

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 (PIP) designed to achieve, through ongoing measurements and intervention, significant improvement in 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 (CCIP) 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 have increased from MY 2021 to MY 2023.

HEDIS Timeliness of Prenatal Care

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2021	MY 2022	MY 2023
(PPC)Timeliness of Prenatal Care Rate Hybrid	75.84%	78.21%	83.06%

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 have increased from MY 2021 to MY 2023.

HEDIS Postpartum Care

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2021	MY 2022	MY 2023
(PPC)Postpartum Care Rate Hybrid	82.54%	81.11%	85.15%

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 2021 to MY 2023.

HEDIS Well Child Visits in the First 15 Months

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2021	MY 2022	MY 2023
(W30) Well-child 6 visits in the first 15 months of life Rate Administrative	39.64%	42.33%	48.75%

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 into multiple languages.

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 as a printed booklet or embracing life [online](#)

[materials](#). Correspondingly, all online materials can be translated into Spanish, Somali, Russian and Hmong on [South Country website](#).

Another outreach South Country has is a monthly list of known pregnancies that is created and reviewed by South Country 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 2024, South Country initiated a maternal health program, Delfina, with our county public health teams. This platform is an application that will be available to all members who are pregnant through postpartum. This application gives access to 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.

Diabetes and Depression PIP 2024-2026

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. Correspondingly, we have a goal to increase the depression screening rate. Currently there is limited data available for depression screening and follow up, so the initial goal is to find ways to add supplemental data to the depressions screening rate.

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 aged 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 each had 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	MY 2023
Comprehensive Diabetes Care-Poor Control (>9.0%) Hybrid	70.34%	21.68%	16.15%	24.18%

South Country Health Alliance HEDIS Rates for SNBC	MY 2020	MY 2021	MY 2022	MY 2023
Comprehensive Diabetes Care-Poor Control (>9.0%) Hybrid	73.14%	30.41%	26.27%	28.35%

South Country Health Alliance HEDIS Rates for MSC+	MY 2020	MY 2021	MY 2022	MY2023
Comprehensive Diabetes Care-Poor Control (>9.0%) Administrative	97.78%	92.74%	88.02%	91.56%

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 training 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 2021-2024 to improve comprehensive diabetes care and services for Seniors and SNBC members. Likewise, webinars occurred in 2024 focusing on diabetes and depression.

South Country interventions include:

Education for members about the South Country diabetes benefits available to them and education on managing diabetes was sent out through a mailing in 2024. The mailings provided specific information

about Diabetes care and HbA1c testing which aligns very well with the HEDIS measure being used for the project. Additionally, a mental health material was created and added to this outreach to increase awareness for members around mental health benefits. Also, we offer various other [resources](#) and [wellness programs](#) to our members.

Similarly, we provide information through social media and increase awareness for providers through quarterly [provider newsletter](#). Also, we continue to look for ways to expand our collaboration with community organizations. In 2024 we worked with [HealthFinders Collaborative](#) in Steele, Dodge, and Waseca Counties to support members with diabetes through education with a focus on non-English speaking members.

Chronic Care Improvement Project (CCIP): Colon Cancer and Breast Cancer Screenings

This CCIP was implemented in 2022, and continued through 2024, with the goal to increase the percentage of South Country Seniors and SNBC 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 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	MY 2023
Colorectal Cancer Screening Hybrid	70.92% (178/251)	74.33% (194/261)	74.73% (204/273)	71.62% (217/303)

South Country Health Alliance HEDIS Rates for SeniorCare Complete	MY 2020	MY 2021	MY 2022	MY 2023
Colorectal Cancer Screening Hybrid	61.54% (216/351)	65.96% (248/376)	65.69% (270/411)	67.14% (284/423)

HEDIS MY2022 COL rate for SeniorCare Complete is 67.14% and is trending above the MY 2022 rate. The AbilityCare MY 2023 rate is 71.62% and is trending above MY 2020, but below MY 2021 and MY 2022 rate.

Breast Cancer Screening

We have 75.00% of Ability Care members and 65.75% of Senior Care Complete members who are up to date with a breast cancer screening in MY 2023 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

All South Country SeniorCare Complete and AbilityCare members aged 18+ live within our eight-county rural 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%.

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](#)

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	MY 2023
Breast Cancer Screening Administrative	76.26% (106/139)	74.29% (104/140)	76.92% (110/143)	75.00% (105/140)

South Country Health Alliance HEDIS Rates for SeniorCare Complete	MY 2020	MY 2021	MY 2022	MY 2023
Breast Cancer Screening Administrative	59.81% (128/214)	62.15% (133/214)	64.29% (144/224)	65.75% (144/219)

The HEDIS MY 2023 breast cancer screening rate for SeniorCare Complete is 65.75%. and the MY 2023 rate is trending above MY 2021 rate. The HEDIS MY 2023 breast cancer screening rate for AbilityCare is 75.00% and is trending above MY 2021 and below MY 2022 rates.

Interventions for the CCIP

In 2024, 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 during CCIP are the clinical practice guidelines and wellness programs, which can be referenced in detail on South Country's website. Also, in 2024, 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 2024 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.

In 2024, 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 American Cancer Society (ACS) and other organizations to create more awareness around these screenings during these specific months and throughout the year did outreach, communications, and participated in cancer coalition.

Also, members can utilize the health promotions in 2024, 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.

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 2025 the CCIP will continue efforts to identify member barriers and collaborate 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 the 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 CCIP in 2025 with a continued focus on cancer screenings.