



Minnesota Health Plans' Collaboration Plan

2015 – 2019

Minnesota Council of Health Plans

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December 2014

This Collaboration Plan is developed by the Minnesota Council of Health Plans (MCHP), a trade association, whose members are the following non-profit health plans:

Blue Cross and Blue Shield/Blue Plus of Minnesota (BCBS)

HealthPartners (HP)

Medica

Hennepin Health (HH)

PreferredOne (P1)

Sanford Health Plan of Minnesota

UCare

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Executive Summary

The Statute: The Minnesota Council of Health Plans (MCHP) Collaboration Plan for 2015-2019 is submitted to the Minnesota Department of Health (MDH) as required by MN Statute 62Q.075. The purpose of the collaboration plan is to demonstrate ways that health plans work with local public health to achieve one or more high priority public health goals. To learn more about the collaboration plan go to: <http://www.health.state.mn.us/divs/opi/pm/collaborationplans/>

The Process: The Collaboration Plan is submitted by MCHP on behalf of its member health plans every five years. Previous to 2010, each health plan submitted its own plan. However, in an effort to improve collaboration across health plans and reduce administrative redundancies, health plans and MDH agreed to the current Collaboration Plan format that combines information on Minnesota health plans' public health activities and demonstrates ways health plans collaborate with local public health and community partners.

The 2015-2019 Collaboration Plan is organized in two ways: (1) it describes ways health plans collaborate with local public health agencies and (2) it provides information about Minnesota health plans. The Collaboration Plan is updated regularly and is available on the [MDH](#) and [MCHP](#) websites.

Layout of the Report:

Section 1 provides *general information* about Minnesota health plans.

Section 2 lists *who* to call for collaborative activities by health plan; provides health plan contact information special services such as transportation, interpreters, etc., for Medical Assistance and MinnesotaCare; and explains where to find special information for Medical Assistance and MinnesotaCare members who are pregnant.

Section 3 describes *how* health plans coordinate with local public health. This section highlights the regional local public health agency/health plan meetings, the work with the Center for Community Health (CCH) collaborative, and provides information about health plan data.

Section 4 lists *shared public health priority areas among the health plans (see side bar) and key initiatives* for each priority area.

Section 5 lists ways health plans support *public health accreditation activities*.

SHARED PRIORITY AREAS

Physical Activity and Nutrition

Health Disparities and Health Equity

Mental Health and Chemical Health

Access to Health Care

Chronic Disease Prevention and Management

Section 6 lists *committees/collaboratives* that health plans serve on that address public health issues.

Summary Comments:

Minnesota health plans have a long history working with the State, local public health agencies, and community partners to improve the health of Minnesotans. As part of the Collaboration Plan, health plans have identified key priorities for their work with local public health. However, health plans, similar to public health agencies, work on a multitude of public health issues as evidenced by Section 6 which lists current collaboration activities.

Since the last collaboration plan, there are two new initiatives that are changing the direction and approach of our work. The Healthy Minnesota Partnership set the framework for health improvement, focusing on the opportunities for health. Under the Healthy Minnesota Partnership umbrella, there is ongoing work focused on chronic disease, changing the narrative of health, and health in all policies. Health plans have been very active in this work and will continue to do so. Additionally, the Center for Community Health (CCH), a newly reconstituted collaborative with health plans, hospitals, and local public health agencies in the metro area, will work on aligning the community health needs assessments (CHNA) as well as identifying and implementing collective actions. Although both efforts are relatively new, the work to date is very promising. These efforts will improve our ability to address health inequities, leverage resources, and impact health outcomes. Another area that will likely change in the coming years is our ability to share and analyze population health data. Some of this work will occur under CCH but it will also occur as part of health care homes, accountable communities for health and other collaborative work focused on improving health along the continuum of care. Finally, health plans will continue to put significant efforts toward key initiatives such as the State Health Improvement Program (SHIP) as well as committees focused on improving birth outcomes and preventive services for children and adolescents (Child and Teen Check-Up), etc. Health plans will also be strong partners with local public health in the event of an epidemic or other crisis-oriented health threat. Health plans value the relationship with State and local public health partners. The Collaboration Plan provides an opportunity to demonstrate how health plans and public health agencies work together on public health issues.

About MCHP

MCHP is an association for Minnesota's seven non-profit health plans. MCHP's members include: Blue Cross and Blue Shield/Blue Plus of Minnesota, HealthPartners, Medica, Hennepin Health, PreferredOne, Sanford Health Plan of Minnesota and UCare.

The MCHP vision statement aligns with the goals of public health and with the Collaboration Plans' intent. MCHP's Vision Statement is: *"Minnesota health plans are dedicated to strengthening Minnesota's position as the nation's healthiest state by leading or supporting efforts with community partners, that increase the value of health care services."*

SECTION 1: HEALTH PLANS AT A GLANCE

Minnesota health plans are unique organizations. Service areas, enrollment, products and services vary. Go to the websites listed below:

- To learn about health plan service areas, enrollment, financial and quality reports [here](#).
- To learn about health plans' coverage for State Public Programs by county [here](#):

Blue Cross and Blue Shield/Blue Plus of Minnesota

For 80 years Blue Cross Blue Shield of Minnesota has made a healthy difference in people's lives. A not-for-profit, taxable organization, Blue Cross was chartered in 1933 as Minnesota's first health plan. Blue Cross continues to carry out its charter mission today as a health company: to promote a wider, more economical and timely availability of health services for the people of Minnesota.

Nearly 2.6 million people depend on Blue Cross and Blue Shield of Minnesota to manage their health needs. Blue Cross is the largest health insurance plan in the state, with members located throughout the Twin Cities and across Greater Minnesota. Blue Cross provides customized solutions for a range of different customers, including individuals; employers; and federal, state and local governments.

Blue Cross and Blue Shield of Minnesota is an independent licensee of the Blue Cross and Blue Shield Association, which serves 100 million members in the United States

HealthPartners

HealthPartners, an integrated health care organization providing health care services and health plan financing and administration, was founded in 1957 as a cooperative. It's the largest consumer governed nonprofit health care organization in the nation – serving more than 1.5 million medical and dental health plan members nationwide. Our care system includes a multi-specialty group practice of more than 1,700 physicians that services more than 1.2 million patients. HealthPartners employs over 22,500 people, all working together to deliver the HealthPartners mission. Learn more at <https://www.healthpartners.com/hp/about/quick-facts/index.html>

Medica

Serving about 1.2 million members, Medica is a health insurance company headquartered in Minneapolis and active in the Midwest. The non-profit company provides health care coverage to individuals in Minnesota, Iowa, Kansas, Nebraska, and North Dakota, and to employers, third-party administrators and government programs in Minnesota and select counties in Wisconsin, North Dakota and South Dakota. Medica also offers national network coverage to employers who also have employees outside the Medica regional network.

Medica's State Public Programs (Medicaid) division serves Minnesotans enrolled in Minnesota Senior Health Options for dually eligible individuals and Special Needs Basic Care for people with disabilities. Medica's commitment to the community is long-lasting and sincere, which

is demonstrated by the grant making of the Medica Foundation and by investment and leadership in many community initiatives. Medica's mission is to be the trusted health plan of choice for customers, members, partners and its employees.

Hennepin Health

Hennepin Health (formerly Metropolitan Health Plan) is a nonprofit, state-certified health maintenance organization that provides health care coverage to residents of Hennepin County who are enrolled in a Minnesota Health Care Program. Currently, Hennepin Health offers two products: Prepaid Medical Assistance Programs (PMAP) and SNBC (Special Needs Basic Care for dual and non-dual eligible enrollees). Centrally located in downtown Minneapolis, Hennepin Health offers a Walk-In Service Center for enrollees. The Service Center is a place where members can meet face to face with a care coordinator, learn about their health plan benefits and receive referrals to community programs. In addition Hennepin Health offers a monthly health education program for members in the Walk-In Service Center covering topics such as Substance Use Disorders, Understanding Medications and Child Safety.

Hennepin Health's mission is to integrate health care and service to enhance the well-being of our members and the community. Hennepin Health's vision is to be a leader in partnering with our members and communities to improve health.

PreferredOne

PreferredOne Community Health Plan (PCHP) is a Minnesota nonprofit corporation organized on December 2, 1994 under Chapter 317A of the Minnesota Statutes. PCHP became operational in 1996. PCHP offers a variety of fully-insured HMO products for both large and small employers and features an open-access provider network. Plans feature a variety of benefit options including 100% preventive coverage and options for out-of-network coverage.

PreferredOne's mission is to improve the value of healthcare. As an organization we are committed to providing quality services that make a positive difference in administering health care benefits and helping our members reach their health related goals.

Sanford Health Plan of Minnesota

Sanford Health Plan is a not-for-profit, community-based HMO that began operations in 1998. Sanford Health Plan was designed to align physicians and hospitals, establish a framework for providers to efficiently manage the delivery of health care services, and operate on the strength of affordable premiums. Serving nearly 100,000 members, Sanford Health plan is a non-profit company providing health insurance in North Dakota, South Dakota, Iowa and Minnesota. Sanford Health Plan also offers national network coverage to employers who also have employees outside the Sanford Health Plan regional network.

Central to the design of Sanford Health Plan is a collaborative effort between Sanford Health, contracting providers, and member representatives of service area communities. Each of these elements offers unique perspectives, and acknowledgment that health care resources are finite.

Sanford Health Plan offers

- Employer sponsored group plans for both large and small businesses
- Third Party Administration (TPA) services
- Medicare Supplement Plans and Medicare SELECT Plans
- Insurance for individuals
- Marketplace plans in the federally facilitated exchange

UCare

UCare has been improving the health of its members through innovative services and partnerships across communities since 1984. Today, it is an independent, nonprofit health plan providing health care to more than 350,000 members. UCare is proud to serve many people from diverse cultures, and more seniors and people with disabilities enrolled in Medical Assistance than any other health plan in Minnesota.

