South Country HEALTH ALLIANCE

Evaluation of the 2025 Quality Program

Quality Assurance Committee Approval: April 23rd, 2026

Joint Powers Board Approval: Pending May 2026

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South Country Health Alliance

Evaluation of the 2025 Quality Program

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.

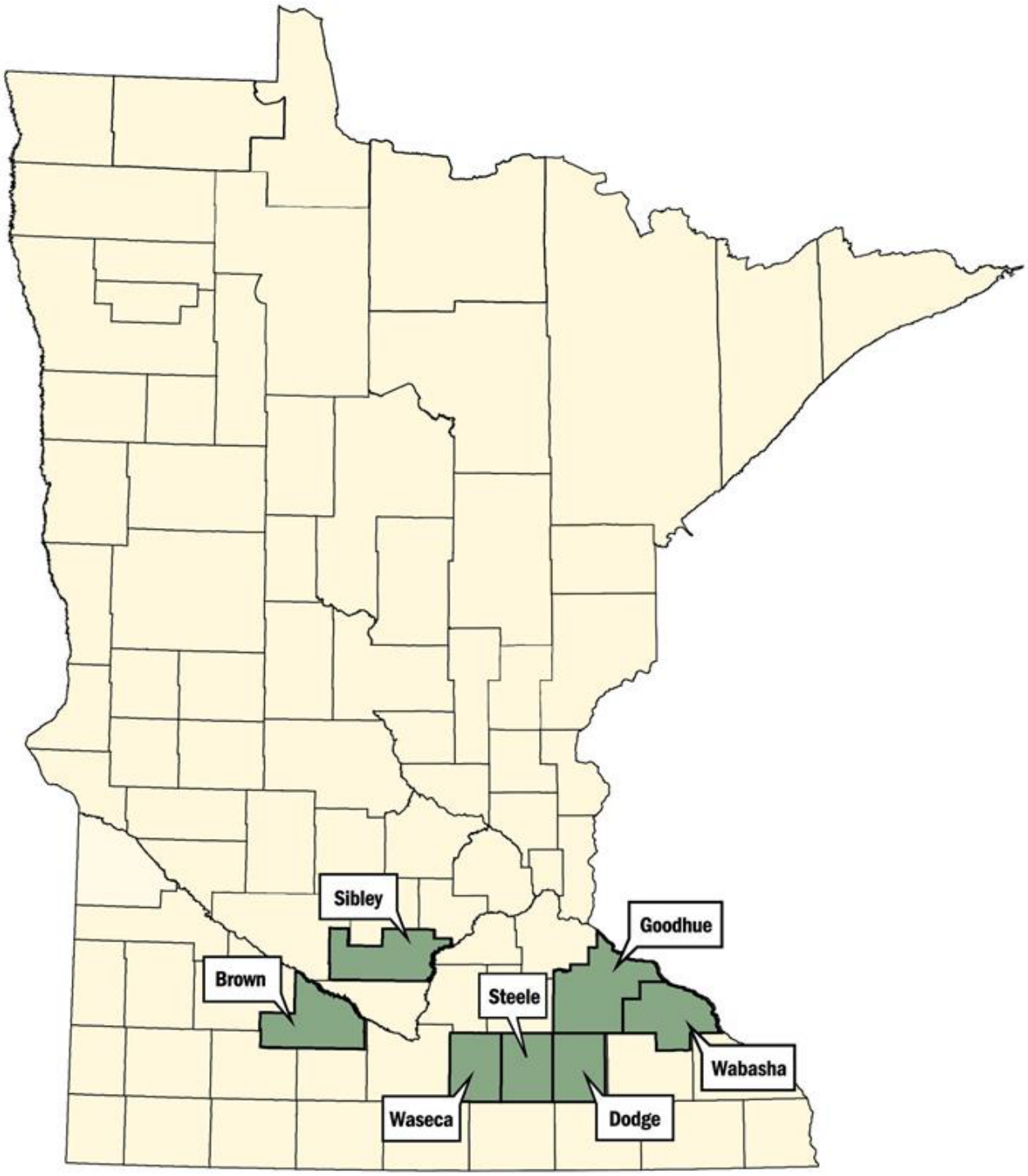
- Collaboration: We value the contributions of many individuals, partners, and agencies in helping meet the needs of our members.

- 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 2025 were Brown, Dodge, Goodhue, Steele, Sibley, 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 90 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 2025. 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.

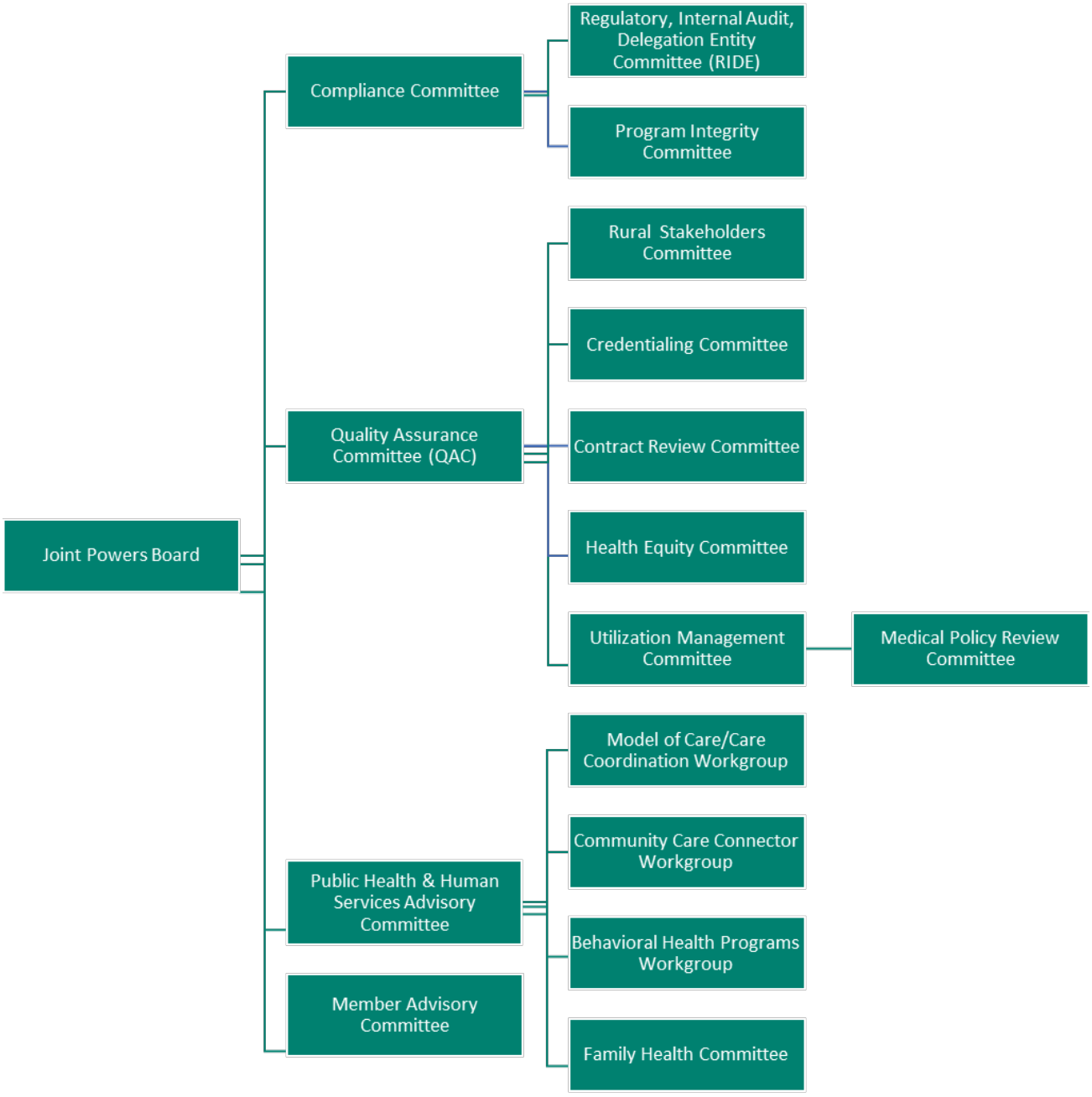
South Country's Quality Program is resourced through an annual budget process. Quality program resource requirements were evaluated to ensure that staffing, materials, analytic and information systems were adequate for 2025. South Country has designated specific positions responsible for direct support of quality programs, including:

- Chief executive officer
- Medical director
- Chief financial officer
- Manager of quality improvement
- 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
- Associate director of provider network & 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 2025, 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, additional county commissioner(s), and South Country staff.



South Country's operations are supplemented by third-party administrators (TPAs) through administrative services and delegation agreements. In 2025, 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 2026, the 2026 Quality Work Plan, 2026 Quality Program Description, and 2025 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 2026 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 2025 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 2025, 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, MN Rural Health Cooperative, and Included Health. 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 2025, South Country's care coordination delegates were:

- Brown County;
- Dodge County Public Health;
- Goodhue County;

- Minnesota Prairie County Alliance (Human Services from Steele, Dodge and Waseca);
- Sibley County;
- Spero (SNBC members residing in Steele, Dodge and Waseca that receive Mental Health Targeted Case Management (MH-TCM) through Spero);
- 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 2025 delegation oversight program.

Annual delegation audits completed that demonstrated 99-100% compliance include:

- Delta Dental of MN;
- Included Health;
- 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;
- MN Rural Health Cooperative; and

Delta Dental of Minnesota

For Delta Dental's annual review for 2025, 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 2025 quarter three provider appeals, which were 100% compliant with no issues, and a 2025 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 98% compliant.

PerformRx

PerformRx's annual review for 2025 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.

DHS Enrollment

DHS Enrollments annual review for 2025 included a review of enrollment/disenrollment files and denial file review. Enrollments, Disenrollments and Denials were all 100% compliant. A review of incomplete applications files was completed with two findings identified. One finding identified for timeliness of notification to member and the second finding was incorrect determination that the enrollment was incomplete.

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

South Country completed the 2025 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 2024 member files.

The 2025 audit of Elderly Waiver showed a total of 37 out of 44 elements between 99-100%. The remaining elements were between 77% to 98%. There were four elements that improved in 2025 from 2024:

- Goal outcome and achievement dates increased from 99% in 2024 to 100% in 2025.
- South Country specific element – Assessment – LTCC appropriate level of care (case mix) increased from 99% in 2024 to 100% in 2025.
- Safety Plan – plan for managing discussed risks is documented increased from 99% in 2024 to 100% in 2025.
- Annual preventative health exam documentation is present on the support plan, which increased from 99% in 2024 to 100% in 2025.

The 2025 audit of community well, showed all but four audit elements were between 99% to 100% There were two elements that improved in 2025 from 2024:

- Support plan – goal target dates identified increased from 99% in 2024 to 100% in 2025.
- PCP communication was documented increased from 98% in 2024 to 100% in 2025.

The county delegates overall did very well with the 2025 nursing home audit, which is consistent with audit results of the last two or three years. In 2024, all but one of the nursing home audit elements were 100%, with the remaining element at 97%. In 2025, all but one of the audit elements were between 99% to 100% with the remaining element at 99%. Two audit elements improved from 2024 to 2025. The elements were:

- Annual HRA completed within 365 days of previous assessment increased from 97% in 2024 to 100% in 2025.
- Documentation that the HRA was given to the member/legal representative within 30 days increased from 99% in 2024 to 100% in 2025.

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

The 2025 audit of Elderly Waiver showed a decrease in twelve audit elements from the 2024 audit. The audit elements were:

- Reassessment completed within 365 days of previous assessment or explanation documented from 100% in 2024 to 98% in 2025.
- Support plan completed within 30 days of LTCC, or explanation of status is documented decreased from 98% in 2024 to 94% in 2025.
- All 100% of member's assessed needs are completed or noted as NA decreased from 100% in 2024 to 77% in 2025.
- Need for services essential to health and safety of the member is documented from 100% in 2024 to 99% in 2025.
- Community-wide disaster plan is documented in the support plan from 100% in 2024 to 96% in 2025.
- At least one high priority goal and all goals have a priority from 100% in 2024 to 94% in 2025.
- PCP communication documented from 100% in 2024 to 99% in 2025.
- Support plan is signed and dated by member or authorized representative from 100% in 2024 to 94% in 2025.
- Care coordinator follow-up plan documented from 100% in 2024 to 98% in 2025.
- Contact with person according to plan from 100% in 2024 to 96% in 2025.
- Appeal rights documentation went from 100% in 2024 to 99% in 2025.
- Data privacy documentation went from 100% in 2024 to 99% in 2025.

The 2025 audit of community well had four audit elements decreasing from 2024 to 2025. The audit elements were:

- HRA completed within 365 days of previous HRA from 100% in 2024 to 97% in 2025.
- All assessed needs and concerns are addressed in care plan from the HRA decreased from 99% in 2024 to 93% in 2025.
- Support plan outcome and achievement dates for goals decreased from 99% in 2024 to 93% in 2025.
- High priority goal and all goals have a priority from 100% in 2024 to 95% in 2025.

The 2025 audit of nursing home had one audit element decreasing from 2024 to 2025. The audit element was:

- Care coordinator makes at least one face-to-face visit with the member from 100% in 2024 to 99% in 2025.

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 99-100%. Audit elements showing improvement are as follows:

- HRA completed within 12 months (SingleCare) from 98% in 2024 to 100% in 2025.
- Support plan signed or documented attempts to obtain signature documented increased from 97% in 2024 to 99% in 2025.
- Goal action steps are identified from 99% in 2024 to 100% in 2025.
- Documentation monitoring progress towards goals from 99% in 2024 to 99% in 2025.
- Goal outcome and achievement dates identified from 98% in 2024 to 99% in 2025.

Opportunities for improvement were identified in a few areas. Overall, across all delegates, there were four audit elements that decreased in the 2025 audit. The four audit elements were between 88% to 93%. The four elements that decreased are:

- Initial HRA all 100% areas have been evaluated/documented from 100% in 2024 to 93% in 2025.
- Support plan addressed needs as identified on the HRA from 100% in 2024 to 92% in 2025.
- At least one high priority goal and all goals have a priority (AbilityCare element) from 100% in 2024 to 88% in 2025.
- Support plan goals and target dates identified from 99% in 2024 to 93% in 2025.

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, manager of community care coordination 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 2025, 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 2025 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 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 AbilityCare ACT audit scores were combined for the 2025 audit reporting.

During review of the AbilityCare and ACT cases it was noted that there were two deficiencies in the 2025 audit that resulted in a corrective action plan (CAP). Both were initial deficiencies.

South Country's internal care coordination team demonstrates some opportunities for improvement; however, 2025 showed 4 audit elements that demonstrated improvement from 2024. Twenty-three audit elements were between 99-100% with 7 elements between 90-95%. Audit elements that increased from 2024 to 2025 within AbilityCare and ACT are:

- Member contact within 10 business days of care coordinator assignment or change in care coordinator from 92% in 2024 to 100% in 2025.
- Member contact includes care coordinator's name and number from 92% in 2024 to 100% in 2025.
- Annual HRA completed within 365 days of previous health assessment from 93% in 2024 to 100% in 2025.
- The support plan is signed by member or authorized representative, or evidence of case manager attempts to obtain signature increased from 89% in 2024 to 100% in 2025.

There were six audit elements where the audit percentage decreased from 2024 to 2025 within AbilityCare and ACT:

- The support plan is completed (date sent to member) within 30 calendar days of HRA and no explanation documented for not sending decreased from 95% in 2024 to 90% in 2025.
- Support plan addresses needs as addressed on HRA from 100% in 2024 to 90% in 2025.
- Goal action steps included services and supports from 100% in 2024 to 95% in 2025.
- At least one high priority goal and all goals have a priority from 100% in 2024 to 95% in 2025.
- Goal and target dates identified from 100% in 2024 to 95% in 2025.
- PCP communication documented from 100% in 2024 to 95% in 2025.

SharedCare, the largest group of members that the internal care coordination team works with, showed 100% compliance with all audit elements.

There was one audit element within SharedCare that the audit percentage increased from 2024 to 2025:

- Case manager documents contact with member according to plan or provides documentation of why plan was not followed decreased from 82% in 2024 to 100% in 2025.

The 2025 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 2025 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 2025 audit.

The 2025 credentialing/recredentialing audit focused on South Country's internal credentialing and recredentialing files and a review of Credentialing policy (CR 01), Credentialing Review and Approval (CR 04), and Credentialing Information Integrity (CR 08) was completed with no deficiencies, recommendations, or corrective action plans being required.

The 2025 organizational assessment audit focused on the Organizational Assessment Policy (CR 03) and Practitioner Office Quality Site Visits (CR 05) as well as initial organizational providers and reassessed organizational providers. No issues were noted, and all elements were 100% compliant.

The 2025 compliance program audit consisted of a policy and procedure review, using an audit tool based on current DHS, federal and contract requirements. The 2025 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 2025 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.

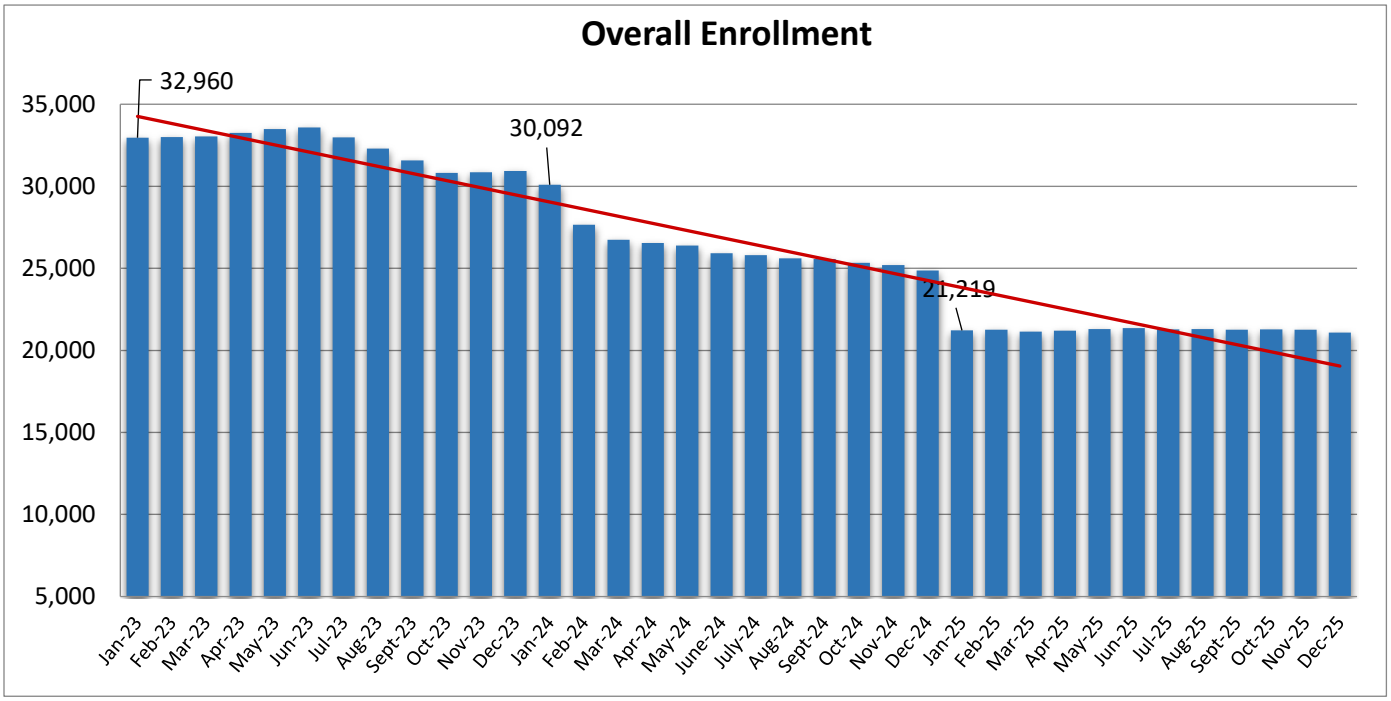
Process

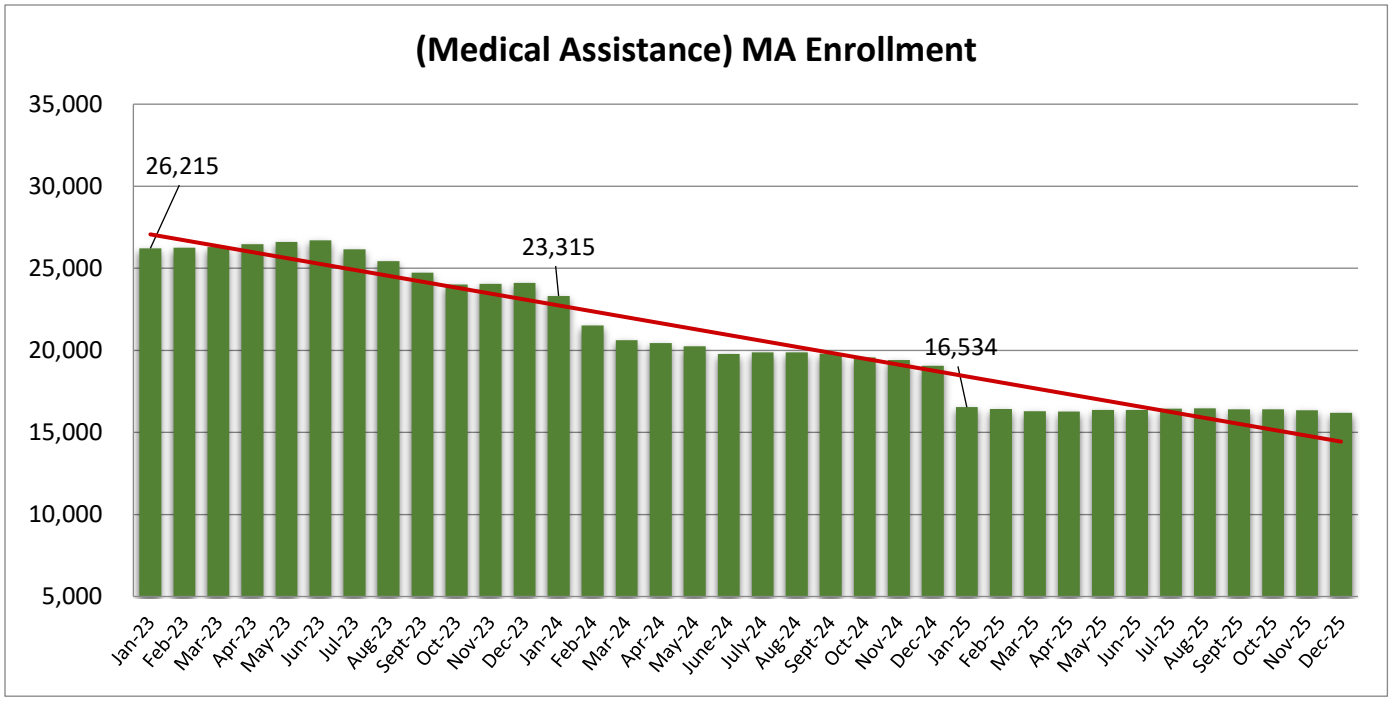
The purpose of the analysis described below is to provide context for the information contained in the annual evaluation and other quality reporting, and to support discussion about how effectively South Country's programs and services meet the unique demographics and needs of members.

Analysis

Enrollment by Product

The graphs below show the volume of our membership month to month, overall and by product, from December 2022 through December 2025.




(Medical Assistance) MA Enrollment
35,000
30,000
25,000
20,000
15,000
10,000
5,000
26,215
23,315
16,534
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sept-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
June-24
July-24
Aug-24
Sept-24
Oct-24
Nov-24
Dec-24
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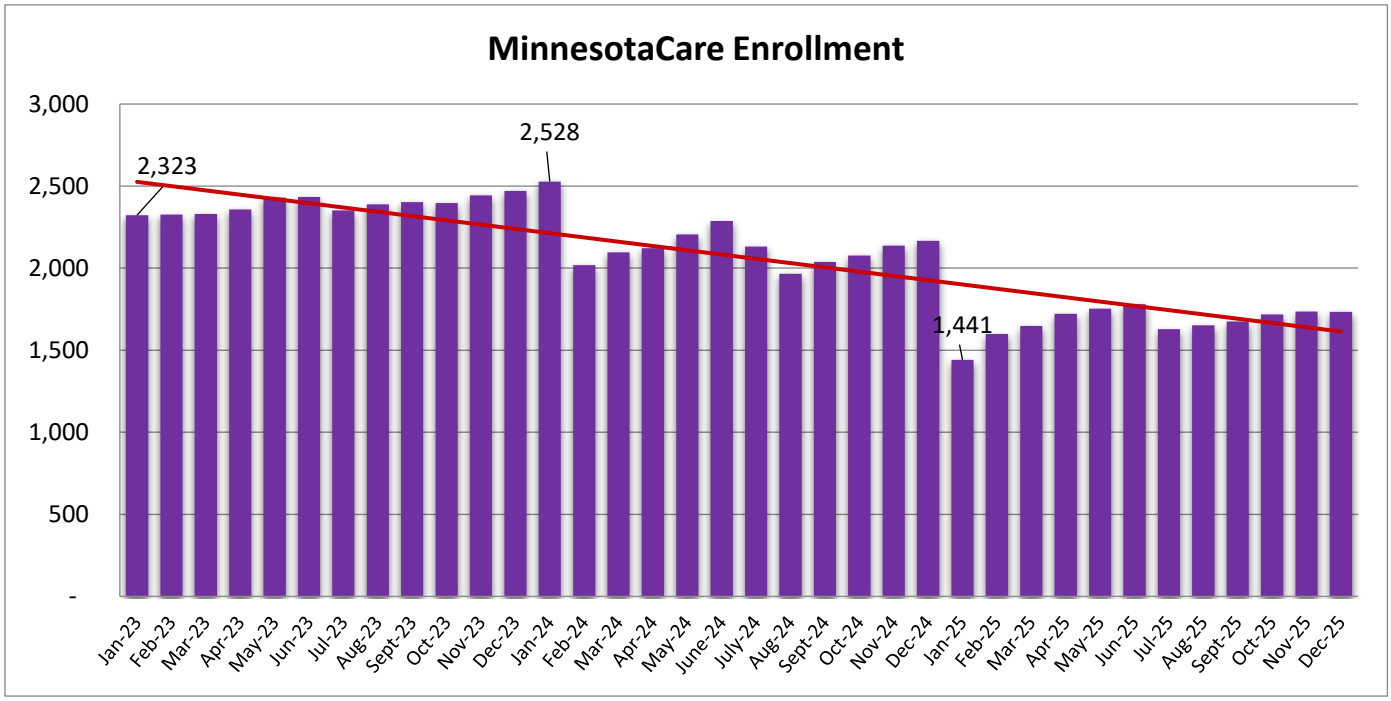
Jul-25
Aug-25
Sept-25
Oct-25
Nov-25
Dec-25


MinnesotaCare Enrollment
3,000
2,500
2,000
1,500
1,000
500
-
2,323
2,528
1,441
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sept-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
June-24
July-24
Aug-24
Sept-24
Oct-24
Nov-24
Dec-24
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Sept-25
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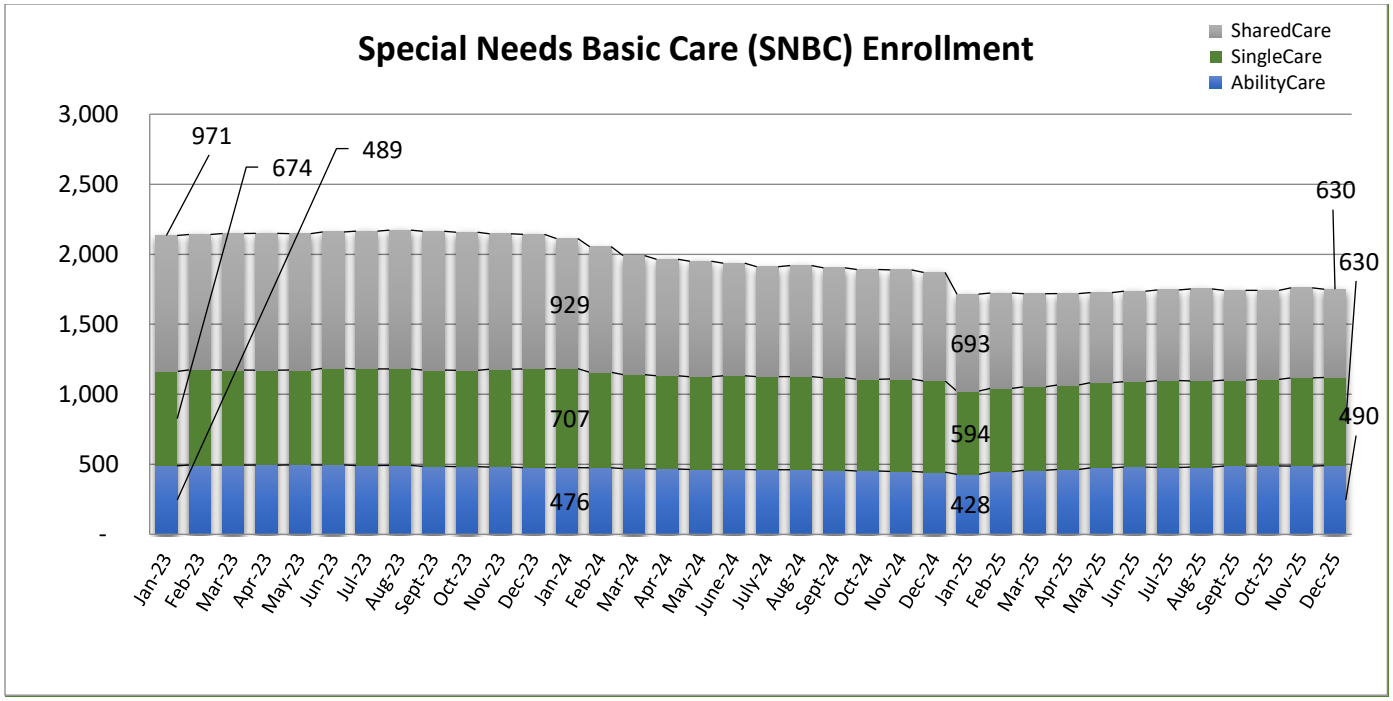
Nov-25
Dec-25


Special Needs Basic Care (SNBC) Enrollment
SharedCare
SingleCare
AbilityCare
3,000
2,500
2,000
1,500
1,000
500
-
971
674
489
929
707
476
693
594
428
630
630
490
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sept-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
June-24
July-24
Aug-24
Sept-24
Oct-24
Nov-24
Dec-24
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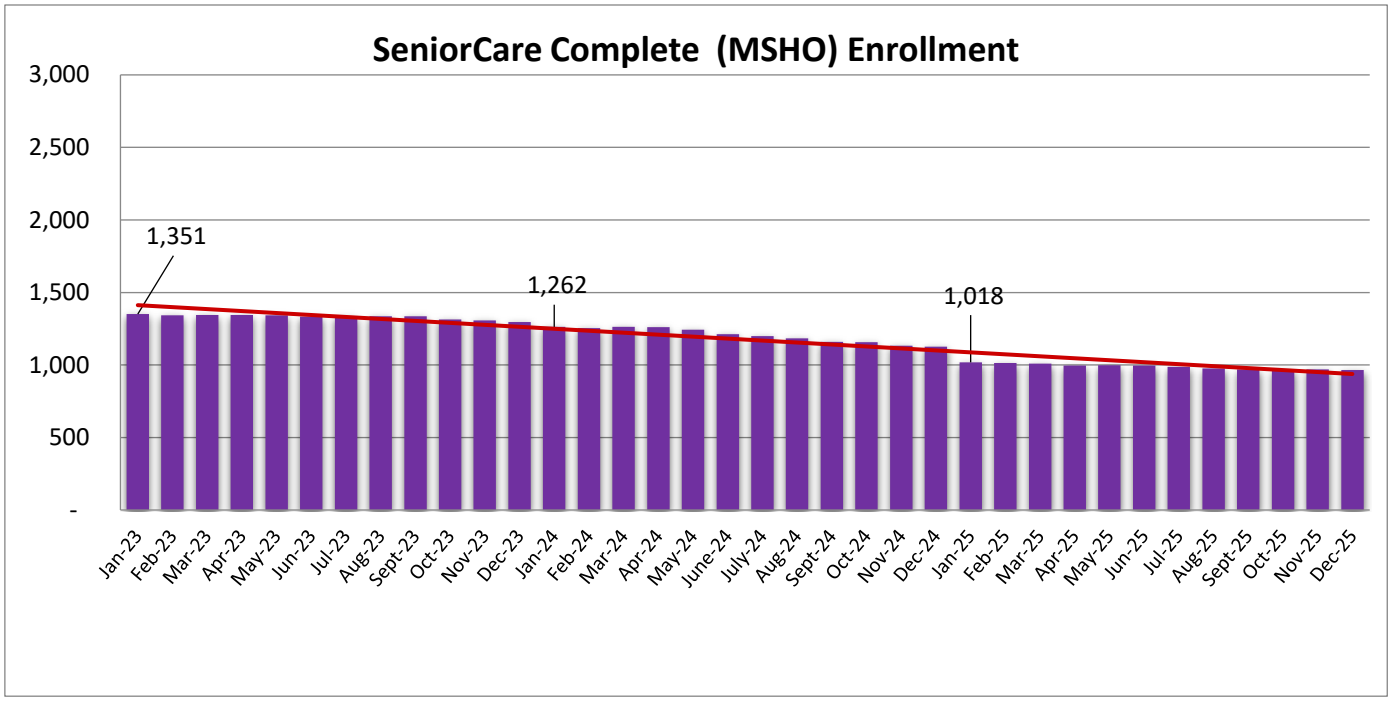
Jul-25
Aug-25
Sept-25
Oct-25
Nov-25
Dec-25


SeniorCare Complete (MSHO) Enrollment
3,000
2,500
2,000
1,500
1,000
500
-
1,351
1,262
1,018
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sept-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
June-24
July-24
Aug-24
Sept-24
Oct-24
Nov-24
Dec-24
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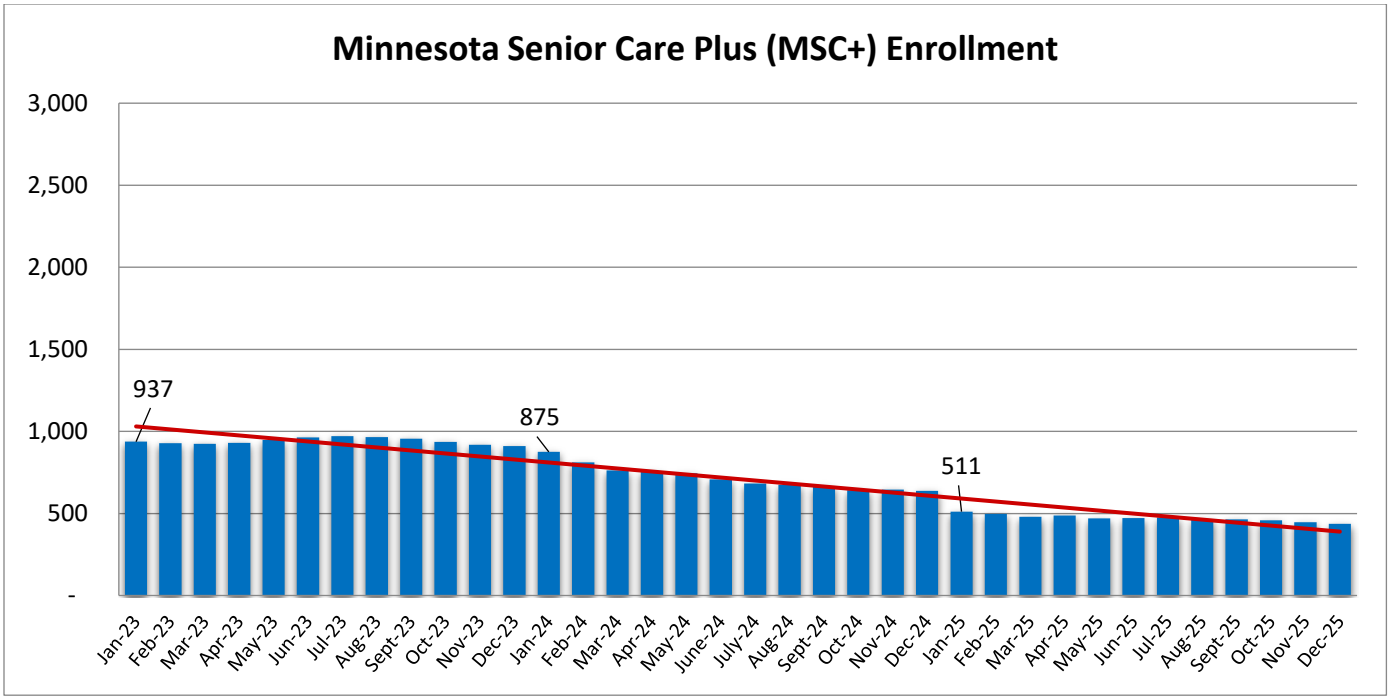
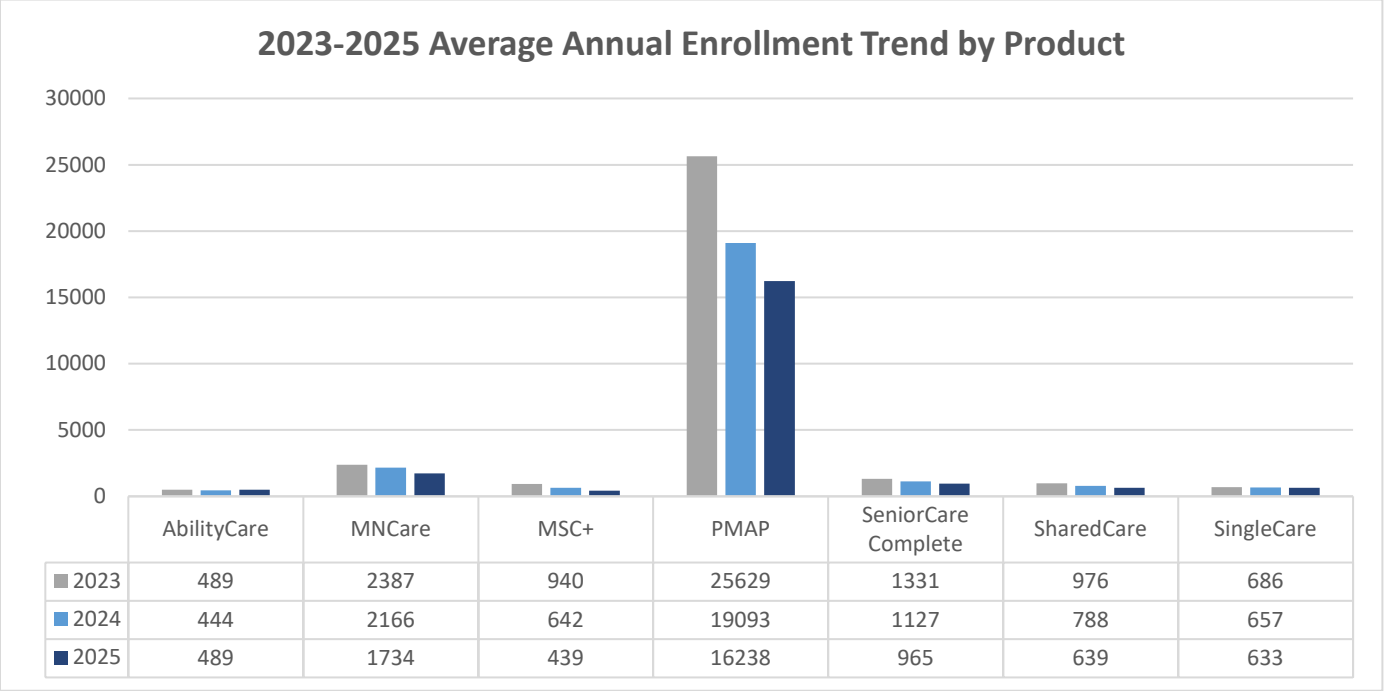
Nov-25
Dec-25



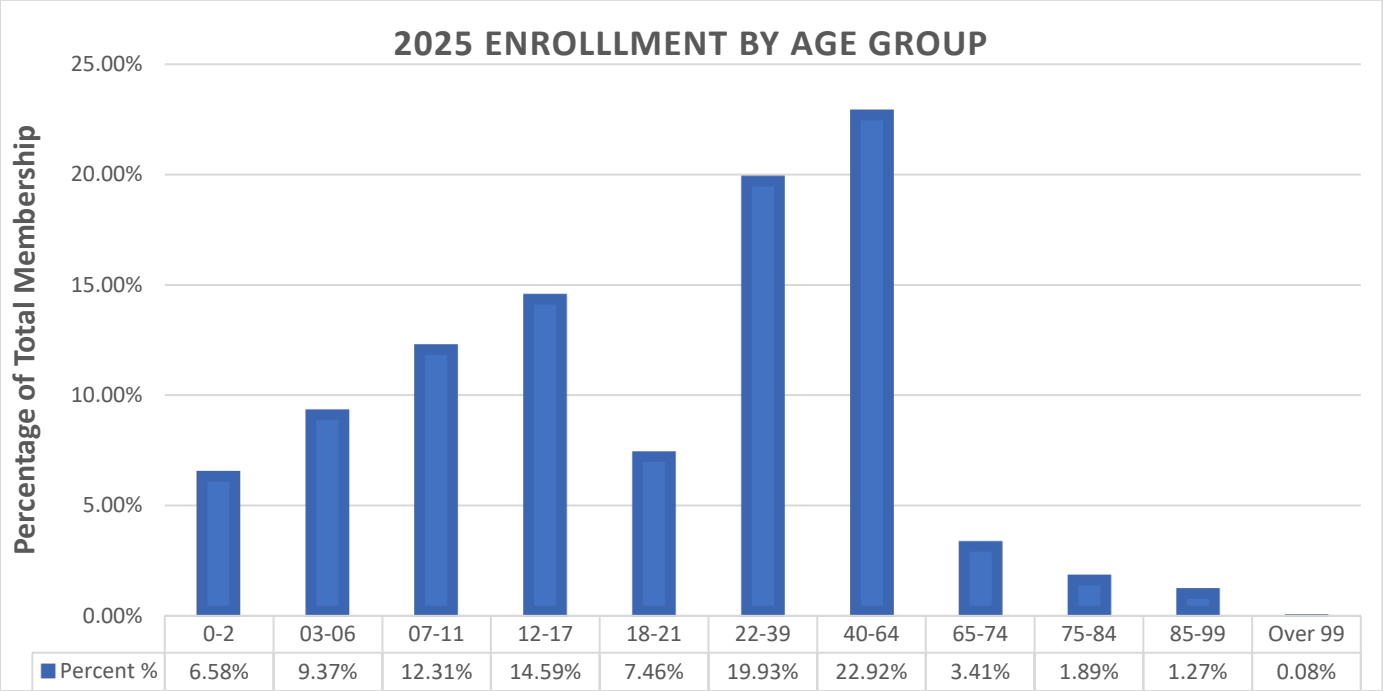
The graphs below compare the volume of our membership by product in 2023, 2024, and 2025. Most products showed a decrease in enrollment between 2023 to 2025.



	AbilityCare	MNCare	MSC+	PMAP	SeniorCare Complete	SharedCare	SingleCare
2023	489	2387	940	25629	1331	976	686
2024	444	2166	642	19093	1127	788	657
2025	489	1734	439	16238	965	639	633

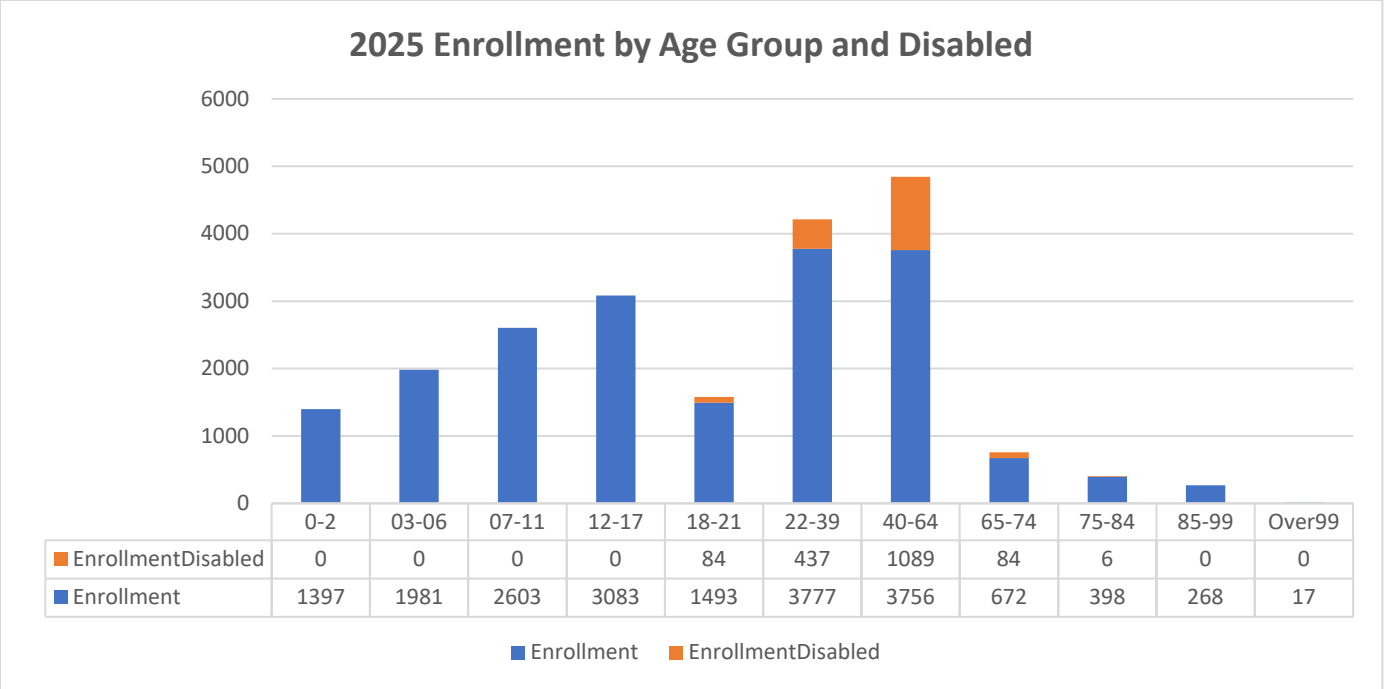
Enrollment by Age

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 2025 membership percentage by age group.



Enrollment by Age Group and Disabled

Member age groups and disabled show that about 1700 members were identified through enrollment as disabled in 2025. Most of these members are enrolled in one of the special needs basic care products (SingleCare, SharedCare, AbilityCare) which requires as part of the eligibility to be certified disabled by the social security administration or the state of Minnesota. Below is the 2025 membership counts by age group and disabled.



	0-2	03-06	07-11	12-17	18-21	22-39	40-64	65-74	75-84	85-99	Over99
EnrollmentDisabled	0	0	0	0	84	437	1089	84	6	0	0
Enrollment	1397	1981	2603	3083	1493	3777	3756	672	398	268	17

Enrollment by Gender

All products except SingleCare have more females enrolled than males. Below you can see the details by product from 2023 to 2025. Our senior products continue to have a much higher female population compared to other products.

Product	Gender Split 2023	Gender Split 2024	Gender Split 2025
PMAP	Female = 53.6% Male = 46.4%	Female = 53.6% Male = 46.4%	Female = 53.3% Male = 46.7%
MinnesotaCare	Female = 52.7% Male = 47.3%	Female = 57.5% Male = 42.5%	Female = 57.2% Male = 42.8%
SingleCare	Female = 48.8% Male = 51.2%	Female = 49.0% Male = 51.0%	Female = 49.6% Male = 50.4%
SharedCare	Female = 54% Male = 46%	Female = 53.7% Male = 46.3%	Female = 54.6% Male = 45.4%
AbilityCare	Female = 55.4% Male = 44.6%	Female = 56.8% Male = 43.2%	Female = 58.1% Male = 41.9%
MSC+	Female = 59.4% Male = 40.6%	Female = 64.5% Male = 35.5%	Female = 62.9% Male = 37.1%
SeniorCare Complete	Female = 67.2% Male = 32.8%	Female = 67.3% Male = 32.7%	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 2025 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 13% in 2025 which is an increase of 2% compared to 2024.

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.

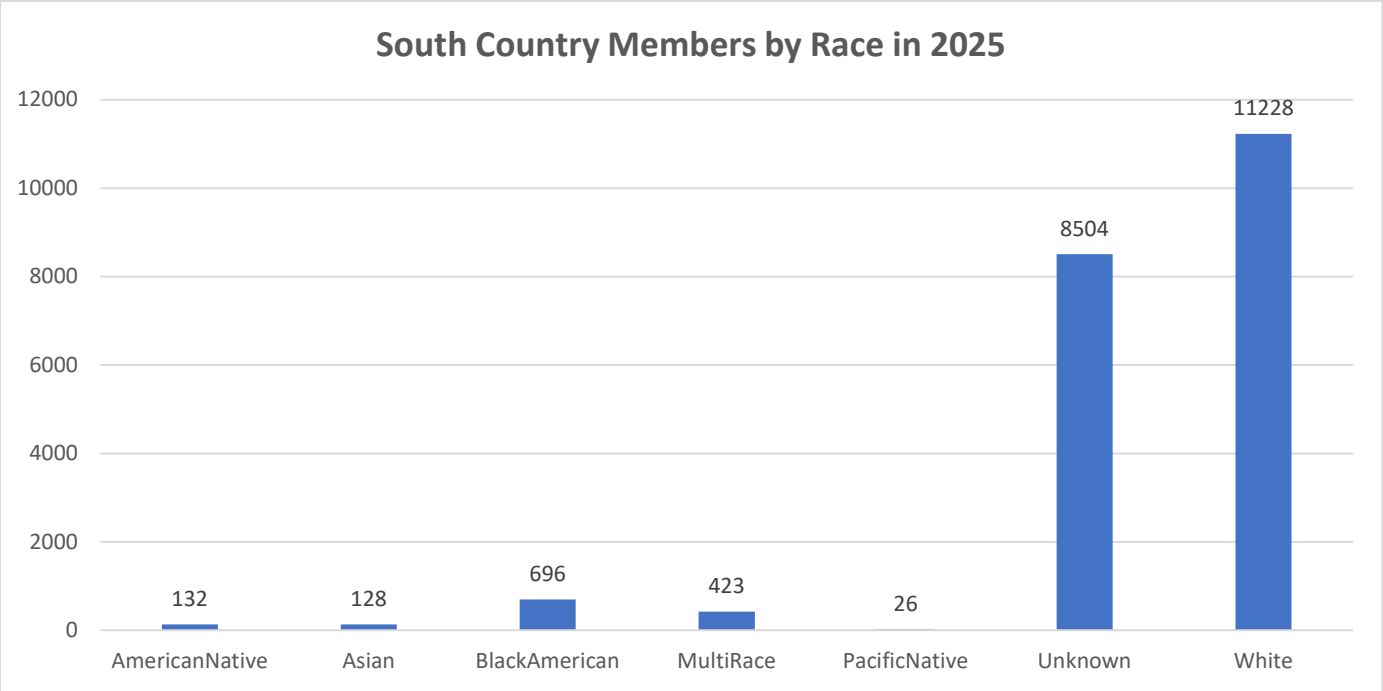
South Country has initiatives in place such as our community health worker position that was established in 2014. South Country partnered with Sibley County for the development and implementation of a community health worker position. This position has remained active within the Sibley County community 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.

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

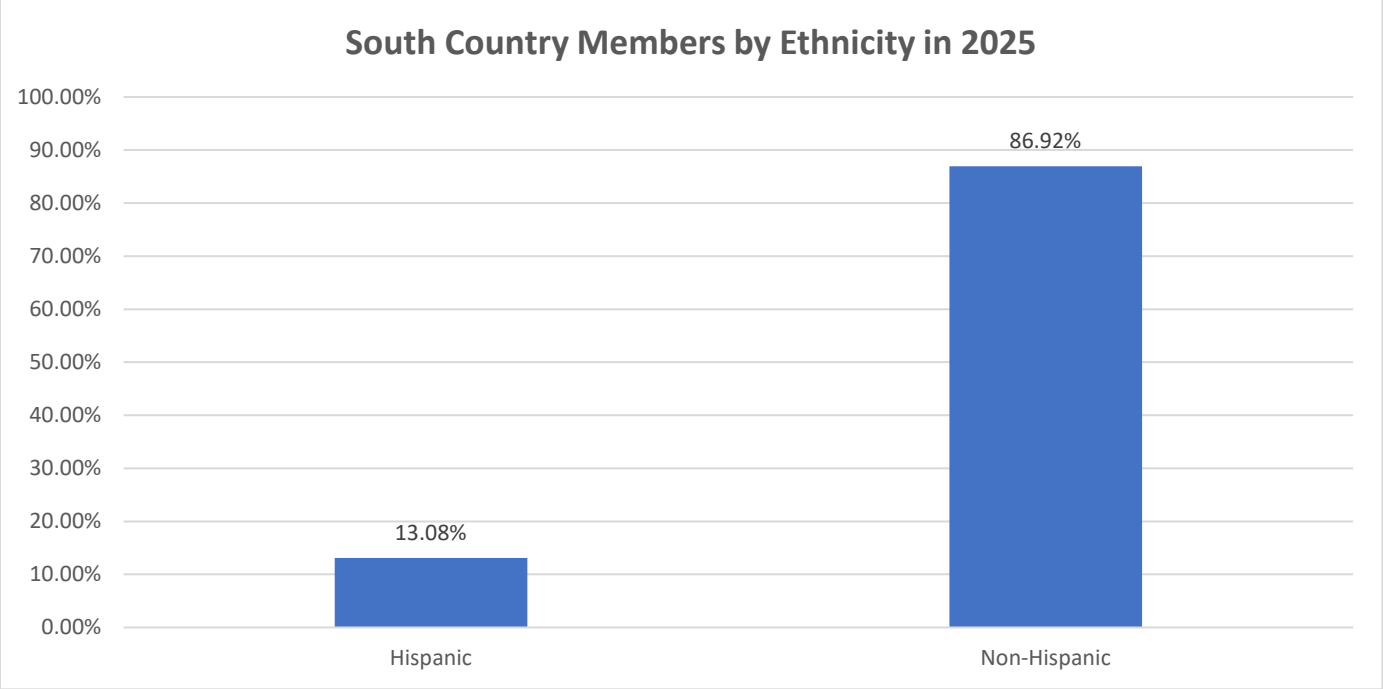
South Country Members by Race in 2025

In 2025, 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 2025

In 2025, South Country had a total of 18,373 members identifying as not Hispanic or Latino and 2,764 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.

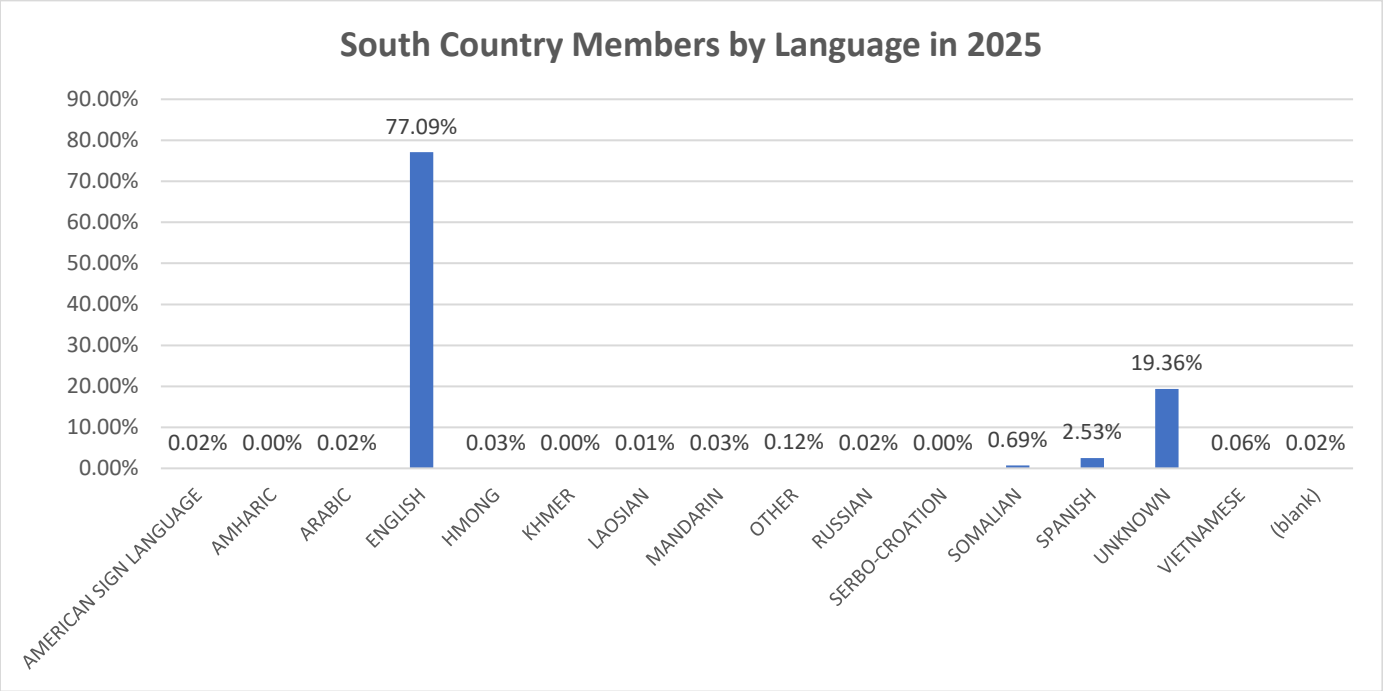
South Country works with members to connect them to health care providers who serve their specific racial, ethnic, or cultural needs, or if necessary, recruit providers into the South Country network. South Country assists members who have special language or cultural needs to locate providers within 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 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.



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 2025 included a Care Coordination 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'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. Our 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 utilizes an interpreter vendor for other languages which allows us to meet each member's unique needs. To ensure we are meeting our goal of member satisfaction, South Country Health Alliance 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 Center for Medicare and 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 2025, Member Services handled an average of 2,340 calls per month as shown in Table 1. This is a 7.91% decrease from 2024. The decrease can be attributed to a decline in enrollment resulting from the end of continuous eligibility during the pandemic, and the loss of Kanabec County at the end of 2024. 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 2023 to 2025.

Table 1.

Call Center Three-Year Trend			
Year	**2023**	**2024**	**2025**
Average Calls/Month	2,593	2,541	2,340
% Calls Answered Within 30 Seconds	95.2%	95.14%	95.40%
Abandoned Call %	.65%	.68%	.63%

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.

2025 Responses for Member Services Follow Up Survey		
Member Services Specialist Performance	Yes	No
Did the Member Services Specialist greet you with their name?	410/417 **98.3%**	7/417 **1.7%**
Was the Member Services Specialist able to answer your questions in one call?	391/419 **93.3%**	28/419 **6.7%**
Did the Member Services Specialist ask if you had any other questions?	403/422 **95.5%**	19/422 **4.5%**
Did the Member Services Specialist treat you with respect and dignity?	419/424 **98.8%**	5/424 **1.2%**
Did the Member Services Specialist listen to your needs?	419/425 **98.6%**	6/425 **1.4%**
Did the Member Services Specialist provide you with resources or information that was helpful?	387/413 **93.7%**	26/413 **6.3%**

South Country continues to use ServiceSkills to provide customer service and soft skills training to the Member Services team. ServiceSkills has over two hundred 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 2026.
- Present results to the Member Services team regularly via email or 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 were enrolled in SeniorCare Complete (MSHO), AbilityCare for 2025.

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 seven counties that South Country served in 2025. The survey included a cover letter that listed the respective members' care coordinator, to help identify the members whose services South Country would like evaluated. All member surveys were mailed on September 26, 2025, with a requested return date of November 1, 2025. South Country mailed out a second survey on October 31, 2025, to those who did not return the first survey by the requested return date. South Country accepted survey responses until December 15, 2025.

The 2025 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.

Analysis

The response rate from members in the SeniorCare Complete program increased by 7% (from 129 in 2024 to 143 in 2025.) However, the response rate from members in the AbilityCare decreased by 2% (from 88 in 2024 to 87 in 2025). Below are the details of our Medicare and Medicaid product member response rates for the past three years.

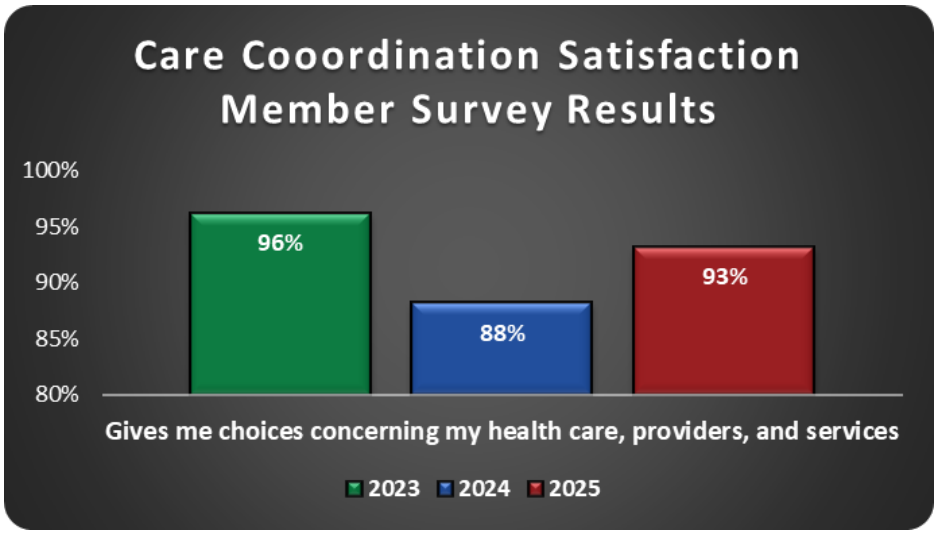
Medicare Care Coordination Satisfaction Survey Member Response Rates						
	2023		2024		2025	
Product	Returned / Sent	Response Rate	Returned / Sent	Response Rate	Returned / Sent	Response Rate
SeniorCare Complete (MSHO: Seniors)	112 / 305	37%	129 / 284	45%	143 / 274	52%
AbilityCare	59 / 219	27%	88 / 204	43%	87 / 212	41%
Medicare Overall Response Rate	171 / 524	33%	217 / 488	45%	230 / 486	47%

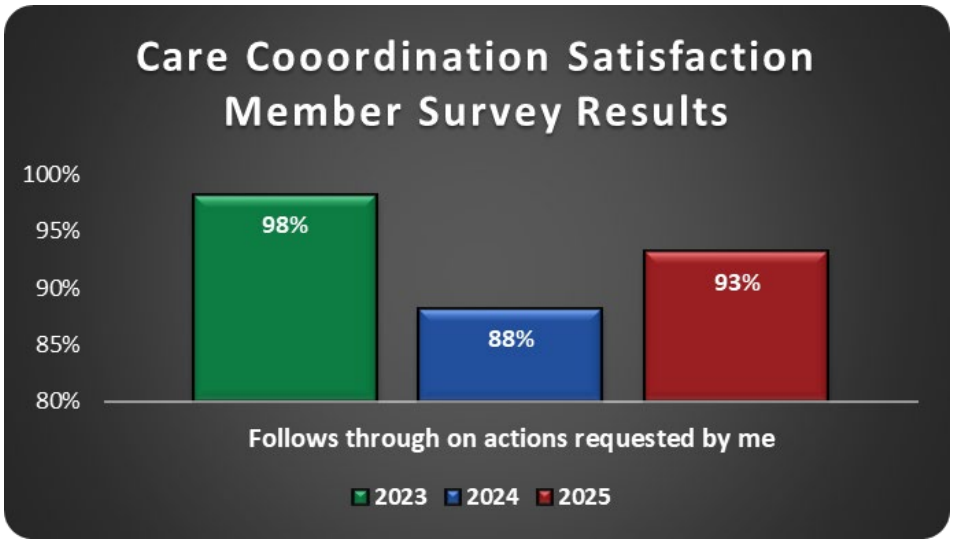
Questions in the care coordinator performance domain directly correlate to the performance of the member's care coordinator. Overall, members responded positively with either an "Excellent," "Very Good," or "Good" rating related to the care coordination services they received. As noted in the chart below, South Country received the highest scores for care coordinators treating members with respect and dignity and listening to their wishes and needs.

Care Coordinator Performance	SeniorCare Complete	AbilityCare	Overall
Treats me with respect and dignity	133 / 143 93%	85 / 87 98%	218 / 230 95%
Listens to my wishes and needs	132 / 143 92%	84 / 87 97%	216 / 230 94%
Gives me choices concerning my health care, providers, and services	130 / 143 91%	8 4/ 87 97%	214 / 230 93%
Follows through on actions requested by me	130 / 143 91%	84 / 87 97%	214 / 230 93%
Answers my questions	130 / 143 91%	84 / 87 97%	214 / 230 93%
Provides a timely response to my calls (within 2 business days)	128 / 143 90%	82 / 87 94%	210 / 230 91%
Provides me with resources that are helpful	129 / 143 90%	81 / 87 93%	210 / 230 91%


Care Cooordination Satisfaction Member Survey Results
100%
95%
90%
85%
98%
90%
95%
Treats me with respect and dignity
2023 2024 2025


Care Cooordination Satisfaction Member Survey Results
100%
95%
90%
85%
97%
90%
94%
Listens to my wishes and needs
2023 2024 2025


Care Cooordination Satisfaction Member Survey Results
100%
95%
90%
85%
80%
96%
88%
93%
Gives me choices concerning my health care, providers, and services
2023 2024 2025


Care Cooordination Satisfaction Member Survey Results
100%
95%
90%
85%
80%
98%
88%
93%
Follows through on actions requested by me
2023 2024 2025


Care Cooordination Satisfaction Member Survey Results
100%
95%
90%
85%
98%
91%
93%
Answers my questions
2023 2024 2025

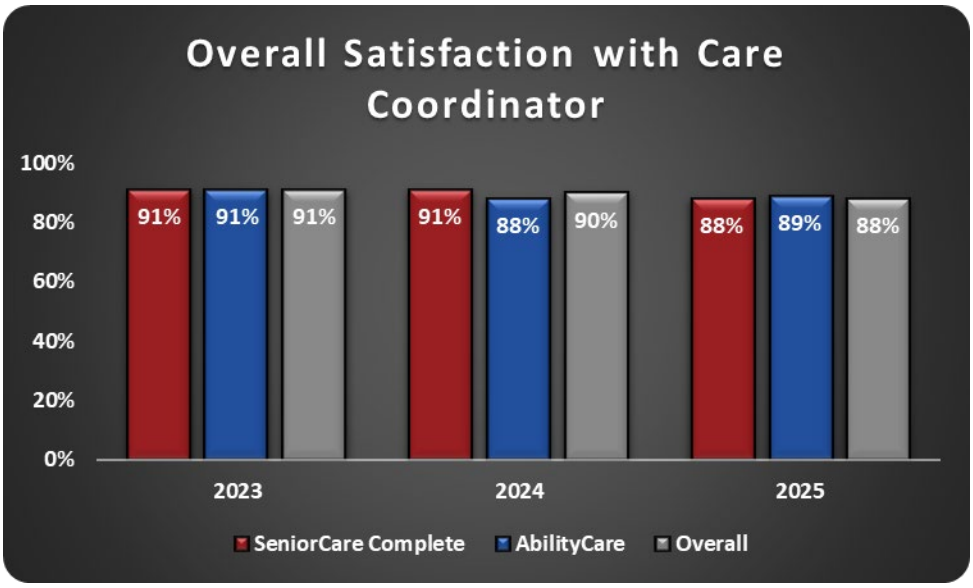

Care Cooordination Satisfaction Member Survey Results
100%
95%
90%
85%
80%
98%
87%
91%
Provides a timely response to my calls
2023 2024 2025

Using the member's perspective, to gain a frequency of interaction between members and their care coordinator, South Country asked how often do you talk to or see your care coordinator. 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. Overall, twenty-four percent of the members shared that they talk with or see their care coordinators every three months. Twenty-one percent shared they talk or see their care coordinator every six months, while twelve percent 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	9 / 143 6%	25 / 143 17%	18 / 143 13%	37 / 143 26%	24 / 143 17%	17 / 143 12%
AbilityCare	3 / 87 3%	16 / 87 18%	11 / 87 13%	19 / 87 22%	25 / 87 29%	10 / 87 11%
Overall	12 / 230 5%	41 / 230 18%	29 / 230 13%	56 / 230 24%	49 / 230 21%	27 / 230 12%

SeniorCare Complete and AbilityCare 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. The overall satisfaction rating was 90% last year and is now 88%, a slight decrease of 2% from the previous year.

Care Coordinator Performance	SeniorCare Complete	AbilityCare	Overall
Overall Satisfaction with Care Coordinator	126 / 143 88%	77 / 87 89%	203 / 230 88%



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 remained the same as the previous year (2024) at 76%. (84% responded "Yes" in 2023).

Response	SeniorCare Complete	AbilityCare	Overall
Yes	109 / 143 76%	6 5/ 87 75%	174 / 230 76%
No	22 / 143 15%	17 / 87 20%	39 / 230 17%

Our performance target for member satisfaction with South Country as their plan is 95%. In 2025, 87% of members surveyed responded that that their overall satisfaction with South Country was "Excellent" or "Very Good." This is a positive increase of 2% from 2024.

Response	SeniorCare Complete	AbilityCare	Overall
Excellent	80 / 143 56%	50 / 87 57%	130 / 230 57%
Very Good	46 / 143 32%	25 / 87 29%	71 / 230 31%
Good	14 / 143 10%	10 / 87 11%	24 / 230 10%
Fair	1 / 143 1%	1 / 87 1%	2 / 230 1%
Poor	0 / 143 0%	0 / 87 0%	0 / 230 0%

The next group of questions are related to overall member satisfaction 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.

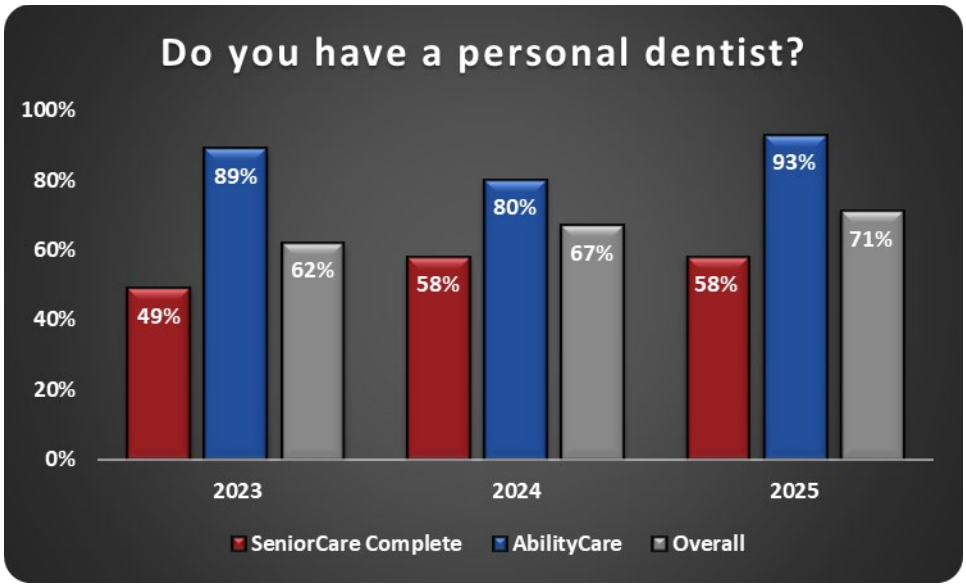
The table below reflects member satisfaction with services to include the “Very Satisfied” and “Satisfied” responses as positive responses. If a member did not respond to the question or marked N/A as they did not use the service, the response was not counted in the table below.

Service Type	SeniorCare Complete	AbilityCare	Overall
Dental services	91 / 143 63%	65 / 87 75%	156 / 230 68%
Pharmacy services	132 / 143 92%	80 / 87 92%	212 / 230 92%
Clinic services (including their personal doctor)	129 / 143 90%	78 / 87 90%	20 7/ 230 90%
Mental health services	92 / 143 64%	65 / 87 75%	157 / 230 68%
Hospital services	109 / 143 76%	63 / 87 72%	172 / 230 75%

The next two questions in the survey were regarding having a personal dentist and if the member's care coordinator discussed going to the dentist. The data shows that on average more AbilityCare members say they have a personal dentist than SeniorCare Complete members. Although SeniorCare Complete remained steady at 58% of members who replied "Yes" to having a personal dentist, AbilityCare had an increase of 13%. This resulted in an overall increase of 10% from the previous year for our Medicare members.

Additionally, more AbilityCare members (69%) had conversations with their care coordinator about seeing a dentist than SeniorCare Complete members (48%).

Response	SeniorCare Complete	AbilityCare	Overall
Yes	83 / 143 58%	81 / 87 93%	164 / 230 71%
No	47 / 143 33%%	3 / 87 3%	50 / 230 22%



Response	SeniorCare Complete	AbilityCare	Overall
Yes	68 / 143 48%	60 / 87 69%	128 / 230 56%
No	56 / 143 39%	18 / 87 21%	74 / 230 32%

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.

In the past year, have you, or any family members you live with, been unable to get any of the following?

- 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**	
In the past year, have you or any family members you live with been unable to get food?	48 / 230	21%	167 / 230	73%	15 / 230	7%
In the past year, have you or any family members you live with been unable to get clothing?	42 / 230	18%	170 / 230	74%	18 / 230	8%
In the past year, have you or any family members you live with been unable to get utilities (electric, gas, water etc.)?	39 / 230	17%	168 / 230	73%	23 / 230	10%
In the past year, have you or any family members you live with been unable to get childcare?	5 / 230	2%	158 / 230	69%	67 / 230	29%
In the past year, have you or any family members you live with been unable to get medicine or health care?	44 / 230	19%	161 / 230	70%	25 / 230	11%
In the past year, have you or any family members you live with been unable to get a phone?	42 / 230	18%	167 / 230	73%	21 / 230	9%
Are you worried about losing your housing?	9 / 230	4%	205 / 230	89%	16 / 230	7%
Do you have trouble finding or paying for transportation?	19 / 230	8%	198 / 230	86%	13 / 230	6%
Do you feel lonely or isolated from those around you?	19 / 230	8%	198 / 230	86%	13 / 230	6%

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 for 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.

