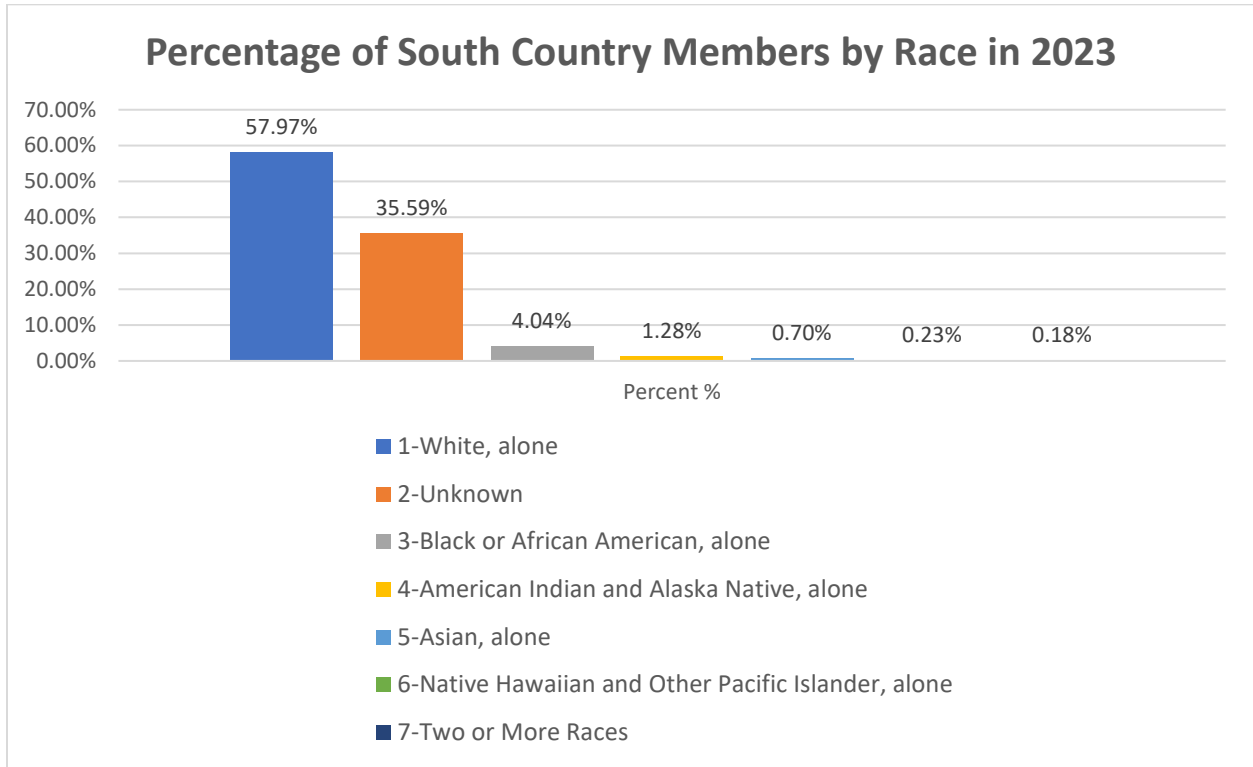
2023 Monthly Average Enrollment by Race and Product

In 2023, the South Country’s monthly average enrollment by race and product shows many members in Medicaid products with a race that was “unable to determine.”



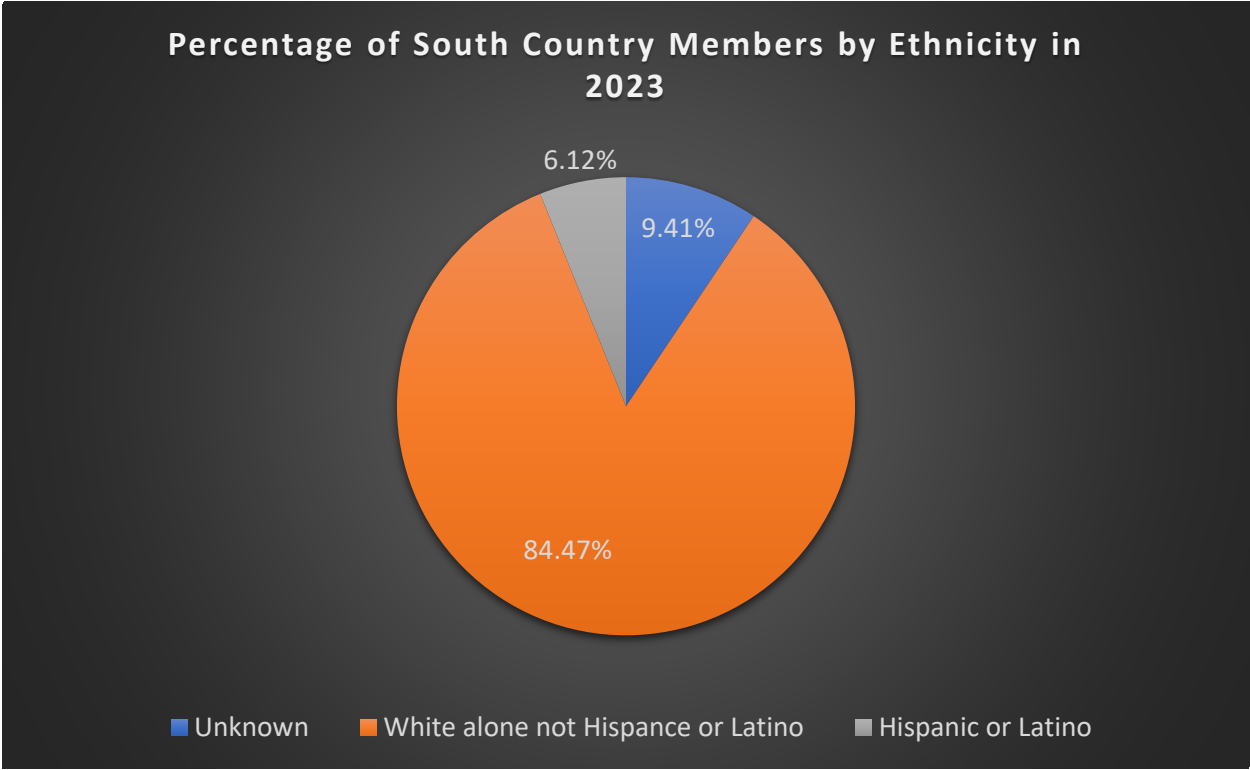
Percentage of South Country Members by Race in 2023

In 2023, 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.



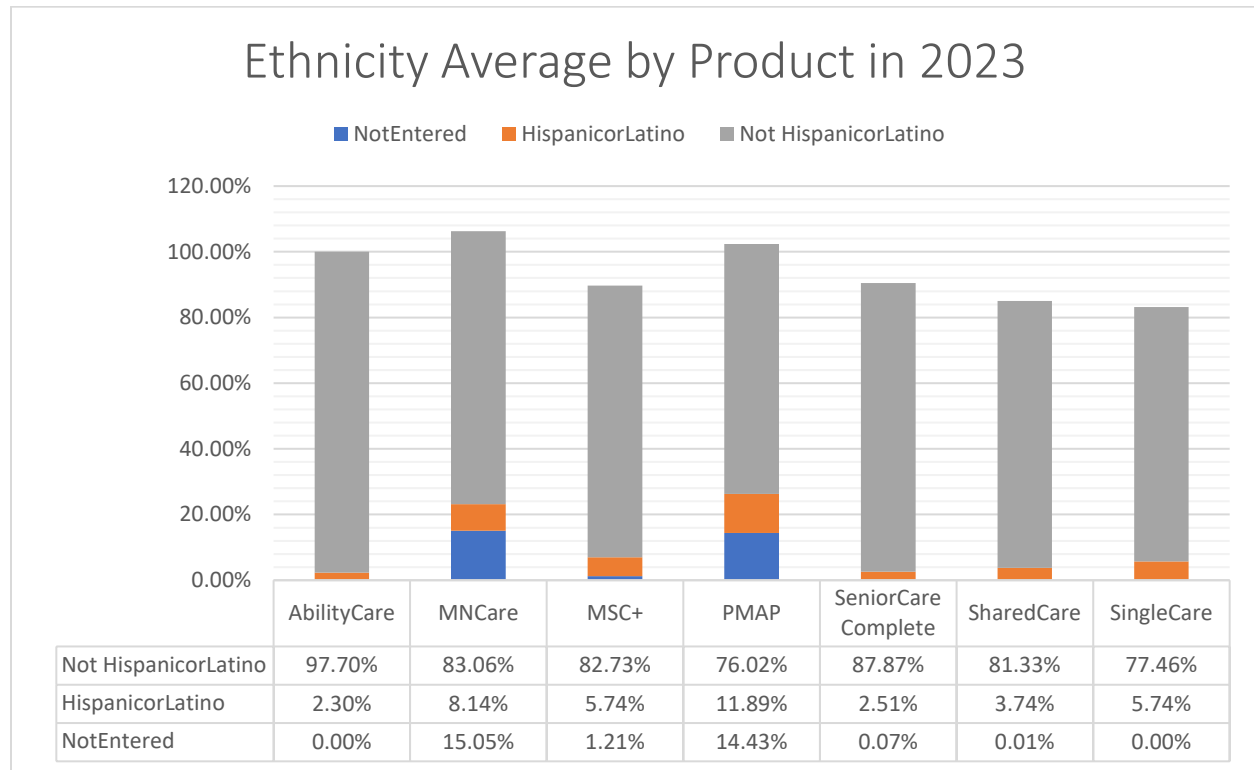
Percentage of South Country Members by Ethnicity in 2023

In 2023, South Country had a total of 84.47% of the overall population identifying as white alone/not Hispanic or Latino and 9.41% of population identifying as ethnicity unknown. A total of 6.12% of members report upon enrollment an ethnicity of Hispanic or Latino.



Ethnicity Monthly Average by Product in 2023

In 2023, South Country had a majority of not Hispanic or Latino for all product lines.



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 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	2023 Member Count	2023 Member’s Reported Language
AMERICAN SIGN	8	0.02%	13	0.03%
AMHARIC	1	0.00%	3	0.01%
ARABIC	3	0.01%	7	0.02%
CANTONESE	1	0.00%	0	0.00%
ENGLISH	29,439	79.71%	29,933	79.58%
FRENCH	2	0.01%	2	0.01%
HMONG	18	0.05%	18	0.05%
KAREN	30	0.08%	1	0.00%
KHMER	1	0.00%	1	0.00%
KOREAN	1	0.00%	0	0.00%
LAOSIAN	5	0.01%	2	0.01%
MANDARIN	11	0.03%	16	0.04%
OTHER	34	0.09%	34	0.09%
RUSSIAN	10	0.03%	9	0.02%
SERBO-	1	0.00%	1	0.00%
SOMALIAN	183	0.50%	195	0.52%
SPANISH	627	1.70%	683	1.82%
UNKNOWN	6,542	17.71%	6,681	17.76%
VIETNAMESE	14	0.04%	17	0.05%

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 2023 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.

Member Services

Description and Process

South Country's member services team strives 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. Their goal is to make a great first impression and to ensure members continue to reach out for any benefits, RideConnect and pharmacy needs. Each specialist strives to treat members with the utmost respect and to communicate openly and honestly to meet their expectations. Specialists 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 and drive our contact center metrics, South Country continues to request that members complete a member services follow-up survey. Member responses provide valuable member feedback regarding the performance of our member services specialists. The member services manager continues to monitor live and recorded incoming calls for quality and efficiency. Call center statistics are reviewed daily against the requirements set forth by the Centers for Medicare & 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 2023, member services handled an average of 2,593 calls per month as shown in Table 1. This is a 1.48% decrease from 2022. The decrease may be attributed to fewer pandemic-related questions in 2023. The contact center took on additional duties in 2023 assisting with eligibility redetermination outreach. Even with the additional workload, the team exceeded the call center metric of 80% of calls answered within 30 seconds. Stable staffing combined with the lower call volume has contributed to the improvement in call center metrics from 2021 to 2023.

Table 1.

Call Center Three-Year Trend			
Year	2021	2022	2023
Average Calls/Month	2863	2632	2593
% Calls Answered Within 30 Seconds	79.92%	78.71%	95.2%
Abandoned Call %	3.02%	3.17%	.65%

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. While survey results are favorable, improvements in the areas of first call resolution and providing helpful resources and information will receive additional focus.

Table 2.

2023 Responses for Member Services Follow-Up Survey		
Member Services Specialist Performance	Yes	No
Did the Member Services Specialist greet you with their name?	332/348 95.4%	15/348 4.3%
Was the Member Services Specialist able to answer your questions in one call?	329/355 92.7%	26/355 7.3%
Did the Member Services Specialist ask if you had any other questions?	335/353 94.9%	18/353 5.1%
Did the Member Services Specialist treat you with respect and dignity?	347/355 97.7%	8/355 2.3%
Did the Member Services Specialist listen to your needs?	345/356 96.9%	11/356 3.1%
Did the Member Services Specialist provide you with resources or information that was helpful?	322/345 93.3%	23/345 6.7%

South Country continues to use ServiceSkills to provide customer service and soft skills training 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 collaborate with each specialist to customize their experience. Together, they choose courses to focus on areas needing improvement and to build on their strengths. This program has also assisted our staff with accuracy and effectiveness.

Next Steps

- Continue to review and analyze member services post call survey results in 2024;
- Present results to the member services team daily via email, provide monthly training via staff meetings, and identify opportunities and improvements where needed;
- Continue to conduct monthly one-on-one sessions with each member services specialist and perform multiple quality reviews for each specialist;
- Focus on individual improvement;
- Continue team training opportunities with ServiceSkills; and
- Continue to 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) and AbilityCare for 2023.

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 were 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 2023. 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 Dec. 05, 2023, with a return date of December 31, 2023. South Country accepted survey responses until Dec. 31, 2023.

The 2023 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. Below are the details of our Medicare product member response rates for the past three years.

Medicare Care Coordination Satisfaction Survey Member Response Rates						
	2021		2022		2023	
Product	Returned / Sent	Response Rate	Returned / Sent	Response Rate	Returned / Sent	Response Rate
SeniorCare Complete (MSHO: Seniors)	136 / 305	45%	122 / 301	41%	112 / 305	37%
AbilityCare	74 / 219	34%	65 / 216	30%	59 / 219	27%
Medicare Overall Response Rate	210 / 524	40%	187 / 517	36%	171 / 524	33%

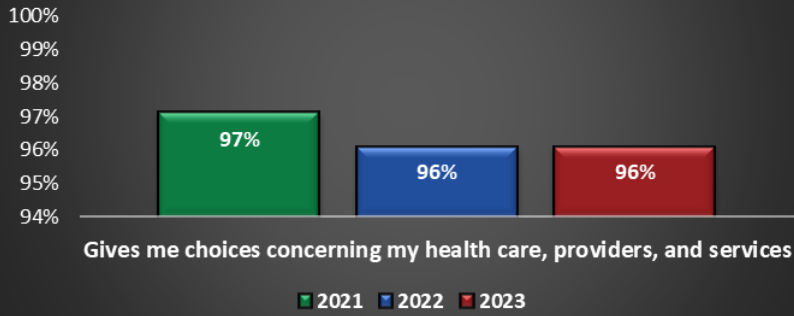
Our performance target for member satisfaction with South Country as their plan is 95%. Questions in the care coordinator performance domain directly correlate to the performance of the member's care coordinator. Overall, members responded positively with either an "Excellent," "Very Good," or "Good" 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 but two areas – "Follows through on actions requested by me" and "Provides a timely response to my calls." Those questions came in at 94% overall for SeniorCare Complete and AbilityCare, just 1% under our performance target.

Care Coordination Satisfaction Member Survey Results			
Care Coordinator Performance	SeniorCare Complete	AbilityCare	Overall
Treats me with respect and dignity	100 / 103 97%	55 / 57 96%	155 / 160 97%
Listens to my wishes and needs	101 / 104 97%	54 / 57 95%	155 / 161 96%
Gives me choices concerning my health care, providers, and services	101 / 105 96%	54 / 57 95%	155 / 162 96%
Follows through on actions requested by me	100 / 104 96%	52 / 57 91%	152 / 161 94%

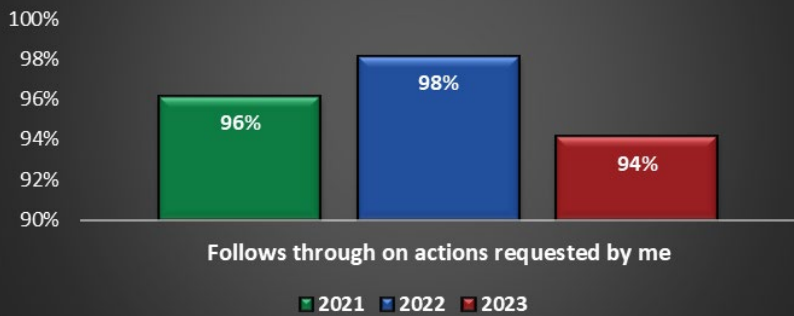
Care Coordination Satisfaction Member Survey Results			
Care Coordinator Performance	SeniorCare Complete	AbilityCare	Overall
Answers my questions	102 / 104 98%	54 / 57 95%	156 / 161 97%
Provides a timely response to my calls	99 / 103 96%	51 / 56 91%	150 / 159 94%
Provides me resources that are helpful	97 / 101 96%	52 / 55 95%	149 / 156 96%



Care Coordination Satisfaction Member Survey Results

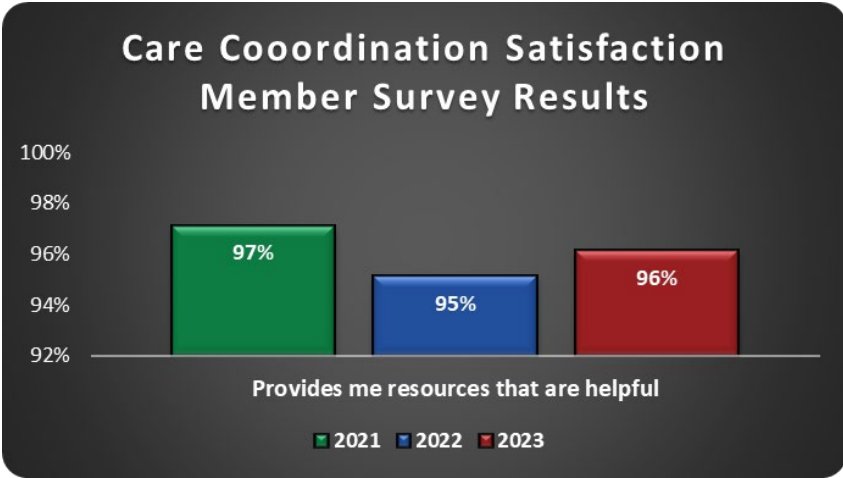


Care Coordination Satisfaction Member Survey Results



Care Coordination Satisfaction Member Survey Results





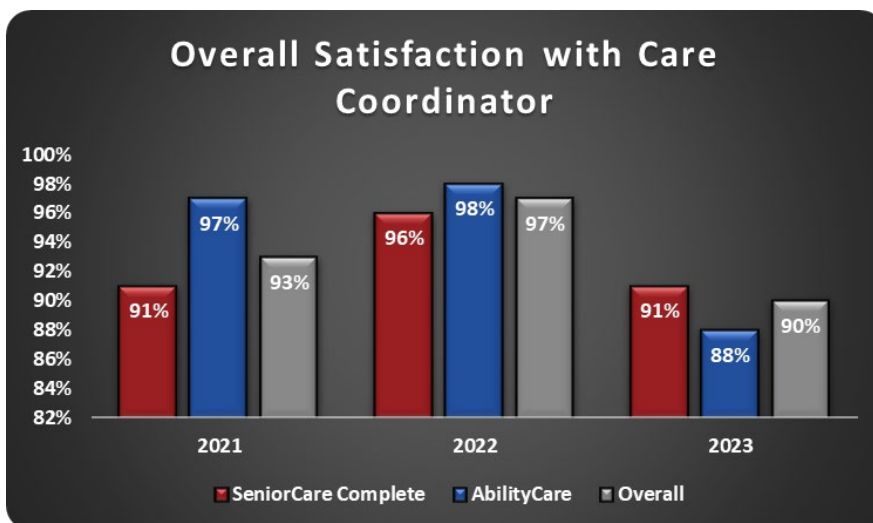
South Country asked members how often they talk to or see their care coordinator to get the frequency of member interaction with care coordinators from the member perspective. Care coordinators are required to follow up with members at least every three months if they have an active care plan or annually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

Care Coordination Satisfaction Member Survey Results						
<i>How often do you talk or see your care coordinator?</i>						
	Weekly	Monthly	Every Other Month	Every Three Months	Every Six Months	Yearly
SeniorCare Complete	5 / 100 5%	12 / 100 12%	19 / 100 19%	30 / 100 30%	18 / 100 18%	16 / 100 16%
AbilityCare	4 / 56 7%	6 / 56 11%	10 / 56 18%	15 / 56 27%	14 / 56 25%	5 / 56 9%

Care Coordination Satisfaction Member Survey Results						
<i>How often do you talk or see your care coordinator?</i>						
	Weekly	Monthly	Every Other Month	Every Three Months	Every Six Months	Yearly
Overall	9 / 156 6%	18 / 156 12%	29 / 156 19%	45 / 156 29%	32 / 156 21%	21 / 156 13%

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 SeniorCare Complete and AbilityCare members showed a decrease from the previous years, with the percentages by product coming in at 91% and 88%, respectively. Overall satisfaction decreased by 7% from 97% to 90% from 2022 to 2023.

Care Coordination Satisfaction Member Survey Results			
Care Coordinator Performance	SeniorCare Complete	AbilityCare	Overall
Overall Satisfaction with Care Coordinator	96 / 106 91%	50 / 57 88%	146 / 163 90%



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, most members surveyed provided a “Yes” response. The percentage of “Yes” responses remained steady at 84% in 2023 (88% responded “Yes” in 2021, and 84% responded “Yes” in 2022).

	Does Your Care Coordinator Recommend Preventive Services?		
Response	SeniorCare Complete	AbilityCare	Overall
Yes	88 / 103 85%	46 / 56 82%	134 / 159 84%
No	15 / 103 15%	8 / 56 14%	23 / 159 14%

The next set of survey responses were related to how members feel about health care services received from South Country. Eighty-three percent of members responded that that their overall satisfaction with South Country was “Excellent” or “Very Good.”

	Overall Member Satisfaction with South Country		
Response	SeniorCare Complete	AbilityCare	Overall
Excellent	40 / 103 39%	29 / 57 51%	69 / 160 43%
Very Good	46 / 103 45%	17 / 57 30%	63 / 160 39%
Good	12 / 103 12%	6 / 57 11%	18 / 160 11%
Fair	41 / 103 40%	3 / 57 5%	44 / 160 28%
Poor	1 / 103 1%	0 / 57 0%	1 / 160 1%

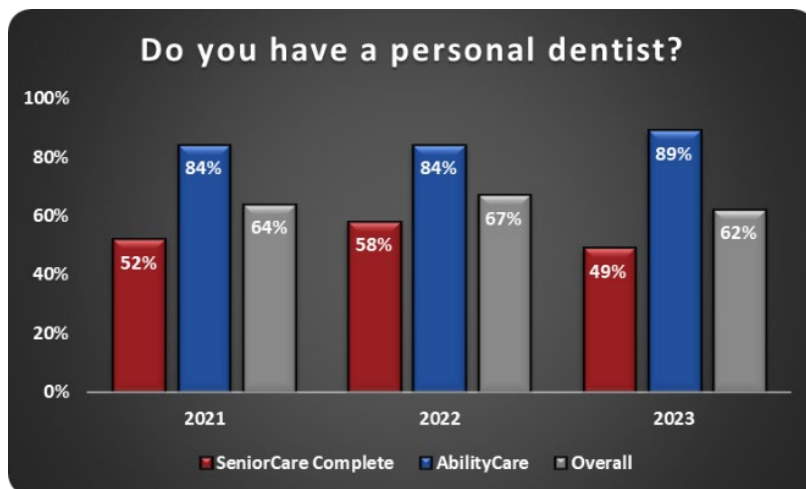
The next group of questions were regarding how satisfied members are with specific services: dental services, pharmacy services, clinical services including their personal doctor, mental health services, and hospital services. South Country has worked over the years to increase access to dental services 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 overall percentage.

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	AbilityCare	Overall
Dental services	66 / 102 65%	44 / 57 77%	110 / 159 69%
Pharmacy services	97 / 107 91%	50 / 57 88%	147 / 164 90%
Clinic services (including their personal doctor)	98 / 107 92%	49 / 56 88%	147 / 163 90%
Mental health services	77 / 97 79%	41 / 53 77%	118 / 150 79%
Hospital services	86 / 101 85%	39 / 54 72%	125 / 155 81%

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 on average more AbilityCare members say they have a personal dentist than SeniorCare Complete. SeniorCare Complete members had a decrease of 9% of members who replied “Yes” to having a personal dentist and AbilityCare increased by 5%. This resulted in an overall decrease of 5% from the previous year for our Medicare members.

Do You Have a Personal Dentist?			
Response	SeniorCare Complete	AbilityCare	Overall
Yes	53 / 109 49%	49 / 55 89%	102 / 164 62%
No	56 / 109 51%	6 / 55 11%	62 / 164 38%



	In the Past Year, Did your Care Coordinator Talk to You About Seeing a Dentist?		
Response	SeniorCare Complete	AbilityCare	Overall
Yes	56 / 105 53%	41 / 55 75%	97 / 160 61%
No	49 / 105 47%	14 / 55 25%	63 / 160 39%

Social Determinants of Health

The last section on the survey focused on questions regarding the 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?	102 / 158	65%	45 / 158	28%	11 / 158	7%
How often do you feel left out?	115 / 157	73%	34 / 157	22%	8 / 157	5%
How often do you feel isolated from others?	119 / 159	75%	30 / 159	19%	10 / 159	6%
Are you worried that in the next two months you may not have stable housing?	146 / 158	92%	8 / 158	5%	4 / 158	3%
In the past year, have you or your family members had difficulty getting food?	140 / 159	88%	18 / 159	11%	2 / 159	1%
In the past year, have you or your family members had difficulty getting utilities paid?	139 / 160	87%	16 / 160	10%	5 / 160	3%

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?	142 / 160	89%	12 / 160	8%	6 / 160	4%

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; and
- 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 2023 surveys were completed from January through April 2023 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 (South Country) 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 2023 DHS survey of South Country members are in the following programs: Families and Children-Medical Assistance (F&C-MA), MinnesotaCare (MNCare), Minnesota Senior Care Plus (MSC+) and Special Needs Basic Care (SNBC).

MinnesotaCare program members were combined with Hennepin Health (HH), Itasca Medical Care (IMCare), Medica (MED), PrimeWest (PW) and South Country Health Alliance (SCHA). Of those who responded, South Country members accounted for 27.9%.

MSC+ program members were combined for IMCare, PW and SCHA. Of those who responded, South Country members accounted for 40.3%.

Products	2022 Response Rate	2023 Response Rate
F&C-MA(PMAP)	21.71%	18.45%
MNCare	29.15% *HH, IMCare, PW, & South Country Data Combined	23.93% *HH, IMCare, MED; PW, & South Country Data Combined
MSC+	47.81% *IMCare, PW, & South Country Data Combined	43.47% *IMCare, PW, & South Country Data Combined
SNBC	36.04%	31.45%

*HH = Hennepin Health; IMCare = Itasca Medical Care; MED = Medica; 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 zero to 10, with a zero 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 2021 to 2023. They also include South Country's performance relative to the entire program/product.

PMAP Summary

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

Global Ratings	2021	2022	2023	2022 vs 2023 Trend	2023 PMAP MN Program
Rating of Health Plan	64.6%	62.1%	61.6%	↓	59.0%
Rating of All Health Care	54.4%	43.2%	47.3%	↑	46.2%
Rating of Personal Doctor	72%	67.7%	68.4%	↑	68.6%
Rating of Specialist Seen Most	72.4%	65.4%	64.7%	↓	61.7%
Getting Needed Care	83.9%	84.0%	78.8%	↓	76.7%
Getting Care Quickly	88.6%	84.3%	86.8%	↑	79.8%
How Well Doctors Communicate	93.7%	90.8%	96.6%	↑	93.9%
Customer Service	92.2%	89.7%	90.6%	↑	87.9%
Coordination of Care	92.8%	84.8%	82.1%	↓	83.5%

MinnesotaCare Summary

- Data was combined with Hennepin Health, Itasca Medical Care, Medica, 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 personal doctor, rating of specialist seen most, and how well doctors communicate.
- Below is the state average for getting needed care, getting care quickly, customer service, and coordination of care.

Global Ratings	2021	2022	2023	2022 vs 2023 Trend	2023 MNCare MN
Rating of Health Plan	58.1%	58.1%	64.1%	↑	59.7%
Rating of All Health Care	61.7%	54.7%	55.3%	↑	52.1%
Rating of Personal Doctor	73.1%	71.1%	72.4%	↑	73.0%
Rating of Specialist Seen Most	71%	70.2%	72.8%	↑	69.5%
Getting Needed Care	90.2%	83.9%	83.2%	↓	80.4%
Getting Care Quickly	87.3%	83.4%	80.2%	↓	78.0%
How Well Doctors Communicate	98.2%	94.1%	96.7%	↑	95.5%
Customer Service	93.3%	95.1%	91.0%	↓	91.1%
Coordination of Care	89.5%	92.5%	89.7%	↓	84.4%

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

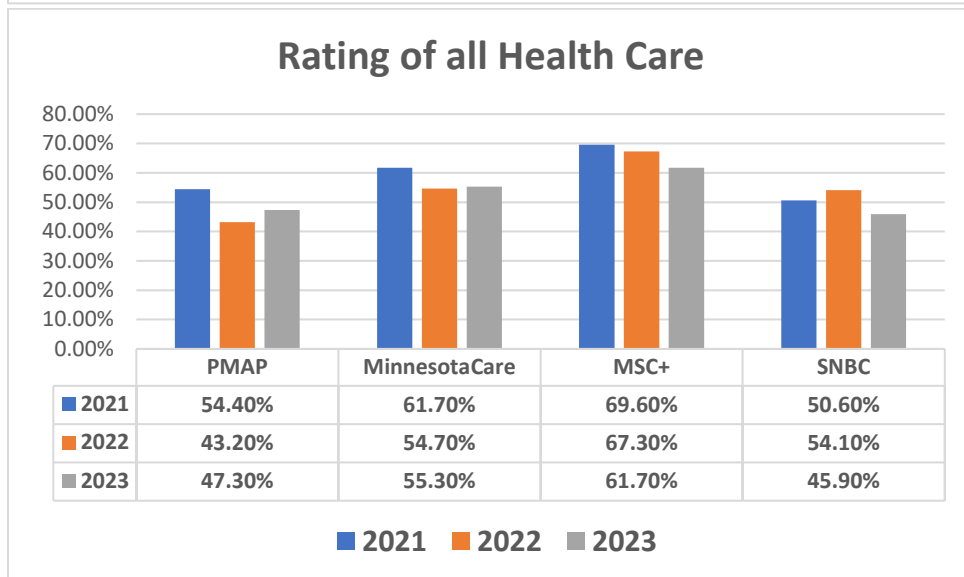
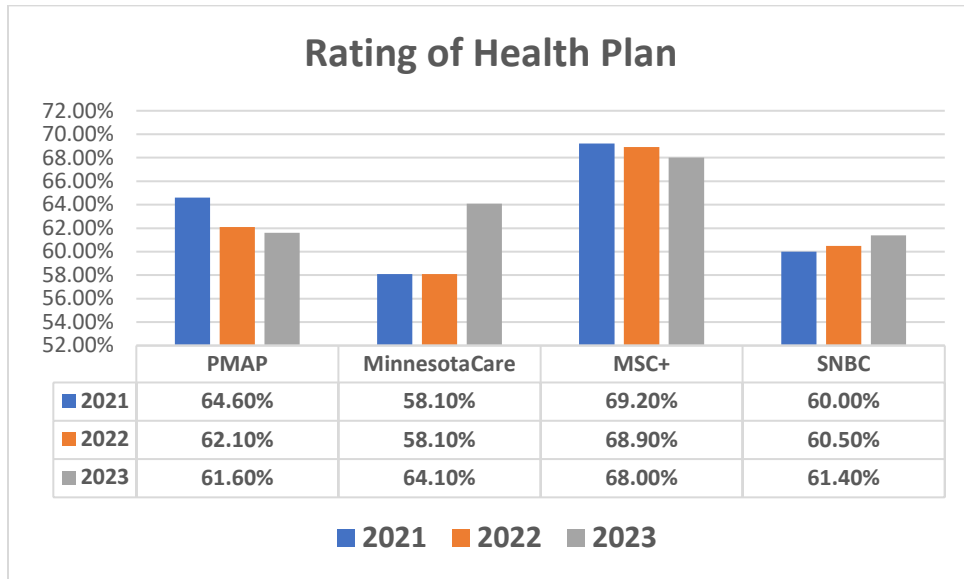
Global Ratings	2021	2022	2023	2022 vs 2023 Trend	2023 MSC+ MN Program
Rating of Health Plan	69.2%	68.9%	68.0%	↓	62.1%
Rating of All Health Care	69.6%	67.3%	61.7%	↓	55.8%
Rating of Personal Doctor	76.1%	74.3%	77.4%	↑	72.9%
Rating of Specialist Seen Most	77.5%	76.7%	71.7%	↓	67.4%
Getting Needed Care	90.9%	88.7%	89.4%	↑	84.8%
Getting Care Quickly	92.2%	90.8%	87.7%	↓	84.5%
How Well Doctors Communicate	94.9%	96.2%	95.7%	↓	95.0%
Customer Service	95.3%	93.7%	93.4%	↓	89.5%
Coordination of Care	92.4%	90.8%	92.4%	↑	89.0%

SNBC Summary

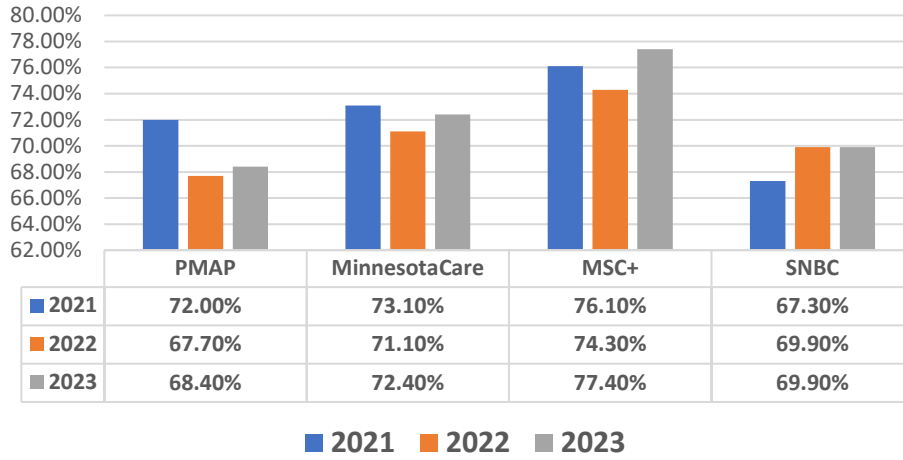
- Above the state average for rating of health plan, how well doctors communicate, customer service, and coordination of care.
- Below the state average for rating of all health care, rating of personal doctor, rating of specialist seen most, getting needed care, and getting care quickly.

Global Ratings	2021	2022	2023	2022 vs 2023 Trend	2023 SNBC MN Program
Rating of Health Plan	60.0%	60.5%	61.4%	↑	58.2%
Rating of All Health Care	50.6%	54.1%	45.9%	↓	49.6%
Rating of Personal Doctor	67.3%	69.9%	69.9%	↓	72.1%
Rating of Specialist Seen Most	72.7%	66.7%	60.3%	↓	62.4%
Getting Needed Care	88.7%	82.1%	80.7%	↓	77.7
Getting Care Quickly	86.1%	84.7%	82.0%	↓	80.4%
How Well Doctors Communicate	94.8%	94.1%	94.8%	↑	92.5%
Customer Service	93.7%	89.2%	91.2%	↑	89.2%
Coordination of Care	85%	87.7%	88.0%	↑	84.9%

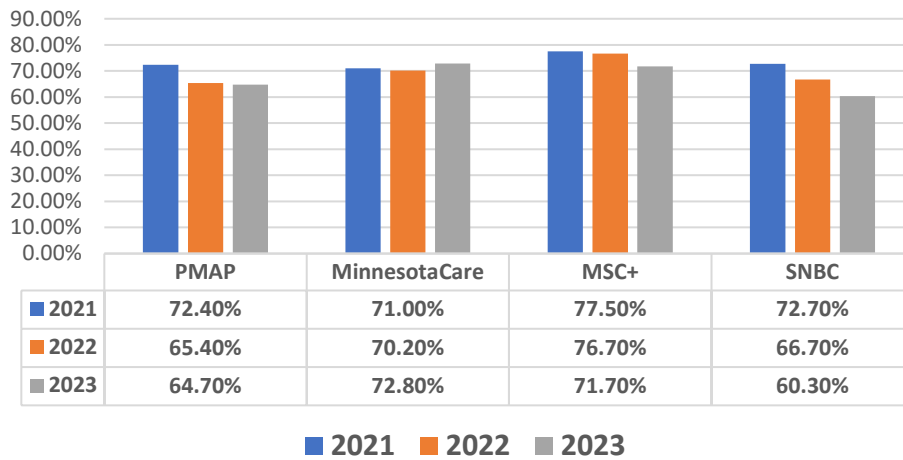
2021-2023 CAHPS Rates Trending



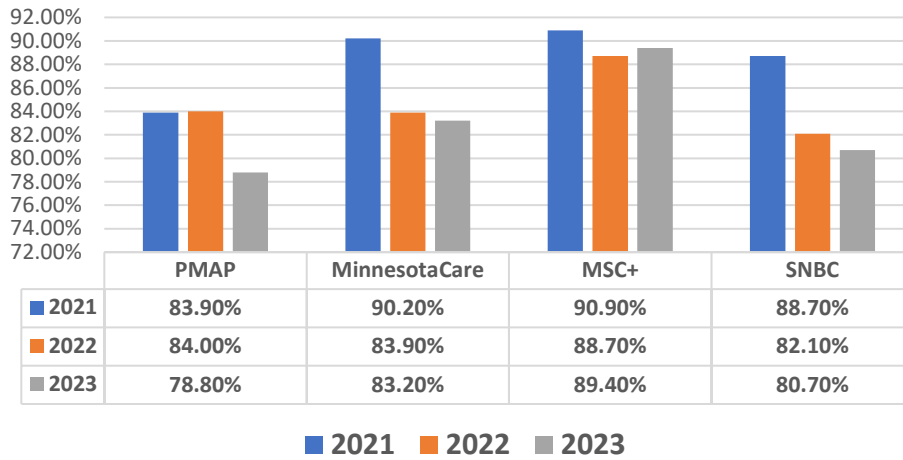
Rating of Personal Doctor



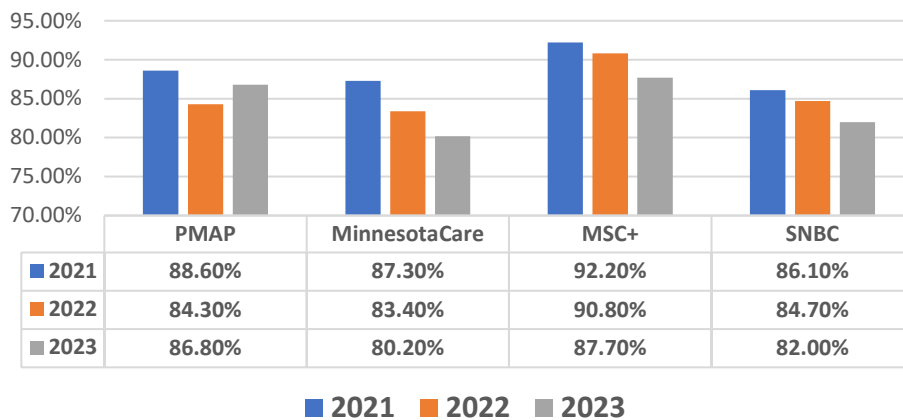
Rating of Specialist Seen Most Often



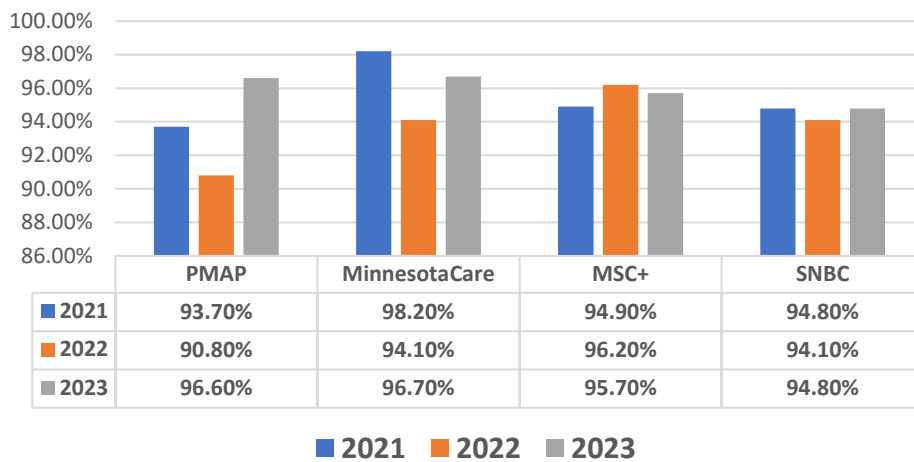
Getting Needed Care



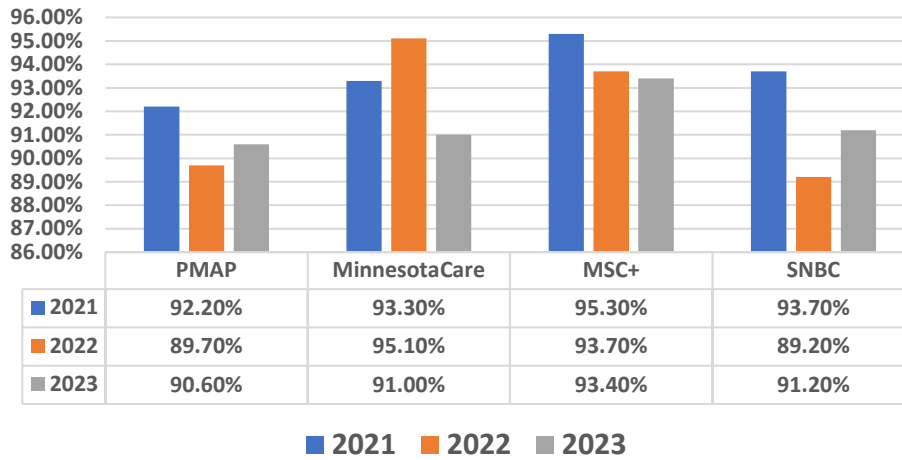
Getting Care Quickly



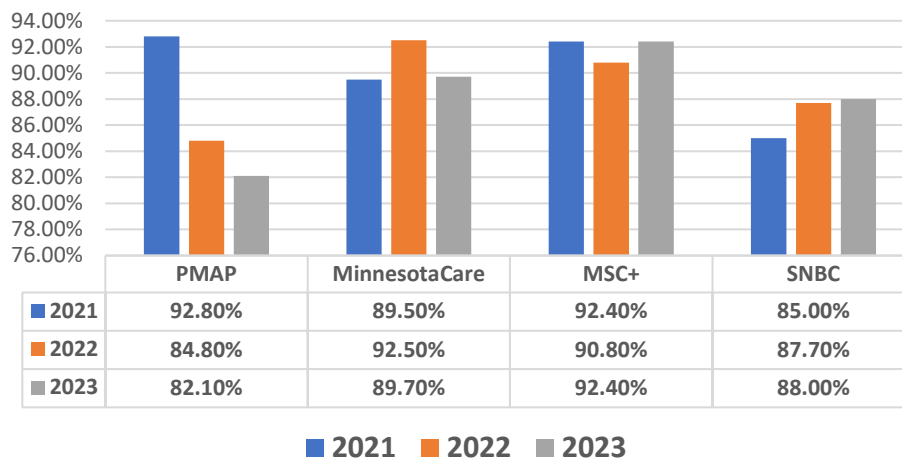
How Well Doctors Communicate



Customer Service



Coordination of Care



Minnesota Programs CAHPS Scores Evaluated by Race and Ethnicity

(scores by race and ethnicity for each program, and the results were compared to the program average. A summary of this comparison for MHCP is listed below.)

- Respondents who were Hispanic had the most statistically significantly higher scores. Respondents who were Multi-Racial, Black, Asian, and “remaining” had the most statistically significantly lower scores.
- Respondents who were Multi-racial were:
 - ○ Statistically significantly less likely to have a positive experience with their MCO, health care, and MCO’s customer service;
 - ○ Statistically significantly less likely to see a provider the same day after making an appointment; and
 - ○ Statistically significantly more likely to have a provider who shared the same race, ethnicity, or language as them.
- Respondents who were White were:
 - ○ Statistically significantly less likely to see a provider the same day after making an appointment;
 - ○ Statistically significantly less likely to get an interpreter when they needed one; and
 - ○ Statistically significantly more likely to not feel like they were judged or treated unfairly by a doctor because of their race.
- Respondents who were Hispanic were statistically significantly less likely to have a provider who shared the same race, ethnicity, or language as them.
- Respondents who were Black were:
 - ○ Statistically significantly less likely to get an interpreter when they needed one;
 - ○ Statistically significantly more likely to be told they showed up too late to an appointment to be seen; and
 - ○ Statistically significantly less likely to have a provider who shared the same race, ethnicity, or language as them.
- Respondents who were Asian were statistically significantly less likely to have a provider who shared the same race, ethnicity, or language as them.
- Respondents in the “Remaining” race category were statistically significantly less likely to:
 - ○ Have a personal doctor who usually or always seemed informed and up-to-date about care they got from other providers;
 - ○ Get an interpreter when they needed one;
 - ○ Not feel like they were judged or treated unfairly by a doctor because of their race; and
 - ○ Have a provider who shared the same race, ethnicity, or language as them.

CAHPS Narrative Summary

Member satisfaction will continue to be assessed through multiple processes including Member Satisfaction and Effectiveness of Care Coordination 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 suggest that our members are satisfied with us as their health plan, the health care they receive and the coordination of care. South Country's leadership team and Quality Assurance Committee will review the CAHPS results for all products during 2023 and consider other strategies to maintain and improve member satisfaction for 2024. Some of these strategies to review 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 health and wellbeing.

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 2023, 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, 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, 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 grievances which are summarized separately)

There was a total of 112 cases for calendar year (CY) 2023, 17 of these were dental grievances, which almost doubled from the previous year. In CY 2022 there were a total of 61 grievances, 11 of 61 were dental grievances; in CY 2021 there were a total of 46 grievances, 9 of 46 were dental grievances.

The number of dental grievances has been trending upward over the past few years (CY 2023 = 17; CY 2022 = 11; CY 2021 = 9) but remains low considering total enrollment and the number of “multiple grievances” and unique members (CY 2023 = 14 unique members; CY 2022 = 7 unique members; CY 2021 = 8 unique members).

Approximately 44% of the total grievance cases involved members enrolled in PMAP (MA12), which is a decrease from previous years, (CY 2023 = 57%; CY 2022 = 57%; CY 2021 = 57%); however, PMAP remained top program during each quarter of CY 2023 (SingleCare was the second highest program for CY 2023, at 15%). PMAP is the program that holds South Country’s highest membership.

Access was the top grievance category for 2023, this is consistent with previous years.

The top access grievance service code continues to be non-emergency medical transportation (NEMT) services at 39 of 48 access grievances, or 81%, with the most for unassisted transportation at 26 of 39 or 67%. Approximately 69% (27 of 39) of these NEMT access cases were substantiated meaning South Country could prove that the allegation occurred. Substantiated reasons include both internal and external factors. South Country’s G/A department reaches out as necessary to providers and/or internal departments 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) grievances

There was a total of 29 cases for CY 2023, which is an increase from the previous year; (CY 2022 = 23; CY 2021 = 11).

Dental QOC cases had a slight increase with 11 cases (CY 2022 = 9; CY 2021 = 8).

The top service category was dental dentures, followed by unassisted transportation which is similar to the previous year.

None of these cases were determined to be at a severe level. Like previous years, the outcomes ranged from no QOC concerns to a mild level of concern, these severity levels are referenced and described below. All QOC cases undergo review by South Country’s medical director, who recommends any follow-up action.

QOC Severity Level 0-2 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).
- **Severity level 2** (Mild to Moderate level of QOC concern exists having the potential for or actual mild to moderate harmful physical or functional effects on the member).

QOS (quality of service) Severity Level 0-1 descriptions (used for NEMT services):

- **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 was one potential QOC issue in CY 2023, which was a noted decrease from previous years (CY 2022 = 4; CY 2021 = 9). In CY 2023, South Country included articles in the provider newsletters regarding this requirement and process and outreached as necessary to individual provider entities.

Appeals

Analysis

For CY 2023, South Country resolved 140 member appeals.

Pharmacy appeals accounted for 66% (92 of 140) of these cases.

Dental appeals accounted for 22% (31 of 140) of these cases.

Non-pharmacy and non-dental appeals accounted for 12% (17 of 140) of these cases.

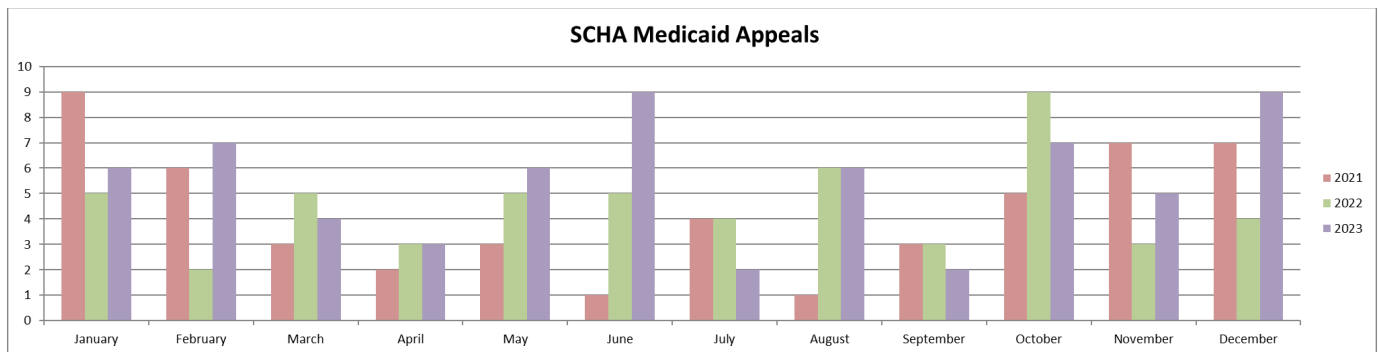
	CY 2023	CY 2022	CY 2021
Pharmacy Appeals	92	72	73

Dental Appeals	31	27	15
Non-pharmacy/Non-dental Appeals	17	91	31

Pharmacy Medicaid-only Appeals:

Drugs billed under the pharmacy benefit:

Out of the 92 pharmacy appeals, 69 were for drugs billed under the pharmacy benefit. The total volume of these pharmacy appeal cases increased slightly with 18 more cases than the previous year. Two of these cases were dismissed and one case was withdrawn, so a total of 66 cases went through a full review process in 2023. This increase aligns with an overall increase in prior authorization volume. There was a total of 51 cases in 2023 and a total of 50 cases in 2022. The chart below shows the three-year monthly trend.



Eighty-three percent (57 of 69) 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 satisfied coverage criteria. This is similar to the previous year when 82% of the prior authorization denials (42 of 51 cases) were overturned (fully approved) via appeal.

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.

The chart below outlines the top ten drugs. Only four of these top appealed drugs, three of which are in the same class, had more than two appeals.

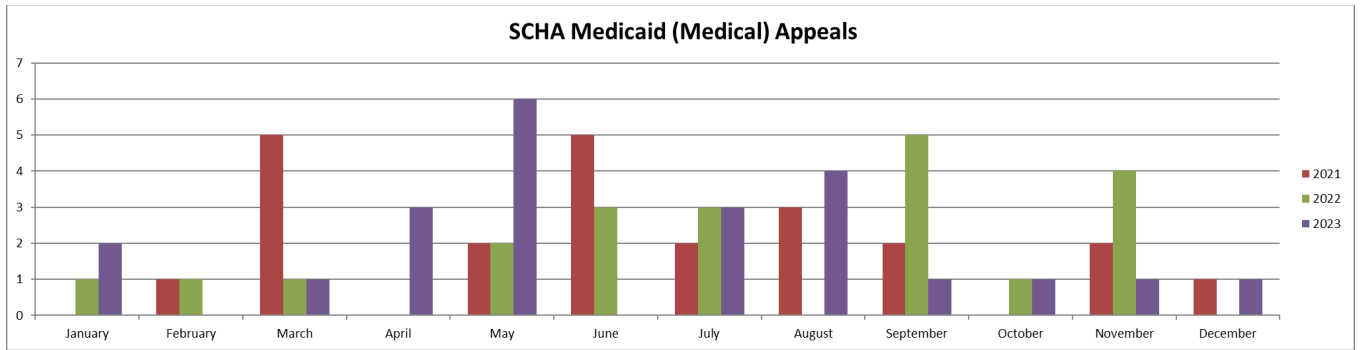
PA Status	Total	Approved	Denied	Dismissed	Withdrawn
Drug		#	#	#	#
WEGOVY	7	7	0	0	0
SAXENDA	7	7	0	0	0
DUPIXENT	4	4	0	0	0
OZEMPIC	4	4	0	0	0
MOUNJARO	2	0	2	0	0
EMGALITY	2	1	1	0	0
REXULTI	2	1	0	0	1
RYBELSUS	2	0	2	0	0
ANASTROZOLE	2	2	0	0	0
HYDROCODONE-ACETAMINOPHEN	2	1	0	1	0

Below is a list of these drugs with their formulary status and restrictions.