The organization partners with health care providers, counties, and community organizations to create and deliver:

- Minnesota Health Care Programs for families and children, seniors, and people with disabilities including MinnesotaCare, Prepaid Medical Assistance Program, Minnesota Senior Care Plus and Special Needs Basic Care
- NCQA-accredited commercial plans for individuals and families shopping on the MNsure health insurance marketplace
- Medicare plans, including a plan with an “Excellent” NCQA rating, and an integrated plan with Essentia Health

UCare addresses health care disparities and care access issues through its UCare Foundation grants and a broad array of community initiatives. The health plan has received Top Workplaces honors for eight consecutive years from the Star Tribune since the rankings began in 2010.

For more information, visit www.ucare.org.

SECTION 2: HEALTH PLAN CONTACT INFORMATION

This section provides information on ways to contact health plan representatives or their special service departments. There are three tables:

- A. Health plan contacts for collaborative activities: This table lists the individual names, organizations, emails and phone numbers for people you can call for collaborative activities.
- B. Health plan department phone numbers for special services (e.g., transportation, interpreter services etc.) for Medical Assistance and MinnesotaCare members.
- C. Health plan contact information specific to perinatal services for Medical Assistance and MinnesotaCare members who are pregnant.

SECTION 2 A: Health Plan Contacts for Collaborative Activities

Health Plan	Contact	Email	Phone
MN Council of Health Plans	Julia Dreier	dreier@mnhealthplans.org	651-529-1172
Blue Cross Blue Shield/Blue Plus of MN	Lynn Price	Lynn.Price@bluecrossmn.com	(651) 662-4377
HealthPartners	Nancy Hoyt Taff	Nancy.h.taff@healthpartners.com	(952) 967-5148
	DeDee Varner	deanna.d.varner@healthpartners.com	(952) 883-5184
Medica	PJ Mitchell	patrick.mitchell@medica.com	(952) 992-3911
Hennepin Health	Anne Kanyusik Yoakum	anne.yoakum@hennepin.us	(612) 348-7950
PreferredOne	Heather Clark	Heather.clark@preferredone.com	(763) 847-3562
Sanford Health Plan	Lisa Carlson	Lisa.M.Carlson@sanfordhealth.org	(605) 328-6859
UCare	Annie Halland	ahalland@ucare.org	(612) 676-3317

SECTION 2 B: Contacts for Special Services for Medical Assistance and MinnesotaCare Members

HEALTH PLAN	CUSTOMER SERVICE	INTERPRETERS	TRANSPORTATION* <i>*Medical Assistance only</i>	MENTAL HEALTH and SUBSTANCE ABUSE SERVICES	DENTAL CUSTOMER SERVICE	24/7/365 NURSE INFORMATION LINE
Blue Plus	651-662-5545 1-800-711-9862 One number connects members with all languages.		BlueRide 651-662-8648 1-866-340-8648	Behavioral Health at Blue Cross Blue Shield of MN 651-662-5545 1-800-711-9862 TTY/Hearing impaired 7-1-1	Delta Dental of Minnesota 651-406-5907 1-800-774-9049 TTY/Hearing impaired 651-406-5915 1-800-916-9514 <i>CivicSmiles network</i>	24 Hour Advice Nurse Line 1-800-622-9524 TTY/Hearing impaired 7-1-1
	TTY/Hearing impaired 7-1-1					
HealthPartners	952-967-7998 1-866-885-8880		RideCare 952-883-7400 1-888-288-1439	Behavioral Health Navigators 952-883-5811 1-888-638-8787 TTY/Hearing impaired 952-883-6060 1-800-443-0156	952-967-7998 1-866-885-8880 TTY/Hearing impaired 952-883-6060 1-800-443-0156	CareLine 612-339-3663 1-800-551-0859 TTY/Hearing impaired 952-883-5474
	Language Lines					
	Hmong 952-967-7355 Oromo 952-967-7160 Russian 952-883-7799 Somali 952-937-7159 Spanish 952-967-7050 Option 2					
TTY/Hearing impaired 952-883-6060 1-800-443-0156						
Hennepin Health	Hennepin Health Member Services 612-596-1507 1-888-562-8000 Sign language: 1-800-627-3529 Spoken language: 612-596-1507 or 1-888-562-8000 Online care: hennepinhealth@hennepin.us		Medical Transportation 612-596-1507 1-888-562-8000 TTY Hearing impaired 1-800-627-3529	Behavioral Health Services 612-596-1507 Or 1-888-562-8000 TTY Hearing impaired 1-800-627-3529	Delta Dental 651-406-5907 1-800-774-9049 TTY Hearing impaired 711	HealthConnection 24/7 Nurse Line 1-888-859-0202 Minnesota Relay Service 1-800-627-3529 or Speech-to-speech relay 1-877-627-3848

HEALTH PLAN	CUSTOMER SERVICE	INTERPRETERS	TRANSPORTATION* <i>*Medical Assistance only</i>	MENTAL HEALTH and SUBSTANCE ABUSE SERVICES	DENTAL CUSTOMER SERVICE	24/7/365 NURSE INFORMATION LINE
	TTY Hearing impaired 1-800-627-3529 Website hennepinhealth.org					
Medica	952-992-2322 1-800-373-8335	952-992-2292 1-800-601-1805	Provide-A-RideSM 952-992-2292 1-800-601-1805	Medica Behavioral Health 1-800-848-8327 TTY/Hearing impaired Call the National Relay Center at 1-800-855-2880 and ask for one of the phone number above.	Delta Dental of Minnesota 651-406-5919 1-800-459-8574 TTY/Hearing impaired 651-406-5915 1-800-916-9514 <i>CivicSmiles network</i>	Medica CallLink[®] Nurse Line 1-866-715-0915 TTY/Hearing impaired Call the National Relay Center at 1-800-855-2880 and request they call Medica CallLink.
	Language Lines Spanish 952-992-2297 Hmong 952-992-2296 Vietnamese 952-992-2295 Russian 952-992-2294 Somali 952-992-2260 All Languages 952-992-2292					
	TTY/Hearing impaired Call the National Relay Center at 1-800-855-2880 and ask for one of the phone number above.					
UCare	612-676-3200 <i>press 1 for English</i> <i>press 2 for Hmong</i> <i>press 3 for Spanish</i> <i>press 4 for Somali</i> Main Line 1-800-203-7225	612-676-3200 <i>press 1 for English</i> <i>press 2 for Hmong</i> <i>press 3 for Spanish</i> <i>press 4 for Somali</i> Main Line 1-800-203-7225	HealthRide 612-676-6830 1-800-864-2157	612-676-3200 <i>press 1 for English</i> <i>press 2 for Hmong</i> <i>press 3 for Spanish</i> <i>press 4 for Somali</i> Main Line 1-800-203-7225 TTY/Hearing impaired 612-676-6810 1-800-688-2534	Delta Dental of Minnesota <i>Civic Smiles Network</i> 651-768-1415 1-855-648-1415 TTY/Hearing Impaired 711	24/7 Nurse Line 1-800-942-7858 TTY/Hearing impaired 1-800-688-2534 Online Care member.ucare.org Log into the member site, send your general health questions, and within 24 hours a nurse will reply to you with information.
	TTY/Hearing impaired 612-676-6810 1-800-688-2534					

SECTION 2 C: Health Plan Services for Medical Assistance and MinnesotaCare Members who are Pregnant

Health plans were asked by community partners to assemble a table that highlights services that health plans cover for Medical Assistance and MinnesotaCare members who are pregnant. These services supplement the care these members receive from their health care providers in the clinic setting.

For a current version of the table, go directly to either of these websites:

- [Dakota County Public Health](#)

The table contains information on the following:

[Text4baby](#), a mobile service that provides women who are pregnant and new mothers with information about their health and their babies. This program is in Spanish as well as English and can be accessed by texting BABY to 511411

- Contact information for:
 - Health plans' pregnancy support person
 - Transportation
 - Interpreter
 - Customer services
- Information about the following services:
 - Behavioral health (mental health and chemical dependency)
 - High risk case management
 - 24 hour nurse information line
 - Perinatal nurse advice line
 - Postpartum visits/education
 - Prenatal packet and/or education materials
 - Doula services

SECTION 3: COORDINATION WITH LOCAL PUBLIC HEALTH

Health plans collaborate with state and local public health agencies in numerous ways. In this section, we provide information on:

- A. Regional local public health director/health plan meetings.
- B. The Center for Community Health (CCH) and the community health need assessment (CHNA) processes for health plans, hospitals, and local public health.
- C. Information on health plan data. Local public health agencies requested this information.

SECTION 3 A: Regional Meetings

Local Health Departments' Regional Meetings with Health Plans

The table below provides information on collaborative local health department regional meetings where health plan representatives and public health directors meet to discuss public health priority areas for the purposes of identifying areas for collaboration and to problem solve. These meetings are focused on local issues and do not replace other meetings focused on public health priorities (see Section 6).