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 39 core questions that yield 9 measures of experience. These measures include four global rating questions, four composite measures, and one individual item measure. The global measures (also referred to as global ratings) reflect overall experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "*Getting Needed Care*" or "*Getting Care Quickly*"). The individual item measure is an individual question that looks at a specific area of care (i.e., "*Coordination of Care*"). In addition, DHS elected to include 10 supplemental items in the survey.

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 completed CAHPS in 2025 as planned. Below are the 2022, 2023 and 2025 CAHPS results trending.

The 2025 surveys were completed from January through April 2025 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 targeted sample size of 1,755.

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 2025 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 and South Country Health Alliance (SCHA). Of those who responded, South Country members accounted for 20.4%.

MSC+ program members were combined for IMCare, PW and SCHA. Of those who responded, South Country members accounted for 43.4%.

Products	2022 Response Rate	2023 Response Rate	2025 Response Rate
F&C-MA(PMAP)	21.71%	18.45%	17.80%
MNCare	29.15% *HH, IMCare, PW, & South Country Data Combined	23.93% *HH, IMCare, MED; PW, & South Country Data Combined	18.1% *HH, IMCare, & South Country Data Combined
MSC+	47.81% *IMCare, PW, & South Country Data Combined	43.47% *IMCare, PW, & South Country Data Combined	38.20% *IMCare, PW, & South Country Data Combined
SNBC	36.04%	31.45%	35.10%

*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 2022 to 2025(no survey was administered in 2024). They also include South Country's performance relative to the entire program/product.

PMAP Summary

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

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 PMAP MN Program	2025 PMAP MN Program
Rating of Health Plan	62.1%	61.6%	64.7%	↓	↑	59.0%	64.0%
Rating of All Health Care	43.2%	47.3%	57.8%	↑	↓	46.2%	57.0%

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 PMAP MN Program	2025 PMAP MN Program
Rating of Personal Doctor	67.7%	68.4%	70.9%			68.6%	74.2%
Rating of Specialist Seen Most Often	65.4%	64.7%	67.3%			61.7%	65.7%
Getting Needed Care	84.0%	78.8%	81.1%			76.7%	81.6%
Getting Care Quickly	84.3%	86.8%	84.0%			79.8%	81.8%
How Well Doctors Communicate	90.8%	96.6%	95.5%			93.9%	95.5%
Customer Service	89.7%	90.6%	90.7%			87.9%	85.1%
Coordination of Care	84.8%	82.1%	87.1%			83.5%	89.0%

MinnesotaCare Summary

- Data was combined with Hennepin Health and Itasca Medical Care due to the small sample size.
- Above the state average for rating of all health care, coordination of care, and rating of personal doctor.
- Below is the state average for rating of health plan, rating of specialist seen most, getting needed care, getting care quickly, customer service, and how well doctors communicate.

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 MNCare MN Program	2025 MNCare MN Program
Rating of Health Plan	58.1%	64.1%	57.5%			59.7%	58.3%
Rating of All Health Care	54.7%	55.3%	58.3%			52.1%	58.0%
Rating of Personal Doctor	71.1%	72.4%	69.6%			73.0%	73.6%
Rating of Specialist Seen Most Often	70.2%	72.8%	70.6%			69.5%	71.5%
Getting Needed Care	83.9%	83.2%	80.9%			80.4%	82.1%
Getting Care Quickly	83.4%	80.2%	80.4%			78.0%	81.1%

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 MNCare MN Program	2025 MNCare MN Program
How Well Doctors Communicate	94.1%	96.7%	95.1%	↑	↓	95.5%	95.5%
Customer Service	95.1%	91.0%	87.6%	↓	↓	91.1%	88.1%
Coordination of Care	92.5%	89.7%	92.0%	↓	↑	84.4%	89.7%

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

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 MSC+ MN Program	2025 MSC+ MN Program
Rating of Health Plan	68.9%	68.0%	69.6%	↓	↑	62.1%	65.4%
Rating of All Health Care	67.3%	61.7%	61.7%	↓	↑	55.8%	59.9%

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 MSC+ MN Program	2025 MSC+ MN Program
Rating of Personal Doctor	74.3%	77.4%	75.4%			72.9%	75.0%
Rating of Specialist Seen Most Often	76.7%	71.7%	67.8%			67.4%	72.4%
Getting Needed Care	88.7%	89.4%	89.3%			84.8%	83.6%
Getting Care Quickly	90.8%	87.7%	86.7%			84.5%	85.7%
How Well Doctors Communicate	96.2%	95.7%	93.9%			95.0%	95.2%
Customer Service	93.7%	93.4%	86.7%			89.5%	89.0%
Coordination of Care	90.8%	92.4%	85.3%			89.0%	90.1%

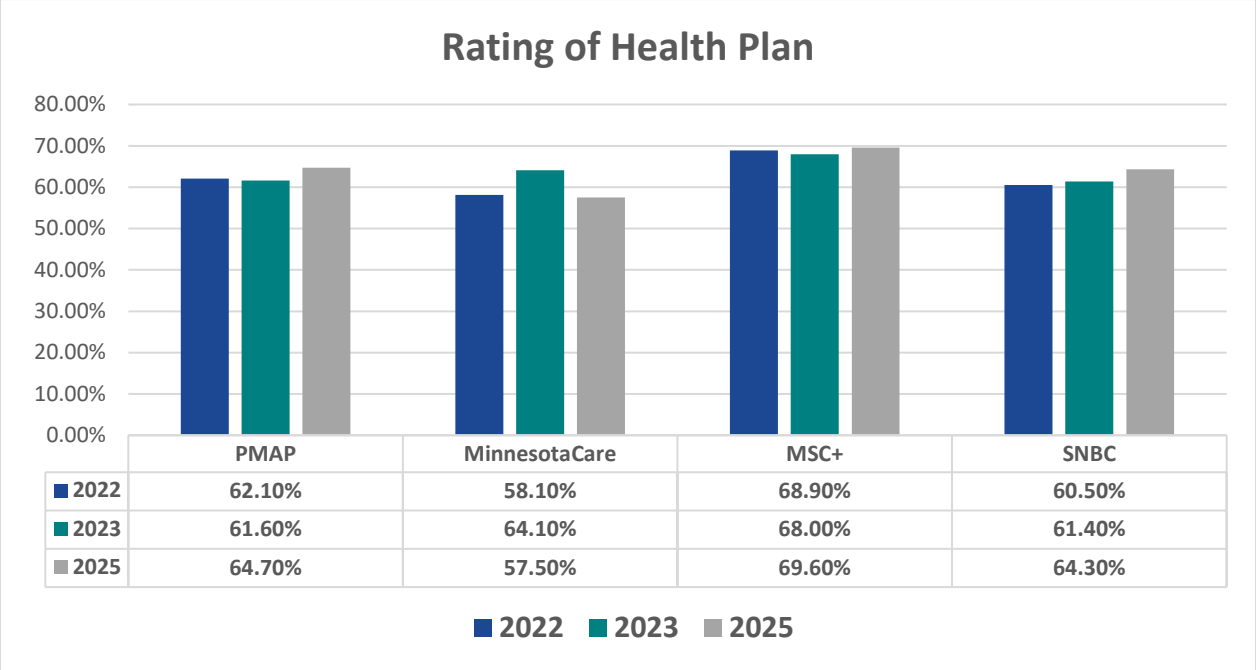
SNBC Summary

- Above the state average for rating of health plan, how well doctors communicate, customer service, coordination of care, rating of all health care, rating of personal doctor, rating of specialist seen most, getting needed care, and getting care quickly.
- Below the state average for none

Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 SNBC MN Program	2025 SNBC MN Program
Rating of Health Plan	60.5%	61.4%	64.3%			58.2%	63.7%
Rating of All Health Care	54.1%	45.9%	56.5%			49.6%	55.7%
Rating of Personal Doctor	69.9%	69.9%	77.1%			72.1%	75.2%
Rating of Specialist Seen Most Often	66.7%	60.3%	69.7%			62.4%	67.9%
Getting Needed Care	82.1%	80.7%	87.4%			77.7	82.8%
Getting Care Quickly	84.7%	82.0%	85.0%			80.4%	82.9%

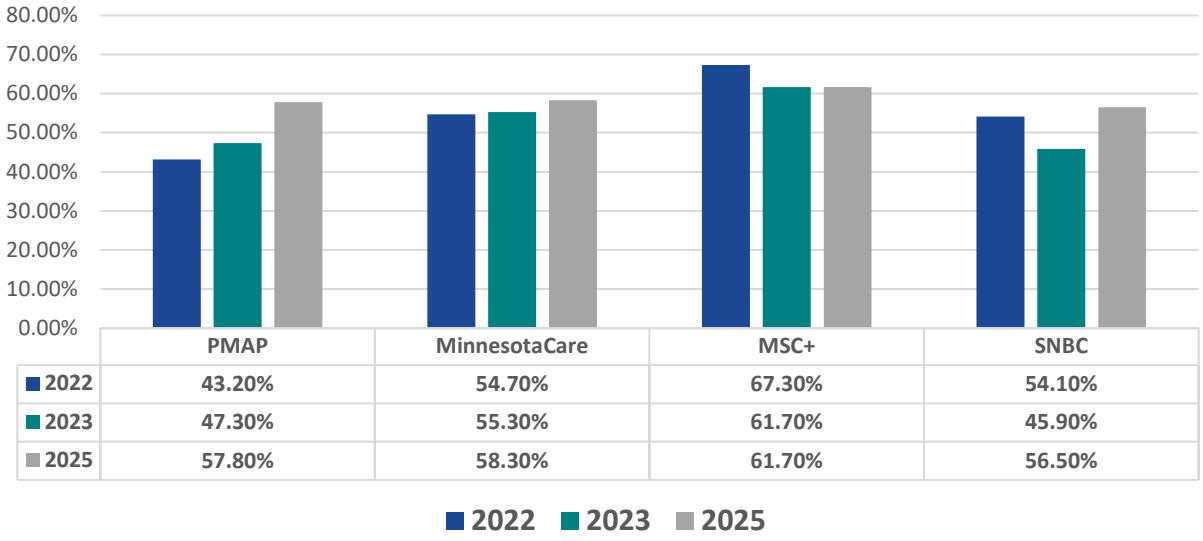
Global Ratings	2022	2023	2025	2022 vs 2023 Trend	2023 vs 2025 Trend	2023 SNBC MN Program	2025 SNBC MN Program
How Well Doctors Communicate	94.1%	94.8%	96.8%	↑	↑	92.5%	94.8%
Customer Service	89.2%	91.2%	92.9%	↑	↑	89.2%	90.4%
Coordination of Care	87.7%	88.0%	92.0%	↑	↑	84.9%	85.8%

2022,2023, and 2025 CAHPS Rates Trending



	PMAP	MinnesotaCare	MSC+	SNBC
2022	62.10%	58.10%	68.90%	60.50%
2023	61.60%	64.10%	68.00%	61.40%
2025	64.70%	57.50%	69.60%	64.30%

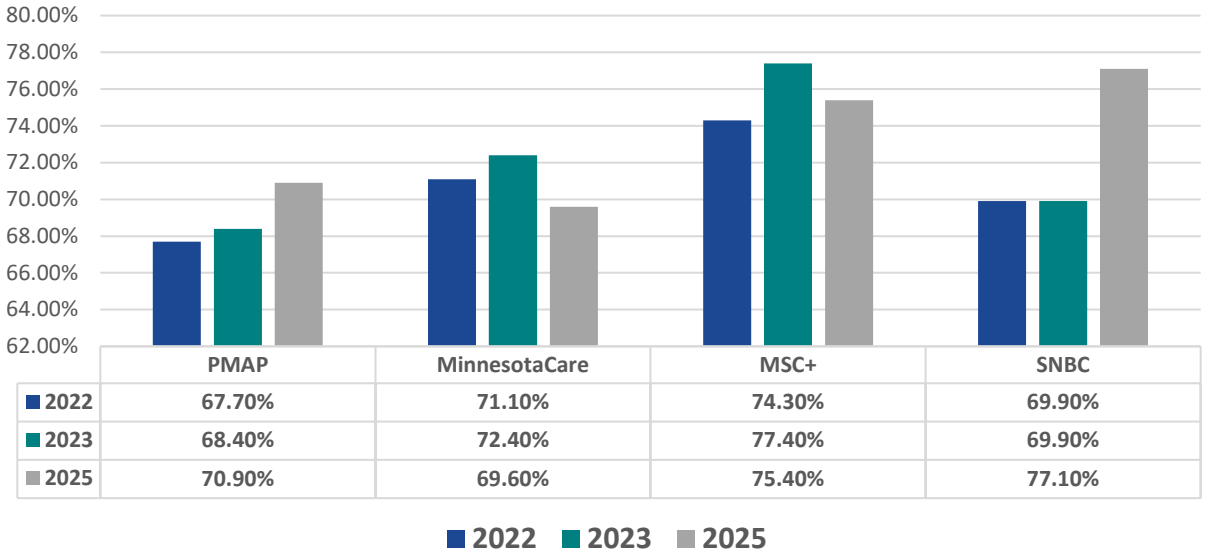
Rating of all Health Care



	PMAP	MinnesotaCare	MSC+	SNBC
2022	43.20%	54.70%	67.30%	54.10%
2023	47.30%	55.30%	61.70%	45.90%
2025	57.80%	58.30%	61.70%	56.50%

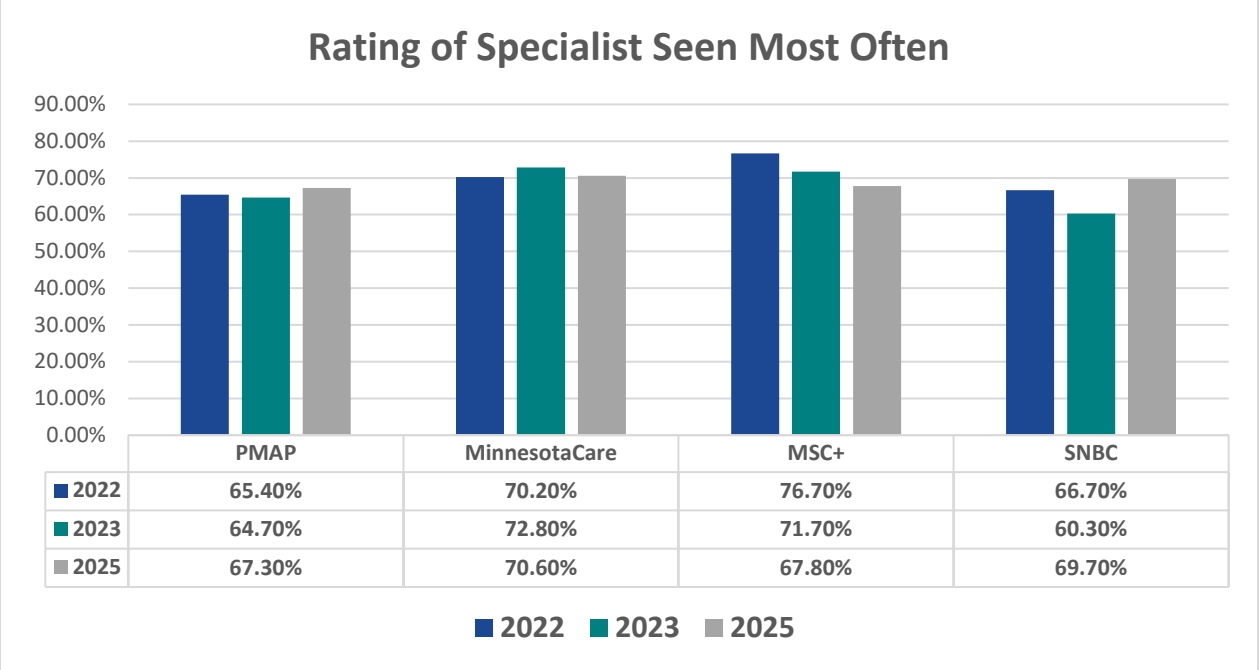
2022 2023 2025

Rating of Personal Doctor

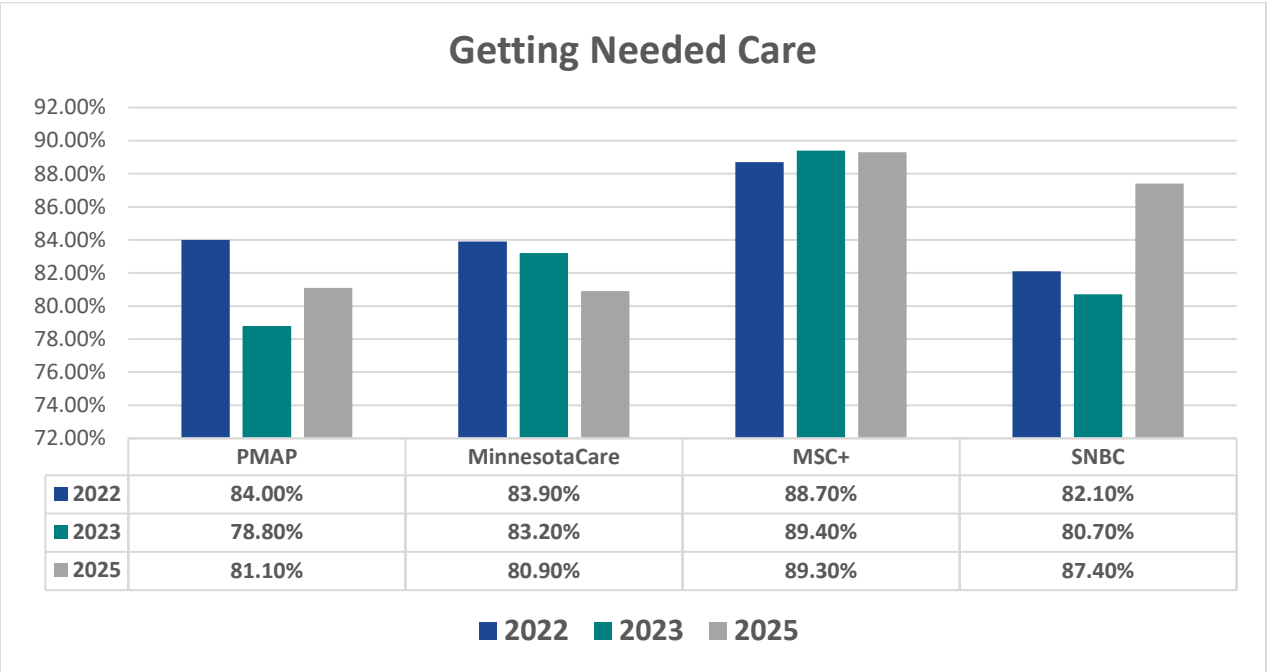


	PMAP	MinnesotaCare	MSC+	SNBC
2022	67.70%	71.10%	74.30%	69.90%
2023	68.40%	72.40%	77.40%	69.90%
2025	70.90%	69.60%	75.40%	77.10%

2022 2023 2025

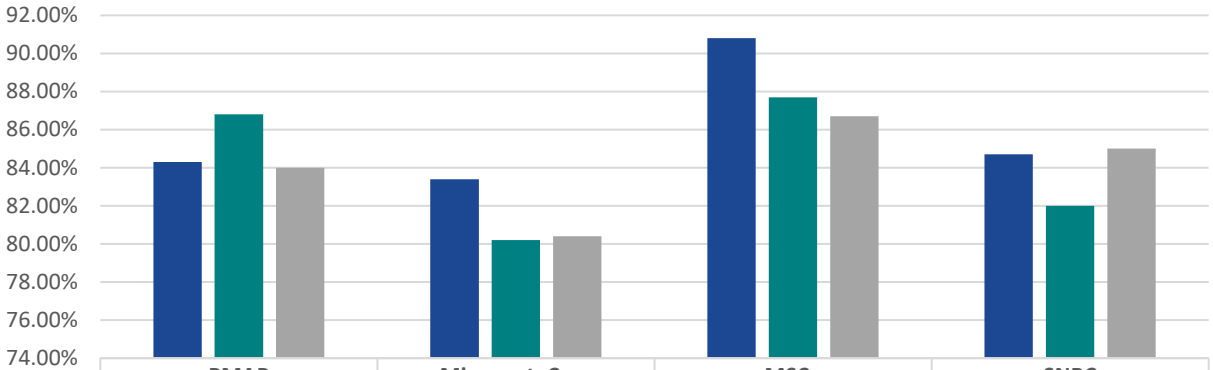


	PMAP	MinnesotaCare	MSC+	SNBC
2022	65.40%	70.20%	76.70%	66.70%
2023	64.70%	72.80%	71.70%	60.30%
2025	67.30%	70.60%	67.80%	69.70%



	PMAP	MinnesotaCare	MSC+	SNBC
2022	84.00%	83.90%	88.70%	82.10%
2023	78.80%	83.20%	89.40%	80.70%
2025	81.10%	80.90%	89.30%	87.40%

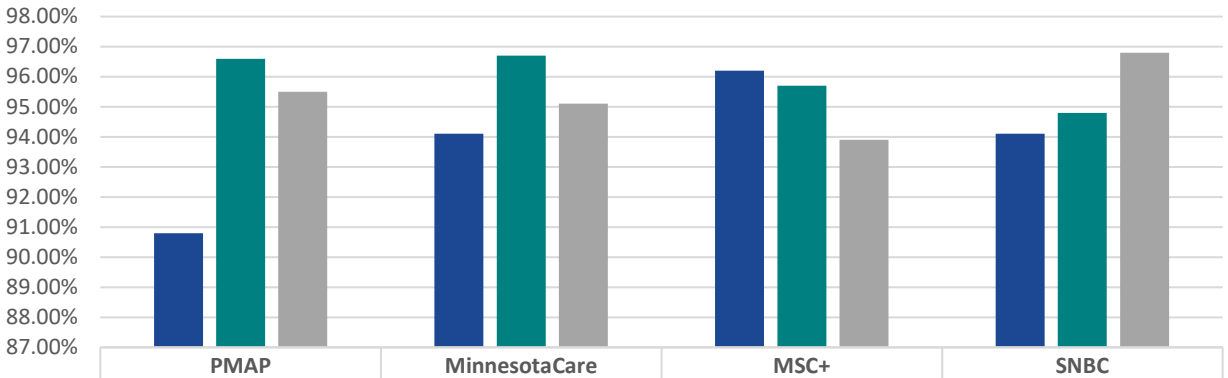
Getting Care Quickly



	PMAP	MinnesotaCare	MSC+	SNBC
2022	84.30%	83.40%	90.80%	84.70%
2023	86.80%	80.20%	87.70%	82.00%
2025	84.00%	80.40%	86.70%	85.00%

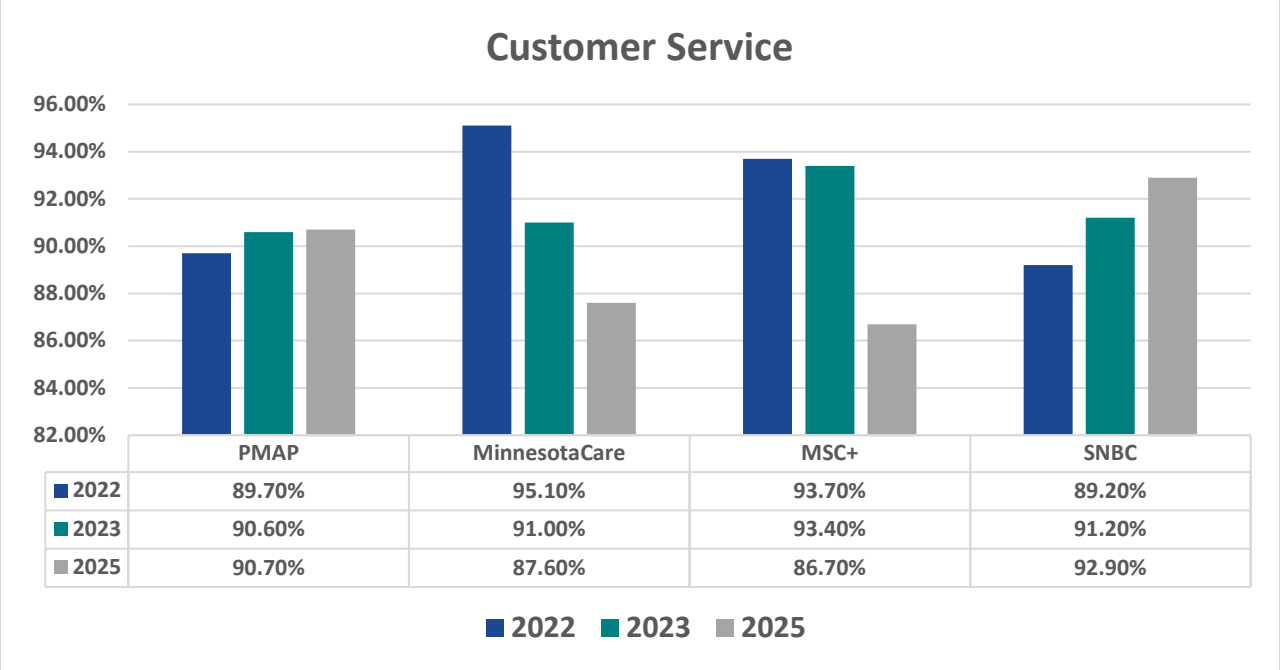
2022 2023 2025

How Well Doctors Communicate

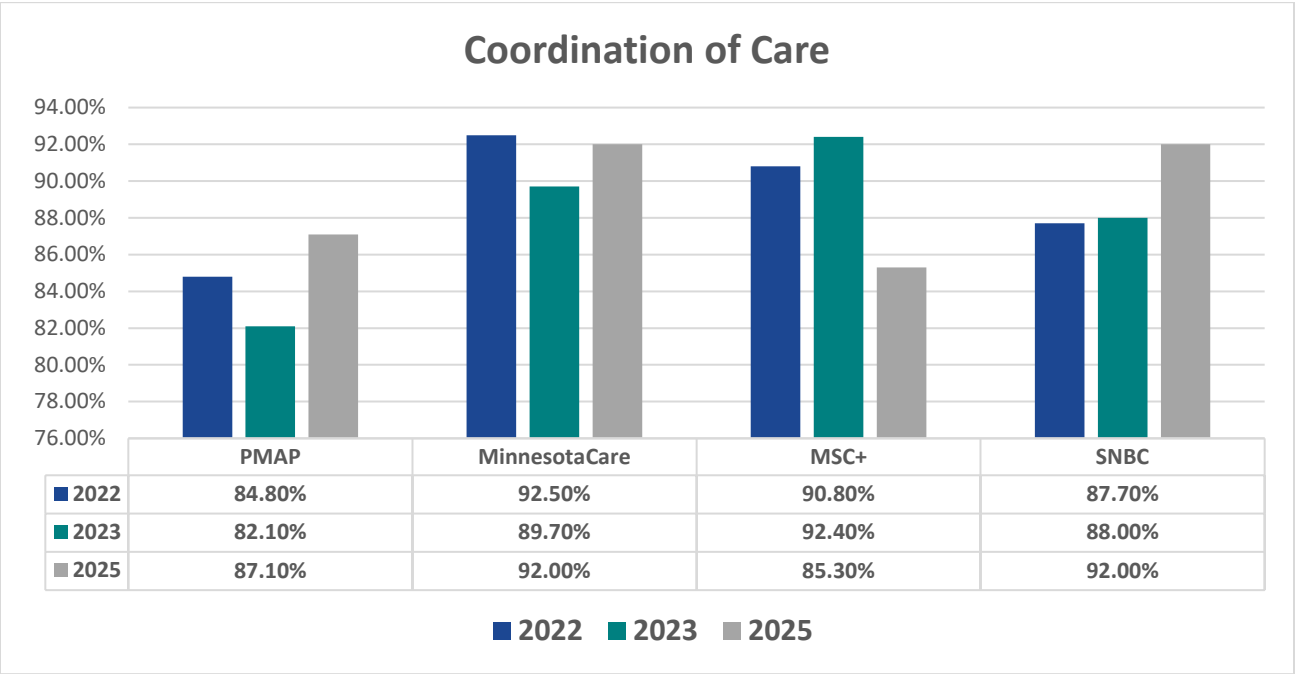


	PMAP	MinnesotaCare	MSC+	SNBC
2022	90.80%	94.10%	96.20%	94.10%
2023	96.60%	96.70%	95.70%	94.80%
2025	95.50%	95.10%	93.90%	96.80%

2022 2023 2025



	PMAP	MinnesotaCare	MSC+	SNBC
2022	89.70%	95.10%	93.70%	89.20%
2023	90.60%	91.00%	93.40%	91.20%
2025	90.70%	87.60%	86.70%	92.90%



	PMAP	MinnesotaCare	MSC+	SNBC
2022	84.80%	92.50%	90.80%	87.70%
2023	82.10%	89.70%	92.40%	88.00%
2025	87.10%	92.00%	85.30%	92.00%

Minnesota Programs CAHPS Summary

When the scores were evaluated by race and ethnicity for F&C-MA:

- Respondents who were Multiracial were: Statistically significantly more likely to get after hours care when they felt they needed it and statistically significantly more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly more likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.

Compared to 2023, a statistically significantly higher number of F&C-MA Program members in 2025:

- Gave a 9 or 10 rating for their MCO (Rating of Health Plan).
- Gave a 9 or 10 rating for their overall health care (Rating of All Health Care).
- Gave a 9 or 10 rating for their personal doctor (Rating of Personal Doctor).
- Usually or always got the care they needed (Getting Needed Care).

When the scores were evaluated by race and ethnicity for MinnesotaCare:

- Respondents who were Multiracial were: Statistically significantly more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly more likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.

Compared to 2023, a statistically significantly higher number of MinnesotaCare Program members in 2025:

- Gave a 9 or 10 rating for their overall health care (Rating of All Health Care).

When compared to all members in the Total MCO Program, a significantly lower number of MinnesotaCare Program members:

- Gave a 9 or 10 rating for their MCO (Rating of Health Plan).

When the scores were evaluated by race and ethnicity for MinnesotaCare:

- Respondents who were Multiracial were: Statistically significantly more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly more likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.

When the scores were evaluated by race and ethnicity for MSC+:

- Respondents who were Multiracial were: Statistically significantly less likely to get an interpreter when they needed one.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly more likely to get an interpreter when they needed one and less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider and more likely to get an interpreter when they needed one.

When the scores were evaluated by race and ethnicity for SNBC:

- Respondents who were Multiracial were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were White were: Statistically significantly less likely to get an interpreter when they needed one and more likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Hispanic were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Black were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider.
- Respondents who were Asian were: Statistically significantly less likely to share the same race, ethnicity, or language as their provider and
- more likely to get an interpreter when they needed one.

Compared to 2023, a statistically significantly higher number of SNBC Program members in 2025:

- Gave a 9 or 10 rating for their MCO (Rating of Health Plan).
- Gave a 9 or 10 rating for their overall health care (Rating of All Health Care).
- Usually or always got the care they needed (Getting Needed Care).

Below is a summary of the results of select supplemental questions that were added to the survey for MHCP

Most respondents:

- Had to wait 4 to 7 days to get an appointment to see a provider.
- Did not go to the emergency room to get care.
- Thought it was never easy to get the care they needed after their doctor's office was closed.
- Never got someone to interpret for them so they could speak with doctors, if they needed an interpreter.
- Were aware or told they had a health condition.
- Were never informed that they showed up too late to be seen.
- Were assisted by a provider or clinic with seeing another provider or setting up a new appointment when they were told they showed up too late for an appointment.
- Did not feel that a provider judged them or treated them with disrespect because of their race.
- Always had a provider who shared the same race, ethnicity, or language as them.

Key Drivers of Member Experience

Below are areas to consider for MCOs to improve the health care experiences of members

Respondents may rate their MCO higher if the following were improved:

- They receive the care they needed as soon as they needed it when care is needed right away.
- The care, test, or treatments that they needed are easier to get.
- They receive the help they needed from their MCO's customer service.
- The forms from their MCO are easier to fill out.

Respondents may rate their overall health care higher if the following were improved:

- They receive the care they needed as soon as they needed it when care is needed right away.
- The care, test, or treatments that they needed are easier to get.

Next Steps

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. Limitations and caution will need to be considered when comparing results to national percentiles, making casual inferences, and potential for bias due to non-respondents. South Country continues to look at other ways to receive direct feedback from members and communities to support specific needs. South Country's leadership team and Quality Assurance Committee will review the CAHPS results and consider other strategies to maintain and improve member satisfaction. 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 2025, 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.

There continues to be a downward trend with this (Calendar Year (CY) 2023=1; CY 2024=0; CY 2025=1). 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 2025, dental services were the top QOC grievance service category, with most cases involving dentures and root canal services. 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. All the cases were determined to be at a severity level zero or one, except for two dental service cases being a severity level two. Both cases were related to denture services. One case was given a severity level two as other steps should have been considered in the treatment plan, and the other case resulted in a claim adjustment and refund. Both cases will be tracked and monitored. All other 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.” A severity level two category for dental QOC grievances is described as, “mild to moderate adverse impact on or risk to patient’s health, safety and well-being exists having the potential for or actual mild to moderate physical harm. Any adverse effects are limited and temporary.”

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

Total grievance volume increased in 2025 by 58 grievances (about 52%).

- In CY 2025 there were a total of 170 cases, 8 of 170 were dental grievances.
  CY 2025: Q1=30 Q2=34 Q3=52 Q4=54
- 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

PMAP is the program that holds South Country’s highest membership and remains the top program for member grievances.

Dental grievances decreased by over half in 2025 which is most notably attributed to a decline in multiple grievances (a multiple grievance is more than one grievance issue for the same member filed on the same date).

As noted in previous years, for non-dental grievances, the top service category each quarter in 2025 was non-emergency medical transportation (NEMT) services (Q1=76%, Q2=78%, Q3=77%, Q4=81%). Access remained the top grievance issue (for NEMT cases, this includes instances when a driver arrives later than scheduled or does not arrive at all). It is important to note that the volume of NEMT grievances is less than one percent of the total number of ride work orders for CY 2025 (approximately 130 NEMT grievances for just under 16, 600 ride work orders).

Approximately 65% of NEMT ACCESS grievances 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 2025, South Country processed 178 member appeals (this is an increase from the previous year, mostly attributed to an upward trend in pharmacy appeals).

Pharmacy appeals accounted for 53.9% (96 of 178) of these cases.

Dental appeals accounted for 25.2% (45 of 178) of these cases.

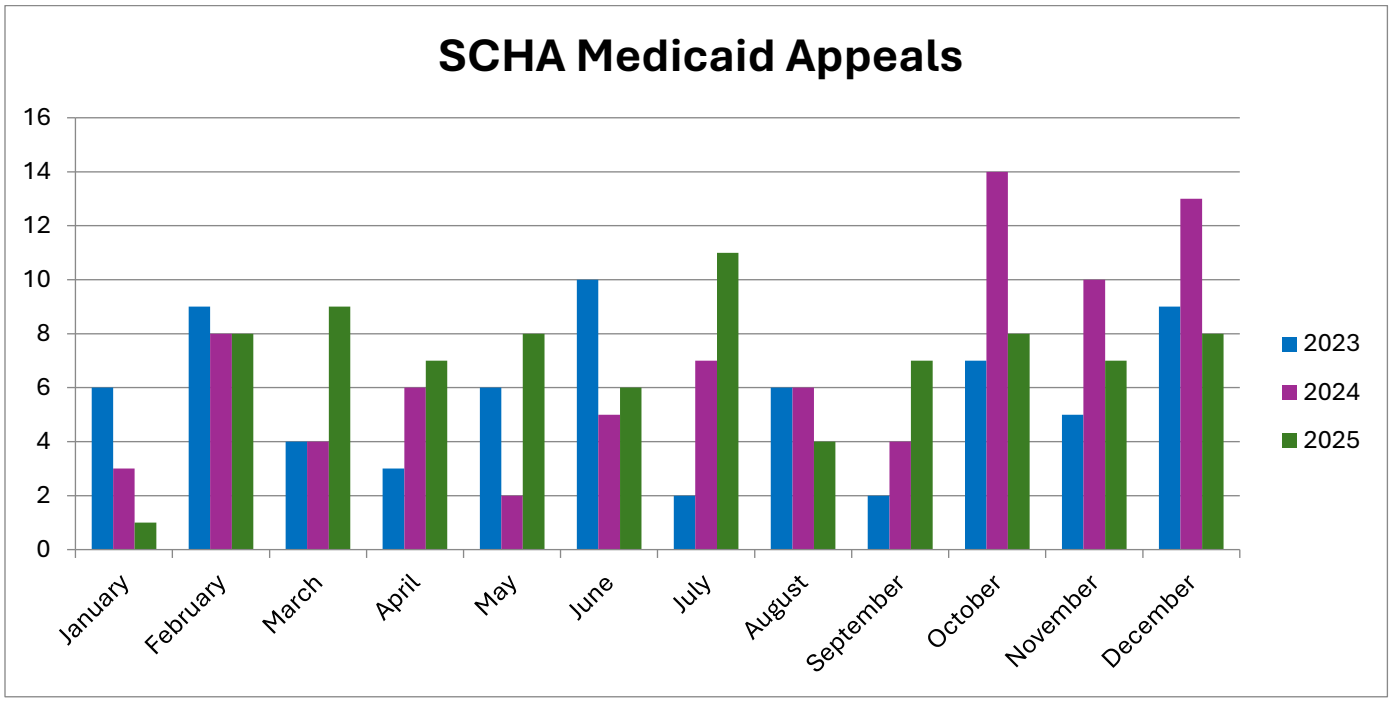
Non-pharmacy and non-dental appeals accounted for 20.7% (37 of 178) of these cases. The increase in 2025 cases (there were 17 cases in 2024) is attributed to one member with multiple (18) claim appeals that were overturned (related to a provider billing process issue).

	CY 2023	CY 2024	CY 2025
Pharmacy Appeals	92	111	96
Dental Appeals	31	35	45
Non-pharmacy/Non-dental Appeals	17	17	37

SCHA Medicaid Pharmacy Appeals Summary 2025

There were 84 Non-medical Appeals reviewed for calendar year 2025. Of those appeals there were 63 overturned (75%), 13 upheld (15%), 4 dismissed (5%), 4 withdrawn (5%). This is a 3% increase from 2024 (82 total non-medical appeals).

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



The top 10 drugs are in the chart below with their formulary status and restrictions. 3 of the top 10 drugs are glucagon-like peptide-1 (GLP-1) receptor agonists – Wegovy and Zepbound are indicated for weight loss and Mounjaro for type 2 diabetes. Weight loss drugs accounted for 37% of appeals while the GLP-1 drug class overall represents 40% of all non-medical appeals.

The high rate of approval is due to the information required to satisfy criteria that was submitted with the appeal or obtained through our pharmacist and technician team outreaching during the appeal process. This would be required information that was not obtained despite utilizing the Request for Information (RFI) process and having a 14-day turnaround period for those information outreaches.

PA Status		Total	Overturned	Upheld	Dismissed	Withdrawn
Drug	Formulary Status/Restrictions		#	#	#	#
Wegovy	Preferred with clinical PA/QL	21	18	1	1	1
Zepbound	Non-Preferred with clinical PA	10	7	2	1	0
Dupixent	Preferred with clinical PA	3	2	0	1	0
Mounjaro	Non-Preferred with clinical PA	3	2	0	1	0
Progesterone	Unlisted drug not on the drug list	3	2	1	0	0
Repatha	Non-Preferred with clinical PA/QL	3	3	0	0	0
Naltrexone Powder	Unlisted drug not on the drug list	2	2	0	0	0
Oxycodone	Formulary Drug with Opioid quantity and dosing limits	2	2	0	0	0
Pimecrolimus	Formulary Drug with clinical PA/QL	2	2	0	0	0
Vraylar	Non-Preferred with clinical PA	2	2	0	0	0

SCHA Medicaid Medical Appeals Summary 2025

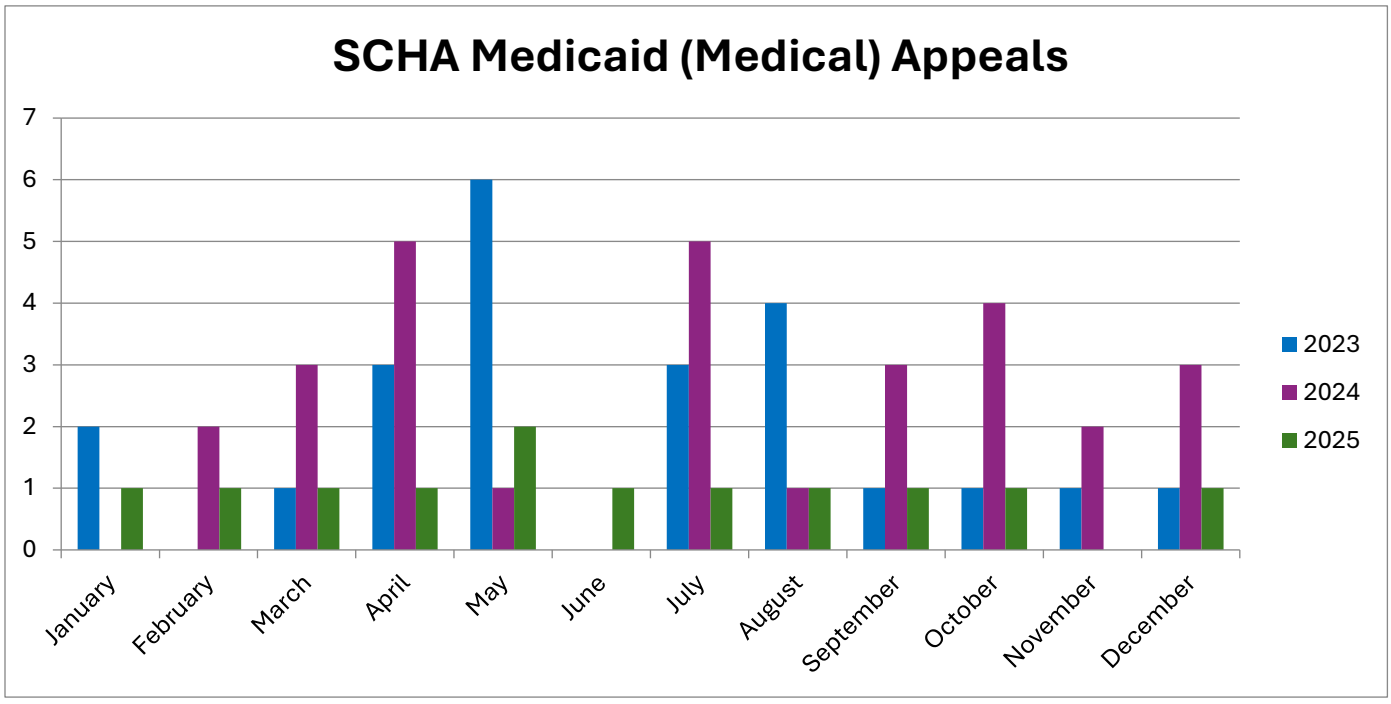
12 medical appeals were reviewed in 2025: 8 overturned (68%), 2 upheld (16%), 2 dismissed (16%), and 0 withdrawn (0%). This is a 59% decrease from the 29 medical appeals from 2024. Only Evenity and Ocrevus had multiple appeals (both with 3) in 2025.

Medical reviews must be evaluated and completed, including physician review of the denial recommendations, within 24 hours. There is no RFI process due to the expedited turnaround time. The primary reason for denial was that providers did not submit all the necessary information required to meet the criteria. This may be due to the lack of an RFI workflow in the expedited appeal pathway, but the initial denial did indicate what the provider needed to submit on appeal.

A contributor to the decrease in volume is the change to the preferred White Blood Cell Stimulators criteria, making Fulphila a preferred agent (3 appeal requests from 2024 to 0 in 2025), and fewer appeal requests received for Botulin Toxins (8 in 2024 to 1 in 2025).

PA Status	**Total**	Overturned	Upheld	Dismissed	Withdrawn
Drug		#	#	#	#
Ocrelizumab (Ocrevus)	3	3	0	0	0
Romosozumab-aqqg (Evenity)	3	1	2	0	0
Hyaluronic Acid (Euflexxa)	1	0	0	1	0
Hyaluronic Acid (Synvisc)	1	1	0	0	0
Onabotulinumtoxin A (Botox)	1	1	0	0	0
Risankizumab-rzaa (Skyrizi)	1	0	0	1	0
Buprenorphine (Sublocade)	1	1	0	0	0
Abatacept (Orencia)	1	1	0	0	0
Totals	**12**	**8**	**2**	**2**	**0**

The chart below shows the three-year monthly trend:



Non-pharmacy/non-dental appeals:

For non-pharmacy/non-dental cases, South Country's total volume in 2023 and in 2024 were 17 cases. In 2025, there were a total of 37 cases. However, 18 of the 37 cases were attributed to claim appeals for one member, whose Restricted Recipient Program status led to a provider billing process issue. Excluding those members' cases, the remaining cases for 2025 are 19, which is in alignment with the previous year's total volumes.

Q1 experienced the highest number of appeals with 22 of 37 cases. Of the 22 cases, 18 cases were all claim appeals for one member and were a result of a provider billing process issue related to the member being in the MN Restricted Recipient Program (mentioned earlier). All the 18 claims were reprocessed and paid. Of the remaining 4 cases, there were two pre-service appeals which were both dismissed or withdrawn, and there were two claim appeals which were also dismissed or withdrawn.

The denial was overturned in 26.6% (4 of 15) of these non-pharmacy/non-dental cases (of the remaining fifteen appeals. There was one appeal that was upheld (a case related to a surgical procedure that did not meet medical necessity criteria). There was one appeal that was dismissed (this case was related to disenrollment, which is handled by the State). And there were nine cases that were withdrawn by the member. Five of the withdrawn cases were for a denied HCPCS code (Code G2211) which is an add-on code that is a non-covered service for Medicaid and was adjusted off in all cases by the billing facility.

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 2026, 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.
- Continue to be mindful of increased grievances and further evaluate, as necessary.
- 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 2025 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 2025, South Country held multiple 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 virtual 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

Each year the Utilization Management Committee 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, or as outliers emerge. Utilization measures are reviewed and discussed at quarterly UM Committee meetings.

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, community partners, 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 2025 included:

- Car seats for children and child passenger safety education for parents/guardians;
- Early Childhood Family Education (ECFE) scholarships;
- Community Education class participation reimbursements;
- 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, cervical cancer screenings, 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 PMAP, MNCare, 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 2025 Quality Program

Section 4 – Provider Network

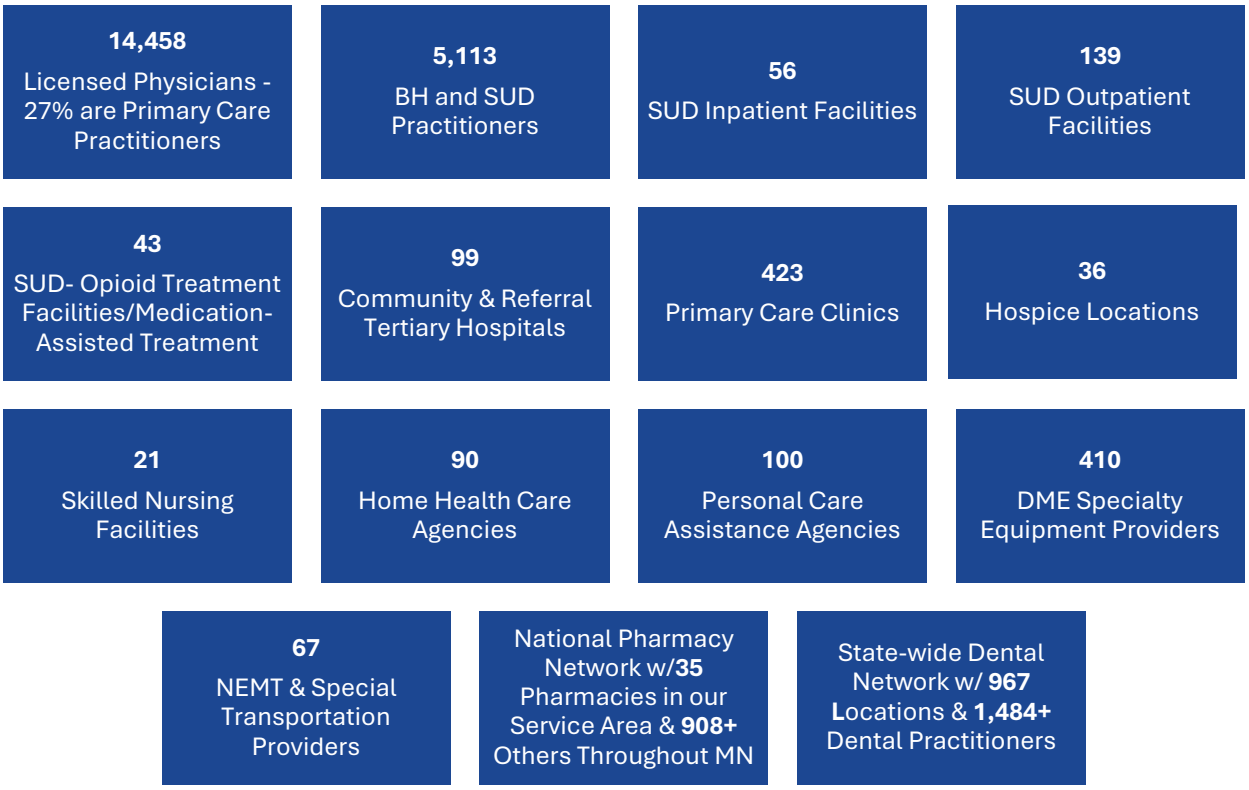
Access and Availability to Care

Description

South Country offers a comprehensive network of providers and facilities, using an open network model, which allows members to receive care from both contracted and non-contracted providers. The Provider Network is geographically dispersed and designed to address the health and well-being needs of members across all participating counties.

The provider networks include local community-based providers as well as statewide health systems. These encompass primary care, hospitals, behavioral health (including mental health and substance use disorder), specialty care, home care agencies, durable medical equipment providers, pharmacies, dentists, and non-emergency medical transportation. The network extends beyond the home counties into the Twin Cities area and other regions.

Specific highlights of our contracted provider network 2025 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: Of South Country's large primary network, over 500 physicians and mid-level practitioners are geriatricians, specializing in the care and treatment of the frail elderly. These geriatricians serve both in the role of primary care, as well as functioning as a consultant to other primary care specialties to help meet the complex and unique needs of our frail elderly enrollees.

Skilled Nursing Facilities: To meet the specialized needs of our institutionalized enrollees, South Country has contracted with 20 skilled nursing facilities (SNFs) throughout our seven counties to meet the complex medical, social, mental health and personal living needs of this targeted population. South Country has teamed with two primary care practices to develop an innovative nursing home program that pairs a geriatric nurse practitioner (NP) with a primary care physician in a collaborative practice. The NP serves both as a primary care provider and as the care coordinator who manages and coordinates all health care and social services for the enrollee across all care settings. The NPs carry small caseloads (typically less than 100 enrollees) and put emphasis on family/care giver communication and end-of-life care planning.

Home Health Care: To help support the home health care needs of our enrollees in nursing home, 24-hour assisted/customized living, and home settings; South Country is contracted with over 90 home health care agencies. These agencies provide the full spectrum of nursing and specialized therapy services to meet our enrollee needs in their place of residence. The home health agency providers coordinate the care they are providing with our locally based interdisciplinary care teams through the assigned care coordinators to ensure continuity of care across health care settings.

Mental Health and Substance Use Disorder (SUD) Network: South Country has an extensive network of community-based behavioral health services to meet the specialized needs of our disabled and elderly populations. The mental health network consists of over 1,200 provider locations dispersed throughout our service area and adjacent counties to assure convenient access to these services for our enrollees. Many of these behavioral health providers have very specialized programs focused on meeting the unique and diverse needs of our SNP enrollees. In the last few years South Country instituted an active contracting strategy to further strengthen and enhance our behavioral health network to better support the behavioral and mental health needs of our enrollees

Non-Emergency Medical Transportation (NEMT): To help members get to and from their health care appointments, South Country maintains a comprehensive network of unassisted (common carrier) and assisted providers. The common carrier network includes buses, volunteer drivers and other commercial carriers able to transport members to appointments and does not require prior authorization. For enrollees who cannot safely use common carrier transportation because of physical or mental impairments, South Country makes available assisted providers who offer door-through-door service for health care appointments, based on their level of need.

South Country's contracted Provider Network meets all regulatory access standards for the state of Minnesota (approved by the Minnesota Department of Health) and for the Centers for Medicare & Medicaid Services (CMS). We regularly utilize GeoAccess mapping tools to ensure continued compliance with provider access criteria of 30 miles or 30 minutes from enrollees' homes, as well as surveys of network providers to ensure appointments and other services are available in a timely manner.

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 contracted 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 uses various methods to evaluate the quality, accessibility, and availability of its provider network. Providers are initially credentialed and re-credentialed every three years to ensure they meet quality standards, hold necessary licenses and accreditations, and are not excluded from federal or state health programs. Regular reviews include quarterly assessments of complaints, monthly checks of OIG sanctions and preclusion lists, and monitoring for license suspensions or revocations.

To guarantee timely access to services, South Country surveys a sample of its provider network annually, adhering to NCQA Accessibility Standards. Providers are expected to offer appointments within appropriate timeframes, consistent with state and community standards. Surveyed providers include primary care, behavioral health, and select specialties, focusing on those with direct contracts.

2025 Access and Availability Survey Summary Results

On an annual basis, South Country Health Alliance (South Country) surveys a portion of its contracted provider networks as a means of monitoring and ensuring timely access to covered services for our members. The process follows NCQA Accessibility of Services Standards, with the expectation that providers offer appointment times to members in accordance with the time frame appropriate for the needs of the member, and in line 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 available, 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 6 hours of the member's request
- **Specialty Care**
  - Appointments are available in accordance with the time frame appropriate for the needs of the member, and / or within 30 days of the member's request (whichever is sooner)

Contracted provider groups invited to participate in the survey include primary care, behavioral health, and a subset of specialty providers based on high-volume and high-impact specialists *(Cardiology, Chiropractic & Acupuncture, Obstetrics, Ophthalmology & Optometry, Pediatrics, Podiatry, and Therapy Services).* The sampling process focused solely on those providers under direct contracts with South Country.

South Country received feedback from a few health systems that the Access & Availability survey was too long to complete for each location. South Country changed the survey to a Yes/No question format this year in hopes that it would limit the amount of time a provider would need to complete the individual surveys. We also adjusted our survey delivery method to providers by incorporating physical mailings in addition to sending the survey electronically. The goal of both changes was to increase provider participation.

South Country has about 1,097 contracted providers with about 4,309 active provider sites within these contracted providers. Out of these contracted providers, a total of 3,066 provider sites were selected for the survey with a total of 866 responses for approximately 28% provider participation for 2025, which increased from 2024's 23% provider participation.

2025 Provider Survey Participation Rates			
Provider Type	**# Provider Sites Sampled**	**# Provider Sites Participating**	**2025 Participation Rate**
Primary Care	445	82	18%
Behavioral Health	1,186	516	44%
Cardiology	140	10	7%
Chiro & Acup	118	61	52%
Obstetrics	270	23	9%
Ophthalmology & Optometry	229	72	31%
Pediatrics	225	16	7%
Podiatry	168	32	19%

2025 Provider Survey Participation Rates			
Therapy Services	285	56	20%
Total	**3,066**	**866**	**28%**

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 by offering a broad range of services and treating a variety of medical issues.

Accepting New Patients: Of those surveyed, 96% 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 96% of the participating provider sites with 92% of the participating provider sites able to accommodate appointment requests within 7-10 business days 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; 95% 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 90% of the time members can access Urgent Care services within 48 hours of the request with 87% of the participating provider sites able to accommodate 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. 96% 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: 96% 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: 94% of the primary care providers reported telehealth/telemedicine services are available.

Primary Care Providers			
Standard	**2023 Network Performance**	**2024 Network Performance**	**2025 Network Performance**
Regular / Routine Care Appointments within 30 days of member's request	98%	97%	96%
Urgent Care Appointment within 24 hours of member's request	69%	65%	87%
Emergency Care Instruct to call 911 or go to nearest ER	100%	100%	96%
After-hours Care Instructions are provided for how to access emergency services or an on-call provider	98%	100%	96%

Access to Behavioral Health Services

South Country continues to review contract requests with behavioral health providers within and around our member service areas. However, despite this strategy, access to behavioral health services remains a challenge for our member counties.

Accepting New Patients: Of those that participated, 94% 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. 72% of contracted provider sites can meet this standard, and 88% were able to provide an initial appointment for members within 30 days of the request.

Follow-up Appointments: We expect our members to receive follow-up appointments within 30 days of the initial visit. 90% of our contracted provider sites meet this standard.

Urgent / Emergency Services: Unlike primary care services, the standard for urgent care services for behavioral health is 48 hours and, for emergency needs, within 6 hours of the member's request. Approximately 56% of participating provider sites reported members can be seen within 48 hours of the request for urgent care, 29% of participating provider sites are able to see members within 6 hours for a non-life-threatening emergency.

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.

Telehealth/Telemedicine Services: 93% of the behavioral health providers reported they provide telehealth/telemedicine services.

Behavioral Health Care Providers			
Standard	**2023 Network Performance**	**2024 Network Performance**	**2025 Network Performance**
Initial Visit for Routine Care Appointment within 10 business days of member's request	63%	65%	72%
Follow-up Routine Care Appointment within 30 days of initial visit	92%	91%	90%
Urgent Care Appointment within 48 hours of member's request	69%	67%	56%
Care for Non- Life-Threatening Emergency Appointment within 6 hours of member's request	19%	18%	30%

Access to Specialty Services

Specialty providers are those who treat specific conditions that have serious consequences for the patient and require significant resources. For this survey, we ran claims to determine which specialties are our highest-volume and highest-impact specialty services.

Accepting New Patients: 97% 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, 81% reported members would receive an initial appointment within 10 days, an additional 90% within 30 days of the request.

12% of our participating specialty provider sites require a referral to schedule an appointment.

94% of provider sites indicated that the wait time is less than 15 minutes.

Follow-up Appointments: 95% of the participating specialty provider sites reported scheduling follow-up appointments within 30 days of the initial appointment.

Telehealth/Telemedicine Services: 33% of the participating specialty provider sites reported telehealth/telemedicine services are available.

Specialty Provider Sites for 2025				
Standard				
Specialty	**Regular & Routine Care Appts. Within 30 days of member request**	**Referral Required**	**Follow up Visit within 30 days**	**Wait time is less than 15 minutes for a prescheduled appt.**
Cardiology	70%	50%	80%	100%
Chiro/Acup	100%	0%	95%	95%
OB/GYN	87%	9%	91%	91%
Ophthalmology/ Optometry	85%	4%	93%	93%
Pediatrics	100%	0%	100%	81%
Podiatry	97%	9%	100%	97%
Rehab Therapy	84%	32%	96%	96%
Total	90%	12%	95%	94%

Next Steps

1. 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 which 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 twice annually for regulatory purposes and on an ad hoc basis when needed. The maps will continue to be utilized as one measure of access.
4. South Country will look to 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 SNF's
    f. Mental health or SUD services
    g. Services provided to diverse populations
    h. 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, according to MN Statute 62Q.097, to process clean credentialing applications within 45 days after receiving the clean application unless there is substantive quality or safety concern, at which time South Country is allowed 30 additional days to investigate the 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 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, adverse events, license expiration dates, 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, credentialing committee, and 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 practitioners 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 practitioners regarding their credentialing applications. Requiring practitioners 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 2025, South Country's average credentialing process turnaround time for clean applications was 14 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 and
- Meets all state and federal licensing and regulatory requirements and
- Is in good standing with state and federal regulatory bodies and
- 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, South Country will conduct an onsite quality assessment if CMS or the state has not conducted a site review of the provider, if the CMS or state review is greater than three years old at the time of verification, or the provider is not in a rural area (as defined by the U.S. Census Bureau). South Country may also conduct an onsite assessment any time the medical director and credentialing committee determines there is a quality or safety concern to members.

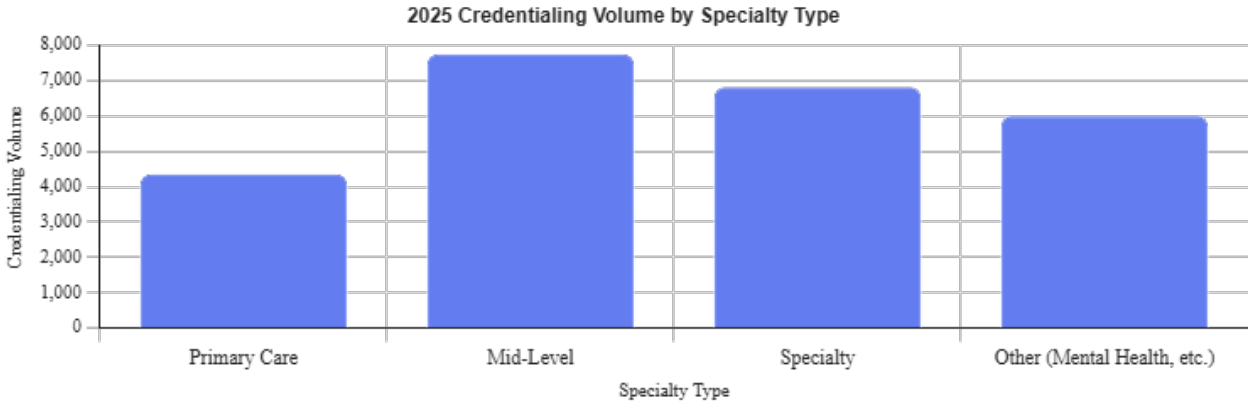
The Minnesota Nursing Home Report Card, which is published annually through a collaborative effort between DHS and MDH, is also integrated into our organizational assessment process. This report provides a snapshot for South Country as to the patient safety, clinical quality, and quality of life available 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 training on credentialing processes and credentialing 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 and to support our goals of achieving and exceeding market benchmark performance. Elements of the dashboard include minimum, maximum, and average 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 2025, the credentialing department credentialed 1,226 practitioners new to the network, and recredentialed 1,484 practitioners for continued network participation, for a total of 2,710 approved practitioners. In addition, there were 13,888 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, Olmsted Medical Center, MN Rural Healthcare Cooperative, and Sanford Health Systems. Shown in the table below is South Country's end of year 2025 total credentialed practitioner volume across the main practitioner specialty types.



South Country's credentialing department also completed 11 initial assessments and 153 reassessments of organizational providers that resulted in the assessment of 187 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 2025. The charts below 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	**2023**	**2024**	**2025**
Hospitals	11	2	0
Home Health Facility	10	1	0
Skilled Nursing Facility	8	0	0
Ambulatory Surgery Center	8	8	1
Behavioral Health Facility	12	7	4
Substance Use Disorder Facility	25	17	9
Free Standing Birth Center	0	0	0
Other facilities not listed above *added for 2023*	8	0	0
Total Facilities Assessed	82	35	14

Organizational Assessments: Reassessments			
Provider Types	**2023**	**2024**	**2025**
Hospitals	39	92	42
Home Health Facility	12	30	30
Skilled Nursing Facility	12	12	9
Ambulatory Surgery Center	6	10	23
Behavioral Health Facility	33	64	24
Substance Use Disorder Facility	37	1075	37
Free-Standing Birth Center	0	0	0
Other facilities not listed above *added for 2023*	2	3	8
Total Facilities Assessed	141	1286	173

There were 16 onsite quality assessments that were completed in 2025 by South Country for provider organizations as part of their initial or reassessment application process. In 2025, all 187 organizational providers assessed were approved for network participation; however, 22 were approved for an ad interim period.

A similar ad interim approval process was utilized for individual practitioner applications. In 2025, South Country approved 25 practitioners for network participation with a scheduled ad interim review period. The purpose of the ad interim approval process was to formalize the monitoring of organizations and 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 2025 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 credentialing files that required further investigation due to quality or safety concerns. We achieved this target, with an average monthly turnaround time of 18 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 practitioners to have a more positive experience with us as the health plan, and a decreased demand on South Country credentialing staff to address practitioner inquiries gives additional time to address other credentialing tasks.

Additionally, in 2025, a MN DHS audit of practitioner credentialing files and an annual South Country internal audit of practitioner credentialing and organizational assessment files were conducted in which both audits resulted in 100% compliance with no issues identified.

Also in 2025, the Credentialing Team completed a comprehensive data cleanup project to address expired credentialing dates within the credentialing system. These expired dates were primarily the result of a significant backlog of delegated recredentialing enrollments and an ineffective process for tracking receipt of recredentialing applications for South Country credentialed practitioners.

As part of the cleanup effort, the team requested complete credentialing reports from all delegated organizations and conducted a detailed comparison against data in the credentialing system. Practitioners identified in the system but not included on the delegated reports were inactivated, while practitioners listed on the reports but not found in the system were enrolled accordingly. This process ensured the credentialing system accurately reflected the most current status of all delegate credentialed practitioners.

In addition, the Credentialing Team developed and implemented a standardized process for requesting and tracking recredentialing applications for South Country credentialed practitioners. This process includes issuing recredentialing application requests to practitioners and/or designated credentialing contacts at 90, 60, and 30-day intervals prior to credentialing expiration. Notification dates and application receipt dates are tracked by a credentialing specialist using an Excel tracking report. If a recredentialing application is not received by the final day of the practitioner's credentialing expiration month, the practitioner is immediately terminated in the credentialing system.

Implementation of this new process has resulted in improved timeliness of recredentialing application submissions and has eliminated the presence of expired credentialing dates within the credentialing system.

Also in 2025, NCQA released the most extensive updates to its accreditation standards in more than 40 years, resulting in significant changes across multiple program areas, including credentialing and delegation oversight. In response to these updates, the Credentialing Supervisor conducted a comprehensive review of South Country's credentialing framework and implemented substantial revisions to existing credentialing policies to ensure alignment with the revised NCQA requirements.

As part of this effort, a new policy addressing credentialing information integrity was developed to strengthen data accuracy, consistency, and oversight within the credentialing process. Additionally, South Country's delegated credentialing agreements were revised to reflect updated NCQA expectations related to accountability, reporting, data validation, and ongoing monitoring of delegated entities. These updates were implemented to ensure continued compliance with NCQA standards and to support the integrity and reliability of South Country's credentialing program.

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 2026, 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 2026, South Country will initiate implementation activities for a new credentialing system, including participation in weekly implementation meetings with the vendor's implementation manager and designated South Country staff. Implementation efforts include completion of assigned training modules, familiarization with the system environment, data mapping and validation, and comprehensive testing. The project is targeted for go-live in the fourth quarter of 2026.

South Country's practitioner credentialing and organizational assessment program demonstrated strong performance, regulatory compliance, and effective oversight. High volumes of practitioner credentialing, recredentialing, and organizational assessments were completed timely and in alignment with federal and state requirements, CMS and DHS contracts, and NCQA standards. Program enhancements included data integrity improvements, implementation of a standardized recredentialing tracking process, and successful completion of external and internal audits with 100 percent compliance. In response to significant NCQA accreditation updates, credentialing policies and delegated agreements were revised to strengthen oversight and accountability. Overall, the program continues to support member access to care, provider engagement, and patient safety, with planned enhancements in 2026 to further improve efficiency and sustainability.

Medical Record Review/Policy 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 8 (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 2025, 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.

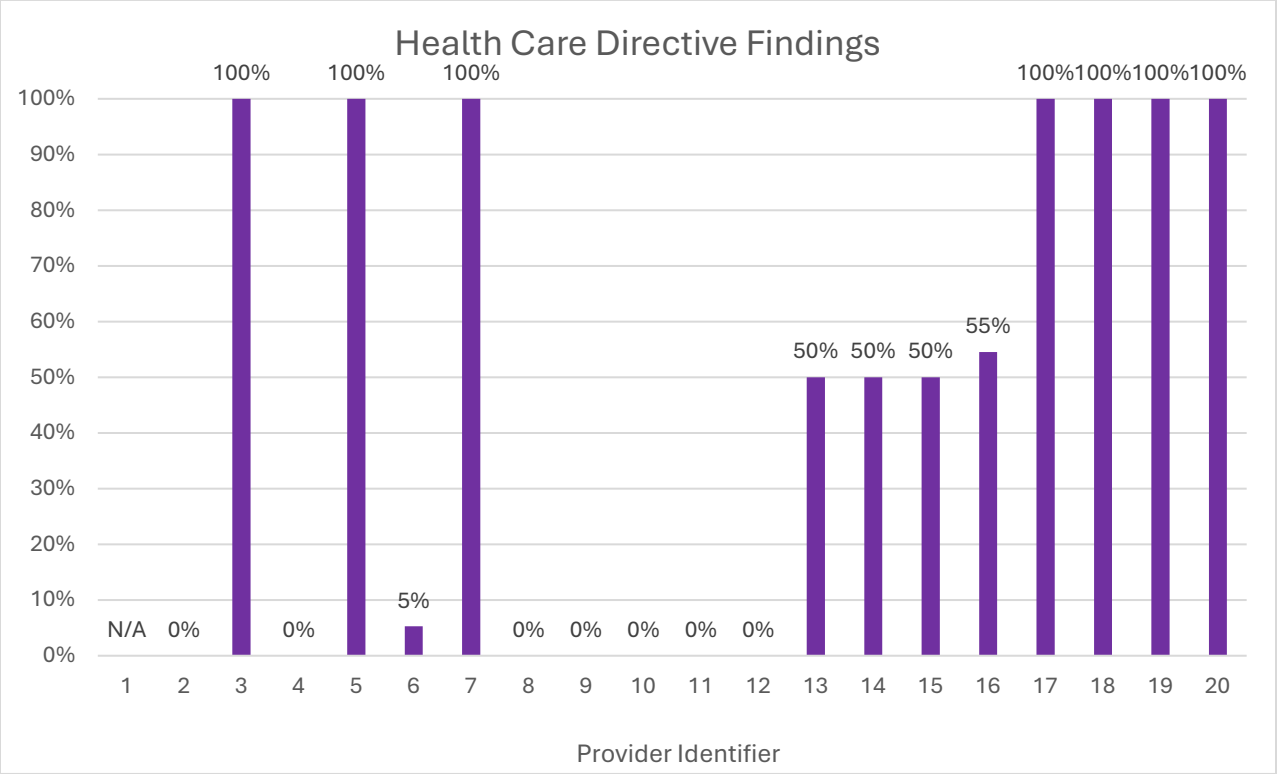
Results

Primary Care Medical Record Review

Twenty primary care providers were reviewed in 2025 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 97%, and Section C, assessment, plan, and follow-up had an average score of 92%. Section D, preventive screening, had an average of 100% for primary care providers. Sections A and B remained steady between the 2024 and 2025 audits.

2025 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	267	100%	97%	92%	99%

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 45% of auditable members having Health Care Directives documented in their charts. This is an increase from last year's audit when only 29% of auditable members were found to have healthcare directives documented. Seven providers that were audited met the "passing" standards of 90% or higher, which is an increase from last year's findings when only 2 providers met the threshold.



Primary Care Medical Record Review - 2024 Results, Reaudited 2025

One primary care provider failed to meet the 90% threshold in at least one section in 2024 and needed to be reaudited in 2025. Their findings are presented below. The reaudited provider was deemed compliant. No further action will be taken for this provider.

2025 Primary Care Provider Reaudit Results						
Identifier	**Member Charts Reviewed**	**Section A**	**Section B**	**Section C**	**Section D**	**Health Care Directive**
1	8	N/A	N/A	94%	N/A	N/A

2025 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	8	100%	96%	100%	100%
2	26	100%	86%	65%	99%
3	6	100%	100%	100%	100%
4	10	99%	93%	80%	100%
5	16	100%	100%	86%	100%
6	30	100%	92%	82%	99%
7	14	100%	100%	79%	98%
8	28	100%	93%	85%	100%
9	8	100%	90%	100%	100%
10	8	100%	90%	95%	97%
11	12	100%	98%	98%	100%
12	8	100%	98%	100%	100%
13	8	100%	96%	95%	100%
14	8	100%	98%	97%	100%
15	8	100%	98%	93%	100%
16	30	100%	98%	88%	100%
17	13	100%	100%	98%	100%
18	9	100%	100%	100%	100%
19	9	100%	100%	96%	100%
20	8	100%	100%	97%	100%

Behavioral Health Medical Record Review – 2025 Results

No behavioral health providers were reaudited in 2024. Ten behavioral health care providers were reviewed in 2025. Section A, record format, and Section B, record content were both at 100%. Section C, assessment, plan, and follow-up was at 99%. No providers audited had members that met the criteria for auditing health care directives/advanced psychiatric directives. This is represented by “N/A” in the Section D column. All behavioral health providers that were audited in 2025 were found to be compliant in each section.

2025 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%	99%	N/A
2	8	100%	100%	99%	N/A
3	8	100%	100%	99%	N/A
4	8	100%	100%	100%	N/A
5	25	100%	100%	100%	N/A
6	12	100%	100%	98%	N/A
7	9	100%	100%	100%	N/A
8	8	100%	100%	100%	N/A
9	2	100%	100%	94%	N/A
10	8	100%	100%	100%	N/A

Summary

In 2025, the medical record review process was a random selection of all contracted primary care providers and behavioral health care providers. Eight of the primary care providers that were audited in 2025 will need to be reevaluated for at least one section in 2026. No behavioral health providers will need to be reevaluated in 2026.

Next Steps

Providers audited in 2025 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 2025 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 2025 clinical practice guidelines were reviewed and approved at the December 2025 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://www.mnscha.org/wp-content/uploads/Ch7_04012025.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 2022**	**MY 2023**	**MY 2024**
PMAP/MNCare	77.9%	75.9%	78.0%
SeniorCare Complete	97.6%	97.8%	96.9%
AbilityCare	97.8%	97.1%	97.5%
SingleCare/SharedCare	93.3%	91.1%	93.0%

Most of the rates for adult access to preventive services increased in MY 2024 compared to the prior year except for SeniorCare Complete. 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 2022**	**MY 2023**	**MY 2024**
PMAP/MNCare	78.2%	83.7%	91.9%

HEDIS: Postpartum Care Hybrid			
Products	**MY 2022**	**MY 2023**	**MY 2024**
PMAP/MNCare	81.1%	85.2%	90.7%

Prenatal and postpartum rates have increased in MY 2024 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 2025, South Country implemented outreach and interventions related to our healthy start for mothers and children performance improvement project (PIP) and population health management (phm).

