

2020 PrimeWest Health ANNUAL REPORT

PrimeWest Health is a County-Based Purchasing (CBP) health plan. This means we have contracts with the Minnesota Department of Human Services (DHS) and the Federal Centers for Medicare & Medicaid Services (CMS). These contracts allow us to purchase and manage health care services for Minnesota Health Care Programs (MHCP)-eligible people who live in the counties we serve. PrimeWest Health is owned by 24 rural Minnesota counties. Our service area includes 13 of these counties: Beltrami, Big Stone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse. Eleven more counties joined PrimeWest Health in 2020 in anticipation of providing service in 2023: Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Nobles, Redwood, Swift, and Yellow Medicine. The governing body of PrimeWest Health is the Joint Powers Board (JPB). The JPB includes 2 county commissioners (1 voting and 1 alternate) from each PrimeWest Health county.

We have contracts with DHS and CMS to offer the following programs in our service area:

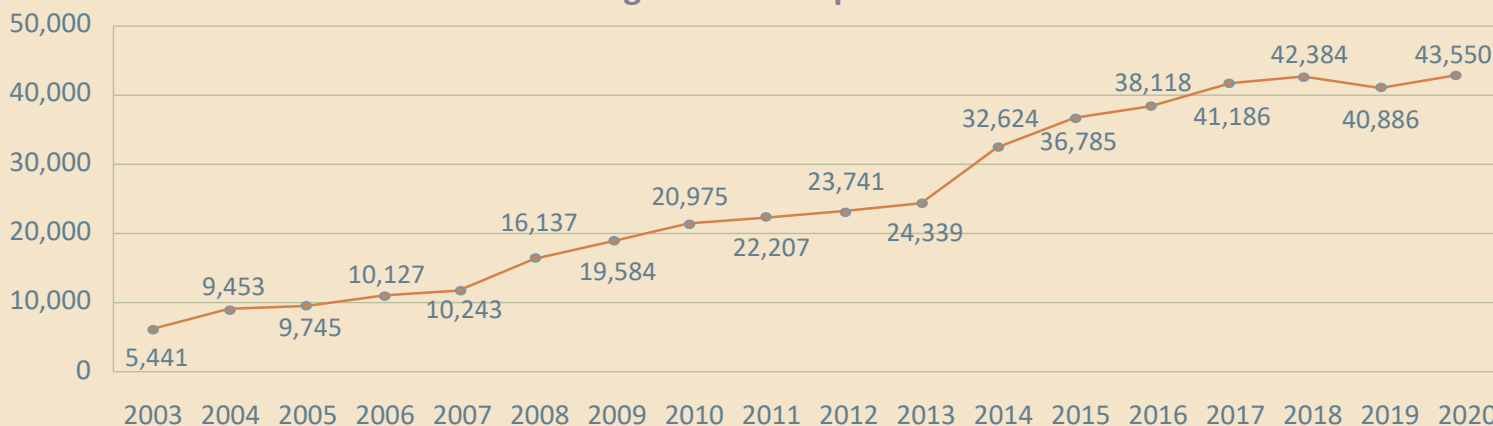
- **Families and Children** – For children under age 21, parents or relative caretakers of dependent children, adults without children, and pregnant women who have Medical Assistance
- **MinnesotaCare** – For adults without children, parents or relative caretakers of dependent children, and children who are eligible for the State MinnesotaCare program; members pay a monthly premium to the State

- **Minnesota Senior Care Plus (MSC+)** – For people age 65 or over who have Medical Assistance
- **Special Needs BasicCare (SNBC)** – For people who have a certified disability, are ages 18 – 64, and have Medical Assistance but do not have Medicare through PrimeWest Health
- **PrimeWest Senior Health Complete (HMO SNP) (PWSHC)** – For people age 65 or over who have both Medical Assistance and Medicare through PrimeWest Health (*a Minnesota Senior Health Options program*)
- **Prime Health Complete (HMO SNP) (PHC)** – For people who have a certified disability, are ages 18 – 64, and have both Medical Assistance and Medicare through PrimeWest Health (*an SNBC program*)