Since the last Collaboration Plan was submitted, many of the groups listed below are either not meeting or meeting infrequently. The Metro group continues to meet three times a year and is closely linked to Center for Community Health. The Southwest group, called the Prairie Regional Health Alliance, is also meeting. *Health plans are interested in meeting with public health directors in all regions of the state.*

COLLABORATIVE LOCAL HEALTH DEPARTMENT/HEALTH PLAN REGIONAL GROUPS			
Region	Units within Region	Meetings	Representatives
Central	Counties: Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright	Not active	<i>MCHP</i> : Annie Halland (UCare); Nancy Hoyt Taff (HP); BCBS
Metro Metro Local Public Association (MLPHA)	Cities: Bloomington, Edina, Minneapolis, Richfield, St. Paul; Counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington	3x/year for one hour; additional ad hoc meetings	<ul style="list-style-type: none"> • <i>MCHP</i>: Julia Dreier (MCHP); BCBS; DeDee Varner, Nancy Hoyt Taff (HP); PJ Mitchell (Medica); Heather Clark (P1); Annie Halland (UCare) • <i>Public Health</i>: Wendy Bauman, Joan Brandt, Merilee Brown, Bonnie Brueshoff, Laurel Hoff, Lowell Johnson, Rina McManus, Todd Monson, Gretchen Musicant, Bonnie Paulsen, Susan Palchick, Marcee Shaughnessy, Randy Wolf
Northeast NE MN Public Health Cooperative	Counties: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis	This group has not met since 2012.	<i>MCHP</i> : Annie Halland (UCare); Nancy Hoyt Taff (HP); BCBS
Northwest	Counties: Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Marshall, Pennington, Polk, Red Lake, Roseau	Not active	<i>MCHP</i> : Annie Halland (UCare); Nancy Hoyt Taff (HP); BCBS

COLLABORATIVE LOCAL HEALTH DEPARTMENT/HEALTH PLAN REGIONAL GROUPS			
Region	Units within Region	Meetings	Representatives
South Central	Counties: Blue Earth, Brown, Faribault, McLeod, LeSueur, Martin, Meeker, Nicollet, Sibley, Watonwan	Not active	<i>MCHP</i> : Annie Halland (UCare); BCBS
Southeast	Counties: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Waseca, Winona	Have met with SE MN Local Public Health Association in the past (last met in 2011)	<i>MCHP</i> : Annie Halland (UCare)
Southwest Prairie Regional Health Alliance	Counties: Big Stone, Chippewa, Cottonwood, Jackson, Kandiyohi, Lac Quiparle, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine	Meets 3x/year for two hours	<ul style="list-style-type: none"> • <i>MCHP</i>: Annie Halland (UCare); BCBS • <i>MDH</i>: Dorothy Bliss • <i>Affiliated Community Medical Center</i>: Shawn Franklin, Caryn McGreary • <i>Public Health</i>: Liz Auch, Carol Biren, Jill Bruns, Chery Johnson, Marie Meyers, Ann Stehn, Pat Stewart, Diane Winter • <i>Southern Prairie Community Care</i>: Mary Fischer
West Central	Counties: Becker, Clay, Douglas, Grant, Norman, Mahnommen, Otter Tail, Pope, Stevens, Traverse, Wilkin	Not active	<i>MCHP</i> : Annie Halland (UCare); BCBS

SECTION 3 B: Center for Community Health

Partners: Health plans, hospitals and local public health agencies in the 7-county metro area of Minnesota.

Vision: Using data and assessment tools, health plans, hospitals and governmental public health agencies will achieve the Triple Aim of improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care.

Mission: To improve the health of our community by engaging across sectors and serving as a catalyst to align the community health assessment process and the development of action plans to impact priority issues and increase organizational effectiveness.

Guiding Principles:

- Our work will focus on what can be done across all three sectors
- Our level of engagement will reflect our respective priorities and capacity
- Members will be clear about who they are representing (sector, organization or self) when contributing opinions and ideas
- Our work will be data driven
- We will strive for efficiency and avoid added work
- Our efforts should add value to our work
- We will avoid areas that might raise antitrust concerns, such as reimbursement matters and payor/provider relationships
- Membership in CCH does not preclude members from doing individual work in their own sectors
- We will strive to create/achieve health equity

Members: Appointed by CCH member organizations. These representatives have responsibility and accountability for community health assessments or other related activities within their organizations.

CCH Partners

Public Health Agencies

Anoka County Community Health & Environmental Services
Carver County Public Health & Environment
City of Bloomington, Division of Health
City of Edina Community Health
City of Richfield Public Safety
Dakota County Public Health
Hennepin County Human Services & Public Health
Minneapolis Health Department
St. Paul-Ramsey County Public Health
Washington County Public Health & Environment

Health Plans

Blue Cross Blue Shield/Blue Plus of MN
HealthPartners
Medica
Hennepin Health
MN Council of Health Plans
PreferredOne
UCare

Hospitals/Health Systems

Allina Health
Children's Hospitals and Clinics Ridgeview Medical Center
Fairview & Fairview Corporate Community Health
HealthEast: St. Joseph's, St. John's, Bethesda & Woodwinds
Hospitals
HealthPartners family of care: Methodist, Regions & Lakeview
Hospitals; HealthPartners & Park Nicollet Medica Clinics
Hennepin County Medical Center
MN Hospital Association
North Memorial
Regina Medical Center
United Hospital
Unity & Mercy Hospitals – Northwest Metro

ExOfficio

MN Department of Health
Stratis Health

Organizational Structure:

- **Steering Committee:** Comprised of 12 members: four representatives from each sector— metro hospitals, health plans, and public health agencies. Non-voting members include Stratis Health (facilitator) and the Minnesota Department of Health. The Steering Committee’s role is to make decisions for CCH and set annual objectives and work plans based on input from the full membership. Steering Committee members serve a two-year term.
- **Executive Committee:** Has three members. Committee members are chosen by the Steering Committee, with one representative from each sector.

Accomplishments

- Completed four analyses of the community health assessment.
- Provided a document that explains the community health assessment requirements for hospitals, health plans, and public health agencies.
- Created a communication vehicle, *CollaboGRAM*.
- Formed two work groups: Assessment Alignment and Collective Action.
- Identified Mental Health as an area for collective action. Recently, identified and recommended four evidence-based programs for collective action.
- Work with Metropolitan Public Health Analysts Network on data issues.
- Twice a year host “full” membership meetings as a way of keeping the CCH community informed.
- Attracted more than 30 paying member organizations.
- Received a grant from Robert Wood Johnson to participate in a one-year training session that provides resources and tools on effective collaboration through the Center for Creative Leadership (CCL). Five members of CCH participated.
- Received \$10,000 grant from Stratis Health for facilitation.
- Received a \$26,000 grant from Robert Wood Johnson, through the Minnesota Aligning Force for Quality, to work on alignment of data and measurement.
- Hired a University of Minnesota graduate student to do the community health assessment analyses.
- Hired a data and research analyst and University of Minnesota graduate student to assist the work group with aligning collective mental health measures and activities.
- Explored possible partnerships beyond CCH members. Examples include the University of Minnesota, Silos to Circles, and other collaboratives outside the seven-county metro area that are working on community needs assessments.
- A model for a common community health assessment for Metro Twin Cities will be developed in 2015, with a pilot following.

Requirements for Community Health Assessments Across Sectors

Background: This document was prepared by the Center for Community Health to describe the different requirements for the Community Health Assessment for hospitals, local public health and health plans. This document will be updated as needed and will be placed on the Center for Community Health website.

Community Assessment Goal

The goal of a community health assessment¹ is to identify, quantify and describe community health issues and to characterize community assets that may help meet needs and improve health. In Minnesota, several community sectors engage in assessing a community's health. These sectors include, but are not limited to, nonprofit health plans, nonprofit hospitals and public health agencies.

Why Collaboration is Important

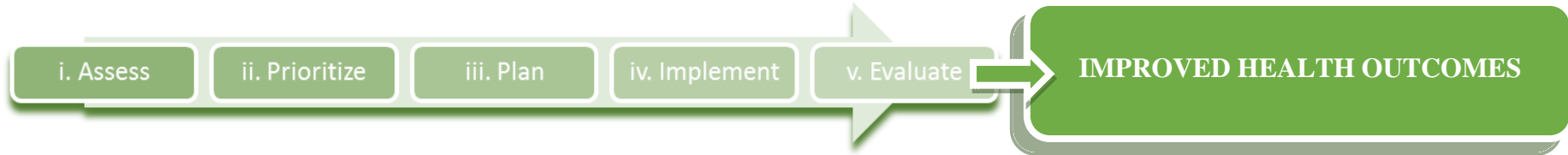
Recent changes to the requirements or guidelines that define how these assessments should be conducted necessitate better understanding and collaboration between sectors in order to reduce duplication of effort. The Center for Community Health (CCH), a public/private initiative for health improvement in the seven-county metropolitan area of Minnesota, brings partners together to discuss the key components of hospital-health system, health plan and local public health requirements related to community health assessment. One of CCH's initial goals is to assure general understanding about key assessment components as well as identify intersections and opportunities for streamlining community health assessments across these sectors.

How Community Health Assessment Fits into the Big Picture

Community Health Assessment is typically the first stage of a multi-step process which includes assessment, prioritizing, planning, implementation and evaluation. Improved coordination and collaboration between Minnesota's health Plans, hospitals-health systems and public health during the assessment, prioritization and planning stages will result in better use of community and organizational resources. The Centers for Disease Control and Prevention has described a similar desired state² for multiple stakeholders that unifies community health improvement efforts.

¹ **Community Health Assessment** and **Community Health Needs Assessment** are used interchangeably throughout this document with both referring to the systematic collection of data and information to be used in the development of strategies to address a community's health.

² Center for Disease Control (CDC) www.cdc.gov/policy/ohsc/docs/currentanddesired_frameworks.pdf



Why Community Health Assessment is important

Hospitals & Health Systems The community health needs assessment is an important tool for hospitals in meeting their mission. The assessment allows hospitals to utilize available public health data as well as their own data to identify the needs of the community and direct their community benefit activities to address those needs. As a result of the passage of the Affordable Care Act and accompanying IRS requirements, completion of a community health needs assessment is required of non-profit hospitals every three years.

Public Health Assessment is a foundational activity of public health and is a basis for setting priorities, planning, developing programs, seeking funding, and changing policy. Community health assessments in public health describe the health of the population, identify areas for improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health. These assessments provide the general public and policy leaders with information on the health of the population and the broad range of factors that impact its health. Public health assessment activities have recently been influenced by the Public Health Accreditation Board’s³ Voluntary Standards and Measures document which serves as the official guide for public health department accreditation. Community health assessment requirements are outlined in Standard 1.1.

Health Plans Local public health community health assessments, Minnesota public health goals and health plans’ own data analyses are used to determine health plan priority areas. Health plans are required by the State to collaborate with local public health departments on public health goals. In 2010, the Minnesota Department of Health and Department of Human Services agree to allow the health plans to submit one collaboration plan for its seven health plans. Priority areas become the focus of collaborative health improvement efforts. The collaboration plan has evolved from a report to a working document that can be used by stakeholders for collaboration and public health improvement.

