



**MO HEALTHNET MANAGED CARE  
All Plan and  
QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP  
January 27, 2011  
GOVERNOR'S OFFICE BUILDING  
ROOM 450  
200 MADISON STREET  
Jefferson City, MO**

Minutes

Attendees

MO HealthNet Division

Dr. Ian McCaslin  
Susan Eggen  
Kim Johnson  
Brenda Shipman  
Andrea Smith

Dept. of Mental Health

Dr. Joseph Parks  
Clive Woodward  
Shannon Einspahr

Dept. of Health and Senior Services

Wayne Schramm  
Charlotte Sims-Higgins  
Craig Ward  
Melinda Sanders  
Susan Kneeskern

BA+

Judy Brennan  
Tee-Ka Johnson  
Shelley Bowen

CMFHP

Dr. Elizabeth Peterson  
Jenny Hainey  
Susan Wood  
Ma'ata Touslee

Legal Services Eastern MO

Tiajuana Henderson

Mid-MO Legal Services

Vicki Strobe

Missouri Care

Dr. John Esslinger  
Christina Schmidl

Harmony Health Plan

Carole Ouimet  
Ramona Kaplenk

Legal Services Western MO

Raymond Burke

Molina Health Care

Jennifer Goedeke

HealthCare USA

Pam Victor

Legal Services Southern MO.

Doug Kays

Denta Quest

Donnell Cox

BHC

Amy Schwartz

Family Services Division

Terri Mendenhall

### Welcome/Introductions/Minutes

Dr. Elizabeth Peterson, Children's Mercy Family Health Partners (CMFHP), opened the meeting at 10:05 A.M. New members to the Advisory Group introduced themselves, identified their organization, and described their job responsibilities. Dr. Elizabeth Peterson also discussed the use of web posting and the projector to protect the environment.

### Managed Care vs FFS Trends Data and HEDIS Report Revisions

Wayne Schramm, Department of Health and Senior Services, provided a report of data that compared prenatal care from the calendar years 1994 and 1995 before Managed Care to the calendar years 2005-2010 in both Managed Care and Fee for Service regions. As mentioned at the October 21, 2010, in 2010 a new web-based birth certificate was implemented. As a result, the statewide trends data presented in the January 27, 2011 report have substantially changed. Variables most affected by the changes include 8 of the 20 indicators. All of the five prenatal care indicators were strongly affected with changes greater from 2009 to 2010 than the changes from 1995 to 2009. In 2010 the date of first prenatal care visit is being asked instead of month of pregnancy prenatal care began, and this has resulted in an increase in inadequate prenatal care of more than 50 percent in the MO HealthNet regions.

VBAC rates nearly doubled in some populations because in 2009 DHSS asked directly whether a VBAC was delivered. In 2010 DHSS asked whether there was a previous C-Section, and then the final route of delivery. Smoking rates increased by about 10 percent in 2010 because DHSS now asks about smoking in each trimester rather than a summary for the whole pregnancy.

The identification of MO HealthNet births went down because DHSS is now asking for the principal source of payment for the births instead of asking the mother if she participated in Medicaid at any time during her pregnancy. Even though the DHSS question on WIC participation did not change, the new method of identification of MO HealthNet births apparently caused an increase in WIC participation in the non-MO HealthNet population. Changes in prenatal care and VBAC rates were greater in the MO Health Net populations than the Non-MO Health Net population while the smoking changes were greater in the Non-MO Health Net population. Most changes did not vary much between Managed Care and FFS Regions.

Interpreting whether various trends are real or the result of reporting changes is going to be a challenge.

Mr. Schramm was asked if the data in the report was obtained from the mother or patient charts. Mr. Schramm stated it was both, and it varies by the type of data requested.

### Prenatal Data Task Force

Craig Ward, Department of Health and Senior Services provided information regarding the Prenatal Data Task Force.

DHSS annually links calendar year birth data to MO HealthNet files to provide a report for a set of 12 birth-related indicators that shows the data by region and specific managed care plan. The report is usually run about nine months after the end of the calendar year. Potentially, this data could be extracted to provide each plan with the birth data for their respective plan's births. 2009 data is currently available while 2010 data will not be available until late 2011.

The release of Missouri birth record level data is allowed under certain conditions by Missouri State Statutes and Regulations. See <http://health.mo.gov/data/livebirths/> (Data Release Policy) for a more detailed explanation of these statutes and regulations. The statutes only apply to vital events occurring in Missouri. The records of vital events occurring in other states to Missouri residents are the property of the state where these events take place. So while DHSS can use these non-Missouri recorded vital events for statistical reporting, the individual records cannot be released to other entities without the other state's approval. (This affects 4-5% of Western Region MO HealthNet births).

In order to meet the conditions of these Statutes and Regulations, it is necessary for DHSS to have more information regarding exactly what birth data items are needed and exactly how this data will be used by the Plans. See

<http://health.mo.gov/data/livebirths/> (Data Elements) for a list of data items on the 2009 birth file. The stated purpose of the Task Force “to contribute to improved health plan analysis of birth outcomes” is a little too vague. Does this mean examining the 12 birth indicators from the current report by additional variables from the birth file such as age, race, county of residence or education, or does it mean something else?

It seemed to be the consensus of the Task Force that identifying information (names, dates of birth, DCN numbers, addresses etc.) was needed, but it was unclear why or how. The use of identifying information is problematic and may require the need of an Institutional Review Board review. Is identifying information needed to link to other data sources? If so, the method and purpose needs to be explained in detail. Some Plans indicated they would be used for follow-up, but this seems unnecessary since the birth addresses would be old and unreliable by the time the Plans could receive them. It was also indicated that they could be used in conjunction with HEDIS. But the only birth indicator of the 12 in our standard report, that we are aware of, is early prenatal care, and this is collected in a completely different way for HEDIS.

Once an agreement is reached as to what data items are needed and for what purpose, each Plan will need to sign an agreement that also spells out each Plan’s confidentiality protections. These include such assurances as (1) No other agency or individual will be given access to the data (2) The data will be properly disposed of when finished with it (3) No attempts will be made to contact family members unless approved by the State Registrar (4) No attempt will be made to link to other data sets unless approved by the State Registrar and (5) The use of these data will be strictly limited to the proposed purpose.

Mr. Ward will provide an update regarding the status of the health plans obtaining the data at the April 28, 2011 meeting.

#### Dental PIP Update

Jennifer Goedeke, Molina, presented the following report:

The Task Force met January 6, 2011. Each health plan identified the ongoing activities being implemented as identified below:

- BA+ included dental articles in their newsletters. They developed a toolkit for pediatricians that contain a poster, brochure and “prescription” pad for patients. They sent dental reminder letters and posted dental information on their website. They are working with DentaQuest to provide information about members who have visited the ED for dental reasons. DentaQuest then contacts the members to offer assistance in finding a dentist.
- CMFHP included a dental article in their provider newsletter and posted it on their website. In December, the plan distributed 1100 dental promotional items to members at an event. Development of Teen Newsletter article for April 2011 and to be posted online.
- Harmony contracted with DentaQuest beginning January 1, 2011. They plan to coordinate with DentaQuest on interventions related to the PIP. Sent out periodicity schedule with dental information. Fax blast to providers. Kids Club Focus group in August.
- HealthCare USA provided dental information at recent events and at schools. Their Member Outreach department is developing programs for educating high risk OB members and children with dental issues about their dental benefits. The plan added to their phone line a hold message related to dental benefits. They are also providing a list of dental providers that includes the providers’ working hours to members at healthcare events. Educated providers on the Dental Home Model. Birthday reminders to members and oral health reminders to Providers.
- Missouri Care included dental articles in their newsletters. They have also scheduled a “Show Me Smile” program. School outreach through July. Dental Van program implemented as well as the Dental ER program. Continues to send out EPSDT cards and provide dental handouts.
- Molina is working with DentaQuest to schedule the dental mobile unit at upcoming healthcare events. In addition, the plan is coordinating with DentaQuest on their ER program in which DentaQuest assists members who have been to the ER for dental issues in finding a dentist, and Back to School Program.

