South Country HEALTH ALLIANCE

Evaluation of the 2024 Quality Program

Quality Assurance Committee Approval: Pending

Joint Powers Board Approval: Pending

Contributors

Amanda Haukos	Quality Specialist
Angela Truelson	Complex Case Manager
Armelle Edoh	Health Equity and Population Health Coordinator
Ashley Beckel	Manager of Utilization Management
Becky Ziller	Behavioral Health Professional
Brenna Toquam	Manager of Clinical Care Management
Carrie Sharp	Compliance Auditor
Cheri Lewer	Director of Operations
Dr. Tim L. Miller	Medical Director
Dr. Yaz Juma	Associate Medical Director
Jeanette Horn	Credentialing Supervisor
Jeff Marks	Compliance Officer
Jennaca Madson	Manager of Community Care Coordination
Justin Smith	Manager of Quality Improvement
Kelly Braaten	Director of Community Engagement
Kim Worrall	Director of Health Services
Kirsten Rhodes	Care Systems Manager
Leota Lind	Chief Executive Officer (CEO)
Lisa Deml	Health Informatics Analyst
Madison Babcock	Behavioral Health Professional
Melissa Stanton	Quality Program Coordinator
Mel Lique	Member Services Manager
Michele Grose	Dental Program Manager
Michelle Wolfe	Coding & Reimbursement Specialist
Rebecca Harrigan	Complex Case Manager

Ruth Boubin	Behavioral Health Professional
Ruth Torres	Health Services System Analyst
Sara Marsh	Associate Director of Provider Network
Sarah Bailey	Pharmacy Program Manager
Scott Schufman	Chief Financial Officer (CFO)
Stacey Miller	Provider Network Data Analyst
Suzette Miller	Grievance & Appeals Manager

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South Country Health Alliance

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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.

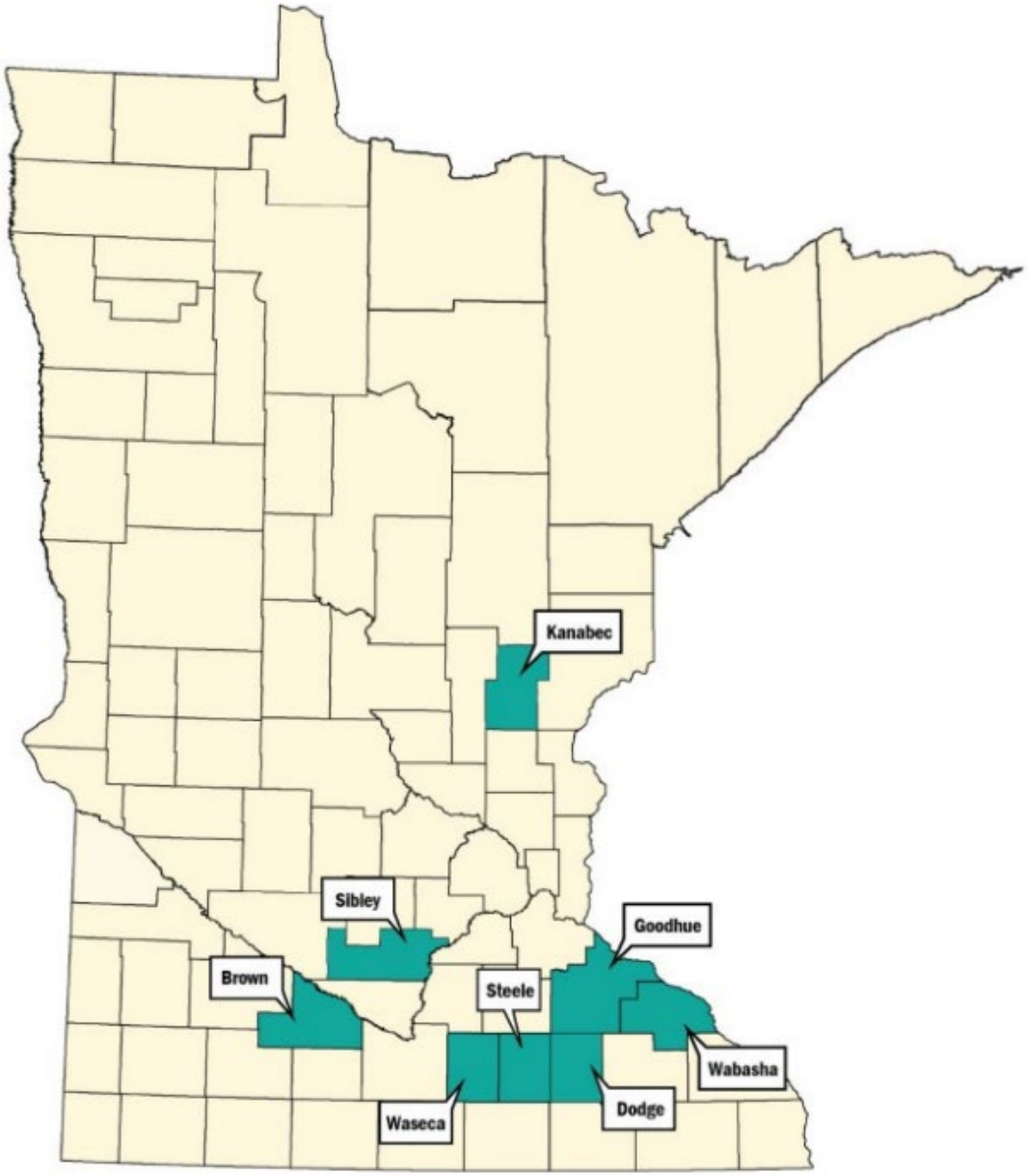
- Collaboration: We value the contributions of many individuals, partners, and agencies in helping meet the needs of our members.

- 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 2024 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 2024. The director of community engagement, Kelly Braaten, and manager of quality improvement, 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 management, 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.

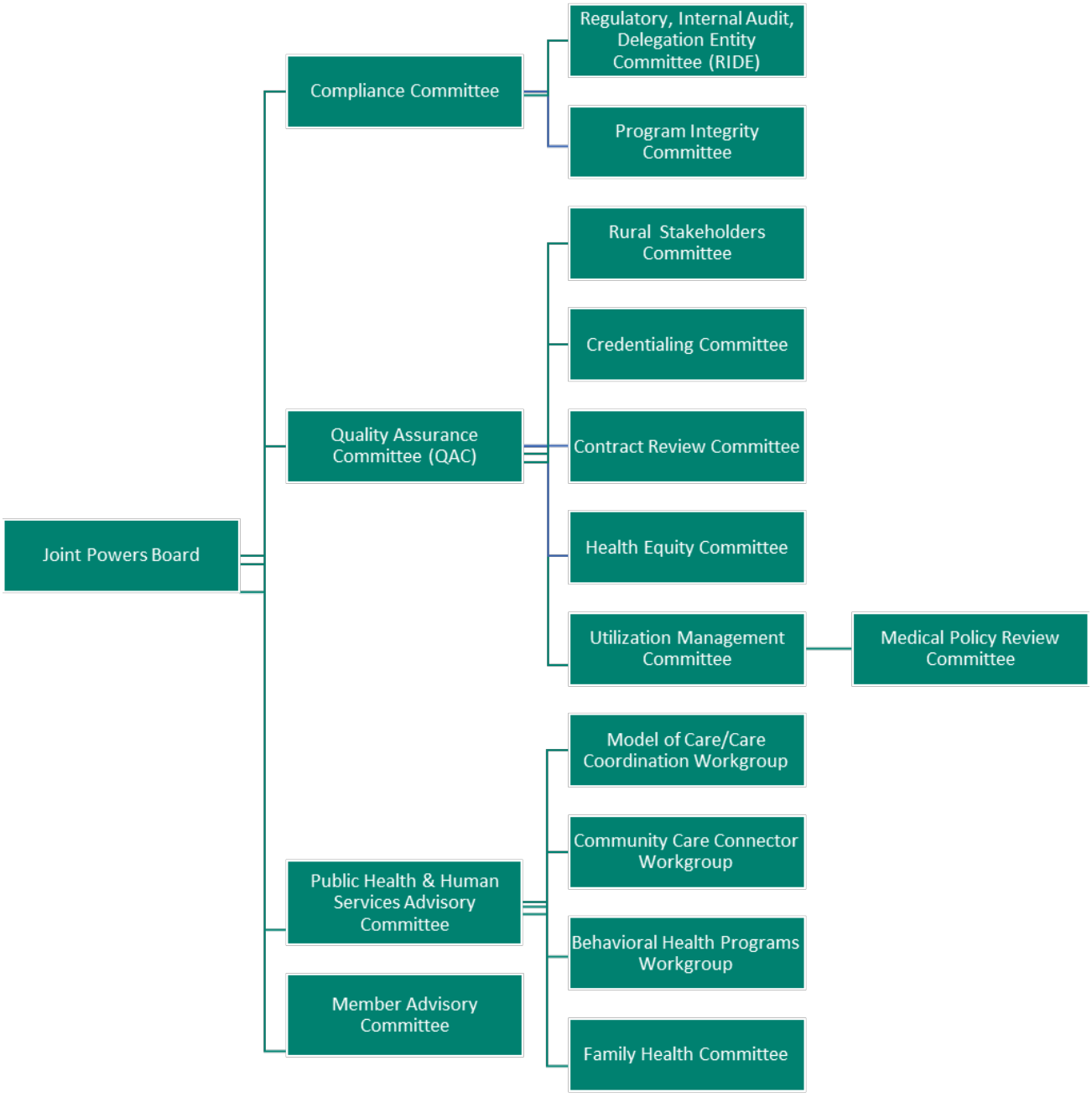
South Country's Quality Program is resourced through an annual budget process. Quality program resource requirements were evaluated to ensure that staffing, materials, analytic and information systems were adequate for 2024. South Country has designated specific positions responsible for direct support 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
- Health equity and population health coordinator
- 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, 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 2024, the QAC was chaired by commissioner Don Springer of Wabasha County. Justin Smith, manager of quality improvement, 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 2024, 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 Health Alliance (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 2025, the 2025 Quality Work Plan, 2025 Quality Program Description, and 2024 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 2025 Utilization Management Program Description was also approved by the QAC and submitted to MDH. Also, the annual Population Health Impact Analysis and business requirement document (brd) was submitted to the MN Department of Human Services.

South Country Health Alliance

Evaluation of the 2024 Quality Program

Section 2 – Auditing & Monitoring

Delegation Oversight Program

Description

South Country Health Alliance (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 2024, 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, associate 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 of 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, CentraCare, Allina Health, HealthPartners on behalf of Hutchinson Health, and MN Rural Health Cooperative. South Country also delegates functions of dual eligible enrollment to DHS.

South Country completes annual care coordination delegate oversight as required in our DHS contract. Our care coordination delegates complete care coordination activities for MSHO/MSC+ and Special Needs Basic Care (SNBC) members residing in the respective county. In 2024, 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 2024 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;
- HealthPartners on behalf of Hutchinson Health
- 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 2024, 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 and grievance file reviews were 100% compliant with no issues.

PrimeWest Health

PrimeWest Health's annual review included a review of 2024 quarter three provider appeals, which were 100% compliant with no issues, and a 2024 review of the claims process and procedures for dual integrated beneficiaries with other primary insurance outside of South Country. The results of this review were 100% compliant.

PerformRx

PerformRx's annual review for 2024 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. The results of this review were 100% compliant.

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

South Country completed the 2024 care plan and care system audit for MSHO/MSC+ Elderly Waiver, non-Elderly Waiver (Community Well), and institutionalized members (Nursing Home). Audits were conducted during the months of March through August, reviewing calendar year 2023 member files.

The 2024 audit of Elderly Waiver showed a total of 43 out of 44 elements between 99-100%. The remaining element was 98%. There were five elements that improved in 2024 from 2023:

- Member's assessment 100% completed or noted as NA increased from 99% in 2023 to 100% in 2024.
- Care plan goals - People/providers responsible for assisting the enrollee on completing each step increased from 99% in 2023 to 100% in 2024.
- Care plan goals – Outcome and achievement dates increased from 96% in 2023 to 99% in 2024.
- Care plan goals - Goal priority increased from 99% in 2023 to 100% in 2024.
- Care plan is signed and dated by a member or authorized representative increased from 97% in 2023 to 100% in 2024.

The 2024 audit of community well, showed all elements were between 98% to 100% There were three elements that improved in 2024 from 2023:

- HRA completed within 365 days of previous HRA improved from 98% in 2023 to 100% in 2024.
- Goal priority improved from 99% in 2023 to 100% in 2024.
- Follow-up contact with members according to plan improved from 99% in 2023 to 100% in 2024.

The county delegates overall did very well with the 2024 nursing home audit, which is consistent with audit results of the last two or three years. In 2023, all but one of the nursing home audit elements were 100%, with the remaining element at 98%. In 2024, all but one of the audit elements were between 99% to 100% with the remaining element at 97%.

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

The 2024 audit of Elderly Waiver showed a decrease in five audit elements from the 2023 audit. The audit elements were:

- LTCC appropriate level of care (case mix) decreased from 100% in 2023 to 99% in 2024.
- Care plan completed within 30 days of LTCC, or explanation of status is documented decreased from 100% in 2023 to 98% in 2024.

- Target dates for goal completion decreased from 100% in 2023 to 99% in 2024.
- Safety plan for managed discussed risks is documented or there is documentation that no risk plan is needed decreased from 100% in 2023 to 99% in 2024.
- Annual preventative health exam – documentation present on the care plan that a conversation was initiated about the need for an annual, age-appropriate comprehensive preventative health exam decreased from 100% in 2023 to 99% in 2024.

The 2024 audit of community well had five audit elements decreasing from 2023 to 2024. The audit elements were:

- HRA is 100% complete decreased from 100% in 2023 to 99% in 2024.
- All assessed needs and concerns are addressed in care plan from the HRA decreased from 100% in 2023 to 99% in 2024.
- Care plan target dates for goals decreased from 100% in 2023 to 99% in 2024.
- Care plan outcome and achievement dates for goals decreased from 100% in 2023 to 99% in 2024.
- Care plan communication with PCP decreased from 100% in 2023 to 98% in 2024.

The 2024 audit of nursing home had two audit elements decreasing from 2023 to 2024. The audit elements were:

- HRA completed within 365 days or previous HRA decreased from 98% in 2023 to 97% in 2024.
- Care plan was given to member or legal representative within 30 days of HRA decreased from 100% in 2023 to 99% in 2024.

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, five audit elements improved, and there were 25 elements at 98-100%. Audit elements showing improvement are as follows:

- Notification of new care coordinator within 10 days increased from 99% in 2023 to 100% in 2024.
- Care plan addresses health care concerns, needs as identified in the HRA increased from 99% in 2023 to 100% in 2024.
- Care plan signed or documented attempts to obtain signature documented increased from 96% in 2023 to 97% in 2024.
- Goal priority identified (AbilityCare) increased from 97% in 2023 to 100% in 2024.
- Care plan communication with primary care provider (PCP) increased from 99% in 2023 to 100% in 2024.

Opportunities for improvement were identified in a few areas. Overall, across all delegates, there were six audit elements that decreased in the 2024 audit. A total of one audit element was collectively below 95%, which remains consistent with 2023 results.

- HRA completed within 12 months (SingleCare) of previous assessment decreased from 100% in 2023 to 98% in 2024.
- HRA was not timely, and explanation was documented decreased from 100% in 2023 to 86% in 2024.
- Care plan goal target dates identified decreased from 100% in 2023 to 99% in 2024.
- Care plan monitoring progress toward goals decreased from 100% in 2023 to 99% in 2024.
- Care plan goal outcome and achievement dates decreased from 100% in 2023 to 99% in 2024.
- Documentation of the contact with member according to plan or reason plan not followed was documented decreased from 100% in 2023 to 99% in 2024.

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 manager of community care coordination, care systems manager and county relations coordinator 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 Health Alliance (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 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 2024, 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 2024 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 2024 audit reporting.

During review of the AbilityCare and ACT cases it was noted that there was one deficiency in the 2024 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, 2024 showed 2 audit elements that demonstrated improvement from 2023. Twenty-seven audit elements were at 100% with one audit element at 95%. Audit elements that increased from 2023 to 2024 are:

- The care plan addresses health care needs, concerns, behavioral health care needs and chronic conditions as identified on the HRA increased from 95% in 2023 to 100% in 2024.
- The care plan is signed by member or authorized representative, or evidence of case manager attempts to obtain signature increased from 85% in 2023 to 89% in 2024.

There were five audit elements where the audit percentage decreased from 2023 to 2024:

- Member contact/notification occurs within 10 business days of case manager assignment or change in case manager decreased from 100% in 2023 to 92% in 2024.
- Member contact/notification includes case manager's name and telephone number decreased from 100% in 2023 to 92% in 2024.
- Annual HRA completed within 365 days of previous health assessment and explanation for not completing timely decreased from 100% in 2023 to 93% in 2024.
- The care plan is completed (date sent to member) within 30 calendar days of HRA and no explanation documented for not sending decreased from 100% in 2023 to 95% in 2024.
- Case manager documents contact with members according to plan or provides documentation of why plan was not followed decreased from 100% in 2023 to 95% in 2024.

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 82% 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 2023 to 2024:

- Case manager documents contact with member according to plan or provides documentation of why plan was not followed decreased from 95% in 2023 to 82% in 2024.

The 2024 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 2024 complex case management audit focused on the complex case management standard operating procedures, 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 2024 audit.

The 2024 credentialing/recredentialing audit was completed with no deficiencies, recommendations, or corrective action plans being required.

The 2024 organizational assessment audit focused on the Organizational Assessment Policy (CR 03) as well as initial organizational providers and reassessed organizational providers. No issues were noted, and all elements were 100% compliant.

The 2024 compliance program audit consisted of a policy and procedure review, using an audit tool based on current DHS, federal and contract requirements. The 2024 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:

- Expanding the monitoring approach to be broader rather than simply performing annual audits.
- Working 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.
- Collaborating with South Country's manager of community care coordination on strategies to improve internal care coordination compliance with specific care coordination tasks.
- Targeting unannounced internal audits, as appropriate.
- Communicating the monitoring plan, progress, and final reports to the RIDE Committee and compliance officer.

South Country Health Alliance

Evaluation of the 2024 Quality Program

Section 3 – Membership

Member Demographics

Description

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

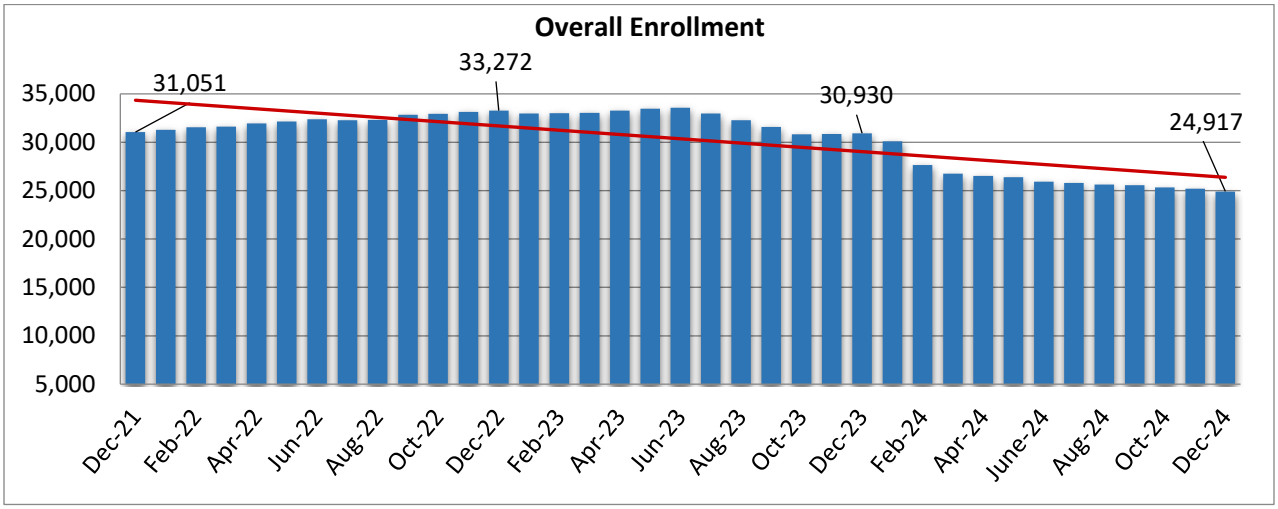
Process

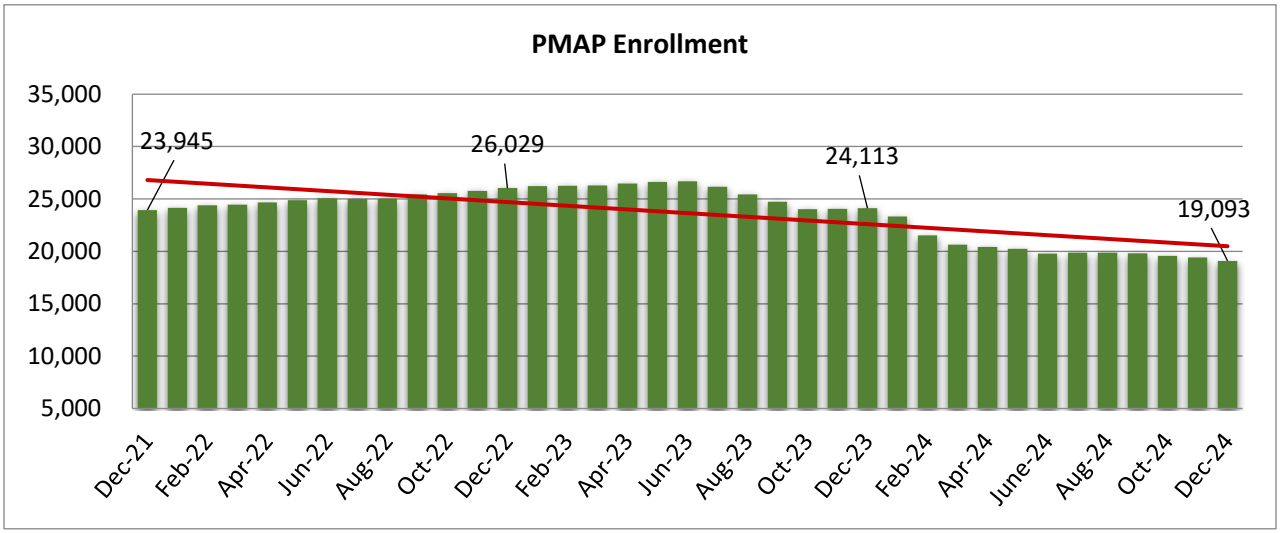
The purpose of the analysis described below is to provide context for the information contained in the annual evaluation and other quality reporting, and to support discussion about how effectively South Country's programs and services meet the unique demographics and needs of members.

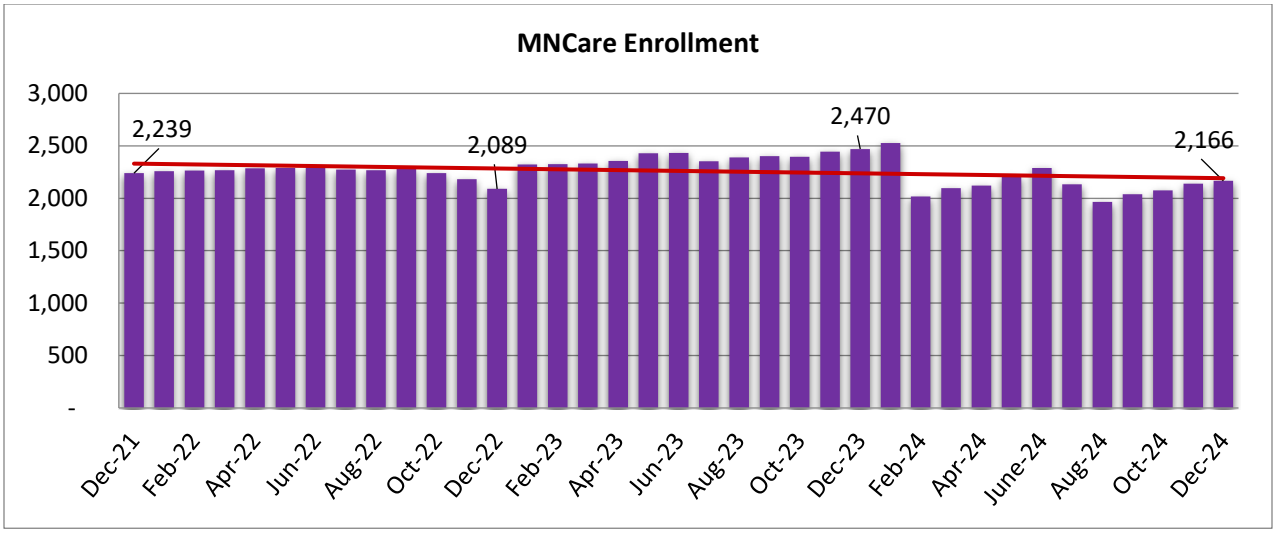
Analysis

Enrollment by Product

The graphs below show the volume of our membership month to month, overall and by product, from December 2021 through December 2024.






MNCare Enrollment
3,000
2,500
2,000
1,500
1,000
500
-
2,239
2,089
2,470
2,166
Dec-21
Feb-22
Apr-22
Jun-22
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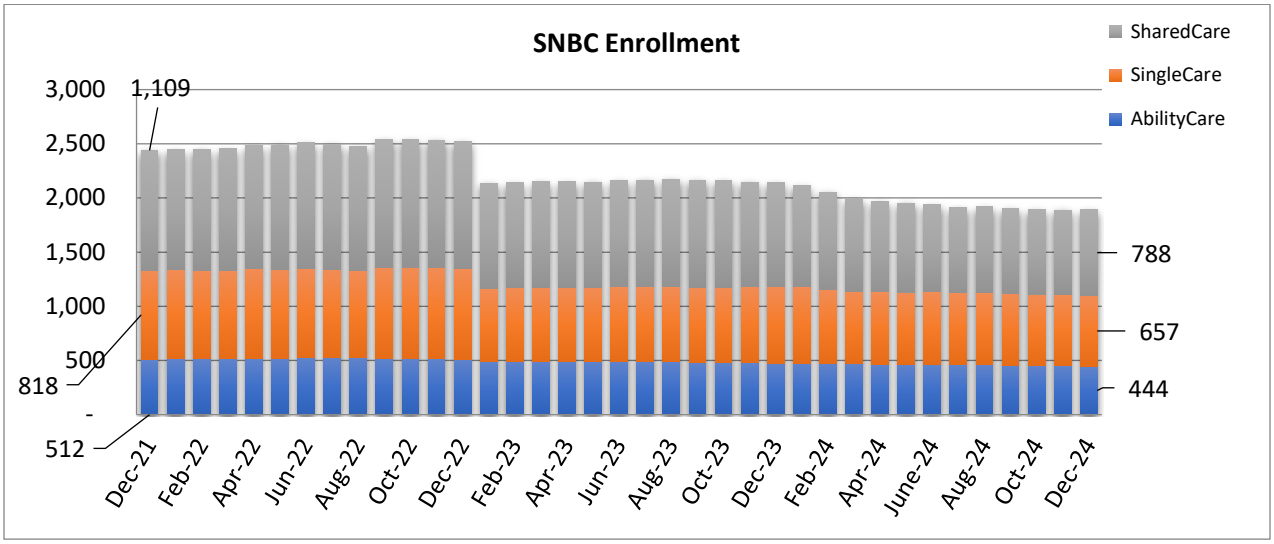
Aug-24
Oct-24
Dec-24


SNBC Enrollment
SharedCare
SingleCare
AbilityCare
3,000
2,500
2,000
1,500
1,000
500
-
1,109
818
512
788
657
444
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Dec-22
Feb-23
Apr-23
Jun-23
Aug-23
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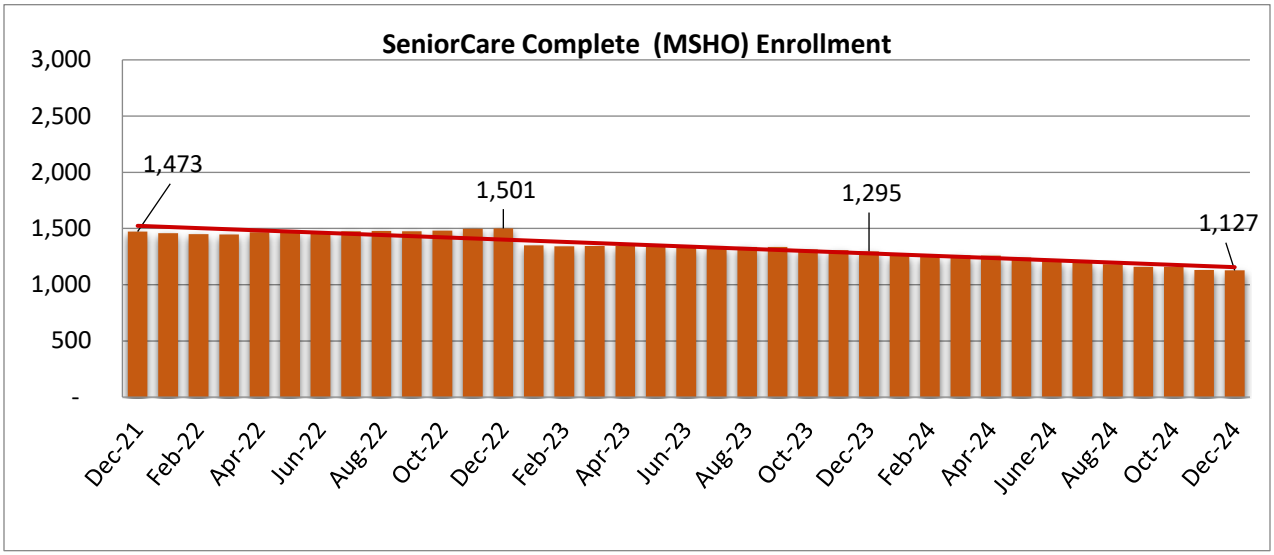
Dec-24


SeniorCare Complete (MSHO) Enrollment
3,000
2,500
2,000
1,500
1,000
500
-
1,473
1,501
1,295
1,127
Dec-21
Feb-22
Apr-22
Jun-22
Aug-22
Oct-22
Dec-22
Feb-23
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Jun-23
Aug-23
Oct-23
Dec-23
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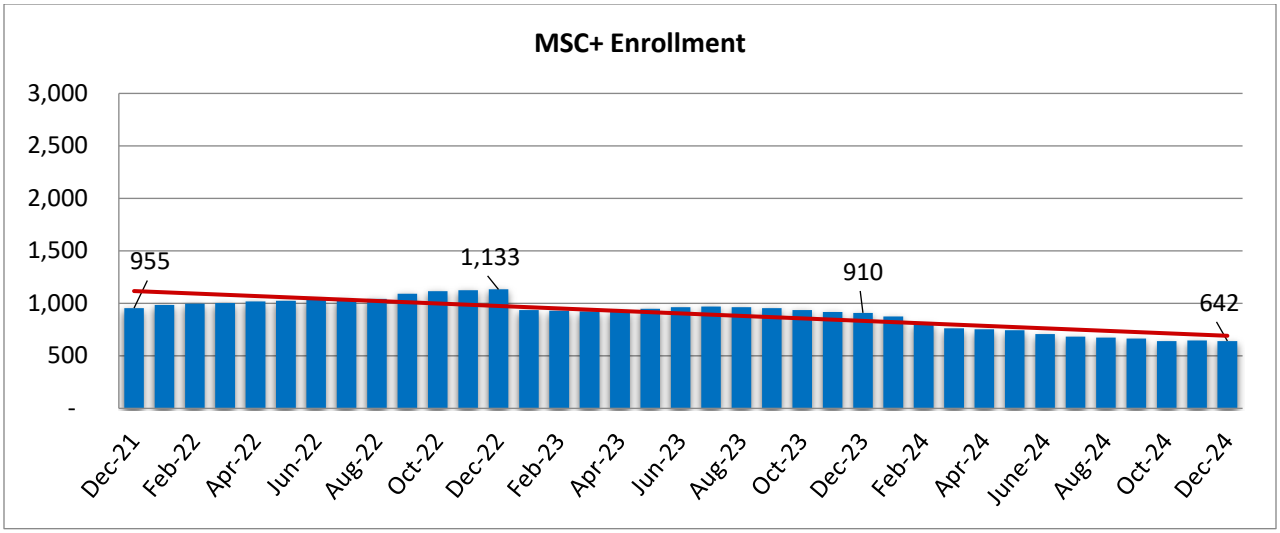
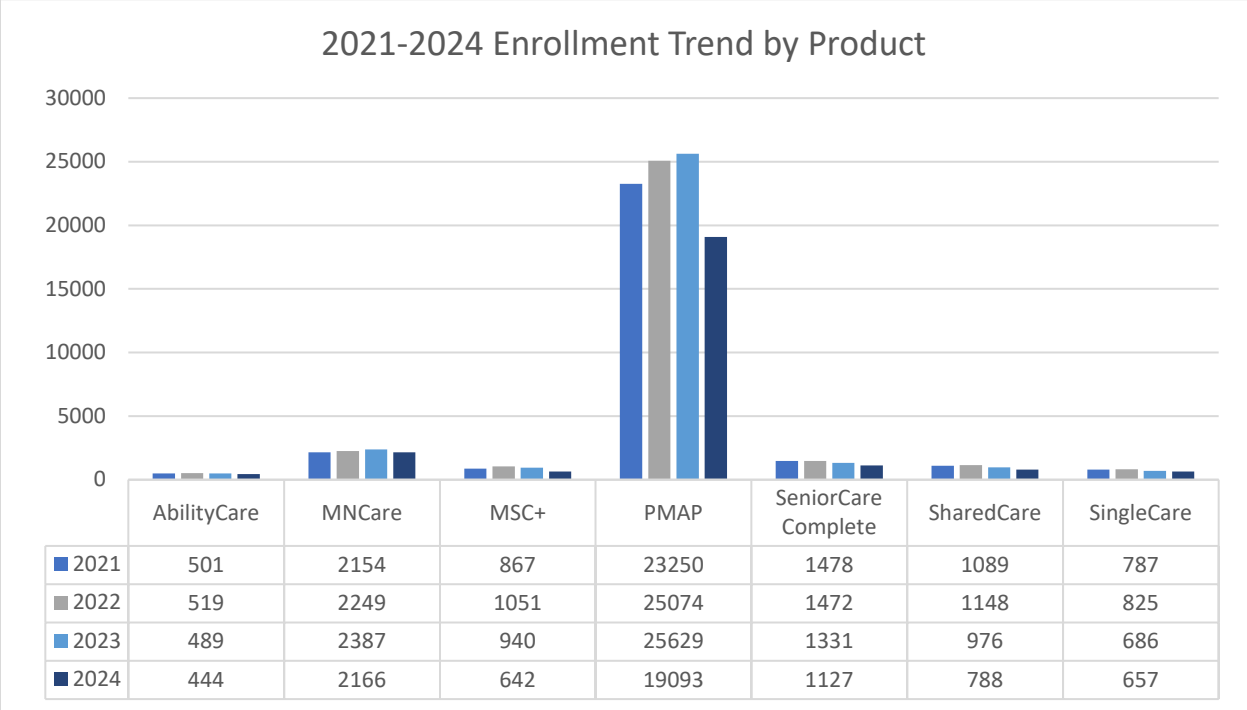
Oct-24
Dec-24



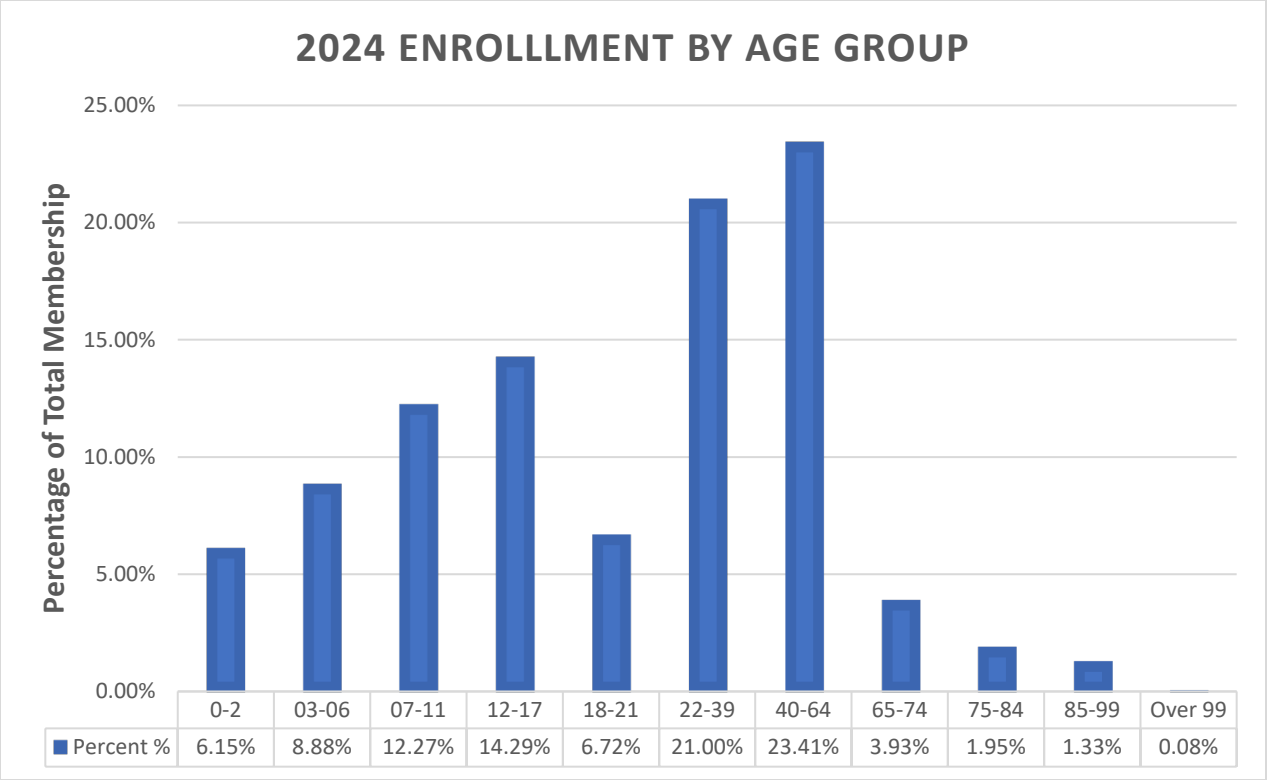
The graphs below compare the volume of our membership by product in 2021, 2022, 2023, and 2024. Most products showed an increase in enrollment between 2021 to 2022 and a decrease between 2022 to 2024



	AbilityCare	MNCare	MSC+	PMAP	SeniorCare Complete	SharedCare	SingleCare
2021	501	2154	867	23250	1478	1089	787
2022	519	2249	1051	25074	1472	1148	825
2023	489	2387	940	25629	1331	976	686
2024	444	2166	642	19093	1127	788	657

Enrollment by Age

Member age groups show 48.30% of enrollees 0-21 years of age. This emphasizes the importance of South Country continuing to focus preventive care and other wellness outreach efforts toward children, adolescents, teenagers, and young adults. Below is the 2024 membership percentage 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	Gender Split 2024
PMAP	Female = 53.9% Male = 46.1%	Female = 53.9% Male = 46.1%	Female = 53.6% Male = 46.4%	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%	Female = 57.5% Male = 42.5%
SingleCare	Female = 50.1% Male = 49.9%	Female = 47.9% Male = 52.1%	Female = 48.8% Male = 51.2%	Female = 49.0% Male = 51.0%
SharedCare	Female = 55% Male = 45%	Female = 53.9% Male = 46.1%	Female = 54% Male = 46%	Female = 53.7% Male = 46.3%
AbilityCare	Female = 55.4% Male = 44.6%	Female = 55.6% Male = 44.4%	Female = 55.4% Male = 44.6%	Female = 56.8% Male = 43.2%
MSC+	Female = 60.6% Male = 39.4%	Female = 59.6% Male = 40.4%	Female = 59.4% Male = 40.6%	Female = 64.5% Male = 35.5%

Product	Gender Split 2021	Gender Split 2022	Gender Split 2023	Gender Split 2024
SeniorCare Complete	Female = 69.9% Male = 30.1%	Female = 68.8% Male = 31.2%	Female = 67.2% Male = 32.8%	Female = 67.3% Male = 32.7%

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 and the second highest category is "unknown." Members indicating "unknown" means that none of the racial categories apply or the member did not disclose the information. The third and fourth highest Race selected in 2024 was Black/African American and multi-race (identifying with more than 1 race category). Additionally, members reporting their ethnicity as Hispanic or Latino is approximately 11%.

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 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.

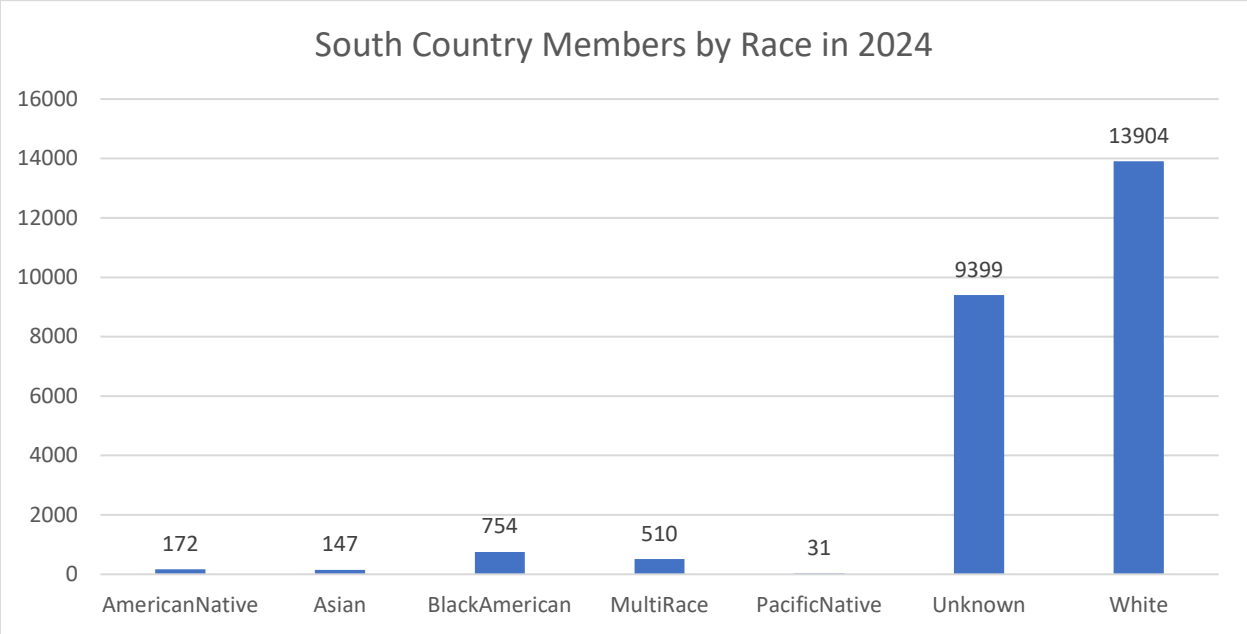
The collaboration group is made up of internal South Country staff and Sibley County community health workers who work directly with the Latinx population. Current initiatives consist of translating materials into Spanish, collaborating with the Hy-Vee dietician to offer a Spanish grocery store tour, 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.

Other collaborative work is occurring and being identified through our community engagement and health equity committee at South Country and with the counties and members we serve.

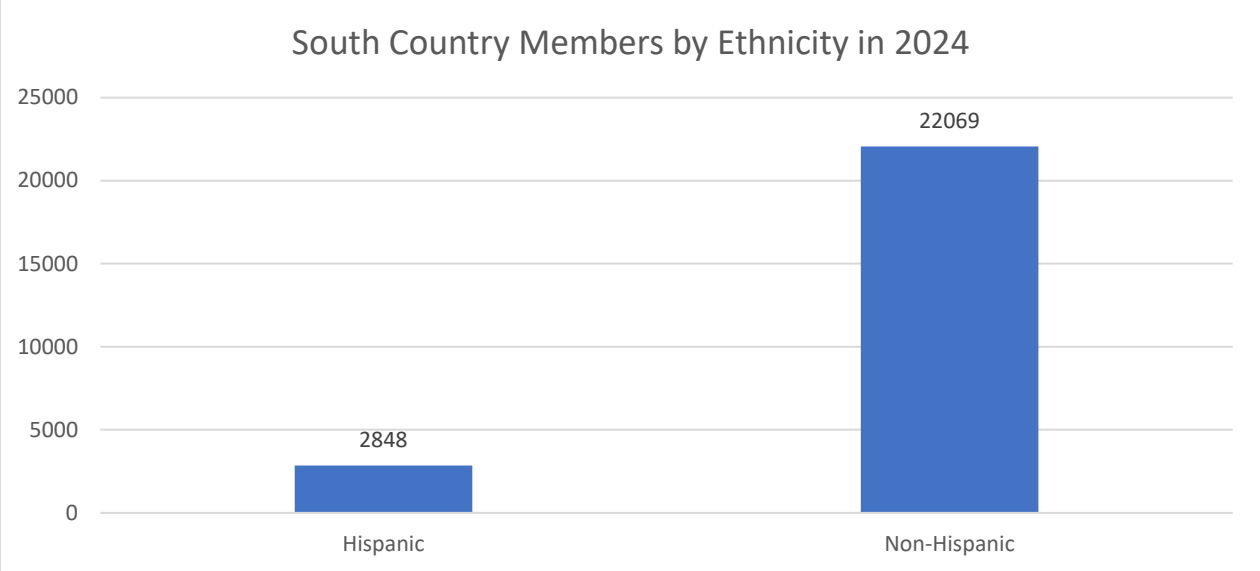
South Country Members by Race in 2024

In 2024, the South Country count of members by race that has the largest sum reported was white followed by unknown, and then Black or African American. Also, to note that a large group of members identify with more than one race identified in the category “multi-race.”



South Country Members by Ethnicity in 2024

In 2024, South Country had a total of 22,069 members identifying as not Hispanic or Latino and 2,848 identifying as Hispanic.



Cultural, Ethnic, Racial and Linguistic Needs

South Country is aware that barriers to health care may 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	2024 Member Count	2024 Member's Reported Language
AMERICAN SIGN	4	0.02%
ARABIC	2	0.01%
ENGLISH	19569	78.54%
FRENCH	1	0.00%
HMONG	12	0.05%
LAOSIAN	2	0.01%
MANDARIN	7	0.03%
OTHER	29	0.12%
RUSSIAN	4	0.02%
SERBO-CROATION	1	0.00%
SOMALIAN	150	0.60%
SPANISH	514	2.06%
UNKNOWN	4608	18.49%
VIETNAMESE	14	0.06%

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 Health Alliance (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 2024 included a Care Coordination Satisfaction Survey, Home Care Satisfaction Survey, Health Promotion Survey, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey, and the Health Outcomes Survey (HOS), mid-year satisfaction survey, and member services survey. Results of these surveys provide insight into members' experiences and identify opportunities to better meet members' expectations and needs. Results of the surveys are included within different sections throughout the annual quality evaluation.

Customer Service/Member Services

Description and Process

South Country Health Alliance's (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 with their questions and concerns. Each specialist strives to treat members with the utmost respect and to communicate openly and honestly to meet their expectations. We aim to answer every question with one contact in a timely manner. When needed, member services utilize an interpreter vendor for other languages, which allows us to meet each member's unique needs. To ensure we meet our goal of member satisfaction, South Country continues to request members complete a member services follow-up survey. Member responses provide valuable member feedback regarding member services specialist performance. 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 2024, member services handled an average of 2,541 calls per month as shown in Table 1. This is a 2% decrease from 2023. The decrease can be attributed to a decline in enrollment resulting from the end of continuous eligibility during the pandemic. The team exceeded the call center metric of 80% of calls answered within 30 seconds. Stable staffing combined with the lower call volume contributed to the improvement in call center metrics from 2022 to 2024.

Table 1.

Call Center Three-Year Trend			
Year	**2022**	**2023**	**2024**
Average Calls/Month	2,632	2,593	2,541
% Calls Answered Within 30 Seconds	78.71%	95.2%	95.14%
Abandoned Call %	3.17%	.65%	.68%

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.

2024 Responses for Member Services Follow Up Survey		
Member Services Specialist Performance	**Yes**	**No**
Did the Member Services Specialist greet you with their name?	370/382 96.87%	12/382 3.14%
Was the Member Services Specialist able to answer your questions in one call?	356/384 92.92%	29/384 7.57%
Did the Member Services Specialist ask if you had any other questions?	358/383 93.44%	25/385 6.52%
Did the Member Services Specialist treat you with respect and dignity?	380/386 98.44%	6/386 1.56%
Did the Member Services Specialist listen to your needs?	375/383 97.91%	8/383 2.09%
Did the Member Services Specialist provide you with resources or information that was helpful?	355/372 95.44%	17/372 4.57%

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 2025.
- Present results to the member services team regularly via email or Microsoft Teams, 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. Perform multiple quality reviews for each specialist.
- Focus on individual improvement.
- Continue team training opportunities with ServiceSkills.
- Continue to meet or exceed the call center metrics goal of 80% of calls answered within 30 seconds and less than 5% abandoned calls.

Member Satisfaction Survey

Description

Annually, South Country Health Alliance (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), AbilityCare, MSC+, SingleCare and SharedCare for 2024.

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 resided within all eight counties that South Country served in 2024. The survey included a cover letter that listed the respective member's care coordinator, to help identify the member whose services South Country would like evaluated. All member surveys were mailed out to members on November 21, 2024, with a requested return date of December 6, 2024. South Country mailed out a second survey on Dec. 13, 2024, to those who did not return the survey by the requested return date. South Country accepted survey responses until Dec. 31, 2024.

The 2024 survey was divided into three sections. The first section focused on the evaluation of the care coordinator and the members' 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 the members' 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. SingleCare and SharedCare response rates are combined for 2024.

Analysis

Our response rates increased in 2024, likely due to sending out a second survey for those who didn't return the survey by the initial requested return date. Below are the details of our Medicare and Medicaid product member response rates for the past three years.

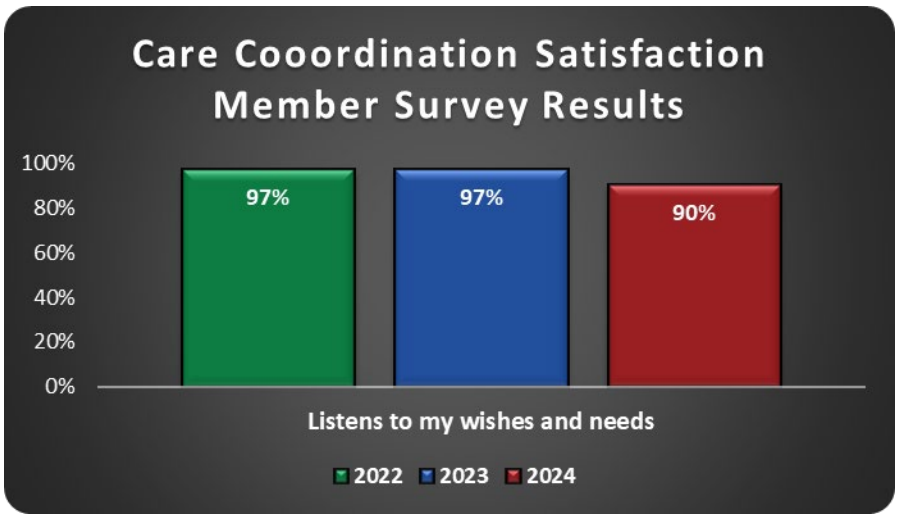
Medicare Care Coordination Satisfaction Survey Member Response Rates						
	2022		2023		2024	
Product	Returned / Sent	Response Rate	Returned / Sent	Response Rate	Returned / Sent	Response Rate
SeniorCare Complete (MSHO: Seniors)	122 / 301	41%	112 / 305	37%	129 / 284	45%
AbilityCare	65 / 216	30%	59 / 219	27%	88 / 204	43%
Medicare Overall Response Rate	187 / 517	36%	171 / 524	33%	217 / 488	45%

Medicaid Care Coordination Satisfaction Survey Member Response Rates						
	2022		2023		2024	
Product	Returned / Sent	Response Rate	Returned / Sent	Response Rate	Returned / Sent	Response Rate
MSC+	68 / 270	25%	N/A	N/A	86 / 218	39%
SingleCare	51 / 245	21%	N/A	N/A	65 / 303	21%
SharedCare	50 / 275	18%	N/A	N/A	N/A	N/A
Medicaid Overall Response Rate	169 / 790	21%	N/A	N/A	151 / 521	29%

Our performance target for member satisfaction with South Country as their plan is 95%. In 2024, 77% of members surveyed responded that that their overall satisfaction with South Country was “Excellent” or “Very Good.” 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 received the highest scores for care coordinators treating members with respect and dignity and answering questions.

2024 Care Coordination Satisfaction Member Survey Results					
Care Coordinator Performance	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare/ SharedCare**	**Overall**
Treats me with respect and dignity	122 / 129 95%	75 / 86 87%	82 / 88 93%	52 / 65 80%	331 / 368 90%
Listens to my wishes and needs	122 / 129 95%	75 / 86 87%	82 / 88 93%	51 / 65 78%	330 / 368 87%
Gives me choices concerning my health care, providers, and services	120 / 129 93%	72 / 86 84%	77 / 88 88%	53 / 65 82%	322 / 368 88%
Follows through on actions requested by me	120 / 129 93%	73 / 86 85%	80 / 88 91%	50 / 65 77%	323 / 368 88%
Answers my questions	128 / 129 99%	75 / 86 87%	81 / 88 92%	52 / 65 80%	336 / 368 91%
Provides a timely response to my calls	117 / 129 91%	74 / 86 86%	81 / 88 92%	48 / 65 74%	320 / 368 87%
Provides me resources that are helpful	115 / 129 89%	72 / 86 84%	76 / 88 86%	50 / 65 77%	313 / 368 85%


Care Cooordination Satisfaction Member Survey Results
100%
80%
60%
40%
20%
0%
98%
98%
90%
Treats me with respect and dignity
2022
2023
2024


Care Cooordination Satisfaction Member Survey Results
100%
80%
60%
40%
20%
0%
97%
97%
90%
Listens to my wishes and needs
2022
2023
2024


Care Cooordination Satisfaction Member Survey Results
100%
80%
60%
40%
20%
0%
96%
96%
88%
Gives me choices concerning my health care, providers, and services
2022
2023
2024


Care Cooordination Satisfaction Member Survey Results
100%
80%
60%
40%
20%
0%
98%
98%
88%
Follows through on actions requested by me
2022
2023
2024


Care Cooordination Satisfaction Member Survey Results
100%
80%
60%
40%
20%
0%
98%
98%
91%
Answers my questions
2022
2023
2024


Care Cooordination Satisfaction Member Survey Results
100%
80%
60%
40%
20%
0%
98%
98%
87%
Provides a timely response to my calls
2022
2023
2024

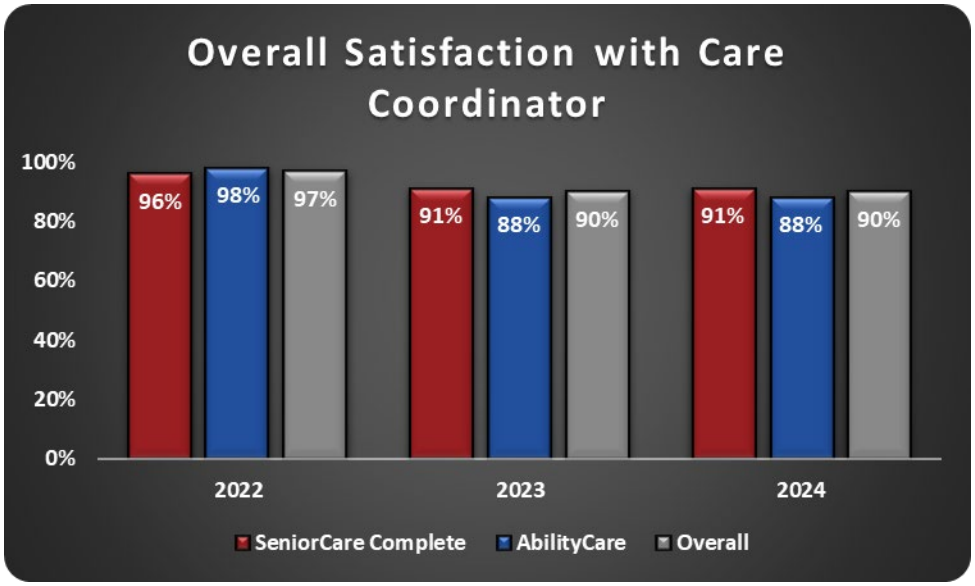
South Country asked members how often they talk to or see their care coordinator to get the frequency of member interaction with care coordinators from the member perspective. Care coordinators are required to follow up with members at least every three months if they have an active care/support plan or annually if the member does not have an active care/support plan. Twenty-seven percent of the members shared that they talk with or see their care coordinators every three months. Eighteen percent shared they talk or see their care coordinator every six months, while 15% shared they talk with or see their care coordinator yearly.

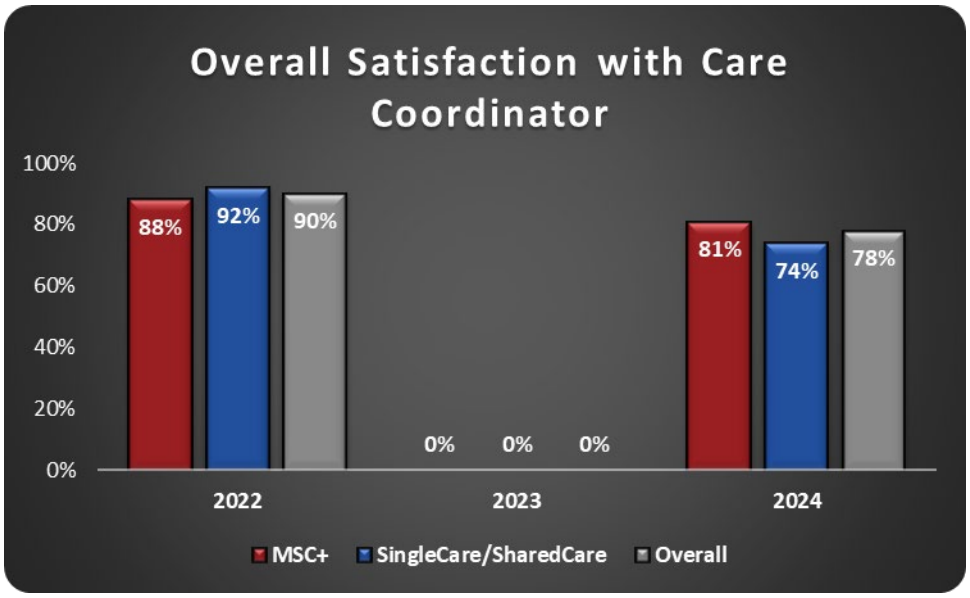
Care Coordination Satisfaction Member Survey Results How often do you talk or see your care coordinator?						
	Weekly	**Monthly**	**Every Other Month**	**Every Three Months**	**Every Six Months**	**Yearly**
SeniorCare Complete	1 / 129 0%	13 / 129 10%	24 / 129 19%	40 / 129 31%	20/ 129 16%	20 / 129 16%
MSC+	3 / 86 3%	8 / 86 9%	11 / 86 12%	26 / 86 30%	16/ 86 19%	12/ 86 14%
AbilityCare	3 / 88 3%	15 / 88 13%	8 / 88 10%	17 / 88 19%	21 / 88 24%	14 / 88 16%
SingleCare/ SharedCare	1 / 65 1%	8 / 65 12%	6 / 65 10%	12 / 65 18%	11 / 65 17%	11 / 65 17%
Overall	8 / 368 2%	44 / 368 12%	49 / 368 13%	95 / 368 27%	68 / 368 18%	57 / 368 15%

Members were asked about their overall satisfaction with their care coordinator. The table below shows the product breakdown for members who stated they were “Overall Satisfied” or “Very Satisfied” with their care coordinator. Our satisfaction rate for all products showed a decrease from the previous year’s results, with the percentages per product ranging from 74% to 91%. Overall satisfaction decreased by 5% from 90% to 85% from 2023 to 2024. The inclusion of the results for MSC+ and SingleCare/SharedCare contributed to the reduction in

overall satisfaction. In looking at just Medicare products, the overall percentage remained the same for this year.