Chronic Condition: Diagnosis & Management of Type 2 Diabetes in Adults

HEDIS: Diabetes HbA1c Poor Control (>9%) Hybrid (lower is better)			
Products	**MY 2022**	**MY 2023**	**MY 2024**
SeniorCare Complete	16.2%	24.2%	18.2%
AbilityCare	21.5%	22.3%	22.0%
SingleCare/SharedCare	28.8%	30.8%	25.3%

Diabetes HbA1c poor control rates have decreased in MY 2024 compared to the prior year. We continued to work with members on the importance of diabetes care from 2021 to 2025 and implemented outreach and interventions related to our diabetes and depression PIP.

Chronic Condition: Diagnosis and Treatment of Hypertension

HEDIS: Controlling Blood Pressure Hybrid			
Products	**MY 2022**	**MY 2023**	**MY 2024**
PMAP/MNCare	71.0%	71.4%	69.7%
SeniorCare Complete	81.7%	78.5%	74.5%
AbilityCare	88.3%	86.0%	82.1%
SingleCare/SharedCare	77.2%	72.7%	75.0%

The controlling blood pressure rates have decreased in MY 2024 for all products except SingleCare/SharedCare compared to MY 2023. 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 2022**	**MY 2023**	**MY 2024**
PMAP/MNCare	57.3%	70.4%	73.4%
SeniorCare Complete	85.1%	88.9%	88.9%
AbilityCare	83.8%	87.0%	80.0%
SingleCare/SharedCare	48.8%	78.4%	85.3%

Anti-depressant medication management acute phase rates increased in MY 2024 for all products except AbilityCare compared to MY 2023. 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 2022**	**MY 2023**	**MY 2024**
PMAP/MNCare	25.44%	40.1%	42.8%

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 2024 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 2025 and develop strategies to improve selected low performing measures.

Health Care Directives

Description

South Country Health Alliance (South Country) plays a key role in supporting and educating members on completing a health care directive.

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 is unable to speak for themselves. While conversations about advance care planning can be challenging, they are essential.

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 partner 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 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.

Care Coordinators are required to document the location of a member's advance directive in the member's South Country **"**Nursing Home HRA and Care Plan" document. For members who are in a nursing facility, a hospital or who receive services from home health agencies, hospice, or personal care providers, South Country's Care Coordinator will communicate with the member, the member's representative, and/or the member's care team to ensure the location of the advanced directive is identified and documented.

Care coordinators who educate members regarding advance directives, as well as other staff who discuss advance directives with members, are trained annually regarding South Country's advance directive process and the care coordinator's critical role in educating members on 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.

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			
	2023	2024	2025
Elderly Waiver	100%	100%	100%
Community Well	100%	100%	100%
SNBC	100%	100%	100%

Next Steps

South Country recognizes and appreciates the efforts of care coordinators in promoting and supporting member engagement with advance directives. Effective practices identified among high-performing delegates are shared to support continuous improvement across partners. Although compliance remains high, South Country continues to prioritize this requirement due to its importance in honoring member choice. Advance directive oversight will remain a component of the annual delegation oversight process with county partners and contracted care systems. South Country will also continue to monitor and ensure that participating providers meet established standards for medical record documentation. Patients' legal decision to create an opioid advance directive is not new however there is clearer statute supporting this. Pursuant to MN state statute, 145C.18, patients or their acting agent may execute a nonopioid advance directive. Statute provides clarity to providers for compliance, exceptions to the directive, and documenting in the medical record. State of MN does not have a separate "form" for an opioid advance directive at this time but is indicative in statute the commissioner of health will create a separate distinct form. This has not yet been posted to the department of health website but will monitor periodically throughout the year.

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 offered to be performed in person in the community at a location of the member's choice. The health risk assessment tool utilized for members residing in a nursing home is the skilled nursing facility (SNF) health risk assessment tool within TruCare. For all other members, the assessment is completed within the Minnesota Department of Human Services' (MN DHS) MnCHOICES Application. 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.

South Country care coordinators have two systems to utilize for care plans: For members residing in a nursing home, the care plan is completed in our electronic documentation system, TruCare. For all other members, the support plan is completed in the DHS MnCHOICES Application. The support plan (Support Plan-MCO MnCHOICES Assessment or Support Plan-HRA) in the MnCHOICES Application was created by MN DHS. 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, county relations coordinator 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 July of 2025. 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, 2025 – December 31, 2025, and utilizes data sources from TruCare, South Country's data warehouse 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 final year of our three-year Model of Care approval for calendar years 2024, 2025 and 2026. The data and analysis below review the second year of data.

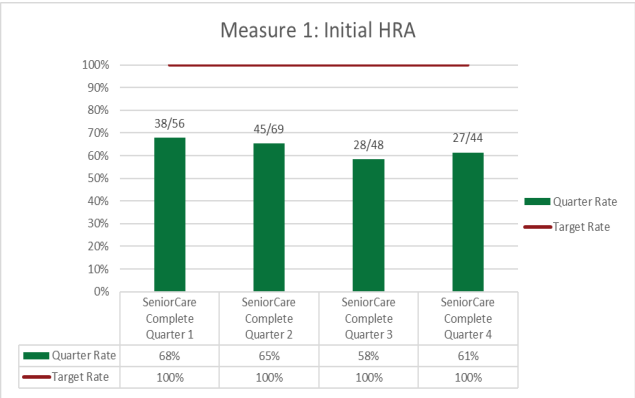
Goal 1: Improve the ease of navigating the clinical and social system for the enrollee and ensure that the enrollee has access to the right service, at the right time, from the right provider, and that it is affordable.

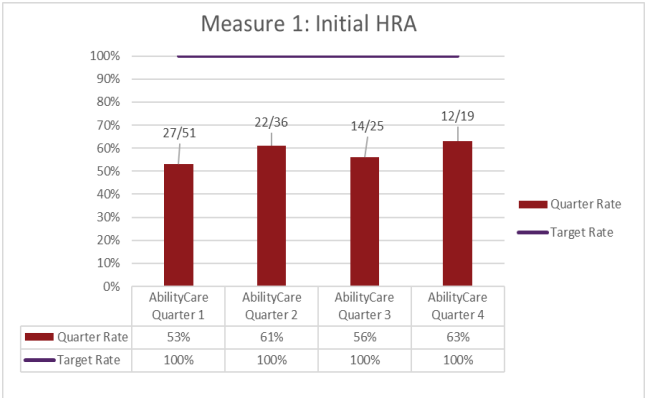
Members will receive integrated care coordination and service accessibility including preventive health services and comprehensive coordination of all services to meet their needs and wants across the continuum: social services, public health, medical, and other community services. A health risk assessment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

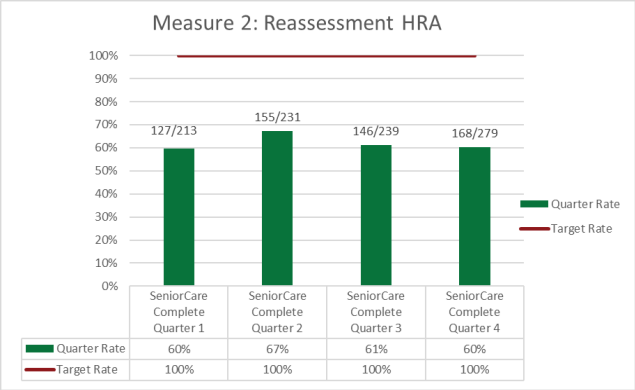


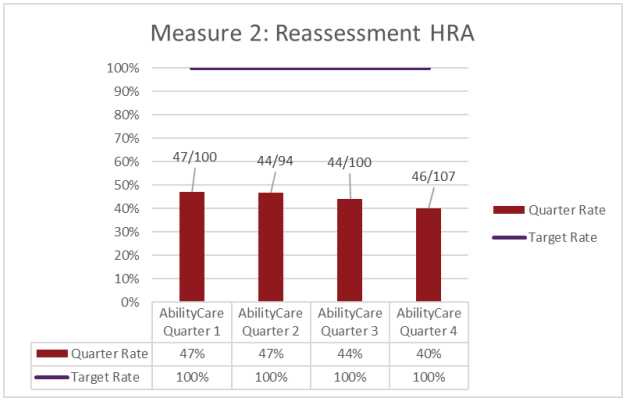


Measure 2: Percentage of enrollees who have an annual health risk assessment completed no more than 365 days from the previous health risk assessment.

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.

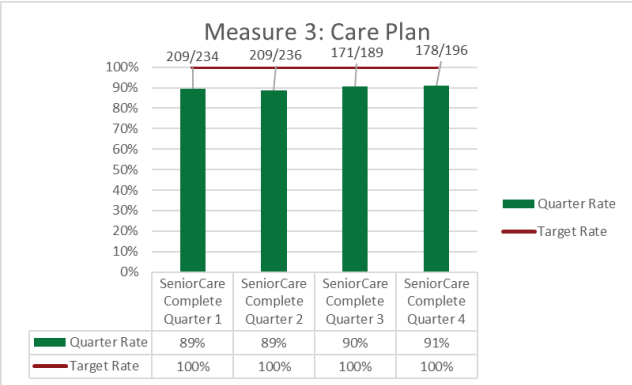
Data shows initial refusals at 23% for Q1, 23% for Q2, 23% for Q3, and 23% for Q4, and initial unable to reaches (UTRs) at 2% for Q1, 6% for Q2, 6% for Q3, and 7% for Q4 for SeniorCare Complete members. Data also shows initial refusals at 33% for Q1, 19% for Q2, 24% for Q3, and 21% for Q4 and initial UTRs at 10% for Q1, 11% for Q2, 16% for Q3, and 16% for Q4 for AbilityCare members.

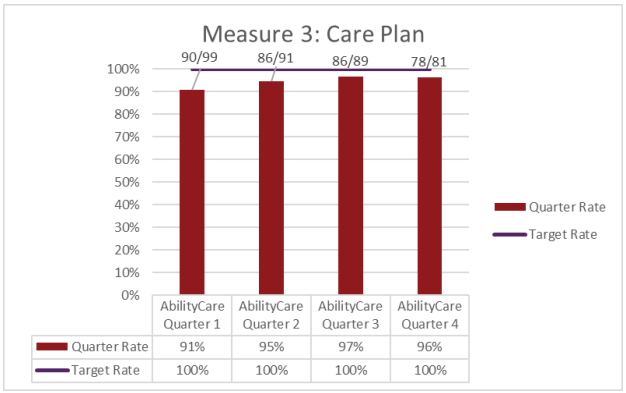
Data shows reassessment refusals at 14% for Q1, 11% for Q2, 15% for Q3, and 11% for Q4, and reassessment UTRs at 9% for Q1, 8% for Q2, 3% for Q3, and 3% for Q4 for SeniorCare Complete members. Data also shows reassessment refusals at 27% for Q1, 29% for Q2, 21% for Q3, and 25% for Q4, and reassessment UTRs at 12% for Q1, 9% for Q2, 10% for Q3, and 7% 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%





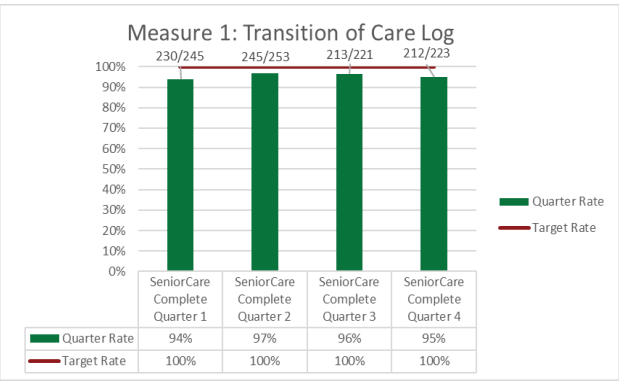
<u>Goal 2: Ensure that enrollees receive care and services from a system that is seamless for enrollees across health care settings, providers and health and social services.</u>

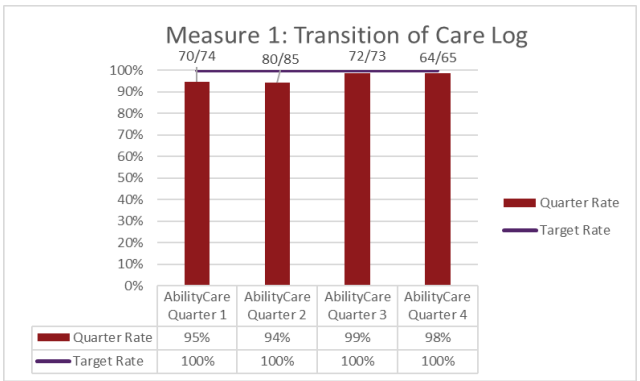
Members will experience seamless transitions of care across health care settings, providers, and health/social services. Care coordinators will be notified regarding a health care event (i.e., hospitalization or nursing facility placement) for follow up with the enrollee or most appropriate individual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

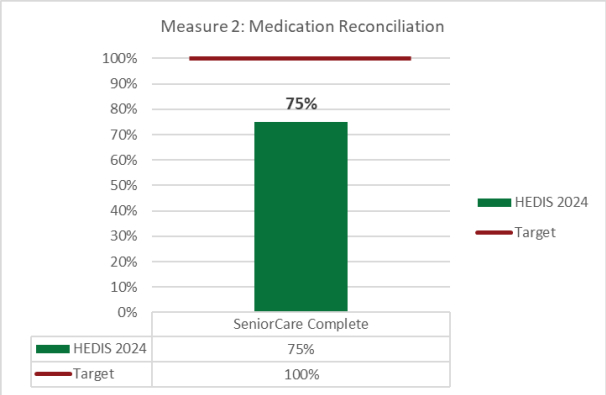


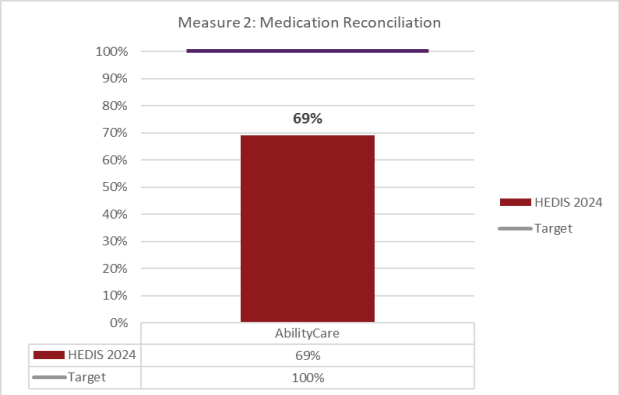


***Measure 2*:** Percentage of enrollees who discharged from a hospital and had a completed medication reconciliation within 30 days of discharge following HEDIS specification for Transition of Care Medication Reconciliation Post-Discharge.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%



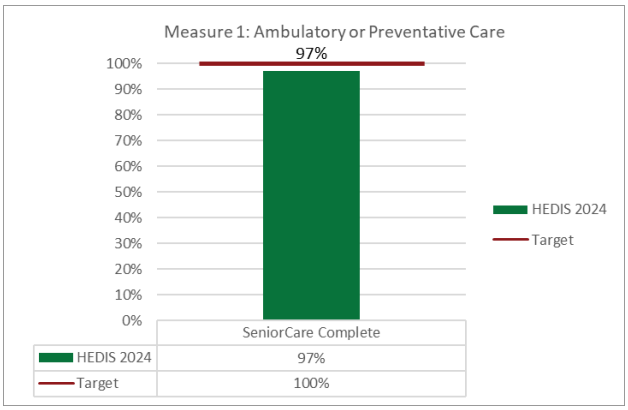


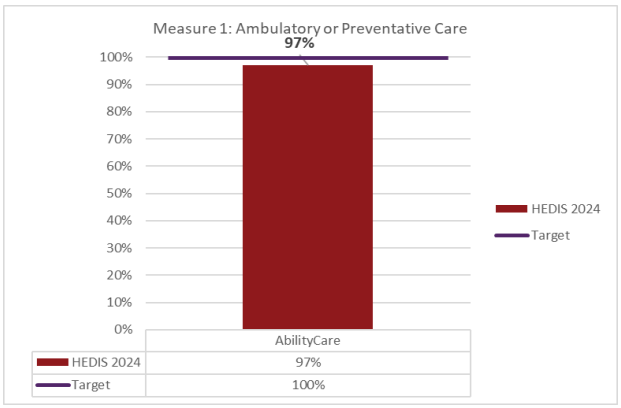
Goal 3: Ensure that enrollees receive preventive or ambulatory services annually and to help control diabetes and hypertension.

***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%

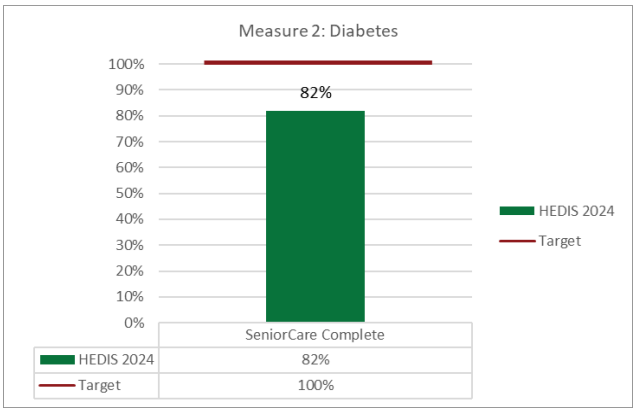


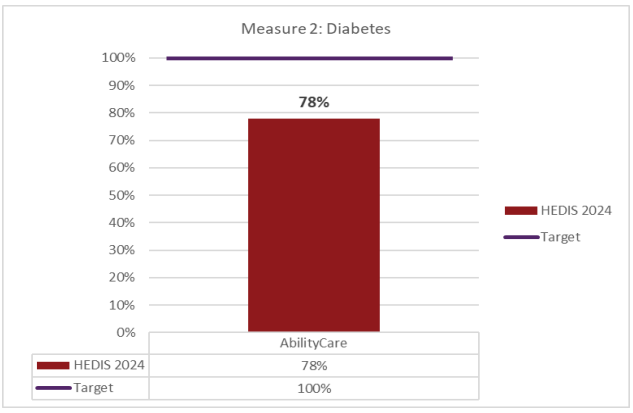


***Measure 2*:** The percentage of members with diabetes (Types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: HbA1c <9.0%.

SeniorCare Complete Annual Target Rate: 100%

AbilityCare Annual Target Rate: 100%

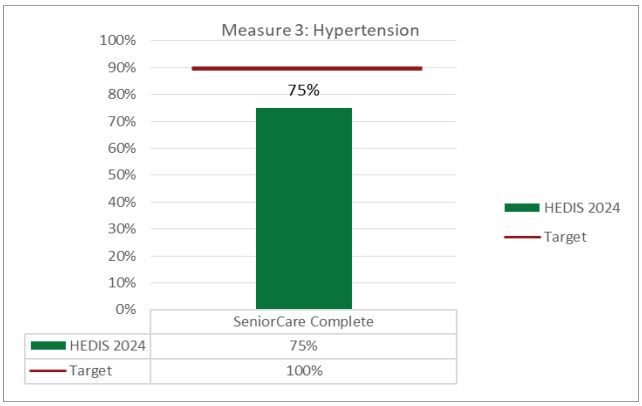


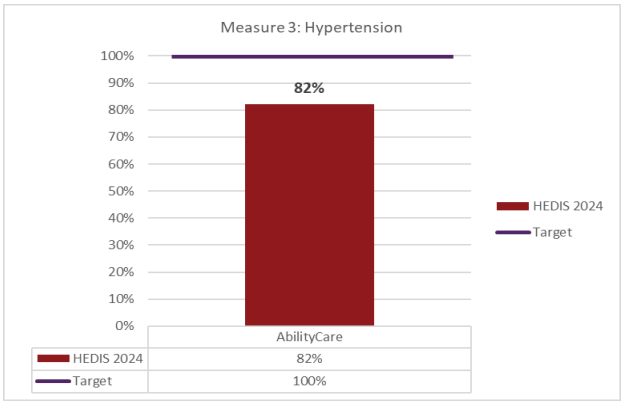


Measure 3: The percentage of members who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

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 are in the process of developing our new Model of Care goals and measures for our next span and will monitor accordingly;
- We will continue care coordinator training on requirements and regulations around 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 (and the state) 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 (RRP) 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

The process for SHCN begins with the identification of members that meet the criteria established by state contract. Members enrolled in a senior or SNBC product, as stated above, are considered to have SHCN, and therefore are automatically offered program components via their assigned care coordinator. Members enrolled in PMAP or MNCare are identified for SHCN through quarterly or monthly claims analysis using state criteria and as determined by South Country. The claims reports developed by South Country identify members with SHCN on PMAP or MNCare 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 is defined by utilization of home health nurses for the PMAP/MNCare populations.

South Country teams review previous claims and referrals for the members identified in these reports to determine an appropriate referral. Further process detail and analysis is broken down in the next sections.

PMAP and MNCare Members Over Age 18

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 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 health goals.
- 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® or identified through medical or pharmacy claims reports. The members are reviewed against criteria for the RRP. Members referred to this program typically show trends in over-utilizing a certain service type, such as the emergency department and may need assistance in understanding the appropriate type of service to use for certain medical needs. Additionally, members could be referred to RRP if they are receiving prescriptions from three or more different providers in a three-month period. The RRP assigns members to one primary care provider, clinic, hospital 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 RRP, the member may be placed on a "watchlist" to monitor their utilization by an RRP case manager, or the member may be referred to the complex case management team.
- Community care connector: The community care connector (connector) role is a specialized position funded by South Country. Connectors have social work or nursing experience and are in each of our member counties at their public health or human services agency. The connector is the local link between South Country, the county, community partners, local health care providers and other community-based resources. Connector's work with PMAP

and MNCare members on hospitalization follow-up, emergency department (ED) follow up, other SHCN, and social determinant of health follow-up tasks. The connector assists members in understanding their medical benefits and the local community resources 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, RRP 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 member safety section that speaks to the work and outcomes of the community care connector role.

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 assigned care coordinator continues to reach out to the member on an annual basis and as utilization encounters occur, like hospitalizations or high-risk events.

For members in senior and SNBC products, follow-up tasks are sent to the care coordinators via TruCare ®. Once the care coordinator receives the task for the member, additional follow-up is conducted with the member and recorded via a note. Members who are not directly tasked in the system may be identified by the care coordinators as members with high utilization or high-risk indicators. The care coordinator will work directly with these members and may request case consultation during interdisciplinary care team (ICT) meetings. The ICT is comprised of care coordinators, community care connectors, and South Country staff, who provide input to identify additional services or resources that may benefit the member's health.

Analysis

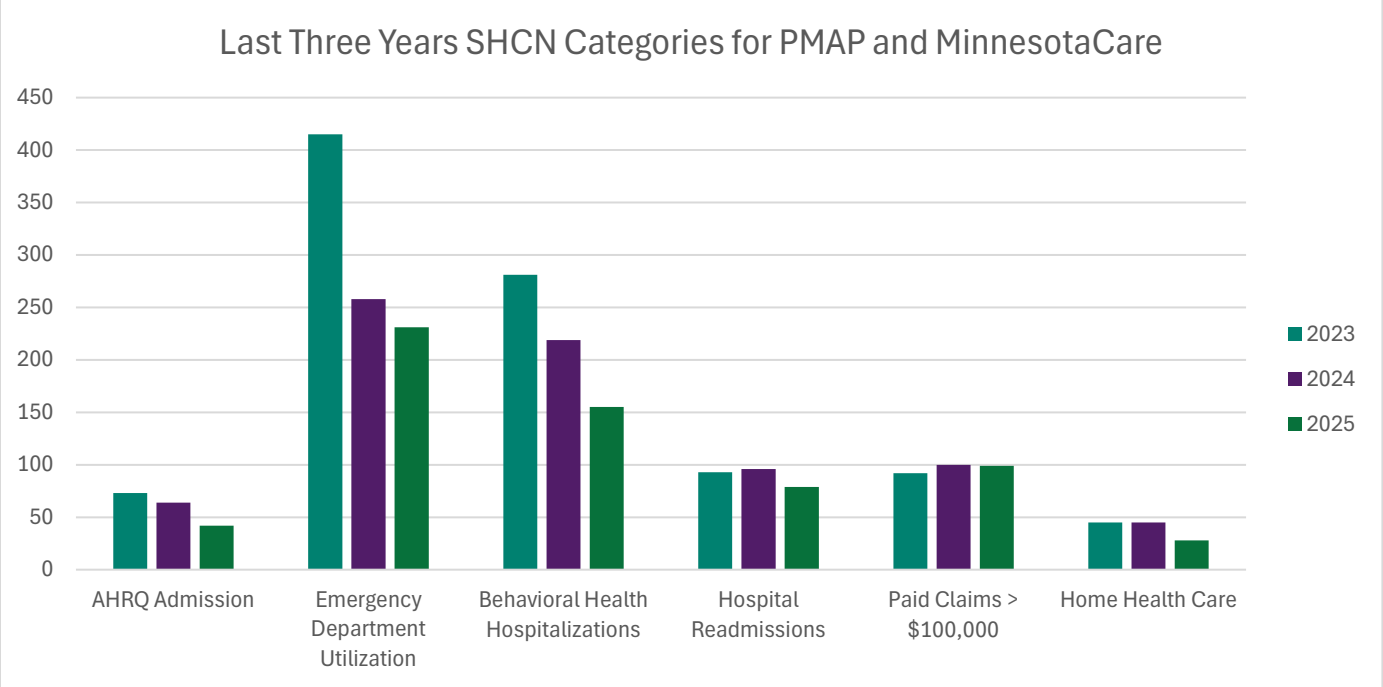
PMAP and MNCare Members Over Age 18

Reports identifying SHCN members for the PMAP and MNCare populations are reviewed on a monthly and quarterly basis. On a yearly basis, the reports are run to capture totals of the unique members that met criteria for a qualifying category of SHCN. The table and graph below represent the total count of unique members over the past three years. For our PMAP and MinnesotaCare (MNCare) products the percentage of members that qualify each year has remained steady - around 4%.

PMAP/MNCare Last Three Years

Year	2023	2024	2025
Enrollment for PMAP & MNCare	**26,588**	**21,258**	**17,971**
Category	**2023**	**2024**	**2025**
AHRQ Admission	73	64	42
Emergency Department Utilization	415	258	231
Behavioral Health Hospitalizations	281	219	155
Hospital Readmissions	93	96	79
Paid Claims > $100,000	92	100	99
Home Health Care	45	45	28

**Total population is the number of members in December 2025.*



In 2025, the total number of unique PMAP and MNCare members that qualified for SHCN was 634. All these members had follow-up from the teams outlined in the above section. When the member is reached, the case manager covers important topics including attending annual wellness exams and engaging 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 (CCM) program. The SHCN category the member qualifies for determines which team will complete follow-up. If during follow-up from the behavioral health professionals, the member was deemed more medically complex, a referral to complex case management is made. For the members that are reviewed by the case management team, the case manager determines whether a referral for the CCM program is appropriate. When a referral is made to CCM, then the workflow for that program is conducted. The Complex Case Management program section includes program outcomes for assessment and care plan completion.

Seniors and SNBC

As stated above in the process section, all senior and SNBC members are considered to have SHCN and receive care coordination. 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. Like the PMAP and MNCare members who qualify for SHCN, all senior and SNBC members receive an outreach call from their care coordinator. Outreach from the care coordinator includes offering a health risk assessment (HRA) or MnCHOICES assessment to the member. In addition to the annual follow-up these members receive, the care coordinator will also conduct a follow-up call when the member has a transition in care setting (like a hospitalization). For more information on our care coordination program, please see the Model of Care section.

Next Steps

In 2025, the standard reports for SHCN were used, but with the addition of some new tools. South Country was able to examine existing processes this past year and leverage new tools to not only help identify members with SHCN but to intervene in a timelier manner. One of the tools the teams began using was the new predictive analytics software to aid in the identification of members meeting SHCN criteria. The other tool our internal teams and external partners continued to utilize was the state-sponsored ADT messages system, MN-Encounter Alerts Service (EAS), powered by PointClickCare® (PCC). In late 2025, South Country internal teams started using a report in PCC that aggregates emergency department visits - three visits in three months. Using this report has allowed case management teams to conduct timelier follow-up with members – after their most recent visit. Using these new tools, like PCC, means that members can now be identified more quickly for other programs, offered needed community supports, and be provided with other resources to address their health. Claims reports continue to be utilized for each area of SHCN to ensure that members are not missed (from other identification modalities); however, the use of new technologies and new tools has allowed South Country teams to reach members sooner and provide more meaningful intervention.

SHCN reports and tools are only one avenue for identification and intervention 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. In 2026, internal and external teams will continue exploring other avenues for process improvement, member identification and intervention to ensure South Country can continue to provide all our members with the most appropriate level of care, when and where it is most needed.

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. Also, community engagement activities included: Sibley County Collaboration, Steele County Racial Divide Workgroup, Opioid Action Team – Steele County, HealthFinders Collaborative, New Ulm/Brown County Advisory Board, and Employee Volunteerism Program.

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 30 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 (23%), hypertension (14%) and anxiety (25%).

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 total unique membership for South Country Health for 2025 was 26,118.

Population Segments	Members Eligible # and %	Programs and Services Available
All ages, Medicaid eligible (entire population)	26,118 (100%)	Promotion of population health programs and self-management tools available on website
Over 65, Medicaid eligible (seniors)	1,778 (6.8%)	Care coordination
Under 65, Medicaid eligible, and certified disabled (SNBC)	2002 (7.6%)	Care coordination
Under 65, Medicaid eligible, not certified disabled, complex medical needs	115 (<1%)	Complex case management program
All ages, Medicaid eligible, with a hospitalization or ED visit indicating behavioral health Dx/no OP services	340 (1%)	Population health strategy Focus: conducting follow-up with members not aligned with BH outpatient services
New transitional youth (ages 17-21)	2,549 (9.8%)	Targeted mailing and telephonic outreach for those with identified need

Population Segments	Members Eligible # and %	Programs and Services Available
All ages, Medicaid eligible, no annual dental visit	Approximately 49% (17,810)	Population health strategy Focus: increase annual dental visit rate
All ages, Medicaid eligible, with 1 or more non-traumatic dental ED visit	Approximately 258	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	1085 (4.2%)	Population health strategy Focus: Diabetes and depression
All ages, Medicaid eligible, with diagnosis of depression	6143 (23.5%)	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	6,721 (25.7%)	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 outline 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, the emphasis is on dental emergency department and outpatient utilization.

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*, managing members with emerging risk, the cohort includes members that are pregnant or postpartum members.

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 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," 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 also 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 postpartum follow-up visit for herself.

For the *third focus area*, outcomes across settings, the intervention is related to behavioral health hospitalizations and follow-up. South Country identifies eligible members for this focus through various methods. The primary method used to identify eligible members is through hospitalization and emergency department notifications, 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.

After the member is assessed, by 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.

For the *fourth focus area*, managing multiple chronic illnesses, is 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. Outreach mailing bi-annually to members with diabetes including education and resources for managing diabetes and/or depression. Also, education or resources on diabetes and depression are provided through social media, newsletters, or other indirect methods as appropriate.

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 2025. The past performance levels for Annual Dental Visit (ADV) based on DHS calculation (Oral Health / Minnesota Department of Human Services (mn.gov)- were: 2022 (39.54%), 2023 (39.8%), and 2024 (45.92%). Note that 2024 rates were calculated using South Country's HEDIS software.

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: 2022 (133), 2023 (134.1), and 2024 (136.9).

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 success 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 were: 2022 (45.4%), 2023 (41.8%), and 2024 (46.9%).

Targeted Populations

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

Programs/Services

Group 1: To increase dental utilization, new South Country members are educated on the importance of oral health, dental benefits they are eligible for, and resources for locating a dental provider or scheduling an appointment. Targeted outreach is done for members without a dental visit, especially those with chronic health conditions, during the year. This is done through care coordination and county care connectors.

Indirect intervention: Members are educated and increased awareness through social media campaigns and annual member newsletters. South Country maintains separate oral health pages for members and providers on South Country's website.

Group 1: Initial outreach occurs via mail to members seeking dental care in an ED setting and have not had subsequent dental care. Later, individual outreach is 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.

South Country partners with a safety net dental clinic to provide direct outreach to members. Members using the ED with a dental diagnosis are identified timely using the secure Minnesota Encounter Alerts System (EAS) via PointClickCare (PCC). Verified by claims data, members without a dental home are referred to the safety net dental clinic for direct outreach. Members are contacted and educated, and a dental follow-up appointment is facilitated.

Providers are informed on the use of the ED for non-traumatic dental issues and the strategy that is being employed to improve outcomes and rates. This is accomplished by provider newsletter articles and the oral health provider webpage.

South Country is pleased to see the steady increase in ADV rates over recent years. Preliminary 2025 reporting shows that this rate will be maintained or improved. South Country has especially noted increasing dental utilization in the PMAP population, which has a greater impact since it is the largest group of members. We look forward to continuing to see dental utilization rise giving members the best possible health outcome.

South Country has experienced an increase in the use of the ED for non-traumatic dental concerns over the past three years. This could be due in part to the enrollment shift and decrease during the post pandemic unwinding. South Country aspires to see a decline in this data point for 2025 and future years as applications of the interventions are successful.

Evidence exists that the outreach to members after visiting the ED is effective. South Country has seen an increase in follow up with a dental provider within 60 days of an ED visit was greatly improved in 2024 when compared to 2023. South Country anticipates further improvement in 2025 as this was the first full year of direct member outreach.

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 start of enrollment 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 2022(78.21%), 2023(83.06%), and 2024 (91.90%).

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 2022(81.11%), 2023(85.15%), and 2024 (90.69%).

Targeted Populations

Group 1: Total Population pregnant and postpartum

Group 2: PMAP/MNCare who are pregnant 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.

Pregnancy:

For groups one, two and three, 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 for group four, postpartum. Pregnant 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 2025, 674 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 2025, there were 261 high-risk pregnancy referrals created for the CCM team. Of those referrals, there were 172 cases opened, which means the CCM conducted outreach to the members. Of the members that had outreach, there were 63 that could not be reached. Of the members that could be reached, there was a total of 9% of expecting mothers that 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.

The goal for this intervention was to increase the percentage of deliveries that received a prenatal care visit in the first trimester. Success of this goal will be achieved by obtaining a rate of 83.78% over three years, using the 2022 rate as baseline. The rate in 2024 was 91.90%. We attribute the achievement of this goal to the work with Delfina®, targeted mailings, and outreach to members.

Postpartum:

For this group of members, the team confirms the member discharged after a delivery of a live born infant(s). These members are sent the postpartum mailing packet. The packet includes a postcard reminding them of the Delfina® app, the postpartum voucher, 0–14-month voucher, and a magnet with resources. The 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. In 2025, there were 357 packets mailed to our postpartum members.

Delfina® is available to both pregnant and postpartum women (up to one year). In 2025, there were 28 members that utilized the Delfina® app.

The goal for this intervention was to increase the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. Success of this goal will be achieved by obtaining a rate of 86.20% over three years, using the 2022 rate as baseline. The rate in 2024 was 90.69%. We attribute the achievement of this goal to Delfina®, targeted mailings, and outreach to members.

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 levels were: 2022 (16.35%), and 2023 (16.05%) and 2024 (18.78%).

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: 2022 (73.00%), 2023 (74.19%) and 2024 (78.60%).

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 levels were: 2022 (.25%), and 2023 (.19%) and 2024 (0.17%).

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 or Latino 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. For members who are 17 to 21 we use a Transitional Age Youth UTR letter to explain why it is important for a young adult to access primary care.

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 in group one are assigned a care coordinator upon enrollment, and each of those members, at a minimum, is annually offered the opportunity to complete the MNCHOICES assessment and service plan. Members in group two, three and four are identified through hospitalization and emergency department notifications (via EAS) and by a report, based on claims data. Hospitalizations identified through EAS are tasked immediately to the care coordinator, case manager, or behavioral health professional for follow-up. Hospitalizations and emergency department visits identified through the claims report also receive follow-up (if there was no follow-up conducted at the time of the encounter). The report includes information on outpatient services or case management services so that teams can identify which members may not have services in place and can cover further resources with the member on follow-up.

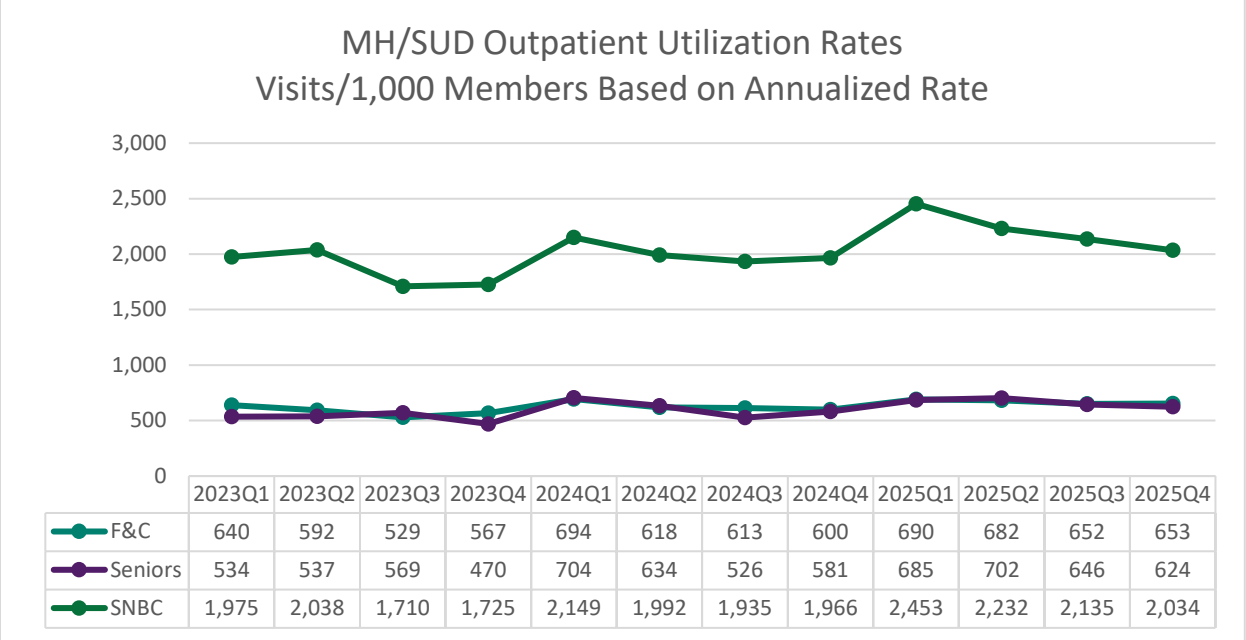
The first goal for this focus area is to Increase the percentage of members receiving outpatient mental health services during the year. We measure this goal successful by increasing our rate of outpatient visits by 0.63% over three years. The 2022 rate for this measure was 16.35%, 2023 was 16.05% and 2024

was 18.78%. The interventions for this goal have been in place since 2022 and the 2024 rate reflects the continued efforts among the teams, both internal to South Country, and our external county partners. The teams have worked to promote outpatient behavioral health services after hospitalization or emergency department utilization, along with organization-wide interventions like implementing Doctor on Demand (Included Health®) and providing resource guides to promote outpatient services.

The second goal of this focus area was to increase the percentage of members receiving follow-up after hospitalization within 30 days of discharge. We measure this goal success by increasing our rate of visits by 7.08% over three years, using the 2022 rate as the baseline (73%). The most recent rate for this goal is 2024 at 78.60%. We attribute the increase in this rate to the follow-up efforts of the teams. Each team conducting follow-up is encouraging members to seek outpatient services, follow-up with primary care givers, and ensure members understand that behavioral services are covered.

The final goal of this focus is to decrease the number of members with emergency department (ED) visits related to behavioral health diagnoses. We measure this goal a success by decreasing our rate of ED visits by 0.04% over three years. The rates we have are 2022 (.25%), 2023 (.19%) and 2024 (0.17%). It looks like the rate reduced significantly from 2022 to 2024, but we make the .4% reduction in 2024, but there was a decrease in rate. The continued decrease is attributed to the focus on outpatient services promotion and ensuring barriers to access are reduced for our members.

As part of our review for this focus area, we examine mental health and substance use disorder outpatient utilization rates for all products. The graph below shows the utilization over three years.



	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4
F&C	640	592	529	567	694	618	613	600	690	682	652	653
Seniors	534	537	569	470	704	634	526	581	685	702	646	624
SNBC	1,975	2,038	1,710	1,725	2,149	1,992	1,935	1,966	2,453	2,232	2,135	2,034

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. Members eligible for this focus area a phone call or letter, resource information and/or assistance in establishing outpatient behavioral health services. Each member will have a unique touch point depending on their conditions and utilization.

As stated above, members in group one – the senior and SNBC products are offered the MNCHOICES assessment and service plan on an annual basis, at a minimum. 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: 2022 (16.15%), 2023 (24.18%) and 2024(18.18%), SNBC were: 2022 (26.27%), 2023 (28.35%), and 2024 (24.32%) and MSC+ admin rates were: 2022 (88.02%), 2023 (91.56%), and 2024(90.48%). 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%), 2023 (0.00%) and 2024 (0.00%), SNBC were: 2022 (0.00%), 2023 (0.00%) and 2024(0.00%), and MSC+ rates were: 2022 (0.00%), 2023 (0.00%) and 2024(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)

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

Groups 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 training, 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 web-based 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 South Country Health Alliance has utilized since 2021 for indirect member intervention is the Minnesota Encounter Alerts Service (EAS), a state-based alerts system that provides near real-time notifications of member hospitalizations and emergency department (ED) utilization through Admit, Discharge, and Transfer (ADT) messages. Most acute care hospitals serving South Country members transmit data through EAS, allowing timely identification of utilization events to support care coordination and follow-up.

The former EAS vendor, Audacious Inquiry, was acquired by PointClickCare in 2023, and a system transition began in late 2024. During 2025, South Country encouraged all partner counties to onboard to the new PointClickCare interface (CUO Acute). While the transition is ongoing and full technical integration has not yet been completed for all counties—particularly where local public health systems (e.g., PH-Doc) require additional interoperability work—all partner counties currently have access to EAS and are able to view real-time admit and discharge notifications. South Country continues to collaborate with counties and system partners to resolve remaining integration needs and to further enhance the use of real-time data to support population health management and care coordination efforts.

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 Integrated Care System Partnerships (ICSP) with Mayo Health System and Allina Health System were long-standing collaborations that supported onsite nurse practitioner (NP) services in nursing facilities for more than five years. Although DHS removed the ICSP requirement in 2023, South Country continued the program through 2025 using a per-member-per-month (PMPM) payment arrangement to support seven nursing homes and hundreds of members receiving onsite medical care.

In 2025, South Country and its health system partners completed a comprehensive review of the program's long-term rates and structure. While all parties agreed that the value of a rounding nurse practitioner remains strong, the PMPM payment model was determined to be administratively burdensome. As a result, the formal ICSP program concluded in 2025, with Mayo Health System transitioning in July 2025 and Allina Health System in December 2025, and services moving to standard billing codes and traditional contracting rates.

Importantly, this change reflects a shift in contracting methodology—not a change in care philosophy or access. Members continue to receive onsite medical services focused on routine primary care, chronic disease management, acute illness care appropriate to the nursing facility setting, medication management, advance care planning, and comprehensive annual assessments. South Country continues to believe that the rounding nurse practitioner model improves member health outcomes, enhances comfort and quality of life, and helps reduce avoidable emergency department visits and hospitalizations. The collaborative spirit of the program remains in place, ensuring continued access to high-quality, proactive care for members in rural communities.

Community Engagement and Partnerships Supporting Population Health

As part of its Population Health Management (PHM) strategy, South Country Health Alliance (South Country) partners with community-based organizations to advance health equity and reduce avoidable disparities across socially, economically, demographically, and geographically defined populations.

Community Health Advocacy Team (CHAT) Collaboration

Throughout 2025, South Country continued active participation in CHAT meetings in Sibley, Meeker, and McLeod Counties, supporting the Community Health Assessment (CHA) activities. Collaborators reviewed assessment findings, identified emerging themes, and coordinated community conversations. Engagement strategies included outreach at schools, health fairs, and worksites, supported by both digital and paper survey options to improve access and participation. Planning efforts incorporated issue statement development, data triangulation, Community Health Improvement Plan (CHIP) with continued emphasis on equity-focused engagement and cross-sector collaboration.

Opioid Action Team – Steele County

South Country participated in the Steele County Opioid Action Team throughout 2025, contributing to community education efforts and the distribution of naloxone in rural communities. Participation focused on understanding identified racial disparities reflected in county survey data and supporting collaborative, community-driven solutions. The task force includes representatives from law enforcement, public health, pharmacy, education, substance use treatment, and emergency medical services.

Maternal Health Community Engagement (MDH Perinatal Grant)

Health equity was a major focus of maternal health engagement in 2025, supported by an MDH Perinatal Innovation Grant. South Country hosted three in-person regional events and one virtual event, delivering culturally responsive education on nutrition, mental health, and postpartum well-being. Supportive services included transportation assistance, interpretation, childcare reimbursement, and on-site enrollment in the Delfina app, which provides virtual doula support and pregnancy-related resources. While attendance varied, participant feedback was consistently positive. The initiative concluded with a virtual event in September 2025, expanding access for members unable to attend in person.

System Design Clinic – Homelessness Response

In September 2025, South Country participated in the Steele County System Design Clinic, a two-day initiative facilitated by the National Alliance to End Homelessness. The clinic focused on strengthening the local homelessness response system through governance alignment, performance measurement, funding strategy review, and prioritization planning. Outcomes included shared understanding of crisis response best practices, data-informed decision-making, and coordinated next steps for system redesign and long-term planning.

HealthFinders Collaborative Partnership

South Country maintains a strategic partnership with HealthFinders Collaborative, a community-based provider serving underserved and historically marginalized populations. HealthFinders provides integrated medical, dental, behavioral health, substance use, and wellness services and serves as a critical access point for members facing barriers related to language, transportation, immigration concerns, or system navigation. The partnership particularly supports Spanish and Somali speaking populations in Steele, Dodge, and Waseca counties.

Through this collaboration, South Country aligns population health initiatives with community-based services, including targeted outreach related to emergency department dental utilization, immunizations, maternal and postpartum care, chronic disease management, and behavioral health support. Care teams may directly refer members to HealthFinders, supporting timely access to services that complement care coordination and case management. HealthFinders' community-embedded model—delivered through clinics, schools, community events, mobile outreach, and virtual or home-based services—enhances continuity of care and engagement. Together, South Country and HealthFinders work to reduce avoidable emergency department utilization, improve preventive care uptake, and address health disparities through culturally responsive, community-informed approaches.

Next Steps

The population health strategy team at least annually evaluates the data impacting our population, and population segments. An updated population assessment was completed to determine the direction for 2026. Some sources that were reviewed and considered in 2025 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. Based on our assessment, no changes were made to the focus area goals in 2025. The organization continues to implement the focus areas and goals that were established during the mid-year 2024 review. 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. We are also reviewing and analyzing how the impact of PHM standard changes effective July 2026 will impact our strategy.

South Country is continuing efforts and finding new ways to further integrate and expand the focus of improvements in health equity across disparate populations. South Country will continue to work with community partners 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 priorities of communities.

Utilization Management

Description

South Country Health Alliance (South Country) maintains a Utilization Management (UM) program designed to ensure that members receive the right service at the right time from the right provider. The UM program applies to all South Country members and is carried out directly by South Country or through delegated partners. The program is structured to meet all state and federal regulatory requirements and to align with National Committee for Quality Assurance (NCQA) standards.

The UM program focuses on promoting access to high-quality medical, behavioral health, and community-based services that appropriately meet member needs in a cost-effective manner. UM activities are grounded in evidence-based, objective criteria to confirm medical necessity and avoid inappropriate utilization that could adversely impact quality, cost, or member safety. The program does not limit or restrict appropriate care; instead, it supports timely, clinically sound decisions that enhance the quality and effectiveness of member care. South Country ensures impartiality in all UM decisions and does not employ financial or other incentives that could influence approval or denial outcomes. Oversight of delegated entities is maintained to ensure compliance with regulatory standards, adherence to clinical criteria, and consistent application of UM policies. Through this structure, the UM program supports equitable access to medically necessary care and promotes efficient, high-quality service delivery for all members.

Overview

South Country's UM program is guided by regulatory requirements, organizational policies, and detailed procedures that support consistent, clinically sound decision-making. The internal UM team – comprising of nurses and specialists - meets weekly to review processes, discuss complex cases, evaluate recent changes, and provide ongoing training. The health services department, which includes utilization management, complex case management, and behavioral health case management, is responsible for managing the UM program's daily operations.

Program leadership consists of the medical director, director of health services, pharmacy manager, and the UM RN manager, who together set strategic direction and provide clinical oversight. The medical director holds final authority over clinical decisions, while the manager of utilization management oversees daily UM operations.

South Country delegates certain UM functions to specialized partners: PerformRx for pharmacy services including retail pharmacy, Medicaid medical pharmacy, and Delta Dental of Minnesota for dental services. South Country maintains responsibility for monitoring and auditing all delegated UM activities to ensure compliance with state and federal regulations, NCQA standards, and internal policies.

Governance and Committees

On a quarterly basis, the director of health services, UM manager and the medical director present utilization data and program results to the Utilization Management (UM) Committee, a subcommittee of the Quality Assurance Committee (QAC). The UM Committee provides guidance and oversight for program activities. A separate Medical Policy Review Committee, composed of clinicians, conducts annual review of internal medical coverage criteria used in medical necessity determinations. The UM

Committee reports formally on a quarterly basis to the QAC. At least twice per year the pharmacy manager, dental manager and appeals manager present trends in authorization approvals, denials and appeals.

Prior Authorization Process

Prior authorization is a core component of the UM program. Members or providers may submit requests through the UM department or delegated entities using a medical service request form or provider portal. UM staff collect service details, relevant clinical information, and supporting documentation to assess medical necessity. Decisions are based on established guidelines, including the Minnesota DHS Provider Manual, CMS policy, InterQual criteria, and South Country's internal medical policies.

All utilization management decisions focus on appropriateness of care, medical necessity, and evidence of coverage. No financial incentives exist to influence approvals or denials. Only the medical director, associate medical director or a Minnesota licensed physician delegate may issue a denial. All authorization decisions are communicated in writing to the member and/or authorized representative, and applicable 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).

Access and Communication

UM staff are available via a toll-free number during business hours, with after-hours requests accepted through voicemail, fax, or the provider portal. Providers and members may request copies of the clinical criteria used in decision making. Links to clinical criteria are also available within the prior authorization list located on the South Country website.

Delegation Oversight

South Country provides oversight of delegated UM activities. South Country conducts annual reviews of all delegated UM functions to ensure compliance with regulatory and accreditation standards. If deficiencies are identified, the compliance department determines corrective actions. Delegated UM activities and outcomes are covered in additional chapters: Dental Utilization Management, Pharmacy Utilization and Delegation Oversight.

Program Integration and Quality

South Country's QAC is responsible for the review and monitoring of all UM activities. UM activities are closely connected to quality improvement efforts, including monitoring for over- or under-utilization, tracking adverse events, reviewing care management outcomes, evaluating delegated UM activities, and identification of access to care issues.

Leadership Review and Program Updates

UM leadership meets quarterly to discuss strategic direction, operational processes, regulatory changes, and appeals trends. The medical director leads decisions regarding updates to prior authorization 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.

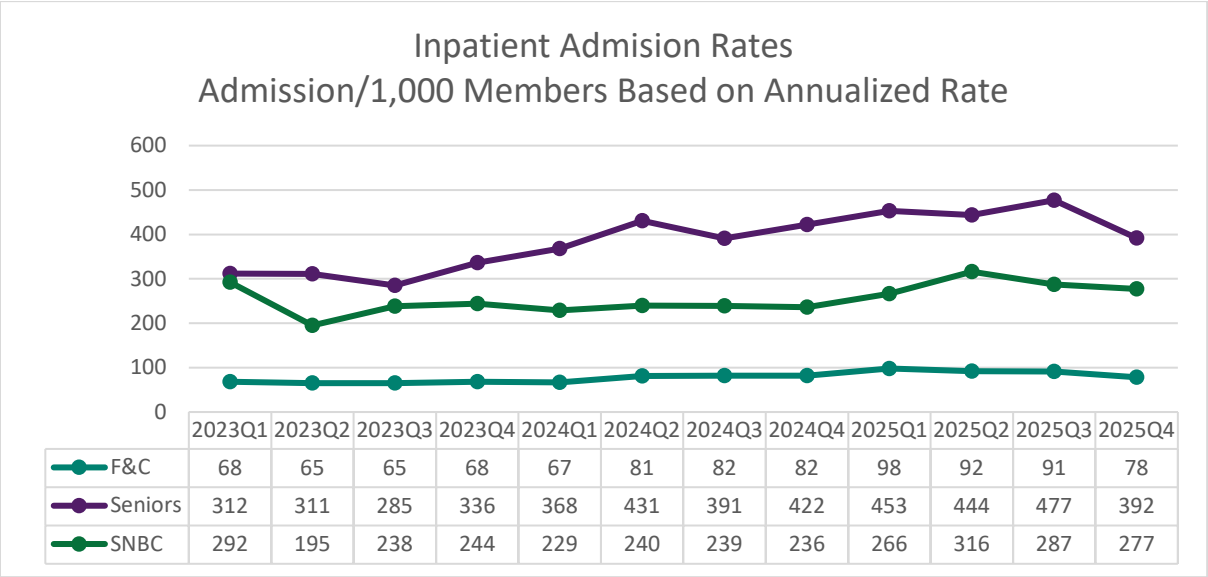
Analysis

Data from various sources is leveraged to guide and strengthen the Utilization Management (UM) program. These data inputs help evaluate utilization patterns, monitor access to services and providers, assess authorization outcomes and timeliness, identify trends, and measure overall program effectiveness. Measures are selected based on their relevance to the member population and include both medical and behavioral health care. Statistical methods support this monitoring by establishing thresholds - such as upper and lower run limits using plus/minus two standard deviations from the mean – to detect unusual variation. When results fall outside these thresholds, additional analysis is conducted to determine potential causes. As needed, further drill-down reviews may occur at the county or clinic level.

Quarterly UM Committee meetings serve as the primary forum for reviewing these utilization measures. During these meetings, county directors, Joint Powers Board (JPB) members, providers, and staff offer insight into the significance and implications of the data. Further analysis and review of utilization trends are completed by the QAC, and recommendations are received by the UM Committee. When outliers are confirmed and contributing factors are identified, the committee may recommend targeted actions to address the issue. Progress on these actions is subsequently reviewed during follow-up UM Committee meetings, with summary results 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 naturally create greater variability, making statistical significance more difficult to determine. For this reason, the committee places particular attention on PMAP/MNCare, which represents South Country’s largest member population.

Inpatient Hospital Admissions



	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4
F&C	68	65	65	68	67	81	82	82	98	92	91	78
Seniors	312	311	285	336	368	431	391	422	453	444	477	392
SNBC	292	195	238	244	229	240	239	236	266	316	287	277

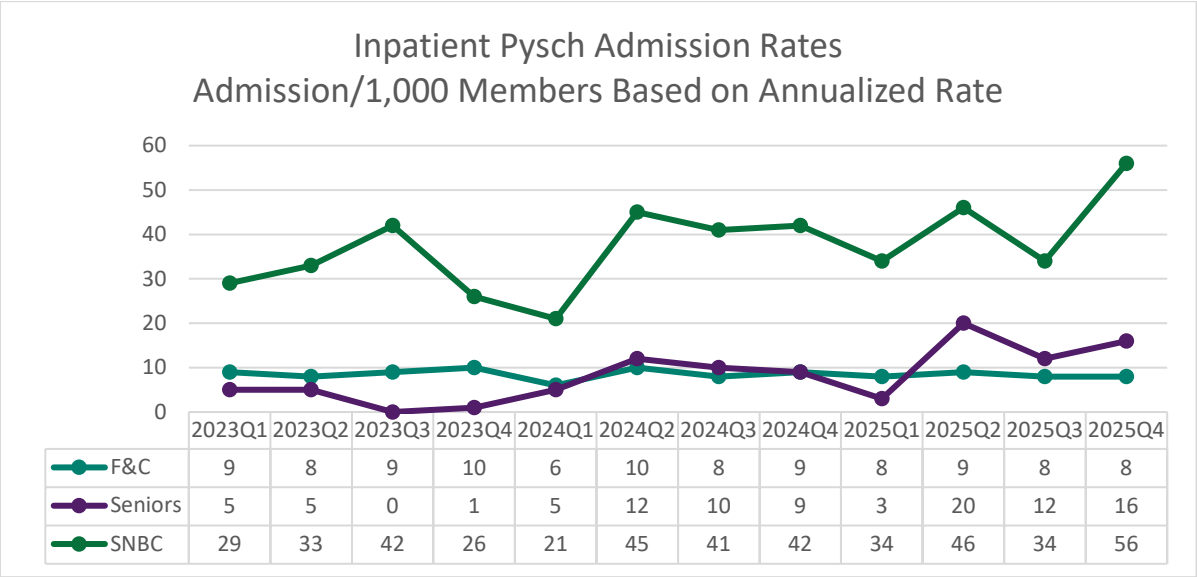
The above chart illustrates inpatient (IP) admission rates per 1,000 members on an annualized basis across the Families & Children (F&C), Seniors, and SNBC product lines. When comparing trends from 2023 through 2025, overall inpatient utilization shows routine fluctuation but remains generally consistent for most product groups. Seasonal variation—particularly increases during winter months when influenza and COVID-19 rates rise—continues to be a key driver of higher admissions.

A notable shift appears in the Seniors product line beginning in Q3 2023, where a sustained increase in inpatient admissions emerges. Subsequent reviews by the UM Committee confirmed that this upward trend persisted into 2024 and 2025. A detailed diagnostic analysis revealed the top conditions contributing to admissions. The leading drivers include cardiovascular disorders, infectious diseases, musculoskeletal conditions, gastrointestinal issues, respiratory conditions and endocrine and metabolic concerns such dehydration and diabetes mellitus. No unusual patterns were identified related to geography, living environment, or provider system, suggesting that case mix and small population size contributed significantly to data variability.

Across all product lines, the Seniors members continue to demonstrate higher baseline utilization and greater variability, which is expected due to both the clinical complexity of this population and smaller enrollment volumes. In comparison, SNBC members demonstrate moderate inpatient utilization, consistently lower than Seniors but higher than F&C. The F&C product line remains the most stable, maintaining the lowest admission rates with only modest increases noted in late 2024 and early 2025.

This report is reviewed quarterly by the UM Committee to identify trends, assess potential causes of variation, and determine whether further action or clinical review is warranted. The committee continues to monitor infection-related admissions closely, given their significant contribution to overall inpatient utilization among seniors.

Inpatient Psych Hospital Admissions



	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4
F&C	9	8	9	10	6	10	8	9	8	9	8	8
Seniors	5	5	0	1	5	12	10	9	3	20	12	16
SNBC	29	33	42	26	21	45	41	42	34	46	34	56

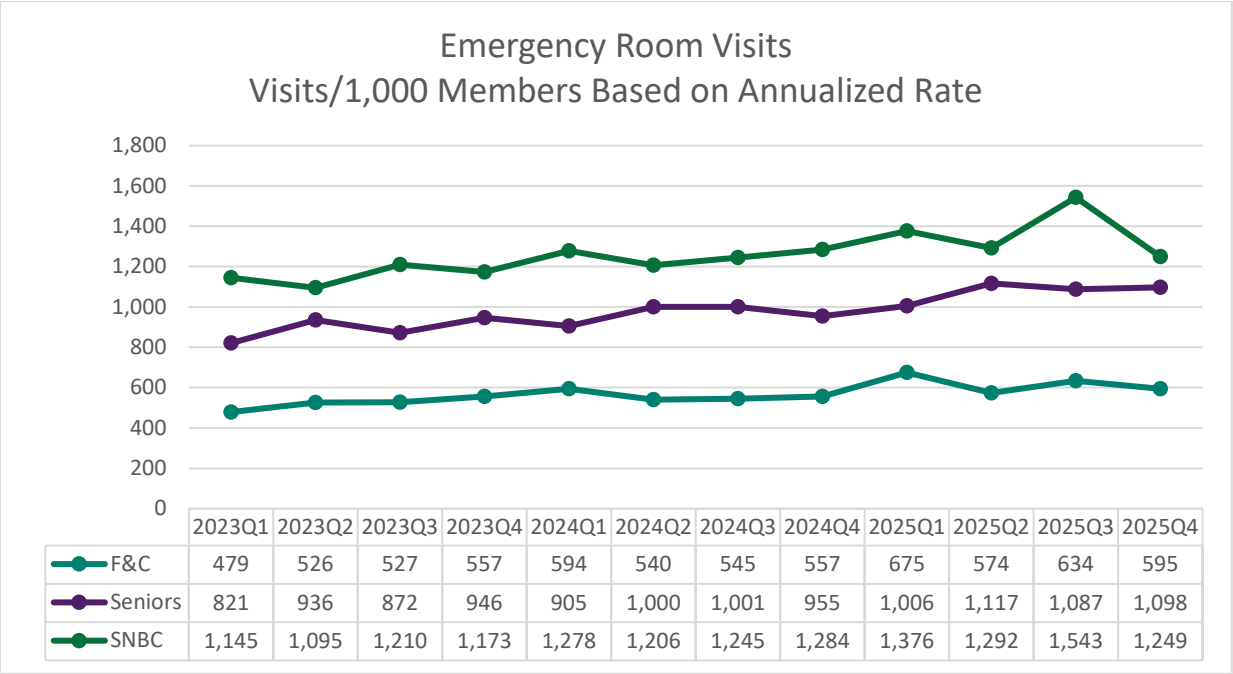
The above chart displays inpatient psychiatric (psych) admission rates per 1,000 members across the Families & Children (F&C), Seniors, and SNBC product lines. These data elements represent admissions billed with an inpatient psychiatric unit place-of-service code and are reviewed quarterly by the UM Committee to monitor patterns and assess how mental health needs vary across populations.

As expected, SNBC members consistently demonstrate the highest rates of psychiatric hospitalization, reflecting the greater prevalence of mental health conditions within this population. Across the reporting period, SNBC rates show substantial fluctuation—from lows in the low 20s to peaks exceeding 50 admissions per 1,000 members—highlighting the greater variability inherent to smaller populations and the clinical complexity of SNBC members.

In contrast, F&C and Seniors maintain comparatively low and stable psychiatric admission rates. Both product lines show modest quarter-to-quarter variation, with F&C generally ranging between 6 and 10 admissions per 1,000 members and Seniors typically remaining below 15. While occasional spikes occur, such as in 2024 and early 2025 for Seniors, the overall pattern for these two groups remains steady and significantly below the consistently higher SNBC rates.

The UM Committee uses this data to assess trends, understand quarterly variability, and identify whether any review or targeted intervention may be warranted. Consistent with prior years, the data continues to reinforce the unique behavioral health needs of the SNBC population and the importance of ongoing monitoring of psychiatric utilization across all product lines.

Emergency Department Visits



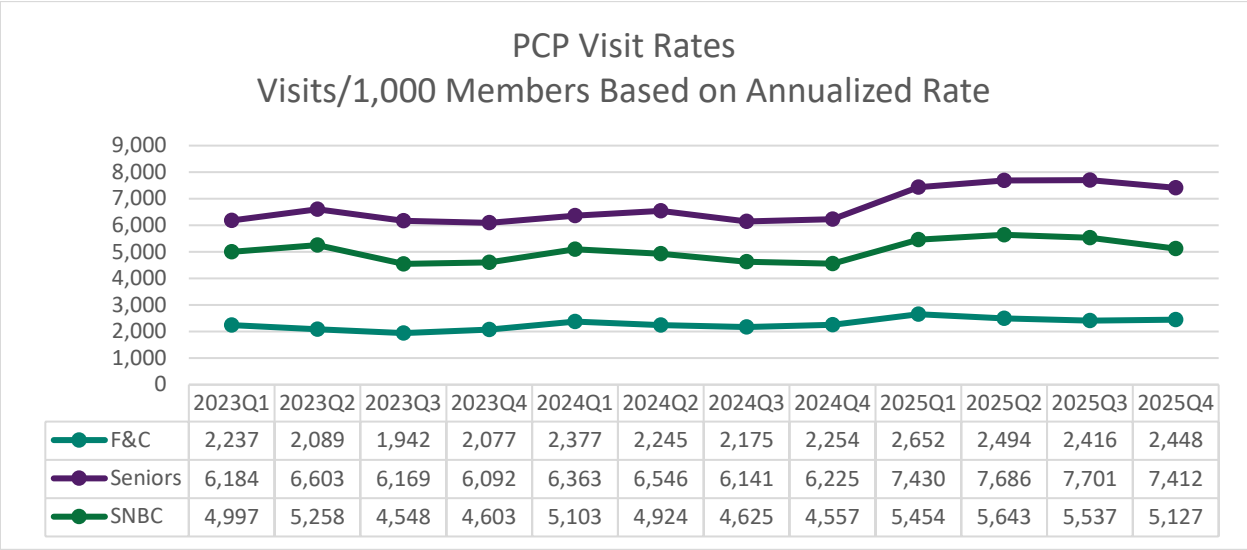
	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4
F&C	479	526	527	557	594	540	545	557	675	574	634	595
Seniors	821	936	872	946	905	1,000	1,001	955	1,006	1,117	1,087	1,098
SNBC	1,145	1,095	1,210	1,173	1,278	1,206	1,245	1,284	1,376	1,292	1,543	1,249

The above chart reflects emergency department (ED) visit rates per 1,000 members on an annualized basis across the Families & Children (F&C), Seniors, and SNBC product lines. Consistent with prior years, SNBC members continue to demonstrate the highest ED utilization, maintaining rates well above those of the other product groups throughout 2023–2025. This pattern aligns with greater clinical complexity and higher behavioral health needs typical within the SNBC population.

Senior products show moderately high ED utilization, second only to SNBC, and display a gradual upward trend over the period. Their rates climb from the low 800s at the start of 2023 to peaks above 1,100 by mid-2025, reflecting increased acuity and service needs among aging members.

Members enrolled in Families & Children (PMAP & MNCare)— South Country's largest membership — show a slight but steady upward trend in ED visits over the same timeframe. While their baseline utilization remains significantly lower than Senior and SNBC groups, increasing use of ED services suggests a return toward pre-pandemic utilization patterns, consistent with trends observed across all product lines.

Primary Care (PCP) Visits



	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4
F&C	2,237	2,089	1,942	2,077	2,377	2,245	2,175	2,254	2,652	2,494	2,416	2,448
Seniors	6,184	6,603	6,169	6,092	6,363	6,546	6,141	6,225	7,430	7,686	7,701	7,412
SNBC	4,997	5,258	4,548	4,603	5,103	4,924	4,625	4,557	5,454	5,643	5,537	5,127

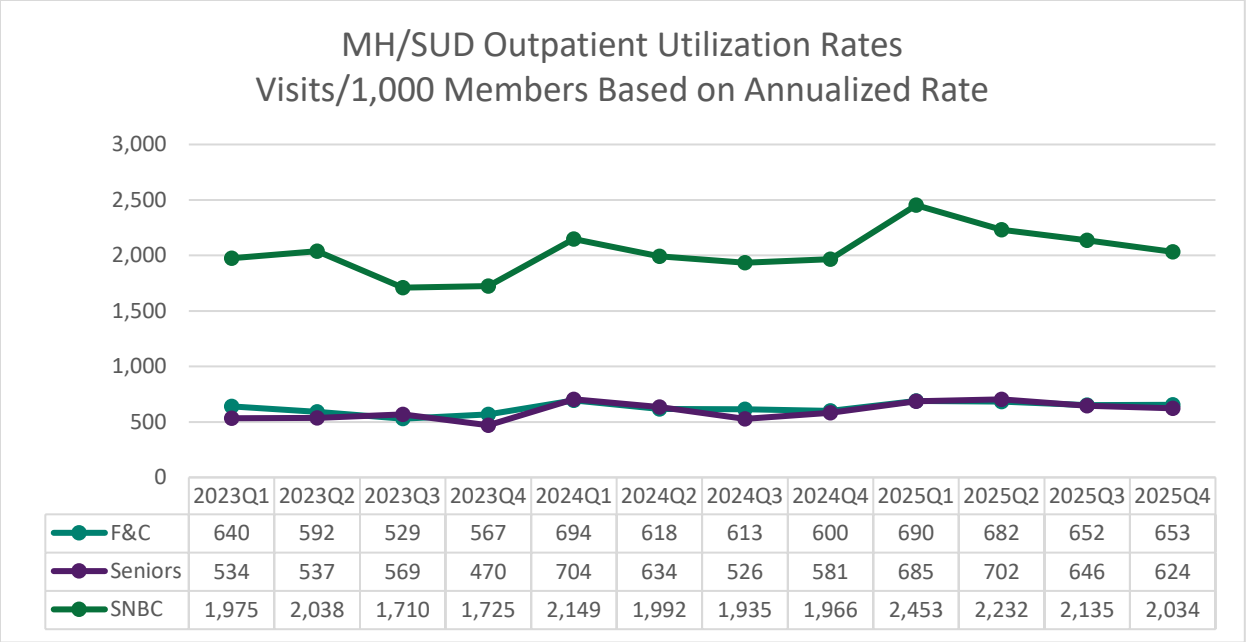
The above graph displays primary care provider (PCP) visit rates per 1,000 members based on an annualized measure. These data are used to observe patterns in routine and preventive care utilization across product lines. Across the reporting period, Senior and SNBC products show an overall upward trend in PCP visits. Senior members consistently demonstrate the highest utilization, with a noticeable rise beginning in early 2025 and remaining elevated through Q4 2025. SNBC members also show increases in 2024 and early 2025, reflecting greater engagement with outpatient primary care services.

In contrast, Families & Children (PMAP & MNCare) rates remain relatively stable, with minor quarter-to-quarter fluctuations but no sustained upward or downward trend.

PCP visit patterns continue to be reviewed quarterly at UM Committee meetings to assess correlations with emergency department utilization and to monitor the effectiveness of efforts aimed at supporting access to preventive and routine care.

Outpatient Utilization

Outpatient mental health and substance use disorder (MH/SUD) reporting helps assess whether members with behavioral health needs can access appropriate and timely services. This metric is a key component of South Country's Population Health Program and supports the organization's goal of increasing member engagement in outpatient MH and SUD care. To improve access, South Country has implemented targeted initiatives across its service area, including open access to mental health providers and minimal prior authorization requirements. In 2024, South Country expanded these efforts by partnering with a virtual care program, offering members a telehealth option for mental health services to further enhance accessibility.



	2023Q1	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4
F&C	640	592	529	567	694	618	613	600	690	682	652	653
Seniors	534	537	569	470	704	634	526	581	685	702	646	624
SNBC	1,975	2,038	1,710	1,725	2,149	1,992	1,935	1,966	2,453	2,232	2,135	2,034

The above chart illustrates outpatient mental health and substance use disorder (MH/SUD) visit rates per 1,000 members on an annualized basis across the Families & Children (F&C), Senior, and SNBC product lines. These rates include both in-person and telehealth visits. As expected, SNBC members continue to demonstrate the highest utilization, reflecting the higher prevalence of behavioral health conditions within this population. SNBC utilization showed some variability in 2023 but trended upward through 2024, with rates remaining elevated throughout 2025, indicating strong engagement with outpatient behavioral health services.

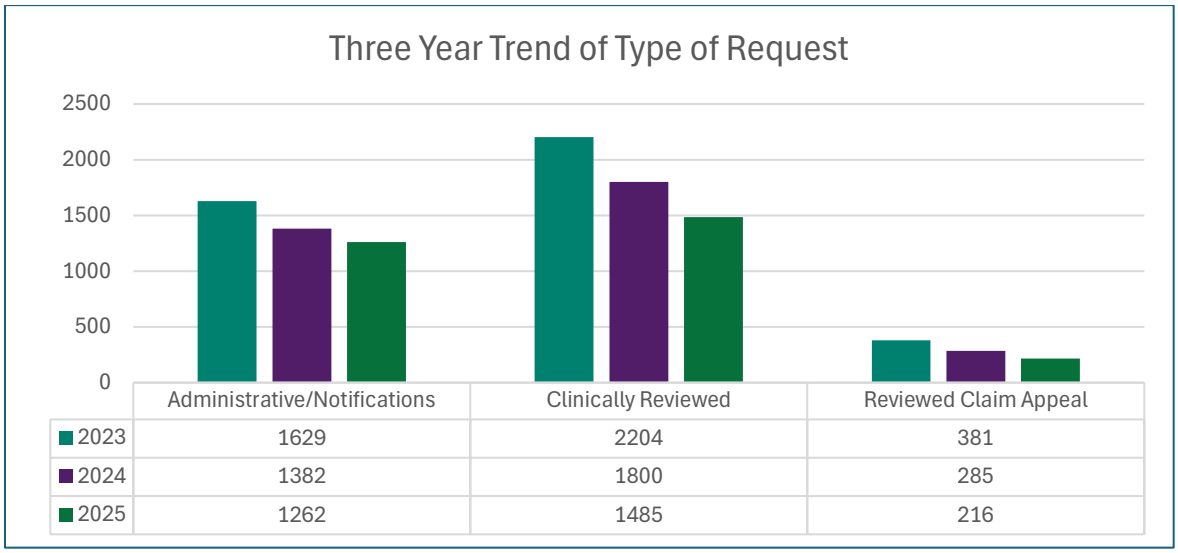
For Families and Children (PMAP & MNCare) and Senior products, MH/SUD outpatient visits have remained stable over the past three years, with only minor quarter-to-quarter fluctuation. It is important to note that for certain Senior and SNBC products—such as MSC+ and SharedCare—some behavioral health services may be billed to Medicare, which may result in slightly lower reflected rates despite steady or higher actual utilization.

South Country continues to monitor MH/SUD utilization closely as part of its broader population health strategy. In addition to tracking outpatient behavioral health use, the organization reviews related metrics such as special health care needs, hospitalizations, readmissions, and high-risk or high-cost conditions. Individual cases identified through these reviews may be referred to complex case management, behavioral health care managers, the Restricted Recipient Program, care coordinators, or community care connectors to ensure members receive appropriate support and follow-up.

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),

denial, termination, reduction (DTR) requests 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 comparison of the total number of requests and whether they were (1) notifications or administratively processed, (2) if they were clinically reviewed prior authorizations, or (3) claim appeals.