All health plans provided data updates for the PIP that include screening rates from the third quarter of 2010. Some plans are getting close to their goal.

The next Collaborative PIP meeting is scheduled for April 7, 2011 and will be hosted by HealthCare USA. DHSS stated they also have an oral health program and would like to cooperate and sit in on a PIP meeting.

#### Legal Services Quarterly Report

Raymond Burke, Legal Aid of Western Missouri filled in for Jennifer Wieman and gave an update on the Advocates for Family Health Project (AFH). The AFH project on the Western Side of the state currently consists of two attorneys and one paralegal that service the counties of Jackson, Platte, Clay, Ray, Lafayette, Cass, Johnson, Henry, and St. Clair and the expansion counties of Bates, Benton, Camden, Linn, Morgan, Pettis, Saline, and Vernon counties. They've closed 90 cases the second half of 2010, and continue to meet with the health plans. Legal Services has been involved with the Child Abuse Prevention Roundtable, WIC, YMCA, Head Start, and others. They've given presentations to the underserved populations at Health Fairs, Back to School, and other venues.

#### Vaccines for Children Program (VFC)

Charlotte Sims-Higgins, Department of Health and Senior Services, VFC Coordinator, gave a presentation on the VFC Program. It's a federal entitlement Program designed to reduce or eliminate vaccine cost as a barrier to childhood immunization. Children birth – 18 years of age who are either Medicaid eligible, Uninsured, American Indian/Alaskan Native, or underinsured are eligible for the vaccines. Missouri's Goal is to have 90% of children appropriately immunized by 24 months of age, and falls last in National rankings with 50.1%. This includes the 4-3-1-3-3-1 series, for calculating the percentage, if a child misses any dose they are not included as being immunized. It was brought up that some parents prefer to spread out the doses instead of getting them all at once. This may place a child receiving their last dose past 24 months, adding to the decline in our National Rankings.

Missouri does very well on preventing waste because we have higher standards for refrigeration than the CDC. Studies have also proven the refrigeration policies more effective, but many providers are unhappy about it. There are currently 665 VFC providers but Missouri has had 715 in the past. Rural providers may not benefit from the VFC because the vaccines could not be delivered in the time frame to be used before expiring due to packaging of ten doses. It was brought up that it would be difficult for Physicians to keep track of VFC Viles and Non-VFC Viles, as well as bookkeeping concerns. Ms. Sims-Higgins explained software called Show Me Vac, which was Mosaic. Show Me Vac will help to balance inventories and has the capability to keep two areas within the program.

The VFC has recommendations for organization and can also teach providers how to fix other problems. The CDC is working on issues, including changing the administrative fee a physician is able to charge, as it has not changed since 1994. Ms. Sims-Higgins will allow the health plans to use any of the information from the documents given in their marketing, and invites anyone with questions to also contact her at 573/526-7967. DHSS has begun e-messages and have included a section about the CDC and can work with MHD.

#### Update for 2010 EQRO Review

Amy Schwartz, Behavioral Health Concepts (BHC) presented information on the 2009 EQRO Report of Findings. The presentation included strengths and weaknesses of the Health Plans in regard to the Four CMS protocols; 1. Validating Performance Improvement Projects 2. Validating Performance Measures 3. Validating Encounter Data 4. MCO Compliance with Managed Care Regulations.

Recommendations:

- All MO HealthNet Managed Care Health Plans should continue to focus efforts on improving Adolescent Well Care rates as this is the only rate validated for 2009 that showed a downward trend.
- MCHPs must continue to recognize the need for timely submission of all required policy and procedures.

- The use of data for quality improvement purposes and examination of healthcare outcomes has increased dramatically. Continued growth in the utilization of all of the data available to drive healthcare practice and initiatives is required to improve quality and access to care.
- The health plans must recognize case management programs as a priority aspect of their systems of services and continue to enhance those systems.

#### KEY DATES

The health Plans want more run through on PIP's and BHC will do a teleconference possibly in February or March.

- MC+ MCO Teleconferences
  - 12/01/10 - 12/02/10 and 12/06/10 – 12/07/10
- Performance Measure Data Request
  - Request Date 1/5/2011
  - Receipt Date 2/9/2011 (Priority due date)
  - Receipt Date 2/16/2011 (Final due date)
- Performance Measure Medical Record Request
  - Request Date 3/1/2011
  - Receipt Date 3/29/2011
- New this year is a priority date at which items will be reviewed and if additional documents are needed BHC will request them and then health plans will have a final date.

#### Other State Quality Initiatives - Incentives

Dr. Liz Peterson, Children's Mercy Family Health Partners, lead a discussion by asking the Health Plans about Incentives to improve our HEDIS rates.

- Chicago had a Stroller incentive but HEDIS rates were not affected.
- Mo Care sister plans on the east coast have higher more raffle based incentives, but Missouri's HEDIS rates were better
- Virginia had an incentive with higher dollar limits when they were quality improvement initiatives and had much higher HEDIS rates.

Dr. Peterson asked if we wanted to pursue getting evidence of incentives and working to persuade MHD. There are items we can't have for incentives (like a Wal-Mart gift card, because of tobacco and alcohol). Medicaid eligible members are typically lower income causing the incentives to be more effective. MHD would require a recommendation from the group to raise the dollar limit on incentives, and data to show sustained improvement for CMS. It was decided at least one person from each plan would work on the project.

#### Report to MHD all NCQA Required Measures

Dr. Liz Peterson, Children's Mercy Family Health Partners, asked the group how we would like to change our reports for MHD. There are items the health plans report to MHD that are not required by NCQA, and items required for NCQA that are not required by MHD. There were no objections to reporting NCQA measures to MHD.

#### Behavioral Health Task Force Update

Dr. Parks, DMH, Chair of the MHD Managed Care Behavioral Health Task Force (BHTF) reported the Task Force continues to meet quarterly to review data for Psychiatric Access, Readmissions to Behavioral Health Case Management, Inpatient Denials, the 199 Behavioral Health Measures, and the Behavioral Health Scorecard. BHTF Continues to track changes and are now using a different software reporting program, and have to rework the last five years.

Progress is being made but it will take a while. There are variances in psychiatric data due to difference in methodology. MHD and DMH are going to do a Secret Shopper in addition to a survey, but have no contract yet. Reports will be given to Andrea Smith who will disburse them to the plans.