³ Public Health Accreditation Board (PHAB) www.phaboard.org

WHAT ARE THE COMMUNITY HEALTH ASSESSMENT TASKS BY SECTOR

	HEALTH PLANS*	HOSPITALS & HEALTH SYSTEMS	PUBLIC HEALTH
FREQUENCY	Every 5 years	Every 3 years	At least every 5 years
REQUIREMENT	Minn. Stat. 62Q.075	Affordable Care Act	Minn. Stat. 145A
REPORTING	To MDH	To IRS, Form 990 Schedule H	To MDH
AVAILABILITY OF COLLABORATIVE PROCESS MODELS OR TOOLKITS		ACHI Toolkit, Catholic Hospital Association Assessing Community Health Needs	Mobilizing for Action through Planning and Partnerships (MAPP)
TASKS THAT ARE COMMON ACROSS SECTORS	Describe target population/audience		
	Develop an assessment plan		
	Partner with other community sectors		
	Review primary and secondary data		
	Collect quantitative and qualitative data		
	Analyze all data		
	Seek community input		
	Describe causes that contribute to the identified health issues		
	Describe existence and extent of health disparities		
	Describe community assets and resources available to address priority health issues		
	Inform partners and community organizations about the assessment		
	Communicate findings to the public		
	Monitor and update findings on an ongoing basis		

*Although individual health plans do the tasks listed under community health assessment for their organizations, it is not a requirement of the collaboration plan. Health plans work with local public health and hospitals on community health assessments through collaborative projects.

ONLINE RESOURCES

Minnesota Council of Health Plans
Collaboration Plan

<http://bit.ly/1x14dVz>

Minnesota Department of Health
Local Public Health Assessment and Planning

<http://bit.ly/1AXXyeq>

Minnesota Hospital Association
Community Health Needs Assessment

<http://bit.ly/1CDJmrZ>

SECTION 3 C: Health Plan Data

Health plans provide their expertise on data and measurement on a number of collaboratives (see Section 6). And, health plans work with the State on various initiatives to improve the collection of data related to race, ethnicity, language and socio-demographics.

Additionally, local public health agencies asked health plans to provide an overview of their key data sources and also asked health plans to answer specific data questions (provided below).

Key data sources:

- *MN Community Measurement (MNCM)* Health plans were founders of MNCM, which measures outcomes on the triple aim, including cost, quality and patient experience. Health plans provide data to MNCM and participate on various workgroups. Annual reports include health care quality reports, which provide comparative data at the medical group level. Additionally, MNCM issues an annual report, *A Health Care Disparities Report*, which provides comparable clinical data by race, ethnicity, language and health insurance coverage. Recently MNCM published a Total Cost of Care measure.
- *Healthcare Effectiveness Data and Information Set (HEDIS)*. HEDIS measures, developed by the National Committee for Quality Assurance (NCQA), provide data by health plans about the quality of care, access to care, and member satisfaction with health plans and providers. HEDIS data provide consistent measurements that can be compared and reported yearly.
- *MN Statewide Quality Reporting and Measurement System (SORMS)*. This is a standardized set of quality measures for health care providers across the state. Health plans require providers to submit data on measures that are part of the standardized data set.

Health Plan Data Q&A

How is health plan data collected?

All available data is collected through claims data on individual members. This data includes clinic visits and hospital stays. The data is only as good as the claims that are submitted. These data can be filtered by payor (Medicaid), race, clinic, hospitalizations, etc.

- *Birth Data:* The Center for Health Statistics has birth and death information. Health plans receive birth notifications from the Minnesota Department of Health (MDH), who receives birth certificate information from the hospitals. The health plans then send the list of newborns to the county to update enrollment files. Some county public health agencies use the information for outreach purposes.

- *Persons identifying as smoking cigarettes:* We are not able to identify who is a current smoker based on claims data. There may be other data available through claims, such as if the member is participating in smoking cessation programs, or had smoking cessation counseling.

How do the health plans use their data?

The health plans use data to help inform performance and quality improvement projects, and develop better ways to serve members. For example, if the data shows a disparity in a particular service, the health plans can develop initiatives to help reduce this disparity.

Who would be the primary contact at a health plan?

Please see the contact sheet provided by the health plans in the collaboration plan or connect with your county representative at each plan.

What is the process and/or capacity to share data?

Data sharing agreements vary by health plan and topic, often on a case-by-case basis and dependent on data privacy laws. The health plans have data sharing agreements with the counties, and are able to set up data exchanges on a case-by-case basis. Health plans protect member identity and would not share data if there is any possibility that an individual could be identified. This is a possibility in counties with small population sizes. MN Community Measurement (MNCM) develops, collects, analyzes and reports quality measures in the health care industry. See [MNCM \(www.mncm.org\)](http://www.mncm.org) for more information.

Have the health plans been involved with the hospitals that are now required to do community health assessments every three years?

Health plans share data as requested or needed to complete the hospital assessments. We also work closely with our hospitals to align initiatives and goals based on these assessments. The health plans participate in a number of community wide collaborations, such as the Center for Community Health (metro area) and the Chisago County Needs Assessment group. These collaborations address the barriers and opportunities for collaboration around the various needs assessments conducted in a community.

What data might the health plans be interested in that is currently being collected by public health?

Health plans are interested in the information that public health collects on their communities as that helps better serve members. For example, it's helpful to know if members are participating in public health programs. Health plans also would like to know about public health programs where members may be eligible.

What are some challenges in the exchange of information?

The timeliness and accuracy of claims data is reliant on the timelines and submission of claims. If the claim is not submitted quickly, or with an accurate billing code, health plan data is not as accurate as it could be.

Another issue is that the health plans are not always billed for services. If a member has dual coverage with private insurance, Medicaid is billed last. Many clinics do not bill Medicaid for remaining components, or there is no need to bill Medicaid for the service if the primary insurance covers the service. In these situations, the Medicaid health plan is not aware the service has occurred.

One major area of concern is the accuracy of member contact information. Many members are highly mobile and often do not have permanent addresses or phone numbers.

When requesting data from health plans, the specifications and metrics of the data must be clear so the health plan is able to pull the correct information and so it is comparable across health plans and in aggregate.

Are there some opportunities for partnerships/collaboration?

YES! Health plans welcome the opportunity to explore opportunities for better data exchange. Much of the data sharing health plans do with counties is a manual process, and a more fluid communication systems is envisioned for the future. Examples of the data provided to counties at this time for outreach work are lists of pregnant women and missed C&TC visits. Similar data sharing could be arranged to better coordinate care across systems.

SECTION 4: SHARED PUBLIC HEALTH PRIORITIES & KEY INITIATIVES **ADDRESSING SHARED PRIORITY AREAS**

How priority areas were chosen: Health plans identified five public health priority areas after review of a number of analyses and reports. First, the MCHP Community Health Committee reviewed their priority areas from their last collaboration plan. Those priority areas were aligned with local public health. Health plans also reviewed the analysis done by the Center for Community Health (CCH). The CCH analysis reviewed all the public health priorities from the last Community Health Needs Assessments (CHNA) submitted by public health and hospitals. Additionally, health plans serve on the Healthy Minnesota Partnership which sets the framework for the State's goals through 2020. Based on these reviews, MCHP identified the five topics below for their priority areas for 2015-2019. While these five topics will be key priority areas for health plans' work with local public health, health plans will continue to work on other public health issues as well.

- Physical Activity and Nutrition
- Health Disparities and Health Equity
- Mental Health and Chemical Health
- Access to Health Care
- Chronic Disease Prevention and Management

The following pages highlight key initiatives that health plans work on with public health:

- Physical Activity and Nutrition: While health plans have myriad activities focused on physical activities and nutrition, this section highlights the Minnesota Partnership on Pediatric Obesity Care and Coverage (MPPOCC). However, in addition to MPPOCC, health plans have actively worked on the State Health Improvement Program (SHIP) and the Community Transformation Grants (CTG). Other activities focused on physical activity and nutrition are listed in Section 6.
- Health Disparities and Health Equity: Health plans address health disparities and health equity as employers, health plans, and community members. This section describes the type of activities most health plans typically do as well as list individual health plans' programs.
- Mental Health and Chemical Health: MCHP has a Behavioral Health Sub-committee that has been meeting for many years to address behavioral health and chemical health issues. Most of the discussion is focused on treatment. In addition to collaborating across health plans,

this sub-committee works with community partners and state agencies on a variety of behavioral and chemical health issues. MCHP provides a leadership role for the Collective Action Work Group of the Center for Community Health, which is directing its efforts on community mental health initiatives, focused on awareness and prevention.

- D. Access to Health Care: MCHP's goal is to assure broad access to health care coverage and affordable, quality services. This section details ways health plans work to assure members and the community have access to coverage. Additionally, while there is considerable data on the quality of care, it has been more difficult to access cost data. In 2014, health plans worked with MN Community Measurement to develop comparable cost data through the total cost of care measure.

- E. Chronic Disease Prevention and Management: Minnesota is recognized for its high level of quality care by various national groups. With community partners, health plans work on initiatives that span the continuum of care. Additionally, MCHP health plans are committed to helping members take an active role in their health through disease and condition management programs. These programs are free for eligible members. Examples of specific diseases or conditions that have management programs include asthma, cancer, coronary artery disease, chronic obstructive pulmonary disease, depression and alcohol use disorder, diabetes, Parkinson's disease, rheumatoid arthritis.

SECTION 4 A: Physical Activity and Nutrition

Health plans offer programs for their members that address physical activities and nutrition. Additionally, they work together on collaborative activities that address these issues as well (See Section 6). Health plans have also actively worked on the State Health Improvement Partnership (SHIP) and the Community Transformation Grants (CTG). For this priority area, though, we chose to highlight the Minnesota Partnership on Pediatric Obesity Care and Coverage (MPPOCC). This is a collaborative that initially began between the Minnesota Council of Health Plans and the Minnesota Chapter of the Academy of Pediatrics, with the goal of improving clinical services and community referrals. The Partnership also includes state and local public health partners.

Minnesota Partnership on Pediatric Obesity Care and Coverage (MPPOCC)

Partners: The Minnesota Council of Health Plans (MCHP) and the Minnesota Chapter of the American Academy of Pediatrics (MNAPP). The Partnership was formed in 2012 and is comprised of organizations dedicated to reducing childhood obesity through clinical and community services.

