



**MO HEALTHNET MANAGED CARE
QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP
April 28, 2011**

**Jefferson Building
10th Floor, Conference Room B
205 Jefferson St, Jefferson City, MO**

Minutes

Attendees

MO HealthNet Division

Dr. Ian McCaslin
Susan Eggen
Brenda Shipman
Andrea Smith
Christi Fain
Melody Webb
Rebecca Logan
Shelley Farris
Lisa Clements

Dept. of Mental Health

Dr. Joseph Parks
Clive Woodward
Dr. Laine Young-Walker

CMFHP

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

Dept. of Health and Senior Services

Wayne Schramm
Craig Ward
Melinda Sanders
Susan Kneeskern

Department of Insurance

Kembra Springs

HealthCare USA

Pam Victor
Dale Pfaff
Dr. Debra Moss
Tasha Smith
Pam Victor
Dan Paquin
Laurel Ruzas

Missouri Care

Dr. John Esslinger
Christina Schmidl

Legal Services Eastern MO

Tiajuana Henderson

Mid-MO Legal Services

Vicki Strope
Steve Kuntz

Legal Services Western MO

Sarah Parton

Legal Services Southern MO

Doug Kays

MHNet

Scott Frederick

New Directions

Michelle Hills
Jim Van Halderen
John Quick

Harmony Health Plan

Carole Ouimet
Ramona Kaplenk
Dave Reynolds

BA+

Judy Brennan
Shelley Bowen

Molina Health Care

Jennifer Goedeke
Dr. Robert Profumo
Christine Cybulski
Lovey Barnes

Denta Quest

Donnell Cox

BHC

Mona Prater

Magellan

Kay Cox

Welcome/Introductions/Minutes

Dr. Elizabeth Peterson, Children's Mercy Family Health Partners (CMFHP), opened the meeting at 10:00 A.M. Susan Eggen, Assistant Deputy Director with the MO HealthNet Division (MHD) introduced two new members and their duties to the Advisory Group. Melody Webb, the new manager for MHD Managed Care Contract Compliance Unit, and Rebecca Logan, the new manager for the MHD Managed Care Contract Development Unit. Minutes of January 27, 2011 were approved and seconded.

Prenatal Data Availability

Craig Ward, Department of Health and Senior Services (DHSS) began by handing out a copy of instructions on how to request Prenatal Data from the DHSS. He reviewed the requirements for MO HealthNet Managed Care health plans to receive the data. He explained the requirements were grounded in statutes and regulations. There is a Federal Statute that allows only the minimum amount of data be released to the health plans if the intended use will be for research and/or administrative purposes. If a health plan would like to use information received from a previous request in other ways than originally intended, they must submit a new request. The health plans must sign an oversight agreement, create a list of everyone that will see the data, and have each of them sign a confidentiality agreement. There will be an annual review process for ongoing projects that must include all updates and modifications to all aspects of the project and personnel. DHSS asks the health plans to destroy all data once their project is complete, and sign the Affidavit of Data Disposal. Other important specifics were also included in the handout. 2010 data will not be available until October 2011.

Trends in Managed Care Data

Wayne Schramm, DHSS, 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. The Trends report represents an update of the previous reports that now includes calendar year 2010 births and calendar year 2009 patient abstract data. As mentioned in earlier meetings, in 2010 DHSS implemented a new web-based birth certificate in a different format which substantially affected several of the birth variables. All of the five prenatal care variables were strongly affected as we are now asking for the date of first prenatal care visit rather than the month prenatal care began. As a result, the data reflects care starting later in all regions and among both MO HealthNet and Non-MO HealthNet populations. Inadequate prenatal care increased in all regions, with the largest increases among MO HealthNet populations, particularly in the Western Region, as the inadequate rate nearly doubled from 2009 to 2010 in this region.

C-Section rates decreased slightly in 2010 in the Eastern and Western Regions following several years of increases. In the Central Region, C-Section rates continued to increase. VBAC rates increased in all regions and all populations, again due to a change in the question on the 2010 birth certificate. In 2009 DHSS asked directly whether a VBAC was delivered, whereas in 2010 we asked whether there was a previous C-Section, and then the final route of delivery. VBAC increases were greater among the MO HealthNet populations.

Smoking during pregnancy rates increased in all areas. DHSS is now asking about smoking in each trimester rather than a summary for the whole pregnancy. These smoking rate increases were greater among the Non-MO HealthNet population than among the MO HealthNet population.