	Administrative/Notifications	Clinically Reviewed	Reviewed Claim Appeal
2023	1629	2204	381
2024	1382	1800	285
2025	1262	1485	216

From year to year, the volume of authorization requests is expected to vary based on changes in enrollment and updates to services or procedures requiring prior authorization. In 2024, the total number of requests declined due to a decrease in overall enrollment as well as revisions to prior authorization requirements. This downward trend continued in 2025 across all request types, driven by targeted efforts to reduce administratively processed pre-service requests and a focused evaluation of procedure codes to limit those requiring authorization. The UM leadership team reviews the prior authorization grid on a quarterly basis to determine whether specific services/procedures should continue to require prior authorization. Decisions to add or remove codes are guided by rate of approval and evolving standards of care for each service. These ongoing reviews have resulted in a reduction in services requiring prior authorization, supporting timely access to medically necessary care.

Another metric reviewed quarterly is the number of prior authorization requests requiring clinical review. Clinical reviews are conducted for medical necessity determinations related to prior authorization requests, retrospective claim appeals, or services exceeding benefit limits. These reviews are completed by registered nurses or behavioral health professionals.

In 2023, a total of 2,585 clinical reviews were completed, including 2,204 prior authorization reviews and 381 claim appeal reviews. In 2024, the total number of clinical reviews decreased to 2,085, and in 2025, clinical reviews further declined to 1,701 – reflecting an approximate 20 percent reduction year over year. Despite the overall decrease in volume, the most frequently reviewed service categories in 2025 continued to include durable medical equipment (DME), medical pharmacy, and surgical or procedural services. Clinical reviews were also conducted for behavioral health services exceeding benefit limits and for claim appeals requiring medical necessity determinations.

In 2025, the UM team began tracking data in alignment with the CMS-0057 reporting requirements and anticipated state contract changes under Minnesota statute 62M. These data points include prior authorization activity and outcomes -specifically whether requests were approved, denied, appealed, or overturned – as well as timeliness of determinations based on the level of urgency of the request. This information will be publicly available on South Country's website beginning April 1, 2026. The table below reflects the prior authorization and appeal data that will be posted to meet the Minnesota 62M contract requirements, including delegated pharmacy services through PerformRx and dental services through Delta Dental.

Service Category	Total PA Reviews	Submitted Electronically	Approvals	Denials	Upheld on Appeal	Reversed on Appeal
Outpatient Medical	1214	339	1353	1	NA	NA
Medicare Part B Drugs	140	0	140	0	NA	NA
Medicaid Outpatient Drugs	370	0	299	71		
Outpatient Behavioral Health	131	2	131	0	NA	NA
Dental						
Retail Pharmacy						

**See the website for additional information (data still being collected)*

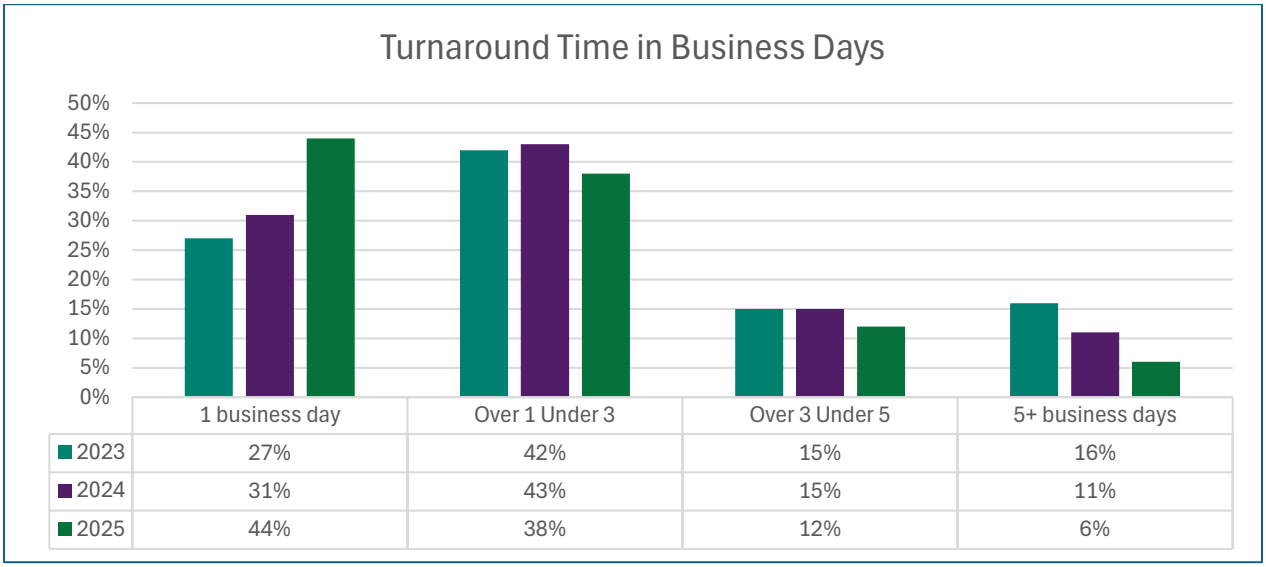
Second Level Review

South Country also tracks the number of authorizations requiring advisor review, which represents the second level of review that occurs when the clinical review does not result in an approval. Advisor reviews are conducted by physician-level reviewers, who make the final determination to approve or deny a request based on medical necessity. The volume of requested referred for advisor review fluctuates throughout the year and is influenced by the overall number of authorization requests. Consistent with the downward trend observed in clinical reviews, the number of advisor reviews has also decreased over time. In 2023, a total of 786 requests required advisor review. This number declined to 614 in 2024 and further decreased to 559 in 2025.

Turnaround Times

Since implementing utilization management internally in 2019, the UM team has used daily key metrics to monitor authorization requests in queue, the age of the authorization request and the timeliness of member and provider determination notices. This key metrics dashboard has been instrumental in helping the team maintain required review timeframes and ensure compliance with state and federal regulations governing the prior authorization notification process. The dashboard is particularly valuable when additional medical information has been requested from a provider, as it allows for close monitoring of authorization timelines. In addition to the daily monitoring, South Country conducts periodic reviews of turnaround times each year, including a mid-year review focused on request volume and timeliness and end of year review assessing overall turnaround performance.

In anticipation of the CMS-0057 rule, which introduces shortened turnaround time requirements beginning in 2026, the UM team began evaluating authorization turnaround times based on the new metrics. For standard requests, determinations must be communicated no later than seven calendar days from the time the receipt of the request. To align measurement with operational workflows, turnaround time was assessed using a five-business day metric, calculated from the date the request was received to the date of determination. The graph below illustrates the percentage of authorizations completed in under one business day (eight hours or less), over one but under three business days, over three but under five business days, and over five business days. In 2025, the UM team focused on reviewing authorizations exceeding five business days to identify contributing factors and implemented strategies to further reduce turnaround times.



	1 business day	Over 1 Under 3	Over 3 Under 5	5+ business days
2023	27%	42%	15%	16%
2024	31%	43%	15%	11%
2025	44%	38%	12%	6%

Several process improvements implemented in 2024 and 2025 contributed to measurable improvements in authorization turnaround times. These efforts included removing prior authorization requirements for select services and initiating a comprehensive review of each prior authorization grid segment to identify opportunities to reduce the number of codes requiring authorization. This work has already reflected a decrease in overall volume of prior authorizations and is expected to continue in 2026.

Turnaround time performance improved steadily from 2023 through 2025. In 2025, 44 percent of authorizations were completed within one business day, compared to 31 percent in 2024 and 27 percent in 2023. The proportion of authorizations completed in over one but under three business days remained relatively stable, while authorizations taking more than five business days declined significantly—from 16 percent in 2023 and 11 percent in 2024 to just 6 percent in 2025. These trends reflect continued progress toward more timely determinations and alignment with CMS-0057 requirements.

Review of clinical and advisor turnaround times indicates that most delays occur when additional medical information is needed from providers. Approximately 83 percent of clinical reviews are completed within three business days, while about 58 percent of advisor reviews are completed within that same timeframe. Requests requiring additional documentation continue to be the primary drivers of extended turnaround times at both levels of review.

To further improve timeliness and access to care, South Country is implementing a prior authorization lookup tool that will assist providers in identifying which services require authorization and the specific criteria and documentation needed to support medical necessity determinations.

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	2023	2024	2025
PerformRx (Pharmacy PBM)	99%	99.2%	99%
South Country's UM Dept	97.5%	97.6%	98.7%

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

Over the past three years, South Country has tracked the methods providers are utilizing to submit authorization requests. In anticipation of the new CMS interoperability requirements, this tracking was intended to better understand provider submission preferences and to identify opportunities to increase the use of the provider portal through targeted communication, such as provider newsletters. Over the course of this review period, submission preferences have remained largely consistent.

The majority of authorization requests continue to be submitted via fax, with portal submissions typically accounting for approximately 12-15 percent of requests. In 2025, South Country implemented behavioral health and substance use disorder request forms within the portal.

South Country continues to offer multiple submission options to support provider access and flexibility. Nurse reviewers are available 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 submit prior authorization requests.

Next Steps

Annually, South Country reviews trends in utilization and authorization decisions to set a course for future innovation or program development. With more than five years of medical authorization data available for analysis, the organization is able to evaluate process efficiencies, remove unnecessary prior authorization requirements on select services, and continue improving outcomes for both members and providers. In 2026, the UM team will continue to focus on process improvement, opportunities for automation, review of authorization requirements, and the adoption of new technologies to enhance the overall utilization management experience.

A primary focus in 2026 will be compliance with the CMS interoperability rule. In 2025, South Country selected two vendors to support this effort. The organization feels that our selections offer solutions that will not only support regulatory compliance but also create opportunities to improve efficiency, automation, and the overall provider and member experience within the prior authorization process. In early 2026, the organization will launch PA CheckPoint™, a prior authorization lookup tool that allows providers to determine whether a service requires prior authorization. This tool will be available on South Country's website and will later be integrated into the provider portal. Outreach efforts, including provider newsletter communication, will be used to promote the tool and encourage providers to confirm authorization requirements prior to submitting requests. Additionally, efforts are underway for data integration points to establish work flows directly from providers electronic medical records also supporting authorization data across health plans.

As part of state and federal requirements effective in 2026, health plans are required to publicly post prior authorization grids along with the associated clinical criteria. South Country has posted its updated prior authorization grids including links to the criteria used for medical necessity determinations. In addition, the UM team is implementing a refreshed Utilization Management page on the organization's website to improve transparency and present authorization requirements in a clear, easy-to-navigate format. Provider resources will be available alongside the new prior authorization look-up tool. The redesigned UM webpage offers enhanced navigation for both providers and members and includes direct links to the provider portal, UM request forms, contact information, and required reporting.

South Country continues to look ahead to the future of the Utilization Management program with a dual focus on maintaining compliance with state and federal requirements and serving as a leader in innovation. The use of technology is a critical component of the UM team's success and supports more efficient and effective authorization processes, appropriate utilization of services for members, and reduced administrative burden for providers. In 2026, South Country will continue to advance its efforts to ensure members receive the right care, at the right time, and in the right place.

Pharmacy Utilization

Description

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			
	2023	2024	2025
Formulary Compliance	98.29%	98.16%	98.08%
Generic Utilization Rate	84.77%	85.86%	87.73%

As shown in Table 1, South Country Medicaid maintains an excellent formulary compliance rate (98.08%) and the generic utilization rate increased from 2024 to 2025.

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			
	2023	2024	2025
Average Membership	32,421	26,347	21,312
Total Prescription Cost	$40,625,548	$37,651,658	$38,499,303
Total Prescription Cost per Member per year	$1,253	$1,429	$2,121
Total Prescriptions	370,063	320,780	260,565
Average Cost per Prescription	$109.78	$117.38	$147.75
Utilizers (members who filled a prescription)	117,519	98,891	79,891
% Utilizers	30.21%	31.28%	31.21%
Average Cost per Utilizer	$345.69	$380.74	$482.33

Table 2 outlines South Country's Medicaid Pharmacy Utilization for the past 3 years. From 2023 to 2025 we experienced a 34.3% decrease in average monthly membership to 21,312. Service area reduction of Kanabec County contributed to a decline in enrollment in 2025. While the total number of prescriptions decreased from 2023 to 2025, the per member per year cost and average cost per utilizer increased. We experienced a 34.6% increase in average cost per prescription from 2023 to 2025. This is largely due to a substantial rise in specialty drug spending coupled with annual industry price increases of brand name medications.

Medicare Utilization

Table 3

Medicare Formulary Compliance/Generic Utilization			
	2023	2024	2025
Formulary Compliance	98.66%	98.85%	98.87%
Generic Utilization Rate	88.10%	88.76%	89.12%

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

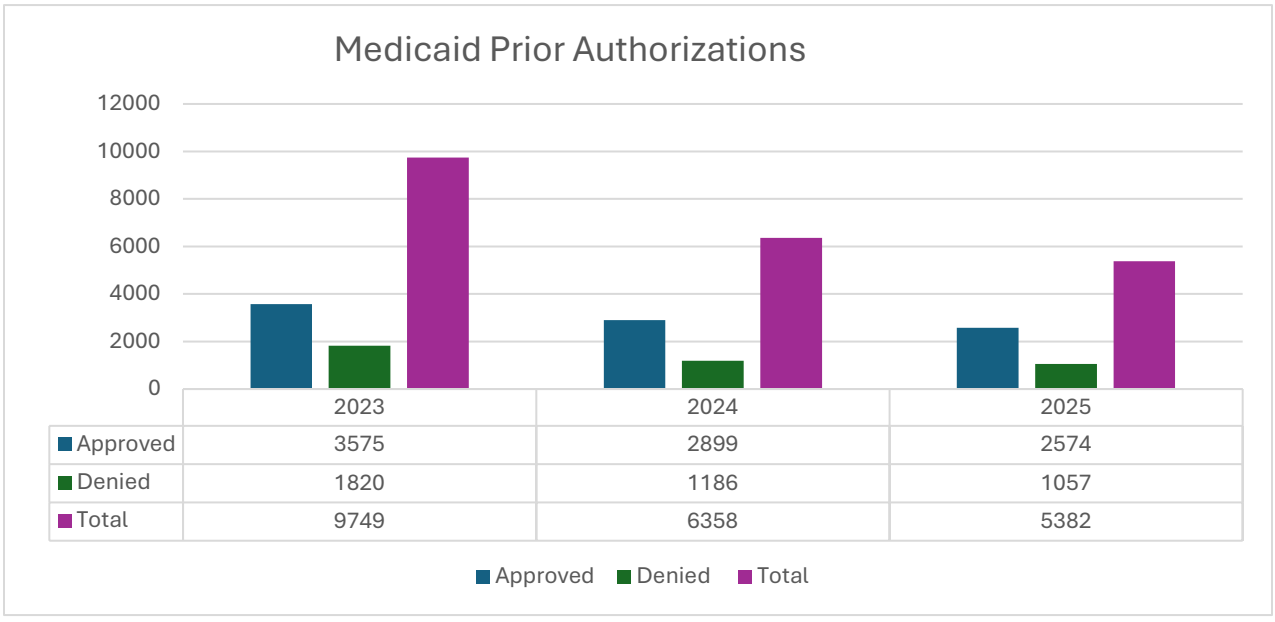
Table 4

Medicare Pharmacy Utilization			
	2023	2024	2025
Average Membership	1,824	1,669	1,469
Total Prescription Cost	$12,115,722	$12,471,791	$12,599,980
Prescription Cost per Member per year	$6,642	$7,471	$8,577.25
Total Prescriptions	129,249	125,214	110,367
Average Cost per Prescription	$93.74	$99.60	$114.16
Utilizers (members who filled a prescription)	18,526	16,983	14,999
% Utilizers	84.63%	84.79%	85.09%
Average Cost per Utilizer	$653.98	$734.37	$840.05

Table 4 outlines South Country's Medicare Pharmacy Utilization. The average cost per prescription has increased by 21.8% from 2023 to 2025. The continued high generic utilization rate (Table 3) helps soften the impact of brand name medication annual price increases.

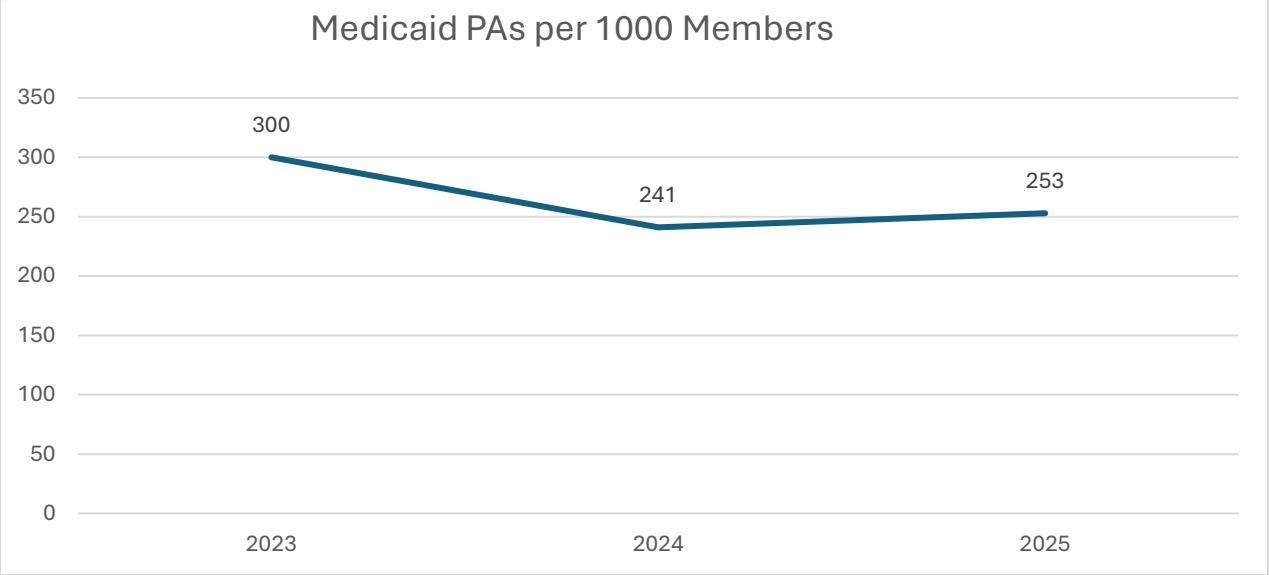
Medicaid Prior Authorizations (PA)

Graph 1



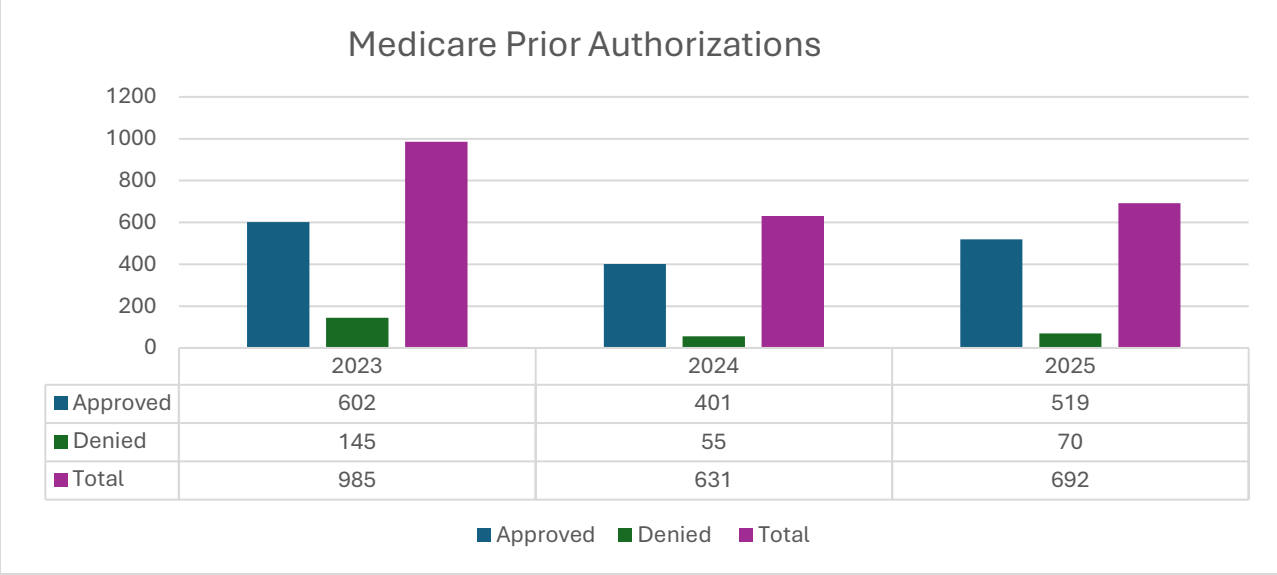
Graph 1 illustrates a decrease in the number of Medicaid Prior Authorization (PA) submissions from 2023 to 2025. More than likely, this is due to the decrease in membership over the same time period and continued changes to the formulary due to the state preferred drug list (PDL). Medicaid prior authorizations have remained steady for the past year with a 48% 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 1000 members. The number of prior authorizations has decreased over the last year and will continue to be monitored in 2026 as an indicator of overall PA burden for our membership.

Graph 2



Medicare Prior Authorization

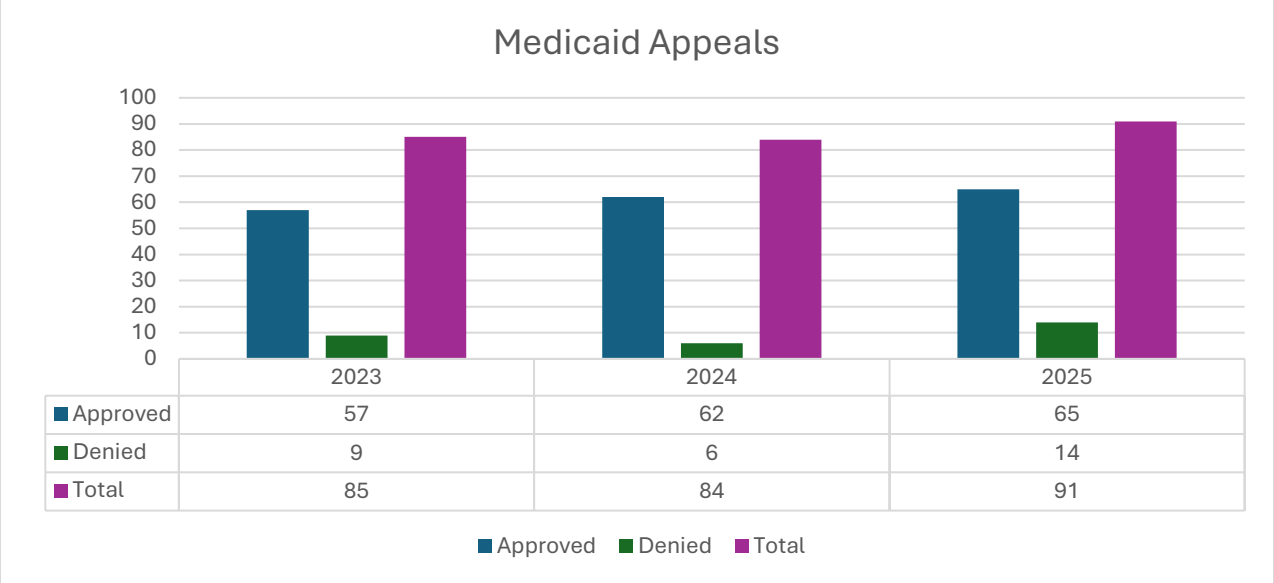
Graph 3



Medicare prior authorizations have increased slightly over the past year with a 75% approval rate and a 10% denial rate. The remaining authorizations were withdrawn / dismissed / early closed.

Medicaid Appeals

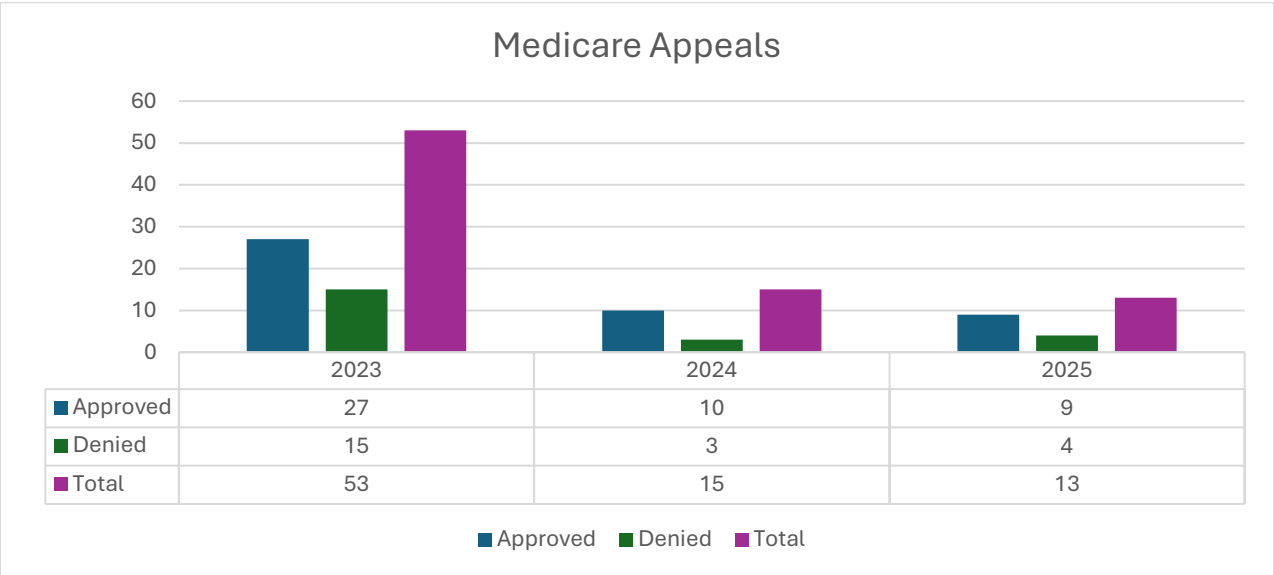
Graph 4



A small increase in total number of Medicaid submitted appeals is evident in Graph 4. The approval rate has remained steady from 2023-2025 at 71%. 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 slightly from 2023 to 2025. (Graph 5). Because Medicare membership is stable, any change in 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 continues to explore 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 its dental benefits administrator (DBA). DDMN's responsibilities include processing dental claims, provider credentialing, network management, and member services. Also included are utilization management activities such as pre-service authorization reviews, grievances, and appeals.

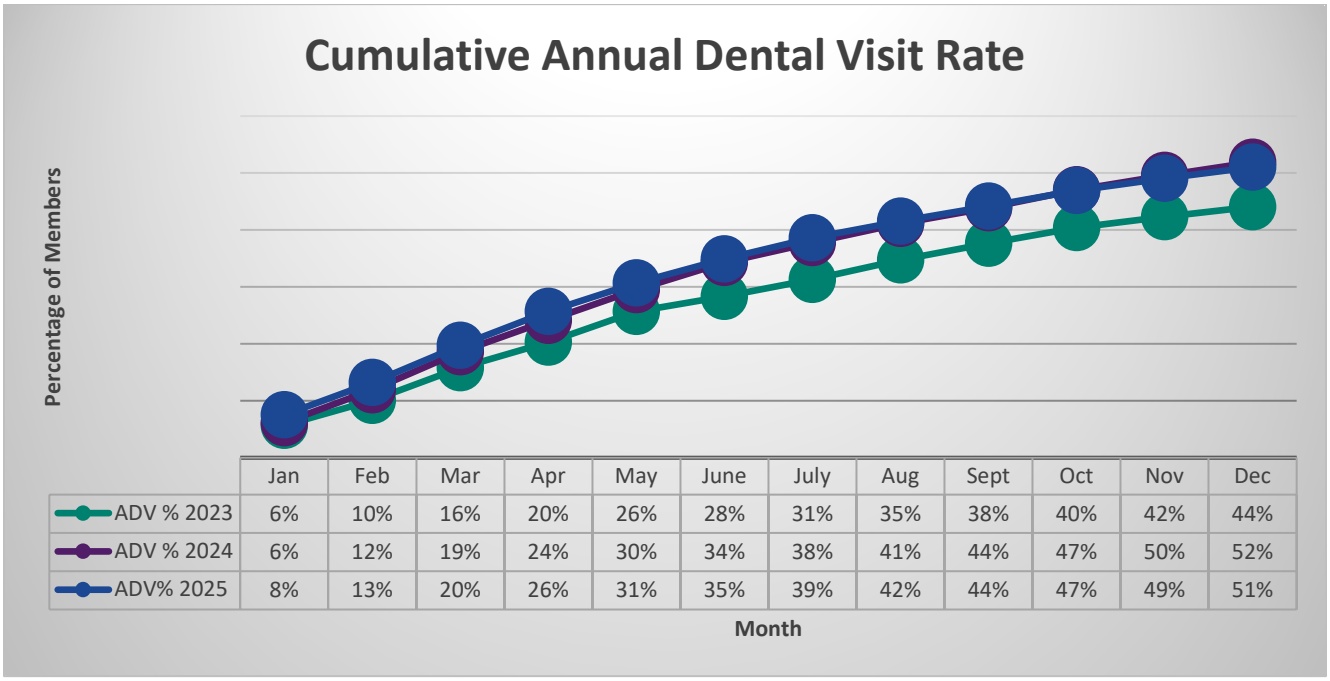
Dental access continues to be a key issue in achieving and maintaining optimal oral health for members. In recent years, there has been a decrease in dental provider participation serving Medicaid patients nationwide. South Country's current dental provider network has roughly 24% fewer dentists than at the beginning of 2023. It is important to note that South Country did not lose any highly utilized dental clinics as part of this network attrition. 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 result(s) 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 79% of total services received by South Country members in 2023 and 2024. In 2025, approximately 81% 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 been granted CAD designation status from the Minnesota Department of Human Services (DHS). As of December 2025, there were 266 CAD clinics statewide, up from 201 in January 2023. CAD providers receive a 20% increase in reimbursement, which encourages them to serve more South Country members.

Annual dental visit (ADV) results are shown in Graph 1 below comparing 2023, 2024 and 2025 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.

DDMN reports of South Country's ADV rate have shown steady improvement since 2023. The ADV rate for total membership increased from 44% in 2023 to 52% in 2024. South Country demonstrated a slight dip in the population's 2025 ADV rate, to 51%. A contributing factor could be a service area reduction that occurred in 2025, resulting in lower enrollment. Of note is increased utilization of Prepaid Medical Assistance Program (PMAP) membership, which rose 7% from 2023 to 2025. This is the largest membership group; therefore, this boost had a meaningful impact on the overall ADV rate.

Graph 1



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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%
ADV% 2025	8%	13%	20%	26%	31%	35%	39%	42%	44%	47%	49%	51%

Process and Analysis

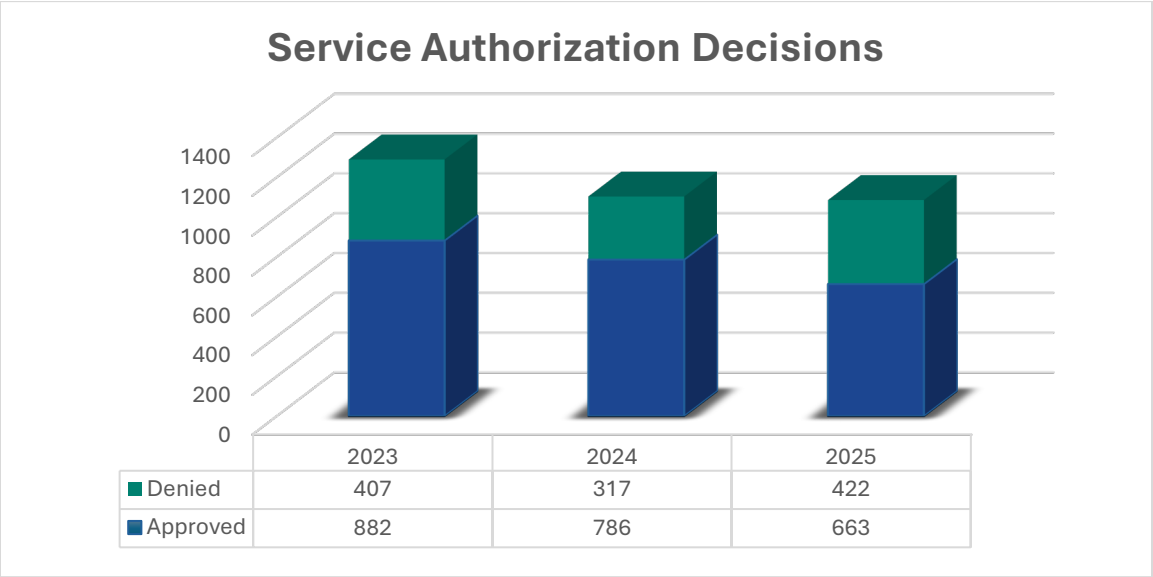
Utilization Management

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			
	2023	2024	2025
Total Service Reviews	1,289	1,103	1.085
Authorization Turn-Around Time	99.9% <10 days	100% <10 days	100% <10 days

Graph 2



In 2023, there were 1,289 utilization reviews of pre-service requests (shown in Table 1) with an approval rate of 68% (shown in Graph 2).

The volume of authorizations decreased in 2024, with 1,103 cases. There was a small uptick in the approval rate to just over 71%. With the expansion of adult dental benefits in 2024, including adult orthodontics, South Country expected utilization request volume to rise. Although overall review counts decreased, adjusting for lower enrollment shows a modest increase in UM requests per member.

In 2025, South Country introduced prior authorization with clinical review for resin crown and bridge services to support appropriate utilization. As in 2024, the number of UM reviews declined slightly, while the number of requests per member increased.

Of the 1,085 authorization reviews conducted in 2025, 61% we approved. This represents a 10% decrease in the approval rate from 2024, which may be partially attributed to implementation of the new prior authorization requirements for resin crown and bridge services. Over one-third of authorization reviews occurred in the second quarter, coinciding with the introduction of newly covered dental codes for surgical placement of dental implants. Medical necessity review for implant services includes documentation supporting the need for implants rather than a removable denture.

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 2025.

South Country continually strives 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 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 2025, DDMN's care coordination team assisted South Country members with 1,168 requests or inquiries. They directly scheduled dental

appointments for members in over 341 cases. South Country members' 2025 use of the DDMN care coordination team was comparable to 2024, but more effective with a 25% increase in number of appointments scheduled.

The 2021 Minnesota Legislature established the 55% annual dental visit rate performance benchmark for managed care organizations (MCOs) and county-based purchasing plans (CBPs). Expecting the MCO and CBP aggregate group to miss the 2024 target, the commissioner awarded a contract with a single dental benefits administrator starting in January 2026.

Although the target was not met, it appeared as if the single dental administrator and DHS may not have sufficient time to implement the necessary configurations by January 2026. As a result, the 2025 Minnesota Legislature delayed implementation of the single administrator until January 2028. Most notably, in recognition of CBPs' stronger utilization outcomes and effective collaboration with members and providers, legislators excluded CBPs from the pending dental carve-out.

With the support of the internal dental workgroup, South Country continued to advance the dental component of its population health strategy using targeted initiatives.

First, South Country works to promote member health by working toward the goal of having 55% of members with an annual dental visit. While making steady progress, South Country continually explores opportunities to increase member dental utilization. In 2025 a member webpage dedicated to oral health education, resources, and assistance with locating a dental provider was published on South Country's website. Other means of connecting with members include mailings, the member newsletter, community engagement activities, and social media.

In addition, South Country has systems in place to support its most vulnerable members and those working closely with them. Using claims data, South Country's care coordinators proactively assist members that have not had a dental visit in the past year. South Country sends monthly lists of SNBC and senior members to care coordinators to support outreach.

A second objective is to reduce emergency department (ED) use for non-traumatic dental concerns by improving dental follow-up. Each month members having an ED visit with a dental diagnosis receive an educational mailing explaining the limited effectiveness of ED care for dental issues and emphasizing the importance of receiving appropriate dental treatment. This is followed by personal contact to reinforce the need for dental care to address the underlying cause and to help with scheduling a dental appointment if needed. In 2025, targeted personal advocacy through care coordination and complex case management was provided to 132 members. In addition, South Country partnered with a CAD clinic within its service area to accept referrals from South Country. This clinic contacts the members directly to schedule dental treatment.

South Country will measure effectiveness through data analysis with the expectation of reduced ED use for dental concerns and increased follow-up with a dental provider by members who seek such ED care. Additional details are available in the population health management section.

South Country offered a dental incentive through the Be Rewarded™ Wellness Program in 2025. 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 2025, 213 members took advantage of this incentive. Additional details can be found in the health promotions chapter.

Next Steps

South Country places high emphasis on recruiting and maintaining dental providers especially within its member counties. South Country's dental program manager works closely with these providers and offers resources and support in numerous ways. Also aiding 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 members' homes.

Late in 2025, South Country joined the Association of Critical Access Dental Providers of Minnesota (CAD MN) as an allied organization, reflecting its commitment to CAD providers and their advocacy efforts.

South Country's interdepartmental dental workgroup continues to explore 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 complex case managers, care connectors and coordinators as well as other community partners. The dental program manager actively participates in South Country's 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 2026. 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.

While there were no significant changes to the dental benefit set for 2026, regulatory changes were made to UM timelines. Prior authorization reviews must be completed within five business days, and appeals are required to be resolved within 15 days. Because both timelines are reduced by half, DDMN's compliance will be monitored closely.

While managed care organizations anticipate transitioning to a single dental administrator in 2028, South Country, as county-based purchasing organization, will continue to proactively advance and further define its dental program. This will be achieved with a focus on alignment with member needs, improved access, quality outcomes and long-term sustainability.

Recognizing the distinct nature of rural communities, South Country remains strongly committed 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 Connections 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 agencies 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 2025, South Country again held two separate workgroups: focusing on adult mental health and children's mental health. The meetings are scheduled quarterly and allow South Country to keep updated on staffing changes, county challenges, and new service providers in our member communities. We collaborate 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 program has financially supported our county partners to address our members' unmet mental health needs. In 2023, South Country began meeting quarterly with our county partners to redesign Healthy Pathways. The revisions reflect the changing landscape of behavioral health in our state and federally funded systems in the last 10 years. In the first quarter of

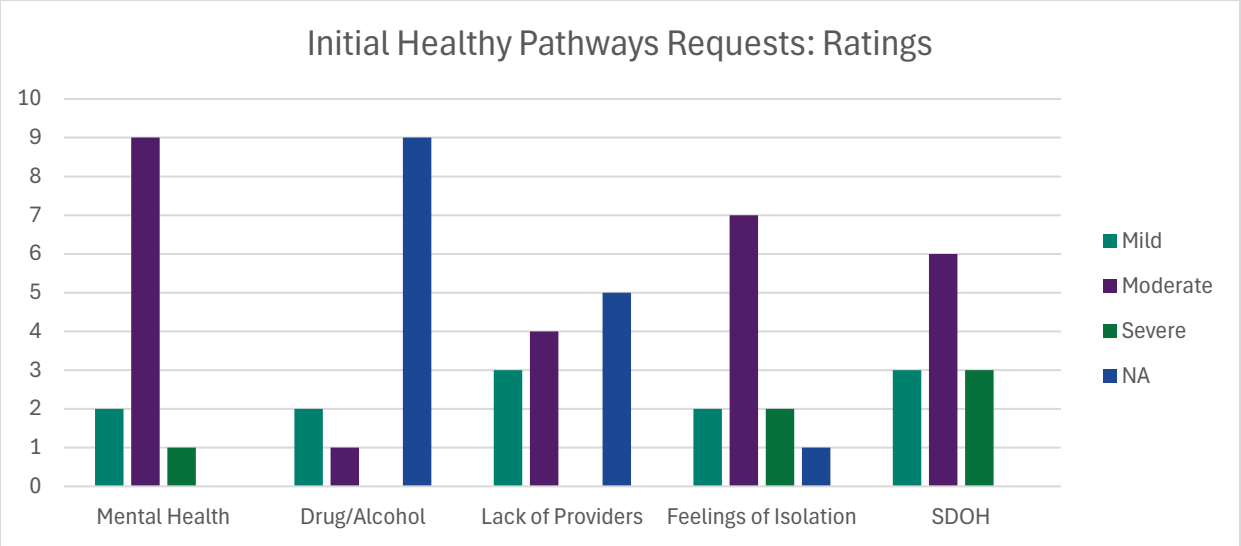
2025, South Country provided training to our county partners to navigate the new Healthy Pathways program. In March 2025, the new Healthy Pathways launched with a revised online assessment form and Healthy Pathways overview document defining the mission statement, case management roles, member eligibility, and a summary of what Healthy Pathways can be used to address. The updated mission of Healthy Pathways provides rapid engagement to members experiencing impaired emotional health because of a potential mental health or substance use disorder issue when the member is ineligible for other case management services, eligibility for case management is unknown, or the member is currently receiving a higher level of services and needs step-down support.

Beginning in 2025, eligibility requirements were updated to require members to demonstrate a need for assistance in at least one of the four designated areas:

- Connecting with providers or other Medicaid services;
- Transition – Step down (i.e., from MH-TCM);
- Housing Support; or,
- Substance Use Disorder (SUD).

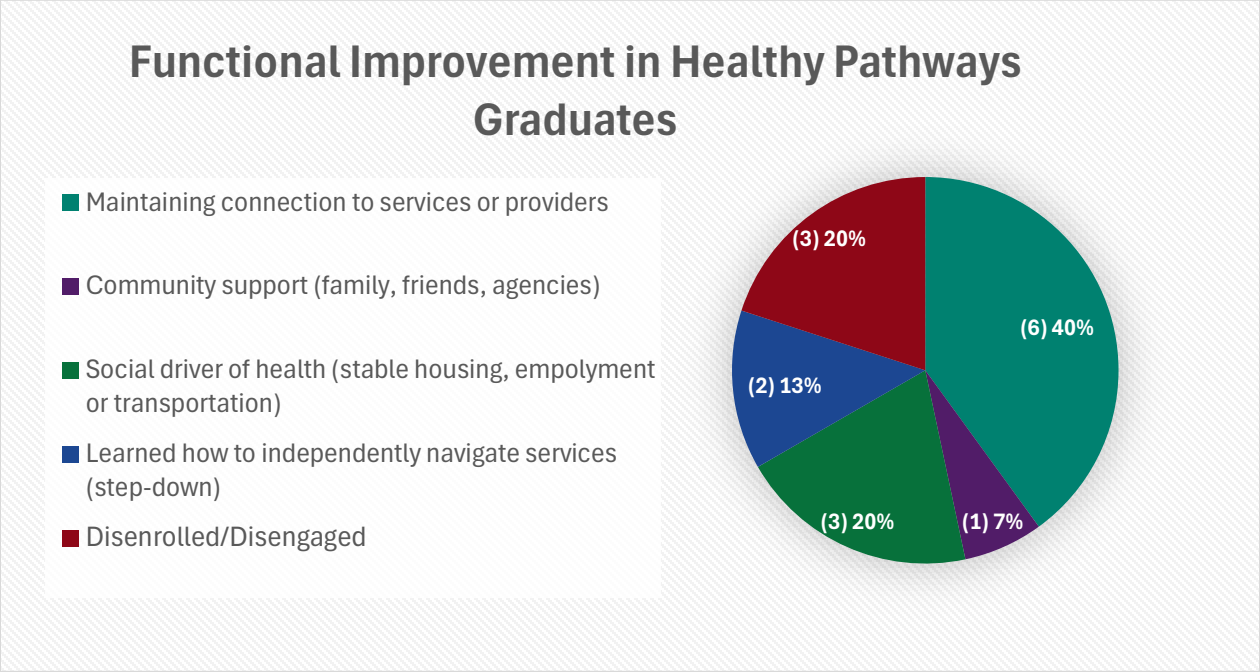
Historically, the most common reason for referral to the program has been to either support members before they can complete a required diagnostic assessment or support members who do not meet the requirements for MH-TCM based on their initial diagnostic assessment. In the past few years, the most common 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. With the change of the program in 2025, the two reasons selected for program initiation were: (1) getting help with housing support, transportation or budgets, and (2) setting up services with provider(s) to help with mental, physical or drug/alcohol health. There was a total of twelve members who started the program this year: four started for the first reason (help with housing) and eight started for the second reason (help with providers).

On the new online form used to begin the program, members are asked questions regarding their perception of how certain health related factors have impacted their everyday tasks. This includes mental health symptoms, drug or alcohol use, lack of providers to help with behavioral health or substance use, feelings of isolation, and factors of non-medical, or what we call social determinants of health (SDOH) – to include lack of housing, food, transportation or financial issues. Below is a graph of how the members who started the program in 2025 rated those factors.



The above graph demonstrates how all members had either mild, moderate, or severe ratings for mental health, and an SDOH factor impacting their ability to accomplish typical everyday tasks. These ratings are taken into consideration when the case manager develops the interventions for the member for the Healthy Pathways program.

When the new program launched in March of 2025, a new baseline assessment was required for each engaged member, to be completed with their case manager. There were 38 members who continued into the revised program, with 15 of those ending the program sometime in 2025. For the members who continued the program, the case manager could select up to three goals/reasons the member wanted to continue in the program. The top two reasons for continuation were: improving day-to-day functioning around an SDOH factor and establishing services with a mental health/SUD provider. For the members who graduated, it was requested that the case managers complete an end of program assessment which included whether the member graduated from the program with favorable outcomes and whether functional improvement was achieved. The graph below shows that 12 of the 15 members who ended the program did graduate and showed functional improvement.



South Country claims data for 2025 indicated a combined 199 Healthy Pathways encounters for 49 unique participating members, compared to 592 encounters for 93 participating members in 2024. Since the redesign of Healthy Pathways was reestablished as a short-term, rapid-engagement tool, lower utilization was expected. Although eligibility was expanded to include housing-related social needs, which could have increased utilization, member participation declined by 47%. This trend aligns with the program's intent to deliver targeted, time-limited support rather than broad, ongoing engagement. South Country will continue to work with our county partners and behavioral health agencies to ensure programming initiatives are meeting the current and evolving needs of our members.

Healthy Transitions

Healthy Transitions is a behavioral health program created by South Country to serve transition-aged youth (TAY) ages 17-21. South Country recognizes that this group is at a critical stage, facing rising mental health and substance-use risks with limited support as they transition into adulthood. South Country's goal is to reach all TAY members to provide education about community resources and prevention, as well as provide coaching for at-risk members.

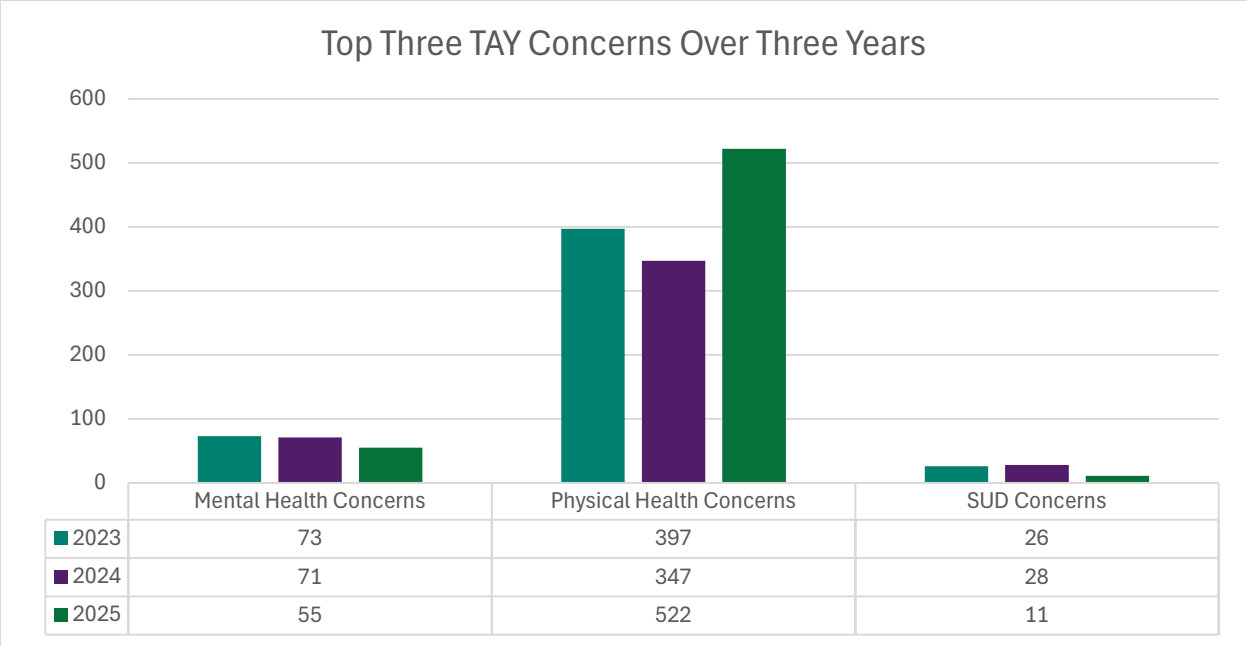
Coaching focuses on maintaining health insurance, food, clothing, stable housing, and managing physical and mental health, substance-use symptoms, employment, and educational goals. Members identify their biggest barriers to independence and work with the BH professional to address immediate needs while building resilience and confidence.

In 2025, there were 832 county-specific resource mailers 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 596 encounters, in the form of phone calls, with 433 unique members identified on the transitional youth report as being at risk. This represents 17% of our entire TAY population. 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, Healthy Pathways Program case manager, or Behavioral Health Home provider. The BH professional often utilizes HBI®, a risk-management tool that highlights care gaps and health concerns, to improve the quality of member outreach efforts.

Phone outreach included two to three call attempts or a TAY unable-to-reach letter when contact wasn't successful, or no working number was available. For mental-health or SUD-related ER visits, the BH professional may also send an opt-in text through South Country's Mutare® system. Depending on the ER visit or hospitalization and the member's diagnosis, an educational brochure, resource mailer, or South Country mindfulness activity book may be mailed.

Educational brochure topics are tailored to this age group and based on concerns raised during ER visits, mental-health diagnoses when present, medical history, and available social-determinants-of-health information. The following are examples of topics 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, social media and bullying. Of the 433 unique members contacted, 10 members received coaching from BH professional for a month or more.

To assist in identifying the primary concerns for outreach, the Minnesota Encounter Alert System-PointClickCare® 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 2025, physical health concerns accounted for 88% of the calls. The BH professional promoted the use of incentive vouchers for children and teen checkups for ER follow-up care and, when appropriate, urgent care from their clinic or Dr. on Demand® (a telehealth provider). The data below represents the top three concerns from the past three years.



	Mental Health Concerns	Physical Health Concerns	SUD Concerns
2023	73	397	26
2024	71	347	28
2025	55	522	11

Program Impact Example:

A 21-year-old member received prescriptions for three different medications to control his seizure disorder, which needed to be taken three times daily. The member had presented to the Emergency Department on multiple occasions for seizure-related treatment. He had his driver's permit revoked in the last year, making it difficult to work. The member reported difficulty maintaining this medication schedule consistently, which contributed to ongoing seizure activity. The member's mother provided medication reminders, but her seizures and anxiety limited her ability to help consistently. These challenges were straining their relationship and making it more likely that the seizures would continue.

The member expressed frustration about the functional limitations associated with his condition and could not reapply for a driver's permit until he was seizure-free for three months. The BH professional assisted the member in identifying ways to prompt him to take his medications on time each day. He also needed help to re-engage with occupational therapy to address his memory issues. The BH Professional assisted him in rescheduling these appointments and helped him set up transportation through RideConnect. This also gave his mother a break from being his only source of transportation.

This case highlights the importance of coordinated support for young adults managing complex medical conditions, particularly when family caregivers also face health-related barriers. Ensuring consistent medication management, strengthening natural supports, and connecting the member with appropriate community and clinical resources are essential to promoting safety, stability, and progress toward independence.

Healthy Connection 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 or in the ER for behavioral health issues, 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. 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 2025, the behavioral health team utilized this note on 768 occasions to capture a variety of supports provided to 494 members.

Member Services Referrals

To support timely access to care and personalized support in the moment, member services specialists (MSS) forward 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 March 2025, a BH Professional was alerted by a MSS that a 58-year-old member had called to request a ride to the emergency room for a psychological evaluation. The member was encouraged by the MSS to dial 911 and take an ambulance to the ER and requested that the BH Professional reach out to the member. The BH Professional spoke with the member and assessed safety concerns and assisted the member with identifying a way to get to the ER as the member did not want to dial 911. The BH professional was able to confirm that the member admitted to the ER using MN-Encounter Alerts System (EAS).

As stated above, BH professionals used the Healthy Connections note to capture 768 encounters. Of those total encounters, there were 111 calls transferred from the MSS. Below is a graph showing the top three reasons why a member contacted South Country (via a member services transfer).

New Member Survey Follow Up

The BH team also completes the follow-up outreach from the new member survey regarding questions related to mental health and substance use, including quitting tobacco. In 2025, 99 members were reached by phone for this follow up (an increase from 22 in 2024). Those not reached were mailed a letter with 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 was 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 promoting timely follow-up.

Survey Follow Up Member Impact

In November 2025, a BH professional followed up on the mental health survey question. After being unable to reach the member, a follow-up letter was mailed with a list of mental health providers in the member's area. Also included in the mailing was a behavioral health brochure and the Doctor on Demand® brochure. The member phoned back after receiving the letter and inquired about voucher programs, cancer screenings, pulmonology screenings, dental benefits and accessing dental care. The member called a couple of weeks later with other questions. The survey follow-up call can serve to provide a great connection with our members right after enrolment, which assists them with understanding and maximizing their insurance benefits.

Intensive Mental Health Program Discharges

Another way the Healthy Connections outreach captures the opportunity to fill a gap in 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, the 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 17-year-old member who was discharged early from a residential program for the treatment of an eating disorder. The member's mother explained that the family removed the member early from this program due to feeling this was in her best interest. The member's mother stated that the member has an outpatient therapist and felt that this was a better fit for the member's needs. During this phone call, the BH Professional was able to address other concerns that the member's mother had including an issue that the member's mother was having with getting a needed medication. The BH Professional contacted the appropriate medication referral line and requested that a prior authorization be submitted. This was later processed and approved by South Country.

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. This 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 hospitalization for mental health or a hospitalization related to substance use, overdose, intoxication, or withdrawal. In 2025, there were 271 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, as well as a list of mental health professionals in the member's county and surrounding area to the hospital to be given to the member 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 of 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 the team is 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 2025, there were 302 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, that was also used throughout 2025. This brochure was included with 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 helps fill the access need in rural Minnesota, due to the shortage of mental health providers. In 2025, South Country continued mailing a brochure about Doctor on Demand® with many follow-up mental health letters. South Country also has a list of mental health providers who provide telehealth for mental health visits. For some of our members, telehealth is a preferred way to receive mental health services.

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 Basic Care (SNBC) 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.

Program Impact Example

A 14-year-old member's parent reported concerns regarding her son's transitions across multiple levels of mental health care. The member participated in a Partial Hospitalization Program (PHP). When his clinical needs increased, he was stepped up to inpatient care. Following discharge, the family was informed that he no longer met criteria to return to the PHP and were referred to a Day Treatment program located approximately 45 minutes from their home. When the Day Treatment program later

determined he did not meet their admission criteria, the family was not provided with additional options or guidance.

The members' parent expressed significant concern about the abrupt changes in care settings and the limited support received from the school district and hospital during this period. The BH professional engaged with the family to encourage the school district to address the member's educational and behavioral health needs to support his return to school. Concurrently, the member began receiving services through a different health system, where he was promptly referred to neurology. The neurologist recommended a specialized brain-function assessment that the member had not previously been offered. This evaluation provided the family with renewed confidence that the member could successfully reintegrate into his local high school.

This case illustrates the importance of clear communication, coordinated transitions, and timely support for families navigating complex behavioral health and educational systems. The parent's experience demonstrates how insufficient explanation of program decisions can leave families uncertain about next steps and the appropriateness of care. Ongoing advocacy across healthcare and school settings is essential to ensure that members receive appropriate, coordinated, and effective services.

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 program is built on 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 2025, there were 241 encounters with the 50 unique RRP members and 361 encounters with 131 unique "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.

Restricted Recipient Program Activity

Restricted Recipient Program			
	2023	2024	2025
Total number of investigations of acts of abuse by members regardless of whether the investigation resulted in actual restriction.	211	209	162
Total number of members restricted by South Country for a 24-month period.	3	5	6
Total number of members restricted by South Country for an additional 36-month period.	2	3	2
Total number of members in the Restricted Recipient Program.	34	36	26

Program impact Example

A member was placed in the RRP in 2023, due to high ER utilization and receiving care from a high number of different providers. During her placement in the RRP, her utilization of the emergency department decreased to four ER visits in 24 months. She saw her primary care provider very consistently and participated in therapy weekly. This trend continued post RRP. She continues to see her PCP on a regular basis, is actively engaged with therapy and had no ER visits in the year post RRP. Her primary care provider reported that her medical stability has increased significantly.

Opioid Case Management

In 2025, South Country continued the Opioid Case Management program. The program, in its seventh year, focuses on contacting members who are opiate naive, but who were recently prescribed opiates. The goal of the program is to ensure that members are aware of their insurance benefits and alternative pain management treatment options while recovering from surgery or an injury. The program had a 72% successful contact rate in 2025, which is quite high for telephonic case management.

In the program, 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 medications and the member's recovery plan is reviewed with the member. South Country offers a free Deterra™ disposal packet so members can discard any leftover medication. With over 30% of prescribed opioids being 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 chance of a smooth recovery. Staff also connect members with additional medical services, such as acupuncture, 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 30 days or more. For members who meet that criteria, South Country mails a follow-up letter to the prescriber of the opioids. In 2025, there were 15 members who were opioid naive who received opioids for 30 days or more. The letter to the provider includes alternative pain management treatments covered by South Country and available to our members.

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 2025, there were 81 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.

Opioid Case Management Program Activity

Opioid Case Management			
	2023	2024	2025
Members who received material on opioid pain medication, safe storage, and safe disposal of prescription medications.	323	244	177
Number of opioid naïve members reached telephonically for assessment, support, and referral.	192	150	129
Number of Deterra™ disposal packets mailed.	60	52	55
Number of members on opioids for 30 days.	8	6	15

Program Impact Example

A BH professional contacted a member on the opioid report. The member reported that she had previous toe surgery and the screws were coming loose so she was going to have another surgery the following month. The member reported that the injury was work related so the surgery would be covered by workman's comp. The BH professional explained the subrogation process. The member was using a wheelchair and crutches to help with mobility. The member had several family members to assist with daily living activities. The BH professional reviewed the transportation benefit and the safe storage of pain medication. The member shared that she had been in recovery from addiction to heroin for 35 years so was using opioids with caution. The BH professional followed the member for over a month as she continued treatment with her care team. Member had transitioned to over-the-counter pain relievers at the time of discharge from the opioid case management program.

Substance Use Disorder (SUD) Services

In 2025, South Country had 159 unique members in residential SUD treatment at least once. South Country does not require prior authorization for residential treatment, which allows for timely and direct access. In 2025, 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.

Emergency Department Follow Up

Continuing in 2025, 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 2025, South Country mailed 65 of these letters. In 2023 there was a 30% reduction in these types of admissions, and in 2025 we saw the same reduction from 2024. This reduction is very encouraging, signifying that the increase of alcohol-related admissions during the Covid-19 pandemic has now decreased and members are accessing other treatment options.

Preliminary data from 2023 indicated an 8% reduction in opioid overdoses in Minnesota followed by significant decline in 2024. It is a welcome change in trend after increases every year since 2018. South Country continued in 2025, an initiative which started in 2024, to follow-up with members who presented to the ER for an opioid related concern, and who had not accessed substance use disorder treatment in the previous twelve months. Diagnoses included opioid use, opioid dependence, opioid withdrawal, fentanyl poisoning, poisoning of 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 that it can be easily obtained at a local pharmacy. In 2025, South Country mailed 12 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, along with Spark, and a suicide/drug prevention coalition in the eastern part of the southern Minnesota.

In 2025, the BH team expanded their outreach to members who are not connected with mental health services and had an ER visit related to mental health. This outreach has been very valuable in educating our members about covered mental health services, providing a list of mental health providers in their area and other resources to help them connect with a mental health provider who will meet their needs. The BH team identified 480 members with ER visits for mental health. Of those, 190 were already connected with mental health services. The BH team reached 210 of the members by phone following their ER visit. The 80 members who could not be reached via phone call, were mailed a follow-up letter with the behavioral health brochure and the direct number to one of the BH Professionals.

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 2025, South Country assisted 36 unique members receiving EIDBI services; an increase from the 24 members served in 2024.

Additional work performed within the EIDBI case management program included monthly staff meetings with our contracted doctorate-level behavioral health practitioner to collaborate for 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 June 2025, a BH professional outreached to a family after receiving an authorization request for EIDBI services for a 4-year-old member with autism spectrum disorder. After discussing the member's experience with the provider and EIDBI services, the BH professional assessed for other needs and issues. During this conversation, the BH professional identified that the member has not been to a dentist due to the mother's concerns that the member would struggle with sensory issues during the appointment. The BH Professional found a dental clinic in the area that specializes in treating individuals with disabilities and provided that contact information to the member's mother.

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.

This past year, South Country implemented the revised Healthy Pathways program. Gap programs serving rural counties need to evolve over time to meet new areas of concern. South Country's structure allows for innovation and flexibility to support program evolutions to better serve our members. 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), 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 programs like Healthy Pathways. It is within 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 report to MN legislature on cannabis use in 2025, 15.1% of Minnesotans reported using cannabis 1-19 days within the past month.

The prevalence of cannabis use was highest in the 18-25 age group, with 16.2% reporting use of cannabis 1-9 days and 15.3% using 20-30 days in the past month. Among respondents aged 12-17, 7.8% reported using cannabis, with a smaller proportion being heavy cannabis users (3.1%) than light or moderate cannabis users (4.7%). 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 the risks of cannabis use.

County public health departments play a central role in designing and operating innovative behavioral health initiatives that respond to local needs, integrate services, and reduce reliance on emergency and institutional care. South Country Behavioral Health Subcommittee has expanded to include our county public health in addition to human services across each of our county teams. This cross-agency design fosters county wide ideas, shared practices, integration of care models and discussions of regional initiatives. Additionally, our behavioral health team of health professionals have become active members of other regionally based organizations such as AMHI, NAMI and project AWARE. Working collaboratively across teams, teaching, educating and presenting to communities and partnering providers, continues to be a critical step in addressing system level needs in behavioral health.

Finally, South Country behavioral health team's primary emphasis is on early intervention and prevention, using trend analysis and emerging risks to tailor programs and initiatives that best meet our members' needs. In 2026, the programs and initiatives in this document will continue and South Country BH professionals will continue to evaluate any gaps in service and develop innovative ways that can best serve South Country 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 aims to satisfy the standards and guidelines set by the National Committee for Quality Assurance (NCQA) for accrediting health plans. CCM 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 members' 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 CCM 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 a 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 in their survey or the member indicates pregnancy, 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 member 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.
    - Pregnancy.
- The complex case manager determines whether 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 explain the personalized program, invite them to participate 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 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 reach."

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 can consistently talk to the family for updates and help the family find resources in the community upon discharge. If the infant needs an authorization for discharge supplies or for a procedure, the complex case manager can help with those processes.

Anti-Depressant Medication Management: Anti-depressant medication management for the PMAP and MinnesotaCare (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 Members: As part of South Country's special health care needs interventions, the CCM team conducts follow-up with members who appear on a high cost-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 as the claims could indicate a new or serious diagnosis, a long in-patient stay, or a new medication. The CCM will then 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 manager's 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 action can be established for the member to continue their path to healthy living. The healthy connections track provides our case management team with flexibility to meet the member where they are in their current health journey.

Right Bites for Life:

South Country offered a new benefit in 2025, for members to invest in a "food is medicine" program. The program was offered for up to 12 months and focused on members with clinical diabetes or prediabetes. Over 100 members qualified for and participated in the program, which aligned healthy food, nutritional counseling and social support. As part of the program, members received home delivery of nutritious meals and groceries, nutrition education, and support from registered dietitians and wellness staff. Services were culturally and clinically informed and were designed to meet members where they are, both nutritionally and socially.

The program was offered as an in lieu of service (ILOS) program according to DHS contract requirements and implemented in partnership with Nourished Rx®. The nutrition support program operated as an ILOS by addressing nutrition insecurity as a health-related social need that, if left unaddressed, could contribute to higher-cost medical interventions. The program results identified strong health improvements signaling long-term cost savings, behavior changes and program satisfaction.

1.) Of the engaged members, 62% reported reductions in their HbA1c (average decrease of 1.3) and 57% reported weight loss.

2.) Of the engaged members, 65% reported fewer physically unhealthy days.

3.) Of the engaged members, 91% agreed their experience with the program improved their knowledge and confidence in eating healthy food and would positively impact their food choices going forward.

4.) In a traditionally hard to reach population, our coordinated outreach efforts and strong member satisfaction drove the net promotor score for NourishedRx® to +74 (defined as exceptional/world class).

Member Impact Story:

A 52-year-old member with pre-diabetes participated in the full completion of this program. She had multiple cardiometabolic conditions including coronary artery disease, obesity, and stage-2 hypertension. During her participation, she was prescribed Wegovy® for weight loss. She worked with the dietician during nutritional counseling sessions and built on her healthy cooking skills. She reported that over a six-month period her A1c reduced from 6.0 to 4.2, her blood pressure decreased from 145/85 to 112/60 and she lost 66 pounds. She was incredibly thankful for the strategies she learned, including fitting fruits and vegetables into her busy lifestyle. She shared that she had gained lasting knowledge and confidence in continuing to eat in a healthier way.

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 several years, we have continued to refine who is referred to the CCM program. This has resulted in fewer referrals; however, the referrals to the program are now more appropriate.

Complex Case Management

The table below represents the number of members referred to the complex case management program, the number of members that met criteria to move forward to case opening (member outreach) and the number of members who opted-in, refused, or could not be reached.

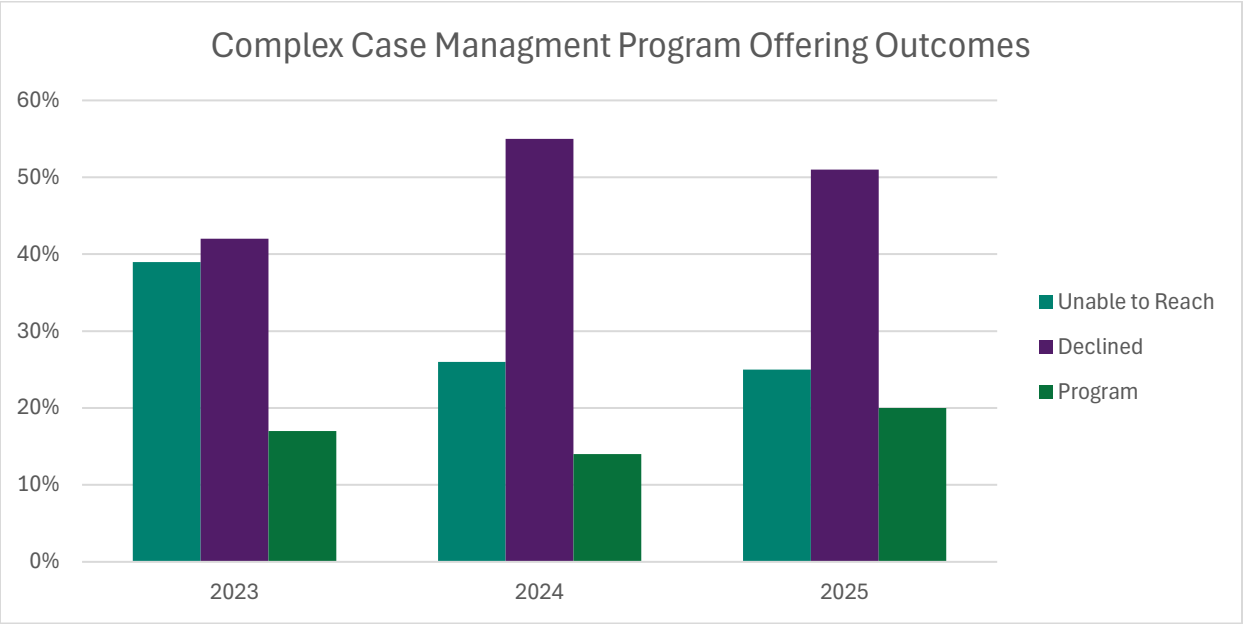
Year	Referred	Case Opened	Unable to Reach	Declined	Opted-In
2023	175	161	63 (39%)	67 (42%)	27 (17%)
2024	122	119	31 (26%)	65 (55%)	17 (13%)
2025	115	76	19 (25%)	39 (51%)	15 (20%)

**Numbers for unable to reach, decline and opt-in will not equal the total number of cases opened due to cases being closed out for other reasons like termination of coverage or having other services in place.*

The top referral sources for complex case management are hospitalizations (52%) and new for 2025, an HBI predictive IP risk report (25%). Other referral sources include emergency room follow-up, a high-cost report, and team member referrals. Referrals that met the criteria for program outreach, move forward to having a case opened. Once the case is opened then outreach to the member/authorized representative is conducted. For 2025, the unable to reach percentage remained constant as the team continues to use other sources for contact information, reaching a high rate of around 75% of members. Reaching a higher rate of members during the outreach phase has provided the opportunity for case

managers to share the program and other support resources with more members. For 2025, the decline to opt-in percentages remained relatively constant, as well. For 2026, the complex case managers have a goal of achieving a rate of agreement greater than 50%.

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 reach or decline participation, along with those who choose to participate in the program.



**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.*

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 did decrease in 2025, due to a decrease in membership. In 2024, there were 310 referrals and in 2025, there were 261.

In 2025, of the 261 referrals, 172 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 172 members who received outreach, there were 63 (37%) members who could not be reached. Of the remaining members who could be reached, there were 94 (55%) members who declined participation. There were 15 (9%) members who participated in the high-risk pregnancy program. Similar to 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. The program participation rate increased in 2025, from 4% in 2024, and 6% in 2023, and we attribute this to our partnership that we started with Delfina® in 2023.

Delfina,® is an app South Country offers for free as an "in lieu of benefit" to expecting and postpartum mothers. The app 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 ER for concerning symptoms.

Currently, Delfina® is working with nearby clinics to integrate their app into the electronic health record to provide another level of integrated care for our members. In 2026, 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.

In 2024, we were awarded a grant from the Minnesota Department of Health (MDH). The goal of the project was to address disparities to perinatal health outcomes caused by lack of access to perinatal education. The main project activity was community based perinatal health education sessions. The first event was held in September of 2024, with two more in-person events in 2025, as well as one virtual session. In the educational sessions, either a county's public health team member, a behavioral health professional, or a registered nurse from South Country's team spoke to members on two maternal health topics per event. The topics covered included nutrition, mental health related to pregnancy and postpartum, and the Period of Purple Crying. The events also included lunch for those who attended on-site. The educational sessions received positive feedback from the community. These events have provided the opportunity for South Country teams to create stronger partnerships within our member counties. We look forward to future opportunities to work alongside Delfine in creating positive outcomes for our pregnant and postpartum members.

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 reach.

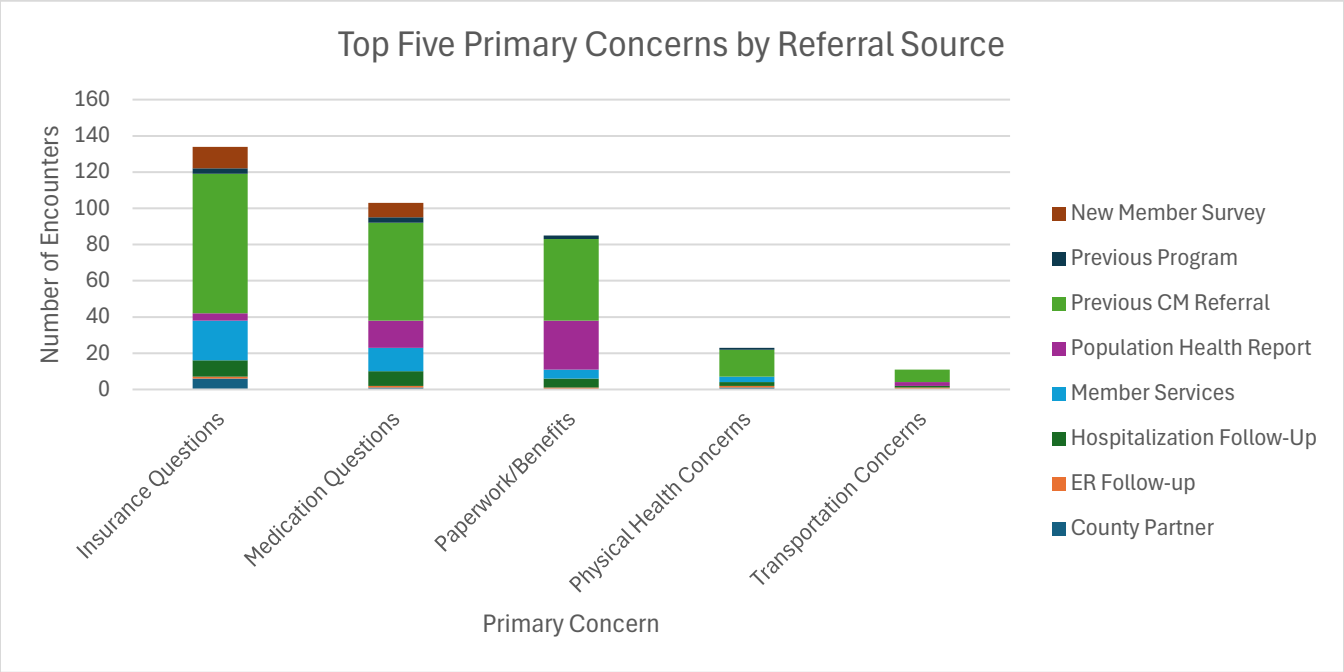
For members who complete the assessment, a care plan is developed and driven by the member, with progress tracked and follow-up calls scheduled with the member or their representative. The care plan and support portion of this program is helpful to the members, and yet, engagement in this phase also 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.

Program	2023	2024	2025
CCM Program	27	17	15
CCM Care Plan	14 (52%)	13 (76%)	11 (73%)
High-Risk Pregnancy Program	19	8	15
High-Risk Pregnancy Care Plan	12 (63%)	6 (75%)	6 (40%)

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 brochures 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 specific note type was developed in TruCare® 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 were not interested in participating in the full CCM program. In 2024, there were 185 members who participated in coaching and in 2025, there were 188. The total number of notes completed, or encounters in 2024, was 446 and that decreased to 365 in 2025. Like 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 within 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

"I thought it was a very helpful program."

"She always did a great job helping with whatever was needed."

"She was such a wonderful resource, we learned a lot from her. When we closed the case, I was kind of sad, we really enjoyed her. We were always able to get ahold of her if we needed a suggestion or help or reference."