- Wegovy – PDL Preferred with PA – Weight Loss Drugs criteria
- Saxenda - PDL Preferred with PA – Weight Loss Drugs criteria
- Dupixent – PDL Preferred with PA (criteria dependent on indication)
- Ozempic – PDL Non-preferred subject to Non-Preferred Drug PA criteria
- Mounjaro - PDL Non-preferred subject to Non-Preferred Drug PA criteria
- Emgality – PDL Preferred with PA - Calcitonin Gene-Related Peptide (CGRP) Antagonists for Headache Prevention
- Rexulti - PDL Non-preferred subject to Antipsychotic Drugs criteria
- Rybelsus - PDL Non-preferred subject to Non-Preferred Drug PA criteria
- Anastazole – Non-PDL subject to Non-Preferred Drug PA criteria
- Hydrocodone-APAP – Non-PDL with Quantity Limit

Drugs billed under the medical benefit:

PerformRx continues to process appeals for drugs billed under the medical benefit referred to as pharmacy medical appeals. In 2023, there were 23 of these appeals, with the denial being overturned in all but three cases. This is similar overall data when compared to the previous two years. In 2022, there were 21 of these appeals, with the denial being overturned in all cases. In 2021, there were 23 cases with the denial overturned in all but one. The chart below shows the three-year monthly trend:



The original prior authorization review for medical pharmacy requests must be evaluated and completed, including physician oversight review of denials, within 24 hours. There is no outreach process due to the tight turnaround times. This outreach process is often referred to as RFI. Typically, the prior authorization denials are based on missing clinical information, which is later submitted via appeal or obtained via RFI outreach during the appeal process.

Four drugs had more than one request which are noted as the top appealed drugs in the chart below. The cases for Xeomin were upheld (denied) due to off label use, which included review by an external specialist with the Medical Review Institute of America. The Vyepti appeal was originally denied because of unmet coverage criteria.

PA Status	Total	Approved	Denied
Drug		#	#
BOTOX	6	6	0
VYEPTI	2	1	1
XEOMIN	2	0	2
EUFLEXXA	2	2	0

Non-Pharmacy Medicaid Appeals:

There were 31 dental appeals resolved in CY 2023. This is an upward trend from the number of dental appeals in previous years (CY 2022 = 27; CY 2021 = 15). The denial was upheld in 55% of these cases, 35% were overturned. Dentures were the top appealed dental service category in 35% of cases, followed by dental orthodontia which were 19% 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.

For non-pharmacy/non-dental cases, South Country experienced a significant decrease for CY 2023; most of the member appeals were for denial of payment for medical claims (also referred to as a post service claim appeal) and most cases were withdrawn by the appellant. This decrease in overall volume was anticipated due to multiple withdrawn claim appeals for the same unique members in CY 2022, and concentrated efforts on provider education for coverage criteria, along with changes for prior authorization requirements in CY 2023. For example, there was a decrease in appeals for unattended at home sleep studies which was felt to be a result of provider outreach/education on coverage criteria and non-covered services for sleep testing. Also, removing the prior authorization requirement and approving coverage in July 2022 for prenatal genetic testing, for fetal chromosomal aneuploidy (procedure code 81420), was also felt to contribute to the drop in overall and pre-service appeal volume. (It is also important to keep in mind that the spike in non-pharmacy/non-dental appeals in CY 2022 was due to multiple claim (payment/billing) appeals for different claim numbers and same (unique) members. Most 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 during the previous year were either withdrawn or dismissed (43 of 91 cases, or 47%).

The top appealed service category for the non-pharmacy/non-dental cases was professional medical services, which was unchanged from the previous year (durable medical equipment was the top appealed service category in CY 2021).

The denial was overturned in 29% of these non-pharmacy/non-dental cases, which is similar to the previous two years in which the overturned rate was 21% for both years. Most of these cases were withdrawn by the appellant (65%). South Country continues to internally review and discuss appeal cases and outcome details to ensure that coverage criteria is interpreted correctly and applied appropriately, and that decision-making is also appropriate.

Next Steps

Moving forward in 2024, quality improvement topics for the G/A department will include but are not limited to:

- Continue with efforts to collaborate more routinely 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 information technology 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 2023 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 2023, South Country held community events and onsite meetings.
- **Rural Stakeholders meetings:** South Country continued to host our Rural Stakeholders meeting to get 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 2023 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; and
- 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 2023, 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, 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. 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 2023 Quality Program

Section 4 – Provider Network

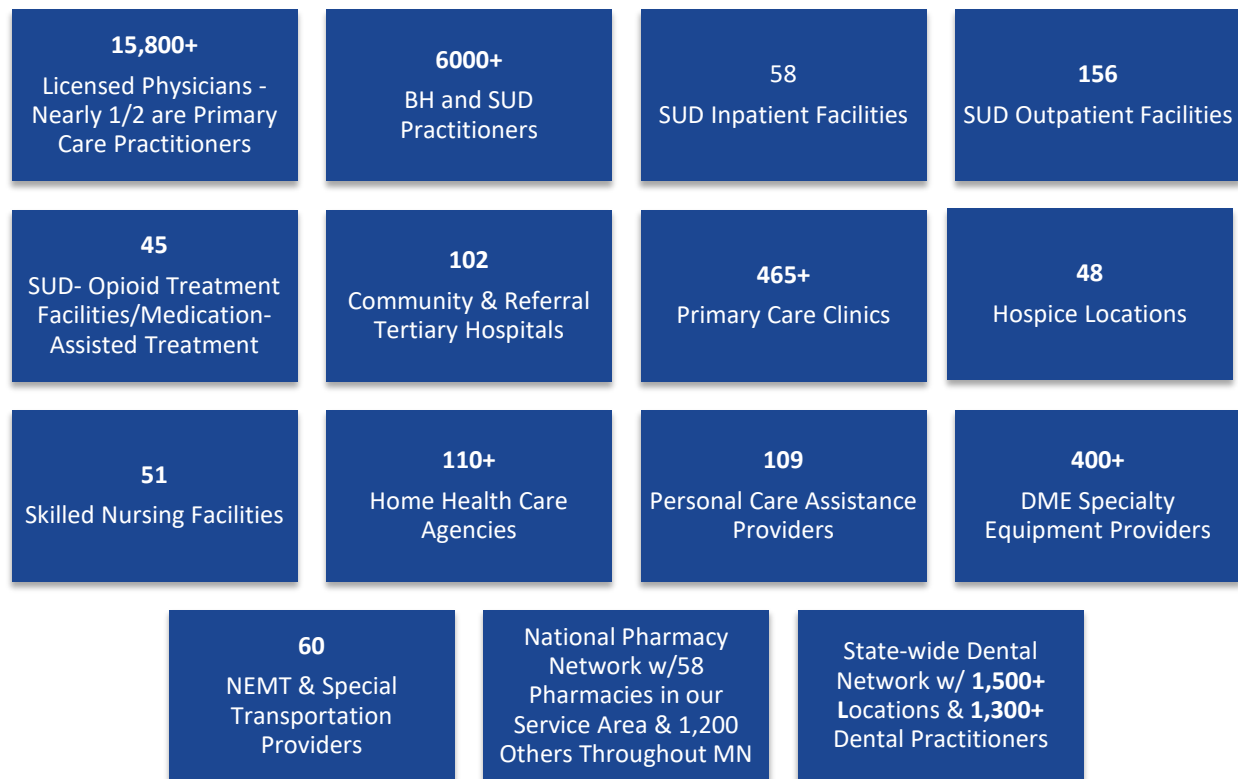


Access and Availability to Care

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 2023 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 51 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 110 home health care agencies. These agencies provide the full spectrum of nursing and specialized therapy services to meet our members' 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 58 SUD inpatient facilities, 156 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 timeframe 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 timeframe 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 increased from the 2022 survey. In 2023 a total of 3,996 providers were selected for the survey with a total of 727 responses for an approximate 18% provider participation rate.

2023 Provider Survey Participation Rates			
Provider Type	# Providers Sampled	# Providers Participating	2023 Participation Rate
Primary Care	473	52	11%
Behavioral Health	1184	454	38%
Allergy/Immunology	66	6	9%
Cardiology	162	4	2%
Chiro/Acup	163	33	20%
Dermatology	88	13	15%
Endocrinology/Diabetes	50	1	2%
ENT/Otolaryngology	116	18	16%
Gastroenterology	117	1	1%
Pediatrics	247	5	2%
Obstetrics	314	12	4%
Oncology	128	11	9%
Ophthalmology/Optometry	280	77	28%
Neurology	166	9	5%
Orthopedics	398	30	8%
Rheumatology	44	1	2%
Total	3,996	727	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 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 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 the primary care providers surveyed.

Accepting New Patients: Of those surveyed, 100% 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 98% of the time with 74% 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; 83% 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 69% 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: Ninety-six 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-eight percent of the primary care providers reported telehealth/telemedicine services are available by both video and phone services.

Primary Care Providers			
Standard	2021 Network Performance	2022 Network Performance	2023 Network Performance
Regular & Routine Care Appointments within 30 days of member's request (45 days prior to 2022)	100%	95%	98%
Urgent Care Appointment within 24 hours of member's request	80%	69%	69%
Emergency Care Instruct to call 911 or go to nearest ER	90%	100%	100%
After-hours Care Instructions are provided for how to access emergency services or an on-call provider	91%	100%	96%

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, 91% 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. Sixty-three percent of contracted providers met this standard, and an additional 21% 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. Ninety-two 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 68% of providers surveyed report members can be seen within 48 hours of the request for urgent care. Nineteen percent of providers are able to see members within six hours for a non-life-threatening emergency situation.

For emergency services, 99% 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. Ninety percent said their patients wait less than 15 minutes to see their practitioner for care.

Telehealth/Telemedicine Services: Ninety-six 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	2021 Network Performance	2022 Network Performance	2023 Network Performance
Initial Visit for Routine Care Appointment within 10 business days of member's request	51%	55%	63%
Follow-up Routine Care Appointment within 30 days of initial visit	83%	88%	92%
Urgent Care Appointment within 48 hours of member's request	45%	56%	68%
Care for Non- Life-Threatening Emergency Appointment within six hours of member's request	12%	21%	19%

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-nine 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, 56% reported members receive an initial appointment within 10 days, and an additional 32% within 30 days of the request. Ten percent of participating specialty providers require a referral to schedule an appointment.

Follow-up Appointments: Ninety-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, 81% 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. As of Jan. 1, 2024, South Country is requiring that all providers requesting new contracts must be enrolled in MHCP before applying to become contracted.
2. Non-contracted utilization reports will serve as a basis for monitoring specific services that members are receiving from providers not in South Country's network.
3. 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.
4. 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 SNFs;
 - 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 & 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.

South Country's medical director reviews all credentialing 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) and requires providers to submit their credentialing/recredentialing applications through MCC, so credentialing staff receive applications that are complete in their entirety, to reduce processing time, and to communicate application status updates to providers regarding their credentialing applications. Requiring providers to use MCC to complete and submit credentialing applications has been very beneficial for South Country to process applications timely and meet the state required 45 day credentialing turnaround time for clean applications. In 2023, South Country's average credentialing process turnaround time for clean applications was 22 days.

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, which is 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.

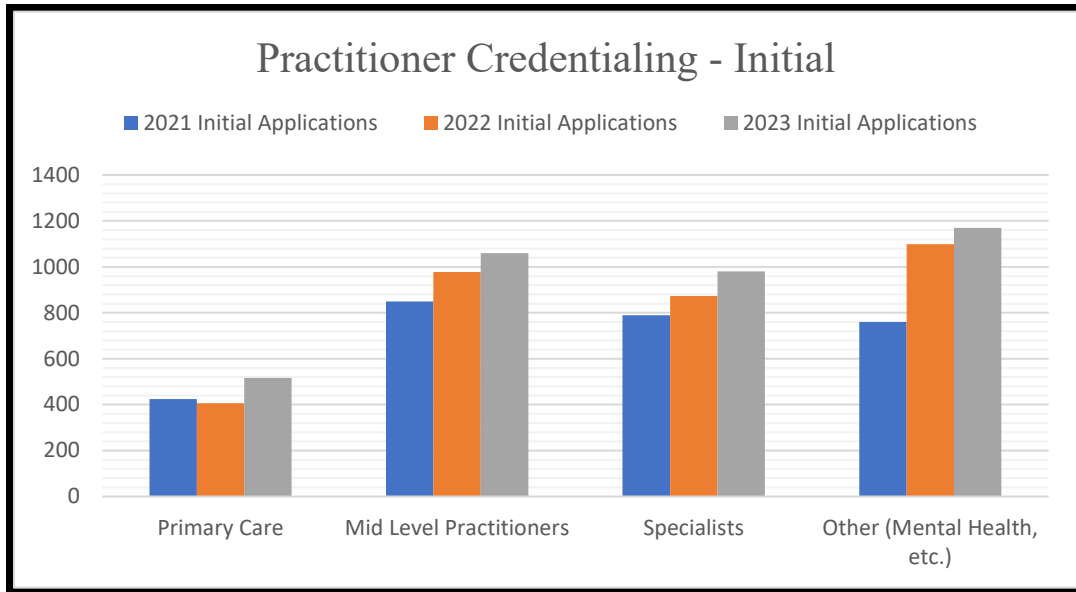
On an ongoing basis, credentialing staff review aspects of the credentialing program for opportunities to improve efficiencies and conduct new and refresher trainings on credentialing processes and database/system use to ensure timely and accurate completion of work. A credentialing turnaround time dashboard 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 and to conduct internal audits of provider data accuracy. This information is monitored monthly by the credentialing supervisor, with progress updates provided quarterly to the QAC.

Analysis

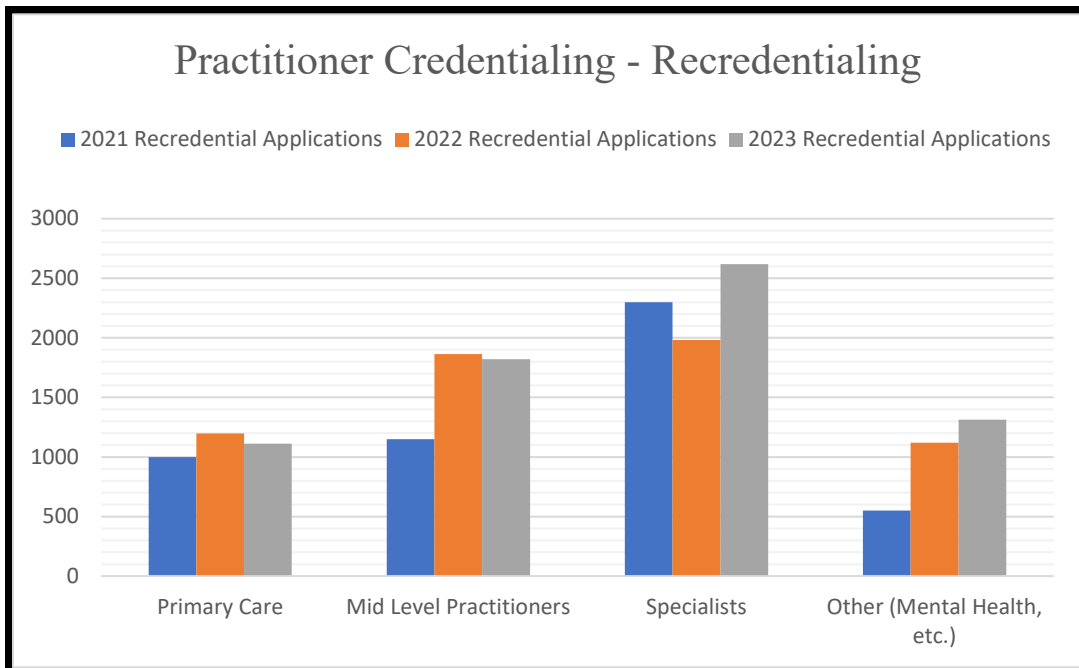
In 2023, the credentialing department credentialed 1,448 practitioners new to the network, and recredentialed 819 practitioners for continued network participation, for a total of 2,267 approved practitioners. In addition, there were 8,322 practitioners newly credentialed and recredentialed through our 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 64 initial assessments and 111 reassessments of organizational providers that resulted in the assessment of 223 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 10 days was maintained for organizational assessment application processing in 2023.

Organizational Assessments: Initial			
Provider Types	2021	2022	2023
Hospitals	6	20	11
Home Health Facility	5	16	10
Skilled Nursing Facility	4	9	8
Ambulatory Surgery Center	5	9	8
Behavioral Health Facility	2	2	12
Substance Use Disorder Facility	6	33	25
Free Standing Birth Center	0	0	0
Other facilities not listed above *added for 2023*	N/A	N/A	8
Total Facilities Assessed	28	89	82

Organizational Assessments: Reassessments			
Provider Types	2021	2022	2023
Hospitals	8	17	39
Home Health Facility	13	26	12
Skilled Nursing Facility	13	13	12
Ambulatory Surgery Center	5	12	6
Behavioral Health Facility	9	13	33
Substance Use Disorder Facility	17	60	37
Free-Standing Birth Center	1	0	0
Other facilities not listed above *added for 2023*	N/A	N/A	2
Total Facilities Assessed	66	141	141

There were 17 on-site visits that were completed in 2023 by South Country for provider organizations as part of their initial or reassessment application process. In 2023, all 223

organizational providers assessed were approved for network participation; however, 43 were approved with an ad interim, provisional period. 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, the credentialing supervisor, and the medical director, based on administrative and/or member safety concerns. In 2023, pending confirmation from DHS or CMS that deficiencies from recent surveys had been remedied and a desire for the facility to demonstrate no additional regulatory negative action orders for a period of time were motivating factors to approve assessments for an ad Interim period.

A similar ad interim approval process was utilized for individual practitioner applications. In 2023, South Country approved 27 practitioners for network participation with a scheduled ad interim review period. 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 2023 to assess timeliness of credentialing activity and to ensure 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 22 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 provide South Country members with care in a timely manner, allowed providers to have a more positive experience with us as the health plan, and a decreased demand on South Country credentialing staff to address provider inquiries gives additional time to address other credentialing tasks.

Additionally in 2023, South Country hired a consulting medical professional to conduct on-site facility site surveys. In the past, South Country was able to rely heavily on facilities by having a recent site survey conducted by MN DHS or CMS or accreditation by an acceptable accrediting body. However, since the COVID-19 pandemic, it was discovered that many facilities had not received timely surveys due to a backlog stemming from the pandemic. In order to stay compliant with NCQA standards and South Country policies, site surveys were required for facilities who had not received a survey from the state within three years of the assessment and were not in a rural area per the U.S. Census Bureau.

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 2024, South Country will continue to improve credentialing functions within the department by completing cross training of credentialing staff in initial and recredentialing processes, credentialing reporting processes, ongoing monitoring processes, and organizational assessment processes. This will strengthen the department by ensuring all credentialing activity is handled appropriately during unforeseen circumstances that may occur.

Additionally in 2024, South Country's credentialing staff will work with the provider network team through the JIRA system to track all new contracts, new locations, termed locations, and any other type of contracting updates that affect practitioner credentialing and organizational assessment processes. This will ensure a better tracking process so credentialing and/or organizational assessments are not missed.

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

Description

In accordance with MN 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, the audit is complete; however, if the first eight are not compliant, 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 given to the provider's 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 non-compliant. 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 2023, South Country reviewed a total of 20 primary care providers and 10 behavioral health providers for the medical record review. There were seven primary care providers that were reaudited.

Beginning with the 2022 medical record review, the questions for Section E, health care directives, were 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 purpose of assessing compliance the findings are included in Section B totals.

Results

Primary Care Medical Record Review

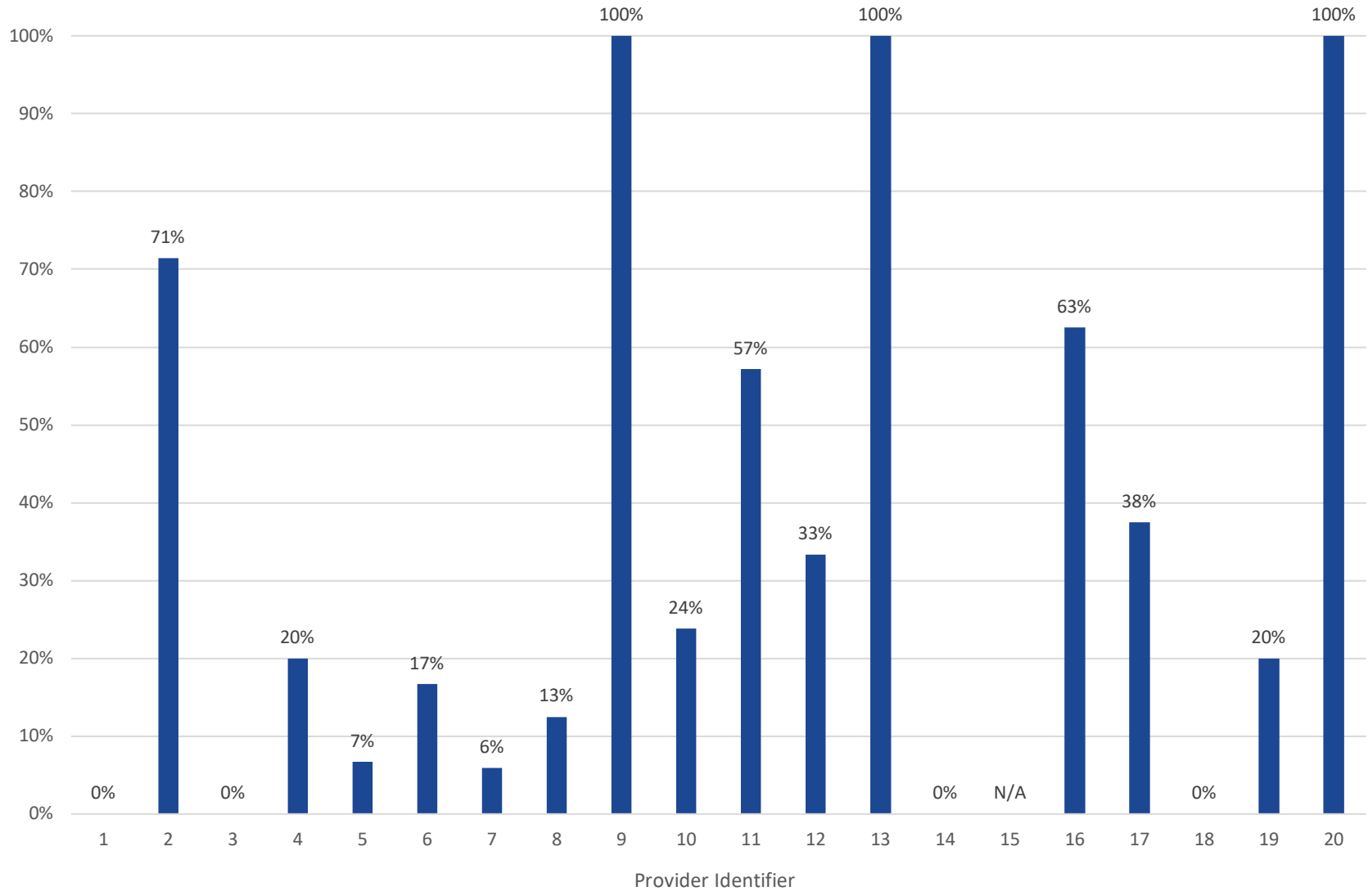
Twenty primary care providers were reviewed in 2023 for the medical record review. The average for Section A, record format, for primary care providers was 100%. Section B, record content, had an average of 94%, and Section C, assessment, plan, and follow-up had an average score of 100%. Section D, preventive screening, had an average of 85% 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 15, 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.

2023 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: Preventive Screening
20	380	100%	94%	100%	85%

2023 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: Preventive Screening
1	8	100%	95%	100%	100%
2	30	100%	96%	100%	100%
3	11	100%	83%	99%	90%
4	30	100%	91%	100%	93%
5	21	100%	88%	99%	93%
6	28	100%	91%	100%	93%
7	22	100%	87%	100%	91%
8	29	100%	91%	99%	77%
9	19	100%	100%	99%	73%
10	27	100%	90%	100%	58%
11	30	100%	98%	100%	91%
12	12	100%	96%	100%	83%
13	12	100%	100%	100%	55%
14	9	100%	95%	100%	87%
15	9	100%	100%	99%	73%
16	11	100%	96%	100%	68%
17	26	100%	97%	99%	74%
18	8	100%	98%	100%	100%
19	30	100%	98%	99%	100%
20	8	100%	100%	100%	100%

Health Care Directive Findings



■ Health Care Directive

Primary Care Medical Record Review- 2022 Results, Reaudited 2023

Eight primary care providers failed to meet the 90% threshold in at least one section in 2022 and needed to be reaudited in 2023. One provider did not have any eligible charts to review, so they were not reassessed. The remaining seven primary care providers were reaudited in 2023. Their findings are presented below. None of the reaudited providers were deemed compliant for all reaudited sections. No further action will be taken for these providers.

2023 Primary Care Provider Reaudit Results						
Identifier	Member Charts Reviewed	Section A	Section B	Section C	Section D	Health Care Directive
1	16	N/A	N/A	N/A	50%	N/A
2	15	N/A	91%	N/A	56%	17%
3	6	N/A	88%	N/A	75%	20%
4	8	N/A	85%	N/A	75%	0%
5	18	N/A	87%	N/A	88%	7%
6	19	N/A	88%	N/A	92%	50%
7	9	N/A	N/A	N/A	67%	N/A

Behavioral Health Medical Record Review – 2023 Results

Ten behavioral health care providers were reviewed in 2023.

Section A, record format was at 100% for the behavioral health providers. Section B, record content and Section C, assessment, plan, and follow-up were both 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 0% for Section D. All but one behavioral health provider was audited in 2023, were found to be compliant in each section. Provider 4 will need to be reaudited in 2024.

Behavioral Health Medical Record Review - Reaudited 2023

No behavioral health providers were reaudited in 2023.

Summary

In 2023, the medical record review process was a random selection of all contracted primary care providers and behavioral health care providers. Twelve of the primary care providers that were audited in 2023 will need to be reevaluated for at least one section in 2024. Only one behavioral health provider will need to be reevaluated in 2024.

Next Steps

Providers audited in 2023 who did not meet satisfactory threshold of compliance will be reassessed the following year in the areas that were non-complaint. 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.

2023 Behavioral Health Provider Medical Chart Review Results					
Behavioral Health 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%	99%	N/A
3	8	100%	100%	98%	N/A
4	8	100%	100%	98%	0%
5	9	98%	94%	99%	N/A
6	8	100%	100%	99%	N/A
7	8	100%	100%	100%	N/A
8	8	100%	100%	99%	N/A
9	8	100%	100%	100%	N/A
10	7	100%	100%	100%	N/A

South Country Health Alliance
Evaluation of the 2023 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 people with disabilities. The Quality Assurance Committee (QAC) reviews and approves the adoption of practice guidelines each year. The 2023 clinical practice guidelines were reviewed and approved at the December 2023 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 current guidelines are accessible here: https://mnscha.org/wp-content/uploads/Ch7_12292023.pdf. Measures listed below are monitored because of their relevance to the associated guidelines.

Analysis and Next Steps

South Country evaluates 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). Hybrid measures include administrative claims and medical records in the calculation of the rate.

Preventive Health: Preventive Services for Adults

HEDIS: Adult Access to Preventive Services			
Products	MY2020	MY2021	MY2022
PMap/MNCare	80.2%	81.0%	77.9%
SeniorCare Complete	97.5%	98.0%	97.6%
AbilityCare	97.9%	98.4%	97.8%
SingleCare/SharedCare	92.8%	94.35%	93.3%

Overall, rates for adult access to preventive services have remained stable over the last three years. This is attributed to our comprehensive provider networks within member and surrounding 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 Hybrid			
Products	MY2020	MY2021	MY2022
PMAP/MNCare	78.4%	76.9%	78.2%

HEDIS: Postpartum Care Hybrid			
Products	MY2020	MY2021	MY2022
PMAP/MNCare	80.5%	82.1%	81.1%

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. From 2021 to 2023, South Country implemented 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 HbA1c Poor Control (>9%) Hybrid (lower is better)			
Products	MY2020	MY2021	MY2022
SeniorCare Complete	29.7%	21.7%	16.2%
AbilityCare	32.8%	17.8%	21.5%
SingleCare/SharedCare	24.6%	34.7%	28.8%

Diabetes HbA1c poor control rates declined in SeniorCare Complete for the last three years. This measure is inverted; therefore, a lower rate is better. We continued to work with members on the importance of diabetes care and from 2021 to 2023 implemented outreach and interventions related to our diabetes care PIP.

Chronic Condition: Diagnosis and Treatment of Hypertension

HEDIS: Controlling Blood Pressure Hybrid			
Products	MY2020	MY2021	MY2022
PMap/MNCare	55.5%	66.2%	71.0%
SeniorCare Complete	64.9%	77.2%	81.7%
AbilityCare	84.5%	90.0%	88.3%
SingleCare/SharedCare	62.2%	74.5%	77.2%

The controlling blood pressure rate increased in MY 2022 for all products except AbilityCare compared to MY 2021. 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	MY2020	MY2021	MY2022
PMap/MNCare	55.0%	61.7%	57.3%
SeniorCare Complete	88.9%	80.4%	85.1%
AbilityCare	89.3%	72.2%	83.8%
SingleCare/SharedCare	51.9%	52.1%	48.8%

Anti-depressant medication management rates increased in MY 2022 for our SeniorCare Complete and AbilityCare members compared to MY 2021. Our health services team continues to monitor members and does outreach to these members to support them.

HEDIS: Follow-up Care for Children Prescribed ADHD/ADD Medication-Initiation			
Products	MY2020	MY2021	MY2022
PMap/MNCare	35.0%	30.67%	25.44%

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. This measure has a small number of eligible members; therefore, caution must be used when noting 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 and other measures not listed. South Country will continue to promote the guidelines and monitor 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 2023 and develop strategies to improve selected low performing measures.

Health Care Directives

Description

South Country Health Alliance (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, Provider Orders for Life Sustaining Treatment (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 is proud to partner with Honoring Choices Minnesota to provide the healthcare directive form in our directive booklet.

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 to care coordinators around the importance of advanced care planning. In 2023, training occurred at our 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			
	2021	2022	2023
Elderly Waiver	100%	100%	100%
Community Well	99%	100%	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 Health Alliance (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 2023, South Country submitted our MOCs to the Centers for Medicare & Medicaid Services for calendar years 2024, 2025 and 2026 for both SeniorCare Complete and AbilityCare. On Monday, April 17, 2023, 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 in person in the community at a location of the member's choice. 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 completed 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.

Upon the phased launch of Minnesota Department of Human Services' (MN DHS) MnCHOICES Revision, South Country care coordinators have two systems to utilize: South Country's electronic-based care plan in the South Country Care Plan Application and the DHS MnCHOICES Revision 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 MN DHS and is utilized by multiple health plans across the state. The support plan (Support Plan-MCO MnCHOICES Assessment or Support Plan-HRA) in the MnCHOICES Revision Application was created by MN DHS and is designed to be the plan used after the phased launch approach timeline has been met. The care plans for members residing in the nursing home are completed in our electronic documentation system, TruCare. The individualized care plan or support 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 or support 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 Directors 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 responsibilities of the group include:

- 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, manager of community care coordination, 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 and county and care system staff. In person and video training was completed in August of 2023. 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 conference, 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, 2023 – December 31, 2023, and utilizes data sources from TruCare, South Country's data warehouse, Care Plan Application and Business Intelligence (BI) Server reporting module, and HEDIS.

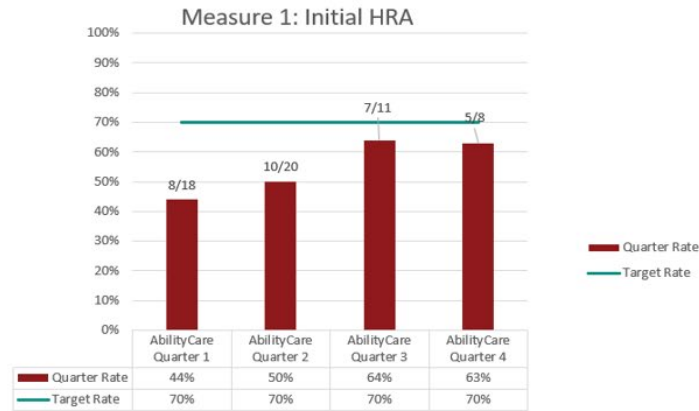
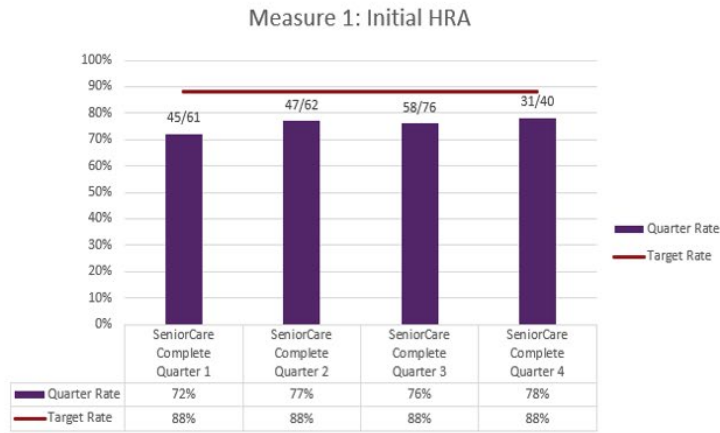
MOC goals and measurable outcomes are reviewed at least quarterly by the community engagement team and reported to South Country's Quality Assurance Committee (QAC) twice a year. The tables below show the measurable outcomes and processes used to evaluate the MOC goals. The data and analysis below review the final 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 completed an initial health risk assessment within 30 days of enrollment.

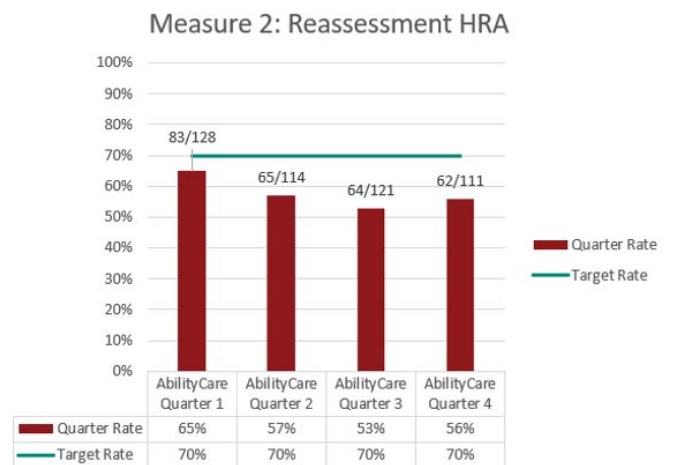
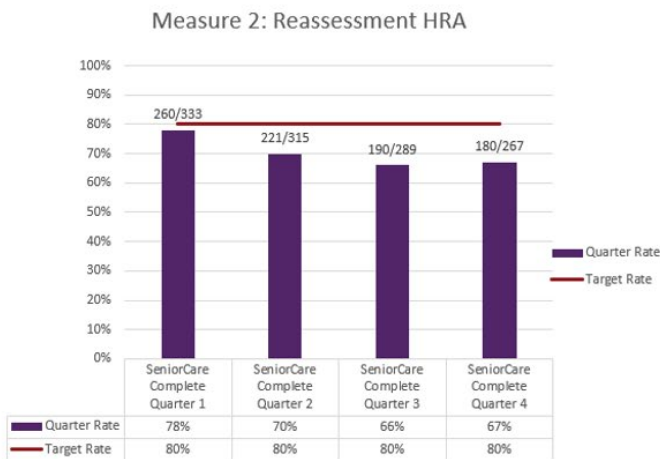
SeniorCare Complete Annual Target Rate: 88%
AbilityCare Annual Target Rate: 70%



There was a decrease in enrollment from 2022 to 2023 for SeniorCare Complete. We had almost 400 new SeniorCare Complete enrollees in 2022 compared to just over 200 in 2023. The new health plans in our counties likely contributed to this decrease in enrollment. AbilityCare remained steady, hovering around 60 new enrollees in 2022 and 2023. SeniorCare Complete showed a slight increase of 4% more completed HRAs for 2023 compared to 2022, while AbilityCare had an approximate 20% decrease in completed HRAs.

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.

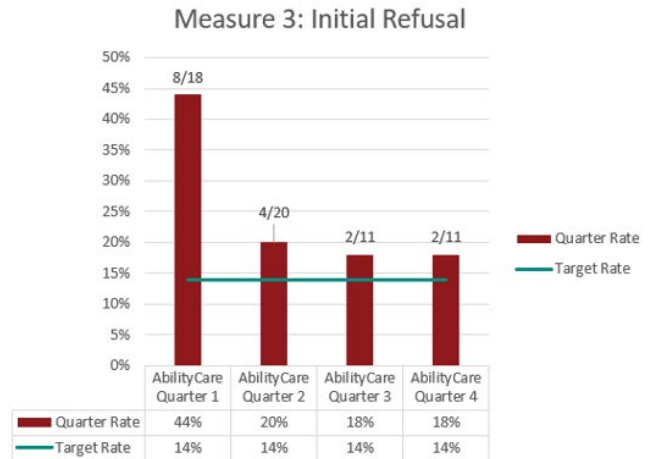
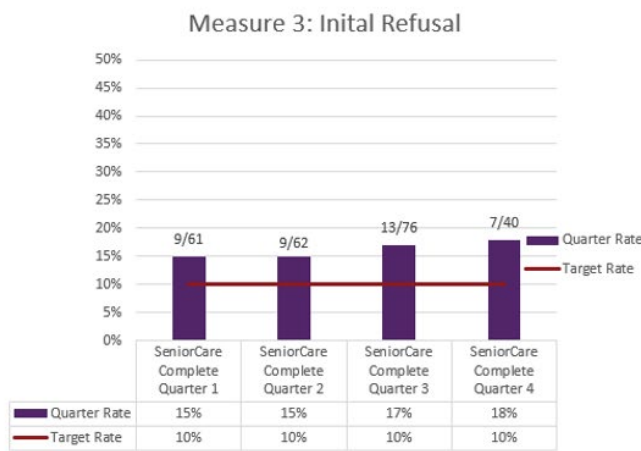
SeniorCare Complete Annual Target Rate: 80%
AbilityCare Annual Target Rate: 70%



The total number of members due for reassessments remained near 500 for AbilityCare in 2022 and 2023 and around 1,200 for SeniorCare Complete for both years.

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

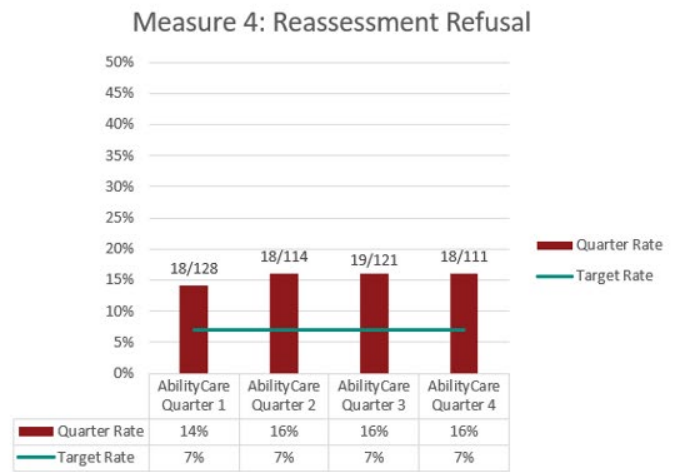
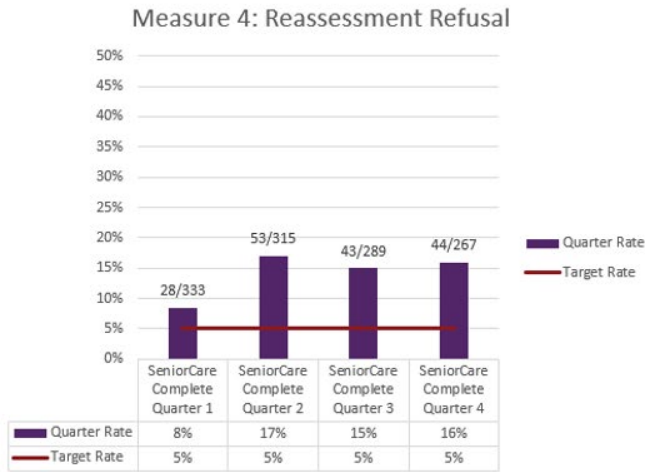
SeniorCare Complete Annual Target Rate: 10%
AbilityCare Annual Target Rate: 14%



Even though SeniorCare Complete showed a significant decrease in overall enrollment for 2023, there was still a decrease in the number of total refusals for 2023 coming in at 16% versus 20% in 2022. AbilityCare had more than double from 13% total refusals in 2022 to 28% total refusals in 2023.

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.

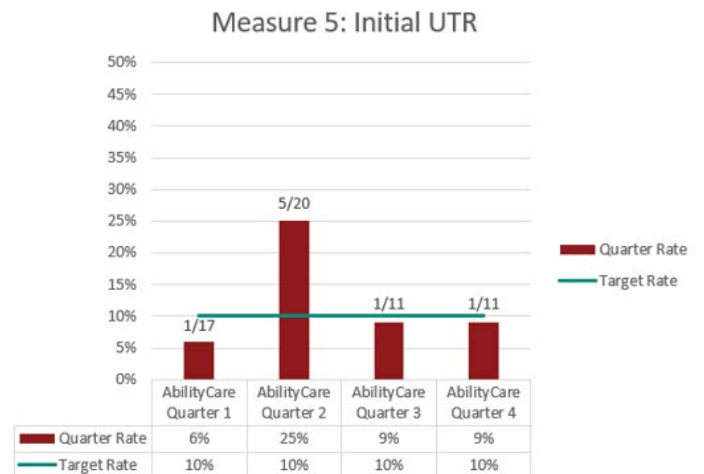
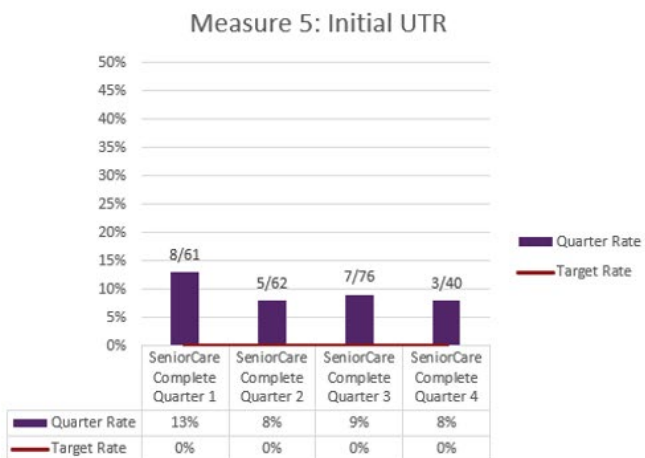
SeniorCare Complete Annual Target Rate: 5%
AbilityCare Annual Target Rate: 7%



SeniorCare Complete and AbilityCare showed an increase throughout 2022 of reassessment refusals; 2023 data reflected the same trend for both products.

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%



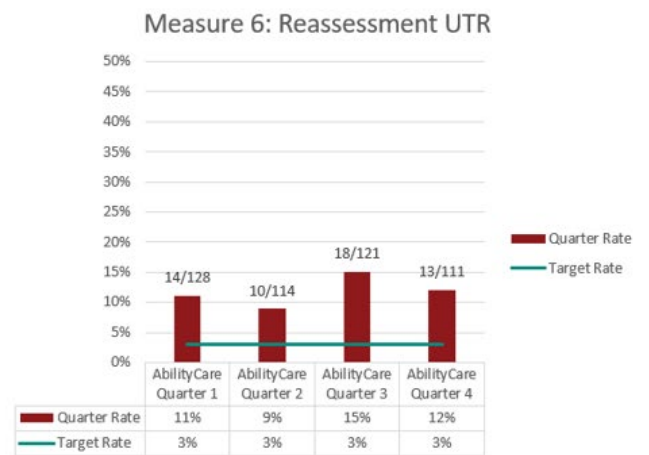
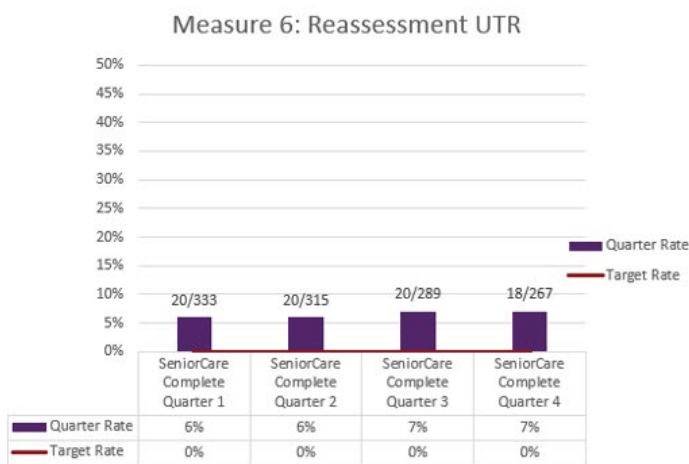
There were less unable to reach members in 2023 for SeniorCare Complete; however, the total enrollment was lower, causing the overall percentage for 2023 to be higher than in 2022. The

same is true for AbilityCare unable to reach members in 2023 compared to 2022. SeniorCare Complete had a 3% increase for 2023 and AbilityCare had a 4% increase in 2023 for 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%

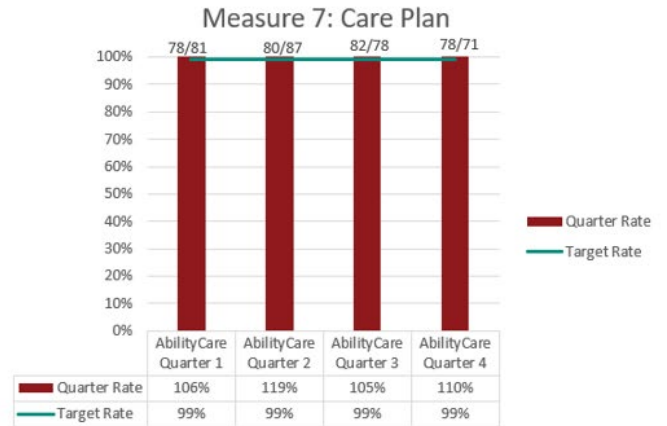
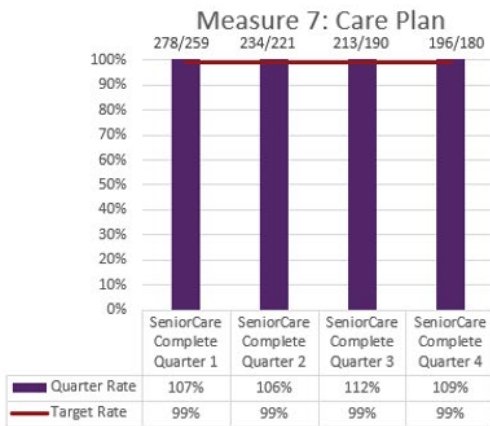


SeniorCare Complete and AbilityCare remained almost the same in 2023 as they did in 2022 for members eligible for a reassessment who were unable to be reached. SeniorCare Complete showed a slight increase of 1% in 2023 compared to 2022. AbilityCare was the same in 2022 as 2023 at 12%.

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: 99%



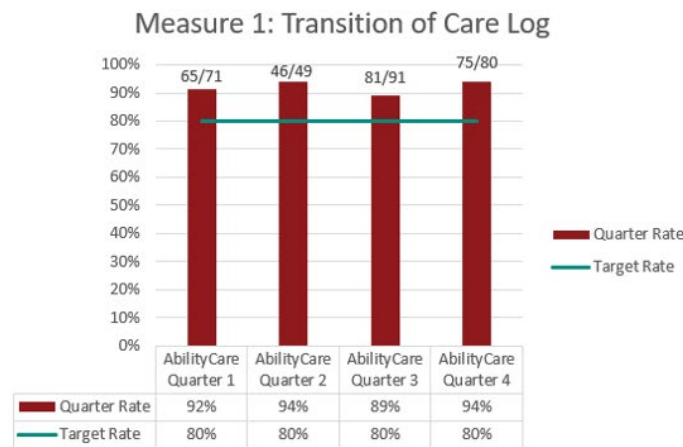
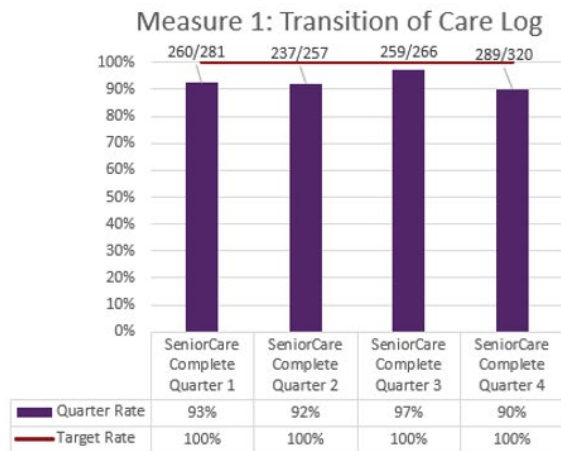
The care plan completion within 30 days of the completed HRA for SeniorCare Complete and AbilityCare surpassed the target rate for all four quarters of 2023. Care plan percentages are higher than the target rate due to the ability to count any care plan that meets criteria, even if the HRA did not, causing a higher rate of care plans completed compared to HRAs completed.

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.

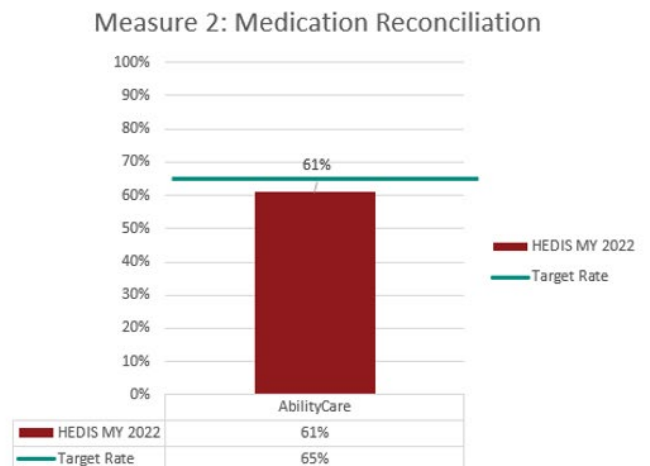
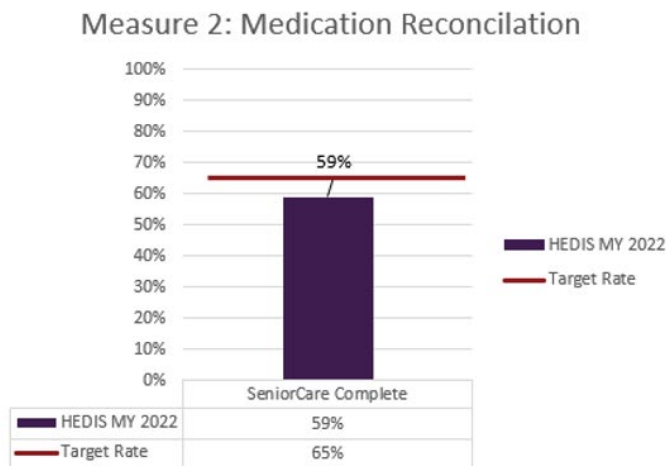
SeniorCare Complete Annual Target Rate: 100%
AbilityCare Annual Target Rate: 80%



Transition of care data for 2023 reflects similar completion percentages, with just a 1% decrease in both products compared to 2022. SeniorCare Complete was 7% under the overall target rate of 100% in 2023. Quarter three showed the highest completion percentage at 97%. We did not achieve our target rate of 80% for AbilityCare in all four quarters.

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%

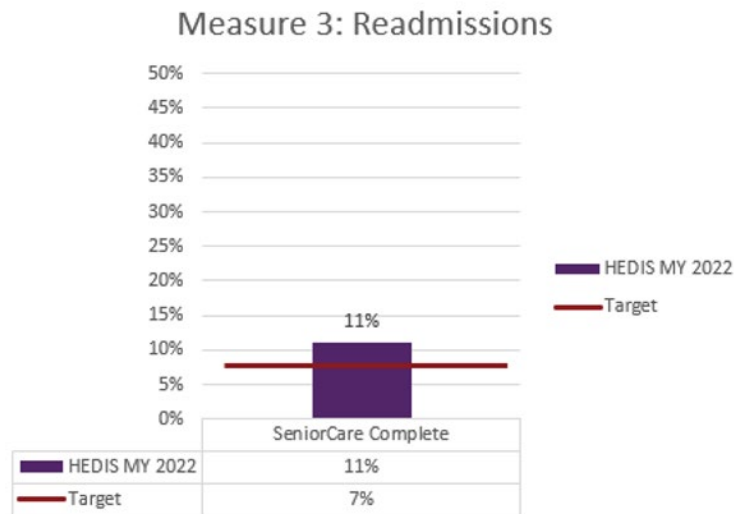


Fifty-nine percent of our SeniorCare Complete members who were discharged from a hospital completed medication reconciliation within 30 days of discharge. Sixty-one percent of our AbilityCare members who were discharged from a hospital completed medication reconciliation within 30 days of discharge. These results are increases from the prior-year levels (49% for SeniorCare Complete and 56% 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 11; therefore, we did not achieve our target rate.



