

External Quality Review Task Force

Health Plan	Recommendations / Strategies	Status of the Opportunity for Improvement	Additional Comments
Children's Mercy Family Health Partners	CMFHP Specific recommendations (page 309): Work with New Directions Behavioral Health to ensure that care coordination, and documentation of services occurs in a timely manner that clearly reflects all members' interventions. CMFHP has implemented a Medical/Behavioral Health Committee to review and improve processes, care coordination and review outcomes. The committee meets monthly.	<ol style="list-style-type: none"> 1. Committee meetings have occurred monthly except for July, as we prepared for NCQA site visit. 2. Quarterly Oversight Committee meetings continue. 3. Developed a case management referral project for chronic pain and behavioral health diagnoses 4. Developed a Co-Chaired Case-Management Education Series. 5. Coordination of care letter developed to share between PCP and Behavioral Health providers. Shared the letter with the Provider Advisory Committee. Identified need to add PCP fax number to the members ID cards to promote ease of communication and coordination of care. 6. Developed a process to track and report Co-Case Management cases. 7. Promoted Pain Brochure to Providers via the Provider Advisory Committee. 8. Added Pain Management education article to provider newsletter 9. Communication and updates on MO Opiate program. 	9/12/11 Con't monthly meetings; Con't quarterly oversight meetings; Plan to develop focus study on Chronic Pain and Behavioral Health Diagnosis to improve health outcomes for members in care coordination; Monthly education series with topics of Housing, Cultural Diversity: Muslim Culture; Hispanic Culture; Track and trending co-case management cases;
Children's Mercy Family Health Partners	Executive Summary (page 84): PIPs should be conducted on an ongoing basis, with at least quarterly measurement of some indices to provide data about the need for changes in implementation, data collection, or interventions. Ongoing PIPs should include new and refined interventions.	CMFHP will continue to refine skills in development, implementation, measurement and re-measurement of PIPs. This area is comprised of staff newly assigned to this work, however; staff are not new to quality. The following improvements are in process: Training in statistics to designated staff; Utilization of CMS protocol as a guideline; Assure quarterly measures for all new PIPs; Quarterly evaluation of interventions in new/refined interventions; Annual narrative for "next steps" if PIPs are ongoing.	Completed four statistical education classes. Incorporated CMS protocol as guideline; continue to assure quarterly measurements for new PIPs; Annual narrative added for next steps to Improving Cervical Cancer Screening Rates;

Harmony Health Plan of Missouri	Page 356 - Encourage Member Engagement staff to contact members and define them into case management services, rather than an atmosphere where they are assessed out of the need for case management.	<ol style="list-style-type: none"> 1. Development of new areas to "triage" members to specific areas of case management. 2. Face to face member engagement for specific disease states. 3. Created "Member Resource" list to provide members and member engagement staff with available local resources in 13 counties served by Harmony Health Plan 4. Introduce local case management "triage" units to engage members in condition specific programs prevelant to the population served 5. Members are no longer "opted in" to a case management program. All members are enrolled and the member has the option of "opting out". 	Harmony will continue to monitor the effectiveness of implemented changes for success and opportunities for improvement.
Harmony Health Plan of Missouri	Page 320 - The interventions of each PIP should be focused and measureable. The interventions should not include regular expected activities of the health plan, but be specifically designed to improve the performance of the health plan with the ultimate goal of improving health care or services to members.	<ol style="list-style-type: none"> 1. Re-evaluate PIP to ensure all interventions were focused and measureable. 2. Discontinue interventions which were not focused or measureable 3. Develop member and provider interventions which are specific to the performance improvement projects 4. Initiate a Performance Improvement Project to include a Member Incentive in accordance to contractual and CMS guidelines 	Harmony will continue to monitor health plan performance improvement projects to CMS requirements to ensure compliance.
Harmony Health Plan of Missouri	Page 350 - Continue to develop the atmosphere within Harmony that motivates the attention to compliance with contractual requirements and federal regulations.	<ol style="list-style-type: none"> 1. Closely monitor policies and procedures to meet contractual and federal regulations. 2. Created Policy and Procedure checklist to monitor policies to EQRO standards. 	Continue to monitor policy compliance.
Missouri Care Health Plan	<ol style="list-style-type: none"> 1. Continue to develop utilization of data and member information to drive change and create opportunities for further service development. 2. Continue working with school districts and other community-based entities to contact members for educational opportunities. 3. Continue to monitor access to dental care and assist with provider recruitment. 4. Continue to develop & improve multi-disciplinary approach to member with complex health care needs. 	<ol style="list-style-type: none"> 1. Missouri Care has contined to utilize data and member information to drive change and create opportunities through analysis and intervention. At this time Missouri Care has 29 different analysis ongoing. 2. Missouri Care has continued it's outreach to community based entities though multiple avenues. This outreach education is based on preventive health measures such well child visits and immunizations. 3. Missouri Care has a collaborative working relationship with its dental vendor and continues to work toward better utilization of the dental benefit for its membership. 4. Missouri Care continues to improve and build upon the multi-disciplinary approach to members with complex health care needs through its integrated physical/behavioral health complex case management model of care. 	