Purpose: To gain a better understanding of (1) childhood obesity coverage and service packages; and (2) what the health plans would need to do to support these packages.

Addressing Barriers: MPPOCC worked to address barriers identified by pediatricians. The barriers were related to reimbursement, coding, community referrals, communications, both for providers and for parents and children, and finally improving data collecting reporting both for BMI and for other key clinical measures.

What We Have Learned So Far: Reimbursement is not a significant barrier to in-clinic care. Children who are obese or overweight can receive nutritional and/or physical activity counseling which is then reimbursed according to their individual coverage. Information on coding is also not a barrier. Coding information has been disseminated and training sessions are available. BMI data is being improved. MPPOCC came to consensus on data measures that clinics could collect beyond BMI. Multiple levels of communication have been developed and there was consensus to use the 5-2-1-0 messages. There are a multitude of resources to draw on which the MPPOCC has also disseminated. The barrier that remains is reimbursement for community referrals. A work group will begin meeting to determine the best way to support care outside clinic walls.

MPPOCC Partners

Blue Cross Blue Shield/Blue Plus of MN
CentraCare
Children's Hospitals and Clinics of MN
Entira Family Clinics
Essentia Health
Fairview
HealthPartners
Hennepin County Medical Center
Medica
Minneapolis Health Department
MN Academy of Family Physicians
MN American Academy of Pediatrics
MN Community Measurement
MN Council of Health Plans
MN Dept. of Health
MN Medical Association
Park Nicollet
PartnerSHIP 4 Health
PreferredOne
Sanford Health
UCare
University of Minnesota
YMCA – Twin Cities
Youth Determined to Succeed

Accomplishments

- Communication
 - Partnership formally adopted the 5-2-1-0 program/messages
 - Resources (including 5-2-1-0 counseling) are posted on the MNAPP website
 - “[Treating Childhood Obesity](#)” article published in January 2014 edition of Minnesota Medicine
 - Disseminated billing guide to providers.

- Data
 - MPPOCC members on the MN Community Measurement (MNCM) Measures Work Group. MNCM is part of the Partnership Stakeholder group. MNCM is developing a child preventive measure that includes BMI. Clinic pilots are being conducted and data is available.
 - Consensus on key measures for clinics to track.
- Community Referrals
 - Support Breastfeeding Coalition
 - Support SHIP efforts
- Coding
 - Work with Minnesota Department of Human Services on community covered benefits
 - A coding/billing webinar was held in 2015.
- Resources
 - ICSI guidelines
 - Developed a “discussion guide” for clinics to use for pilot projects with health plans
 - MN Academy of Pediatrics ([MNAAP](#)) billing guide is posted on this site
 - Institute of Medicine (IOM) [<http://www.iom.edu>]
- Statewide Health Improvement Program (SHIP) [<http://www.health.state.mn.us/ship/>]

SECTION 4 B: Health Disparities and Health Equity

Minnesota health plans are addressing racial and ethnic disparities and health equity as employers, as community partners through collaborative work, by covering special services such as interpreter services, and by providing culturally sensitive care. In terms of collaborative work, health plans serve on the MDH Office of Minority and Multi-cultural Health Advisory Committee. Health plans also serve on the Healthy Minnesota Partnership steering committee and work groups that focus on health in all policies and changing the narrative of health. Additionally, health plans provide leadership through the Minnesota Public Health Association which advocates for health equity through policies and system changes.

Examples of health plans' work to reduce health disparities and increase health equity:

- *Employment*
 - Staff Training and Education
 - Offer diversity training to all employees
 - Provide materials/resources on cultural competence
 - Organize diversity celebrations/activities on different cultures throughout the year
 - Offer ongoing training sessions to employees regarding culturally competent care
 - Employee Recruitment
 - Actively recruit by advertising jobs/positions in diverse publications and at job fairs and community festivals
 - Identify workforce diversity goals
 - Employee Retention
 - Have internal diversity committees to foster supportive working environment to help retain diverse staff
- Increased *access* to culturally and linguistically appropriate care through
 - Interpreters
 - Provide interpreter services for health care services
 - Offer language assistance both in person and over the phone
 - Employ bilingual staff, especially in customer services
 - Publish provider directories that indicate language capacity of clinics
 - Publish notice of right to interpreters in member guides and in other resources (such as [video](#) on You Tube)
 - Disseminate posters or other notices to place in clinics to help patients indicate their need for interpreter services
 - Include language block on all member materials explaining how to get the information communicated in their language
 - Include interpreter services information (e.g., how to arrange for interpreters, how to work with interpreters, etc.) in provider materials
 - Review interpreter services policies and procedures annually.
 - Written Materials in Other Languages

- Offer member information at appropriate health literacy level
 - Provide materials in identified languages and respond to requests for special language needs
 - Many health plans support the Multilingual Health Resource Exchange that has thousands of translated health resources
 - Use many methods of communication with diverse communities (partner with ECHO, support radio programs, etc.)
- Facilitating Complaint Process
 - Notify members of their right to file complaints or grievances in member information
 - Provide interpreter services for complaint and grievance process
- Prioritizing Culturally Responsive Care
 - Have internal Health Plan cultural competence committees
- Soliciting Community Input
 - Convene Member Advisory Committees to receive ongoing input about services
 - Hold focus groups among diverse members to solicit feedback from particular population groups
 - Participate in diverse community events and health fairs to have a presence in the community
- Literacy for members and employees
- *Improved quality of care* of diverse populations through
 - Provider Education
 - Offer cultural competence training for health care providers (e.g., sponsor conferences, workshops and onsite clinic training sessions).
 - > Offer conferences on best practices, screening, health disparities
 - > Provide materials/resources on cultural competence
 - Quality of Care Improvement Initiatives
 - Address cultural needs in quality improvement initiatives
 - Consider available Race/Ethnicity/Language (REL) data in planning initiatives
 - Research (e.g. healthy environments)
 - Implement CLAS standards
 - Data Analysis
 - Review public programs data on race and language as part of their program planning process
 - Review published data and community assessments/surveys on cultural and linguistic needs of Minnesota populations as part of their program planning process
 - Measurement: Data collection on REL
- Offer Incentives
 - Pay for Performance provider incentives for reducing inequities (e.g. colorectal cancer, BMI, smoking)
 - Incentives for Minnesota Health Care Program members (e.g. cancer screenings and other preventive health services, smoking cessation, etc.)

- Grants to providers and community partners to reduce disparities
- Health plans partner with the Minnesota Public Health Association to advocate for policies and systems changes that create health equity and put Health in All Policies into practice

EXAMPLES OF INDIVIDUAL HEALTH PLAN PROGRAMS

Blue Cross Blue Shield/Blue Plus of Minnesota	BlueCrossMN.com
	<p>The Center for Prevention collaborates with organizations statewide to increase health equity by addressing barriers to healthy eating and physical activity, as well as disparities related to commercial tobacco use. Through its Health Equity in Prevention funding initiative, the Center is currently providing approximately \$2.3 million annually to support 11 projects specifically focused on increasing health equity. Organizations supported through its Active Living for All funding initiative, are also addressing health equity by ensuring that more Minnesota communities provide opportunities for people to engage in physical activity safely and conveniently. To see a full list of initiatives the Center is supporting across Minnesota, visit: CenterForPreventionMN.com.</p>
	<p>The Blue Cross and Blue Shield of Minnesota Foundation’s (Foundation) invests in efforts addressing the social and economic determinants of health and advancing health equity. The Foundation awards \$3-4 million annually to create healthier, more equitable communities. The five social and economic determinants addressed in grantmaking are: <u>Community safety</u>: People can feel at ease in their neighborhoods, facilitating meaningful connections and promoting long-term community stability. <u>Education</u>: Better educated people and their children live longer, healthier lives, and education begins with early-childhood programs. <u>Employment</u>: Job security and workplace safety enables individuals to thrive and maintain healthy routines. <u>Income</u>: Families with stable housing, income, and wealth have the tools to fully engage with their community without the burden of financial stress. <u>Family and social support</u>: United and supported, friends and families can embrace their community, gain social capital and create conditions for health. For more information on Foundation programs and grantees, please visit Blue Cross MN Foundation</p>
HealthPartners	HealthPartners.com
	<p>EBAN 3D Collaborative: In 2013, HealthPartners and Park Nicollet committed to a year-long collaborative titled “EBAN 3D Collaborative™” to improve diabetes outcomes in African American or African born populations. The collaborative, which concluded mid-2014, brings together community partners, patients and health professionals to find solutions that reduce diabetes care disparities.</p> <p>Interpreter Services: Invested \$7.3 million in FY2012 in on-site services; language access integral component; provide interpreter services</p>

EXAMPLES OF INDIVIDUAL HEALTH PLAN PROGRAMS

	<p>in all key languages spoken by patients and members, and more than 150 other languages through telephone and video remote interpreter services; Members Services department delivers services in multiple languages to assist members with questions and finding culturally appropriate providers.</p> <p>Promise Neighborhood Work partners with the St. Paul Public Schools, Ramsey County, City of St. Paul, St. Paul Foundation and Wilder Foundation to provide “cradle to career” continuum of supports to children in the St. Paul Promise Neighborhood to overcome socioeconomic barriers and ensure their success. Success has been achieved in prioritizing health needs to focus on three elementary schools and families; initiating school health program with a new clinical model, connecting to family resource centers; and integrating work with PMAP population health initiative.</p>
Medica	<p>Medica.com</p> <p>The Medica Foundation funds community-based programs and initiatives that provide sustainable, measurable improvements in the availability, access and quality of health care. In addition, the Foundation supports efforts that reduce health care disparities and address the social issues driving health care costs. The 2012 funding priorities were primary care and prevention for people with disabilities, appropriate utilization of the health care system, behavioral health and early childhood health. Eighty-eight grants totaling \$1.35 million were provided to organizations throughout Medica’s service area in 2012. For 2013, the funding priorities include behavioral health, healthy lifestyles for people with disabilities, early childhood health and organizational core mission support.</p>
Hennepin Health	<p>HH</p> <p>Outreach staff regularly visit locations, such as community centers, shelters and clinics, where members who are homeless may be available. Monthly health education topics offered to all members in the Walk-In Service Center. Hennepin Health collects feedback from enrollees at least quarterly to continuously improve programs and services.</p> <p>Community Reinvestment: Applicants respond annually to an RFP to receive funding for programs that have proven to be creative and supportive to the disabled population. Past projects have included a Community Paramedics Program at Harbor Light Homeless Shelter, Emergency Department In-Reach Program for high utilizers and a Vocational Services program. Programs are evaluated to determine whether interventions have proved successful and when results are positive Hennepin Health seeks ways to sustain them.</p>
UCare	<p>UCare.org</p> <p>Provider and Member Focus Groups: UCare annually conducts member focus groups in the Somali, Hmong and Latino communities with discussions focused on building relationships with members, understanding cultural practices and beliefs about health care and sharing feedback so the UCare can provide quality service to their communities.</p> <p>Hiring Practices: One way UCare breaks down barriers facing non-English speaking members is by employing staff who speak the same languages and share the same cultural background as our members, maximizing use of interpreter services, and working with</p>

EXAMPLES OF INDIVIDUAL HEALTH PLAN PROGRAMS

providers to strengthen their delivery of culturally competent care. At this time, 30% of UCare’s employees are persons of color or American Indian.