Next Steps

Each year, South Country reviews the appropriateness of its monitoring and evaluation of the MOC and reports performance to the Quality Assurance Committee. Stakeholders on the committee 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; and
- We will adjust and communicate with our county delegates regarding the MnCHOICES transition for health risk assessments and care plans in 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. 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 members 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. Since all members with MSHO, MSC+, and SNBC products are considered to have SHCN, South Country has developed reports to help capture all members that may have SHCN. These reports include all members (on all our products) 18 years of age and older and help us identify the members that meet the criteria below:

- As defined by 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; and
- Home care utilization defined by utilization of home health nurse for the PMAP/Minnesota Care (MNCare) populations.

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: PMAP and MNCare, as those interventions involve certain programs, and 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 the Complex Case Management Program, 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 program, the member's referral is passed to the county-based community care connector. In instances where the member expresses interest in 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 members in achieving their goals and best quality of life.

Behavioral health follow-up: South Country employs three behavioral health

professionals to provide mental health and substance use disorder (SUD) follow up with members identified as needing follow up after a hospitalization or ED visit. Inpatient members with a diagnosis cluster of behavioral health 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. RRP 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 have social work or nursing experience and 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, emergency department (ED) follow up, and SHCN and social determinant of health follow-up tasks. The connector assists members in understanding their medical benefits and the 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 is 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	2021		2022		2023	
Product Enrollment	26,204		28,538		26,588	
Criteria Group	Count	Percent	Count	Percent	Count	Percent
Admission Diagnosis: Bacterial Pneumonia	6	0%	7	0%	14	0%
Admission Diagnosis: Dehydration	1	0%	2	0%	2	0%
Admission Diagnosis: Urinary Tract Infection	2	0%	1	0%	4	0%
Admission Diagnosis: Adult Asthma	7	0%	4	0%	9	0%
Admission Diagnosis: Congestive Heart Failure	4	0%	8	0%	11	0%
Admission Diagnosis: Hypertension	25	0%	23	0%	26	0%
Admission Diagnosis: COPD	12	0%	7	0%	7	0%
Emergency Department Utilization (3+ in 3 months)	542	2%	511	2%	415	2%
Behavioral Health Hospitalizations	483	2%	380	1%	373	1%
Hospital Readmissions (in 30 days)	126	0%	151	1%	93	0%
Paid Claims > \$100,000 (count of members)	64	0%	82	0%	92	0%
Home Health Care (T1030)	-	-	-	-	45	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. For our PMAP and MNCare products, 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.

For this population, hospitalizations for congestive heart failure and hypertension increased over the past two years; however, ED utilization and hospitalizations looked to be trending downward for these members. In terms of percentage rates, the trends remained constant. South Country overall is seeing utilization rates begin to return to pre-pandemic levels and we expect to see these rates remain constant in 2024.

In 2022 and 2023, the team continued to remind members to attend their annual wellness exams and encourage members to reach back out to their primary care provider. The complex case management team also implemented new “wellness support team” language this past year, which is the member-facing name for the Complex Case Management Program. This new name helps members feel more comfortable and confident in reaching out for help to attain their health goals. In 2023, all mailings related to the complex case management team were labeled as the “wellness support team.” The Complex Case Management Program section includes program outcomes, along with information about a new software we are looking to implement in 2024. The new software will allow teams to conduct 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	2021		2022		2023	
Product Enrollment	4,907		4,423		4,347	
Criteria Group	Count	Percent	Count	Percent	Count	Percent
Admission Diagnosis: Bacterial Pneumonia	35	1%	66	1%	50	1%
Admission Diagnosis: Dehydration	4	0%	3	0%	1	0%
Admission Diagnosis: Urinary Tract Infection	21	0%	32	0%	31	1%

Year	2021		2022		2023	
Admission Diagnosis: Adult Asthma	1	0%	0	0%	2	0%
Admission Diagnosis: Congestive Heart Failure	3	0%	10	0%	4	0%
Admission Diagnosis: Hypertension	71	1%	84	2%	62	1%
Admission Diagnosis: COPD	21	0%	30	0%	23	1%
Emergency Department Utilization (3+ in 3 months)	318	6%	273	6%	246	6%
Behavioral Health Hospitalizations	156	3%	117	3%	103	2%
Hospital Readmissions (in 30 days)	102	2%	202	5%	125	3%
Paid Claims > \$100,000 (count of members)	128	3%	142	3%	130	3%

**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. For our senior and SNBC products, 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.

For this population, similar to PMAP and MNCare populations, the utilization and diagnosis category percentages have remained fairly constant. South Country's care coordination teams work closely with members to encourage primary care visits, along with conducting follow up after hospitalizations and encouraging medical or behavioral health follow up. This follow-up work contributes to the lower rates of readmissions for this cohort, and hopefully with the implementation of new technologies in 2024, these rates will continue to improve.

Next Steps

In 2024, South Country will implement a new predictive analytics software and dashboard to help teams identify members meeting different criteria sets of special health care needs (SHCN). In addition to the new software, our internal teams and external partners will continue to utilize the state-sponsored Encounter Alerts System (EAS)/Prompt® system to access timelier data. Toward the end of 2023, PointClickCare completed socializing their acquisition of Audacious Inquiry and began informing payers and providers of a system transition taking place in 2024. Along with the transition of the data being imported to a new platform, PointClickCare also announced their completion

of the integration of the data into county-based systems like PHDoc® and Nightengale®. We anticipate some process changes taking place around SHCN in 2024 due to new technologies and systems being implemented but expect these changes to result in better and more timely outcomes for our members.

South Country will continue to work with internal teams (case managers and behavioral health professionals) and external teams (county-based care coordinators and connectors) on SHCN cohorts of members. 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.

Population Health Management

Description

South Country Health Alliance's (South Country) 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 health 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 of 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

Population Health Management program includes key South Country staff, managers, and leadership across multiple departments within the organization to support the diverse strategies and needs of South Country. Also, as appropriate, committees and external stakeholders provide input and support to PHM.

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 Healthcare Effectiveness Data and Information Set (HEDIS) data, county and state-based data, and other data sets such as the Centers for Medicare & Medicaid (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 all products for the top three conditions are approximately: depression (23%), hypertension (13%) and anxiety (25%).

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 2023. Total membership for South Country Health Alliance at that time was 30,963.

<i>Population Segments</i>	<i>Members Eligible # and %</i>	<i>Programs and Services Available</i>
All ages, Medicaid eligible (entire population)	30,963 (100%)	Promotion of population health programs and self-management tools available on website
Over 65, Medicaid eligible (seniors)	2,205 (7%)	Care coordination
Under 65, Medicaid eligible, and certified disabled (SNBC)	2,142 (7%)	Care coordination
Under 65, Medicaid eligible, not certified disabled, complex medical needs	175 (1%)	Complex case management program
All ages, Medicaid eligible, with a hospitalization or ED visit indicating behavioral health Dx/no OP services	61 (<1%)	Population health strategy Focus: conducting follow-up with members not aligned with BH outpatient services
New transitional youth (ages 17-21)	1,048 (3%)	Targeted mailing and telephonic outreach for those with identified need
(Ages 18-85) Medicaid [Senior and SNBC products] eligible with hypertension dx	2,562 (49.5% of members)	Population health strategy Focus: increasing the rate of good BP scores through care coordination efforts
18 and over in age, Medicaid eligible with NEW depression medication	2,653 (9%)	Population health strategy Focus: increasing rate of med compliance in acute phase and continuation phase through member outreach
All ages, Medicaid eligible, with diagnosis of depression	6,428 (19.7%)	Population health strategy Focus: reducing ER utilization for members with identified diagnosis by alignment with BH services
All ages, Medicaid eligible, with dx of anxiety	7,363 (22.5%)	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 management 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,” allows us to impact our members across cohorts of populations, along with promoting collaboration across teams including our internal behavioral health and case management teams, along with our county partner care coordination teams. Currently our Step Up! For Better Health 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 the 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 coordinators 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 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 the Complex Case Management Program, 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 complex case manager proposes program closure with the member. A program closure letter is then mailed to the member, inviting them to contact the complex 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 a list 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 complex 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 can provide education to those members reached telephonically about the importance of medication compliance and address any barriers they might be encountering.

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.

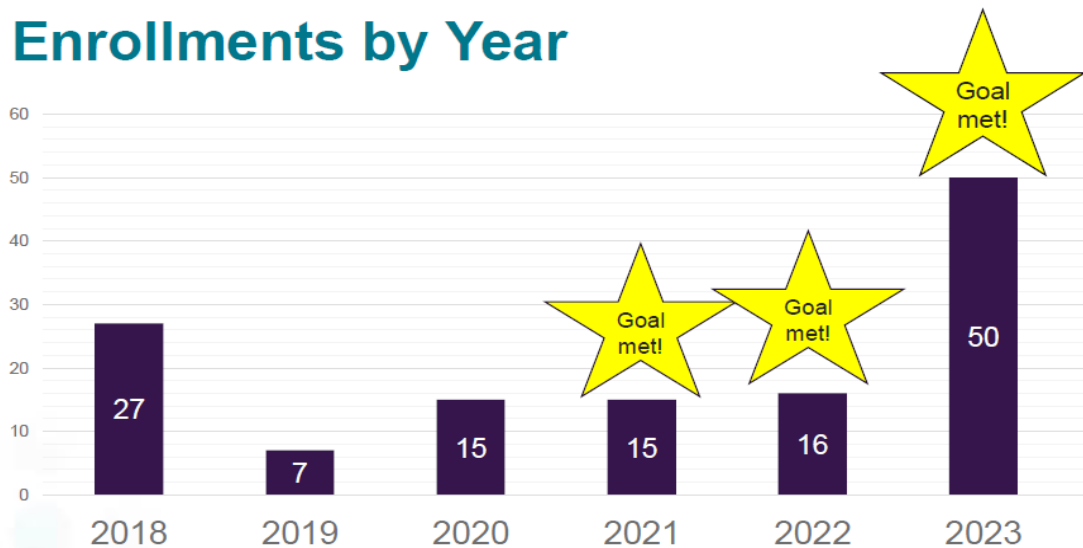
FOCUS 1: Keeping Members Healthy
<p style="text-align: center;">Goal</p> <p>Increase the number of members, age 18 plus, all products, accessing the EX Program services by 0.06% (14 members annually) over three years. Was: 2020 (15 members), 2021 (15 members), 2022 (16 members), and 2023 (50 members).</p>
<p style="text-align: center;">Goal</p> <p>Increase the number of members, age 18+ on AbilityCare, SingleCare, SharedCare, MSC+ and SeniorCare Complete, utilizing the <i>BeActive</i> program by 0.64% (35 members annually) over three years. The past performance level for all products was: 2021 (35 members), 2022 (47 members), and 2023 (58 members).</p>
<p style="text-align: center;">Targeted Populations</p> <p>Group 1: Members over the age 18 (all products) Group 2: Members age 18+ on AbilityCare, SingleCare, SharedCare, MSC+ and SeniorCare Complete</p>
<p style="text-align: center;">Programs/Services</p> <p>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.</p> <p>Group 2: Educate members on the <i>BeActive</i> benefit. Facebook campaign on promoting healthy activities. Promotion of a <i>BeActive</i> campaign.</p> <p>Indirect Member Intervention: Education in member newsletter and a Facebook campaign for both the EX Program and <i>BeActive</i> program.</p>

We were successful in meeting the EX Program keeping members healthy goal in 2022 and 2023. We had a total of 15 members in 2021, 16 members in 2022, and 50 members in 2023. 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 along targeted campaigns to incentive members to complete the EX Program steps within a specific timeframe over four months. 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.



Enrollments by Year



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 and in 2023 58 members (484 member months). This utilization shows members more consistently utilizing this program over the last few years.

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: 2020 (65.70%), 2021 (78.42%), 2022 (80.86%).

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.

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:

In 2023, South Country sent out 228 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. 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: 2020 (15.82%), 2021 (14.95%), and 2022 (16.35%).
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: 2020 (72.60%), 2021 (64.71%), and 2022 (73.00%).
Goal
Support members through <u>reducing</u> their emergency department (ED) visits related to behavioral health diagnoses, including a diagnosis of depression (MPT-ED). We would measure this goal successful by <u>reducing</u> the target populations rate ED visits by 0.15% annually over three years. The past performance level for all products was: 2020 (.41%), 2021 (.19%), and 2022 (.25%).
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 identified in the above focus area grid; the measure year MY 2022 rate was 16.35%.

For MY 2021, the outpatient mental health service utilization rate decreased slightly from MY 2020, but in MY 2022 the rate increased above the 2020 and 2021 rate. The South Country behavioral health professionals continue to conduct follow-up post-hospitalizations, along with ensuring other involved case managers, like mental health 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 work on aligning services 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. The past HEDIS performance levels for all products are identified in the above focus area grid; the measure year MY 2022 rate was 73.00%.

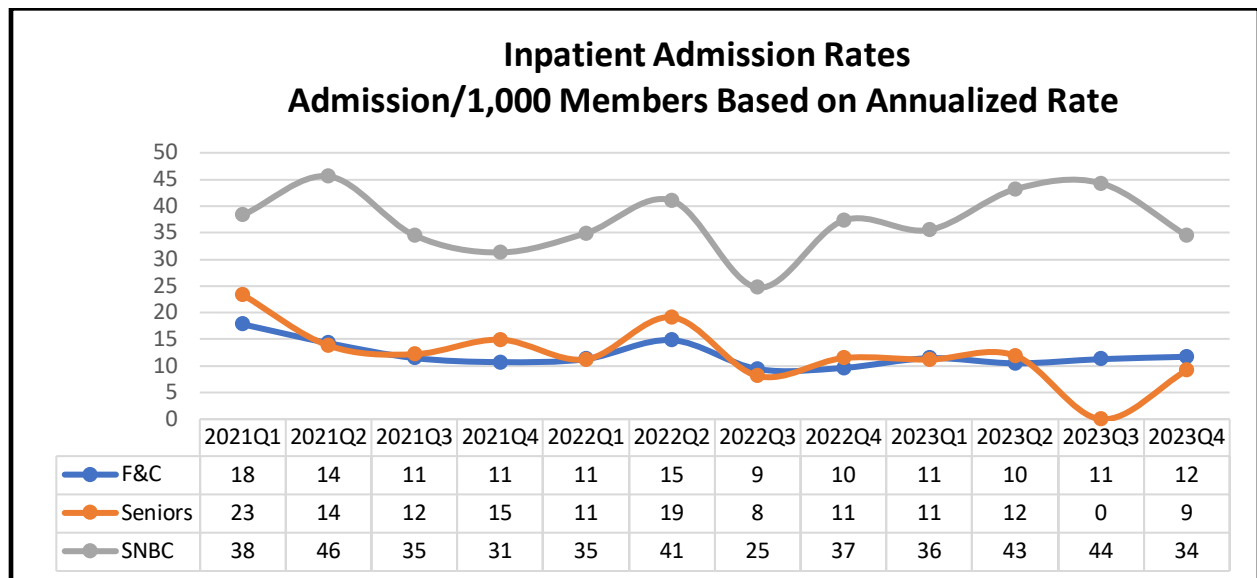
Since 2019, teams have been following up with members after a hospitalization, including members experiencing a mental health or substance use related stay. Behavioral health professionals follow up with members to offer further support and guidance to connect the member with appropriate outpatient services – encouraging their post-hospitalization follow up.

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. The past HEDIS performance levels for all products are identified in the above focus area grid; the measure year MY 2022 rate was .25%.

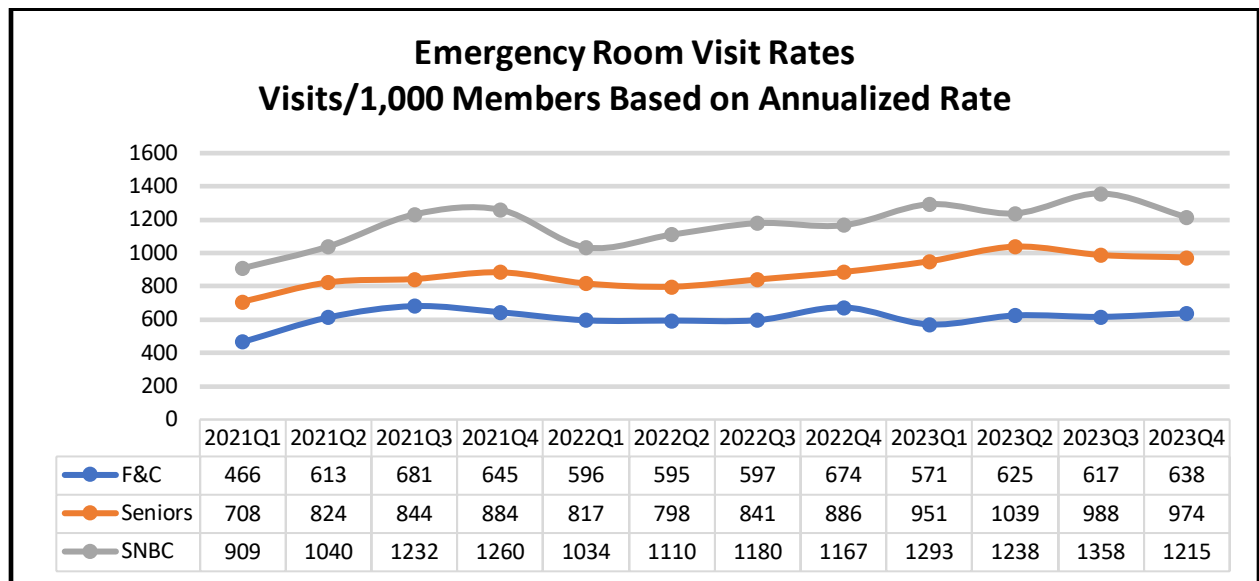
As part of our population health interventions, across products and populations, we implemented the intervention of following up with members that experienced a mental health or substance use related stay in the ED. We track members who might be chronic ED utilizers and we follow up with the members 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.

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 quarterly utilization from 2021 through 2023.

All Inpatient Psychiatric Admission Rates



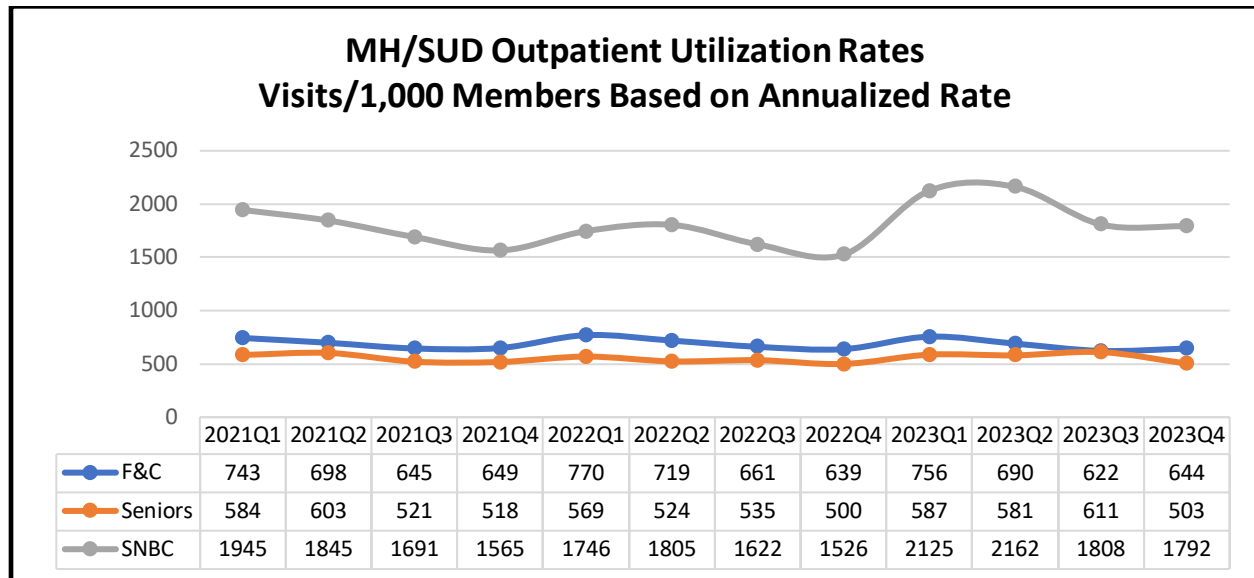
Beginning in 2019, South Country began tracking psychiatric hospital admissions by product grouping. This measures the “place of service” code, inpatient psychiatric unit. As expected, year-over-year, the SNBC population shows a higher utilization in psychiatric hospitalization rates compared to the F&C or seniors 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 and seniors populations.



All Emergency Room Visit Rates

For emergency department (ED) utilization, the SNBC groups experienced the highest utilization rates for ED visits. 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



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.

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 88 in 2023 (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: 2020 (54.98%), 2021 (61.70%), and 2022 (57.25%).

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: 2020 (41.77%), 2021 (46.95%), and 2022 (40.00%).

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.

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 outreach for those who have a newly prescribed anti-depressant(s) for a depression diagnosis and other chronic conditions. Exploring the ability to text reminders out, as well. For members not reached via phone, information is included on how to reach out for support in the initial mailing packet sent to all members who are newly prescribed an anti-depressant. Member specific interventions may be identified.

Group 4: Phone call outreach for those who have a newly prescribed anti-depressant(s) for a depression diagnosis and other chronic conditions. Exploring the ability to text reminders out, as well. For members not reached via phone, information is included on how to reach out for support in the initial mailing packet sent to all members who are newly prescribed an anti-depressant. Member specific interventions may be identified.

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 complex case manager is either a registered nurse or social worker. The complex 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 is 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 2,653 refill reminder letters sent out in 2022 to members who were newly prescribed an antidepressant.

Previously 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.

Mid 2023, instead of waiting until the member has missed a refill, the complex case management team changed the approach to call the member when they are first given an antidepressant medication. The initial mailings are still sent out to the members on the list. The complex case manager follows up with a phone call to educate the member about the importance of medication compliance, benefits surrounding mental health, as well as offers to reach back out when the member is soon to be in need of a refill. The complex case manager is also able to help the member with other health conditions and/or health plan questions if needed.

There were 1,295 members tasked for follow up to complex case managers in 2023, for the acute phase of the focus areas. In the continuation phase of the focus, there were 290 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/MNCare are identified in the above focus area grid; the measure year MY 2022 rate was 57.25%.

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/MNCare are identified in the above focus area grid; the measure year MY 2022 rate was 40.00%.

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. 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 committees like the Behavioral Health Committee, 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), owned by *Audacious Inquiry*. EAS is used by internal users, and by the completion of 2023 it was implemented in all our South Country counties, except for one. This platform allows for almost real-time notification of hospitalization and emergency department (ED) utilization by our members, in the form of Admit, Discharge and Transfer (ADT) messages. 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. In 2023, Audacious Inquiry worked with *Avenu* (PH-Doc™) and *Champs* (Nightengale™) to import the ADT data directly into these public health systems. Additionally, in 2023, Audacious Inquiry was acquired by *PointClickCare*. With the acquisition activities taking place in 2024, South Country and our county partners will transition over to the PointClickCare system- the Member Activity Visibility (MAV) product that will display the ADT messages; however, county public health users will continue to see messages in their PH-Doc™ and Nightengale™ systems. EAS is a great tool for both providers and payors to share data and we look forward to further opportunities to utilize the data.

In addition, we offer a health education and self-help page that includes the self-management tools and educational resources provided under the population health strategy. Likewise, much of this information is promoted through social media as applicable throughout the year.

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. 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 Consumer Assessment Healthcare Providers and Systems (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 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 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 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 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 care that is appropriate and timely. 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 complex 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. South Country's medical director, director of health services and UM RN manager 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 certain services, members or providers acting on the member's behalf submit a request to South Country's UM department, 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 such as the: service type, date(s) of service, diagnosis, and medical records pertaining to the medical necessity of the 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, InterQual guidelines or South Country's internal 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. Each case is evaluated by licensed UM staff based upon specific plan benefits, objective evidence-based criteria, and individual medical necessity. 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.

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 or standard of care, medical necessity of the 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. The UM leadership 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, available 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.

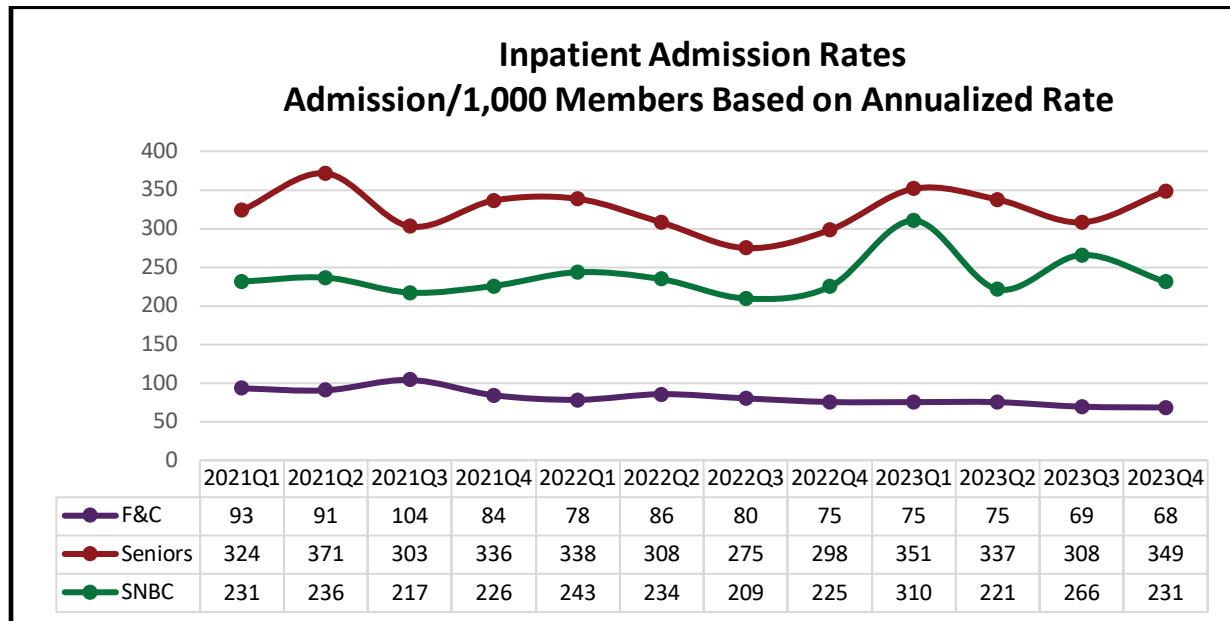
Analysis

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.

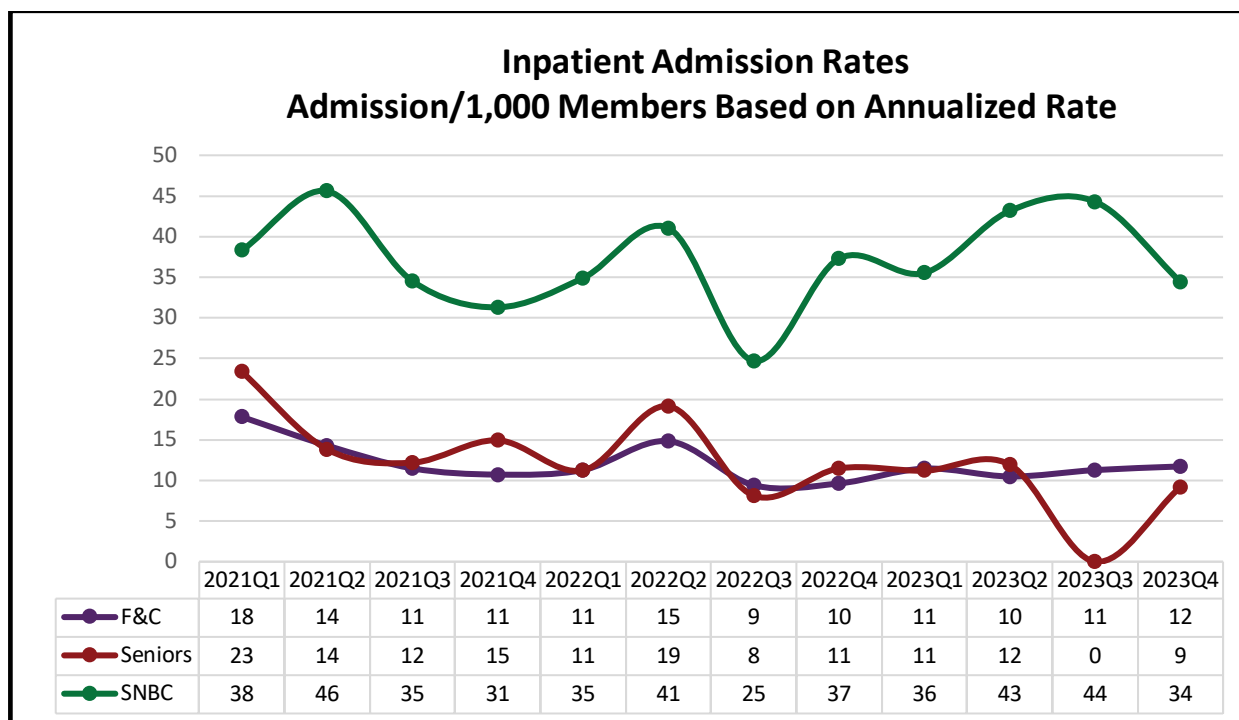
The following tables and reports are reviewed at each UM Committee meeting for discussion and analysis for review of excessive variation from the average. Each metric is reflected as rate/1,000 members/year. Due to the small numbers in some of the products, over/under reports are grouped according to 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



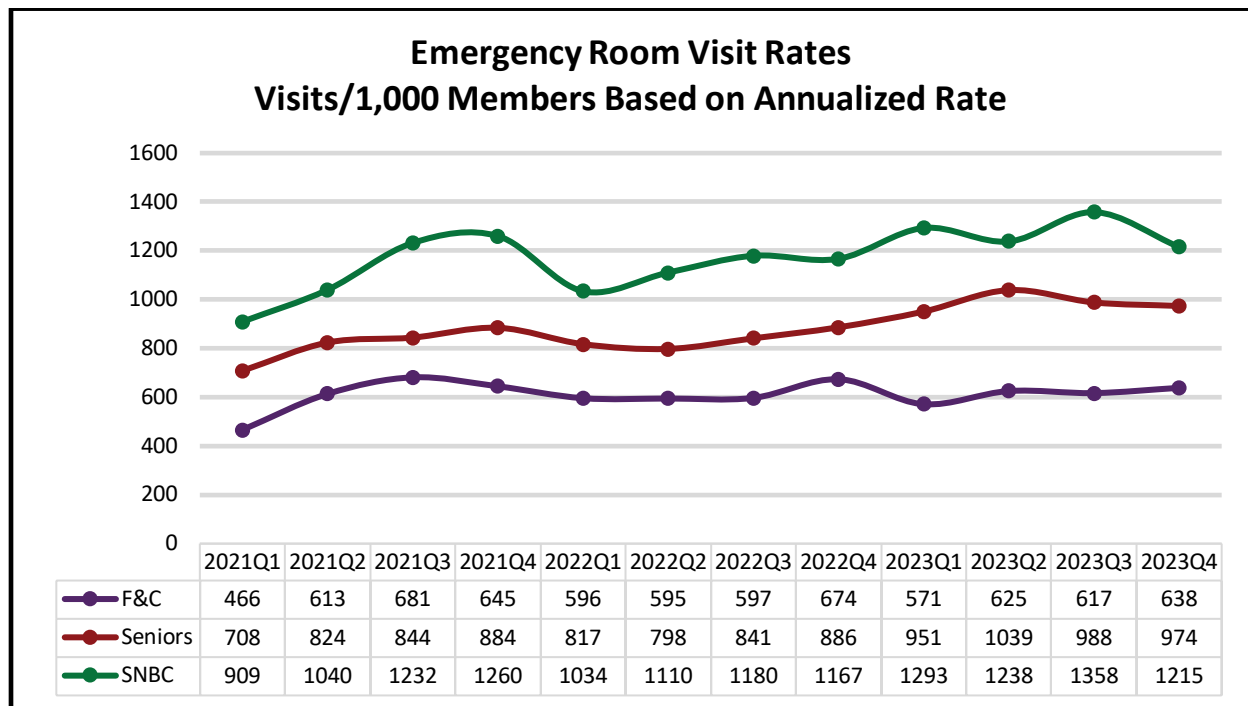
The above graph depicts our total inpatient (IP) admission rates by 1,000 members annualized. In reviewing each product comparatively since 2021, overall IP admission rates show some fluctuation; however, trends remain relatively consistent. The fluctuations we see tend to be in the winter months where the influenza and COVID-19 seasons are more prevalent. This report is published quarterly and is reviewed by the UM Committee for trends and patterns.

Inpatient Psych Hospital Admissions



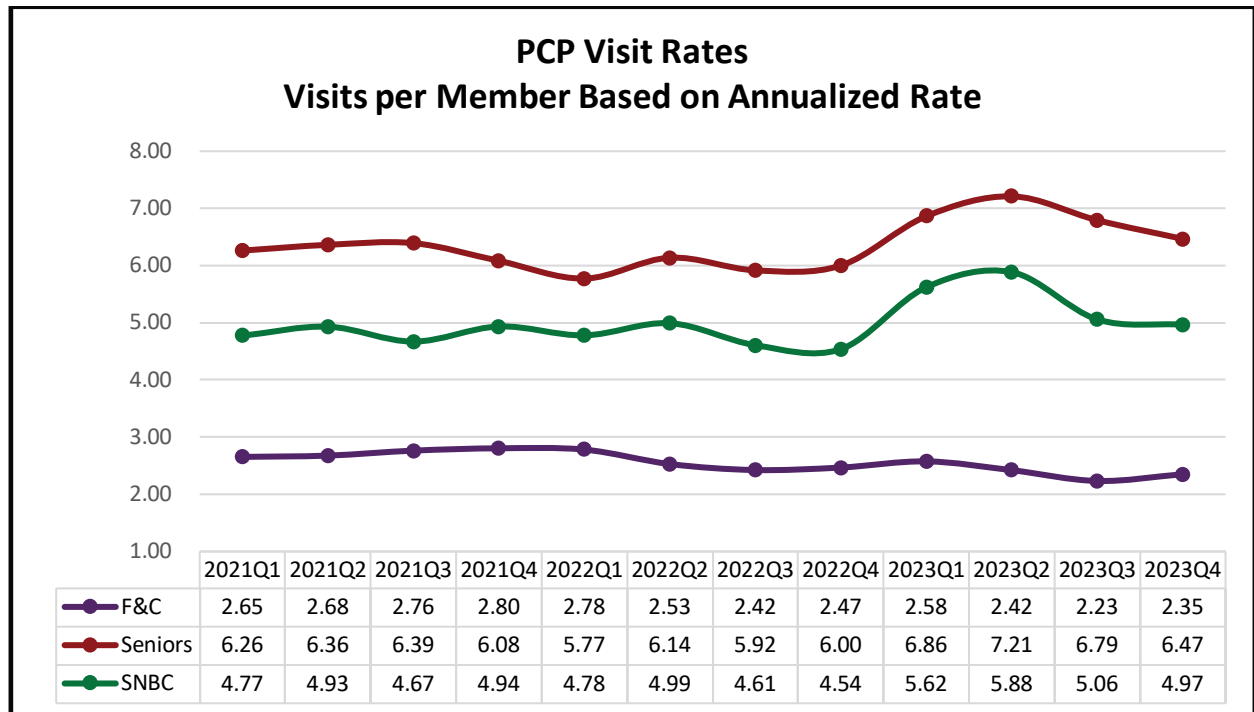
South Country began tracking psychiatric hospital admission by product to monitor the impact of the greater incidence of mental health diagnosis in the SNBC product population compared to the F&C and senior products. The above graph represents claims with the inpatient psychiatric unit place of service code. 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. Families and Children and senior products show a decline in the rate of inpatient psych admissions since Q1 2021.

Emergency Department Visits



For emergency department (ED) utilization, the SNBC groups have experienced the highest utilization rates for ED visits since 2021. The senior products were moderately lower than the SNBC rates; however, they do have an upward trend. Members on Families and Children (PMAP & MNCare) products, our largest membership, also show an upward trend. Overall, all member products are trending up to pre-pandemic trend levels. To provide wider access for our members, in 2024, we will be partnering with a virtual care program to offer a telehealth option for urgent care services that may not require in-person office visits. We plan to review over/under reports for these telehealth services in comparison to ED utilization to determine if there will be a decline in ED visits in response to better access for urgent care services.

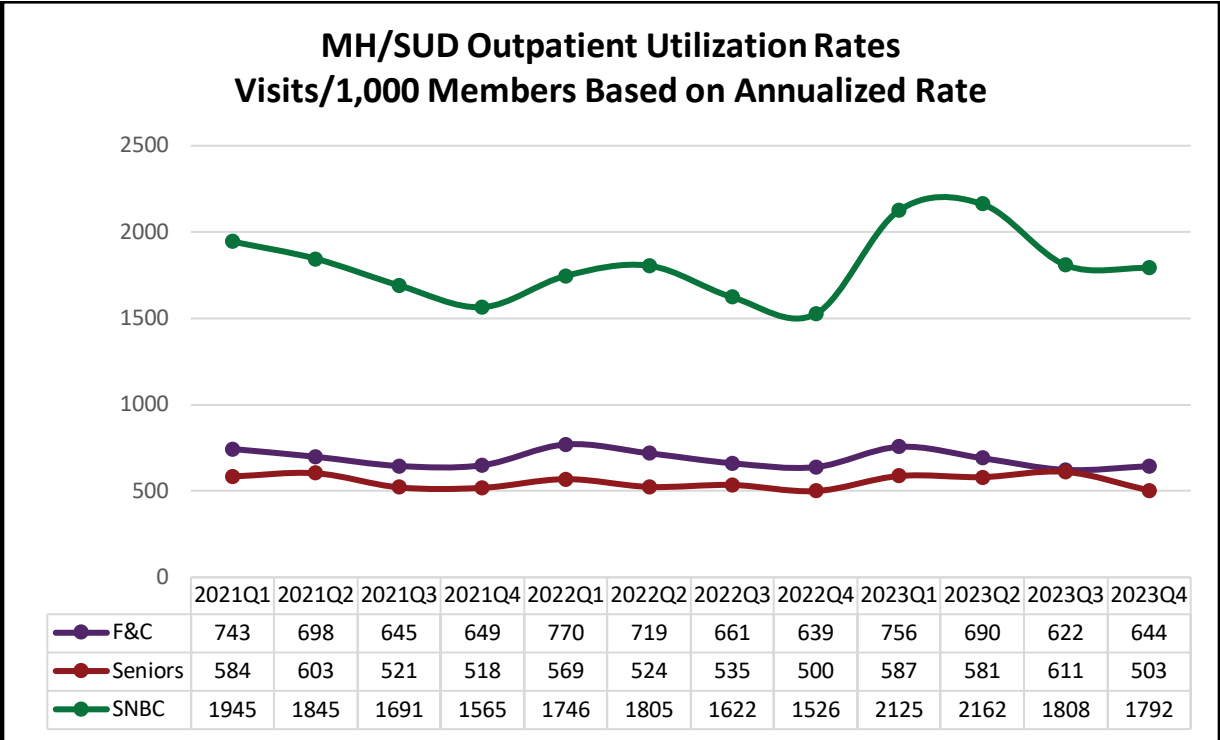
Primary Care (PCP) Visits



In 2023, we initiated review of over/under reports for primary care (PCP) visits. These rates are measured by visits per member per year. We are exploring PCP visit trends to determine if there is any correlation between PCP visits and emergency department visits. For senior and SNBC products, there is an upward trend. Quarter 4 2023 shows a slight decline; however, this is expected to normalize when data is pulled the following quarter and is due to the data being pulled within two months of service. Rates for Family and Children products (PMAP and MNCare) have a slight downward trend. PCP visits trends are reviewed at UM Committee meetings and the UM Committee plans to analyze these trends further in 2024.

Outpatient Utilization

Outpatient mental health and substance use disorder (MH/SUD) reporting is used to indicate whether people with behavioral health needs are able to access appropriate services for their health and well-being. This 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 services and member outreach.



The table above shows the relative rates of MH/SUD outpatient visits by product groupings; this includes telehealth visits for these services. 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. Outpatient MH/SUD visits continue to stay consistent for Family and Children (PMAP and MNCare) and senior products over the last three years. For SNBC products, we do note an upward trend in 2023. Overall, SNBC members have a higher incidence of MH/SUD diagnosis demonstrated by higher rates of MH/SUD outpatient visits.

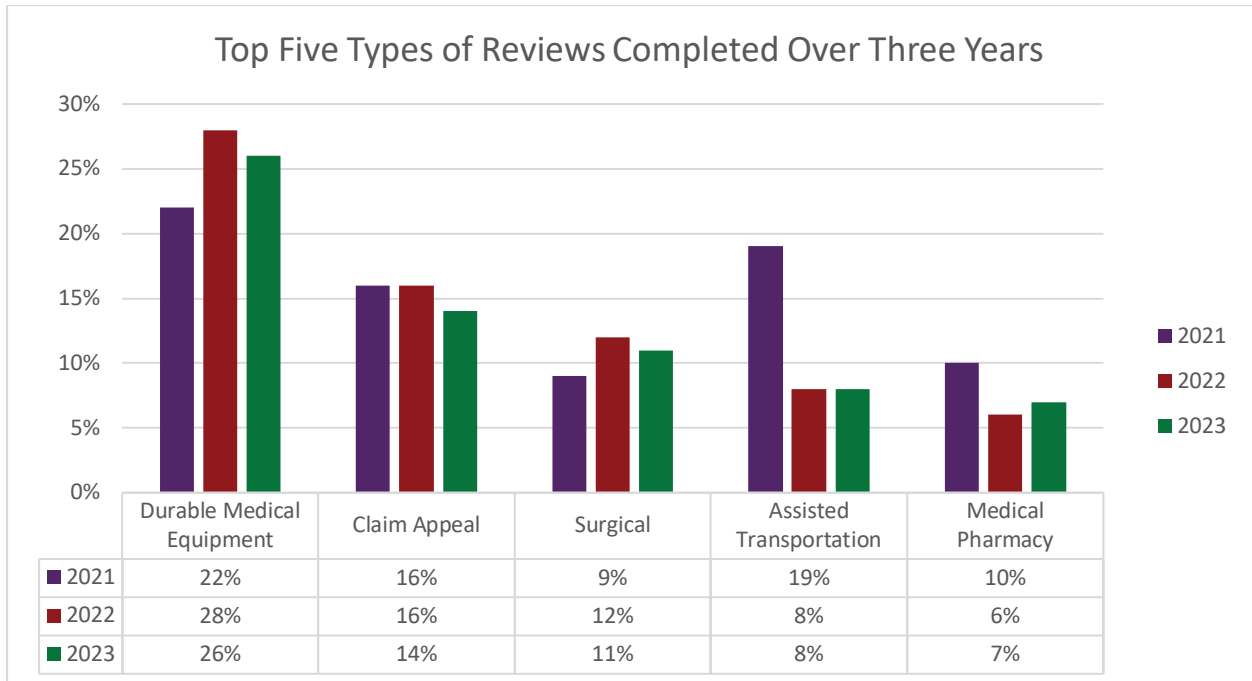
At the end of Quarter 3 2022, we identified an area of interest for further review of outpatient mental health (MH) services. This review included pulling out data for members under the age of 18 (school age) and looking at trends as they relate to the school year. In looking at MH services for school-age children, there was a notable decrease in services during the summer months. These results were then shared with our Behavioral Health Subcommittee that includes supervisors within our county health and human services teams. There is quite a bit of variation between school districts in our counties for school-based mental health services and many counties are working with their local schools to expand the year-round school-based programs. These statistics affirmed those initiatives.

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 pending requests in queue, the age of the authorization request and monitor for timely member and provider determination notices. This dashboard has been a key tool to help the team maintain timeframes for reviews; this is especially valuable 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. These key metrics ensure timeliness and compliance with state and federal regulations related to the prior authorization notification process. Other key data elements that are tracked and reviewed at the UM Committee meetings are summarized below:

Top Service Types of Authorization Requests Reviewed Year Over Year:



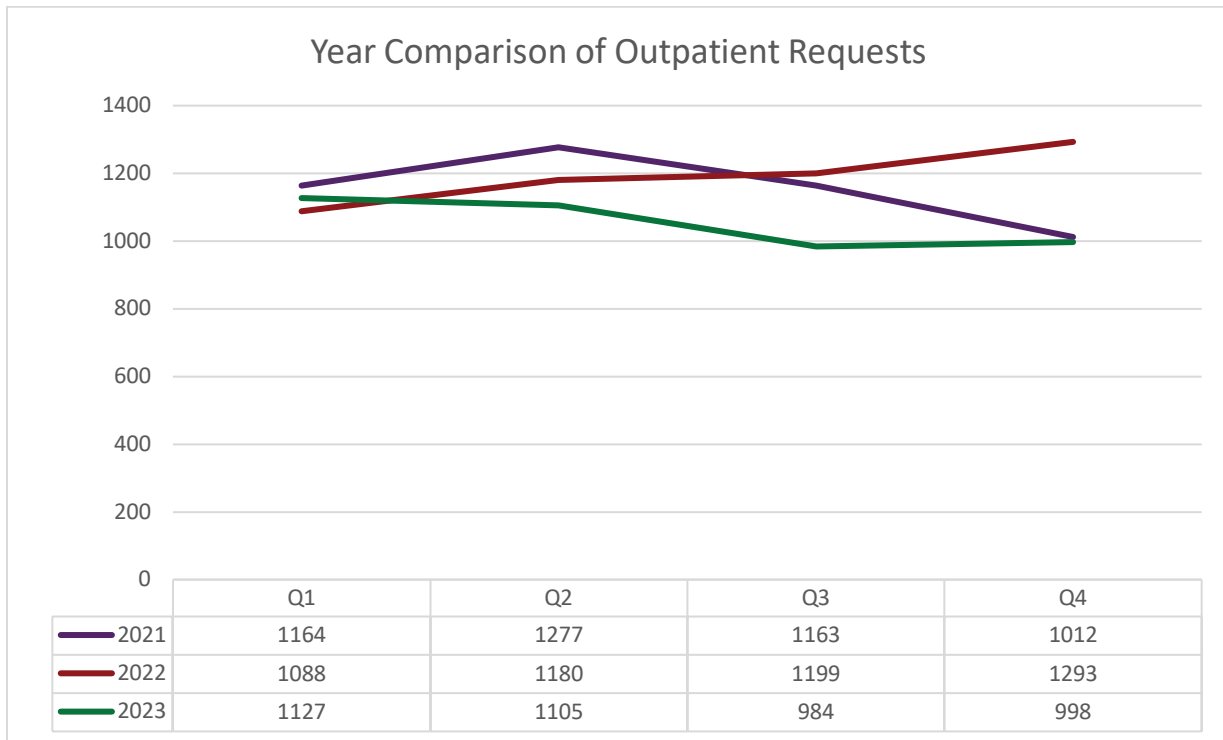
The above graph illustrates the top prior authorization requests that undergo a nurse clinical review, by service type year over year. There was a total of 2,580 clinical reviews in 2022, and 2,585 reviews in 2023, and the percentages are fairly consistent versus 2021 when there were over 3,000 reviews. Durable medical equipment remains the top requested service. The second highest type of request that the nurses review is requests for claim appeal. Claim appeal requests can be related to authorization requirements or due to claim edits in place related to allowable units billed per day or benefit limitations. The number of claim appeals has decreased due to the recognition of services or thresholds that may require authorizations to be reviewed and ultimately removed from authorization requirements. For example, unclassified codes for drugs that may be used during a surgical procedure had a dollar threshold which required authorization after meeting that threshold.

It was recognized that this threshold was causing denied claims for commonly used and appropriate

drugs. This threshold is in place to monitor for medical necessity and appropriate utilization of high-cost drugs. We recognize that the cost of drugs has increased over the years, and as a result, we increased the dollar threshold for these codes slightly to prevent claim denial for appropriate, inexpensive drugs. The number of clinical reviews for assisted transportation requests has decreased due to a new process in place for auto approvals for hospital discharges and renewal requests where the member's condition has not changed. This change took place in early 2022, which is why this service type has leveled out around 8%. Surgical requests have increased since 2021 and have been consistent in 2022-2023. This increase reflects the normalization of elective procedures since the pandemic. Medical pharmacy requests have remained consistent in 2022 and 2023; however, did decrease from 2021. This decrease reflects changes made to the prior authorization grid where commonly approved and relatively inexpensive drugs were removed from authorization requirements.

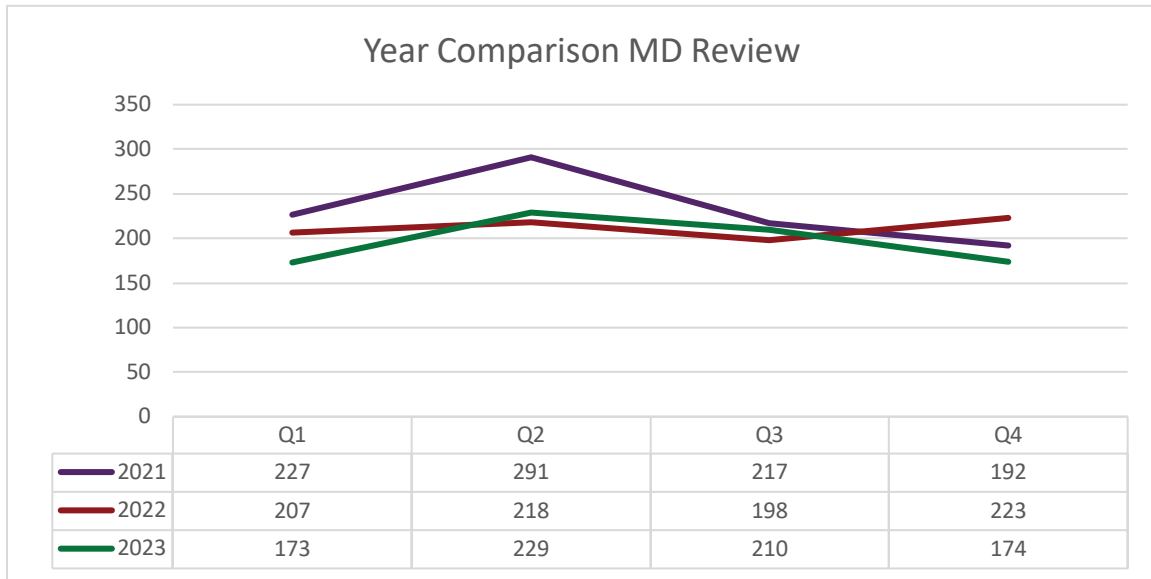
From year to year, the number of clinical reviews is expected to fluctuate slightly due to changes to prior authorization requirements throughout the year. Codes are reviewed quarterly for prior authorization requirements. The addition or removal of procedure codes from PA requirements is based on rate of approval and changes to standard of care. Some of the changes that are most noteworthy for 2023 include removal of PA requirements for out-of-network chiropractic services. Removal of this PA requirement allows members to see chiropractors that are located within the state of Minnesota, regardless of contract status; this provides better access to care for our members that reside in rural areas. Prior authorization requirements were also removed for mental health targeted case management services; the authorization for this service was handled as a notification so did not include a clinical review, however, did account for many authorizations that are processed administratively. Looking ahead to 2024, South Country has removed prior authorization requirements for the rental of CPAP and BiPAP machines due to changes in coverage criteria and standard of care.

Total Number of Authorizations:



The above graph highlights a three-year-over-year comparison of the total number of authorizations. This includes authorizations entered into the system that undergo an administrative review. Administrative authorizations include authorizations entered by the UM specialists for Medicaid medical pharmacy (reviewed by Perform Rx), home care authorizations for members on a waiver, housing stabilization and Healthy Pathways requests. There was a notable decrease in Q3 and Q4 of 2023. This reflects the removal of prior notification requirements in April 2023 for mental health targeted case management services, which was previously the most common authorization entry that did not undergo medical necessity review.

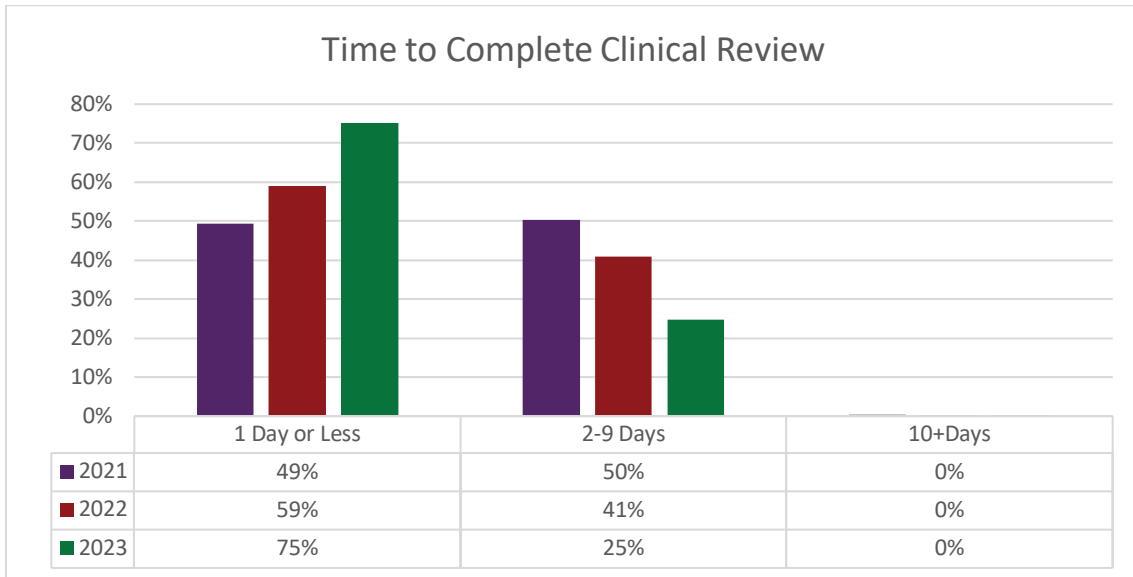
Second Level Review



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. We would expect some fluctuations in the numbers that are sent for advisor review as that would be attributed to the overall volume of requests throughout the year.