2024 Care Coordination Satisfaction Member Survey Results					
Care Coordinator Performance	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare/ SharedCare**	**Overall**
Overall Satisfaction with Care Coordinator	118 / 129 91%	70 / 86 81%	77 / 88 88%	48 / 65 74%	313 / 368 85%





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 decreased from 84% in 2023 to 76% in 2024 (84% responded "Yes" in 2022).

Does your care coordinator recommend preventive services?					
Response	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare/ SharedCare**	**Overall**
Yes	104 / 129 81%	66 / 86 77%	69 / 88 78%	42 / 65 65%	281 / 368 76%
No	18 / 129 14%	7 / 86 8%	13 / 88 15%	9 / 65 14%	47 / 368 13%

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

2024 Overall Member Satisfaction with South Country					
Response	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare/ SharedCare**	**Overall**
Excellent	67 / 129 52%	37 / 86 43%	48 / 88 55%	27 / 65 42%	179 / 368 49%
Very Good	35 / 129 34%	28 / 86 33%	25 / 88 28%	15 / 65 23%	103 / 368 28%
Good	10 / 129 7%	8 / 86 10%	9 / 88 10%	9 / 65 14%	36 / 368 10%
Fair	1 / 129 0%	2 / 86 2%	2 / 88 0%	3 / 65 4%	8 / 368 2%
Poor	0 / 129 0%	0 / 86 0%	0 / 88 0%	0 / 65 0%	0 / 368 0%

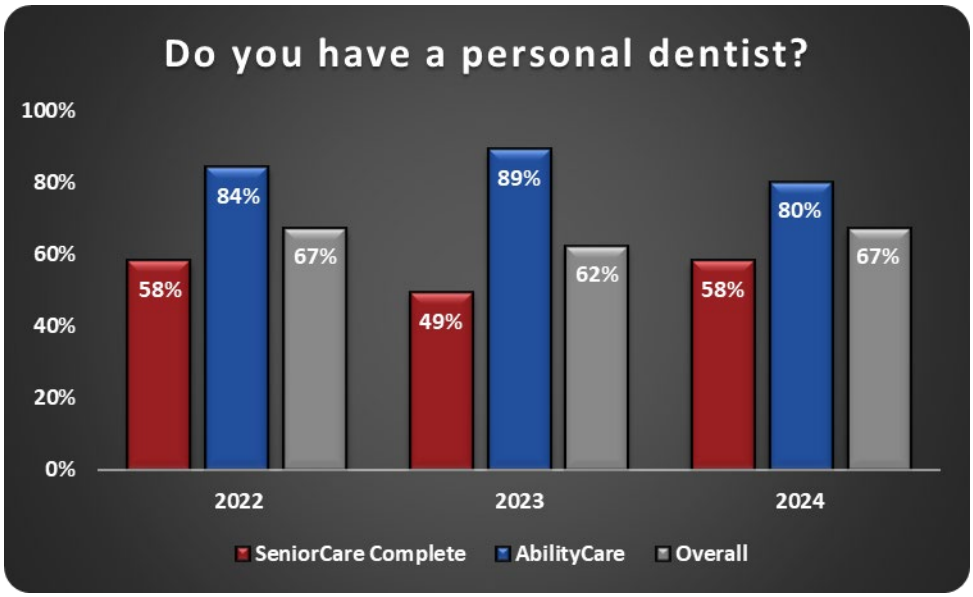
The next group of questions was regarding how satisfied members are with specific services: dental services, pharmacy services, clinical services including their personal doctor, mental health services, and hospital services. South Country has worked over the years to increase access to dental services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

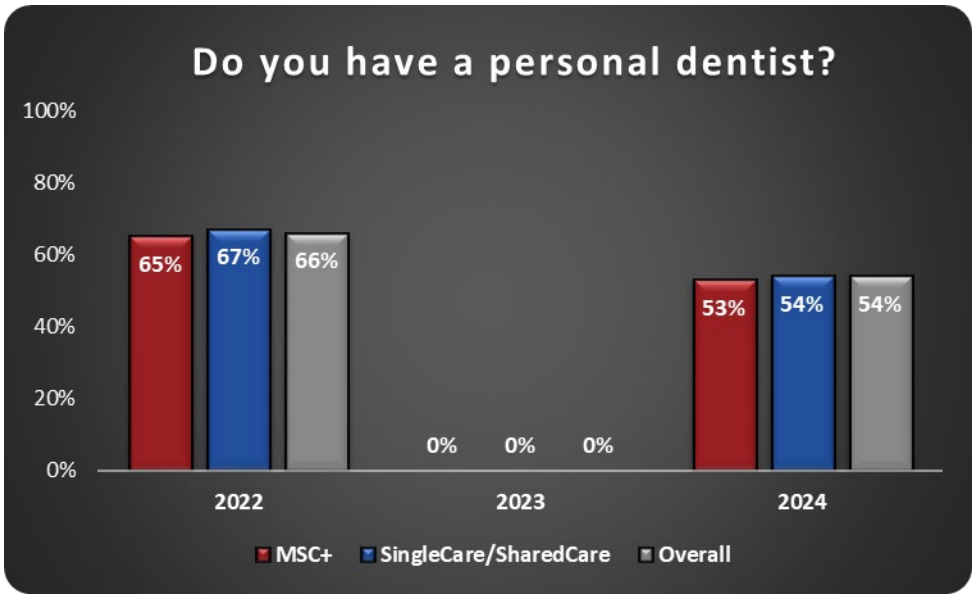
The table below reflects member satisfaction with services responses and includes the "Very Satisfied" and "Satisfied" responses as positive responses. If a member did not respond to the question or marked N/A as they did not use the service, the response was not counted in the table below.

Member Satisfaction with Services Survey Results					
Service Type	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare/ SharedCare**	**Overall**
Dental services	78 / 129 60%	50 / 86 58%	63 / 88 72%	34 / 65 52%	225 / 368 61%
Pharmacy services	103 / 129 80%	67 / 86 78%	75 / 88 85%	46 / 65 71%	291 / 368 79%
Clinic services (including their personal doctor)	105 / 129 81%	65 / 86 76%	79 / 88 90%	41 / 65 63%	290 / 368 79%
Mental health services	86 / 129 67%	52 / 86 60%	67 / 88 76%	39 / 65 55%	244 / 368 66%
Hospital services	91 / 129 71%	60 / 86 70%	59 / 88 67%	40 / 65 62%	250 / 368 68%

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 any other product. SeniorCare Complete members had an increase of 9% of members who replied "Yes" to having a personal dentist and AbilityCare decreased by 9%. This resulted in an overall increase of 5% from the previous year for our Medicare members.

Do you have a personal dentist?					
Response	SeniorCare Complete	MSC+	AbilityCare	SingleCare/ SharedCare	Overall
Yes	75 / 129 58%	46 / 86 53%	70 / 88 80%	35 / 65 54%	226 / 368 61%
No	40 / 129 31%	23 / 86 27%	11 / 88 13%	15 / 65 23%	89 / 368 24%





In the past year, did your care coordinator talk to you about seeing a dentist?					
Response	**SeniorCare Complete**	**MSC+**	**AbilityCare**	**SingleCare/ SharedCare**	**Overall**
Yes	68 / 129 53%	33 / 86 38%	56 / 88 64%	25 / 65 38%	182 / 368 49%
No	45 / 129 35%	29 / 86 34%	25 / 88 28%	23 / 65 35%	122 / 368 33%

Social Determinants of Health

The last section of the survey focused on questions regarding the social determinants of health. The questions asked are listed below.

Have you or any family members you live with been unable to get any of the following when it was really needed in the past 1 year?

- Food
- Clothing
- Utilities (gas, water, electric services)
- Childcare
- Medicine or any health care (medical, dental, mental health, vision)
- Phone
- Other
- In addition, members were asked the following questions:

  Are you worried about losing your housing?
- Do you have trouble finding or paying for transportation?
- Do you feel lonely or isolated from those around you?

Members could respond to these questions with “Yes,” “No” or “N/A.”

	Social Determinants of Health All SeniorCare Complete and AbilityCare Members					
Question	**Yes**		**No**		**N/A**	
Have you or any family members you live with been unable to get food when it was really needed in the past year?	44 / 217	20%	140 / 217	65%	43 / 217	20%
Have you or any family members you live with been unable to get utilities when it was really needed in the past year?	35 / 217	16%	139 / 217	64%	36 / 217	17%
Have you or any family members you live with been unable to get clothing when it was really needed in the past year?	39 / 217	18%	143 / 217	66%	35 / 217	16%
Have you or any family members you live with been unable to get a phone when it was really needed in the past year?	40 / 217	18%	136 / 217	62%	44 / 217	20%
Have you or any family members you live with been unable to get childcare when it was really needed in the past year?	8 / 217	4%	129 / 217	59%	80 / 217	37%
Have you or any family members you live with been unable to get medicine or any health care when it was really needed in the past year?	42 / 217	19%	138 / 217	64%	37 / 217	17%
Are you worried about losing your housing?	13 / 217	6%	173 / 217	80%	31 / 217	14%
Do you have trouble finding or paying for transportation?	20 / 217	9%	167 / 217	77%	30 / 217	14%
Do you feel lonely or isolated from those around you?	23 / 217	11%	161 / 217	74%	33 / 217	15%

Social Determinants of Health All MSC+ and SingleCare/SharedCare Members						
Question	**Yes**		**No**		**N/A**	
Have you or any family members you live with been unable to get food when it was really needed in the past year?	30/ 151	20%	87 / 151	58%	34 / 151	23%
Have you or any family members you live with been unable to get utilities when it was really needed in the past year?	28 / 151	19%	86 / 151	57%	37 / 151	25%
Have you or any family members you live with been unable to get clothing when it was really needed in the past year?	27 / 151	18%	91 / 151	60%	33 / 151	22%
Have you or any family members you live with been unable to get a phone when it was really needed in the past year?	27 / 151	18%	78 / 151	52%	43 / 151	28%
Have you or any family members you live with been unable to get childcare when it was really needed in the past year?	7 / 151	4%	80 / 151	53%	67 / 151	44%
Have you or any family members you live with been unable to get medicine or any health care when it was really needed in the past year?	34 / 151	23%	84 / 151	56%	33 / 151	22%
Are you worried about losing your housing?	7 / 151	4%	111 / 151	74%	33 / 151	22%
Do you have trouble finding or paying for transportation?	10 / 151	6%	108 / 151	72%	33 / 151	22%
Do you feel lonely or isolated from those around you?	12 / 151	8%	104 / 151	69%	35 / 151	23%

Next Steps

South Country has demonstrated improvements in several 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.

In 2024 DHS received an exemption from the Centers for Medicare and Medicaid (CMS) to not complete the CAHPS. The reason CMS granted a waiver was because of new requirements they introduced and the timing of those rule changes. CMS acknowledged to DHS that their rule changes constituted a material change incompatible with state contracting and therefore issued an exemption. DHS will proceed with CAHPS in 2025. Below is the 2022 and 2023 CAHPS results trending.

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 is 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, Itasca Medical Care, Medica, 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 Often	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 Program
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 Often	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.

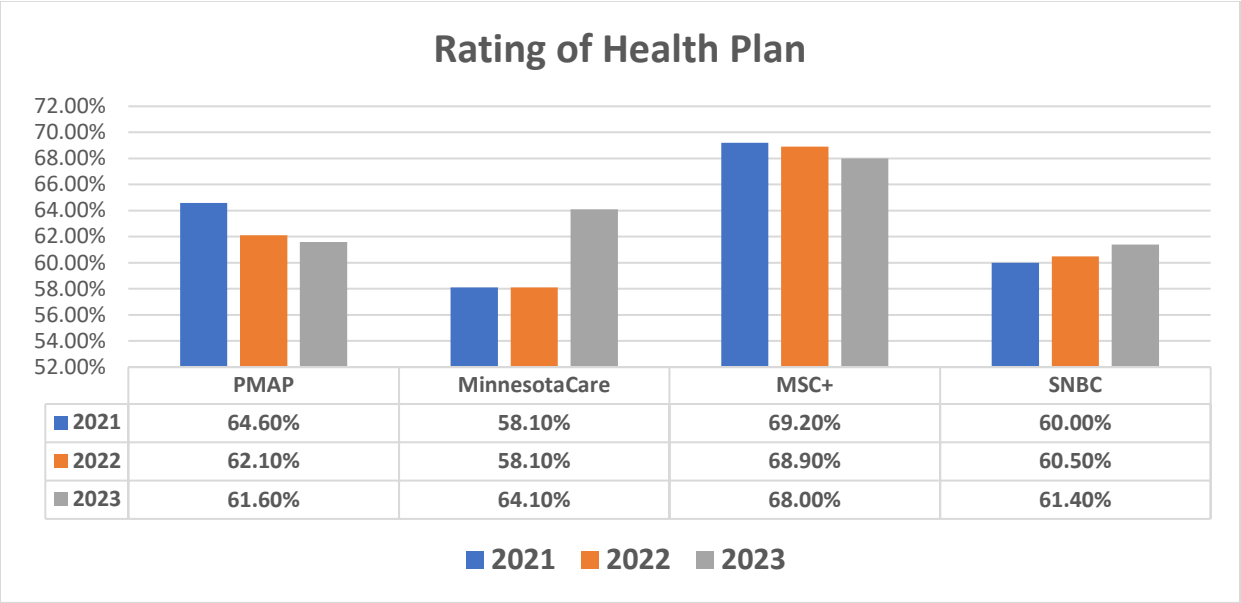
Global Ratings	2021	2022	2023	2022 vs 2023 Trend	2023 MSC+ MN Program
Rating of Health Plan	69.2%	68.9%	68.0%	↓	62.1%
Rating of All Health Care	69.6%	67.3%	61.7%	↓	55.8%
Rating of Personal Doctor	76.1%	74.3%	77.4%	↑	72.9%
Rating of Specialist Seen Most Often	77.5%	76.7%	71.7%	↓	67.4%
Getting Needed Care	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

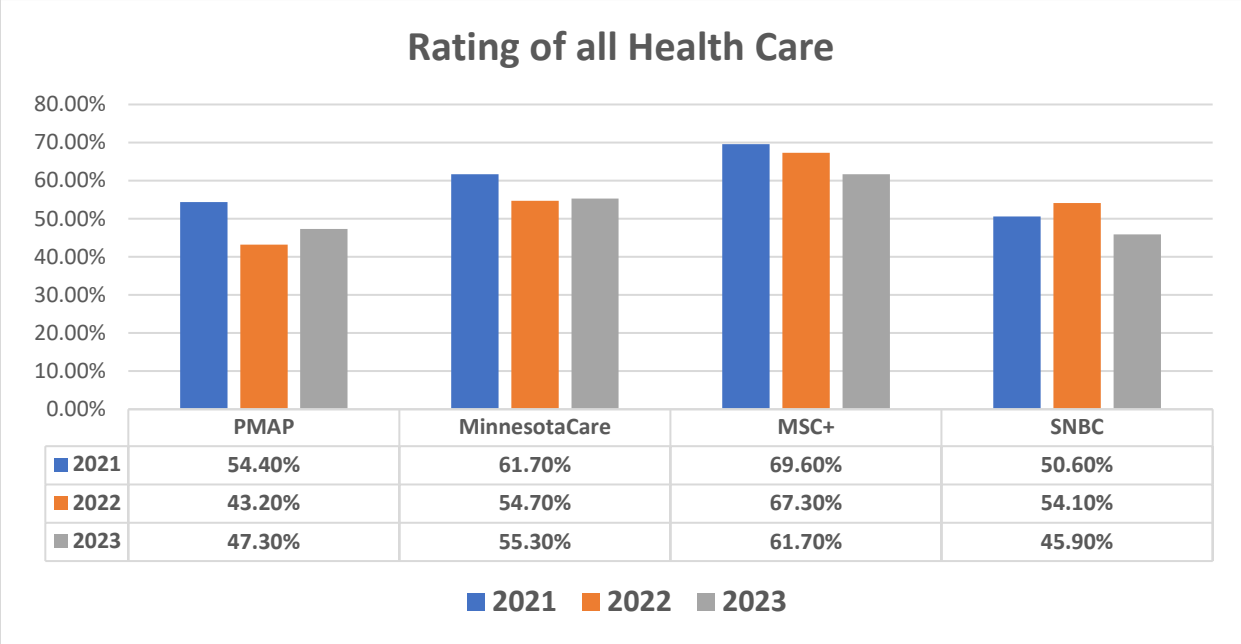
- Above the state average for rating of health plan, how well doctors communicate, customer service, and coordination of care.
- Below the state average for rating of all health care, rating of personal doctor, rating of specialist seen most, getting needed care, and getting care quickly.

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 Often	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%

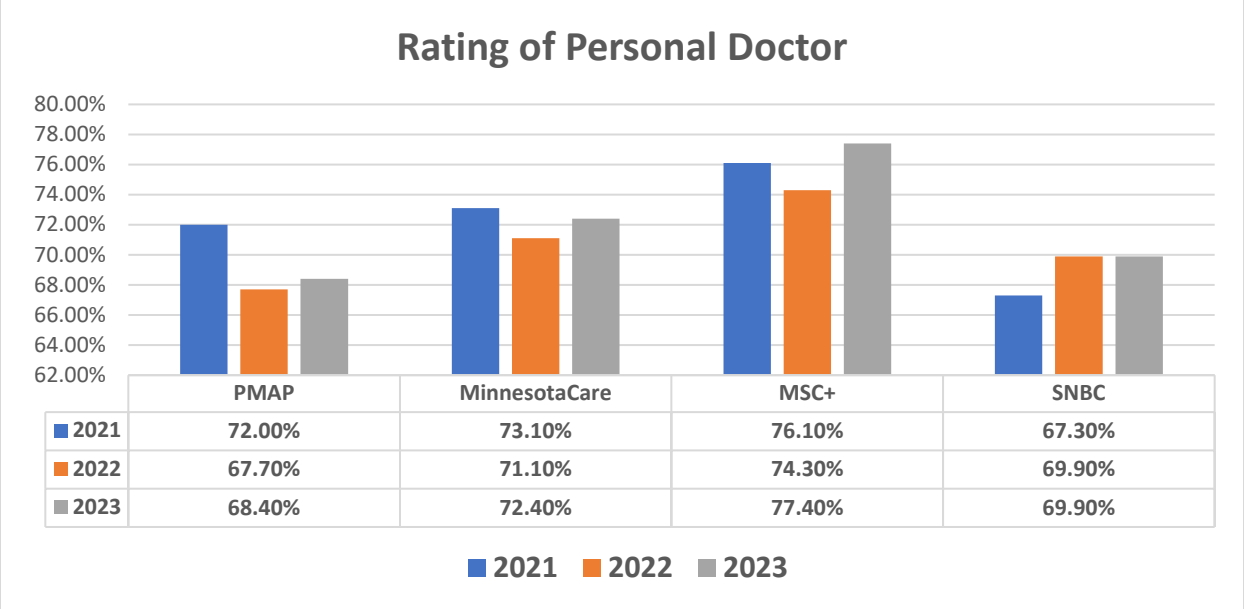
2021-2023 CAHPS Rates Trending



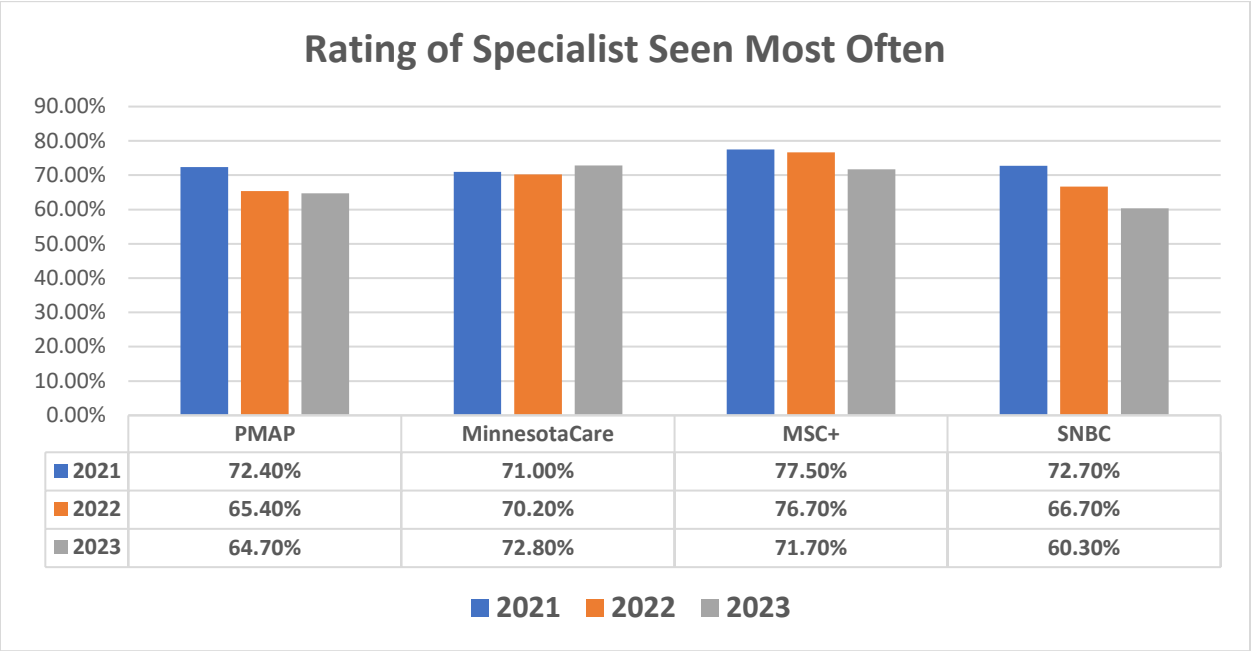
	PMAP	MinnesotaCare	MSC+	SNBC
2021	64.60%	58.10%	69.20%	60.00%
2022	62.10%	58.10%	68.90%	60.50%
2023	61.60%	64.10%	68.00%	61.40%



	PMAP	MinnesotaCare	MSC+	SNBC
2021	54.40%	61.70%	69.60%	50.60%
2022	43.20%	54.70%	67.30%	54.10%
2023	47.30%	55.30%	61.70%	45.90%

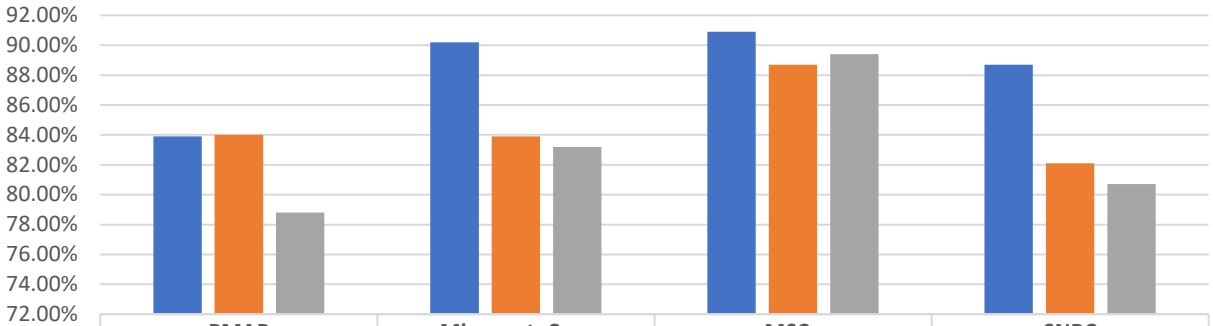


	PMAP	MinnesotaCare	MSC+	SNBC
2021	72.00%	73.10%	76.10%	67.30%
2022	67.70%	71.10%	74.30%	69.90%
2023	68.40%	72.40%	77.40%	69.90%



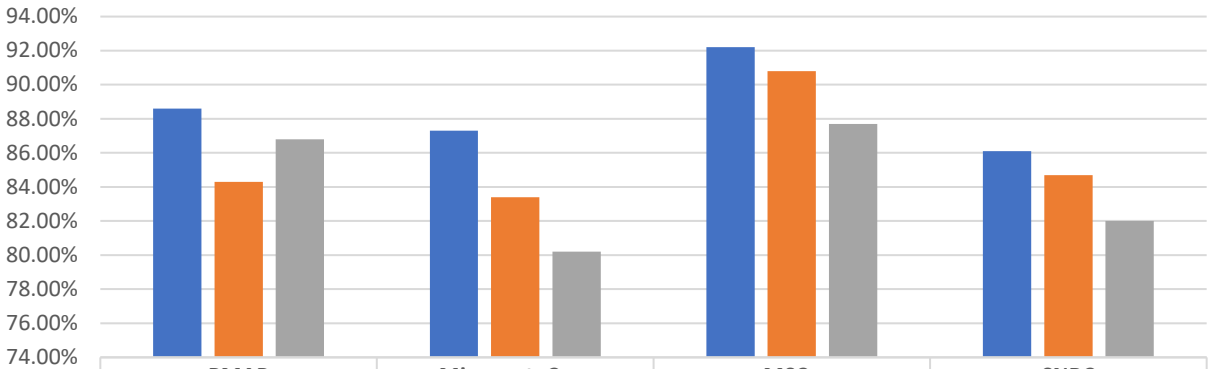
	PMAP	MinnesotaCare	MSC+	SNBC
2021	72.40%	71.00%	77.50%	72.70%
2022	65.40%	70.20%	76.70%	66.70%
2023	64.70%	72.80%	71.70%	60.30%

Getting Needed Care

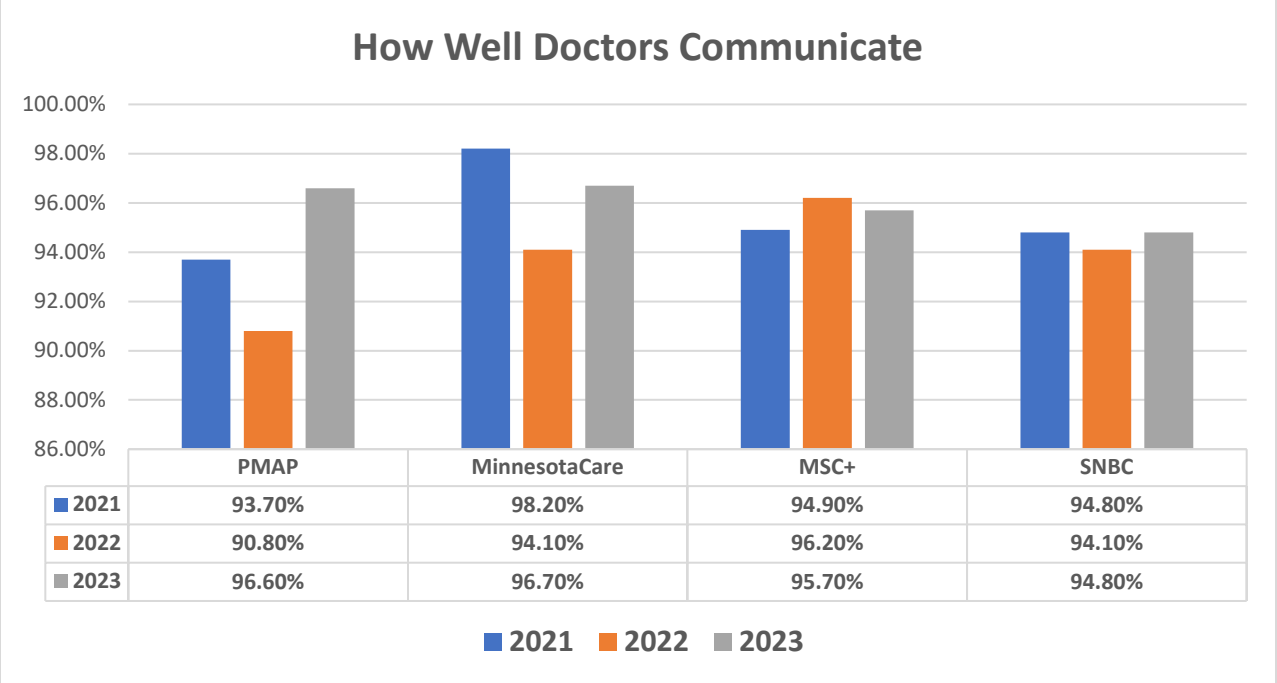


	PMAP	MinnesotaCare	MSC+	SNBC
2021	83.90%	90.20%	90.90%	88.70%
2022	84.00%	83.90%	88.70%	82.10%
2023	78.80%	83.20%	89.40%	80.70%

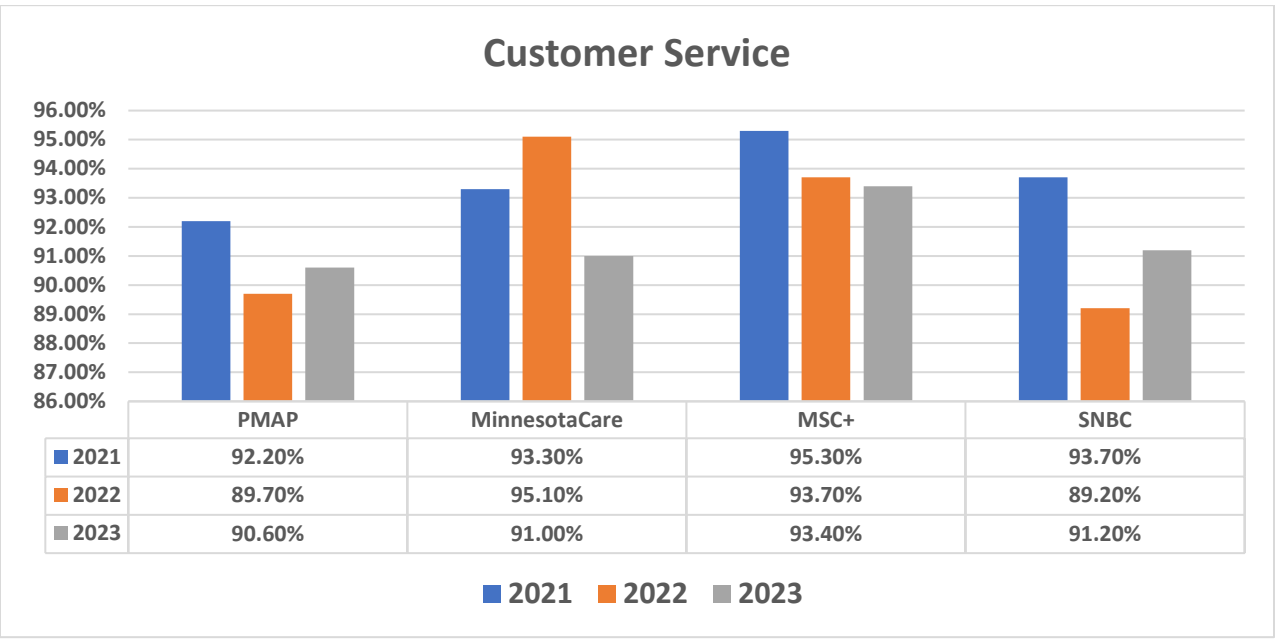
Getting Care Quickly



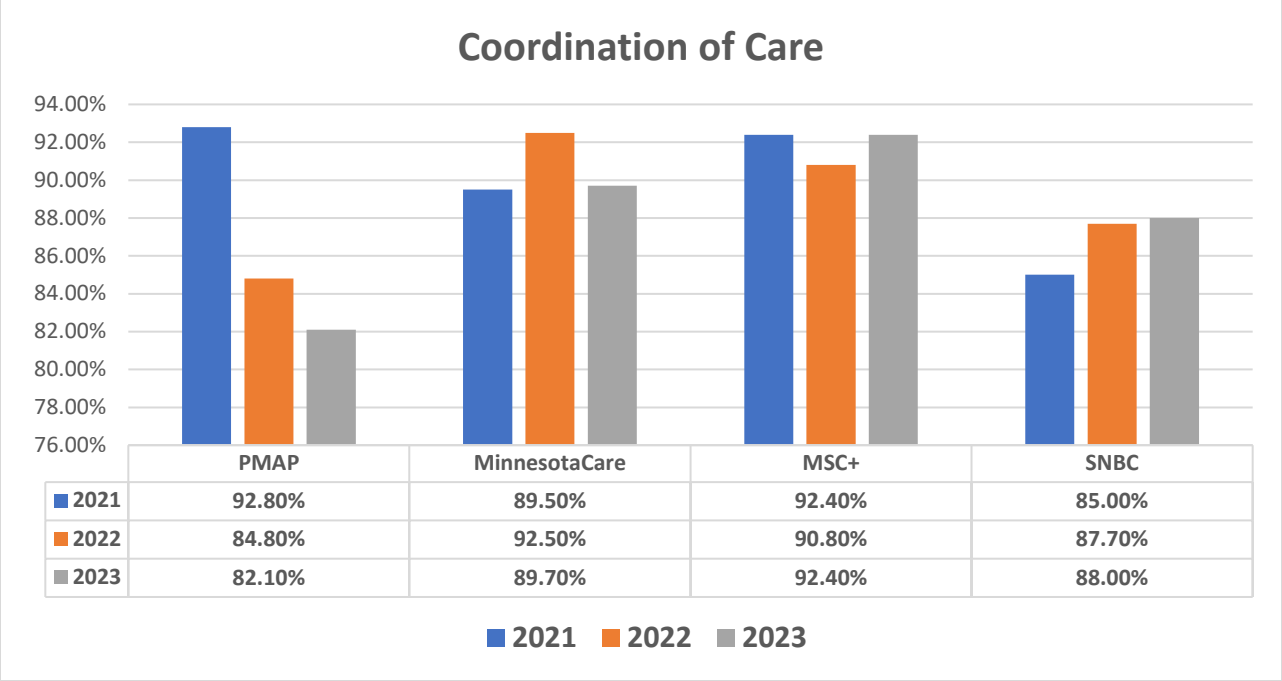
	PMAP	MinnesotaCare	MSC+	SNBC
2021	88.60%	87.30%	92.20%	86.10%
2022	84.30%	83.40%	90.80%	84.70%
2023	86.80%	80.20%	87.70%	82.00%



	PMAP	MinnesotaCare	MSC+	SNBC
2021	93.70%	98.20%	94.90%	94.80%
2022	90.80%	94.10%	96.20%	94.10%
2023	96.60%	96.70%	95.70%	94.80%



	PMAP	MinnesotaCare	MSC+	SNBC
2021	92.20%	93.30%	95.30%	93.70%
2022	89.70%	95.10%	93.70%	89.20%
2023	90.60%	91.00%	93.40%	91.20%



	PMAP	MinnesotaCare	MSC+	SNBC
2021	92.80%	89.50%	92.40%	85.00%
2022	84.80%	92.50%	90.80%	87.70%
2023	82.10%	89.70%	92.40%	88.00%

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:
    - o Statistically significantly less likely to have a positive experience with their MCO, health care, and MCO's customer service;
    - o Statistically significantly less likely to see a provider the same day after making an appointment; and
    - o Statistically significantly more likely to have a provider who shared the same race, ethnicity, or language as them.
- Respondents who were White were:
    - o Statistically significantly less likely to see a provider the same day after making an appointment;
    - o Statistically significantly less likely to get an interpreter when they needed one; and
    - o 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:
    - o Statistically significantly less likely to get an interpreter when they needed one;
    - o Statistically significantly more likely to be told they showed up too late to an appointment to be seen; and
    - o 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:
    - o Have a personal doctor who usually or always seemed informed and up to date about care they got from other providers;
    - o Get an interpreter when they needed one;
    - o Not feel like they were judged or treated unfairly by a doctor because of their race; and
    - o 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 the 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 and consider other strategies to maintain and improve member satisfaction for 2024 and 2025. 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 2024, 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. At a minimum, South Country's G/A manager meets quarterly with Delta Dental representatives to review 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 contracted provider QOC quarterly grievance reports, QOC grievances, non-QOC grievances, and appeals. These quarterly updates identify trends, top grievance issues and top appealed services, and drive committee discussion on potential areas for further review or 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

(dental QOC grievances are reviewed by a dentist consultant with Delta Dental) 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

Contracted Provider Quarterly QOC Grievance Reports

This process and expectations are outlined in South Country's online provider manual. Providers submit a quarterly report of any QOC grievances reported directly to them by a South Country member. This report captures certain details about the grievance and investigation. Providers are not expected to submit a report when there are zero QOC grievances for the quarter. This process to report by exception eliminates unnecessary use of labor and other resources.

A downward trend has been noted with this (CY 2022 = 4, CY 2023=1; CY 2024=0). During the previous year, South Country included articles in the provider newsletters regarding this requirement and process and outreached as necessary to individual provider entities. South Country continues to closely monitor this area for provider compliance.

Medicaid quality of care (QOC) grievances:

In 2024, dental services was the top QOC grievance service category, with most cases involving restorative services (crowns/fillings) and dentures. The next highest QOC grievance categories were medical and involved inpatient hospital and ER services.

None of these cases were determined to be at a severe level, which is consistent with the previous two years, and no cases exceeded severity level one. All cases resulted in a recommendation for continued monitoring (track and trend).

Cases determined to be at a severity level zero indicate that, based on the evidence at the time of QOC review, no QOC issues existed or were identified. A severity level one category for dental QOC grievances is described as "little to no adverse impact to patient's health status, safety, well-being or access to care", while a severity level one category for medical (non-dental) QOC grievances is described as "No QOC issue substantiated: care appropriate or mild QOC concern exists having minimal or no harmful physical or functional effects on the member".

Medicaid-only grievances: EXCLUDES QOC grievances which are summarized separately.

Grievance volume for the past two years remained the same and almost doubled from CY 2022.

- In CY 2024 there were a total of 112 cases, 18 of 112 were dental grievances.
  CY 2024: Q1=34 Q2=31 Q3=25 Q4=22
- In CY 2023 there were a total of 112 grievances, 17 of 112 were dental grievances.
  CY 2023: Q1=35 Q2=23 Q3=27 Q4=27
- In CY 2022 there were a total of 61 grievances, 11 of 61 were dental grievances.
  CY 2022: Q1=14 Q2=19 Q3=15 Q4=13

The number of dental grievances has been trending upward over the past few years **(CY 2022 = 11; CY 2023 = 17; CY 2024=18)** but remains low considering total enrollment and the number of "multiple grievances" and unique members **(CY 2022 =** seven **unique members; CY 2023 = 14 unique members; CY 2024=** eight **unique members).**

PMAP is the program that holds South Country's highest membership and historically has been the top program for member grievances (usually in the upper 50% range). In CY 2024, PMAP remained the top program overall by a very close margin at 26%, followed by SeniorCare Complete at 25% (which was largely due to Q1 dental grievances, in which there were two unique members with 10 separate dental grievance cases), with SingleCare being the third highest program at 22%.

Consistent with previous years, access was the top grievance category (for NEMT cases, access involves driver later arrival and driver "no-show").

61% (68 of 112) of grievances were for non-emergency medical transportation (NEMT) services, with the most for unassisted transportation at 78% (53 of 68); 40% (41 of 100) of these NEMT access cases were substantiated.

A substantiated case means that 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.

Appeals

Analysis

For CY 2024, South Country processed 163 member appeals (this is an increase from the previous year, mostly attributed to an upward trend in pharmacy appeals).

Pharmacy appeals accounted for 68.1% (111 of 163) of these cases.

Dental appeals accounted for 21.5% (35 of 163) of these cases.

Non-pharmacy and non-dental appeals accounted for 10.4% (17 of 163) of these cases.

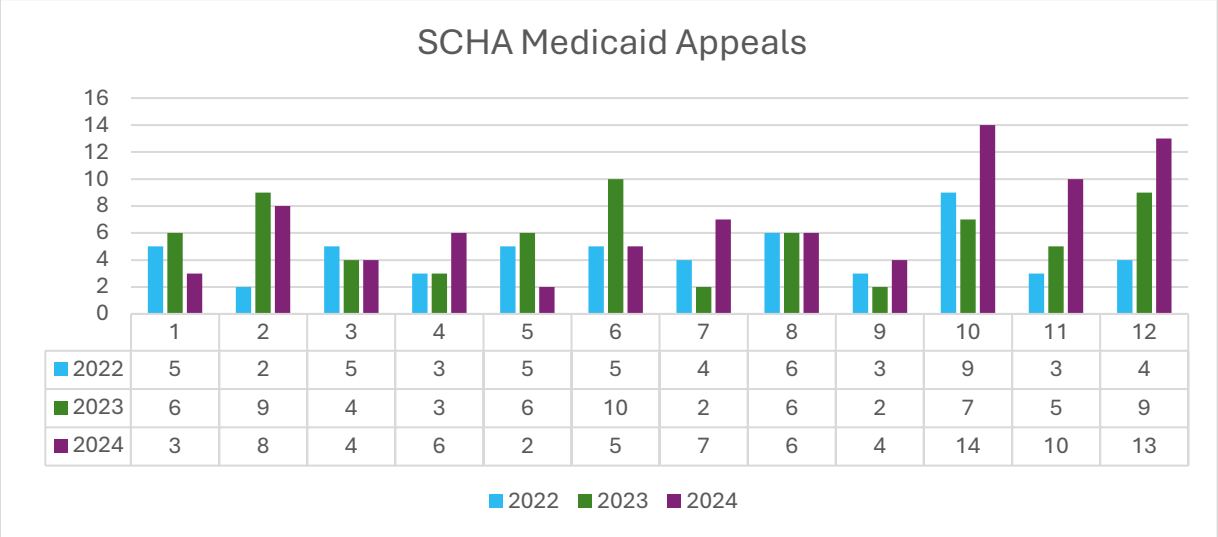
	CY 2022	CY 2023	CY 2024
Pharmacy Appeals	72	92	111
Dental Appeals	27	31	35
Non-pharmacy/Non-dental Appeals	91	17	17

Pharmacy Medicaid-only Appeals:

Drugs billed under the pharmacy benefit:

Of the 111 pharmacy appeals, 82 were for drugs billed under the pharmacy benefit, which is an approximate 19% increase from the previous year, with 69 appeals; 76% (62 of 82) of these appeals were overturned (approved in full). This high rate of approval is due to receiving or obtaining new information that satisfies criteria at the time of the appeal review.

The following chart shows the 3-year history of the number of appeals per month.



	1	2	3	4	5	6	7	8	9	10	11	12
2022	5	2	5	3	5	5	4	6	3	9	3	4
2023	6	9	4	3	6	10	2	6	2	7	5	9
2024	3	8	4	6	2	5	7	6	4	14	10	13

The top 10 appealed drugs are listed in the next chart below, along with their formulary status and restrictions.

Four of the drug categories are glucagon-like peptide-1 (GLP-1) receptor agonists (Wegovy, Zepbound, and Saxenda (for weight loss), and Mounjaro (for Type 2 Diabetes)).

GLP-1s accounted for 40% (33 of 82) of these appeals, with weight loss drugs comprising 38% (31 of 82) of this total.

PA Status		Total	Overturned	Upheld	Dismissed	Withdrawn
Drug	Formulary status/ restrictions		#	#	#	#
WEGOVY	Preferred with Clinical PA/ QL	24	21	1	2	0
ZEPBOUND	Non-Preferred with Clinical PA	4	4	0	0	0
PROGESTERONE	Non-Formulary	4	2	1	0	1
UBRELVY	Preferred with Clinical PA/ QL	3	3	0	0	0
SAXENDA	Preferred with Clinical PA/ QL	3	3	0	0	0
AJOVY	Preferred with Clinical PA	3	2	1	0	0
REPATHA	Non-Preferred with Clinical PA	3	3	0	0	0
DEXOM G7 RECEIVER	Non-Preferred with Clinical PA	2	2	0	0	0
MOUNJARO	Non-Preferred	2	0	0	1	1
DESVENLAFAXINE	Non-Preferred	2	1	1	0	1

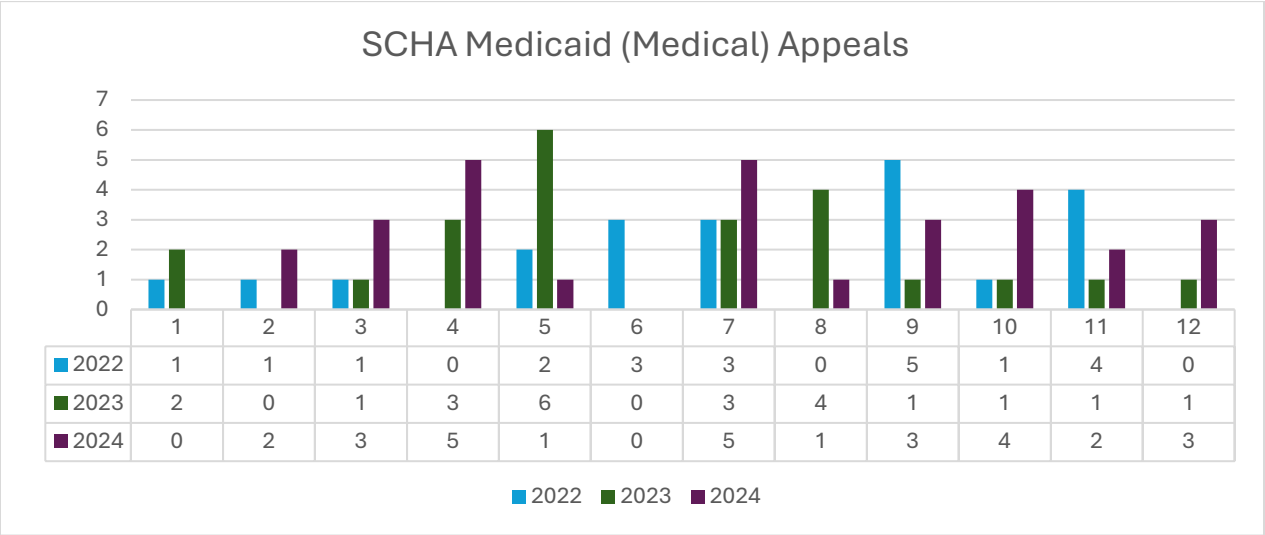
Drugs billed under the medical benefit:

PerformRx continues to process appeals for drugs billed under the medical benefit referred to as pharmacy medical appeals.

- In 2024, there were 29 of these appeals, with the denial being overturned in 76% (22 of 29) of cases (two of the seven remaining cases were upheld and the other cases were either withdrawn or dismissed). Botox was the most appealed medical pharmacy drug.
- In 2023, there were 23 of these appeals, with the denial being overturned in 87% (20 of 23) of cases.
- In 2022, there were 21 of these appeals, with the denial being overturned in all 21 cases (100%).

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, which accounts for the high appeal overturn rate.

The chart below shows the three-year monthly trend:



	1	2	3	4	5	6	7	8	9	10	11	12
2022	1	1	1	0	2	3	3	0	5	1	4	0
2023	2	0	1	3	6	0	3	4	1	1	1	1
2024	0	2	3	5	1	0	5	1	3	4	2	3

Non-pharmacy/non-dental appeals:

For non-pharmacy/non-dental cases, South Country's total volume remained unchanged from the previous year, with 17 cases.

Q1 experienced the highest number of appeals with 11 of 17 cases. Only two of 11 cases were for pre-service denials, while the other nine of 11 cases were for payment (claim) denials.

Of the 11 payment (claim) appeals, eight appeals were for the same member, for claims that were denied for reasons of other primary insurance (all but one of these payment denials were overturned via the appeal process as member no longer had the other primary insurance on the date the services were rendered; the remaining claim was forwarded to the State, as the responsible party for payment). Of these eight claim appeals, 41% (seven of eight) were for mental health-outpatient services, which was the top service category (in the previous two years, professional medical services was the top appealed service category).

The denial was overturned in 59% (10 of 17) of these non-pharmacy/non-dental cases (of the remaining seven appeals, three appeals were upheld (one case for reenrollment into the MN Restricted Recipient Program, one case for temporary closure of EW services during an institutional stay and one case for a prenatal genetic test that is deemed experimental and investigational and excluded from coverage), one denied claim was forwarded to the State as the responsible payor, two appeals were dismissed, and one appeal was withdrawn).

As mentioned in the previous annual report, the significant decrease in volume from 2022 to 2023 was anticipated due to removal of some prior authorization requirements (for example, prenatal genetic testing for fetal chromosomal aneuploidy) and multiple withdrawn claim appeals for denial reasons of other insurance (in these cases it is common for a member to withdraw the appeal once the health plan receives the updated verification that the other insurance terminated prior to the date services were rendered, allowing the claim(s) to be reprocessed for payment). This decrease in appeals was also realized for unattended at home sleep studies, likely from increased provider awareness and knowledge of coverage criteria.

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 2025, quality improvement topics for the G/A department will include but are not limited to:

Continue to study the upward trend with pharmacy appeals and look for possible opportunities for process improvement. Monitor for appeal impact with future regulatory changes surrounding the prior authorization process.

Further evaluate quarterly grievance trends pertaining to South Country programs having the greatest number of member grievances (in 2024 there was a much tighter gap noted between PMAP (26%) and other programs, like SeniorCare Complete (25%) and SingleCare (22%), and the SNBC population had the highest overall combined rate at 43%)

Create recorded power point training materials on grievance and appeal topics for the Member Services department for easy, anytime access, and consider this same training method for other staff who require grievance and appeal training, such as county staff.

Continue to evaluate grievance and appeal departmental needs and resume plans for increasing efficiencies with grievance and appeal department processes

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.

Member Safety

South Country Health Alliance (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 2024 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 related 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 2024, South Country held five Member Advisory Committee 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 Directors 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 2024 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 care, postpartum care, infant well care visits, child and adolescent well care visits, childhood immunizations, adolescent immunizations, chlamydia screening, diabetes care, 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.

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 2024 Quality Program

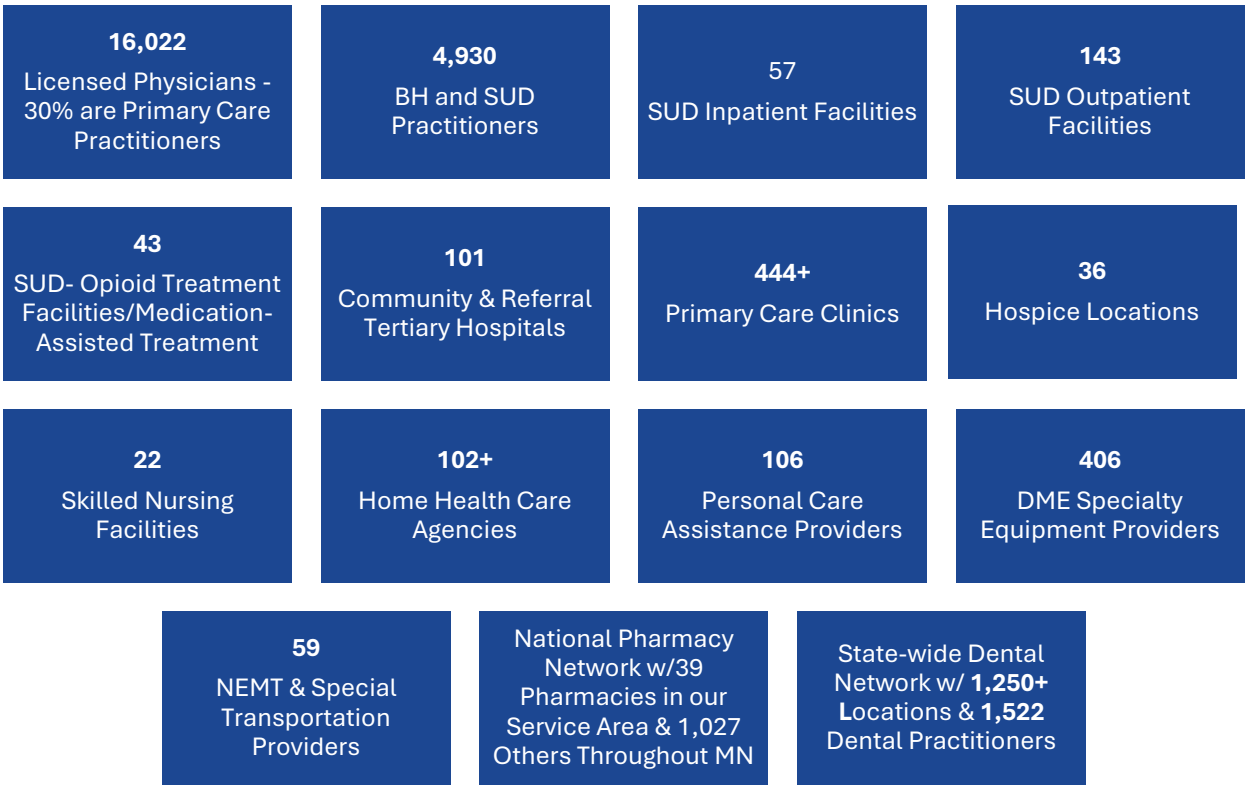
Section 4 – Provider Network

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 2024 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 who 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 consultants 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 22 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 102 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 57 SUD inpatient facilities, 143 outpatient facilities, and 43 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 59 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.
- Urgent care appointments within 48 hours of the member's request.
- 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.
- 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 (cardiology, chiropractic/acupuncture, neurology, obstetrics, oncology, ophthalmology/optometry, orthopedics, and pediatrics) were invited to participate in the survey. The sampling process focused primarily on those providers under direct contracts with South Country.

Access and Availability Survey Results

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. This year, we also mailed out individual surveys to all provider sites that were not included in the spreadsheet to help improve overall participation.

South Country has about 1,140 contracted providers with about 4,345 active provider sites within these contracted providers. Out of these contracted providers, a total of 3,841 provider sites were selected for the survey with a total of 897 responses for approximately 23% provider participation for 2024, which increased from 2023's 18% provider participation.

2024 Provider Survey Participation Rates			
Provider Type	**# Provider Sites Sampled**	**# Provider Sites Participating**	**2024 Participation Rate**
Primary Care	526	69	13%
Behavioral Health	1646	573	35%
Cardiology	160	3	2%
Chiro/Acup	117	63	54%
Neurology	157	4	3%
Obstetrics	290	28	10%
Oncology	104	4	4%
Ophthalmology/Optometry	270	88	33%
Orthopedics	361	59	16%
Pediatrics	210	6	3%
Total	**3841**	**897**	23%

South Country's provider network is largely rural, where the number of providers is often limited to a single organization serving a broad rural geographic area. Recognizing this reality, South Country's goal is for its contracted providers surveyed to demonstrate compliance with the appointment availability standards applicable to their area of practice. South Country is taking into consideration current industry challenges such as a fewer number of medical and behavioral health care providers choosing to practice in rural Minnesota communities.

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.

Accepting New Patients: Of those surveyed, 100% of the participating primary care provider sites 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 can access routine/regular care from primary care providers within 30 days of the request at 97% of the participating provider sites with 90% of the participating provider sites able to accommodate appointment requests within one week of the request.

To assess an element of patient experience at these surveyed provider sites, we also asked about the typical length of time patients wait while in the office to see a provider for a prescheduled appointment; 93% of provider sites indicated that the wait time is 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 very often hindered by finances and difficulties in recruiting physicians. The current survey results for primary care provider sites show that 65% of the time members can 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 service instructions are provided to the member on how to access emergency care. One hundred percent of participating provider sites reported systems in place to instruct members to call 9-1-1 and/or go to the nearest emergency room for emergency situations.

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

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

Primary Care Providers		
Standard	**2023 Network Performance**	**2024 Network Performance**
Regular/Routine Care Appointments Within 30 Days of Member's Request	98%	**97%**
Urgent Care Appointment Within 24 Hours of Member's Request	69%	**65%**
Emergency Care Instruct To Call 911 Or Go To Nearest ER	100%	**100%**

Primary Care Providers		
Standard	**2023 Network Performance**	**2024 Network Performance**
After-hours Care **Instructions Are Provided For How To Access Emergency Services Or An On-Call Provider**	98%	**100%**

Access to Behavioral Health Services

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

Accepting New Patients: Of those surveyed, 93% of South Country's contracted behavioral health provider sites indicated they are accepting new patients.

Initial, Routine Appointments: South Country's standard is that our members will be able to obtain an initial appointment for non-urgent or emergency services within 10 days of their request. Sixty-five percent of contracted provider sites can meet this standard, and an additional 21% were able to provide an initial appointment for members within 30 days of the request. Unfortunately, due to the high demand for behavioral health services, 13% of provider sites stated that initial appointments can take more than 30 days for new patients to be seen and another 2% did not answer the question.

Follow-up Appointments: We expect our members to receive follow-up appointments within 30 days of the initial visit. Ninety-one percent of our contracted provider sites meet this standard. Some providers indicated that they could meet this standard for one service, such as their mental health services, but not for others, such as their psychiatry services.

Urgent/Emergent Services: Unlike primary care services, the standard for urgent care services for behavioral health is 48 hours and, for emergency need, within six hours of the member's request. Approximately 67% of participating provider sites reported members can be seen within 48 hours of the request for urgent care, 18% of participating provider sites are able to see members within six hours for a non-life-threatening emergency. Some providers indicated that they could meet this standard for one service, such as their mental health services, but not for others, such as their psychiatry services.

For emergency services, 97% of the participating provider sites guide the members to emergency care, either through advising to call 9-1-1, 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 prescheduled appointment. Eighty-four 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	2022 Network Performance	2023 Network Performance	**2024 Network Performance**
Initial Visit For Routine Care Appointment Within 10 Business Days of Member's Request	55%	63%	**65%**
Follow-up Routine Care Appointment Within 30 Days Of Initial Visit	88%	92%	**91%**
Urgent Care Appointment Within 48 Hours Of Member's Request	56%	69%	**67%**
Care For Non- Life-Threatening Emergency Appointment Within 6 Hours Of Member's Request	**21%**	**19%**	**18%**

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-six percent of participating provider sites 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. According to the participating provider site responses, 72% reported members would receive an initial appointment within 10 days, an additional 18% within 30 days of the request. Eight percent of our participating specialty provider sites require a referral to schedule an appointment. Seventy-eight percent of provider sites indicated that the wait time is less than 15 minutes.

Follow-up Appointments: Ninety-three percent of the participating specialty provider sites reported scheduling follow-up appointments within 30 days of the initial appointment.

Urgent/Emergent Services: For calls outside of business hours, 95% of the participating provider sites reported providing instructions for accessing emergency services.

Telehealth/Telemedicine Services: Thirty-eight percent of the participating specialty provider sites reported telehealth/telemedicine services by video and/or phone services are available, with some providers offering both video and phone services.

Specialty Provider Sites for 2024				
Standard: Specialty:	Regular & Routine Care Appts. Within 30 Days Of Member's Request	Referral Required	Follow-Up Visit Within 30 Days	Wait Time Is Less Than 15 Minutes For A Prescheduled Appt.
Cardiology	67%	100%	67%	67%
Chiro/Acup	100%	0%	100%	97%
Neurology	75%	75%	75%	25%
Obstetrics	93%	4%	100%	96%
Oncology	75%	50%	100%	100%
Ophthalmology/ Optometry	82%	6%	86%	71%
Orthopedics	93%	7%	100%	58%
Pediatrics	83%	17%	100%	100%

Next Steps

1. As of Jan. 1, 2024, South Country has required 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 Health Alliance (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 beneficial for South Country to process applications timely and meet the state required 45-day credentialing turnaround time for clean applications. In 2024, South Country's average credentialing process turnaround time for clean applications was 16 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
- It 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.

