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. In 2019, PrimeWest Health was owned by the 13 rural Minnesota counties we served: Beltrami, Big Stone, Clearwater, Douglas, Grant, Hubbard, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, and Traverse. The governing body of PrimeWest Health is called 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 counties:

- **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 [MSHO] 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 decreased in 2019, our 16th year of operations. The chart that follows shows the average monthly enrollment each year since 2003. In addition, an average of 54% 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](chart.png)

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 12,500 providers and 2,350 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 230 providers and 120 clinics today. PrimeWest Health has helped fund new dental clinics and upgraded equipment for members in Alexandria, Bemidji, Montevideo, and Hutchinson. We are continuing to work to expand access in Park Rapids by providing funding for building upgrades and dental equipment. We have also increased the number of dental outreach clinics available to serve rural communities. During 2019, PrimeWest Health members had access to 104 mobile dental outreach clinics in and near our counties. This includes at schools, Head Start sites, nursing homes, assisted living facilities, Public Health and Human Services offices, and primary care clinics. PrimeWest Health also continues to promote the use of allied oral health professionals for services that don’t require a dentist.

PrimeWest Health continues to support providers in their efforts to bring mental health services to underserved areas. Grant dollars provided in 2018 to Big Stone County allowed a mental health provider to open an outpatient clinic site within the county offices and increase access to mental health services in Big Stone County. In 2019, the first year of operation, the outpatient mental health clinic served 157 PrimeWest Health members. Adult Rehabilitative Mental Health Services is serving 38 members and Community Support is serving 26 members. This is a significant increase from previous mental health services available in Big Stone County.

SUMMARY OF FINANCIAL STATEMENTS, JANUARY – DECEMBER 2019

This is an overview of PrimeWest Health’s financial position and performance for calendar year 2019. 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 0.04% of total revenue was realized in 2019, compared to a net loss of 3.5% in 2018. The marginally favorable results in 2019 are due to positive trends in risk-adjusted revenue from State and Federal programs. The average net gain for 2010 – 2019 was 1.9%. From 2018 to 2019, PrimeWest Health revenues increased 1.4%, primarily as a result of increased risk-adjusted revenue per member per month. Enrollment decreased 3.5%, total health care expenses decreased 1.7%, and average health care expenses per member per month increased 1.8%. Reserves for health contracts are established when projected future expenses are greater than projected future revenues. These decreased 100% due to projected future revenues being greater than expenses. As of December 31, 2019, PrimeWest Health is in compliance with statutory net worth requirements under MN Stat. Chap. 62D and MN Stat. secs. 60A.60 – 696.

FINANCIALS

<table>
<thead>
<tr>
<th>Balance Sheet as of December 31, 2019</th>
</tr>
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<tbody>
<tr>
<td>Assets</td>
</tr>
<tr>
<td>$ 88,709,924</td>
</tr>
<tr>
<td>Liabilities</td>
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<tr>
<td>$ 31,897,775</td>
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<tr>
<td>Statutorially Required Net Worth</td>
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<tr>
<td>$ 56,812,149</td>
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<table>
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<tr>
<th>2019 Statement of Revenues and Expenses</th>
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</thead>
<tbody>
<tr>
<td>Revenues</td>
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<tr>
<td>$ 309,448,273</td>
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<tr>
<td>Expenses</td>
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<tr>
<td>Hospital and Skilled Nursing Facility Services</td>
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<tr>
<td>Physician and Allied Health Services</td>
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<tr>
<td>Pharmacy</td>
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<tr>
<td>Dental Services</td>
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<tr>
<td>Claims Adjustment and Cost Containment</td>
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<tr>
<td>Non-Claim Expenses</td>
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<tr>
<td>Total Expenses</td>
</tr>
<tr>
<td>Change in Reserves for Health Contracts</td>
</tr>
<tr>
<td>Net Gain (Loss)</td>
</tr>
<tr>
<td>$ 128,866</td>
</tr>
</tbody>
</table>
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 2019 and some initiatives that we are working on for 2020.

### 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®)** – the measurement tool used by the nation’s health plans to evaluate their clinical quality and customer service
- **Member and provider surveys**

### 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. Measurement One data also included a reduction in opioid use among the Native American population, with rates dropping from 8.3% to 4.35%.

### HEDIS Performance Measures
For more information on HEDIS, go to [www.primewest.org/hedis](http://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®)**
  
  2019 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

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1**HEDIS®** is a registered trademark of the National Committee for Quality Assurance (NCQA)
2**CAHPS®** is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

*2019 Annual Report*
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 2015 – 2019. 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 26%. This was the same rate as the previous year.

- **Disease Management/Chronic Care Improvement Program (DM/CCIP) Satisfaction Survey**
  The satisfaction survey was mailed to 1,386 members, with a response rate of 17%. 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 2019 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 2019, we worked closely with Public Health and Social/Human/Family Services departments in our 13 counties to improve health outcomes in the following areas. These efforts will continue for 2020.

- **Increase annual well-care visits rates** among adolescents. The 2019 rate was 52.07%. The 2018 rate was 59.61%.
- **Increase childhood immunization status (CIS) combination 10.** The 2019 rate was 35.04%. The 2018 rate was 34.31%.
- **Increase immunizations for adolescents (IMA).**
  1. IMA Combination 2 Human Papillomavirus (HPV) Vaccine: The 2019 rate was 27.01%. The 2018 rate was 20.19%.
  2. IMA Combination 2 Meningococcal: The 2019 rate was 81.75%. The 2018 rate was 82.48%.
  3. IMA Combination 2 Tdap/TD: The 2019 rate was 83.94%. The 2018 rate was 86.37%.
  4. IMA Combination 2: The 2019 rate was 26.52%. The 2018 rate was 18.98%.
- **Increase prenatal and postpartum care (PPC).** The 2019 PPC of prenatal care rate was 83.94%. The 2018 rate was 85.64%. The 2019 PPC of postpartum care rate was 66.42%. The 2018 rate was 68.37%.
- **Increase chlamydia screening in women.** The 2019 rate was 37.65%. The 2018 rate was 39.98%.
- **Combat obesity** by increasing the percentage of providers who document and address body mass index (BMI) with patients. The 2018 and 2019 rate was 83%.
- **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 2019.
- **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 2019.

PrimeWest Health wants your feedback to help us improve. Please call Member Services at 1-866-431-0801 (toll free) to share your ideas with us. TTY users call 1-800-627-3529 or 711 (toll free).
Attention. If you need free help interpreting this document, call the above number.

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

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

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.

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

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

Dignin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda 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
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 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice)
800-537-7697 (TDD)
Complaint Portal: [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

**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
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
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](mailto: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.