Turnaround Times

In 2023, the percentage of reviews completed in one day or less continued to increase, which also resulted in a continued decrease in the 2-9-day timeframe. This improvement may be due to changes in prior authorization requirements and process improvement related to weekly team discussions and review of our standard operating procedure documents to gain consistency among the reviewers. 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. *(There are small lines in the 10+ days category because there were a handful of reviews over 10 days but not enough to equate to a whole percent.)*



As part of the utilization management program, South Country stays informed of changing or new regulations. Early in 2024, the Centers for Medicare & Medicaid Services (CMS) passed the new rule (CMS-0057-P), which expands the Patient Access API, the Provider Access API, recreates the Plan-to-Plan API, and brings back to the table the Prior Authorization Transaction API. This new rule is an expansion on the previously implemented Interoperability and Patient Access Rule (CMS-9115-F). Elements of the new rule will need to be implemented by January 1, 2026, while others – like the authorization API element, are required to be implemented by January 1, 2027.

One of the requirements in the new rule is for payers to have shortened timeframes in providing the outcome and notification to the member. For standard requests, the notification must be made no later than seven calendar days from the time the request was received at the plan. In anticipation of this change, the UM team wanted to examine the turnaround times using the defined shortened standard timeframe and began tracking it in 2022. Now that the rule has officially passed with a future effective date, it will be our goal in 2024 to prepare for that and increase the percentage of determinations to seven days or under to prepare our team for the 2026 implementation.

Time to Complete the Clinical Review

	5 Days or Under	Over 5 Days
2022	96%	4%
2023	98%	2%

Time to Determination

	Under 7 Days	Over 7 Days
2022	92%	8%
2023	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	2021	2022	2023
PerformRx (Pharmacy PBM)	99.6%	99%	99%
South Country's UM Dept	91%	96.7%	97.5%

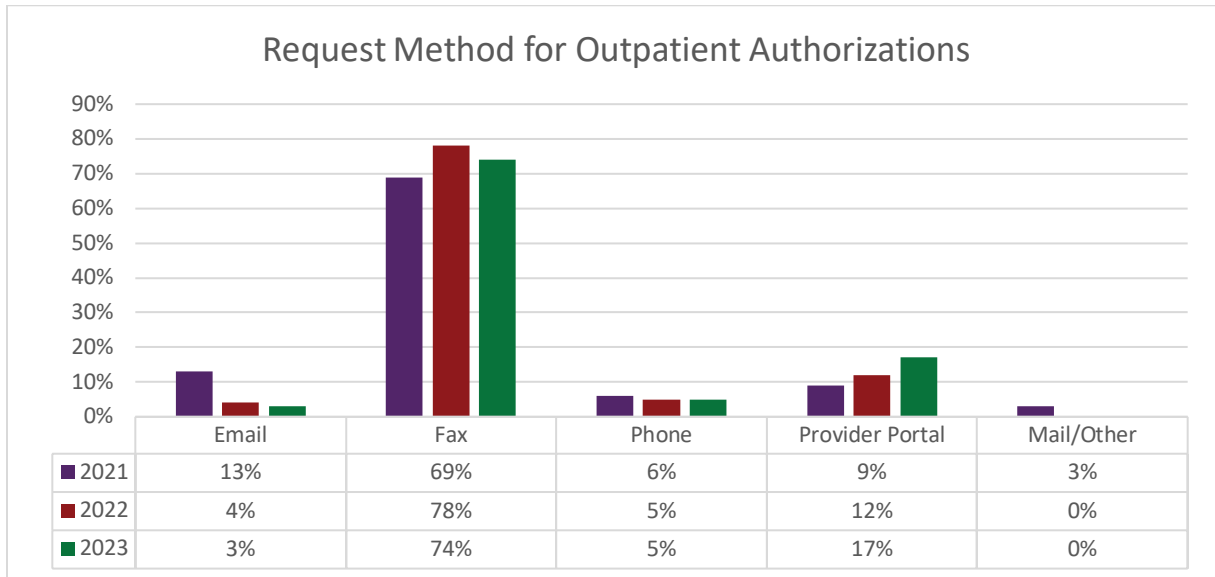
As you can see in the above chart, IRR results are strong and reveal consistency among the authorization reviewers. The South Country UM team is small in comparison to the numerous pharmacists undergoing IRR testing with PerformRx, and as a result South Country UM data can appear skewed. The UM manager 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 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 explored other options for providers to complete the survey. In 2023, we decided to offer the provider satisfaction survey for a six-month period with the option to either fax/mail a paper copy of their completed survey to South Country or complete the survey online. Providers were prompted to complete the survey when logging onto our Provider Portal authorization page as well as receiving the survey via fax along with an authorization notification letter. In total, we received 78 responses; 66 were completed online and 12 were mailed or faxed to South Country. Although this new method of presenting the survey does not offer an option to track a return rate, we were pleased with the number of responses that were received in this six-month time. We plan to continue this process in 2024.

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 2021, 2022 and 2023. 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.*

The above graph reveals the majority of requests are received via 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, with removal of the requirement for notification of MH-TCM this year, email requests dropped more significantly. Use of the Provider Portal for prior authorization submission increased in 2023.

In 2024, we plan to conduct a provider information campaign to further promote electronic submission of authorization requests among our top requesters. We are hoping to increase the utilization of our provider portal, while we continue to explore more automation of requests and how the new CMS rule will impact how providers make authorization requests. 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 has over four 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. In 2024, the UM team will continue to look at processes, opportunities for automation, review of requirements, and new technology that will improve the utilization management experience for our members and providers.

One of the products we will continue to evaluate in 2024 is an authorization product that can directly

integrate with our current case management/utilization management software and our provider portal. In our consideration of new products, is also the new CMS interoperability rule that will be implemented in 2026. South Country wants to provide and promote the most efficient and effective avenues for authorization submissions to our providers, reduce any burden and continue to leverage existing and new technologies to do so.

Another system that is utilized by our utilization management team, that will undergo some enhancements this year, is the Admit, Discharge, and Transfer (ADT) solution sponsored by the state of Minnesota. South Country was the first health plan in Minnesota to consume the 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. Beginning this year, most hospitals in the South Country service areas are transmitting messages through the platform.

Starting in 2023, Audacious Inquiry (now a PointClickCare company) began to share with us their intent to change over to the PointClickCare ADT platform. We plan to implement this change in early 2024, along with supporting all of our county partners in their transition to the new platform. Our partner counties have appreciated the information that EAS/PROMPT® has provided to them, and we are all excited to move forward with PointClickCare and see what other features might be available. Another exciting change that happened with ADT messages late in 2023 was that the ADT data was integrated with two systems that are used by our county partners: PhDoc® and Nightengale Notes®. With all these changes, the UM team will continue 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 at least annually, medical policy review and provide recommendations for final review at the medical policy review committee, which is led by South Country's medical director. In 2024, the makeup of the medical policy review committee will be redesigned to include a majority of voting members who are practicing physicians, including at least one who is an expert in care of elderly or disabled individuals and representation of various clinical expertise.

South Country continues to look to the future of the utilization management program to not only be in compliance with state and federal 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 monitors 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's formularies and clinical management programs.

South Country holds weekly operational meetings with PerformRx to monitor the pharmacy program, overall. 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			
	2021	2022	2023
Formulary Compliance	99.30%	99.23%	98.29%
Generic Utilization Rate	85.57%	82.70%	84.77%

As shown in Table 1, South Country Medicaid maintains an excellent formulary compliance rate (98.29%) and the generic utilization rate increased from 2022 to 2023.

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			
	2021	2022	2023
Average Membership	30,096	32,318	32,421
Total Prescription Cost	\$33,280,786	\$38,321,551	\$40,625,548
Total Prescription Cost per Member per Year	\$1,106	\$1,186	\$1,253
Total Prescriptions	413,344	404,100	370,063
Average Cost per Prescription	\$80.52	\$94.83	\$109.78
Utilizers (members who filled a prescription)	118,307	122,478	117,519
% Utilizers	32.76%	31.58%	30.21%
Average Cost per Utilizer	\$281.31	\$312.89	\$345.69

Table 2 outlines South Country's Medicaid pharmacy utilization for the past three years. From 2021 to 2023 we experienced a 7.7% increase in average monthly membership to 32,421. Even with fewer utilizers, we continue to see a steady incline in our overall pharmacy spend (total prescription cost). While the total number of prescriptions decreased from 2022 to 2023, the per member per month cost and average cost per utilizer increased. We experienced a 36.3% increase in average cost per prescription from 2021 to 2023. 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			
	2021	2022	2023
Formulary Compliance	98.77%	98.76%	98.66%
Generic Utilization Rate	88.02%	87.42%	88.10%

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

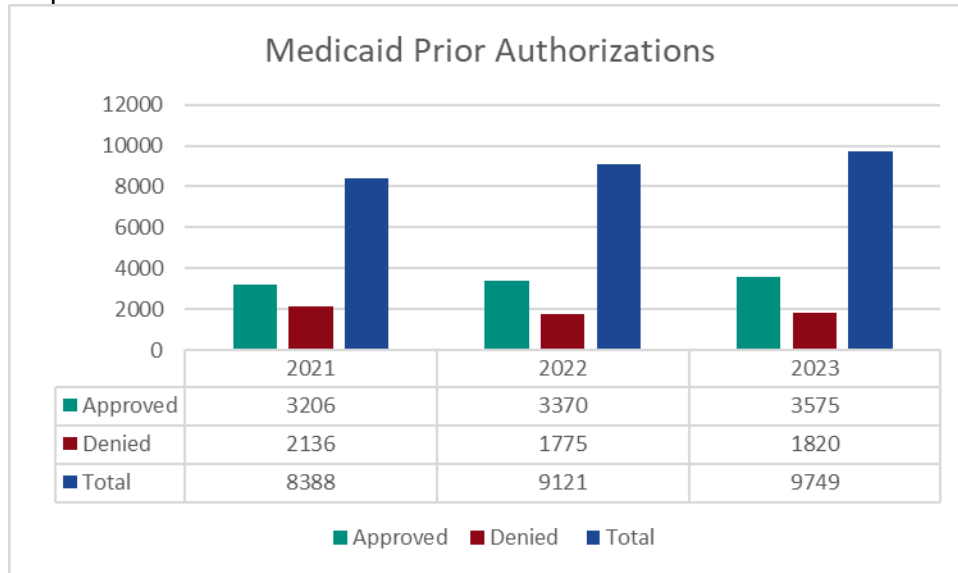
Table 4

Medicare Pharmacy Utilization			
	2021	2022	2023
Average Membership	1,982	2,000	1,824
Total Prescription Cost	\$10,662,066	\$11,242,968	\$12,115,722
Prescription Cost per Member per Year	\$5,379	\$5,621	\$6,642
Total Prescriptions	136,612	138,395	129,249
Average Cost per Prescription	\$78.05	\$81.24	\$93.74
Utilizers (members who filled a prescription)	20,474	20,349	18,526
% Utilizers	86.10%	84.80%	84.63%
Average Cost per Utilizer	\$520.76	\$552.51	\$653.98

Table 4 outlines South Country's Medicare pharmacy utilization. The average cost per prescription has increased by 20% from 2021 to 2023. The continued high generic utilization rate (Table 3) helps soften the impact of brand name medication annual price increases.

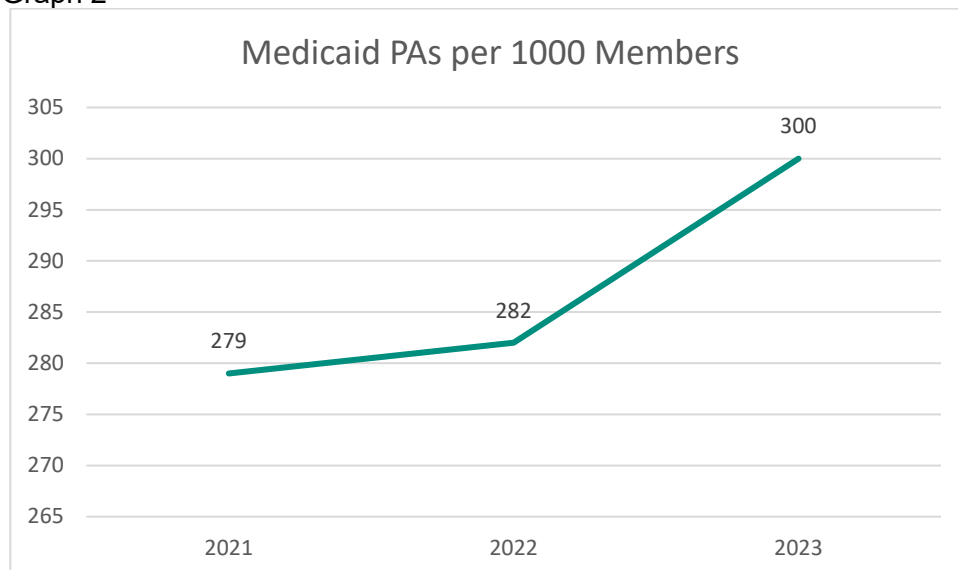
Medicaid Prior Authorizations (PA)

Graph 1

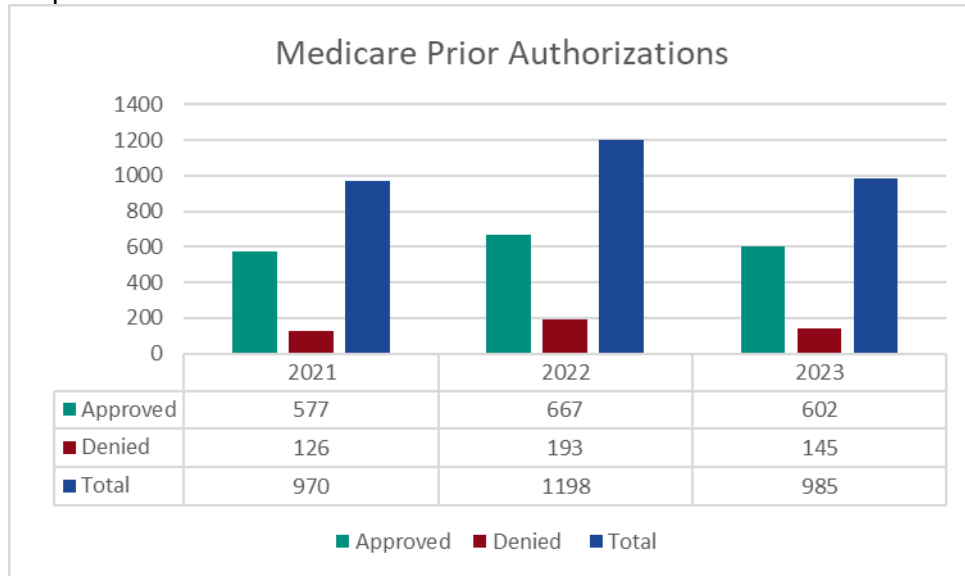


Graph 1 illustrates an increase in the number of Medicaid prior authorization (PA) submissions from 2021 to 2023. More than likely, this is due to a steady increase in membership over the same time period and continued changes to the formulary due to the state preferred drug list (PDL). Medicaid prior authorizations have remained steady for the past year with a 37-38% approval rate and a 19-25% denial rate. 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 PA submissions per 1,000 members. The number of prior authorizations has increased over the last year and will continue to be monitored in 2024 as an indicator of overall PA burden for our membership.

Graph 2

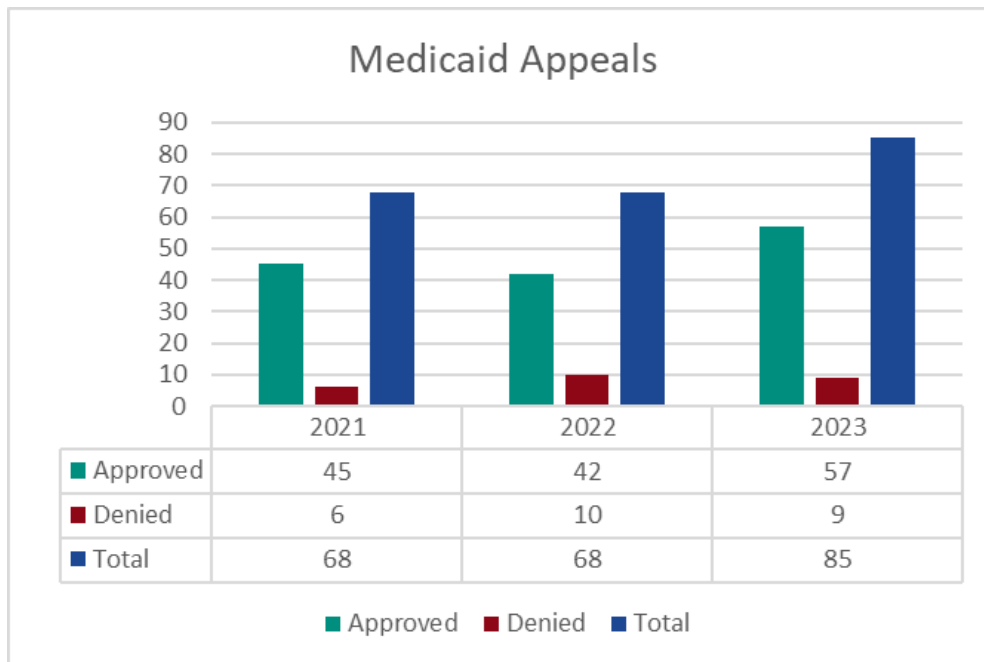


Medicare Prior Authorization
Graph 3



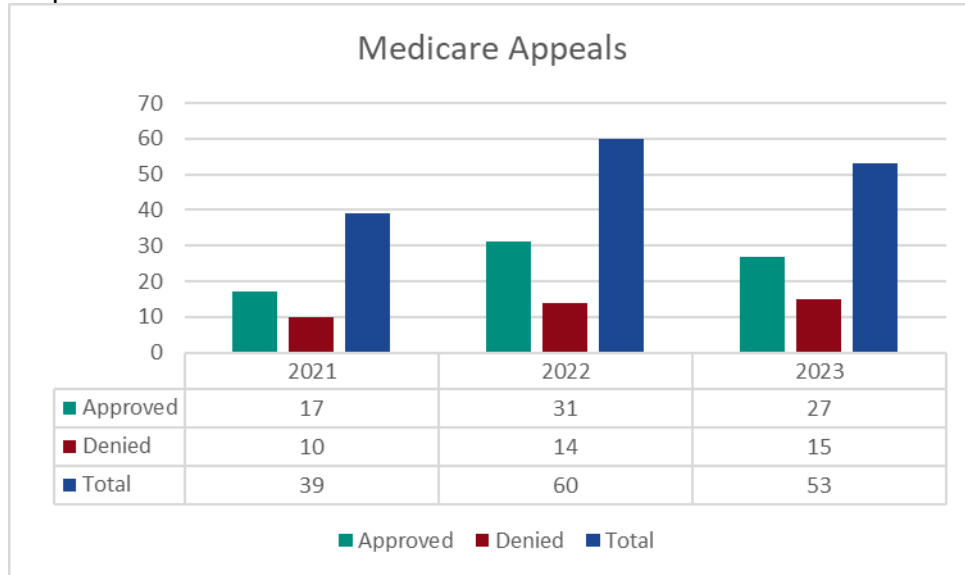
Medicare prior authorizations have remained steady for the past year with a 56-61% approval rate and a 13-15% denial rate. The remaining authorizations were withdrawn/dismissed/early closed.

Medicaid Appeals
Graph 4



An increase in total number of Medicaid submitted appeals is evident in Graph 4. The approval rate has remained steady from 2021-2023 at 62-67%. The denial rate has also remained steady from 9-15%. 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 increased in 2022 then decreased slightly in 2023. (Graph 5). Because Medicare membership is stable, any change in formulary between calendar years impacts program trend data.

Next Steps

South Country will continue working 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 analyzing drug utilization and educating members and providers. Focus continues on concurrent opioid and benzodiazepine use and naloxone access in South Country’s membership. In addition, the DUR committee will be exploring interventions related to antipsychotic use and monitoring 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 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.

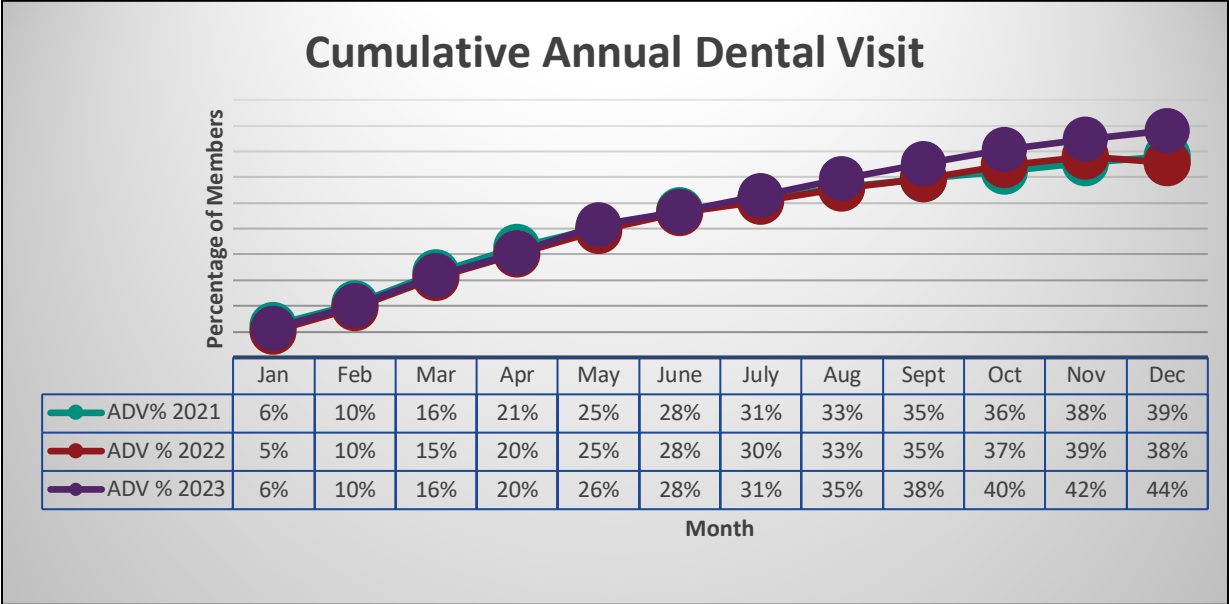
Dental access continues to be a key issue in achieving and maintaining optimal oral health for members. In recent years, there has been a decrease in dental provider participation serving Medicaid patients nationwide. South Country's dental provider network has experienced a 12.5% reduction in unique dentists since the beginning of 2021. It is important to note that South Country did not lose any highly utilized providers as part of this network attrition. A contributing factor is that most dental providers continue to report challenges in achieving a sustainable profit margin. Like many other industries, the dental sector is experiencing difficulty finding qualified individuals to fill staffing vacancies. Under-staffing of the critical roles of dental assistants or hygienists results in decreased scheduling capabilities and longer wait times for appointment availability.

South Country relies heavily on critical access dental (CAD) providers to achieve members' dental access. CAD providers accounted for 68% of total services received by South Country members from 2020 through 2022. In 2023, members received 77% of their dental services at CAD clinics. This upward trend is due in part to more providers gaining CAD eligibility status. Since the beginning of 2020, more clinics have applied for and received CAD designation status from the Minnesota Department of Human Services (DHS). As of December 2023, there were 221 CAD clinics statewide, up from 175 at the beginning of 2020. CAD providers receive a 20% increase in reimbursement, which enables them to serve more South Country members.

Annual dental visit (ADV) results are shown in Graph 1 below comparing 2021, 2022 and 2023 data. The ADV rate was consistent for 2021 and 2022. Late in 2023, there was a sharper increase in ADV rates than was demonstrated in earlier years. For 2021, the denominator used was South Country's membership with at least three months of continuous enrollment. There was a slight change in logic beginning in 2022, which allowed the 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.

South Country's ADV rate showed improvement in 2023. The ADV rate for overall membership increased from 38% in 2022 to 44% in 2023. The greatest improvement was noted in Prepaid Medical Assistance Program (PMAP) membership, which demonstrated an 8% improvement from the previous year. This is the largest membership group; therefore, this had a significant impact on the overall ADV rate.

Graph 1



Process and Analysis

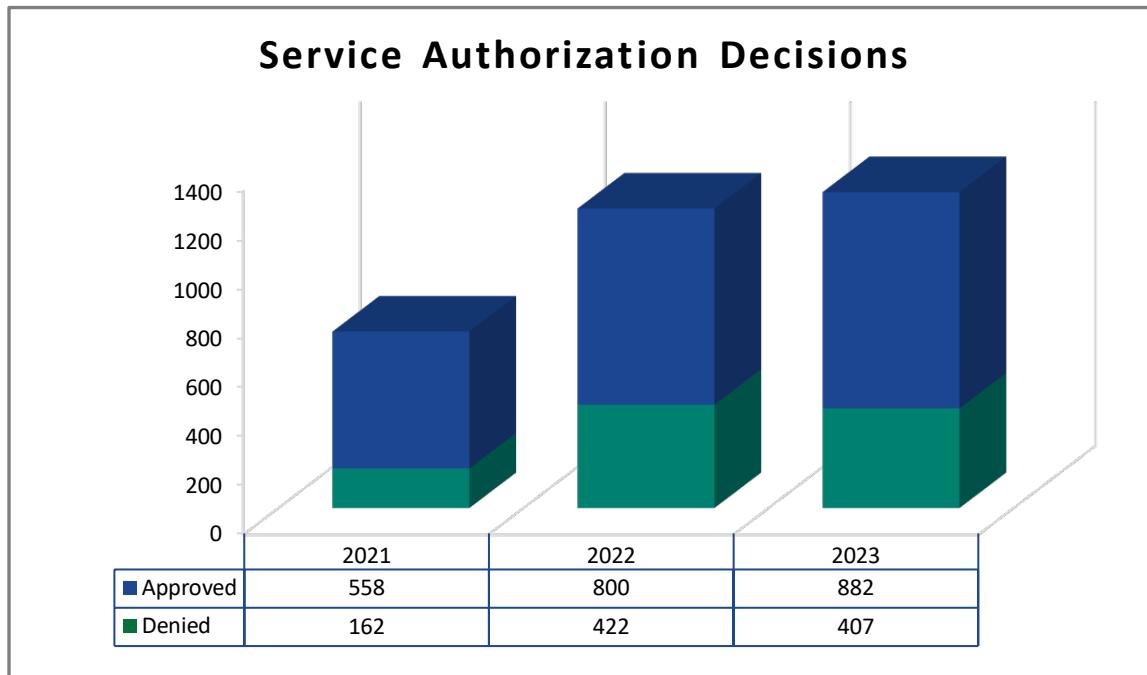
Utilization Management

DDMN provides South Country with reports of current and annualized utilization management activities. These reports are reviewed quarterly, and trends are noted. 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			
	2021	2022	2023
Total Service Reviews	720	1,222	1,289
Authorization Turn-Around Time	99.8% <10days	99.9% <10days	99.9% <10days

Graph 2



In 2021, there were 720 utilization reviews of pre-service requests (shown in Table 1) with an approval rate of 78% (shown in Graph 2).

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. Since this treatment requires prior authorization to prove medical necessity, there was a gradual increase in authorization reviews late in 2021 and throughout 2022.

The addition of this service resulted in total authorization requests increasing 70% to 1,222 in 2022. Meanwhile, the approval rate dipped to 65%. With this decrease in fully favorable decisions, we anticipated a rise in the 2023 approval rate as provider awareness grew regarding the process of demonstrating medical necessity for this new benefit.

The volume of authorizations continued its growth at a slower pace in 2023, with 1,289 cases. There was only a slight increase in the approval rate to just over 68%.

Also included in Table 1 is the percentage of authorizations that are processed within the mandatory turnaround time of 10 days. Delta Dental continues to display near perfect results in this metric.

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 barriers to care, as a one-stop shop for members'

scheduling needs. The team works with the provider and member to get an appointment scheduled, arranges transportation and/or an interpreter, as needed, confirms the appointment, follows up on the success of the appointment and addresses 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 2023, DDMN's care coordination team assisted South Country members with 1,160 requests or inquiries. They directly scheduled dental appointments for members in over 250 cases. South Country members' use of the DDMN care coordination team remained consistent in 2023, compared to 2022, with a slight increase in number of scheduled appointments.

The 2021 MN Legislature's Health and Human Service Omnibus Bill included a dental performance benchmark for managed care organizations (MCOs) and county-based purchasing plans (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.

South Country continues to explore opportunities to meet the dental performance benchmark through targeted member outreach. In the fall, Special Needs Basic Care (SNBC) and Senior members who had a dental visit in 2022, but not yet in 2023, 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 2023, South Country sent lists of 2,039 SNBC members and 2,301 senior members to care coordinators for follow up as these members had no documented dental visit in the past year. 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 2023, 41 members who visited the emergency department for non-traumatic dental issues were referred to our care coordination teams. Of these, 25 members successfully followed up with a dental provider.

South Country continued a dental incentive in 2023 within the Be Rewarded™ Wellness Program. Senior (SeniorCare Complete and MSC+) and SNBC (AbilityCare, SingleCare and SharedCare) members may receive a \$25 gift card for completing at least one preventive dental visit during the calendar year. In 2023, 223 members took advantage of this incentive. Additional details can be found in the health promotions chapter.

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.

The Minnesota legislature expanded the adult dental benefit set, beginning in 2024. Applying the dental benefits that were previously reserved for children and pregnant adults, all members are now eligible for comprehensive dental care. The expansion is beneficial to both members and providers. Treatment restrictions have been identified as a factor in provider hesitancy to serve government program recipients. This change will improve the standard of care dental providers are able to offer their patients. The increased benefits available will improve members' oral health and prevent tooth loss. Additionally, one of the barriers keeping members from seeking dental care are concerns about cost. Members are fearful that their needs will exceed the treatment allowed by their dental benefit and thus result in an out-of-pocket expense. With more treatment options now available, members can receive the care they need to get and stay healthy at no cost to them.

South Country has an interdepartmental dental workgroup, which meets regularly. The group continues to look for new 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 community partners. With the help of the dental workgroup, South Country is exploring adding a dental component to its population health strategy.

The Be Rewarded™ wellness incentive for SNBC and senior members receiving an annual dental visit was renewed for 2024. 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 members.

Recognizing the unique needs of rural communities, South Country continues a strong commitment to working with members, DHS, dental providers, and other stakeholders to improve dental access for individuals enrolled in Minnesota Health Care Programs.

Behavioral Health Services

Description

Behavioral health (BH) services encompass services that treat both mental health and substance use disorders. The South Country Health Alliance membership has a high need for behavioral health services; approximately 40% of our members 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 BH professionals with broad knowledge of behavioral health topics, along with many years of combined experience engaging with our rural members who have behavioral health needs. The three members of the BH team were raised in rural Minnesota and understand the unique characteristics and challenges faced by rural communities.

South Country's BH department's 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, ages 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 group continues to struggle with mental health struggles post pandemic. The Healthy Transitions Program includes several key initiatives to provide outreach, support, and education to these members as they enter adulthood.

South Country has always provided follow up to members after a hospitalization discharge. The BH department continues its connections with members after mental health hospitalizations. This follow-up initiative is critical post 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. This enhanced follow-up protocol includes providing a list of mental health providers in the member's region directly to the hospital while the member is inpatient to encourage them to connect with outpatient services as soon as possible post discharge.

South Country continues our unique Opioid Case Management Program. This program, in its sixth year, focuses on contacting and educating members who are opiate naïve but were recently prescribed opiates. We want to ensure that if our members are recovering from surgery or an injury, that 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 (SAMHSA) to find treatment providers who have current openings and will meet each member's unique needs. In 2023, South Country enhanced its outreach by following up with members who recently were in the emergency room for either alcohol or an opioid related diagnosis.

Another distinctive South Country program is the Healthy Pathways (HP) 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 subcommittee 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 2023, South Country continued to hold two separate meetings: one for adult mental health and the other for children's mental health. Each group met quarterly throughout the year. This meeting provides an opportunity for South Country to keep updated on staffing changes and county challenges, new service providers in our member communities, as well as the opportunity to share data trends and new processes within South Country. Finally, South Country utilized the BH Subcommittee to begin revising the South Country BH gap program called the Healthy Pathways Program.

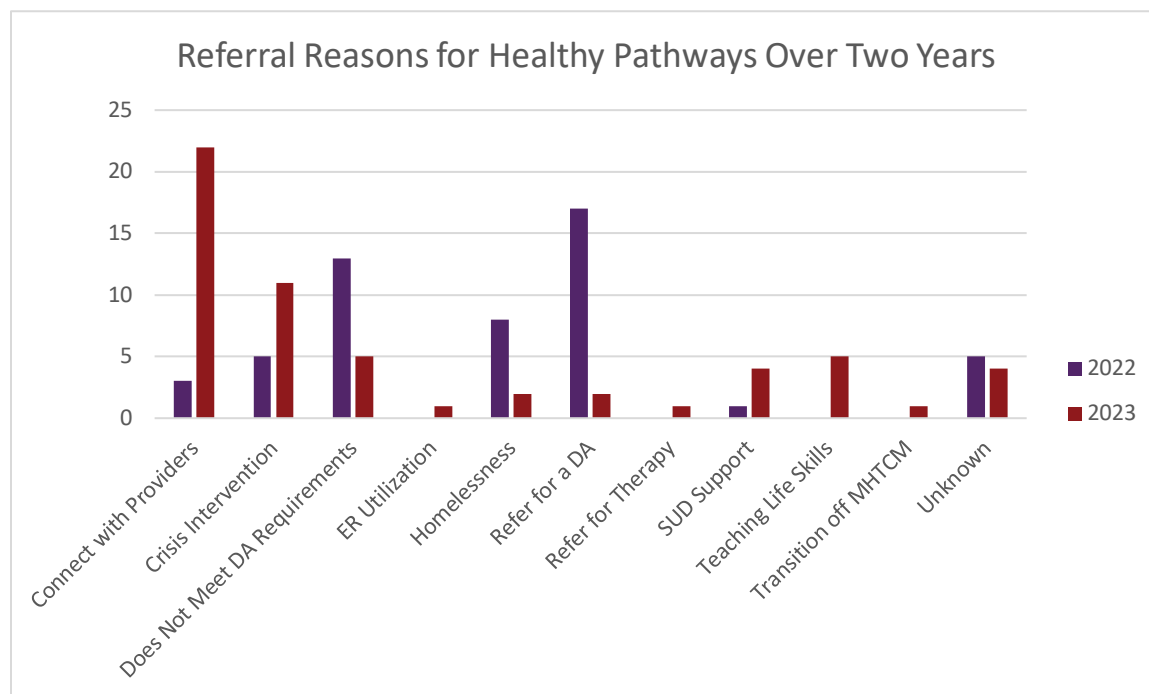
Healthy Pathways Program

Since 2015, South Country's Healthy Pathways (HP) Program has supported the work of our county partners to address unmet mental health needs of our members. Healthy Pathways case

managers help our members avoid mental health deterioration by initiating services and support during a crisis while assisting them with longer-term solutions. In 2023, the mission of Healthy Pathways remained 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.

The most common reason for referral to the Healthy Pathways Program historically has been to either 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 are also opened to the program as a steppingstone off MH-TCM services. In a review of the 2023 referral reasons, the largest increase in reason was for the connection to providers, along with an increase in crisis intervention. In 2022, case managers could still choose the “other” category for certain referral reasons, but we had those defined for 2023. However, being that the selection was not required, this past year we still had some blanks for unknowns. Therefore, the category of “other” and “unknown” were combined. South Country will be moving to an online submission option for this program in 2024, where the referral reason or goal will be required. The graph below represents the reasons members are initially referred for Healthy Pathways.



When case managers submit a request to initiate the Healthy Pathways Program, they complete a brief assessment of the member, rating how mental health or substance use disorder symptoms impact aspects of their life. In 2023, all members who completed the initial assessment to start the program had some level of impairment due to their mental health symptoms, with 59% of those members rating moderately severe, severe, or extremely severe. Additionally, in 2023, the number of members in the program with some level of impairment due to substance use was 57%, with four at “extremely severe” and nine with “severe” ratings for impairment.

Of the members who ended the program in 2023 (a total of 44), ten members completed the program with an indication that goals were met, and another 17 transitioned to another service, like mental health targeted case management. The remaining members (17) either requested to discontinue the program or became unable to reach.

South Country claims data indicates a combined 722 Healthy Pathways encounters by 116 unique participating members for 2023. In 2022, there were 713 encounters with 106 participating members. We continue to work closely with our Behavioral Health Subcommittee to evaluate opportunities to enhance this program. Together with the committee we have made some initial measurement improvements. The committee is actively engaged in evaluating gaps in care to reshape how our partnering counties can address those gaps through the Healthy Pathways Program in 2024.

Healthy Transitions

Healthy Transitions is a program created by South Country to serve 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 supports of the member’s choosing.

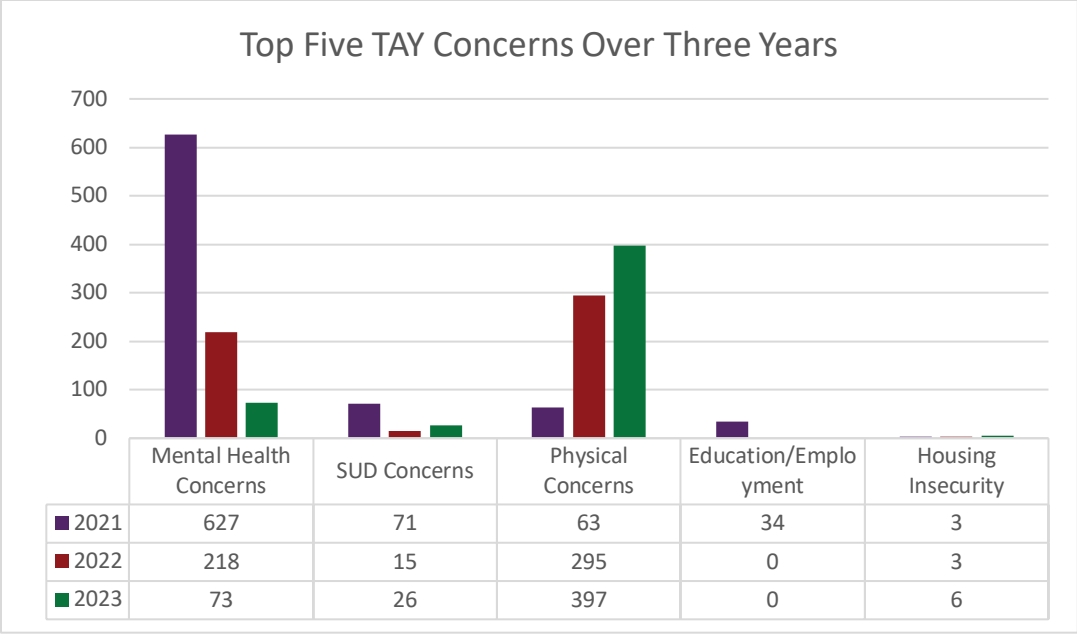
Before the start of Healthy Transitions, we surveyed children’s and adult mental health case managers in our counties to determine the needs and preferences of our transition-age youth. The survey confirmed the most common issues facing youth in our counties are obtaining and keeping health insurance, 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 2023, 1,048 county-specific resource mailers were sent to all members who were 17-21 years old as part of the Healthy Transitions Program. These mailers are updated each year and include 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 had 513 encounters, in the form of phone calls, with 382 unique members who were identified on the transitional youth report as being at risk. Youth are considered at risk if they meet one of three criteria: are diagnosed with a behavioral or neurodevelopmental disorder (F Code), have had at least one ER visit for any reason, or a mental health hospitalization, and do not currently work with a mental health case manager or Healthy Pathways Program case manager.

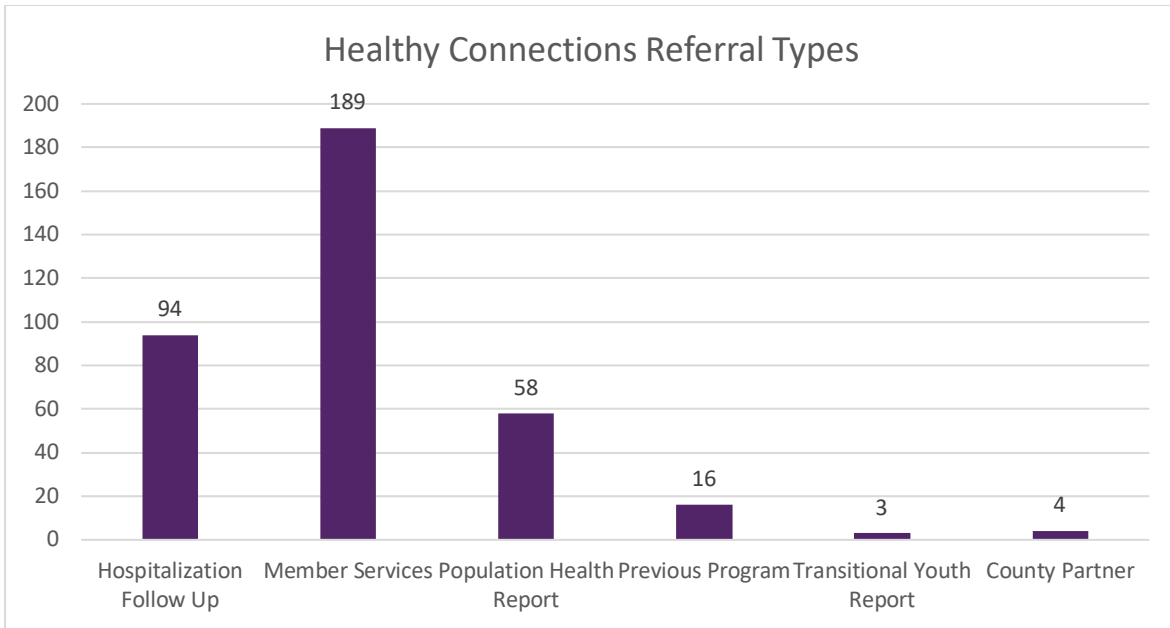
Phone call attempts included two to three calls or an unable-to-reach letter when the attempts were unsuccessful or there was no working phone number. At times, the BH professional sends an opt-in text to the member's cell phone via South Country's Mutare® system to attempt contact when a mental health and/or SUD-related ER visit is involved. Depending upon the nature of the ER visit or hospitalization and the diagnosis of the member, an educational brochure, copy of the resource mailer, and/or the South Country mindfulness activity book accompanies the letter. The subject matter of the educational brochures is tailored to the needs of this age group and based on the concerns expressed during ER visits. The following subjects are covered in the brochures: stress and anxiety, depression, adverse childhood experiences (ACEs), hope and building resilience, post-traumatic stress disorder, mindfulness, vaping/smoking and your mental health, health and fitness, addiction, the health consequences of alcohol, cannabis facts, facts about drugs and drug use, how to express anger effectively, sexual health and general LGBTQ+ information. Of the 382 members contacted, 29 members worked with the BH professional for a month or more.

South Country's Encounter Alert System or medical claims identified the primary concern, which was confirmed at the time of the call. In 2023, physical health concerns far exceeded their mental health concerns compared with previous years. A possible explanation for the pronounced decrease in mental health concerns could be the efforts South Country and community health providers have put into educating members and assisting them to find mental health therapy in the school, via telehealth, and in the community. In addition to the transition-age youth mailers, South Country provides members with a larger list of mental health providers if they are having difficulty finding openings. The increase in physical health concerns may be a result of the recent pandemic. Many members avoided accessing medical care because of the risk of contracting COVID-19. Since our data source is the diagnosis for the ER visit, the data may be skewed because members with mental health diagnoses often present with more physical health concerns than mental health concerns at the ER. The data below represents the top five concerns from encounters across 2021, 2022, and 2023.



Healthy Connections Coaching

South Country’s Healthy Connections coaching includes multiple ways of connecting our BH professionals with our members in need. These coaching encounters include members who have reached out to South Country’s member services department, those who were recently hospitalized, those who answered affirmatively on the new member survey regarding mental health needs 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. Although many of these encounters are brief interventions, the BH team offers ongoing support and connection of resources when needed. These coaching encounters are captured via a note called “Healthy Connections Coaching.” In 2023, the behavioral health team utilized this note on 364 occasions to capture a variety of support provided to members. The following is a graph showing different referral types, which result in the BH team follow up.



Member Services Referrals

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. The following are two examples of BH team interventions identified during a member services call.

Program Impact Example #1:

In January 2023, a parent of a three-year-old called into South Country's member services department looking for resources for their son. Based on the symptoms she described, the member services representative transferred the call to a BH professional. The parent described her concerns related to her son's behavior, including physical aggression, and was unsure of what to do. The BH professional discussed different options that would be covered by insurance and gave contact information for behavioral health providers who work with patients in early childhood. The BH professional also gave the member's mother information on the Help Me Grow program and encouraged her to schedule an appointment with them to complete a developmental screening to assess for other appropriate services.

Program Impact Example #2:

In August 2023, a parent of an 11-year-old member called into the member services department

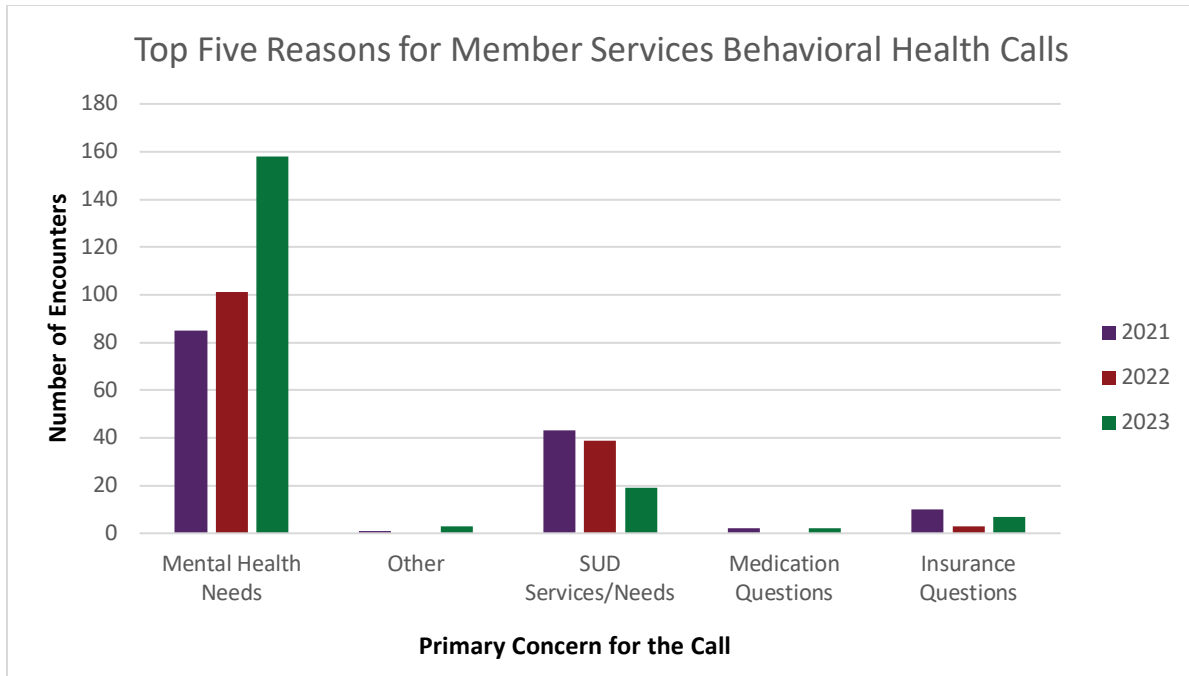
after her daughter was referred by their primary care provider to complete testing for ADHD. The member's mother asked for providers who would be able to provide this testing for her daughter. The member services representative transferred the call to a BH professional who was able to provide the member's mother with a list of providers who could provide this type of testing. The BH professional provided the mother with her direct phone number for additional questions.

Two months later, the member's mother called back to say that her child had completed an assessment appointment with one of the providers on the list the BH professional had provided, and she had scheduled a follow-up appointment to start the testing. However, she was then contacted by the provider who told her that the provider needed to go through re-accreditation with South Country and could not complete the testing appointment until this was completed.

The BH professional connected with South Country's credentialing department to get more information and discovered that this provider's credentialing was approved just a few days prior. The BH professional notified the provider of this and facilitated getting the approval letter sent expediently to the provider. The BH professional also walked the provider through the process of submitting an authorization request for the testing that would be completed with the member. The provider stated that now that she had the information, she would contact the family to get their testing appointment rescheduled.

A few days later, the BH professional spoke with the member's mother who confirmed that the provider contacted her and that they scheduled an appointment within the next few weeks.

In 2023, BH professionals used the Healthy Connections Note to capture 189 encounters (142 unique members) where members received brief behavioral health intervention by a BH professional from a member services call transfer. Below is a graph showing the breakdown of primary reasons for why a member was transferred to the behavioral health department.



Mental Health Crisis

In June 2023, the behavioral health team developed training for South Country’s member services staff. The training focused on tips and techniques for handling calls from members experiencing a mental health emergency. The goal of the training was to help member services staff identify signs that a member may be having a mental health crisis, ways to manage their own emotions during these calls and practical tools to get members the help they need. Included in the training was developing a system for member services team to determine when a member’s mental health placed them at risk of harm and getting immediate assistance for that member. When member services staff determine that a member is experiencing a true mental health emergency, they send a message to all three BH professionals through our internal chat system. The available team member then responds and takes the call. This process is demonstrated in the following example.

Program Impact:

A member called member services asking for assistance to self-admit to a specific hospital to deal with her anxiety and the belief she was having a heart attack. The call was transferred to a BH professional when the member reported she felt like she was going to have a heart attack but had gone to the Waseca ER several times and was told it was related to anxiety. The member received treatment for anxiety by her psychiatrist and disclosed she had not taken a shower “for three months or so,” had canceled her meal delivery service, and had not left her house “for

probably a month.” The member’s doctor suggested she go to the ER to be evaluated for admission; however, the member did not want to go due to the care of her pets, the care of her daughter’s small child, and her fear she would not communicate her situation well at the ER. The BH professional visited with the member’s daughter and son to form a plan to transport the member to the ER in the next 24 hours. The BH professional also contacted the member’s care coordinator to communicate the plan and details of the member’s stated condition and home care details in hopes she could restart or add needed services.

Intensive Mental Health Program Discharges

Another way that the Healthy Connections Note captures brief behavioral health interventions is during follow up for members discharged from mental health treatment such as IRTS or PHP. A BH professional reviews each discharge summary that is sent in by the provider and if it is documented that a member has left programming against medical advice or does not have outpatient services set up at the time of discharge, that BH professional contacts the member to identify ongoing outpatient needs and assists with any access questions or concerns they may have.

New Member Survey Follow Up

The BH team also completes the follow-up calls based on the new member survey regarding questions related to mental health and substance use. In 2023, 27 members were reached for this follow up. Those not reached were mailed a letter with the direct contact information for a member of the BH team. South Country mailed 28 follow-up letters in 2023.

Program Impact:

A member completed the new member survey and requested a follow-up call regarding accessing mental health services. This member’s preferred language was Arabic. The BH professional reached the member using South Country’s interpreter service. The member had questions about accessing mental health services. The case manager shared several options for therapists to meet his unique needs. The member phoned back several other times regarding accessing dental care, vision services, acupuncture, and chiropractic services. Using an interpreter, the BH professional was able to meet the member’s needs and connect him with appropriate providers.

Mental Health Hospitalization Follow Up

After discharge from an inpatient hospitalization for mental health symptoms, a person may feel vulnerable and anxious. Following 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. For several years, the BH team has completed hospitalization follow-up calls. The BH professionals all have extensive backgrounds as professionals in the mental health field, 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.

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. In 2023, a list of mental health professionals in the member's county and surrounding area was included with the letter. With a list of providers readily available to our members, the BH team hopes that members can schedule a follow-up appointment within 30 days of discharge. BH professionals monitor the admission and upon discharge outreach to the member. The BH professional assesses the member's functioning and verifies follow-up appointments with mental health providers.

In 2023, there were 429 members who received follow-up calls after discharge from a hospital for mental health symptoms. For those who discharged to their home, a BH professional made multiple attempts to reach the members by phone. The key components to South Country's behavioral health hospitalization follow up are assuring that there are no barriers for members in connecting to outpatient mental health services, filling prescribed medications, affirming members for seeking treatment for mental health symptoms, and clarifying that mental health services are a covered benefit.

If unsuccessful in reaching a member by phone, South Country mails a follow-up letter, a mindfulness activity book, and a regional crisis team brochure. A 988 Suicide and Crisis Hotline card is also included in the mailing, and if appropriate, a Spanish version. In 2023, there were 336 of these letters sent out with the 988 cards, along with two in Spanish. The follow-up letter includes the direct phone number of a BH professional, providing a direct link to a South Country staff member who can provide further assistance and support.

As part of our collaborative model with our county partners, South Country notifies the designated case manager, for members open to mental health targeted case management (MH-TCM), when their clients are admitted and discharged from the hospital. While an internal BH professional provides the outreach to members who are on the PMAP or MNCare products, South Country relies on our county partners to reach out to those members who have a care coordinator assigned to them. 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.

