

# Chapter 1

## Introduction

### South Country Health Alliance Provider Manual

#### **South Country Health Alliance (SCHA) Background Information**

SCHA brings together an integrated health care management model into a single care delivery arrangement for our members. We work very closely with the local Department of Human Services and Public Health staff in our 11 counties.

#### **The SCHA Mission:**

***“Providing Consumer-focused,  
Community-based Health Care to Minnesota Counties”***

South Country Health Alliance became Minnesota’s first multi-county based purchasing organization in 2001 and currently serves over 31,000 members. Authorized by Minnesota Statute 256B.692, County Based Purchasing (CBP) is a health care purchasing system intended to be operated by a county or group of counties, for the initial purpose of purchasing health care services for certain residents enrolled in Medical Assistance, General Assistance Medical Care, MinnesotaCare, SeniorCare Complete (MSHO), and AbilityCare (SNBC). CBP presents an enhanced alternative to the fee-for-service state-purchased and operated public programs and to the Prepaid Medical Assistance Program (PMAP), where the State of Minnesota purchases services through contracts with HMOs.

CBP entities must meet the same requirements as HMOs or Community Integrated Service Networks (CISN), as provided for under Minnesota Statutes, chapters 62D and 62N. Requirements are also set out in portions of Minnesota Statutes, chapters 62A, 62J, 62M, 62Q, and 72A; and in Minn. Rules Part 4685. These requirements include standards for access, quality, and financial solvency. Once operational, a county-based purchasing entity is subject to a contractual agreement with the Minnesota Department of Human Services (DHS) and with regulatory oversight by the Minnesota Department of Health (MDH).

CBP plans are required to bring together the medical and the social/public health components into a single care delivery model. CBP also assumes full financial risk for the array of eligible services from these two sectors. As noted by DHS, the single care delivery and with CBP assuming full financial risk, the CBP plan is believed to add value to public programs by:

- Assuring improved access to providers and community resources
- Improving coordination of health and human services
- Stabilizing and supporting existing community provider networks

As required by statute, SCHA is governed by a Joint Powers Board (JPB) comprised of one commissioner from each of the member counties. The JPB membership is considered a “committee assignment” for each commissioner. The JPB provides the vision, policy direction, and governance for SCHA. SCHA staff supports the Board and oversees the regulated activities of SCHA functions. Supporting organizational operations include several formal SCHA committees including, but not limited to the:

- Executive Committee
- AbilityCare Advisory Committee
- Compliance Committee
- Finance Committee
- Long-term Care Advisory Committee
- Member Advisory Committee
- Personnel Committee
- Provider Advisory Committee
- Public Health and Social Services Director Advisory Committee
- Quality Assurance Committee
- Utilization Management Committee

JPB members and a staff listing can be found on our website [www.mnscha.org](http://www.mnscha.org).

### **South Country Health Alliance Programs**

Prepaid Medical Assistance Program (PMAP) - federally and state funded program for persons age birth to 64 who meet income measures.

MinnesotaCare – state funded program for person’s age birth and up without access to affordable health care coverage. Members pay a monthly premium each month. The premium is based on income and determined by the state.

Minnesota Senior Care Plus (MSC+) – federally and state funded program for persons age 65 and over who meet income measures.

SeniorCare Complete (MSHO) – federally and state funded Integrated Medicare and Medicaid program for persons over the 65 years of age. Persons are eligible for Elderly Waiver benefits.

AbilityCare (SNBC) – federally and state funded Integrated Medicare and Medicaid program for persons age 18 to 64 years of age. Persons may be Medical Assistance eligible or dually eligible for Medical Assistance and Medicare Part A and B, certified disabled or blind – certified through SSA, SMRT or through the County for purposes of the MR/RC waiver.

**Carved Out Entities**

SCHA works with *MMSI* to provide administrative services for these programs (medical claims processing, provider service).

SCHA works with *DentaQuest* to provide dental services for members (network, claims processing, provider service).

SCHA works with *Clinical Resource Management Group* to provide chiropractic services for members (network, claims processing, provider service).

SCHA partners with *Prime Therapeutics LLC* to provide pharmacy services for members (network, claims processing, provider service).

**South Country Health Alliance Provider Network**

SCHA uses a primary care model allowing members to select a Primary Care Clinic (PCC), which is their “medical home”. If the member has not selected a PCC, SCHA will assign a PCC or a “medical home” to that member. Members can access any of the specialists in the network without a referral from their PCC. Some services require an authorization. SCHA Provider Directory can be found on the web at [www.mnscha.org](http://www.mnscha.org).

**South Country Health Alliance Community Care Connector**

SCHA has a Community Care Connector to service each of the 14 county service areas. The Community Care Connector will serve as the primary link between South Country Health Alliance (SCHA) and the County.