"She was excellent across the board on everything. It (case management) helped me achieve my health goals as much as it could."

In 2025, we had five members who could be reached to offer the follow-up survey. Below are the results of the survey. Additionally, below the quantitative results, is a program impact story.

How well did the case manager:	Excellent	Good	Fair	Poor
Respect and treat you with dignity?	4	1	0	0
Discuss needs and assist in meeting needs?	4	1	0	0
Offer to assist in finding providers/other services?	3	2	0	0
Responds timely?	5	0	0	0
Provides information and education?	4	1	0	0
	Yes	**No**		
Did you follow the recommendations of your case manager?	5	0		
Did your case manager help you achieve your health goals?	5	0		

Program Impact Example

A member was referred to case management due to frequent emergency department utilization and multiple chronic conditions, including asthma, type 2 diabetes, and morbid obesity. The case manager supported improved self-management and appropriate healthcare utilization through development of a care plan focused on nutrition, physical activity, and stress management. Interventions included stress-management education, coordination with the primary care provider regarding PHQ-9 results, and education on appropriate use of urgent care and nurse line resources.

The member demonstrated progress toward care plan goals during routine reviews and successfully enrolled in Nourished Rx's® Right Bites for Life program, reporting sustained weight loss and improved diabetes management. The member remained engaged in case management services for 11 months, with the program closing appropriately due to loss of coverage following re-employment. A comparison of claims at the time of program closure showed a reduction in emergency department utilization.

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 include: inaccurate contact information, lack of interest, or denial of need for case management services. A few years ago, the CCM team developed an assessment that can be mailed to the member. The member has the option to complete the assessment on their own or call the case manager for assistance. The member then mails the assessment back, eliminating the need to conduct the full assessment over the phone. This has been a valuable tool for some members who have selected that mail in option, returned it and moved on to develop a care plan with our case manager.

The rebranding of the Complex Case Management team as the Wellness Support team has helped frame outreach in a more holistic and supportive manner. The team works closely with members to understand their providers' treatment goals and align support, assisting members between appointments with needs such as prior authorizations, transportation, and navigation of services, functioning as an extension of provider care teams. Beginning in 2023, the CCM team worked 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 2026, CCM materials will undergo further refinement to continue the goal of making communication accessible and relatable for our members. This refresh will include an email and a texting option for the members to communicate with the CCM.

A few years ago, South Country teamed up with our member county public health teams to introduce the Delfina® program to members at any touch point with the county during pregnancy or postpartum. The South Country CCM team will continue to encourage members to use Delfina® as an integrative way to get mothers the care they need prenatally and postpartum. Delfina® offers a personalized guide through pregnancy and post-partum care and is evidence based - leading to healthier outcomes and health equity. This proactive approach has been and will continue to be a valuable enhancement to our high-risk pregnancy program. With the conclusion of the MDH grant project this year, we hope to see increased awareness and utilization of the Delfina® app.

Together, initiatives like Delfina Care and NourishedRx' s Right Bites for Life program represent complementary ILOS interventions that aim to address both clinical and social drivers. While Delfina® focuses on continuous maternal health monitoring, education, and access to virtual doulas, NourishedRx® addressed access to adequate, nutritious food and nutrition literacy. Both programs met ILOS criteria, functioning as preventive or longer-term substitutes for traditional Medicaid services. In 2026, South Country has been approved to continue offering Delfina® to our members. For the "food is medicine" program, provided through NourishedRx, ® South Country has decided to pause the continuation and will be initiating a study to identify clinical impact and health savings. South Country is committed to evidenced-based learning and while the program highlights have been achieved, we want to evaluate those results against claims data, where we may be able to demonstrate return on investment.

The CCM team strives to continue to educate themselves on what is most important to our members' health goals, and therefore, will continue taking continuing education classes in 2026 to grow their skills. The complex case managers recognize their role in health equity and will continue to support members by addressing medical and non-medical barriers to health. 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 2025 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 2025 Take Charge! Health and Wellness Programs included the following:

Exercise Reward Program

The Be Active™ Program was in place for AbilityCare, SharedCare, SingleCare, MSC+, SeniorCare Complete, PMAP and MinnesotaCare members. AbilityCare & Senior Care Complete members can receive up to a $40 discount on monthly fitness club registration fees. PMAP, MinnesotaCare, SharedCare, SingleCare, MSC+ members can receive $20 discount on monthly fees with required gym visits. 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 2025 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 2025 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 350 members in 2025.

Community Education/Early Childhood Family Education (ECFE) Scholarship

South Country pays up to $15 of the registration fees for 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 2025, 694 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 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 and Somali. 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 1,400 vouchers fulfilled in 2025 The following Be Rewarded™ incentive programs were offered to eligible members in 2025:

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 hemoglobin A1c (HbA1c) Test: South Country provided a $25 gift card for the completion of a HbA1c 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 table below shows Be Reward programs participation totals for 2025.

Be Rewarded Programs Participation 2025	
voucher name	**vouchers approved**
Adolescent Immunizations	22
Cervical Cancer Screening	64
Childhood Immunizations	27
Chlamydia Screening	28
Colorectal Cancer Screening	59
Dental Visits	217
Diabetes Blood Glucose	79
Infant Well visits 0-14 months	36
Lead Screening – test 1	180
Lead Screening – test 2	57
Mammogram	210
Postpartum care visit	34
Prenatal Care visit	52
Well-care visits ages 16-21 years	56
Well-care visits ages 3-15 years	323
Well child visits age 15-30 months	17

The table listed below provides a three-year trend of the HEDIS measures based on the measurement year (MY) in which South Country offers associated reward program incentives for completing the

services.

Voucher Name	HEDIS Measures	Products	HEDIS MY2022	HEDIS MY2023	HEDIS MY2024
Prenatal Care	Prenatal Care Hybrid	PMAP/MNCare	78.2%	83.30%	91.90%
Postpartum Care	Postpartum Care Hybrid	PMAP/MNCare	81.1%	85.35%	90.69%
Infant Well-care Visits	Well Child Visits in the First 30 Months of Life (0-15 months)	PMAP/MNCare	42.3%	48.75%	51.23%
Well-Child Visits for Age 15-30 Months	Well Child Visits in the First 30 Months of Life (15-30 months)	PMAP/MNCare	59.2%	64.21%	59.57%
Child and Adolescent Well-Care Visits	Child and Adolescent Well-Care Visits	PMAP/MNCare	37.3%	39.46%	42.90%
Chlamydia Testing	Chlamydia Screening in Women	PMAP/MNCare/SingleCare /SharedCare/AbilityCare	38.6%	37.92%	30.22%
Childhood Immunizations Combo 10	Childhood Immunizations Hybrid	PMAP/MNCare	39.2%	27.15%	21.17%
Immunizations for Adolescents Combo 2	Immunizations for Adolescents Hybrid	PMAP/MNCare	30.9%	35.24%	32.36%
Lead Tests	Lead Screening in Children	PMAP/MNCare	59.9%	57.35%	67.27%
Breast Cancer Screening	Breast Cancer Screening	PMAP/MNCare/SingleCare /SharedCare/AbilityCare/ SeniorCare Complete/MSC+	61.1%	61.84%	61.50%
Colorectal Cancer Screening	Colorectal Cancer Screening ECDS	PMAP/MNCare/SingleCare /SharedCare/AbilityCare/ SeniorCare Complete/MSC+	67.5%	69.01%	48.74%

Voucher Name	HEDIS Measures	Products	HEDIS MY2022	HEDIS MY2023	HEDIS MY2024
Cervical Cancer Screening	Cervical Cancer Screening Hybrid	PMAP/MNCare/SingleCare /SharedCare/AbilityCare	52.7%	54.78%	62.27%
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+	25.2%	27.3%	34.18%

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 2025, this survey was available via QR code and 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) 2024 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 depression, and healthy start PIPs, focused 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 2024 are identified in the table below. Changes in measures from HEDIS MY 2020-MY 2024 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**	**HEDIS MY2024**	**National Benchmark Ranking**
Childhood Immunizations - Combo 10	45.89%	43.40%	39.21%	27.15%*	21.17%	25th
Adolescent Immunizations Combo 1	84.02%	83.88%	81.40%	81.50%	79.56%	50th
Breast Cancer Screening****	55.46%	57.79%	60.02%	58.89%	60.55%	50th
Cervical Cancer Screening	54.50%	55.26%	55.77%	57.95%	63.81%	75th
Comprehensive Diabetes Care - HbA1c <8****	39.61%	*55.37%	56.15%	59.75%	59.48%	25th
Comprehensive Diabetes Care – Eye Exams****	65.24%	62.69%	62.35%	59.49%	63.77%	75th
Controlling High Blood Pressure	55.47%	*66.16%	71.03%	71.12%	69.75%	50th
Prenatal Care	78.37%	76.87%	78.21%	83.06%	91.90%*	75th
Postpartum Care	80.53%	82.09%	81.11%	85.15%	90.69%*	95th
Annual Dental Visit*****	48.12%	*51.72%	51.05%	40.08%	NA	NA

HEDIS PMAP/MinnesotaCare						
HEDIS Measure	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	HEDIS MY2023	HEDIS MY2024	National Benchmark Ranking
Antidepressant Medication Management – Effective Continuation Phase	41.77%	46.95%	*40.00%	46.92%*	48.31%	NA

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

****For MY 2023, Breast Cancer Screening (BCS) is revised to Breast Cancer Screening-Electronic Clinical Data Systems (BCS-E)

**** For MY 2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD). For MY 2023, HbA1c Control for Patients with Diabetes (HBD) is revised to Glycemic Status Assessment <8.0% for Patients with Diabetes (GSD)

**** For MY 2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

HEDIS SeniorCareComplete (MSHO)						
HEDIS Measure	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	HEDIS MY2023	HEDIS MY2024	National Benchmark Ranking
Breast Cancer Screening	*59.81%	62.15%	64.29%	65.75%	65.17%	10th
Colorectal Cancer Screening****	*61.54%	65.96%	65.95%	67.14%	65.03%	25th
Controlling High Blood Pressure	*64.88%	*77.16%	81.73%	78.53%	74.53%	25th
****Comprehensive Diabetes Care – HbA1c <8****	*^26.21%	*68.53%	72.05%	69.28%	71.07%	25th
****Comprehensive Diabetes Care – Eye Exams	75.17%	78.32%	78.88%	75.80%	74.38%	25th

HEDIS SeniorCareComplete (MSHO)						
HEDIS Measure	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	HEDIS MY2023	HEDIS MY2024	National Benchmark Ranking
Antidepressant Medication Management-Effective Continuation Phase	*75.00%	80.36%	82.98%	82.22%	75.56%	N/A

***** For MY 2022, Annual Dental Visit was retired from NCQA HEDIS data collection

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

****For MY 2023, Breast Cancer Screening (BCS) is revised to Breast Cancer Screening-Electronic Clinical Data Systems (BCS-E)

**** For MY 2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD). For MY 2023, HbA1c Control for Patients with Diabetes (HBD) is revised to Glycemic Status Assessment <8.0% for Patients with Diabetes (GSD)

**** For MY 2022, Comprehensive Diabetes Care – Eye Exams is revised to Eye Exam for Patients with Diabetes (EED)

**** For MY 2024, Colorectal Cancer Screening (COL) is revised to Colorectal Cancer Screening-Electronic Clinical Data Systems (COL-E)

^ Inverted rate due to MY 2020 specs

HEDIS AbilityCare						
HEDIS Measure	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	HEDIS MY2023	HEDIS MY2024	National Benchmark Ranking
Breast Cancer Screening	76.26%	74.29%	76.92%	75.00%	73.17%	50th
Cervical Cancer Screening	64.09%	66.06%	64.63%	63.46%	66.84%	95th
****Colorectal Screening	70.92%	74.33%	69.50%	71.62%	70.37%	25th
Controlling High Blood pressure	84.47%	90.00%	88.29%	86.00%	82.11%	95th
Comprehensive Diabetes Care – HbA1C <8****	*^26.72%	*66.10%	69.89%	70.77%	66.95%	10th
Comprehensive Diabetes Care – eye exams	83.62%	83.90%	86.67%	79.23%	82.20%	50th

HEDIS AbilityCare						
HEDIS Measure	**HEDIS MY2020**	**HEDIS MY2021**	**HEDIS MY2022**	**HEDIS MY2023**	**HEDIS MY2024**	**National Benchmark Ranking**
Antidepressant Medication Management – Effective Continual Phase	*78.57%	**55.56%	70.97%	78.26%**	70.00%**	N/A

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

****For MY 2023, Breast Cancer Screening (BCS) is revised to Breast Cancer Screening-Electronic Clinical Data Systems (BCS-E)

**** For MY 2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD). For MY 2023, HbA1c Control for Patients with Diabetes (HBD) is revised to Glycemic Status Assessment <8.0% for Patients with Diabetes (GSD)

**** 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. For MY 2024, Colorectal Cancer Screening (COL) is revised to Colorectal Cancer Screening-Electronic Clinical Data Systems (COL-E)

^ Inverted rate due to MY 2020 specs

HEDIS SingleCare/SharedCare						
HEDIS Measure	**HEDIS MY2020**	**HEDIS MY2021**	**HEDIS MY2022**	**HEDIS MY2023**	**HEDIS MY2024**	**National Benchmark Ranking**
Antidepressant Medication Management – Effective Continuation Phase	*40.74%	41.10%	31.71%	51.35%	58.82%	N/A
Breast Cancer Screening****	*60.21%	56.74%	59.70%	63.47%	57.37%	50th
Comprehensive Diabetes Care – HbA1c <8****	*^18.94%	*54.44%	*62.80%	60.69%	64.56%	50th
Comprehensive Diabetes Care – Eye Exams	70.10%	72.21%	69.66%	69.18%	67.72%	75th
Controlling High Blood Pressure	*62.20%	*74.52%	77.21%	72.73%	75.00%	75th

* Statistically Significant

**Small Sample Size (n<30)

***Rotated

****For MY 2023, Breast Cancer Screening (BCS) is revised to Breast Cancer Screening-Electronic Clinical Data Systems (BCS-E)

**** For MY 2022, Comprehensive Diabetes Care – HbA1c <8 is revised to HbA1c Control for Patients with Diabetes (HBD). For MY 2023, HbA1c Control for Patients with Diabetes (HBD) is revised to Glycemic Status Assessment <8.0% for Patients with Diabetes (GSD)

**** 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 twelfth year of work with Optum as the HEDIS chart abstraction vendor and the ninth year as the HEDIS software vendor. South Country continues to use Optum as the software vendor in 2026.

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; and
- Processes to ensure timely and accurate data processing for chart retrieval and HEDIS measures.

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. South Country also encourages providers to utilize informational codes in their claims to reduce chart retrieval burden.

NCQA has a goal to make HEDIS completely digital by measurement year 2030, resulting in fewer available hybrid measures and medical record requests. South Country will continue the above medical record chart abstraction strategies alongside preparing for this digital transition. South Country is working with Optum on a FHIR (Fast Healthcare Interoperability Resources) pilot project to assist Optum in developing and improving their FHIR engine and better understand the requirements between traditional and digital HEDIS measures. South Country will continue to identify potential data sources to ensure we receive the most comprehensive data. South Country continues to closely monitor the HEDIS digital transition and identify opportunities for learning and implementing new solutions.

NCQA continues 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 performance 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 2022 HOS Cohort 25 baseline survey were invited to participate in the 2024 Cohort 25 follow-up survey. Performance measurement results were provided to South Country by CMS in August 2025 for use in our quality improvement activities.

The original sample size for SeniorCare Complete (H2419) was 365, narrowed to an eligible sample size of 235 and resulted in a final respondent sample size of 157 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 504 members, with an eligible sample size of 113 and a final respondent sample size of 45 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 25 Follow-Up Response Rates for HOS				
Product	**# of Deaths**	**# of Respondents**	**SCHA Response Rate**	**National Response Rate**
SeniorCare Complete (H2419)	75	157	67.7%	64.6%

Cohort 25 Follow-Up Response Rates for HOS				
Product	**# of Deaths**	**# of Respondents**	**SCHA Response Rate**	**National Response Rate**
AbilityCare (H5703)	4	45	54.9%	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 25: 2022-2024 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	22.9%	15.9%	26.4%	15.2%
70-74	22.9%	19.1%	27.5%	28.2%
75-79	14.0%	17.8%	22.3%	24.8%
80-84	15.9%	17.2%	14.0%	17.5%
85+	24.2%	29.9%	9.7%	14.3%
Gender				
Male	28.7%	28.7%	41.4%	41.4%
Female	71.3%	71.3%	58.6%	58.6%
Race				
White	96.8%	96.8%	80.1%	80.1%
Black	1.3%	1.3%	9.4%	9.4%
Other/Unknown	1.9%	1.9%	10.5%	10.5%
Marital Status				
Married	12.7%	10.7%	51.9%	49.5%
Widowed	32.7%	32.9%	21.7%	24.6%
Divorced/Separated	37.3%	38.3%	19.2%	18.8%
Never Married	17.3%	18.1%	7.2%	7.1%

Cohort 25: 2022-2024 HOS Follow-up Demographics - H2419				
Demographic	**SeniorCare Complete Baseline**	**SeniorCare Complete Follow Up**	**National Medicare Sample Baseline**	**National Medicare Sample Follow Up**
Education				
Did Not Graduate HS	29.1%	28.5%	13.3%	13.3%
High School Graduate	49.7%	50.3%	29.2%	29.2%
Some College	13.9%	15.2%	27.8%	27.9%
4 Year+ Degree	7.3%	6.0%	29.6%	29.6%
Medicaid Status				
Medicaid	100%	98.7%	22.7%	22.7%
Non-Medicaid	0.0%	1.3%	77.3%	77.3%

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 25: 2022-2024 HOS Follow-up Demographics - H5703		
Demographic	**AbilityCare Baseline**	**AbilityCare Follow Up**
Age		
18-64	100%	97.8%
65+	0.0%	2.2%
Gender		
Male	48.9%	48.9%
Female	51.1%	51.1%
Race		
White	93.3%	93.3%
Black	2.2%	2.2%
Other/Unknown	4.4%	4.4%
Marital Status		
Married	6.8%	9.3%
Widowed	0.0%	0.0%
Divorced/Separated	25.0%	23.3%
Never Married	68.2%	67.4%

Cohort 25: 2022-2024 HOS Follow-up Demographics - H5703		
Demographic	**AbilityCare Baseline**	**AbilityCare Follow Up**
Education Did Not Graduate HS High School Graduate Some College 4 Year+ Degree	11.9% 61.9% 26.2% 0.0%	7.3% 65.9% 26.8% 0.0%
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 25 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	83(53.5%) 72(46.5%)	78(51.0%) 75(49.0%)	71,396(78.1%) 19,548(21.5%)	69,457(76.1%) 21,848(23.9%)
Comparative Health - Physical Much Better/About the Same Slightly Worse/Much Worse	90(60.8%) 58(39.2%)	86(57.3%) 64(42.7%)	67,427(75.4%) 21,945(24.6%)	64,814(72.7%) 24,348(27.3%)
Comparative Health - Mental Much Better/About the Same Slightly Worse/Much Worse	118(81.9%) 26(18.1%)	128(84.8%) 23(15.2%)	78,392(88.5%) 10,162(11.5%)	77,723(87.8%) 10,803(12.2%)

AbilityCare **– H5703**

Performance Measures	Cohort 25 Response Rates	
Self-Rated Health Status	**AbilityCare**	
	Baseline	**Follow-Up**
General Health Status		
Excellent	8.9%	4.4%
Very Good	17.8%	20.0%
Good	42.2%	46.7%
Fair	31.1%	28.9%
Poor	0.0%	0.0%
Physical Health Compared to One Year Ago		
Much Better	4.5%	4.5%
Slightly Better	13.6%	15.9%
About the Same	63.6%	59.1%
Slightly Worse	15.9%	13.6%
Much Worse	2.3%	6.8%
Mental Health Compared to One Year Ago		
Much Better	9.1%	4.7%
Slightly Better	4.5%	11.6%
About the Same	75.0%	69.8%
Slightly Worse	6.8%	11.6%
Much Worse	4.5%	2.3%

HOS Measures and Star Ratings Cohort 2025 (2022-2024)

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 1,106 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 24% of SeniorCare Complete members are over the age of 85 years old. About 97% of our SeniorCare Complete enrollees are classified as Caucasian, 1.3% as Black, and 1.9% as other/unknown. Also, about 29% 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 441 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 93% of our AbilityCare enrollees are classified as Caucasian, 2.2% as Black, and 4.4% as other/unknown. Also, approximately 12% 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 25 Response Rates - H2419			
Medical Conditions	SeniorCare Complete Baseline N (%)	SeniorCare Complete Follow-Up N (%)	National Average Baseline N (%)	National Average Follow-Up N (%)
Hypertension	101(66.9%)	108(72.5%)	58,832(65.4%)	60,172(66.7%)
Diabetes	48(31.6%)	42(28.4%)	23,667(26.4%)	24,833(27.6%)
Other Heart Conditions	46(30.5%)	45(30.6%)	19,159(21.4%)	20,842(23.2%)
Osteoporosis	41(27.0%)	44(29.5%)	19,319(21.6%)	20,727(23.1%)
Pulmonary Disease	46(29.9%)	45(30.0%)	15,438(17.2%)	16,392(18.2%)
Depression	51(33.3%)	45(30.6%)	15,802(17.7%)	15,853(17.7%)
Any Cancer (except skin cancer)	24(16.2%)	29(20.1%)	13,547(15.7%)	14,881(17.1%)
Coronary Artery Disease	25(16.8%)	27(18.8%)	9,934(11.1%)	10,966(12.3%)
Congestive Heart Failure	33(21.7%)	34(22.8%)	6,082(6.8%)	7,626(8.5%)
Myocardial Infarction	20(13.2%)	15(10.1%)	6,444(7.2%)	6,753(7.5%)
Stroke	24(15.8%)	27(18.0%)	5,654(6.3%)	6,258(7.0%)
Gastrointestinal Disease	4(2.6%)	9(6.0%)	4,607(5.1%)	4,464(5.0%)

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

Performance Measures	Cohort 25 Response Rates - H5703	
Medical Conditions	AbilityCare Baseline N (%)	AbilityCare Follow Up N (%)
Hypertension	16(36.4%)	19(44.2%)
Diabetes	9(20.5%)	8(18.6%)
Other Heart Conditions	3(7.0%)	4(9.3%)
Osteoporosis	2(4.7%)	4(9.3%)
Any Cancer (except skin cancer)	3(7.0%)	3(7.3%)
Depression	25(56.8%)	23(57.5%)
Pulmonary Disease	10(23.3%)	9(21.4%)
Coronary Artery Disease	1(2.3%)	1(2.3%)
Myocardial Infarction	0(0.0%)	0(0.0%)
Congestive Heart Failure	0(0.0%)	0(0.0%)
Stroke	1(2.3%)	3(7.0%)
Gastrointestinal Disease	2(4.5%)	4(9.3%)

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 is too low to qualify for a rating.

Changes for Star Ratings 2026

For the 2026 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. These cut point increases made it more difficult to achieve higher stars than prior years. The transition of the Colorectal Cancer Screening measure from the hybrid to the electronic clinical data systems (ECDS) method resulted in nationwide decreases in this measure. Member experience measures were weighted at 2, instead of 4, and the cut points for these measures remained stable or increased.

SeniorCare Complete Analysis

As noted in the table below, South Country earned 3.5 Star Rating for the SeniorCare Complete (MSHO) population for the overall 2026 Star Rating. Approximately 34% of MA-PDs contracts earned a 3.5 Star for their 2026 overall rating. Approximately 22% of MA-PDs contracts earned a 4 Star for their 2026 overall rating.

Level	2024 Rating	2025 Rating	2026 Rating	National Average
Medicare Part C	4.5	3.0	3.5	--
Medicare Part D	4.5	3.5	4.0	3.01
Overall	4.5	3.0	3.5	3.98

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 4.0 Star Rating for 2026.

Level	2024 Rating	2025 Rating	2026 Rating	National Average
Medicare Part C	Not enough data available	Not enough data available	Not enough data available	N/A
Medicare Part D	4.5	4.0	4.0	3.01
Overall	Not enough data available	Not enough data available	Not enough data available	3.98

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 healthcare disparity determinants. South Country continues to implement strategies for improvement through the Stars Workgroup that meets regularly. The workgroup's goal is to review Star Ratings and develop and implement 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 supplemental data sources as needed.
- Star Workgroup Measure improvement initiatives:
    - Determining and testing new data sources to support measures transitioning from traditional HEDIS hybrid to ECDS methodology
    - 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: Follow-Up After Emergency Department Visit for People with Multiple, High-Risk Chronic Conditions
        - Member Experience measures
        - Future measures: Controlling High Blood Pressure, Glycemic Status for Patients with Diabetes (both are current measures but transitioning to ECDS measures in the coming years).
        - Part D measures: Adherence measures
    - Breakout groups 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 (PIPs) 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 2021-2029

Planning for the PIP began in 2020 with an implementation date of January 1, 2021. In 2026 this PIP was extended to go through 2029. 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 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 utilizes 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 2024.

HEDIS Timeliness of Prenatal Care

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2021	MY 2022	MY 2023	MY 2024
(PPC)Timeliness of Prenatal Care Rate Hybrid	75.84%	78.21%	83.06%	91.90%

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 2024.

HEDIS Postpartum Care

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2021	MY 2022	MY 2023	MY 2024
(PPC)Postpartum Care Rate Hybrid	82.54%	81.11%	85.15%	90.69%

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 2024.

HEDIS Well Child Visits in the First 15 Months

South Country Health Alliance HEDIS Rates for PMAP/MNCare	MY 2021	MY 2022	MY 2023	MY 2024
(W30) Well-child 6 visits in the first 15 months of life Rate Administrative	39.64%	42.33%	48.75%	51.23%

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.

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 materials are translated into Spanish and Somali.

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 is 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. The Delfina application continues to be utilized in 2025 with possibility of application being translated into Somali in the future.

Diabetes and Depression PIP (Performance Improvement Plan) 2024-2029

The comprehensive diabetes PIP planning began in 2020 with an implementation date of January 1, 2021. In 2024 this PIP is still focusing on diabetes but also addressing co-occurring diabetes and depression and will continue through 2029. This PIP is intended to support an improvement in 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. 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.

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 unknown. **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 MY 2022 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 MY 2022 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 MY 2022 over the three-year lifespan of the project. The goal will be obtaining a rate of 79.64%.

The tables below presents the HEDIS comprehensive diabetes care HbA1c >9 rates.

South Country Health Alliance HEDIS Rates for SeniorCare Complete	MY 2021	MY 2022	MY 2023	MY 2024
Comprehensive Diabetes Care-Poor Control (>9.0%) Hybrid	21.68%	16.15%	24.18%	18.18%

South Country Health Alliance HEDIS Rates for SNBC	MY 2021	MY 2022	MY 2023	MY 2024
Comprehensive Diabetes Care-Poor Control (>9.0%) Hybrid	30.41%	26.27%	28.35%	24.32%

South Country Health Alliance HEDIS Rates for MSC+	MY 2021	MY 2022	MY 2023	MY 2024
Comprehensive Diabetes Care-Poor Control (>9.0%) Administrative	92.74%	88.02%	91.56%	90.48%

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 2021-2025 to improve comprehensive diabetes care and depression for Seniors and SNBC members.

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 2025. 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 2025 we worked with HealthFinders Collaborative in Steele, Dodge, and Waseca Counties to support members with health and wellness 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 2025, 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 Colon Cancer Screening 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

South Country Health Alliance has a goal to increase the AbilityCare COL HEDIS rate by 6.93% during the three-year measurement period. The MY 2023 HEDIS rate for AbilityCare is 71.62% and the goal rate at the end of year three is 78.55%.

South Country Health Alliance has a goal to increase the COL SeniorCare Complete HEDIS rate by 6.39% during the three-year measurement period. The MY 2023 HEDIS rate for SeniorCare Complete is 67.14% and the goal rate at the end of year three is 73.53%.

The tables below present the HEDIS Colorectal Cancer Screening hybrid rates (MY 2021-MY 2023) and Electronic Clinical Data Systems (ECDS) rates (MY 2024)

South Country Health Alliance HEDIS Rates for AbilityCare	MY 2021	MY 2022	MY 2023	MY 2024
Colorectal Cancer Screening Hybrid	74.33%	69.50%	71.62%	70.37%

South Country Health Alliance HEDIS Rates for SeniorCare Complete	MY 2021	MY 2022	MY 2023	MY 2024
Colorectal Cancer Screening Hybrid	65.96%	65.69%	67.14%	65.03%

HEDIS MY2023 COL rate for SeniorCare Complete is 67.14% and is trending above the MY 2021 and MY 2022 rates. The AbilityCare MY 2023 rate is 71.62% and is trending below the MY 2021 rate. The HEDIS MY 2024 COL-E rate for SeniorCare Complete is 65.03% and is trending slightly below the MY 2021, MY 2022, and MY 2023 rates. The HEDIS MY 2024 COL-E rate for AbilityCare is 70.37% and is trending below MY 2023 rates.

Breast Cancer Screening

South Country Health Alliance has a goal to increase the AbilityCare BCS HEDIS rate by 10.00% during the three-year measurement period. The MY 2023 HEDIS rate for AbilityCare is 75.00% and the goal rate at the end of year three is 85.00%. The HEDIS Breast Cancer Screening rate includes women 50-74 years of age during the measurement year. In MY 2025 the BCS rate will include women 40-74 years of age.

South Country Health Alliance has a goal to increase the BCS SeniorCare Complete HEDIS rate by 8.68% during the three-year measurement period. The MY 2023 rate for SeniorCare Complete is 65.75% and the goal rate at the end of year three is 74.43%. The HEDIS Breast Cancer Screening rate includes women 50-74 years of age. In MY 2025 the BCS rate will include women 40-74 years of age.

The tables below present the HEDIS Breast Cancer Screening Administrative rates (MY 2021-MY 2022) and ECDS Rates (MY 2023-MY 2024).

South Country Health Alliance HEDIS Rates for AbilityCare	MY 2021	MY 2022	MY 2023	MY 2024
Breast Cancer Screening Administrative/ECDS	74.29%	76.92%	75.00%	73.17%

South Country Health Alliance HEDIS Rates for SeniorCare Complete	MY 2021	MY 2022	MY 2023	MY 2024
Breast Cancer Screening Administrative/ECDS	62.15%	64.29%	65.75%	65.17%

The HEDIS MY 2024 breast cancer screening rate for SeniorCare Complete is 65.17% and the MY 2024 rate is trending above the MY 2021 and MY 2022 rates and slightly below the MY 2023 rate. The HEDIS MY 2024 breast cancer screening rate for AbilityCare is 73.17% and is trending below the MY 2021, MY 2022, and MY 2023 rates.

Interventions for the CCIP

In 2025, 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 2025, information was given to care coordinators about the CCIP, and the different types of health and wellness programs were provided.

In addition, in 2025 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 or breast cancer screening within the recommended timeframe. The mailing focused on the importance of breast cancer and colon cancer screenings

In 2025, 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 the cancer coalition.

Also, members can utilize the health promotions in 2025, which included a colorectal cancer screening promotion. Members can get a $25 gift card when they complete a colorectal cancer screening as 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 who work directly with our members. We educate through direct mailings, training, wellness program incentives, social media posts, and South Country newsletters. 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 2026 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 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 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 2026 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 2025:

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 directed at the opportunity to improve colorectal and breast cancer screenings.

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.

The HEDIS Measurement Year MY 2023 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 using HEDIS technical specifications.

Using the MY 2023 CCS rate (59.10%) as the baseline, South Country's goal is to increase the PMAP HEDIS MY 2023 hybrid rate to 65.62% during the three-year measurement period which is a 6.52% increase.

Using the MY 2023 CCS rate (56.82%) as the baseline, South Country's goal is to increase the MNCare HEDIS rate to 63.41% over the three-year measurement period, which is a 6.59% increase.

Using the MY 2023 CCS rate (48.18%) as the baseline, South Country's goal is to increase the SingleCare/ SharedCare HEDIS hybrid rate to 54.48% over the three-year measurement period, which is 6.19%

Using the MY 2023 CCS rate (63.46%) as the baseline, South Country' s goal is to increase the AbilityCare HEDIS rate to 72.60% over the three-year measurement period, which is a 9.14% increase.

Below are the Cervical Cancer Screening rates by product.

Cervical Cancer Screening Hybrid Rate			
Product	**HEDIS MY 2022**	**HEDIS MY 2023**	**HEDIS MY 2024**
PMAP	43.50%*	59.10%	64.09%
MNCare	40.43%*	56.82%	63.52%
AbilityCare	54.13%*	63.46%	66.84%
SingleCare_ SharedCare	33.24%*	48.18%	57.18%

*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 aged 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.

HEDIS Measurement Year (MY) 2023 Chlamydia Screening (CHL) 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

PMAP

South Country has the goal of increasing the MY 2023 rate by 4.25% to 42.59% during the three-year measurement period.

MNCare

South Country has the goal of increasing the MY 2023 rate by 21.43% to 57.14% during the three-year measurement period.

SingleCare/SharedCare

South Country has the goal of increasing the MY 2023 rate by 28.00% to 52.00% during the three-year measurement period.

Below are the Chlamydia screening rates by product.

Chlamydia Screening Rate			
Product	**HEDIS MY 2022**	**HEDIS MY 2023**	**HEDIS MY 2024**
PMAP	38.82%	38.34%	30.18%
MNCare	38.89%	35.71%	30.65%
SingleCare/SharedCare	28.57%	24.00%	15.00%

South Country believes there is an opportunity for outreach to members to enhance prevention by providing education and information and continuing promotion of wellness program incentive that promotes and encourages testing per the provider's recommendations.

Focused Study #3: Increase the number of South Country PMAP, MNCare, SingleCare, SharedCare, and MSC+ members who are up to date on their colorectal and breast cancer screenings for early detection.

HEDIS Measurement Year (MY) 2023 Colorectal Cancer Screening (COL) measure 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.

PMAP

South Country has a goal to increase the PMAP HEDIS MY 2023 rate by 2.68% (38.25%) during the three-year measurement period.

MNCare

South Country has a goal to increase the MNCare HEDIS MY 2023 rate by 5.55% (43.74%) during the three-year measurement period.

SingleCare/SharedCare

South Country has a goal to increase the SingleCare/ SharedCare HEDIS MY 2023 rate by 5.52% (51.58%) during the three-year measurement period.

MSC+

South Country has a goal to increase the MSC+ HEDIS MY 2023 rate by 6.71% (52.77%) during the three-year measurement period.

Below are the Colorectal Cancer screening administrative rates (MY 2022-MY 2023) and ECDS rates (MY 2024) by product.

Colorectal Cancer Screening Rate			
Product	**HEDIS MY 2022**	**HEDIS MY 2023**	**HEDIS MY 2024**
PMAP	23.81%	35.57%	41.39%
MNCare	25.36%	38.19%	50.59%
SingleCare/SharedCare	31.19%	46.06%	49.81%
MSC+	28.41%	46.06%	44.86%

HEDIS Measurement Year (MY) 2023 Breast Cancer Screening (BCS) measure 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.

PMAP

South Country has a goal to increase the PMAP HEDIS MY 2023 rate by 4.71% (62.54%) during the three-year measurement period.

MNCare

South Country has a goal to increase the MNCare HEDIS MY 2023 rate by 8.88% (71.96%) during the three-year measurement period.

SingleCare/SharedCare

South Country has a goal to increase the SingleCare/ SharedCare HEDIS MY 2023 rate by 8.12% (71.59%) during the three-year measurement period.

MSC+

South Country has a goal to increase the MSC+ HEDIS MY 2023 rate by 8.75% (64.17%) during the three-year measurement period.

Below are the Breast Cancer screening administrative rates (MY 2022) and ECDS rates (MY 2023-MY 2024) by product.

Breast Cancer Screening Rate			
Product	**HEDIS MY 2022**	**HEDIS MY 2023**	**HEDIS MY 2024**
PMAP	59.66%	57.83%	59.38%
MNCare	61.70%	63.08%	64.09%
SingleCare/SharedCare	61.70%	63.47%	57.37%
MSC+	54.87%	55.42%	52.91%

Next Steps

The focused studies 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.

South Country will conduct and monitor our focused studies regularly through internal meetings and determine the appropriateness of current interventions and assess appropriateness of new or continued initiatives and interventions. We will implement these focused studies in 2026 with a continued focus on cancer screenings and chlamydia testing.

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 2024 preview, as reported by DHS to South Country in 2025.

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 focused 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 regularly to find ways to enhance and improve our dental withhold scores. Additionally, in 2024 dental was added as a focus of the population health management work with further outreach and interventions continued in 2025-2026.

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 twice in 2025 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 withhold points by measure and contract.

DHS Withhold Measure Performance			
Withhold Measure (Related Contract)	**2022 Results (Total points)**	**2023 Results (Total points)**	**2024 Results (Total points)**
Childhood Immunization Status - Combo 10 (F&C)	0/16	0/14	0/14
Well Child Visits in First 30 Months of Life -sub measures W15 & W30 combined (F&C)	0/16	5.25/14	0/14
Child & Adolescent Well-Visits (F&C)	0/16	0/14	0/14
Prenatal and Postpartum Care – sub measures Postpartum Care & Timeliness of Care combined (F&C)	0/16	10.5/14	3.8/14
Initiation and Engagement of Alcohol, Opioids, & Drug Dependence Treatment -total engagement & total initiation combined (F&C)	0/16	3.5/14	0/14
Follow-up After Hospitalization for Mental Illness – sub measure 7 days & 30 days combined (F&C, SNBC)	4/16	6/14	5.6/14 7.5/15

DHS Withhold Measure Performance			
Withhold Measure (Related Contract)	**2022 Results (Total points)**	**2023 Results (Total points)**	**2024 Results (Total points)**
Healthcare Equity Stakeholder/Community Engagement (F&C)	NA	12/12	12/12
No Repeat Deficiencies MDH QA Exam Deficiencies (F&C, Seniors, SNBC)	1/1 15/15 15/15	1/1 15/15 15/15	4/4 10/10 10/10
Annual Dental Visit: Ages 65+ Years (Seniors)	0/15	.47/15	7.8/15
Annual Dental Visit: Ages 19-64 Years (SNBC)	0/15	.53/15	15/15
Initial Health Risk Screening/Assessment (Seniors)	30/30	30/30	15/15
Stakeholder Group Reporting (Seniors, SNBC)	15/15 15/15	15/15 15/15	15/15 15/15

DHS Withhold Measure Performance			
Withhold Measure (Related Contract)	**2022 Results (Total points)**	**2023 Results (Total points)**	**2024 Results (Total points)**
Service Accessibility/Care Plan Audit (SNBC)	15/15	15/15	15/15
Service Accessibility/Care Plan Audit (Seniors)	15/15	15/15	15/15
Colorectal Cancer Screening (Seniors)	NA	NA	15/15
Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (Seniors, SNBC)	NA	NA	15/15 15/15
Ambulatory Care: Emergency Department Visits (SNBC)	NA	NA	0/15

DHS Withhold Measure Performance -Summary			
Withhold Measure (Related Contract)	**2022 Results (Total points)**	**2023 Results (Total points)**	**2024 Results (Total points)**
Total - F&C	7/99	40.25/99	25.40/100
Total - Seniors	75/90	75.47/90	92.80/100
Total - SNBC	45/60	45.53/60	77.50/100

As the table above indicates, South Country received 25.40 of the possible 100 points for families and children, 92.80 of the possible 100 points for seniors and 77.50 of the possible 100 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. Also, in 2025 a DHS Withhold workgroup convened which included representatives from the health plans and DHS. This group started initial discussion on how to increase transparency of specifications, alignment with race/ethnicity categories across different sources, and consistency with HEDIS/NCQA. South Country anticipates receiving the calendar year 2025 withhold results mid-year 2026.

South Country Health Alliance

Evaluation of the 2025 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 managing 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 Assurance 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 2025 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 2025 include the following:

- **We continue to be a leader in addressing behavioral health needs.** The behavioral health department continued its connections with members after mental health hospitalizations. Also, South Country members continue to access 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 positive 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, colorectal, and breast cancer screenings and chlamydia screenings. Also, we continued a chronic care improvement project focused on colorectal and breast cancer screenings. Moreover, we completed the fifth year of the performance improvement project that focused on the healthy start for mothers and babies. Additionally, we continued the second year of a performance improvement project focused on improving care for people with co-occurring diabetes and depression.
- **Our Health Equity Committee continued along with collaboration with county and community partners.** South Country collaborated with Sibley County through the community health assessment process to understand any inequities or health disadvantages and to improve overall health outcomes for members. 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.

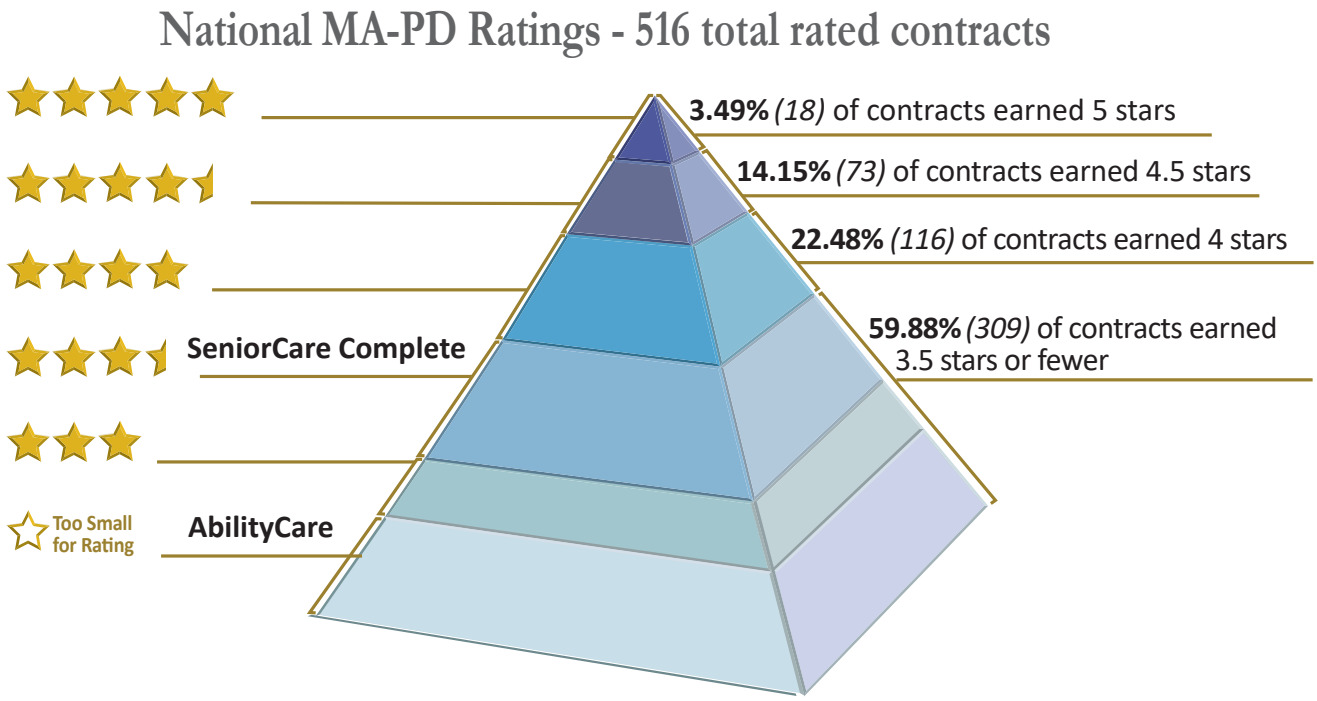
South Country Health Alliance

Evaluation of the 2025 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#7641

South Country HEALTH ALLIANCE

2026 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: 3.5 Star

Health Services Rating: 3.5 Star

Drug Services Rating: 4 Star

3.5 out of 5

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

Managing Chronic Conditions

- Reducing the Risk of Falling

Staying Health: Screenings, Tests and Vaccines

- Improving or Maintaining Mental Health

Drug Safety and Accuracy of Drug Pricing

- Medicare Plan Finder Price Accuracy

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)

MEASURES WITH A 4 STAR RATING out of 5

Managing Chronic Conditions

- Medication Reconciliation Post-Discharge
- Plan All-Cause Readmissions

Drug Safety

- 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 Availability

Member Experience

- Customer Service
- Rating of Health Care Quality
- Rating of Health Plan

Staying Healthy: Screenings, Tests and Vaccines

- Annual Flu Vaccine

South Country HEALTH ALLIANCE

2026 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
- Medicare Plan Finder Price Accuracy

MEASURES WITH A 4 STAR RATING out of 5

Drug Safety

- Medication Adherence - Cholesterol
- Statin Use in Persons with Diabetes
- MTM Program Completion Rate for CMR

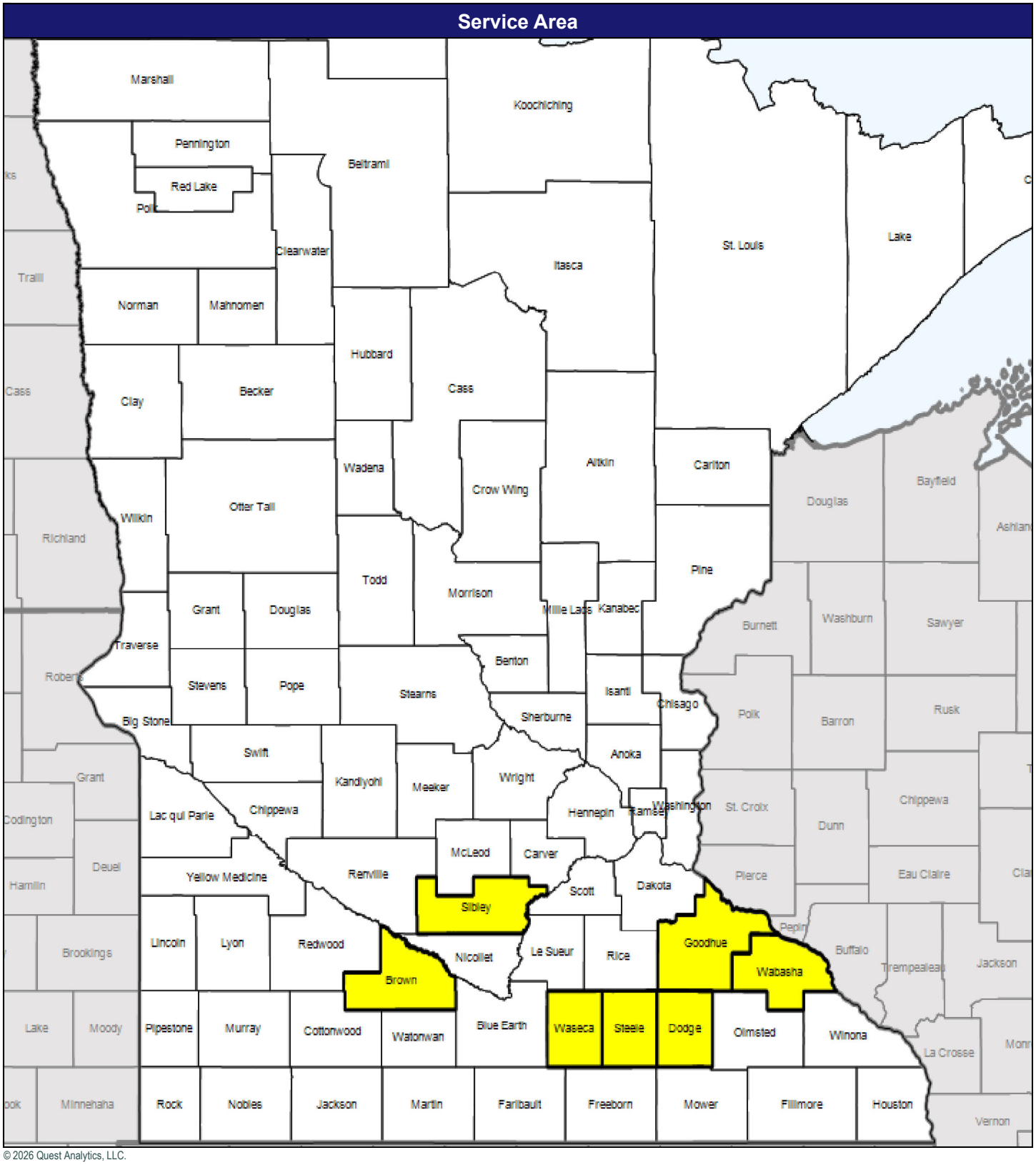
Drug and Health Plan Customer Service

- Call Center - Foreign Language Interpreter & TTY/TDD

South Country HEALTH ALLIANCE

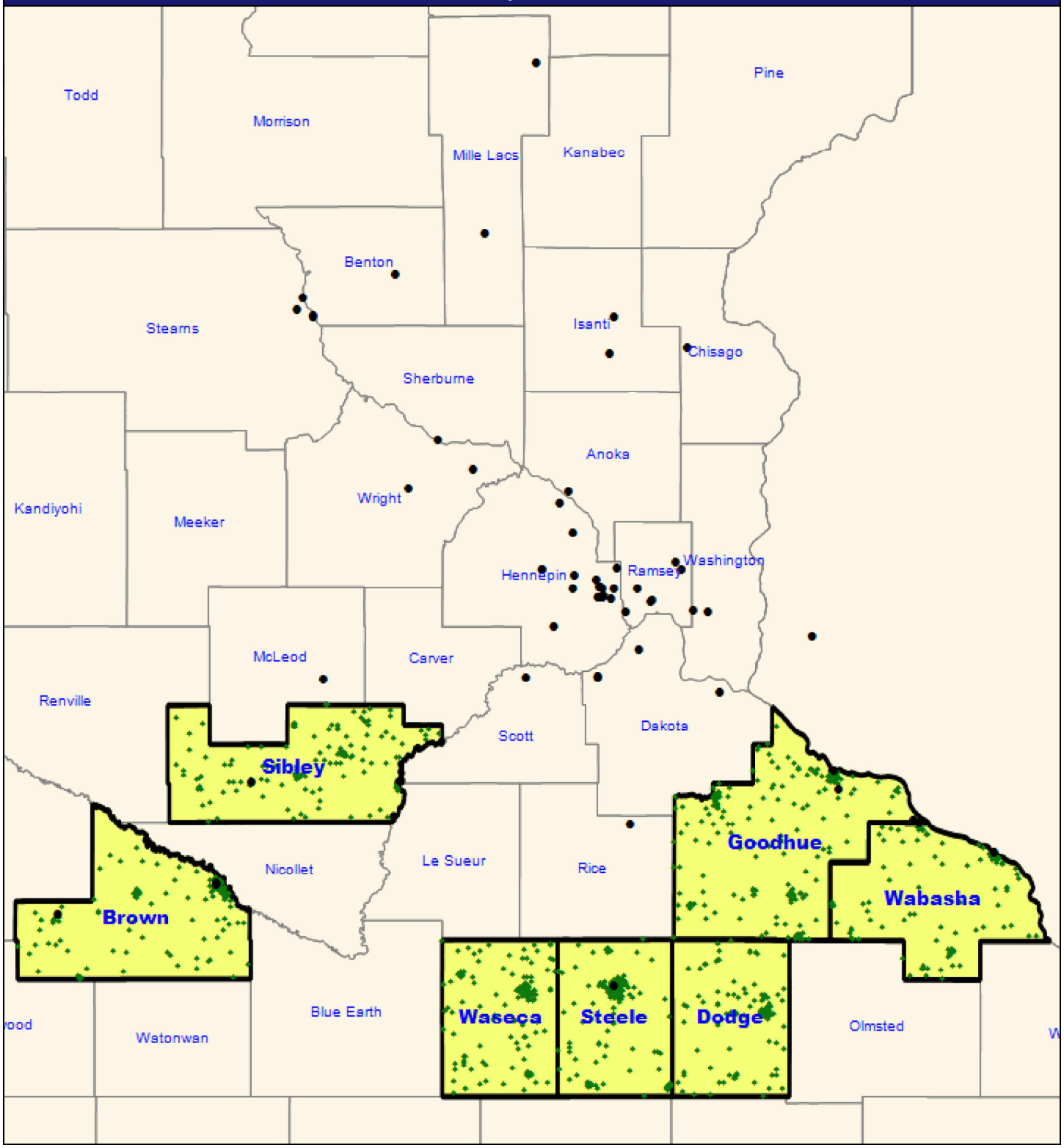
Network Access Analysis

Network Access Analysis - All Products



Network Access Analysis - All Products

Acupuncture



Acupuncture

65 providers at 67 locations

- All providers

Acupuncture

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Acupuncture

1,152 member locations

- With access (1,152)
- Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Acupuncture) provider in 60 miles or 60 minutes

Service Areas

- (Bold Outline) Service Area

21.66 miles

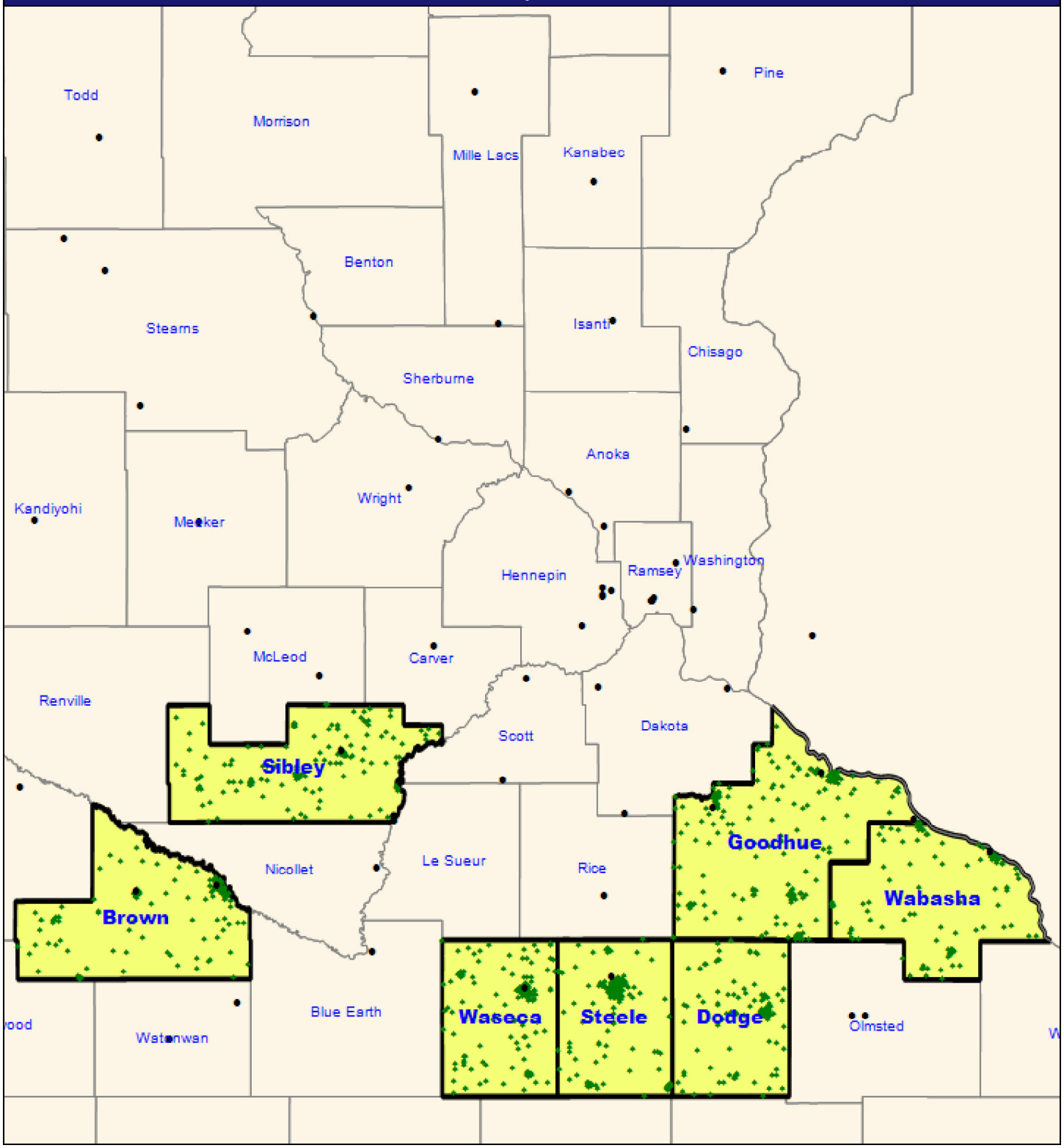
Access Detail By County

Access Analysis
Acupuncture
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Acupuncture

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	6.7	7.2
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	22.2	24.2
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	13.0	14.1
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	11.5	12.6
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.9	6.4
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	11.2	12.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	19.3	21.0
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	12.5	13.6

Network Access Analysis - All Products

General Hospital Facilities



Acute Care Hospital

94 providers at 99 locations

● All providers

Acute Care Hospital

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Acute Care Hospital

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Acute Care Hospital) provider in 30 miles or 30 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

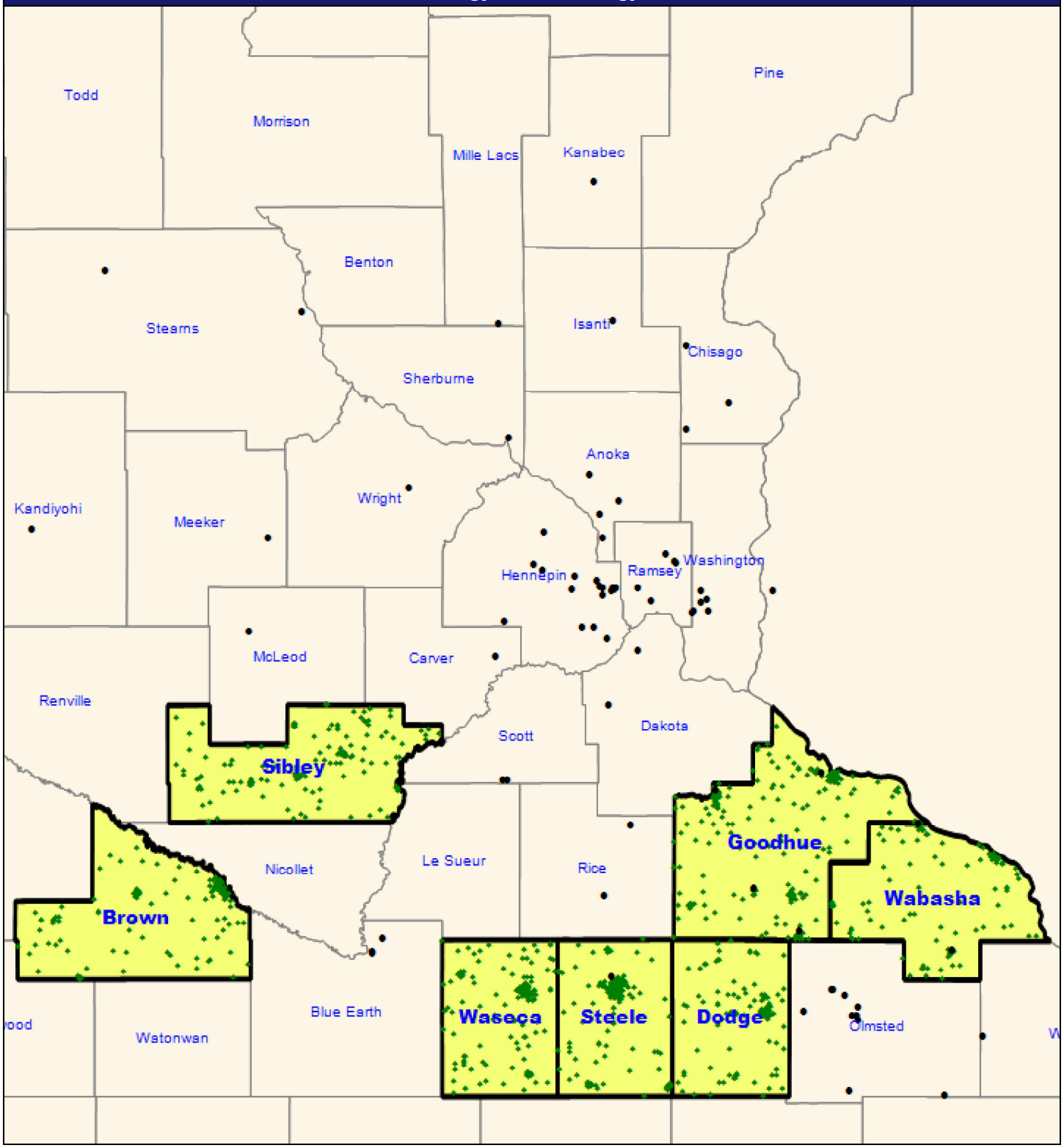
Access Detail By County

Access Analysis
Acute Care Hospital
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Acute Care Hospital

All Members									
	Member	Provider		With Access		Without Access		Average Distance	Average Time
County	#	Group	Standard	#	%	#	%	1	1
Brown, MN	146	Acute Care Hospital	1 in 30 miles or 30 mins	146	100.0	0	0.0	6.6	7.1
Dodge, MN	111	Acute Care Hospital	1 in 30 miles or 30 mins	111	100.0	0	0.0	16.8	18.3
Goodhue, MN	235	Acute Care Hospital	1 in 30 miles or 30 mins	235	100.0	0	0.0	9.4	10.2
Sibley, MN	154	Acute Care Hospital	1 in 30 miles or 30 mins	154	100.0	0	0.0	10.0	10.9
Steele, MN	201	Acute Care Hospital	1 in 30 miles or 30 mins	201	100.0	0	0.0	6.6	7.1
Wabasha, MN	114	Acute Care Hospital	1 in 30 miles or 30 mins	114	100.0	0	0.0	10.3	11.2
Waseca, MN	191	Acute Care Hospital	1 in 30 miles or 30 mins	191	100.0	0	0.0	7.0	7.6
Grand Totals	1,152	Acute Care Hospital	1 in 30 miles or 30 mins	1,152	100.0	0	0.0	9.0	9.8

Network Access Analysis - All Products

Allergy & Immunology



Allergy & Immunology

64 providers at 95 locations

- All providers

Allergy & Immunology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Allergy & Immunology

1,152 member locations

- With access (1,152)
- Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Allergy & Immunology) provider in 60 miles or 60 minutes

Service Areas

(Bold Outline) Service Area

21.66 miles

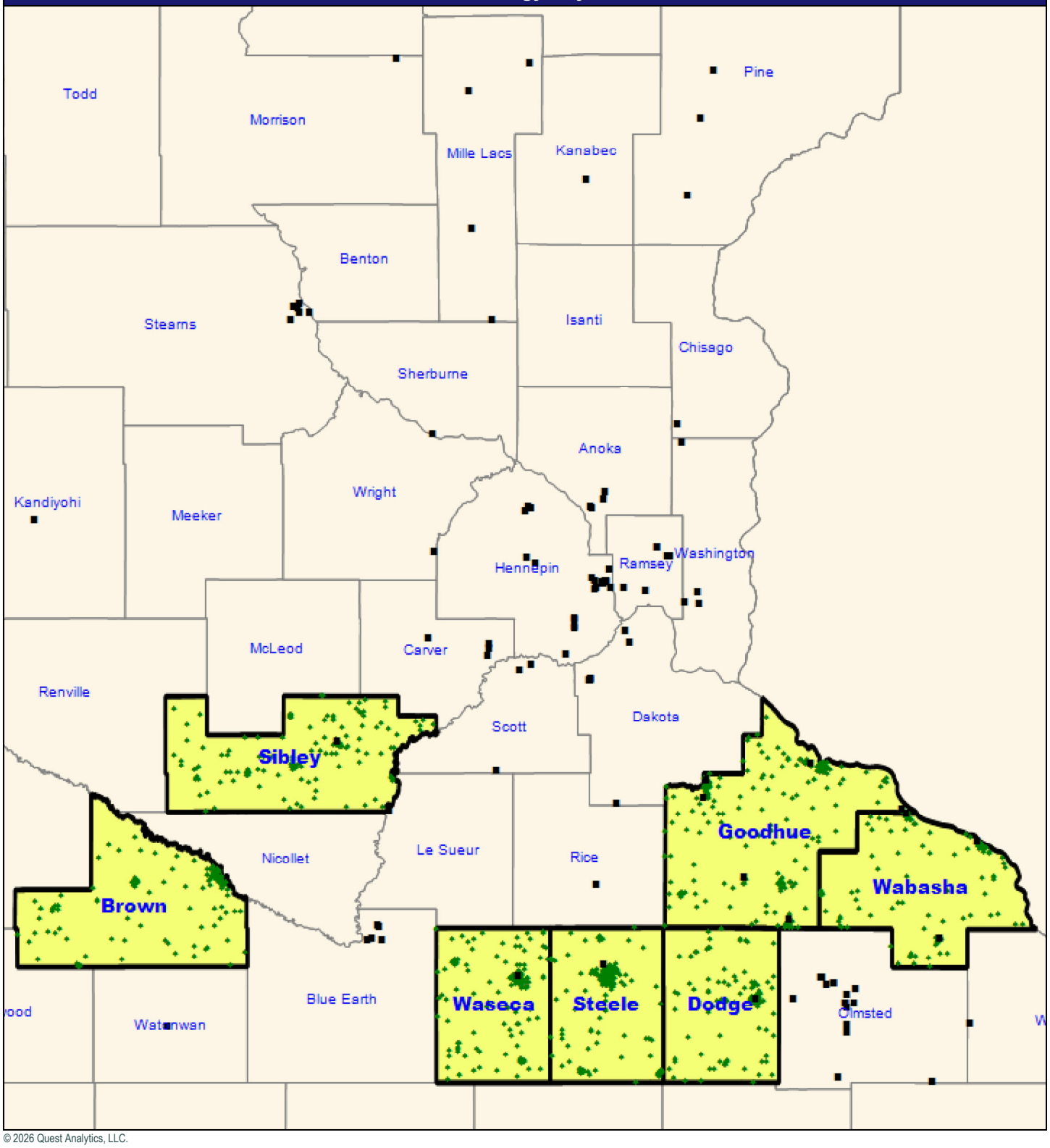
Access Detail By County

Access Analysis
Allergy & Immunology
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Allergy & Immunology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	36.4	45.5
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	11.0	13.4
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.5	6.4
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	24.5	28.7
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.6	8.3
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.5	10.1
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	17.2	21.9
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	14.9	18.3

Network Access Analysis - All Products

Anesthesiology Physicians



Anesthesiology Physician

654 providers at 150 locations

■ All providers

Anesthesiology Physician

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Anesthesiology Physician

1,152 member locations

◆ With access (1,152)

● Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Anesthesiology Physician) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

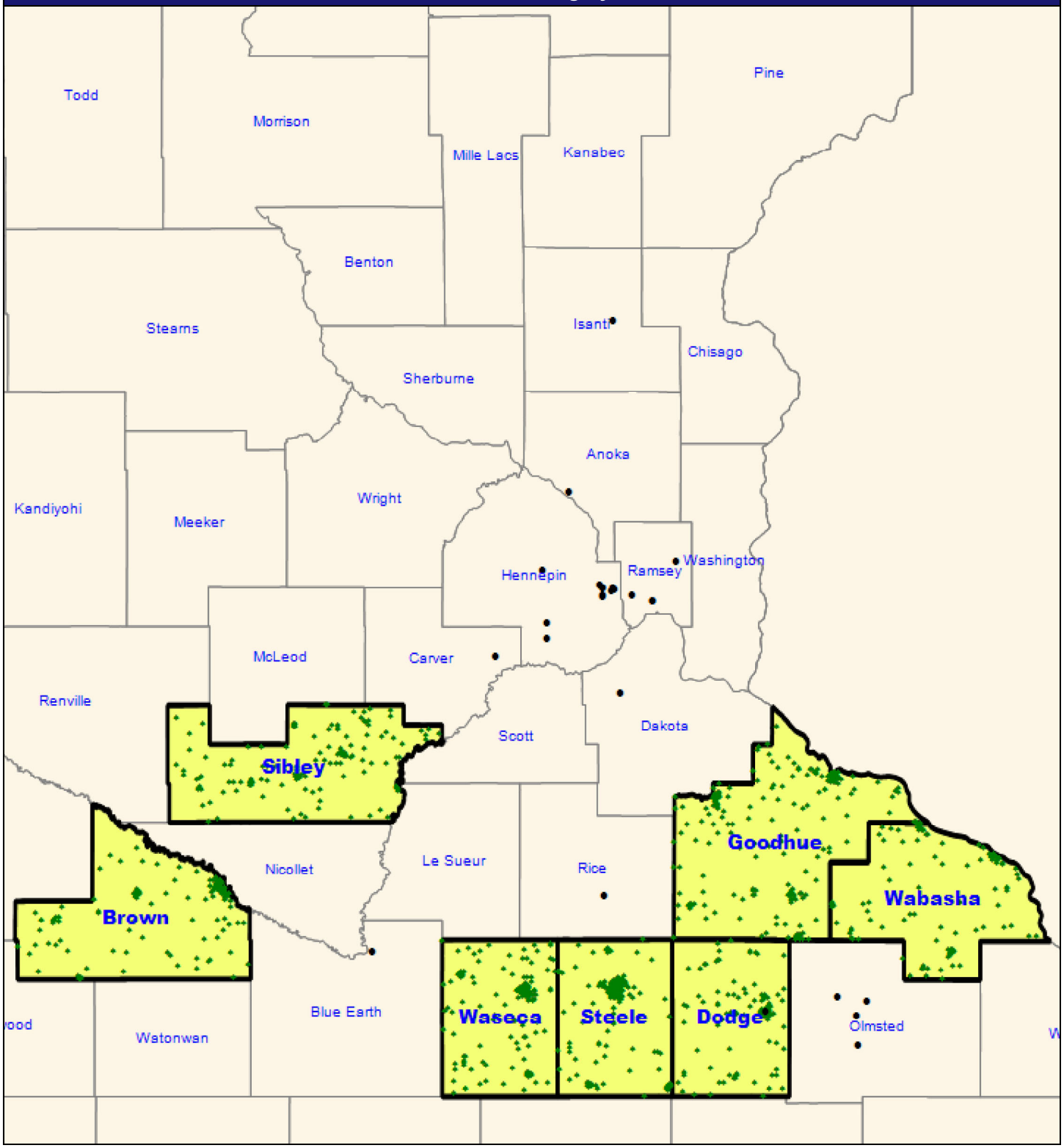
Access Detail By County

Access Analysis
Anesthesiology Physician
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Anesthesiology Physician

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	26.6	29.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.3	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	11.0	12.0
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	9.4	10.3

Network Access Analysis - All Products

Cardiac Surgery



Cardiac Surgery

43 providers at 35 locations

● All providers

Cardiac Surgery

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Cardiac Surgery

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Cardiac Surgery) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

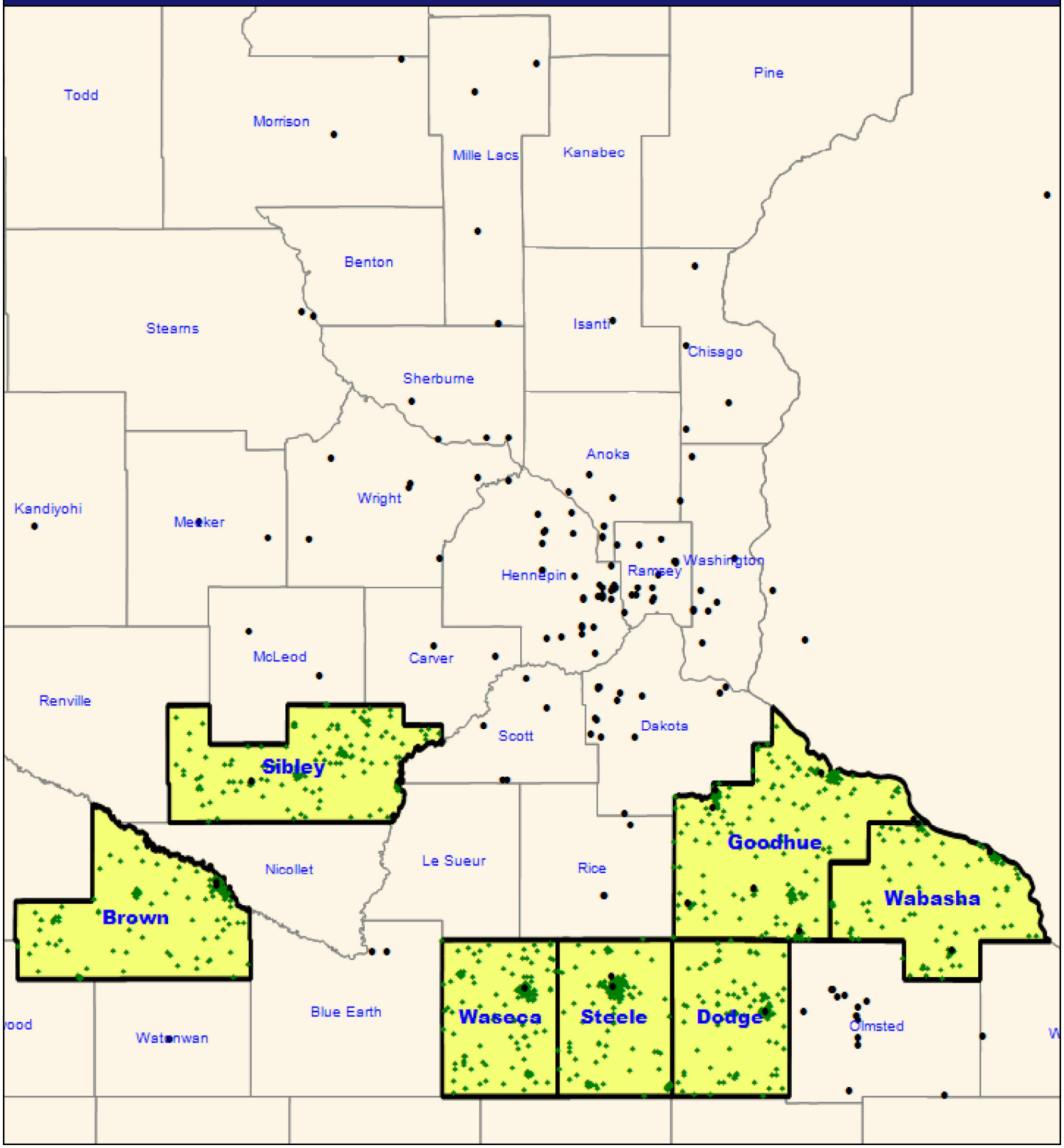
Access Detail By County

Access Analysis
Cardiac Surgery
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Cardiac Surgery