At the BHTF there was much discussion around the validity of data. The health plans shared their processes for collecting data, especially data collection for the Psychiatric Access report. It was suggested that the amount and type of health plan

engagement might have a direct impact on the data results. The desire to have benchmarks for each measure was expressed. The following questions were asked of the MHD Managed Care health plans and their behavioral health subcontractors:

- What are we really trying to achieve?
- Why hasn't there been any improvement in two years?
- What is the greater goal of the methodology?

It was announced that the MO HealthNet Division and Department of Mental Health would be performing a Secret Shopper.

Due to the variances in the Psychiatric Access data, it was decided the elements and technical specifications for that report should be rewritten. Deborah Warren, Magellan, Behavioral Health Subcontractor for Harmony Health Plan of Missouri, would gather suggestions for revision into a revised Psychiatric Access report template.

#### Behavioral Health Data

Clive Woodward, Department of Mental Health, reported that the Behavioral Health Task Force was reporting on approximately 80 different measures. Data has been collected on all of the measures. Work to improve the technical specifications will continue as it appears the response rate is not good without engagement by health plans with members and providers.

#### CSTAR UPDATES/IMPROVEMENTS:

Shannon Einspahr, Department of Mental Health (DMH) gave a CIMOR update and presentation on CSTAR. DMH is working on revisions of the protocol. One of the concerns at the last meeting was the referral sources; DMH has since added two categories to include MBHO and MCHP. The data is not yet available but a document will be going out to providers. The data may not be one hundred percent accurate due to some exceptions. CIMOR only captures data from ADA contracted treatment providers, and if a client is referred by Managed Care (MC) entity and Dept of Corrections (DOC), it will reflect DOC referral. If Disease Management (DM) and MC, it will reflect DM.

DMH has created materials to educate providers in choosing the correct course of action. There is a flow chart with updated reference materials. DMH is also attending Provider meetings, and invites the health plans to do the same. Ms. Einspahr invited the MCHPs/MBHOs to attend the ADA Western Region Provider meetings. Dates, times and location are as follows: January 13, 2011, April 14, 2011, July 14, 2011, October 13, 2011. All meetings are will be held from 10:00 a.m. – 12:00 (Noon) and are located at the: 2600 E 12<sup>th</sup> street office (corner of 12<sup>th</sup> and Prospect), Kansas City, MO. Work will continue to address the issue of a Central Region meeting.

- FY11 Q1 data: Due to changes in Treatment Episode Data Set (TEDS) collection in CIMOR, it impacted the ability to pull data for pregnant consumers enrolled in ADA treatment services after June 2010. No data was available beyond this point. The research team has been working diligently to fix the report in CIMOR. Unfortunately, we were not able to get the information compiled in time for today's meeting but I do plan to have the report compiled and ready to present for the next meeting.
- In addition, there has been work revolving around collaboration with the research team to make some additional improvements to the report, including:
  - Addition of two new referral source categories, to include: Managed Care Health Plans (MCHP) and Managed Behavioral Health Organizations. These two categories were not previously available as referral sources in CIMOR and therefore, were not captured in the data collected.
  - The hope is that with the addition of these two categories, it will allow for improved ability to track pregnant consumer referrals from these entities.
  - Even with the addition of these two additional categories, it is important to bear in mind that these categories are not mutually exclusive and therefore, the data will not be 100% reliable/accurate. However, DMH/ADA

certainly welcomes and encourages referral data from the MCHPs/MBHOs for the purpose cross-referencing to try to ensure the information reported is as accurate as possible.

- Contracted ADA treatment providers (including CSTAR providers) are required to enter data into CIMOR for the purposes of billing and data collection. Referral source and pregnant consumer data from these providers will be captured in the reports.
- Non-contracted ADA treatment providers are not required to enter this information into CIMOR, as they do not bill for services. Therefore, referral source and pregnant consumer data from these providers will not be available in the reports.
- A list of ADA treatment providers (contracted and non-contracted) is available on the DMH website:  
<http://dmh.mo.gov/docs/ada/TreatmentPreventionProviderDirectory.pdf>

The Health Plans would like the ADA facilities to contact them when their member is admitted in order to get the member into their programs and Case Management. The Health Plans would like to attend the meetings and educate the providers on how to determine if a member is in a health plan, and how to contact that plan. A CSTAR case manager should find out if a member is in a health plan and DMH is working on bridging the gaps and keeping the contact list updated. The plans would like the names and discharge dates of their members, but HIPAA and Federal Regulations will not allow the information to go through MHD. It was also asked if a policy could be created to require CSTAR Providers to send admission information within a 24 hour timeframe to receive payment. Dr. McCaslin was unsure if MHD could do that, but the process could be improved.

Also there has been work with the research team to incorporate some additional data (e.g., drug-free births, etc.) to the report in an effort to improve the overall quality of the information being reported. To date, this information is not yet available in the reports generated in CIMOR. However, this information will be available in future reports presented to the BH Task Force once these additional changes/updates have been completed.

Recent efforts have focused on:

Development/revision of forms and reference tools for ADA treatment providers to provide clear, concise, step-by-step directions on implementation of the pregnancy monitoring protocol. A reminder has been included on the form to the ADA treatment providers that if they are unsuccessful in reaching the MCHP case manager by telephone, they are to leave a voicemail and send a follow-up email notifying the MCHP that a pregnant consumer is presently enrolled in treatment services at their agency. NOTE: The email will not contain any PHI unless the agency has email encryption capabilities. Shannon and Andrea Smith will be copied on any email correspondence with the MCHPs.

#### MO HealthNet Division Update

Dr. Ian McCaslin, Director, MO HealthNet Division, gave an update on MHD stating they are very close to being able to hire a Medical Director to assume responsibility for Clinical Services, and then later to oversee a Quality Unit to develop an agenda of what Quality means in MHD. MHD may look to the health plans to assist in making any recommendations for the position description and a good candidate. It is important the person in the position have complete knowledge of all aspects of Managed Care. A formal announcement will be sent out once the position is fully approved.

The Legislative Sessions main concern is budget. There is no lack of commitment however no provisions are currently in the Governors Budget to expand or transition to Managed Care. MHD has had meetings on rates, but there are no concrete time frames. If there is anything the Health Plans can get to MHD in advance it would be greatly appreciated. Dr. McCaslin also mentioned NCQA is very important to MHD.

MHD is also looking at Medicaid incentive payments for providers who have a certain percent of Medicaid patients, and have an electronically capable health system.

Dr. McCaslin commended Dr. Parks for his work on leading the Medical Home effort. The Reform Bill 2703 provides states a 90% match when the state puts up 10%. A payment to the providers for achieving their goals, and for Medical Home



activities, is also a possibility. There is a list of Medical Home elements on the NCQA website and MHD's list will be similar. This will be statewide and the details of how it will interact with the health plans are unknown at this time.

### CMFHP Best Practices

Jenny Hainey, Children's Mercy Family Health Partners provided the following information regarding their Best Practice involving Customer Service Improvements.

#### **Availability**

CMFHP's Customer Service Department is based in Kansas City, MO and staffed 7AM to 6PM Monday-Thursday and 7AM to 5PM on Friday.

