

Executive Summary: Quality Program Evaluation 2024

Introduction

The annual Quality Evaluation document is put together by South Country every year to detail the efforts made by the company to accomplish the goals of both the Quality department and South Country as a whole. The Quality Program aims to establish effective partnerships with providers and counties, measure performance expectations, improve clinical and functional outcomes, enhance member satisfaction, ensure appropriate access to services, and meet regulatory requirements. The organization focuses on prevention, acute care, chronic illness care, behavioral health care, special population needs, high-volume services, high-risk services, continuity and coordination of care, patient safety, health disparities, and social determinants of health.

Quality Improvement Strategies:

The quality department ensures that each part of their program's structure works together to maintain continued success. From key positions such as the CEO and director of community engagement, to over 10 committees and groups, the administration works together to support the program. Each part of this structure focuses on both maintaining South Country's success internally as a company and the positive health outcomes of our members.

South Country monitors changes in member demographics to ensure programs remain appropriate. Enrollment data is analyzed by product, age, gender, race, and ethnicity. The organization provides culturally competent care through interpreters and community health workers.

The grievance and appeals system complies with contractual and regulatory requirements, ensuring member access to appeals and handling member complaints, including quality of care grievances. Trends in grievances and appeals are analyzed to identify opportunities for improvement.

South Country's Model of Care aims to improve navigation and access to affordable services, ensure seamless care transitions, and enhance preventive and ambulatory services. Training is provided through in-person/video sessions, annual care coordination conferences, and TruCare access. Key measures include initial health risk assessment, annual health risk assessment, individual care plan, follow-up for health care events, medication reconciliation, ambulatory/preventive care visit, diabetes HbA1c <9.0%, and hypertension BP <140/90 mm Hg.

South Country maintains a delegation oversight program to ensure delegates perform services consistent with federal/state contracts, regulatory requirements, and NCQA standards. Internal audits and monitoring activities are conducted to ensure compliance with CMS and DHS contracts. Key areas audited include credentialing/recredentialing, care coordination for AbilityCare and SharedCare, and complex case management, etc.

The Special Health Care Needs program identifies, assesses, and coordinates services for members with catastrophic or complex medical needs. Criteria include hospitalizations, emergency department visits, inpatient stays, high claims, and home care utilization. Data is compared for PMAP/MinnesotaCare and Seniors/SNBC Special Health Care Needs from 2022-2024.

South Country's Population Health Management strategy involves collaboration across departments, community partners, and counties, focusing on clinical/social services and health equity. Population segmentation includes Medicaid eligible, seniors, disabled, complex needs, behavioral health, transitional youth, dental, prenatal/postpartum, and diabetes/depression. Goals include increasing dental visits, decreasing Emergency Department visits for dental issues, improving prenatal/postpartum care, enhancing outpatient mental health services, managing diabetes, screening for depression, etc.

The Utilization Management program ensures members receive appropriate, timely services. Activities include prior authorization, clinical criteria, and no financial incentives for under-utilization. Delegated UM activities are performed by PerformRx (pharmacy) and Delta Dental. Metrics reviewed include inpatient admissions, psychiatric admissions, authorization requests, clinical reviews, advisor reviews, turnaround times, interrater reliability, request methods, etc.

PerformRx administers pharmacy benefits, ensuring formulary compliance and high generic utilization rates. Medicaid and Medicare utilization trends are analyzed, focusing on cost per prescription/utilizer and prior authorizations and appeals.

Delta Dental administers dental benefits, with a focus on critical access dental providers. The annual dental visit rate has improved over the years. Utilization management includes pre-service authorization reviews and care coordination.

Behavioral health programs and interventions include Healthy Pathways, Healthy Transitions, Healthy Connections Coaching, Restricted Recipient Program, Opioid Case Management, and Substance Use Disorder services. Follow-up after hospitalization and emergency department visits ensures members receive appropriate care.

South Country implements health promotion programs, HEDIS measures, CMS Health Outcomes Survey, CMS Star Ratings, Performance Improvement Projects, Chronic Care

Improvement Programs, focused studies, and DHS financial withhold measures. Listed below is an overview of the achievements that were reached during 2024. For detailed information on these achievements, the Quality Program, and the work that they do to maintain the mission and values of South Country, please refer to the [2024 Quality Evaluation Document](#) on our website.

2024 Strategic Achievements

- **CMS Star Ratings:**
 - **AbilityCare:** Earned a 4.0 Star Rating for Part D services.
- **CAHPS Survey:** Rated #1 among Minnesota health plans in several categories, including doctor communication and access to care.

Behavioral Health Innovations

- **Healthy Pathways Program:** Supported almost 100 members with flexible mental health case management.
- **Healthy Transitions Program:** Reached almost 400 at-risk youth (17–21 years of age) with coaching and support.
- **Opioid Case Management:** Contacted over 200 members, promoting safe medication use and disposal.
- **Mental Health Hospitalization Follow-Up:** over 350 members received post-discharge outreach.

Clinical & Preventive Care Successes

- **Prenatal & Postpartum Care:**
 - Prenatal care and Postpartum rates increase
 - **Delfina App®:** rolled out app to counties to support maternal health.
- **Annual Dental Visits:**
 - Improved dental visit rates
 - Expanded outreach and incentives
- **Diabetes & Depression PIP:**
 - Focused on improving HbA1c control and mental health screening.

Utilization Management & Access

- **Telehealth Expansion:** Partnered with Included Health (Doctor on Demand™) to improve rural access.

- **Reduced Prior Authorization Burden:** Streamlined processes and removed unnecessary requirements.
- **High Interrater Reliability:** Maintained consistency in clinical decision-making (97.6%+).

Population Health & Equity

- **Focus Areas:**
 - Dental care
 - Prenatal/postpartum care
 - Behavioral health
 - Diabetes and depression
- **Health Equity Committee:** Collaborated with counties and other organizations to address disparities

Member Experience & Satisfaction

- **Member Services:**
 - 95% of calls answered within 30 seconds.
 - <1% abandoned call rate.
- **Care Coordination Satisfaction:**
 - 85% of members rated their care coordinator as “Very Satisfied” or “Satisfied.”