GROWTH

PrimeWest Health's average monthly enrollment increased in 2020, our 17th year of operations. The chart that follows shows the average monthly enrollment each year since 2003. In addition, an average of 50% of our members received health care services from one of 5 local health care systems that are part of PrimeWest Health's Accountable Rural Community Health (ARCH) program. ARCH is our person-centered, local, provider-based approach for coordinating care and services for our members' health care and wellness needs. Through ARCH, PrimeWest Health and our outstanding providers are improving the quality and outcomes of care for our members, improving our members' satisfaction with the care they get, improving the overall health of our member population, and reducing health care spending.

Average Members per Year



In July 2003, PrimeWest Health began serving members in Big Stone, Douglas, Grant, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse counties. In March 2008, we expanded and began serving members in Beltrami, Clearwater, and Hubbard counties.

ACCESS

To serve our members, PrimeWest Health contracts with over 12,850 providers and 2,431 facilities. This large provider network ensures our members have optimal access to health care services and a choice of providers. Our network includes nearly every health care provider of covered services in and around our service area counties. This includes medical, behavioral, social/human/family services, and allied health care providers. Our network also includes a full range of specialists and facilities in all metropolitan areas in Minnesota and eastern North Dakota and South Dakota.

PrimeWest Health continues to work hard to improve member access for all services, including dental care. Our dental provider network has grown from 3 providers in 2003 to more than 250 providers and 120 clinics today. PrimeWest Health has helped fund new dental clinics and upgraded equipment for members in Alexandria, Bemidji, Montevideo, and Hutchinson. Access to dental services expanded in Park Rapids with the help of funding we provided for building upgrades and dental equipment. We are working on expanding dental access in Pipestone as well, with a new dental clinic that will be built soon. During 2020, mobile dental outreach clinics were paused due to COVID-19, and only some outreach clinics are operating. PrimeWest Health will continue to work with our provider partners to increase outreach opportunities. This includes at schools, Head Start sites, nursing homes, assisted living facilities, Public Health and Human Services offices, and primary care clinics.

PrimeWest Health continues to support providers in their efforts to bring mental health services to underserved areas. Donation of the PrimeWest Health office building in Bemidji in 2018 allowed a mental health provider to open a voluntary residential treatment facility in August 2019 to increase access to mental health services in Beltrami County. In 2020, PrimeWest Health quickly approved telehealth appointments for all mental health services during the COVID-19 pandemic to help keep members healthy and maintain their access to necessary services.

SUMMARY OF FINANCIAL STATEMENTS, JANUARY – DECEMBER 2020

This is an overview of PrimeWest Health's financial position and performance for calendar year 2020. It is published in accordance with the requirements of MN Stat. sec. 62D.09, subd. 3. This is not a full financial

statement, but a summary provided for our members' information.

PrimeWest Health's primary expenses are for hospital, physician, pharmacy, dental, and other health care and social services used by PrimeWest Health members. Our primary revenues are premiums paid by DHS (State) and CMS (Federal) on behalf of our members.

A net gain of 3.2% of total revenue was realized in 2020, compared to a net gain of 0.04% in 2019. The favorable results in 2020 are due to positive trends in health care utilization and expense from State and Federal programs. The average net gain for 2011 – 2020 was 2.0%. From 2019 to 2020, PrimeWest Health revenues increased 3.2%, primarily as a result of increased enrollment. Enrollment increased 6.2%, total health care expenses decreased 0.7%, and average health care expenses per member per month decreased 4.8%. Reserves for health contracts, established when projected future expenses are greater than projected future revenues, did not change due to projected 2021 revenues being greater than expenses. As of December 31, 2020, PrimeWest Health is in compliance with statutory net worth requirements under MN Stat. Chap. 62D and MN Stat. secs. 60A.60 – 696.