Hospitalization follow-up support steps include:

- Contacting the member or most appropriate individual to help the member plan for transition back home.
- Communicating with the hospital where the member is admitted, assisting with discharge planning, and sharing the member's care plan as appropriate.
- Assisting the member with setting up outpatient mental health services and ensuring medications are filled post discharge.

Program impact:

In October, a BH professional phoned a member for hospitalization follow up and spoke with him and his mother. The member's discharge medication did not process as it required a prior authorization. The BH professional monitored the prior authorization and notified the member when it was approved and ready for pick up. For several months following the hospitalization, the BH professional assisted the member with several issues, including another medication issue, and provided resources on therapists, the partial hospitalization program, neurology providers, psychiatry, coverage for occupational therapy and optometrists. This initial follow up was critical to establish a relationship where the member viewed the BH professional as a consistent resource for accessing mental health services as well as others.

Restricted Recipient Program

The Minnesota Department of Human Services (DHS) developed the Restricted Recipient Program (RRP) 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 as a case manager 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 to the member to assist with following the RRP guidelines by supporting the member in accessing services to meet their mental and physical needs. In 2023, there were 310 encounters with RRP members and 209 encounters with "watchlist" members by the BH professionals. These encounters included direct contact with the members, follow-up letters to the members, processing referrals, entering authorizations, and coordinating with primary care providers and other providers.

Program impact:

A member was placed in the RRP in 2020 due to 22 emergency department visits in one year. The cost of her care the year prior to the RRP was \$56,752. In the first year of the RRP, she had

16 emergency department visits, and her cost of care was \$43,804. In the second year of the RRP period, she had no emergency department visits and her cost of care was \$3,276. Post RRP, her cost of care has been \$178.51 through four months with no emergency department visits. The RRP case manager assisted the member in establishing care with a primary care provider, coordinated with her targeted case manager to access mental health services, assisted with transferring care to a new primary care provider when she was discharged from her previous primary care provider, and followed up on all medication issues in a timely manner.

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.

Restricted Recipient Program Activity

Restricted Recipient Program			
	2021	2022	2023
Total number of investigations of acts of abuse by members regardless of whether the investigation resulted in actual restriction.	238	239	211
Total number of members restricted by South Country for a 24-month period.	9	11	3
Total number of members restricted by South Country for an additional 36-month period.	2	2	2
Total number of members in the Restricted Recipient Program.	50	49	34

Opioid Case Management

The year 2023 marked the sixth year for South Country's Opioid Case Management Program. The program identifies members experiencing a post-acute pain period to prevent the progression toward chronic opioid use. South Country contacts members who are opioid naïve, defined as having no prescribed opioid medications in the prior 90 days. A BH professional provides outreach to members who are new to opioid pain medications and receive at least two opioid prescriptions and at least seven days of opioid treatment. The BH professional completes an assessment to provide support and determines if the member needs any additional assistance or services to aid with their pain management and recovery. Educational information on the 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, 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 care and provide information about mental health services. South Country conducts outreach to members who continue opioid pain medication treatment and provides them information about alternative pain management treatments covered by South Country.

Program impact:

A BH professional contacted a member on the daily opioid report. The member indicated that she had a kidney stone lodged in her ureter. The member was scheduled for surgery the following week. The member indicated that she was accessing mental health services. The member requested new insurance cards as she had lost hers. After a week, the member received another opioid prescription. The BH professional phoned the member who had successful surgery but was still having some residual pain. The BH professional reviewed other pain management options. The member scheduled a follow-up appointment for the following week. A third follow-up call was placed to member. The member had passed another kidney stone and said her pain had decreased significantly. This is a notable example of the consistent follow up with a member who experienced an acute medical issue, and because South Country produces a daily opioid report, we were able to intervene early and provide support and assistance right at the time when the member was having a medical event. In this case, South Country reached the member prior to surgery, post-surgery, and after recovery was completed.

Opioid Case Management Program Activity

Opioid Case Management			
	2021	2022	2023
Members who received material on opioid pain medication, safe storage, and safe disposal of prescription medications.	355	341	323
Number of opioid naïve members reached telephonically for assessment, support, and referral.	211	221	192
Number of Deterra™ disposal packets mailed.	78	92	60
Number of members on opioids for 45 days.	16	15	8

BH professionals monitor members who are not reached by phone but continue to receive opioids for 45 days or more. South Country mails a follow-up letter to the prescriber. In 2023, there were five members who met that criterion. In 2023, the BH team altered this 45-day prescriber letter to include alternative pain management treatments covered by South Country and available to our members.

Members on the opioid report may be identified as having chronic pain through medical claims or notes. Starting in late 2022, South Country began sending 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 continued in 2023; South Country mailed 236 chronic pain letters. The Opioid Case Management Program has been an effective intervention with our members. South Country continues to make yearly improvements to the program to better meet the needs of our members.

Substance Use Disorder Services

In 2023, South Country had 288 unique members in residential SUD treatment. The overwhelming majority of members who enter residential treatment are enrolled in the PMAP program. In 2023, this was the case for 89% of the 288 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 the member is notified of case management services available to them and IMD reporting requirements to DHS can be met. In 2023, South Country began faxing a letter to the residential SUD provider upon a member's admission to their program. This was designed to mirror the process already in place for a member who is admitted to a mental health unit as documented in the section above. Previously, South Country sent a letter to the member upon discharge. However, we identified that many of the members who were discharged from a residential SUD program do not return to the residence that they had prior to admitting. South Country's goal is to enhance the likelihood that the member will receive the letter and be aware of resources available to them through South Country.

Substance Use Emergency Department Follow-up

According to the National Institutes of Health, alcohol-related deaths rose from 78,927 in 2019 to 108,791 in 2021. The greatest increase in alcohol related deaths was in the 25-44 age group. This is consistent with what the BH team has found. Some of our members in that age group are experiencing serious health issues related to their heavy alcohol use.

In 2023, South Country initiated a program to follow up with members who presented to the

emergency department for an alcohol-related concern and had not accessed substance use disorder treatment in the previous twelve months. Diagnoses included alcohol withdrawal, alcohol intoxication, alcohol use, abuse, and intoxication. A BH professional mailed the members a letter with information about accessing mental health services and included a pamphlet on how excessive alcohol use affects the body. In 2023, South Country mailed 133 of these letters. It is our hope that by reaching out to these members in this way, they will use the information we provide them to seek help in treating what may contribute to their misuse of alcohol. A member contacted the BH professional after receiving this letter and inquired about where to access substance use treatment.

According to the Minnesota Department of Health, the number of opioid overdoses from opioids other than heroin, driven by fentanyl, continues to increase. In 2022, there were 1,002 opioid-involved drug overdose deaths in Minnesota. That same year of the 4,222 non-fatal ED visits in Minnesota for opioid-involved overdoses, the 25–34-year-olds had the greatest number by far at 1,557.

In the last quarter of 2023, South Country implemented a program to reach out to members who presented to the ER for an opioid related concern and had not accessed substance use disorder treatment in the previous twelve months. Diagnoses included opioid use, opioid dependence, opioid withdrawal, poison fentanyl, poison heroin, and poison other opioids. A BH professional mailed these members a follow-up letter about accessing mental health services and included pamphlets on medication assisted therapy, misuse of opioids, and naloxone (a lifesaving medication which is administered to someone experiencing an opioid overdose). The follow-up letter clearly articulates that South Country covers naloxone and can be easily obtained at a local pharmacy. South Country mailed 10 of these letters in the last quarter of 2023.

South Country BH team members are part of local community coalitions to address substance use in our communities with a focus on prevention, including the Opioid Response Team and the THC Action Team.

Early Intensive Developmental and Behavioral Intervention (EIDBI) Case Management

In 2023, South Country began administering case management for members 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. South Country requires authorization for EIDBI services, which prompts the expedient initiation of case management for these members. Once the authorization is completed, a BH professional reviews the Comprehensive Multidisciplinary Evaluation (CMDE) and the Individual Treatment Plan (ITP), after which the BH professional makes phone attempts to reach the family. These outreach calls cover a variety of areas with the goal being to assess the barriers and areas of need where the BH professional may be able

to assist. This includes covered benefits like transportation, dental and medications, as well as things that are not covered under insurance such as housing and food insecurity. After the initial phone call, the BH professional sends a letter to each family, which includes the BH professional's contact information and resources they may find helpful such as the MN Autism Resource Portal and the MN Disability Hub websites. A follow-up letter is sent to those who are not reached as well. In 2023, South Country assisted 18 unique members receiving EIDBI services.

Additional work performed within the EIDBI Case Management Program in 2023 included monthly staff meetings with our contracted doctorate-level behavioral health practitioner to collaborate in ongoing evaluation of the case management program and reviewing key interventions. This practitioner has extensive experience in working with children and adults diagnosed with autism and has been instrumental in assisting the BH professionals with the development and management of this program. In addition, the case manager has worked closely with the public health and human services departments in our counties to fold in local community resources. These connections with our counties have allowed for referrals and assistance to families prior to starting EIDBI.

Program Impact:

Earlier in the year, a BH professional made a connection with a staff member at Goodhue County who also works in their local school district part time. The BH professional explained the new EIDBI Case Management Program and how the two could collaborate in the future to help members. A few months later, the BH professional received a phone call from this case manager who said that a child came for their early childhood screening and the assessor had some concerns that they may have a diagnosis of autism. The county employee identified that the member had South Country Health Alliance for insurance and contacted the BH professional to determine if there were any additional resources or support that could be provided to this family. The BH professional reached out to the family directly and started connecting them with services. The BH professional found an EIDBI provider who had an immediate opening and could assess for the medical diagnosis of autism, which would help open opportunities for other services and supports.

County Collaboration

In the summer of 2023, South Country's community care connector from Steele County requested a meeting with South Country's behavioral health team and Steele County's public health department to discuss ways in which the three organizations could collaborate on an initiative to address the mental health needs of residents. Since then, the group has grown to include a local mental health organization that held a similar desire to address growing mental health concerns. This group met on several occasions and together created a one-page flyer

asking simple self-assessment questions to help people think about their own mental health and substance use. The flyer also includes two QR codes; one code connects people to a mental health and substance use disorder resource list and the other connects people to a resource list for social determinants of health, such as local food shelves and shelters. The flyers were posted around the community and digitally on TV screens found in local community businesses and public health offices. The group attended two local trunk-or-treat events in the fall to get this information out to parents and continues to meet on a regular basis and brainstorm diverse ways to connect with the community.

Next Steps

The above interventions and programs are examples of collaboration across teams to support the behavioral health of South Country members. 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.

South Country plans to continue to engage with members in the method of communication they prefer. South Country's use of a 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.

South Country will continue efforts to reform the Healthy Pathways Program in 2024. Gap programs serving rural counties need to change to meet new areas of concern. For example, since the Healthy Pathways Program became operational in 2015, federal, state, and individual counties have launched new programs to address behavioral health needs. Examples are presumptive MH-TCM eligibility, behavioral health home (BHH), housing stabilization, withdrawal management, treatment navigation, and social determinants of health (SDOH) initiatives. While the newer programs are of significant help to many, for our members living in rural communities, there can be access challenges that South Country continues to address through innovative solutions like Healthy Pathways. It is our mission to address access gaps and emergent behavioral health needs of our member counties through Healthy Pathways.

Minnesota legalized recreational cannabis in 2023. According to the Minnesota 2022 Cannabis Report, 31% of Minnesotans between the ages of 16-25 used marijuana in the past year. Cannabis has a significant detrimental impact on the developing brains of adolescents. South Country, recognizing this new health risk in our communities, has chosen to have our BH team involved with a local rural THC action team. South Country's BH team will provide education to our members directly, but also in our communities, via schools and at community events, to provide accurate information regarding cannabis use.

Finally, research indicates that the COVID-19 pandemic impacted mental health in several ways. South Country members were not immune to this trend. Those who experienced serious symptoms of the disease, along with isolation, fear and financial stress, have increased mental health symptoms including anxiety, depression, and suicidal ideation, especially among our youth and young adults. 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, and 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 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 members and encouraging their own personal support structure. Complex case managers help 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. In 2023, South Country began referring to our Complex Case Management Program as our Wellness Support Program for our members, to make the program sound less intimidating to members; however, throughout this report, we will continue to refer to the program as our CCM Program.

Complex Case Management Program

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 who is enrolled in PMAP or MNCare, 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 the CCM Program, 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.
 - A high-risk pregnancy.
- The complex case manager determines 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 invite them to participate in the program and obtain approval for participation. Complex case managers make two attempts to reach a member by phone before mailing an “unable to reach” letter. The “unable to reach” letter 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 their goals. Care plans have prioritized goals that are member driven based on 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 complex case manager will contact the member to work on the care plan goals.

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, Infants, and Children (WIC) Program 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's Car Seat Program, *Be Buckled*;
- Tobacco cessation assistance;
- 24-hour nurse advice line;
- Community Education and Early Childhood Family Education class coverage;
- South Country's *Be Active*[™] Program;
- Prenatal vitamin coverage;
- Pregnancy and childbirth classes;
- South Country's 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.

Other Member Outreach

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 the high-cost claims. 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.

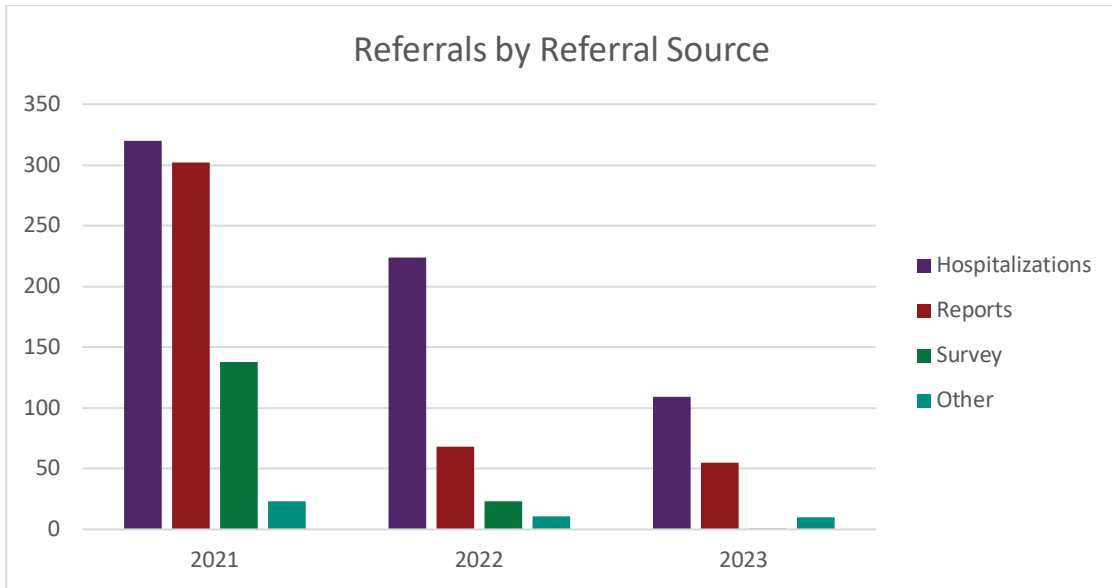
Healthy Connections Coaching: Complex case managers are a resource to members to help navigate complicated health care delivery and coordination of care. The complex case managers work to uncomplicate members' health care and access to services. It is through these often-frequent contacts that the complex 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 Coaching. This specific coaching aids our case managers in staying 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 (CCM) 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 and 2023, the CCM team continued to monitor hospitalizations and other reports, continuing to refine the members that were appropriate for referral into the program.

Complex Case Management

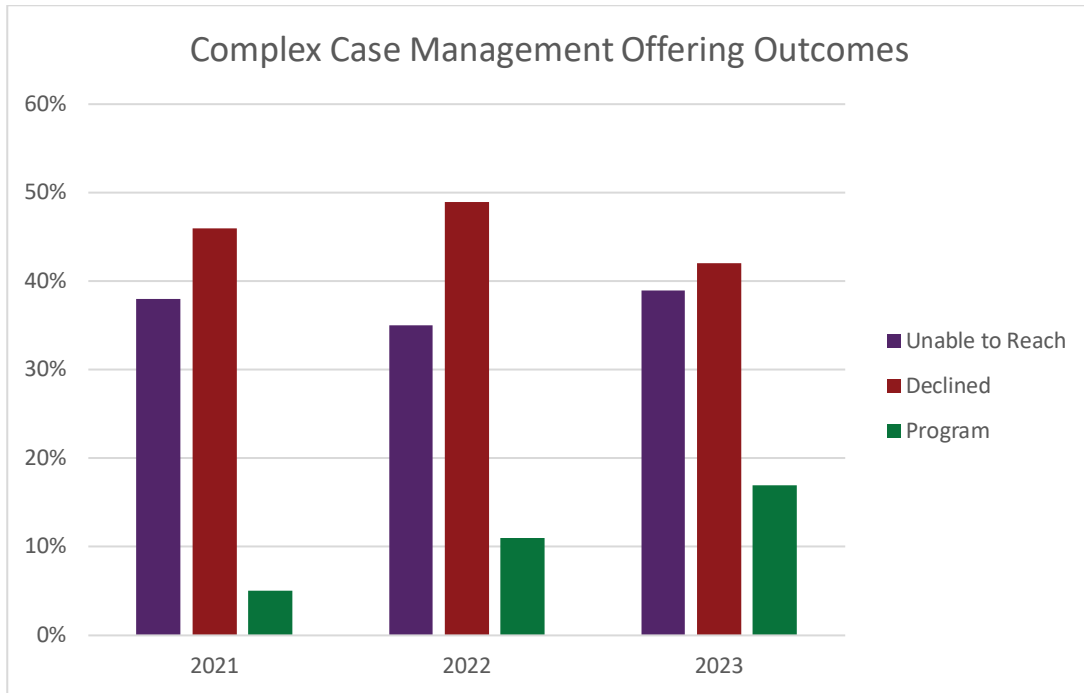
Referrals for CCM come from various sources, like population health reports, the new member health survey, and mostly, from hospitalizations. The total number of referrals made in 2021 was 783 and in 2022, the total dropped to 326. This reduction in referrals was mostly due to a process change around how hospitalizations were evaluated, along with limiting duplication between reports where other referrals are generated from. As part of this process change, a complex case manager now reviews the member's appropriateness for the CCM Program prior to creating a referral. Although a complex case manager may still complete follow-up with the member, a CCM referral is no longer created if the member was referred to the CCM Program in the last year or does not meet CCM criteria. Additionally, CCM referrals are no longer created for every member's case manager follow-up for population health. Rather, the case manager will only create referrals for population health members who meet the criteria for the CCM Program. This refinement methodology has continued since 2021, mostly in the reporting category, as the number of overall referrals continued to decrease from 2021; however, appropriateness in the referral was higher, allowing the CCM team to focus on the highest-need members. In 2023, there was a total of 175 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 2021, there were 752 cases opened, with 288 or 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. In 2023, there were 161 cases opened with 63, or 39% of those members closing due to being unable to be reached. Although the number of cases over the past few years has decreased, the unable to reach percentage has stabilized at around 35-40%.

Once a case manager connects with a member or authorized representative, the CCM Program is explained and offered to the member. In 2021, of the members or authorized representatives who were contacted, 347 or 46% declined participation, and in 2022 the number was 124 or 49% who declined. In 2023, there were 68 or 42% of members or authorized representatives who declined participation. In 2023, there was an additional 3 or 2% of members who were closed for other reasons like already having established services, or stabilization of their condition at the time of contact.

The below graph demonstrates the three-year trend of conducting outreach to members to offer the Complex Case Management Program. The graph demonstrates the relative consistency across years of those members that are unable to reach or decline participation. It also shows the increase of the program participation rate this past year.



**Percentages in this graph will not equate to 100% due to small percentages of members being closed out for other reasons like termination of coverage or having other services in place.*

As noted above, there was a percentage increase in participation of the program in 2023, with 27 or 19% of members choosing to participate. In comparison, the number for 2022 was also 27 but 11% of the total offered, and in 2021, that number was 36 or only 5% of the total offered. This percentage increase 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 the Complex Case Management Program, 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 high-risk criteria. Referrals can come from other sources including hospitalization follow up. Referrals in 2021 were 115, and rose to 349 in 2022; in 2023, the referrals were 356.

In 2023, of the 356 referrals, 302 cases were opened. Of the 302 members who received outreach, there were 146 members who could not be reached. Of the remaining members who could be reached, there were 131 members who declined participation. Of the remaining cases, there were six that were closed for other reasons, like the member no longer needing services, or meeting some other exclusion. There were 19 members who participated in the High-Risk Pregnancy Program. The program participation rate was around 6%, versus 4% in 2022, and 5%

in 2021. This participation rate has been stable since this program was introduced; however, we anticipate increased interest in the program in 2024 due to the implementation of a new application at the start of the year.

This new application, in partnership with Delfina, offers a wide variety of services to expecting and postpartum mothers including tele-doula services, tele-mental health therapists, and tele-registered dieticians. The app offers classes ranging from mom time, prenatal yoga, nutrition, and mental well-being classes. Delfina also includes a weight scale, to help the mothers track their weight, along with endless educational readings within the app. The Delfina App® asks the mother to track weight, mood, and symptoms and will prompt the member to call 911 or visit the nearest emergency department for concerning symptoms. Currently, Delfina is working with nearby clinics to integrate the Delfina App® into the electronic health record to provide another level of integrated care to our members. We are excited about this new partnership and value-added service to improve maternal health for our pregnant members in 2024.

Program Participation for Complex Case Management and High-Risk Pregnancy

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	2021	2022	2023
CCM Program	36	27	27
CCM Care Plan	25 (69%)	20 (74%)	14 (52%)
HP Program	6	7	19
HP Care Plan	3 (50%)	5 (71%)	12 (63%)

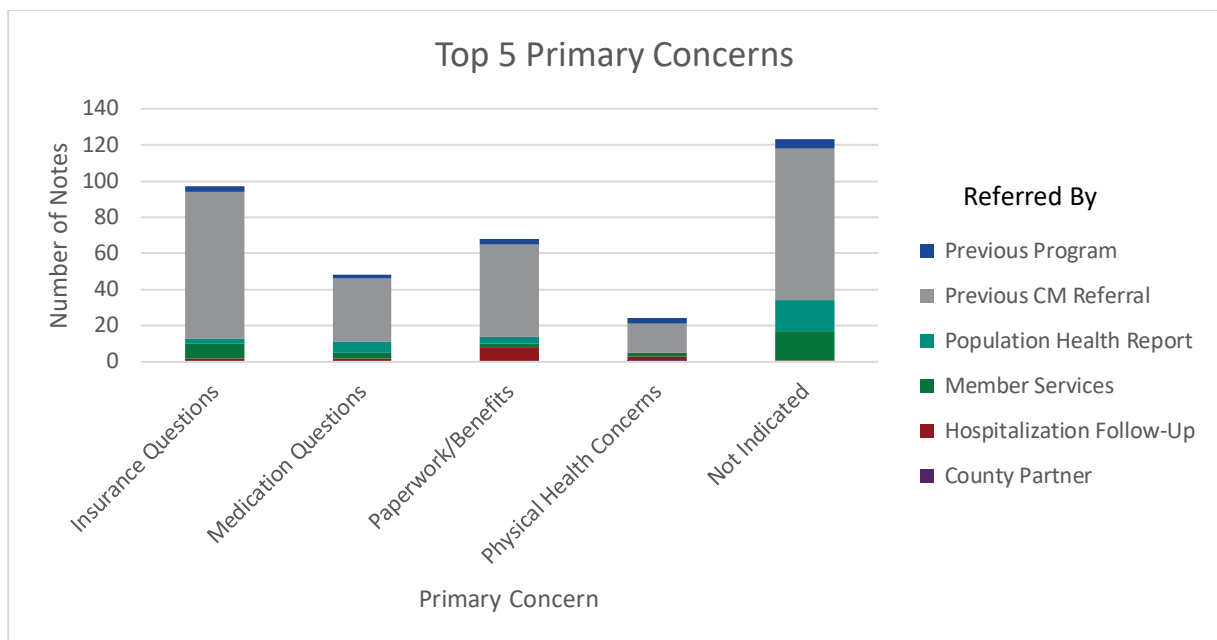
In 2022, the CCM team started using a texting platform (Mutare®) to communicate with members, and they continued using Mutare® in 2023. Since implementation, the largest barrier of using Mutare® is the need of a smart phone. Not all members have a smart phone to utilize this

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. Despite its challenges, the CCM team finds value in the texting platform and will continue using it in 2024 to engage with members.

As part of continued efforts to retain members in the programs, the CCM team developed a brochure and flyer to mail out to members who are curious about complex case management (called the Wellness Support Team for members). The Wellness Support Team handouts are being distributed as part of the program mailings. The CCM team also makes efforts to ensure their continuing education credits involve education surrounding motivational interviewing, inequities, chronic health conditions, and/ or comorbid health conditions.

Healthy Connections Coaching

In 2020, a note was developed to record the encounters with members where the complex case manager conducted some level of coaching to the member. The members that participate in this coaching level of assistance are typically members who had a previous referral, but the member was not interested in participating in the full complex case management program. In 2021, there were 164 members who participated in this coaching, in 2022 there were 144, and in 2023 there were 166. The total number of notes completed, or encounters in 2021, was 373, in 2022, it was 309, and in 2023 it was 388. In the below chart are the top five concerns with an indication of where the members were referred from. In 2023, the top concern reported by the members was not indicated and the most referrals for outreach came from previous Complex Case Management Program referrals. In 2023, the option for “not indicated” was removed, to better track the reason for referral moving forward.



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 complaints.”
- “She absolutely helped me meet my goals. One thing that really helped me is that she held me accountable and that really meant a lot to me.”
- “Very good job, compassionate and caring.”
- “No suggestions.”
- “No feedback.”

In 2023, we had seven members who could be reached to offer the follow-up survey. Below are the results of the survey. Additionally, below the quantitative results, we also have some impact stories to share.

How well did the case manager:	Excellent	Good	Fair	Poor
Respect and treat you with dignity?	6	1	0	0
Discuss needs and assist in meeting needs?	6	1	0	0
Offer to assist in finding providers/other services?	4	3	0	0
Responds timely?	6	1	0	0
Provides information and education?	6	1	0	0
	Yes	No		
Did you follow the recommendations of your case manager?	7	0		
Did your case manager help you achieve your health goals?	7	0		

Program Impact Stories:

A member was referred to case management due to having multiple emergency department visits and three chronic conditions. The member stated she was opting to participate in case management due to difficulty with staying on track and following through with scheduled appointments due to life situations. A care plan was developed with the member identifying a goal of completing pre-appointments for weight loss surgery approval. The complex case manager was able to support the member in the rescheduling of these previously missed appointments and followed up with her on completion of the appointments. The member successfully completed the appointments, was approved for surgery, and completed the surgery. For improving management of chronic conditions, the member requested support in checking her blood sugars more frequently and education on meal portioning/incorporating more vegetables and whole grains into her diet. The member increased the frequency of checking her blood sugars from less than weekly to at least three times per week. The case manager provided the member with requested nutrition education and information on coverage to meet with a dietitian, which was also a requirement for her weight loss surgery. At the time of program closure, the member shared that getting involved with case management was a "game changer" for her motivation as she did not want to have to report no progress during her care plan reviews.

A member referral was received for the High-Risk Pregnancy Program, and it was noted that the member spoke Spanish. Utilizing a Spanish interpreter, the complex case manager followed up with the member on her high-risk pregnancy. At this time, the member did not have any concerns. About a week later, the member contacted the complex case manager due to having issues with filling medications. Again, while utilizing the Spanish interpreter, the member reported to the complex case manager her medications were not going through her South Country coverage. The complex case manager was able to review the pharmacy claims for the member and noted no pharmacy claims for the member. The complex case manager obtained verbal permission from the member to call the pharmacy she was utilizing, and the member agreed. Upon calling the pharmacy, the complex case manager found the pharmacist did not have the member's insurance information. The complex case manager provided the members South Country BIN and PCN number. After this, the pharmacy was able to fill some of the member's medications. There was an issue filling the iron supplement as this medication needed prior authorization to be filled. The complex case manager then contacted the prior authorization team to request a submission for a prior authorization for the iron supplement. Contact was then made to the member to update her on the medications that were successfully filled at pharmacy. The prior authorization for the iron supplement was denied. The complex case manager contacted the member's provider to update them on denial. The provider had not yet received the denial, so the complex case manager was able to fax the denial letter to the provider. The provider was then able to write a prescription for an alternate iron supplement, which was successfully filled for the member.

A member was referred to the CCM Program due to frequent ED visits. This member accepted the complex case management program and enthusiastically set goals regarding increasing her

physical activity, eating more healthy food, smoking cessation, and completing preventive care screenings, among other goals. Over the course of the year, this member began to regularly do exercises that she previously learned during physical therapy, go for walks, and obtained orthopedic shoes, as well as an ankle brace to be more physically active. This physical activity increased her confidence, and the member was considering returning to work as she was unemployed at that time. This member applied for food assistance and was approved. She spoke often of how much she enjoyed eating fresh fruits and vegetables, and she attended educational talks with a dietician and other individuals to reinforce that she was making healthy choices. She worked with her providers to have a colonoscopy and was in the process of scheduling a mammogram when the complex case manager lost contact with the member. This member was also in the early stages of becoming established with the Ex-Program to pursue her goal of smoking cessation. Although the complex case manager lost contact with this member, she accomplished many of her goals and spoke often about how the CCM Program helped hold her accountable for meeting her goals.

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 who agree to participate in case management and evaluate the reasons why certain members end engagement. As part of that evaluation, the CCM team has identified various barriers that impact agreement to participate and maintain consistent engagement.

Some of the barriers identified that impact engagement includes inaccurate contact information, lack of interest, or denial of need for case management services. A barrier to continued engagement in the program has been the length of the assessment, which cannot be controlled by South Country. Therefore, a workaround to this barrier that the team started before 2023, was to break up the assessment over a few calls, if desired by the member, as well as providing members with actionable steps earlier on. In 2023, the CCM team also implemented an assessment that can be mailed out to the member for the member to complete on their own time. The member then mails the assessment back once completed, eliminating the need to conduct the full assessment over the phone. The CCM team continues to explore barriers to engagement and evolve the processes in the program to mitigate those barriers to participation.

Another important approach to member engagement is for the CCM team to train in motivational interviewing techniques. This training was started 2021 and has been an annual training since then. The CCM team also began work in 2023 to enhance the case management communication materials to be more effective and meaningful for members. 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.

In 2023, South Country explored 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. In 2024, this software will be implemented and utilized by the CCM team. The team is looking forward to the new functionality the software should provide in the way of predictive analytics and screening. Additionally, we anticipate the software will help us provide some more measurable outcomes for preventative programming, like CCM and HRP programs, along with capturing more social driver of health (SDOH) data, and how those data points impact our member outcomes.

As mentioned above, the launch of Delfina took place in late 2023 - with one county initiating the soft launch to go live with the Delfina App[®]. In 2024, the app will expand to all partnering counties. South Country has teamed up with our member county public health teams to introduce this program to members at any touch point with the county during the members pregnancy. This often is with the WIC team and the in-home family visiting teams. For the South Country complex case manager team, they will encourage members to use Delfina as an integrative way to get mothers the care they need prenatally and postpartum. This personalized guide through their pregnancy and post-partum care is evidence based to lead to healthier outcomes and health equity. Delfina Care is an app that also allows for a close connection to a doula, who can help navigate resources in each county for the member. This proactive approach to maternal health is an exciting enhancement to our High-Risk Pregnancy Program, and support for all our pregnant members.

The CCM team strives to continue to educate themselves on what is most important to our members' goals and needs, and therefore, will continue their practice of taking continuing education classes in 2024. 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 2023 Quality Program

Section 6 – Performance Improvement



Health Promotion Programs

Description

South Country Health Alliance (South Country) 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 2023 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, members in both programs can choose from over 500 health clubs throughout Minnesota. During 2023 over 50 members participated in the program. This participation is an increase from 2021 and 2022.

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 (i.e., seven years 12 months), 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 2023 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 280 members in 2023, which was almost twice as many seats that were distributed in 2022.

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 full registration fees associated with ECFE classes that include a parent/child component during every class session. In 2023, over 800 classes were reimbursed for various community education or ECFE classes. These programs continue to be utilized every year by members in various communities that offer a wide range of classes.

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 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 2023:

Prenatal care visit: South Country provided a \$75 gift card to members for the completion of at least four prenatal care visits.

Postpartum care visit: South Country provided a \$75 gift card to members for the completion of a postpartum visit.

Infant well-child visits: South Country provided a \$75 gift card to members for the completion of at least six well-child checkups before 15 months of age.

Well-Child Visit: South Country provided a \$25 gift card to members for the completion of two well-child checkups between 15-30 months of age.

Child & Adolescent Well-Care Visit: South Country provided a \$25 gift card to members 3-21 years of age for the completion of annual well-care visit.

Childhood Immunizations: South Country provided a \$50 gift card to members for the completion of all immunizations recommended by two years of age.

Immunizations for Adolescents: South Country provided a \$50 gift card to members for the completion of the meningococcal, Tdap, and HPV immunizations by 13 years of age.

Lead Tests: South Country provided a \$25 gift card to members for the completion of a lead test between 9-18 months and 18-30 months of age.

Chlamydia Testing: South Country provided a \$25 gift card to members for the completion of chlamydia testing.

Dental visit: South Country provided a \$25 gift card for the completion of a dental visit for members enrolled in AbilityCare, SharedCare, SingleCare, SeniorCare Complete or MSC+.

Mammogram screening: South Country provided a \$25 gift card to members for the completion of a breast cancer screening.

Colorectal cancer screening: South Country provided a \$25 gift card to members for the completion of a colorectal cancer screening.

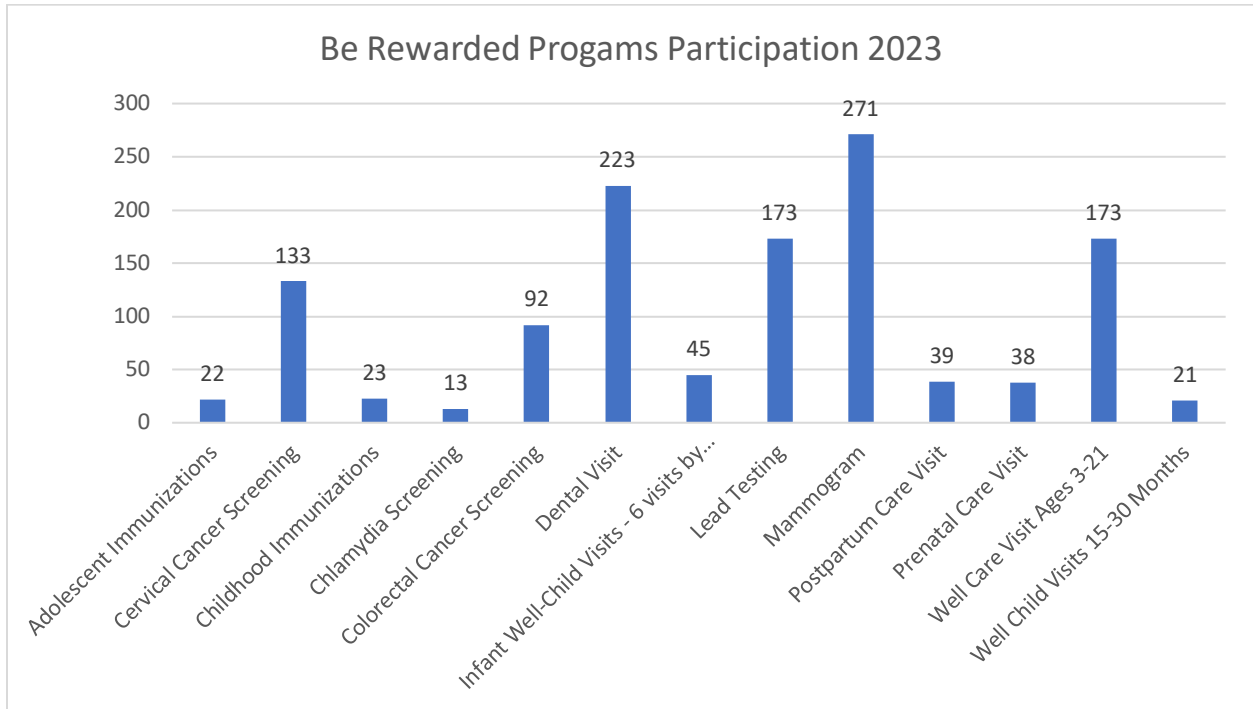
Cervical cancer screening: South Country provided a \$25 gift card to members for the completion of a cervical cancer screening.

Information about South Country's wellness programs is made available to members through a variety of places including:

- Brochures describing the programs are provided to new members upon enrollment through new member packets;
- Targeted reward program voucher mailings to members;
- Articles and reminder updates in member newsletters;
- Postings on South Country's website and on social media;
- South Country's member services department; and
- Partnerships with county public health and human services agencies who actively distribute program materials to our members.

Analysis

The graph below shows Be Reward programs participation totals for 2023.



The table listed below provides a three-year trend of the HEDIS measures in which South Country offers associated reward program incentives for completing the services.

Voucher Name	HEDIS Measures	Products	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022
Prenatal Care	Prenatal Care Hybrid	PMAP/MNCare	78.4%	76.9%	78.2%
Postpartum Care	Postpartum Care Hybrid	PMAP/MNCare	80.5%	82.1%	81.1%
Infant Well-care Visits	Well Child Visits in the First 30 Months of Life (0-15 months)	PMAP/MNCare	38.4%	39.6%	42.3%

Well-Child Visits for Age 15-30 Months	Well Child Visits in the First 30 Months of Life (15-30 months)	PMAP/MNCCare	58.3%	48.6%	59.2%
Child and Adolescent Well-Care Visits	Child and Adolescent Well-Care Visits	PMAP/MNCCare	29.9%	34.8%	37.3%
Chlamydia Testing	Chlamydia Screening in Women	PMAP/MNCCare/ SingleCare/SharedCare/ AbilityCare	37.6%	39.5%	38.6%
Childhood Immunizations Combo 10	Childhood Immunizations Hybrid	PMAP/MNCCare	45.9%	44.1%	39.2%
Immunizations for Adolescents Combo 2	Immunizations for Adolescents Hybrid	PMAP/MNCCare	30.0%	29.9%	30.9%
Lead Tests	Lead Screening in Children	PMAP/MNCCare	66.0%	62.0%	59.9%
Breast Cancer Screening	Breast Cancer Screening	PMAP/MNCCare/ SingleCare/SharedCare/ AbilityCare/ SeniorCare Complete/ MSC+	59.4%	59.3%	61.1%
Colorectal Cancer Screening	Colorectal Cancer Screening Hybrid	PMAP/MNCCare/ SingleCare/SharedCare/ AbilityCare/ SeniorCare Complete/ MSC+	65.5%	69.4%	67.5%
Cervical Cancer Screening	Cervical Cancer Screening Hybrid	PMAP/MNCCare/ SingleCare/SharedCare/ AbilityCare	54.3%	52.2%	52.7%

Rewards Program Satisfaction Survey:

To gain insight into the effectiveness of the *Be Rewarded*[™] program South Country has a survey asking specific questions about the members experience with the health promotion program(s). In 2023, this survey was made available via QR code and directly on South Country's website.

Next Steps

South Country's health promotion program goal is to support member engagement in preventive care and wellness using education and incentives. Health promotion programs have been developed in collaboration and consultation from various departments within South Country, committees (i.e. Family Health Committee), public health, and member feedback. These initiatives are designed to incorporate health promotion best practices supported by research and include the following strategies:

- Effectively track member participation of the rewards program through Microsoft Customer Relationship Management (CRM) software. This is a process-driven product designed to increase efficiency through electronic entering, approval, and processing of incentive rewards;
- Review and update of all health promotion materials and voucher forms as needed to ensure the information is easily understandable by members;
- Enhanced provider awareness of health promotions; and
- Continued collaboration with internal and external stakeholders to design and develop health promotions.

Healthcare Effectiveness Data and Information Set

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 wellness programs;
- DHS performance improvement projects (PIPs);
- CMS quality improvement projects and chronic care improvement projects (CCIPs);
- Focus studies; and
- Population Health Management.

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. Many initiatives developed and implemented are included in diabetes and healthy start PIPs, focus studies, and CCIPs.

Variation in rates is expected from year to year as a normal occurrence; however, notable rate changes may also be the result of improvement projects, changes in HEDIS specifications, or 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 MY 2021-MY 2022 that are statistically significant ($p\text{-value} \leq 0.05$) 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 MY2020	HEDIS MY2021	HEDIS MY2022	National Benchmark Ranking
Childhood Immunizations - Combo 10	45.89%	43.40%	39.21%	75 th
Adolescent Immunizations Combo 1	84.02%	83.88%	81.40%	50 th
Breast Cancer Screening	55.46%	57.79%	60.02%	75 th
Cervical Cancer Screening	54.50%	55.26%	55.77%	50 th
Comprehensive Diabetes Care - HbA1c <8****	39.61%	*55.37%	56.15%	95 th
Comprehensive Diabetes Care – Eye Exams****	65.24%	62.69%	62.35%	95 th
Controlling High Blood Pressure	55.47%	*66.16%	71.03%	95 th
Prenatal Care	78.37%	76.87%	78.21%	50 th
Postpartum Care	80.53%	82.09%	81.11%	90 th
Annual Dental Visit*****	48.12%	*51.72%	51.05%	N/A
Antidepressant Medication Management – Effective Continuation Phase	41.77%	46.95%	*40.00%	25 th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

**** For MY 2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD)

**** For MY 2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

***** For MY 2022, Annual Dental Visit was retired from NCQA HEDIS data collection

HEDIS SeniorCare Complete (MSHO)				
HEDIS Measure	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	National Benchmark Ranking
Breast Cancer Screening	*59.81%	62.15%	64.29%	10 th
Colorectal Cancer Screening	*61.54%	65.96%	65.95%	50 th
Controlling High Blood Pressure	*64.88%	*77.16%	81.73%	95 th
****Comprehensive Diabetes Care – HbA1c <8	*^26.21%	*68.53%	72.05%	75 th
****Comprehensive Diabetes Care – Eye Exams	75.17%	78.32%	78.88%	75 th
Comprehensive Diabetes Care – Screening for Nephropathy	*89.66%	94.41%	N/A	N/A
Antidepressant Medication Management- Effective Continuation Phase	*75.00%	80.36%	82.98%	95 th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

**** For MY 2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD)

**** For MY 2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

^ Inverted rate due to MY 2020 specs

HEDIS AbilityCare				
HEDIS Measure	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	National Benchmark Ranking
Breast Cancer Screening	76.26%	74.29%	76.92%	50 th
Cervical Cancer Screening	64.09%	66.06%	64.63%	90 th
****Colorectal Screening	70.92%	74.33%	69.50%	50 th
Controlling High Blood Pressure	84.47%	90.00%	88.29%	95 th
Comprehensive Diabetes Care – HbA1c <8	*^26.72%	*66.10%	68.89%	75 th
Comprehensive Diabetes Care – Eye Exams	83.62%	83.90%	86.67%	95 th
Comprehensive Diabetes Care – Screening for Nephropathy	92.24%	89.92%	N/A	N/A
Antidepressant Medication Management – Effective Continuation Phase	*78.57%	**55.56%	70.97%	75 th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

**** For MY 2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD)

**** For MY 2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

**** For MY 2022, Colorectal Cancer Screening age spans changed to include members ages 46 to 49 years old.

^ Inverted rate due to MY 2020 specs

HEDIS SingleCare/SharedCare				
HEDIS Measure	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	National Benchmark Ranking
Antidepressant Medication Management – Effective Continuation Phase	*40.74%	41.10%	31.71%	10 th
Breast Cancer Screening	*60.21%	56.74%	59.70%	75 th
Comprehensive Diabetes Care – HbA1c <8	*^18.94%	*54.44%	*62.80%	95 th
Comprehensive Diabetes Care – Eye Exams	70.10%	72.21%	69.66%	95 th
Controlling High Blood Pressure	*62.20%	*74.52%	77.21%	95 th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

**** For MY 2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD)

**** For MY 2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

**** For MY 2022, Colorectal Cancer Screening age spans changed to include members ages 46 to 49 years old.

^ Inverted rate due to MY 2020 specs

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 revised 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 ninth year of work with Optum as the HEDIS chart abstraction vendor and the fifth 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; and
- 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.

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 compares the percentage of South Country members who are better, the same or worse than expected at the two-year follow-up, 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 2020 HOS Cohort 23 baseline survey were invited to participate in the 2022 Cohort 23 follow-up survey. Performance measurement results were provided to South Country by CMS in August 2023 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 365 and resulted in a final survey sample size of 251 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 511 members, with an analytic sample size of 127 and a final sample size of 109 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 23 Follow-Up Response Rates for HOS				
Product	# of Deaths	# of Respondents	SCHA Response Rate	National Response Rate
SeniorCare Complete	96	159/251	63%	57.3%
AbilityCare	4	59/109	584%	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 23: 2020-2022 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	23.3%	13.8%	25.4%	13.9%
70-74	20.1%	22.6%	29.3%	29.7%
75-79	20.8%	19.5%	22.0%	25.5%
80-84	16.4%	18.5%	13.6%	16.8%
85+	18.5%	25.2%	9.7%	14.0%
Gender				
Male	30.8%	30.8%	41.8%	41.8%
Female	69.2%	69.2%	58.2%	58.2%
Race				
White	98.7%	98.7%	79.9%	79.9%
Black	0.6%	0.6%	9.6%	9.6%
Other/Unknown	0.6%	0.6%	10.5%	10.5%

Cohort 23: 2020-2022 HOS Follow-up Demographics - MAO H2419				
Demographic	SeniorCare Complete Baseline	SeniorCare Complete Follow Up	National Medicare Sample Baseline	National Medicare Sample Follow Up
Marital Status				
Married	17.2%	15.3%	52.6%	50.1%
Widowed	26.5%	28.7%	21.7%	24.8%
Divorced/Separated	41.7%	40.7%	18.9%	18.4%
Never Married	14.6%	15.3%	6.8%	6.7%
Education				
Did Not Graduate HS	30.1%	32.9%	15.0%	15.2%
High School Graduate	47.1%	45.4%	28.9%	29.0%
Some College	17.0%	13.8%	26.9%	26.7%
4 Year+ Degree	5.9%	7.9%	29.1%	29.1%
Medicaid Status				
Medicaid	100%	100%	22.2%	23.3%
Non-Medicaid	0.0%	0.0%	77.8%	76.7%

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 23: 2020-2022 HOS Follow-up Demographics - MAO 5703		
Demographic	AbilityCare Baseline	AbilityCare Follow Up
Age		
18-64	100%	100%
65+	0.0%	0.0%
Gender		
Male	49.2%	49.2%
Female	50.8%	50.8%
Race		
White	98.3%	98.3%
Black	0.0%	0.0%
Other/Unknown	1.7%	1.7%

Cohort 23: 2020-2022 HOS Follow-up Demographics - MAO 5703		
Demographic	AbilityCare Baseline	AbilityCare Follow Up
Marital Status		
Married	8.5%	6.9%
Widowed	0.0%	0.0%
Divorced/Separated	30.5%	31.0%
Never Married	61.0%	62.1%
Education		
Did Not Graduate HS	10.5%	10.7%
High School Graduate	64.9%	60.7%
Some College	22.8%	28.6%
4 Year+ Degree	1.8%	0.0%
Medicaid Status		
Medicaid	100%	100%
Non-Medicaid	0.0%	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 health 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 23 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	90(57.0%)	82(52.2%)	66,710(78.1%)	64,251(75.5%)
Fair or Poor	68(43.0%)	75(47.8%)	18,725(21.9%)	20,810(24.5%)

Performance Measures	Cohort 23 Response Rates			
Self-Rated Health Status	SeniorCare Complete		National Average	
	Baseline N (%)	Follow-Up N (%)	Baseline N (%)	Follow-Up N (%)
Comparative Health - Physical Much Better/About the Same Slightly Worse/Much Worse	98(63.6%) 56(36.4%)	84(56.4%) 65(43.6%)	63,536(75.4%) 20,688(24.6%)	60,749(72.7%) 22,787(27.3%)
Comparative Health - Mental Much Better/About the Same Slightly Worse/Much Worse	119(77.8%) 34(22.2%)	124(84.4%) 23(15.6%)	70,496(84.4%) 13,009(15.6%)	72,279(87.2%) 10,589(12.8%)

AbilityCare – H5703

Performance Measures	Cohort 23 Response Rates	
Self-Rated Health Status	AbilityCare	
	Baseline	Follow-Up
General Health Status Excellent Very Good Good Fair Poor	8.8% 17.5% 33.3% 33.3% 7.0%	8.5% 20.3% 33.9% 33.9% 3.4%
Physical Health Compared to One Year Ago Much Better Slightly Better About the Same Slightly Worse Much Worse	5.3% 8.8% 66.7% 15.8% 3.5%	5.2% 8.6% 58.6% 20.7% 6.9%
Mental Health Compared to One Year Ago Much Better Slightly Better About the Same Slightly Worse Much Worse	8.9% 8.9% 67.9% 14.3% 0.0%	8.6% 8.6% 70.7% 8.6% 3.4%

HOS Measures and Star Ratings Cohort 2023 (2020-2022)

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 1,295 members as of December 2023. Members present unique health disparities including lower socioeconomic status, poor health literacy, possible cognitive deficits, and multiple co-morbidities. Approximately 25% of SeniorCare Complete members are over the age of 85 years old. 98.7% of our SeniorCare Complete enrollees are classified as Caucasian, 0.6% as Black, and 0.6% as other/unknown. Also, about 33% of SeniorCare Complete 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 476 members as of December 2023. Members present unique health disparities including lower socioeconomic status, poor health literacy, possible cognitive deficits, and higher rate of mental health concerns/issues. Approximately 98% of our AbilityCare enrollees are classified as Caucasian, 0.0% as Black, and 1.7% as other/unknown. Also, about 11% of AbilityCare 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 23 Response Rates - H2419			
Medical Conditions	SeniorCare Complete Baseline N (%)	SeniorCare Complete Follow-Up N (%)	National Average Baseline N (%)	National Average Follow-Up N (%)
Hypertension	93(60.0%)	97(63.0%)	54,914(65.3%)	56,249(66.9%)
Arthritis – Hip or Knee	84(54.5%)	NA	36,500(43.6%)	NA
Arthritis – Hand or Wrist	71(46.4%)	NA	30,338(36.2%)	NA
Diabetes	47(30.1%)	50(32.5%)	22,029(26.3%)	22,978(27.4%)
Sciatica	35(22.7%)	NA	21,545(25.7%)	NA
Other Heart Conditions	37(24.0%)	43(28.1%)	17,657(21.1%)	19,046(22.8%)
Osteoporosis	48(31.0%)	51(33.6%)	17,783(21.3%)	19,096(22.9%)
Pulmonary Disease	48(30.8%)	46(29.9%)	14,578(17.3%)	15,106(18.0%)
Depression	52(33.8%)	52(34.2%)	14,524(17.4%)	14,446(17.3%)
Any Cancer (except skin cancer)	24(16.2%)	27(18.1%)	12,143(15.2%)	13,407(16.8%)
Coronary Artery Disease	19(12.7%)	20(13.2%)	9,661(11.6%)	10,161(12.2%)
Congestive Heart Failure	24(15.7%)	27(17.6%)	5,886(7.0%)	6,991(8.4%)
Myocardial Infarction	18(11.8%)	22(14.8%)	6,060(7.2%)	6,418(7.7%)
Stroke	27(17.4%)	28(18.2%)	5,245(6.3%)	5,831(7.0%)
Gastrointestinal Disease	6(3.9%)	6(3.9%)	4,204(5.0%)	4,286(5.1%)

The table below shows performance rates for AbilityCare members with medical conditions:

Performance Measures	Cohort 23 Response Rates - H5703	
Medical Conditions	AbilityCare Baseline N(%)	AbilityCare Follow Up N(%)
Hypertension	22(37.9%)	23(39.7%)
Arthritis – Hip or Knee	19(32.8%)	NA
Arthritis – Hand or Wrist	10(17.2%)	NA
Diabetes	13(22.4%)	16(28.1%)
Sciatica	4(6.9%)	NA
Other Heart Conditions	6(10.3%)	7(12.5%)
Osteoporosis	4(6.9%)	4(6.9%)
Any Cancer (except skin cancer)	5(8.8%)	3(5.4%)
Depression	37(64.9%)	35(60.3%)
Pulmonary Disease	12(20.7%)	12(21.4%)
Coronary Artery Disease	2(3.4%)	1(1.8%)

Performance Measures	Cohort 23 Response Rates - H5703	
Medical Conditions	AbilityCare Baseline N(%)	AbilityCare Follow Up N(%)
Myocardial Infarction	0(0.0%)	1(1.7%)
Congestive Heart Failure	1(1.7%)	1(1.7%)
Stroke	1(1.8%)	1(1.7%)
Gastrointestinal Disease	5(8.6%)	2(3.4%)

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 & 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 and therefore CMS usually assigns 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 40 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; and
- 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; and
- 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 Star Ratings 2024

For the 2024 Star Ratings, a major change was the introduction of the Tukey outlier deletion to calculate the cut points for the non-CAHPS measures. This resulted in a significant increase in cut points for several measures. The impact of this change meant that measures with rates that were stable or improved from the previous year measurement year (MY) 2021 did not have a change in the star measure rate or had a decrease in the star measure rate. South Country was impacted by this change for several measures in MY2022.