Culture Care Connection (CCC): UCare partnered with Stratis Health to create an online learning and resource center aimed at supporting health care providers, staff, and administrators in their ongoing efforts to provide culturally-competent care in MN. The site provides information on cultural competence concepts, health topics, ethnicities, stakeholder organizations, and resources that are most reflective of the needs of Minnesota’s diverse populations. CCC provides actionable tools to assist organizations in achieving their cultural competence goals.

UCare Foundation: Established in 1998, the UCare Foundation (formerly the UCare Fund) is a community-directed initiative supporting programs and initiatives that improve the health of underserved populations in the Twin Cities and throughout Greater Minnesota and western Wisconsin with innovative services, education, community outreach, and research.

SECTION 4 C: Mental Health and Chemical Health

MCHP members work collaboratively with providers, health systems, counties, and community members to improve mental health and chemical health care. MCHP has a standing Behavioral Health subcommittee where health plans collaborate with each other and community members on mental health and chemical health activities. The Behavioral Health subcommittee also meets with DHS regularly on a quarterly basis. In addition, MCHP hosts DHS-sponsored meetings focused on implementing the new Early Intensive Developmental and Behavioral Intervention benefit. Finally, MCHP members serve on a number of community collaboratives aimed at improving mental and chemical health (See Section 6).

MCHP Behavioral Health Subcommittee: This subcommittee, comprised of health plan representatives, meets monthly to discuss an array of issues and activities focused on adult and children's mental health as well as alcohol and drugs. This subcommittee meets with DHS behavioral health and alcohol and drug staff quarterly. Additionally, in the past year, this group has met with DHS behavioral staff and county-based organizations to learn more about and provide guidance on the implementation of the autism benefit. Community members often ask to attend the subcommittee meetings to discuss issues of concern. Examples of topics include mental health screening and coordination of services for refugees, and prescription opioids. The National Alliance on Mental Illness (NAMI) MN often consults with this subcommittee on system issues. Additionally, counties have met with this subcommittee to discuss diversion and recovery for chronic substance abuse users, residential treatment for children and sobering centers.

Autism Work Group: MCHP has been hosting meetings with the Minnesota Department of Human Services and county-based organizations to develop and implement the infrastructure needed for the Early Intensive Developmental and Behavioral Interventions (EIDBI) benefit that was effective July 1, 2015.

Key Initiatives: MCHP works with providers, health systems, and the community on a number of key initiatives that span the continuum of care. Some examples include:

- *Center for Community Health, Collective Action for Collective Impact Work Group:* This work group identified mental health as a priority area for collaborative activities. Since 2015, health plans have collaborated with public health and hospitals to promote mental health and wellness campaigns including Make It OK and Mental Health First Aid.
- *Make It OK:* In 2013, HealthPartners and Regions Hospital announced the launch of a new campaign to target the stigma surrounding mental illness. Developed in collaboration with community partners and the Minnesota chapter of NAMI, the Make It OK campaign is designed to encourage people to talk more openly about mental illness and ask for help. Instead of simply raising awareness about the need to have a conversation about this, the Make It OK initiative provides concrete steps on how to hold one and, above all, say something helpful, not hurtful. The ads and resource-rich [Make It OK](#) website aim to get people thinking about why mental health disorders are still treated differently than so-called traditional diseases. Make It OK also includes documentaries on Twin Cities Public Television (*tpt*). Nearly 70,000

people have tuned in to watch the first three Make It OK documentaries. Watch the documentaries on the [Make It OK](#) website. Make It OK is one of four programs that the Center for Community Health, Collective Action Work Group is recommending for collective action. In 2017, American Public Media with sponsorship from HealthPartners and Make It OK launched a new podcast called “The Hilarious World of Depression.” Hosted by veteran public radio personality John Moe, the podcast features conversations with comedians about their experiences with clinical depression. While a show about clinic depression with laughs may seem like a strange mix, the reality is that depression is an incredibly common and isolating disease experienced by millions, yet often stigmatized by society. The Hilarious World of Depression is a series of frank, moving, and, yes, funny conversations with top comedians who have dealt with this disease. The eight-episode podcast features comedians including Peter Sagal, Dick Cavet and Maria Bamford, and manages to infuse humor into a conversation on a serious topic. The series has been extremely well-received, with nearly 64 million media impressions and was named one of USA Today’s top podcasts of the year. The program can be downloaded off of iTunes.

- *Performance Improvement Project (PIP)*: Health plans individually or collaboratively work on PIPs under the Minnesota Health Care Program contracts. A recent PIP that health plans undertook was to improve care for those members who are depressed. Using a simple screening tool, the patient health questionnaire (PHQ-9), to diagnose the conditions, health plans then help the member receive treatment as needed. Typically, this involves an antidepressant medication with information on how to self-manage their care. Find out more information about PIPs (also called Quality Improvement Programs) [here](#).
 - PMAP/MinnesotaCare (DHS 2015-2017): Eliminating racial disparities in Antidepressant Medication Management - Continuation Phase (AMM). Health plans collaborated on a provider toolkit and webinar series aimed at improving depression care for seniors and racial and ethnic minority populations. Find the toolkit and archived webinar slides and recordings [here](#).
 - SNBC (DHS): Behavioral Health Measure: Follow-up After Hospitalization for Mental Illness (FUH) seven-day and 30-day measures
- *Screening, Brief Intervention and Referral for Treatment (S-BIRT)*: S-BIRT is sponsored by ICSI. It is an early intervention program to reduce risky alcohol and drug use. The program provides a screening to identify people at risk for a substance use disorder; a brief intervention to raise awareness of risks and consequences, motivation for change, and help with setting healthier goals; referral to treatment to help those who need to access treatment and coordinate services. Health plans have been involved in all phases of this project, from development to implementation to evaluation.
- *Additional Resources*:
 - In addition, HealthPartners has many resources including:
 - Beating the Blues (an online program lets members go at their own pace to learn ways to better manage mood, stress and anxiety)
 - Healthy Thinking Online Courses (a variety of online courses to help make emotional resilience a habit)
 - Walk 10,000 Steps (walking releases endorphins which improves mood and reduces stress and anxiety)
 - Sign up for Healthy Texts

Key Committees and Meetings:

- *Adult Mental Health Initiative Regional Groups*: MCHP sends representatives to public health adult mental health regional work groups. This work is focused on identifying and responding to the needs within their community by using DHS funding and local resources.

- *Committees and Collaboratives:* MCHP sends representatives to a multitude of mental health meetings (see Section 6). Focus areas over the next few years include topics such as residential treatment options, children’s assertive community treatment rates, behavioral health homes, and access to services that meet people’s needs. In addition, health plans support DHS’ work focused on offenders with mental illness as well as child and adolescent behavioral health services. MCHP also participated in the State Community Health Services Advisory Committee, “[Improving Mental Health and Well-Being: A Vision for Minnesota’s Public Health System.](#)”
- *Mental Health Targeted Case Management:* ([MH-TCM](#)). Working with county social services, health plans help adults and children with a serious and persistent mental illness (SPMI) and children with a severe emotional disturbance (SED) gain access to needed medical, social, educational, vocational, financial and other services as they relate to the member’s mental health needs. Find out more information on MH-TCM [here](#).

SECTION 4 D: Access to Health Care

One of the MCHP's goals is to assure broad access to health care coverage and services. While this is a core function of health plans, this work is often done in collaboration with the state, local public health and community partners. In this section, we provide examples of ways that health plans' assure access to health care coverage, improve the quality of care, and provide information on health care costs.

Access to Health Care Coverage: The following are the key ways health plans have supported access to health care coverage.

- *MNsure:* MCHP has been working with the Minnesota Departments of Human Services, Health, and Commerce and counties for several years to assure that those using MNsure are able to access coverage as seamlessly as possible. This has involved extensive systems work to align operations across health plans, state, and federal agencies. Health plans have also worked to align coordination and communications. Additionally, MCHP has advocated for increases in eligibility for public programs (e.g., expanding Medicaid), simplifying enrollment through continuous enrollment; affordability (e.g., working to keep care affordable); support navigators, and support choice for Minnesota Health Care Program members. MCHP also has three representatives on the MNsure Health Industry Advisory Committee.
- *Portico Healthnet:* MCHP members have supported Portico Healthnet for many years. Portico Healthnet is a nonprofit health and human services organization that provides personalized application and enrollment assistance for Minnesota Health Care Programs (i.e., Medical Assistance, MinnesotaCare) and coverage through MNsure.
- Health Plan Services: The following are examples of services health plans provide to increase access to care.
 - *Large Provider Networks.* To learn more about health plan networks, <http://www.ahipfoundation.org>, "*A Consumer Guide to Understanding Health Plan Networks.*"
 - *Nurse Lines* provide assistance to members who have questions about their health.
 - *Customer Service support* links members to services and programs.
 - *Health and Wellness Programs:* To improve health and wellness, health plans offer their members' health incentives, fitness benefits, smoking cessation, web site resources, member accounts to participate in own health and care, etc.
 - *Interpreter Services:* Health plans offer interpreter services for all medical appointments for Medicaid members. Health plans contract with a variety of interpreter service agencies to ensure that the appropriate languages are available and interpreters can be onsite at appointments. When in person interpreters are not available, in an emergency situation for example, clinics and hospitals use the language line to assist with interpretation. Health plan phone centers also have interpreter services available through staff native speakers or through the language line.
 - *Transportation services:* For Medicaid members, health plans offer transportation to and from medical appointments, including the pharmacy. To arrange transportation, members should call their health plan member services.
 - *Mobile vans* for dentists and for breast cancer screening: Some plans use mobile vehicles as a way to increase access to services.