Short birth spacing, a variable not changed in format, decreased in the Eastern and Central Regions in 2010. Teen births under 18 decreased statewide and in the Western Region.

WIC births increased substantially among Non-MO HealthNet populations in 2010. This may be due to a different way of obtaining MO HealthNet population data in 2010. In 2009 DHSS asked if the mother participated in Medicaid during her pregnancy while in 2010 DHSS asked for the principal source of payment for this delivery. Many of those identified as Non-MO HealthNet in 2010 may have been counted as MO HealthNet in previous years.

Among the patient abstract indicators, asthma indicators increased in 2009 in the Central and Western Regions, but decreased in the Eastern Region, although they are still highest in the Eastern Region. In 2009, rates for total emergency

room visits under age 18 increased in all three regions among the MO HealthNet population. Total emergency room visits for ages 18-64 increased in the Western and Central Regions, but decreased in the Eastern Region. Hysterectomies decreased among most populations in 2009, particularly among the Non-MO HealthNet population. Late reporting from some ambulatory surgical care centers is probably a factor in this decrease.

Dental PIP Update

Dental PIP Update, Dale Pfaff, HealthCare USA, presented an update on the discussions at the last Dental Task Force Meeting and gave a copy of the minutes. He encouraged the health plans to use the web link from the handout and read through the CMS document. CMS would like a ten percent increase in the next five years, which may alter the way the PIP is being conducted. The health plans will not submit fourth quarter data but will discuss at the next meeting in July.

Member Incentive Workgroup Update

Susan Wood, Children's Mercy Family Health Partners, mentioned the workgroup is still in the process of receiving and analyzing the PIP summaries and data. Dr. Peterson made a comment that Dollar General will now begin selling alcohol, causing a gift card to the store to be ineligible for an incentive.

HealthCare USA (HCUSA) NICU Program-Best Practice

Tasha Smith, HCUSA, informed everyone of why their NICU program is a best practice. Premature Babies are 25 percent of the health care cost, and also have a high risk of future hospital needs. The average cost of a NICU baby is \$200,000 in the first two years of life. HCUSA's NICU Disease Management Program collaborates with the Hospitals, Parents, and Providers to provide assistance for safe and well planned discharge for the babies. HCUSA provides education and follow up on prescription and services to ensure the babies are being taken care of and have support. Four hundred twenty-five babies were tracked for the first year. Seventy-seven percent were fully compliant with HCY and EPSDT visits. This is a multi-disciplinary approach; gaining the members trust and educating them makes this an important part of being a best practice.

The question was asked regarding the level of coordination with staff and hospitals. The response was that nurses send referrals with accurate demographics and contact information and assist in scheduling a meeting with the family. HCUSA does round tables with the hospitals and facilities to get permission to do a face to face meeting while the baby is still inpatient. Often, the contact with the family is lost once the baby is discharged, making pre-discharge contact important. HCUSA also attempts to re-engage once contact is lost.

The best practice of face to face meetings is also implemented in other areas. For example, if a member doesn't want to meet in the home, they can meet at a doctor's office or a home health agency. Members are also educated that Behavioral Health is a benefit available.

Legal Services Quarterly Report

Steve Kuntz, Mid-Missouri Legal Services (MMLS) discussed the goal of MMLS is to have a healthy balance of case work and outreach. This year MMLS has helped 32 members vs. 21 last year. There has been more contact with the agencies because of the increase in types of cases. There is a mutual interest between MMLS and various agencies however there is a difference in perspectives. MMLS is more familiar with the members and their cases but unfamiliar with the terminology and systems of the agencies involved. Issues like Medical Necessity as defined in the RFP can be difficult to apply to an individual case, causing this to be a source of separation between the Health Plans and MMLS. We should try to come to common ground but discuss the conflicts to allow the truths to come forth. If we can understand the dynamics of the relationship we can problem solve better.

What types of billing issues are brought up was asked. Mr. Kuntz's response was that there are many. It can be a provider that is not getting paid and the provider's immediate reaction is to go after the member. There are so many players that complicate it all. Health Plans, State Agencies, Members, Providers, and Providers Billing Agents that we have to go to in solving where the issue lies. Any trends in types of billing issues noticed by the health plans would be beneficial

information for MMLS and it is always on the agenda to discuss. The main trend is that the physicians don't want to deal with the issues. Two (2) of the 9 billing cases also involved the member having another form of insurance.