South Country evaluated Star Ratings performance with various measures using current rates, percentile/rating thresholds, and other data obtained from CMS. Many of these ratings were based on HEDIS MY2022 performance outcomes. Reports were developed, monitored and shared with the 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 earned 4.5 Star Rating for the SeniorCare Complete (MSHO) population for the overall 2024 Star Rating. Approximately 42.02% of MA-PDs contracts earned a 4 Star for their 2024 overall rating. Approximately 5.69% of MA-PDs contracts earned a 5 Star for their 2024 overall rating.

SeniorCare Complete Star Rating Performance					
Level	2021 Rating	2022 Rating	2023 Rating	2024 Rating	National Average
Medicare Part C	4	4.5	3.5	4.5	--
Medicare Part D	5	5	4	4.5	4
Overall	4.5	5	4	4.5	3

AbilityCare Analysis

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 number of eligible members per measure is too low to qualify. However, we submitted enough data for the calculation of valid scores for over half of the Medicare Part D measures and 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	2024 Rating	National Average
Medicare Part C	Not enough data available	Not enough data available	Not enough data available	Not enough data available	N/A
Medicare Part D	4.5	4.5	5	4	3
Overall	Not enough data available	Not enough data available	Not enough data available	Not enough data available	Not enough data available

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 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, 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 star ratings measure cut points were also considered.

South Country continues to implement strategies for improvement through the Stars Workgroup that meets throughout the year. 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.
- Stratifying and analyzing HEDIS measures by race, ethnicity, county, gender, and other factors that contribute to the social determinants of health and health equity to identify gaps in care that relate to Star measures.
- 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 for older adults measure.
- Other important measure activities and review are related to screenings, hypertension, and diabetes.

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 2021-2026

Planning for the PIP began in 2020 with an implementation date of January 1, 2021. In 2023 this PIP would have been in its last year but was extended to go through 2026. This PIP topic was chosen by DHS and is intended to promote a “healthy start” for the health of our mothers and children ages (0-30 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 health plans focusing on mutual goals and intervention. To facilitate improvement, the MCOs will support joint collaborative interventions as well as individual MCO specific strategies and interventions. Each participating MCO has established a goal aimed at improving prenatal care, postpartum care, well-child visits and/or childhood immunization rates with the focus on disparities relevant to the individual MCO population.

South Country’s 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 during their first 15 months of life. The success of the project will be achieved by seeing an improvement in the rates for these goals over the time span 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.

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 (MY) and October 7th of the MY.

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 5.57 percentage points above baseline (MY 2022 rate). This goal will be to use administrative and medical record review data gathered for the HEDIS Prenatal Hybrid Measure.

The tables below show HEDIS Timeliness of Prenatal Care(PPC) rates, and the timeliness of prenatal care rates are stable between MY 2020 to MY 2022.

HEDIS Timeliness of Prenatal Care

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2020	MY 2021	MY 2022
(PPC)Timeliness of Prenatal Care Rate Hybrid	78.37%	75.84%	78.21%

Postpartum care — the percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

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 5.09 percentage points above baseline (MY 2022 rate). This goal will be to use administrative and medical record review data gathered for the HEDIS Postpartum Hybrid Measure.

The tables below show HEDIS Postpartum Care (PPC) rates, and these rates are stable between MY 2020 to MY 2022.

HEDIS Postpartum Care

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2020	MY 2021	MY 2022
(PPC) Postpartum Care Rate Hybrid	80.53%	82.54%	81.11%

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 during the first 15 months of life.

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 during their first 15 months of life, by an absolute 7.14 percentage points above baseline (MY 2022 rate). This goal will be to use administrative data gathered for the HEDIS Well Child Visits in the First 15 Months Measure.

The tables below show HEDIS Well Child Visits in the first 15 Months (W30-6 Visits before 15 Months) rates and these rates have increased between MY 2020 to MY 2022.

HEDIS Well Child Visits in the First 15 Months

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2020	MY 2021	MY 2022
(W30) Well-child 6 visits in the first 15 months of life Rate Administrative	38.36%	39.64%	42.33%

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 with collaborative include educational series to address topics that can impact birth outcomes and early childhood health with a focus on health equity and addressing racial bias. All collaborative webinars are recorded and remain available for viewing on the Stratis Health website [at this link](#).

In addition to webinars for education, the collaborative will continue utilizing other modes of communicating such as articles, social media, blogs, etc. The Healthy Start PIP project, has collaborated with the Minnesota Council of Health Plans (MCHP), created an educational blog about the importance of well child visits and immunizations and has translated it in multiple languages. This project in 2023 opened doors to continued efforts with MCHP.

Since the beginning of this project, the collaborative has had discussions with several groups who were interested in collaborating in various ways. Some of these collaborations included MCO participation prior to the PIP but have strengthened over the course of the project thus far and have proven vital to the PIP in identifying community needs and interventions.

South Country interventions include:

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.

South Country in collaboration with county staff have made prenatal and postpartum materials. These materials are termed “Embracing Life”, and this booklet is a helpful guide to support new moms during and after pregnancy. These materials can be viewed in printed booklet or embracing life online materials. Correspondingly, all online materials can be translated into Spanish, Somali, Russian and Hmong on South Country website. Continued discussion will occur in 2024 to identify materials and areas of need through these connections. These materials support efforts toward increasing prenatal, postpartum, and well child visits.

Another outreach South Country has is a monthly list of known pregnancies is created and reviewed by South County staff and shared with counties through provider portal. Members identified as pregnant are then sent a pregnancy packet via mail to support the pregnancy and post-delivery. These materials support efforts towards increasing prenatal, postpartum, and well child visits.

Additionally, a monthly mailing for members in the 0–15-month age range to remind them of well child visits and wellness program voucher to complete at least six visits before 15 months of age.

Moreover, South Country Health Alliance Wellness Programs (Wellness Programs – South Country Health Alliance (mnscha.org)) voucher rewards target increasing prenatal, postpartum, and well child visits.

In 2023, South Country initiated a maternal health program, Delfina, with our county public health teams and a soft launch occurred in Q4 2023. This platform is an application that will be available to all members who are pregnant through postpartum. Additionally, this application will give each member access to normal and abnormal pregnancy symptoms as well as a plethora of other articles related to pregnancy. All materials in the application are updated by medical doctors and this application also gives access to a tele doula, tele-registered dietician, and a tele mental health therapist. In addition, South Country's Maternal Health program, Delfina has Spanish speaking doulas and support for members will be provided from their county care connectors or case managers to locate a provider of choice. For example, a member can select a provider with the same ethnic background. Additionally, South Country will allow members to access appointments outside the network within the state of Minnesota. This program is in partnership with our county public health agencies starting in Q4 2023 with a goal to have all counties on board in Q1 2024 and add other medical providers later in 2024. This app will directly support efforts to increase prenatal, postpartum, and well child visits.

Comprehensive Diabetes PIP 2021-2023

The comprehensive diabetes PIP planning began in 2020 with an implementation date of January 1, 2021. In 2023 this PIP technically ended, but it was identified in Q4 2023 that the 2024-2026 PIP will still be focusing on diabetes but also addressing co-occurring diabetes and depression. This PIP is intended to support an improvement in the diabetic health of our members on MSC+, SeniorCare Complete, SingleCare, SharedCare and AbilityCare with a focus on 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.
- SNBC – SingleCare and SharedCare: Enrollees ages 18 to 64 who are not eligible for Medicare and have Medicaid benefits administered by South Country.
- MSC+: Enrollees aged 65 and over who have Medicaid benefits administered by South Country and may have Medicare benefits administered by another health plan
- SeniorCare Complete: Dual-eligible enrollees ages 65 and older who have both their Medicaid and Medicare benefits administered by South Country.

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. A lower rate indicates better performance for this indicator.

Success of the project will be achieved by having a decrease in the HbA1c poor control (>9%) hybrid rate by an absolute 7.45 percentage points below baseline MY2022 over the three year lifespan of the project for SeniorCare Complete members. The goal will be obtaining a rate of 8.70%.

For SNBC (AbilityCare, SingleCare, and SharedCare) members, success will be achieving a decrease in the HbA1c poor control (>9%) hybrid rate of an absolute 5.26 percentage points below baseline MY2022 over the three-year lifespan of the project. The goal will be obtaining a rate of 21.01%.

For Minnesota SeniorCare Plus (MSC+) members, success will be achieving a decrease in the HbA1c poor control (>9%) administrative rate of an absolute 8.38 percentage points below baseline MY2022 over the three-year lifespan of the project. The goal will be obtaining a rate of 79.64%.

The table below presents the HEDIS comprehensive diabetes care HbA1c >9 rates.

South Country Health Alliance HEDIS Rates for SeniorCare Complete	MY 2020	MY 2021	MY 2022
Comprehensive Diabetes Care-Poor Control (>9.0%) Hybrid	70.34%	21.68%	16.15%

South Country Health Alliance HEDIS Rates for SNBC	MY 2020	MY 2021	MY 2022
Comprehensive Diabetes Care-Poor Control (>9.0%) Hybrid	73.14%	30.41%	26.27%

South Country Health Alliance HEDIS Rates for MSC+	MY 2020	MY 2021	MY 2022
Comprehensive Diabetes Care-Poor Control (>9.0%) Administrative	97.78%	92.74%	88.02%

Collaborative interventions include:

The MCO Collaborative created an education series for care coordinators designed to expand their 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. The high enrollment, attendance and positive evaluations of these webinars reinforced the value of this type of information for our care coordinators. These webinars are recorded and posted on the project page of the Stratis Health website for viewing anytime.

In addition, the collaborative offered a series of webinars in 2021-2023 to improve comprehensive diabetes care and services for Seniors and SNBC members. Likewise, webinars will be continued in 2024-2026 with additional emphasis on co-occurring diabetes and depression topics.

South Country interventions include:

Education to members on the South Country diabetes benefits available to them and education on managing diabetes was sent out through a quarterly mailing in 2023. The quarterly mailings provided specific information around Diabetes care and HbA1c testing which aligns very well with the HEDIS measure being used for the project. Other training, programs, and education were provided as noted below.

- Diabetes Toolkit Control Your Diabetes for Life Toolkit - MN Dept. of Health (state.mn.us) made available in South County Partner Portal which allows county care coordinators and other staff to utilize tool with members.
- Care coordinator training provided education and updates on the performance improvement project to care coordination staff in all counties. This includes utilizing partner portal materials and encouraging care coordinators to provide feedback about members and barriers encountered.
- 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.
- Tobacco cessation – South Country Health Alliance (mnscha.org) (EX program) updated documents for Spanish and provided to care coordination and educated on telephonic coaching program the EX-Program providers.
- South Country developed a diabetes brochure and diabetes telehealth visits flyer 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 and made available on website: Health Education & Self Help – South Country Health Alliance (mnscha.org). The brochure is available for printing/viewing in English, Spanish, and Somali languages.
- South Country collaborated with Hy-Vee to create the Virtual Diabetes Nutrition Store Tours with Hy-Vee dietitians. Hy-Vee dietitians will help members navigate aisles and give tips and product recommendations. They can also do follow-up with members and answer questions as needed. See website for more details: Virtual Store Tour – South Country Health Alliance (mnscha.org). In addition, we added a Spanish tour link.

- South Country worked with Sibley County staff on education and outreach to South Country members and specifically identifying a way to further support the LatinX population living in the Sibley County area.
- We utilized social media to create awareness throughout the year and during National Diabetes Month

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

The goal of the CCIP is to increase the number of AbilityCare and SeniorCare Complete members with up-to-date colon cancer screenings. The total number of members in the target population can vary from year to year. All enrollees in the eligible population are targeted along with any related providers for intervention and education. South Country will utilize claims data and HEDIS measure - colorectal cancer screening (COL) members 45–75 years of age who had appropriate screening for colorectal cancer

Specifically, South Country 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-MY 2020) average HEDIS rate for AbilityCare is 69.60%. The HEDIS Colorectal Cancer Screening rate includes members 50-75 years of age during the measurement year and starting in MY 2023 the age range will be expanded to 45-75 years of age.

Also, South Country has a goal to increase the COL SeniorCare Complete HEDIS rate by 6.77% during the three-year measurement period. The three-year (MY 2018-MY 2020) average HEDIS rate for SeniorCare Complete is 61.72%. The HEDIS Colorectal Cancer Screening rate includes members who are the ages of 50-75 and starting in MY 2023 the age range expanded to 45-75 years of age.

The tables below present the HEDIS Colorectal Cancer Screening rates

South Country Health Alliance HEDIS Rates for AbilityCare	MY 2020	MY 2021	MY 2022
Colorectal Cancer Screening Hybrid	70.92% (178/251)	74.33% (194/261)	74.73% (204/273)

South Country Health Alliance HEDIS Rates for SeniorCare Complete	MY 2020	MY 2021	MY 2022
Colorectal Cancer Screening Hybrid	61.54% (216/351)	65.96% (248/376)	76.92% (110/143)

HEDIS MY2022 COL rate for SeniorCare Complete is 76.92% and is trending well above the MY 2020 and MY 2021. The AbilityCare MY 2023 rate is 74.73% and is trending above the MY 2020 and MY 2021 rate

Breast Cancer Screening

We have 76.92% (110/143) Ability Care members and 64.29% (128/214) Senior Care Complete members who are up to date with a breast cancer screening in MY 2022 HEDIS.

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.¹

Being a woman and getting older are the main risk factors for breast cancer.² 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.³

¹ [Breast Cancer Screening - NCQA](#)

² [What Are the Risk Factors for Breast Cancer? | CDC](#)

³ [What Is Breast Cancer Screening? | CDC](#)

⁸ [Cancer Screening Guidelines by Age | American Cancer Society](#)

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-MY 2020) average HEDIS rate for SeniorCare Complete is 68.14%.

The tables below present the HEDIS Breast Cancer Screening rates

South Country Health Alliance HEDIS Rates for AbilityCare	MY 2020	MY 2021	MY 2022
Breast Cancer Screening Administrative	76.26% (106/139)	74.29% (104/140)	76.92% (110/143)

South Country Health Alliance HEDIS Rates for SeniorCare Complete	MY 2020	MY 2021	MY 2022
Breast Cancer Screening Administrative	59.81% (128/214)	62.15% (133/214)	64.29% (144/224)

The HEDIS MY 2022 breast cancer screening rate for SeniorCare Complete is 64.29%. and the MY 2022 rate is trending above MY 2020 and MY 2021. The HEDIS MY 2022 breast cancer screening rate for AbilityCare is 76.92% and is trending above MY 2020 and MY 2021 rates.

Interventions for the CCIP

In 2023, there was a Provider Newsletter article informing providers of the South Country chronic care improvement project related to colorectal cancer screenings and breast cancer screenings with focus on AbilityCare and SeniorCare Complete members. Other updates sent to providers via newsletter are the clinical practice guidelines and wellness programs, which can be referenced in detail on South Country's website. Also, in 2023, information was given to care coordinators about the CCIP, and the different types of health and wellness programs were provided at the annual care coordination training and other communications throughout the year as applicable.

In addition, in 2023 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: fecal occult blood test, flexible sigmoidoscopy, colonoscopy, CT colonography, and the FIT-DNA test along with members following provider recommendations. There were 1,146 breast cancer screening reminders and 1,815 colorectal cancer screening reminders sent the first half of 2023 and 407 colorectal cancer screenings, and 134 breast cancer screening reminders sent the second half of 2023.

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 2023, 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 did outreach and communications.

Also, members can utilize the health promotions in 2023, 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 or other test recommended by provider and return the completed voucher signed by a provider. Additionally, a breast cancer screening promotion is offered to those who complete a mammogram and return the completed voucher signed by provider to get a \$25 gift card. Six AbilityCare and 11 SeniorCare Complete members received a health promotion incentive for completing a

colorectal cancer screening for a date of service in 2023. Thirty-two AbilityCare and 42 SeniorCare Complete members received a health promotion incentive for completing a breast cancer screening (mammogram) for a date of service in 2023. Both health promotions will be continued in 2024 and South Country always encourages members to follow their provider recommendations for screenings.

Another collaboration we had in 2023 was with member counties and providers. Particularly, we met quarterly with Brown County Public Health and Allina Health. We discussed colorectal cancer screening and breast cancer screening rates that these organizations track along with current initiatives and any barriers or opportunities to work together or support each other. These meetings will continue in 2024 with more discussion planned on how South Country can support or enhance these organizational efforts.

Overall, the intent of our interventions is focused on our members, supporting providers, and other staff (i.e., care coordinators) who work directly with our members. We educate through direct mailings, training, social media posts, and South Country newsletters. We continue wellness program rewards for mammograms and colon cancer screenings. South Country plans to increase the percentage of our members going in for health screenings as recommended by their physicians/providers through direct member outreach and collaboration with other key stakeholders and organizations.

Next Steps

In 2024 the CCIP will continue efforts to identify member barriers and collaborating with various stakeholders to decrease these barriers with an emphasis on targeting specific populations of need. We plan to continue the collaboration with the American Cancer Society through participating in cancer coalitions that provide a place to identify ongoing or new barriers and opportunities to support efforts for cancer screenings in Minnesota. These collaborative efforts are highly valuable due to the variety of organizations that participate and information that is shared.

Overall, many community partnerships have supported the direction of the Healthy Start PIP interventions and work in the past three years and will continue to guide the PIP moving forward. A strong emphasis will be placed on community informed components and acquiring feedback and input from care teams, community members, and other stakeholders will be key in planning.

Likewise, South Country is working with counties, providers, and committees on feedback that would support additional interventions in 2024-2026 diabetes and depression project. Community engagement activities will continue and as feedback and information is gathered, we will work to add interventions and educate members and providers where needs are identified.

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 2025 and 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 2023:

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 MinnesotaCare programs.

Focused Study #1: Increasing the overall percentage of PMAP, MinnesotaCare, SingleCare, Shared Care, and AbilityCare members ages 21-64 (or as recommended by provider) who receive a cervical cancer screening.

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 or as

recommended by provider who receive a cervical cancer screening. This focused study was implemented on January 1, 2022, and will end December 31, 2024.

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.

The three-year (MY 2018-MY 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 MY 2022, the PMAP HEDIS rate was 43.50%.

The three-year (MY 2018-MY 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 MY 2022, the MNCare HEDIS rate was 40.43%.

The three-year (MY 2018-MY 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 MY 2022, the SingleCare/SharedCare HEDIS rate was 33.24%.

The three-year (MY 2018-MY 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 MY 2021, the AbilityCare HEDIS rate was 54.13%.

In MY 2022, only administrative data was used to report the Cervical Cancer Screening (CCS) rate. Due to this the MY 2022 rates for all products are trending much lower than previous years. MY 2023 hybrid (administrative and medical record data) rates are expected to show significant increases.

Below are the Cervical Cancer Screening rates by product.

Cervical Cancer Screening Hybrid Rate						
Product	MY 2018- MY 2020 Average	HEDIS MY 2020	HEDIS MY 2021	Year 1	Year 2	Year 3
				HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
PMap	54.99%	54.01%	55.23%	43.50%*	TBD	TBD
MNCare	52.55%	54.99%	54.01%	40.43%*	TBD	TBD
AbilityCare	61.22%	64.09%	66.06%	54.13%*	TBD	TBD
SingleCare_ SharedCare	48.66%	48.66%	46.72%	33.24%*	TBD	TBD

*Note that MY2022 rates are administrative-only.

Some factors prevent women from being tested, such as lack of a regular health care provider and lack of transportation. South Country data shows 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.

South Country will continue efforts to increase cervical cancer screening through continuing promotion of related wellness programs, provider education, and encouraging members to follow provider recommendations on cervical screenings.

Focused Study #2: Increasing the overall percentage of MinnesotaCare, PMap, SingleCare and Shared Care members ages 16-24 (or as recommended by provider) 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 (or as recommended by provider) 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 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.

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-MY 2020) average HEDIS rate for PMAP is 41.85%. In MY 2022, the PMAP HEDIS rate was 38.82%.

MNCare

The three-year (MY 2018-MY 2020) average HEDIS rate for MNCare is 41.03%. In MY 2022, the MNCare HEDIS rate was 38.89%.

SingleCare/SharedCare

The three-year (MY 2018-MY 2020) average HEDIS rate for SingleCare/SharedCare is 56.00%. In MY 2022, the SingleCare/SharedCare HEDIS rate was 28.57%.

Below are the Chlamydia screening rates by product.

Chlamydia Screening						
Product	MY 2018- MY 2020 Average	HEDIS MY 2020	HEDIS MY 2021	Year 1	Year 2	Year 3
				HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
PMAP	41.85%	38.54%	39.28%	38.82%	TBD	TBD
MN Care	41.03%	34.00%	46.67%	38.89%	TBD	TBD
SingleCare/Shared Care	56.00%	19.23%	30.43%	28.57%	TBD	TBD
PMAP/MNCare/SingleCare /SharedCare	41.45%	37.71%	39.50%	38.58%	TBD	TBD

South Country believes there is an opportunity for outreach to members to enhance prevention by providing education and information that promotes and encourages testing per the provider recommendations. South Country will continue to promote chlamydia screenings and provide education as appropriate.

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 2026. We will evaluate using HEDIS rates and producing annual rates for PMAP and MinnesotaCare members.

For more details on the third focused study that is also a Performance Improvement Project (PIP) go to the CMS Quality Improvement & DHS Performance Improvement Projects section of this document.

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 2022, as reported by DHS to South Country in 2023.

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 using 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 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 in 2022.

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 2022 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 2022 withhold points (awarded in 2023) earned by South Country.

DHS Withhold Measure Performance				
Withhold Measure (Related Contract)	2019 Results (Total points)	2020 Results (Total points)	2021 Results (Total points)	2022 Results (Total points)
Childhood Immunization Status - Combo 10 (F&C)	NA	NA	NA	0/16
Well Child Visits in First 30 Months of Life -sub measures W15 & W30 combined (F&C)	NA	NA	NA	0/16
Child & Adolescent Well-Visits (F&C)	NA	NA	NA	0/16
Prenatal and Postpartum Care – sub measures Postpartum Care & Timeliness of Care combined (F&C)	NA	NA	NA	0/16

DHS Withhold Measure Performance

Withhold Measure (<i>Related Contract</i>)	2019 Results (Total points)	2020 Results (Total points)	2021 Results (Total points)	2022 Results (Total points)
Initiation and Engagement of Alcohol, Opioids, & Drug Dependence Treatment -total engagement & total initiation combined (F&C)	NA	NA	NA	0/16
Follow-up After Hospitalization for Mental Illness – sub measure 7 days & 30 days combined (F&C)	NA	NA	NA	4/16
No Repeat Deficiencies MDH QA Exam Deficiencies (F&C, Seniors, SNBC)	15 / 15	15 / 15	2/2 15/15 15/15	1/1 15/15 15/15
Annual Dental Visit: Ages 65+ Years (Seniors)	10.96 / 15	10.96 / 15	0/15	0/15
Annual Dental Visit: Ages 18-64 Years (SNBC)	15 / 15	15 /15	0/15	0/15
Emergency Department Utilization (F&C)	1 / 1	1 / 1	1/1	1/1
Hospital Admissions (F&C)	0.40 / 1	1 / 1	0/1	1/1
30 Day Readmission Percentage (F&C)	1 / 1	1 / 1	Eliminated from Scoring - Small Population	Eliminated from Scoring - Small Population
Care Plan Audits (Seniors)	15 / 15	15 / 15	15/15	15/15

DHS Withhold Measure Performance				
Withhold Measure (Related Contract)	2019 Results (Total points)	2020 Results (Total points)	2021 Results (Total points)	2022 Results (Total points)
Initial Health Risk Screening/Assessment (Seniors)	30 / 30	30 / 30	30/30	30/30
Stakeholder Group Reporting (Seniors, SNBC)	15 / 15	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 seven 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 2023 Quality Program

Section 7 – Summary of Progress



Overall Effectiveness and Progress of the Quality Improvement Program

South Country Health Alliance's (South Country) 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 2023 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 2023 include the following:

- **We earned a 4.5 Star Quality Rating from CMS on our SeniorCare Complete product for Star Rating 2024.** CMS implemented several changes to the Star Ratings Program including increasing the weights of experience measures. 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 effective 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 2023, we had focused studies related to cervical cancer screening and chlamydia screening. We also continued a chronic care improvement project for SeniorCare Complete and AbilityCare focused on colorectal cancer screening and breast cancer screening, and we completed the third 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 social media 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 along with 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.

Also, we worked with the HealthFinders Collaborative to understand any structural racism, social inequities and/or health disadvantages for members in Steele, Dodge and Waseca counties and collaborate on interventions to improve members 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.

South Country Health Alliance
Evaluation of the 2023 Quality Program

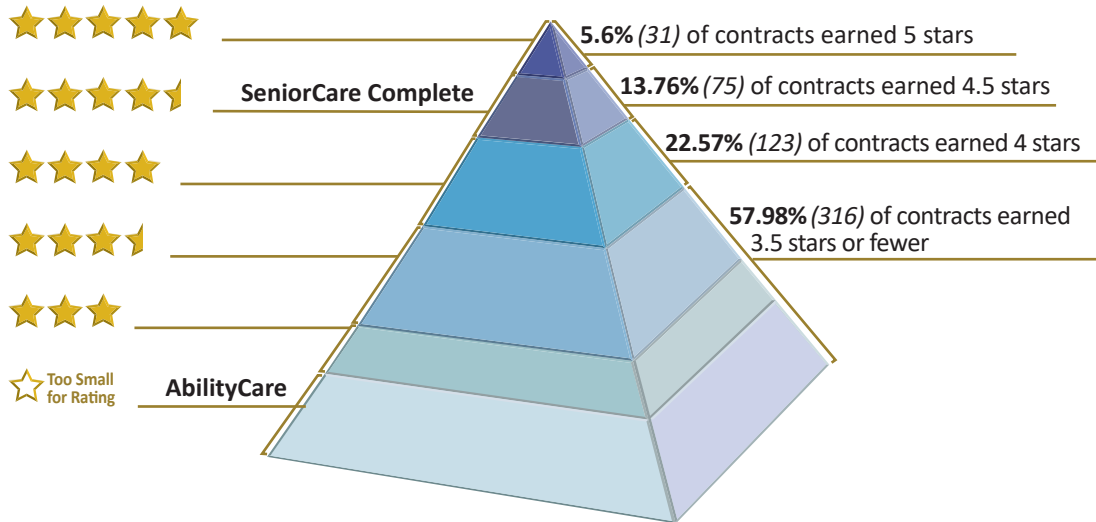
Section 8 – Exhibits



Overall Star Rating Distribution for MA-PD Contracts

The Centers for Medicare & 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 1 to 5 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.

National MA-PD Ratings - 545 total rated contracts



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,H5703_6830_M

SeniorCare Complete (HMO D-SNP) and AbilityCare (HMO D-SNP) are health plans that contract with both Medicare and the Minnesota Medical Assistance programs to provide the benefits of both programs to enrollees. Enrollment in either plan depends on contract renewal.



2024 STAR RATING PERFORMANCE

H2419 SeniorCare Complete (HMO D-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: 4.5 Star

Health Services Rating: 4.5 Star

Drug Services Rating: 4.5 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 are shown below.

MEASURES WITH A **5** STAR RATING out of 5

Member Satisfaction and South Country's Quality Performance

- Getting Appointments and Care Quickly
- Care Coordination
- Low Number of Complaints about Drug Plan
- Low Number of Complaints about Health Plan
- Few Members Choosing to Leave the Plan (Enrollment)

Drug Safety

- Medication Adherence - Diabetes

Managing Chronic Conditions

- Controlling Blood Pressure
- Reducing the Risk of Falling

MEASURES WITH A **4** STAR RATING out of 5

Managing Chronic Conditions

- Diabetes Care - Blood Sugar Controlled
- Diabetes Care - Eye Exam
- Care for Older Adults - Pain Assessment
- Special Needs Plan (SNP) Care Management
- Plan All-Cause Readmissions

Drug Safety

- Medication Adherence - Hypertension
- Medication Adherence - Cholesterol
- Medicare Plan Finder Price Accuracy
- MTM Program Completion Rate for CMR
- Statin Use in Persons with Diabetes

Staying Healthy

- Annual Flu Vaccine

Health Plan Customer Service

- Call Center - Foreign Language Interpreter & TTY/TDD

Member Experience

- Getting Needed Care
- Customer Service
- Rating of Health Care Quality
- Rating of Health Plan
- Health Plan Quality Improvement

Member Experience with Drug Plan

- Getting Needed Prescription Drugs
- Rating of Drug Plan

2024 STAR RATING PERFORMANCE

H5703 AbilityCare (HMO D-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*

Health Services Rating: Not enough data available

Drug Services Rating: 4 Stars



 Too Small for Rating

 Too Small for Rating



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 are shown below.

MEASURES WITH A  **STAR RATING**
out of 5

Staying Healthy

- Breast Cancer Screening

Managing Chronic Conditions

- Diabetes Care - Eye Exam

Drug Safety

- Medication Adherence - Diabetes
- Medication Adherence - Cholesterol

MEASURES WITH A  **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

- MPF Price Accuracy
- Medication Adherence - Hypertension
- MTM Program Completion Rate for CMR
- Statin Use in Persons with Diabetes



2023 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

Families and Children

- How Well Doctors Communicate

MSC+

- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly

MinnesotaCare

- Rating of Health Plan
- Rating of Specialist Seen Most Often
- How Well Doctors Communicate

Rated # 2 among MN Health Plans

Families and Children

- Getting Care Quickly

SNBC

- How Well Doctors Communicate
- Customer Service

MSC+

- Rating of Health Plan
- Customer Service

Rated Comparable or Above the State Average

Families and Children

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Customer Service
- Coordination of Care

MinnesotaCare

- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly
- Customer Service
- Coordination of Care

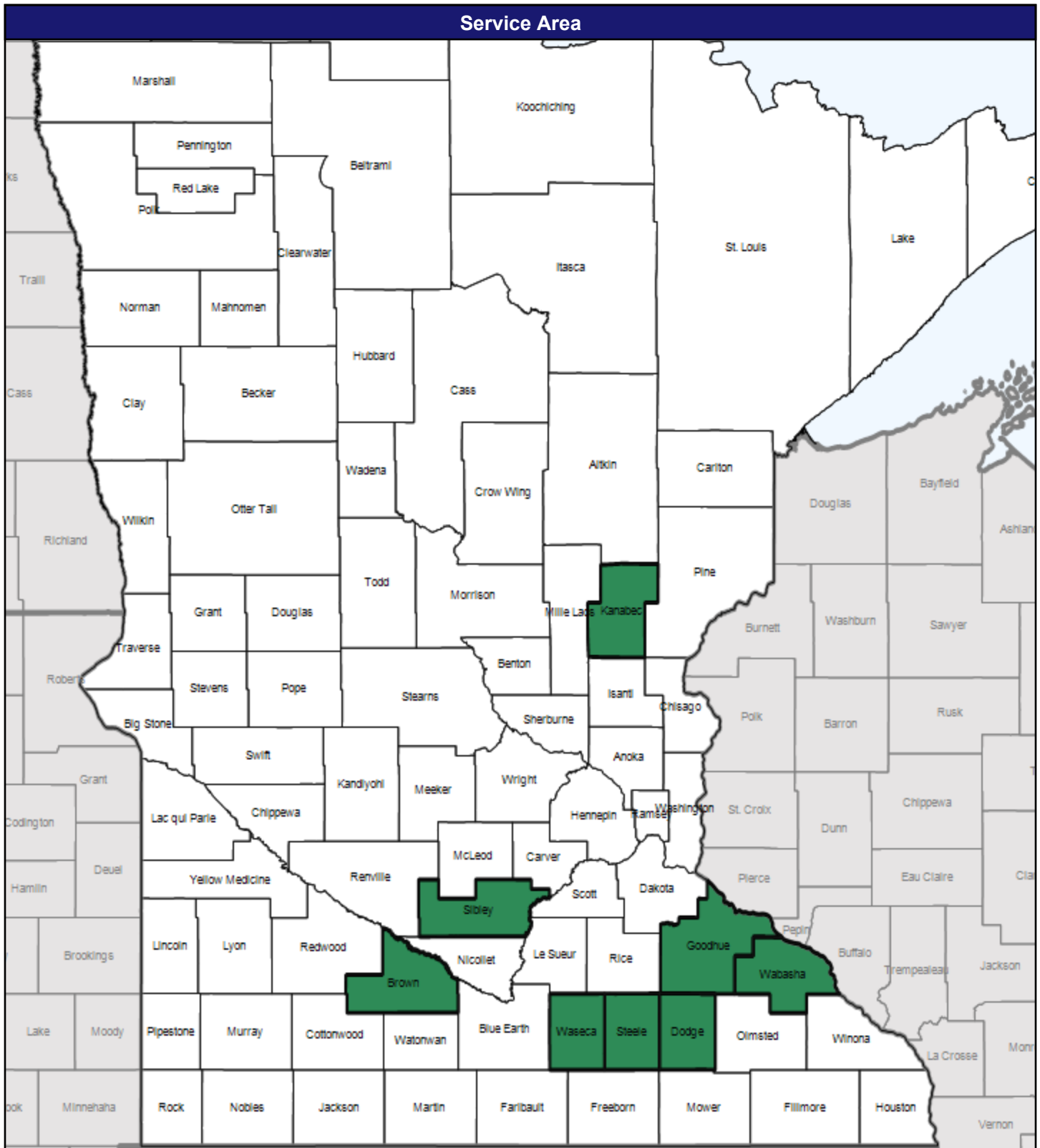
SNBC

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly
- Coordination of Care

MSC+

- Rating of Specialist Seen Most Often
- How Well Doctors Communicate
- Coordination of Care

Network Access Analysis - All Products



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

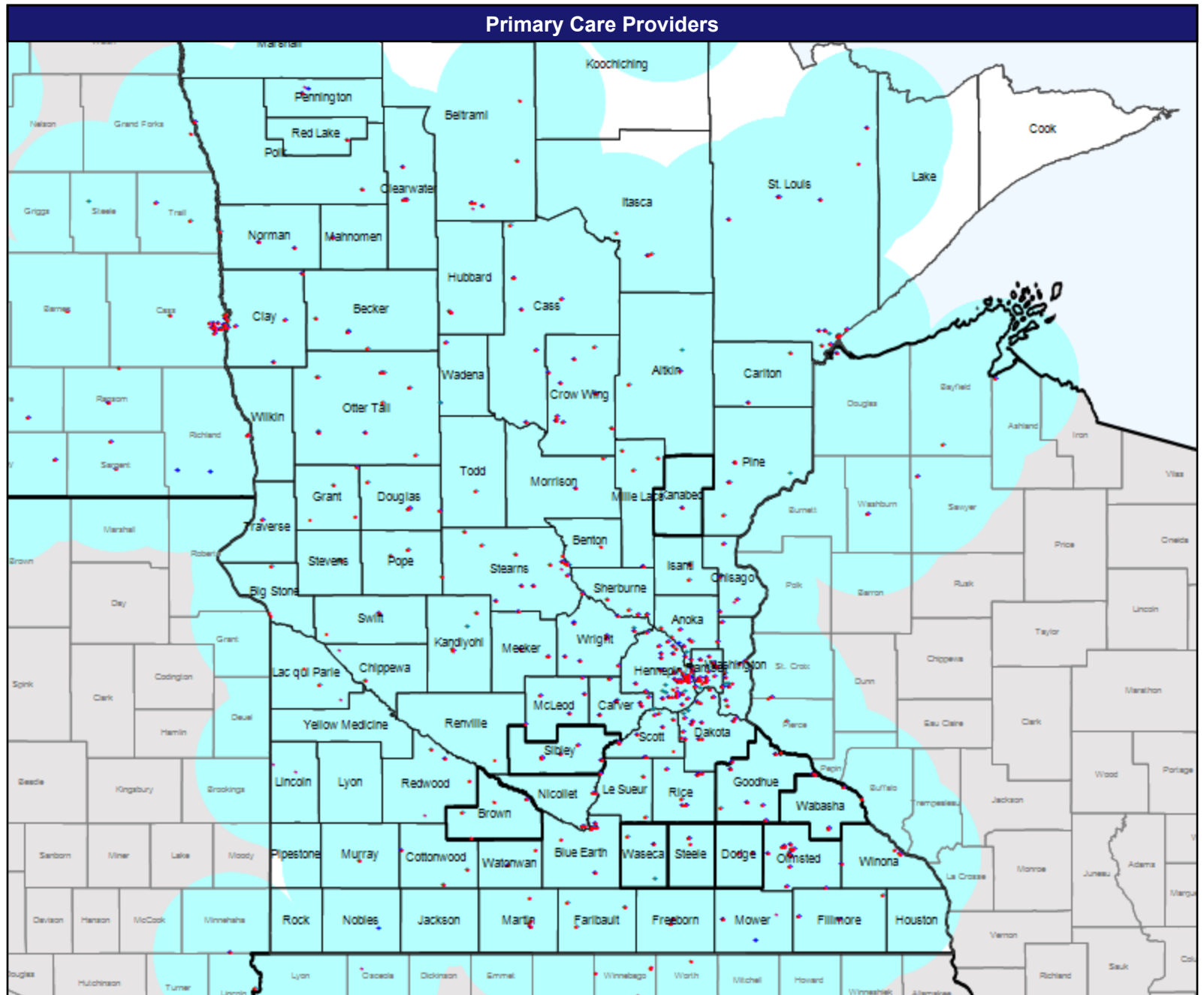
Primary Care Nurse Practitioner

2,197 providers at 492 locations

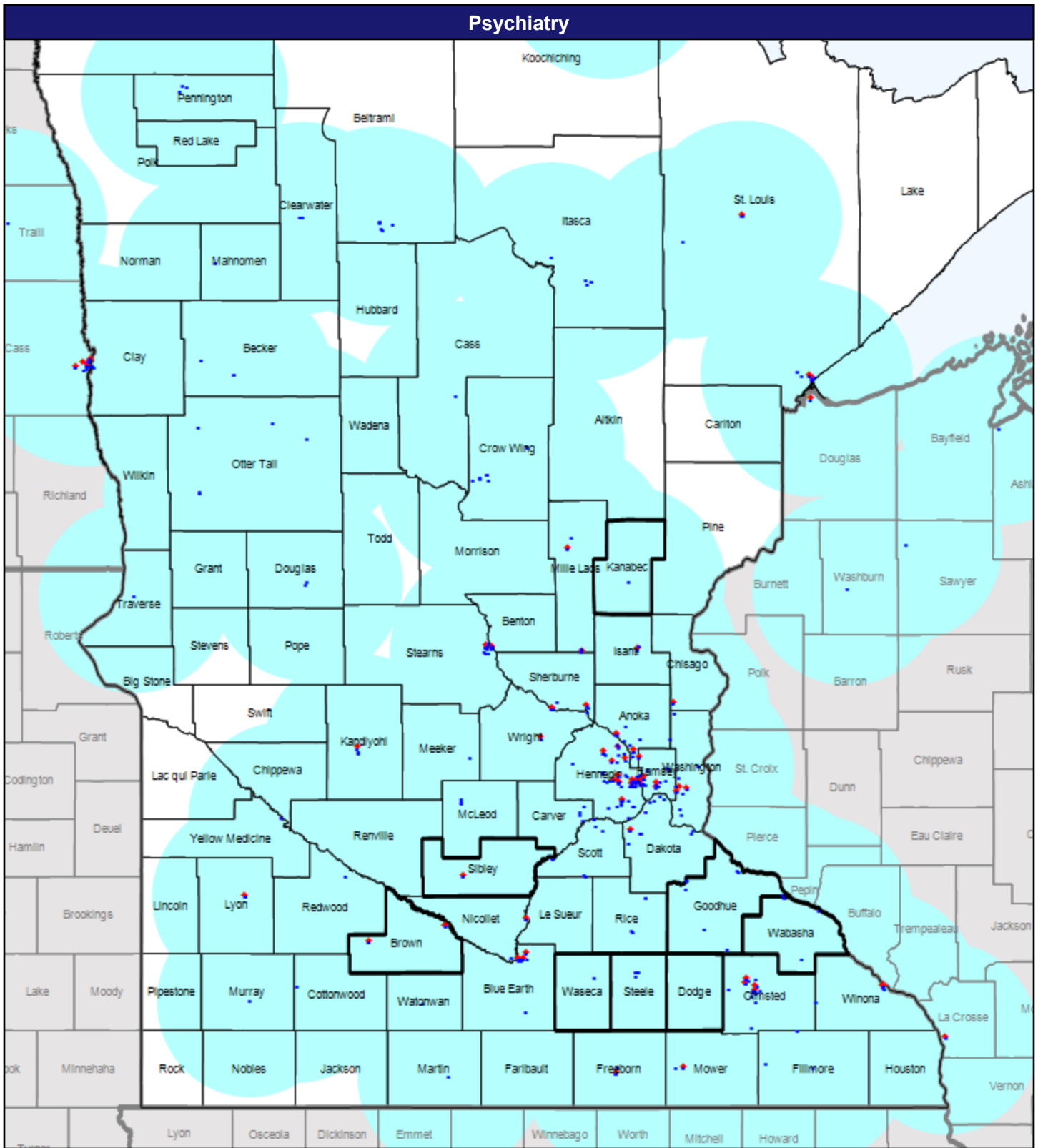
- ★ All providers
- 30 mile radius

Service Areas

- (Bold Outline) Service Area



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Psychiatry

528 providers at 293 locations

- All providers
- 30 mile radius

Psychiatry - Child & Adolescent

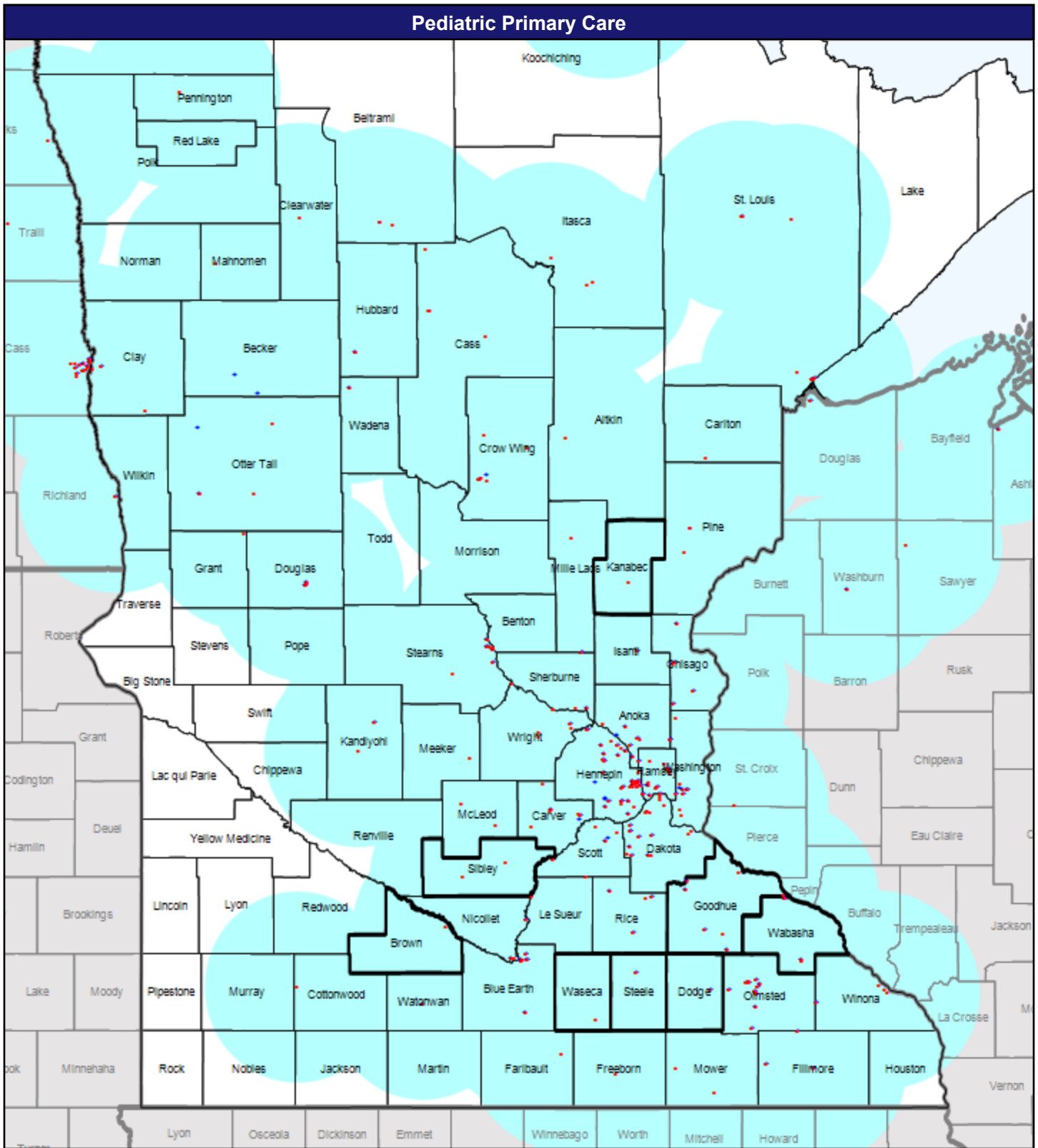
91 providers at 80 locations

- ◆ All providers
- 30 mile radius

Service Areas

- (Bold Outline) Service Area

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Pediatric Medicine

789 providers at 262 locations

- All providers
- 30 mile radius

Pediatric Nurse Practitioner

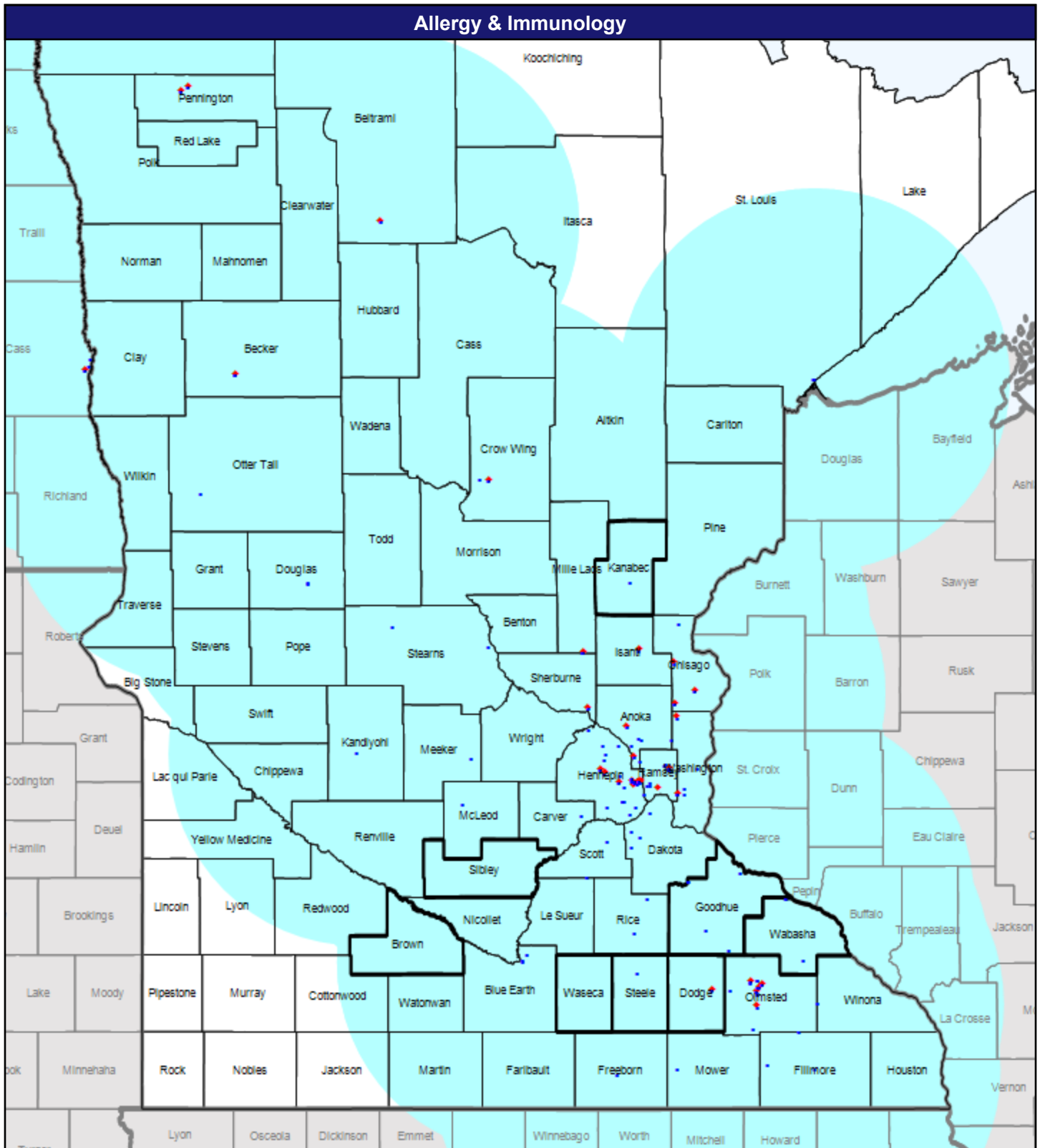
434 providers at 148 locations

- ◆ All providers
- 30 mile radius

Service Areas

- (Bold Outline) Service Area

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Allergy & Immunology

69 providers at 116 locations

- All providers
- 60 mile radius

Pediatric Allergy & Immunology

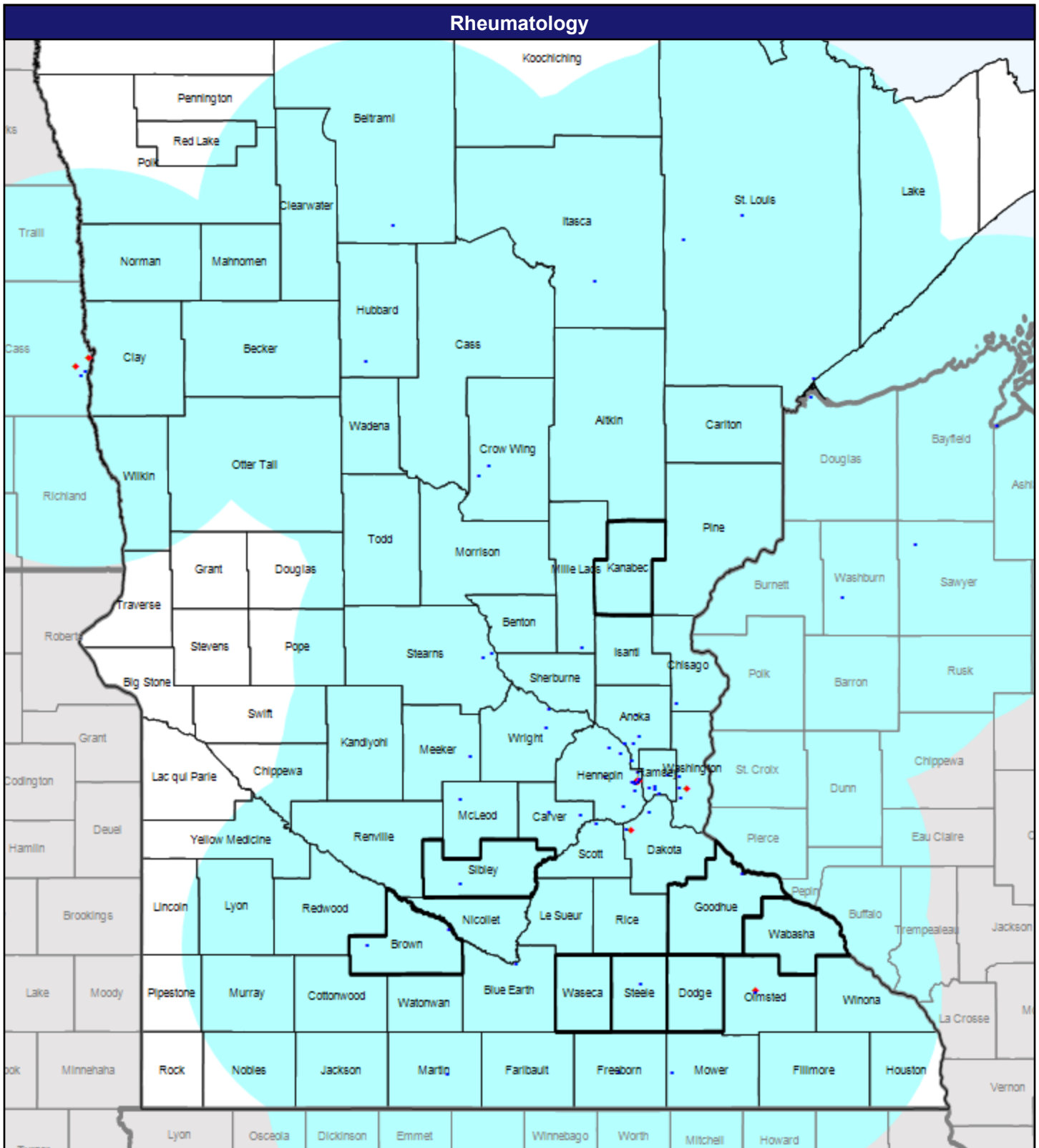
14 providers at 34 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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Rheumatology