- The RFP requires that we have the Customer Service department staffed for 9 hours per day.
- CMFHP feels that by extending our hours, we provide additional support that the families and providers need.
- CMFHP measures telephone statistics for call abandonment rate, average speed of answer (ASA) and service level (percent of calls answered less than 30 seconds) on a daily basis and aggregates this information into a monthly report.
- Many call centers will not count hang up calls unless the caller is on hold for a specified amount of time or even block calls when queue hold times reach certain levels. CMFHP considers an abandoned call as any call in queue that hangs up before it can be answered, regardless of the amount of time the caller has been on hold and does not block calls (i.e., if a caller hangs up after 10 seconds, the call is counted in our service levels).

#### **Need for Improvement**

CMFHP identified the need for improved communication technology for internal and external customers and to meet reporting requirements.

- CMFHP implemented a new automatic call distribution system (ACD-Zeacom) to monitor and track our telephone statistics in 2009. This system allows us to more efficiently answer, monitor and route calls from members and providers and provide improved quality control.
- Maximizing efficiency in the CMFHP call center was imperative to ensure members and providers questions are answered accurately and timely. Calls not resolved in a first call resolution basis result in additional calls which adds to increased workload. To reduce the number of return calls and increase efficiency CMFHP implemented some changes with our ACD system to assist in controlling and monitoring these efforts.

#### **Customer Service Enhancements=Skills Based Routing**

As a result of the new ACD, CMFHP now employs skills based routing of calls to ensure that representatives skilled in certain areas have priority in answering the calls first. This formula is used primarily for claims and bilingual calls. Thirty percent of the Customer Service representatives are bilingual and all our system allows for our Hispanic population requiring a Spanish bilingual rep to be offered the first chance to answer the call. When a call has not been answered in a predetermined amount of time, then these calls go into an overflow category. The customer service representative not fluent in the member's preferred language will then connect the member with our contracted language line service for a three way conversation.

From CMFHP's surveys there are high member satisfaction rates with Customer Service.

### Health Plan Quality Initiatives

The health plan quality initiatives are included at the end of the minutes.

#### Tracking Log

There were no new items identified for the tracking log. The following items were closed:

4. CAHPS Survey by health plan vs by Region for those health plans in more than one Regions. January 27, 2011: NCQA will accept Child CAHPs for Accreditation. DHSS Regulation requires regional reports.
5. CSTAR Update Re: Regional Meetings January 27, 2011: This is a regular quarterly report and will be removed from the Tracking Log.
8. Health plan questioned if the HEDIS measures for Comprehensive Diabetic Care and Childhood Immunizations could be rotated. January 27, 2011: Email sent to health plans stating that since the HEDIS Comprehensive Diabetic Care



measure is not a required measure by DHSS or MHD, neither organization would need to make a decision. The health plans were told that the HEDIS measure Childhood Immunizations is a DHSS required measure and that DHSS does not allow rotation of that measure.

10. HCY Screening Tool Provider Bulletin-Email to Group January 27, 2011: HCY Screening Tool Provider Bulletin emailed to Advisory Group after October 21, 2010 meeting.

11. Smoking Cessation for Pregnant Women Edit-Email to Group January 27, 2011: Smoking Cessation for Pregnant Women Edit emailed to Advisory Group after October 21, 2010 meeting.

13. Provide link to Psychotropic Edit-Email to Group January 27, 2011: Psychotropic edit link emailed to Advisory Group after October 21, 2010 meeting.

#### Open Public Forum/Questions/Adjourn

There being no further business to come before the meeting, Dr. Peterson adjourned the meeting at 2:37 P.M.

#### Health Plan Initiatives



### **Molina Healthcare**

#### **MO HealthNet Quality Assessment & Improvement Advisory Group January 27, 2011**

#### **New Initiatives or events**

- Molina's Health Educator is in the process of revising current materials and the Molina website to communicate information in a more effective manner to members.
- Molina's clinical quality committee is reviewing the readmission rate which has increased over time and will develop a quality initiative as appropriate.
- Molina has begun the HEDIS 2011 project and is focused on implementing initiatives for increasing HEDIS rates and CAHPS scores.

#### **Updates on current initiatives**

- Molina continues to use the member and provider newsletters as a means for educating members and providers about benefits, services and how to improve members' healthcare.
- Molina continues to participate on the Dental Task Force for managing the Improving Oral Health Performance Improvement Project. Molina partnered with DentaQuest to contact members who have visited the ER for dental services, by phone and/or postcard in order to educate the members about visiting a dentist for dental services and to assist members in finding a dentist when appropriate. Molina also partnered with DentaQuest to provide preventive dental services at back-to-school fairs.
- Molina is continuing the NCQA accreditation preparation process in anticipation of the NCQA survey in June and August 2010.

#### **NCQA Accreditation Preparation**

- 1<sup>st</sup> mock audit conducted by NCQA consultants in February 2010.

- 2<sup>nd</sup> mock audit conducted October 20-21 2010.
- Off-site survey submission due to NCQA on June 22, 2011.
- On-site survey by NCQA scheduled for August 15-16, 2011.

### Success story

- A Molina member who is pregnant with twins at an advanced maternal age and with a history of pre-term labor at 24 weeks gestation lives in a rural area that is nearly two (2) hours away from the hospital where she plans to deliver. The provider wanted to hospitalize the member for her entire pregnancy or have her deliver early. Through Molina's case management program, the member was placed on a terbutaline pump for home use. Molina authorized serial nursing visits at the member's home. The member is currently at 35 weeks without any new issues. The terbutaline pump will soon be discharged and plans will be made for the member to deliver at 36 or more weeks and the babies will go home with the member after delivery. The estimated fetal weight of both babies is over 5lbs each.



**Blue-Advantage Plus  
of Kansas City, Inc.**

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### **Blue-Advantage Plus of Kansas City**

**4Q10**

January 27, 2011

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### **New Initiatives or events**

- **Community Events** – Blue Advantage Plus (BA+) participated in several community events during the months of October, November, and December. Community Events include:
  - Participated in the Missouri Convergence Partnership – (October/November/December 2010)
  - Participated in the Mid-America Head Start Policy Council Meeting – (November 2, 2010)
  - Facilitated discussions on maternal health – (October/November/December 2010)
  - Served as Community Advisor for the Junior League of Kansas City, Missouri for their new five-year focus area of childhood nutrition, fitness, and obesity prevention – (October/November/December 2010)
  - Served on the Core Planning Group for the Beans & Greens Coalition for Double Coupons at Farmer's Markets and Mobile Markets – (October/November/December 2010)
  - Participated in the KC Fun & Fitness event at Calvary Temple Baptist Church – (October 30, 2010)
  - Participated in Kansas City Quality Improvement Consortium's All Health Plan Meeting – (November 4, 2010)
  - Attended the Kansas City Missouri Health Commission Meeting – (November 5, 2010)
  - Participated in the Mid-America Head Start Health Services Advisory Meeting – (November 9, 2010)
  - Attended the Building a Healthier Heartland Meeting – (November 8, 2010)
  - Participated in the Kansas City Quality Improvement Consortium's Advisory Board – (November 10, 2010)
  - Attended "Achieving Health Equity in the Kansas City Region" – (November 10, 2010)
  - Participated in the "Fostering Strategies for Change: Children, Families, and Their Communities" event – (November 17-18, 2010)
  - Attended Mid-America Coalition on Health Care's "Managing Change in a Year of Reform" – (November 18, 2010)
  - Attended the Mother and Child Health Coalition's Mid America Immunization Collaborative Quarterly Meeting – (December 1, 2010)
  - Attended CMS's Health Care Delivery System Reform Discussion – (December 1, 2010)
  - Attended Mother and Child Health Coalition's Weighing In Collaborative Quarterly Meeting – (December 18, 2010)