MHD Director Update

Ian McCaslin, M.D., M.P.H., MO HealthNet Director, thanked everyone for coming, especially the Medical Directors who can contribute to a quality forum. Dr. McCaslin gave an update of things happening from the Capital. The original submission in October of the Governor's Budget supported Managed Care and there was a lot of work done. There was consideration of expansion, including the Aged, Blind, and Disabled (ABD) which is currently restricted. Neither was in the State of the State, but MO HealthNet is thankful its' budget is in pretty good shape. MO HealthNet expansion, including the Aged, Blind, and Disabled (ABD) need to be further addressed in 2014. Other programs like MORX may be eliminated. The logic doesn't work because a member who doesn't receive their prescriptions might go into a nursing home or other facility which MHD would pay for through other programs. This practice would have an expense greater than the prescriptions alone. The Governor does have a lot of resources in his cabinet to deal with health. The Senate does not want Federal Health Care yet the Federal Health Care Exchange duties are still being discussed. There is a possibility of Medicaid being entirely in the Federal Health Care Exchange. There should be a way to minimize the changes for the individual, like eligibility changes. Certain types of eligible members should be excluded and would be more appropriate in a non-commercial environment. It would be very smart to integrate Medicaid in the Health Care Exchange.

There will be a new RFP coming in the fall and we will work in partnership with the health plans but also hold them accountable. We would like health plan feedback on things that could be changed with the RFP. We are waiting until after the health plans meet with NCQA to finalize items in the RFP. There are differences between NCQA and MHD requirements, and those issues are being looked at. We don't think the Health Care Exchange will impact the RFP at this point.

Managed Care does have its problems; currently the main ones are dental and behavioral health.

Behavioral Health Case Management Enhanced Focus

Lisa Clements, MO HealthNet Division, pointed out that Behavioral Health is front and center and we would like to engage in dialogue about how to improve it. Lisa encouraged the Group members look at the Case Management Society of America's website for useful information. MHD has the same interests on continuity of care. Case Management and Utilization Management are two separate issues. MHD would like to see more active case management and the specifics of how the written clinical practices will be implemented and how the patient will use the supports given.

There has also been an absence of specific, achievable, goals, and how to measure them. We would like to see much more aggressive outreach attempts with specific criteria for terminating cases, set appointments prior to discharge including transportation. Health plan staff should go out to the community to attempt face to face meetings. We know that some members don't want the help, but we need all attempts to be documented, even unsuccessful ones.

The Group engaged in discussion and sharing of methods to track down members to include the following:

- Providing information on state assistance, or
- Finding a person at the provider's office, pharmacies, FSD, or any other place they normally attend.

Pharmacies usually have the most recent address to find a member at home. The difficulties arise when people don't want to be found, staying within HIPAA guidelines when going to shelters, and other community areas. It would help if there was an incentive for the member to be in Case Management.

The World Health Organization states only half of patients take medications as prescribed. 100 Billion patients a year are hospitalized because of non-adherence on medications. Recovery is a lifelong event, and MHD desires a successful resolution upon discharge.

Dr. McCaslin stated MHD has never sanctioned the health plans before but this is an issue that is deeply cared about. MHD understands if a member doesn't want to be in case management that we have to close the case. But it must be documented.

Joe Parks discussed DMH's use of CMHCs which is open to the health plans on a first come first serve basis. Additional services may be purchased if the health plan is put on a wait list.

Lisa Clements recommended creating a Case Management Work Group to address the concerns. Liz Peterson recommended it be a Medical and Behavioral Case Management Work Group.

There was a break for lunch and upon return an open dialogue began regarding the health plans and their subcontractors. Dr. McCaslin wanted to know how the health plans actively engage with Case Management at the subcontractor level as opposed to looking at the reports. The response from the health plans and the subcontractors varied. Some of them talk daily to share ideas, or monthly for the very specific details, along with more formal quarterly meetings. One of the health plans mentioned their staff does case reviews. One plan shares a mailing list with their subcontractors. If someone goes to the ER, they do a mailing and brochure, and then send that list to their subcontractor. One plan has onsite managers. Blue Advantage Plus increased depression screening as part of the intake process, and through their aftercare program, calling within two days of discharge, reduced readmission rates from 18 to 12 percent.