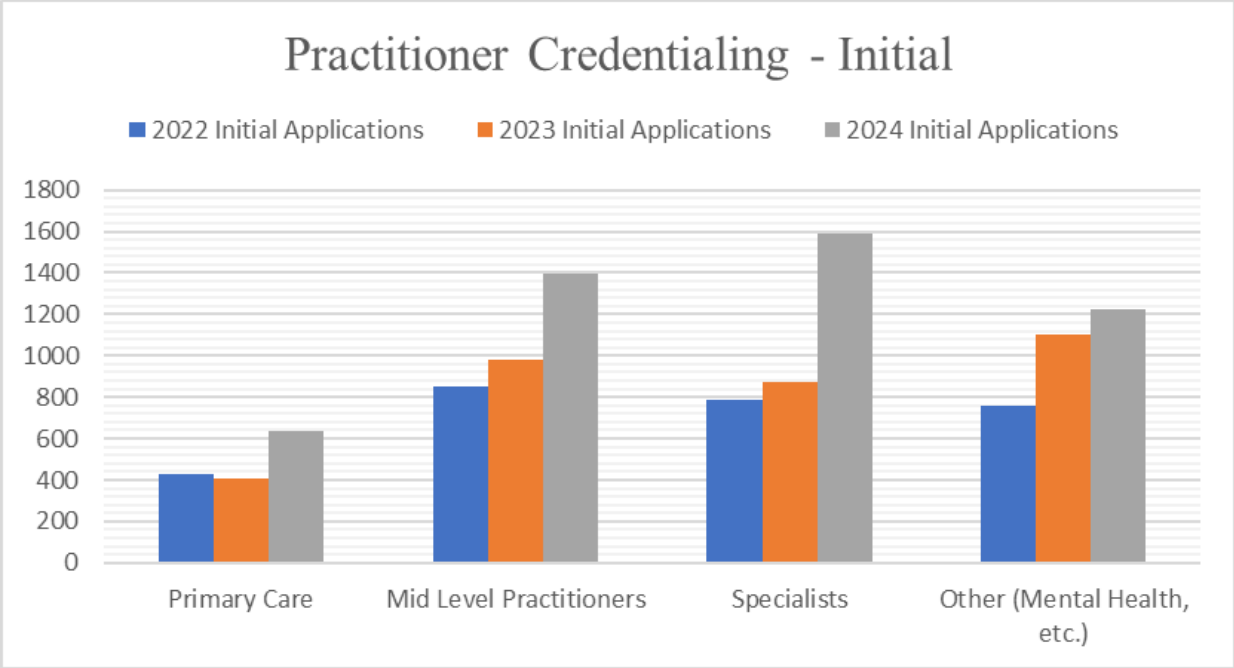
The organizational assessment approval processes are like the practitioner approval process, whereby the medical director reviews all files and approves them for network participation if the files are deemed to be clean. The Credentialing Committee reviews the assessments of organizations who do not 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.

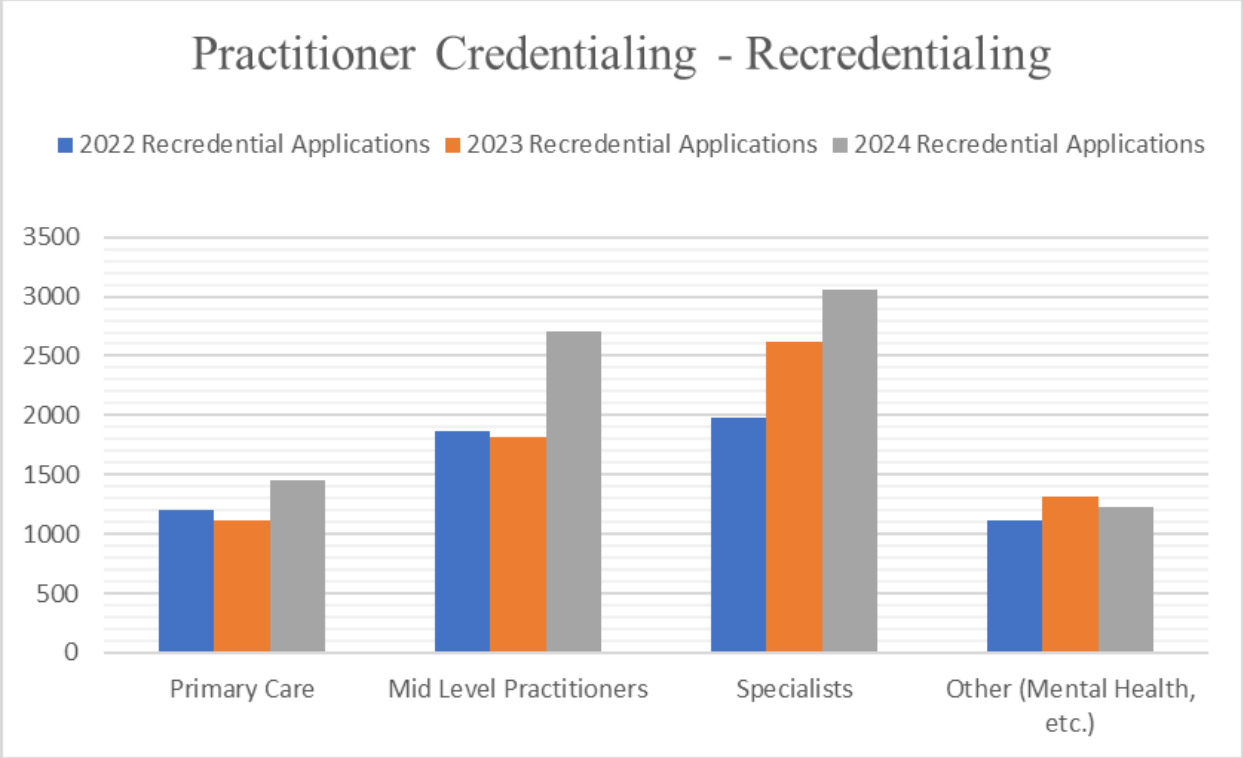
Analysis

In 2024, the credentialing department credentialed 1,350 practitioners new to the network, and recredentialed 1,053 practitioners for continued network participation, for a total of 2,403 approved practitioners. In addition, there were 10,884 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, HealthPartners - Hutchinson Health, Included Health – Doctor on Demand, 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 35 initial assessments and 1,286 reassessments of organizational providers that resulted in the assessment of 1,321 total facilities. In accordance with regulatory obligations, reassessments were completed within 36 months of the last assessment. NCQA does not prescribe a time frame for collecting the necessary information to assess initial organizational providers, but processes are in place to ensure applications are reviewed and acted upon in a timely manner for determining network participation. A turnaround time of less than 20 days was maintained for organizational assessment application processing in 2024. For 2024 and future quality annual assessments, the charts below will reflect the total number of individual facilities assessed versus grouped at a Tax ID level as it more accurately reflects the volume of facilities assessed during the quality assessment period.

Organizational Assessments: Initial			
Provider Types	**2022**	**2023**	**2024**
Hospitals	20	11	2
Home Health Facility	16	10	1
Skilled Nursing Facility	9	8	0
Ambulatory Surgery Center	9	8	8
Behavioral Health Facility	2	12	7
Substance Use Disorder Facility	33	25	17
Free Standing Birth Center	0	0	0
Other facilities not listed above *added for 2023*	N/A	8	0
Total Facilities Assessed	89	82	35

Organizational Assessments: Reassessments			
Provider Types	**2022**	**2023**	**2024**
Hospitals	17	39	92
Home Health Facility	26	12	30
Skilled Nursing Facility	13	12	12
Ambulatory Surgery Center	12	6	10
Behavioral Health Facility	13	33	64
Substance Use Disorder Facility	60	37	1075
Free-Standing Birth Center	0	0	0
Other facilities not listed above *added for 2023*	N/A	2	3
Total Facilities Assessed	141	141	1286

There were 49 onsite visits that were completed in 2024 by South Country for provider organizations as part of their initial or reassessment application process. In 2024, all 1,321 organizational providers assessed were approved for network participation; however, nine 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 2024, 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 2024, South Country approved 33 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 2024 to assess the 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 16 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 2024, an annual South Country internal audit was conducted for practitioner credentialing and organizational assessment in which both audits resulted in 100% compliance with no issues identified.

Also in 2024, South Country's credentialing staff created a process with the provider network team to use 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. The new process has resulted in a better tracking process so credentialing and/or organizational assessments are not missed, and contracts are not activated prior to completion of practitioner credentialing and/or organizational assessment.

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 2025, 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.

Also in 2025, South Country will assess the current credentialing system used to maintain provider credentialing, delegate credentialing, organizational assessment data, and reporting requirements to determine areas of inadequacy and inefficiency and work with the South Country IT department to research systems that make data and reporting processes more efficient and that better meets our needs.

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

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. Previously audited providers who did not meet the satisfactory threshold for compliance may be reassessed the following year in 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 2024, South Country reviewed a total of 20 primary care providers and 10 behavioral health providers for the medical record review. There were 12 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 2024 for medical record review. The average for Section A, record format, for primary care providers was 100%. Section B, record content, had an average of 95%, and Section C, assessment, plan, and follow-up had an average score of 93%. Section D, preventive screening, had an average of 99% for primary care providers. Sections A and B remained steady between the 2023 and 2024 audits. In contrast, Section C decreased from an average of 100% and Section D increased from an average of 85% in 2023.

Results for the health care directive are highlighted below. These results were included in the scores for Section B. Health care directives continue to be an area of opportunity. There was an overall average of 29% of auditable members having health care directives documented in their charts. Only two providers that were audited met the "passing" standards of 90% or higher.

2024 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	389	100%	95%	93%	99%

2024 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	12	100%	96%	100%	100%
2	30	100%	95%	93%	97%
3	30	100%	92%	92%	98%
4	17	99%	96%	91%	100%
5	30	100%	96%	90%	100%
6	13	100%	90%	92%	100%
7	10	100%	90%	93%	100%
8	24	98%	97%	90%	97%
9	26	100%	95%	95%	100%
10	27	100%	97%	94%	100%
11	30	100%	100%	97%	100%
12	12	100%	100%	92%	100%
13	12	100%	91%	95%	99%
14	9	100%	98%	92%	97%
15	9	100%	100%	90%	100%
16	11	100%	95%	82%	100%
17	26	100%	93%	94%	100%
18	8	100%	95%	100%	100%
19	30	100%	92%	100%	100%
20	8	100%	97%	91%	100%

Primary Care Medical Record Review - 2023 Results, Reaudited 2024

Eight primary care providers failed to meet the 90% threshold in at least one section in 2023 and needed to be reaudited in 2024. Nine of the reaudited providers were deemed compliant for all reaudited sections. Three did not meet the 90% threshold for the reaudited sections. No further action will be taken for these providers.

2024 Primary Care Provider Reaudit Results						
Identifier	**Member Charts Reviewed**	**Section A**	**Section B**	**Section C**	**Section D**	**Health Care Directive**
1	13	N/A	N/A	85%	N/A	N/A
2	15	N/A	N/A	93%	N/A	N/A
3	3	N/A	88%	100%	N/A	N/A
4	8	N/A	85%	100%	N/A	N/A
5	18	N/A	87%	100%	N/A	N/A
6	19	N/A	88%	93%	N/A	N/A
7	12	N/A	89%	N/A	N/A	0%
8	8	N/A	N/A	100%	N/A	N/A
9	30	N/A	92%	N/A	N/A	0%
10	8	N/A	92%	N/A	N/A	0%
11	8	N/A	N/A	97%	N/A	N/A
12	8	N/A	N/A	85%	N/A	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.

2024 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	9	100%	100%	100%	N/A
2	8	100%	100%	100%	N/A
3	8	100%	100%	90%	N/A
4	8	100%	100%	96%	N/A
5	8	100%	100%	100%	N/A
6	8	100%	100%	100%	N/A
7	8	100%	100%	97%	N/A
8	8	100%	100%	93%	N/A
9	8	100%	100%	99%	N/A
10	8	100%	100%	100%	N/A

Behavioral Health Medical Record Review - Reaudited 2024

No behavioral health providers were reaudited in 2024.

Summary

In 2024, the medical record review process was a random selection of all contracted primary care providers and behavioral health care providers. Only one of the primary care providers that was audited in 2024 will need to be reevaluated for at least one section in 2025. No behavioral health providers will need to be reevaluated in 2025.

Next Steps

Providers audited in 2024 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.

South Country Health Alliance

Evaluation of the 2024 Quality Program

Section 5 – Health Services

Clinical Practice Guidelines

Description

South Country Health Alliance (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 2024 clinical practice guidelines were reviewed and approved at the December 2024 QAC meeting.

As part of their provider's 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

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 a three-year trend; note that rates are based on a measurement year (MY). Hybrid measures include administrative claims and medical records in the calculation of the rate. Also, many of the measures have a small number of eligible members in the denominator; therefore, caution must be used when noting fluctuations in rates from year to year.

Preventive Health: Preventive Services for Adults

HEDIS: Adult Access to Preventive Services			
Products	**MY 2021**	**MY 2022**	**MY 2023**
PMAP/MNCare	81.0%	77.9%	75.9%
SeniorCare Complete	98.0%	97.6%	97.8%
AbilityCare	98.4%	97.8%	97.1%
SingleCare/SharedCare	94.35%	93.3%	91.1%

Some of the rates for adult access to preventive services have marginally decreased in MY 2023 compared to the prior year. South Country has a comprehensive provider network within member and surrounding counties, as well as the presence and support of care coordinators for SeniorCare Complete, AbilityCare, and SingleCare/SharedCare members. We continually monitor access to care through GeoAccess reporting of provider networks, grievances and appeals, and member surveys.

Preventive Health: Routine Prenatal Care and Postpartum Care

HEDIS: Timeliness of Prenatal Care Hybrid			
Products	**MY 2021**	**MY 2022**	**MY 2023**
PMAP/MNCare	76.9%	78.2%	83.7%

HEDIS: Postpartum Care Hybrid			
Products	**MY 2021**	**MY 2022**	**MY 2023**
PMAP/MNCare	82.1%	81.1%	85.2%

Prenatal and postpartum rates have increased in MY 2023 compared to the prior year. 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 2024, 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	**MY 2021**	**MY 2022**	**MY 2023**
SeniorCare Complete	21.7%	16.2%	24.2%
AbilityCare	17.8%	21.5%	22.3%
SingleCare/SharedCare	34.7%	28.8%	30.8%

Diabetes HbA1c poor control rates have increased in MY 2023 compared to the prior year. We continued to work with members on the importance of diabetes care and from 2021 to 2024 implemented outreach and interventions related to our diabetes care PIP.

Chronic Condition: Diagnosis and Treatment of Hypertension

HEDIS: Controlling Blood Pressure Hybrid			
Products	**MY 2021**	**MY 2022**	**MY 2023**
PMAP/MNCare	66.2%	71.0%	71.4%
SeniorCare Complete	77.2%	81.7%	78.5%
AbilityCare	90.0%	88.3%	86.0%
SingleCare/SharedCare	74.5%	77.2%	72.7%

The controlling blood pressure rates have decreased in MY 2023 for all products except PMAP/MNCare compared to MY 2022. 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	**MY 2021**	**MY 2022**	**MY 2023**
PMAP/MNCare	61.7%	57.3%	70.4%
SeniorCare Complete	80.4%	85.1%	88.9%
AbilityCare	72.2%	83.8%	87.0%
SingleCare/SharedCare	52.1%	48.8%	78.4%

Anti-depressant medication management acute phase rates increased in MY 2023 for all products compared to MY 2022. Our health services team continues to monitor members and conducts outreach to these members to support them.

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

HEDIS: Follow-up Care for Children Prescribed ADHD/ADD Medication-Initiation			
Products	**MY 2021**	**MY 2022**	**MY 2023**
PMAP/MNCare	30.67%	25.44%	40.1%

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. MY 2023 rates increased compared to the prior year.

Next Steps

Overall, South Country is pleased with the alignment of member care to priority practice guidelines and continues to monitor performance with 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 workgroups will evaluate outcomes again for measurement year 2024 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 state and federal laws. Advance directives are defined as 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 member households, at the time of their enrollment, information, and education on informing others of their health care wishes. 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 health care 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 inform all adult patients (18 and older) about their right to accept or refuse medical or surgical treatment as well as execute a health care advance directive. Providers are expected to document in a prominent part of the member's medical record whether or not the member has an advance directive. If not executed, there shall be documentation that the health care directive information was offered.

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 on behalf of South Country. There is an embedded advance directive question in the health risk assessment and care/support 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 initiates 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/support 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/support 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/support 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.

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 2024, 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 100% 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			
	2022	2023	2024
Elderly Waiver	100%	100%	100%
Community Well	100%	100%	100%
SNBC	100%	100%	100%

Next Steps

South Country is pleased with the work done by care coordinators promoting and supporting 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. South Country will continue to ensure that participating providers comply with South Country's standards for medical record documentation.

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 members' 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/the MnCHOICES 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 members. 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.

Due to the phased launch of Minnesota Department of Human Services' (MN DHS) MnCHOICES Application, South Country care coordinators had two systems to utilize: South Country's electronic-based care plan in the South Country Care Plan Application and the DHS MnCHOICES Application for all products and programs, except members residing in the nursing home. The care plans for members residing in the nursing home are completed in our electronic documentation system, TruCare. 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 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 manager 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 also have multiple measures within each overarching goal.

- Improve the ease of navigating the clinical and social system for the member and ensure that the member has access to the right service, at the right time, from the right provider, and that it is affordable.
- Ensure 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 were completed in August of 2024. 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, 2024 – December 31, 2024, 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. South Country is in the first year of our three-year Model of Care approval for calendar years 2024, 2025 and 2026. The data and analysis below review the first year of data.

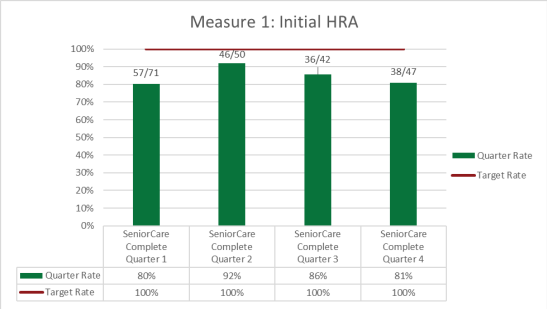
Goal 1: Improve the ease of navigating the clinical and social system for the enrollee and ensure that the enrollee has access to the right service, at the right time, from the right provider, and that it is affordable.

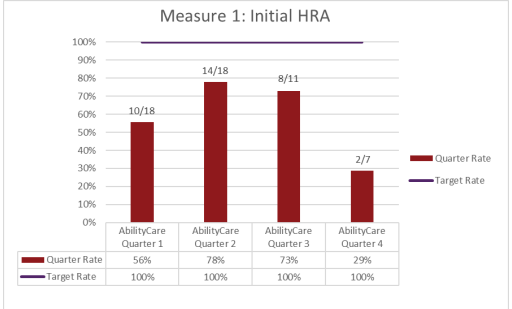
Members will receive integrated care coordination and service accessibility including preventive health services and comprehensive coordination of all services to meet their needs and wants across the continuum: social services, public health, medical, and other community services. A health risk assessment 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 (ICT).

Measure 1: Percentage of enrollees who have a completed initial health risk assessment within 30 days of enrollment for SeniorCare Complete and 60 days of enrollment for AbilityCare.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%

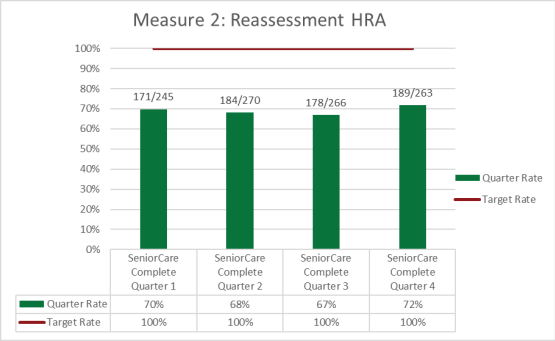


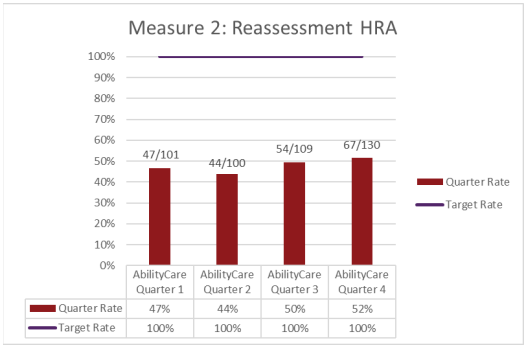


Measure 2: Percentage of enrollees who have an annual health risk assessment completed no more than 365 days from the previous health risk assessment.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%





The percentages shared below are important to understand the difference between our benchmark goal of 100% for these measures and actual member results for the completed initial and reassessment HRA data above.

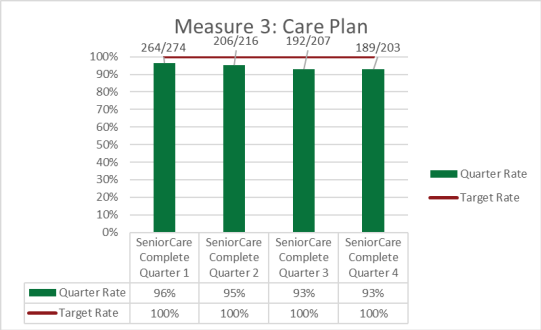
Data shows initial refusals at 17% for Q1, 12% for Q2, 10% for Q3, and 15% for Q4, and initial unable to reaches (UTRs) at 1% for Q1, 4% for Q2, 2% for Q3, and 11% for Q4 for SeniorCare Complete members. Data also shows initial refusals at 33% for Q1, 17% for Q2, 18% for Q3, and 57% for Q4 and initial UTRs at 17% for Q1, 6% for Q2, 9% for Q3, and 14% for Q4 for AbilityCare members.

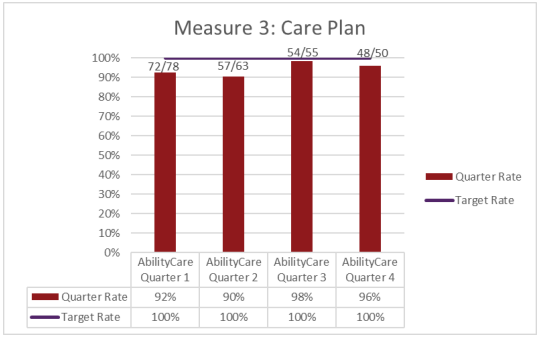
Data shows reassessment refusals at 13% for Q1, 18% for Q2, 17% for Q3, and 16% for Q4, and reassessment UTRs at 4% for Q1, 3% for Q2, 6% for Q3, and 5% for Q4 for SeniorCare Complete members. Data also shows reassessment refusals at 20 for Q1, 22% for Q2, 17% for Q3, and 10% for Q4, and reassessment UTRs at 7% for Q1, 11% for Q2, 3% for Q3, and 2% for Q4 for AbilityCare members.

Measure 3: 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, which identifies their ICT.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%





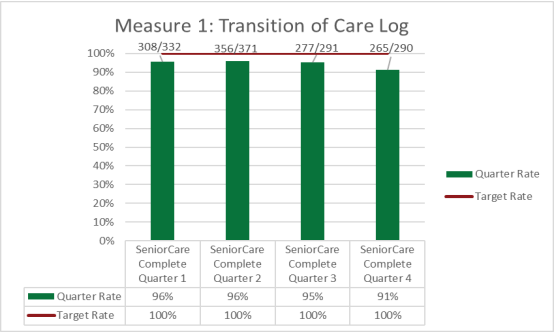
<u>Goal 2: Ensure that enrollees receive care and services from a system that is seamless for enrollees across health care settings, providers and health and social services.</u>

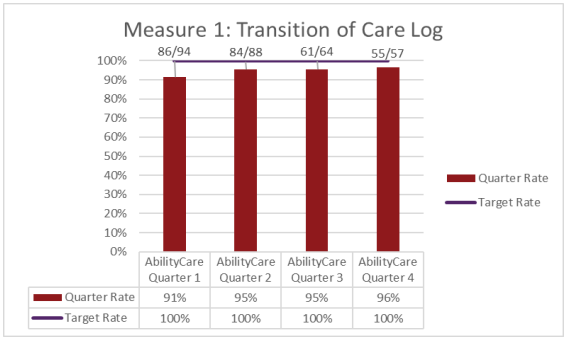
Members will experience seamless transitions of care across health care settings, providers, and health/social services. Care coordinators will be notified regarding a health care event (i.e., hospitalization or nursing facility placement) for follow up with the enrollee or most appropriate individual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

Measure 1: Percentage of enrollees (or most appropriate individual 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: 100%

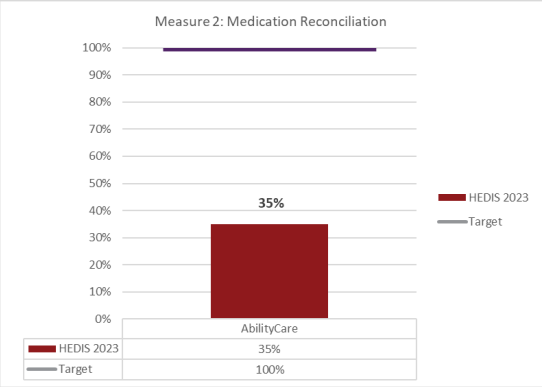


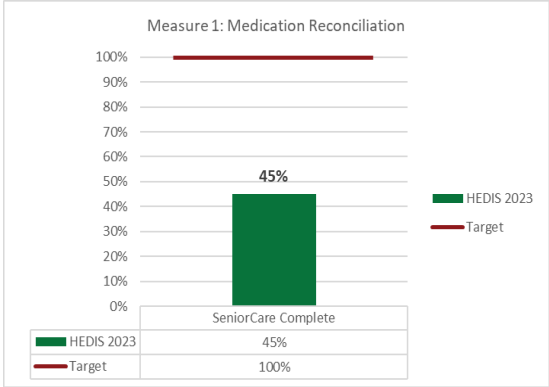


Measure 2: Percentage of enrollees who discharged from a hospital and had a completed medication reconciliation within 30 days of discharge following HEDIS specification for Transition of Care Medication Reconciliation Post-Discharge.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%



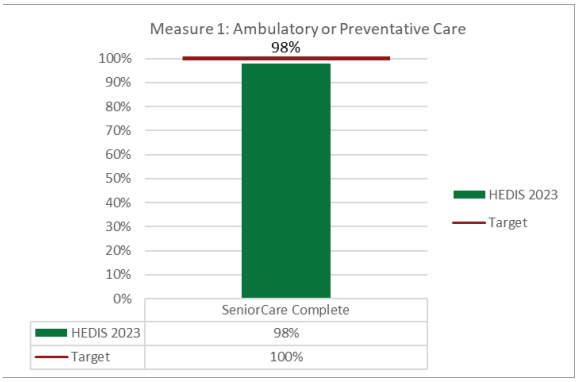


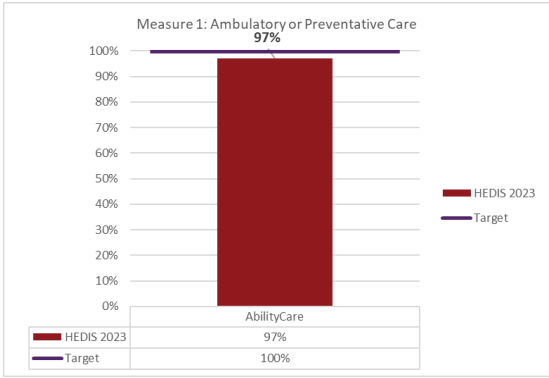
<u>Goal 3: Ensure that enrollees receive preventive or ambulatory services annually and to help control diabetes and hypertension.</u>

***Measure 1*:** The percentage of members 20 years of age and older who had an ambulatory or preventive care visit.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%

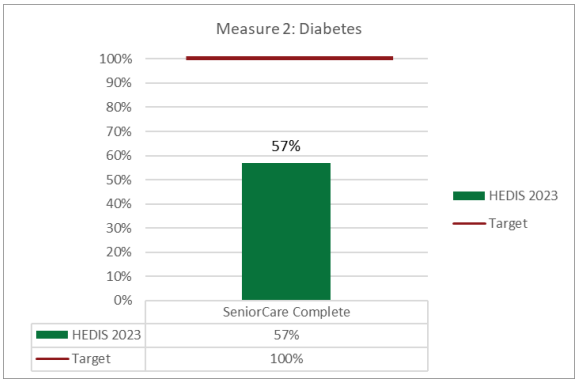


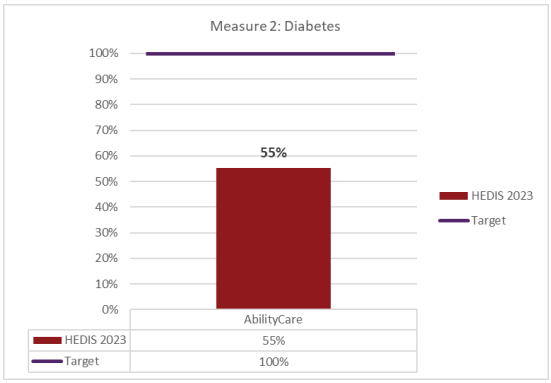


***Measure 2*:** The percentage of members with diabetes (Types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: HbA1c <9.0%.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%

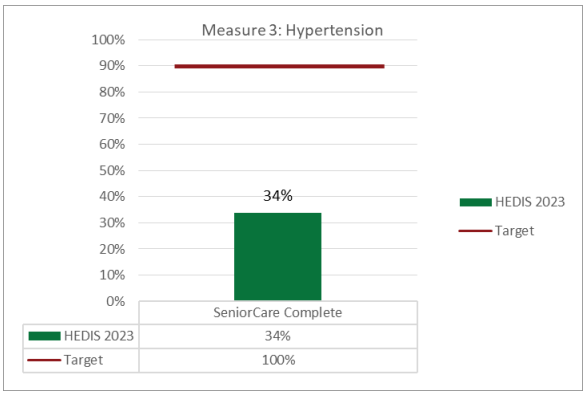


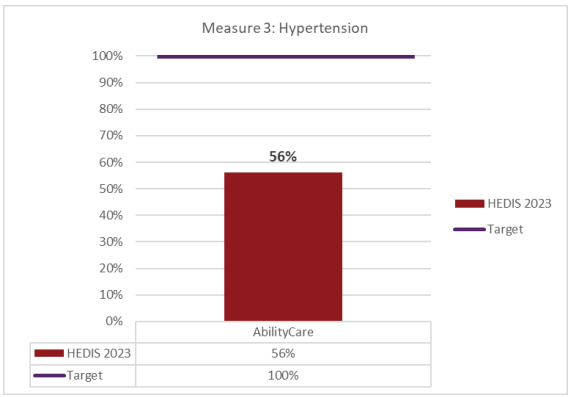


Measure 3: The percentage of members who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%





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.

- 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; and
- We will provide annual training on senior products and SNBC products at our care coordination conference.

Special Health Care Needs

Description

South Country Health Alliance (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 health related social 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 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, South Country works with the members to find an appropriate specialist. South Country has subsets of specialized providers in our network who are focused on the unique and diverse needs of our members. Members are required to designate a primary care clinic upon enrollment. 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 the specialty provider is within 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, they are all offered an assessment as part of the care coordination program. For Families and Children (PMAP) and MinnesotaCare (MNCare) members, South County developed reports to capture the members that may have SHCN. The reports identify members with SHCN on all products for end-of-year reporting/tracking, and to provide more immediate intervention with members that already have care coordination. These reports include members 18 years of age and older 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/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: PMAP/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 into RRP are sent to the BH 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 could be 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, 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 details 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. Care coordinators are either a social worker, public health nurse, registered nurse, physician assistant, nurse practitioner, physician or individual with a related degree, 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/support plan. The individualized care/support plan guides the implementation and monitoring of services to meet the members' 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 a minimal 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 receives 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. Written communication is provided at least annually to the PCP and more frequently as needed based on the professional judgement of the care coordinator. Some potential additional reasons the care coordinator will communicate with the PCP are frequent emergency room visits, transitions, or significant health changes.

Analysis of PMAP and MNCare

Reports identifying SHCN 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 grid below.

PMAP/ MNCare

Year	2022		2023		2024	
Product Enrollment	28,538		26,588		21,258	
Criteria Group	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Admission Diagnosis: Bacterial Pneumonia	7	0%	14	0%	11	0%
Admission Diagnosis: Dehydration	2	0%	2	0%	1	0%
Admission Diagnosis: Urinary Tract Infection	1	0%	4	0%	0	0%
Admission Diagnosis: Adult Asthma	4	0%	9	0%	2	0%
Admission Diagnosis: Congestive Heart Failure	8	0%	11	0%	8	0%
Admission Diagnosis: Hypertension	23	0%	26	0%	32	0%
Admission Diagnosis: COPD	7	0%	7	0%	10	0%
Emergency Department Utilization (3+ in 3 months)	511	2%	415	2%	258	1%
Behavioral Health Hospitalizations	380	1%	373	1%	278	1%
Hospital Readmissions (in 30 days)	151	1%	93	0%	96	0%
Paid Claims > $100,000 (count of members)	82	0%	92	0%	100	0%
Home Health Care (T1030)	-	-	45	0%	45	0%

*Each number is unique members that fell in each category at least once.

**Total population is the number of members in December 2024.

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 the 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 this population, 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 2025.

In 2024, the team continued to remind members to attend their annual wellness exams and encourage members to re-engage with their primary care provider. The complex case management team also continued the promotion of the wellness support materials, 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 2024, all mailings related to the complex case management team continued to be labeled as the "wellness support team." The Complex Case Management Program section includes program outcomes, along with information about new software implemented in late 2024. The new software, along with an upgraded interface for MN EAS, will help teams in conducting more real-time or risk-based 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 grid below provides the total unique members meeting the criteria identified above.

Seniors/SNBC

Year	2022		2023		2024	
Product Enrollment	4,907		4,423		3,656	
Criteria Group	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Admission Diagnosis: Bacterial Pneumonia	66	1%	50	1%	51	1%
Admission Diagnosis: Dehydration	3	0%	1	0%	4	0%
Admission Diagnosis: Urinary Tract Infection	32	0%	31	1%	31	1%
Admission Diagnosis: Adult Asthma	0	0%	2	0%	2	0%
Admission Diagnosis: Congestive Heart Failure	10	0%	4	0%	8	0%

Year	2022		2023		2024	
Product Enrollment	4,907		4,423		3,656	
Criteria Group	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Admission Diagnosis: Hypertension	84	2%	62	1%	76	2%
Admission Diagnosis: COPD	30	0%	23	1%	25	1%
Emergency Department Utilization (3+ in 3 months)	273	6%	246	6%	206	6%
Behavioral Health Hospitalizations	117	3%	103	2%	119	3%
Hospital Readmissions (in 30 days)	202	5%	125	3%	135	4%
Paid Claims > $100,000 (count of members)	142	3%	130	3%	201	5%

*Each number is unique members that fell in each category at least once.

**Total population is the number of members in December 2024.

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, like the PMAP and MNCare populations, the utilization and diagnosis category percentages have remained 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 re-admissions for this cohort, and hopefully with the implementation of new technologies in 2025, these rates will continue to improve.

Next Steps

In late 2024, South Country implemented a new predictive analytics software that we are planning to utilize in 2025, to assist teams in identifying members meeting different criteria sets of special health care needs (SHCN). In addition to the new analytics software, our internal teams and external partners will continue to utilize the state-sponsored ADT messages system, which was acquired by PointClickCare. South Country, along with our county-based partner agencies, are currently transitioning to the new PCC product: Care and Utilization Optimization (CUO) Acute. This new platform is offering more robust reporting capabilities that South Country is hoping to leverage for the work we do with SHCN. Since the implementation is just underway, we are hoping to assess the capabilities and possibilities in early 2025 and conduct any process changes needed to provide better and more timely outcomes for our members.

South Country will continue to work with internal teams (case managers, SNBC care coordinators 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 for 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:

- Measurable goals and populations targeted for each of the four areas of focus.
- Programs and services offered to members for each area of focus;
- At least one activity that is not direct member intervention (an activity may apply to more than one area of focus);
- 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);
- How enrollees are informed about available PHM programs and services (for example, by interactive contact and/or distribution of materials); and
- 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 our members living in rural Minnesota. There is an added focus on identifying members who face disadvantages when 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 (16%), hypertension (14%) and anxiety (26%).

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 2024. Total membership for South Country Health Alliance at that time was 24,914.

Population Segments	**Members *Eligible # and %***	**Programs and Services *Available***
All ages, Medicaid eligible (entire population)	24,914 (100%)	Promotion of population health programs and self-management tools available on website
Over 65, Medicaid eligible (seniors)	1,768(7%)	Care coordination
Under 65, Medicaid eligible, and certified disabled (SNBC)	1,888 (8%)	Care coordination
Under 65, Medicaid eligible, not certified disabled, complex medical needs	119 (<1%)	Complex case management program
All ages, Medicaid eligible, with a hospitalization or ED visit indicating behavioral health Dx/no OP services	130 (<1%)	Population health strategy Focus: conducting follow-up with members not aligned with BH outpatient services

Population Segments	**Members *Eligible # and %***	**Programs and Services *Available***
New transitional youth (ages 17-21)	1,057 (4%)	Targeted mailing and telephonic outreach for those with identified need
All ages, Medicaid eligible, no annual dental visit	Approxima tely 47% (10,000)	Population health strategy Focus: increase annual dental visit rate
All ages, Medicaid eligible, with 1 or more non-traumatic dental ED visit	Approxima tely 400	Population health strategy Focus: decrease non-traumatic dental ED visits and increase 60-day follow-up
All ages, Medicaid eligible, with prenatal or postpartum Dx	~780 (3%)	Population health strategy Focus: prenatal and postpartum visits
All ages, Medicaid eligible, with Dx of depression and diabetes	691 (3%)	Population health strategy Focus: Diabetes and depression
All ages, Medicaid eligible, with diagnosis of depression	3,916 (16%)	Population health strategy Focus: reducing ER utilization and increasing follow-up for members with identified diagnosis by alignment with BH services
All ages, Medicaid eligible, with dx of anxiety	6,360 (26%)	Population health strategy Focus: reducing ER utilization and 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.

For the first focus area, keeping Members Healthy, with an emphasis on dental.

- **For Members of all ages for all products,** South Country sends educational mailings to each household member explaining the importance of oral health, dental benefits they are eligible for, and resources for locating a dental provider or scheduling an appointment.
- **For Emergency room visitors:** targeted outreach via mail to members who have sought dental care in an emergency department (ED) setting and have not had a follow-up visit with a dental provider.
- **Individual outreach** is conducted by complex case management for PMAP and MinnesotaCare, and care coordination for seniors and SNBC members to assist with scheduling follow-up dental visits.
- **Indirect Member Intervention**: South Country increased member education and awareness through social media campaigns, the annual member newsletter, and created an oral health page on South Country's website.
- **Provider Education**: South Country is educating providers on the use of the ED for non-traumatic dental issues and the strategy is being employed to improve outcomes.

The second focus area includes members that are pregnant or postpartum.

- **Pregnant members** are identified from a monthly report of a combination of claims and pregnancy flags from enrollment data. Each member is sent a packet of resources and information during pregnancy. This packet also contains instructions for our pregnancy/postpartum application, Delfina. For more information on Delfina, please see the Complex Case Management section in this report. Members who are identified as "high-risk," as identified by our complex case management team, are referred to the high-risk pregnancy program. The complex case manager (CCM) will then reach out to the member to discuss a complex case management program with the member, resources while pregnant, and discuss the Delfina app. Postpartum members seen in WIC clinics and/or through public health are introduced to the Delfina app by the county staff.
- **Postpartum members** are identified through hospital discharge. Once the CCM team is notified of a hospital discharge, they ensure the member has had a baby and they will send the member a mailing including information on public health programs, phone numbers to the public health departments, South Country's member services line to get connected to the complex case management team, and Delfina information. The mailing also reminds the mother to attend a follow-up visit for herself.

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 hospitalization and emergency department notifications and review via the MN Encounter Alert System (EAS); followed by claims data. The report with claims data allows for segmentation of members that have a specific diagnosis, 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. As part of the follow-up conducted with the member, the BH professional, case manager, or care coordinator assesses the member's understanding of their plan benefits, and other community resources that may be available to them. When a member/authorized representative is contacted and agrees to participate in a case management or care coordination program, the 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.

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 improving 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 members, 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 diabetes and depression

Diabetes and depression are among the top conditions within the seniors and SNBC populations in South Country. Approximately thirty percent of our members have a diagnosis of diabetes and about forty percent have a diagnosis of depression. Additionally, of these members approximately fifteen percent have a diagnosis of both diabetes and depression. South Country is using Hemoglobin A1c Control for Patients with Diabetes (HBD) HbA1c poor control (>9.0%) and Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) as the HEDIS® measurements. Barriers and challenges do occur with these populations but outreach and interventions to members and provider education will be the focus to improve outcomes.

Analysis

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

FOCUS 1: Keeping Members Healthy

Goal

Increase the annual dental visit rate as defined in MN Statute 256B.0371 whereby 55% of members have at least one dental visit per calendar year for all products (PMAP, MNCare, SharedCare, SingleCare AbilityCare, SeniorCare Complete, and MSC+). We will use the Annual Dental Visit (ADV) HEDIS measure specifications for all ages. We measure this goal as successful by improving our Annual Dental Visit (ADV) rate to be greater than or equal to 55.00% for MY 2024. The past performance levels for Annual Dental Visit (ADV) based on DHS calculation (Oral Health / Minnesota Department of Human Services (mn.gov)- was: 2021 (40.7%), 2022 (39.5%), and 2023 (40.54%).

Goal

Decrease the ambulatory care sensitive emergency department visits for non-traumatic dental conditions rate for all products (PMAP, MNCare, SharedCare, SingleCare, AbilityCare, SeniorCare Complete and MSC+). We measure this goal successful by reducing our Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions rate to be less than or equal to 129.4 over three years, using the average of 2021, 2022, and 2023 rates as baseline (129.4). The past performance levels were: 2021 (120.6), 2022 (133.0), and 2023 (134.1).

Goal

Increase the 60 day follow up visit with dental provider after the ambulatory care sensitive emergency department visits for non-traumatic dental conditions for all products (PMAP, MNCare, SharedCare, SingleCare, AbilityCare, SeniorCare Complete and MSC+). We measure this goal successful by improving our Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions rate to be greater than or equal to 48.0% over three years, using the 2023 rate as baseline. The past performance levels for the 60 day follow up visit with dental provider after the Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions rate was: 2021 (42.9%), 2022 (45.4%), and 2023 (41.8%).

Targeted Populations

Group 1: Members of all ages for all products (PMAP, MNCare, SharedCare, SingleCare, AbilityCare, SeniorCare Complete, and MSC+)

Programs/Services

Group 1: Send an educational mailing to each South Country member household explaining the importance of oral health, dental benefits they are eligible for, and resources for locating a dental provider or scheduling an appointment.

Group 1: Target outreach via mail to members seeking dental care in an ED setting and have not had follow up visit with dental provider. Individual outreach will be completed by complex case management for PMAP and MinnesotaCare, and care coordination for seniors and SNBC members to assist with scheduling follow up dental visits.

Indirect Member Intervention: Educate members and increase awareness through social media campaigns, annual member newsletter and creating an oral health page on South Country's website.

Providers will be educated on use of the ED for non-traumatic dental issues and the strategy that is being employed to improve rates.

FOCUS 2: Managing Members with Emerging Risk

Goal

Increase 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 8 of the year prior to the measurement year and October 7 of the measurement year (MY). Success of this goal will be achieved by having an increase in the Timeliness of Prenatal Care hybrid rate by an absolute 5.57 percentage point above baseline (2022) for PMAP and MNCare members. We measure this goal successful by obtaining a rate of 83.78% over three years, using the 2022 rate as baseline. The past performance level for PMAP/MNCare was 2021 (75.84%), 2022 (78.21%), and 2023 (83.06%).

Goal

Increase the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. The measurement period includes deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year (MY). Success of this goal will be achieved by having an increase in the Postpartum visit hybrid rate by an absolute 5.09 percentage point above baseline (2022) for PMAP and MNCare members. We measure this goal successful by obtaining a rate of 86.20% over three years, using the 2022 rate as baseline. **The past performance level** for PMAP/MNCare was 2021 (82.54%), 2022 (81.11%), and 2023 (85.15%).

Targeted Populations
Group 1: Total Population pregnant and postpartum
Group 2: PMAP/MNCare who are pregnant and within their first trimester.
Group 3: PMAP/MNCare who are pregnant and within their first trimester and are deemed "high-risk"
Group 4: PMAP/MNCare who have delivered within the last 12 weeks.
Programs/Services (Factor 2)
Group 1: Include information on pregnancy in the pregnancy informational packet mailed out to all members. Offer all pregnant and up to one-year postpartum members access to our new maternal health app, Delfina.
Group 2: Counties introducing Delfina at Public Health Visits, South Country present and involved at community events, explore paying performance rates to providers when they notify our health plan of first prenatal visit.
Group 3: Counties introducing Delfina at Public Health Visits, South Country present and involved at community events, explore paying performance rates to providers when they notify our health plan of first prenatal visit. Internal CCM team to reach out to expectant mothers to talk via telephone on pregnancy benefits, ensure Delfina app is downloaded.
Group 4: Mail information including the importance of follow up with provider within 84 days, Delfina information on postpartum, information on baby café, WIC clinics, etc., to all delivered mothers identified through EAS.
Indirect Member Intervention (Factor 3): social media campaign on pregnancy and postpartum member benefits.

Members in this focus area are identified in two ways: pregnancy and postpartum.

Pregnancy:

Members are identified as pregnant as evidenced by enrollment data and/or claims data. Each month the complex case management team examines this report to ensure mothers are pregnant and/or postpartum. Those members are sent our pregnancy packet mailing. This packet includes information on benefits while pregnant, the car seat program, breast pump program, EX program, a prenatal voucher, chlamydia voucher, information on oral health and pregnancy, as well as information on Delfina. In 2024, 665 pregnancy packet mailings were sent to expecting mothers.

Members who are identified as high-risk, as evidenced by another condition that may affect pregnancy, such as gestational diabetes or hypertension, are then referred to the complex case management program. The CCM team completes outreach to the members to ensure they understand pregnancy benefits, as well as offer the high-risk pregnancy case management program. The list of pregnant mothers is also shared with our partnering county public health who may also perform outreach. In 2024, there were 310 high-risk pregnancy referrals created to the CCM team; 282 cases were opened, with 128 of those being unable to reach. A total of 3% of expecting mothers were enrolled in the high-risk pregnancy program. For more details on this program please see the Complex Case Management section. With combined efforts of the mailing, phone call outreach, and our new app, Delfina, we are hopeful we can increase the rate of mothers seeking prenatal care in the first trimester.

Postpartum:

Members who are discharged after a delivery of a live born infant(s) will be sent a postpartum mailing. This mailing includes a postcard reminding them of the Delfina app, the postpartum voucher, 0–14-month voucher, as well as a magnet with resources. This magnet includes phone numbers to each county's public health department, the number to South Country's member services team, to connect the members to the Wellness Support Team (see Complex Case Management section for more details), as well as a QR code to download Delfina. The postcard also reminds the member to schedule a 6-week postpartum follow up with their provider. This mailing began in August of 2024. Since August, we have sent 166 mailings to our postpartum members. With this mailing, we hope to see an increase in women attending their postpartum follow up appointments within 12-weeks of delivery.

Delfina encompasses both pregnancy and postpartum women. In total we have had 34 members enrolled in the app. Of those 34 members, 18 are still eligible and active within the app.

FOCUS 3: Patient Safety or Outcomes Across Settings

Goal

Increase the percentage of members, ages 18 plus, on SeniorCare Complete, MSC+, AbilityCare, Single Care, Shared Care, PMAP, and MNCare, receiving outpatient mental health services (MPT-Outpatient) during the year. We measure this goal successful by increasing our rate of outpatient visits by 0.63% over three years, using the average of 2021, 2022, and 2023 rates as baseline (15.78%). The past performance level was: 2021 (14.95%), 2022 (16.35%), and 2023(16.05%)

Goal

Increase the percentage of members, ages 21-65, on SeniorCare Complete, MSC+, AbilityCare, Single Care, Shared Care, PMAP, MNCare, receiving follow-up after hospitalization (FUH) within 30 days of discharge. We measure this goal successful by increasing our rate of visits by 7.08% rate increase over three years, using the 2022 rate as the baseline. The past performance level for all products was: 2021 (64.71%), 2022 (73.00%), and 2023(74.19%).

Goal

Decrease the number of members, ages 18 plus, on SeniorCare Complete, MSC+, AbilityCare, Single Care, Shared Care, PMAP, and MNCare, with emergency department (ED) visits related to behavioral health diagnoses, including a diagnosis of depression (MPT-ED). We measure this goal successful by decreasing our rate of ED visits by 0.04% over three years, using the average of 2021, 2022, and 2023 rates as baseline (0.21%). The past performance level was: 2021 (.19%), 2022 (.25%), and 2023 (.19%).

Targeted Populations

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

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

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

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

Group 5: PMAP/MNCare, SeniorCare Complete, MSC+, AbilityCare, SingleCare and Shared Care, members with an Identified Hispanic/Latinx ethnicity, a mental health diagnosis, ER visit or hospitalization and if not connected to any outpatient services

Programs/Services (Factor 2)

Group 1: Care coordinators will review members' needs based on 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 practitioners. Care coordinators collaborate with behavioral health professionals as needed.

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.

Group 5:

To address equity: Behavioral Health professionals will continue to use members' preferred language noted in TruCare and use interpreter services when outreaching to a member. When we are unable to reach the member, we send a UTR letter which we are now translating into Spanish to mail to members who list Spanish as their preferred language, to support members post-hospitalization follow-up.

To continue to address our larger membership population's proactive approaches to mental health, we are creating a South Country website banner that will easily be seen to highlight the importance of mental health care as well as our South Country benefits. The banner is displayed in English; however, the user can click the translate button on the website and the banner will display in one of South Country's five languages: English, Spanish, Somali, Karen, & Hmong.

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.

Members are identified for this focus area through hospitalization and emergency department notifications (via EAS) and by a report, based on claims data. The report scans the total population of South Country for behavioral health emergency department or inpatient 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. This goal is measured to be a success if our top rate of visits increases by .63% over three years. Based on the three-year trend provided in the grid above, the rate increased for 2022 and remained about constant for 2023.

For the first and second goals, the South Country behavioral health professionals and care coordinators continue to conduct follow-up post-hospitalizations, providing resources on outpatient services. Additionally, the BH professionals fax a letter to the hospital that includes a list of mental health professionals in the member's county and surrounding area, which is provided to the member prior to discharge. The BH professionals began faxing this letter in 2023 and will continue to do so as positive feedback has been received from the hospitals and members.

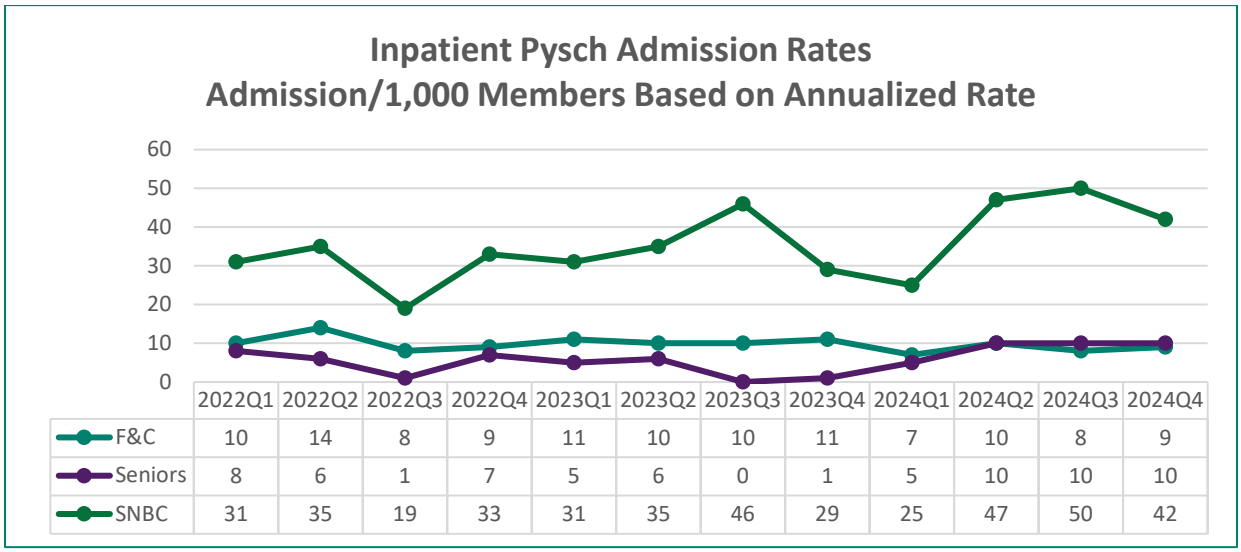
The second goal for this focus is to increase the percentage of members receiving follow-up after hospitalization within 30 days of discharge. This goal is measured to be a success if our top rate of visits increases by 7.08% over three years. Based on the three-year trend provided in the grid above, the rate increased for 2022 and 2023.

The third goal is to support members through reducing their emergency department (ED) visits related to behavioral health diagnoses, including a diagnosis of depression. This goal is measured to be a success if we reduce the target populations rate of ED visits by 0.04% over three years. Based on the three-year trend provided in the grid above, the rate increased for 2022 but then decreased back down to the 2021 rate in 2023.

Utilizing the report for this focus area allows the behavioral health team to intervene with the members and work on aligning services to prevent further ED visits or hospitalizations, due to their behavioral health condition. 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 this focus area we examine psychiatric inpatient admission rates, emergency room visit rates (all admit types), as well as mental health and substance use disorder outpatient utilization rates for all products. The graphs below show quarterly data utilization from 2022 through 2024.

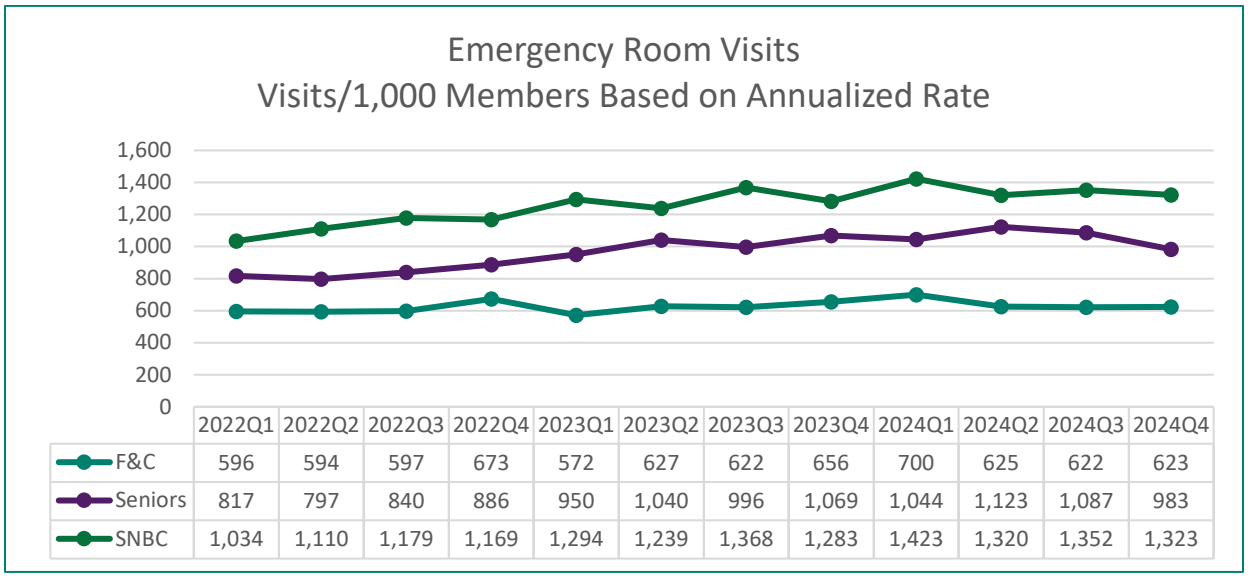
All Inpatient Psychiatric Admission Rates



	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4
F&C	10	14	8	9	11	10	10	11	7	10	8	9
Seniors	8	6	1	7	5	6	0	1	5	10	10	10
SNBC	31	35	19	33	31	35	46	29	25	47	50	42

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 families and children (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 and senior populations.

All Emergency Room Visit Rates

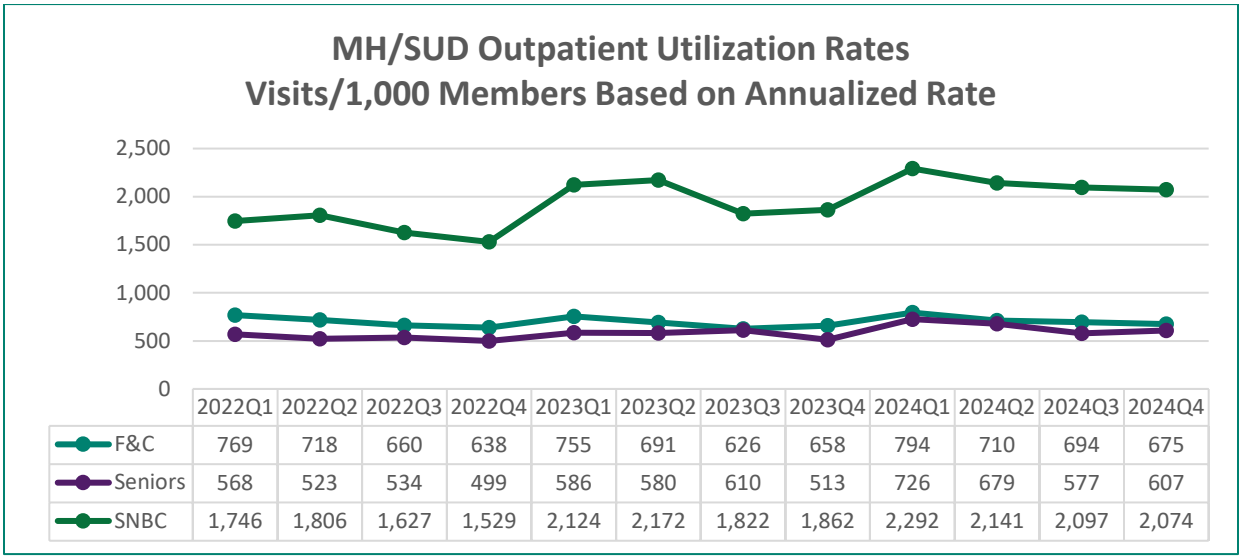


	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4
F&C	596	594	597	673	572	627	622	656	700	625	622	623
Seniors	817	797	840	886	950	1,040	996	1,069	1,044	1,123	1,087	983
SNBC	1,034	1,110	1,179	1,169	1,294	1,239	1,368	1,283	1,423	1,320	1,352	1,323

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



	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4
F&C	769	718	660	638	755	691	626	658	794	710	694	675
Seniors	568	523	534	499	586	580	610	513	726	679	577	607
SNBC	1,746	1,806	1,627	1,529	2,124	2,172	1,822	1,862	2,292	2,141	2,097	2,074

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.

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 partnership 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 other covered behavioral health

services 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 another service like 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 members 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.