FINANCIALS

Balance Sheet as of December 31, 2020	
Assets	\$ 114,715,501
Liabilities	\$ 47,286,285
Statutorily Required Net Worth	\$ 67,429,216
2020 Statement of Revenues and Expenses	
Revenues	\$ 319,437,838
Expenses	
Hospital and Skilled Nursing Facility Services	\$ 115,763,837
Physician and Allied Health Services	\$ 112,010,263
Pharmacy	\$ 48,174,597
Dental Services	\$ 8,561,660
Claims Adjustment and Cost Containment	\$ 12,680,858
Non-Claim Expenses	\$ 12,098,304
Total Expenses	\$ 309,289,519
Change in Reserves for Health Contracts	\$ 0
Net Gain (Loss)	\$ 10,148,319

QUALITY INITIATIVES

PrimeWest Health strives to meet the highest quality and safety standards. We follow standards developed by the National Committee for Quality Assurance (NCQA). NCQA requires us to tell our members each year about our work to improve quality. Below we describe our quality improvement activities for 2020 and some initiatives that we are working on for 2021.

Quality Goals

1. To achieve high member satisfaction; improved quality of care, care outcomes, and population health; and reduce health care spending
2. To fully realize our unique strength and potential as a county-owned health plan that serves our counties' residents in MHCPs
3. To develop an organizational culture that focuses on core values, performance excellence, teamwork, and shared success to better serve our members
4. To effectively govern and manage PrimeWest Health operations to effectively carry out our mission
5. To be viewed as an effective alternative model for managed care in the State of Minnesota

Quality Improvement Activities

Quality improvement activities aim to improve any of the following:

- Clinical components
- Organizational components – aspects of PrimeWest Health that affect accessibility, availability, comprehensiveness, and continuity of health care
- Member components – members' perceptions about the quality of PrimeWest Health's services

Quality Plan and Work Plan

PrimeWest Health has a Quality Plan and an annual Work Plan to help us carry out each year's quality improvement activities. These plans are designed by the Quality and Care Coordination Committee (QCCC) and approved by the JPB. Some of the activities included in the Work Plan are as follows:

- **Performance Improvement Projects (PIPs)** – projects that focus on improving member health outcomes or business processes for member service initiatives
- **Healthcare Effectiveness Data and Information Set (HEDIS)¹** – the measurement tool used by the nation's health plans to evaluate their clinical quality and customer service
- **Member and provider surveys**



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PIPs

Current PIPs include:

- **Reducing New Chronic Opioid Use with a Special Focus on Native American Members**

Goals:

- Maintain or continue decreasing the number of new chronic opioid users across all PrimeWest Health members.
- Close the gap of chronic opioid use between Native American members and all other ethnic populations.

This project began in 2018. The first measurement data showed PrimeWest Health met the goal to maintain or reduce new chronic opioid use. We saw a reduction from 8.2% to 5.9% in Year One of the project across all populations. This improvement continued in Measurement Two with a rate of 4.9%. Measurement One data also included a reduction in opioid use among the Native American population, with rates dropping from 8.3% to 4.35%. This reduction was maintained (with a slight increase) in Measurement Two with a rate of 5.4%.

HEDIS Performance Measures

For more information on HEDIS, go to www.primewest.org/hedis. Our goal is to remain at or above the national mean.

Surveys

- **Member Satisfaction Survey – Consumer Assessment of Healthcare Providers and Systems (CAHPS)²**

2020 results show that PrimeWest Health has both strengths and opportunities for improvement. Some strengths are as follows:

- Rating of health plan
- Getting care/test/treatments needed
- Customer service

Some areas for continued improvement are as follows:

- Rating of specialist
- Doctor discussed tobacco cessation methods/strategies
- Member had flu shot on/after July 1 of the measurement year
- Member got care/tests/treatments as quickly as needed

¹HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

²CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

PrimeWest Health reviews CAHPS results across all departments and takes corrective action as needed to improve member satisfaction.