It was agreed that there are things that work well with Behavioral Health; however there are still lots of complaints where issues need to be strengthened. The main goal is to find a linkage between policy, implementation, and staff understanding. To find these things it must also be documented. If the health plans are in strong disagreement with where MHD lands on the case management chart audit tool that would be a great opportunity for conversation while doing the chart audits onsite.

Behavioral Health Case Presentation

Laine Young-Walker, Department of Mental Health presented an example case of a female who was inpatient multiple times caused by inadequate outpatient care. There was also an issue with the facilities not having any open beds. This led to a discussion of what the Department of Mental Health can offer, and that it may be beneficial for Dr. Parks to speak at the next meeting. The CMHC's do case management very well, and continue to get funding from the budget. This may also be up for discussion at the next Behavioral Health Task Force Meeting.

Auto Assignment for Next HEDIS Measure-Next MHD Contract Period

Susan Eggen, MO HealthNet Division, discussed a list of options and a dialogue was had regarding the measures that would be preferred, and how difficult they are to track. Immunizations need to be improved, however if a child receives one from a mobile vaccine bus, or from school it may be more difficult to track. Childhood Immunizations, Cervical Cancer Screening, Follow-Up after Hospitalization for Mental Disorders, and Prenatal and Postpartum Care were evaluate as suggestions for the next HEDIS measure. The health plans agreed to the addition of Cervical Cancer Screening.

EQRO 2010 Review Task Force

Liz Peterson, Children's Mercy Family Health Partners, stated volunteers are still needed for the 2010 EQRO Review Task Force. Those that spoke up at the meeting were Laural Ruzas, Jennifer Goedke, Ramona Kaplenk, Teeka Johnson, Christina Schmidl, and Ramona will chair.

Tracking Log Changes

Closed Items:

1. Prenatal Data Task Force-number 6
2. Behavioral Health Codes-number 12

New Items:

1. Physical and Behavioral Health Case Management Task Force
2. External Quality Review Task Force
3. Dept. of Mental Health Resources

The final comments were a reminder to make sure there was a member from each agency and health plan for the Case Management Task Force.

Meeting was adjourned at 2:25pm

Next Meeting is scheduled for July 28th at 930 Wildwood, Room Wild Pine, and Jefferson City Mo, 65109

Handouts from the meeting can be found at <http://dss.mo.gov/mhd/mc/qai/meeting.htm>



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4Q10

January 27, 2011

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New Initiatives or events

- o **Community Events** – Blue Advantage Plus (BA+) participated in several community events during the months of October, November, and December. Community Events include:
 - Provided Health Resource Guides to Kansas City, Missouri Health Department – (January 4, 2011)
 - Hosted the Childhood Obesity Collaboration Roundtable – (January 14, 2011)
 - Hosted the Childhood Obesity Collaboration Roundtable – (January 14, 2011)
 - Provided educational material to the Health Ministry Workshop for Faith-Based Wellness Coordinators – (January 15, 2011)
 - Attended Mother and Child Health Coalition's Weighing In Collaborative Early Childhood Working Group Meeting – (February 8, 2011)
 - Met with Samuel Rodgers Health Services for 2011 Planning Session
 - Supported the Black Family Technology Awareness Week – (February 15, 2010)
 - Participated in the Mid-America Health Start's Policy Council Meeting. – (March 1, 2011)
 - Participated in the Missouri Health Policy Forum conference call – (March 2, 2011)
 - Attended the KCMO Health Commission's Minority Health and Health Equity Committee Meeting – (March 18, 2011)
 - Participated in Mid-America Health Start's Community Assessment Planning Meeting – (March 18, 2011)
 - Participated in Mid-America Head Start's Health Services Core Advisory Group Meeting – (March 22, 2011)
 - DentaQuest back cover ad was included in the Our Health Matters publication – (January/February 2011)
 - "Does your child qualify?" ad was included in the Our Health Matters publication – (March 2011)
 - 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 – (January/February/March 2011))