Care coordinators and behavioral health professionals can follow-up with members on a real-time basis for behavioral health related inpatient stays; however, the claims report was used for follow-up on the ED stays. Based on the report, a task was created for the members who were not connected to outpatient services and supports. The number of tasks generated from the report was 130; however, the total number of members who received outreach from one of the follow-up teams (including the real-time follow-up on hospitalization admits) was 386 in 2024.

In the PMAP or MNCare products, if a member had more complex medical 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

Decrease the percentage of members 18-75 years of age, on SeniorCare Complete, SNBC (AbilityCare,SingleCare, and SharedCare), or Minnesota Senior Care Plus (MSC+), with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [hbA1c] or glucose management indicator [GMI]) was > 9%. We measure this goal successful by decreasing our SeniorCare Complete hybrid rate to 8.70%, SNBC hybrid rate to 21.01%, and MSC+ admin rate to 79.64% over three years. The past performance level for SeniorCare Complete were: 2021 (21.68%), 2022 (16.15%), and 2023 (24.18%), SNBC were: 2021 (30.41%), 2022 (26.27%), and 2023 (28.35%), and MSC+ admin rates were: 2021 (92.74%), 2022 (88.02%), and 2023 (91.56%). Goal rates were calculated using 2022 as the baseline year.

Goal

Increase the percentage of members 18 years of age and older on SeniorCare Complete, SNBC (AbilityCare, SingleCare, and SharedCare) or Minnesota Senior Care Plus (MSC+), with diabetes (types1 and 2) who were screened for clinical depression using a standardized instrument. We measure this goal successful by increasing our SeniorCare Complete rate to 10.19%, SNBC rate to 6.19%, and MSC+ rate to 9.48% over three years. The past performance level for SeniorCare Complete were: 2022 (0.00%) and 2023 (0.00%), SNBC were: 2022 (0.00%) and 2023 (0.00%), and MSC+ rates were: 2022 (0.00%) and 2023 (0.00%). Goal rates were calculated using 2022 as the baseline year.

Targeted Populations

Group 1: Members 18-75 years of age, on SeniorCare Complete, AbilityCare, SingleCare, SharedCare, or Minnesota Senior Care Plus (MSC+), with diabetes (types 1 and 2)

Group 2: Members 18 years of age or older, on SeniorCare Complete, AbilityCare, SingleCare,

SharedCare, or Minnesota Senior Care Plus (MSC+), with diabetes (types 1 and 2) and **without a depression screening or depression diagnosis**

Programs/Services (Factor 2)

Group 1 and 2: Include in the annual member newsletter, South Country website, or social media the importance of managing diabetes or depression.

Group 1 and 2: Mailing annually to members with diabetes including education/tools/resources for managing diabetes and/or depression.

Indirect Member Intervention (Factor 3): Provide education or resources on diabetes or depression in social media or provider newsletter

Indirect Member Intervention (Factor 3 and group 2): Identify and integrate data sources for identifying depression screenings of members to enhance future direct member interventions

Members are outreached to this focus area based on diabetes diagnosis. In addition, this focus area identifies members with or without a depression screening. This focus area is considering members with multiple chronic conditions and possible comorbidities in mental health. Currently outreach and education materials are sent in diabetes packets to members with diabetes diagnosis at least bi-annually. In addition, information is included about mental health resources for members that may need support or screening. Likewise, South Country will continue to work with providers and organizations to

obtain further information on depression screenings that are already occurring to avoid the duplication of members being screened by different providers and to support further interventions in the future.

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 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.

A tool we have utilized since 2021 for indirect member intervention is the state-based alerts system, Minnesota Encounter Alerts Service (EAS). 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. The previous vendor, *Audacious Inquiry* was acquired by *PointClickCare* in 2023, and in late 2024, they began transitioning clients to the new system. With the acquisition, South Country encouraged all our partner counties to on-board to the new system; by the end of the first quarter of 2025, South Country and all our partner-counties will be implemented in the new *PointClickCare* interface (CUO Acute). EAS has been a great tool for both providers and payors to share data and we look forward to further opportunities with the new interface, to utilize valuable data.

Coordination of Programs Across Settings

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

Informing Members of Programs and Services

South Country provides information, via our website (https://mnscha.org), on our wellness programs that includes rewards and discount information, maternity resources, including our Embracing Life guide, our RideConnect Transportation Program, member newsletters, behavioral health resources, etc. Each of these program/resource pages informs members to call our member services number to attain more information on the program. 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 reimbursement 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 (NP). Although the DHS requirements for an ICSP ended in 2023, South Country continued this per-member-per-month payment arrangement with each health system to support seven nursing homes and hundreds of members served with onsite medical care.

The partnership goal is to provide onsite care interventions that may help the members avoid unnecessary hospitalization and ER visits. Historically the data showed a reduction in ED visits for this cohort of members as well as a reduction in hospital admission rates.

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 an 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.

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 2025. Some sources that were reviewed and considered in 2024 include 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 the 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 adjust the focus area goals mid-year 2024. The new goals and focus areas were included in the focus areas above. These included focus and goals for prenatal and postpartum care, diabetes and depression, and dental care. South Country also continues its focus on mental health and following up after hospitalization.

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 members' 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 Health Alliance (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. 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 with 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.

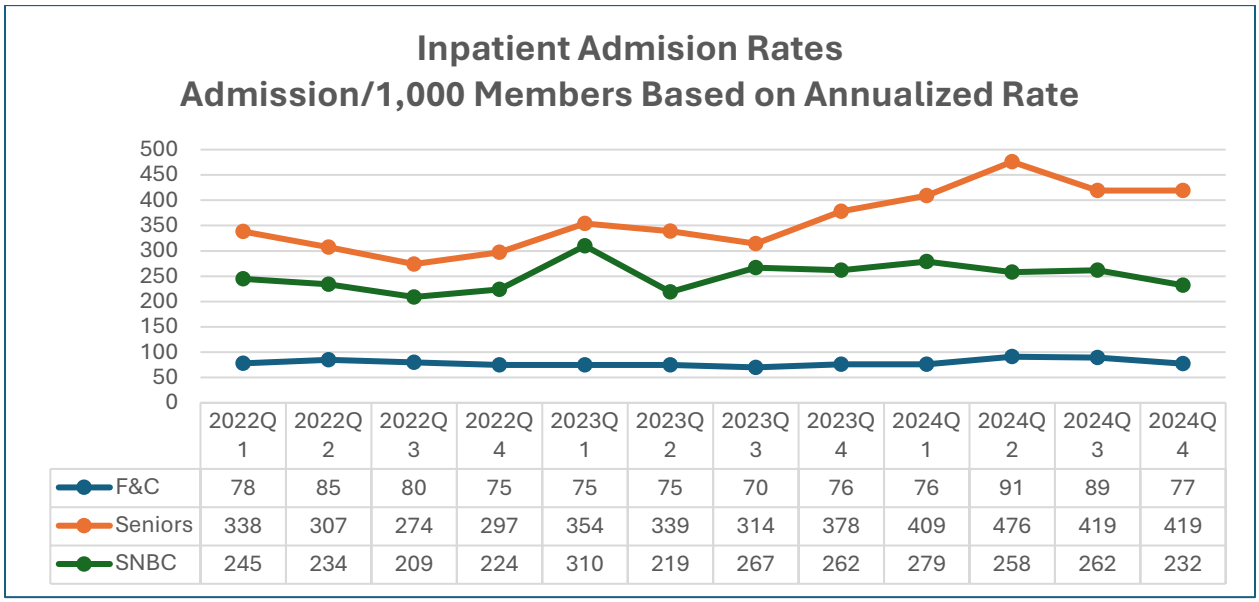
Analysis

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). Smaller samples tend to have higher variability compared to larger samples, making it more challenging to achieve statistical significance. For this reason, when reviewing quarterly reports at the UM Committee, more focus is placed in the review of PMAP/MNCare, which is South Country's largest member population.

Inpatient Hospital Admissions

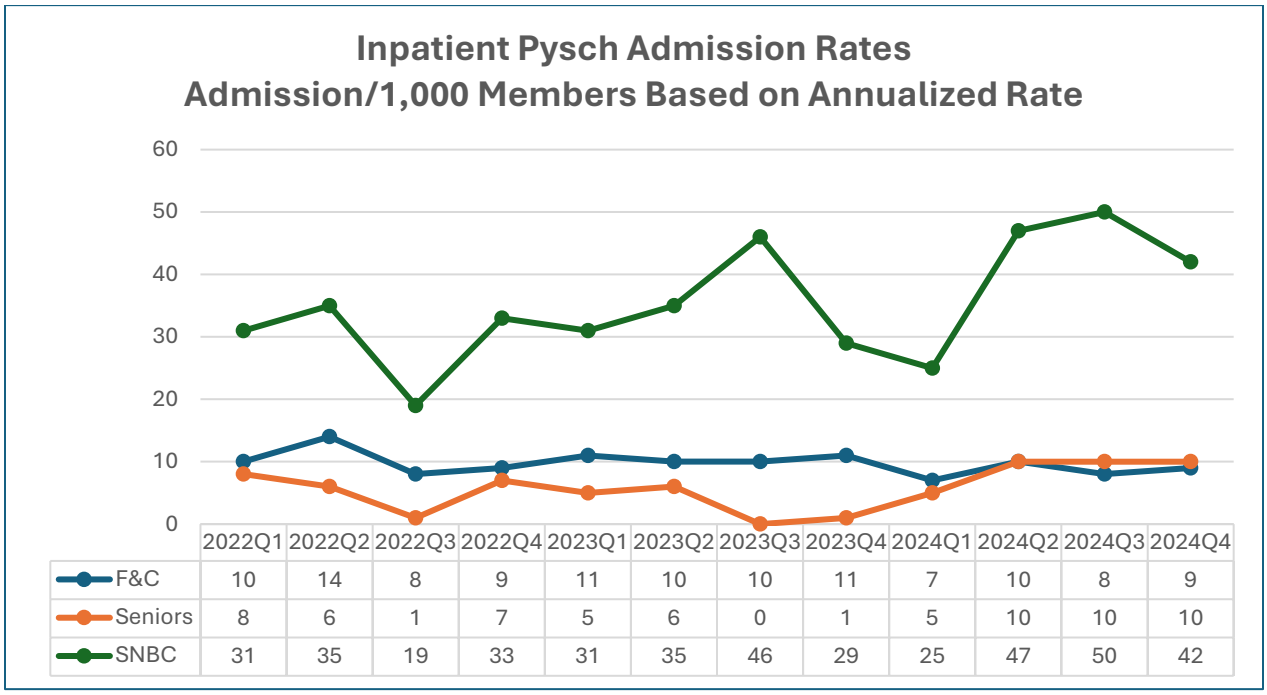


	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4
F&C	78	85	80	75	75	75	70	76	76	91	89	77
Seniors	338	307	274	297	354	339	314	378	409	476	419	419
SNBC	245	234	209	224	310	219	267	262	279	258	262	232

The above graph depicts our total inpatient (IP) admission rates by 1,000 members annualized. In reviewing each product comparatively since 2022, 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.

During the UM Committee's review of Q3 2021 through Q2 2024 data, it was noted that, beginning Q3 2023, there was a significant increase in inpatient admissions for our senior populations. Further analysis was completed, which included reviews of reasons for admission, diagnosis and whether the admission was also correlated to an ER visit. During this review, it was determined that the number one diagnostic reason for inpatient admissions was related to a diagnosis of infection. Urinary tract infections were the most common reason for admission, followed by pneumonia, cellulitis, COVID-19 and influenza. There were no specific trends related to location, living environment or other commonalities. Looking at the member population and the small volume of membership, we surmised that results could fluctuate and cause more data variability. It was determined that there were just 16 members who caused the spike in data from Q1 to Q2 2024.

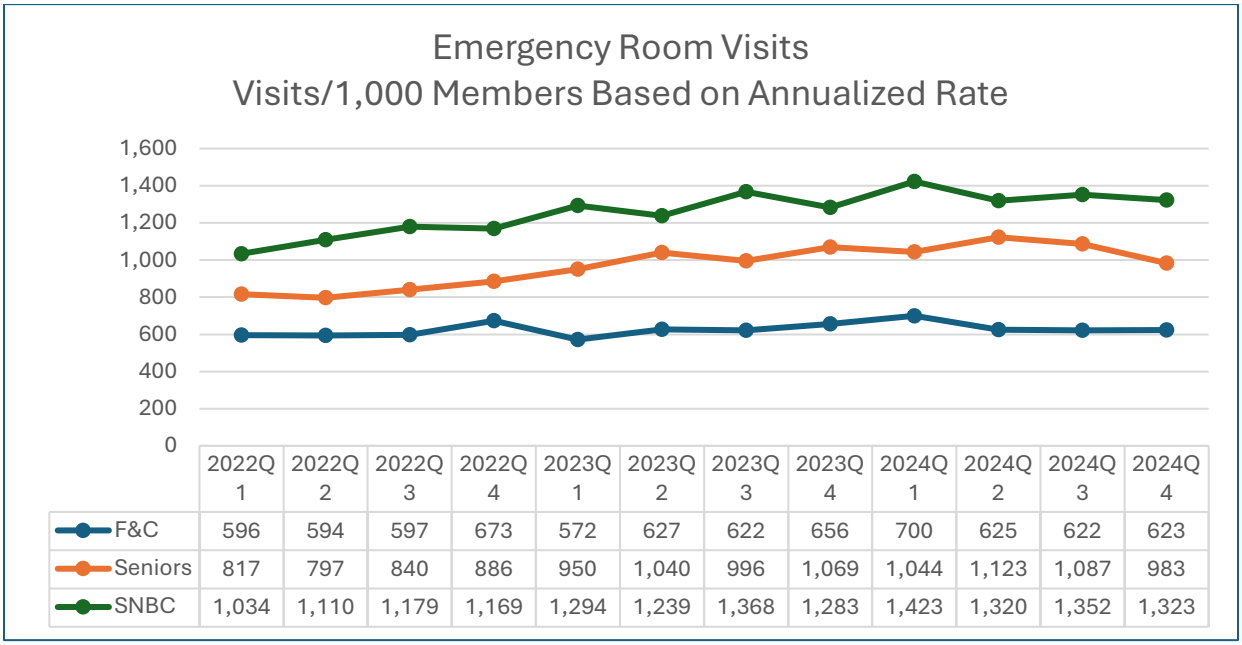
Inpatient Psych Hospital Admissions



	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4
F&C	10	14	8	9	11	10	10	11	7	10	8	9
Seniors	8	6	1	7	5	6	0	1	5	10	10	10
SNBC	31	35	19	33	31	35	46	29	25	47	50	42

South Country tracks 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 some variability but overall remain relatively stable.

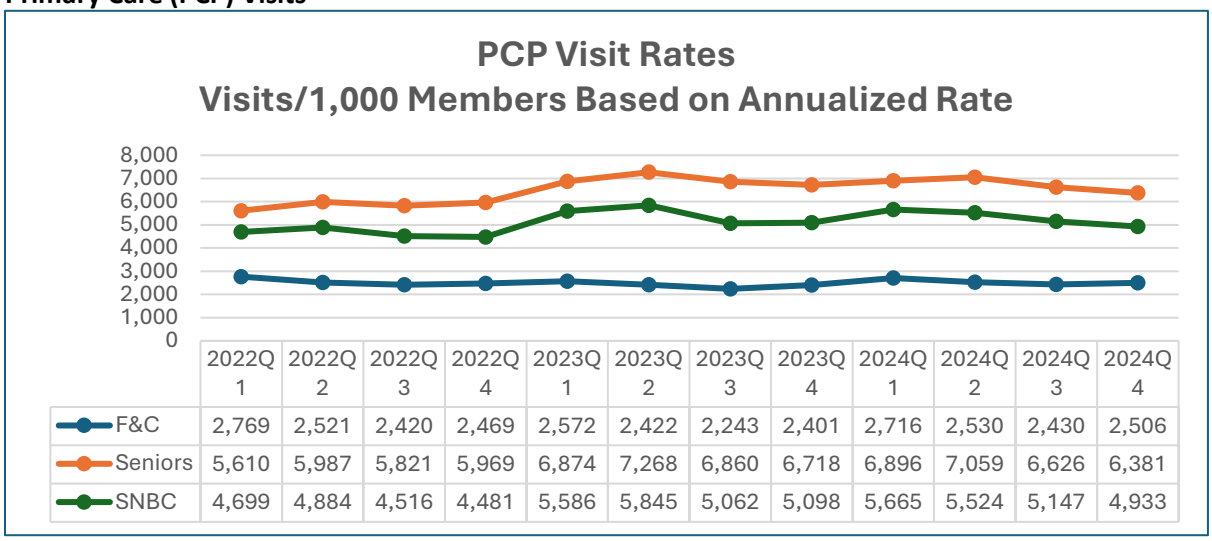
Emergency Department Visits



	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4
F&C	596	594	597	673	572	627	622	656	700	625	622	623
Seniors	817	797	840	886	950	1,040	996	1,069	1,044	1,123	1,087	983
SNBC	1,034	1,110	1,179	1,169	1,294	1,239	1,368	1,283	1,423	1,320	1,352	1,323

For emergency department (ED) utilization, the SNBC groups have experienced the highest utilization rates for ED visits since 2022. 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 a slight upward trend. Overall, all member products are trending up to pre-pandemic trend levels. To provide wider access for our members, in Q3 2024, we partnered with a virtual care program to offer a telehealth option for urgent care services that may not require in-person office visits. In 2024, ED claims were reviewed by severity of illness and a comparison was completed into what services could have been potentially seen in an urgent care setting verses the emergency department. With this review, we started reporting total ED visits by severity code, with most ED visits being billed with a low to moderate severity and an average of 8.25% of ED visits resulting in an inpatient hospital stay. In 2025, we plan to review over/under reports for telehealth services in comparison to ED utilization to determine if there will be a decline in lower severity ED visits in response to better access in our rural communities for urgent care services.

Primary Care (PCP) Visits

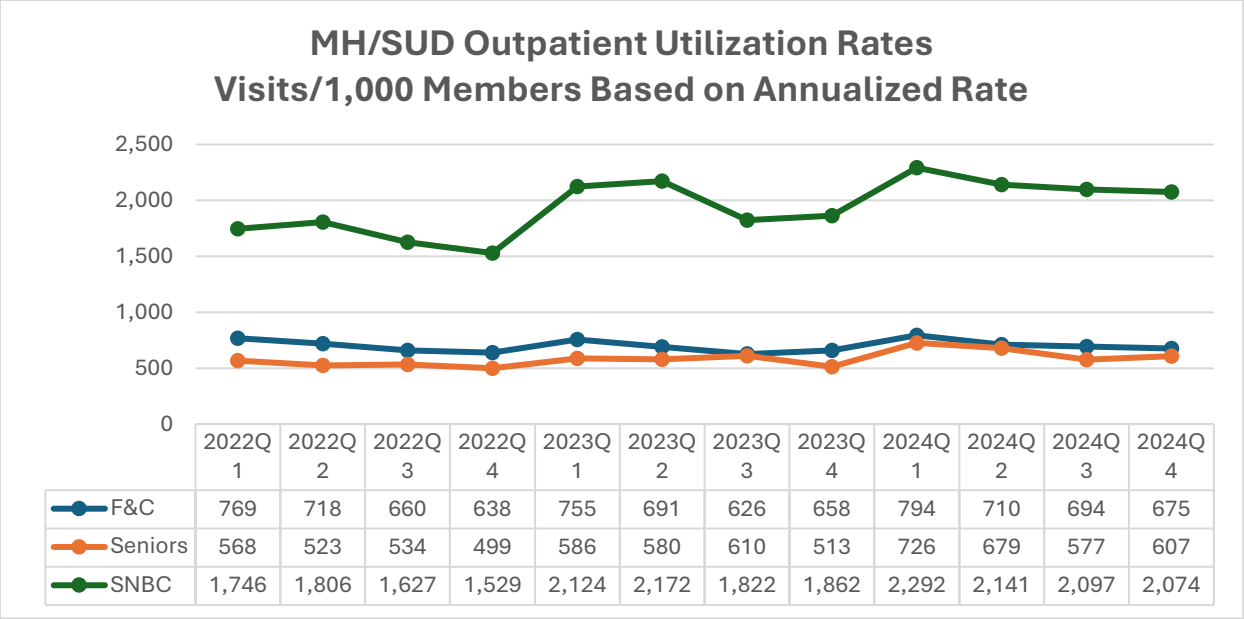


	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4
F&C	2,769	2,521	2,420	2,469	2,572	2,422	2,243	2,401	2,716	2,530	2,430	2,506
Seniors	5,610	5,987	5,821	5,969	6,874	7,268	6,860	6,718	6,896	7,059	6,626	6,381
SNBC	4,699	4,884	4,516	4,481	5,586	5,845	5,062	5,098	5,665	5,524	5,147	4,933

The above graph depicts our primary care visit rates. 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 and to evaluate post pandemic return to in-office visits. For senior and SNBC products, there is an upward trend. Rates for Families and Children products (PMAP and MNCare) remain stable. PCP visits trends are reviewed at UM Committee meetings quarterly.

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. In 2024, South Country partnered with a virtual care program to offer a telehealth option for mental health services; this allows greater access for our members. We plan to monitor utilization patterns for telehealth services in 2025. Upward trends in this measure can demonstrate our success in improving access to mental health services and member outreach.



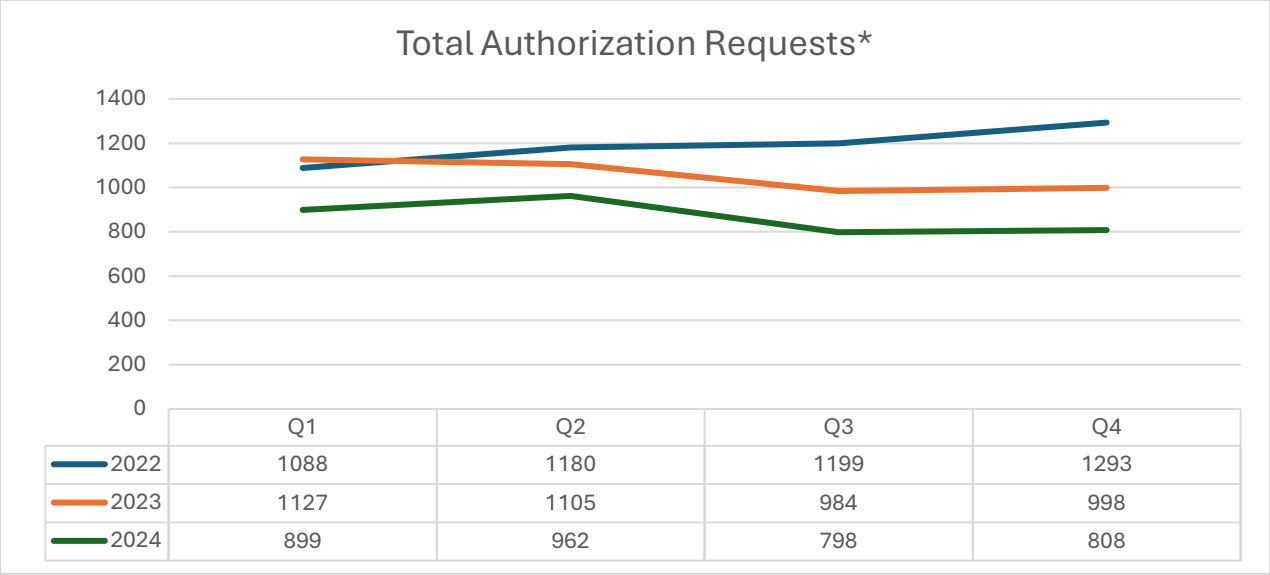
	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4
F&C	769	718	660	638	755	691	626	658	794	710	694	675
Seniors	568	523	534	499	586	580	610	513	726	679	577	607
SNBC	1,746	1,806	1,627	1,529	2,124	2,172	1,822	1,862	2,292	2,141	2,097	2,074

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 Families and Children (PMAP and MNCare) and senior products over the last three years. For SNBC products, we saw some variability in 2023 with an upward trend in 2024. Overall, SNBC members have a higher incidence of MH/SUD diagnosis demonstrated by higher rates of MH/SUD outpatient visits.

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

In addition to the utilization metrics above, the Utilization Management Committee also reviews other data elements of the UM prior authorization process. One data element the committee reviews is the total number of prior authorizations, notifications for certain services (that are administratively entered as authorizations), along with the number of claim appeals. The administrative authorizations (notifications) include services like medical pharmacy for Medicaid members (reviewed by Perform Rx), home care authorizations for members on a waiver, housing stabilization services, inpatient stays (within MN and surrounding four states) and Healthy Pathways requests; these authorizations do not go through a clinical review. 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 graph below highlights a three-year-over-year comparison of the total number of authorizations.



	Q1	Q2	Q3	Q4
2022	1088	1180	1199	1293
2023	1127	1105	984	998
2024	899	962	798	808

*Total authorization requests include prior authorization requests, notifications, benefit limit and claim appeal requests. Beginning in 2025, these different types of requests will be carved out.

From year to year, the number of authorization requests is expected to fluctuate due to changes to services and/or procedures that require authorization as well as changes in enrollment numbers. In 2024, requests decreased due to an overall decrease in enrollment as well as changes to services and/or procedures that require prior authorization. On a quarterly basis, the UM leadership team assesses the prior authorization grid to determine if there are services/procedures that should or should not require prior authorization. The addition or removal of procedure codes from PA requirements is based on rate of approval and changes to standards of care for the specific service. This review has resulted in a decrease of services requiring authorization, allowing access to medically necessary services. Some of the most noteworthy changes for 2024 include removal of PA requirements for rental of CPAP/BiPAP machines, as well as diagnostic mammograms, tomosynthesis and breast MRIs. PA requirements for home care services were also removed in late 2024, which will most likely reflect a larger decrease in authorization requests in 2025.

Another data element reviewed quarterly is the number of prior authorization requests that went through a clinical review. A clinical review is either completed on a prior authorization medical necessity request, on a retrospective basis via a claim appeal request, or due to a benefit limit. Registered nurses or behavioral health professionals complete the reviews. In 2022, there was a total of 2,580 reviews completed and 2,585 reviews in 2023. The total number of reviews in 2024, across all service types and including claim appeal reviews, was 2,065. With the focus on clinical reviews for prior authorizations in 2024, the top requested service types continued to be durable medical equipment (DME), medical pharmacy and surgery/procedure authorizations. Reviews were also done on behavioral health services that have exceeded a benefit limit and claims being appealed that needed a medical necessity review.

Beginning in 2024, we are examining the prior authorization data differently based on the new CMS-0057 rule that outlines certain required data points beginning in 2026. Those data points include looking at prior authorizations, and whether the authorization was approved, denied, appealed, or overturned, along with timeliness to determination based on the level of urgency of the request. Below is a chart of the top five services that were reviewed in 2024 and the determinations for those authorizations. Medical pharmacy is broken into dual (Medicare) medical pharmacy and Medicaid medical pharmacy because the review for our non-dual members took place at PerformRx.

Standard Requests

Service	Approve	Deny
Durable Medical Equipment	98%	2%
Surgery and Procedure	99%	1%
Assisted Transportation	100%	-
Medical Pharmacy (Dual)	100%	-
Medical Pharmacy (Medicaid) *	78%	22%
Genetic Testing	98%	2%

*All Medicaid medical pharmacy requests have a 24-hour turnaround time.

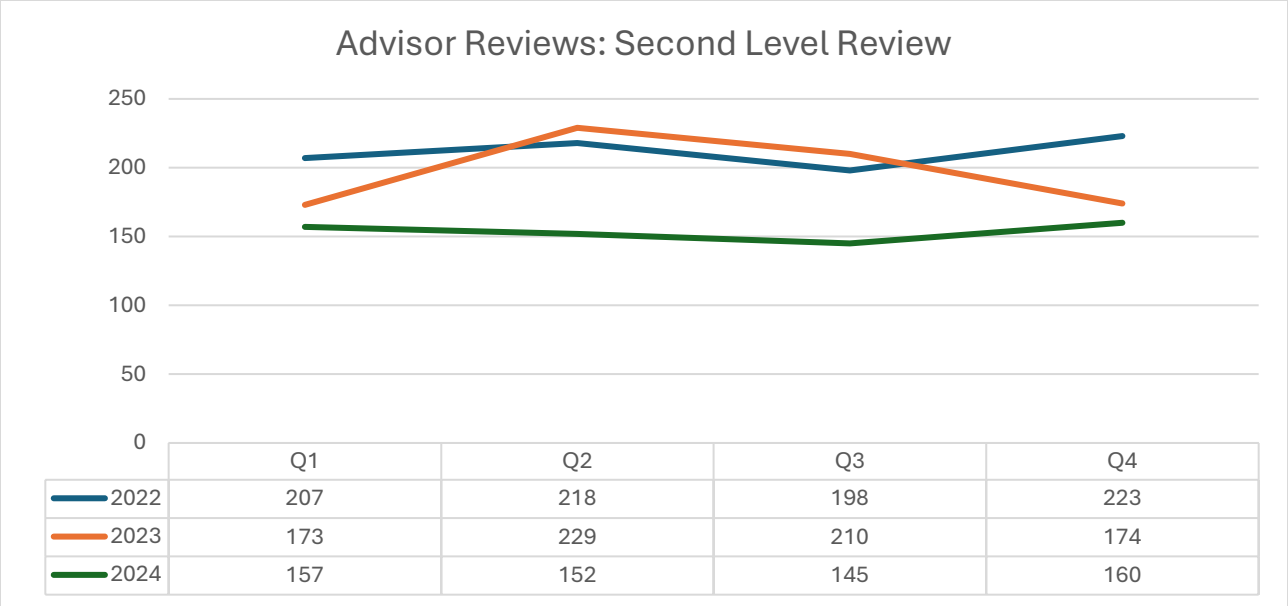
Urgent Requests

Service	Approve	Deny
Durable Medical Equipment	100%	-
Surgery and Procedure	100%	-
Assisted Transportation	100%	-
Medical Pharmacy (Dual)	100%	-
Medical Pharmacy (Medicaid) *	-	100%

*There were only two urgent Medicaid medical pharmacy requests.

Second Level Review

South Country also tracks the number of authorizations that require advisor review, which is the second-level review that occurs when the clinical review does not result in an approval. The advisor is a physician level reviewer and makes the final determination to approve or deny based on medical necessity. There are fluctuations in the numbers that are sent for advisor reviews depending on the overall volume of requests throughout the year. The graph below illustrates the year-over-year trend of the volume of authorization requests that are referred to for advisor review. In 2024, there was a decrease in authorizations sent for advisor review. This can be attributed to the overall decrease in total authorizations requested.

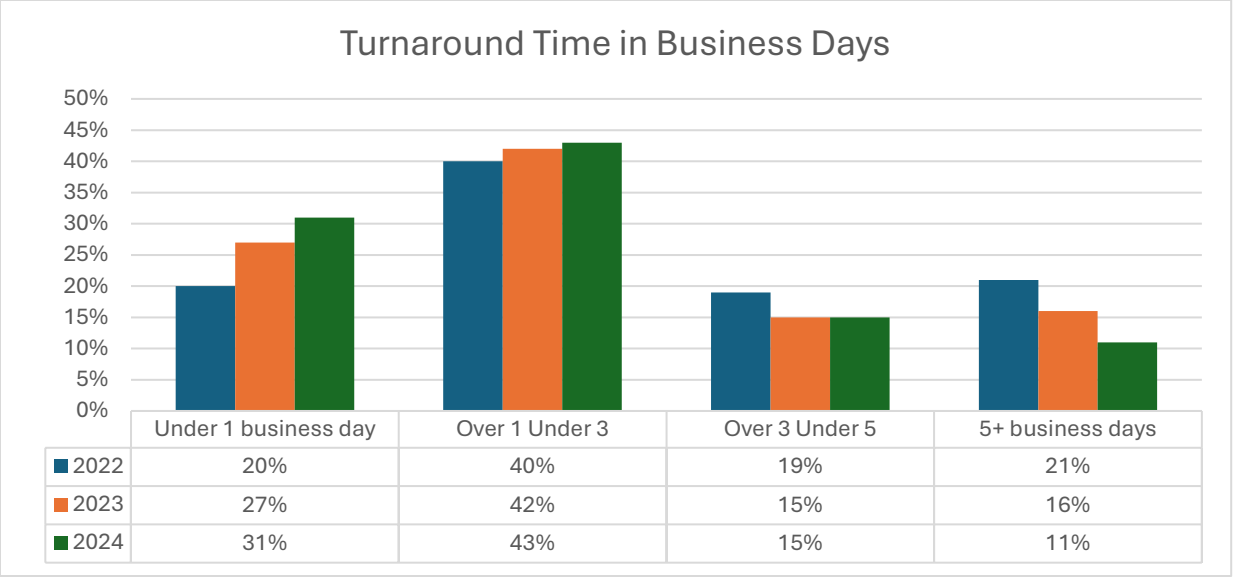


	Q1	Q2	Q3	Q4
2022	207	218	198	223
2023	173	229	210	174
2024	157	152	145	160

Turnaround Times

Since implementing UM internally in 2019, the UM team has used daily key metrics to monitor pending requests in queue, the age of the authorization request and timely member and provider determination notices. This key metrics dashboard has been instrumental in assisting the team to maintain timeframes for reviews and ensure timeliness and compliance with state and federal regulations related to the prior authorization notification process. When the clinical team has a request for information out to the provider, the key metrics dashboard is especially valuable for monitoring the timeline of the authorization. In addition to the daily monitoring of timelines, South Country does a few reviews of turnaround times each year; one mid-year looking at requests and timeliness and then one after the completion of the year looking at overall turnaround times.

In anticipation of the new rule (CMS-0057), where shortened timeframes will be required starting in 2026, the UM team started looking at turnaround times based on the new metrics. 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 order to realistically measure this turnaround time, the time to completion – from the request date to determination, was based on a five-business day metric. In the graph below is the percentage of authorizations completed in under one business day (which equates to eight hours or under), over one business day but under three business days, over three business days but under five business days, and then over five business days. It will be our goal in 2025, to examine the over five business days authorizations more closely and determine what actions can be taken to decrease that time.



Some improvements we implemented in 2024 to increase turnaround time included removing authorization requirements on certain services. In quarter four the team started reviewing each grid segment of codes to see where the number of codes requiring prior authorization could be reduced. This project continues into 2025, and we anticipate a drop in requests throughout this year due to the beginning efforts of decreasing the number of codes that require prior authorization.

We know from an examination of the clinical review turnaround time that most clinical reviews are being done in three days or under (around 83%), but the authorizations that hold up the turnaround times are those that require additional medical information to make a determination. From an examination of the advisor review turnaround times, we have determined that around 58% of those reviews take three days or under, and again, it can be challenging to make the determination while continuing to wait on additional medical information. To increase these turnaround times at the clinical and advisor review levels we are looking at our intake processes to implement a triage stage where authorization requests would be reviewed upon intake to determine if additional information must be requested. If additional information is needed, this process will need to be initiated on the same day as the initial request was received, allowing enough time for providers to gather and send the needed information back to the UM team and for the UM team to complete review and determination of the authorization. We are also looking into prior authorization tools that would assist providers in looking up what services require prior authorization, as well as the criteria and information that are needed to complete the review.

Interrater Reliability

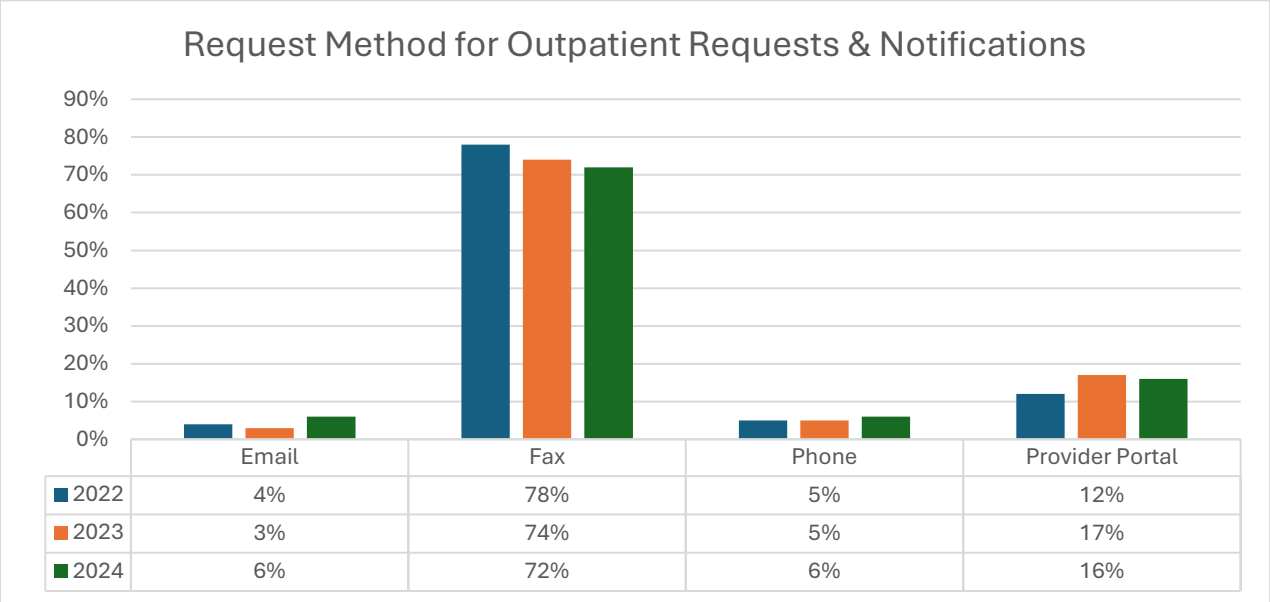
South Country performs interrater reliability (IRR) reviews and tracks IRR results from PerformRx and South Country's UM department. The results for the past three years are:

Entity	2022	2023	2024
PerformRx (Pharmacy PBM)	99%	99%	99.2%
South Country's UM Dept	96.7%	97.5%	97.6%

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.

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 2022, 2023 and 2024. From this comparison one can see that request methods remained consistent throughout the three years.



	Email	Fax	Phone	Provider Portal
2022	4%	78%	5%	12%
2023	3%	74%	5%	17%
2024	6%	72%	6%	16%

*2022 and 2023 do not total 100% because those years included some mailed requests, whereas 2024 had none.

The above graph shows the majority of requests received are 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 Healthy Pathways or to alert us to a home care service request. Toward the end of this year, we removed home care requirements for certain products and in 2025, a new online request option was implemented for Healthy Pathways; thus, we anticipate the email requests will drop again in 2025.

In 2024, we promoted electronic submission of authorization requests via our provider newsletter; however, we did not see an increase in portal use. With the new CMS rule requiring interoperability in 2027, we are focusing our technical efforts primarily on preparing for that; however, we would still like to see an increase in portal utilization in the meantime. To help facilitate that increase, in 2025 we are hoping to add behavioral health and substance use disorder requests to the portal, along with potentially adding in a tool for providers to check whether or not a prior authorization is required. Our information technology team has also been working with our provider portal vendor on improving the

provider experience around portal entry by making improvements like adding in a provider lookup. 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 five 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 2025, 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.

In 2025, the primary focus will be on the new CMS interoperability rule, which has components requiring implementation in 2026. South Country started vendor discussion in 2024, and we are hoping to decide soon on a vendor that will not only help us reach compliance with the rule but also create opportunities for improvements in efficiencies, automation and overall provider and member experience of our authorization process.

In 2024, there was a cross-departmental team that worked on implementing a telehealth provider for members of South Country. In the rural counties that South Country members reside in, more immediate care can be more challenging to attain, and telehealth is one of the avenues available to help bridge that gap. Sometimes members will seek out the emergency room because they cannot access a same-day clinic or urgent care place of service, and it is South Country's goal that this new telehealth provider will provide more immediate access and reduce the need for members to utilize the emergency room for non-emergent illnesses. This past year the UM Committee started looking at the acuity of the use of the emergency room. In 2025, we would like to focus on providing education on telehealth options to members using the emergency room for low-acuity services, or services that could be handled via a telehealth provider. South Country partnered with Included Health (Dr. on Demand™) in late 2024 and will be monitoring utilization closely throughout 2025 to measure impact.

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 was 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 component to the success of the UM team, and their ability to provide and promote the most efficient and effective avenues for not only the authorization process, but utilization of services for our members and burden reduction for our providers. In 2025, we will continue to strive toward the goal of ensuring the member is receiving the right care, at the right time and in the right place.

Pharmacy Utilization

Description

South Country Health Alliance (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 pharmacy director and a pharmacy account executive who coordinate and monitor day-to-day pharmacy benefits administration. There is also a PerformRx clinical programs team, which includes a team of pharmacists and pharmacy technicians charged with managing South Country formularies and clinical management programs.

South Country holds weekly operational meetings with PerformRx to monitor the 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			
	2022	2023	2024
Formulary Compliance	99.23%	98.29%	98.16%
Generic Utilization Rate	82.70%	84.77%	85.86%

As shown in Table 1, South Country Medicaid maintains an excellent formulary compliance rate (98.16%) and the generic utilization rate increased from 2023 to 2024.

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			
	2022	2023	2024
Average Membership	32,318	32,421	26,347
Total Prescription Cost	$38,321,551	$40,625,548	$37,651,658
Total Prescription Cost per Member per Year	$1,186	$1,253	$1,429
Total Prescriptions	404,100	370,063	320,780
Average Cost per Prescription	$94.83	$109.78	$117.38
Utilizers (members who filled a prescription)	122,478	117,519	98,891
% Utilizers	31.58%	30.21%	31.28%
Average Cost per Utilizer	$312.89	$345.69	$380.74

Table 2 outlines South Country's Medicaid pharmacy utilization for the past three years. From 2022 to 2024 we experienced an 18.5% decrease in average monthly membership to 26,347. Continuous enrollment unwinding after the pandemic contributed to a gradual decline in enrollment from 2023 to 2024. While the total number of prescriptions decreased from 2022 to 2024, the per member per month cost and average cost per utilizer increased. We experienced a 23.8% increase in average cost per prescription from 2022 to 2024. 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			
	2022	2023	2024
Formulary Compliance	98.76%	98.66%	98.85%
Generic Utilization Rate	87.42%	88.10%	88.76%

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

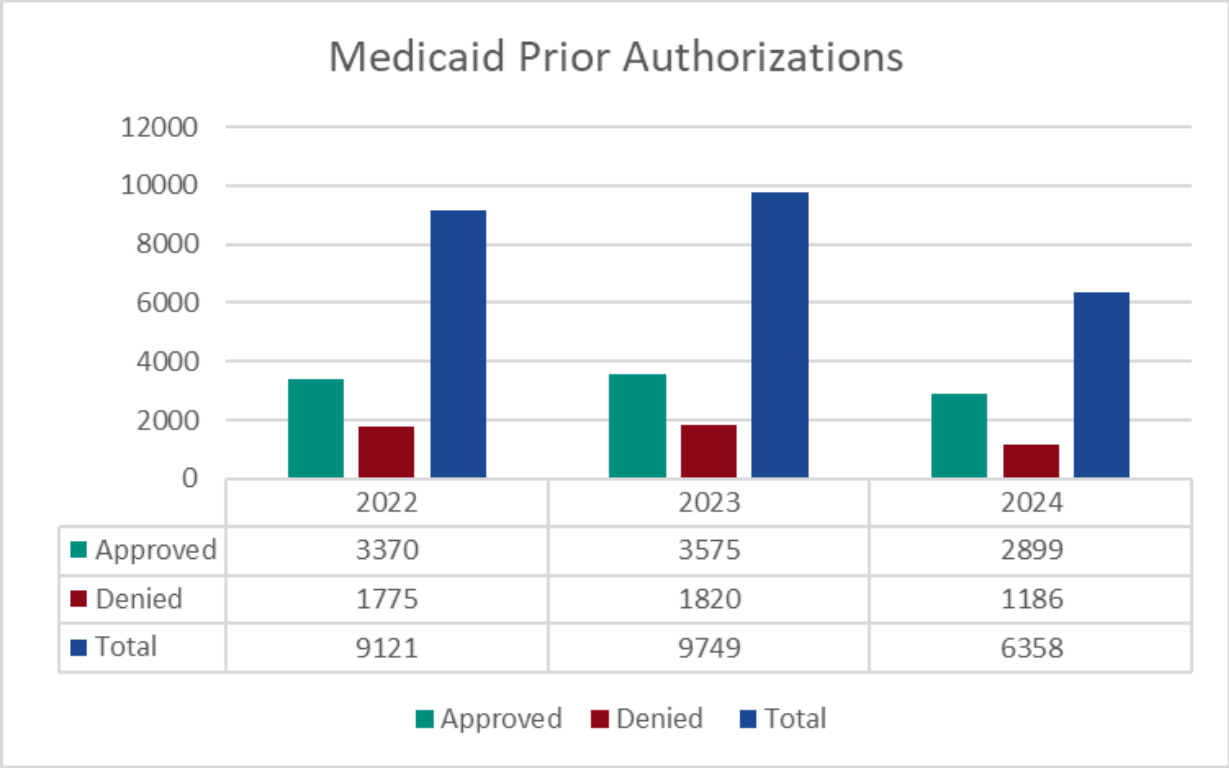
Table 4

Medicare Pharmacy Utilization			
	2022	2023	2024
Average Membership	2,000	1,824	1,669
Total Prescription Cost	$11,242,968	$12,115,722	$12,471,791
Prescription Cost per Member per Year	$5,621	$6,642	$7,471
Total Prescriptions	138,395	129,249	125,214
Average Cost per Prescription	$81.24	$93.74	$99.60
Utilizers (members who filled a prescription)	20,349	18,526	16,983
% Utilizers	84.80%	84.63%	84.79%
Average Cost per Utilizer	$552.51	$653.98	$734.37

Table 4 outlines South Country's Medicare pharmacy utilization. The average cost per prescription has increased by 22.5% from 2022 to 2024. The continued high generic utilization rate (Table 3) helps soften the impact of brand name medication annual price increases.

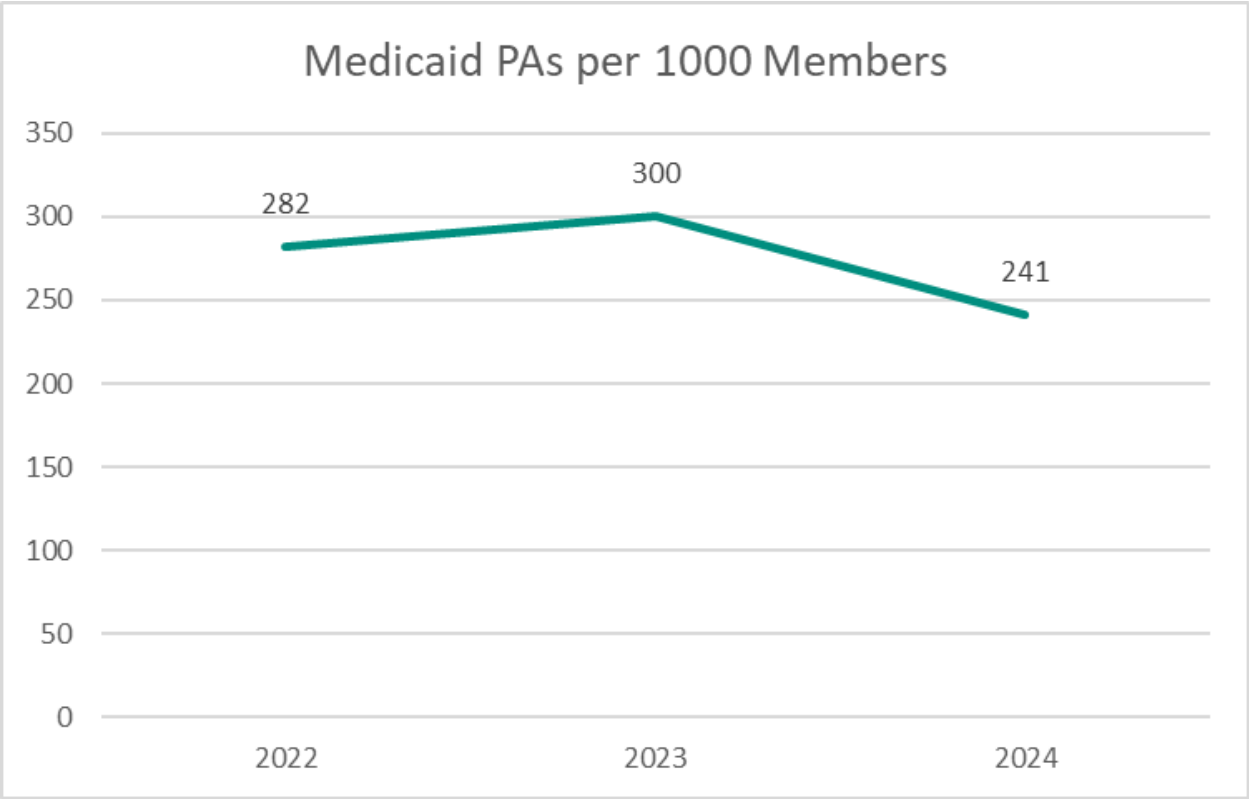
Medicaid Prior Authorizations (PA)

Graph 1



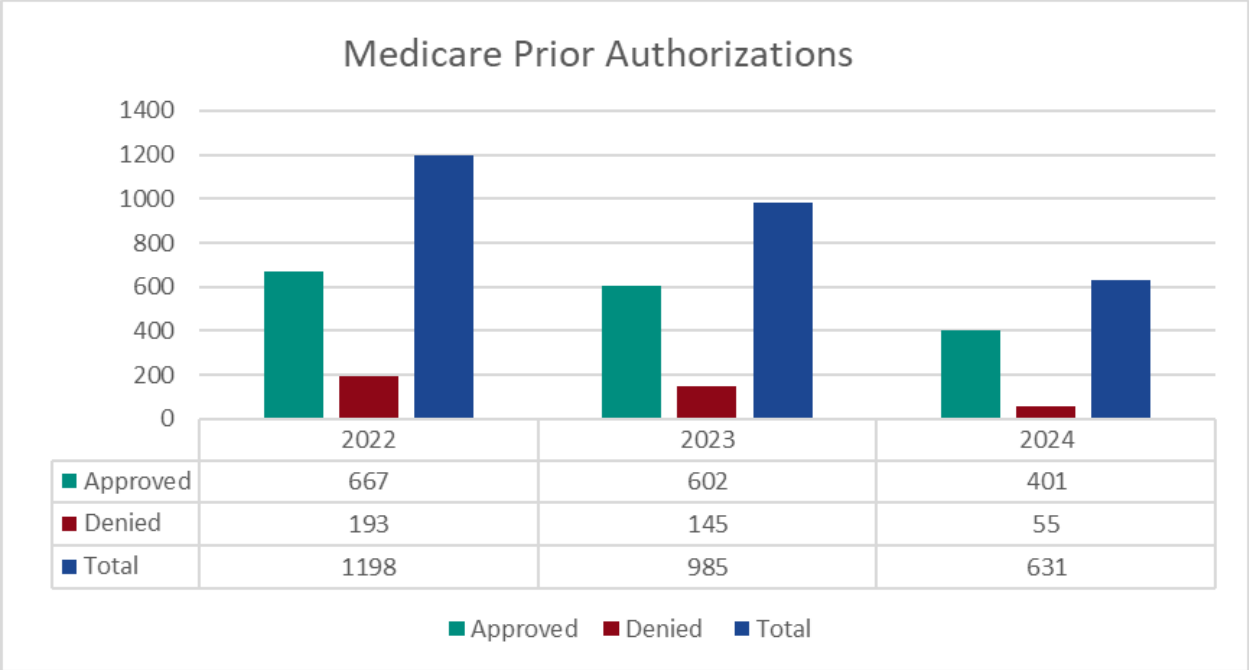
Graph 1 illustrates a decrease in the number of Medicaid prior authorization (PA) submissions from 2022 to 2024. More than likely, this is due to the decrease in membership over the same time period and continued changes to the formulary due to the state preferred drug list (PDL). Medicaid prior authorizations have remained steady for the past year with a 45% approval rate and a 19% 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 decreased over the last year and will continue to be monitored in 2025 as an indicator of overall PA burden for our membership.

Graph 2



Medicare Prior Authorization

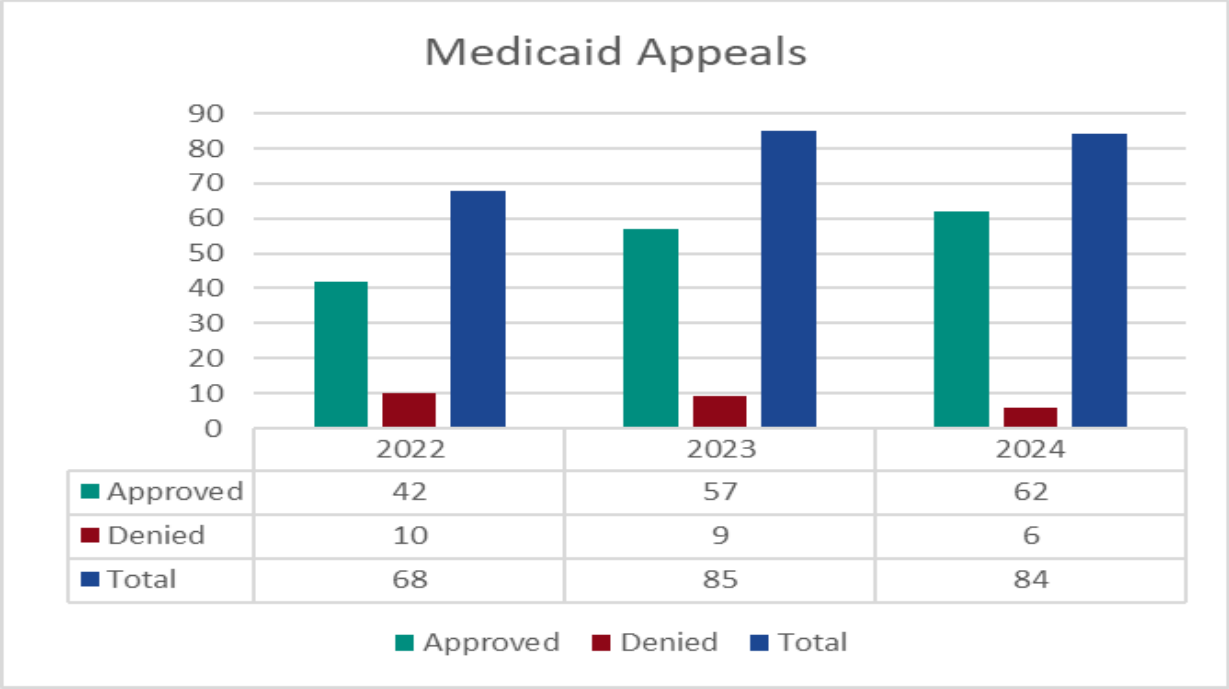
Graph 3



Medicare prior authorizations have decreased over the past year with a 64% approval rate and a 9% denial rate. The remaining authorizations were withdrawn/dismissed/early closed.

Medicaid Appeals

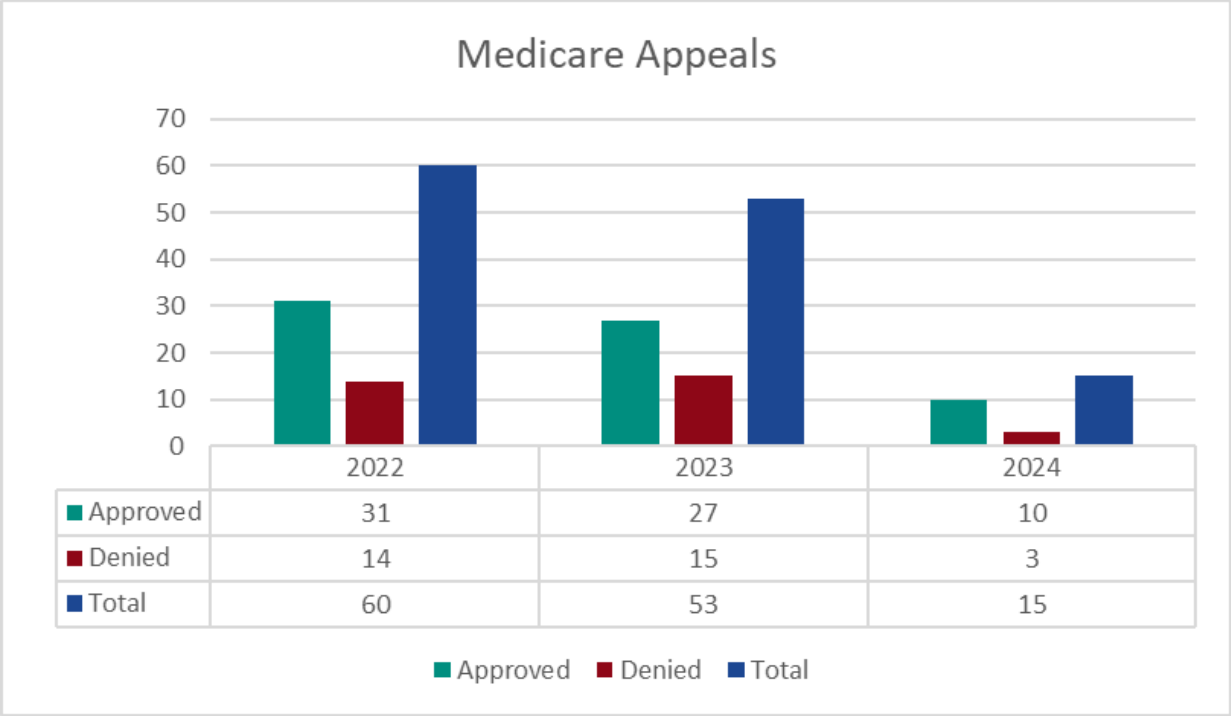
Graph 4



A very small decrease in total number of Medicaid submitted appeals is evident in Graph 4. The approval rate remained steady from 2022-2024 at 67%. The denial rate has also remained steady at 20%. 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 has decreased from 2022 to 2024. (Graph 5). Because Medicare membership is stable, any change in the 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 opioid use risk and concurrent opioid and benzodiazepine use 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 and follow-up care 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, grievance, and appeals.