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	36.6	39.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.9	8.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	26.4	30.3
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	34.2	37.3
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	17.6	19.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	25.9	28.3
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	24.9	27.1
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	25.1	27.7

Network Access Analysis - All Products

Cardiovascular Disease



Cardiovascular Disease

592 providers at 231 locations

● All providers

Cardiovascular Disease

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Cardiovascular Disease

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Cardiovascular Disease) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

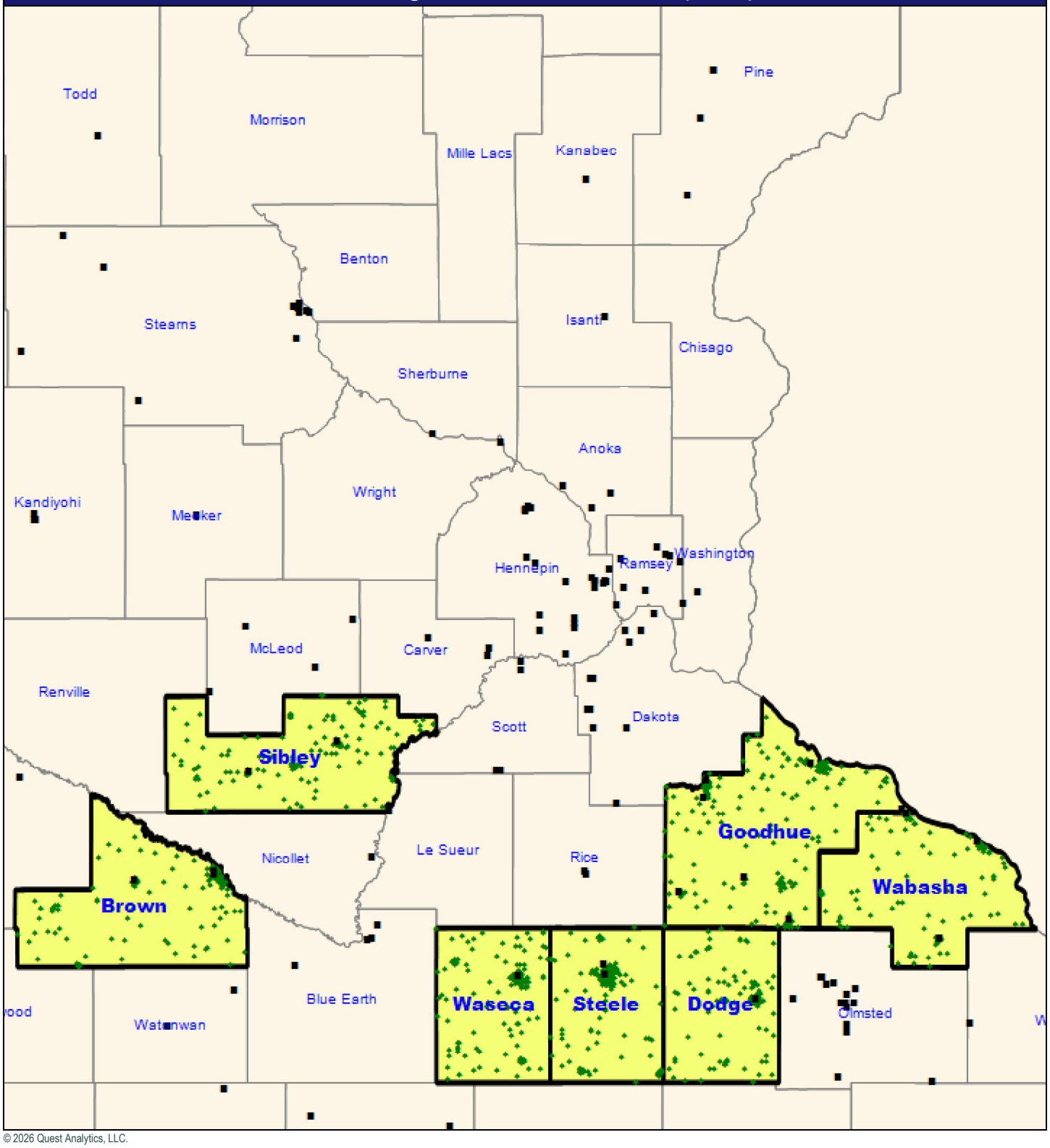
Access Detail By County

Access Analysis
Cardiovascular Disease
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Cardiovascular Disease

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.3	12.3
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.0	7.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.4	4.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	11.0	12.0
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.6	6.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	7.1	7.7

Network Access Analysis - All Products

Certified Registered Nurse Anesthetists (CRNA)



Certified Registered Nurse Anesthetist

1,543 providers at 207 locations

■ All providers

Certified Registered Nurse Anesthetist (CRNA)

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Certified Registered Nurse Anesthetist

1,152 member locations

◆ With access (1,152)

● Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Certified Registered Nurse Anesthetist) provider in 60 miles or 6(minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

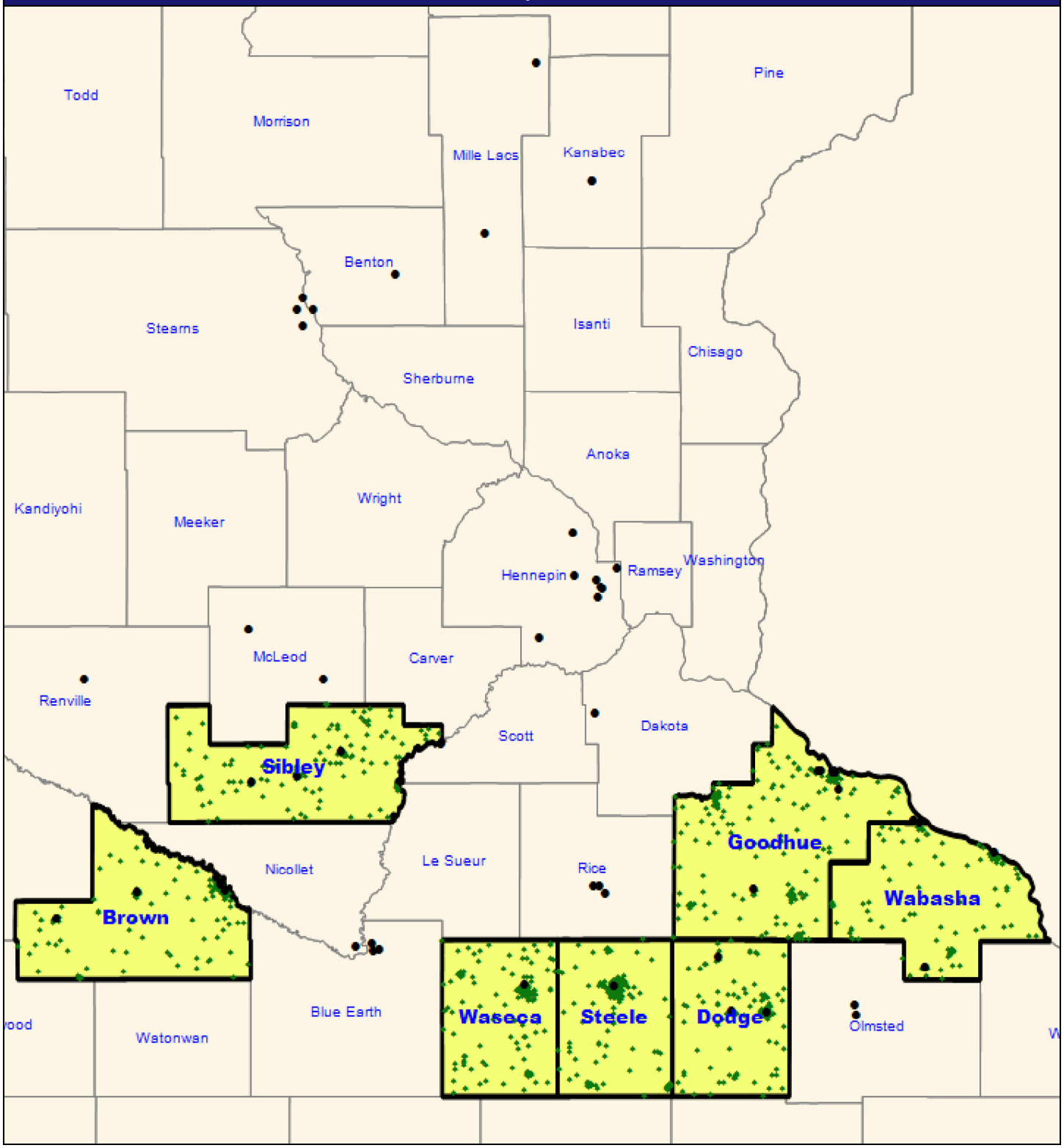
Access Analysis
- Certified Registered Nurse Anesthetist (CRNA)

Member / Provider Groups
- Census Data ((Bold Outline) Service Area)
  - Certified Registered Nurse Anesthetist

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	6.5	7.1
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.0	7.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.4	4.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	6.5	7.0
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.6	6.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.3	6.8
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	5.8	6.3

Network Access Analysis - All Products

Chiropractic



Chiropractic

92 providers at 78 locations

● All providers

Chiropractor

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Chiropractic

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Chiropractic) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

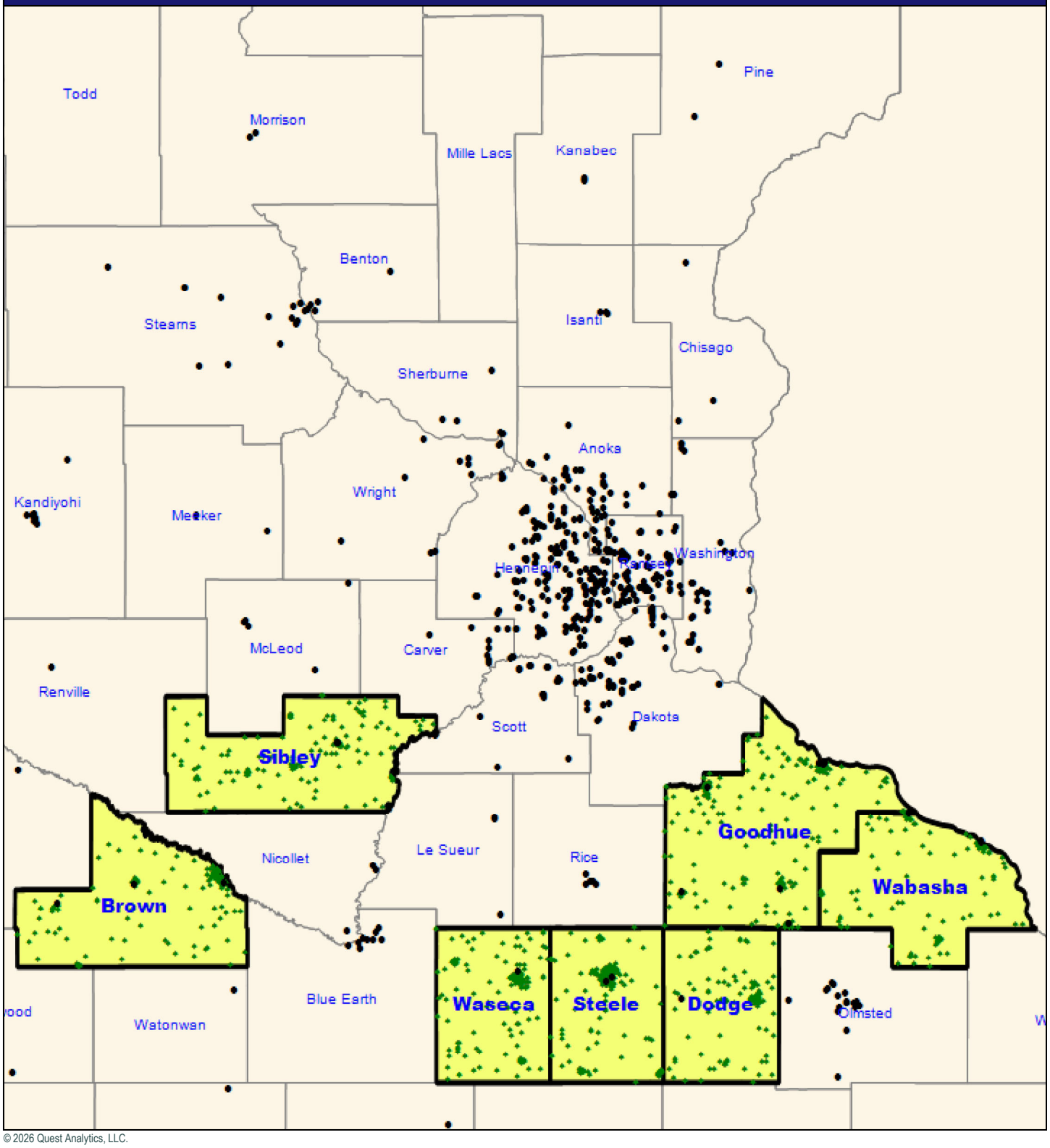
Access Analysis
Chiropractor

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Chiropractic

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	3.8	4.1
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	4.8	5.2
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	8.6	9.4
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	5.5	6.0
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.8	6.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	6.2	6.8
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.3	7.9
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	6.3	6.8

Network Access Analysis - All Products

Dental Provider - Adult



Dentist - Adult

1,228 providers at 687 locations

● All providers

Dental Provider Adult

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Dentist - Adult

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Dentist - Adult) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

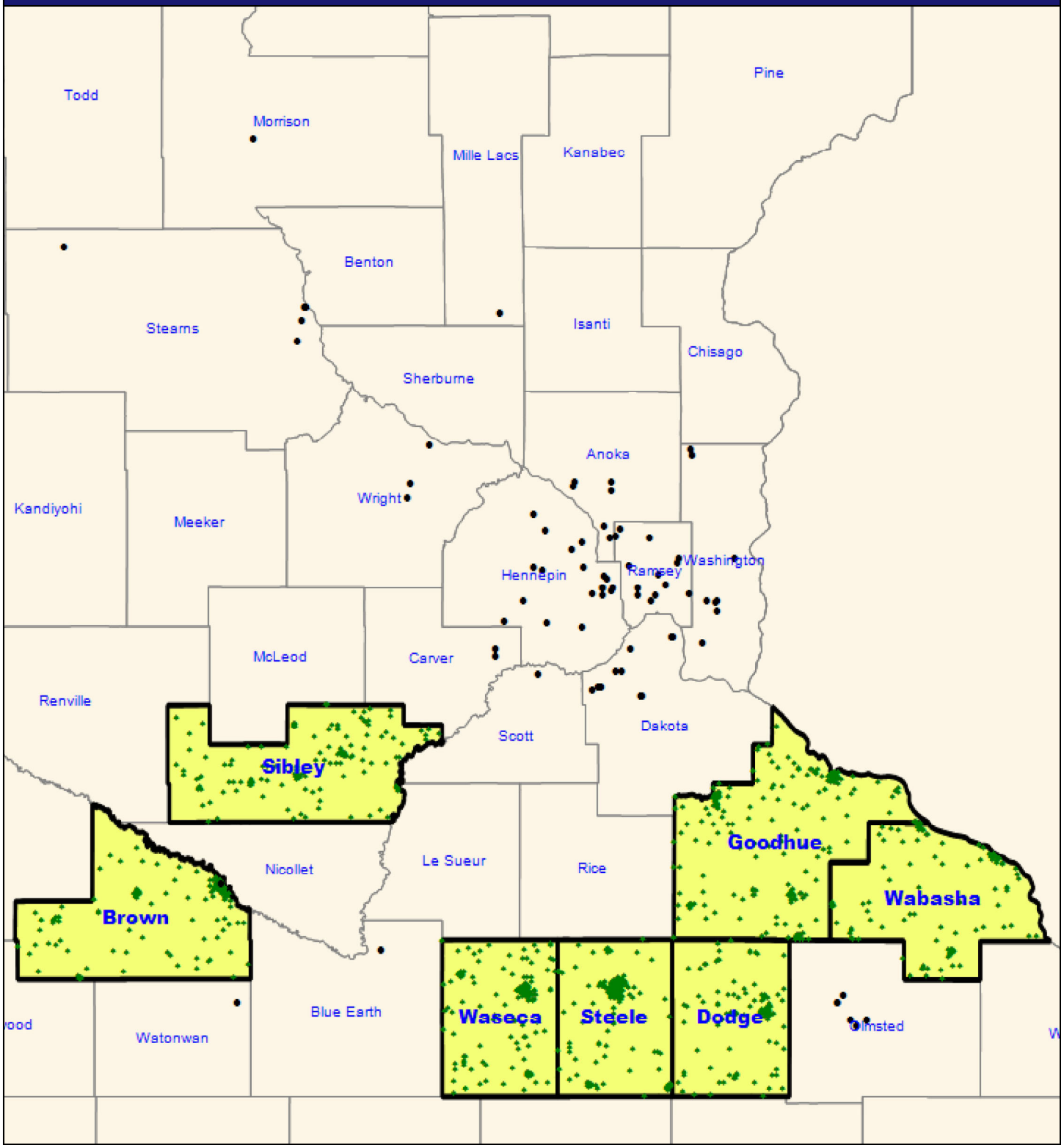
Access Analysis
Dental Provider Adult

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Dentist - Adult

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	4.4	4.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	8.3	9.0
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.0	4.3
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	9.7	10.6
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.3	5.7
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	9.0	9.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.4	6.9
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	6.3	6.9

Network Access Analysis - All Products

Dental Provider - Pediatric



Dentist - Pediatric

86 providers at 101 locations

- ● All providers

Dental Provider Pediatric

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Dentist - Pediatric

1,152 member locations

- ◆ With access (1,152)
- ◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Dentist - Pediatric) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

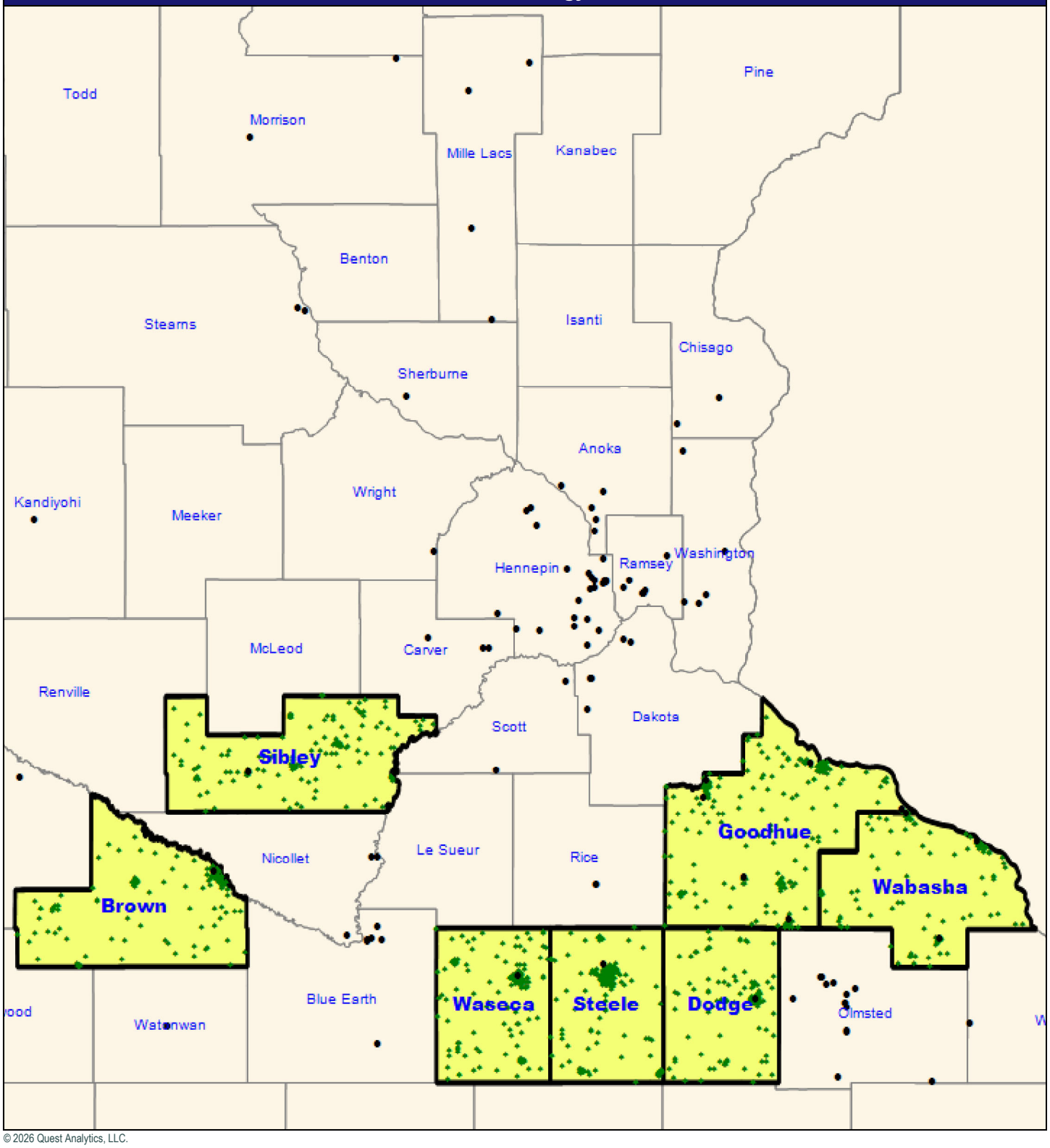
Access Detail By County

Access Analysis
Dental Provider Pediatric
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Dentist - Pediatric

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.8	12.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	17.7	20.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	28.1	32.3
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	25.7	28.1
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	35.9	40.7
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	26.4	29.3
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	26.1	28.4
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	25.6	28.7

Network Access Analysis - All Products

Dermatology



Dermatology

156 providers at 144 locations

● All providers

Dermatology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Dermatology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Dermatology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

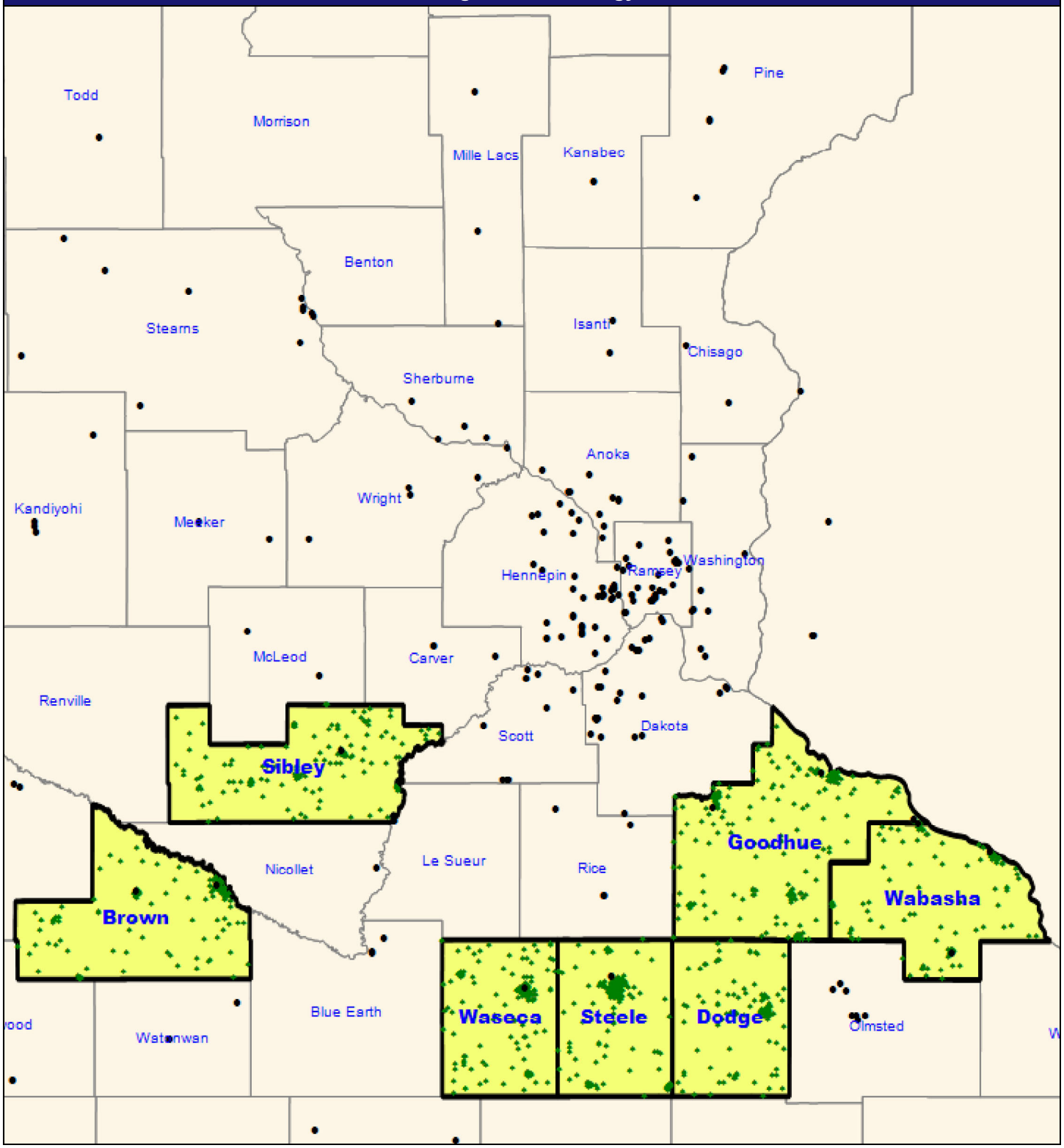
Access Analysis
Dermatology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Dermatology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	10.7	11.6
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.3	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	12.4	13.6
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.4	6.9
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.5	7.0
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	7.5	8.1

Network Access Analysis - All Products

Diagnostic Radiology



Diagnostic Radiology

193 providers at 338 locations

● All providers

Diagnostic Radiology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Diagnostic Radiology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Diagnostic Radiology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

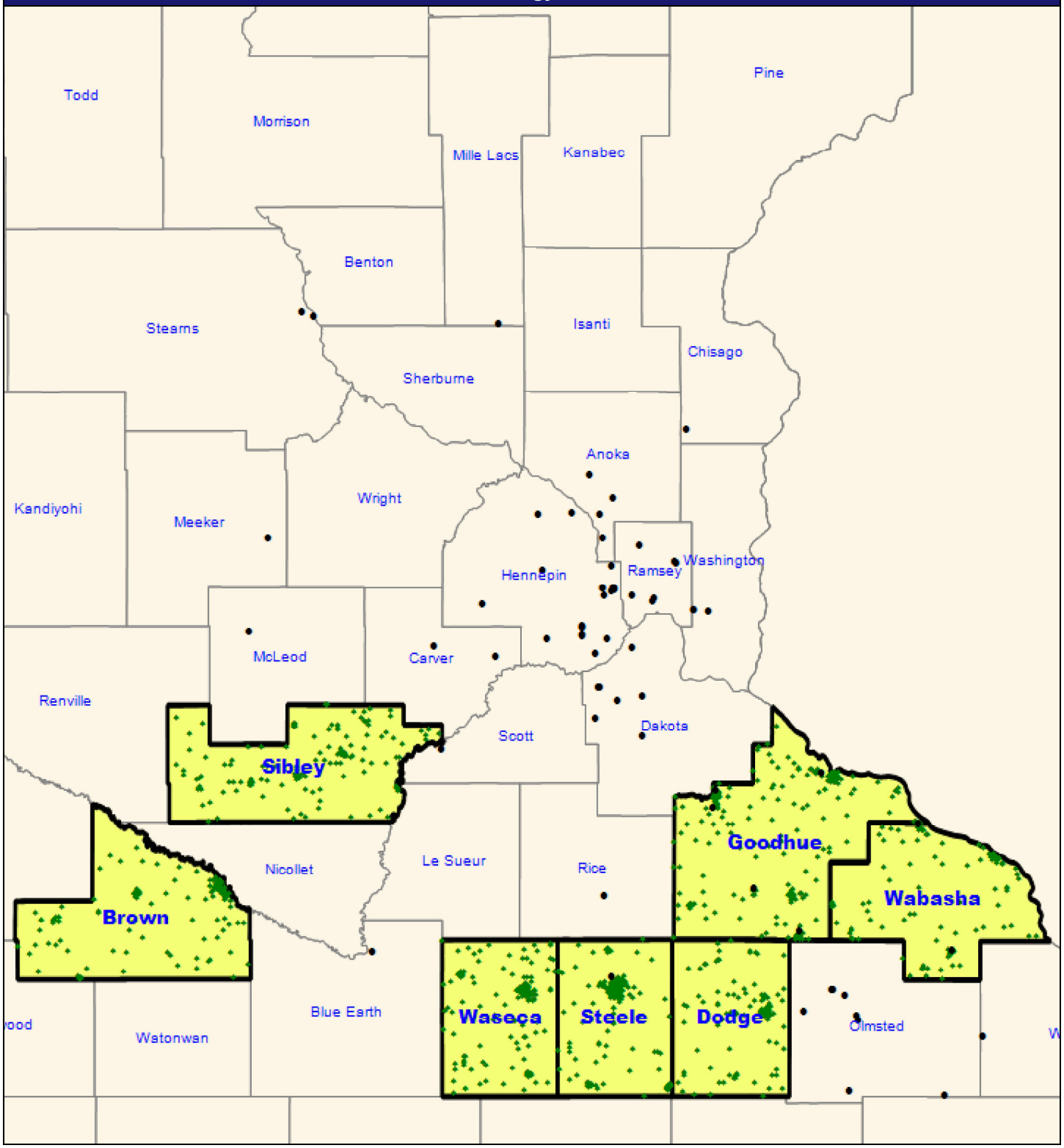
Access Analysis
Diagnostic Radiology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Diagnostic Radiology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	6.5	7.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	15.4	17.5
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	8.7	9.8
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	9.8	10.7
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.5	6.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.3	6.8
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	8.1	9.0

Network Access Analysis - All Products

Endocrinology, Diabetes



Endocrinology, Diabetes

113 providers at 90 locations

- ● All providers

Endocrinology, Diabetes

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Endocrinology, Diabetes

1,152 member locations

- ◆ With access (1,152)
- ◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Endocrinology, Diabetes) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

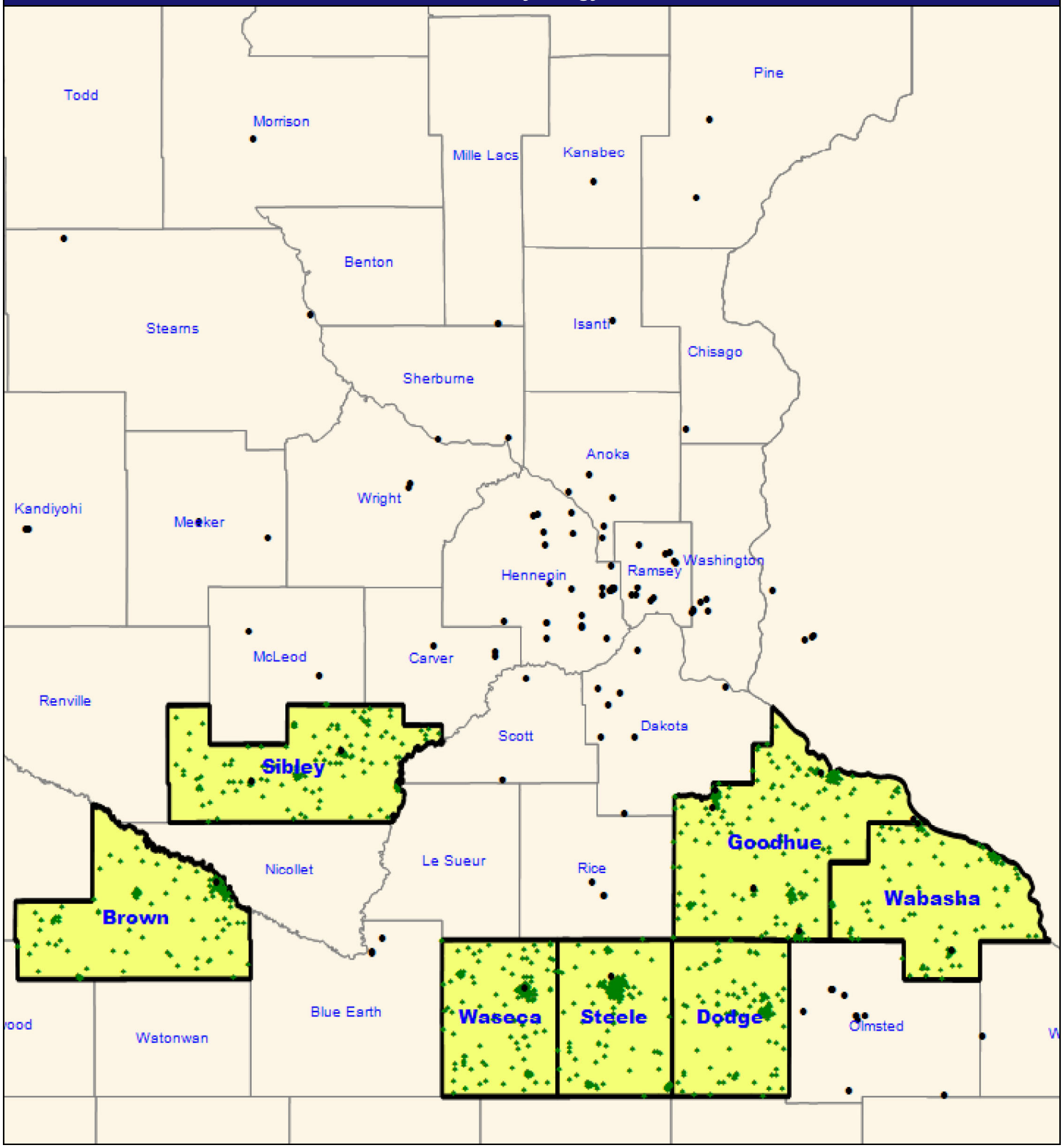
Access Analysis
Endocrinology, Diabetes

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Endocrinology, Diabetes

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	36.5	39.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	11.0	11.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.3	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	19.6	21.4
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.6	7.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.5	9.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	17.3	18.9
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	14.3	15.5

Network Access Analysis - All Products

Otolarynology



ENT/Otolaryngology

184 providers at 157 locations

● All providers

ENT/Otolaryngology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

ENT/Otolaryngology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (ENT/Otolaryngology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

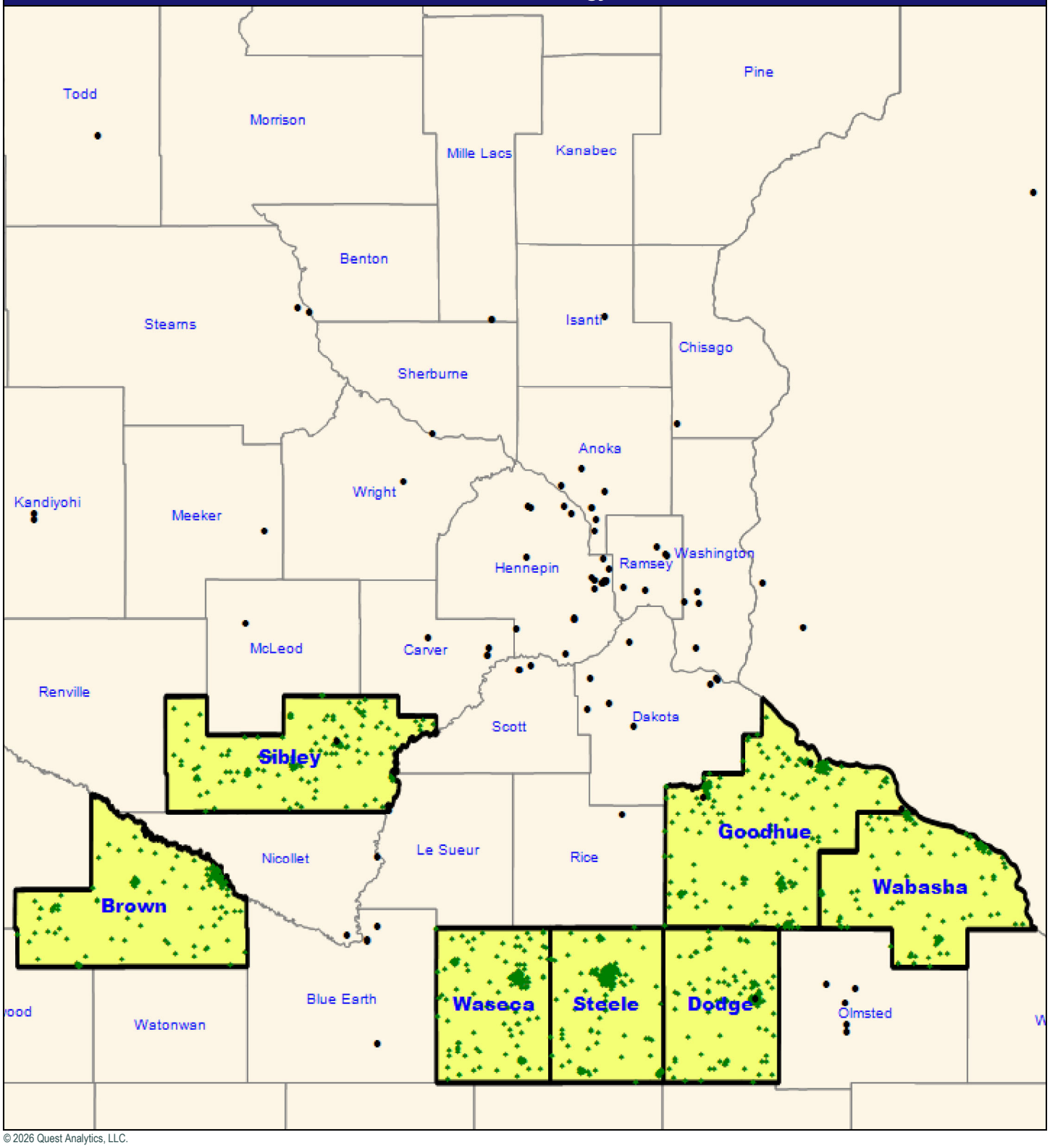
Access Analysis
ENT/Otolaryngology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
ENT/Otolaryngology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	12.1	13.1
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	11.0	11.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.3	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	7.3	8.0
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.5	9.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	7.8	8.4

Network Access Analysis - All Products

Gastroenterology



Gastroenterology

349 providers at 107 locations

- All providers

Gastroenterology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Gastroenterology

1,152 member locations

- With access (1,152)
- Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Gastroenterology) provider in 60 miles or 60 minutes

Service Areas

- (Bold Outline) Service Area

21.66 miles

Access Detail By County

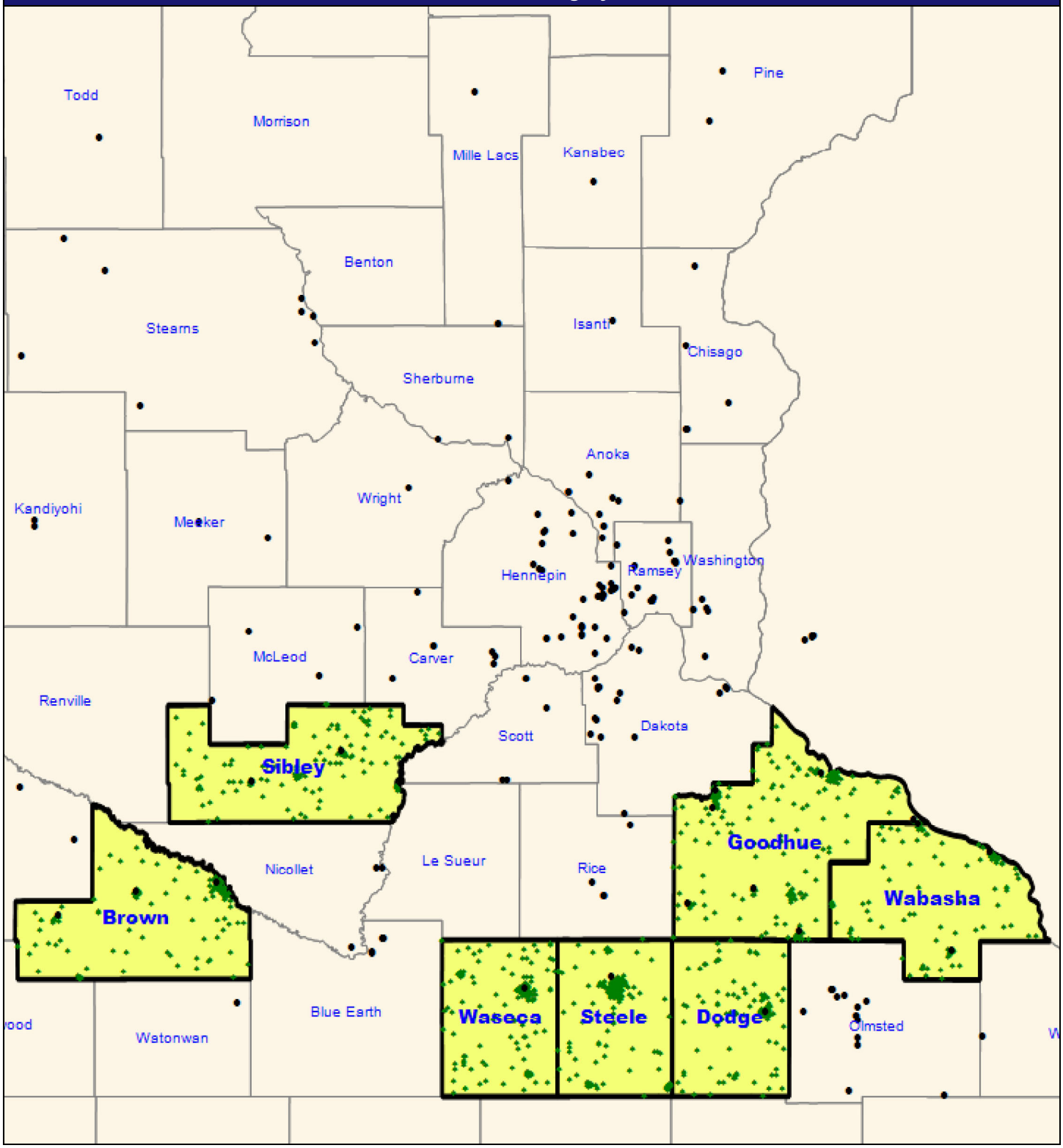
Access Analysis
Gastroenterology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Gastroenterology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	33.0	35.9
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.6	8.2
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	9.1	9.9
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	10.9	11.9
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	24.3	26.4
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	14.4	15.8
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	23.2	25.3
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	17.7	19.3

Network Access Analysis - All Products

General Surgery



General Surgery

407 providers at 280 locations

● All providers

General Surgery

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

General Surgery

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (General Surgery) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

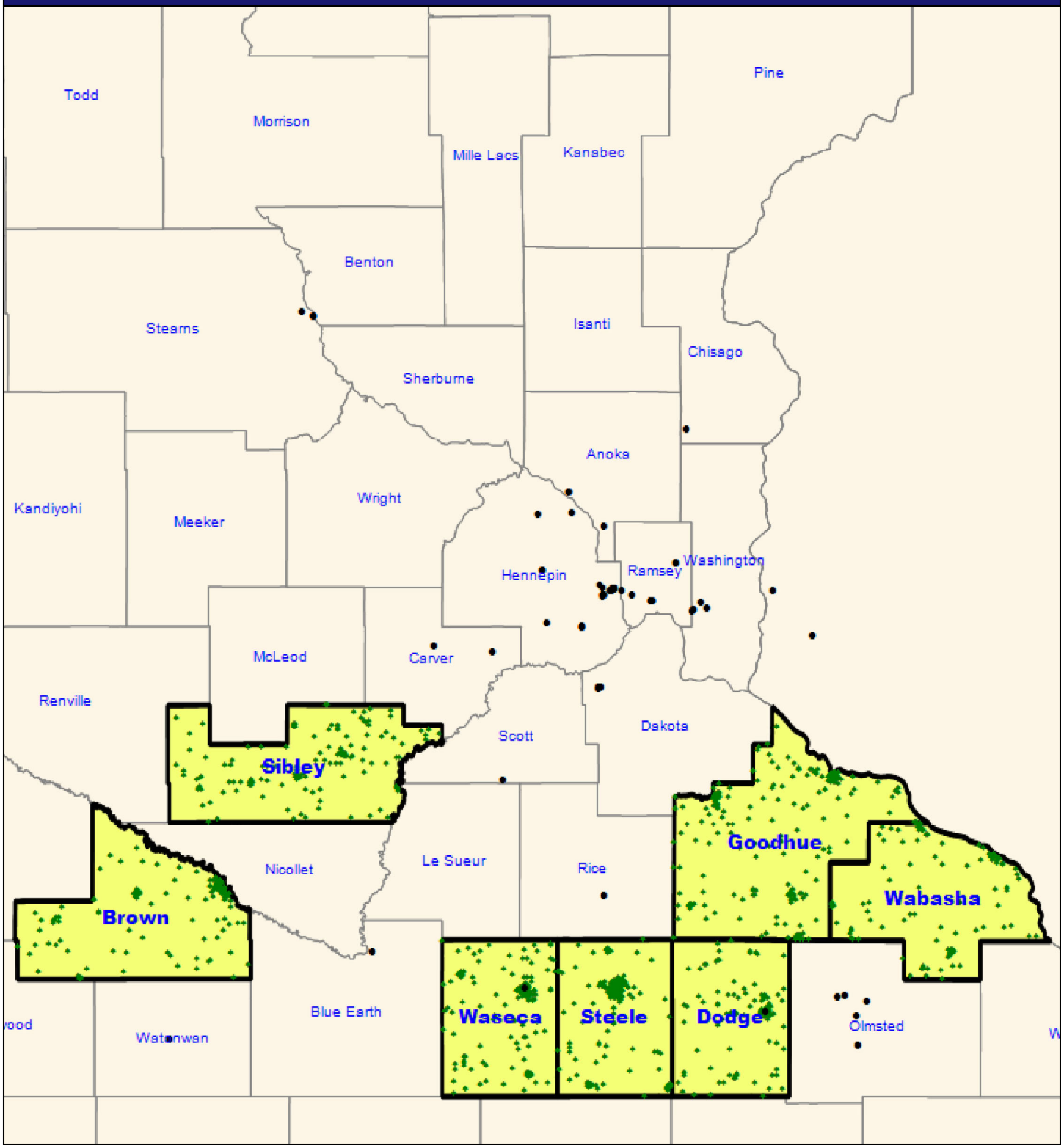
Access Detail By County

Access Analysis
General Surgery
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
General Surgery

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	4.1	4.4
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.0	7.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.4	4.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	6.8	7.4
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	5.8	6.3

Network Access Analysis - All Products

Genetics



Genetics

162 providers at 76 locations

● All providers

Genetics

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Genetics

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Genetics) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

Member Counties

21.66 miles

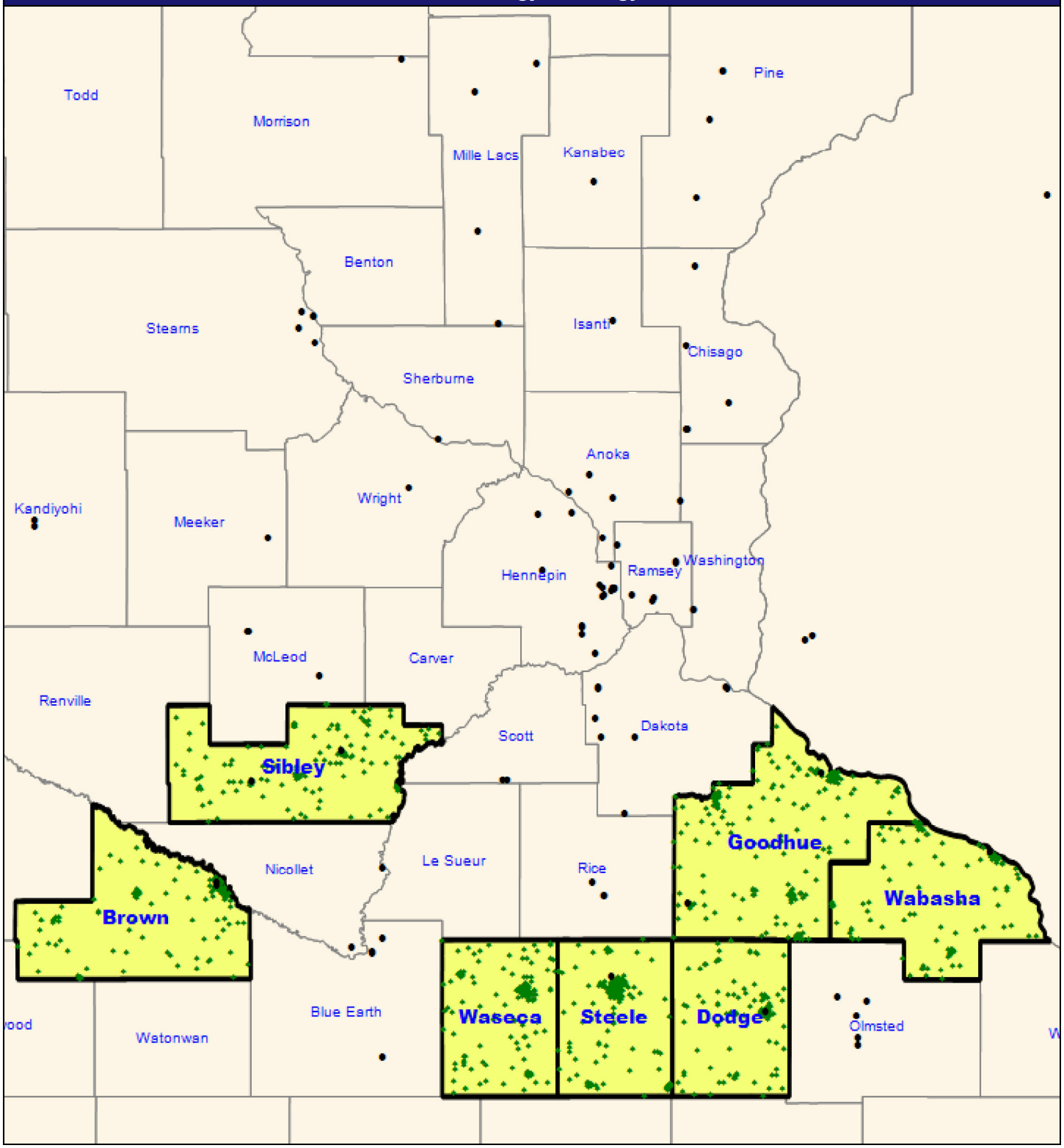
Access Detail By County

Access Analysis
Genetics
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Genetics

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	26.7	29.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.9	8.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	22.7	25.1
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	29.8	32.5
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	15.9	17.3
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	25.8	28.3
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.6
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	19.2	21.0

Network Access Analysis - All Products

Hematology/Oncology



Hematology/Oncology

280 providers at 148 locations

● All providers

Hematology/Oncology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Hematology/Oncology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Hematology/Oncology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

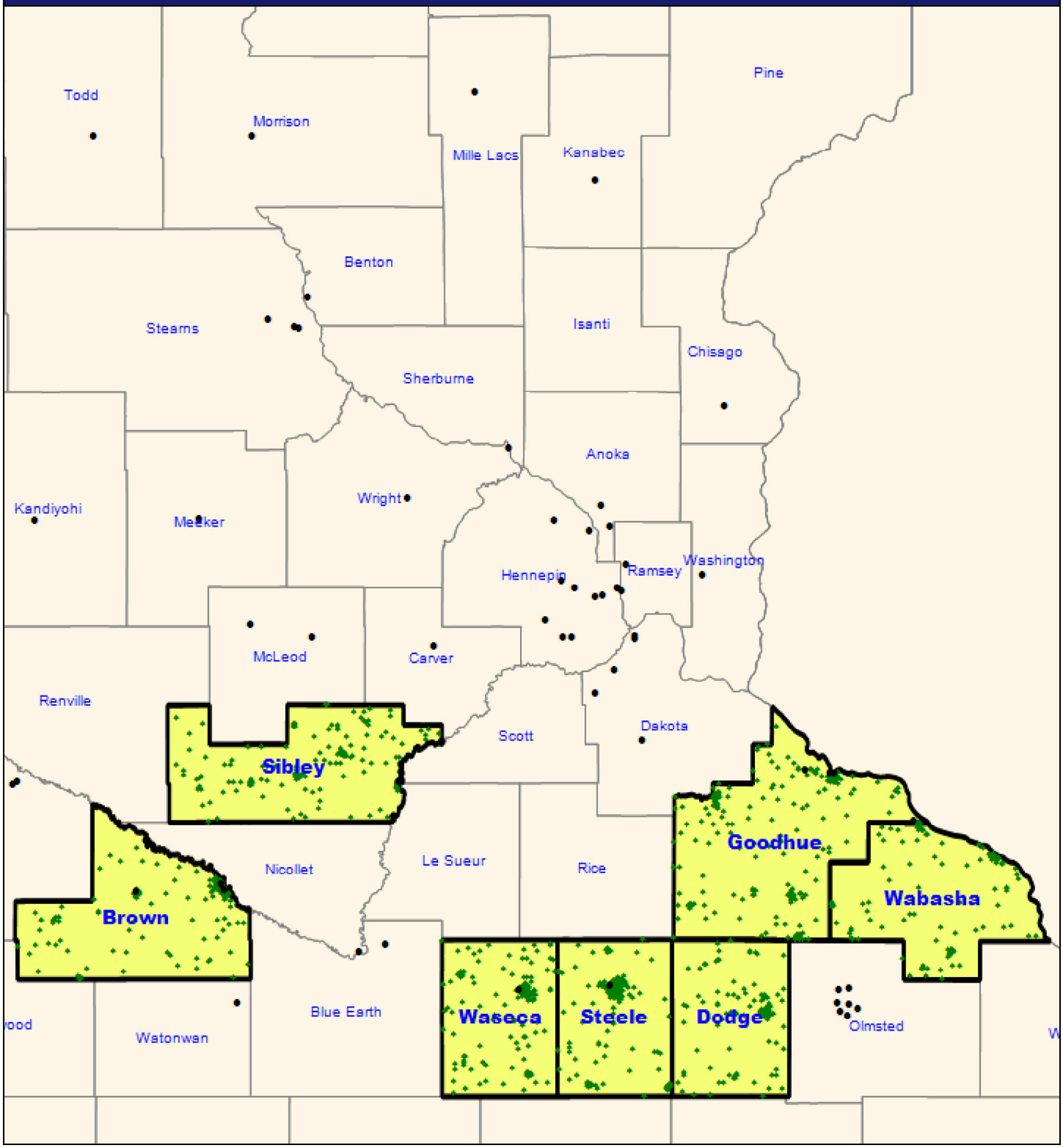
Access Analysis
Hematology/Oncology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Hematology/Oncology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.9	13.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.1	7.8
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	10.0	10.9
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	7.3	7.9
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.6	7.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	12.2	13.4
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	15.8	17.2
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	10.2	11.1

Network Access Analysis - All Products

Home Health Care



Home Health Care Agency

67 providers at 89 locations

● All providers

Home Health Care Agency

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Home Health Care Agency

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Home Health Care Agency) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

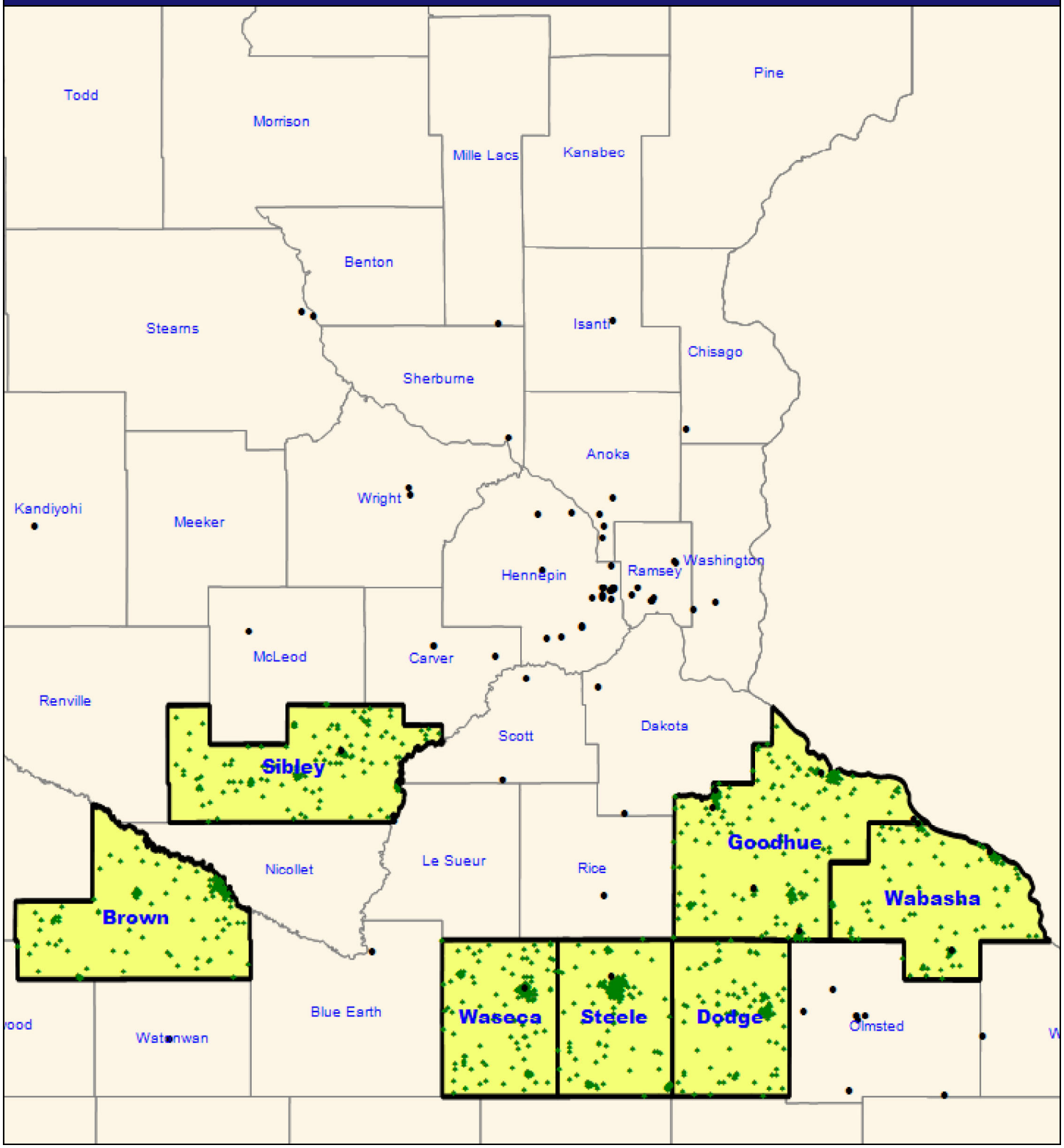
Access Detail By County

Access Analysis
Home Health Care Agency
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Home Health Care Agency

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	6.4	6.9
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	15.3	17.5
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	12.4	13.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	19.9	21.7
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.0	6.5
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	13.9	15.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.1	7.7
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	11.1	12.2

Network Access Analysis - All Products

Infectious Disease



Infectious Disease

155 providers at 99 locations

● All providers

Infectious Disease

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Infectious Disease

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Infectious Disease) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

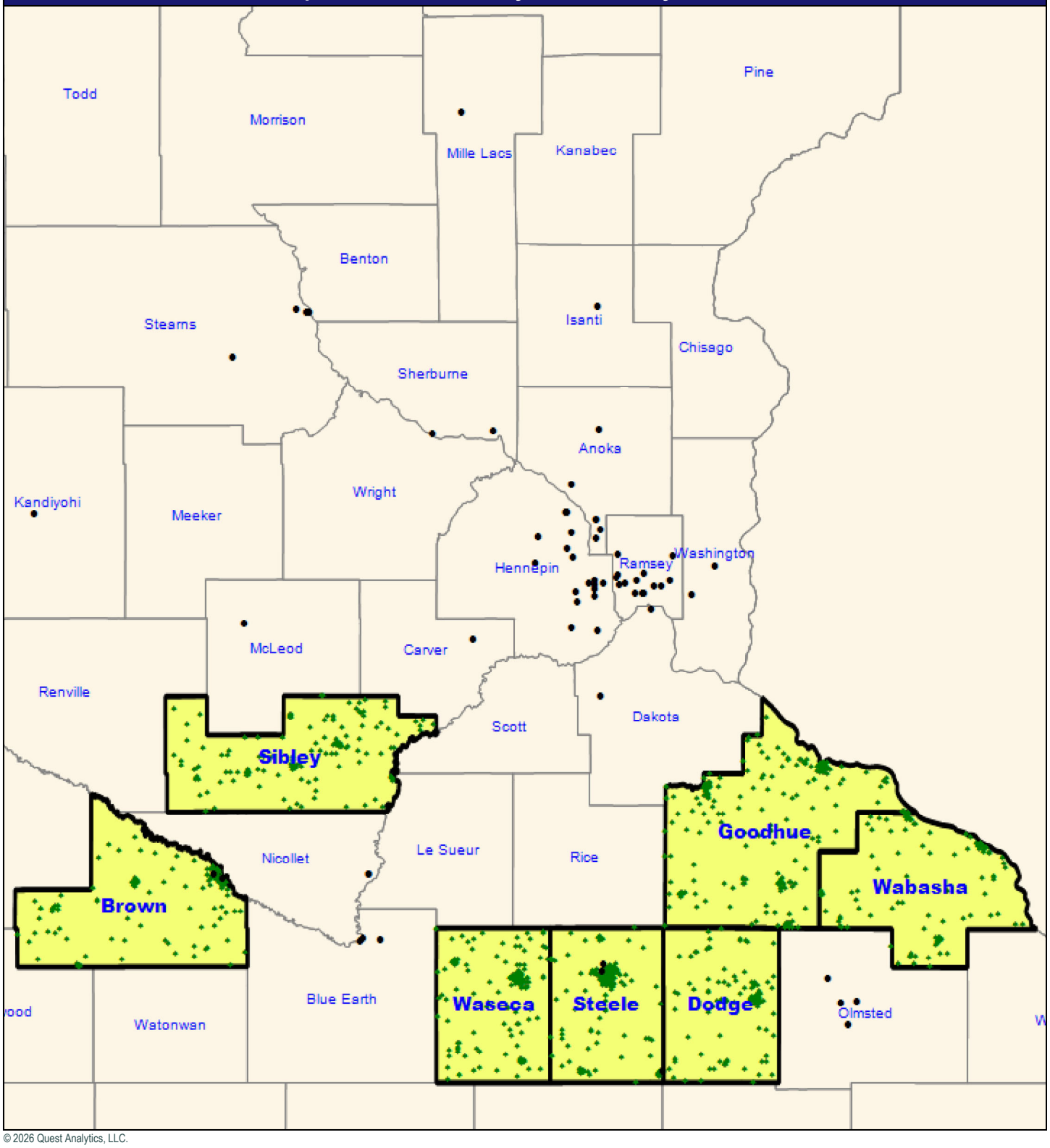
Access Detail By County

Access Analysis
Infectious Disease
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Infectious Disease

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	26.7	29.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	11.0	11.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.3	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	10.9	11.9
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.6
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	9.8	10.6

Network Access Analysis - All Products

Inpatient/Residential Psychiatric Facility Services



Inpatient/Residential Psychiatric Facility Services

76 providers at 86 locations

- All providers

Inpatient/Residential Psychiatric Facility Services

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Inpatient/Residential Psychiatric Facility Services

1,152 member locations

- With access (1,152)
- Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Inpatient/Residential Psychiatric Facility Services) provider in 60 miles or 60 minutes

Service Areas

(Bold Outline) Service Area

21.66 miles

Access Detail By County

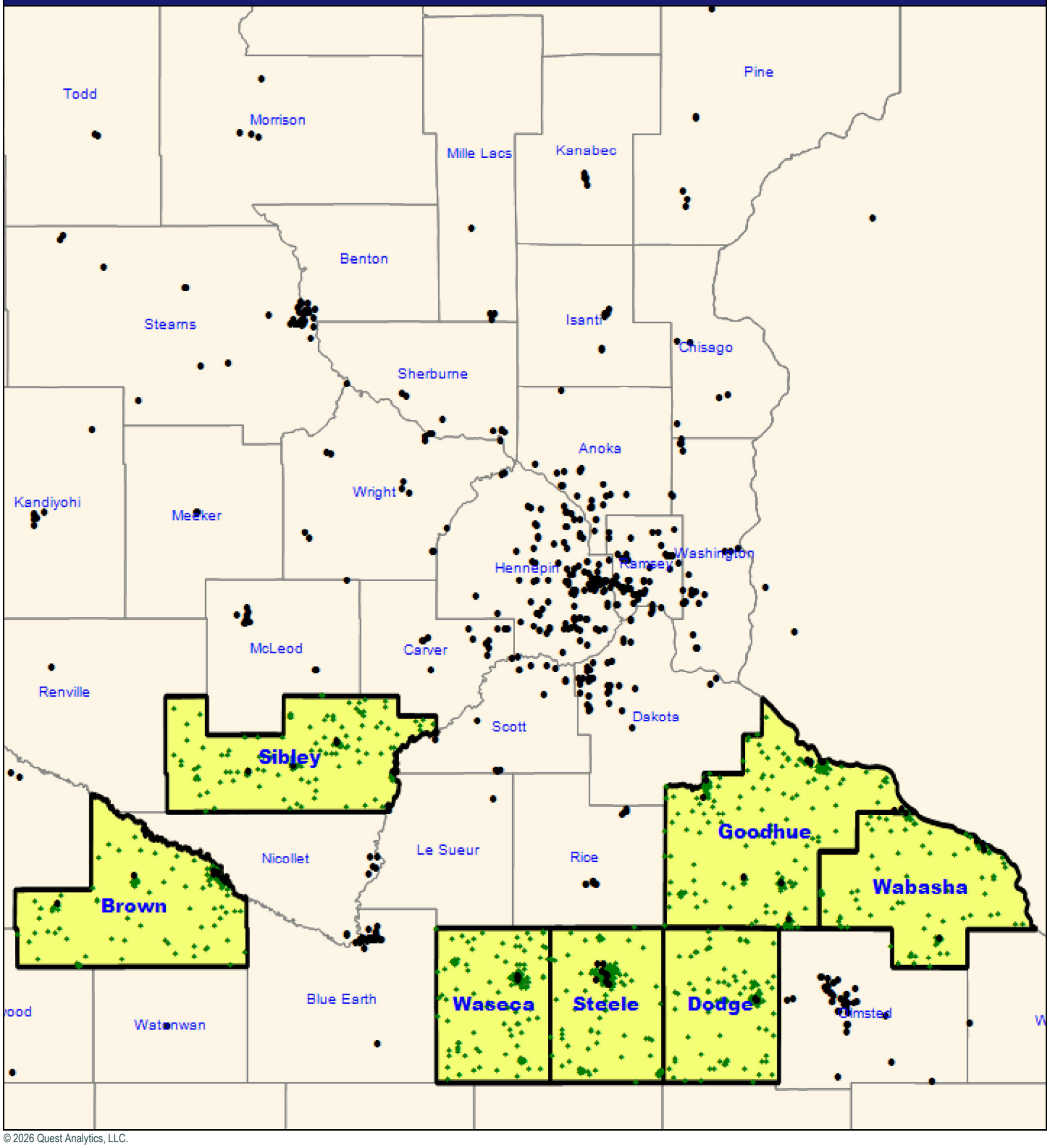
Access Analysis
- Inpatient/Residential Psychiatric Facility Services

Member / Provider Groups
- Census Data ((Bold Outline) Service Area)
  - Inpatient/Residential Psychiatric Facility Services

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.7	12.7
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	13.9	15.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	27.9	32.0
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	21.6	23.5
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	4.2	4.6
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	26.2	28.8
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	16.6	18.1
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	17.5	19.4

Network Access Analysis - All Products

Licensed Social Worker



Licensed Clinical Social Workers

1,513 providers at 743 locations

● All providers

Licensed Clinical Social Worker

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Licensed Clinical Social Workers

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Licensed Clinical Social Workers) provider in 30 miles or 30 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

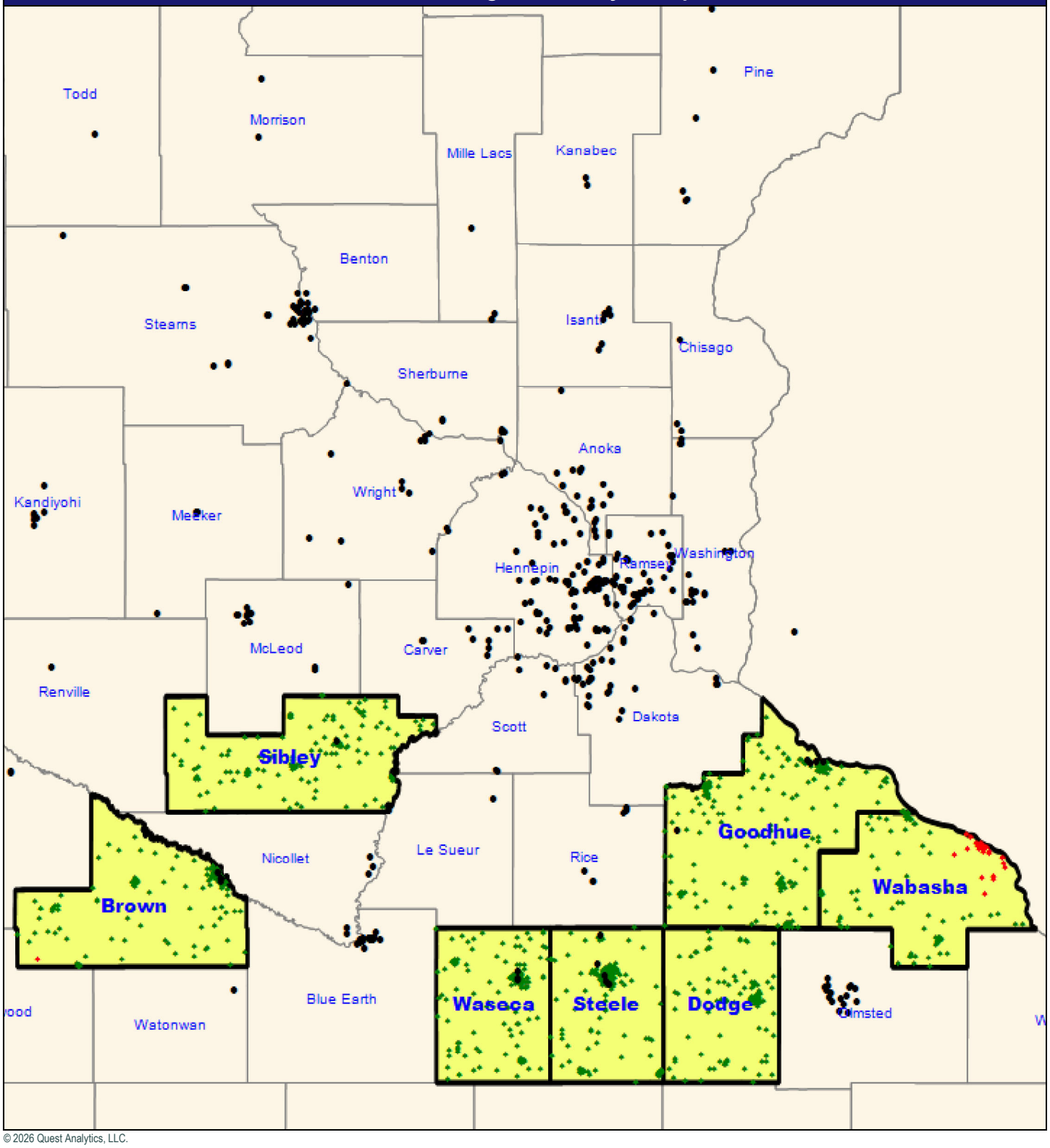
Access Detail By County

Access Analysis
Licensed Clinical Social Worker
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Licensed Clinical Social Workers

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	146	100.0	0	0.0	3.8	4.1
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	7.1	7.7
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	4.2	4.5
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	4.9	5.3
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	4.8	5.1
Wabasha, MN	114	1 in 30 miles or 30 mins	114	100.0	0	0.0	4.7	5.0
Waseca, MN	191	1 in 30 miles or 30 mins	191	100.0	0	0.0	6.3	6.8
Grand Totals	1,152	1 in 30 miles or 30 mins	1,152	100.0	0	0.0	5.0	5.4

Network Access Analysis - All Products

Licensed Marriage and Family Therapist



Licensed Marriage and Family Therapist

585 providers at 473 locations

- All providers

Licensed Marriage & Family Therapist

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Licensed Marriage and Family Therapist

1,152 member locations

- With access (1,122)
- Without access (30)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Licensed Marriage and Family Therapist) provider in 30 miles or 30 minutes