- Participated in the Social Innovation for Missouri funders discussions and Kansas City area submission planning sessions, including Building a Healthier Heartland Steering Committee and strategic communications working sessions – (October/November/December 2010)
- Advised the Missouri Immunization Roll-Out Team on approach with health departments, school districts, and providers; followed-up on ShowMeVAX web service pilot interface development with Platte County Health Department and Pulse Systems – (October/November/December 2010)
- **Dental Initiatives** – BA+ continues to implement and develop new initiatives to encourage members to visit the dentist and practice good dental hygiene. Various initiatives implemented to date include the dental reminder letter, dental website page, and the Dental Provider Toolkit.
- **Adult Dental Initiative** – The adult dental initiative was developed to provide outreach to adult members who visit the ER for dental services. The BA+ adult population does not receive the dental benefit and the ER is frequently utilized when dental issues arise. To prevent ER visits for dental issues, BA+ developed a brochure that contains information on how to take care of teeth properly and resources where adults can seek dental care. During 4Q10, BA+ mailed 107 dental brochures.
- **Child Dental Initiative** – The child dental initiative was developed to provide outreach to the parents/guardians of members who visit the ER for dental service. Children in the BA+ population have the dental benefit and BA+ wants to encourage parents/guardians to take their children to visit the dentist for preventive care. A brochure was developed to encourage members to visit their dentist and to educate members on the importance of visiting a dentist. During 4Q10, BA+ Mailed 51 child dental brochures.
- **Headache Initiative** – BA+ developed a headache brochure which contains information on what causes headaches. The brochure also encourages members to seek services from providers other than the ER. This initiative was developed to reduce the number of members utilizing the ER for headaches. During 4Q10, BA+ mailed 148 headache brochures.
- **Depression Initiative** – In August 2010, BA+ began sending out a brochure for members who visit the ER for issues related to depression. The depression outreach was implemented to encourage members to seek services with Behavioral Health Providers. During 4Q10, BA+ mailed 46 depression brochures.

### Updates on current initiatives

- **Patient Centered Medical Home (PCMH)** – Blue KC continues to participate in the PCMH Pilot Program. Thirteen practices, with over 80 physicians and about 50 residents are participating. The purpose of the pilot program is to work directly with doctors and their staff as they implement new technologies and processes to improve patient access and care outcomes, increase patient and physician satisfactions, and reduce errors to lower healthcare costs.
- **First Call Resolution (FCR)** - The FCR was developed to resolve member issues and concerns in one call and reduce call volume which keeps administrative cost under control. Achieving FCR is based on the member's perception of whether or not their issues were resolved by making only one phone call to the Plan for assistance. During the months of October and November, BA+ Customer Service exceeded the goal of 75% for FCR.
- **EPSDT Reminder Letter** – Sent 3,924 EPSDT reminder letters during 4Q10.
- **New Member Letters** – Sent 2,990 new member letters during 4Q10.
- **PCP Appointment Planners** – Sent 523 PCP Appointment Planners to providers, which includes a list of members needing their well-child exams.
- **Lead Initiative** – BA+ members who indicate that they require help with getting a lead screening on their Health Assessment Form receive important information on lead and lead poisoning and on how to obtain a lead screening. During 4Q10, BA+ sent 13 members a lead information packet.
- **Vaccination Initiative** - BA+ members who indicate that they require help with getting vaccinations on their Health Assessment Form will receive important information on vaccinations and on how to obtain needed vaccinations. During 4Q10, BA+ sent 31 members an informational packet on vaccinations.
- **ER Initiative** – BA+ has an ongoing project to identify members with non-emergent reasons for visiting the ER and address these root causes with specific interventions. Results to date indicate a significant decrease in the number of ER visits by these targeted members.
  - **ER Magnet Mailer** – On a bi-weekly basis, BA+ members who visit the ER for non-emergent reasons are sent an ER magnet mailer. The ER magnet mailer provides PCP contact information, transportation information, and Nurse Advice Line contact information. In addition, the magnet mailer provides a list of the three closest urgent care centers near the member's residence. During 4Q10, BA+ sent 137 ER Magnet Mailers.
  - **ER Case Management Outreach** – On a weekly basis, BA+ Nurse Case Managers provide telephonic outreach calls to members who visit the ER for non-emergent reasons. During 4Q10, 85 members received ER case management.

## Customer Service

- Met call abandonment rate goal of 5% during 4Q10.
- Met call wait time goal of 30 seconds during 4Q10

## Success Stories

- **Provider Toolkits** – During 2010, BA+ started developing several Provider Toolkits to aid Providers in encouraging members to obtain preventive services. The Toolkits developed by BA+ focused on well-child visits, dental visits, mammograms, and diabetes. During 4Q10, BA+ was able to launch the Well-Child and Dental Provider Toolkits. The Provider Toolkits have been well-received and during 1Q11, BA+ sent out the Mammogram and Diabetes Provider Toolkits.
  - **Well Child Visit Provider Toolkit** – BA+ provided approximately 600 Provider Toolkits to PCPs in the BA+ network. The Provider Toolkits were developed in-house and focused on the importance of well-child visits. Each Provider Toolkit contained:
    - Well-Child Visit Posters
    - Well-Child Brochures
    - Well –Child Prescription Pads
    - BA+ Brochures (English/Spanish)
    - EPSDT Billing Guide
    - EPSDT Screening Form Information
  - **Dental Provider Toolkit** – BA+ provided all PCPs and Dentists in the BA+ network with Provider Toolkits focusing on the importance of dental visits. Each Provider Toolkit contained:
    - Dental Posters
    - Dental Brochures
    - Dental Prescription Pads
    - BA+ Brochures (English/Spanish)
    - Health Resource Guides

## Children's Mercy Family Health Partner's MO HealthNet QA&I Report October-December 2010

### Initiatives or Events:

#### Disease Management

- **Asthma program** update: 3 provider offices active this quarter
- Completed asthma education program at 3 provider offices, representing members 793
- Completed clinic/home visits for Health Coaching-13
- 102 members currently actively participating in health coaching for asthma with an additional 345 in outreach
- Asthma program letters sent to 787 members
- Qtr 3 YTD 2010 compared to Qtr 3 YTD 2009 Utilization:  
Decreased ER utilization 24%, Inpatient 18%, and Outpatient 8%.
- **Depression program** update: 44 new referrals sent to New Directions for further interventions
- **Diabetes program**
- 4 Completed clinic/home visits for Diabetes Health Coach
- 24 Members currently actively participating in Health coaching for Diabetes with an additional 108 in outreach
- Diabetes program letters sent to 101 members

#### Health Improvement

- Birthday cards sent to 8,606 members

- Newborn cards sent to 491 members
- Sent EPSDT Reminder Letter to 7,971 members and 1,123 providers
- Completed Healthy Lifestyles Program 4-module didactic program in 3 provider offices, and 10 chart reviews and 10 program follow-ups.
- 295 members provided Health Coaching for Obesity
- Completed 22 clinic/home visits for Obesity Health Coaching
- Provided 18 school presentations to 499 students on a variety of health topics.
- Integrated tobacco cessation information into new member packets
- Lead screening reminder postcard sent to 2,313 members.