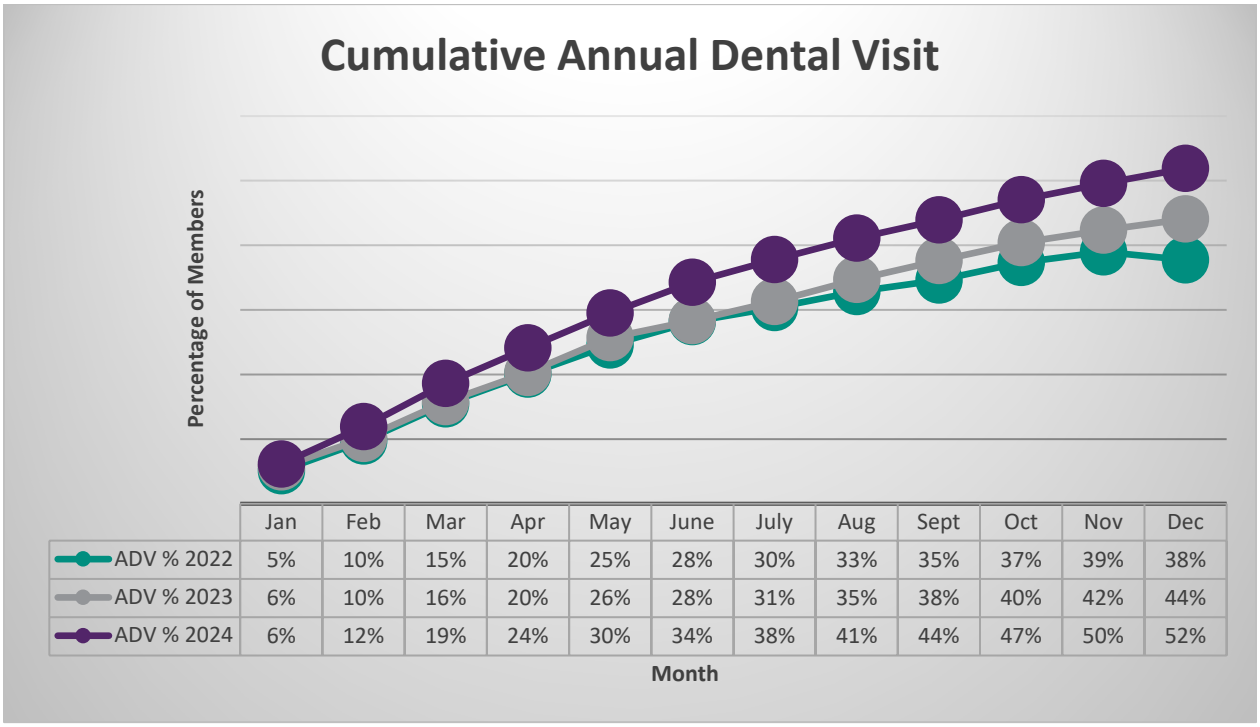
Dental access continues to be a key issue in achieving and maintaining optimal oral health for members. In recent years, there has been a decrease in dental provider participation serving Medicaid patients nationwide. South Country's current dental provider network has roughly 20% fewer unique dentists than at the beginning of 2022. 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 professions, the dental sector is having trouble finding qualified individuals to fill staffing vacancies. Understaffing of the critical roles of dental assistants or hygienists results in decreased scheduling capabilities and longer wait times for appointment availability. There continues to be an industry-wide focus on recruiting and training dental professionals.

South Country relies heavily on critical access dental (CAD) providers to achieve members' dental access. CAD providers accounted for 76% of total services received by South Country members in 2022 and 2023. In 2024, approximately 80% of dental services were provided by CAD clinics. This upward trend is due in part to more providers gaining CAD eligibility status. In recent years, more clinics have applied for and received CAD designation status from the Minnesota Department of Human Services (DHS). As of December 2024, there were 255 CAD clinics statewide, up from 192 in January 2022. 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 2022, 2023 and 2024 data. Mirroring legislative specifications for annual dental visit measurement goals, the denominator 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.

The ADV rate has shown steady improvement since 2022. The ADV rate for overall membership increased from 38% in 2022 to 44% in 2023. South Country demonstrated a sizable improvement in our population's 2024 ADV rate, to 52%. The greatest gain was noted in Prepaid Medical Assistance Program (PMAP) membership, which jumped 16% from 2022 to 2024. This is the largest membership group; therefore, this boost had a significant impact on the overall ADV rate.

Graph 1



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
ADV % 2022	5%	10%	15%	20%	25%	28%	30%	33%	35%	37%	39%	38%
ADV % 2023	6%	10%	16%	20%	26%	28%	31%	35%	38%	40%	42%	44%
ADV % 2024	6%	12%	19%	24%	30%	34%	38%	41%	44%	47%	50%	52%

Process and Analysis

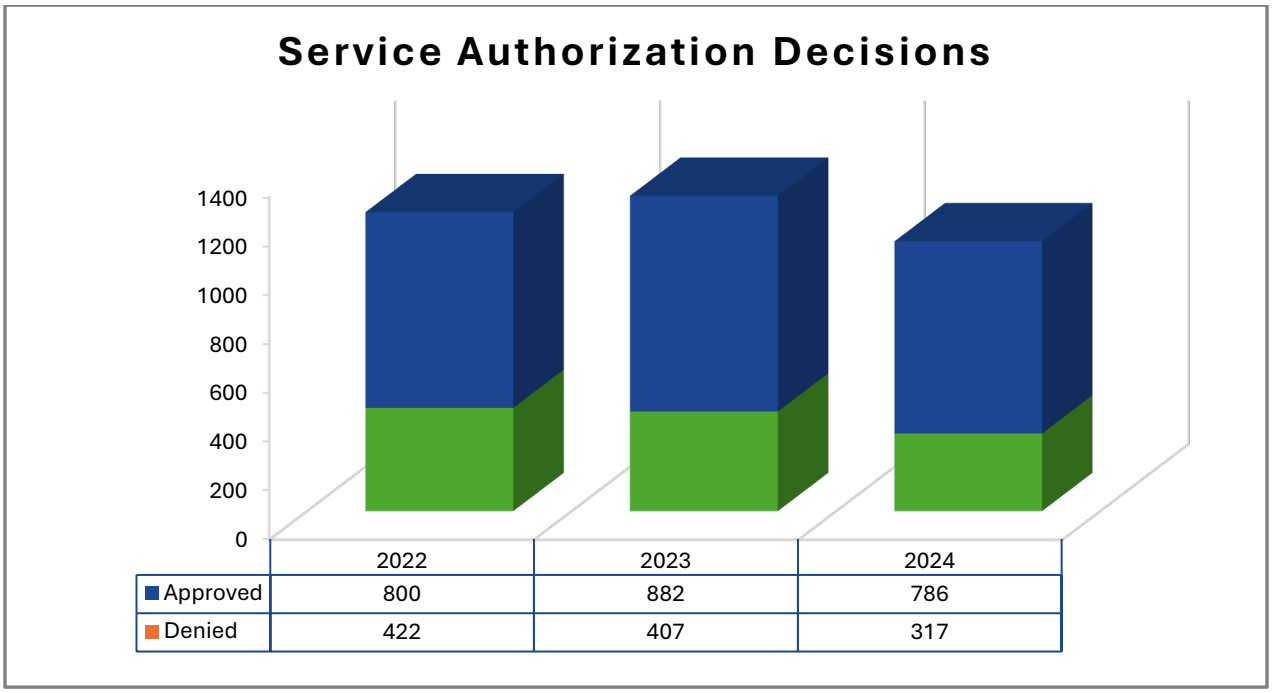
Utilization Management

DDMN provides South Country with reports of current and annualized utilization management (UM) 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			
	2022	2023	2024
Total Service Reviews	1,222	1,289	1.103
Authorization Turn-Around Time	99.9% <10 days	99.9% <10 days	100% <10 days

Graph 2



In 2022, there were 1,222 utilization reviews of pre-service requests (shown in Table 1) with an approval rate of 65% (shown in Graph 2).

The volume of authorizations increased slightly in 2023, with 1,289 cases. There was a small uptick in the approval rate to just over 68%.

Beginning in 2024, the adult dental benefit set was expanded to include more comprehensive care, matching the benefits previously reserved for children and pregnant women. As a result, orthodontic services are now covered for all ages. Since this treatment requires authorization to ensure medical necessity is met, an increase in reviews was anticipated for 2024 along with a possible shift in approval rate.

Out of 1,103 authorization reviews in 2024, 71% were approved. While the total number of reviews decreased, considering the decline in enrollment due to the unwinding of the public health emergency, the rate of UM requests per member has slightly increased. Meanwhile, the approval rating continued its upward trend, increasing by 3%.

Also included in Table 1 is the percentage of authorizations that are processed within the mandatory turnaround time of 10 days. While historically very high, Delta Dental displayed perfect results in this metric in 2024.

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, arrange 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 the members' behalf. In 2024, DDMN's care coordination

team assisted South Country members with 1,175 requests or inquiries. They directly scheduled dental appointments for members in over 270 cases. South Country members' use of the DDMN care coordination team increased slightly in 2024, compared to 2023, with an 8% increase in number of appointments scheduled.

While making steady progress, South Country continually explores opportunities to meet the dental performance benchmark through targeted member outreach. In the fall of 2024, every South Country member household received a mailing describing the comprehensive dental benefits available at no cost to them, along with information regarding who to contact to ask questions or for assistance with locating a dental provider. Additional means of connecting with members include the member newsletter and through social media.

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 in the last year. South Country sends monthly lists of SNBC and senior members to care coordinators for follow up.

For several years South Country's care coordinators have supported SNBC members with emergency department (ED) claims for non-traumatic dental issues to ensure they visit a dental provider to address the underlying concern.

South Country expanded this intervention in 2024 to include every product. Each month members with an ED visit for a dental diagnosis receive an educational mailing explaining the ineffective use of the ED and the importance of getting the proper dental treatment. This is followed by personal outreach by a care coordinator or complex case manager offering help in securing a dental appointment if the member has not already done so. In 2024, 175 members were supplied with this targeted advocacy. South Country will measure effectiveness by analyzing data and expects to see a decrease in ED use for dental issues and an increase in follow-up with a dental provider by members who visit the ED.

With the help of the dental workgroup, South Country added a dental component to its population health strategy in 2024. South Country strives to keep members healthy by meeting the legislative benchmark of 55% of members having an annual dental visit. A second objective is to decrease the use of the ED for dental concerns by increasing dental follow up, as described above.

South Country continued a dental incentive in 2024 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 2024, 254 members took advantage of this incentive, 13% more than in 2023. 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 with 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.

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. South Country's dental program manager actively participates in the Health Equity Committee and Population Health Committee to incorporate oral health into their framework.

The Be Rewarded™ wellness incentive for SNBC and senior members receiving an annual dental visit was renewed for 2025. South Country aims to continue raising awareness of this voucher reward among eligible members with the goal of greater dental utilization and improved health outcomes for members.

The 2021 Minnesota legislature established 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 should have at least one dental visit. Anticipating that the MCO and CBP aggregate group will not meet this target when final results are calculated for 2024, the commissioner issued a request for proposals (RFP) late in 2024 to contract with a single dental benefits administrator beginning in January 2026. South Country will continue to monitor the status, while supporting its members as always and throughout any potential transition.

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 (South Country) 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 consists of three BH professionals with broad knowledge of behavioral health topics and decades of combined experience engaging rural members with behavioral health needs. Additionally, each member of the BH team was raised in rural Minnesota and appreciates the unique characteristics, strengths and challenges experienced in rural communities.

South Country's BH interventions and programs amplify engagement with our members who have been identified as having mental health symptoms or struggle with substance use. The programs include Healthy Transitions, Restricted Recipient, EIDBI Case Management, Opioid Case Management, Healthy Connection Coaching and Healthy Pathways. The interventions include hospitalization follow up, emergency department follow up, substance use follow up and behavioral health coaching. The BH professionals work closely with the Behavioral Health Subcommittee and our county partners to determine the programs and interventions best suited for our members.

Behavioral Health (BH) Subcommittee

A key component of South Country's Behavioral Health Program includes our close working relationship with our counties to create effective programs 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 the Joint Powers Board.

The BH Subcommittee gives our counties a way to provide direct feedback to South Country staff and to highlight behavioral health needs specific to members within their rural communities. The subcommittee's mission is to evaluate our behavioral health care system, identify service gaps, discuss process improvement, and create solutions to members' unmet needs. In 2024, South Country again held two separate workgroups: one for adult mental health and one for children's mental health. Each group met several times throughout the year. The meetings allow South Country to keep updated on staffing changes, county challenges, and new service providers in our member communities, and to align initiatives and share data trends or new processes within South Country. Finally, South Country utilized the BH Subcommittee to revise the South Country BH gap program called the Healthy Pathways Program.

Healthy Pathways Program

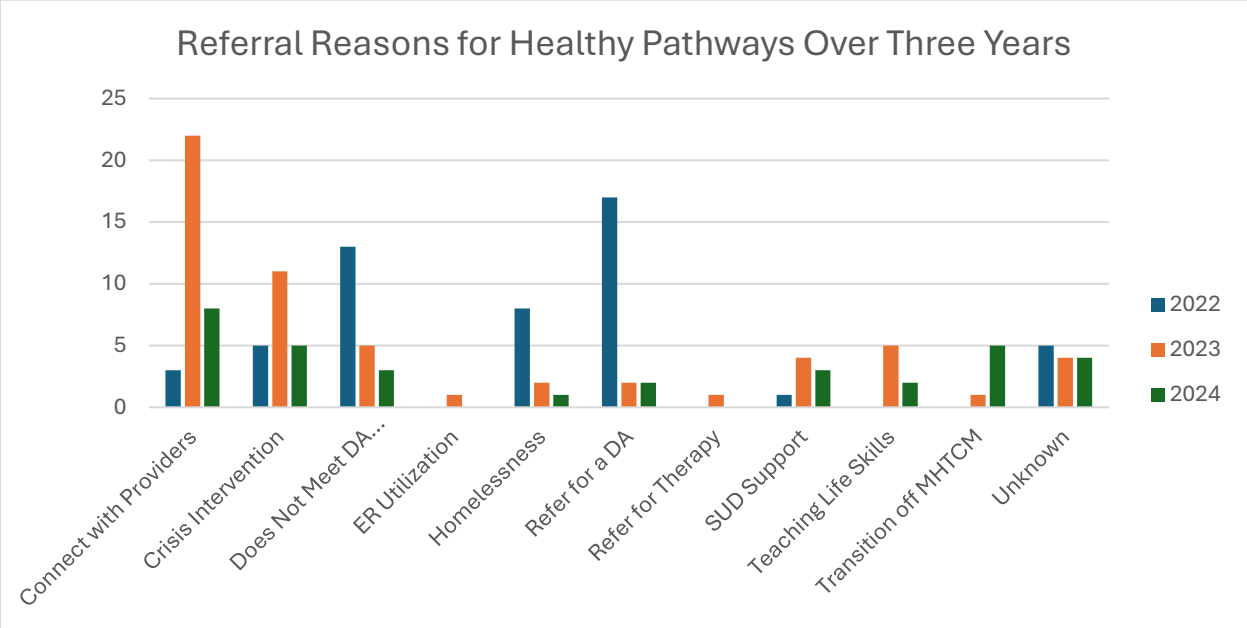
Since 2015, South Country's Healthy Pathways (HP) Program has supported our county partners' work to address our members' unmet mental health needs. Healthy Pathways' case managers help our members

avoid mental health deterioration by initiating services and support during a crisis while assisting them with longer-term solutions. In 2024, 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 mental health-targeted case management (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.

South Country claims data indicates a combined 592 Healthy Pathways encounters for 93 unique participating members in 2024, compared to 722 encounters for 116 participating members in 2023. Historically the most common reason for referral to the Healthy Pathways Program has been to either support members before they can complete a required diagnostic assessment or support members who do not meet the requirements for MH-TCM based on their initial diagnostic assessment. Some members also participated in the program as a step down from MH-TCM services.

In the past few years, the most common referral reasons have changed. A strength of this program is its flexibility in meeting the individual needs of our members, which change over time and can be different from one county to another. In a review of the 2024 referral reasons, the top two reasons were connection with providers and crisis intervention. 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 2024, all members who completed the initial assessment to start the program had some level of impairment due to their mental health symptoms, with 57% of those members rating moderately severe, severe, or extremely severe. Additionally, in 2024, the number of members in the program with some level of impairment due to substance use was 29%.

Of the members who ended the program in 2024 (a total of 32), eight members completed the program indicating goals were met, and another 14 transitioned to another service, like mental health-targeted case management. The remaining members (10) either requested to discontinue the program or became unable to reach. In 2025, the assessment and form used for Healthy Pathways will change. The reasons for referral and end of services will be adapted to our identified county trends.

Throughout 2024, the BH professionals worked closely with the Behavioral Health Subcommittee to assess and revise the Healthy Pathways Program. While Healthy Pathways reform has taken place before, this larger revision will address data gathering, outcome data, length of service, dual case management, and newer funding sources of Medical Assistance services addressing some of the gaps for which Healthy Pathways was created. The revised Healthy Pathways Program is expected to launch in Q2 of 2025.

Healthy Transitions

Healthy Transitions is a behavioral health program created by South Country to serve transition-aged youth (TAY) ages 17-21. The behavioral health department recognizes this member group is at a critical stage of development with emerging risks of mental health and substance misuse with few supports to encourage and support the transition to adulthood. While this group continues to struggle with mental health and substance use post-pandemic, our goal is to reach all TAY members to provide education about community resources and support, as well as provide case management for at-risk members.

Coaching and support usually center around obtaining and keeping health insurance, securing food and clothing, securing stable housing, managing physical and mental health, dealing with substance abuse symptoms, finding and maintaining employment, and identifying and working on educational goals. Members identify the greatest barriers to independence and work with the BH professional to complete tasks that improve their immediate circumstances while building resilience and confidence to solve problems.

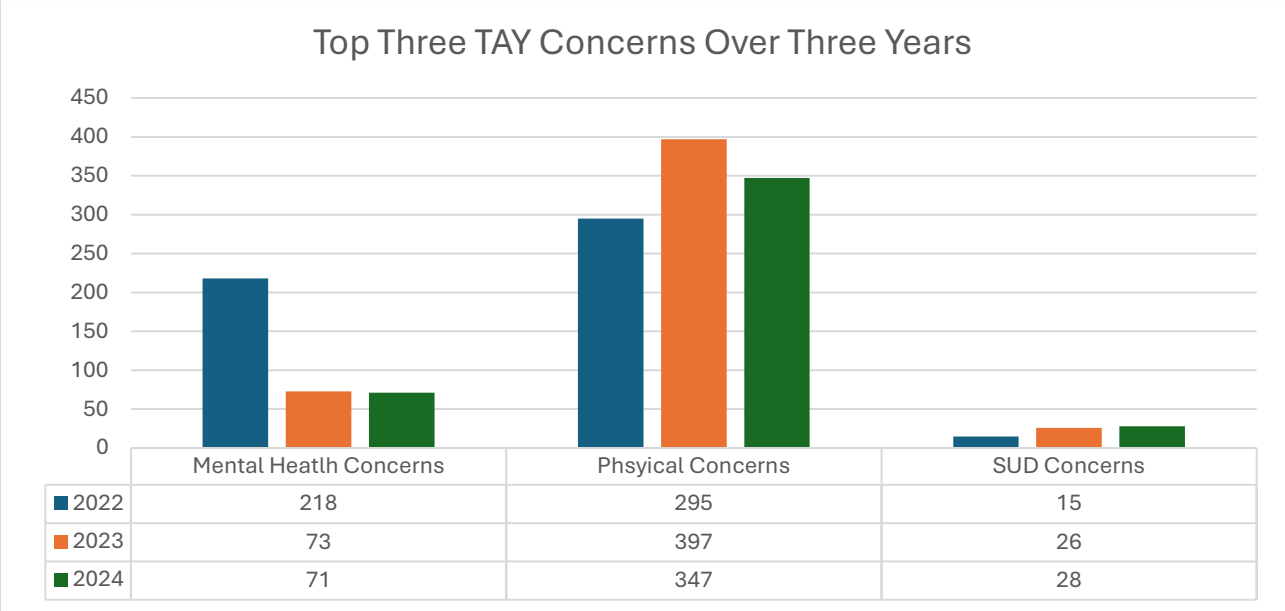
In 2024, 1,057 county-specific resource mailers were sent to all members who were 17-21 years old as part of the Healthy Transitions Program. The mailers are updated each year, with assistance from our county partners, and mirror the areas of coaching provided. The BH professional coordinating the Healthy Transitions Program had 460 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 have a diagnosis of a behavioral or neurodevelopmental disorder (F Code) and have at least one ER visit for any reason, and/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 are sent to the member.

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 and their current MH diagnosis if this is present. 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, 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 and bullying. Of the 382 members contacted, 35 members worked with the BH professional for a month or more.

To assist in identifying the primary concerns for outreach, the Minnesota Encounter Alert System (EAS) and/or medical claims were used. The primary concern was then confirmed at the time of the call. Similar to last year, physical health concerns far exceeded mental health or substance use concerns, in 2024, accounting for 75% of the calls. The BH professional promotes the use of incentive vouchers for child and teen checkups for ER follow-up care and when appropriate, the use of urgent care from their clinic or Dr. on Demand (a telehealth provider). The data below represents the top five concerns from encounters in 2022, 2023, and 2024.



	Mental Heatlh Concerns	Phsyical Concerns	SUD Concerns
2022	218	295	15
2023	73	397	26
2024	71	347	28

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 2024, the behavioral health team utilized this note on 430 occasions to capture a variety of support provided to members.

Member Services Referrals

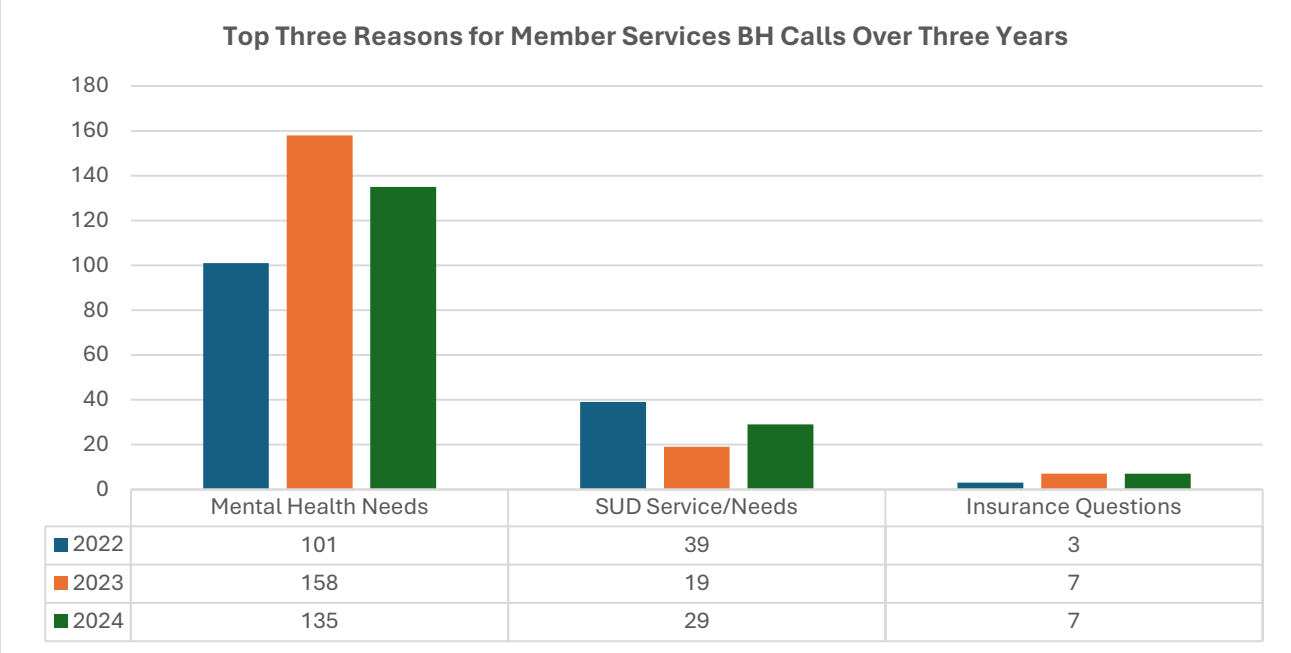
Member services forwards behavioral health specific phone calls, when the member agrees, to the behavioral health team. This process ensures that the member receives information from a BH professional knowledgeable about behavioral health diagnoses and services available to them. South Country has found there can be many nuanced details with behavioral health services that may make it

difficult for a member to access the services needed. The following is an example of BH team interventions identified during a member services call.

Member Service Referral Impact

In December 2024, the parent of a minor called into member services with questions about residential mental health services; the call was transferred to a member of the BH team. The member's mother said the member is diagnosed with multiple mental health diagnoses including obsessive-compulsive disorder and anxiety and does not feel she has the resources at home to help her anymore and wanted to pursue residential treatment. The BH professional assessed for immediate safety concerns first and then gave local resources such as the mobile crisis unit phone number and the contact information for a crisis residential program that accepts minor children. The BH professional also explained the process for accessing longer-term residential programming if that is still the desired outcome after accessing the more immediate resources.

In 2024, BH professionals used the Healthy Connections note to capture 174 encounters (134 unique members) where members received a brief behavioral health intervention by a BH professional after being transferred from the member services department. Below is a graph showing the breakdown of primary reasons for why a member was initiating contact with South Country.



	Mental Health Needs	SUD Service/Needs	Insurance Questions
2022	101	39	3
2023	158	19	7
2024	135	29	7

New Member Survey Follow Up

The BH team also completes the follow-up calls from the new member survey regarding questions related to mental health and substance use. In 2024, 22 members were reached by phone for this follow up. Those not reached (17 in 2024) were mailed a letter with the direct contact information for a member of the BH team. South Country's BH team created a behavioral health brochure last year that summarizes the behavioral health services covered by South Country. In 2025 this brochure will be mailed to the members not reached for a survey follow-up call. South Country has also automated the

process of assigning follow-up tasks for those who completed the survey, which has decreased the amount of time between receiving the survey and when a member is contacted.

Survey Follow Up Member Impact

In March 2024, using the interpreter service, the BH professional called out to a Spanish speaking member regarding the mental health question on the survey. The member stated that she was already engaged with mental health services prior to enrolling with South Country and wondered if she could continue to see her same provider. The BH professional assured her that mental health services are covered, and that South Country has an open network. She also explained that if the provider accepts the Medical Assistance rate, they can bill South Country.

Intensive Mental Health Program Discharges

Another way the Healthy Connections note captures brief behavioral health interventions is during follow-up for members discharged from mental health treatment like intensive residential treatment services or a partial hospitalization program. A BH professional reviews each discharge summary, 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.

Program Impact Example

A BH professional reached out to the parent of a 10-year-old member who was discharged from a Partial Hospitalization Program prior to completing the program. The member's mother informed the BH professional that the provider had discharged the member due to not being a good fit for the program and now was at home with her during the day until they could find something else. The member was getting assessed for a Community Access for Disability Inclusion (CADI) waiver, and the member's mom reported that she quit her job so that she can homeschool the member full time but was overwhelmed with trying to keep everything organized and on track. The BH professional offered to contact the county to get a status update on the waiver assessment to help alleviate some of the tasks she had to complete. The BH professional then contacted the supervisor of the CADI department at the county and was able to provide the member's mother with an update on the status of his waiver. The member's mother then asked for providers who can complete psychological evaluations for children of member's age. The BH professional provided the member's mother with a list of providers who could provide this service.

Mental Health Hospitalization Follow Up

South Country's consistent practice has been to follow up with members after a hospitalization discharge. The BH department continues this important connection with members after mental health hospitalizations. The follow-up initiative has evolved over the years to ensure members receive the most helpful information at the right time.

After discharge from an inpatient hospitalization for mental health symptoms, a person may feel overwhelmed 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. The BH professionals all have extensive backgrounds in the mental health field,

working directly in rural communities with members who have 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. In 2024, there were 358 members who received follow-up calls after discharge from a hospital for behavioral health reasons.

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. Continuing in 2024, a list of mental health professionals in the member's county and surrounding area was included with the letter. With a list of mental health 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.

The key components to South Country's behavioral health hospitalization follow up include assuring that there are no barriers for members in connecting to outpatient mental health services or 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. Also included in the mailing are 988 suicide and crisis hotline cards. In 2024, there were 284 of these letters sent. 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. South Country created a behavioral health brochure in 2024, which is enclosed in the follow-up letter.

In September 2024, South Country contracted with Doctor on Demand, which provides virtual psychiatric and therapy appointments. They often have appointment openings within a week, which is a much-needed addition in rural Minnesota due to the shortage of mental health providers. Starting in the fall of 2024, South Country included a brochure about Doctor on Demand with many follow-up mental health correspondence.

As part of our collaborative model with our county partners, when South Country members who receive mental health targeted case management (MH-TCM) are admitted or discharged from the hospital, the BH team notifies the designated case manager. While an internal BH professional provides outreach to members who are on the Families and Children (PMAP) or MinnesotaCare products, South Country relies on our county partners to reach out to those members who have a care coordinator assigned to them. Senior and Special Needs BasicCare members are followed closely by their assigned care coordinator. The care coordinator has an established relationship with our members and supports them through hospitalization transitions.

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 member in the RRP and contacts the member at least quarterly. Over the 24 or 36 months of the RRP, the case manager assists with following the RRP guidelines by supporting members in accessing services to meet their mental and physical needs. In 2024, there were 249 encounters with the 36 unique RRP members and 296 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. In cases where a member is not appropriate for the Restricted Recipient Program, South Country reaches out to the member to determine if there are barriers to care.

Program impact Example

A member was placed in the RRP in August 2022, due to 14 emergency department visits in one year. The cost of her care the year prior to the RRP was $16,130. In the first year of the RRP, she had three emergency department visits, and her cost of care was $3,987. In the second year of the RRP period, she had two emergency department visits, and her cost of care was $3,528. Post RRP, her cost of care has been $2,552. The RRP case manager assisted the member in establishing care with a primary care provider, obtaining referrals for specialists and obtaining her prescriptions.

Restricted Recipient Program Activity

Restricted Recipient Program			
	2022	2023	2024
Total number of investigations of acts of abuse by members regardless of whether the investigation resulted in actual restriction.	239	211	209
Total number of members restricted by South Country for a 24-month period.	11	3	5
Total number of members restricted by South Country for an additional 36-month period.	2	2	3
Total number of members in the Restricted Recipient Program.	49	34	36

Opioid Case Management

South Country continues our unique Opioid Case Management Program. This program, in its seventh year, focuses on contacting our members who are opiate naïve but who were recently prescribed opiates. We want to ensure our members are aware of their insurance benefits and alternative pain management treatment options while recovering from surgery or an injury. This program has a 63% successful contact rate, which is quite high for telephonic case management.

A BH professional provides outreach to our 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 determine if the member needs any additional assistance or services to aid with their pain management or recovery. Educational information on the safe storage of medication and the member's recovery plan are 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 information about alternative pain management treatments covered by South Country.

BH professionals monitor members who are not reached by phone but continue to receive opioids for 45 days or more. For members who meet that criteria, South Country mails a follow-up letter to the prescriber. In 2024, there were six members who received opioids for 45 days or more. The letter to the provider includes alternative pain management treatments covered by South Country and available to our members. In 2025, we will send out the provider letter at 30 days of opioid treatment at the suggestion of a medical provider.

Members on the opioid report may be identified as having chronic pain through medical claims or notes. Members who are diagnosed with chronic pain receive a follow-up letter with a list of pain management treatments covered by South Country; in 2024, there were 208 chronic pain letters sent. 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.

Program Impact Example

A BH professional reached out to a member on the opioid report. She had a total knee replacement and was in a lot of pain at the time of the call. The member had the support of her mother and children to assist her and she was currently using a walker. The BH professional reviewed other durable medical supply equipment that might help the member with stability and reduce the chance of a fall. A follow-up call was completed ten days later. The member was making some improvement but remained in pain. The BH professional reviewed the pain management plan and alternative pain management treatments. On the third follow-up call, the member was doing much better. The member expressed great appreciation for the calls and concern by South Country staff.

Opioid Case Management Program Activity

Opioid Case Management			
	2022	2023	2024
Members who received material on opioid pain medication, safe storage, and safe disposal of prescription medications.	341	323	244
Number of opioid naïve members reached telephonically for assessment, support, and referral.	221	192	150
Number of Deterra™ disposal packets mailed.	92	60	52
Number of members on opioids for 45 days.	15	8	6

Substance Use Disorder (SUD) Services

In 2024, South Country had 250 unique members in residential SUD treatment at least once. The overwhelming majority of members who enter residential treatment are enrolled in the PMAP program (87%). South Country does not require prior authorization for residential treatment, which allows for timely and direct access. In 2024, South Country continued 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. South County's goal is to enhance the likelihood that the members will receive the letter and be aware of resources and services covered by South Country.

Program Impact Example

A BH professional received a phone call from a member after he received the SUD follow-up letter while in a residential treatment program. The member called with his counselor at the residential program and asked for resources on housing and transportation. He also stated that he was looking for resources to purchase a new vehicle. The BH professional was able to locate housing resources as well as local programs that provide assistance with obtaining a vehicle at a low cost.

Substance Use Emergency Department Follow Up

Starting in 2023 and continuing in 2024, South Country followed up with members who recently were in the emergency room for an alcohol related diagnosis and have not accessed substance use disorder treatment in the previous twelve months. Diagnoses included alcohol withdrawal, alcohol intoxication, alcohol use, abuse, and dependence. A BH professional mailed the member a letter with information about accessing mental health services and included a pamphlet on how excessive alcohol use affects the body. In 2024, South Country mailed 93 of these letters. This is almost a 30% reduction over the previous year, perhaps indicating a stabilizing of the trend post COVID-19 where alcohol use increased significantly.

Preliminary data from 2023 indicated an 8% reduction in opioid overdoses in Minnesota, a welcomed change in trend after increases every year since 2018. South Country continued the initiative in 2024,

started in 2023, to follow up with members who presented to the ER for an opioid related concern, who 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 members a follow-up letter about accessing mental health services and included pamphlets on medication for opioid use disorder, 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. In 2024, South Country mailed 27 opioid follow-up letters.

South Country BH professionals are actively engaged in 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

The South Country behavioral health team provides case management for members receiving Early Intensive Developmental and Behavioral Intervention (EIDBI) services. Members eligible for these services include those under 21 and diagnosed with 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, and social issues 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 2024, South Country assisted 24 unique members receiving EIDBI services; an increase from the 18 members served in 2023.

Additional work performed within the EIDBI Case Management Program 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 Example

In May, a BH professional received a referral from a county staff member who became aware of a member on the waiting list for EIDBI services and requested that the BH professional reach out to determine if there were other needs to be met while they waited for services to begin. The BH professional contacted the member's mother and was able to answer her questions about coverage for

speech therapy and occupational therapy. The member's mother had a specific provider in mind and asked if South Country was contracted with this provider. The BH professional found the provider was registered as an out of network provider; meaning they accept South Country members but would not be found in the provider directory as a contracted provider. The member's mother was provided with this information and stated she would contact the provider to set up services. The member began receiving EIDBI services in August 2024.

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 implement the new Healthy Pathways Program in 2025. Gap programs serving rural counties should 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 in the most efficient and effective ways possible.

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 continue to provide education to our members directly, and in our communities, via schools and at community events, to provide accurate information regarding cannabis use.

Finally, the South Country BH team's focus is early intervention and prevention, identifying trends and emerging risks allows us to tailor programs and initiatives that best meet our members' needs in an expedient, person-centered approach. South Country BH professionals will continue to be creative and proactive in identifying gaps in service and innovative ways that we can best serve our members.

Complex Case Management

Description

South Country Health Alliance (South Country) internally manages the Complex Case Management (CCM) Program for Families and Children (PMAP) and MinnesotaCare (MNCare) members. The CCM Program provides support for members with complex conditions and assists them in navigating health care and 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 Enrollee Survey provided to all new PMAP and MNCare members. When a chronic diagnosis is identified on their survey or the member identifies she is pregnant, 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 members 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 who 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 members currently have 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 members 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 who 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:

- Delfina Application (app)
- 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. Members are screened for a newly prescribed anti-depressant medication within the last year. If a member is on this list, they are sent a letter to educate the member on taking the medication as prescribed, filling it regularly and on time, and always talking with a health care provider before stopping the new medication. The mailing also contains a buck slip offering the member tools such as a fidget spinner, pocket calendar with stickers, pill box, and/or a mindfulness coloring book. The complex case manager will also reach out to the member via telephone to offer phone call reminders and other assistance that may be needed.

High-Cost Report: As part of South Country's special health care needs interventions, the CCM team conducts follow up with members who 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 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. Over the past four years, we have made changes to how members are referred to the CCM Program. This has resulted in fewer referrals; however, the referrals to the program are now more appropriate.

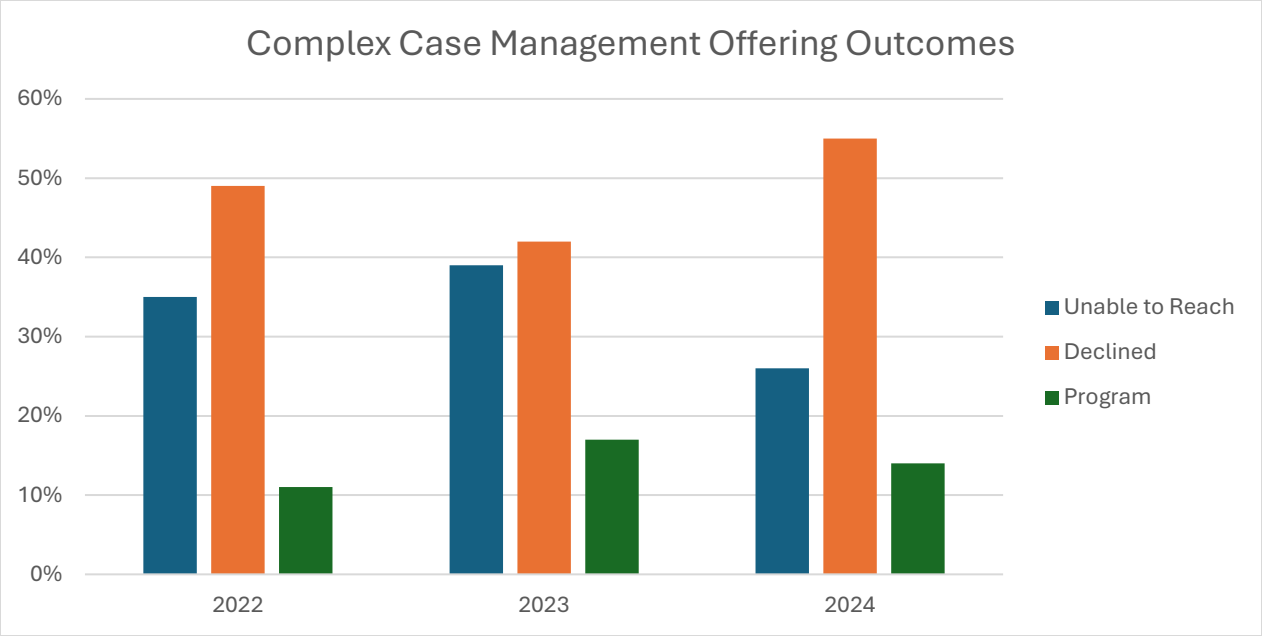
Complex Case Management

Referrals for CCM come from various sources: population health reports, the New Enrollee Survey, utilization management referrals and mostly, from hospitalizations. A complex case manager 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 not created if the member was referred to the CCM Program in the last year or does not meet CCM criteria. In 2023, there were a total of 175 referrals for complex case management and in 2024 there were a total of 122. The top three referral sources for complex case management are hospitalizations (46%), emergency room visits (20%), and high-cost members (17%).

Referrals that meet criteria for the CCM Program move forward to a case opening and outreach to the member or authorized representative. In 2023, there were 161 cases opened with 63, or 39% of those members closing due to being unable to be reached. In 2024, there were 119 cases opened, with 31 or 26% of those members being unable to be reached. For 2024, the unable to reach percentage dropped by quite a bit due to removing those case closures that took place after program participation; the unable to reach percentage is typically around 30% and has improved over the years as other sources for phone number information could be used, like the Minnesota Encounter Alerts System (EAS).

Once a case manager connects with a member or authorized representative, the CCM Program is explained and offered to the member. In 2023, there were 68 or 42% of members or authorized representatives who declined participation. In 2024, there were 65 members or authorized representatives who declined participation or 55% of the cases opened.

The graph below demonstrates the three-year trend of conducting outreach to members to offer the CCM Program. The graph demonstrates the relative consistency across years of those members who are unable to be reached or decline participation, along with those who choose to participate. In 2024, there were 17 programs opened (or 13% of cases) and in 2023, there were 27 programs opened (or 19% of cases).



*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.

In addition to the CCM 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 are mainly derived from a report developed to capture members meeting high-risk criteria but can also come from other sources such as hospitalization follow up. Referrals for the past few years have remained consistent; in 2023 there were 356 referrals and in 2024 there were 310 referrals.

In 2024, of the 310 referrals, 282 cases were opened. Since the referral for high-risk pregnancy is primarily created from a report, the complex case manager does not move forward with a case opening (outreach) on as many as they do for complex case management, due to the member not meeting the criteria. Of the 282 members who received outreach, there were 128 (45%) members who could not be reached. Of the remaining members who could be reached, there were 132 (47%) members who declined participation. Like the CCM Program, the other case closures occur after program opening, when the member's case closes for the conclusion of the program, or the case can close for reasons like termination of coverage or other services. There were eight (3%) members who participated in the high-risk pregnancy program. The program participation rate was the lowest it has been in the past few years (around 6% in 2023 and 4% in 2022). We are optimistic that more members will participate in this program with the help of our maternal health application, Delfina.

Delfina, is an app South Country offers to expecting and postpartum mothers that provides a wide variety of services including tele-doula services, tele-mental health therapists, and tele-registered dieticians. The app offers classes ranging from prenatal and postpartum yoga, nutrition, mental well-being, breastfeeding, and other community time classes including a question-and-answer class. Delfina also includes a weight scale, to help the mothers track their weight, along with endless educational

readings within the app. Delfina® 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 Delfina® into the electronic health record to provide another level of integrated care to our members. In 2025, we anticipate the integration with primary care's electronic health record to be completed with one of our largest care providers serving our members. This will allow more capabilities of the app to be implemented, such as blood pressure readings and blood sugar readings directly to the provider.

This past year we were also awarded a grant from the Minnesota Department of Health. The goal of the project is to address disparities to perinatal health outcomes caused by lack of access to perinatal education. The main project activity is community based perinatal health education sessions. Our first event was held in September of 2024, with two more in-person events scheduled in 2025, as well as at least one virtual session. In the educational session, one county's public health team spoke to members on two maternal health topics. The two topics at our first event were nutrition and mental health related to pregnancy and postpartum. We also served lunch for the attendees. We received positive feedback from the community on this education. From these events, we anticipate an increase in the use of Delfina.

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 members, 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 who made it through the assessment phase and began a care plan with the complex case manager.

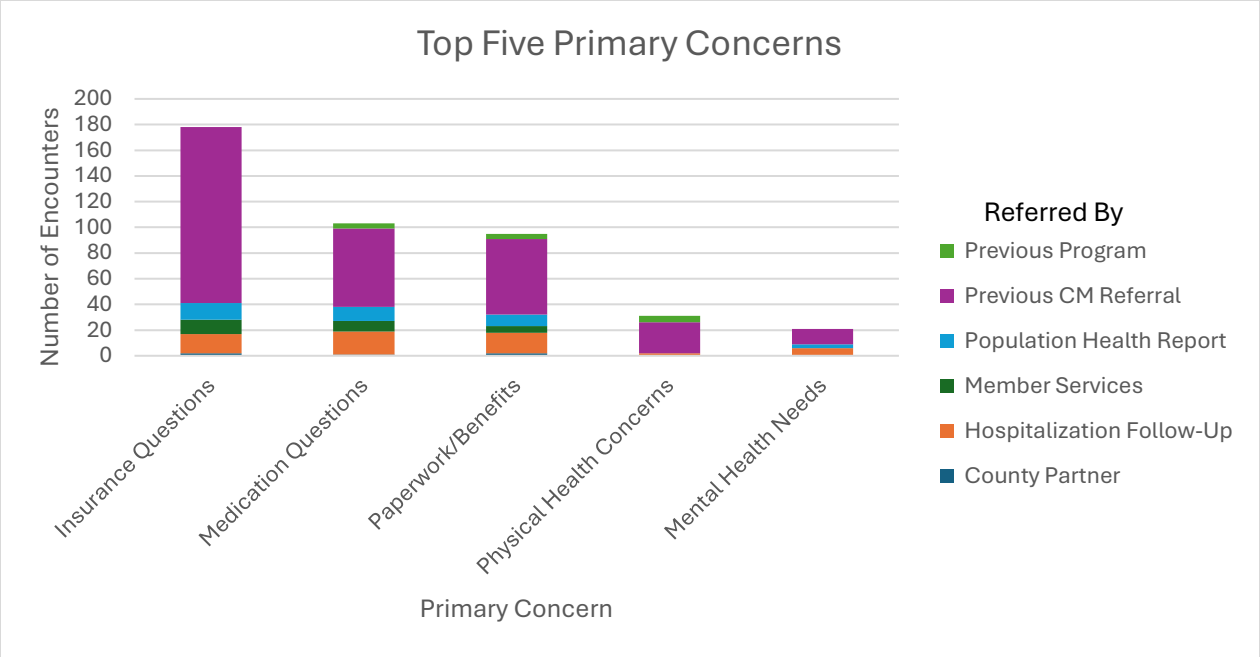
Year/Program	2022	2023	2024
CCM Program	27	27	17
CCM Care Plan	20 (74%)	14 (52%)	13 (76%)
High-Risk Pregnancy Program	7	19	8
High-Risk Pregnancy Care Plan	5 (71%)	12 (63%)	6 (75%)

In 2022, the CCM team started using a texting platform (Mutare®) to communicate with members and they have continued using Mutare® since. A barrier with texting members is the need of a smart phone. Not all members have a smart phone to utilize the platform. The CCM team must also obtain consent with each member via 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 2025 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 who participate in this coaching level of assistance are typically members who had a previous referral, but the members were not interested in participating in the full Complex Case Management Program. In 2023, there were 166 members who participated in coaching and in 2024 that increased to 185. The total number of notes completed, or encounters in 2023, was 388 and that increased to 446 in 2024. Similar to previous years, the most referrals to coaching come from outreach conducted for complex case management or high-risk pregnancy referrals – often those members who do not want to participate in the more intensive program will opt instead for short-term coaching. Additionally, year over year, the insurance and medication questions are top concerns members have that the case manager provides coaching on.



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 formal programs, they find value in having a person at South Country they can reach out to with questions and concerns.

Programs like CCM can be difficult to measure in terms of preventable expenses; therefore, 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.”

“A big thing I remember is she sent me a phone number for a charity. They fixed my car and did the labor for free. Then the charity called the VA, and they agreed to pay for the parts. I really needed my car so that was a big thing for me. I don't have anything to say that could have made case management better, it was great. She was great and checked in on me weekly.”

"Make sure everyone is as great as [my complex case manager]. I wish I could be back in the program so I could continue to be in contact with her. I thought she was a great advocate."

"[The complex case manager] was beyond excellent when my boys were in the NICU, she made sure we knew about the Ronald McDonald House and transportation help."

In 2024, we had eight 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?	8	0	0	0
Discuss needs and assist in meeting needs?	8	0	0	0
Offer to assist in finding providers/other services?	8	0	0	0
Responds timely?	7	1	0	0
Provides information and education?	7	1	0	0
	Yes	**No**		
Did you follow the recommendations of your case manager?	8	0		
Did your case manager help you achieve your health goals?	8	0		

Program Impact Examples

A member accepted the Wellness Support Program after being hospitalized. A care plan was developed with goals of improving nutritional status and obtaining his own housing as the member lived with family. The member identified specific interventions for dietary changes and later reported complying with his interventions. A nutritional food box was shipped to the member to assist him in reaching his nutritional goal. To support the member's housing goal, the case manager provided the member with information on the Section 8 housing program and discussed subsidized apartments. Although the member was not open to considering apartment living, it was determined the Section 8 waiting list for single family homes in his county was closed. Fortunately, the member's Social Security Disability application was approved, and he planned to save for a rental house. While the member did not obtain his own housing while open to the program and continued to live with family, he did report improved nutrition. A reduction in emergency department visits was also seen as the member had three ED visits in one month prior to opening the Wellness Support Program. This member did not have any ED visits in the eight months he participated in the Wellness Support Program.

A member called member services and stated that she was very overwhelmed by trying to navigate her health care needs. She was not sure which providers to use and what treatments would be covered. The

member was appreciative and excited to start the Case Management Program. The member felt so uncertain about her situation that she was anxious about creating a care plan and goals; she stated, "How can I plan when I don't know what will happen?" The member ultimately set a general goal of "Will transition to using South Country Health Alliance as her health insurance." The CCM and the member worked together to address the areas of her health care that were causing her great stress. The member's stress was reduced by informing her that the procedures and treatments she was seeking would be covered by her plan. Frequent outreach was made by the CCM to her provider's office to directly address disconnects and misunderstandings that were hindering timely care for her. The member was provided with the member handbook and various lists of covered providers, as having access to this information also helped to reduce her anxiety around accessing care. While engaged in case management, the member connected with a new primary care provider, made appointments with specialists, and utilized RideConnect as needed. Although the member's health condition is chronic and ongoing, she frequently made statements such as, "I don't have to drive this car anymore" to express how relieved she is to have the South Country staff assist her with addressing any issues that may arise as she seeks the care that she needs.

A task was received for the Antidepressant Medication Management Program. The member had filled out a medication that was new to her. Upon contact with the member, she explained she had been on medication for a while. While on the phone with the member, she voiced concern about a medication that is being rejected at the pharmacy. The CCM was able to investigate this issue and recognized the medication was being rejected due to needing prior authorization (PA). The CCM saw that the member's doctor submitted a PA. It appeared the pharmacy reviewing the PA needed more information from the provider to make determination. The CCM was able to explain this to the member and asked if she would like CCM to monitor the PA and keep her updated as needed on process. The member agreed to this plan. The CCM then contacted the facility's PA team to see if the provider had received a request for more information on the PA. The facility gave confirmation that the provider had received a fax requesting more information. The CCM continued to monitor, reviewed pharmacy claims, and noted a different medication was filled. The CCM contacted the member, and the member was aware as she had received communication from the provider's office about the change of the medication. The CCM was able to answer the member's questions and concerns about this process. The member successfully filled the medication that was prescribed to her.

Next Steps

South Country continues to explore opportunities to improve and expand the CCM Program. We continue to evaluate approaches and strategies to engage more effectively with the members who agree to participate in complex 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 is governed by NCQA. Therefore, a workaround to this barrier that the team started before 2023, was to build trust over few calls allowing more time to complete the assessment, if desired by the member. This allows tailoring our approach to member specific needs and creating opportunities for 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 receive training on motivational interviewing techniques. This training 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 manager's role in advocacy, education and navigating the health care system.

In 2024, South Country was able to successfully implement a new predictive analytics/risk scoring platform at the end of the year. This new system integrates with our case management solution, TruCare®, along with providing a robust dashboard for complex case managers to get real-time insights into members. In 2025, the CCM team will be exploring how the software can supplement their review of members through 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 Delfina App® expanded to all partnering counties in 2024. 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 pregnancy or postpartum. This is often with the WIC team and the in-home family visiting teams. For the South Country CCM 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 is an app that also allows for a close connection to a doula, who can help navigate resources in each county for the members. This proactive approach to maternal health is an exciting enhancement to our high-risk pregnancy program, and support for all our pregnant members. In 2025, we will also continue our work in planning maternal health events in partnership with Delfina for our MDH grant as described above.

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 2025. 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 2024 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 2024 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 2024 over 50 members participated in the program.

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., 7 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 2024 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 375 members in 2024, which was an increase of seats that were distributed in 2023.

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 2024, 730 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. South Country had over 1,000 vouchers received in 2024 The following Be Rewarded™ incentive programs were offered to eligible members in 2024:

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.

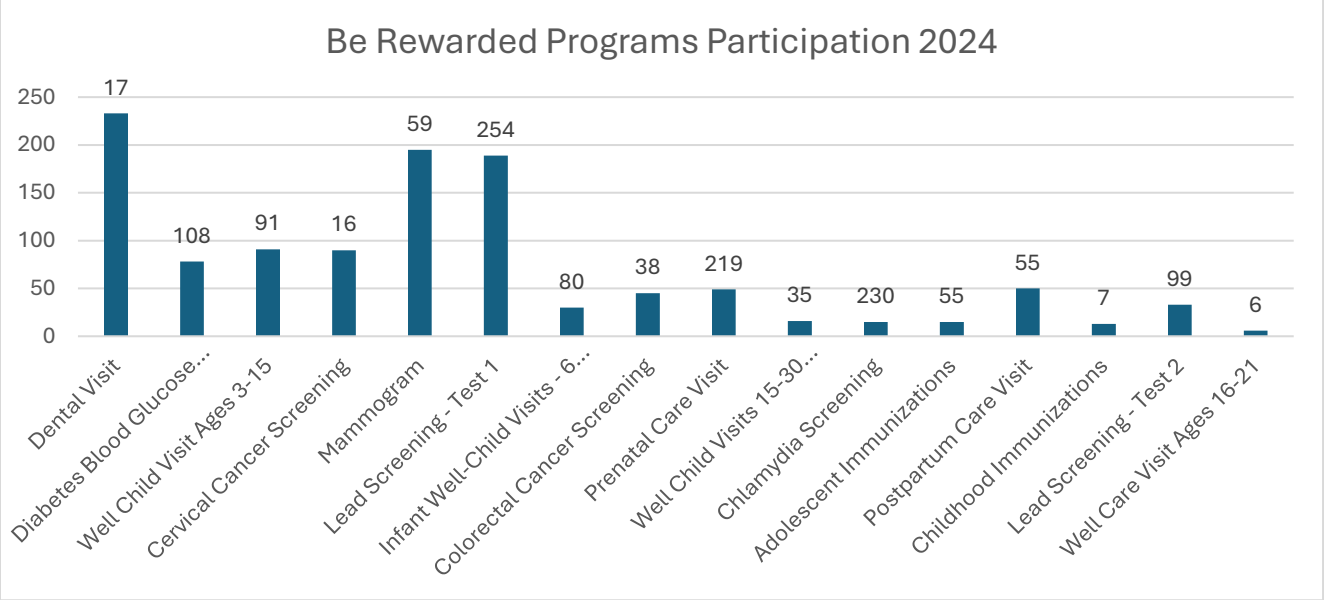
Diabetes Blood Glucose (HbA1C) Test: South Country provided a $25 gift card for the completion of a dental visit for members enrolled in AbilityCare, SharedCare, SingleCare, SeniorCare Complete, or MSC+.

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 2024.



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 MY2021	HEDIS MY2022	HEDIS MY 2023
Prenatal Care	Prenatal Care Hybrid	PMAP/MNCare	76.9%	78.2%	83.30%

Voucher Name	HEDIS Measures	Products	HEDIS MY2021	HEDIS MY2022	HEDIS MY 2023
Postpartum Care	Postpartum Care Hybrid	PMAP/MNCare	82.1%	81.1%	85.35%
Infant Well-care Visits	Well Child Visits in the First 30 Months of Life (0-15 months)	PMAP/MNCare	39.6%	42.3%	48.75%
Well-Child Visits for Age 15-30 Months	Well Child Visits in the First 30 Months of Life (15-30 months)	PMAP/MNCare	48.6%	59.2%	64.21%
Child and Adolescent Well-Care Visits	Child and Adolescent Well-Care Visits	PMAP/MNCare	34.8%	37.3%	39.46%
Chlamydia Testing	Chlamydia Screening in Women	PMAP/MNCare/ SingleCare/SharedCare/ AbilityCare	39.5%	38.6%	37.92%
Childhood Immunizations Combo 10	Childhood Immunizations Hybrid	PMAP/MNCare	44.1%	39.2%	27.15%
Immunizations for Adolescents Combo 2	Immunizations for Adolescents Hybrid	PMAP/MNCare	29.9%	30.9%	35.24%
Lead Tests	Lead Screening in Children	PMAP/MNCare	62.0%	59.9%	57.35%
Breast Cancer Screening	Breast Cancer Screening	PMAP/MNCare/ SingleCare/SharedCare/ AbilityCare/ SeniorCare Complete/ MSC+	59.3%	61.1%	61.84%
Colorectal Cancer Screening	Colorectal Cancer Screening Hybrid	PMAP/MNCare/ SingleCare/SharedCare/ AbilityCare/	69.4%	67.5%	69.01%

Voucher Name	HEDIS Measures	Products	HEDIS MY2021	HEDIS MY2022	HEDIS MY 2023
		SeniorCare Complete/ MSC+			
Cervical Cancer Screening	Cervical Cancer Screening Hybrid	PMAP/MNCare/ SingleCare/SharedCare/ AbilityCare	52.2%	52.7%	54.78%
Diabetes Blood Glucose Test	Hemoglobin A1c Control for Patients with Diabetes (HbA1c poor control >9.0%, lower rate is better)	SingleCare/SharedCare/ AbilityCare/ SeniorCare Complete/ MSC+	39.7%	25.2%	27.3%

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 2024, 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 understood 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) 2023 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 2023 are identified in the table below. Changes in measures from HEDIS MY 2020-MY 2023 that are statistically significant (p-value ≤ 0.05) are identified with an asterisk (*) in the HEDIS measure column. Measures that have a small sample size are identified with two asterisks (**). Measures that were rotated using prior year rates are identified with three asterisks (***). All hybrid measures rotated in MY 2020 were due to the impact of the COVID-19 hybrid chart pursuit.

South Country considers rates at or above the national 75th percentile to be high performing. Low-performing measures are those below the 25th percentile. Percentiles change annually and may place a measure in a higher or lower percentile each year, despite an insignificant increase or decrease in rate. The tables below include South Country's national benchmark rankings for applicable HEDIS measures. It should be noted that national percentiles are given for Medicaid and Medicare products and do not necessarily provide comparisons for equivalent products and regions.

HEDIS PMAP/MinnesotaCare					
HEDIS Measure	**HEDIS MY2020**	**HEDIS MY2021**	**HEDIS MY2022**	**HEDIS MY2023**	**National Benchmark Ranking**
Childhood Immunizations - Combo 10	45.89%	43.40%	39.21%	27.15%*	25th
Adolescent Immunizations Combo 1	84.02%	83.88%	81.40%	81.50%	50th
Breast Cancer Screening	55.46%	57.79%	60.02%	58.89%	50th
Cervical Cancer Screening	54.50%	55.26%	55.77%	57.95%	50th
Comprehensive Diabetes Care - HbA1c <8****	39.61%	*55.37%	56.15%	59.75%	5th
Comprehensive Diabetes Care – Eye Exams****	65.24%	62.69%	62.35%	59.49%	75th
Controlling High Blood Pressure	55.47%	*66.16%	71.03%	71.12%	75th
Prenatal Care	78.37%	76.87%	78.21%	83.06%	50th
Postpartum Care	80.53%	82.09%	81.11%	85.15%	75th
Annual Dental Visit*****	48.12%	*51.72%	51.05%	40.08%	NA
Antidepressant Medication Management – Effective Continuation Phase	41.77%	46.95%	*40.00%	46.92%*	50th

* 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 SeniorCareComplete (MSHO)					
HEDIS Measure	**HEDIS MY2020**	**HEDIS MY2021**	**HEDIS MY2022**	**HEDIS MY2023**	**National Benchmark Ranking**
Breast Cancer Screening	*59.81%	62.15%	64.29%	65.75%	10th
Colorectal Cancer Screening	*61.54%	65.96%	65.95%	67.14%	50th
Controlling High Blood Pressure	*64.88%	*77.16%	81.73%	78.53%	50th
****Comprehensive Diabetes Care – HbA1c <8	*^26.21%	*68.53%	72.05%	69.28%	25th
****Comprehensive Diabetes Care – Eye Exams	75.17%	78.32%	78.88%	75.80%	50th
Comprehensive Diabetes Care – Screening for Nephropathy	*89.66%	94.41%	N/A	N/A	N/A
Antidepressant Medication Management-Effective Continuation Phase	*75.00%	80.36%	82.98%	82.22%	95th

* 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**	**HEDIS MY2023**	**National Benchmark Ranking**
Breast Cancer Screening	76.26%	74.29%	76.92%	75.00%	50th
Cervical Cancer Screening	64.09%	66.06%	64.63%	63.46%	50th
****Colorectal Screening	70.92%	74.33%	69.50%	71.62%	50th
Controlling High Blood Pressure	84.47%	90.00%	88.29%	86.00%	90th
Comprehensive Diabetes Care – HbA1c <8	*^26.72%	*66.10%	68.89%	70.77%	25th
Comprehensive Diabetes Care – Eye Exams	83.62%	83.90%	86.67%	79.23%	50th
Comprehensive Diabetes Care – Screening for Nephropathy	92.24%	89.92%	N/A	N/A	N/A
Antidepressant Medication Management – Effective Continuation Phase	*78.57%	**55.56%	70.97%	78.26%**	90th

* 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**	**HEDIS MY2023**	**National Benchmark Ranking**
Antidepressant Medication Management – Effective Continuation Phase	*40.74%	41.10%	31.71%	51.35%	75th
Breast Cancer Screening	*60.21%	56.74%	59.70%	63.47%	90th
Comprehensive Diabetes Care – HbA1c <8	*^18.94%	*54.44%	*62.80%	60.69%	50th
Comprehensive Diabetes Care – Eye Exams	70.10%	72.21%	69.66%	69.18%	90th
Controlling High Blood Pressure	*62.20%	*74.52%	77.21%	72.73%	90th

* 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 for hybrid measures. 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 tenth year of work with Optum as the HEDIS chart abstraction vendor and the sixth 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 2021 HOS Cohort 24 baseline survey were invited to participate in the 2023 Cohort 24 follow-up survey. Performance measurement results were provided to South Country by CMS in August 2024 for use in our quality improvement activities.