- Served on the Core Planning Group for the Beans & Greens Coalition for Double Coupons at Farmer's Markets and Mobile Markets – (January/February/March 2011)
- Participated in Kansas City Quality Improvement Consortium's Advisory Board Monthly Meeting – (January/February/March 2011)
- Participated in the Missouri Convergence Partnership for health eating and active living – (January/February/March 2011)
- Advised the Missouri Immunization Registry 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 – (January/February/March 2011)
- **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 1Q11, BA+ mailed 80 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 1Q11, BA+ Mailed 73 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 1Q11, BA+ mailed 123 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 1Q11, BA+ mailed 100 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 January and February, BA+ Customer Service exceeded the goal of 75% for FCR.
- **EPSDT Reminder Letter** – Sent 4,990 EPSDT reminder letters during 1Q11.
- **New Member Letters** – Sent 2,205 new member letters during 1Q11.
- **PCP Appointment Planners** – Sent 857 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 1Q11, BA+ sent 308 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 1Q11, BA+ sent 73 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 1Q11, BA+ sent 119 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 1Q11, 61 members received ER case management.

Customer Service

- Met call abandonment rate goal of 5% during 1Q11.
- Met call wait time goal of 30 seconds during 1Q11

DRAFT

Success Stories

- **Provider Toolkits** – During 1Q11, BA+ developed a toolkit for the Local Health Departments in the BA+ service area. The Health Departments provides many services for our members such as STD testing, pregnancy testing, and immunizations. Since the Health Department provide such wonderful services for our BA+ members and are not contracted with BlueKC, we decided to reach out to them and offer any assistance they may need such as informational brochures. The first official toolkits were mailed to 12 Health Departments on March 30, 2011. The following items were included in the toolkit:

1. Welcome Letter
2. The Uninsured Survival Kit
3. Health Resource Guide
4. BA+ Mouse Pad and Pocket Planners

The toolkits were sent to the following Health Departments:

1. Cass County
2. Henry County
3. Jackson County
4. Kansas Health Department
5. Platte County Health Department
6. Clay County Health Department
7. Independence City Health Department
8. Johnson County
9. Ray County
10. St. Clair
11. Leavenworth
12. Wyandotte County

BA+ will continue to reach out to the Health Departments on a quarterly basis mailing out information about the Plan and by doing person visits.

Children's Mercy Family Health Partner's MO HealthNet QA&I Report Jan-March 2011

Initiatives or Events:

Disease Management

Asthma Program Update:

- 5 provider offices active this quarter
- Completed clinic/home visits for Health Coaching-13
- 65 members currently actively participating in health coaching for asthma with an additional 217 in outreach
- Asthma program letters sent to 787 new members
- Qtr 4 YTD 2010 compared to Qtr 4 YTD 2009 Utilization:
 - Decreased ER utilization 45%
 - Decreased Inpatient utilization 59%
 - Decreased Outpatient utilization 11%.
 - Increased Spirometry Utilization 1.1%
 - Percent Asthmatic Population Increased 6.3%

Depression Program Update:

- 376 Members identified and sent to New Directions for further interventions

Diabetes Program Update:

- 4 Completed clinic/home visits for Diabetes Health Coach
- 19 Members currently actively participating in Health coaching for Diabetes with an additional 54 in outreach

- Diabetes program letters sent to 101 new members
- Community Collaborative Health Fair Meeting
(Increase diabetes screenings)

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

PIP's

Statewide Dental Collaborative (2009, 2010, 2011)

- Quarterly Collaborative calls: HealthCare USA hosted the call on April 7. The plans agreed to submit the final quarter of data at the same time as the HEDIS rates. (July 2011)
- Last Updated PIP sent to Missouri July 2010
- Next meeting: July 14, 2011 from 2:30 to 3:30

Cervical Cancer Screening (2009, 2010, 2011)

- Overall results show a 37% improvement in cervical cancer screening in the intervention group
- The CMFHP rate for HEDIS 2010 is 70.6% which is 8.1 percentage points better than 2009, a statistically significant improvement, 4.4 percentage points better than the state average and 4.9 percentage points better than the national average.

Comprehensive Diabetes (2009, 2010, 2011)

- Initial data supports the intervention activities as having had a positive effect
- Final report will be available July 2011

Childhood Immunization Status (2011)

- Transitioned our focus study into the PIP format, further data has not been collected

Focus Studies

BCS 2010

- Started Year 2 for BCS incentive program
- Mailing of incentive postcard sent to 662 members

Adult Access to Care

- Starting Year 2 for Adult Access to Care incentive program
- Mailed incentive postcard to 890 new adult members

Adult Diabetes Screening

- Started Year 2 for Adult Diabetes incentive program
- Mailing of incentive postcard sent to 337 members



**Harmony Health Plan of Missouri
MO HealthNet Managed Care
Quality Assessment and Improvement Advisory Meeting on April 28, 2011
January 2010 through March 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 Health Plan of Missouri receive member outreach to support those services provided by local staff.

