

Missouri Care Health Plan
MO HealthNet QA&I Meeting: July, 2011
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2nd Quarter (April, May, June) 2011 Update

New Initiatives or events

- None for the 2nd quarter 2011.

Updates on current initiatives

- **NCQA Accreditation**
 - Missouri Care successfully completed and submitted the NCQA ISS tool on May 19th
 - Successful completion and submission of NCQA Issues Log on June 9th
 - Successful NCQA Issues Log conference call with submission on June 30th.
- **HEDIS & CAHPS 2011**
 - Successful completion of HEDIS 2011 with 4 populations: East, West, Central and NCQA Aggregate as of June 15th.
 - Successful completion of CAHPS 2011 with 4 populations: East, West, Central, & NCQA aggregate was completed in the 2nd quarter, 2011.
- **EQRO**
 - Successful completion of 2-day External Review Audit June 22nd & June 23rd.
- **Member Education and Outreach**
 - Continuation of Missouri Care EPSDT outreach with reminder cards being mailed during the second quarter of 2011. A follow up mailing for those that did not receive services in the second quarter 2011 was also completed.
 - Reminder mailings to Missouri Care teen members concerning the need for adolescent well care checks continued in the 2nd 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.
- **Community Outreach**
 - During the months of April, May & June, Missouri Care participated in numerous events that impacted over 7400 people. These events continue Missouri Care's outreach concerning nutrition, health, and obesity throughout the state.
 - May, 2011: Missouri Care conducted an ICAN Healthy Smiles Event at Katy Trail RHC. This event focused exclusive on children from the local Head Start programs. Missouri Care provided tooth brushes, tooth paste and puzzles to the 250 children that attended the event. The event featured a tour of the facility and an opportunity to schedule a dental appointment with the parents.
 - May, 2011: Missouri Care attended "Mexican Fiesta" at Crown Center in Kansas City. Missouri Care presence at this event was brought about through our partnership with Samuel Rodgers FQHC. This event required a Spanish speaking representative. Alicia Simons, Missouri Care Bi-Lingual Case Manager, was present and Missouri Care was able to reach out to more than a 1,000 children at the event.
 - June, 2011: Missouri Care attended SAFTEY TOWN- STL- Department of Health. This event focused on children from the St. Louis Metro area in providing summer safety. Missouri Care provided fans, Mo Care bracelets, and puzzles to the 300 children that attended the event.
 - June, 2011: Prenatal Graduation This event took place at (FQHC) Peoples Health Center in St. Louis The event was a celebration for moms who had completed their prenatal program at Peoples. The event was exclusively sponsored by Missouri Care and brought about through the partnership Missouri Care Health Plan has with Peoples Health Center. The program offered a variety of learning workshops and educational material to expecting mothers.

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Success stories

A pediatric member was referred to the Case Management Department, after receiving a call from the school counselor. The child had been increasingly aggressive at school & in the home environment (choking peers, “raging”, violence, SI & HI, etc...). The counselor reported that family recently moved to the State of Missouri & child was out of his behavioral health medications. An intake appointment had occurred but not a psychiatry appointment. The counselor suggested the family needed guidance, support, & care coordination.

Upon initial case management intake, the mother stated her son’s “violent rages” had become more frequent since his medications had run out. The child had been seen at a local urgent care (UC) clinic 1 month prior. The UC physician was willing to renew the current meds for one-month only, until the new psychiatrist appointment. Unfortunately, the child had not been able to see a psychiatrist during that month. The first available appointment with medication management staff was another month away. The mother was very upset, as the child had a proven history of needing medication and feared there would be a risk of a behavioral health emergency resulting in inpatient behavioral health care. The mother wanted to avoid putting her son through an admission since none of this was his fault. The mother had contacted the UC clinic, as well as the child’s FP physician, but neither were comfortable writing for an additional refill. The case manager reassured that mom that she would help to work through this situation and assist in avoiding a hospitalization.

The case manager contacted several behavioral health providers in the nearby area, but was unsuccessful in locating a provider that would be able to see the child in such short notice. The case manager then contacted the UC center that the child was seen at approximately one month prior. She spoke with the triage nurse and the child’s situation was reviewed in detail & asked for a one time refill of previously prescribed medication, so the child could remain medicated until his initial psychiatry appt that was to take place in one-month. The case manager explained the mother had done everything asked of her by physicians. The case manager also explained that no other providers were available to prescribe & that this child has been on this med/same dosage since April '10 & it has proven effective -per mom & school staff. The UC triage nurse was able to consult with on-call clinic physicians & the approval was given. Mom was able to obtain the prescription & the child was able to begin his medication regimen again within a matter of hours.

During the case management intake process, mom mentioned that when living in another state, the child was receiving numerous, intensive outpatient BH supports –individual & family counseling, medmgt, mentors, programs/supports for parents, etc... Mom stated she would like help to locate a facility/clinic in Missouri that could provide similar interventions. After numerous calls to facilities/clinics, the case manager was able to locate a behavioral health facility/clinic that provided a wide array of supports for children & family. The intake staff felt this should be considered an emergency referral & offered to make room in provider schedules to get child an evaluation ASAP. The initial evaluation was scheduled within the week of this call! Mom was thrilled, non-the less! Due to limited income & struggles affording gas, MTM was offered & mom was thrilled again!

Child & family continue to receive counseling, medication management, intensive in-home services, & parental support through this facility. Mom reports that these services are “AWESOME”. Child & family are doing well & child’s behaviors are much more manageable, as are his brother’s behaviors, who is also receiving supports through this organization. Each of the child’s behavioral health goals were met & the case was closed six-months after the initial contact with mom. This case manager was able to refer mom to Missouri Care’s case management, as well. Mom continues to receive her own support with adult case management staff, who is successfully assisting mom with her cardiac health issues. Much progress has been made in mom’s healthcare as well.