The original sample size for SeniorCare Complete (H2419) was 1200, narrowed to an eligible sample size of 397 and resulted in a final respondent sample size of 170 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 (H5703) was 489 members, with an eligible sample size of 134 and a final respondent sample size of 62 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 24 Follow-Up Response Rates for HOS				
Product	**# of Deaths**	**# of Respondents**	**SCHA Response Rate**	**National Response Rate**
SeniorCare Complete (H2419)	89	170	64.6%	65.9%
AbilityCare (H5703)	2	62	54.4%	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 24: 2021-2023 HOS Follow-up Demographics - H2419				
Demographic	**SeniorCare Complete Baseline**	**SeniorCare Complete Follow Up**	**National Medicare Sample Baseline**	**National Medicare Sample Follow Up**
Age				
65-69	25.3%	12.9%	26.8%	15.5%
70-74	22.9%	24.1%	28.7%	28.6%
75-79	17.6%	21.2%	21.6%	24.9%
80-84	13.5%	15.9%	13.5%	17.1%
85+	20.6%	25.9%	9.5%	14.0%
Gender				
Male	28.8%	28.8%	41.0%	41.0%
Female	71.2%	71.2%	59.0%	59.0%
Race				
White	97.1%	97.1%	79.9%	79.9%
Black	1.2%	1.2%	9.3%	9.3%
Other/Unknown	1.8%	1.8%	10.8%	10.7%

Cohort 24: 2021-2023 HOS Follow-up Demographics - H2419				
Demographic	**SeniorCare Complete Baseline**	**SeniorCare Complete Follow Up**	**National Medicare Sample Baseline**	**National Medicare Sample Follow Up**
Marital Status Married Widowed Divorced/Separated Never Married	15.3% 32.5% 34.4% 17.8%	10.8% 38.0% 32.5% 18.7%	52.0% 21.6% 19.3% 7.1%	49.6% 24.3% 19.1% 7.0%
Education Did Not Graduate HS High School Graduate Some College 4 Year+ Degree	27.2% 50.0% 17.3% 5.6%	26.9% 51.5% 16.8% 4.8%	14.0% 29.1% 27.5% 29.4%	14.0% 29.1% 27.5% 29.4%
Medicaid Status Medicaid Non-Medicaid	100% 0.0%	100% 0.0%	22.4% 77.6%	23.3% 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 24: 2021-2023 HOS Follow-up Demographics - H5703		
Demographic	**AbilityCare Baseline**	**AbilityCare Follow Up**
Age 18-64 65+	100% 0.0%	98.4% 1.6%
Gender Male Female	43.5% 56.5%	43.5% 56.5%
Race White Black Other/Unknown	91.9% 1.6% 6.5%	91.9% 1.6% 6.5%

Cohort 24: 2021-2023 HOS Follow-up Demographics - H5703		
Demographic	**AbilityCare Baseline**	**AbilityCare Follow Up**
Marital Status Married Widowed Divorced/Separated Never Married	9.8% 1.6% 29.5% 59.0%	9.8% 3.3% 27.9% 59.0%
Education Did Not Graduate HS High School Graduate Some College 4 Year+ Degree	10.3% 69.0% 17.2% 3.4%	8.3% 66.7% 21.7% 3.3%
Medicaid Status Medicaid Non-Medicaid	100% 0.0%	100% 0.0%

Self-Rated General and Comparative Health Responses

The tables below represent the distribution of SeniorCare Complete members across self-rated general health, physical 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 24 Response Rates			
Self-Rated Health Status	**SeniorCare Complete**		**National Average**	
	Baseline N (%)	**Follow-Up N (%)**	**Baseline N (%)**	**Follow-Up N (%)**
General Health Excellent to Good Fair or Poor	80(47.9%) 87(52.1%)	88(51.8%) 82(48.2%)	77,025(78.1%) 21,613(21.9%)	75,189(76.0%) 23,787(24.0%)

Performance Measures	Cohort 24 Response Rates			
Self-Rated Health Status	SeniorCare Complete Baseline N (%)	SeniorCare Complete Follow-Up N (%)	National Average Baseline N (%)	National Average Follow-Up N (%)
Comparative Health - Physical Much Better/About the Same Slightly Worse/Much Worse	94(57.3%) 70(42.7%)	97(59.1%) 67(40.9%)	72,617(74.8%) 24,452(25.2%)	70,584(72.9%) 26,200(27.1%)
Comparative Health - Mental Much Better/About the Same Slightly Worse/Much Worse	140(85.9%) 23(14.1%)	138(84.1%) 26(15.9%)	84,167(87.4%) 12,161(12.6%)	84,280(87.8%) 11,731(12.2%)

AbilityCare – H5703

Performance Measures	Cohort 24 Response Rates	
Self-Rated Health Status	AbilityCare Baseline	AbilityCare Follow-Up
General Health Status Excellent Very Good Good Fair Poor	4.8% 24.2% 37.1% 29.0% 4.8%	4.8% 21.0% 41.9% 22.6% 9.7%
Physical Health Compared to One Year Ago Much Better Slightly Better About the Same Slightly Worse Much Worse	4.8% 6.5% 64.5% 21.0% 3.2%	4.9% 4.9% 65.6% 18.0% 6.6%
Mental Health Compared to One Year Ago Much Better Slightly Better About the Same Slightly Worse Much Worse	11.5% 11.5% 57.4% 14.8% 4.9%	9.8% 9.8% 72.1% 6.6% 1.6%

HOS Measures and Star Ratings Cohort 2024 (2021-2023)

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.

Analysis

SeniorCare Complete enrollment was 1,127 members as of December 2024. 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. About 97% of our SeniorCare Complete enrollees are classified as Caucasian, 1.2% as Black, and 1.8% as other/unknown. Also, about 27% 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 444 members as of December 2024. Members present unique health disparities including lower socioeconomic status, poor health literacy, possible cognitive deficits, and higher rate of mental health concerns/issues. About 91% of our AbilityCare enrollees are classified as Caucasian, 1.6% as Black, and 6.5% as other/unknown. Also, 10% 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 24 Response Rates - H2419			
Medical Conditions	SeniorCare Complete Baseline N (%)	SeniorCare Complete Follow-Up N (%)	National Average Baseline N (%)	National Average Follow-Up N (%)
Hypertension	109(66.5%)	117(70.5%)	63,933(65.4%)	65,309(66.7%
Arthritis – Hip or Knee	99(60.4%)	NA	42,896(44.1%)	NA
Arthritis – Hand or Wrist	74(45.7%)	NA	35,504(36.5%)	NA
Diabetes	49(29.9%)	56(33.3%)	25,165(25.8%)	26,426(27.1%)
Sciatica	42(26.3%)	NA	25,377(26.1%)	NA
Other Heart Conditions	39(24.2%)	41(24.4%)	20,261(20.8%)	22,217(22.8%)
Osteoporosis	48(29.6%)	57(33.9%)	20,956(21.6%)	22,435(23.0%)
Pulmonary Disease	53(32.3%)	59(35.1%)	16,512(16.9%)	17,409(17.8%)
Depression	43(26.9%)	52(31.5%)	17,377(17.9%)	17,270(17.7%)
Any Cancer (except skin cancer)	18(11.3%)	27(16.5%)	14,456(15.6%)	16,254(17.2%)
Coronary Artery Disease	25(15.7%)	23(14.4%)	10,723(11.1%)	11,573(11.9%)
Congestive Heart Failure	31(19.3%)	35(21.0%)	6,370(6.6%)	7,963(8.2%)
Myocardial Infarction	22(13.8%)	19(11.5%)	6,733(6.9%)	7,213(7.4%)
Stroke	28(17.0%)	34(20.2%)	5,870(6.0%)	6,613(6.8%)
Gastrointestinal Disease	5(3.1%)	8(4.8%)	4,959(5.1%)	4,879(5.0%)

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

Performance Measures	Cohort 24 Response Rates - H5703	
Medical Conditions	AbilityCare Baseline N(%)	AbilityCare Follow Up N(%)
Hypertension	31(50.8%)	27(44.3%)
Arthritis – Hip or Knee	20(32.8%)	NA
Arthritis – Hand or Wrist	11(18.0%)	NA
Diabetes	18(29.5%)	18(30.0%)
Sciatica	10(16.4%)	NA
Other Heart Conditions	6(10.0%)	9(15.3%)
Osteoporosis	6(9.8%)	5(8.3%)
Any Cancer (except skin cancer)	4(6.8%)	6(10.2%)
Depression	29(48.3%)	32(54.2%)
Pulmonary Disease	15(24.6%)	13(21.7%)
Coronary Artery Disease	2(3.3%)	2(3.3%)

Performance Measures	Cohort 24 Response Rates - H5703	
Medical Conditions	AbilityCare Baseline N(%)	AbilityCare Follow Up N(%)
Myocardial Infarction	1(1.6%)	1(1.7%)
Congestive Heart Failure	1(1.6%)	1(1.6%)
Stroke	1(1.6%)	1(1.6%)
Gastrointestinal Disease	4(6.6%)	1(1.7%)

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 2025

For the 2025 Star Ratings, the cut points for many measures increased significantly. This resulted in a nationwide decrease in Part C, Part D, and overall Star ratings. Additionally, Tukey outlier deletion was applied to the 2025 Star Ratings, which contributed to decreases albeit less than the cut points impact.

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.

Note: On July 1, 2024, CMS released updated Star Ratings because of a change to cut points: CMS used 2023 cut points to determine guardrails for 2024 Star Ratings. This resulted in a change to Drug Plan Customer Service (increased from 4 to 4.5 Stars for SeniorCareComplete and Ability Care), Care for Older Adults Medication Review (increased from 3 to 4 stars for SeniorCareComplete). Finally, these changes resulted in a change to the overall Star Rating for AbilityCare (from 4 to 4.5 Stars). These types of changes from CMS are rare, but did improve South Country's Star Ratings performance.

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 MY 2023 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 3.0 Star Rating for the SeniorCare Complete (MSHO) population for the overall 2025 Star Rating. Approximately 32% of MA-PDs contracts earned a 3.5 Star for their 2025 overall rating. Approximately 22% of MA-PDs contracts earned a 4 Star for their 2025 overall rating.

Level	2021 Rating	2022 Rating	2023 Rating	2024 Rating	2025 Rating	National Average
Medicare Part C	4	4.5	3.5	4.5	3.0	--
Medicare Part D	5	5	4	4.5	3.5	3.06
Overall	4.5	5	4	4.5	3.0	3.92

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.

Level	2021 Rating	2022 Rating	2023 Rating	2024 Rating	2025 Rating	National Average
Medicare Part C	Not enough data available	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	4.5	4.0	3.06
Overall	Not enough data available	Not enough data available	Not enough data available	Not enough data available	Not enough data available	3.92

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.
    - Breakout workgroups dedicated to specific parts of the Star Ratings such as:
        - HEDIS measures

        - Member Experience measures
        - Future measures
        - Part D measures
    - Breakout groups will identify root causes of rate decreases or concerning trends, interventions to boost members' health and rates, and collaborate with internal and external departments and partners to assist with Stars-specific activities and interventions.
- 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 (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 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 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%.

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)

[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

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.

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 2024:

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 providers 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 2023, the PMAP HEDIS rate was 59.10%.

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 2023, the MNCare HEDIS rate was 56.82%.

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 2023, the SingleCare/SharedCare HEDIS rate was 48.29%.

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 64.63%.

In MY 2022, only administrative data was used to report the Cervical Cancer Screening (CCS) rate. In MY 2023 hybrid (administrative and medical record data) rate for AbilityCare was 63.46%.

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 HEDIS MY 2022	Year 2 HEDIS MY 2023	Year 3 HEDIS MY 2024
PMAP	54.99%	54.01%	55.23%	43.50%*	59.10%	TBD
MNCare	52.55%	54.99%	54.01%	40.43%*	56.82%	TBD
AbilityCare	61.22%	64.09%	66.06%	54.13%*	63.46%	TBD
SingleCare_ SharedCare	48.66%	48.66%	46.72%	33.24%*	48.29%	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 the opportunity for 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. In MY 2023 the PMAP/MNCare/SingleCare/SharedCare rate was 37.92%.

PMAP

The three-year (MY 2018 - MY 2020) average HEDIS rate for PMAP is 41.85%. In MY 2023, the PMAP HEDIS rate was 38.34%.

MNCare

The three-year (MY 2018 - MY 2020) average HEDIS rate for MNCare is 41.03%. In MY 2023, the MNCare HEDIS rate was 35.71%.

SingleCare/SharedCare

The three-year (MY 2018 - MY 2020) average HEDIS rate for SingleCare/SharedCare is 56.00%. In MY 2023, the SingleCare/SharedCare HEDIS rate was 24.00%.

Below are the Chlamydia screening rates by product.

Chlamydia Screening						
Product	MY 2018-MY 2020 Average	HEDIS MY 2020	HEDIS MY 2021	Year 1 HEDIS MY 2022	Year 2 HEDIS MY 2023	Year 3 HEDIS MY 2024
PMAP	41.85%	38.54%	39.28%	38.82%	38.34%	TBD
MNCare	41.03%	34.00%	46.67%	38.89%	35.71%	TBD
SingleCare/SharedCare	56.00%	19.23%	30.43%	28.57%	24.00%	TBD
PMAP/MNCare/SingleCare/SharedCare	41.45%	37.71%	39.50%	38.58%	37.92%	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's 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, which 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, provides education to members about preventive services to maintain their health, and implements 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 the calendar year 2023, as reported by DHS to South Country in 2024.

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. 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. Additionally, in 2024 dental was added as a focus of the population health management work.

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 June and October 2024 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 2023 withhold points (awarded in 2024) earned by South Country.

DHS Withhold Measure Performance				
Withhold Measure (Related Contract)	**2020 Results (Total points)**	**2021 Results (Total points)**	**2022 Results (Total points)**	**2023 Results (Total points)**
Childhood Immunization Status - Combo 10 (F&C)	NA	NA	0/16	0/14
Well Child Visits in First 30 Months of Life -sub measures W15 & W30 combined (F&C)	NA	NA	0/16	5.25/14
Child & Adolescent Well-Visits (F&C)	NA	NA	0/16	0/14
Prenatal and Postpartum Care – sub measures Postpartum Care & Timeliness of Care combined (F&C)	NA	NA	0/16	10.5/14
Initiation and Engagement of Alcohol, Opioids, & Drug Dependence Treatment -total engagement & total initiation combined (F&C)	NA	NA	0/16	3.5/14
Follow-up After Hospitalization for Mental Illness – sub measure 7 days & 30 days combined	NA	NA	4/16	6/14

DHS Withhold Measure Performance				
Withhold Measure (Related Contract)	**2020 Results (Total points)**	**2021 Results (Total points)**	**2022 Results (Total points)**	**2023 Results (Total points)**
Healthcare Equity Stakeholder/Community Engagement (F&C)	NA	NA	NA	12/12
No Repeat Deficiencies MDH QA Exam Deficiencies (F&C, Seniors, SNBC)	15/15	2/2 15/15 15/15	1/1 15/15 15/15	1/1 15/15 15/15
Annual Dental Visit: Ages 65+ Years (Seniors)	10.96/15	0/15	0/15	.47/15
Annual Dental Visit: Ages 19-64 Years (SNBC)	15/15	0/15	0/15	.53/15
Emergency Department Utilization (F&C)	1/1	1/1	1/1	1/1
Hospital Admissions (F&C)	1/1	0/1	1/1	1/1
30 Day Readmission Percentage (F&C)	1/1	Eliminated from Scoring - Small Population	Eliminated from Scoring - Small Population	Eliminated from Scoring - Small Population
Care Plan Audits (Seniors)	15/15	15/15	15/15	NA
Initial Health Risk Screening/Assessment (Seniors)	30/30	30/30	30/30	30/30

DHS Withhold Measure Performance				
Withhold Measure (Related Contract)	**2020 Results (Total points)**	**2021 Results (Total points)**	**2022 Results (Total points)**	**2023 Results (Total points)**
Stakeholder Group Reporting (Seniors, SNBC)	15/15	15/15	15/15 15/15	15/15 15/15
Service Accessibility/Care Plan Audit (SNBC)	15/15	15/15	15/15	15/15
Service Accessibility/Care Plan Audit (Seniors)				15/15

DHS Withhold Measure Performance -Summary				
Withhold Measure (Related Contract)	**2020 Results (Total points)**	**2021 Results (Total points)**	**2022 Results (Total points)**	**2023 Results (Total points)**
Total - F&C	5/100	3/99	7/99	40.25/99
Total - Seniors	85.96/90	75/90	75/90	75.47/90
Total - SNBC	60/60	45/60	45/60	45.53/60

As the charts above indicate, South Country received 40.25 of the possible 99 points for families and children, 75.47 of the possible 90 points for seniors and 45.53 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 what 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 2024 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 includes multiple departments internally at 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 2024 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 2024 include the following:

- **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 disorders, 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.
- **Wellness program participation continues to have increased member engagement.** South Country offers a variety of health and wellness programs focused on prevention and screenings. Over the past few years, there has been increased participation and utilization of many different programs. Some of the many programs of interest are car seat education and distribution, community education, Be Active™ Program, and Be Rewarded™ programs. For detailed information about these programs go to the Health Promotion Programs section or visit the wellness programs website.
- **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.

- **Focused studies, performance improvement projects and chronic care improvement projects.** South Country had focused studies related to cervical cancer screening and chlamydia screening. Also, we continued a chronic care improvement project focused on colorectal cancer screenings and breast cancer screenings. Moreover, we completed the fourth year of the performance improvement project that focused on the healthy start for mothers and babies. Additionally, we started a new performance improvement project focused on improving care for people with co-occurring diabetes and depression.
- **Maintaining program requirements amidst the changes brought about by the COVID-19 pandemic and the unwinding 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 inequities or health disadvantages, and to improve overall health outcomes for any Latinx members with a focus on disparities through a variety of interventions.

  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 the overall health of members.

  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.

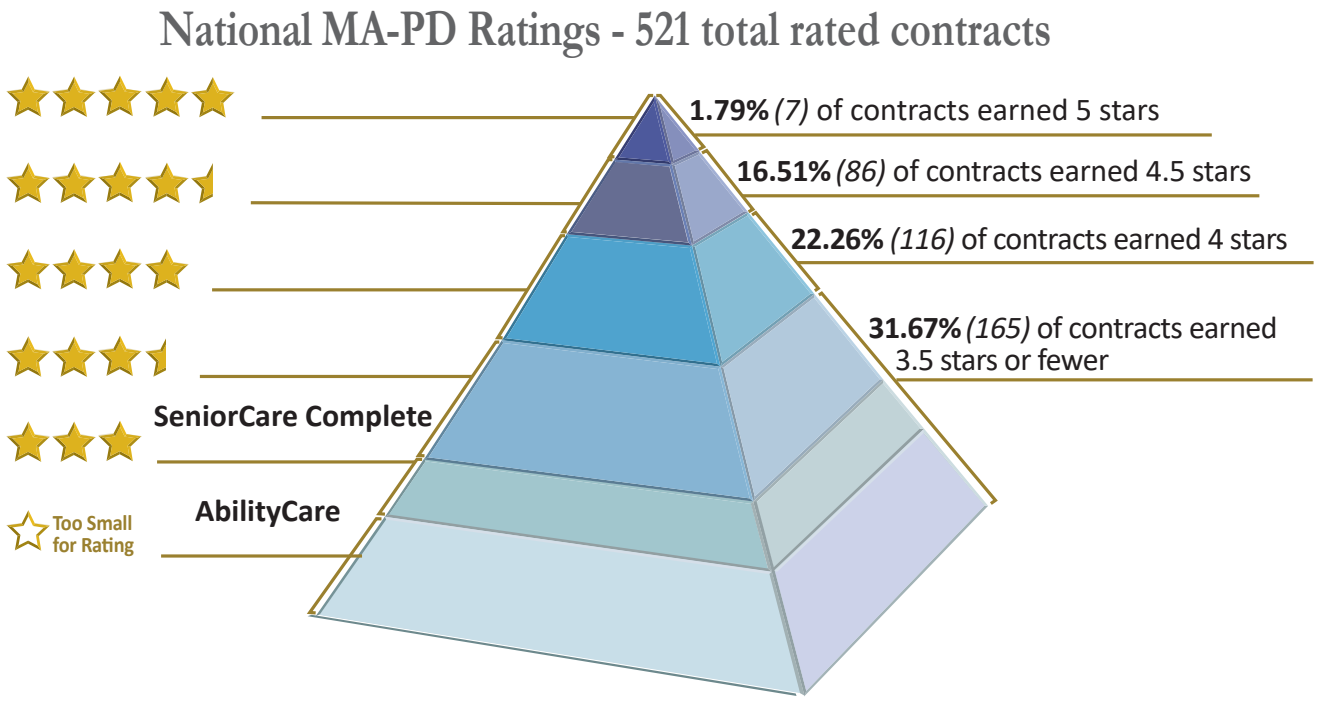
South Country Health Alliance

Evaluation of the 2024 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.



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.

SC#7057

South Country HEALTH ALLIANCE

2025 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: 3 Star

Health Services Rating: 3 Star

Drug Services Rating: 3.5 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

- Low Number of Complaints about Drug Plan
- Low Number of Complaints about Health Plan
- Few Members Choosing to Leave the Plan (Enrollment)

Managing Chronic Conditions

- Reducing the Risk of Falling

MEASURES WITH A 4 STAR RATING out of 5

Managing Chronic Conditions

- Care for Older Adults - Pain Assessment
- Care for Older Adults - Medication Review

Drug Safety

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

Health and Drug Plan Customer Service

- Call Center - Foreign Language Interpreter & TTY/TDD

Member Experience

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

2025 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* ☆ Too Small for Rating

Health Services Rating: Not enough data available ☆ Too Small for Rating

Drug Services Rating: 4 Stars ★★★★

Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next. **Some plans do not have enough data to rate performance.* Plan ratings are based on a variety of separate factors called measures. Measures we rated highly are shown below.

MEASURES WITH A 5 STAR RATING out of 5

Drug Safety

- Medication Adherence - Diabetes
- Medication Adherence - Cholesterol

MEASURES WITH A 4 STAR RATING out of 5

Managing Chronic Conditions

- Diabetes Care- Blood Sugar Controlled

Drug and Health Plan Customer Service

- Call Center - Foreign Language Interpreter & TTY/TDD

Drug Safety

- MPF Price Accuracy
- MTM Program Completion Rate for CMR

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

MSC+

- Rating of Health Plan
- Customer Service

SNBC

- How Well Doctors Communicate
- 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

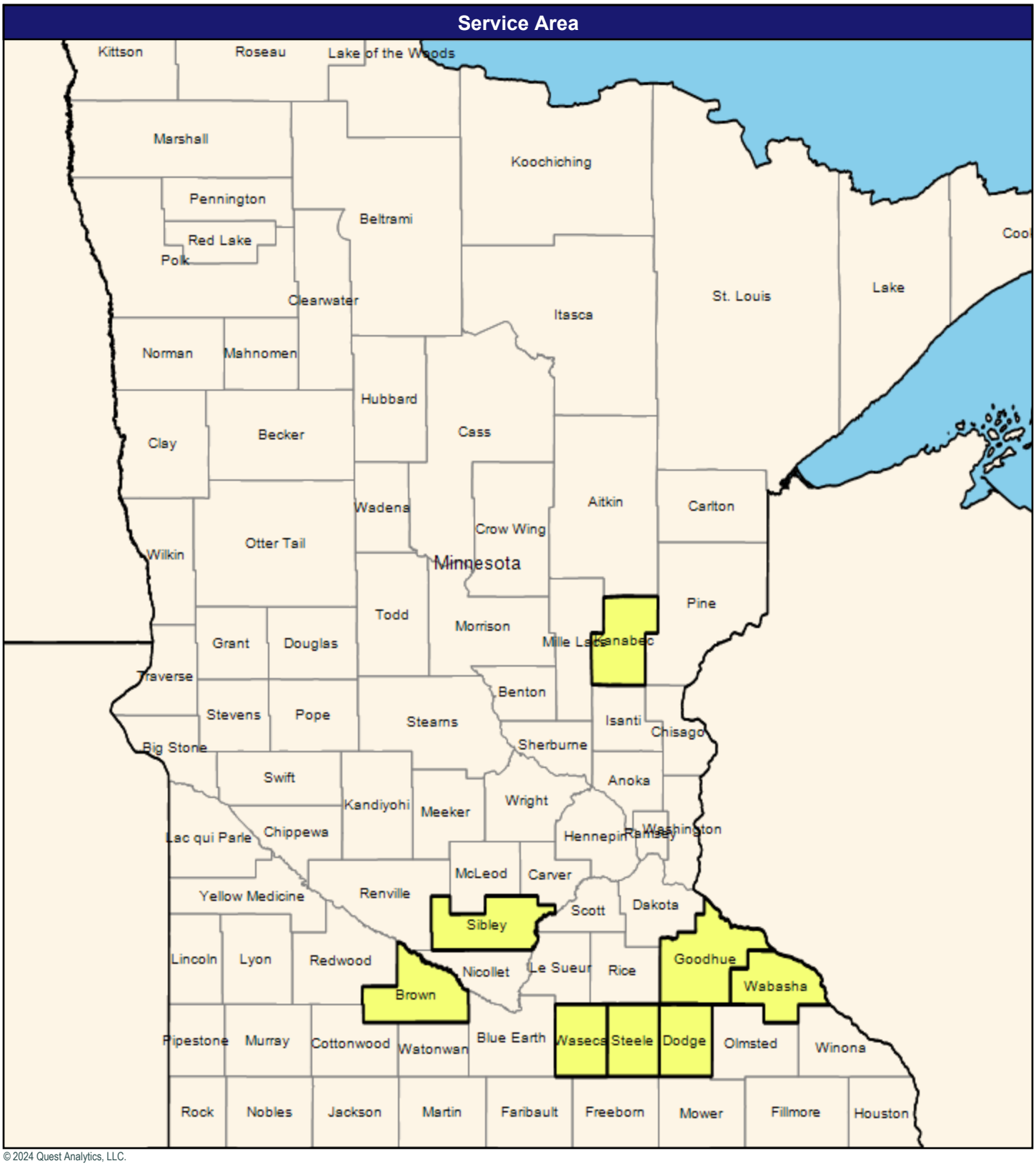
South Country
HEALTH ALLIANCE

Network Access Analysis

Quality Assurance Committee

August 30, 2024

Network Access Analysis - All Products

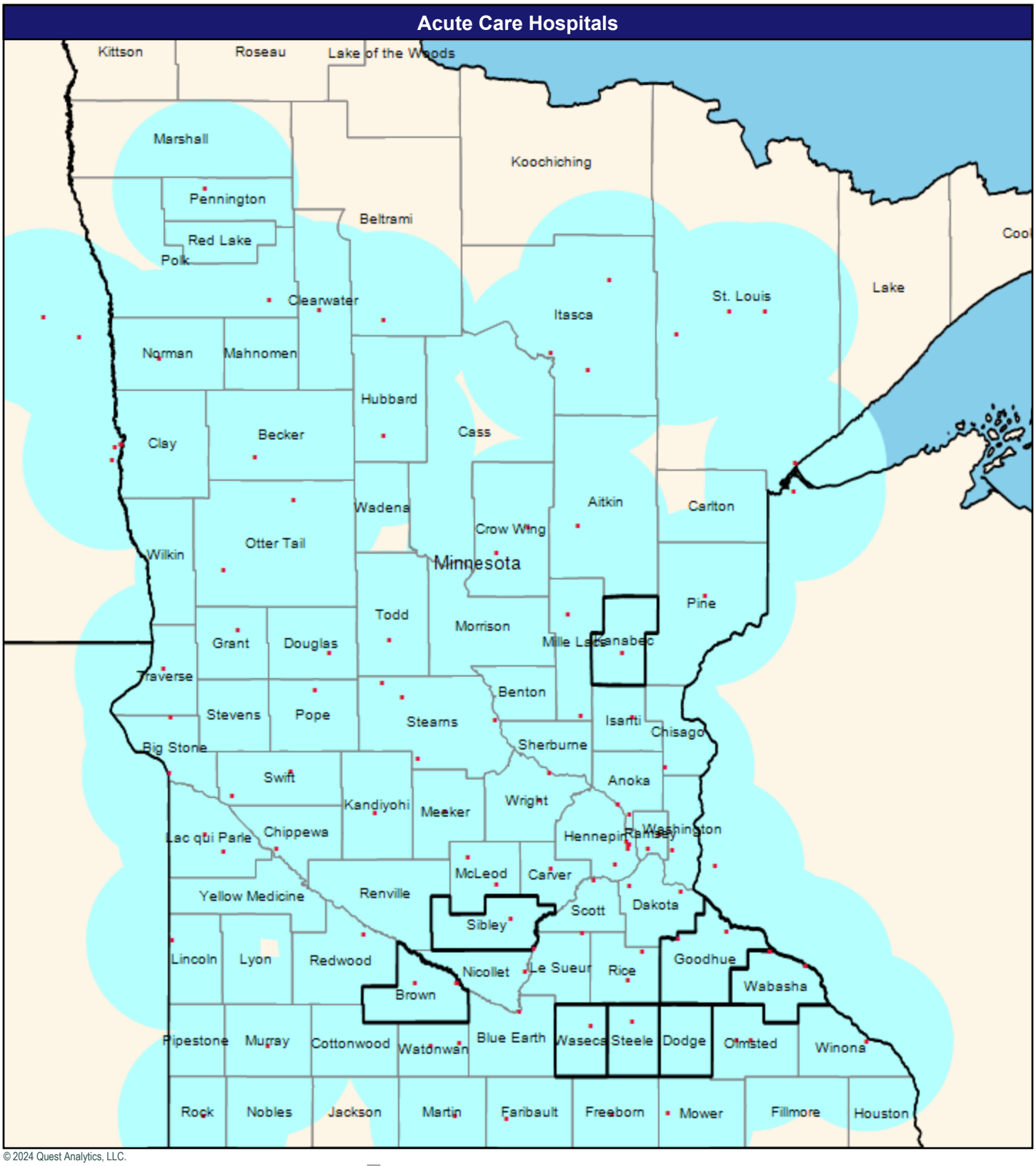


August 30, 2024

Service Areas

Member Counties

Network Access Analysis - All Products



August 30, 2024

Member Counties

Acute Care Hospital

Total Providers: 97

- All providers
- 30 mile radius

Service Areas

Network Access Analysis - All Products

August 30, 2024

Allergy & Immunology

Total Providers: 60

- All providers
- 60 mile radius

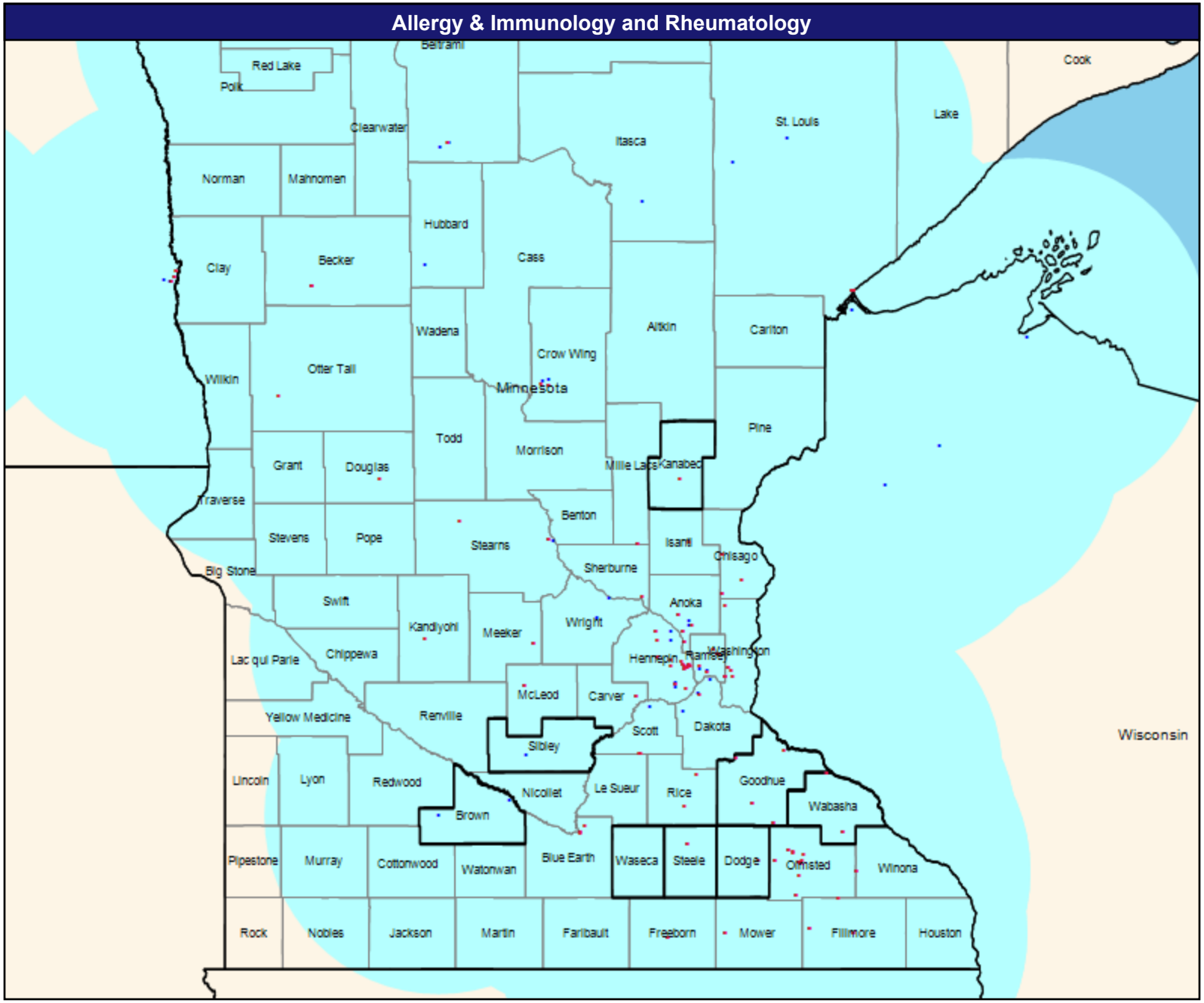
Rheumatology

Total Providers: 71

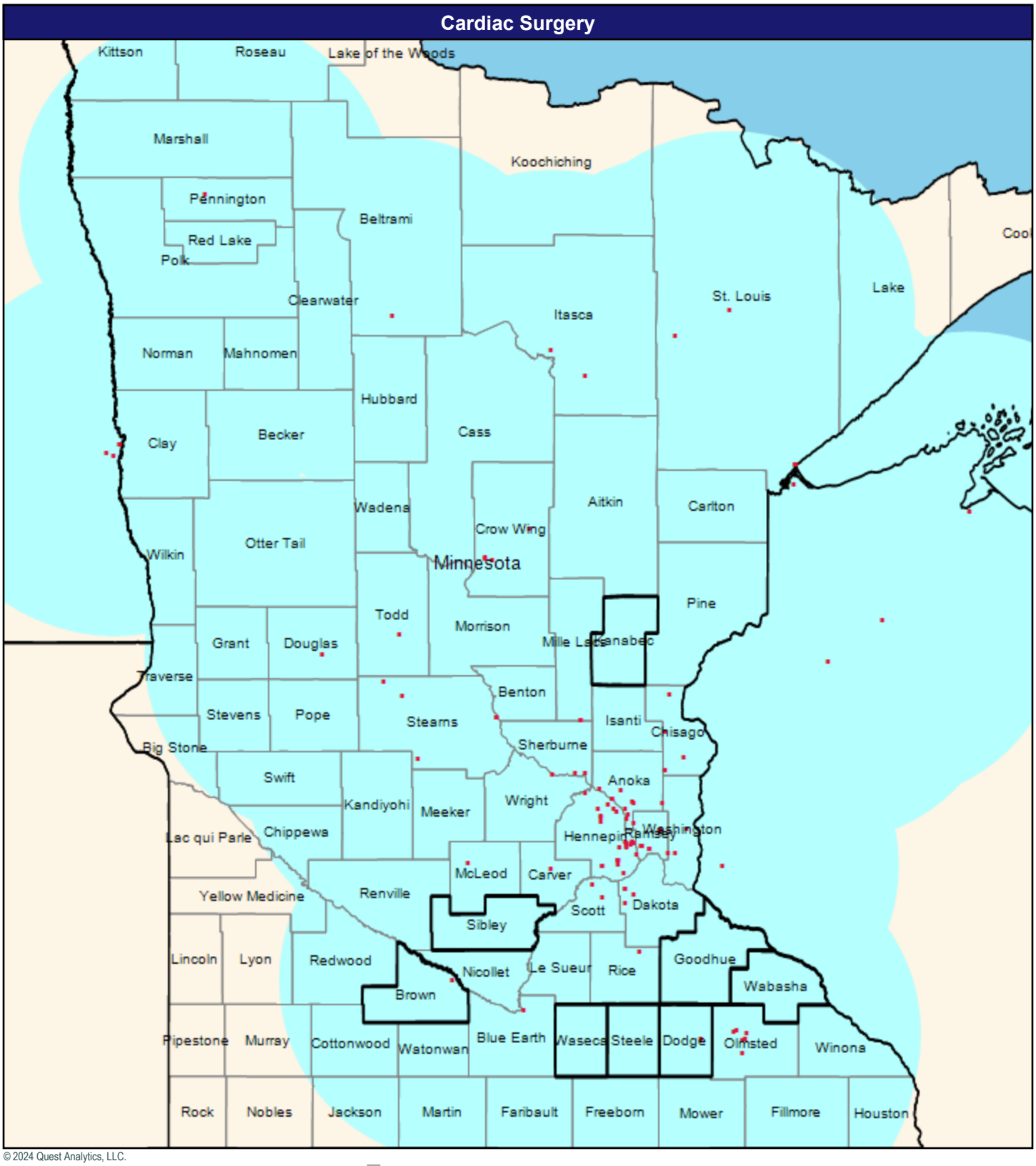
- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products



August 30, 2024

Member Counties

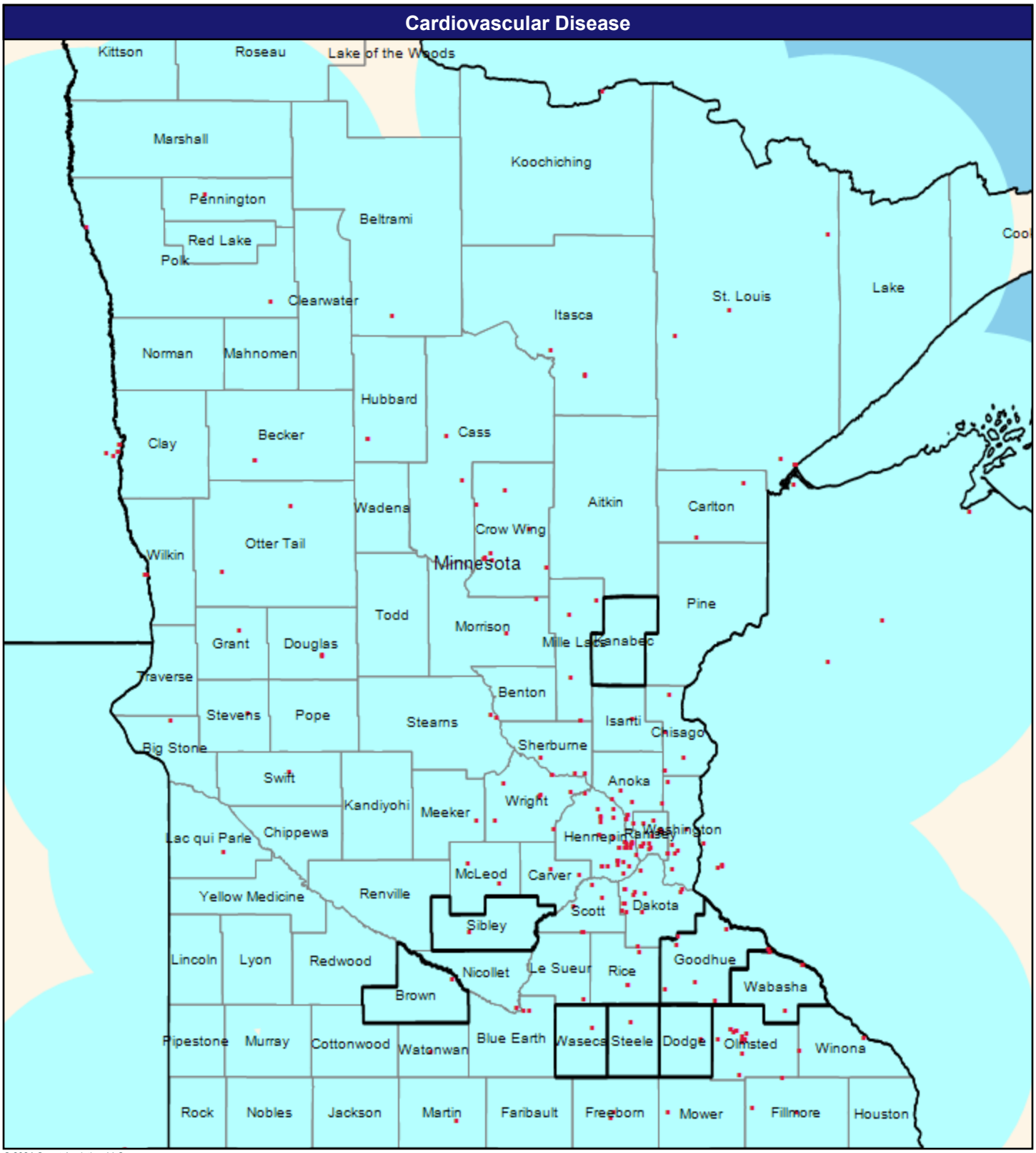
Cardiac Surgery

Total Providers: 99

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

Cardiovascular Disease

Total Providers: 537

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products

August 30, 2024

Chiropractic

Total Providers: 93

- All providers
- 60 mile radius

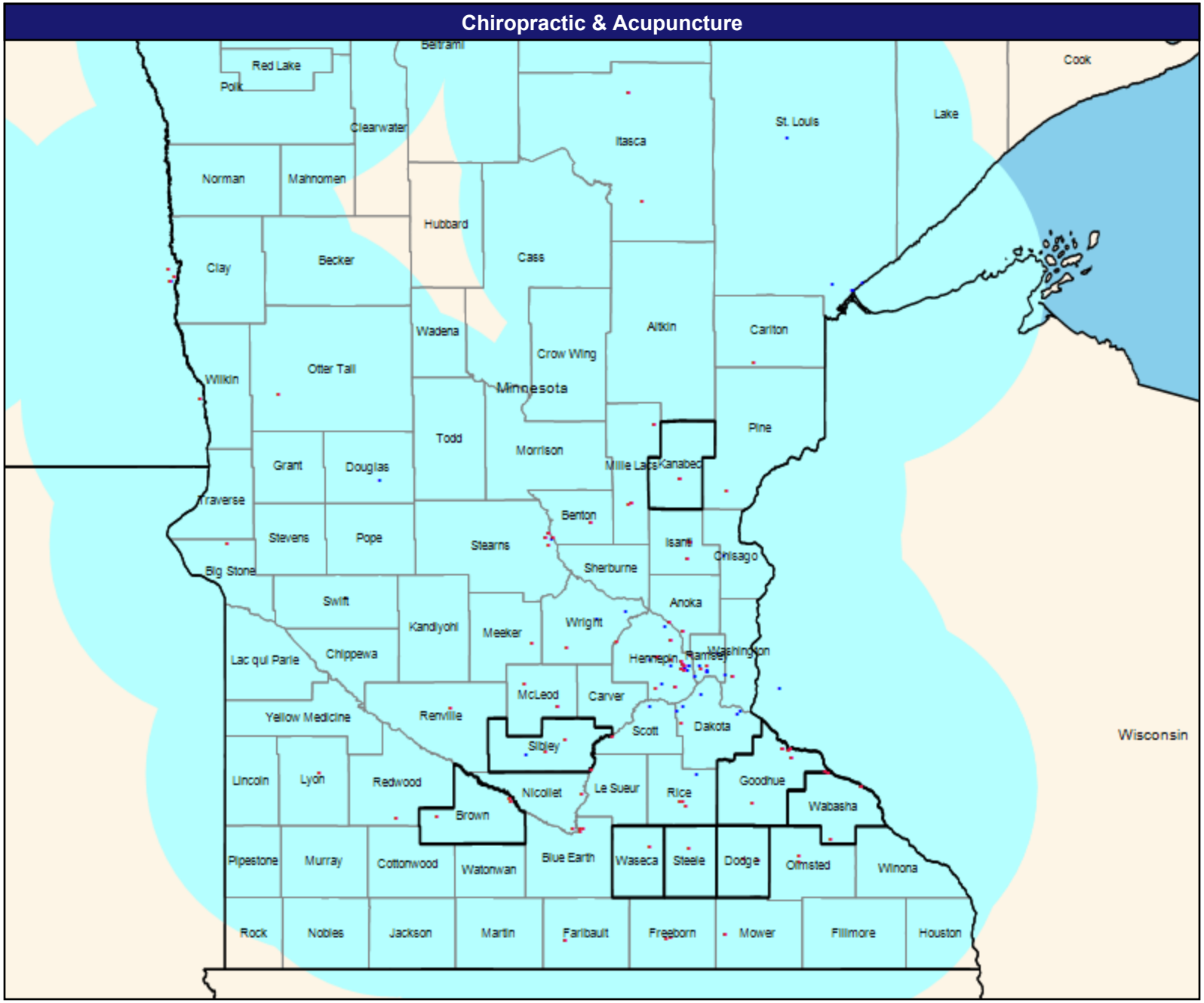
Acupuncture

Total Providers: 71

- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products

August 30, 2024

Dentist - General Practitioner

Total Providers: 1,252

- All providers
- 60 mile radius

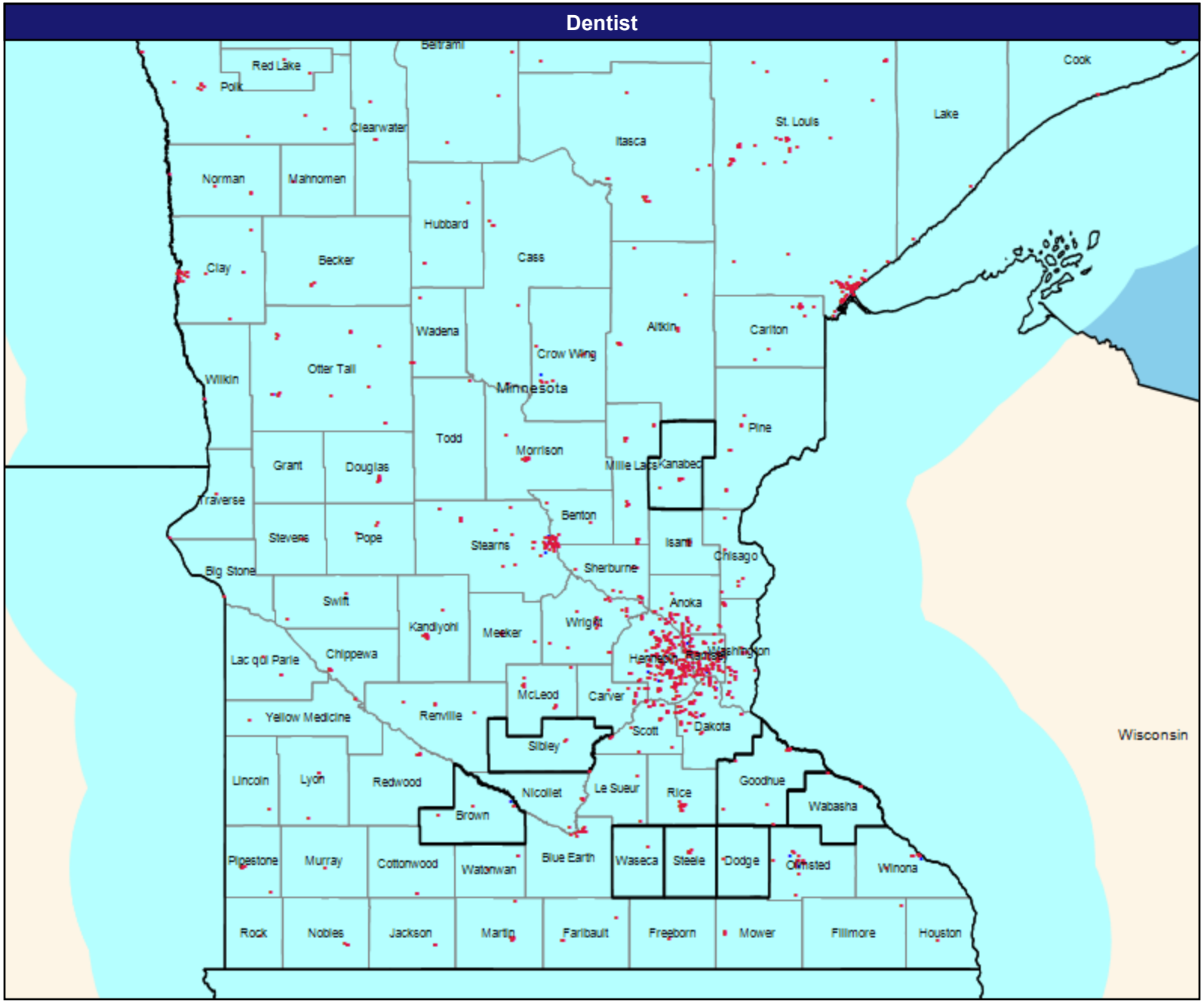
Dentist - Pediatric

Total Providers: 71

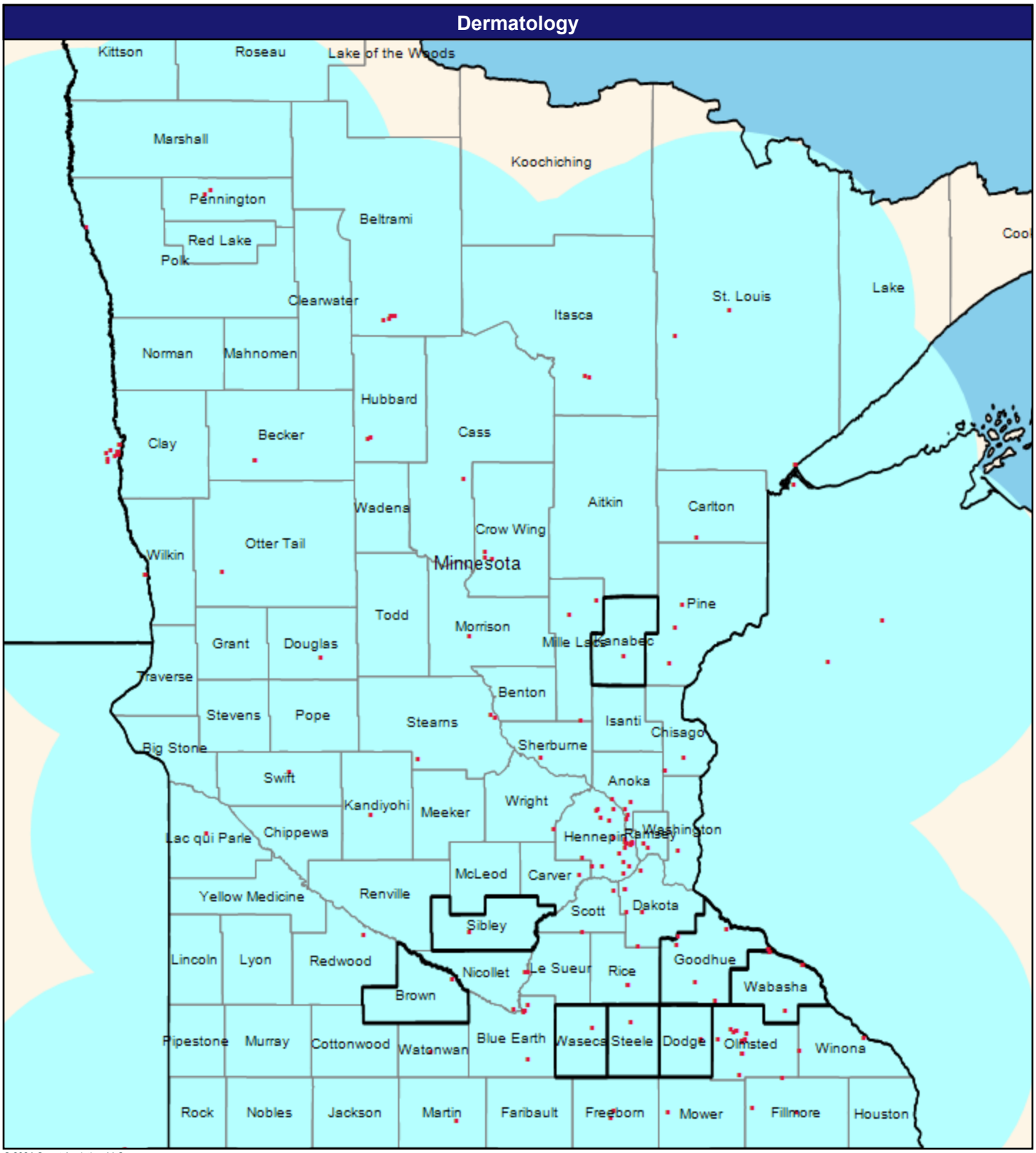
- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products