Collaboratives with Health Plan Participation Focused on Improving Quality of Care:

- *Minnesota Community Measurement (MNCM)*: Provides outcomes data on quality measures by medical systems.
- *Shared Decision Making*: Provides guidelines on ways patients can make decisions for their care with their providers.
- *Reducing Avoidable Readmissions Effectively (RARE)*: Offers support and resources to clinics and community partners to reduce avoidable hospital readmissions.
- *Statewide Innovation Model (SIM)-Accountable Communities for Health (ACH)*: The grant will test the Minnesota model goal to improve health in communities, provide better care, and lower health care costs. The model strives to ensure all Minnesotans have the option to receive team-based, coordinated, patient-centered care that increases and facilitates access to medical care, behavioral health care, long term care, and other services.
- [*Multilingual Health Resource Exchange*](#): This collaborative provides an online resource center for the many language learning activities taking place across Minnesota.
- *ECHO*: ECHO bridges the gap for immigrants and refugees in Minnesota by crafting high quality programming for television and radio broadcast and phone, print, web, DVD on health and safety issues in multiple languages.
- *The Blue Cross Foundation* supported regional networks of navigator organizations over the course of four years, helping more than 40,000 people enroll in Medicaid and MinnesotaCare and helping to achieve the state's all-time low uninsurance rate.
-

Access to Cost Information:

- *Total Cost of Care (TCOC)*: MN Community Measurement has developed a Total Cost of Care measure and released its first TCOC report in December 2014. Health plans provided the data for this measure as well as expertise for a common methodology.
- *Customer Services Support*: Health plans will estimate costs of service for members. Some health plans have information on the cost of services on their websites.

SECTION 4 E: Chronic Disease Prevention and Management

Minnesota is recognized for its high level of quality care by various national groups. Health plans offer chronic disease programs and care coordination as ways to improve care for those with chronic diseases. Health promotion incentives are also offered as ways to prevent chronic diseases. In addition, health plans work with community partners on initiatives that span the continuum of care in order to prevent or manage chronic diseases (See Section 6).

Health Plan Programs: Examples of health plan programs include:

- *Health Plans' Disease Management Programs:* Developed to proactively identify populations with, or at risk for, chronic medical conditions. The programs support the practitioner-patient relationship and plan of care. The focus is to prevent exacerbations and complications using evidence-based practice guidelines and patient empowerment strategies. These programs continuously evaluate health and economic outcomes with the goal of improving overall health status. Among the conditions for which health plans have Disease Management Programs include: asthma, diabetes, chronic heart failure (CHF), and chronic obstructive pulmonary disease (COPD).
- *Coordination of Care:* Health plans partner with counties, providers and health systems to provide care coordination services to better coordinate care for people with multiple health and social needs. Care coordinators reach out and connect members in meaningful ways with other sources of service and link with them, so that information is communicated appropriately, consistently and without delay. This is vital to reduce fragmentation of care when someone may be seeing multiple providers and have social condition needs in addition to their health care needs.
- *Medication Management:* Health plans provide assistance for those members on multiple medications to assure they are taking them appropriately.
- *Evidence-based Care and Quality improvement:* Health plans assess evidence-based information and quality improvement projects to continually improve care.
- *Performance Improvement Projects (PIP):* Health plans individually or collaboratively work on PIPs under the Minnesota Health Care Programs contracts. Examples of these projects include improving colorectal cancer and breast cancer screening rates in disparate populations, reducing unnecessary emergency room use, and reducing hospital readmissions. For more information on PIPs see [Quality Improvement Programs](#).

Current Projects:

- PMAP/MinnesotaCare (DHS 2015-2017): Eliminating racial disparities in Antidepressant Medication Management - Continuation Phase (AMM). Health plans collaborated on a provider toolkit and webinar series aimed at improving depression care for seniors and racial and ethnic minority populations. Find the toolkit and archived webinar slides and recordings [here](#).
- SNBC (DHS 2015-2017): Behavioral Health Measure: Follow-up After Hospitalization for Mental Illness (FUH) seven-day and 30-day measures

- **Improving Dental Access for Special Needs Basic Care (SNBC) Members (2016-2021):** this collaborative health plan project aims to improve dental access for SNBC members by promoting tele-dentistry, mentoring providers on how to work more effectively with the special needs population, and care coordination.

Historical Projects:

- **Reducing Non-urgent Emergency Department Use (2012-2015)** Teaming with MN Head Start and Early Head Start programs to improve how some low income families with young children access care.
 - **Readmissions/Improving Transitions of Care (2012-2015):** Focuses on improving the care individuals receive as they transition from receiving care in one facility to another. This work focuses on enhancing care coordinator support for members. By encouraging coordination and continuity of care between health care locations, providers and different levels of care, the goal is to reduce readmissions and stay responsive to member’s condition and care as needs change over time.
 - **Spirometry Testing for COPD (2012-2015):** Working to promote early detection of COPD by the use of Spirometry Testing.
 - **Chlamydia Screening in Women (2013-2015):** Working with providers to support efforts to increase Chlamydia infection screening rates in the clinical setting, supporting the Minnesota Chlamydia Partnership, and collaborating with key organizations to implement goals and strategies outlined in the Minnesota Chlamydia Strategy to raise Chlamydia infection screening across Minnesota.
- **Health Promotion Incentives:** Health plans provide a number of incentives for Minnesota Health Care Program members. Examples include gift cards for receiving preventive examinations, immunizations, or prenatal care. Smoking cessation, discounts for fitness organizations, and youth camps for children with health care needs are additional examples.

Health Plan Collaborative Activities: Examples of health plan collaborative activities include:

- **Evidence-based care:** Institute for Clinical Systems Improvement ([ICSI](#)) is a non-profit organization whose original purpose was to help improve patient care in Minnesota through collaboration and innovations in evidence-based medicine. Today ICSI is focused on “health” as well as health care reform, and is working to co-create solutions that engage community resources and help consumers and patients share ownership in their health and care. MDH works with ICSI on many initiatives. Health plans have provided professional and financial support.
- **Data measurement and reporting:** MN Community Measurement ([MNCM](#)) is a non-profit organization that collects and reports comparable data across health systems. MNCM reports statewide data on quality, cost and patient experience. Annual Health Care Quality and Disparities reports can be found on its [corporate website](#). A consumer site, [MNHealthscores.org](#)., provides information on quality performance across clinics and find providers close to home.
- **Chronic disease goals:** Healthy Minnesota Partnership – MCHP has been an active participant of Healthy Minnesota Partnership which has a workgroup focused on chronic disease. The work group developed targets for the chronic disease and injury data reporting dashboard.

Additionally, health plans provided examples of their initiatives that are focused on improving the targeted conditions. Find out more on the Healthy Minnesota [website](#).

- *Screenings:* Health plans work with the state and other community partners to improve screenings for breast and colorectal cancer screenings for Minnesota Health Care Program members.
- *Leadership:* MCHP members have provided leadership by acting as the chairs of two key chronic disease initiatives, MDH [Heart Disease and Stroke Prevention Steering Committee](#) and the [Minnesota Cancer Alliance](#).
- *Resources to community groups on coverage issues:* MCHP Community Health Committee meets with community partners when there are issues related to coverage. For example, health plans put together a grid for the American Lung Association with detailed information on each health plan's policies on prescription and durable equipment for Minnesota Health Care Program pediatric members who have asthma.

SECTION 5: Public Health Accreditation Standards & Health Plan Complementary Roles

This table lists examples of health plan activities that support public health accreditation standards.

Public Health Accreditation Standards	
Standard	Health Plans' Complementary Role
ASSESS - Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community	
Standard 1.1: Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment	<ul style="list-style-type: none"> • Working with metro public health, hospitals and plans as the collaborative Center for Community Health (CCH) to coordinate community needs; assess, develop and implement. • Regularly report on Health Care Effectiveness Data and Information Set (HEDIS) measures. • Provide data for MN Community Measurement. • Provide data for All Payer Claims Database (APCD). • Participate in data analysis review through CCH and other community collaboratives. • Analyze and utilize race, ethnicity and language (REL) data, as available, for quality improvement programs and other activities. • Continue to participate in collaborative local health department regional meetings (such as Metro LPHA, Prairie Regional Health Alliance). • Worked on statewide assessments through Healthy Minnesota Partnership. • Utilize state and local health department data. • Provide member-level data to Child & Teen Checkups (C&TC) coordinators and other public health staff, when possible. • Support MDH on statewide surveillance related to tobacco, physical activity and healthy eating. • Health plan involvement in MCHP Community Health Committee (meets monthly). • Participate actively on community collaboratives as previously mentioned. Health plan representatives are sent to over 60 groups (including regional public health groups). • Provide leadership on MN Public Health Association Governing Council and Policy & Advocacy Committee.
Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population	
Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health	
Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions	