#### **Focused Studies and PIP's**

##### **Statewide Dental Collaborative (2009, 2010)**

- Quarterly Collaborative calls: Molina hosted the call in January. The plans agreed upon a standardized format for data reporting. CMFHP submitted the third quarter of data on January 6.
- Last Updated PIP sent to Missouri July 2010
- CMFHP submitted the third quarter of data on January 6.
- Next meeting: April 7, 2011 to be hosted by HCUSA.

##### **Cervical Cancer Screening (2009)**

- Screening rates increased from 0% to 37% for study population
- HEDIS 2010 CCS improved 5.08% from 2006 (67.19%) to 2010 (70.6%)
- Well Woman outreach calls to women needing BCS; CCS in 4Q2010
- Final report due in Spring 2011

##### **Comprehensive Diabetes (2009, 2010)**

- Quarter 3 data has been received with favorable preliminary review
- HS outreach Oct – Dec 2010
  - Temp staffs
  - Calls ~ diabetes screening initiative
- Quarter 4 data will be available after March 1, 2011

##### **Focus Studies**

- **BCS 2010**
  - Outreach through Customer Service
  - WWC second Mailers: Oct 2010
  - WWC outreach through HS in 4Q2010
  - Continue Incentive
  - Have seen a 21% increase in BCS for study population
- **Adult Access to Care**
  - Incentive postcard sent to call Customer Service
  - Focus on linking adult members with benefits
  - Continue to send to new adult members
  - Will measure using HEDIS

**Harmony Health Plan of Missouri**  
**MO HealthNet Managed Care**  
**Quality Assessment and Improvement Advisory Meeting on January 27, 2011**  
**October 1, 2010 through December 31, 2010**  
**Prepared by: Ramona Kaplenk**  
**Ramona.Kaplenk@wellcare.com**

Harmony Health Plan of Missouri collaborates with local agencies and practitioners to provide outreach, education, and viable resources for members in the communities we serve to decrease member non-compliance for needed services. On a Corporate level, members enrolled with Harmony receive member outreach to support those services provided by local staff.

### **Accreditation and Compliance Update**

- As of December 31, 2010 Harmony Health Plan is 86.56% compliant with NCQA accreditation standards which includes file review. Consultant review will occur in February 2011 to prepare for the health plan's April 25<sup>th</sup> ISS tool submission.
- Harmony Health Plan continually reviews program documents, policies and procedures, and other documents to ensure compliance with state, federal, regulatory, and accreditation agencies.

### **Agency Collaboration:**

Harmony Health Plan collaborates with the following agencies throughout the year. Collaboration with these agencies provides the health plan with educational material and additional resources for our members. Additionally, Harmony has the opportunity to educate these agencies on the services provided to our members.

- Collaborate with the Gateway Immunization Coalition and Chairing the Adolescent Immunization Committee
- Collaborate with the Eastern Regional Alliance and Chairing the Capacity Building Committee to decrease the health disparities for minorities
- Collaboration with Asthma Consortium and Kids with Asthma to increase asthma awareness and education
- 27<sup>th</sup> Ward Infant Mortality Reduction Committee
- Perinatal Depression Workgroup sponsored by Maternal Child and Family Health Coalition,
- Eastern Regional Minority Health Alliance;
- St. Louis County Homeless Provider Meeting; St. Louis City Health
- Maternal Child and Family Health Coalition

### **Case and Disease Management**

The health plan meets with Case and Disease Management Managers bi-weekly for lead and Hugs case management, member enrollment in disease management programs, and interventions to improve current internal processes as identified.

Between October and December 2010 algorithms to identify members into Disease and Case Management for lead, diabetes, asthma, and pregnant members who are considered high-risk were updated a second time to improve member identification into these programs. Results for these improvements will be shared at the next meeting.

### **EQRO**

2010 EQRO results have been addressed and will be presented to the Quality Improvement and Medical Advisory committees for corrective actions to be implemented on recommendations. The health plan is currently working on compliance with EQRO requests for 2011.

### **Harmony Hugs**

On October 29, 2010 Lee Biggins, Harmony Health Plan's Hugs Coordinator resigned. The Health Plan began its search for her replacement and hired Geraldine Franklin-Riley as her replacement. Geraldine is a Registered Nurse and Licensed Social Worker in the State of Missouri and has over 20 years of experience in clinical settings, being a school nurse, and working with the local and State Departments of Public Health. She will be an invaluable asset to members enrolled in the Hugs program. Geraldine started on January 3, 2011. Geraldine will begin attending monthly and quarterly collaborative meetings in February 2011. Geri will be attending the following meetings:

- 27<sup>th</sup> Ward Infant Mortality Reduction Committee
- Perinatal Depression Workgroup sponsored by Maternal Child and Family Health Coalition,
- Maternal Child and Family Health Coalition

During the timeframe of recruiting a new Hugs Coordinator the health plan was assisted by case managers and Hugs staff in Chicago and Tampa to ensure members were enrolled, assessed, and managed in a timely manner.

### **Health Plan Initiatives and Updates**

At the October 2010 Q A and I meeting Harmony reported on several initiatives to be initiated between October and December 2010. The status report follows:

1. Developing a comprehensive medical record review tool – medical review tool was implemented in December and is currently being utilized for 2010 medical record review. Once medical record review is completed updates to the tool will be recommended to the work group
2. Providing HEDIS standard Fax Blasts to providers on a monthly basis – Fax blasts for childhood immunizations and Well Child 15 Months
3. Creating a better tool to inform Providers of members that are in need of preventive visits – tool is still in process of updating should be ready for implementation in 1<sup>st</sup> Quarter 2011
4. Educating providers for 2011 HEDIS data collection – HEDIS information is included in the Fax Blast

4<sup>th</sup> Quarter 2010 initiatives included the following:

1. For Harmony's Preventing Childhood Obesity process improvement project the health plan is distributing BMI posters for Boys and Girls in English and Spanish to all providers. These posters will assist providers in discussing weight, nutrition, and exercise needs with members.
2. For Harmony's new Medical Home process improvement project the health plan is in the process of creating a translation tool for providers.

### **Lead Case Management**

- 12 face-to face home lead assessments between October and December 2010. In 2010, Harmony completed 54 initial, follow-up, and discharge assessments. Prior to 2010, Harmony experienced significant barriers in implementing a successful lead program. These barriers included limited staffing resources and the health plan's inability to attain MOHSAIC access due to Case Management staff being located outside of the State of Missouri. Until the push in 2010 for MOHSAIC access and the dedication of regional QI staff; the inability to contact these members and perform meaningful intervention resulted in statistically insignificant data.
- During these assessments, members are provided with materials regarding lead along with city and county resources to assist members with lead removal. Additionally, Harmony staff educates members on needed services along with follow-up lead testing.

Harmony continues to struggle with the following barriers in providing timely initial and follow-up visits with members in the Lead Disease Management program:

- Primary barrier to scheduling more assessments is incorrect member contact information
- Secondary barrier is member non-compliance with follow-up testing
- Third barrier is parent / guardian refusing initial or follow-up visit

Harmony will utilize the member newsletter and the member website portal in 2011 emphasizing the importance of lead screenings and services offered through local public health departments.