Service Areas

- (Bold Outline) Service Area

21.66 miles

Access Detail By County

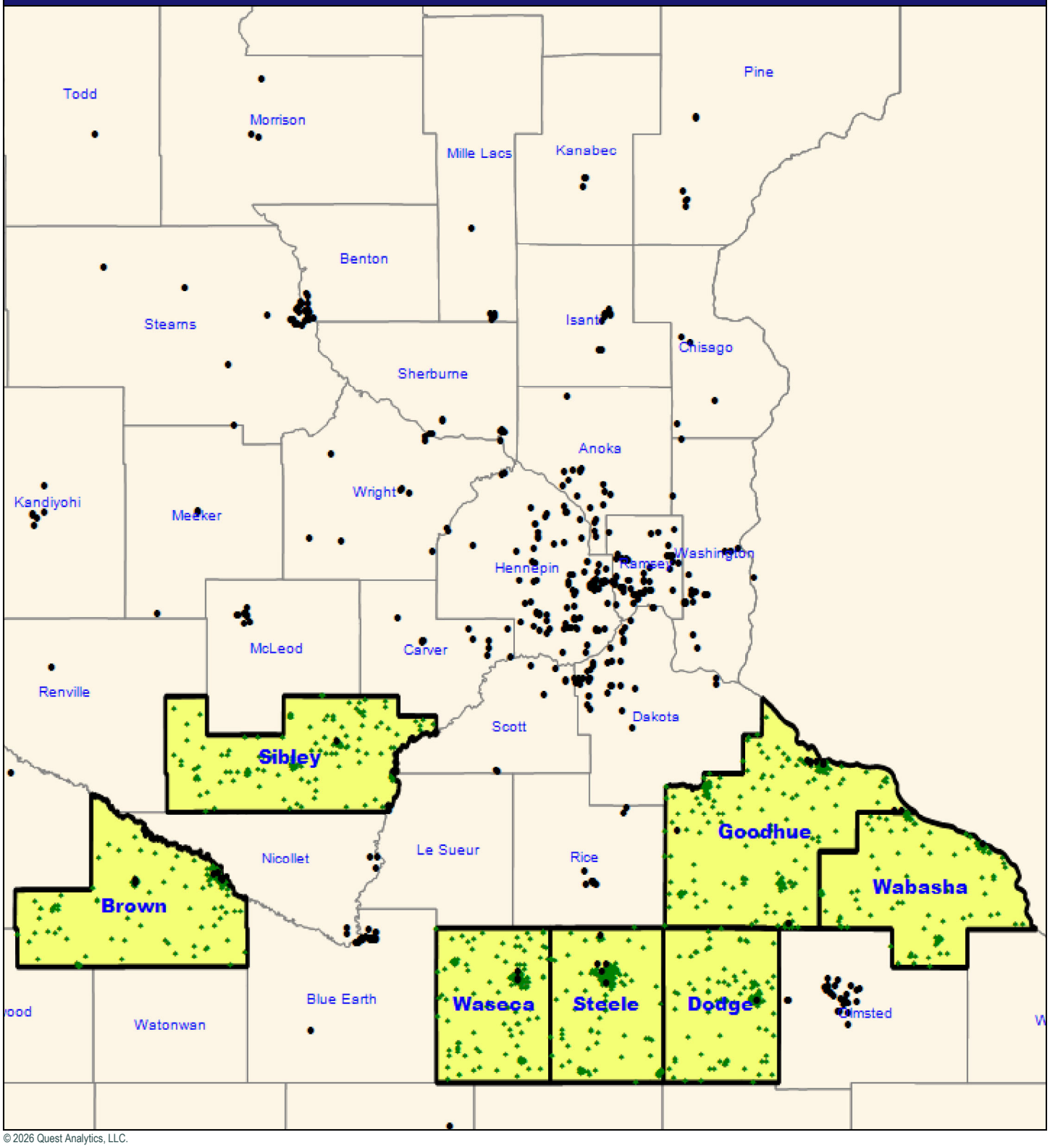
Access Analysis
- Licensed Marriage & Family Therapist

Member / Provider Groups
- Census Data ((Bold Outline) Service Area)
  - Licensed Marriage and Family Therapist

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	145	99.3	1	0.7	10.9	11.8
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	14.7	16.1
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	9.8	10.7
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	9.9	10.7
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	4.8	5.2
Wabasha, MN	114	1 in 30 miles or 30 mins	85	74.6	29	25.4	22.3	24.4
Waseca, MN	191	1 in 30 miles or 30 mins	191	100.0	0	0.0	6.6	7.1
Grand Totals	1,152	1 in 30 miles or 30 mins	1,122	97.4	30	2.6	10.2	11.2

Network Access Analysis - All Products

Licensed Professional Counselor



Licensed Professional Counselor

1,165 providers at 576 locations

- All providers

Licensed Professional Counselor

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Licensed Professional Counselor

1,152 member locations

- With access (1,152)
- Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Licensed Professional Counselor) provider in 30 miles or 30 minutes

Service Areas

- (Bold Outline) Service Area

21.66 miles

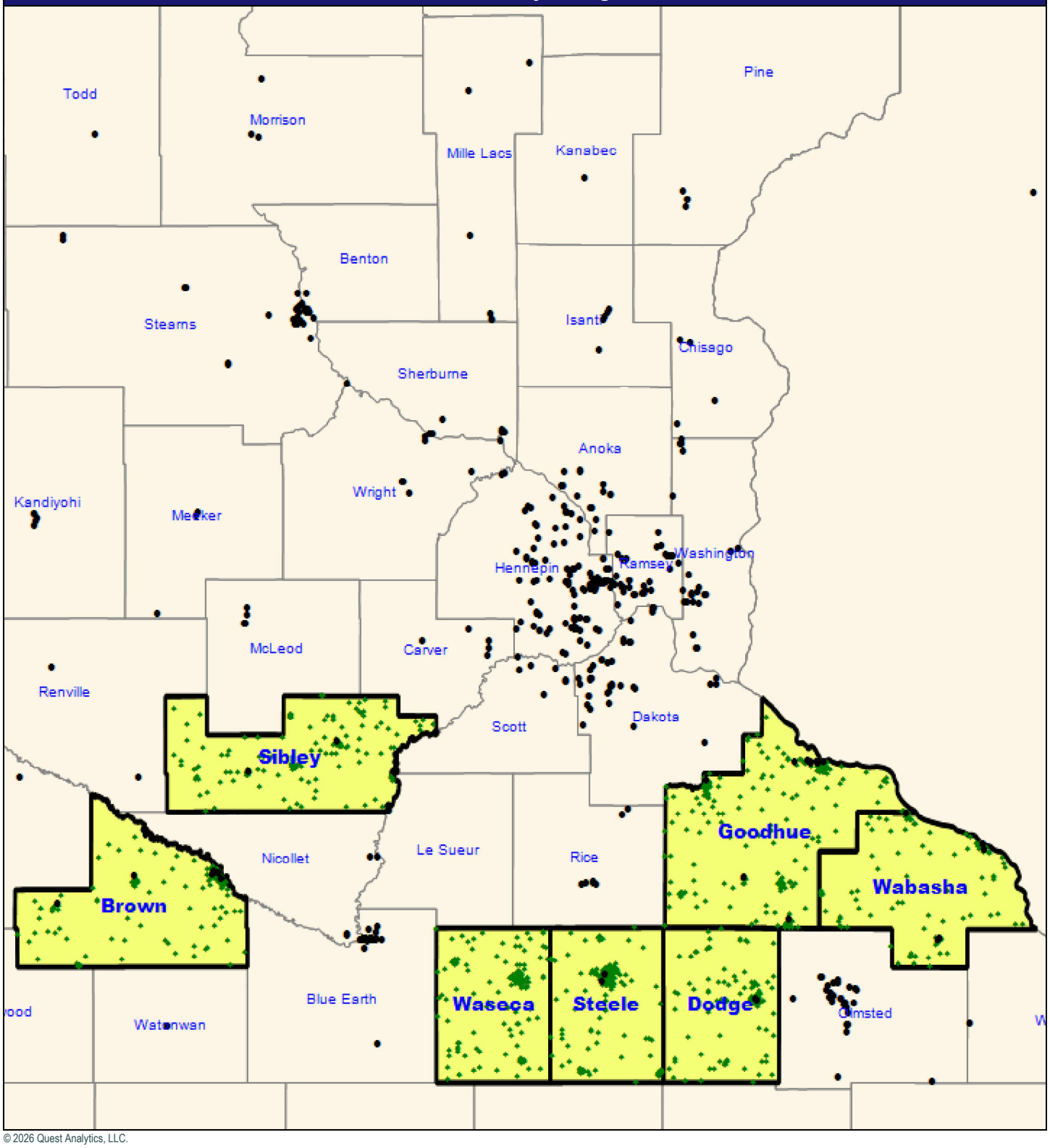
Access Detail By County

Access Analysis
Licensed Professional Counselor
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Licensed Professional Counselor

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	146	100.0	0	0.0	6.2	6.8
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	7.2	7.8
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	6.7	7.3
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	9.9	10.8
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	4.9	5.3
Wabasha, MN	114	1 in 30 miles or 30 mins	114	100.0	0	0.0	8.8	9.5
Waseca, MN	191	1 in 30 miles or 30 mins	191	100.0	0	0.0	5.9	6.4
Grand Totals	1,152	1 in 30 miles or 30 mins	1,152	100.0	0	0.0	6.9	7.5

Network Access Analysis - All Products

Licensed Psychologist



Licensed Psychologist

795 providers at 558 locations

- ● All providers

Licensed Psychologist

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Licensed Psychologist

1,152 member locations

- ◆ With access (1,152)
- ◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Licensed Psychologist) provider in 30 miles or 30 minutes

Service Areas

- ☐ (Bold Outline) Service Area

21.66 miles

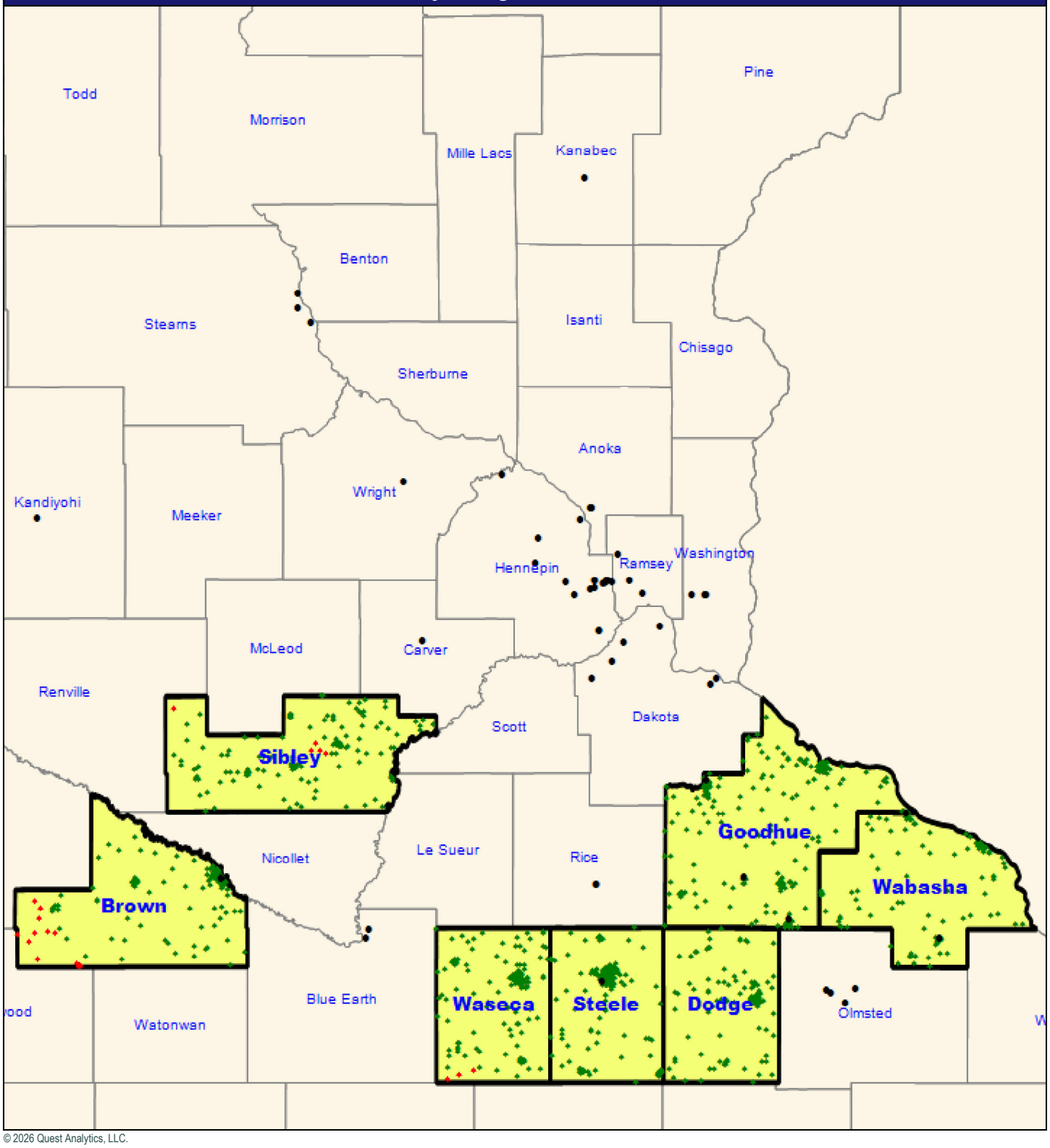
Access Detail By County

Access Analysis
Licensed Psychologist
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Licensed Psychologist

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	146	100.0	0	0.0	3.9	4.2
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	7.2	7.8
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	4.9	5.3
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	6.7	7.2
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	5.4	5.9
Wabasha, MN	114	1 in 30 miles or 30 mins	114	100.0	0	0.0	4.9	5.3
Waseca, MN	191	1 in 30 miles or 30 mins	191	100.0	0	0.0	15.0	16.3
Grand Totals	1,152	1 in 30 miles or 30 mins	1,152	100.0	0	0.0	7.0	7.6

Network Access Analysis - All Products

Licensed Psychologist - Child & Adolescent



Licensed Psychologist - Child & Adolescent

97 providers at 75 locations

- All providers

Licensed Psychology - Child & Adolescent

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Licensed Psychologist - Child & Adolescent

1,152 member locations

- With access (1,128)
- Without access (24)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Licensed Psychologist - Child & Adolescent) provider in 30 miles or 30 minutes

Service Areas

(Bold Outline) Service Area

21.66 miles

Access Detail By County

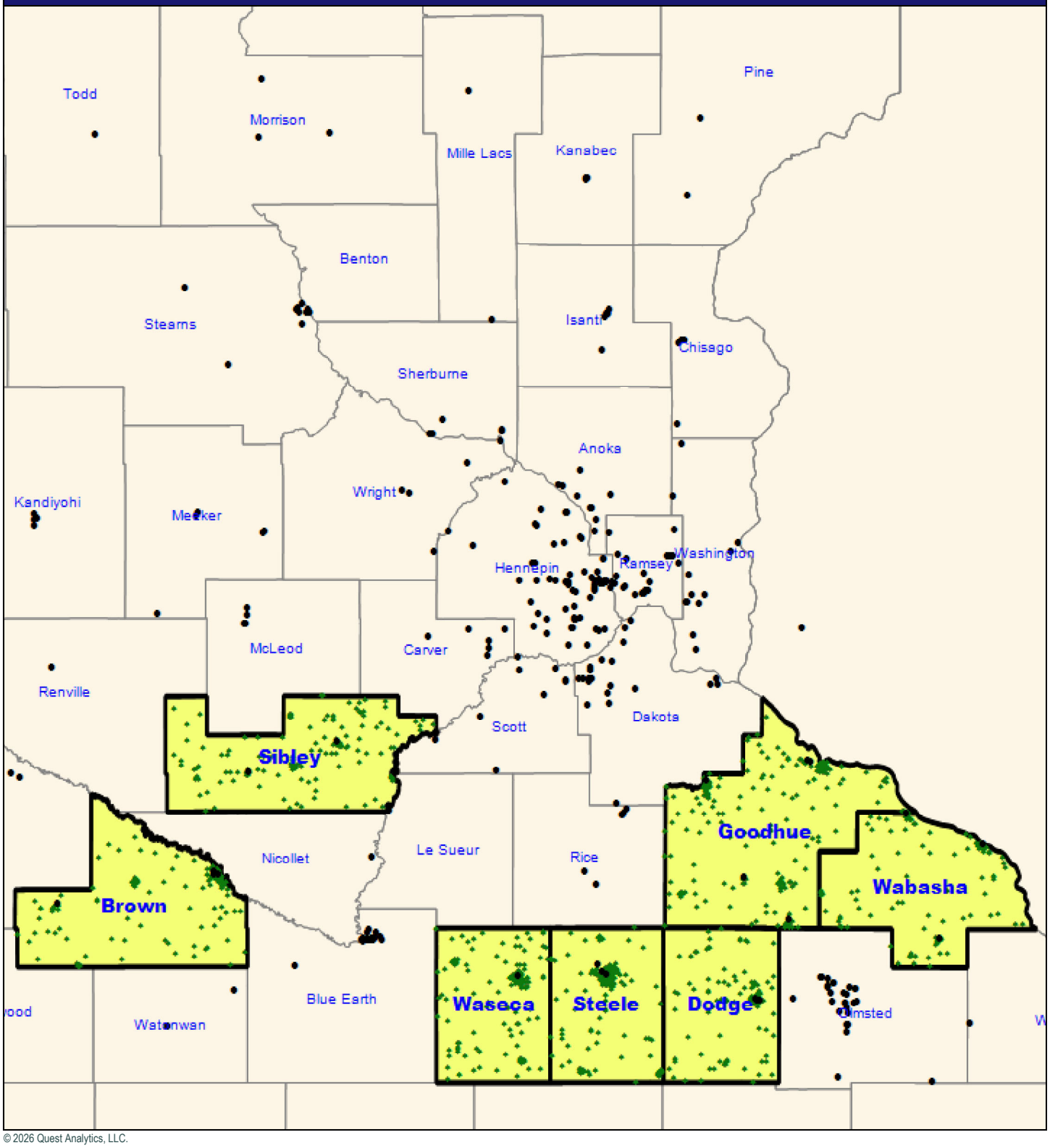
Access Analysis
- Licensed Psychology - Child & Adolescent

Member / Provider Groups
- Census Data ((Bold Outline) Service Area)
  - Licensed Psychologist - Child & Adolescent

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	131	89.7	15	10.3	12.4	13.5
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	15.8	18.2
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	10.0	10.9
Sibley, MN	154	1 in 30 miles or 30 mins	149	96.8	5	3.2	23.2	25.3
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	6.5	7.0
Wabasha, MN	114	1 in 30 miles or 30 mins	114	100.0	0	0.0	8.5	9.2
Waseca, MN	191	1 in 30 miles or 30 mins	187	97.9	4	2.1	17.2	18.8
Grand Totals	1,152	1 in 30 miles or 30 mins	1,128	97.9	24	2.1	13.1	14.3

Network Access Analysis - All Products

Mental Health Nurse Practitioner



Mental Health Nurse Practitioner

454 providers at 391 locations

- All providers

Mental Health Nurse Practitioner

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Mental Health Nurse Practitioner

1,152 member locations

- With access (1,152)
- Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Mental Health Nurse Practitioner) provider in 30 miles or 30 minutes

Service Areas

- (Bold Outline) Service Area

21.66 miles

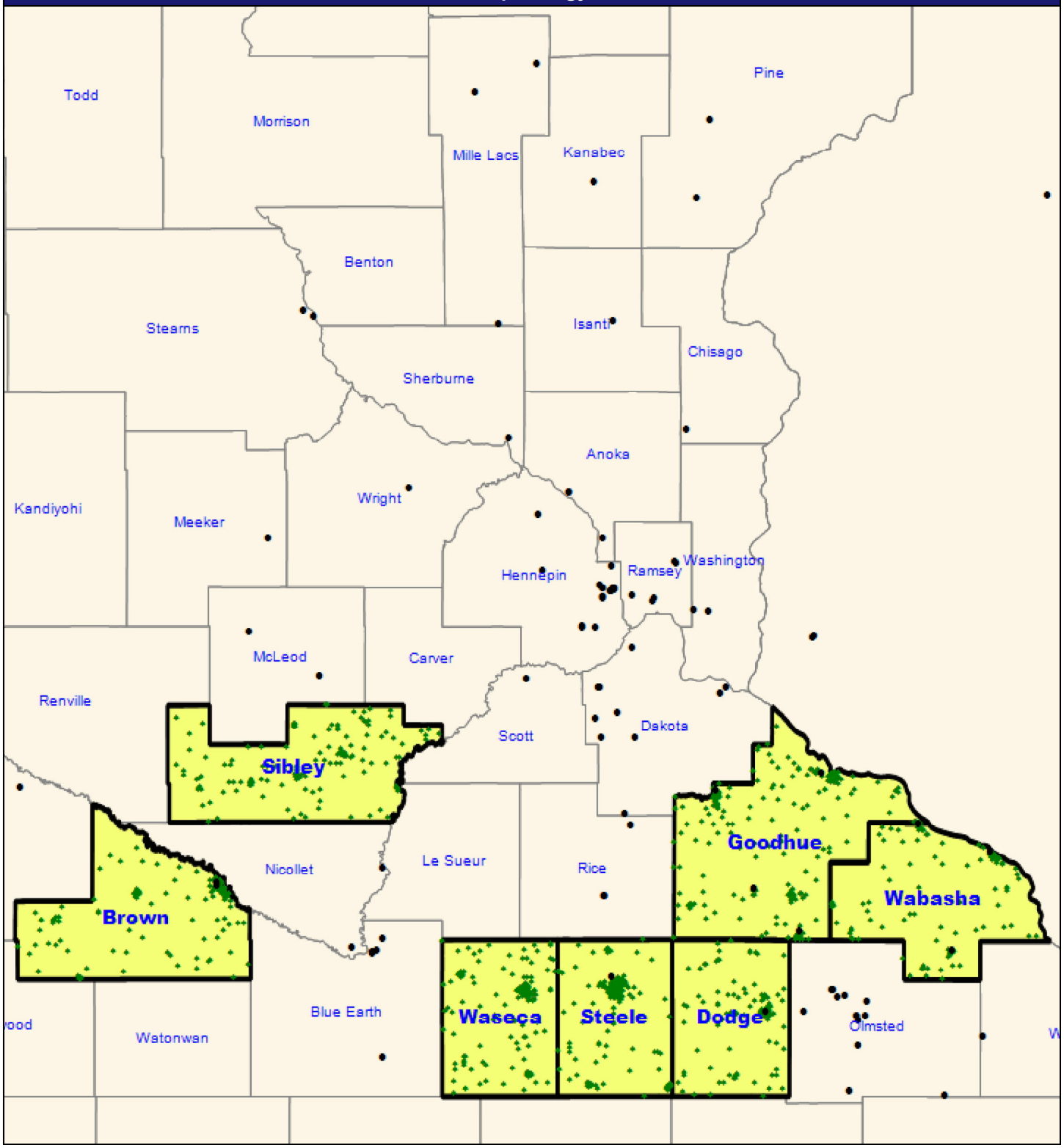
Access Detail By County

Access Analysis
Mental Health Nurse Practitioner
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Mental Health Nurse Practitioner

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	146	100.0	0	0.0	6.2	6.8
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	7.1	7.7
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	5.5	6.0
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	6.4	7.0
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	5.5	5.9
Wabasha, MN	114	1 in 30 miles or 30 mins	114	100.0	0	0.0	5.1	5.5
Waseca, MN	191	1 in 30 miles or 30 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 30 miles or 30 mins	1,152	100.0	0	0.0	6.1	6.6

Network Access Analysis - All Products

Nephrology



Nephrology

166 providers at 139 locations

● All providers

Nephrology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Nephrology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Nephrology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

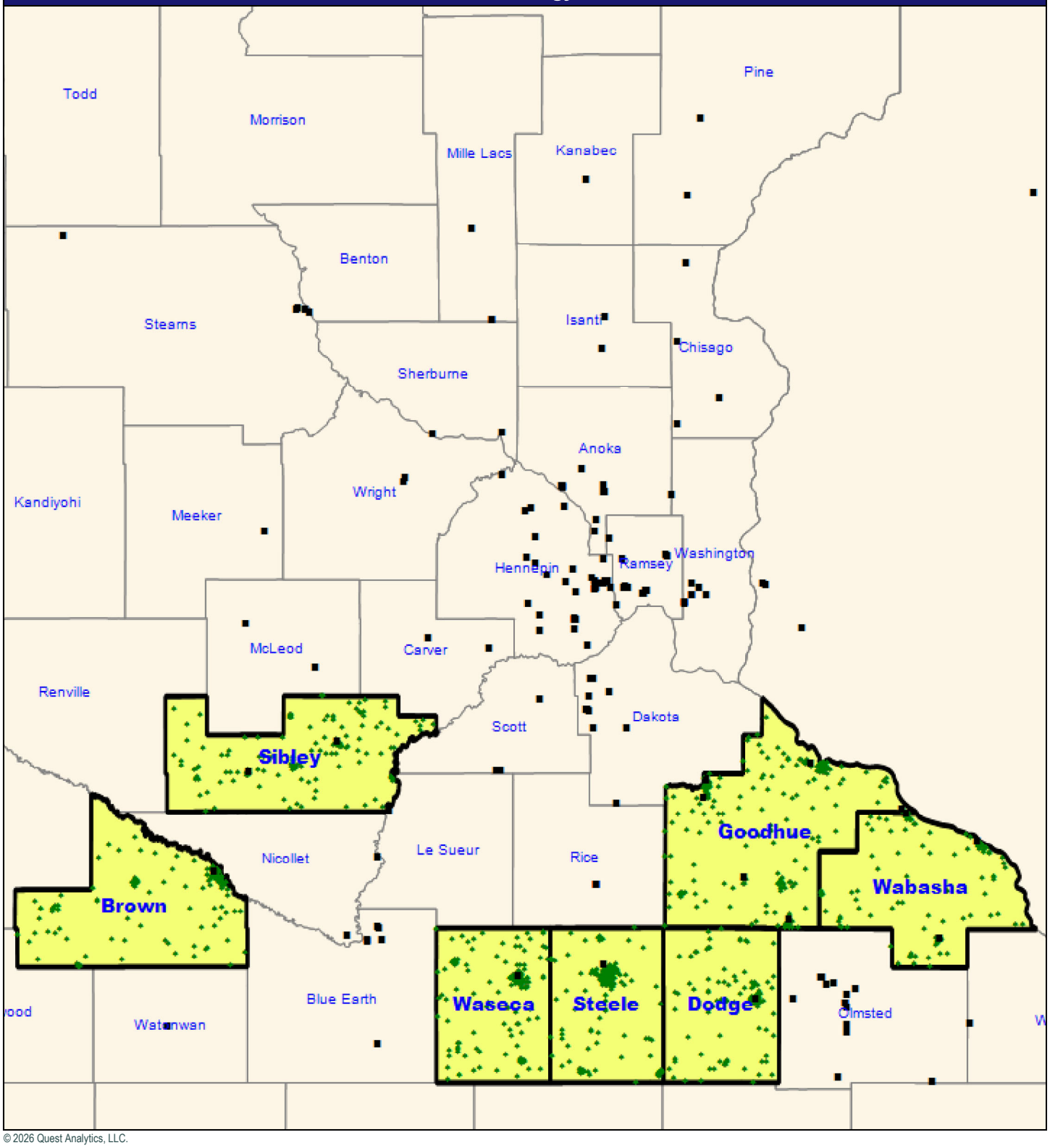
Access Analysis
Nephrology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Nephrology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.1	12.1
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.5	6.0
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	16.2	17.6
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.6	7.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	15.8	17.2
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	9.7	10.5

Network Access Analysis - All Products

Neurology



Neurology

437 providers at 196 locations

■ All providers

Neurology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Neurology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Neurology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

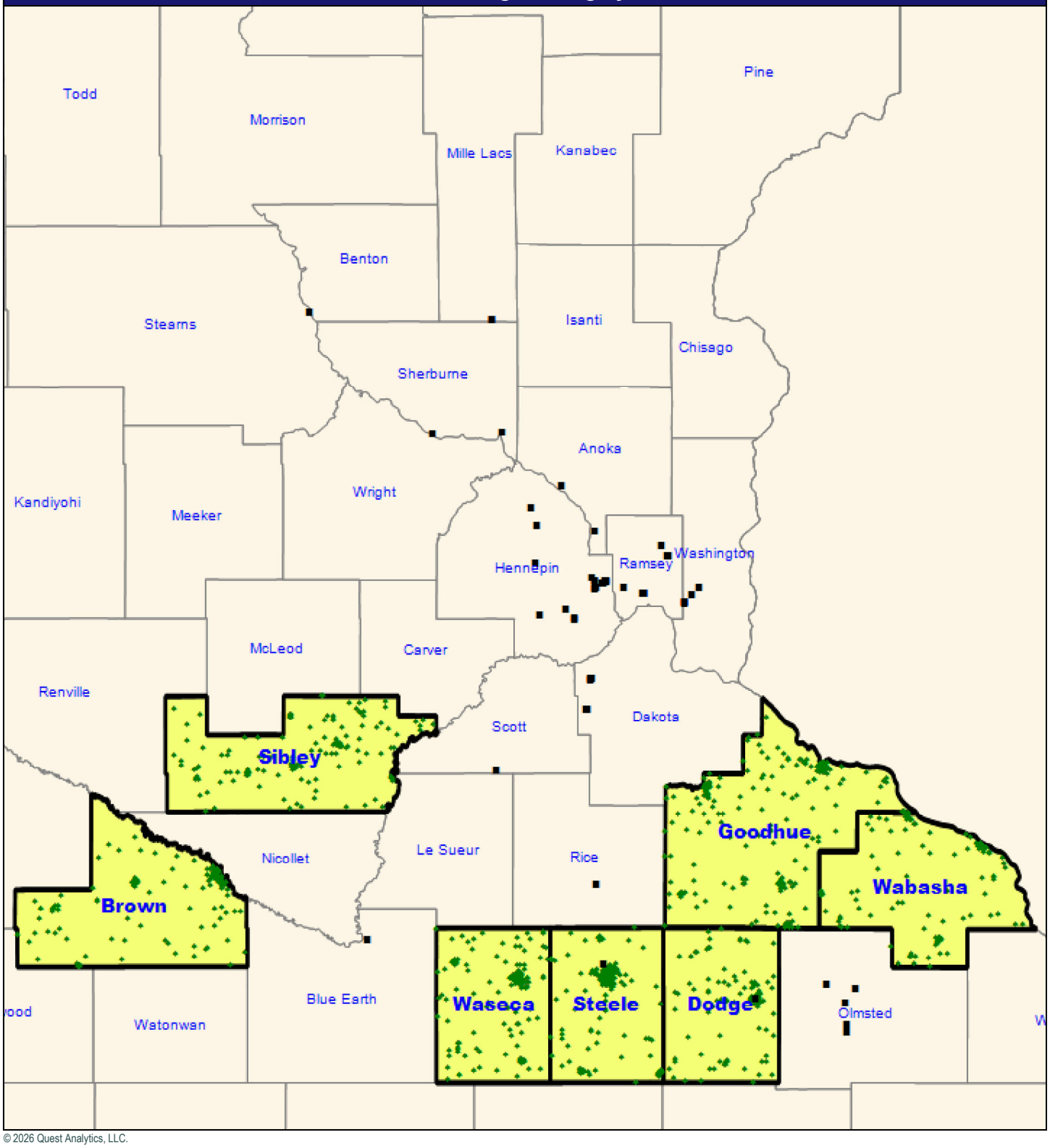
Access Detail By County

Access Analysis
Neurology
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Neurology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.4	12.4
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.3	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	6.7	7.3
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.5	7.0
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	6.9	7.4

Network Access Analysis - All Products

Neurological Surgery



Neurological Surgery

119 providers at 77 locations

■ All providers

Neurological Surgery

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Neurological Surgery

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Neurological Surgery) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

Access Analysis
Neurological Surgery
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Neurological Surgery

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	36.6	39.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.5	8.1
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	26.4	29.4
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	31.9	34.8
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.6	7.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	25.9	28.3
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	17.3	18.9
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	21.6	23.7

Network Access Analysis - All Products

Obstetrics and Gynecology Physician

464 providers at 281 locations

■ All providers

Certified Nurse Midwife

204 providers at 175 locations

❑ All providers

OB/GYN Nurse Practitioner

313 providers at 164 locations

● All providers

OB/GYN Providers

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

OB/GYN Physicians, Nurse Midwives, & OB/GYN Nurse Practitioners

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

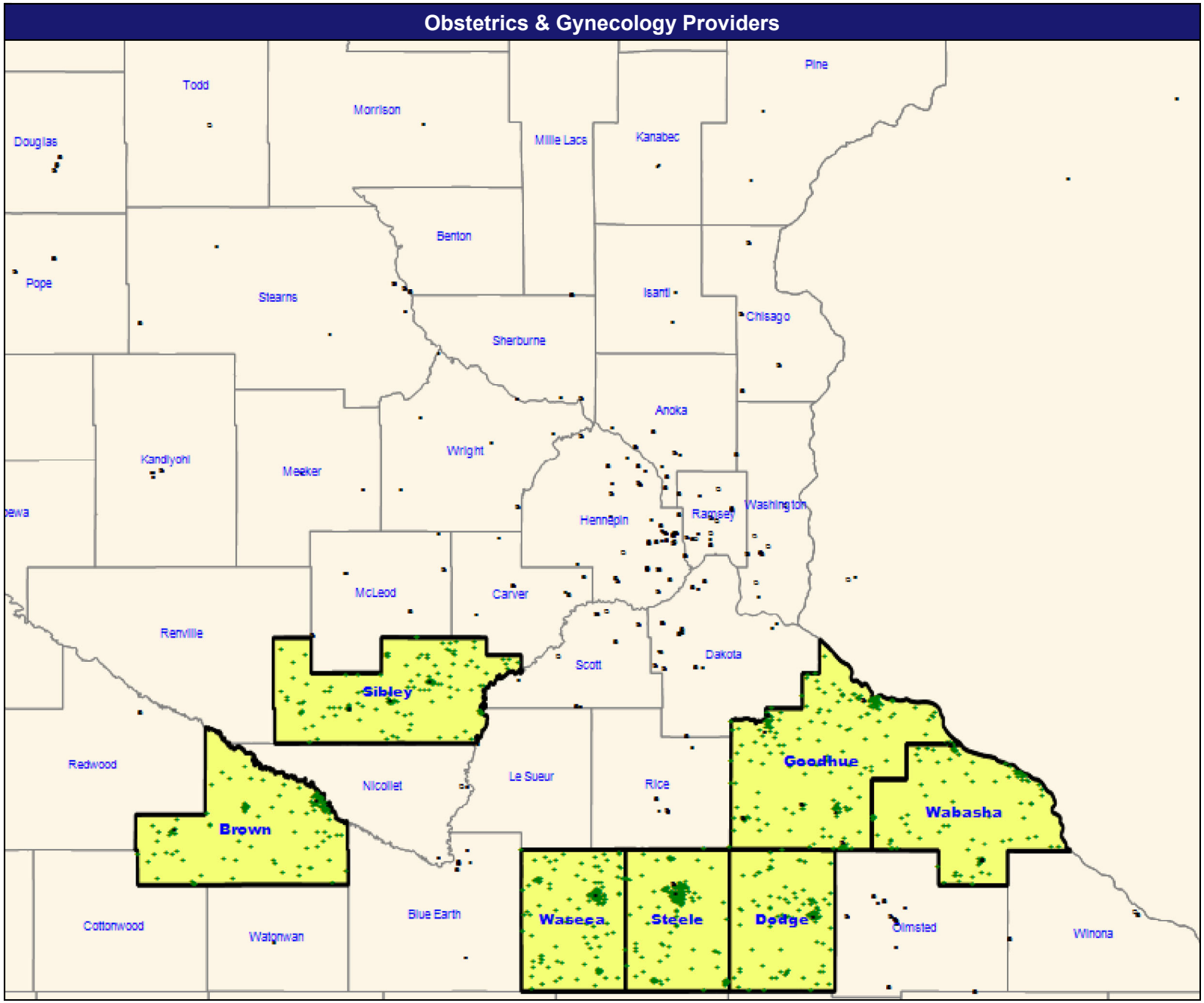
The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (OB/GYN Physicians, Nurse Midwives, & OB/GYN Nurse Practitioners) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

24.66 miles



Access Detail By County

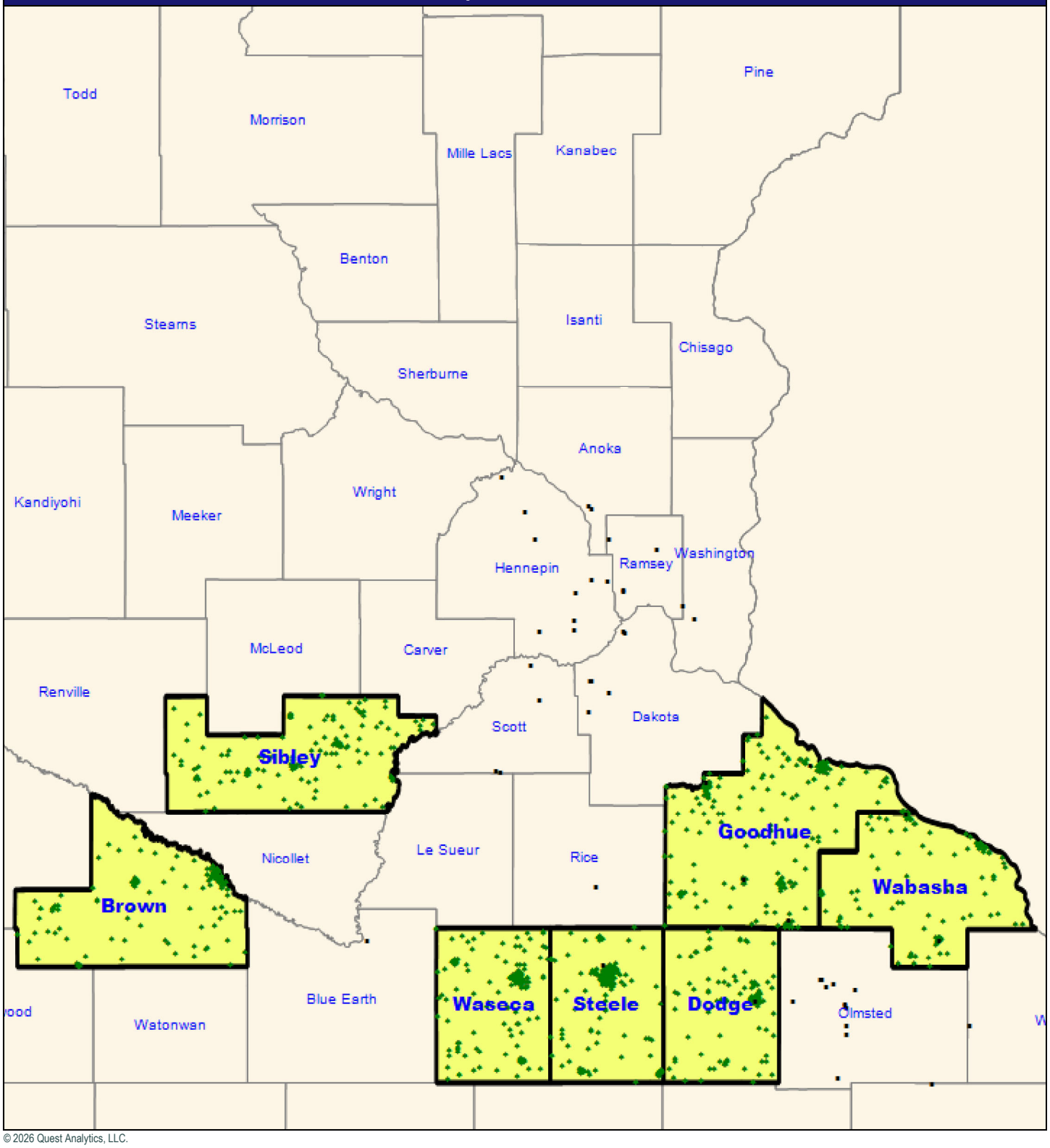
Access Analysis
- OB/GYN Providers

Member / Provider Groups
- Census Data ((Bold Outline) Service Area)
  - OB/GYN Physicians, Nurse Midwives, & OB/GYN Nurse Practitioners

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	6.7	7.3
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.0	7.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	3.8	4.1
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	4.6	5.0
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.6	6.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.3	9.0
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.5	7.0
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	5.8	6.3

Network Access Analysis - All Products

Occupational Medicine



Occupational Medicine

22 providers at 70 locations

■ All providers

Occupational Medicine

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Occupational Medicine

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Occupational Medicine) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

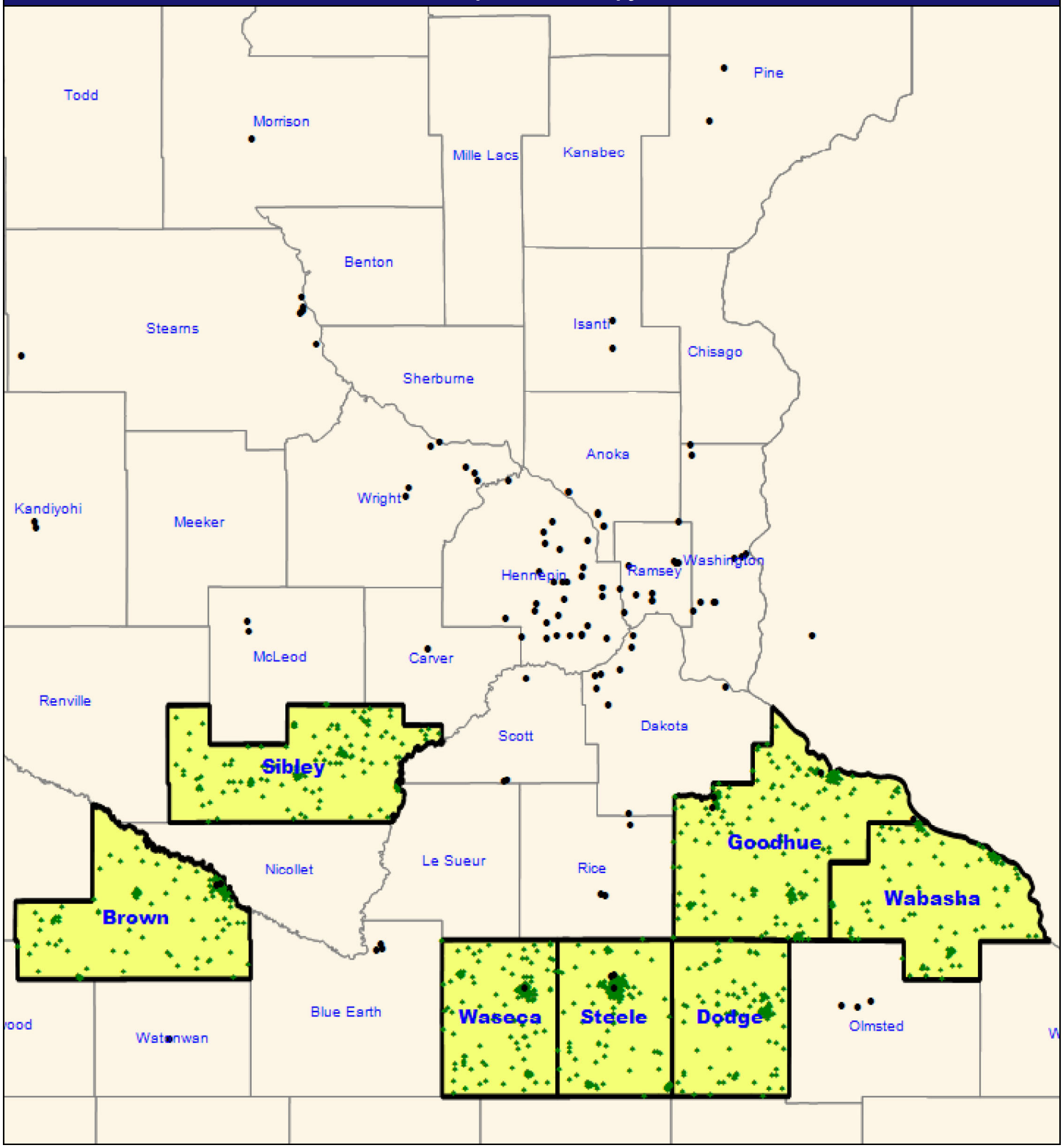
Access Analysis
Occupational Medicine

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Occupational Medicine

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	36.6	39.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.5	6.0
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	31.8	34.8
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.6	7.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.5	9.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	17.3	18.9
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	15.6	17.0

Network Access Analysis - All Products

Occupational Therapy



Occupational Therapy

86 providers at 159 locations

● All providers

Occupational Therapy

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Occupational Therapy

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Occupational Therapy) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

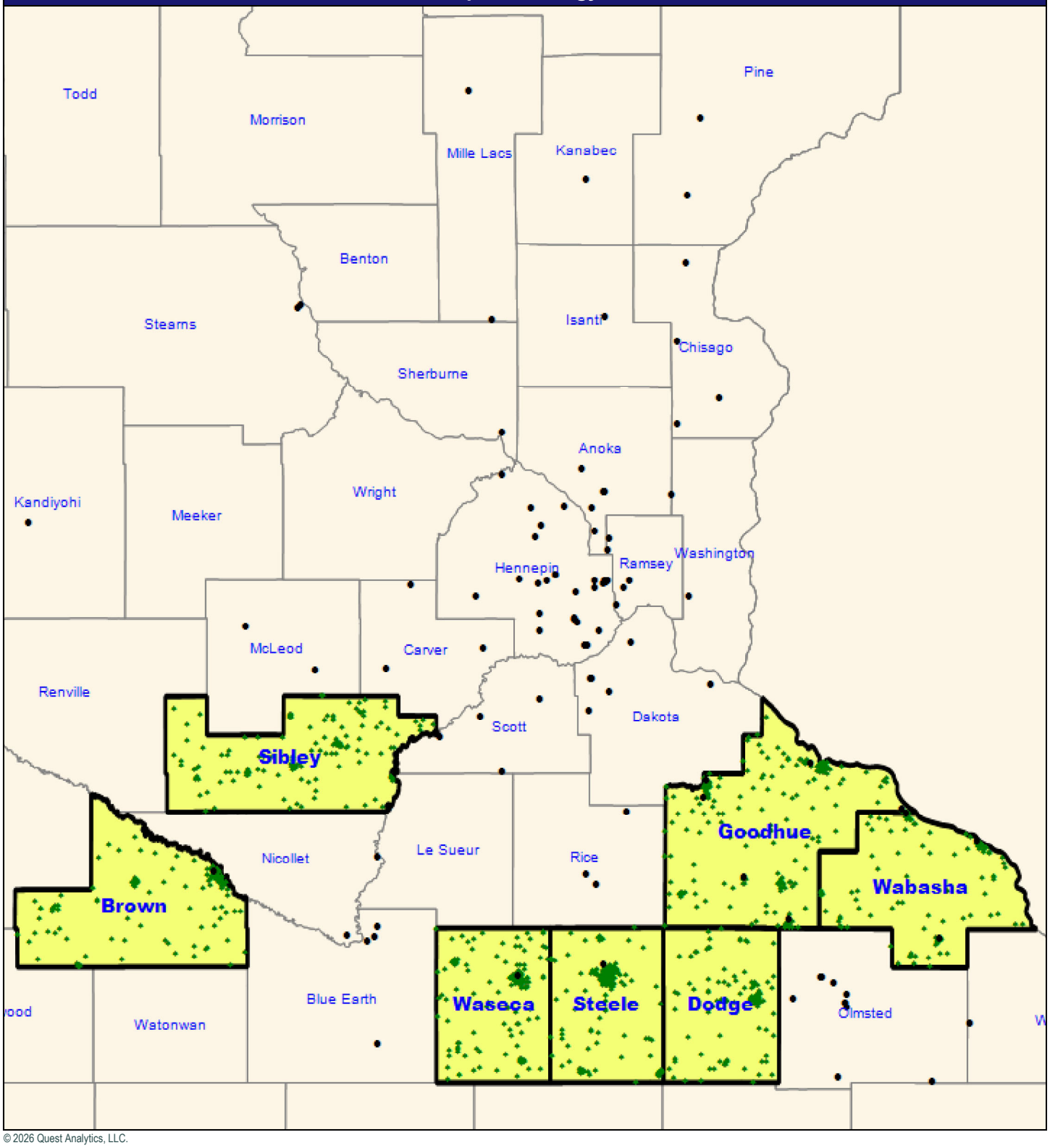
Access Detail By County

Access Analysis
Occupational Therapy
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Occupational Therapy

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.1	12.1
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	15.6	17.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	9.0	9.9
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	21.7	23.7
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.4	5.8
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	14.3	15.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	11.2	12.3

Network Access Analysis - All Products

Ophthalmology



Ophthalmology

169 providers at 140 locations

● All providers

Ophthalmology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Ophthalmology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Ophthalmology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

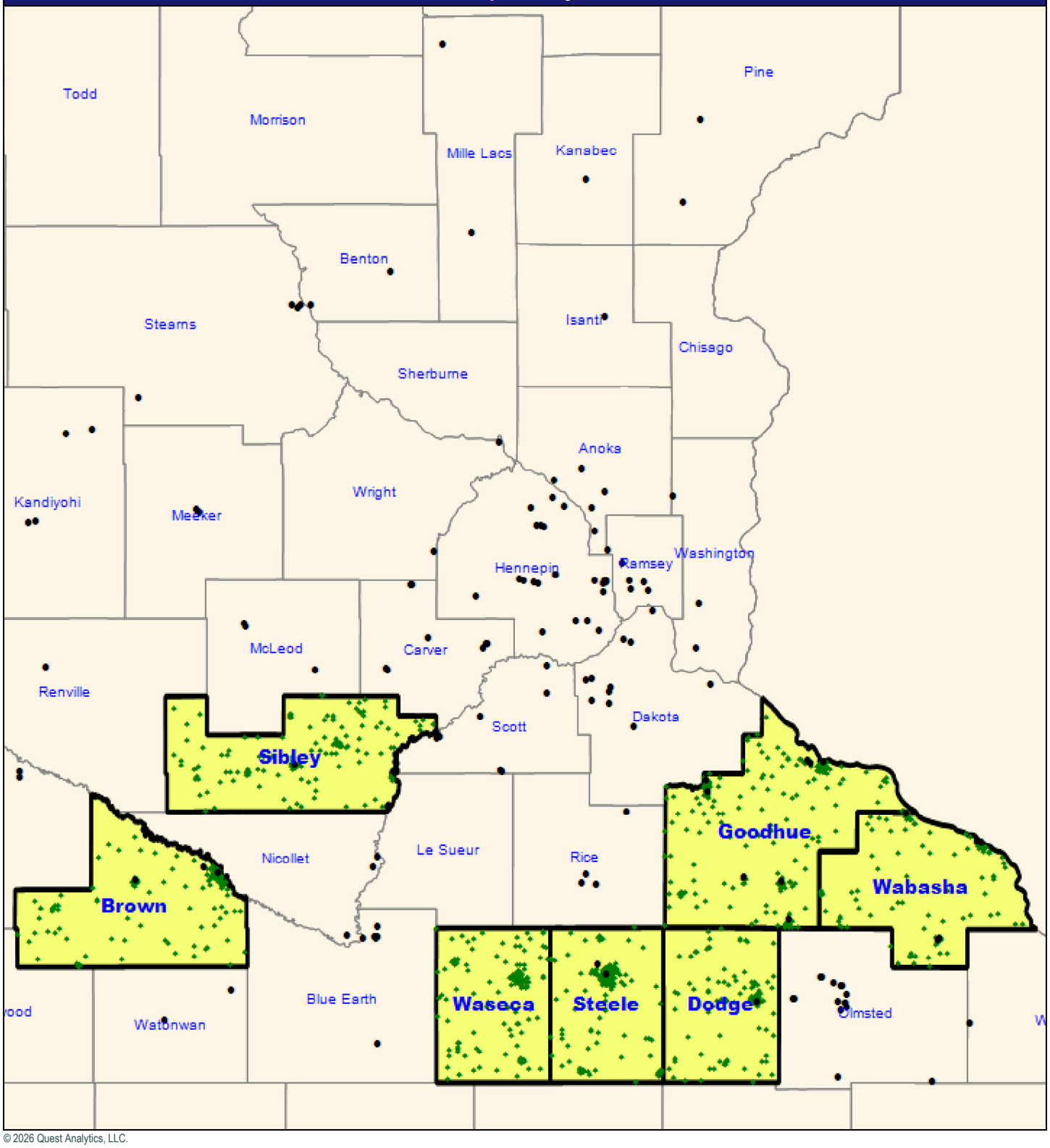
Access Analysis
Ophthalmology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Ophthalmology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	12.1	13.1
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	11.0	11.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.2	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	13.7	14.9
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.5	7.0
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	8.2	8.9

Network Access Analysis - All Products

Optometry



Optometry

251 providers at 187 locations

● All providers

Optometry

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Optometry

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Optometry) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

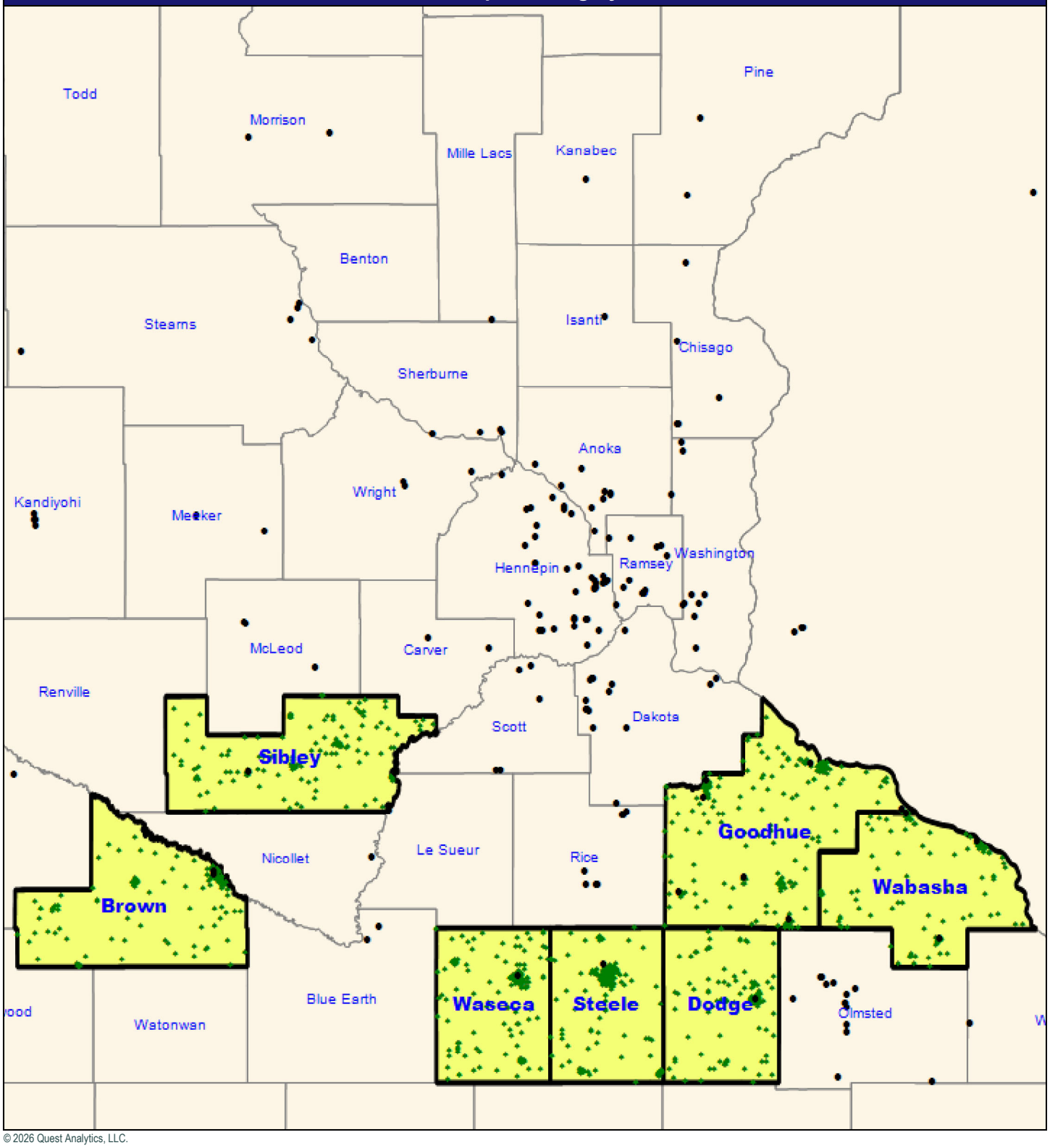
Access Detail By County

Access Analysis
Optometry
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Optometry

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	6.4	6.9
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.5	8.1
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.3	4.6
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	8.1	8.8
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.6	6.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	4.9	5.3
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	15.1	16.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	7.5	8.1

Network Access Analysis - All Products

Orthopedic Surgery



Orthopedic Surgery

417 providers at 278 locations

● All providers

Orthopedic Surgery

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Orthopedic Surgery

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Orthopedic Surgery) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

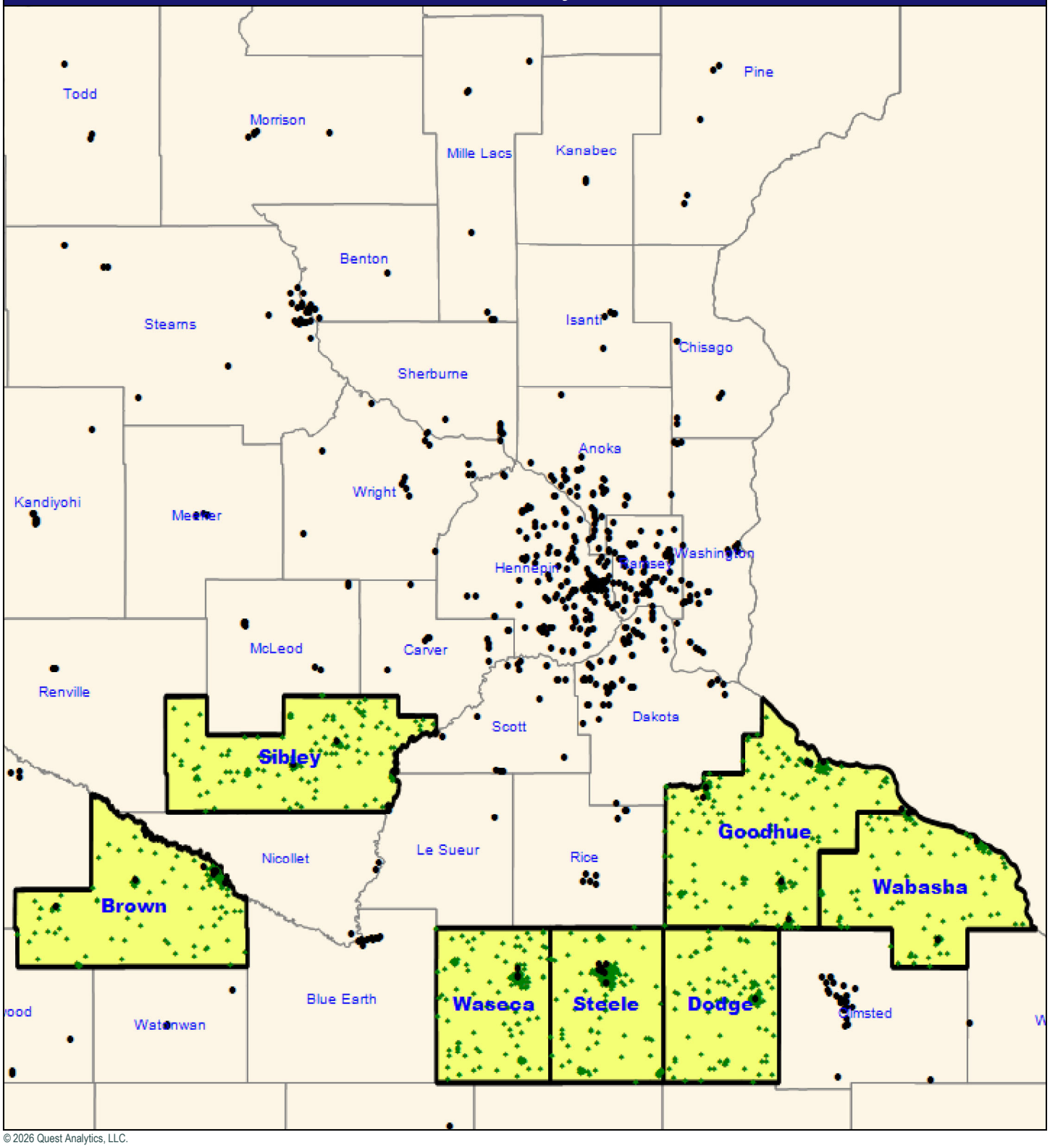
Access Detail By County

Access Analysis
Orthopedic Surgery
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Orthopedic Surgery

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.3	12.3
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.0	7.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.4	4.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	9.9	10.8
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	7.1	7.7

Network Access Analysis - All Products

Pharmacy



Pharmacy

908 providers at 838 locations

- All providers

Pharmacy

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Pharmacy

1,152 member locations

- With access (1,152)
- Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Pharmacy) provider in 60 miles or 60 minutes

Service Areas

- (Bold Outline) Service Area

21.66 miles

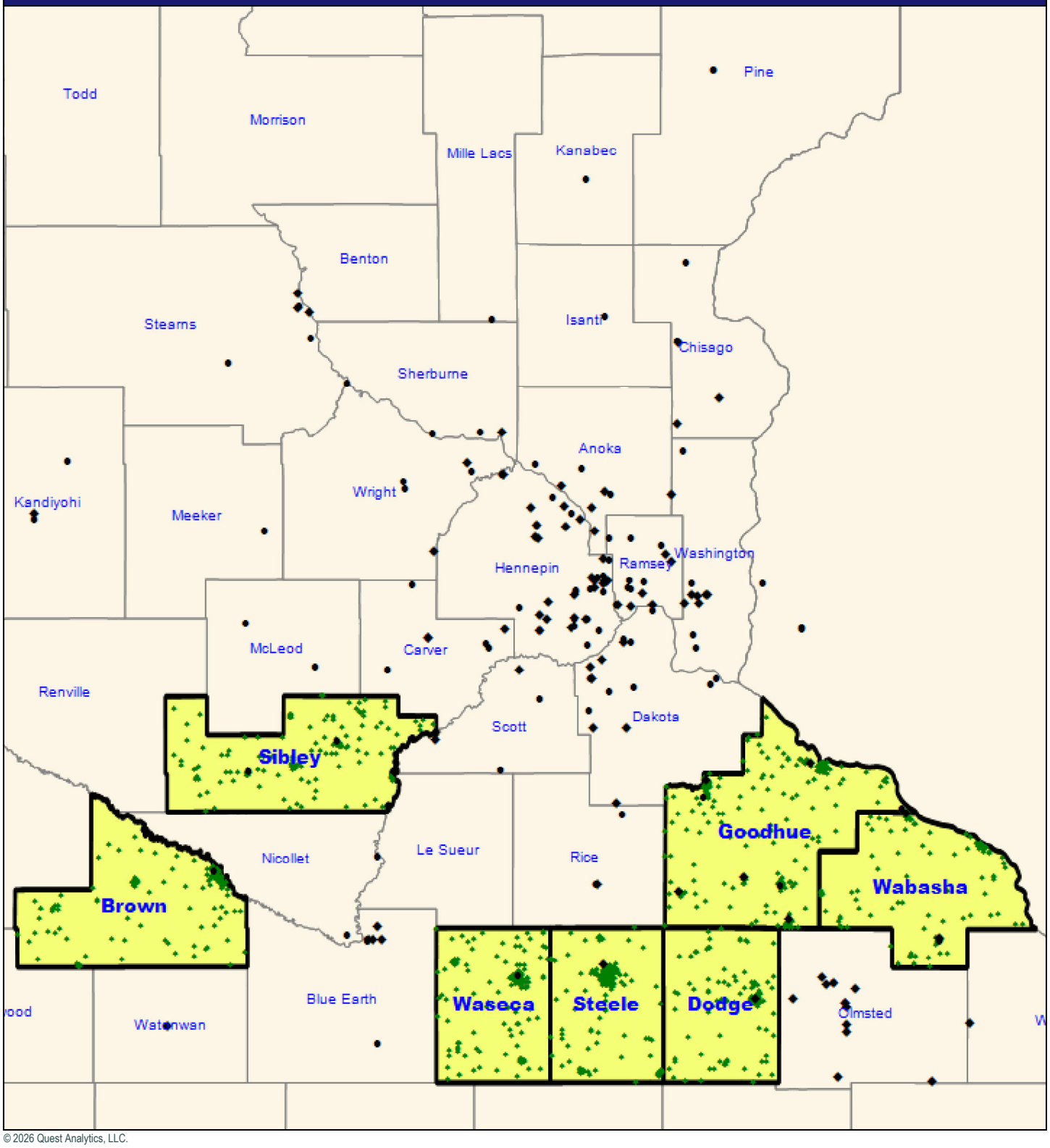
Access Detail By County

Access Analysis
Pharmacy
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Pharmacy

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	3.6	3.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.2	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.6	5.0
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	6.3	6.8
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	4.9	5.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.1	5.5
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	5.9	6.4
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	5.3	5.7

Network Access Analysis - All Products

Pediatric Services Providers



Pediatric Physician

770 providers at 248 locations

● All providers

Pediatric Nurse Practitioner

471 providers at 129 locations

◆ All providers

Pediatric Primary Care

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Pediatric Primary Care

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Pediatric Primary Care) provider in 30 miles or 30 minutes

Service Areas

☐ (Bold Outline) Service Area

Access Detail By County

Access Analysis
Pediatric Primary Care
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Pediatric Primary Care

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	146	100.0	0	0.0	11.2	12.2
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	7.0	7.6
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	3.8	4.1
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	6.7	7.2
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 30 miles or 30 mins	114	100.0	0	0.0	8.3	9.0
Waseca, MN	191	1 in 30 miles or 30 mins	191	100.0	0	0.0	6.5	7.0
Grand Totals	1,152	1 in 30 miles or 30 mins	1,152	100.0	0	0.0	6.8	7.4

Network Access Analysis - All Products

Neonatal-Perinatal Medicine

86 providers at 100 locations

● All providers

Neurodevelopmental Disabilities

20 providers at 49 locations

♦ All providers

Pediatric Cardiology

71 providers at 101 locations

✱ All providers

Pediatric Endocrinology

36 providers at 25 locations

■ All providers

Pediatric Gastroenterology

37 providers at 38 locations

O All providers

Pediatric Hematology-Oncology

74 providers at 40 locations

✚ All providers

Pediatric Nephrology

26 providers at 22 locations

✖ All providers

Pediatric Specialty Providers

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Pediatric Specialty Providers

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

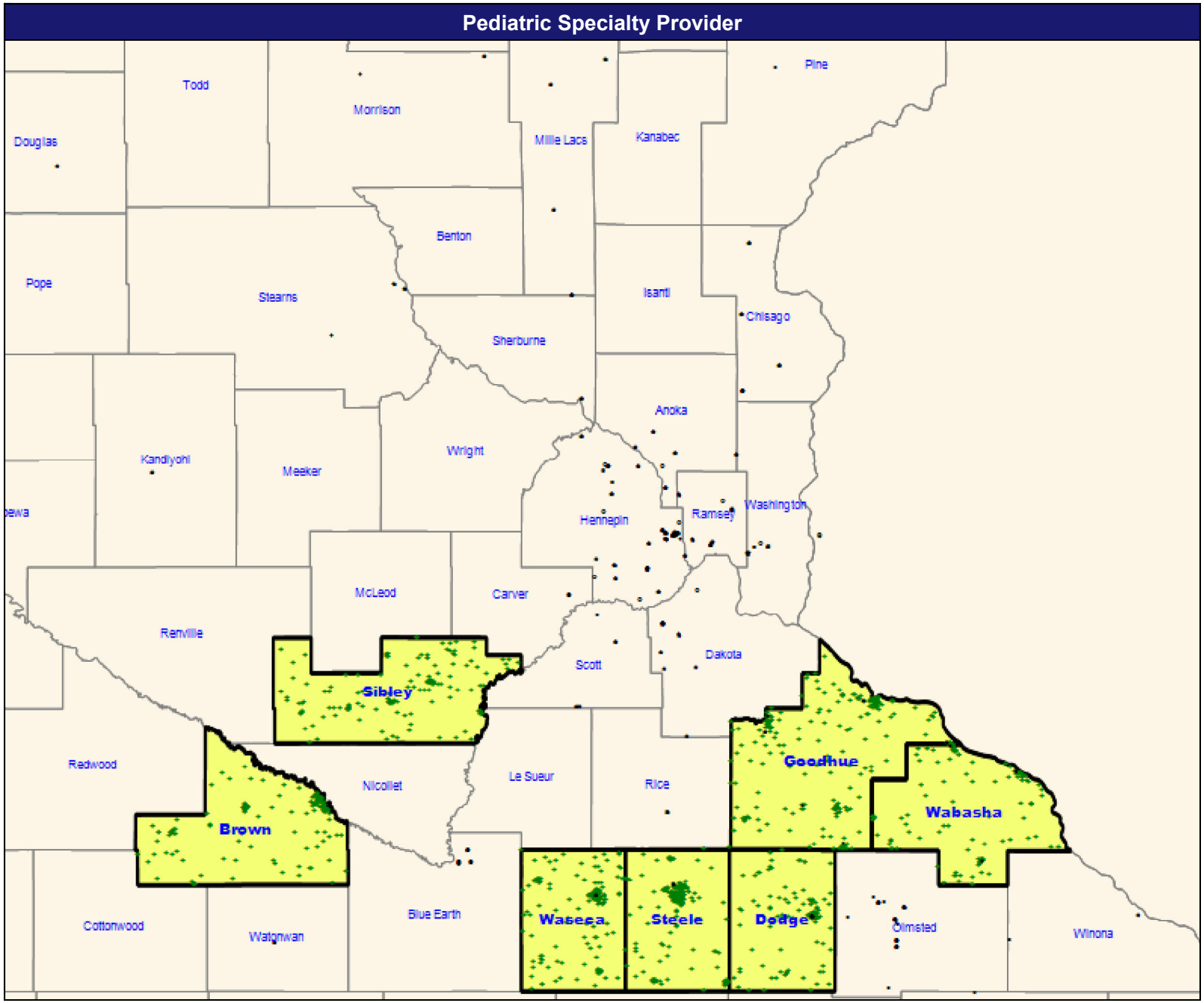
The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Pediatric Specialty Providers) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

24.66 miles



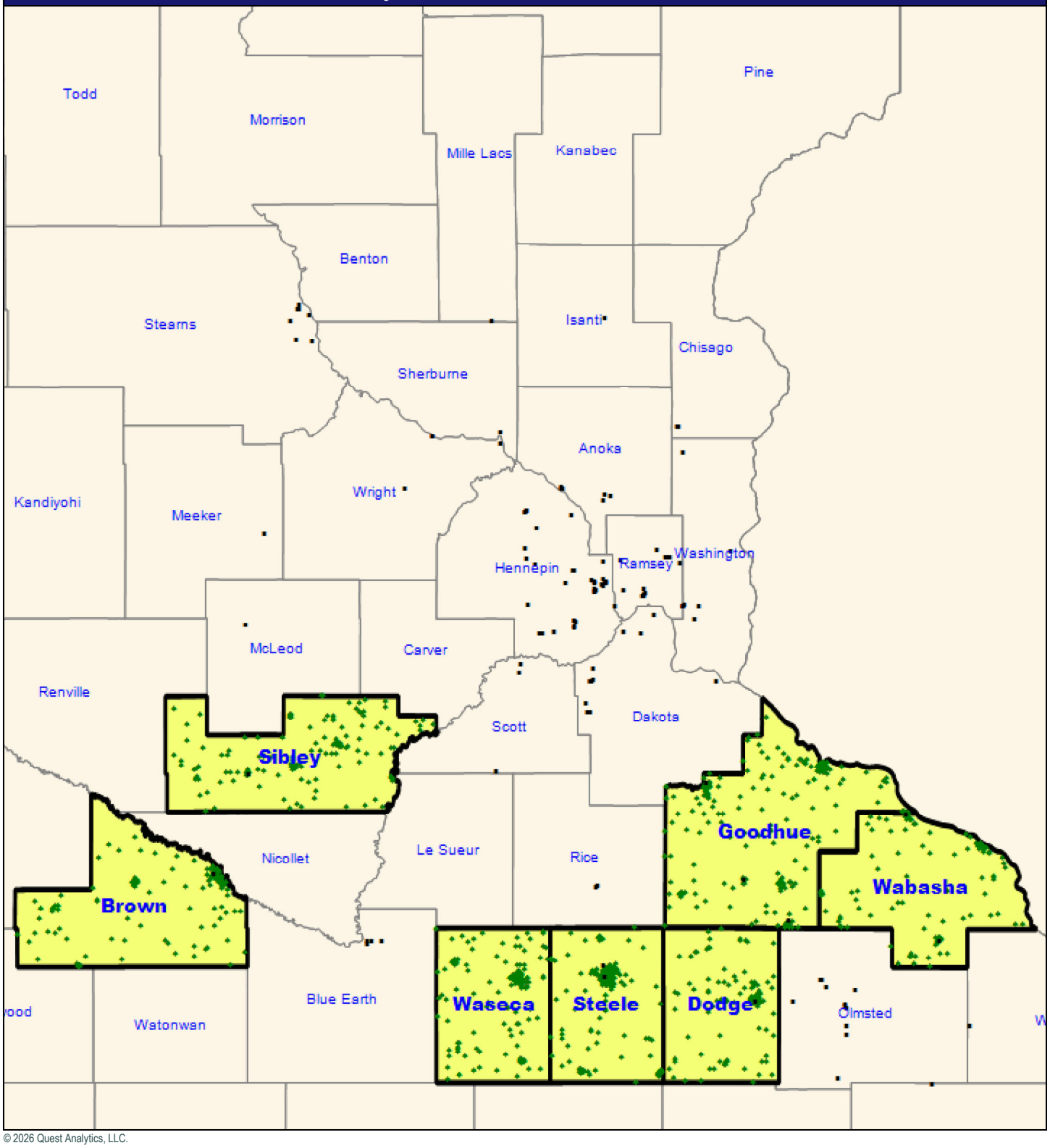
Access Detail By County

Access Analysis
Pediatric Specialty Providers
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Pediatric Specialty Providers

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	26.7	29.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.3	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	30.9	33.8
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	12.1	13.2

Network Access Analysis - All Products

Physical Medicine & Rehabilitation



Physical Medicine and Rehabilitation

157 providers at 158 locations

■ All providers

Physical Medicine & Rehabilitation

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Physical Medicine and Rehabilitation

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Physical Medicine and Rehabilitation) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