August 30, 2024

Member Counties

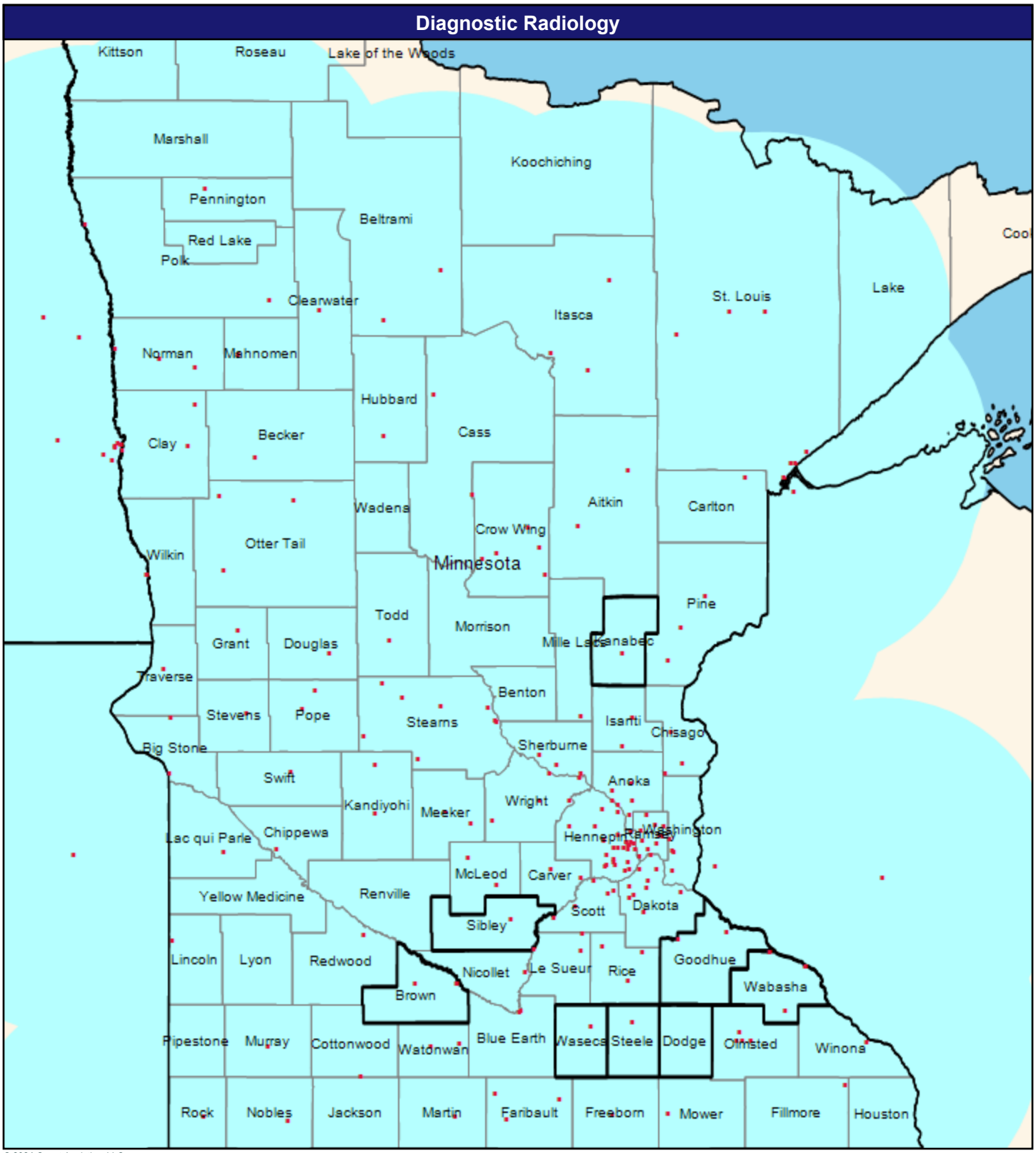
Dermatology

Total Providers: 162

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

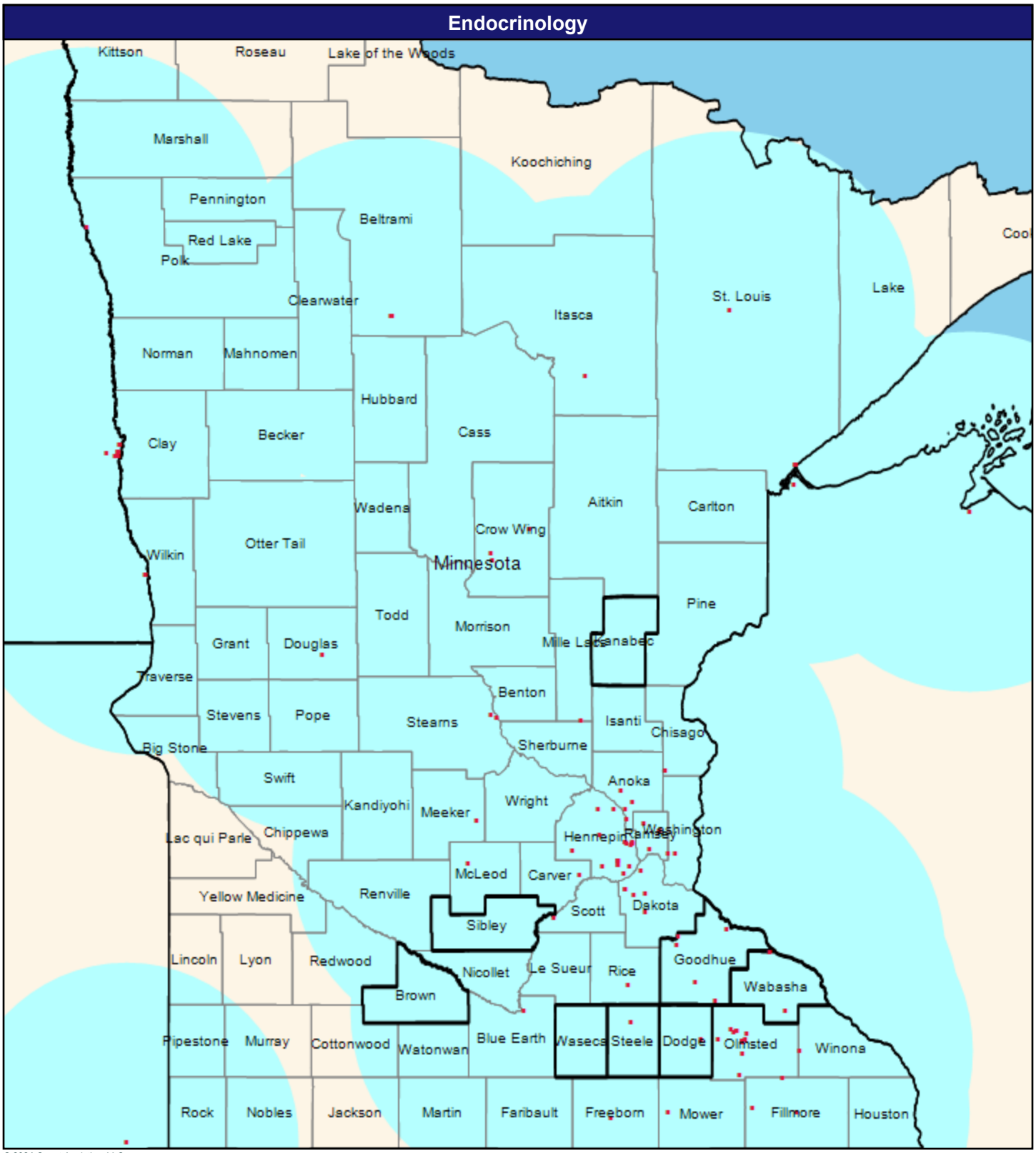
Diagnostic Radiology

Total Providers: 218

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

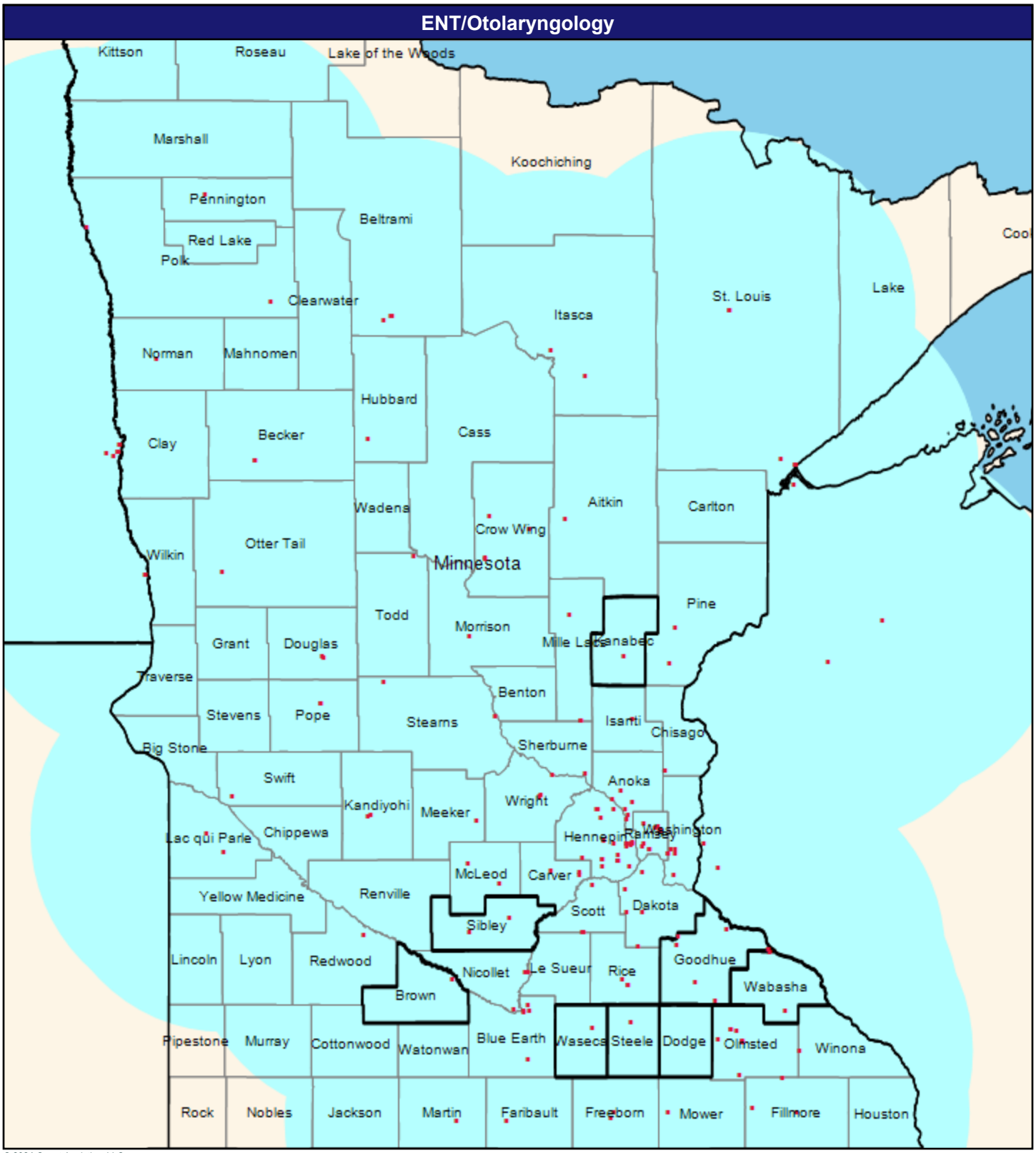
Endocrinology

Total Providers: 98

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

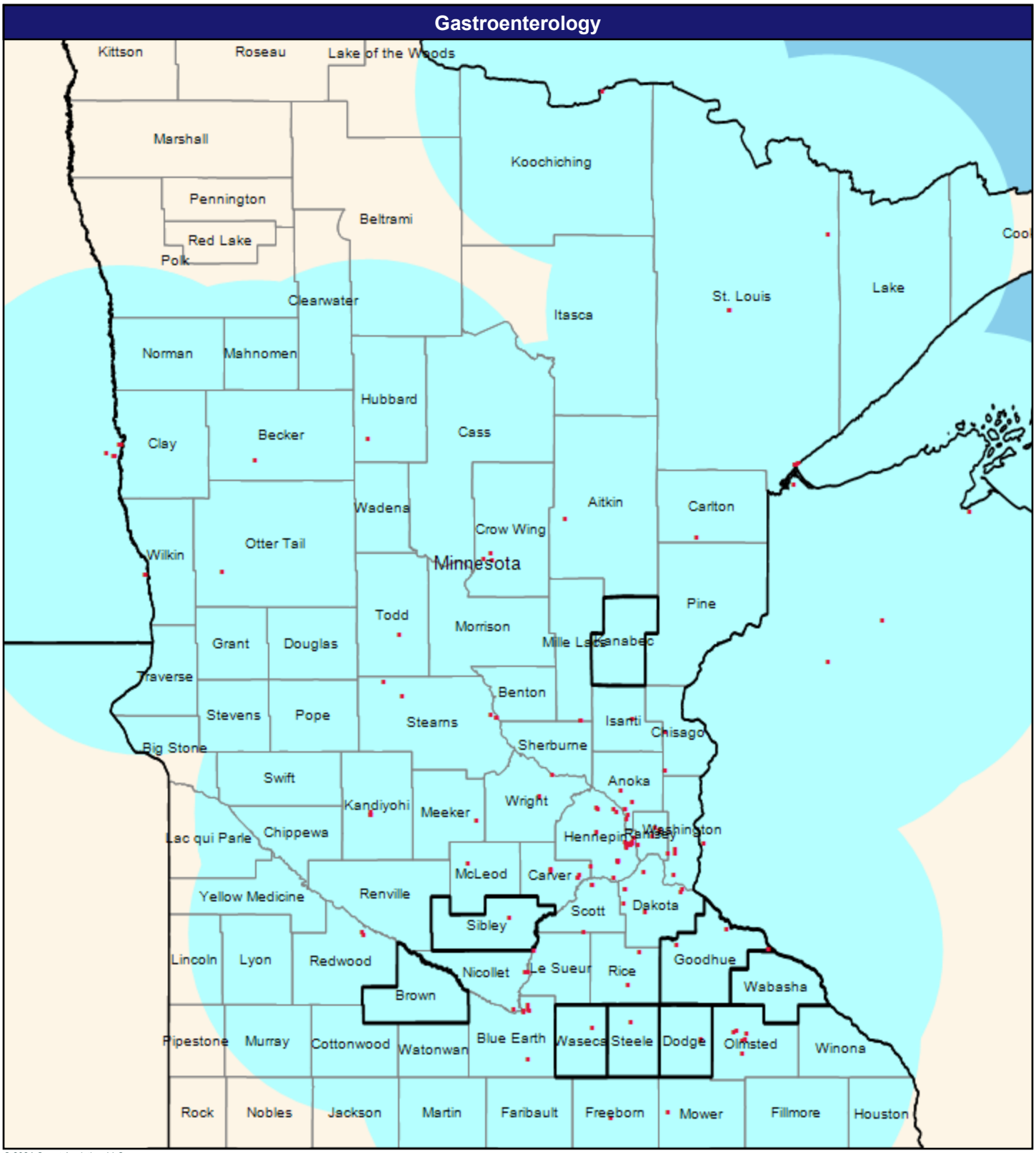
ENT/Otolaryngology

Total Providers: 206

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

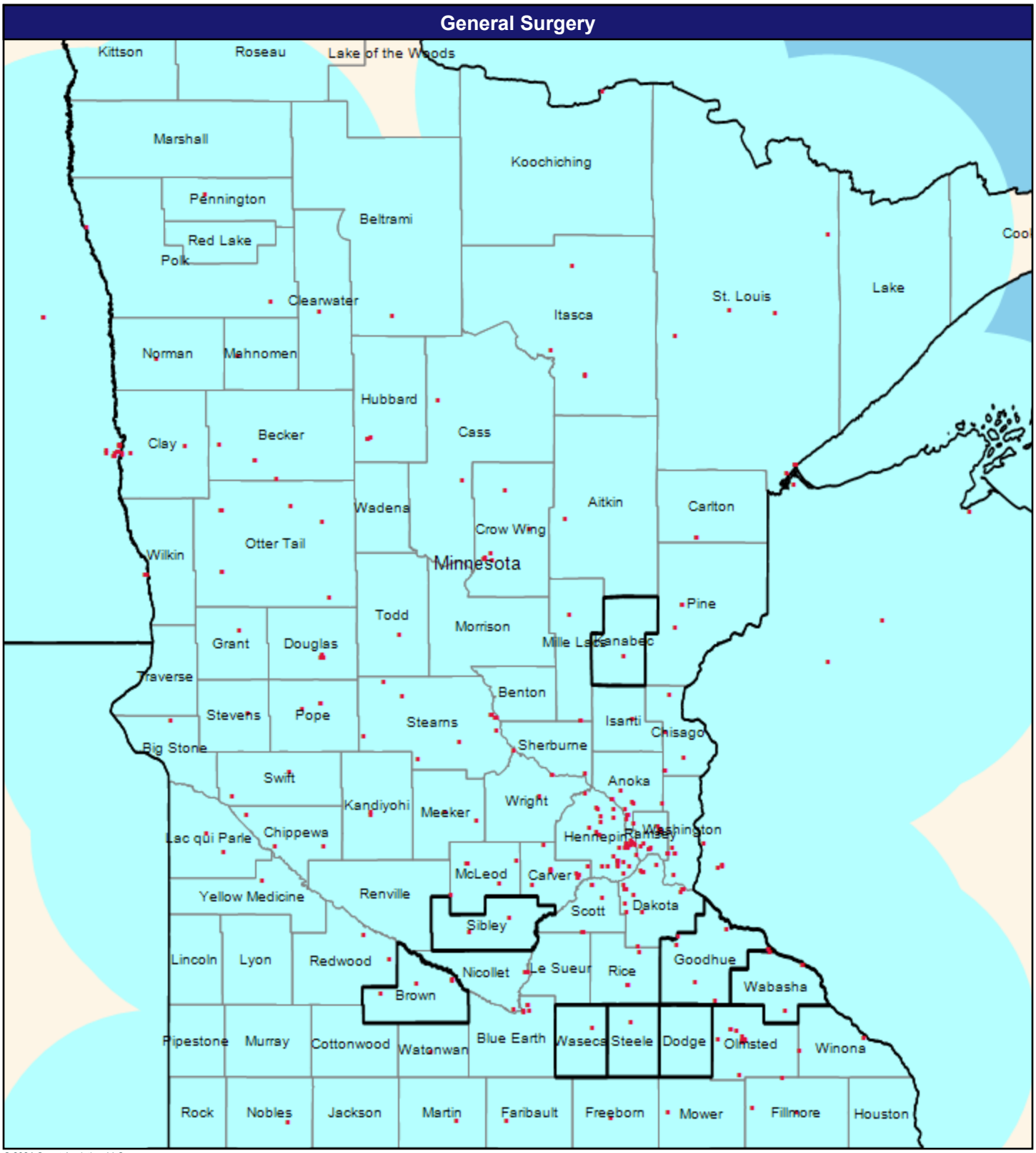
Gastroenterology

Total Providers: 332

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

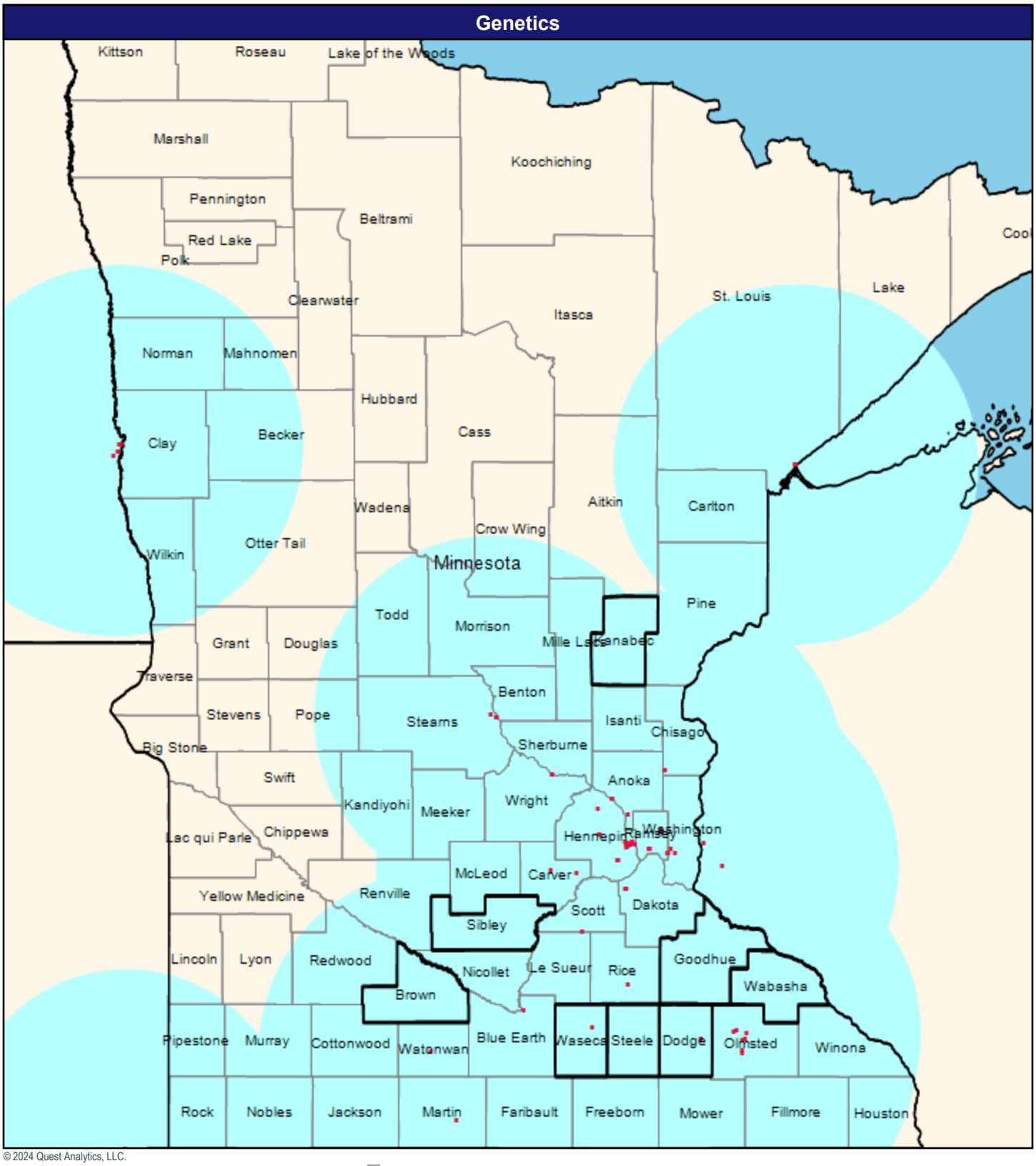
General Surgery

Total Providers: 443

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

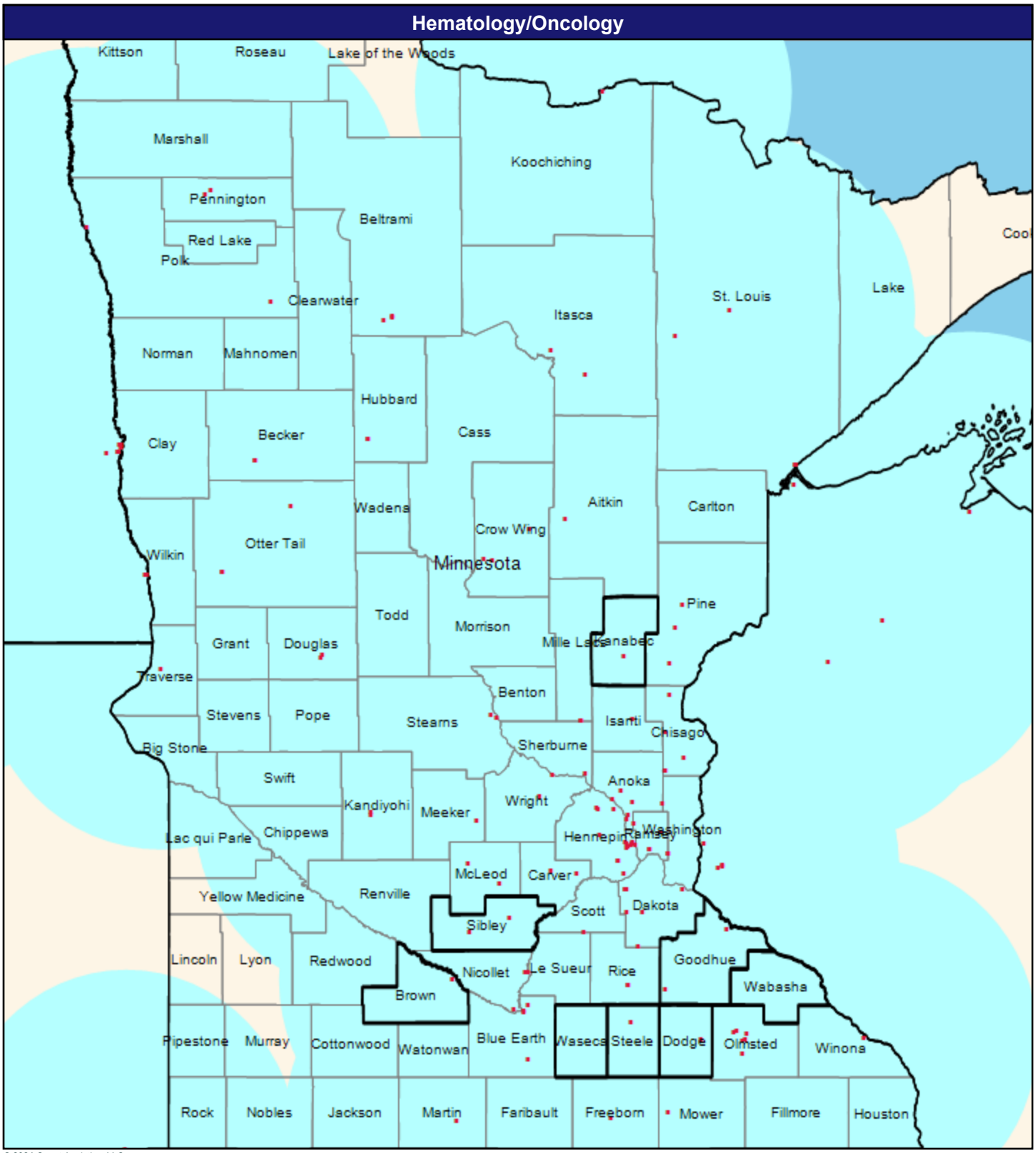
Genetics

Total Providers: 100

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

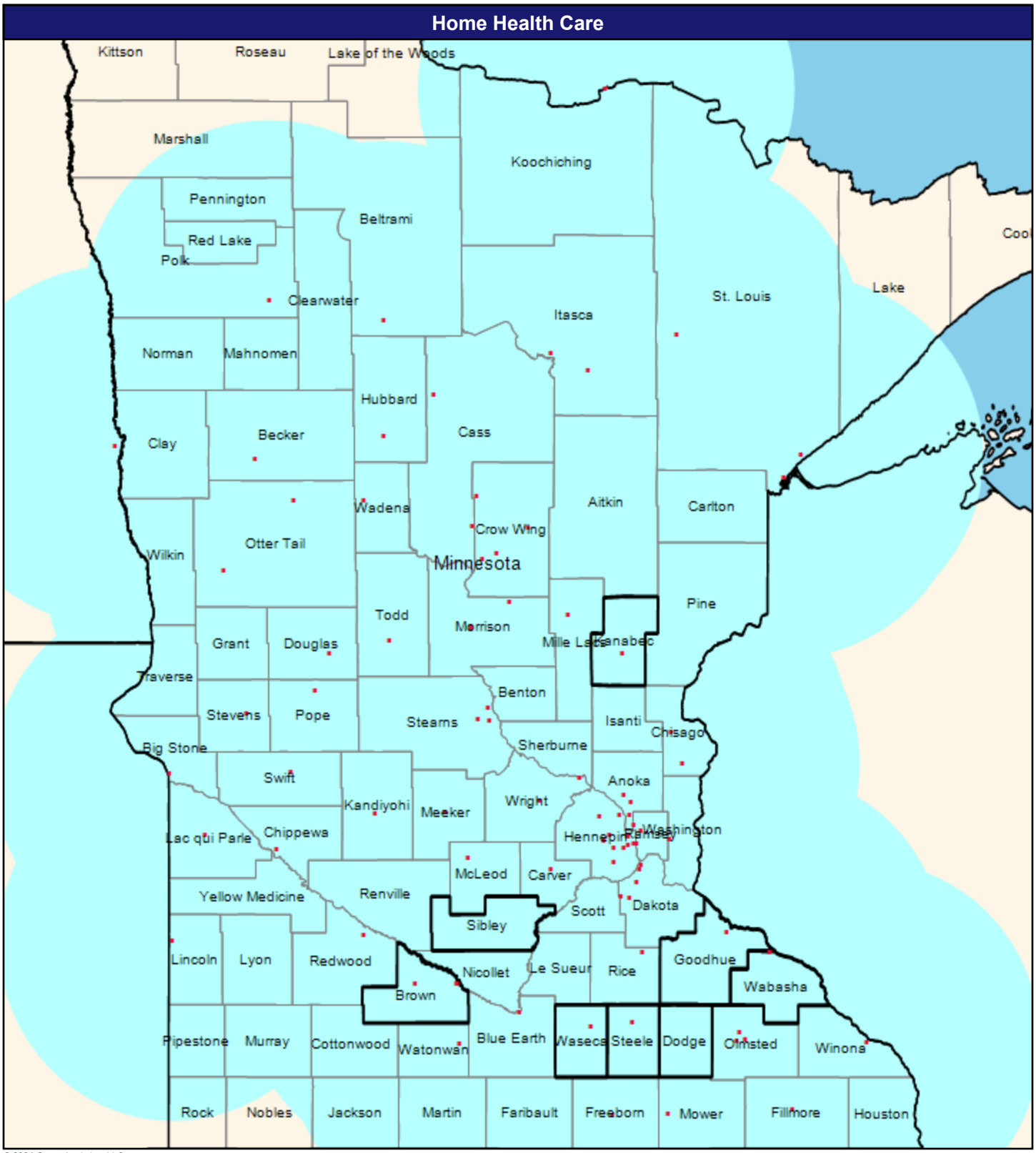
Hematology/Oncology

Total Providers: 256

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

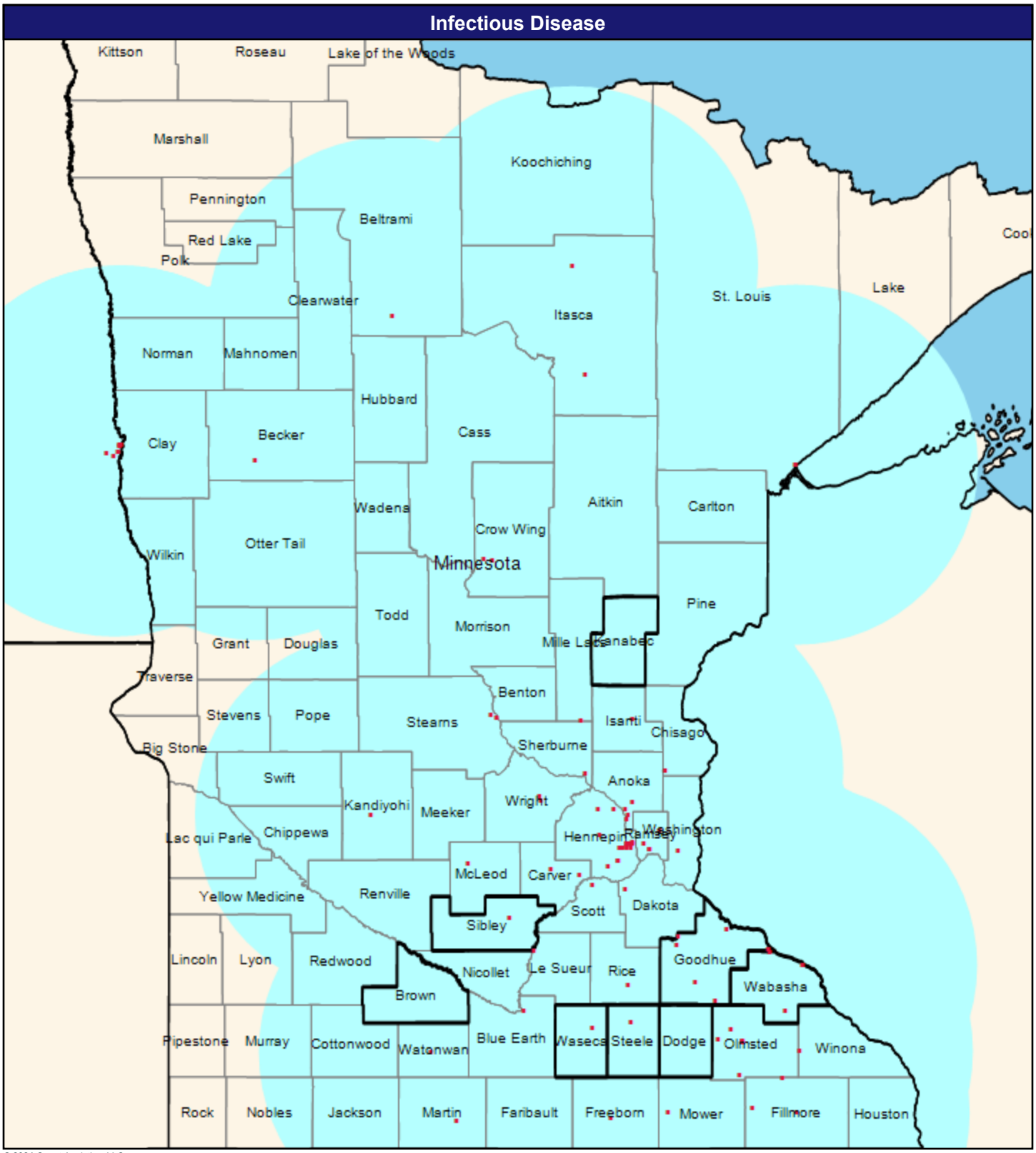
Home Health Care

Total Providers: 78

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

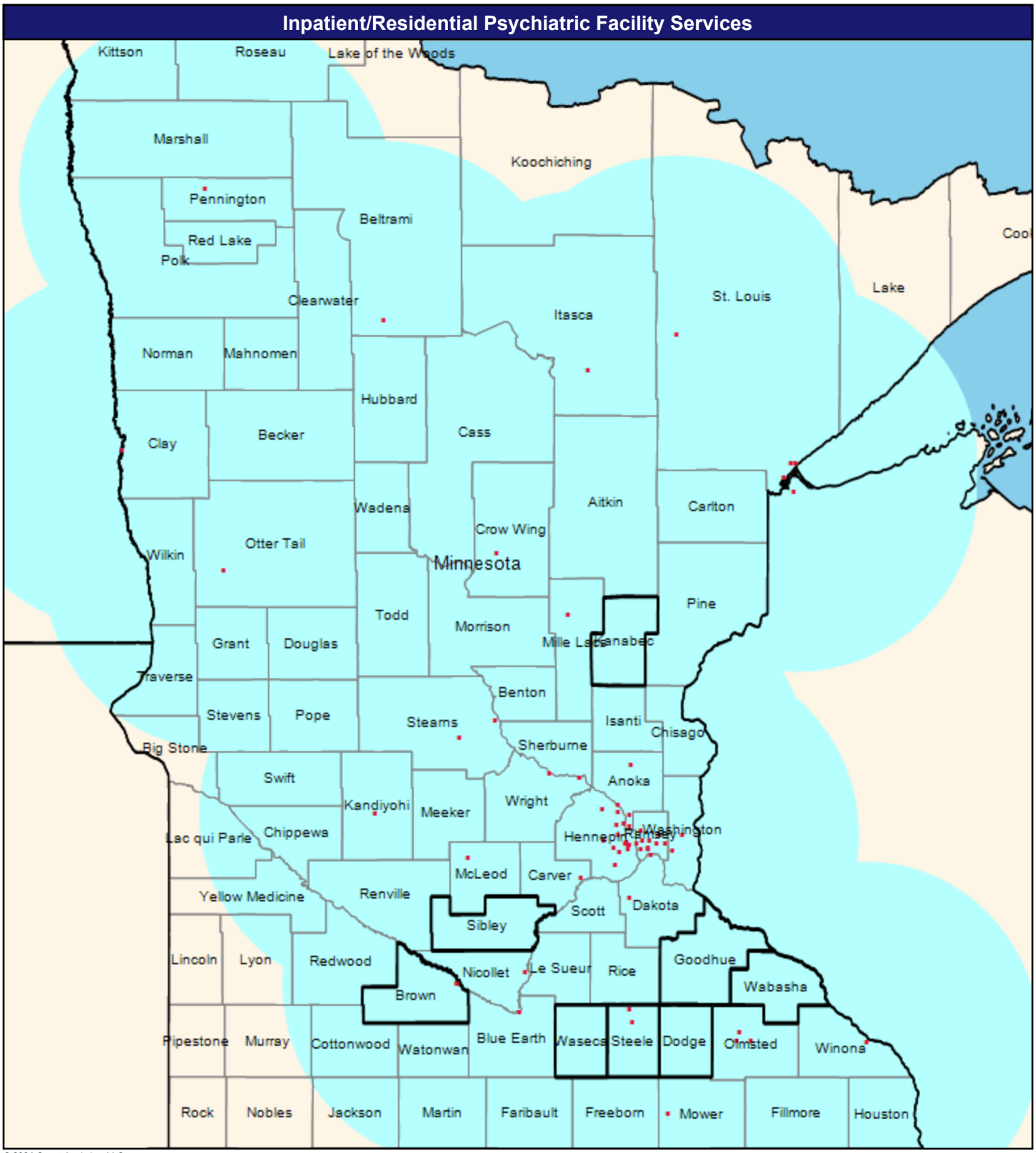
Infectious Disease

Total Providers: 137

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

Inpatient/Residential Psychiatric Facility Services

Total Providers: 70

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products

August 30, 2024

Licensed Psychologist

Total Providers: 807

- All providers
- 30 mile radius

Licensed Professional Clinical Counselor

Total Providers: 1,102

- All providers
- 30 mile radius

Licensed Marriage & Family Therapist

Total Providers: 612

- All providers
- 30 mile radius

Mental Health Nurse Practitioner

Total Providers: 411

- All providers
- 30 mile radius

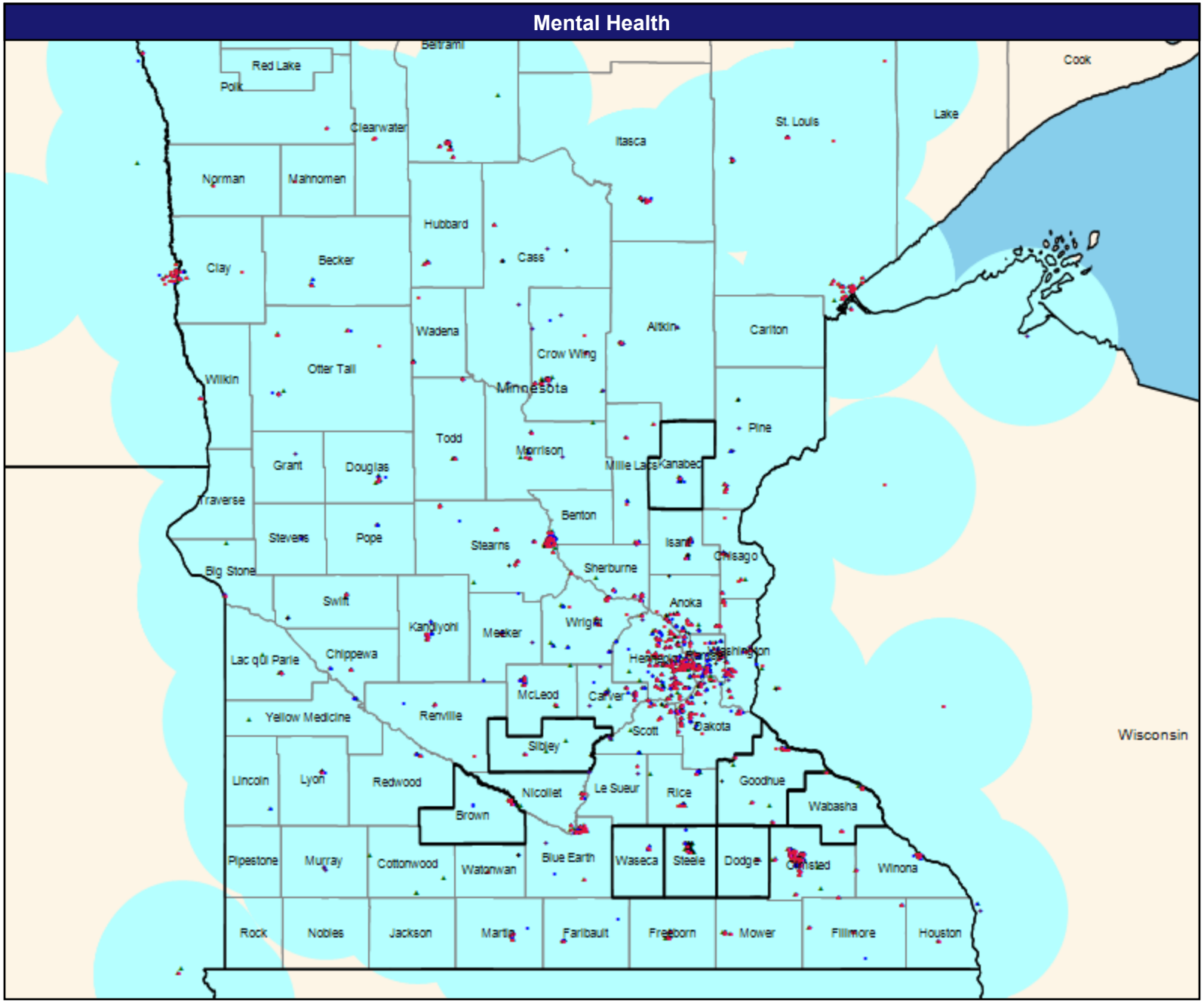
Social Work

Total Providers: 1,408

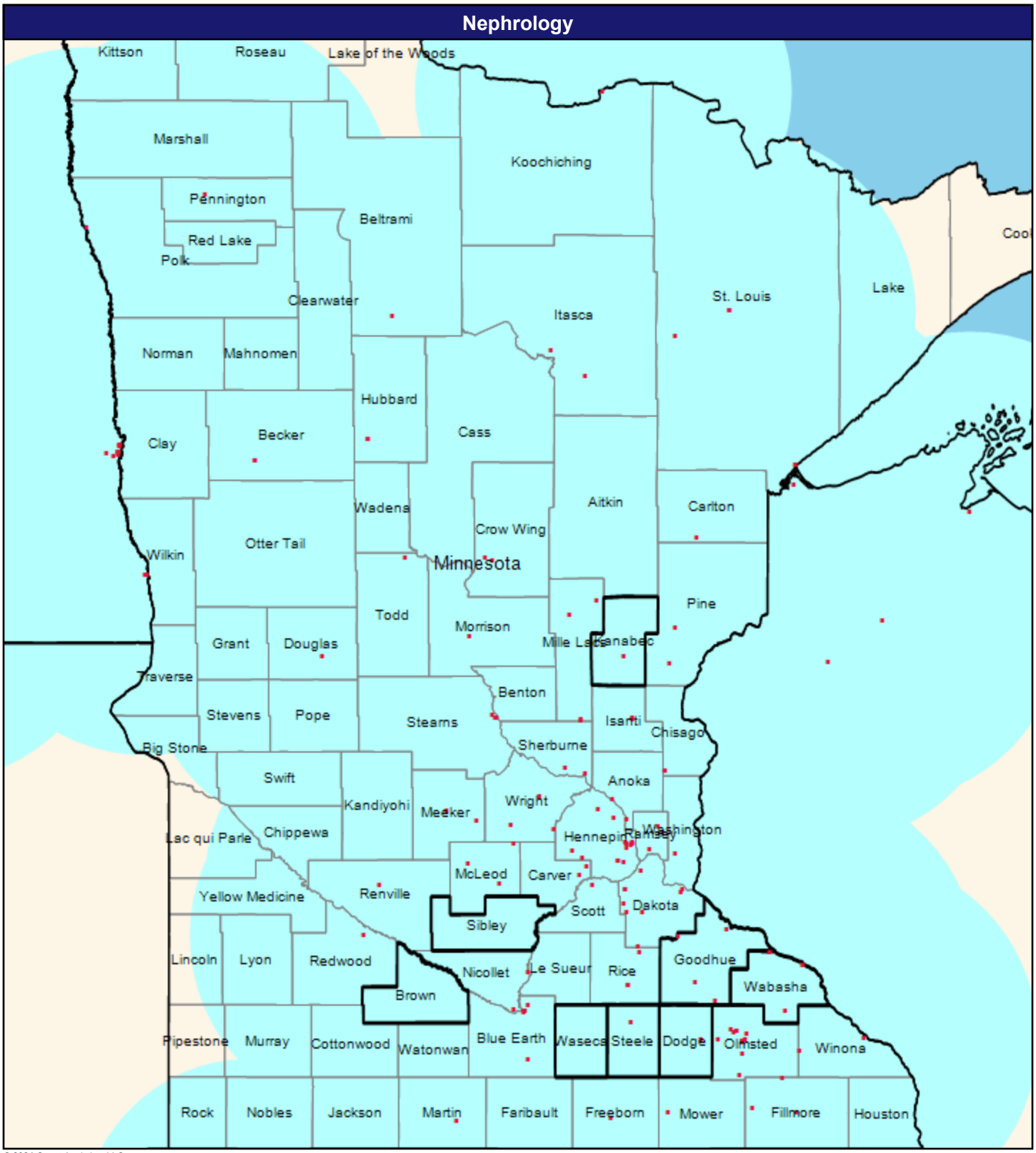
- All providers
- 30 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products



August 30, 2024

Member Counties

Nephrology

Total Providers: 125

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products

August 30, 2024

Neurology

Total Providers: 388

- All providers
- 60 mile radius

Neurosurgery

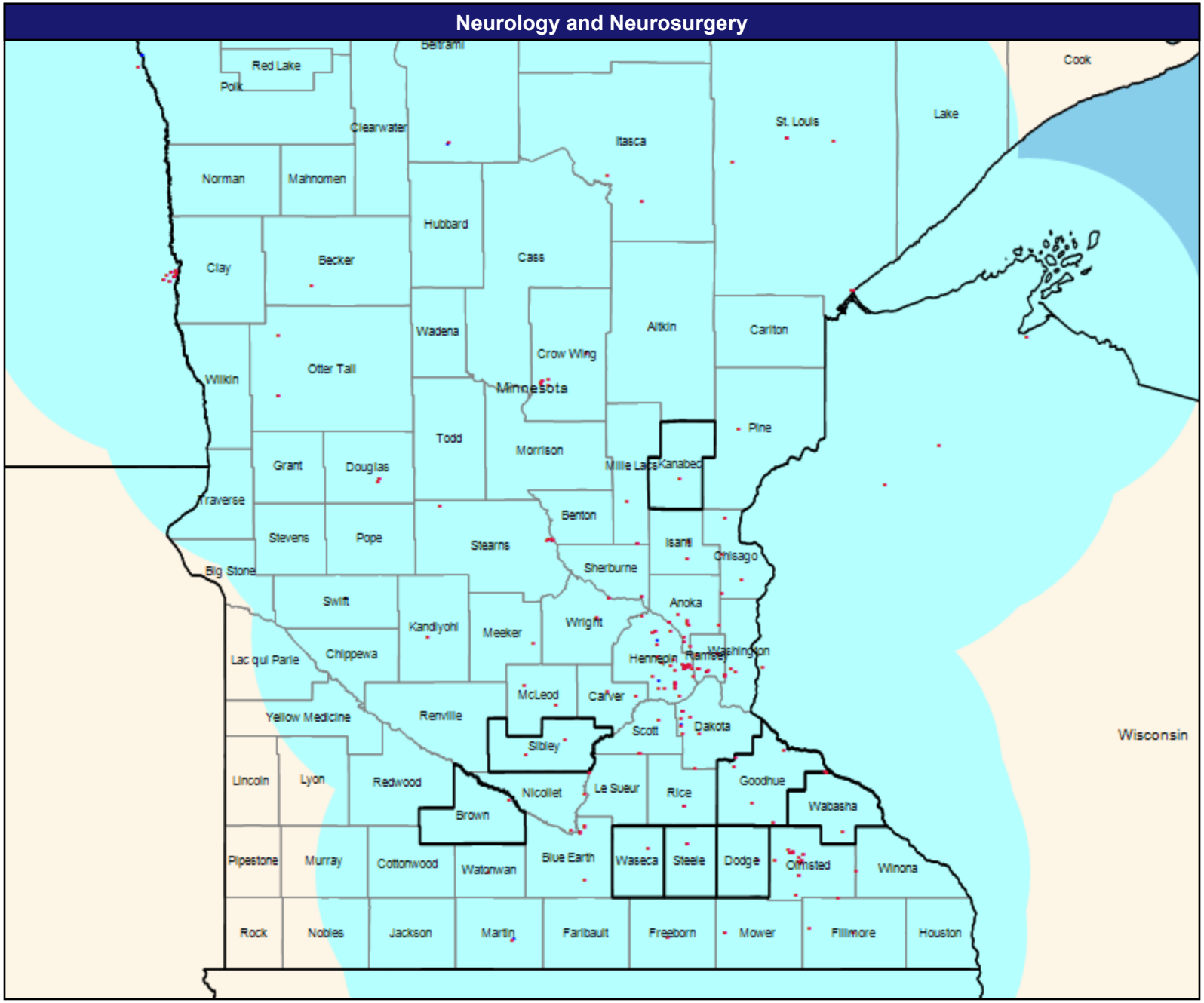
Total Providers: 103

- All providers
- 60 mile radius

Service Areas

- Member Counties

Neurology and Neurosurgery



Network Access Analysis - All Products

August 30, 2024

Obstetrics and Gynecology

Total Providers: 528

- All providers
- 60 mile radius

OB/GYN Nurse Practitioner

Total Providers: 121

- All providers
- 60 mile radius

Certified Nurse Midwife

Total Providers: 189

- All providers
- 60 mile radius

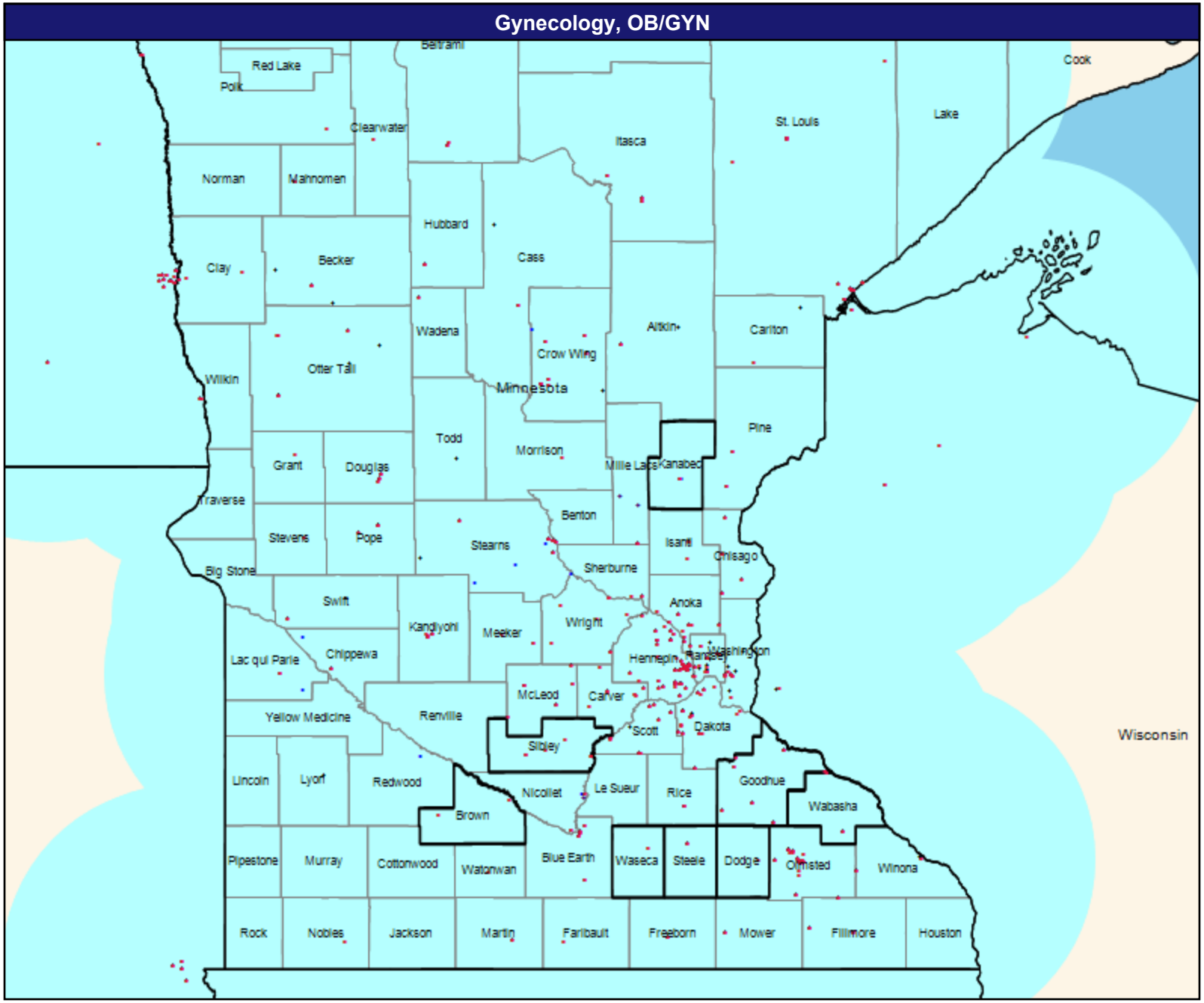
Certified Professional Midwife

Total Providers: 4

- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products

August 30, 2024

Ophthalmology

Total Providers: 157

- All providers
- 60 mile radius

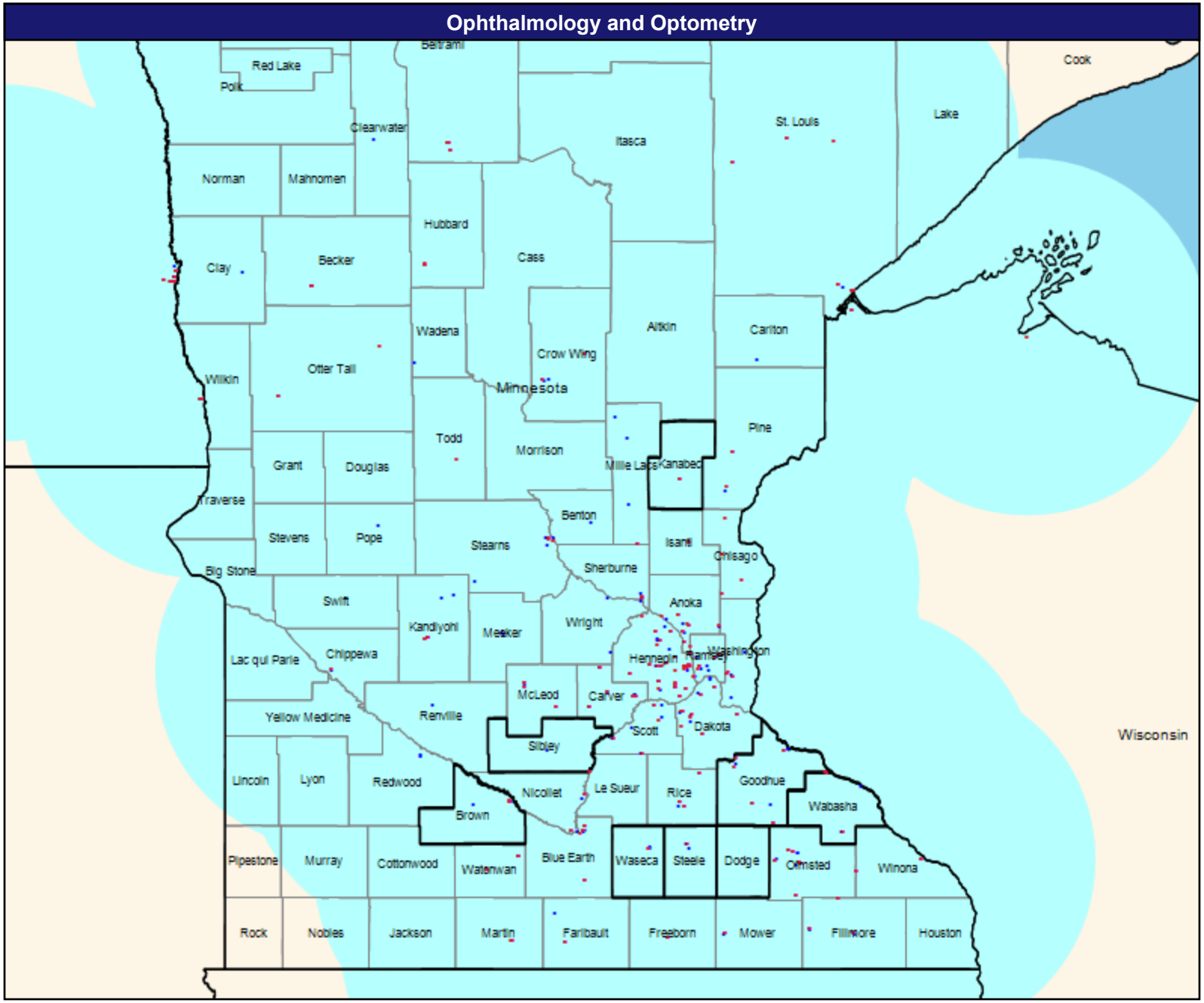
Optometry

Total Providers: 253

- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products

August 30, 2024

Orthopedic Surgery

Total Providers: 556

- All providers
- 60 mile radius

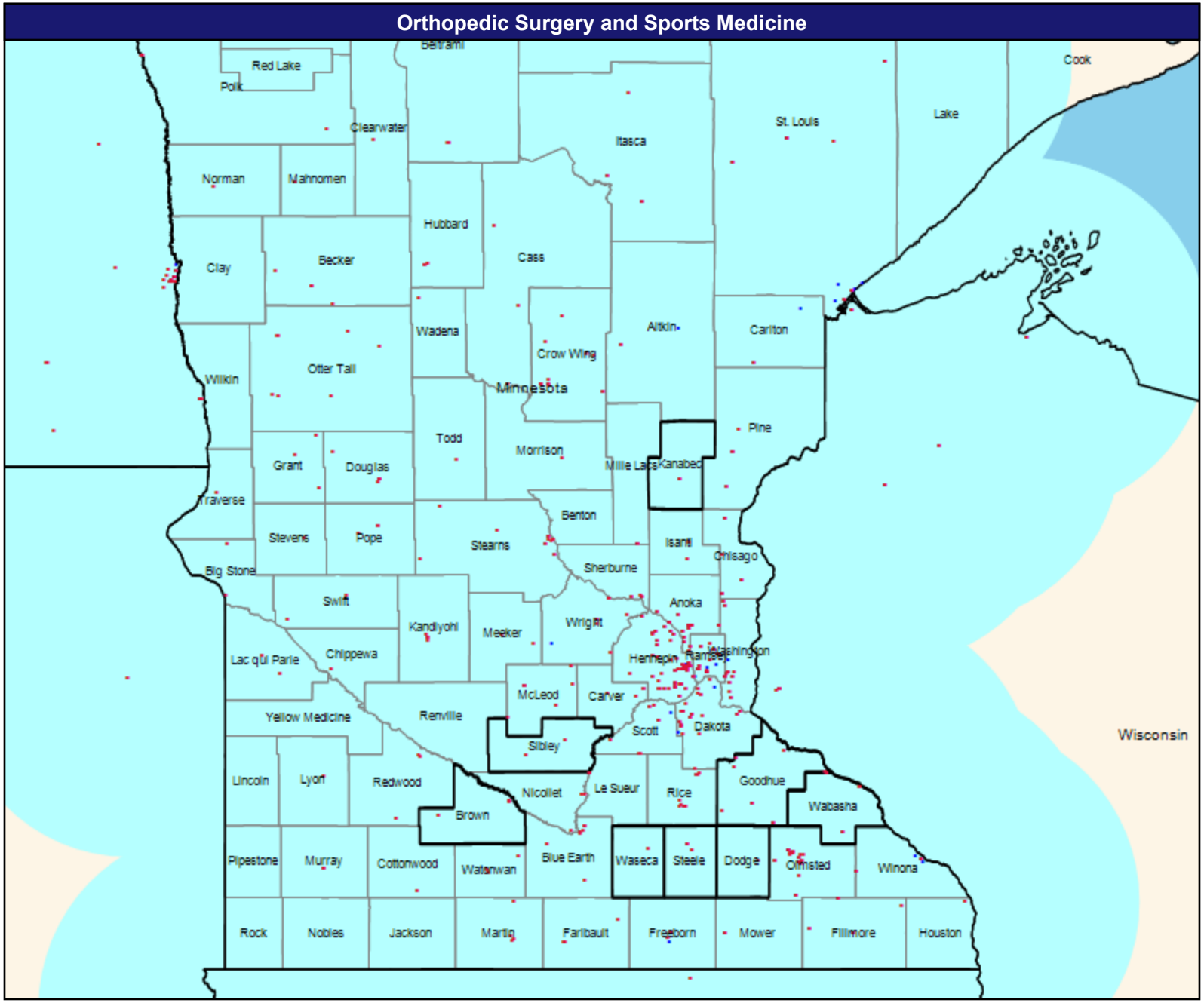
Sports Medicine

Total Providers: 82

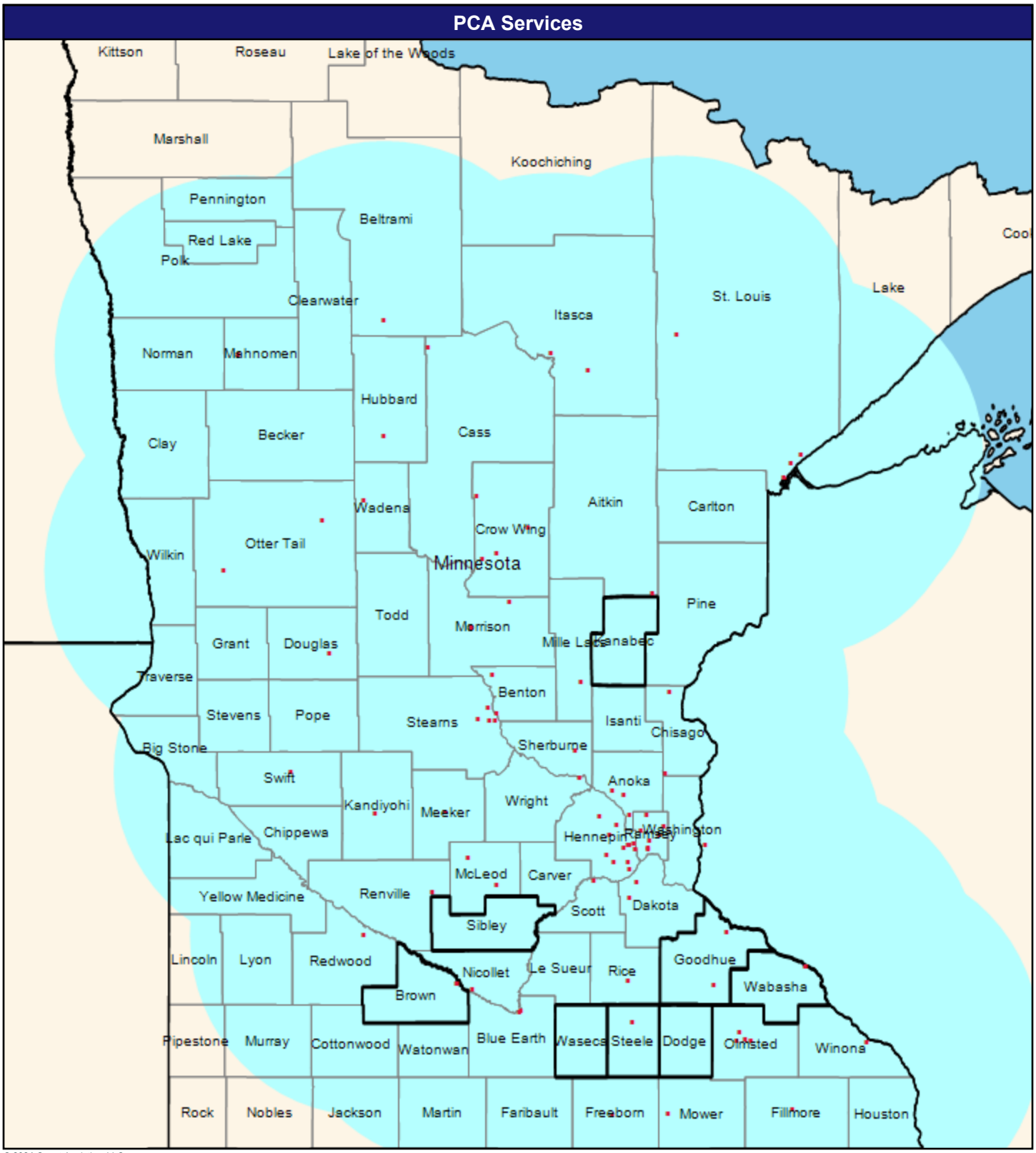
- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products