- **Health Outcomes Survey (HOS)**

Members' perception that providers discussed and addressed certain problems with them showed mixed results from 2016 – 2020. PrimeWest Health continues to encourage providers to discuss and address the following topics with members:

- Fall risk management
- Urinary incontinence
- Osteoporosis testing
- Physical activity in older adults
- Depression screening

- **County Case Manager Satisfaction Surveys**

MSC+/PWSHC/SNBC/PHC Satisfaction Surveys: Surveys were mailed and the combined response rate for all programs was 27%. This was up by 1% from the previous year.

- **Disease Management Satisfaction Survey**

The satisfaction survey was mailed to 1,489 members, with a response rate of 23%. The results show that members found the information they received useful and that it helped them learn more about their condition.

Lessons Learned

PrimeWest Health identified the following lessons learned based on our 2020 quality activities:

- To build an effective quality program, staff from the entire organization should be involved
- Member outreach should be attempted via multiple avenues
- Members may need additional education about the role of PrimeWest Health to increase satisfaction and better understand our processes

Working Together

PrimeWest Health works with our county partners to assess member health care needs. All of our members in MSC+, PWSHC, and PHC have a county case manager to help them meet their health care goals, if they choose.

In 2020, we worked closely with Public Health and Social/Human/Family Services departments in our 13 service area counties to improve health outcomes in the following areas. Similar efforts will continue for 2021 with additions to improve the rate of compliance for quality measures for races/ethnicities with disparities.

- **Increase annual well-care visit rates** among adolescents. The 2020 rate was 47.20%. The 2019 rate was 52.07%. In 2020 this measure is being replaced with the annual child and adolescent well-care visits (WCV) measure.
- **Increase childhood immunization status (CIS) combination 10.** The 2020 rate was 38.69%. The 2019 rate was 35.04%.
- **Increase immunizations for adolescents (IMA).**
 1. IMA Combination 2 Human Papillomavirus (HPV) Vaccine: The 2020 rate was 29.44%. The 2019 rate was 27.01%.
 2. IMA Combination 2 Meningococcal: The 2020 rate was 80.54%. The 2019 rate was 81.75%.
 3. IMA Combination 2 Tdap/TD: The 2020 rate was 80.54%. The 2019 rate was 83.94%.
 4. IMA Combination 2: The 2020 rate was 28.22%. The 2019 rate was 26.52%.
- **Increase prenatal and postpartum care (PPC).** The 2020 PPC prenatal care rate was 91.48%. The 2019 rate was 83.94%. The 2020 PPC postpartum care rate was 85.16%. The 2019 rate was 66.42%.
- **Increase chlamydia screening in women.** The 2020 rate was 38.58%. The 2019 rate was 37.65%. This measure was removed for 2021.
- **Combat obesity** by increasing the percentage of providers who document and address body mass index (BMI) with patients. The 2020 rate was 87%. The 2019 rate was 83%. This measure was removed for 2021.
- **Reduce tobacco use** by ensuring that 100% of providers have access to approved smoking cessation guidelines. This goal was met and remains at 100% at the end of 2020. This measure was removed for 2021.
- **Ensure collaboration plans are developed and used** by Public Health agencies 100% of the time. This goal has been met and remains at 100% at the end of 2020.



PrimeWest Health wants your feedback to help us improve. Please call Member Services at **1-866-431-0801** to share your ideas with us. TTY users call **1-800-627-3529** or **711**. These calls are free.

1-866-431-0801 (toll free); TTY 1-800-627-3529 or 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

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Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သျှ်ဟ်သးဘၣ်တက့ၢ်. ဖဲနမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘၣ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປໂຫຍາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 (toll free) or TTY 1-800-627-3529 or 711.**

Language Assistance Services: PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 (toll free) or TTY 1-800-627-3529 or 711.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Director
U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW
Room 515F
HHH Building
Washington, DC 20201
Customer Response Center: Toll-free: 800-368-1019
TDD 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North
Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

PrimeWest Health Complaint Notice

You have the right to file a complaint with PrimeWest Health if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Rebecca Fuller
Civil Rights Coordinator
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308
Toll Free: 1-866-431-0801
TTY: 1-800-627-3529 or 711
Fax: 1-320-762-8750
Email: rebecca.fuller@primewest.org

American Indian Health Statement

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.