### **Magellan Behavioral Health**

On September 1, 2010, Harmony Health Plan of Missouri transitioned its behavioral health services to Magellan Health Services and to date no negative feedback has been received. All cases managed by Harmony Behavioral Health have also transitioned to Magellan. No member or provider initiatives were undertaken in 4<sup>th</sup> Quarter 2010. In 2011, the health plan will collaborate with Magellan in improving continuity and coordination of care between medical and behavioral health providers.

### **Medical Record Review**

The health plan is in the process of conducting its annual medical record review. Results will be reported to Harmony's Quality Improvement Committee in March 2011.

Additionally the health plan is performing medical record review for asthma, diabetes, and obesity medical records retrieved from files retrieved for HEDIS to ensure providers adhere to clinical practice guidelines in treating these medical conditions. Audit information will be shared during Quality Improvement and Medical Advisory Committee meetings and scheduled visits with providers who fail the audit.

### **Member Outreach**

- Periodicity Letters
- 4,951 periodicity letters were mailed to Harmony members during the Quarter:



- 2,494 child and adult periodicity letters;
- 959 child and adult 45 day letters, and
- 1,498 dental letters

The effectiveness of the periodicity letters will be determined after HEDIS 2011 based on the increase / decrease of compliance for these measures.

**Plan Personnel Update**

- No new personnel was added to staff between October and December 2010.

**Process Improvement Projects**

- Lead, Adolescent Well Child, and Improving Oral Health were updated to reflect HEDIS 2010 results and updated provider initiatives.
- The health plan will continue the Adolescent Well Child process improvement project one more year to measure results for initiatives conducted in 2010.
- Final drafts of the following process improvement projects were completed in November 2010 and will be submitted for the 2011 EQRO.
  - *Asthma Process Improvement Project*
  - *Obesity Process Improvement Project*
  - *Cultural Diversity and Medical Home Process Improvement Project*

**Provider Outreach**

The health plan has initiated several provider outreach programs and toolkits to improve services provided to members. All of the following initiatives will be implemented in January and February 2011:

- BMI Posters for Children
- Distribution of Adult and Child Obesity Toolkits
- HEDIS Measure of the Month (MOM) Fax Blasts including technical specification of each measure
- Non-Compliance listings
- Toolkit to overcome primary language barriers between the provider and member

**HealthCare USA  
MO HealthNet QA&I Report  
October 2010 – December 2010**

**NCQA STATUS:**

The initial application and agreement for Health Plan Accreditation was sent to NCQA in December 2009. Our on-site visit is scheduled for May 2011. HCUSA is on-track to meet these timeframes.

**UPDATES ON CURRENT INITIATIVES:**

**A. 2010 Well Care/Preventive Care birthday reminders and missed appointment mailers:**

**January - December 2010**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2010 Total
Well Woman	631	644	598	634	654	716	753	718	743	660	665	660	8076
EPSDT b-day 0-10		7638	6560	7786	15684	8679	8497	16574	8218	6947	16622	8261	111466
EPSDT b-day 11-20		4715	4983	5271	10330	5753	5699	11318	5562	5372	11286	5694	75983

EPSDT missed apt	5134	none	9289	11288	5965	5197	5921	4645	4622	4746	4980	61787
Provider panel missed visit	5134	none	9289	11288	5965	5197	5921	4645	4622	4746	5694	62501
Men's Health(Quarterly)	1007(Q1)		831(Q2)		906(Q3)		901(Q4)		3645			

## B. Dental Report Data

HealthCare USA Annual Dental Visit Rate (Percent Compliant)											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
EMO	6.4	6.4	10.6	15.0	18.9	23.9	24.0	26.8	29.7	32.5	35.6
CMO	8.2	8.2	13.6	18.7	23.0	28.7	28.9	32.7	31.8	40.9	43.5
WMO	6.5	6.5	11.2	15.8	19.2	24.5	24.8	27.8	31.5	35.3	38.1
STWD	6.8	6.8	11.2	15.7	19.6	24.8	25.0	27.9	36.8	34.3	37.3

## C. October - December 2010

- Progress continues on centralization of pre-authorization services. Calls are being transitioned as planned.
- Coventry has enhanced our HEDIS processes with the implementation of a project that provides early identification of members who are missing services and will provide provider specific reports.
- In 4th Quarter, HCUSA focused on HEDIS outreach for diabetic members and women who were missing Breast Cancer Screening, Cervical Cancer Screening and Chlamydia Screening. Phone calls were made to diabetic members and we worked with Provider Relations and the top 16 (high volume) providers for the Preventive Screening measures for women.
- Work continues on the various performance improvement projects which includes but is not limited to emergency department usage.
- Provider Relations held 11 Provider Seminars throughout the state during October & November. HEDIS & NCQA information was included in the presentations.
- Weekly workgroup meetings are in place for NCQA preparation. These are chaired by QI. Our NCQA consultant was on-site in December and was pleased with our progress.

**Missouri Care Health Plan**  
**MO HealthNet QA&I Meeting: January, 2011**  
**Karen Holt, Quality & Accreditation Manager**  
 holtk@aetna.com; 615-837-2018

**4th Quarter (October, November, December) 2010 Update**

## **New Initiatives or events**

- The SFY 2010 Annual Evaluation was completed and submitted to the State of Missouri in November on time.
- Member incentive program for our Post Partum Member. Missouri Care instituted a Gift Card incentive program for every new mother that receives a compliant post partum check per NCQA HEDIS guidelines. Brochures are sent out to all new moms and we have informed our provider network through our provider newsletters to be aware of the need to sign the brochure for validation of the appointment.
- Member incentive program for our members that have been discharged from an acute behavioral health facility. Missouri Care instituted a Gift Card incentive program for every member discharge from an acute behavioral health facility that receives a compliant outpatient follow-up appointment within 7 days of their discharge. Providers were notified through our provider newsletter.

