




South Country Health Alliance

Providing consumer focused community based health care to Minnesota's counties.



Prepaid Medical Assistance Program (PMAP) and Country-Based Purchasing (CBP)

- Under PMAP, DHS contracts with and makes capitated payments to health plans to deliver health care to eligible MA and GAMC recipients.
- Under CBP, DHS contracts with and makes capitated payments to the county-based purchasing entity to deliver health care services to MA and GAMC recipients who would otherwise be enrolled in PMAP.



Why do county-based purchasing?

- Involve local consumers and providers
- Maintain the local health care infrastructure by offering contracts to any willing providers.
- County Public Health and Social Services as well as community based non-profits already involved with recipients.
- Opportunity to streamline services and funding and integrating services.
- Greater accountability for outcomes.
- Local decision making



County Based Purchasing

- County-based purchasing program is based on MS 256B.692 "County boards or groups of county boards may elect to purchase or provide health care services on behalf of persons eligible for medical assistance and general assistance medical care who would otherwise be required to or may elect to participate in the prepaid medical assistance or general assistance medical care programs according to sections MS 256B.69 and 256B.03. Counties that elect to purchase or provide health care under this section must provide all services included in the prepaid managed care programs....."

Requirements

- Counties that elect to purchase or provide health care services must meet the same requirements as other managed care organizations participating in State Public Managed Care Programs.
- This includes:
 - MS 62D (Law governing HMO's)
 - MS 62N (Regulations covering Community Integrated Services Networks)
 - MS62Q (Health Plan Operations)
 - MS 72A.201 (Prompt Payment)

Requirements of the County Board

- Must.....
 - Purchase all covered services within the capitation payment provided under contract with the State – acceptance of risk
 - Ensure all services are accessible to all enrollees
 - Issue payments to participating providers
 - Establish process to ensure and improve the quality of care provided
 - Provide data to the State including encounter data in HIPPA compliant format
 - Provide a system for advocacy, enrollee protections and grievances and appeals
 - Ensure implementation and operation of the Minnesota Senior Health Options and Minnesota Disabilities Health Options Demonstration Project.
 - Ensure that all recipients that are enrolled in the PMAP, GAMC will be transferred to County-based purchasing without utilizing DHS fee-for-service system
 - Ensure enrollees receive enough information to make an informed choice
 - Ensure all members are held harmless for payment



Who is SCHA?

- South Country Health Alliance was Minnesota's first county-based purchasing program to implement under the legislation.
- SCHA received CMS approval to begin operations in November 2001.
- SCHA is governed by a Joint Powers Board operating under MS 471.59.
- Membership on the Joint Powers Board consists of an elected County Commissioner appointed by the local County Board of Commissioners.



Finances


- SCHA is a full risk for health care services
- Revenue based on capitation payment from CMS and Mn DHS
- Work with actuary and fiscal staff
- Purchase reinsurance
- Must report to the Mn Department of Commerce and Mn Department of Health



Mission:
SCHA is a consumer focused, community-based health care system

Values:

- **Quality services that are outcome based**
- **Local provider participation**
- **Prevention focused**
- **Fiscal responsibility, public ownership**
- **Accountability**
- **Promote and value diversity in our communities**
- **Coordinated service delivery--integrated care plan**
- **Focus on community health goals**
- **Consumer participation and responsibility**
- **Holistic health approach**



SCHA Purpose

- To improve the social and health outcomes of its members by better coordinating social services, public health and medical services;
- To promote the achievement of public health goals; and
- To implement a managed care system that is responsive to the needs of local members, providers and communities.

Member Counties

- 2001
 - Brown
 - Dodge
 - Goodhue
 - Freeborn
 - Kanabec
 - Sibley
 - Steele
 - Wabasha
 - Waseca
- 2007
 - Cass
 - Crow Wing
 - Morrison
 - Todd
 - Wadena

Who do we serve? Person's eligible for the following programs:

- Pre-paid Medical Assistance Program- 10,000-11,000 members
 - Children and Families
 - Pregnant Women
- General Assistance Medical Care- 700 to 800 members
- Minnesota Care – 15 members
- Minnesota Senior Care Plus – 191 members
- SeniorCare Complete – 1963 members
- AbilityCare – Approx 421 members

Dual Eligible's

- Enrolled in both Medicaid and Medicare
 - Low income seniors, and
 - People with disabilities
- Rely on Medicaid as 2nd payer for
 - Medicare premiums and cost-sharing
 - non-Medicare covered benefits
- SCHA has two programs for duals
 - MSHO-enrollment of persons age 65 and over
 - SCHA AbilityCare – enrollment of persons who are dual eligible and who are disabled

Integration of Care at the local level

- SCHA and counties focus on the integration of care at the local level
- Person center planning
- Early identification and early intervention
- Prevention – health promotion
- Created Community Resource Management Teams



Special feature of SCHA is the Community Resource Management Team:

The team consists of a Nurse and a Social Worker in each county who work as a team to coordinate community care services and promote service accessibility at the county level for high risk enrollees.



Quality Improvement Program

- Integrated into all aspects of SCHA
- Involves counties, providers and SCHA
- Significant regulatory requirements
- Includes:
 - Provider credentialing
 - Utilization Management
 - Case Management
 - Complaints, Grievances and Appeals
 - Practice guidelines
 - Performance Improvement Programs



Questions?????



Contact

- Member of the SCHA Joint Powers Board
 - Chairman, Commissioner Dave Erickson
 - Commissioner Dave Mullenbach
- Marian Brandt, Exec. Director, 507-444-7771 or mbrandt@mnscha.org
- Judy Barton, Wabasha County Public Health