Accreditation and Compliance Update

- As of March 31, 2011 Harmony Health Plan of Missouri conducted final review of NCQA documentation following consultant review. The health plan will be submitting its ISS Tool on April 21, 2011.
- During the NCQA process, Harmony Health Plan of Missouri reviewed program documents, policies and procedures, and other documents to ensure compliance with state, federal, regulatory, and accreditation agencies.

Agency Collaboration:

Harmony Health Plan of Missouri 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 Health Plan of Missouri 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
- 27th 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, Disease, and Utilization Management

Harmony Health Plan of Missouri meets with Case, Disease, and Utilization Management leadership to discuss performance metrics, enrollment issues, and interventions to improve current internal and external processes.

Between January 1 and March 31, 2011, the health plan:

- Improved data collection and reporting of pregnant members for screening and enrollment in the Hugs program
- Held continuing education sessions with staff on Missouri lead protocols to continue meeting contractual requirements
- Revised Case Management Trigger list to appropriately refer members to standard or complex case management

External Quality Review (EQRO)

EQRO requests and submissions have commenced and are being processed as needed in accordance with requests.

Harmony Hugs

Geraldine Franklin Riley started on January 3, 2011 as the Hugs Case Manager. Since January 3, 2011, Geri has attended the following community outreach meetings:

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

Harmony Health Plan of Missouri is scheduled to have Shannon Einsphar conduct an in-house training on the CSTAR program.

Health Plan Initiatives and Updates

Between January 1 and March 31, 2011, health plan initiatives included:

MEMBER

- "Mommy and Me" booklet for pregnant members

PROVIDER

- BMI Weight Chart for Children in English and Spanish
- Translation Card translating the top 16 health care questions asked and answered in a provider's office
- Exchange of Information form for continuity and coordination of care between medical and behavioral health providers

HEALTH PLAN

- Re-educate staff on lead management protocols
- Update Welcome Call script to include a five (5) question survey on new member post enrollment materials

Lead Case Management

Harmony Health Plan of Missouri continued to update lead case management notes between Harmony's EMMA case management system and MOHSAIC.

Harmony Health Plan of Missouri 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 Health Plan of Missouri will continue to 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

Harmony Health Plan of Missouri is collaborating with Magellan Health Services on providing providers a Frequently Asked Question sheet which identifies what information may be shared between primary care and behavioral health practitioners.

Medical Record Review

Medical Record Review has been completed and provider results have been mailed. Harmony Health Plan of Missouri is working on provider education materials to address deficiencies identified during medical record review.

Member Outreach

- 7,331 periodicity letters were mailed to Harmony Health Plan of Missouri members during the Quarter.

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

Process Improvement Projects

Process Improvement Projects are being monitored and will be updated in July 2011 after completion of HEDIS.

- 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

Between January 1 and March 31, 2010 the health plan distributed the following as part of our provider outreach campaign:

- 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
January 2011 – March 2011**

NCQA STATUS:

Intensive work continues on NCQA. The ISS Tool submission is due May 2011 to NCQA and the on-site visit is July 2011. HCUSA is on track to meet these due dates.

UPDATES ON CURRENT INITIATIVES:

A. 2011 Well Care/Preventive Care birthday reminders and missed appointment mailers:

January - March 2011

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Total
Well Woman	643	664	576										1,883
EPSDT b-day 0-10	7597	8200	7596										23,393
EPSDT b-day 11-20	5203	4749	5081										15,033
EPSDT missed appt	4918	4873	5015										14,806
Provider panel missed visit	4918	4873	5015										14,806
Men's Health(Quarterly)	(Q1) 975			(Q2)			(Q3)			(Q4)			975

B. Dental Report Data

HealthCare USA Annual Dental Visit Rate (Percent Compliant)												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
EMO	3.21%	3.21%										

CMO	4.7%	4.7%									
WMO	2.74%	2.74%									
STWD	3.28%	3.28%									

C. Member Incentive Programs:

2011 Prenatal and Asthma Incentive Cards

Incentive Begin Date	Program	EMO	CMO	WMO	Total Card Count
January	Prenatal	18	3	3	24
February	Prenatal	19	5	0	24
March	Prenatal	18	5	1	24
YTD Totals		55	13	4	72