## **Updates on current initiatives**

- **NCQA Accreditation**

- Missouri Care was audited by our NCQA consultant/auditor in December with full scoring of our ISS tool. The results of the audit and suggestions from the auditor have been incorporated into the overall Missouri Care work plan for NCQA accreditation. Missouri Care is on target for submission of the ISS tool on May 23<sup>rd</sup>, 2011 with onsite file review by NCQA on July 18-19, 2011.
- **HEDIS 2011**
  - Preparations for HEDIS 2011 began in the fourth quarter, 2010 as Missouri Care begins its first HEDIS initiative undertaking consisting of all three regions of Missouri (due to Missouri Care's expansion) as well as an NCQA population. Preparations for 2011 CAHPS mirror those of HEDIS 2011
- **Member Education and Outreach**
  - Our EPSDT outreach continues with 15, 535 reminder cards being mailed during the third quarter of 2010. A follow up mailing of 5884 letters for those that did not received services in the third quarter 2010 was also completed during the 4<sup>th</sup> quarter 2010. In addition, Missouri Care mailed "last chance" reminders to 24,994 members still in need of an EPSDT visit for 2010.
  - Missouri Care continues to work with University Clinics and Family Health Center for the Come in for Care campaign. In November, 1,693 letters were mailed to the clinic's patients due for an EPSDT visit informing them to call to schedule an appointment.
  - Reminder mailings to 1607 Missouri Care teen members concerning the need for adolescent well care checks were completed in the 4<sup>th</sup> quarter 2010.
  - Our initiative concerning Missouri Care's Diabetic population continues by making personalized telephone calls to members. These outreach telephone calls were made by a quality nurse to discuss the importance of monitoring blood glucose levels and the necessity of having a dilated retinal eye exam each year. At the beginning of November each member was mailed a letter informing them of their last date of service for a HgA1c, LDL screening and eye exam and indicate how often these tests are recommended.
  - Missouri Care's initiative concerning our Asthma population continues. In November, a letter was mailed to members still not on a controller medication urging them to contact their PCP to discuss. In December, a letter was mailed, along with a member roster, to providers informing them of the clinical guideline recommendations regarding controller medications and urging them to consider this type of medication, if appropriate, for the member.
  - For the months of October, November, and December, 2010, the Cervical Cancer/Chlamydia Screening Birthday cards were sent to 2048 women aged 18-60 who had not had a CCS/CHL screening
- **Community Outreach**
  - During the months of November and December, Missouri Care participated in numerous obesity prevention projects handing out pedometers, jump ropes and posters.
  - Missouri Care continued with its "Show Me Smiles" campaign throughout October, November, and December.
  - Missouri Care attended the Missouri Coordinated School Nurse Conference.
  - During December, Missouri Care participated in several holiday events such as Santa's Land, Winter Basketball Tournament, Pictures with Santa, Hats and Mittens distribution.
  - Missouri Care adopted two Columbia area families for Christmas and collected wish lists from those families. The Missouri Care staff then collected items from those lists, wrapped, and distributed for the holiday.
  - In support of Missouri Care's Cultural Competency program, Missouri Care attended the Hispanic Day at Samuel Rodgers for a Lunch & Learn.
  - Missouri Care continues its outreach in conjunction with nutrition, health, and obesity through partnership with Truman Medical Center and the "Body Works with Truman" which are classes for parents and children concerning Healthy Habits.

## Success stories

### Success story Case #1

The member is a 2 y/o female who has been enrolled in Missouri Care (MoCare) Health Plan since 09/01/2010. She lives with her mother and 3 siblings in a single family apartment. The member was introduced to the Medical Case Management program in November 2010 as a referral from the UM/CR nurse due to second degree burns over greater than 40% of her body surface as a result of an in-home investigational accident. The member was one of the initial members referred as part of the newly developed Interdisciplinary Rounds for inpatient referral to facilitate discharge planning between Missouri Care, the inpatient facilities and member/family.

The member's mother/guardian was readily agreeable to case management and worked together with case manager and hospital staff to facilitate and expedite discharge planning. The member's stay was greater than one month as inpatient status. During the last two weeks of her stay the team worked together to ensure that all post-discharge needs were met prior to the day of discharge. The MoCare Case manager (CM) worked closely with the social services staff at the hospital to ensure that the proper participating outpatient providers were contacted for delivering post-discharge care. The member required daily home health visits by a nurse for at least the first week. The

MoCare CM worked with the prior authorization department and the home health agency to expedite the authorization process appropriately. Due to collaborative efforts the agency was notified when discharge was advanced several days. The agency was able to be present and make assessment within 24 hours of the member returning to the home.

This MoCare CM provided education and emotional support to the mother during the inpatient stay. The MoCare CM encouraged contact for behavioral health services for the entire family and facilitated mom in making a selection process to include in-home therapy. Through discussions with the MoCare CM, the mom made the decision to talk with her landlady about the possibility of relocating the family to an apartment other than the one in which the trauma took place. Due to the support and encouragement given & the ability to align services appropriately prior to discharge, mom felt comfortable transitioning home with a child who now has special needs.

### Success Story Case #2

The Missouri Care (MoCare) member is a 16 y/o male that has been enrolled in MoCare since December, 2009. He lives with his parents and two younger sisters in Hannibal, MO. He is a junior in high school, played football and took karate classes. The member had a few short hospitalizations for diarrhea and dehydration in late July and late August 2010, just before a prolonged 23-day hospital stay early fall. During this hospitalization, the member was diagnosed with Crohn's Disease. Most of his bowel was noted to be affected with the disease. He required surgical intervention during this hospitalization and was given a colostomy. The member was referred to Case Management (CM) for outreach while he was hospitalized. The CM was not able to reach mom until the day following his discharge.

During the first call with this mother it was evident this new diagnosis, the colostomy, the severity of his illness had impacted the entire family. Throughout the first call we identified the following potential barriers: potential alteration in nutritional status due to ulcerations in mouth and tolerance/intolerance of food(s); pain; alteration in activity; lack of preventative dental care; lack of knowledge in disease process; lack of knowledge of importance of Crohn's disease to regular healthcare status; limited privacy opportunities for member at school to address ostomy needs; decreased self confidence and alteration in self image due to disease process and ostomy status; alteration and concern in family unit based due to member disease process; potential alteration in skin integrity due to ostomy. Mom was willing to participate in the CM process and willing to work on some of these goals and barriers.

In subsequent calls, it was discussed that the member was having difficulties keeping his ostomy wafer intact. The CM was able to provide some alternatives to assist the member. A local home health nurse was able to come to the home and watch the member provide the ostomy care and bag replacement and offer direct suggestions on ways to get the wafer and bag to stick better and to monitor for skin breakdown. We then discussed the possibility for alternate types of ostomy appliances. The CM was able to work with a different vendor that was willing to send the member a few alternatives for him to try to see if they would be better alternatives for him and would "stick" better without breaking down his skin. We also looked at closed drainage systems instead of open systems that he could use at school. There are no doors on the stalls at school and there is only one handicapped equipped bathroom which requires a key to enter. The member's classes are located across three physical building locations. In addition, there was continued discussion of the overall goals, with identification and potential solutions to the gaps and barriers that had been identified.

In an update call with the member's mother in January, 2011, she started off the conversation by saying "Thank you! Thank you! Thank you! I want you to know how good he is doing. Those close end bags that you helped us get have made a huge difference to him and his getting back into the school scene." Mom stated that this member's confidence level has improved greatly and attributes much to working on several of the identified issues over the last few months and working through them through the CM process. Member has embraced the need for his ostomy and is now providing his ostomy care without much assistance from mom. She said that the member has been able to use the regular bathroom at school to dispose of, and place his new closed in bag between classes at school. He participated in several meetings with school officials prior to his return this semester. Mom said that the member was an advocate for himself and his disease process. He wants to be treated as normal as possible, he did not want to be treated or feel like he was a liability to the school and he will use the same locker room and restrooms as his peers. Although member may not be able to play contact sports as he did in the past, the coaches are devising a PE plan specifically for him. He is also meeting with his friends outside of school situations as well. He has begun driving. He has gained 10 lbs despite the intermittent ulcerations in his mouth. The family has been working between their primary care physician and the specialists in Columbia jointly to treat his condition. He has not required further hospitalizations or ER visits since he was released in October. Mom has been able to return to work. The younger siblings have been to one counseling session at a local provider to assist with working with their fears related to this member health status, and have subsequent visits as well. The member is looking forward to having his ostomy reversed later this year.