69 providers at 61 locations

■ All providers

○ 60 mile radius

Pediatric Rheumatology

9 providers at 10 locations

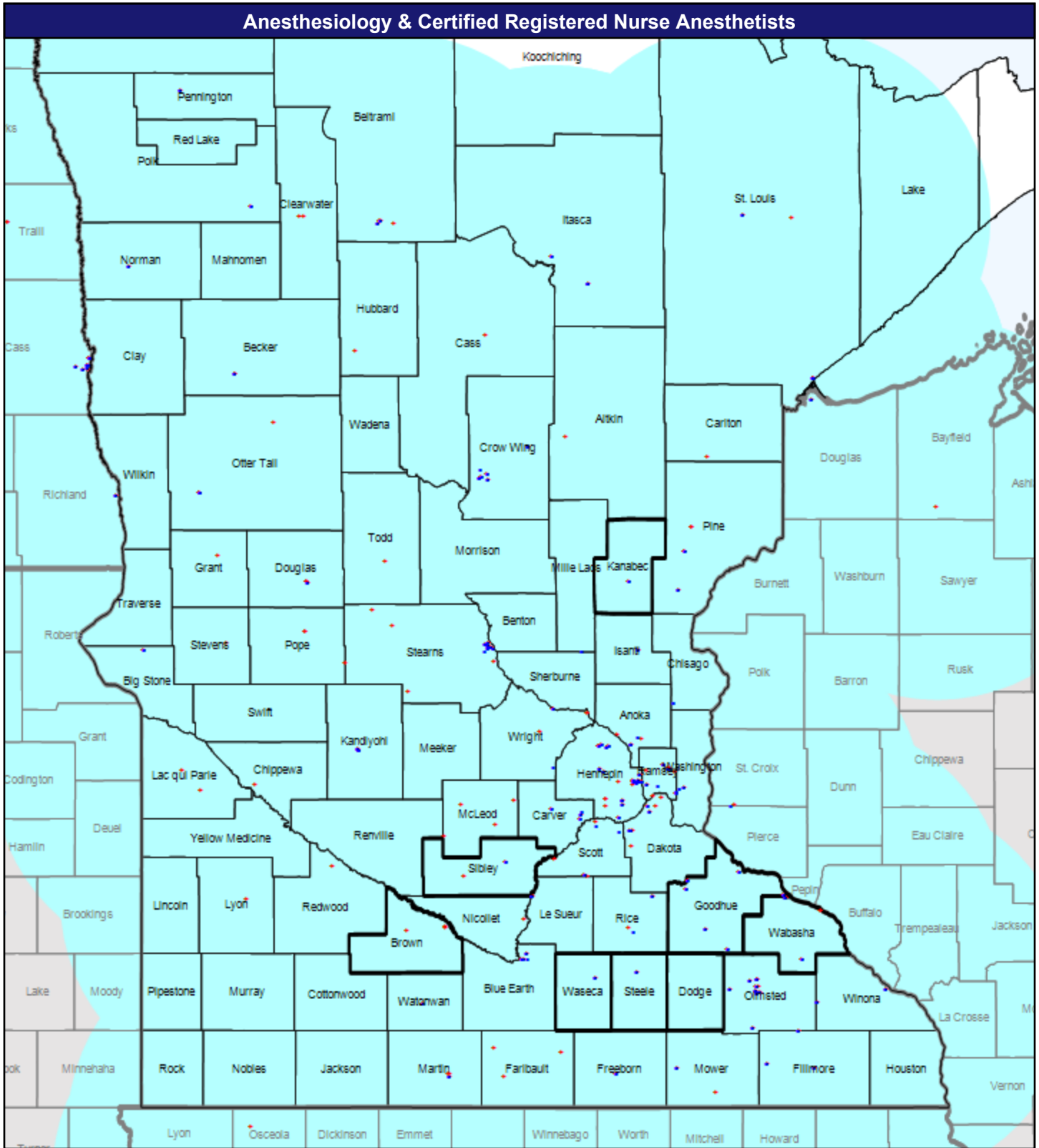
◆ All providers

○ 60 mile radius

Service Areas

□ (Bold Outline) Service Area

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Anesthesiology

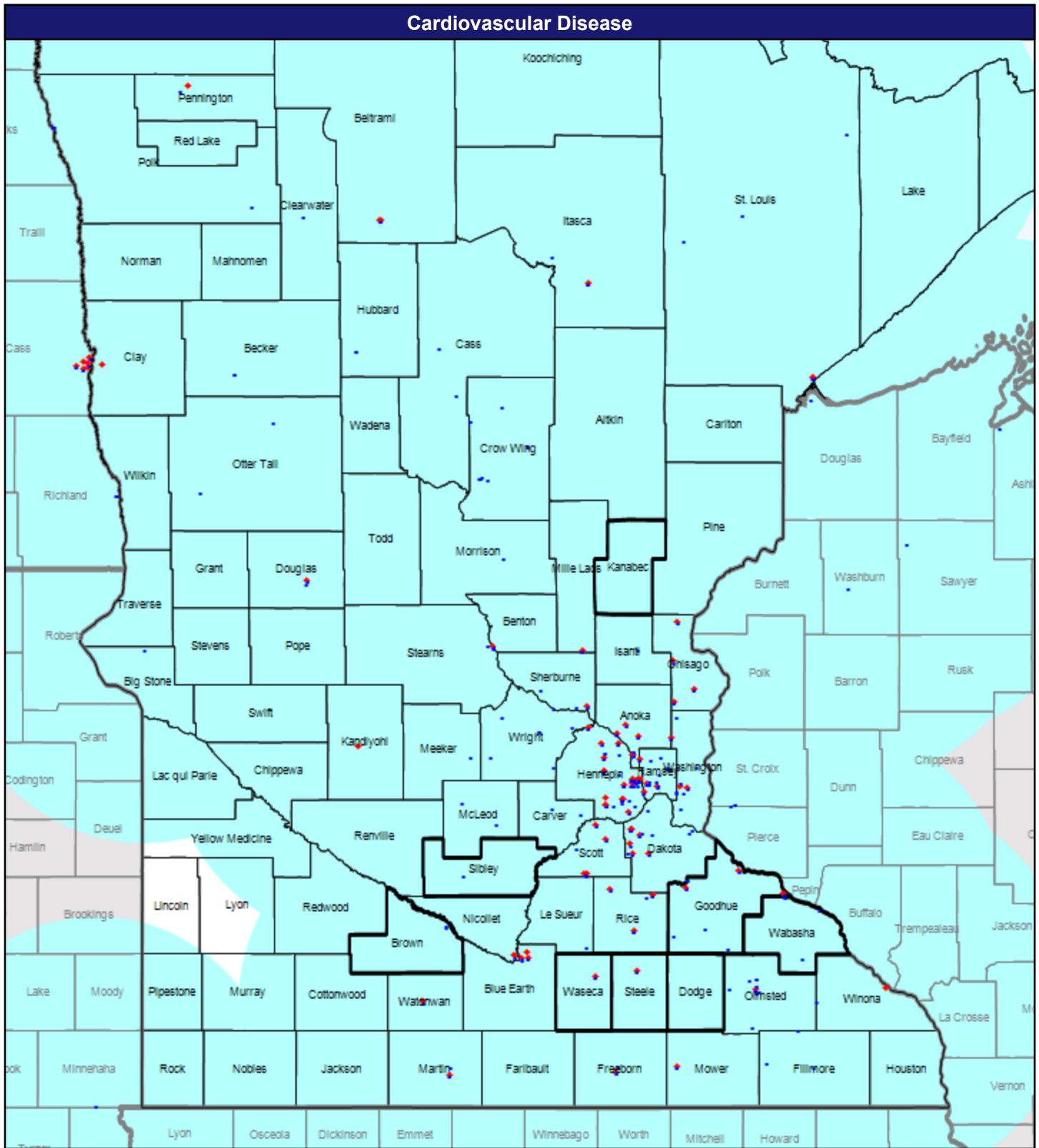
573 providers at 138 locations

- All providers
- 60 mile radius

Certified Registered Nurse Anesthetists

1,469 providers at 189 locations

Network Access Analysis - All Products



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Cardiology

529 providers at 210 locations

- All providers
- 60 mile radius

Pediatric Cardiology

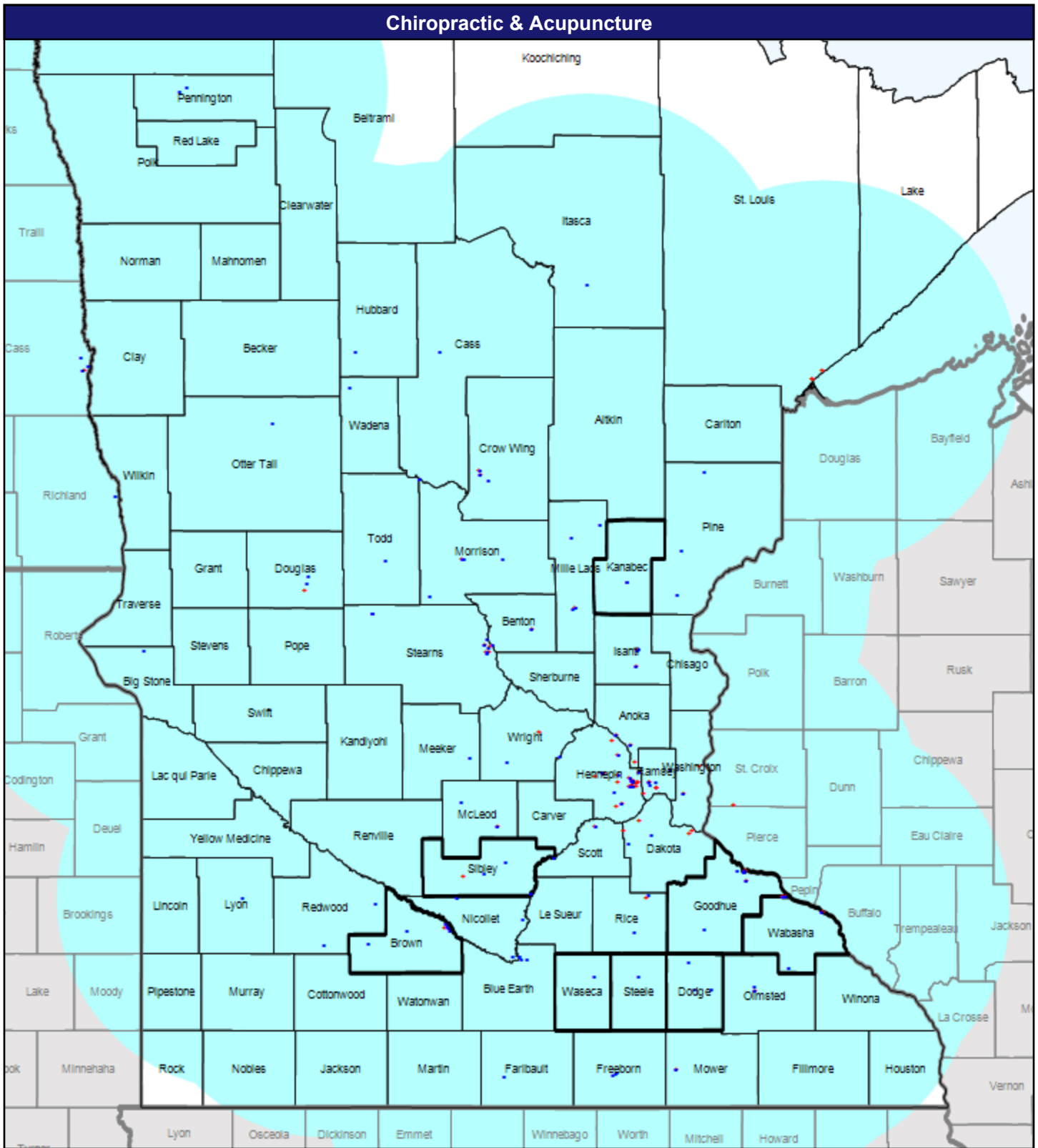
99 providers at 87 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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Chiropractic

148 providers at 119 locations

- All providers
- 60 mile radius

Acupuncture

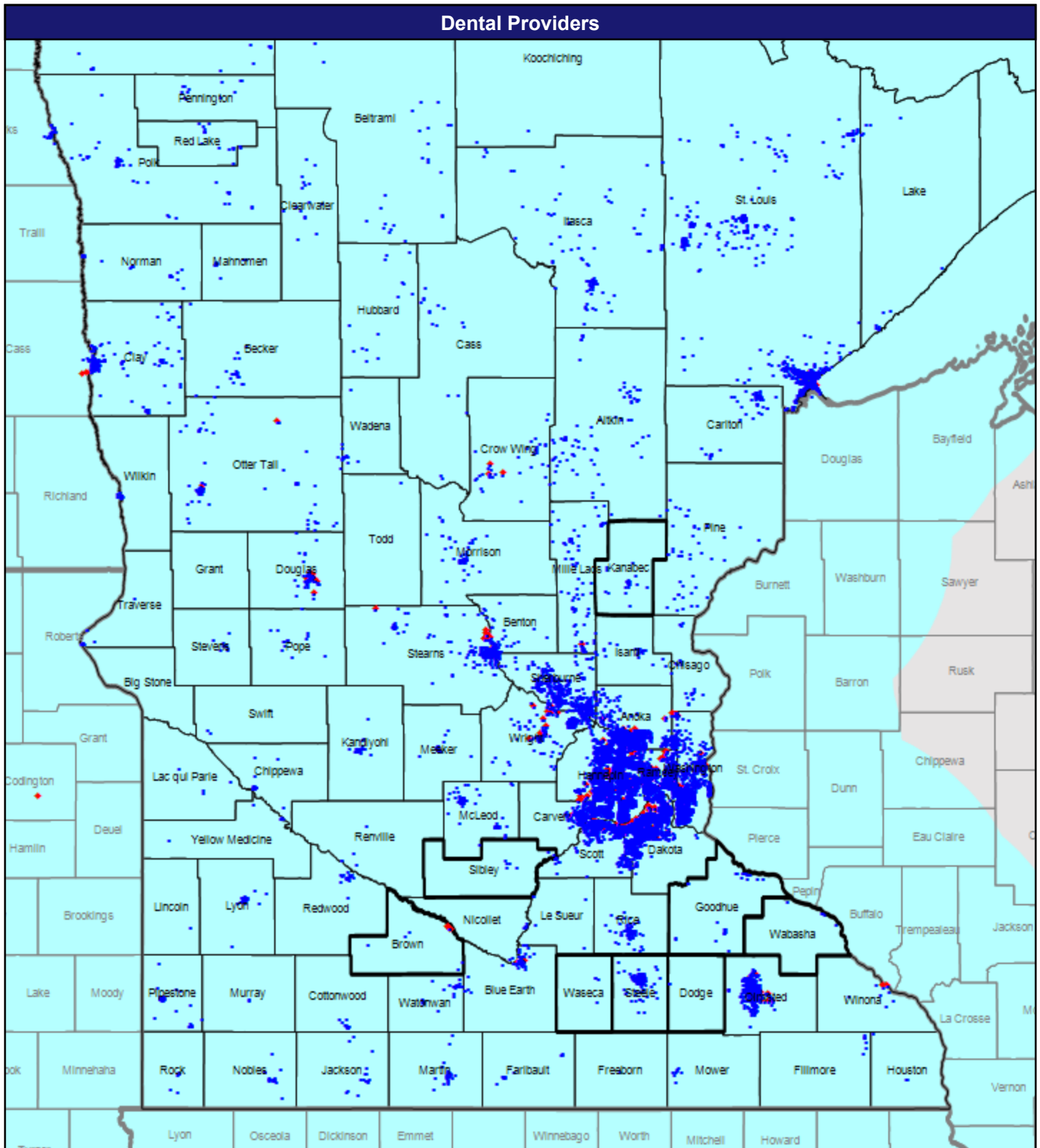
73 providers at 69 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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General Dentist

16,011 providers at 15,635 locations

- All providers
- 60 mile radius

Pediatric Dentist

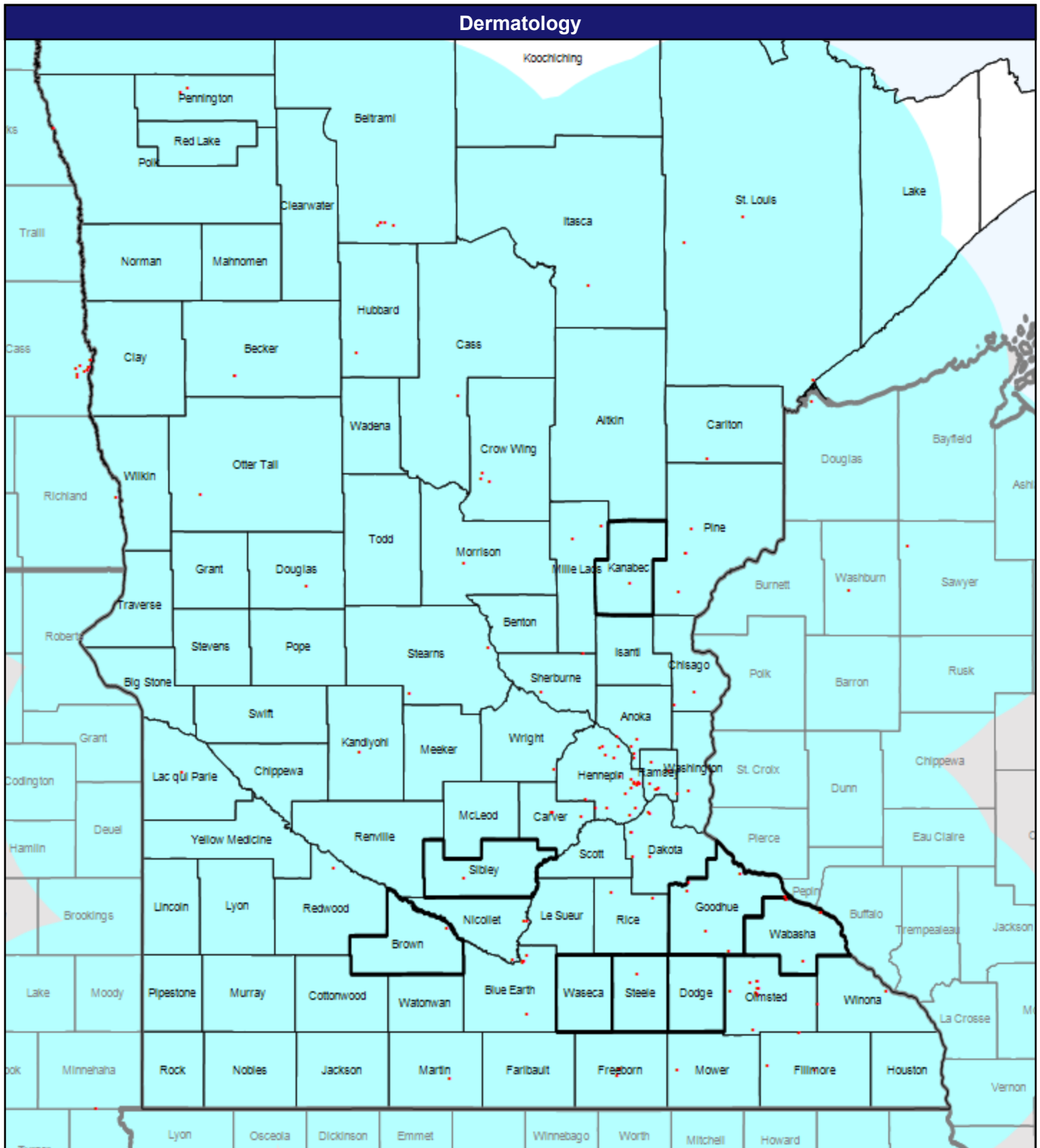
330 providers at 330 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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Dermatology

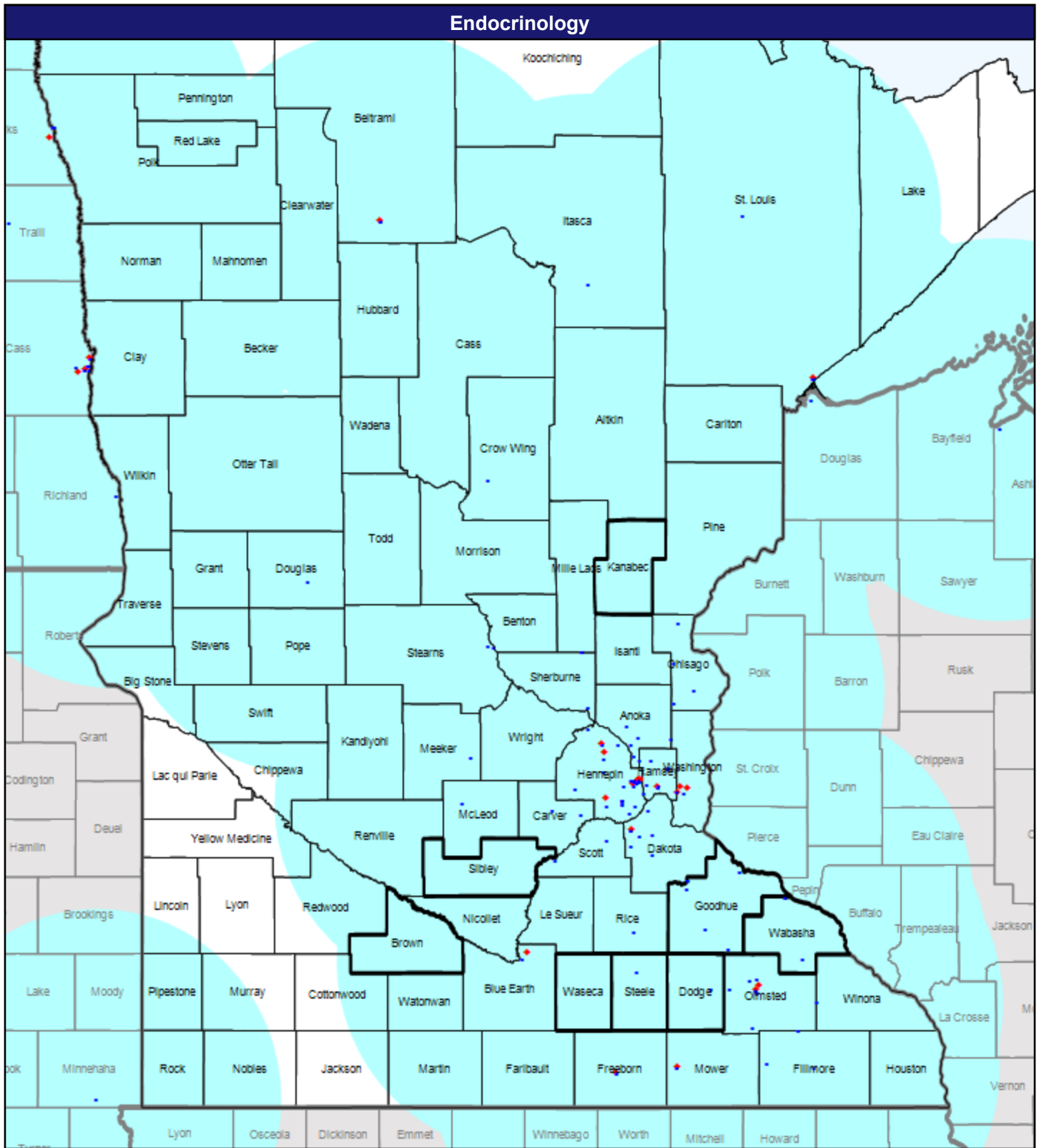
190 providers at 143 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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Endocrinology

126 providers at 110 locations

- All providers
- 60 mile radius

Pediatric Endocrinology

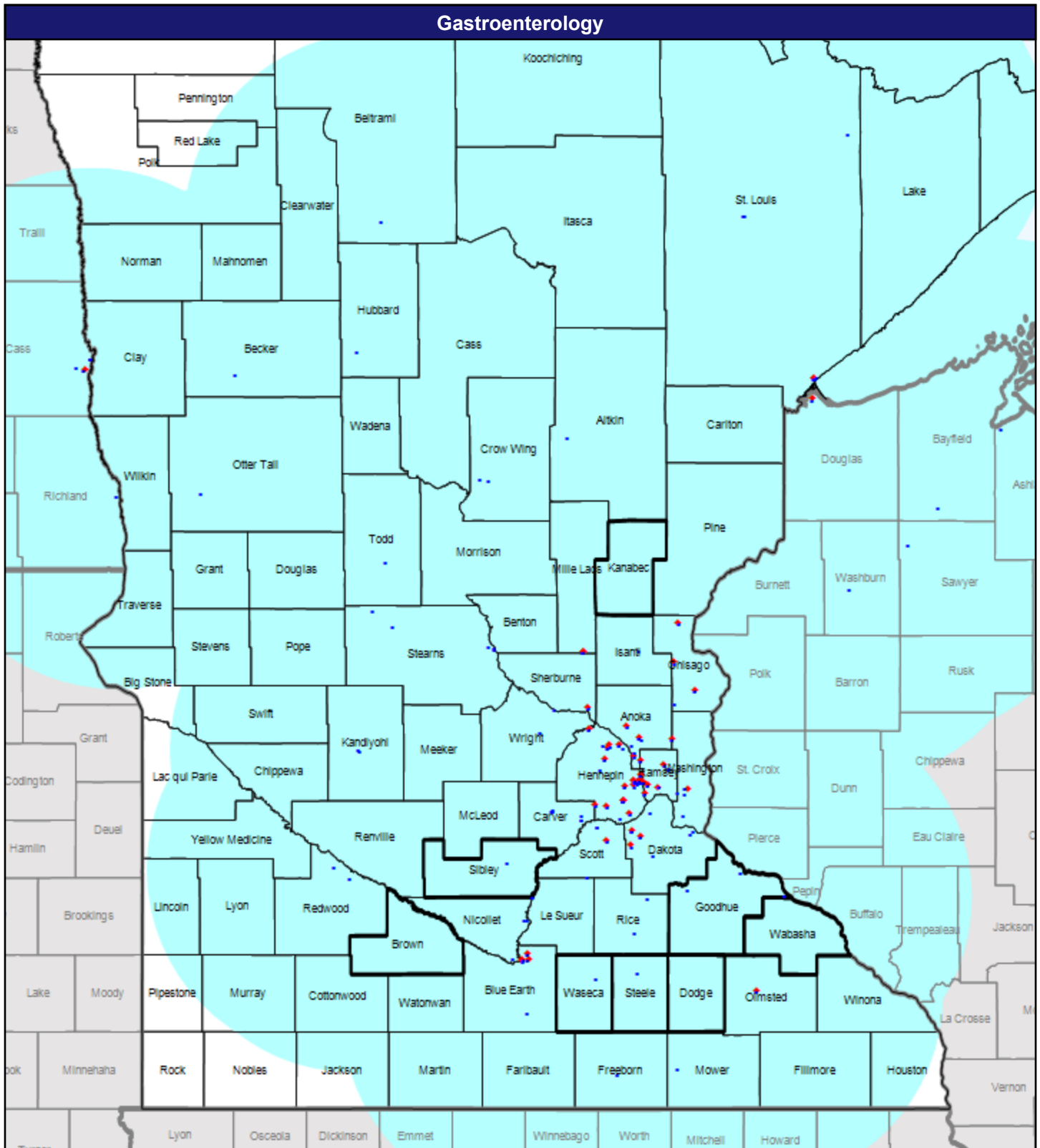
32 providers at 26 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Gastroenterology

301 providers at 131 locations

- All providers
- 60 mile radius

Pediatric Gastroenterology

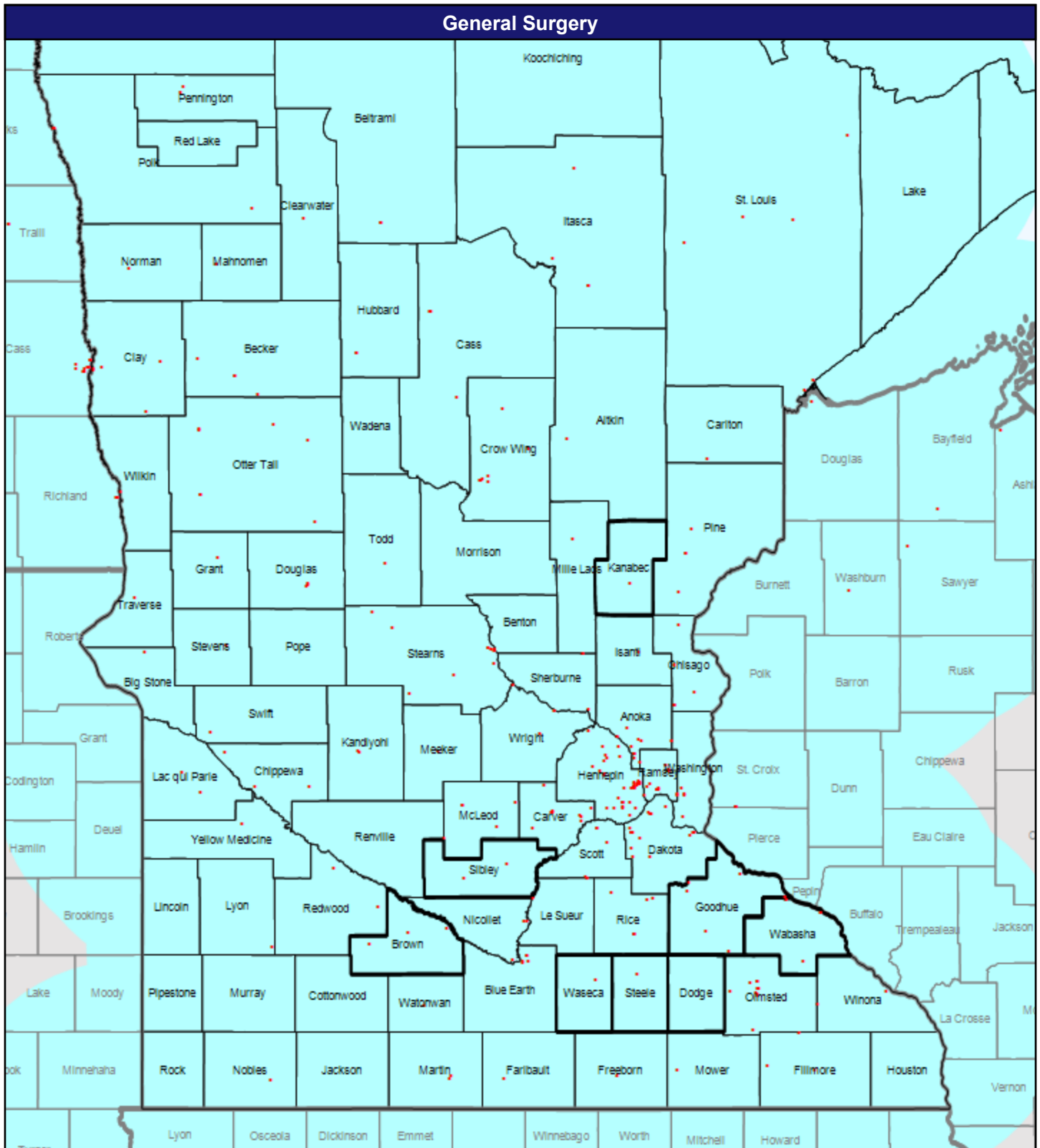
34 providers at 52 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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General Surgery

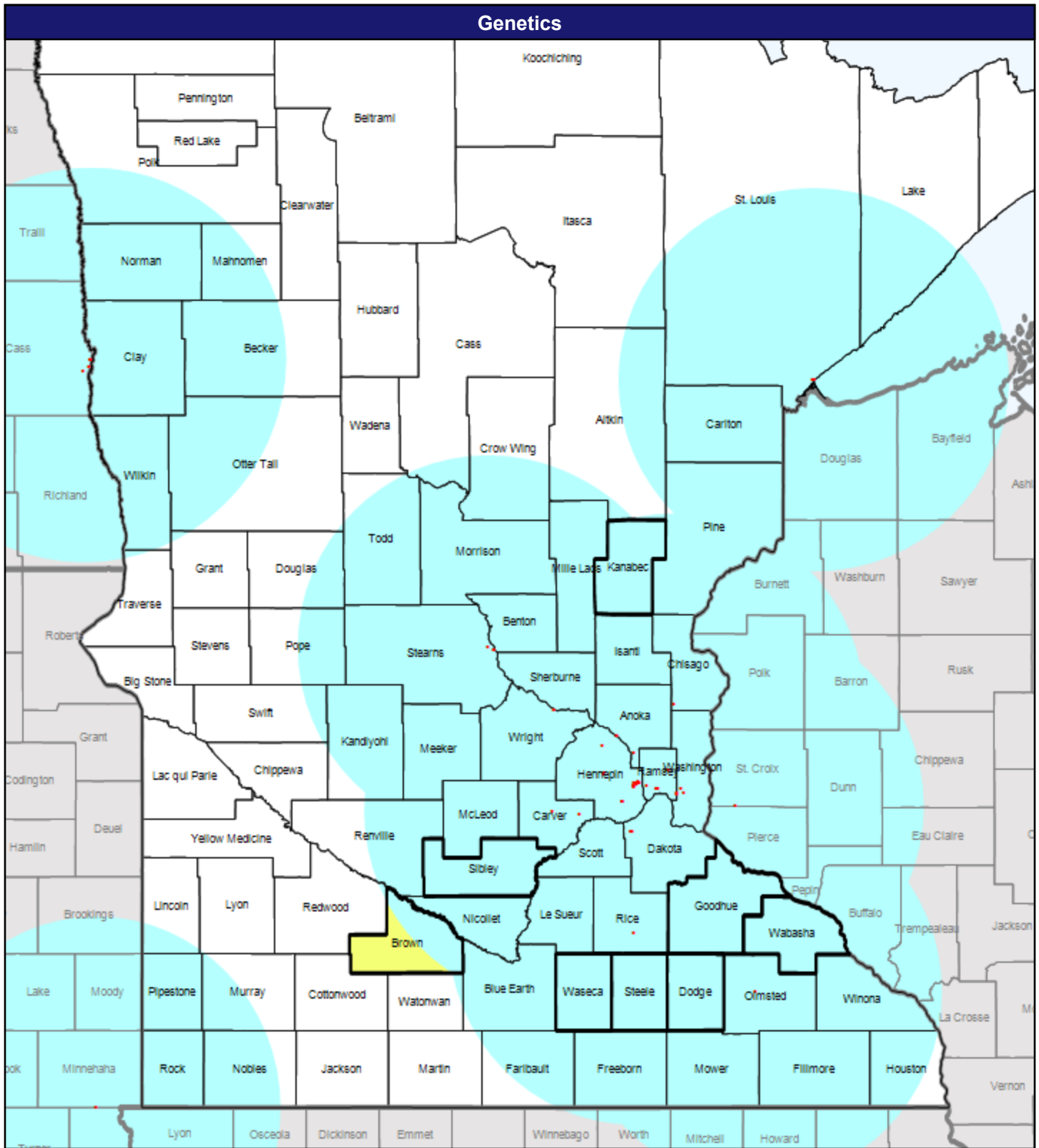
460 providers at 294 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Medical Genetics

■ Gap in Service Area

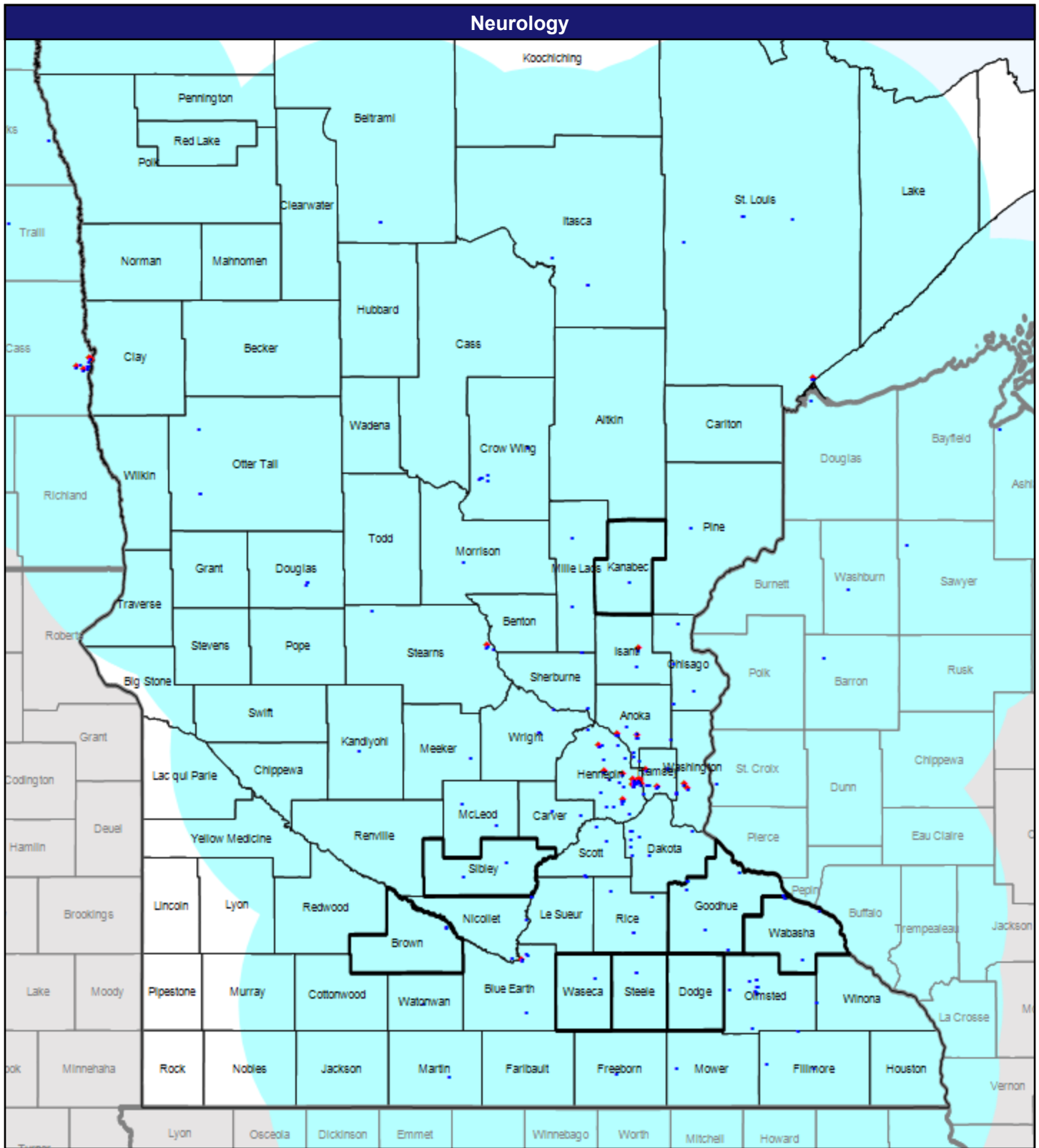
87 providers at 52 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Neurology

398 providers at 190 locations

- All providers
- 60 mile radius

Pediatric Neurology

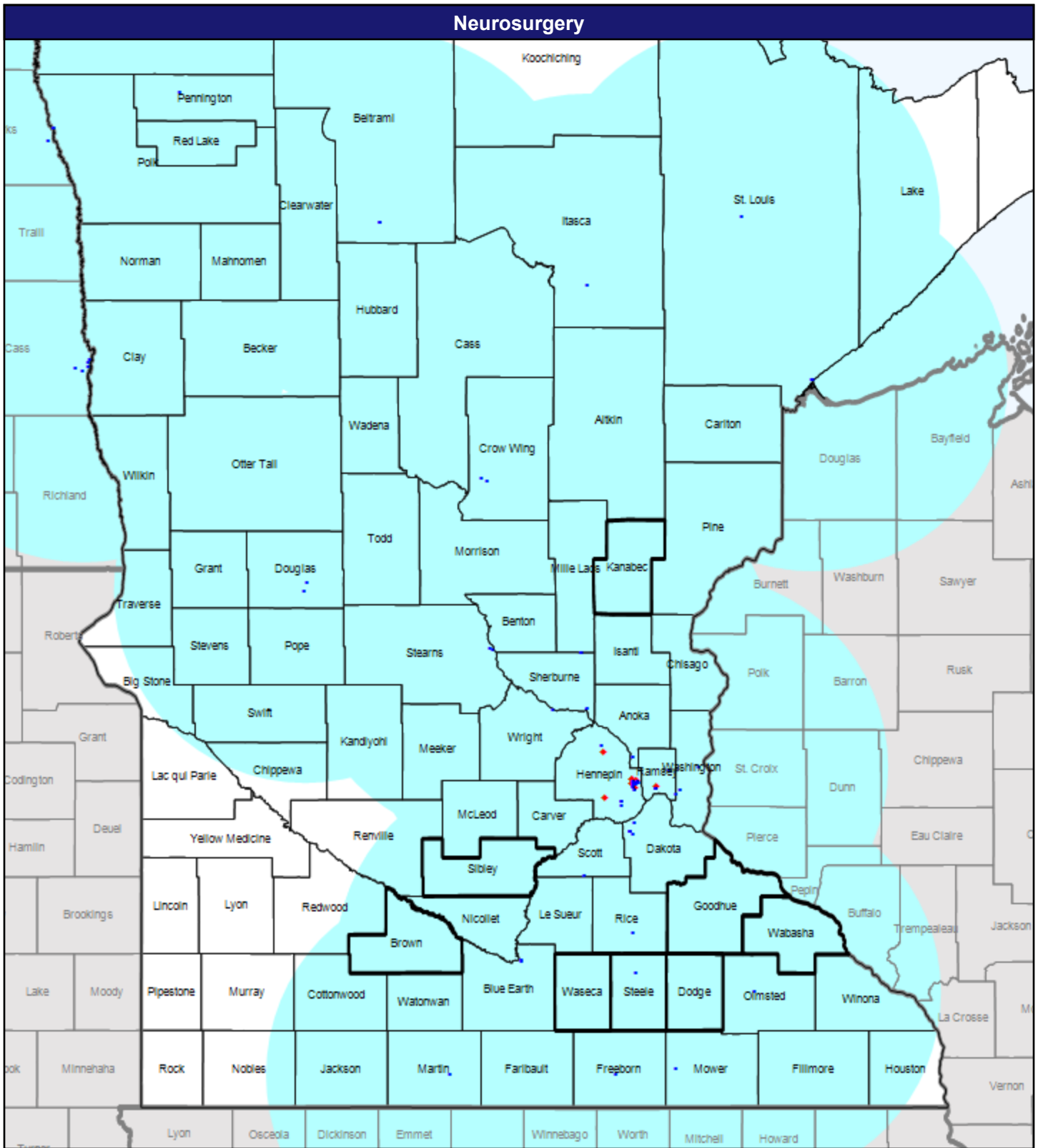
29 providers at 28 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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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

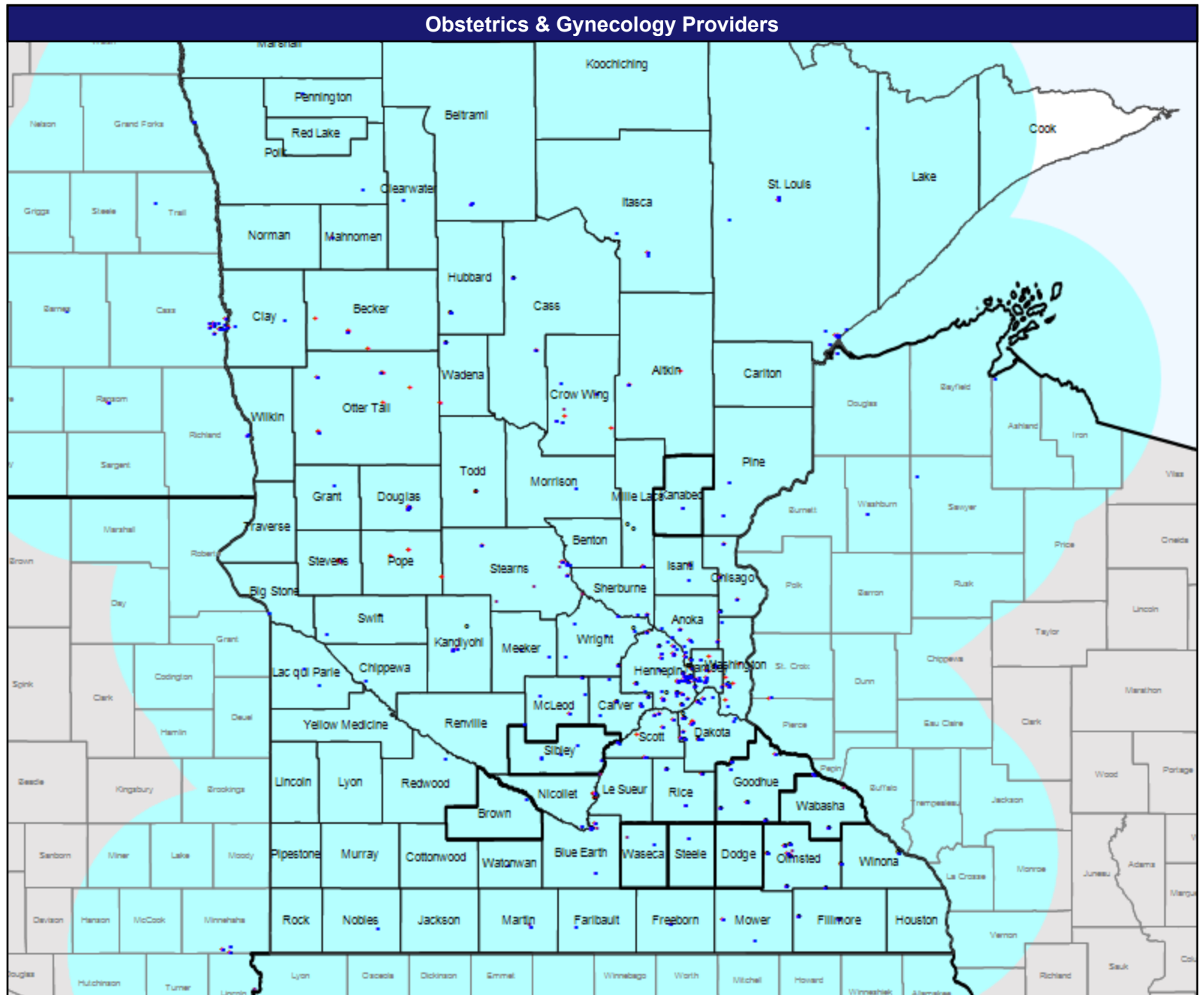
OB/GYN Nurse Practitioner

132 providers at 144 locations

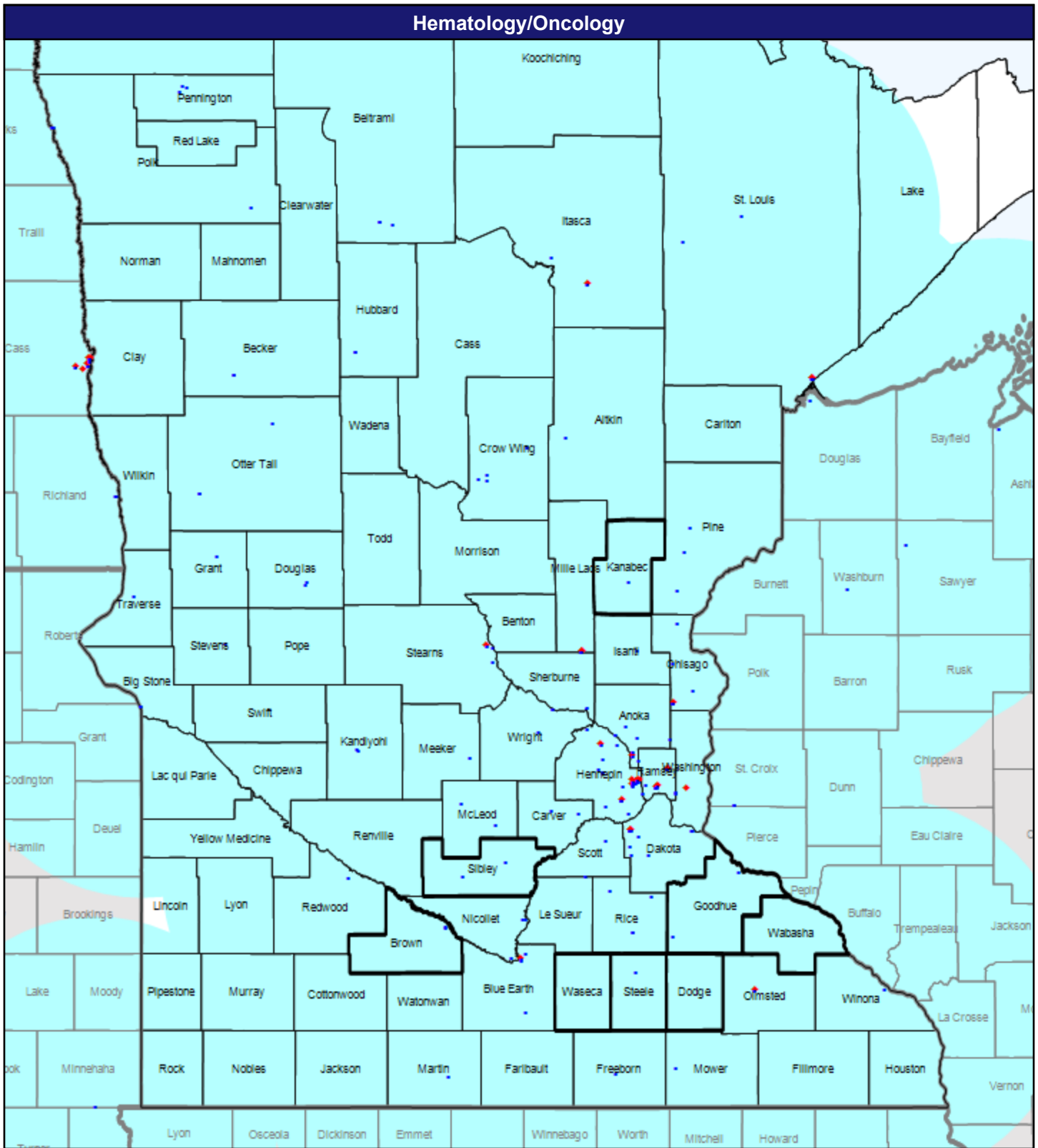
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area



Network Access Analysis - All Products



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Hematology/Oncology

287 providers at 158 locations

- All providers
- 60 mile radius

Pediatric Hematology/Oncology

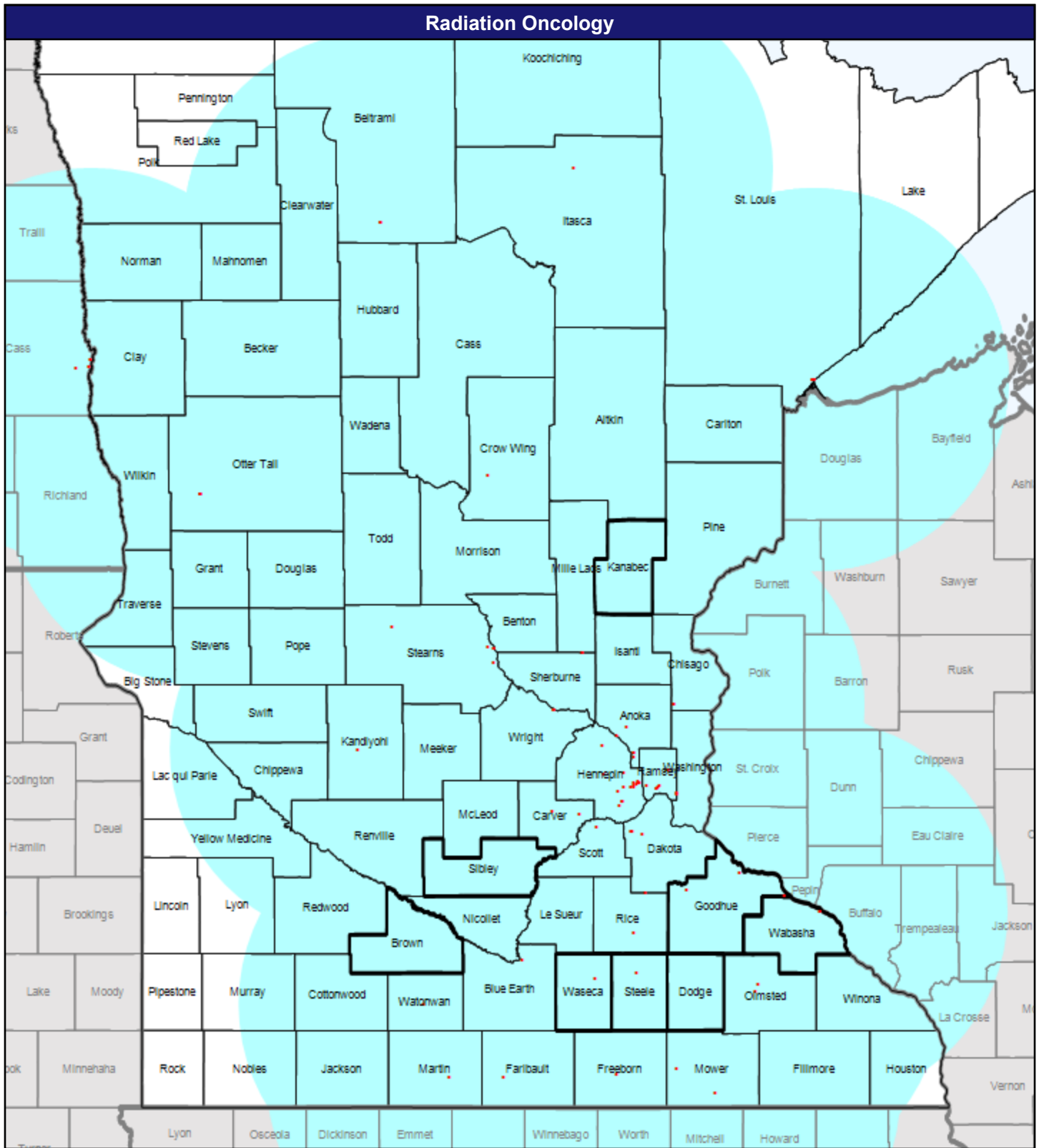
73 providers at 30 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Radiation Oncology