Incentive Begin Date	Program	EMO	CMO	WMO	Total Card Count
January	Asthma	8	0	0	8
February	Asthma	10	0	0	10
March	Asthma	5	0	0	5
YTD Totals		23	0	0	23

D. January - March 2011

- Progress continues on centralization of pre-authorization services. CMO has been transitioned.
- UM processes with Care Core Network (CCN) are going well.
- In February as part of national dental month, HCUSA provided dental education, toothbrushes, floss and toothpaste and a coloring book to 13 elementary schools, 26 Head Start programs, and 4 community partner programs (after school programs). We provided dental education and dental referrals to 8 parent programs and 5 health service organizations (WIC or Health Department). Most activity was in CMO.
- CMO partnered with Small Smiles dental office and two local elementary schools and Lawrence Dental for prenatal dental care through the WIC office.
- Weekly workgroup meetings continue for NCQA preparation. These are chaired by QI. Our NCQA consultant was on-site in March and is pleased with our progress.
- Temporary staff was hired and trained for Hedis hybrid medical record review. The training took place at the St. Louis office. All temp staff has experience with medical record abstraction.
- The Credentialing Committee recruited additional physicians for the committee and the Quality Management Committee increased the number of meetings for 2011 from bi-monthly to monthly.
- HCUSA is participating in two workgroups: The Member Incentive workgroup met on March 18, 2011 with Dr. Debra Moss & Laurel Ruzas, RN attending. The Childhood Immunization workgroup met on March 3, 2011 with Dr. Ilyse Lifton & Kristy Yarcho, RN attending.

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Missouri Care Health Plan
MO HealthNet QA&I Meeting: April, 2011
Karen Holt, Quality & Accreditation Manager
Christina Schmidl, Quality Coordinator
holtk@aetna.com; 615-837-2018
Christina.Schmidl@aetna.com; 573-441-2145

1st Quarter (January, February, March) 2011 Update

New Initiatives or events

- None for the 1st quarter 2011.

Updates on current initiatives

- **NCQA Accreditation**
 - Missouri Care was audited by our NCQA consultant/auditor in March 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 23rd, 2011 with onsite file review by NCQA on July 18-19, 2011
- **HEDIS 2011**
 - HEDIS 2011 medical record review began in the first quarter, 2011 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. 2011 CAHPS mirror those of HEDIS 2011
- **Member Incentive Programs**
 - 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. 60 post partum gift cards have been sent out since November.
 - 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. 26 follow up gift cards have been sent out since November.
- **Member Education and Outreach**
 - Our EPSDT outreach continues with 15, 592 reminder cards being mailed during the first quarter of 2011. A follow up mailing of 4257 letters for those that did not receive services in the first quarter 2011 was also completed.
 - Reminder mailings to 4286 Missouri Care teen members concerning the need for adolescent well care checks were completed in the 1st quarter 2011.
 - Reminder mailings were sent to all Missouri Care members who have not yet received all of their immunizations and/or a lead test prior to their second birthday.
 - Missouri Care's initiative concerning our Asthma population continues. In March, a letter was mailed to members still not on a controller medication urging them to contact their PCP to discuss.
 - For the months of January, February, and March, 2011, 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 January and February, 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 January, February, and March.
 - Missouri Care attended the Young Years Conference in Osage Beach with over 2,000 participants from public and private school districts, preschools, kindergartens, childcare centers, Head Start programs, Parents as Teachers, parent education programs, early childhood special education programs, early childhood administration and early childhood higher education institutions from across the state.
 - Missouri Care continues its outreach in conjunction with nutrition, health, and obesity through participating in health fairs throughout the state.

Success stories

Member is a 22 year old female who is pregnant for the third time. Member has a history of two miscarriages (of unknown cause) in the past, so this will be her first baby. Member is currently residing in a basement apartment of her boyfriend's father's home with the boyfriend, who may or may not be the father of the baby. Member plans on a paternity test at birth. Member reports that she is in a supportive environment and that the boyfriend plans to father the baby regardless of paternity findings. Member's mother has also been a strong support for her. Member is currently employed as a CNA at a nursing home, and is on her feet most of the day. Member was identified for case management services because of her history of SAB and her current smoking status. Member has had frequent issues with diarrhea and UTIs, and has felt very overwhelmed during this pregnancy. Member identifies part of her stress as financial concern over her utility bills, as she has had to miss a lot of work due to illness.