HealthCare USA	Page 377- EQRO was unable to validate this rate within the reported 95% confidence interval.	Health plan personnel worked with both State and corporate officials in 2011 to receive measures before the HEDIS data is archived. Resulting in the ability to pull live data rather than requesting assistance re establishing the HEDIS files from archived status.	Plan needs to: 1) request State continue to provide the performance measures by late November; & 2) work with corporate HEDIS IT team to ensure files are not archived earlier than December 1.
HealthCare USA	Page 385 - Examine & revise as needed internal system edits for invalid procedure codes in the file layout. Institute error checks to identify invalid data.	Edits have been worked on to identify invalid procedure codes.	Plan will continue to check/monitor this.
HealthCare USA	Page 360 - Additional analysis occurred between the time of the original submission of the PIP & the time of the on-site review. The Health Plan was instructed they could submit additional information that included enhanced outcomes of the intervention. No additional information was received.	The Health Plan did submit additional information; however it was submitted via Coventry secure email which was not received by BHC. The secure email was the source of the problem.	Health plan no longer uses cvtysecure website to transmit data to BHC since there appears to be transmission problems with this site. Further, after any submission of additional data, the Plan will confirm receipt with BHC to prevent this from happening again.
HealthCare USA	Page 360 - There was no specific study question included in the documentation provided. The health plan submitted the information in the NCQA format, which does not require the development of a study question. This aspect of the PIP was not met.	The PIPs are no longer in the NCQA format.	All current PIPs include study questions & meet the requirements of the PIP contents. The NCQA format is no longer used.
Blue-Advantage Plus	Continue development and use of products, such as CareAdvance, in predictive modeling and supporting empowerment of members to seek appropriate health interventions	BCBSKC has begun using Alineo, a simple and smart solution for delivering outcome-driven case management, disease management, and utilization management. Alineo replaces the Care Advance System, which was implemented in 2007 to produce members-directed campaigns for disease management, population management and case management. Alineo provides a comprehensive view of past and present clinical data for patients and patient populations. Currently all prevention and disease management programs are operational in the Alineo system. The goal is to have all case management programs in the Alineo by the first quarter of 2012 and then add in all utilization management programs by 2013.	Alineo will allow BCBSKC to address members at any point along the health continuum - those who are generally well, at risk, chronically ill, or catastrophically ill. Other features of Alineo are listed below. <ul style="list-style-type: none"> • Intuitive predictive modeling tools to identify patients that can immediately benefit from case and disease management programs. • Clinically validated intelligence that delivers actionable knowledge and pathways based on evidence-based medicine and standards of care to formulate optimal care plans. • Automated CM, DM, and UM which will allow BCBSKC to automatically and intelligently administer and evaluate member and population-wide healthcare programs.

Blue-Advantage Plus	The Follow-Up After Hospitalization for Mental Illness Rate showed a decrease over the previous year's (2007) rate. The EQRO recommends that the health plan monitor this decrease and attempt to determine the possible reasons for this decline.	<ol style="list-style-type: none"> 1. New Directions, the behavioral health subcontractor for BA+ continues to focus on their ambulatory follow-up program to ensure that members are adhering to their appointments within 7 days of discharge. 2. New Directions has created a dedicated MO HealthNet team to address the unique needs of MO HealthNet members. 3. Outreach attempts to BA+ members have been conducted 72 hours post discharge to verify the members follow-up appointment and their intent to attend the appointment 	BCBSKC and New Directions have oversight committee meetings and a review and discussion on the FUH rate occurs to determine whether or not there is improvement . Due to the decrease in the rate, New Directions has been charged with implementing a more aggressive actions on improving QI to improve FUH.
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