August 30, 2024

Member Counties

PCA Services

Total Providers: 90

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products

August 30, 2024

Pediatric Medicine

Total Providers: 722

- All providers
- 30 mile radius

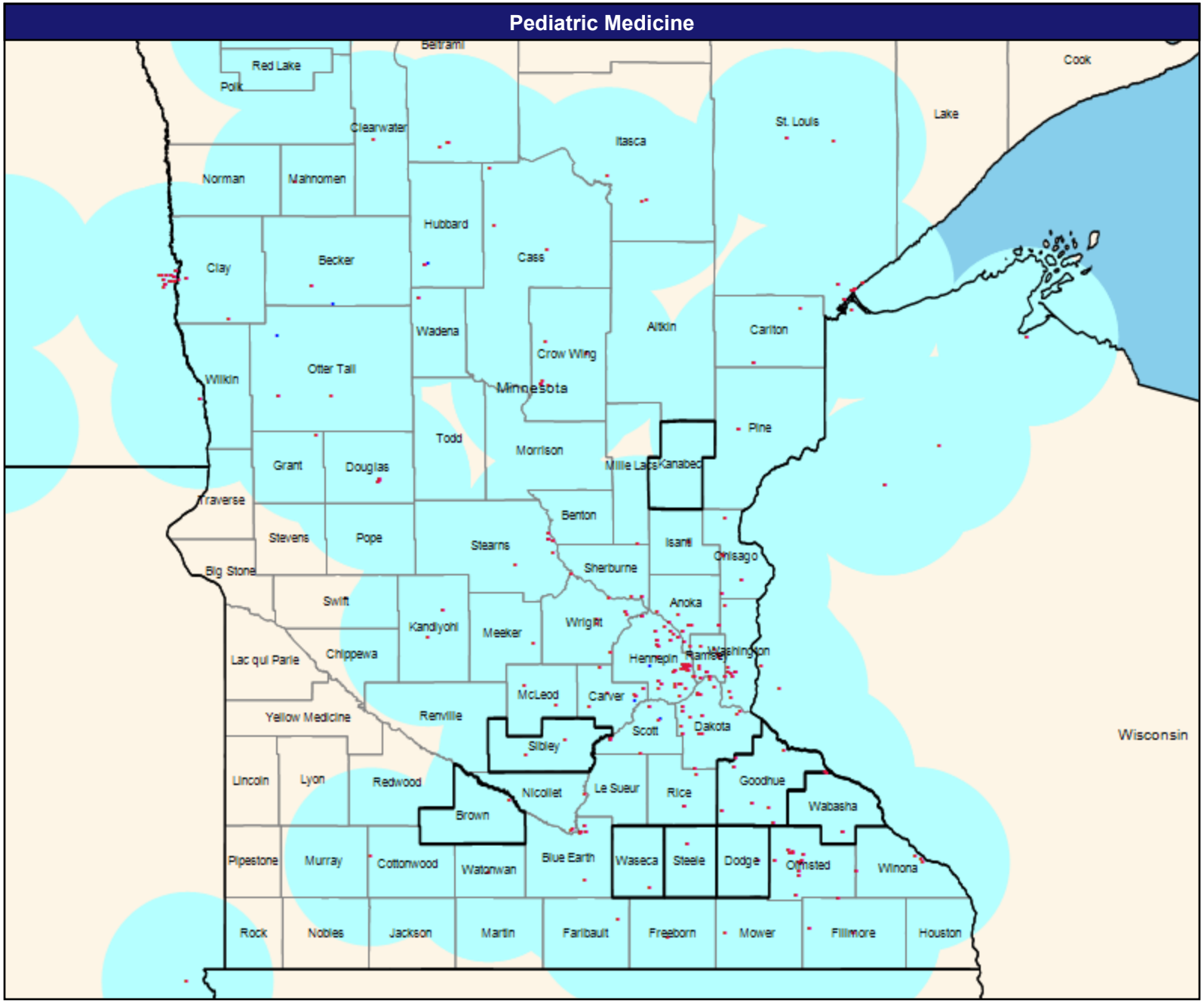
Pediatric Nurse Practitioner

Total Providers: 440

- All providers
- 30 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products

August 30, 2024

Pediatric Cardiology

Total Providers: 95

- All providers
- 60 mile radius

Pediatric Endocrinology

Total Providers: 33

- All providers
- 60 mile radius

Pediatric Hematology/Oncology

Total Providers: 66

- All providers
- 60 mile radius

Pediatric Nephrology

Total Providers: 16

- All providers
- 600 mile radius

Pediatric Pulmonology

Total Providers: 26

- All providers
- 60 mile radius

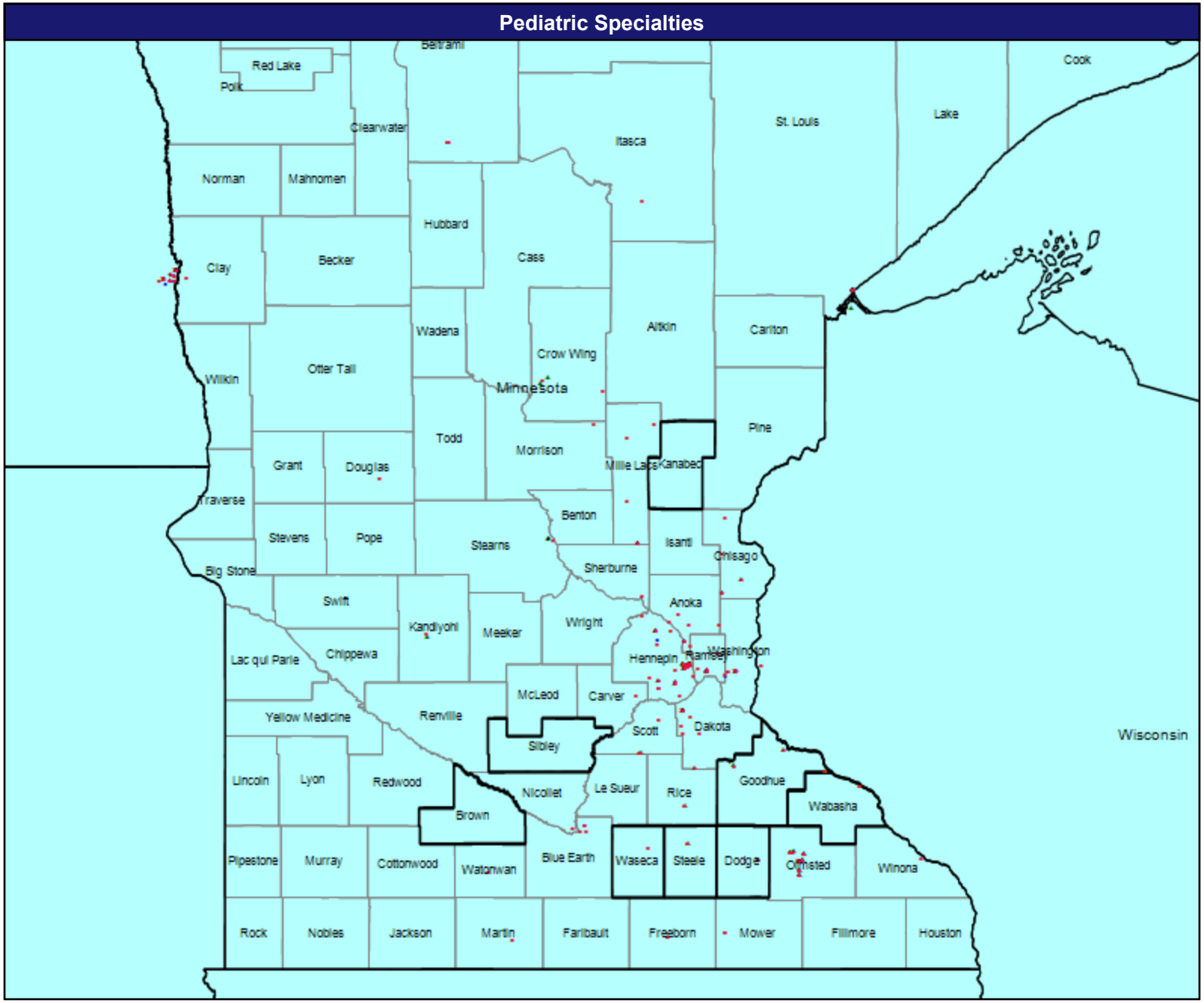
Pediatric Rheumatology

Total Providers: 9

- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products

August 30, 2024

Physical Medicine & Rehabilitation

Total Providers: 147

- All providers
- 60 mile radius

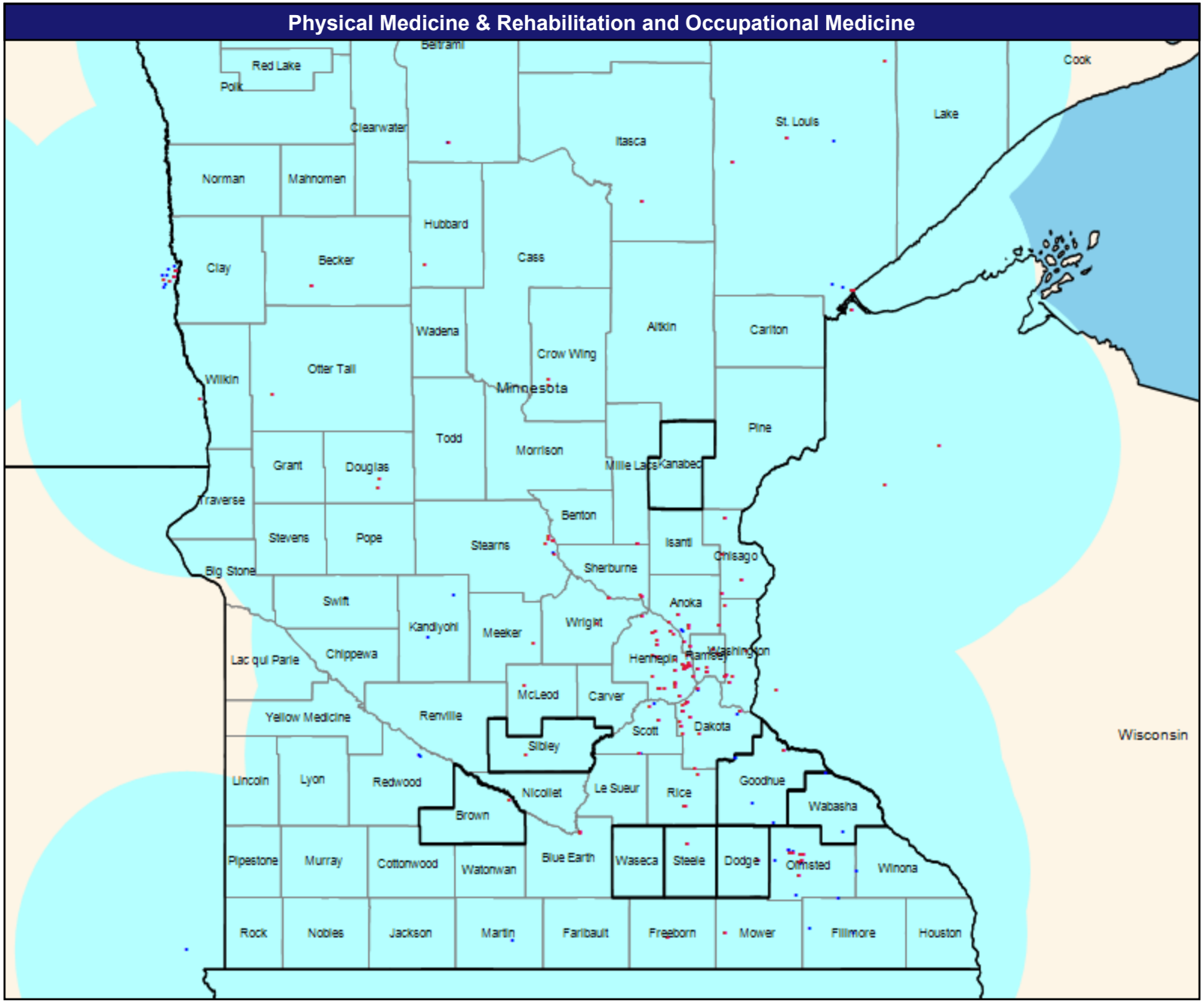
Occupational Medicine

Total Providers: 28

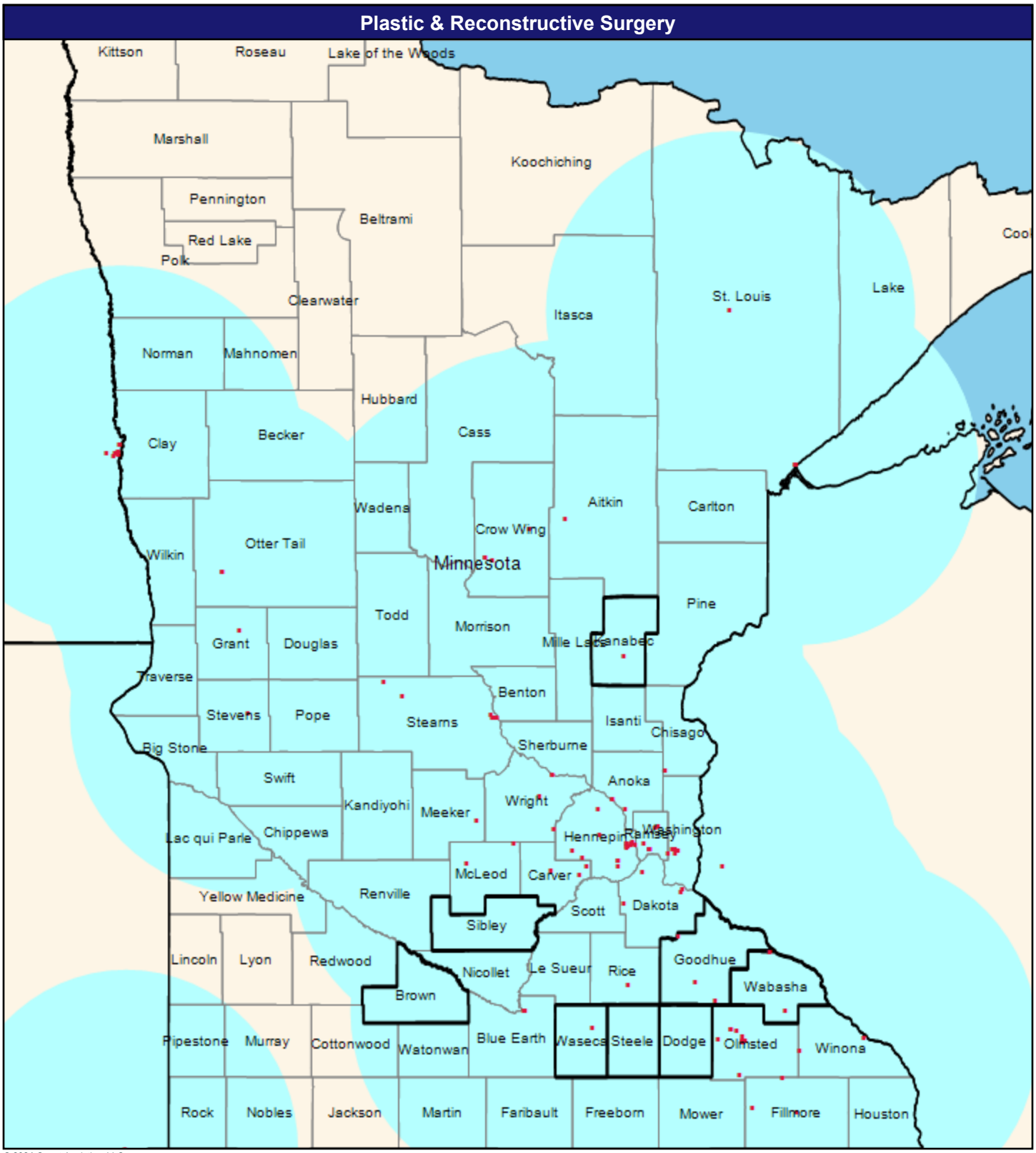
- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products



August 30, 2024

Member Counties

Plastic & Reconstructive Surgery

Total Providers: 65

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products

August 30, 2024

Family Medicine

Total Providers: 1,987

■ All providers

○ 30 mile radius

General Medicine

Total Providers: 26

● All providers

○ 30 mile radius

Internal Medicine

Total Providers: 879

♦ All providers

○ 30 mile radius

Nurse Practitioner Primary Care

Total Providers: 1,908

✚ All providers

○ 30 mile radius

Physician Assistant Primary Care

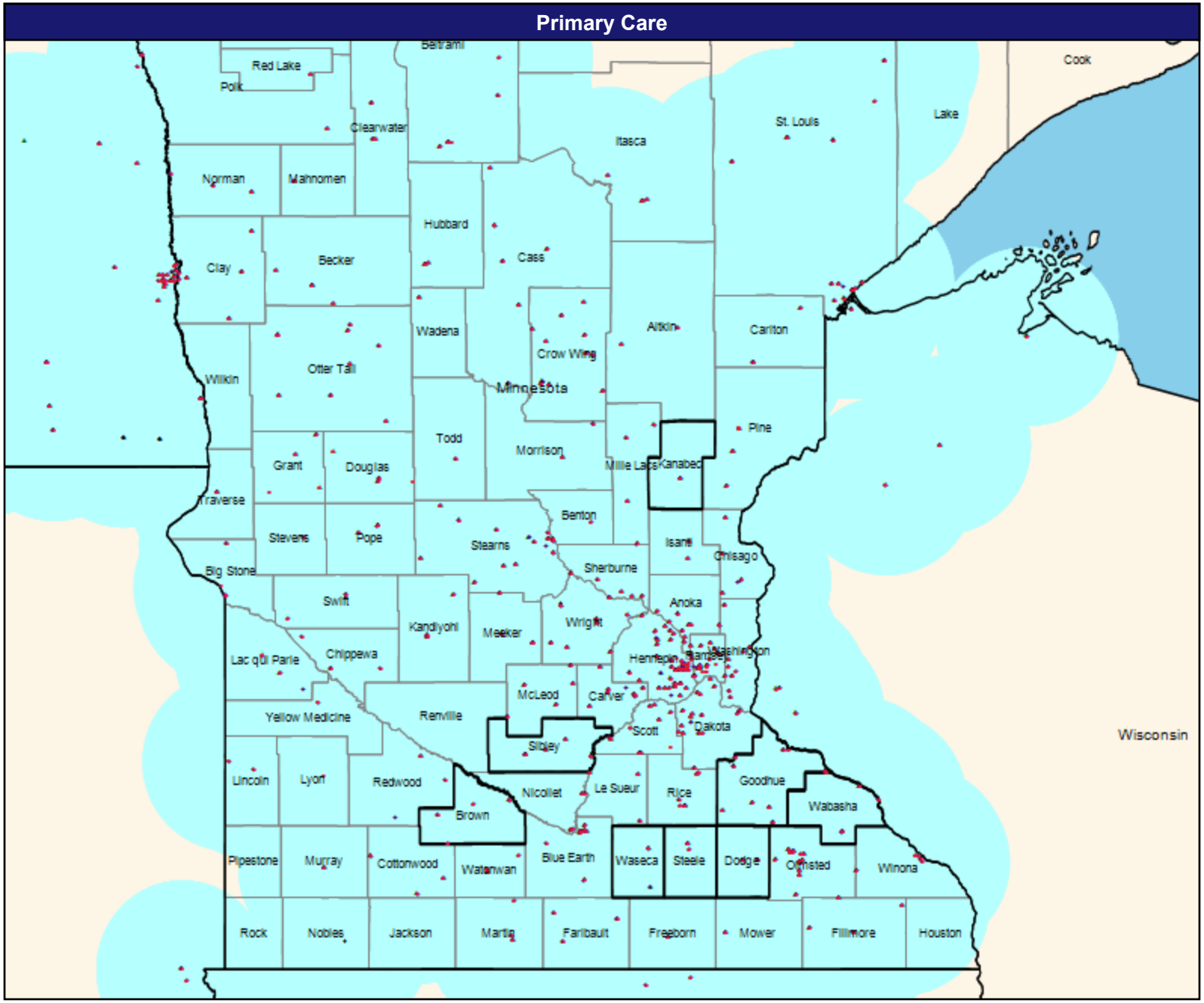
Total Providers: 1,416

▲ All providers

○ 30 mile radius

Service Areas

□ Member Counties



Network Access Analysis - All Products

August 30, 2024

Psychiatry

Total Providers: 435

- All providers
- 60 mile radius

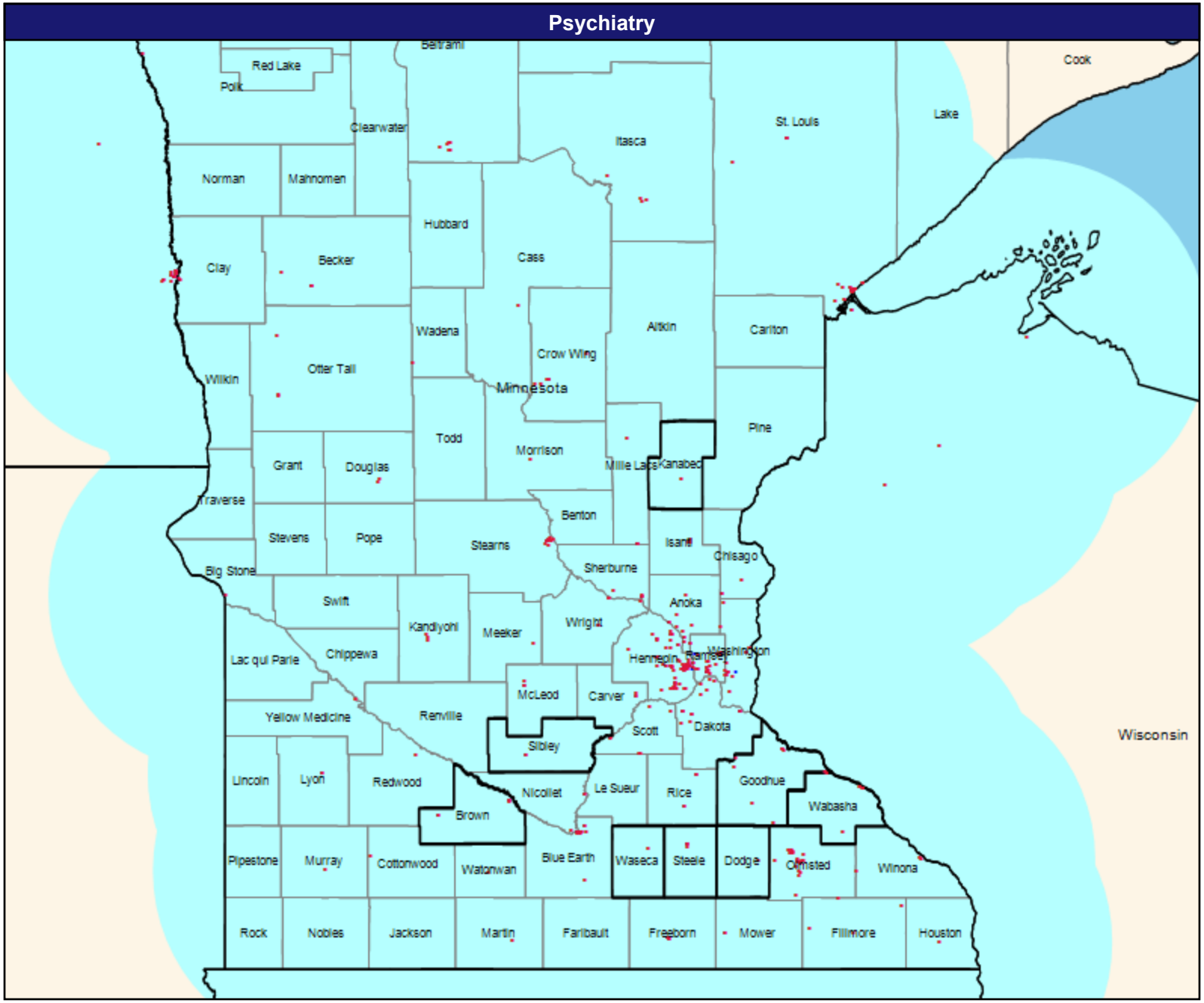
Psychiatry - Child & Adolescent

Total Providers: 64

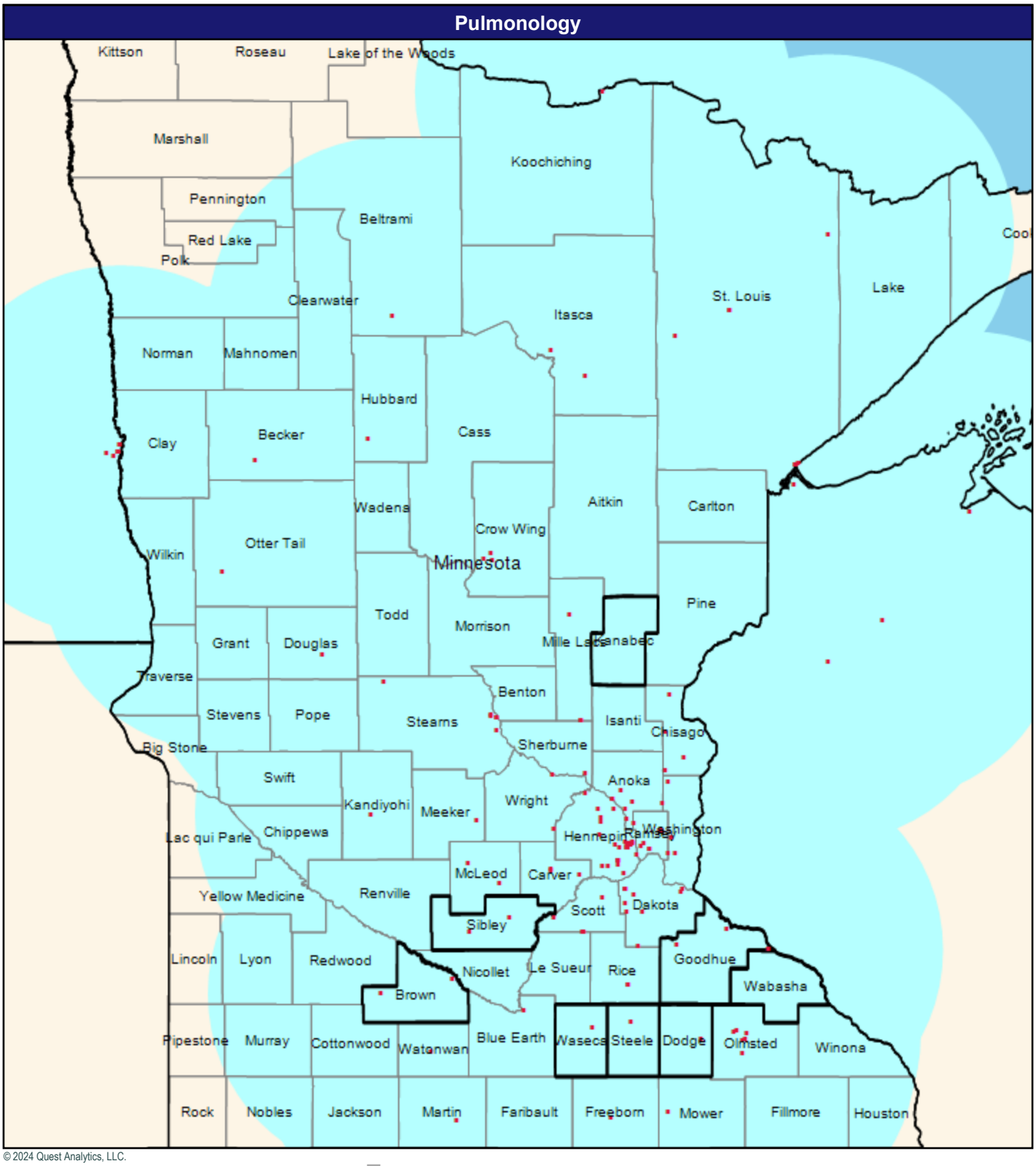
- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products



August 30, 2024

Member Counties

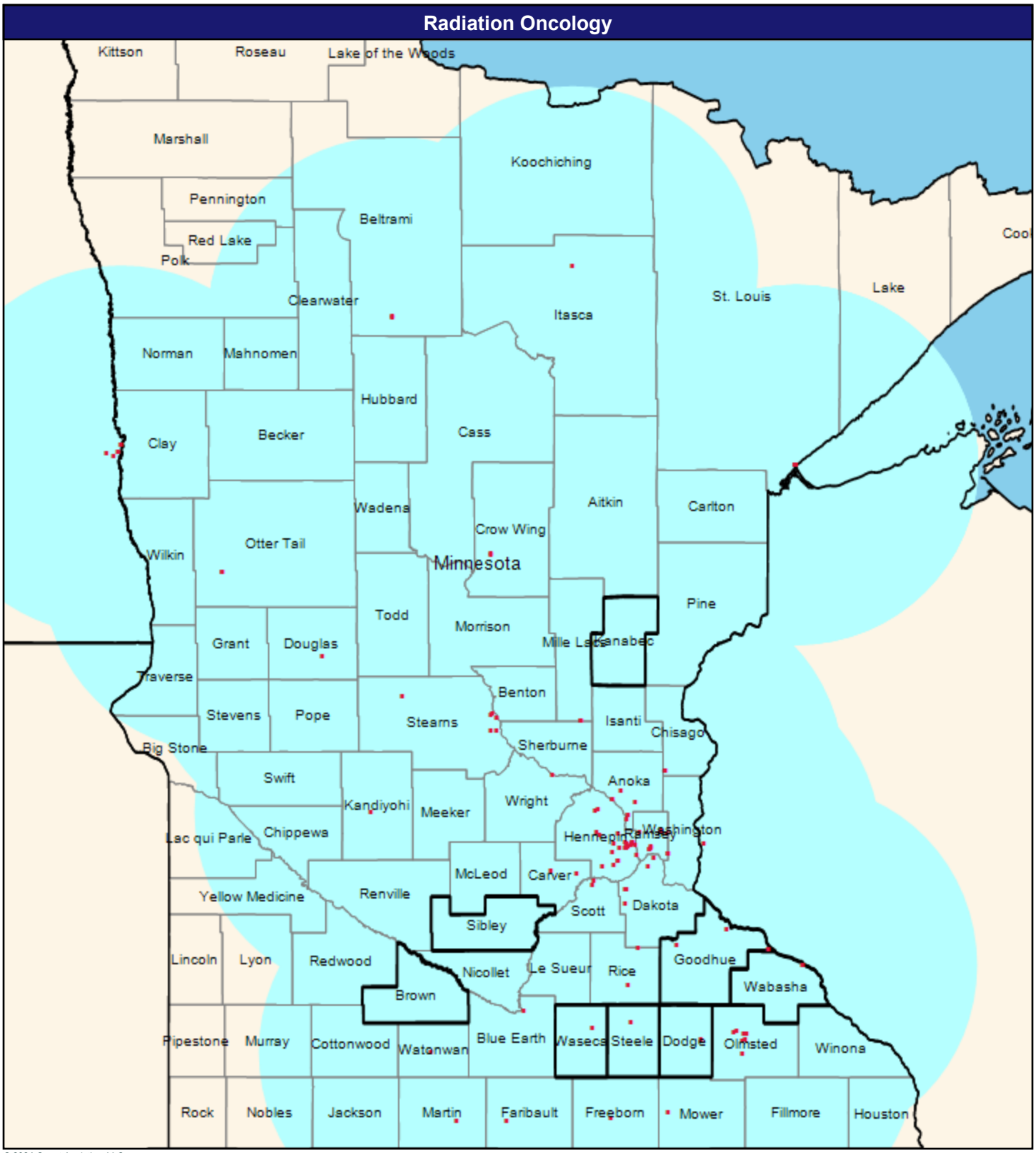
Pulmonology

Total Providers: 180

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

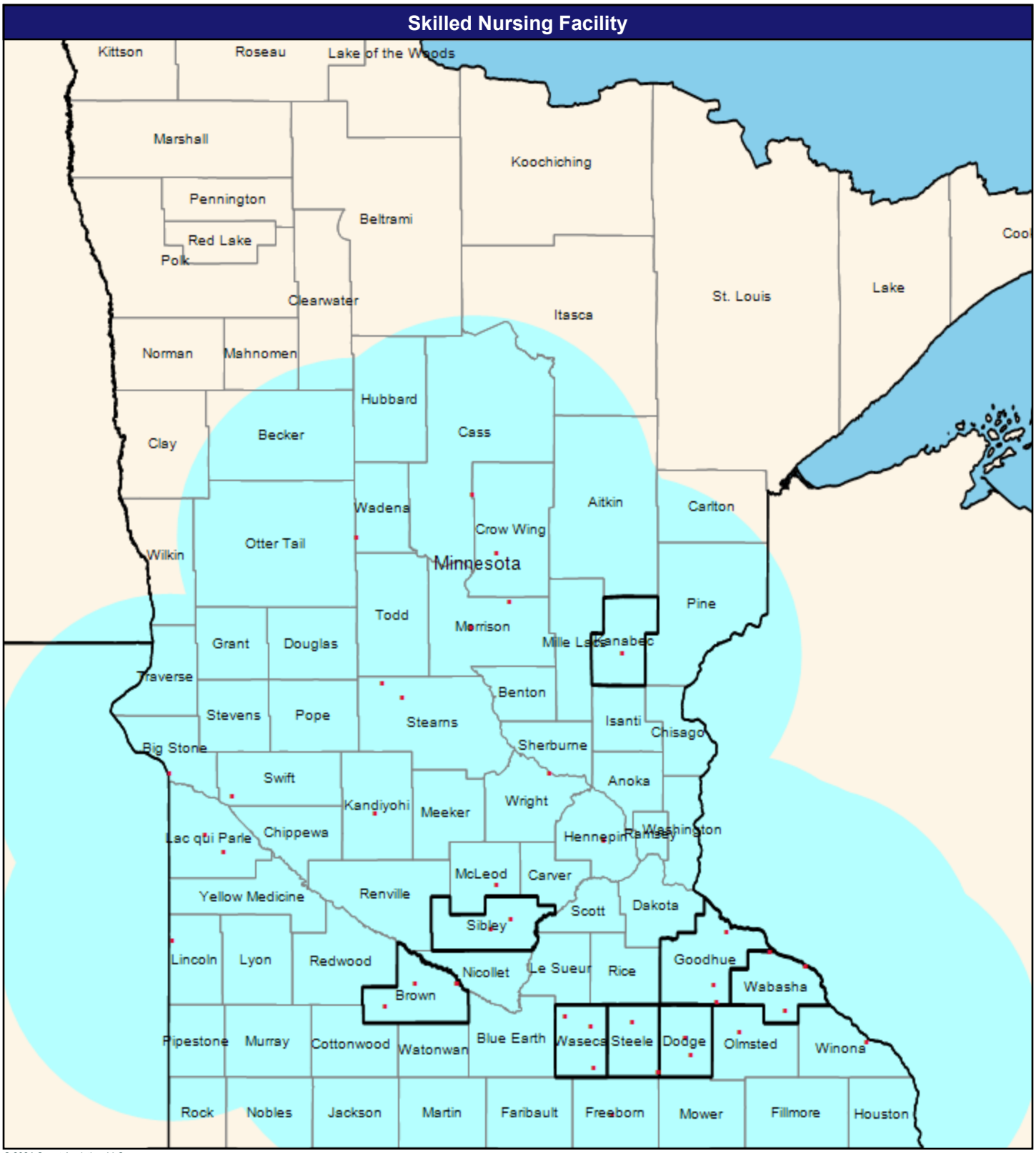
Radiation Oncology

Total Providers: 119

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

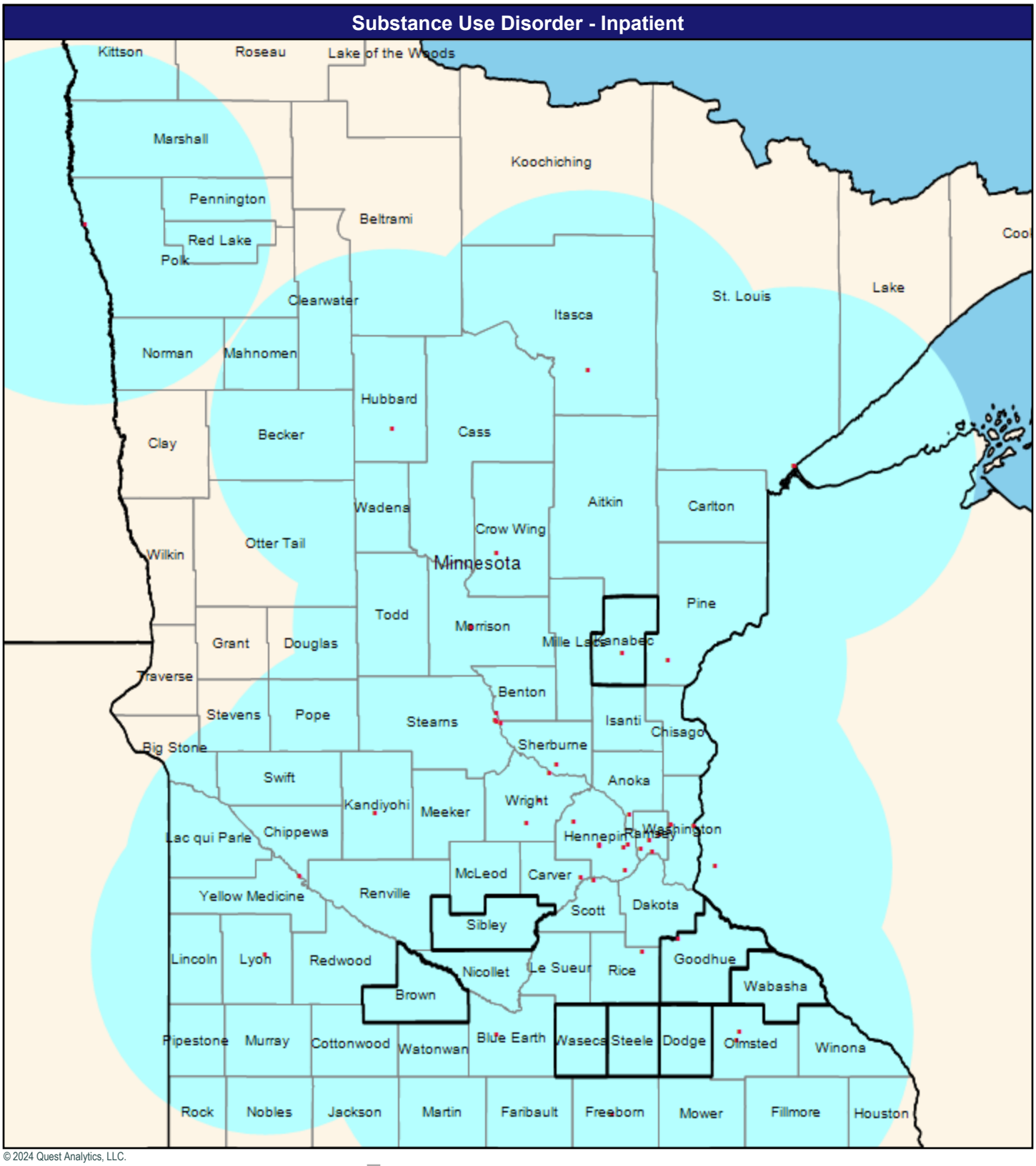
Skilled Nursing Facility

Total Providers: 44

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



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Member Counties

Substance Use Disorder Inpatient

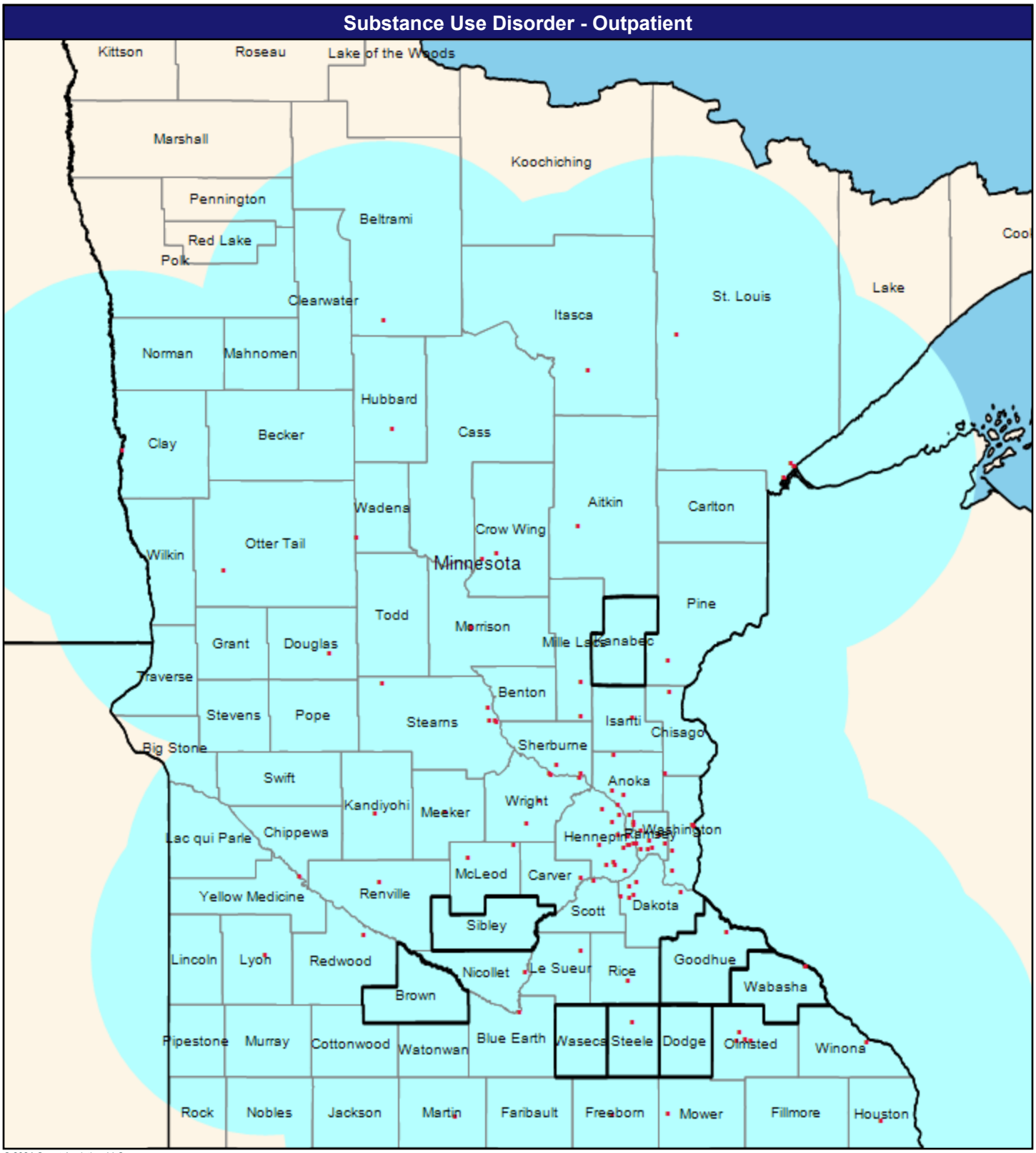
Total Providers: 48

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products

Substance Use Disorder - Outpatient



August 30, 2024

Member Counties

Substance Use Disorder Outpatient

Total Providers: 80

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products

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Physical Therapy

Total Providers: 132

- All providers
- 60 mile radius

Occupational Therapy

Total Providers: 106

- All providers
- 60 mile radius

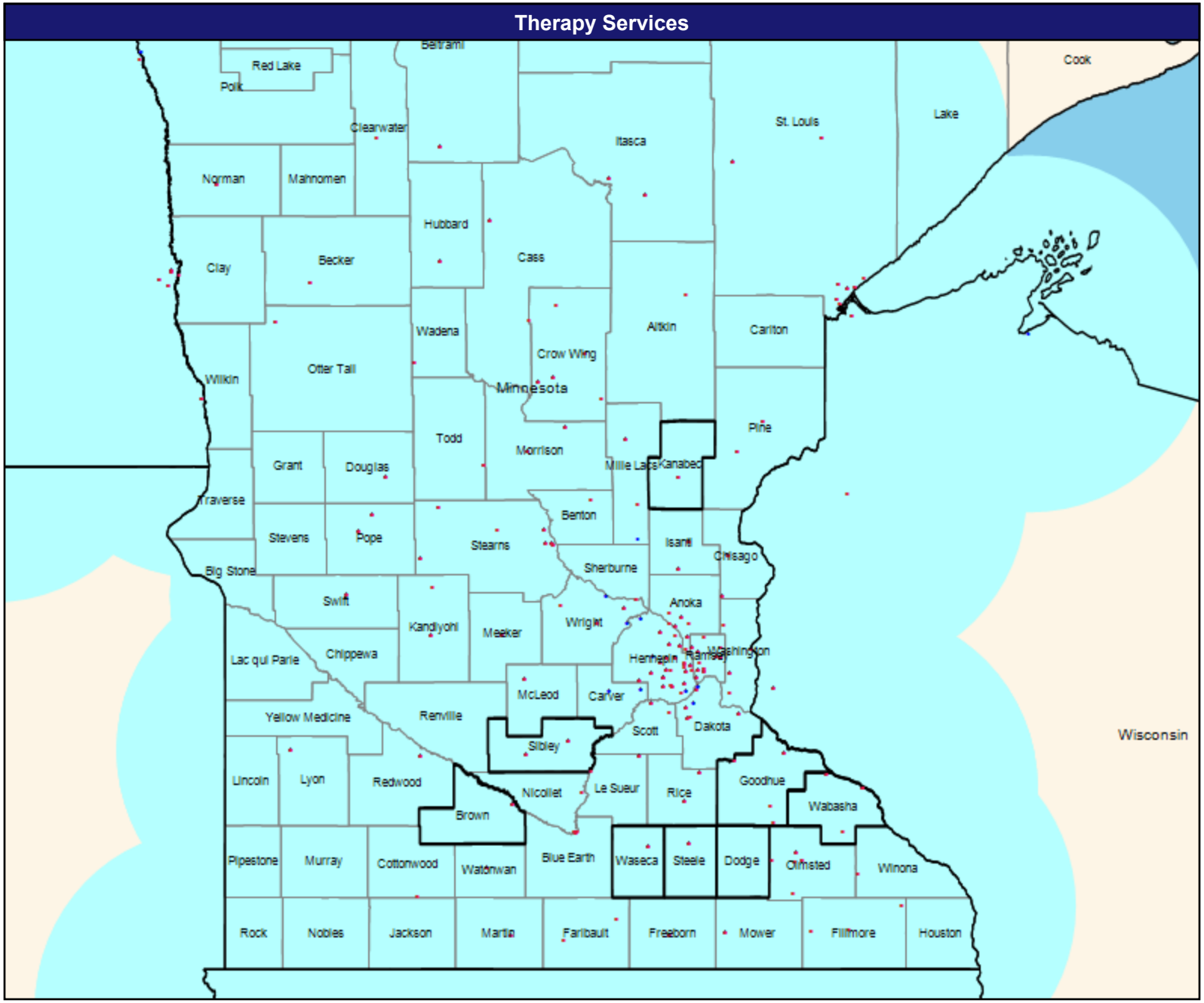
Speech Therapy

Total Providers: 76

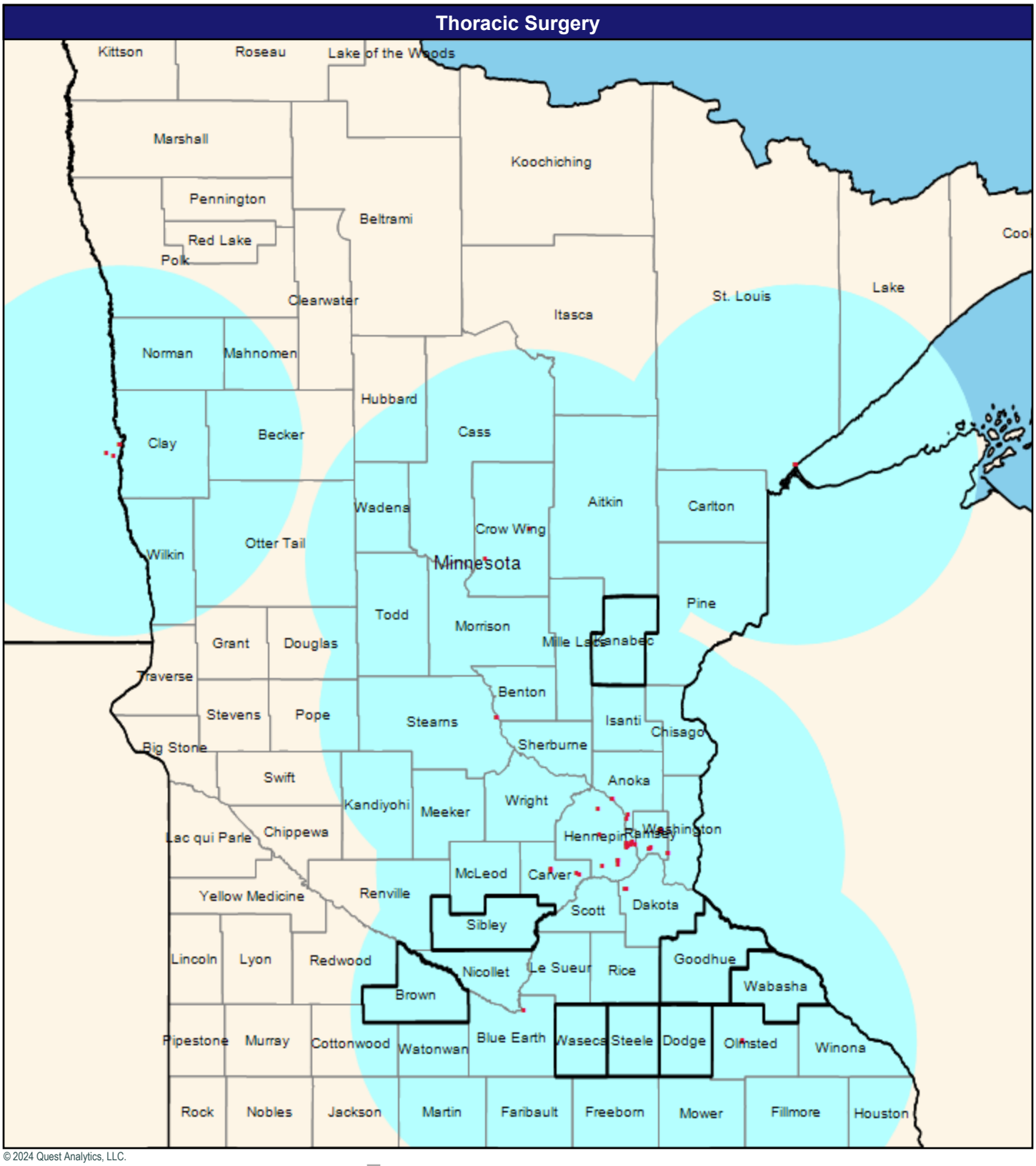
- All providers
- 60 mile radius

Service Areas

- Member Counties



Network Access Analysis - All Products



August 30, 2024

Member Counties

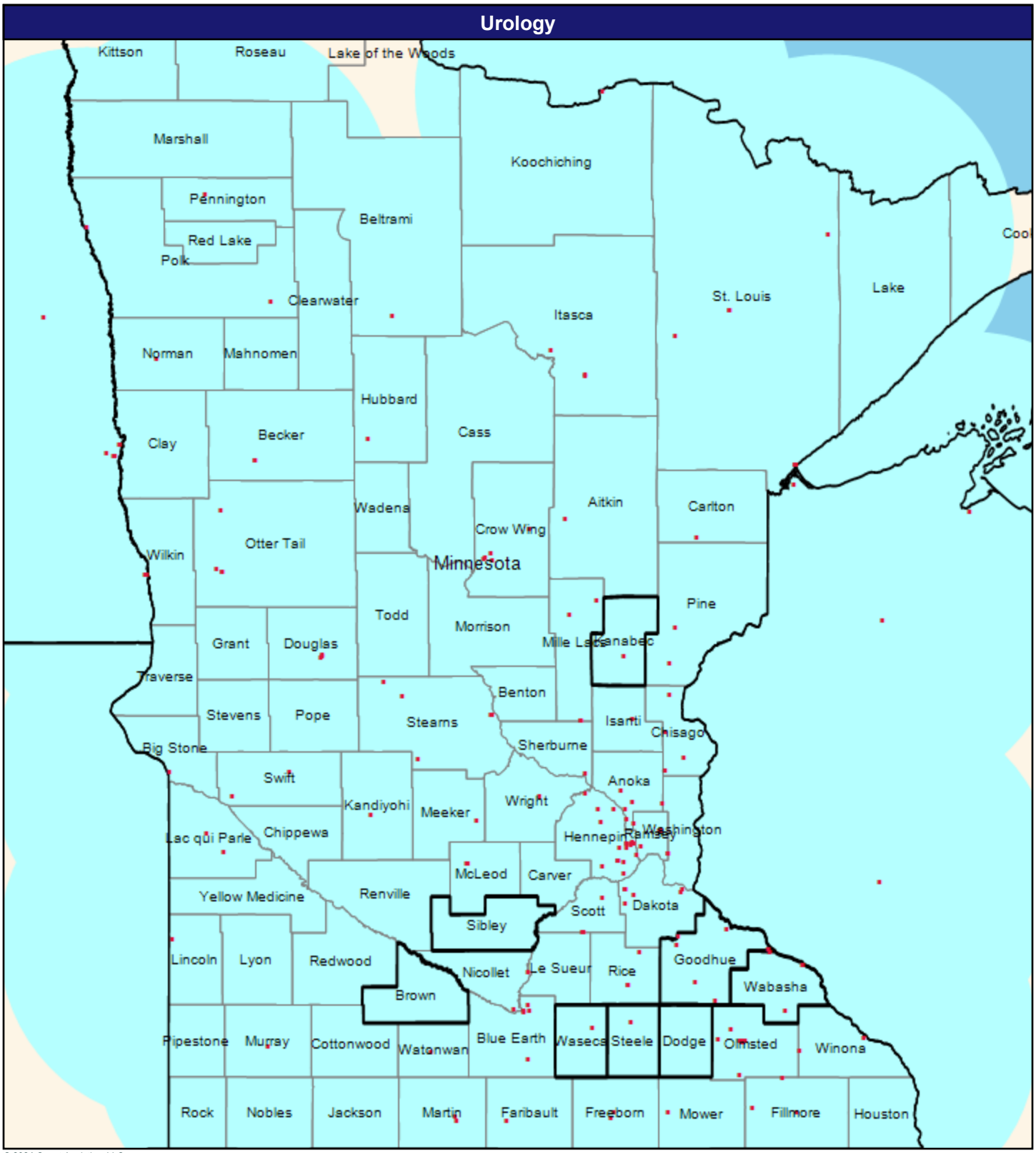
Thoracic Surgery

Total Providers: 103

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

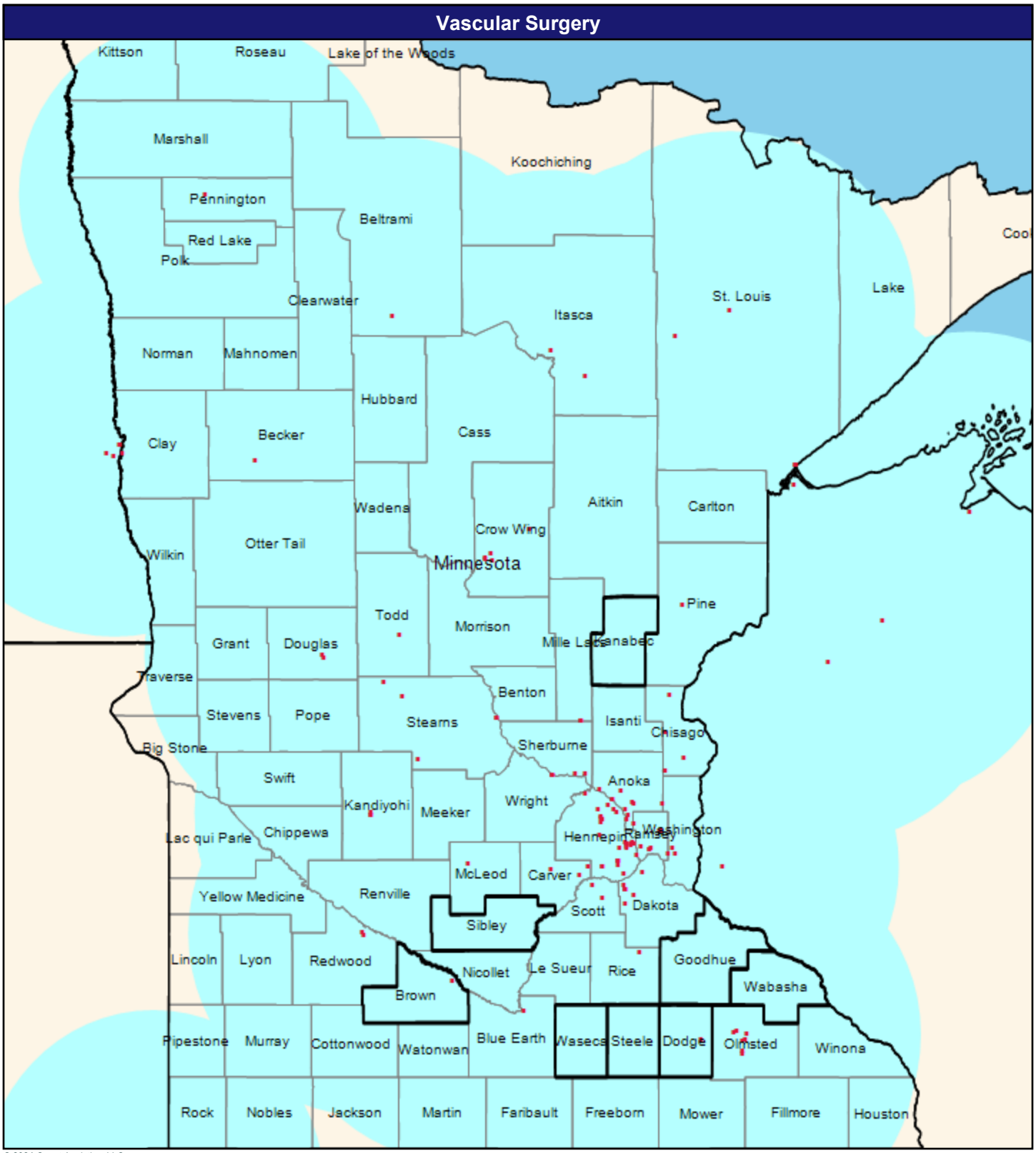
Urology

Total Providers: 195

- All providers
- 60 mile radius

Service Areas

Network Access Analysis - All Products



August 30, 2024

Member Counties

Vascular Surgery

Total Providers: 114

- All providers
- 60 mile radius

Service Areas