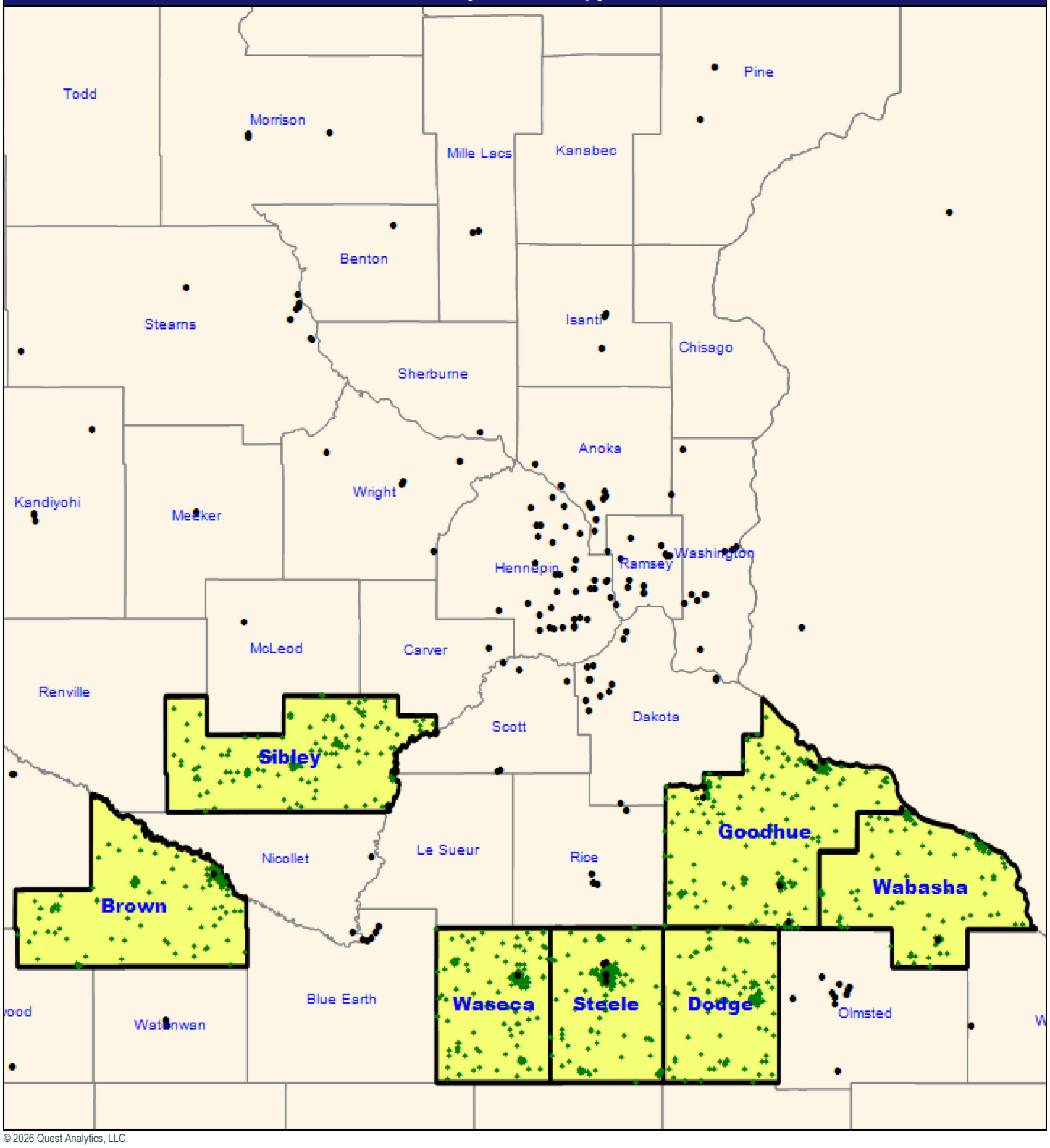
Access Detail By County

Access Analysis
Physical Medicine & Rehabilitation
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Physical Medicine and Rehabilitation

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	12.1	13.1
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	10.0	10.9
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	13.5	14.7
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.6	6.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.5	9.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	16.5	18.0
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	10.6	11.6

Network Access Analysis - All Products

Physical Therapy



Physical Therapy

115 providers at 246 locations

● All providers

Physical Therapy

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Physical Therapy

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Physical Therapy) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

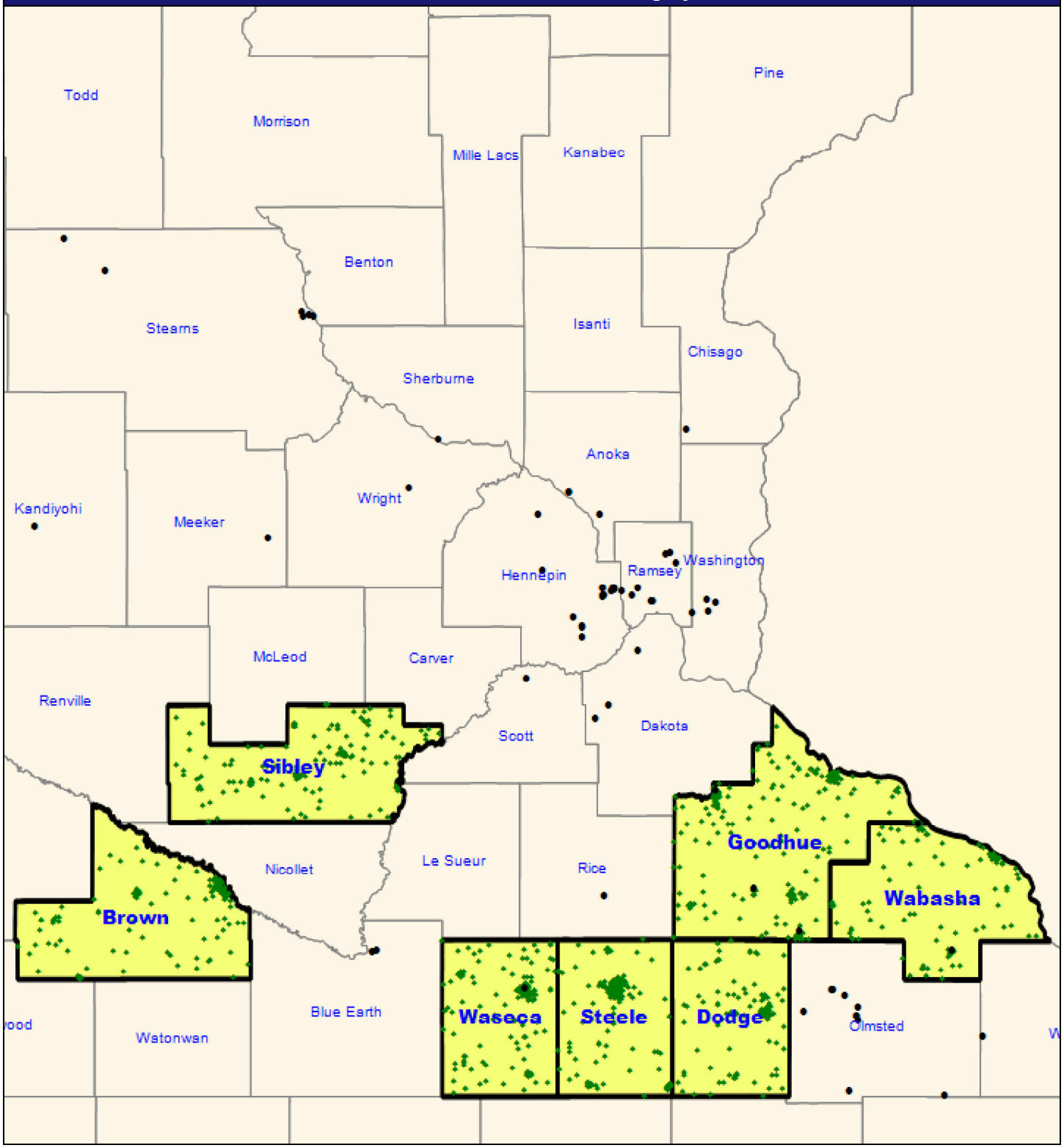
Access Detail By County

Access Analysis
Physical Therapy
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Physical Therapy

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	10.5	11.4
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	10.8	11.7
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.7	5.1
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	17.5	19.1
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.1	5.5
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.7	9.4
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	8.6	9.3

Network Access Analysis - All Products

Plastic & Reconstructive Surgery



Plastic & Reconstructive Surgery

75 providers at 89 locations

● All providers

Plastic & Reconstructive Surgery

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Plastic & Reconstructive Surgery

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Plastic & Reconstructive Surgery) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

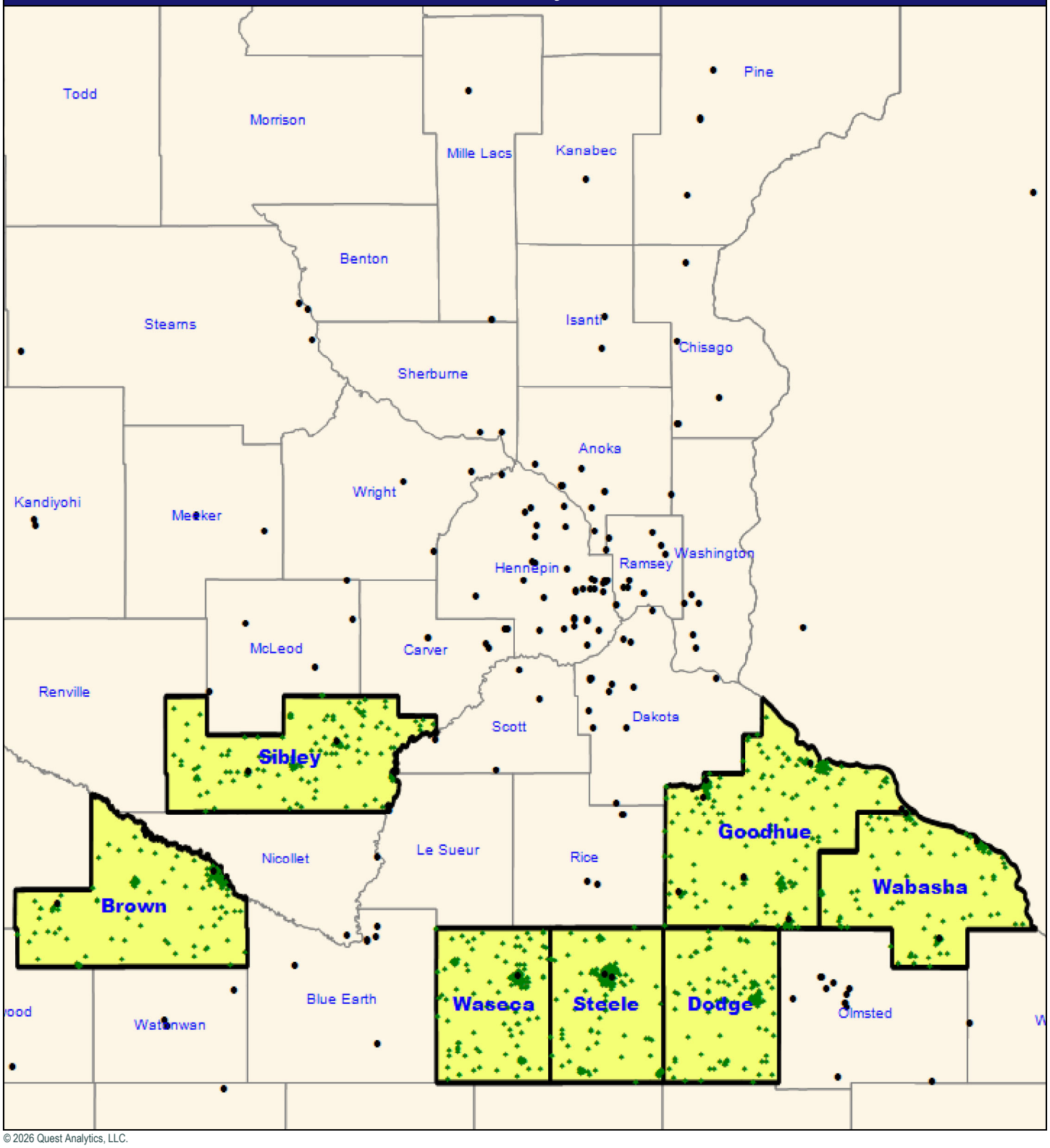
Access Detail By County

Access Analysis
Plastic & Reconstructive Surgery
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Plastic & Reconstructive Surgery

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	36.6	39.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	11.9	13.0
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	10.1	10.9
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	32.6	35.6
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	16.4	17.8
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.5	9.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.6
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	17.0	18.6

Network Access Analysis - All Products

Podiatry



Podiatry

150 providers at 246 locations

● All providers

Podiatry

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Podiatry

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Podiatry) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

Access Analysis
Podiatry

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Podiatry

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	6.5	7.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	10.6	11.5
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	4.4	4.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	6.1	6.6
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.5	5.9
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.5	7.0
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	6.1	6.6

Network Access Analysis - All Products

Family Practice Physician

1,801 providers at 417 locations

● All providers

General Practice Physician

4 providers at 4 locations

♦ All providers

Internal Medicine Physician

1,119 providers at 281 locations

★ All providers

Primary Care Nurse Practitioner

2,708 providers at 436 locations

■ All providers

Primary Care Physician Assistant

1,888 providers at 381 locations

O All providers

Geriatric Medicine Physician

42 providers at 82 locations

✚ All providers

Primary Care Providers

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Primary Care Providers

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Primary Care Providers) provider in 30 miles or 30 minutes

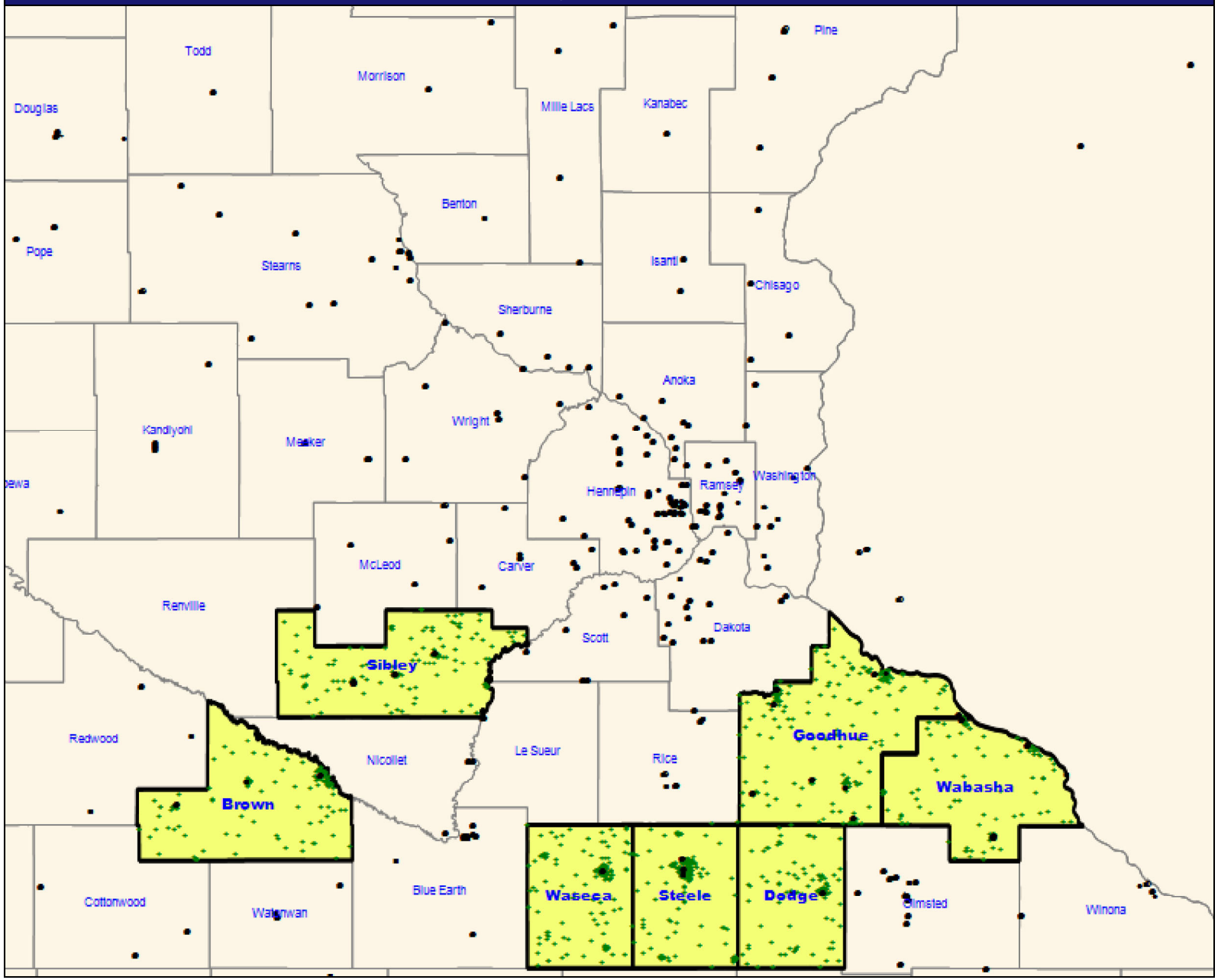
Service Areas

(Bold Outline) Service Area

Member Counties

24.66 miles

Primary Care Providers



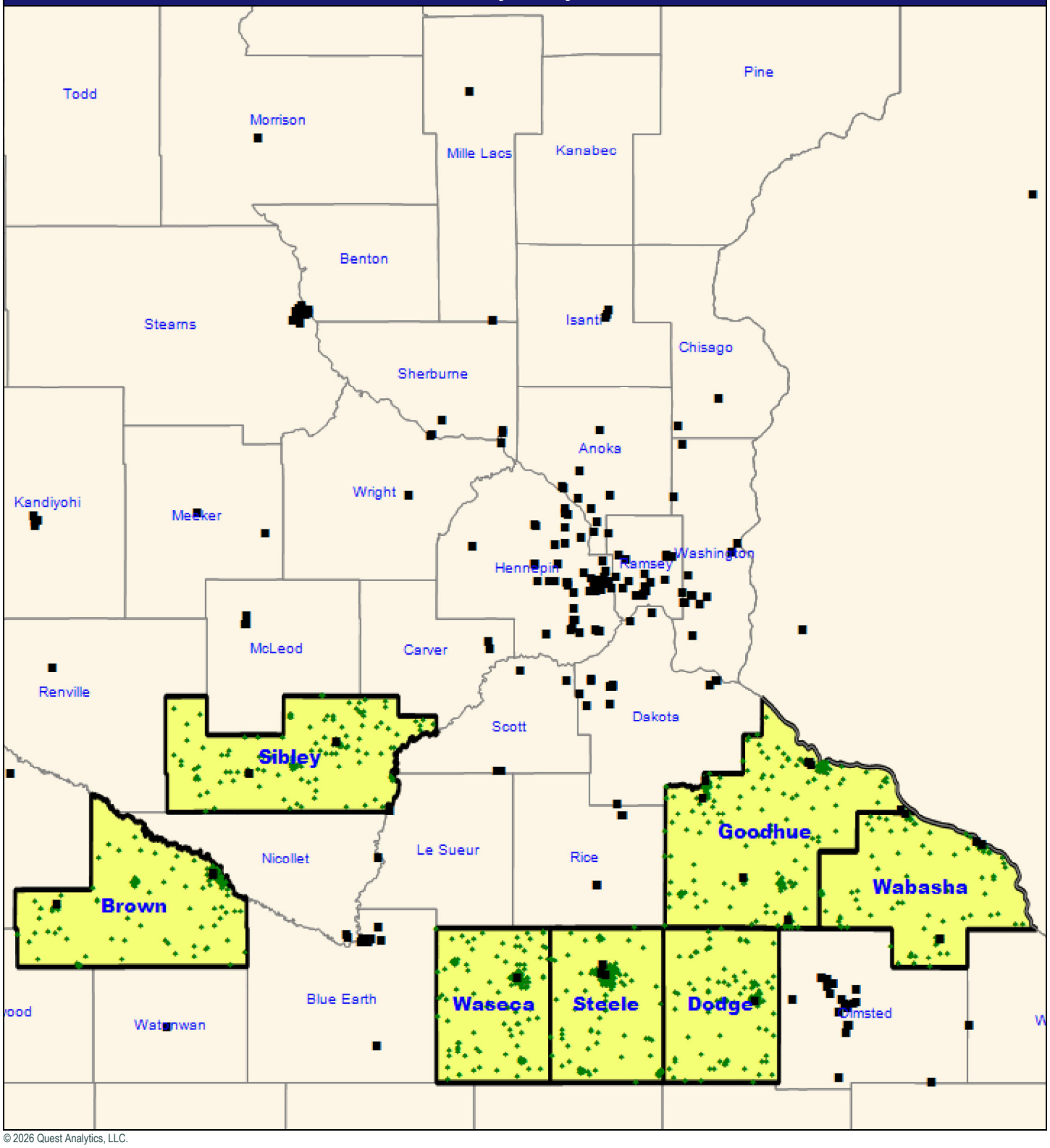
Access Detail By County

Access Analysis
Primary Care Providers
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Primary Care Providers

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	146	100.0	0	0.0	4.1	4.4
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	5.6	6.0
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	3.5	3.7
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	4.6	5.0
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	5.3	5.8
Wabasha, MN	114	1 in 30 miles or 30 mins	114	100.0	0	0.0	4.7	5.1
Waseca, MN	191	1 in 30 miles or 30 mins	191	100.0	0	0.0	6.2	6.8
Grand Totals	1,152	1 in 30 miles or 30 mins	1,152	100.0	0	0.0	4.8	5.2

Network Access Analysis - All Products

Psychiatry



Psychiatry

518 providers at 321 locations

■ All providers

Psychiatry

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Psychiatry

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Psychiatry) provider in 30 miles or 30 minutes

Service Areas

☐ (Bold Outline) Service Area

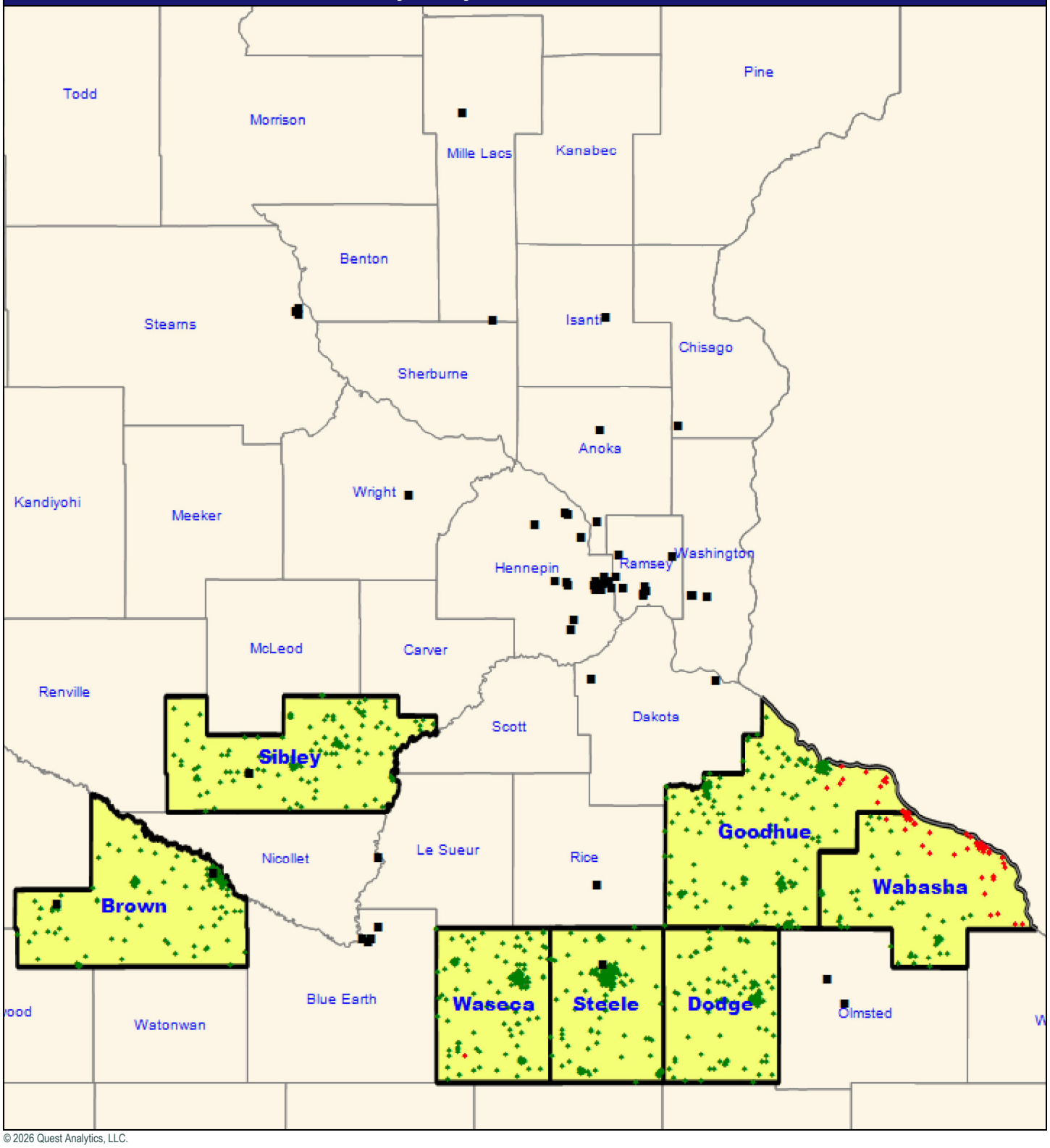
Access Detail By County

Access Analysis
Psychiatry
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Psychiatry

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	146	100.0	0	0.0	6.6	7.2
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	7.2	7.8
Goodhue, MN	235	1 in 30 miles or 30 mins	235	100.0	0	0.0	5.2	5.6
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	6.8	7.4
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	5.5	6.0
Wabasha, MN	114	1 in 30 miles or 30 mins	114	100.0	0	0.0	5.0	5.4
Waseca, MN	191	1 in 30 miles or 30 mins	191	100.0	0	0.0	6.5	7.0
Grand Totals	1,152	1 in 30 miles or 30 mins	1,152	100.0	0	0.0	6.0	6.5

Network Access Analysis - All Products

Psychiatry - Child & Adolescent



Psychiatry - Child & Adolescent

78 providers at 73 locations

■ All providers

Psychiatry - Child & Adolescent

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Psychiatry - Child & Adolescent

1,152 member locations

◆ With access (1,083)

◆ Without access (69)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Psychiatry - Child & Adolescent) provider in 30 miles or 30 minutes

Service Areas

□ (Bold Outline) Service Area

Access Detail By County

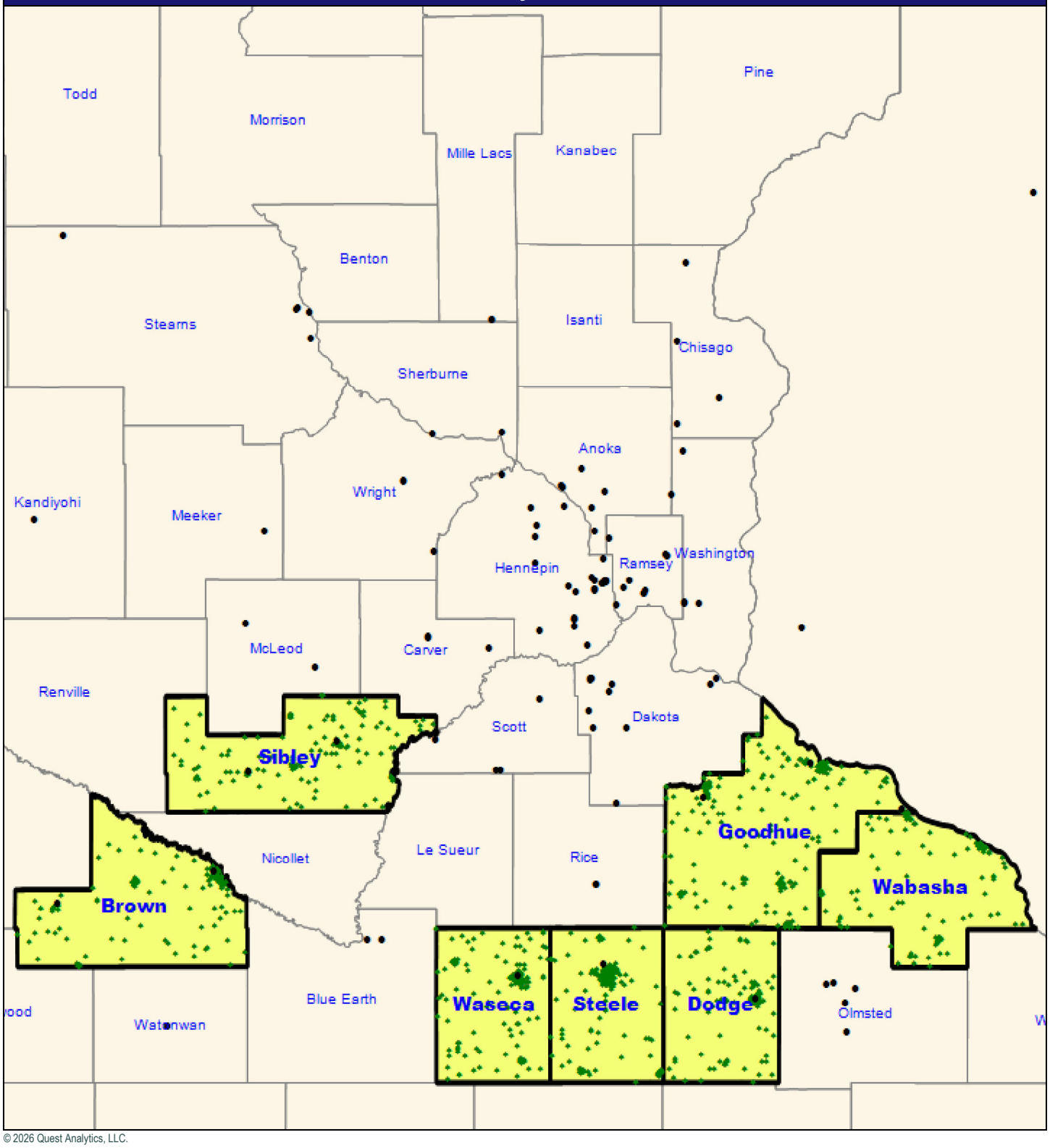
Access Analysis
Psychiatry - Child & Adolescent

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Psychiatry - Child & Adolescent

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 30 miles or 30 mins	146	100.0	0	0.0	6.8	7.4
Dodge, MN	111	1 in 30 miles or 30 mins	111	100.0	0	0.0	15.7	18.1
Goodhue, MN	235	1 in 30 miles or 30 mins	221	94.0	14	6.0	22.0	24.6
Sibley, MN	154	1 in 30 miles or 30 mins	154	100.0	0	0.0	13.2	14.4
Steele, MN	201	1 in 30 miles or 30 mins	201	100.0	0	0.0	6.6	7.2
Wabasha, MN	114	1 in 30 miles or 30 mins	60	52.6	54	47.4	27.7	33.3
Waseca, MN	191	1 in 30 miles or 30 mins	190	99.5	1	0.5	17.2	18.7
Grand Totals	1,152	1 in 30 miles or 30 mins	1,083	94.0	69	6.0	15.4	17.3

Network Access Analysis - All Products

Pulmonary Medicine



Pulmonary Medicine

214 providers at 140 locations

● All providers

Pulmonary Medicine

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Pulmonary Medicine

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Pulmonary Medicine) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

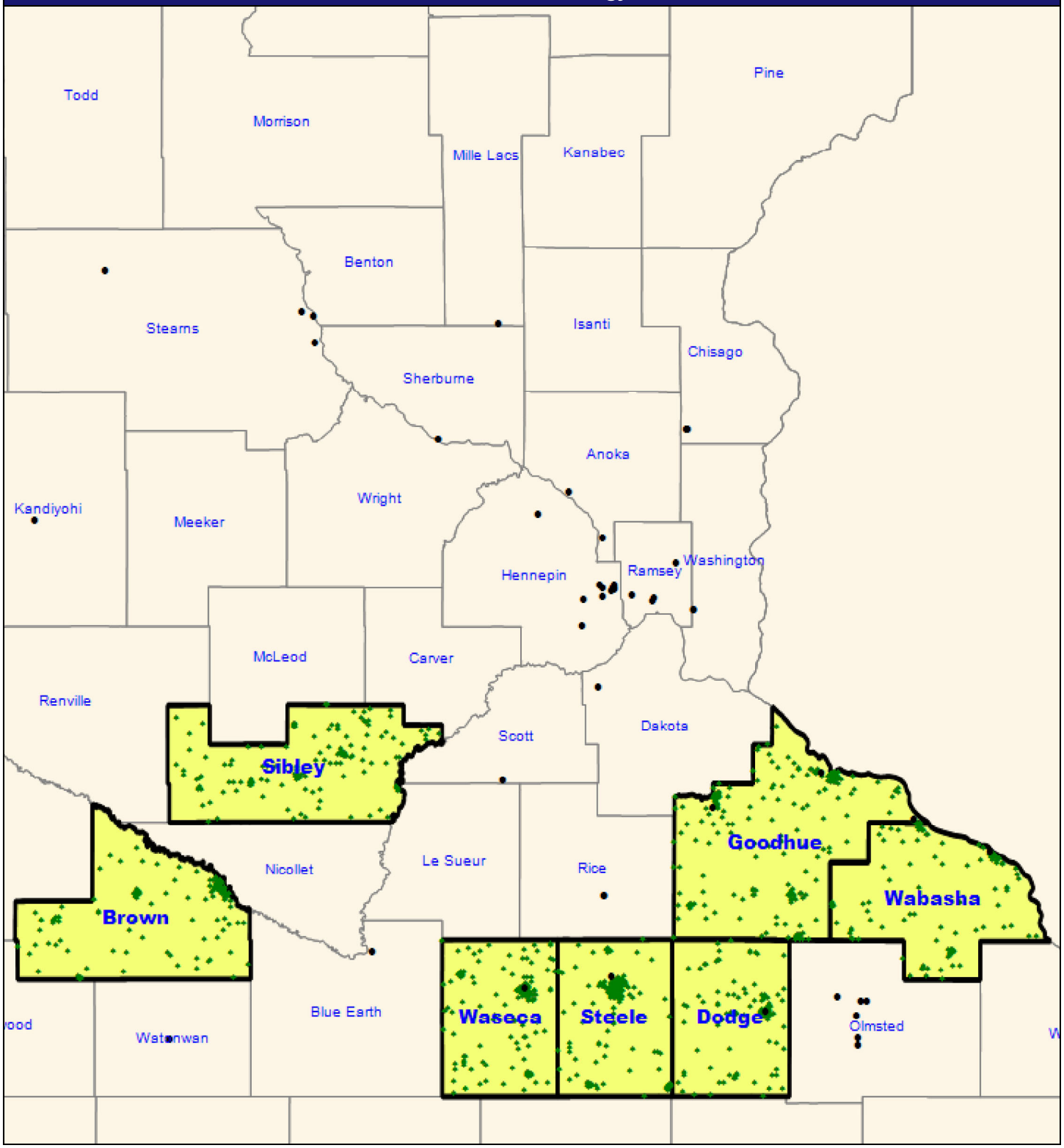
Access Analysis
Pulmonary Medicine

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Pulmonary Medicine

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	6.7	7.3
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.5	8.1
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	8.9	9.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	6.9	7.5
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	14.3	15.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	8.0	8.7

Network Access Analysis - All Products

Radiation Oncology



Radiation Oncology

113 providers at 61 locations

● All providers

Radiation Oncology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Radiation Oncology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Radiation Oncology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

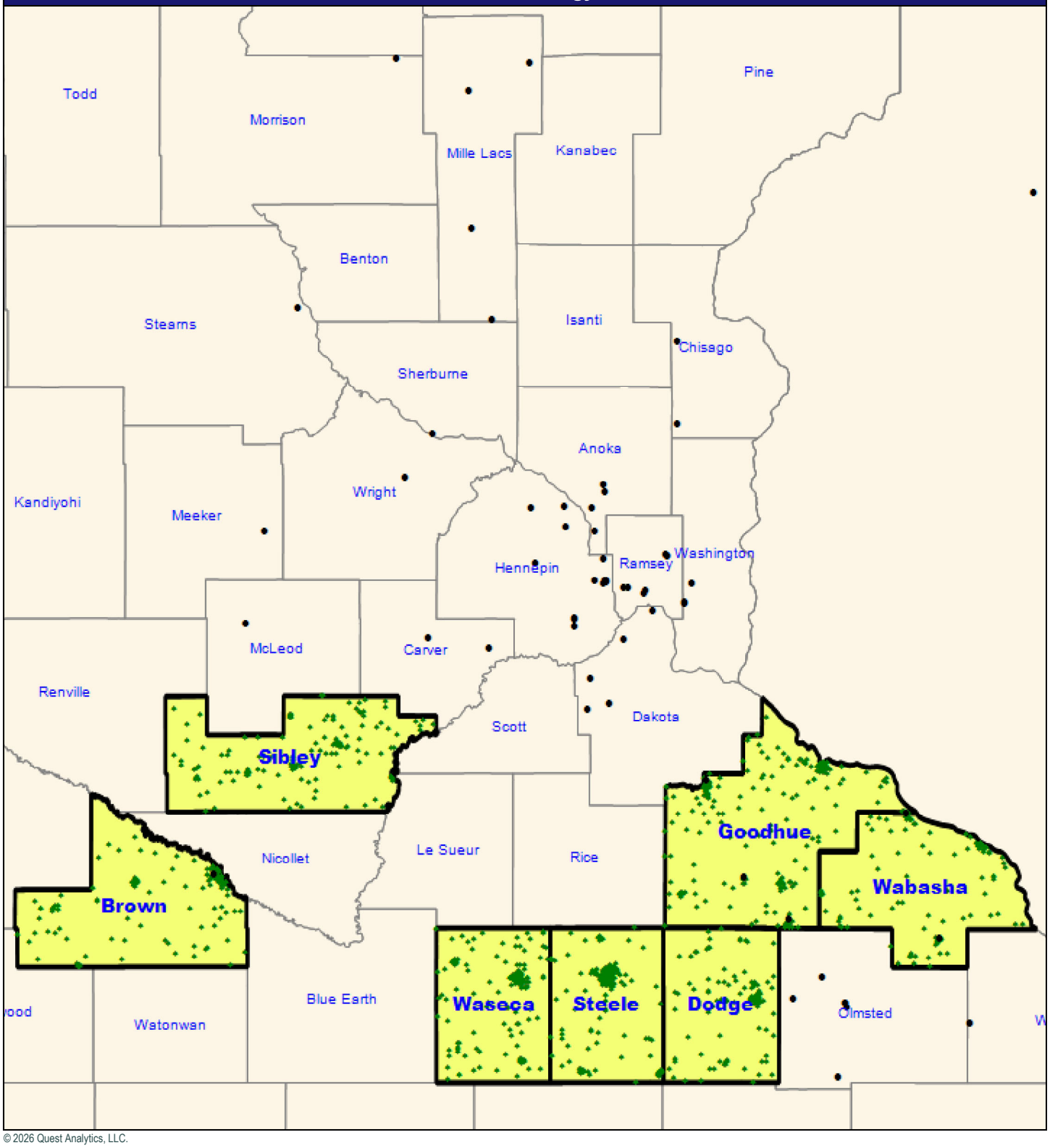
Access Analysis
Radiation Oncology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Radiation Oncology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	26.7	29.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.5	8.1
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	8.9	9.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	31.2	34.0
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.5	7.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	9.6	10.5
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.6
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	13.3	14.5

Network Access Analysis - All Products

Rheumatology



Rheumatology

73 providers at 87 locations

● All providers

Rheumatology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Rheumatology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Rheumatology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

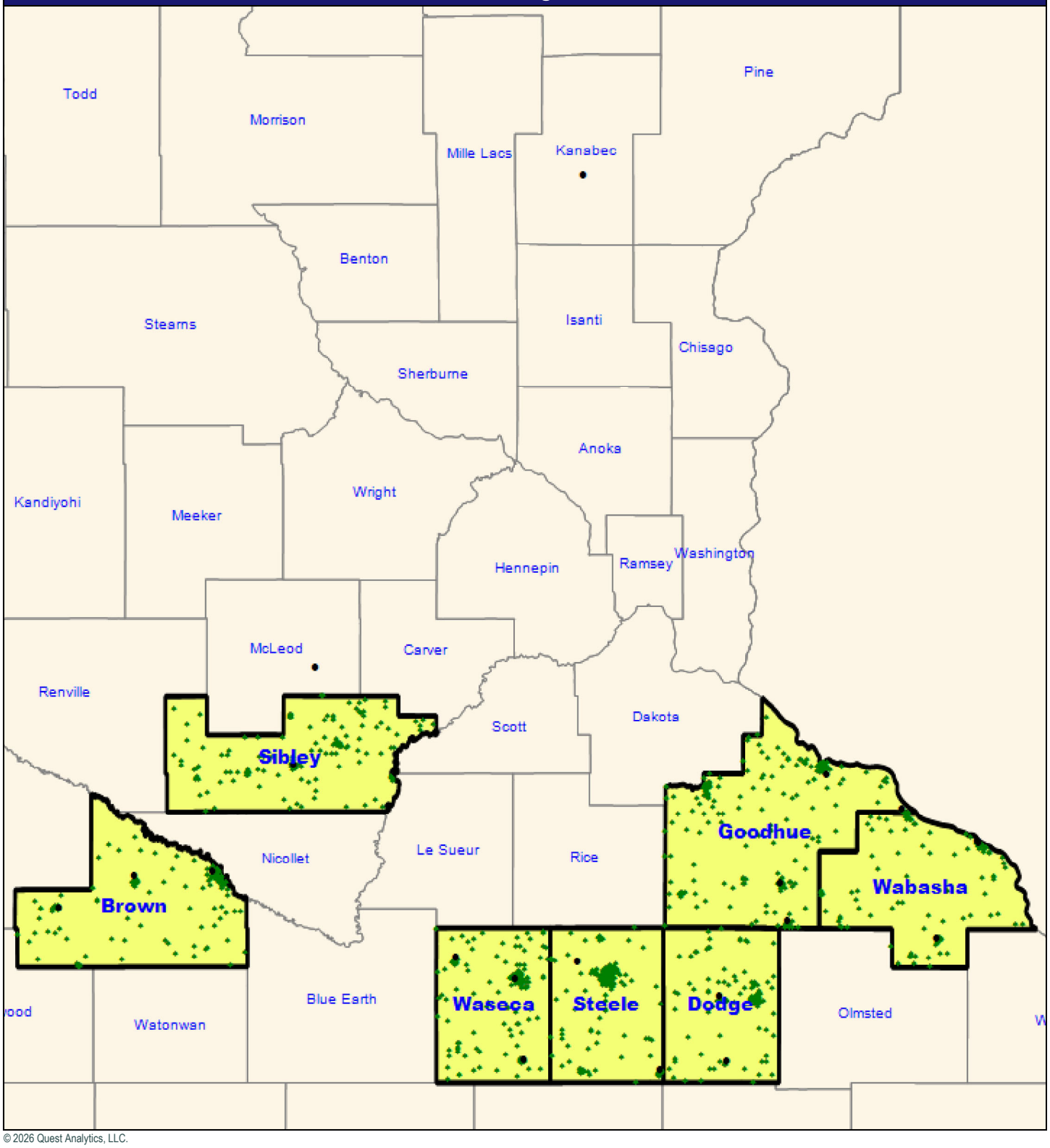
Access Analysis
Rheumatology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Rheumatology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	12.0	13.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	11.9	13.0
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	10.1	10.9
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	23.0	25.1
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	31.3	34.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.5	9.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	44.8	48.9
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	21.5	23.5

Network Access Analysis - All Products

Skilled Nursing Facilities



Skilled Nursing Facility

20 providers at 21 locations

● All providers

Skilled Nursing Facility

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Skilled Nursing Facility

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Skilled Nursing Facility) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

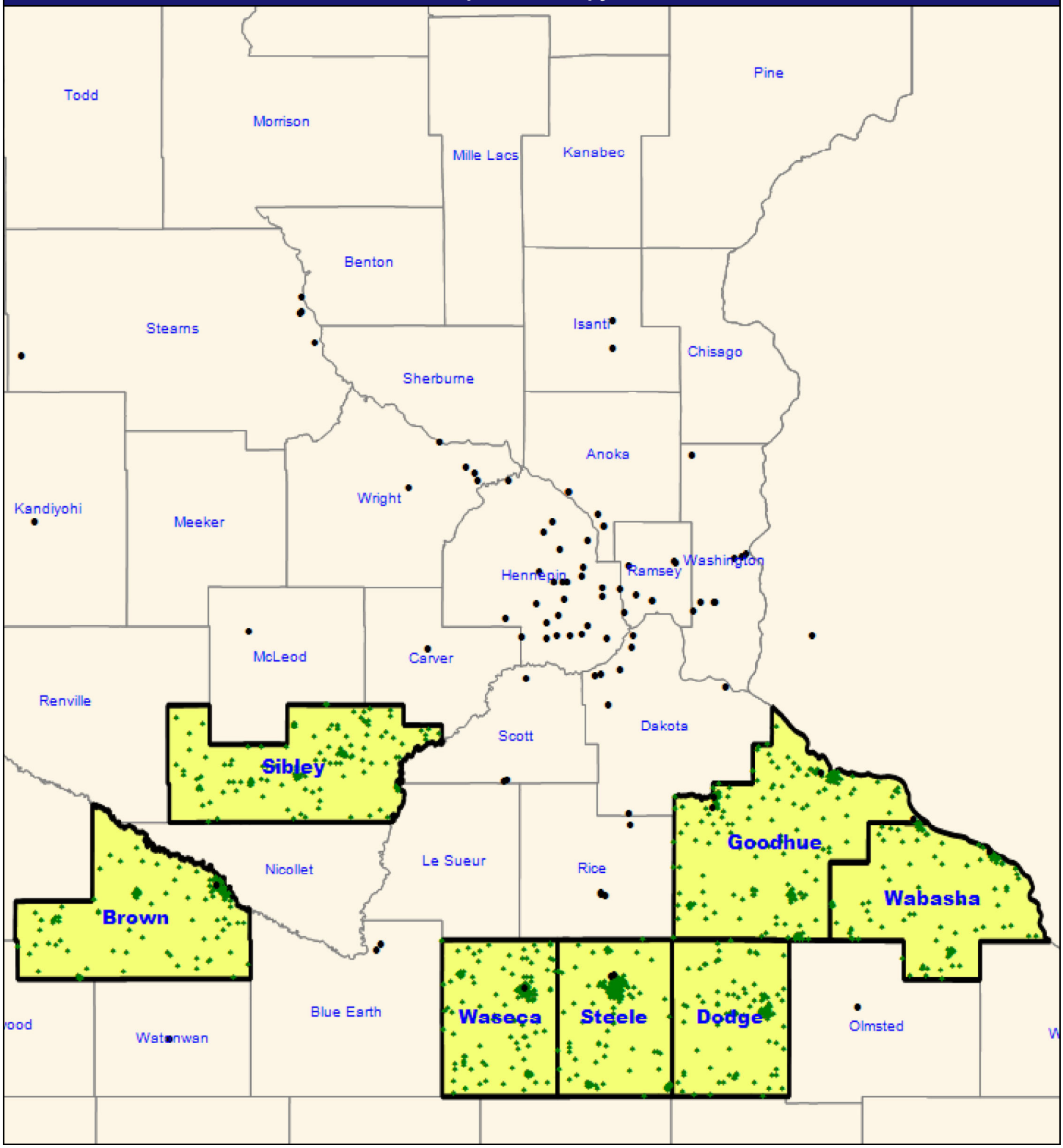
Access Analysis
Skilled Nursing Facility

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Skilled Nursing Facility

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	4.4	4.7
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	6.1	6.6
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	9.3	10.1
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	10.4	11.4
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	7.0	7.6
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	3.6	3.8
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	6.8	7.3

Network Access Analysis - All Products

Speech Therapy



Speech Therapy

59 providers at 112 locations

● All providers

Speech Therapy

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Speech Therapy

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Speech Therapy) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

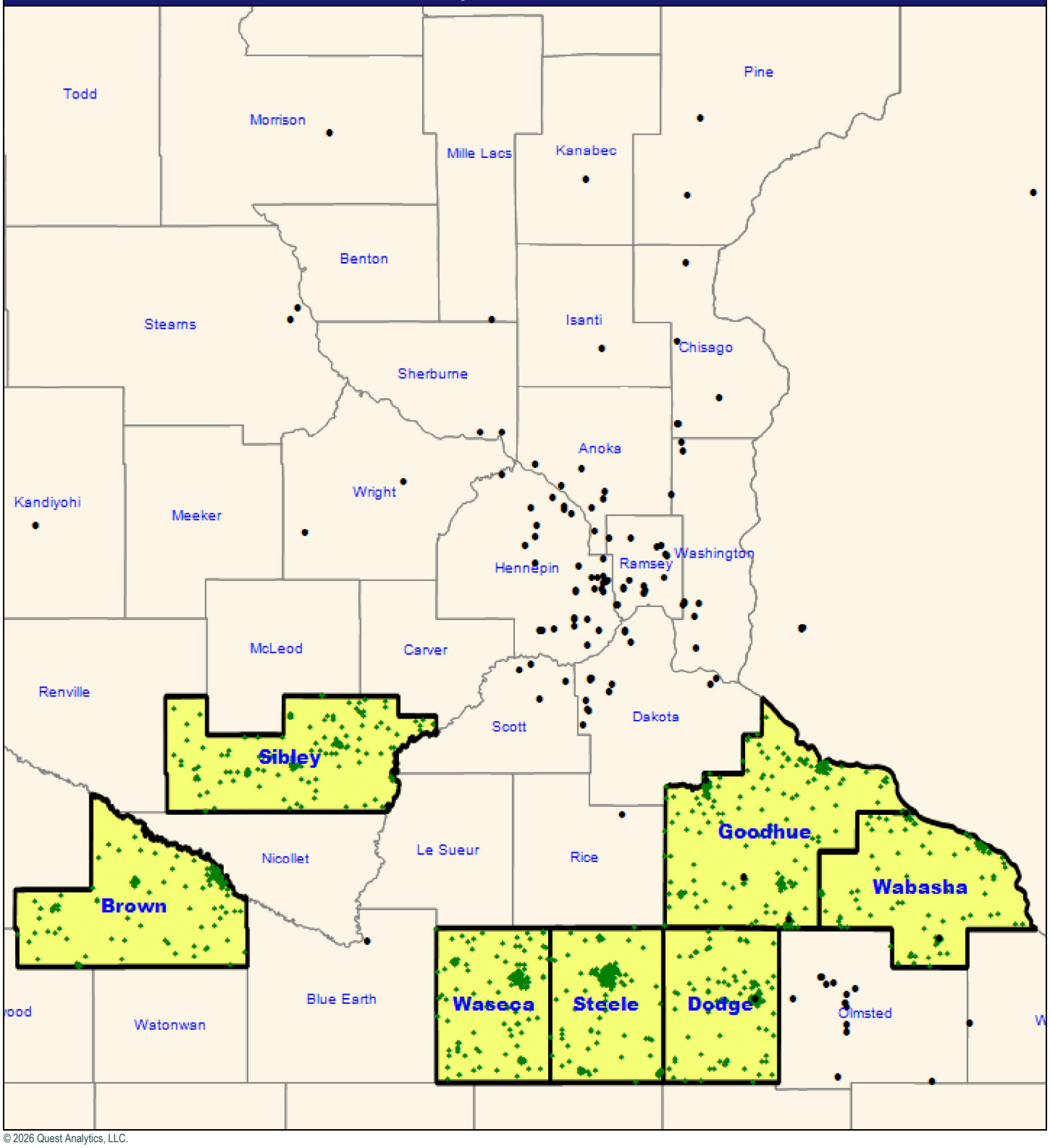
Access Detail By County

Access Analysis
Speech Therapy
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Speech Therapy

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.3	12.3
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	17.2	19.8
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	9.2	10.1
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	21.8	23.8
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.2	6.7
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	10.2	11.4
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	7.0	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	11.1	12.3

Network Access Analysis - All Products

Sports Medicine



Sports Medicine

77 providers at 172 locations

● All providers

Sports Medicine

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Sports Medicine

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Sports Medicine) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

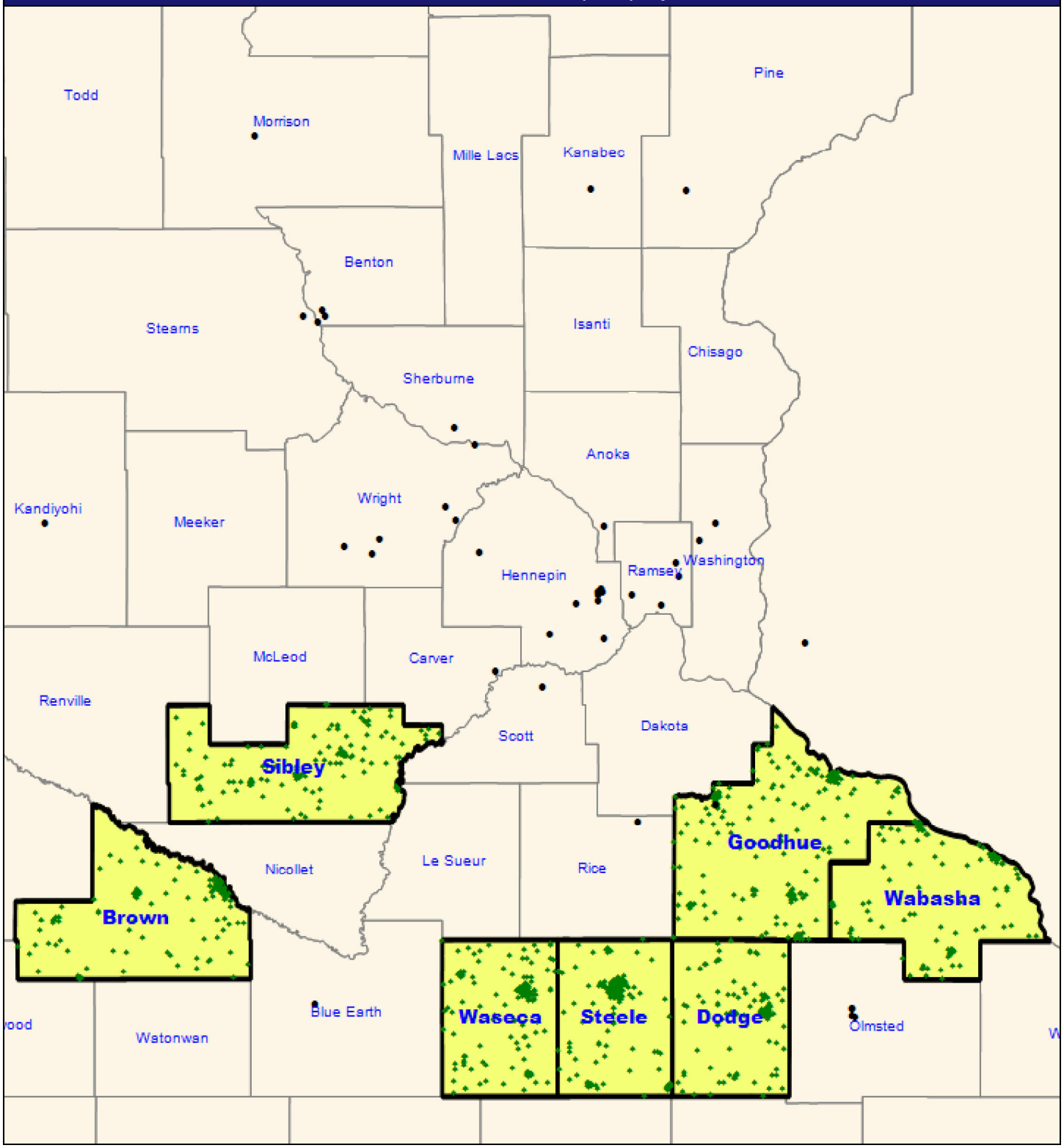
Access Analysis
Sports Medicine

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Sports Medicine

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	36.7	40.0
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	8.0
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	10.0	10.9
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	33.2	36.3
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	23.1	25.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	8.5	9.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	24.6	26.8
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	20.8	22.6

Network Access Analysis - All Products

Substance Use Disorder (SUD) Inpatient



Substance Use Disorder (SUD) Inpatient

47 providers at 56 locations

- All providers

Substance Use Disorder (SUD) Inpatient

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Substance Use Disorder (SUD) Inpatient

1,152 member locations

- With access (1,152)
- Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Substance Use Disorder (SUD) Inpatient) provider in 60 miles or 60 minutes

Service Areas

(Bold Outline) Service Area

21.66 miles

Access Detail By County

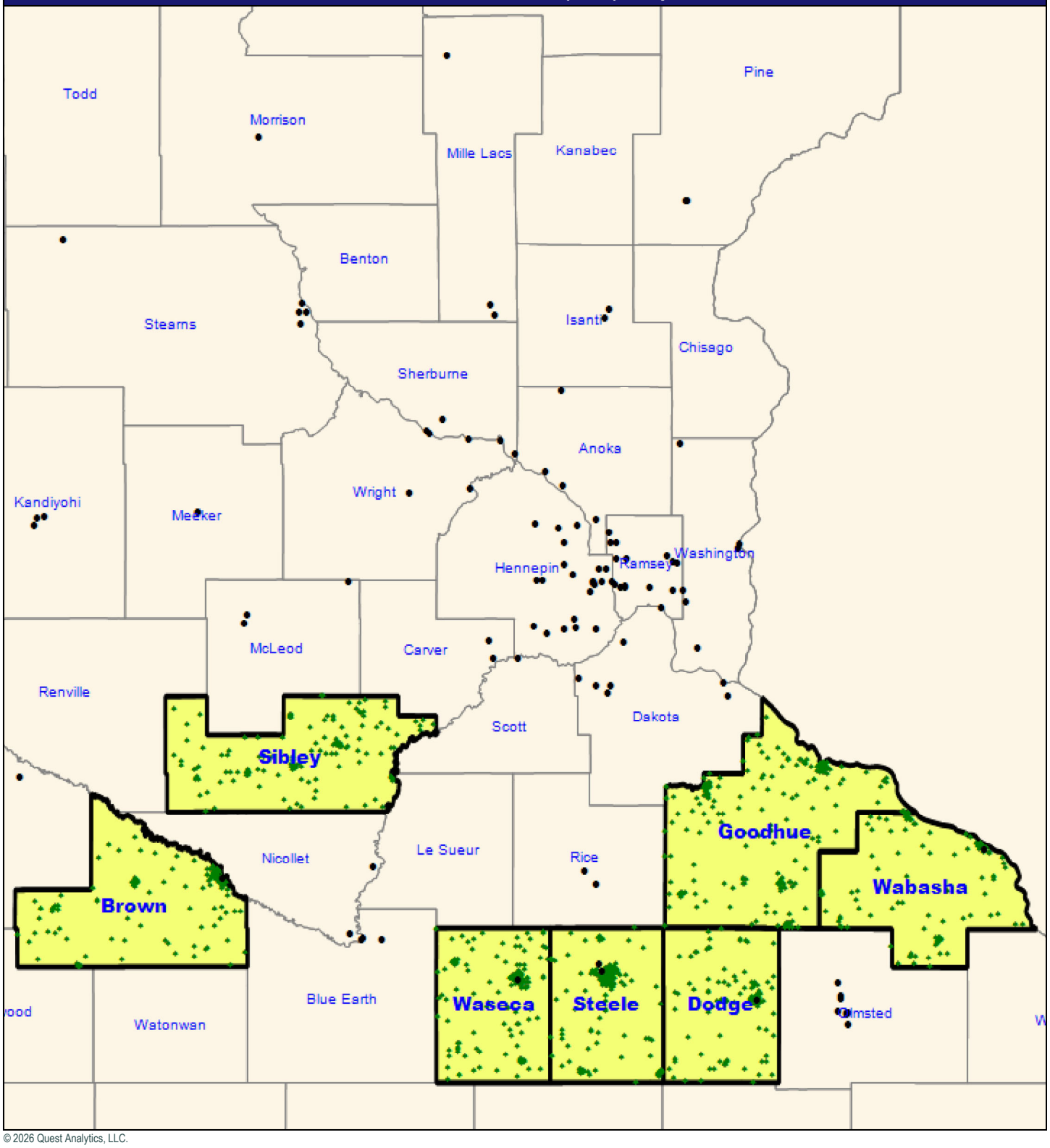
Access Analysis
- Substance Use Disorder (SUD) Inpatient

Member / Provider Groups
- Census Data ((Bold Outline) Service Area)
  - Substance Use Disorder (SUD) Inpatient

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	34.6	37.7
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	19.2	21.3
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	16.3	17.8
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	33.7	36.8
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	25.8	28.1
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	28.5	31.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	29.3	31.9
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	26.2	28.7

Network Access Analysis - All Products

Substance Use Disorder (SUD) Outpatient



Substance Use Disorder (SUD) Outpatient

81 providers at 139 locations

● All providers

Substance Use Disorder (SUD) Outpatient

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Substance Use Disorder (SUD) Outpatient

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Substance Use Disorder (SUD) Outpatient) provider in 60 miles
60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

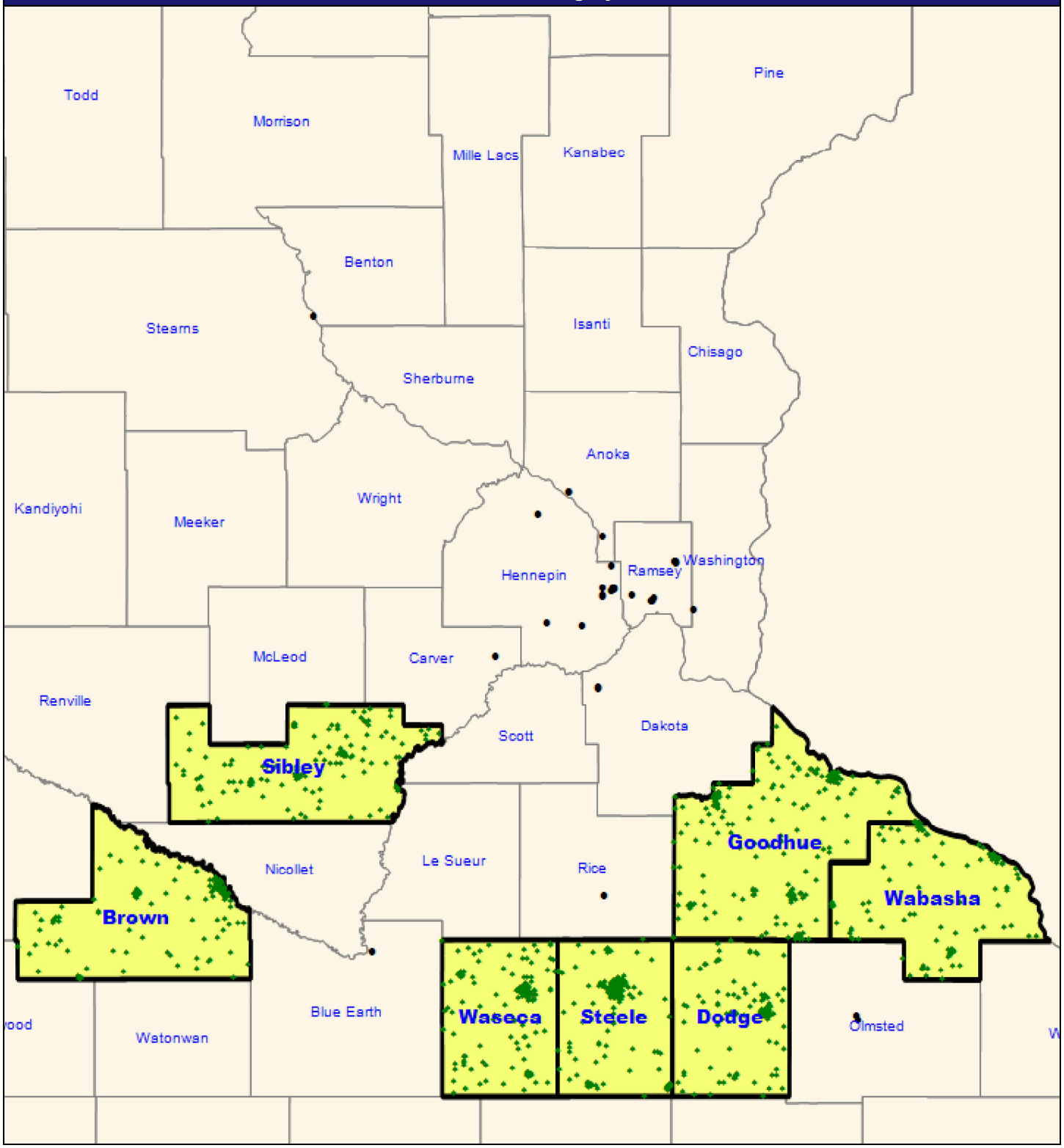
Access Analysis
- Substance Use Disorder (SUD) Outpatient

Member / Provider Groups
- Census Data ((Bold Outline) Service Area)
  - Substance Use Disorder (SUD) Outpatient

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.6	12.6
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.6	8.3
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	19.7	21.6
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	21.0	22.9
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	5.9	6.4
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	12.7	14.2
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	6.9	7.5
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	12.5	13.6

Network Access Analysis - All Products

Thoracic Surgery



Thoracic Surgery

52 providers at 43 locations

● All providers

Thoracic Surgery

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Thoracic Surgery

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Thoracic Surgery) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

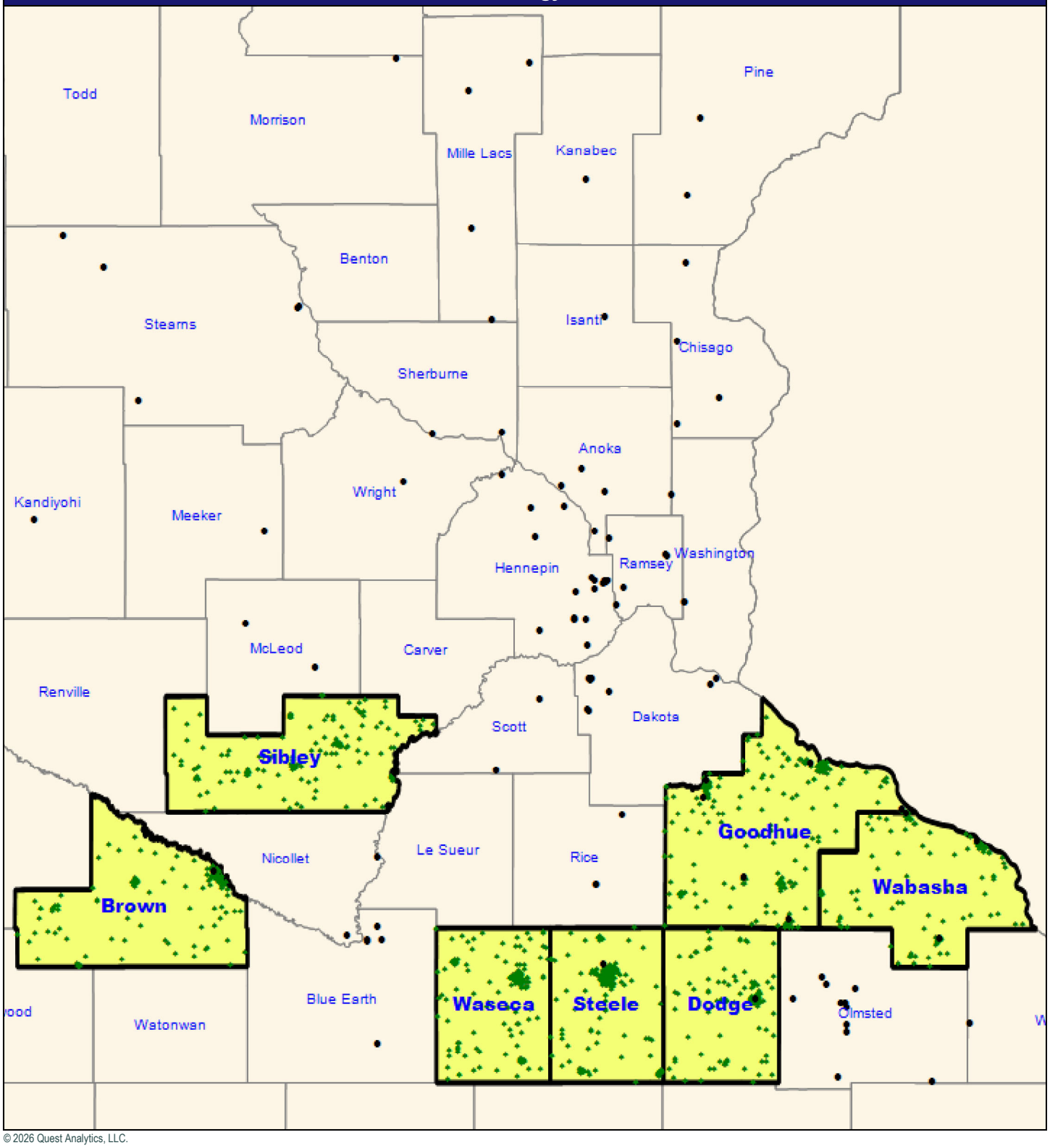
Access Detail By County

Access Analysis
Thoracic Surgery
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Thoracic Surgery

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	36.6	39.8
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	20.1	22.4
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	29.2	32.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	34.2	37.3
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	18.6	20.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	29.1	32.1
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	24.9	27.1
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	27.3	30.1

Network Access Analysis - All Products

Urology



Urology

178 providers at 159 locations

● All providers

Urology

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Urology

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Urology) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

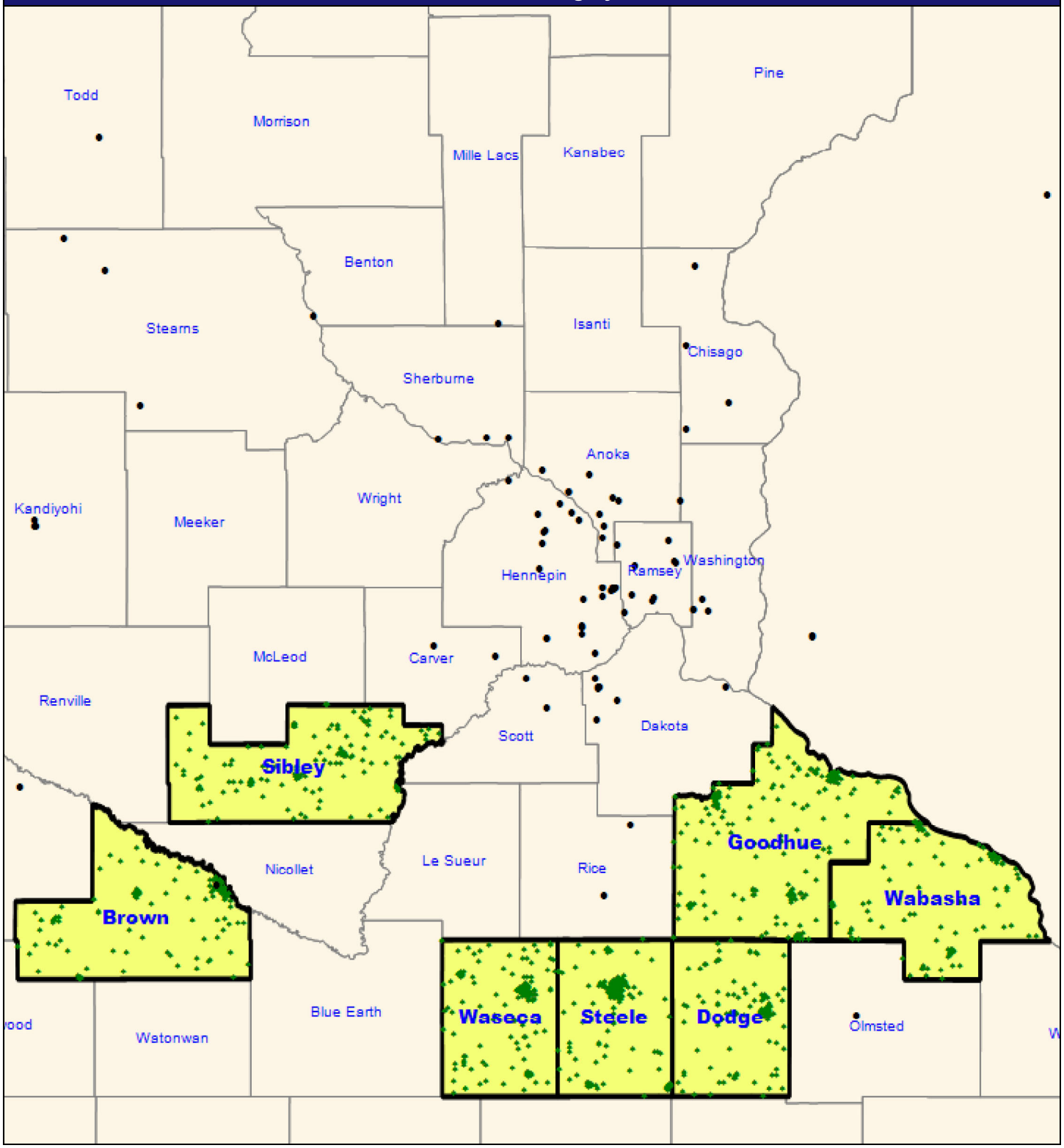
Access Analysis
Urology

Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Urology

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	12.1	13.1
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	7.3	7.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	5.2	5.7
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	16.0	17.4
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	6.6	7.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	5.2	5.7
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	15.6	17.0
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	9.7	10.6

Network Access Analysis - All Products

Vascular Surgery



Vascular Surgery

64 providers at 109 locations

● All providers

Vascular Surgery

Employee Group

Census Data ((Bold Outline) Service Area)

Provider Group

Vascular Surgery

1,152 member locations

◆ With access (1,152)

◆ Without access (0)

The Access Standard is defined as (Census Data ((Bold Outline) Service Area)) members accessing:

1 (Vascular Surgery) provider in 60 miles or 60 minutes

Service Areas

☐ (Bold Outline) Service Area

21.66 miles

Access Detail By County

Access Analysis
Vascular Surgery
Member / Provider Groups
Census Data ((Bold Outline) Service Area)
Vascular Surgery

All Members								
	Member	Provider	With Access		Without Access		Average Distance	Average Time
County	#	Standard	#	%	#	%	1	1
Brown, MN	146	1 in 60 miles or 60 mins	146	100.0	0	0.0	11.2	12.2
Dodge, MN	111	1 in 60 miles or 60 mins	111	100.0	0	0.0	20.2	23.9
Goodhue, MN	235	1 in 60 miles or 60 mins	235	100.0	0	0.0	20.9	23.4
Sibley, MN	154	1 in 60 miles or 60 mins	154	100.0	0	0.0	24.0	26.2
Steele, MN	201	1 in 60 miles or 60 mins	201	100.0	0	0.0	18.6	20.2
Wabasha, MN	114	1 in 60 miles or 60 mins	114	100.0	0	0.0	29.1	34.9
Waseca, MN	191	1 in 60 miles or 60 mins	191	100.0	0	0.0	28.6	31.2
Grand Totals	1,152	1 in 60 miles or 60 mins	1,152	100.0	0	0.0	21.7	24.3