This case manager has been in close contact with this member and has provided her with emotional support and encouragement. Member reported that she had not been contacting the physician to let them know that she was having continued diarrhea. Member had visited the ER for dehydration and UTI symptoms twice without speaking to her OB provider about the issues. This case manager assisted member in conference calling her physician's office to discuss her continued discomforts. This case manager, the member and the office manager discussed available times for member to be seen and transportation solutions for urgent appointments. Member was very relieved and said that she thought that unless she gave 3 days notice, she would be unable to get a ride. This case manager assured her that I would assist her by contacting MTM services to request a ride for her for the next day. Member was seen in the OB office and was treated for dehydration. This case manager discussed this member's occupation with the nurse and explained that I was concerned about her acquiring C-diff toxins that may be leading to her diarrhea, as member works in a nursing home. A stool culture was done and came back negative, but the diarrhea persisted. Member was placed on an antibiotic of Flagyl to treat possible causes and the diarrhea has slowed down. This case manager has stayed in frequent contact with the provider's nurse and with the member to coordinate any needed care. Member has started to make it to her appointments on time and has been communicating with the physician regularly now. Member contacts this case manager after each appt to update me on her progress and treatment plan. Since there are no urgent care centers in the member's area, this case manager has encouraged member to communicate her needs as soon as they come up so that she can be seen during the daytime hours at the provider's office and she will not have to go to the ER so much. Member agreed and understands that she can call me anytime to assist her in setting up rides to and from her appointments, especially if they are to cover urgent needs. This case manager also offered information via the United Way 211 program to locate resources to help pay her utility bills while she was off work. Her utilities were in the homeowner's name so he was able to apply for assistance and they were able to pay their bill. Member had feelings of guilt over not being able to contribute to the household, but has been able to lay those aside now and concentrate on her own health and her baby.



Molina Healthcare
MO HealthNet Quality Assessment & Improvement Advisory Group
April 28, 2011

New Initiatives or events

- Molina's clinical quality improvement committee is reviewing the readmission rate which has increased over time and is developing a clinical Performance Improvement Project.
- Molina's Health Educator implemented a well woman outreach campaign to educate members about the need for annual check-ups.

- Molina held a Community Champions event in March honoring community partners who have contributed selflessly and provided extraordinary service to the health and well being of those in the community.

Updates on current initiatives

- Molina is working on the HEDIS 2011 project and is focused on implementing initiatives for increasing HEDIS rates and CAHPS scores.
- Molina's Health Educator continues to revise current materials and the Molina website to communicate information in a more effective manner to members.
- 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 provide preventive dental services at back-to-school fairs and other events.
- Molina is continuing the NCQA accreditation preparation process in anticipation of the NCQA survey in June and August 2010.

NCQA Accreditation Preparation

- 1st mock audit conducted by NCQA consultants in February 2010.
- 2nd mock audit conducted October 20-21, 2010.
- 3rd mock audit conducted April 26-27, 2011.
- Off-site survey submission due to NCQA on June 22, 2011.
- On-site survey by NCQA scheduled for August 22-23, 2011.

Success story

- The following story was presented at the January 27, 2011 QA&I meeting. However, the follow-up to this story is bolded at the end of the story below.

Reported January 27, 2011: 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.

Follow-up: The member delivered at 38 weeks gestation. Both babies went to the well nursery. Neither baby needed to go to the NICU.

- A Molina member was born with surfactant deficiency and required a double lung transplant at three (3) months of age. The member was discharged home at six (6) months of age with Broviac and g-button. DME supplies arranged for home care-feeding pump, nebulizer, pulse oximeter, Doppler and tube feeding supplies. Skilled nursing visits and First Steps were arranged at the member's home. The member progressed to no longer using g-button for feeds and only using g-button for medications and venting. Broviac was removed and the member only had one hospitalization for line infection after the line was in for approximately one year. The member was determined to be only a few months delayed developmentally and has good weight gain one year after the transplant.
- A Molina member with a history of morbid obesity, back pain and knee pain has frequented the Emergency Room (ER). She was seen in the ER 49 times from June through November 2010. The member was enrolled in Molina's case management program. The case manager helped the member find a primary care physician and assisted her with referrals for dental care. Since November, the member has only had nine (9) visits to the ER.