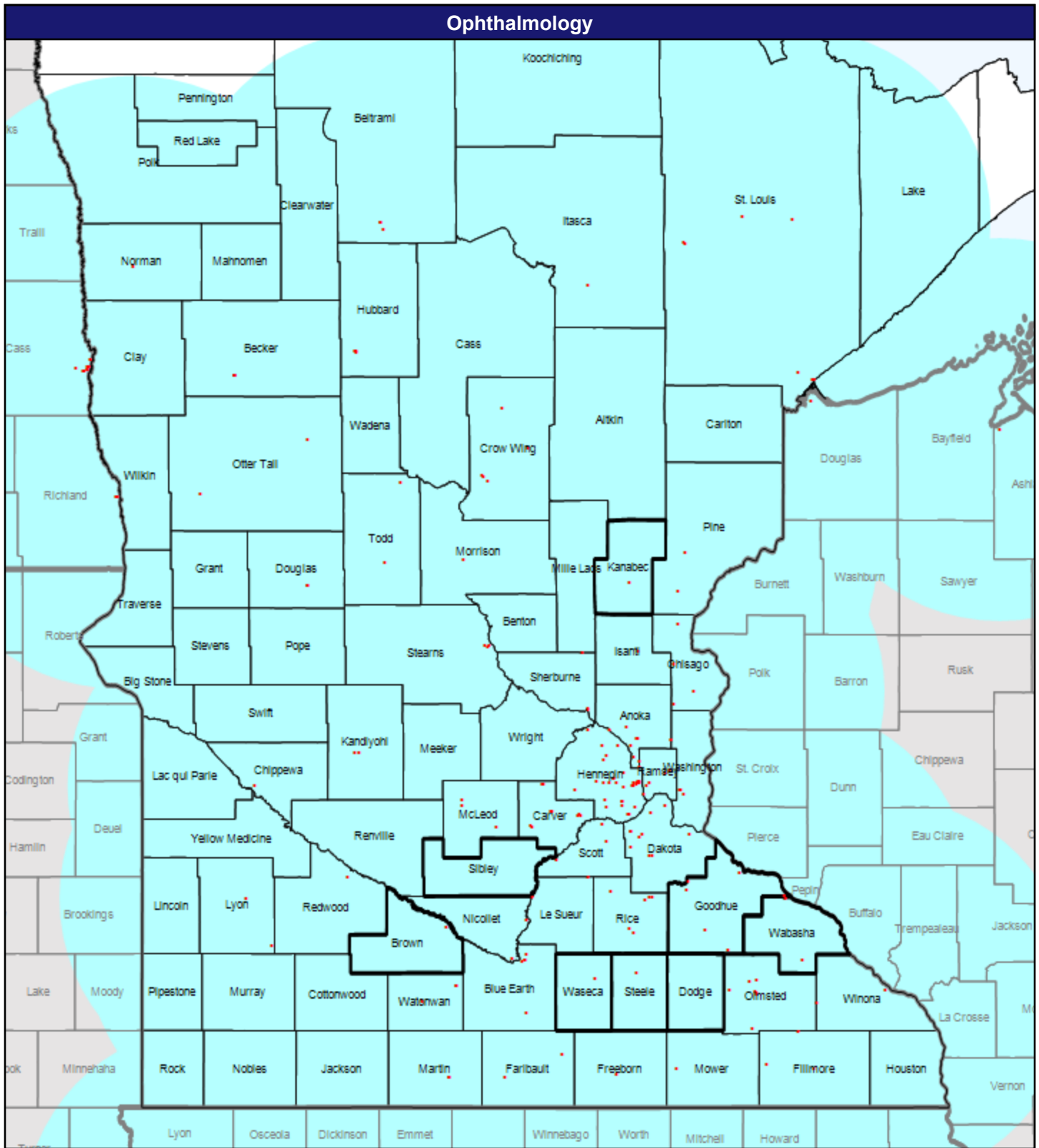
145 providers at 79 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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Ophthalmology

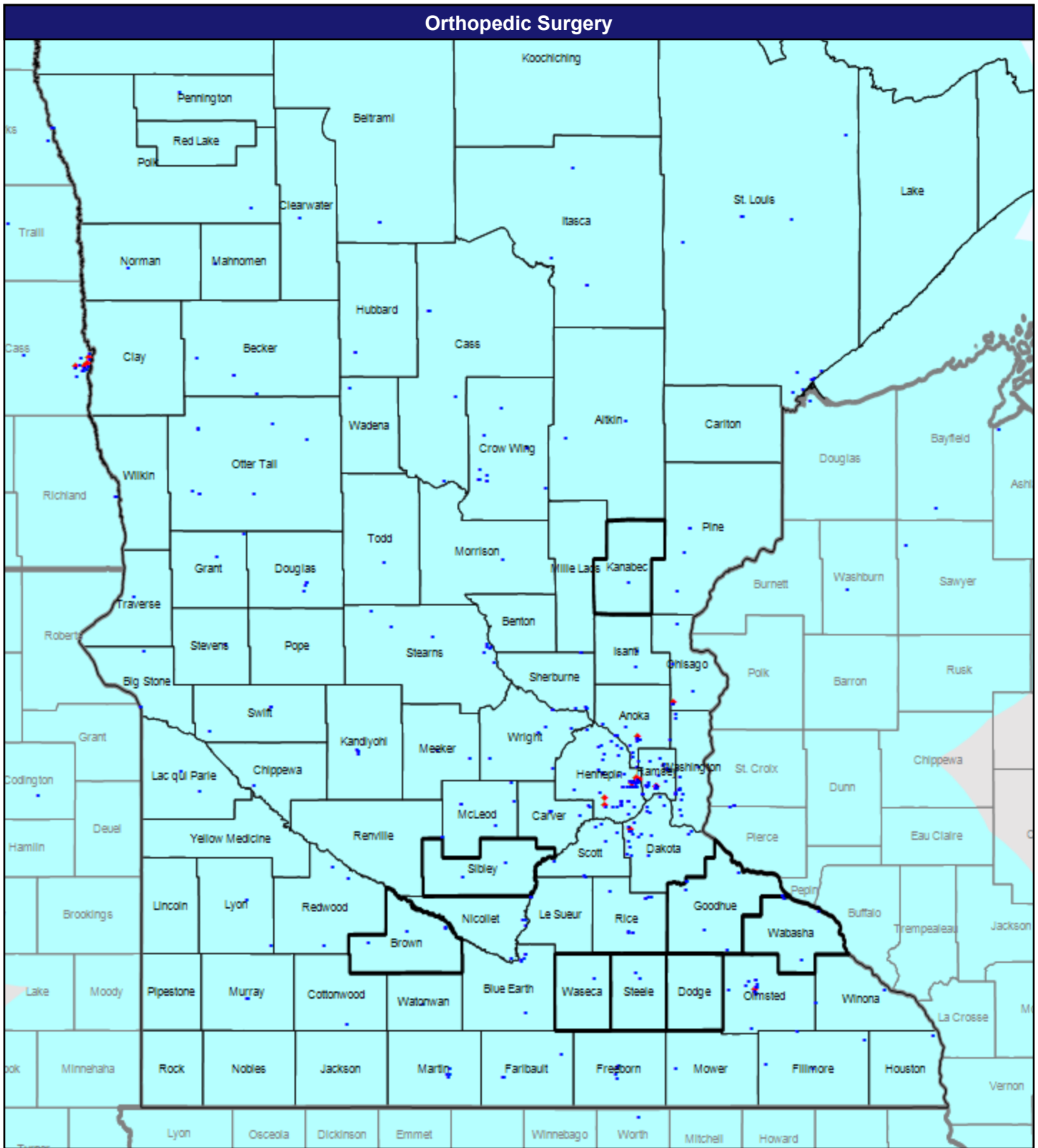
199 providers at 191 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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Orthopedic Surgery

664 providers at 381 locations

- All providers
- 60 mile radius

Pediatric Orthopedic Surgery

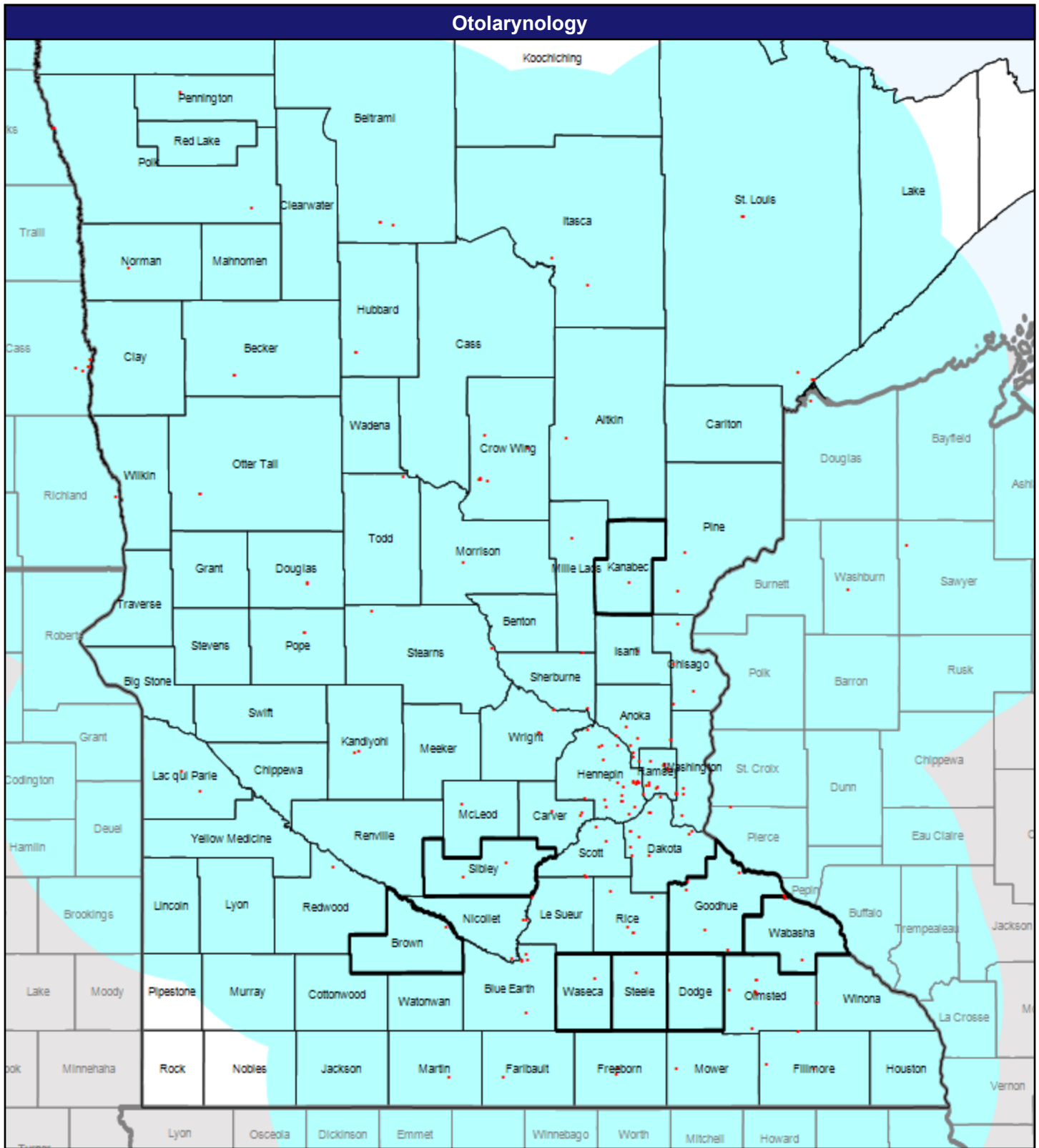
37 providers at 17 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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ENT/Otolaryngology

213 providers at 179 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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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

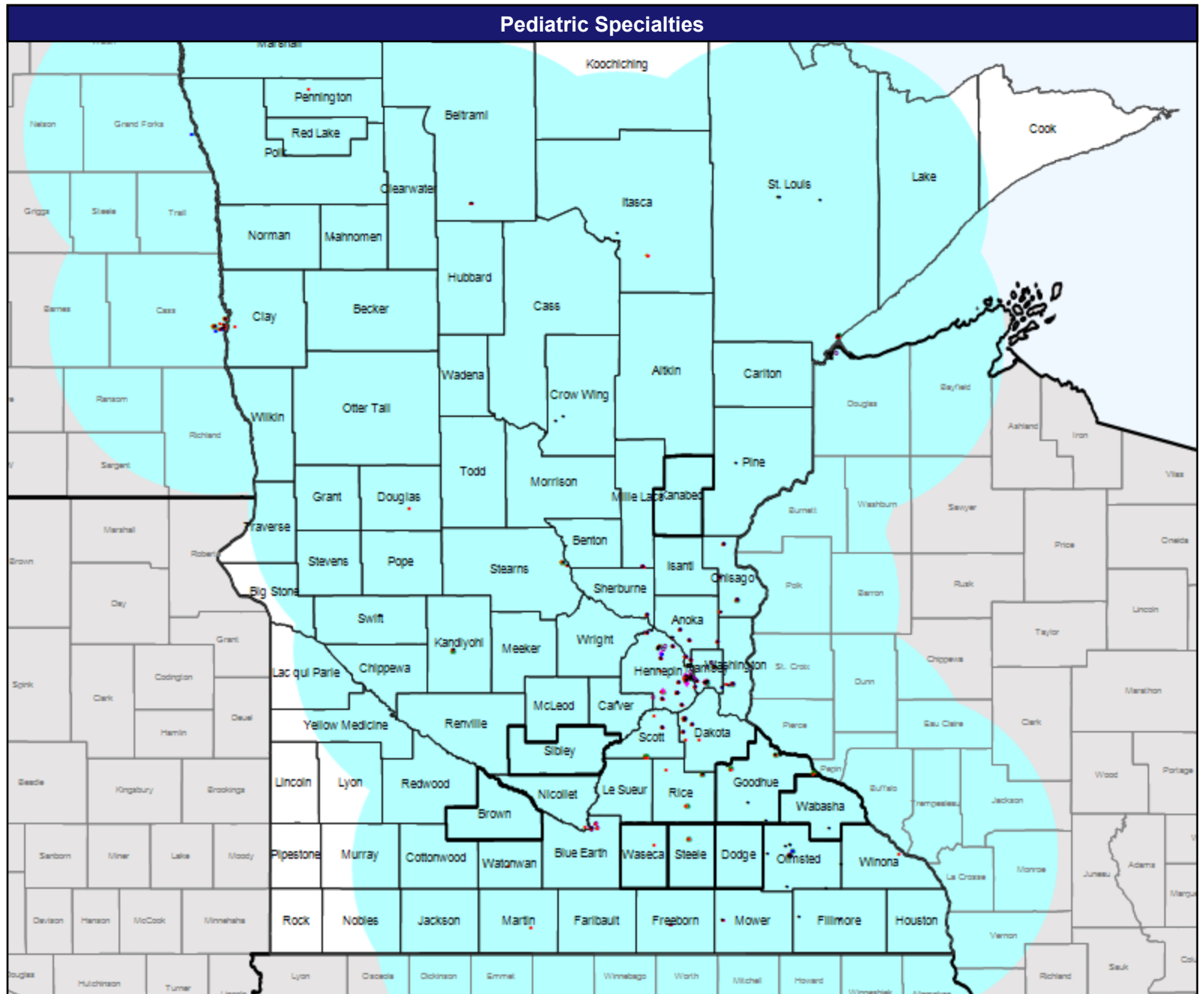
Pediatric Rheumatology

9 providers at 10 locations

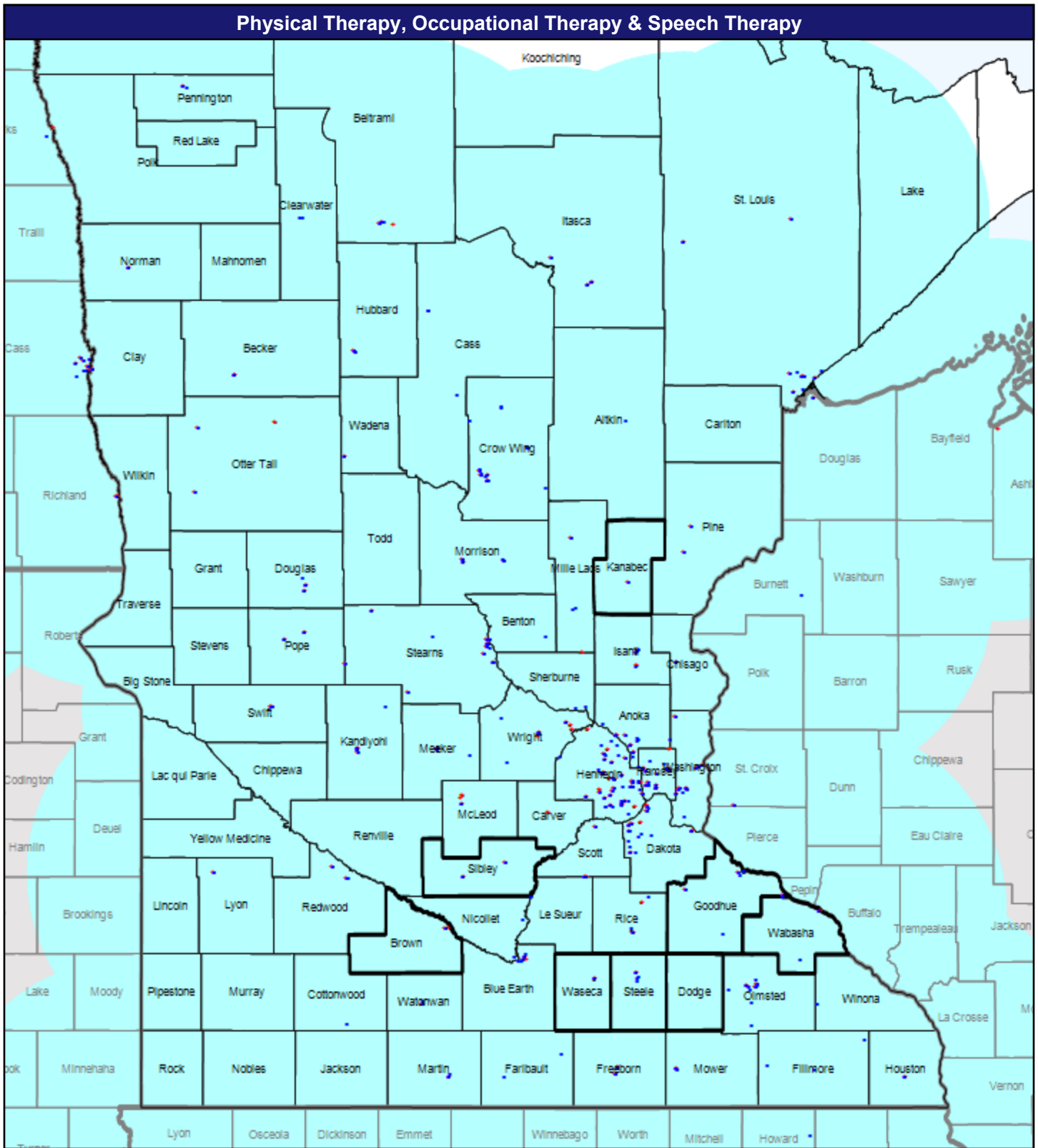
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area



Network Access Analysis - All Products



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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

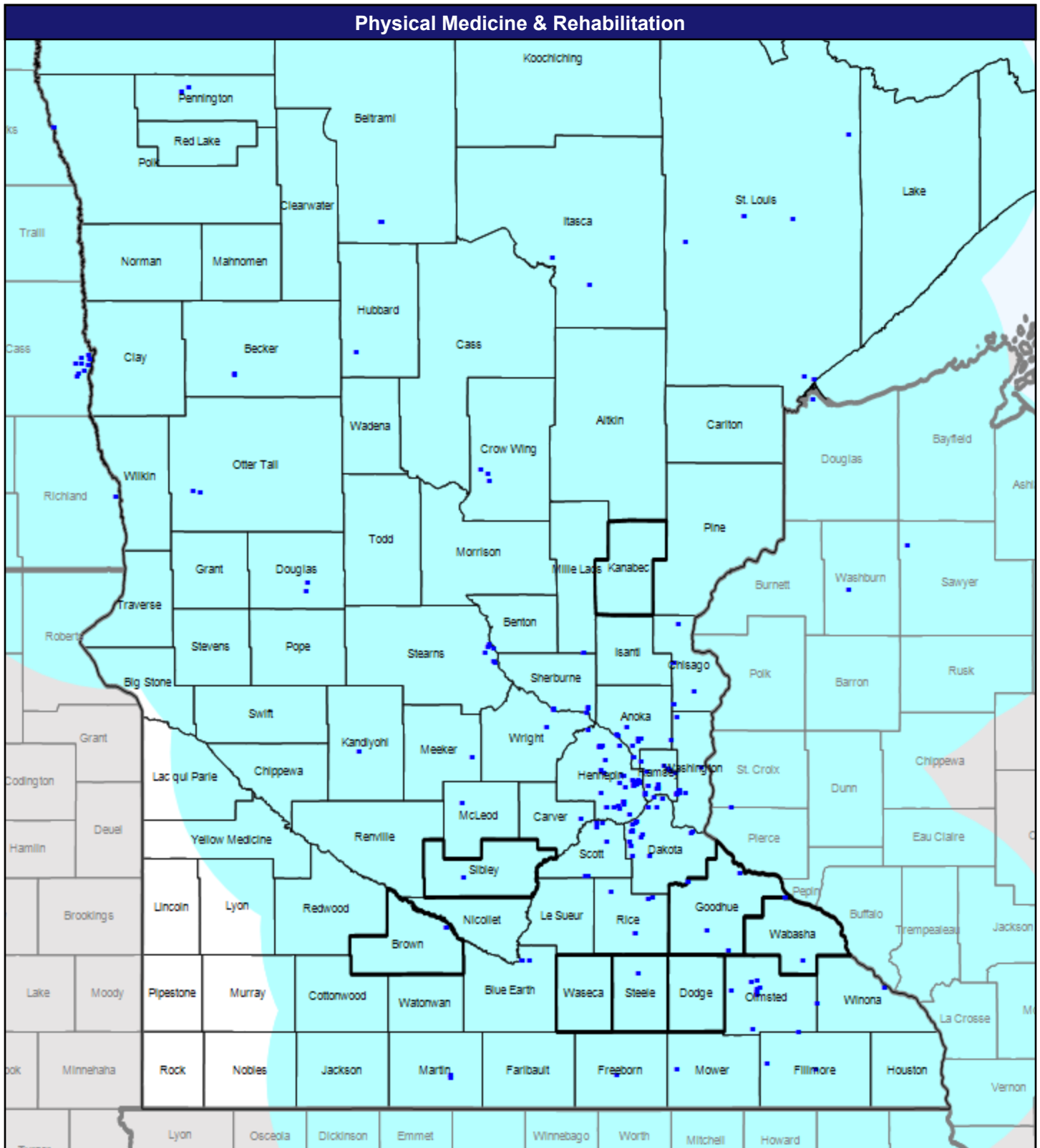
83 providers at 132 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Physical Medicine & Rehabilitation

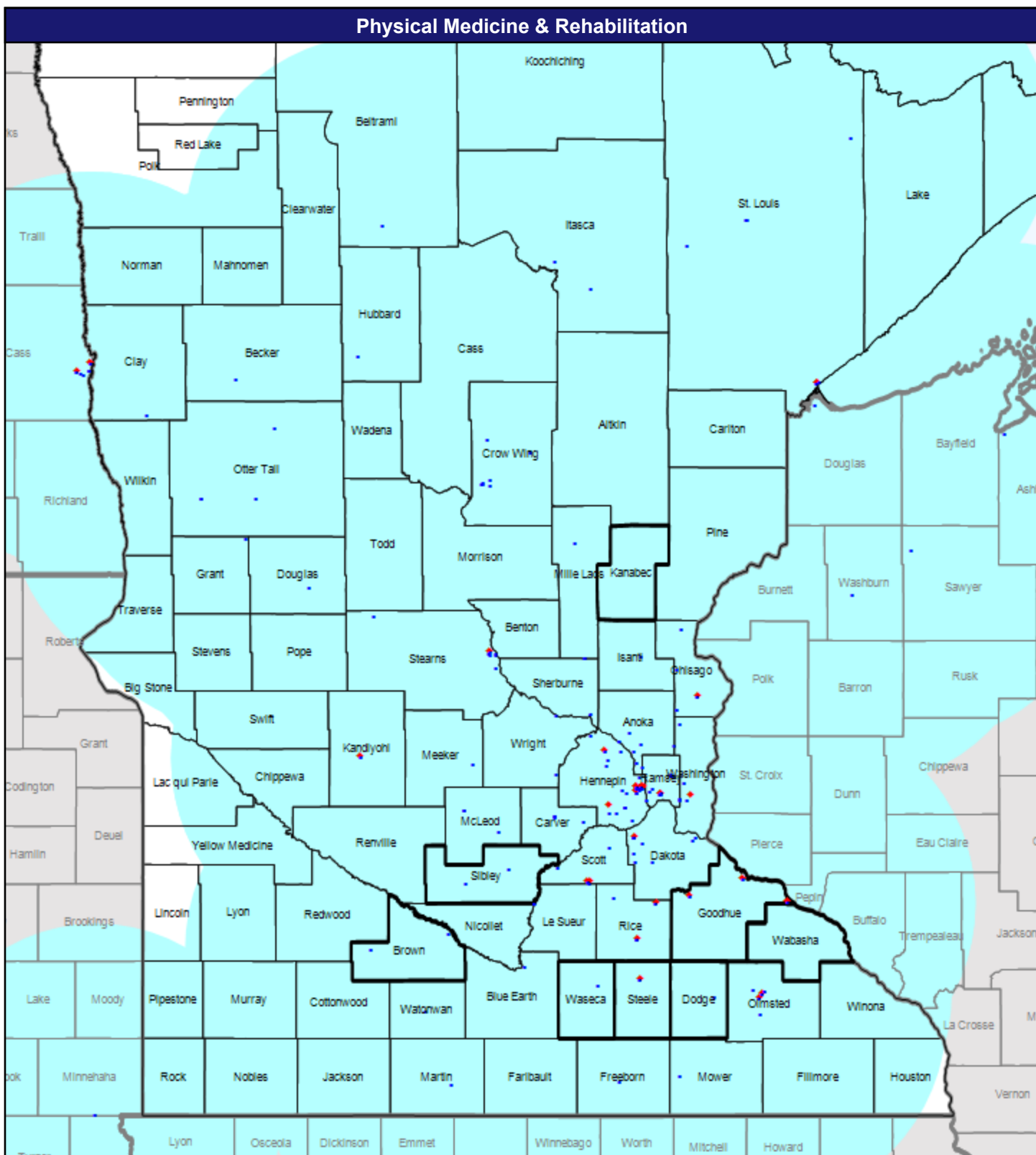
189 providers at 209 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Pulmonary Medicine

210 providers at 148 locations

- All providers
- 60 mile radius

Pediatric Pulmonary Medicine

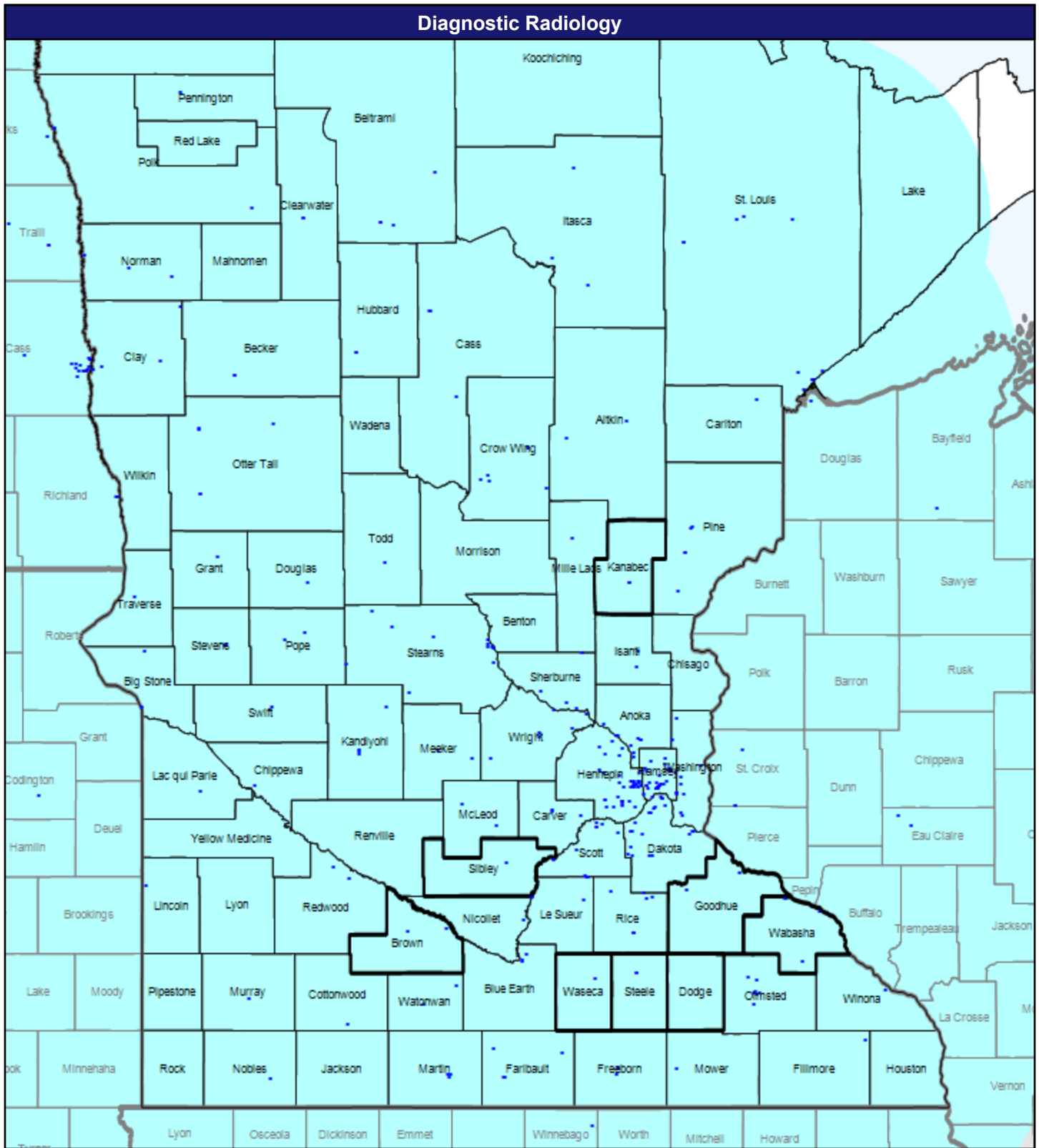
28 providers at 34 locations

- ◆ All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Diagnostic Radiology

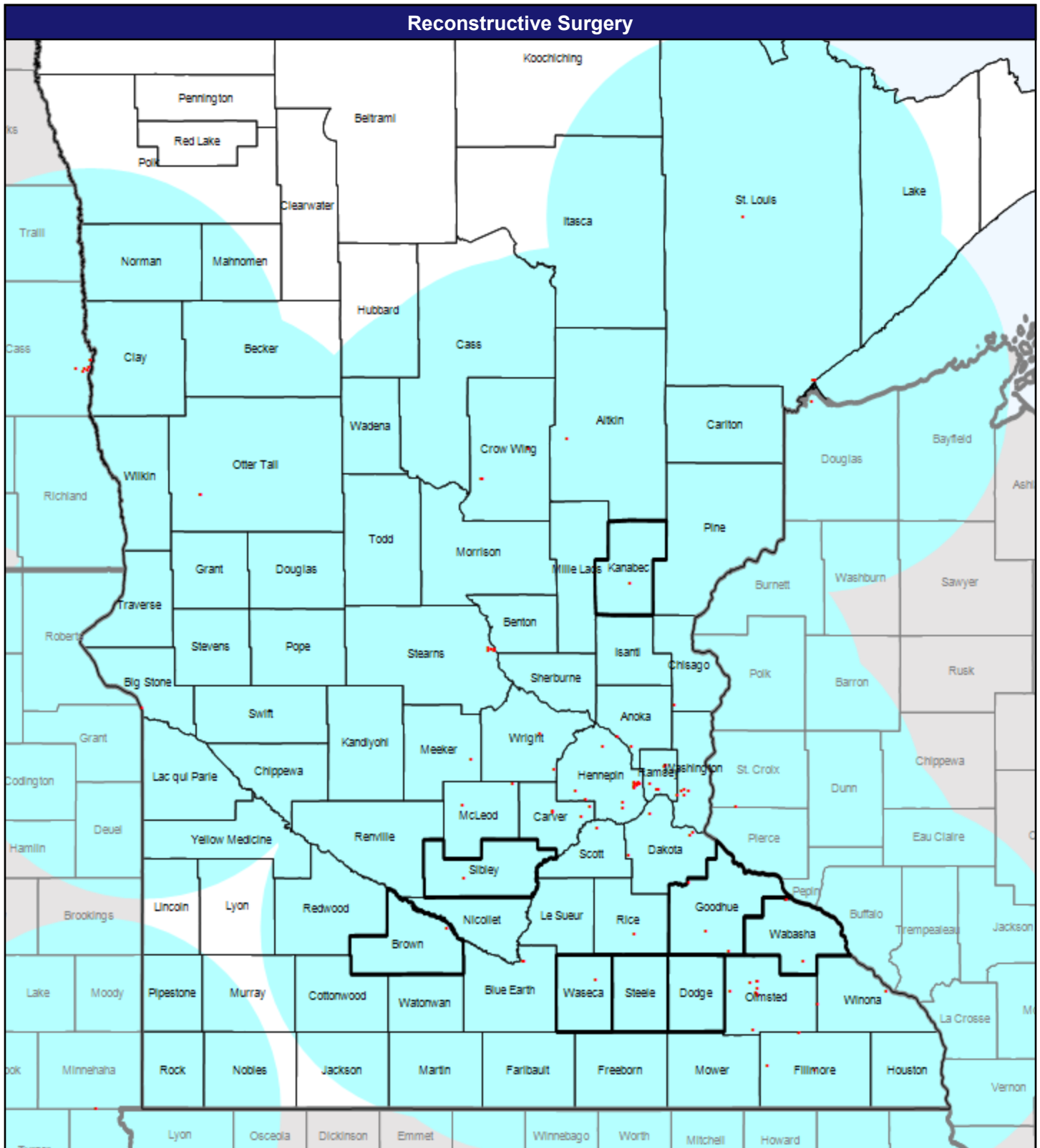
222 providers at 326 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Plastic & Reconstructive Surgery

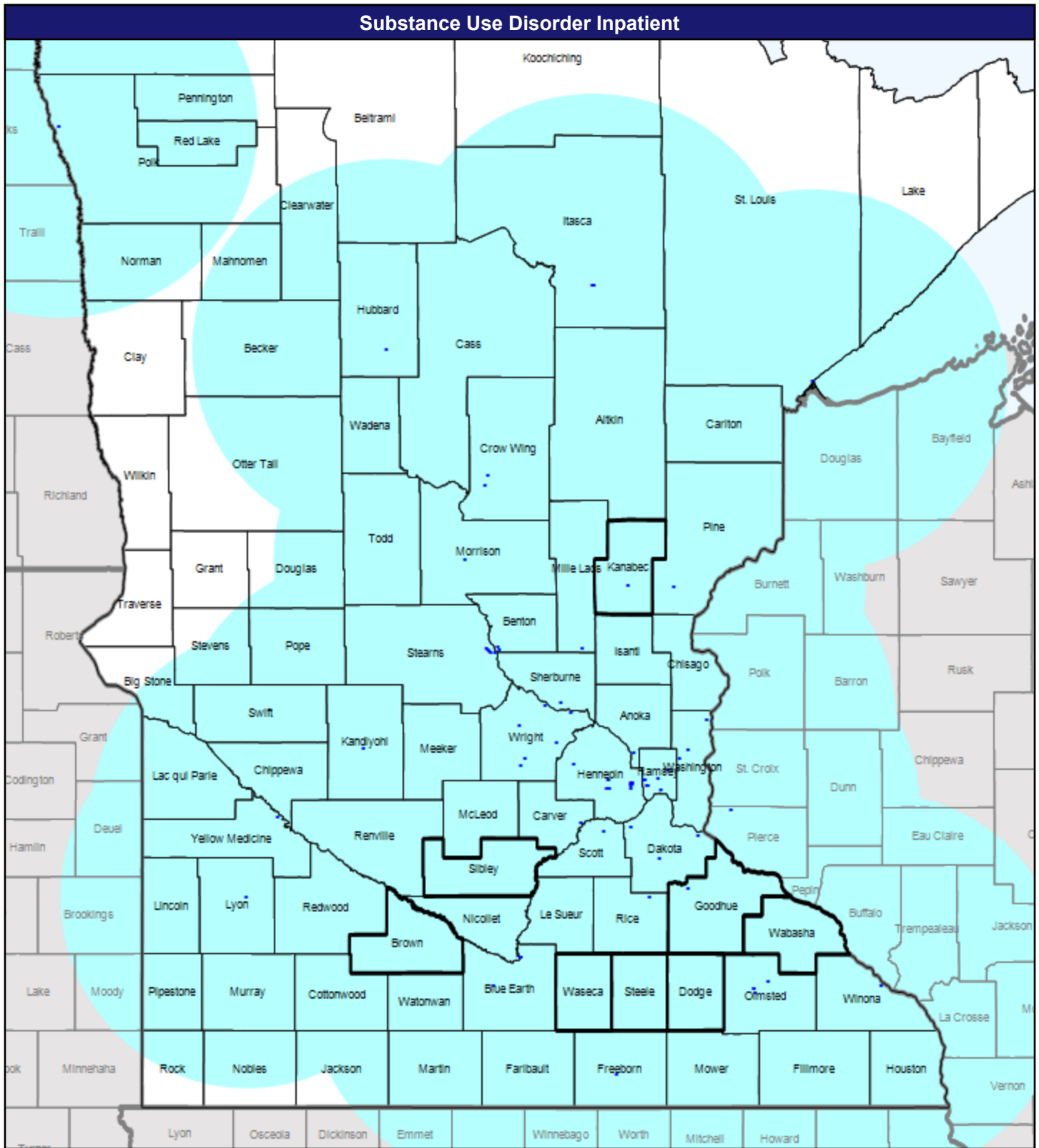
70 providers at 97 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Substance Use Disorder Inpatient

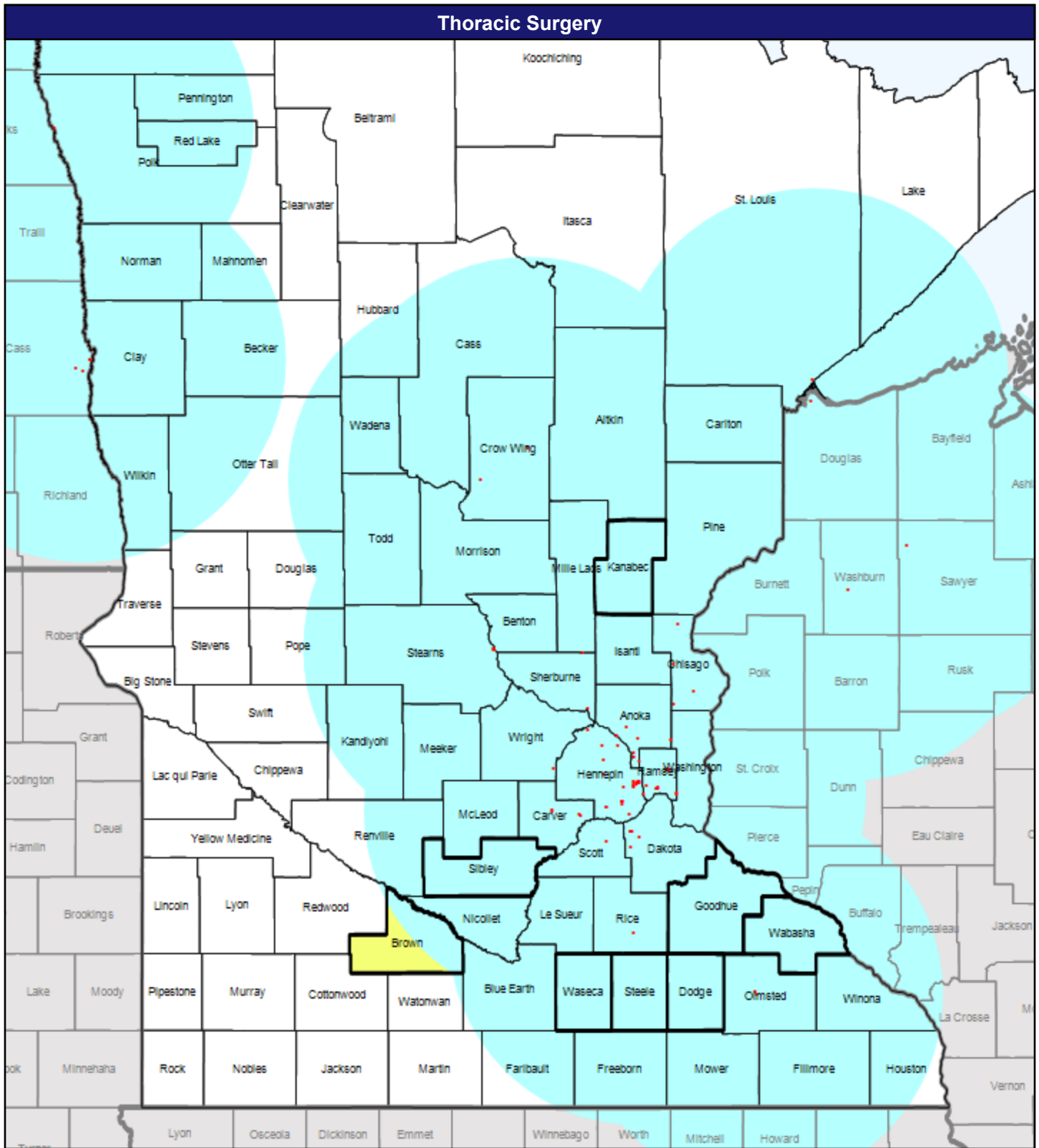
62 providers at 69 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

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Thoracic Surgery

■ Gap in Service Area

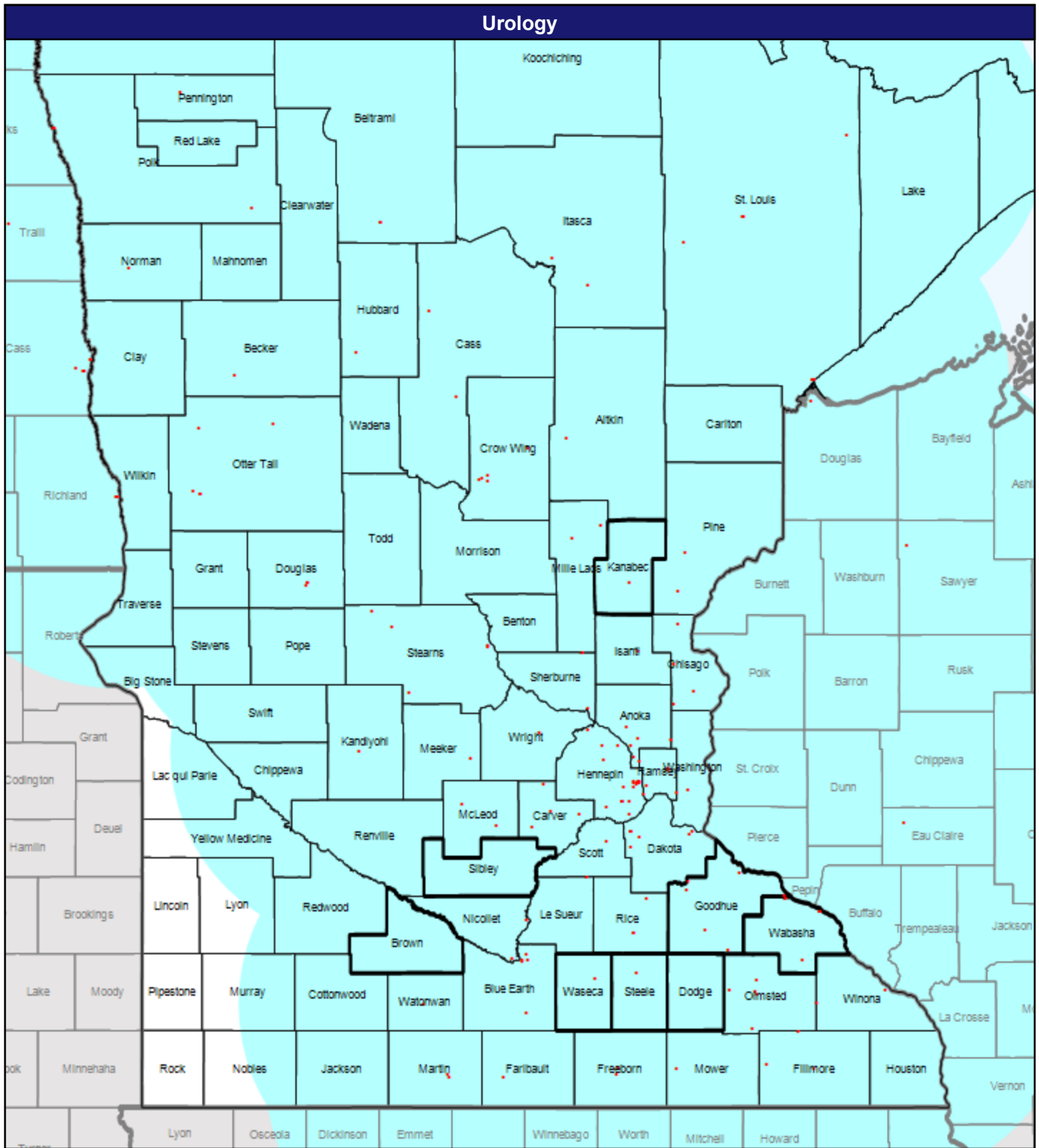
120 providers at 80 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Urology

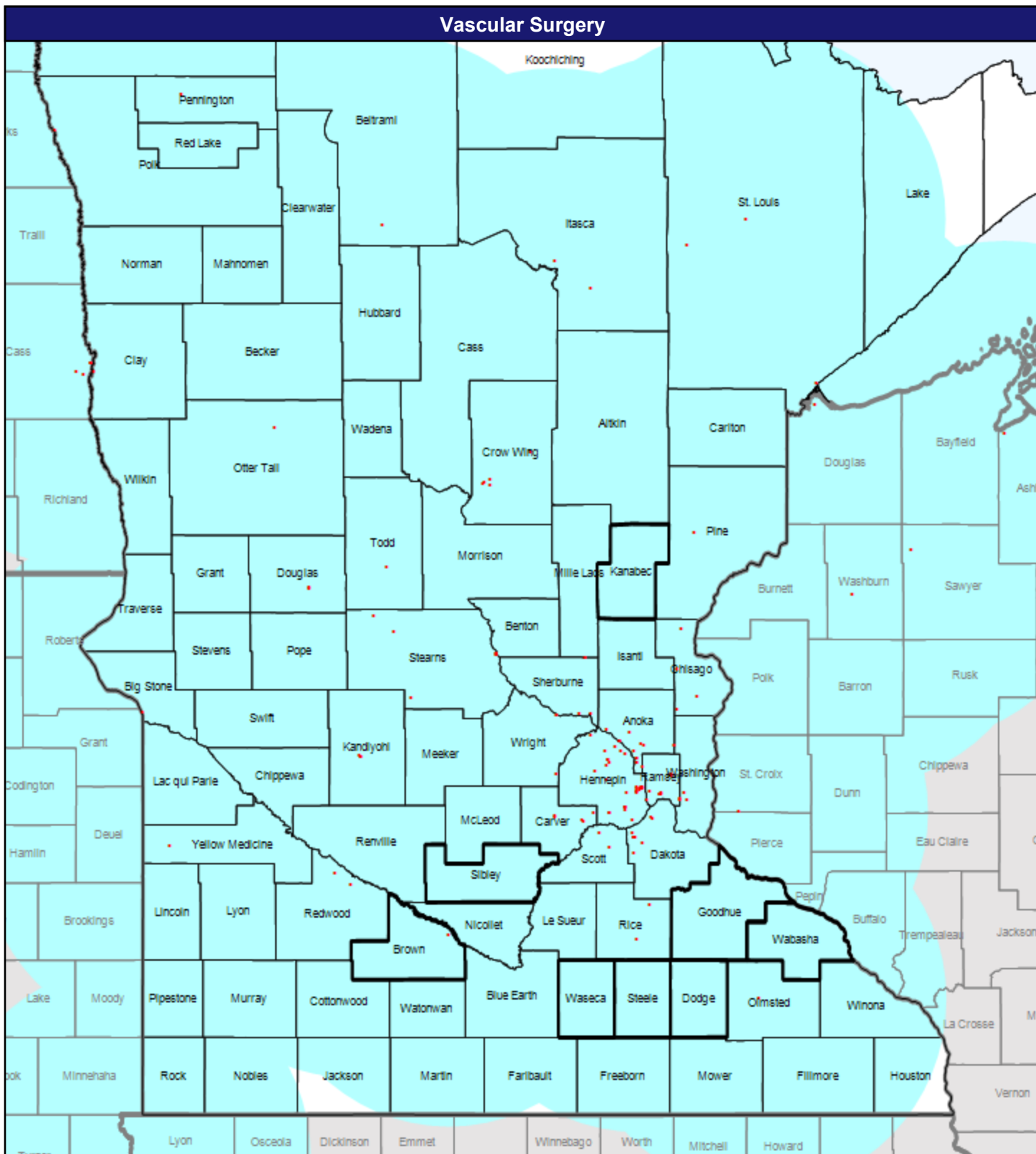
190 providers at 157 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

Network Access Analysis - All Products



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Vascular Surgery

123 providers at 132 locations

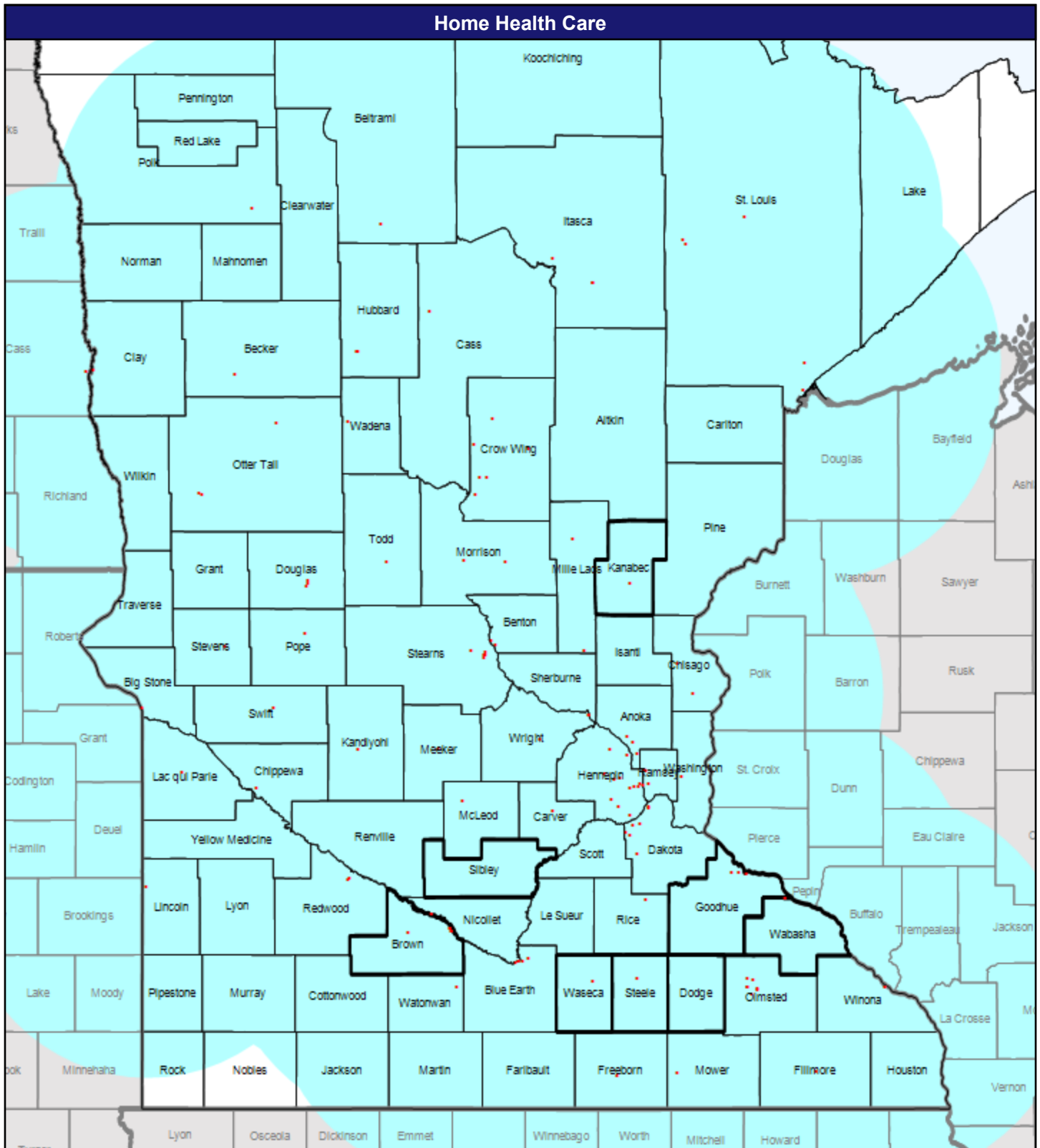
- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

■ Gap in Service Area

Network Access Analysis - All Products



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Home Health Care

79 providers at 114 locations

- All providers
- 60 mile radius

Service Areas

- (Bold Outline) Service Area

