



## Quality Improvement Programs: At-A-Glance

South Country Health Alliance

May 1<sup>st</sup>, 2026

### South Country Health Alliance Programs and Enrollment

South Country's largest population is Families and Children Medical Assistance with enrollment of approximately 26,930 members. The special needs basic enrollment is approximately 1,750 and our Senior population enrollment is about 950. Member age groups show about 48% of enrollees being 21 years of age and under. We have about 7.0% of members 65 years of age and older. The majority of South Country members report their race as white and members reporting their race as Black/African American is about 3% Asian is about .5%, and two or more races is 2%. Members with race "Unknown" (none of the racial categories apply or are choosing to not disclose the information) is roughly 37%. [Learn more about South Country demographics. \(https://www.mnscha.org/wp-content/uploads/7675.pdf\)](https://www.mnscha.org/wp-content/uploads/7675.pdf)

### Quality Programs, Strategy, and Performance

The South Country Quality Program is designed to assess and improve the quality and member access to all types of health care services. One component of South Country's program is the timely correction of problems that are identified through monitoring of service utilization patterns, complaints, administrative processes, program outcomes, and other mechanisms. [Learn more here. \(https://www.mnscha.org/wp-content/uploads/7682.pdf\)](https://www.mnscha.org/wp-content/uploads/7682.pdf)

Through a collaborative effort with delegates and a variety of in-depth software systems, South Country's information technology department collects and manages provider data, plan enrollment data, and claims data, which it reports to county partners and other stakeholders to implement programs for improving the delivery of health care services and the wellness of members. [Learn more about our wellness programs. \(https://www.mnscha.org/members/wellness-programs/\)](https://www.mnscha.org/members/wellness-programs/)

## Health Care Disparities

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

South Country's members, staff and county partners use our online provider search tool (<https://www.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. Also, for more information on South Country's cultural competency supporting health equity visit <https://www.mnscha.org/providers/cultural-competency-for-providers/>

Our interpreter vendor is 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.

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 collaborate with community partners in 2026 and attend community-led initiatives to capture and address stakeholder feedback around Health Inequities in access to and quality of care. For more information about South Country's commitment to Health Equity visit website <https://www.mnscha.org/about-us-a/equal-care-for-all/>

## Performance Objectives

The Quality Program for South Country is the framework that guides the formal process for evaluating and improving, where necessary, the quality and appropriateness of health care services and the health status of the population South Country serves. [Learn more about the 2026 Quality Program Description. \(https://www.mnscha.org/wp-content/uploads/7682.pdf\)](https://www.mnscha.org/wp-content/uploads/7682.pdf)

## Quality Improvement Programs

- **Diabetes and Depression Performance Improvement Project:** The focus is on improving members self- management of their diabetes and depression for those members on SeniorCare Complete, AbilityCare, Minnesota Senior Care Plus, SingleCare, and SharedCare living in rural communities and experiencing geographic health disparities. [Learn more about this project. \(https://www.mnscha.org/wp-content/uploads/7679.pdf\)](https://www.mnscha.org/wp-content/uploads/7679.pdf)
- **A Healthy Start for Mothers and Children Performance Improvement Project:** The focus is on promoting a “Healthy Start” for the health of our mothers and children ages 0-15 months on our Families and Children and MinnesotaCare programs experiencing the effects of geographic disparities due to living in rural communities. [Learn more about this project. \(https://www.mnscha.org/wp-content/uploads/7679.pdf\).](https://www.mnscha.org/wp-content/uploads/7679.pdf)
- Chronic care improvement projects for AbilityCare and SeniorCare Complete members: goal to increase the number of members with up-to-date colon and breast cancer screenings as recommended by their provider. [Learn more about this project. \(https://www.mnscha.org/wp-content/uploads/7679.pdf\)](https://www.mnscha.org/wp-content/uploads/7679.pdf)
- **Focused Studies**
  1. Cervical cancer prevention screening: The primary goal of this focused study is to increase the overall percentage of members who receive cervical cancer screening as recommended by their provider. [Learn more about this focused study. \(https://www.mnscha.org/wp-content/uploads/7680.pdf\)](https://www.mnscha.org/wp-content/uploads/7680.pdf)
  2. Chlamydia prevention screening: The primary goal of this focused study is to increase the overall percentage of members 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the year. [Learn more about this focused study. \(https://www.mnscha.org/wp-content/uploads/7680.pdf\)](https://www.mnscha.org/wp-content/uploads/7680.pdf)
  3. Colon and breast cancer screening projects for PMAP, MNCare, SingleCare, SharedCare, and MSC+ members: goal to increase the number of members with up-to-date colon and breast cancer screenings as recommended by their provider. [Learn more about this focused study. \(https://www.mnscha.org/wp-content/uploads/7680.pdf\)](https://www.mnscha.org/wp-content/uploads/7680.pdf)

## Overall Effectiveness of the Quality Improvement programs

The Quality Program’s goals and objectives criteria, activities outlined in the Quality Program Description, and the Quality work plan for the previous year are evaluated for appropriateness and effectiveness in assessing and improving the quality of care and services members receive. The quality committee structure is continually being evaluated and adjusted as needed.

The full annual evaluation (see link below) goes into detail on 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. [Learn more about our work. \(https://www.mnscha.org/wp-content/uploads/7681.pdf\)](https://www.mnscha.org/wp-content/uploads/7681.pdf)