Public Health Accreditation Standards	
Standard	Health Plans' Complementary Role
INVESTIGATE - Domain 2: Investigate health problems and environmental public health hazards to protect the community	
Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards	Identify and address needs of vulnerable groups through various initiatives, such as: <ul style="list-style-type: none"> • Family Home Visiting Advisory Work Group, MDH Maternal and Child Health Advisory Task Force, MN Coalition for Targeted Home Visiting • Provide Minnesota Senior Health Options (MSHO) care coordination for those with dual eligibility for Medicaid and Medicare • Participate in East Metro Children's Crisis Service Partnership, a tri-county partnership offering mobile mental health crisis services for children • Support coalitions to address high priority populations including communities of color and GLBT to reduce tobacco use. • Participate in emergency preparedness activities. • Participate in Healthy Homes collaboration. • Have a history of working together (health plans, local public health, MDH, DHS and community partners) on such issues as pandemic flu, bioterrorism, cancer screening forms. Typically this is through collaborative committees <u>or</u> through the Council's Community Health Committee.
Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards	
Standard 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards	
Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications	
INFORM & EDUCATE - Domain 3: Inform and educate about public health issues and functions	
Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness	<ul style="list-style-type: none"> • Communication with providers and members about programs regarding various health issues and concerns (via web sites, in-person meetings, and materials) • Leadership for MN Community Measurement, which provides consumers data and information on various health conditions. • Educating providers on selected diseases/conditions and health disparities. • Offer incentives to children and adolescents to get preventive care (C&TC Incentive Program). • Collaboration with MDH, DHS and others to produce and disseminate research findings related to the prevention of tobacco use, obesity, cancer, diabetes, low birth weight, etc. (see Section 6). • Promote the use of health literacy best practices in written and verbal communication. • Participate in the development and promotion of Community Health Workers (CHW) and MN CHW Alliance.
Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences	

Public Health Accreditation Standards

Standard	Health Plans' Complementary Role
	<ul style="list-style-type: none"> • Provide transportation and interpreter services to help members access health care services (including preventive health visits). • Support production of culturally specific health videos and programs in different media (such as C&TC). • Support production of some programs through Emergency Community Health Outreach (ECHO). • Use multilingual media channels to disseminate health information. • Maintain culturally diverse customer services to address member needs. • Health plan websites, provider and member newsletters. • Partner with MDH, LPHA, MPHA and others to disseminate key public health messages/information. • Provide health promotion programs (examples): <ul style="list-style-type: none"> ○ Tobacco prevention and cessation programs ○ Physical activity programs offered to members and communities ○ Discounted health club memberships for members ○ Healthy eating programs offered to members and communities ○ Incentives to help promote receipt of preventive health services (see Section 3) ○ Car seat programs ○ Asthma and diabetes camps for children ○ Nurse line support programs ○ Discounted community education classes ○ Discounted wellness care (massage, acupuncture) • Disseminate information on services and resources through various programs, such as: <ul style="list-style-type: none"> ○ 10,000 Steps® program that helped to establish multiple community partnerships with Be Active Minnesota, Hennepin County Parks and Xcel Energy Center ○ Multilingual Health Resource Exchange, which is a collaboration whose partners are consolidating/producing multilingual health resources available through one website (www.health-exchange.net) ○ Do Campaign, which promotes physical activity ○ Every Helping Helps campaign, which promotes increased consumption of fruits and vegetables

Public Health Accreditation Standards	
Standard	Health Plans' Complementary Role
COMMUNITY ENGAGEMENT - Domain 4: Engage with the community to identify and address health problems	
Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes	<ul style="list-style-type: none"> Identify needs voiced by community/members (participate in CHNA, conduct focus groups, etc.). Participate in community meetings regarding community health needs. Participate in public health-led committees and activities. Use various public reports for priority setting and program planning. Engage with state and local public health to track and reduce low birth weight babies. Work through the MN Public Health Association to advocate for increased public health funding. Participate in Healthy Minnesota Partnership. Participate in over 150 collaboratives around the state to build on community initiatives to address identified needs (see Section 6).
Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health	
POLICIES & PLANS - Domain 5: Develop public health policies and plans	
Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity	<ul style="list-style-type: none"> Meet with MDH leadership quarterly to discuss priority public health issues and potential for further collaboration on policies and programs. Actively participate in CCH for CHNA and implementing collaboration. Healthy Minnesota Partnership: Provide input to statewide assessment and collaborate on health improvement framework, including Partnership subgroups. Health Plan Collaboration Plan: Prepare and submit this plan to MDH, which describes health plan support of population health improvement activities throughout the state. Health plans have emergency business continuity plans. Receive health alerts from MDH and disseminate.
Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan	
Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan	
Standard 5.4: Maintain an All Hazards Emergency Operations Plan	
PUBLIC HEALTH LAWS - Domain 6: Enforce public health laws	
Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed	<ul style="list-style-type: none"> Have health plan lobbyists reviewing public health laws on ongoing basis. MCHP Policy and Health Reform, Government Programs and Community Health Committees: Review public health laws and assure implementation of those impacting health and human services (e.g., immunizations, school law changes). Maintain quality of care complaint investigation process. Promote public health issues (e.g., support for Minneapolis trans-fat ban and calorie labeling on restaurant menus).
Standard 6.2: Educate Individuals and Organizations On the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply	
Standard 6.3: Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among	

Public Health Accreditation Standards	
Standard	Health Plans' Complementary Role
Appropriate Agencies	<ul style="list-style-type: none"> • Maintain employee wellness programs. • Advocate for policies that support “built environments” (e.g., parks are included in plans) that promote healthy environments. • Advocate for access to healthy food choices (e.g., Cater to Health initiative).
ACCESS TO CARE - Domain 7: Promote strategies to improve access to health care services	
Standard 7.1: Assess Health Care Capacity and Access to Health Care Services	<ul style="list-style-type: none"> • MNsure: Offer affordable health coverage in the marketplace. • Federally Qualified Health Centers (FQHC): health plans collaborated with FQHC/RHC providers and DHS on a new system for reimbursement that was effective 1/1/15. • Assist members in accessing health services (assess provider network adequacy, navigation assistance, provide transportation, and interpreter services). • Engage in health care reform activities to improve access. • Participate in the development of a State Innovation Model (SIM) to support innovation models of Accountable Communities of Health (ACH). • Participate in the development and promotion of Community Health Workers (CHW) and support the MN CHW Alliance. • Support production of culturally specific health videos (such as C&TC). • Support production of some programs through Emergency Community Health Outreach (ECHO). • Use multilingual media channels to disseminate health information. • Maintain culturally diverse customer services to address member needs. • Participate in community meetings regarding community health needs and support community education through various avenues.
Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services	
WORKFORCE - Domain 8: Maintain a competent public health workforce	
Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers	<ul style="list-style-type: none"> • University of MN mentoring program: Health plan staff with MPH background serve as mentors to School of Public Health students.
Standards 8.2: Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training & Development	
QUALITY IMPROVEMENT - Domain 9: Evaluate and continuously improve processes, programs, and interventions	
Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives	<ul style="list-style-type: none"> • Each health plan has a strategic plan • Each health plan has quality improvement initiatives. • Develop, implement and evaluate quality improvement programs.
Standard 9.2: Develop and Implement Quality Improvement	

Public Health Accreditation Standards	
Standard	Health Plans' Complementary Role
Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions	<ul style="list-style-type: none"> • Conduct quality improvement initiatives focused on health behavior and conditions such as: <ul style="list-style-type: none"> ○ New member preventive health visits ○ Diabetes control ○ Heart health ○ Women’s health ○ Post-partum depression ○ Maternal health ○ Children’s preventive health ○ Immunizations (both adult and childhood) ○ Migraine management ○ Medication compliance ○ Hypertension ○ Depression ○ Calcium plus vitamin D ○ Cancer screening ○ Chlamydia screening
EVIDENCE-BASED PRACTICES - Domain 10: Contribute to and apply the evidence base of public health	
Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions	<ul style="list-style-type: none"> • Trained in public health evidence-based practices. • Health plans support the Institute for Clinical Systems Improvement (ICSI) and the development/dissemination of best practice standards.
Standard 10.2: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences	
ADMINISTRATION & MANAGEMENT - Domain 11: Maintain administrative and management capacity	
Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions	<ul style="list-style-type: none"> • Maintain ongoing communication with public health partners, outstate and regional level, to identify ways that health plans can complement public health functions. • Each health plan complies with financial reporting requirements, files 990s and has reserves. They also report on Community Benefit Program.
Standard 11.2: Establish Effective Financial Management Systems	
GOVERNANCE - Domain 12: Maintain capacity to engage the public health governing entity	
Standard 12.1: Maintain Current Operational Definitions and	<ul style="list-style-type: none"> • Participate in cross-sector collaboratives such as CCH.

Public Health Accreditation Standards	
Standard	Health Plans' Complementary Role
Statement of the Public Health Roles, Responsibilities, and Authorities	<ul style="list-style-type: none"> • Participate in statewide regional and local collaboratives with MDH and LPHA. • Meet regularly with the MN Association of County Social Service Administrators (MACSSA) on mental health and policy issues. Have issued joint recommendations on ways to improve the Medicaid procurement process.
Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity	
Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities	

SECTION 6: COLLABORATIVE COMMITTEES FOCUSED ON PUBLIC HEALTH ISSUES

Public Health Collaboratives/Committees Focused on Public Health with Health Plan Representation

This table provides information about public health or health care related collaboratives and committees that have MCHP representation.

As a way of aligning health plans' work with local public health, the table is organized using the community health issues as designated by the Minnesota Department of Health. There are six key categories:

- Emergency preparedness (EP)
- Environmental health (EH)
- Health Quality - Access (HQ)
- Healthy Communities - Behaviors (HC)
- Infectious disease (ID)
- Other (O)

Each key category has sub-topics. For example, under Healthy Communities – Behaviors (HC) there are sub-categories for alcohol, chronic disease, eating habits, etc. There is also flexibility to create new sub-categories. Under Health Quality-Access, quality of care, collaboration, infrastructure and public health training was added. To view the State's categories and sub-categories, go to www.health.state.mn.us/lphap.

The table is organized by listing the community health issue, the name of the committee, the purpose and key activities of each group, and health plan membership.

This list is extensive but not comprehensive. Because of the sheer number of collaboratives, committees, and work groups, information may become outdated. However, MCHP updates information regularly. Additionally, health plan representation may vary by group. Some groups may have several health plans participating, while others request one health plan to represent all MCHP health plans. If a health plan representative is serving as a MCHP representative, that person is responsible for providing relevant information or requests to the MCHP through its committees.

For more information about this table contact Julia Dreier, dreier@mnhealthplans.org or 651-529-1172