



**Harmony Health Plan of Missouri  
Quality Assessment and Improvement Advisory Meeting  
Quarter 3 2011 Results Summary  
October 27, 2011**

**Accreditation Update**

Harmony Health Plan of Missouri completed its NCQA Accreditation process on June 21, 2011. On July 7, 2011, the National Committee for Quality Assurance awarded Harmony Health Plan a “Commendable” accreditation status based on standards alone. We are “accredited” based on both standards and HEDIS results. The health plan’s next accreditation is schedule for June 2014.

**Ambulatory Medical Record Review**

Medical record review for 2011 will begin in November. The health plan will be reviewing medical records for selected primary care and OB-GYN practitioners. The health plan will review approximately 900 medical records in 2011 based on medical record review protocol.

**Community Outreach / Agency Collaboration:**

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. In 3<sup>rd</sup> Quarter 2011, Harmony health plan staff attended the following meetings:

- 27<sup>th</sup> Ward Infant Mortality Reduction Committee
- Maternal Child and Family Health Coalition
- Baby Showers sponsored by Grace Hill and Myrtle Hilliard clinics

**Case Management – Harmony Hugs**

Revisions to the protocols of the Harmony Hugs program member participation and outreach levels increased between July 1 and September 30, 2011. During this timeframe, 168 new members were enrolled in Harmony Hugs, 976 telephone outreach calls, and 122 postpartum outreach calls were completed.

Outreach Success Rate	July 2011	Aug 2011	Sep 2011
Participating Members	47	53	68
Telephone Follow-Up	376	188	412
Postpartum Follow-Up	44	51	27

In August 2011 the health plan began mailing its “Mommy & Baby Matters” booklet to all newly identified pregnant women. The booklet is in English and Spanish and provides helpful prenatal and postpartum information, along with newborn and immunization information. The health plan mailed 150 maternity packets since implementation on August 1, 2011.

In addition, the health plan:

- Improved current processes to identify and collect data for screening and enrollment in the Harmony HUGS program

- Created a Resource List of all state and local agencies and programs to assist members in locating needed services
- Continued bi-weekly OB Case Review meetings to discuss specific cases and provide educational opportunities to Case Manager conducted by the Medical Director
- Implemented monthly meetings with Magellan to discuss member referrals to behavioral health and C-Star programs

### **Case Management - Lead**

Between July 1 and September 30, 2011 Harmony Health Plan had 63 members enrolled in the Lead Case Management program. Each member received telephonic outreach in addition to primary care physician and local public health department outreach for additional intervention and education.

In September 2011, Harmony Health Plan contracted with the Visiting Nurses Association of to perform lead face-to-face assessments and lead prevention education.

In addition, Lead Case Management meetings occur bi-weekly to discuss specific cases and update protocols as needed to meet contractual compliance, and updates to MOHSAIC are performed as needed.

### **Case Management – General**

Harmony Quality Improvement staff meet with Case Management leadership to discuss protocols, performance metrics, industry trends, and training. Between July 1 and September 30, 2011, the health plan implemented a pamphlet for members with high emergency department utilization titled “What is an Emergency?” performance metrics, enrollment issues, and interventions to improve current internal and external processes.

Case, Disease, and Utilization management meetings occur monthly to discuss process and quality improvement processes between market and corporate staff.

### **Disease Management**

Harmony Quality Improvement staff meet with Disease Management leadership to discuss protocols and performance metrics. Between July 1 and September 30, 2011, the health plan implemented the pamphlets and brochures for members with Asthma, a women’s preventive screening brochure for cervical cancer, breast cancer, and Chlamydia. Mailings should begin in early 4<sup>th</sup> Quarter 2011.

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

Between July 1 and September 30, 2011, new health plan initiatives included:

#### **MEMBER**

- Collaboration with DentaQuest to improve member dental visits by utilizing a postcard and follow-up call if a dental visit is not completed within 60 days of the postcard mailing

#### **PROVIDER**

- Continued to update provider welcome material to included updated health plan protocols and provider material, included information to internal and external resources for toolkits on obesity, asthma, osteoporosis, and weight management

#### **HEALTH PLAN**

- Implemented Primary Care Physician – Member Realignment process to improve member continuity and coordination of care and providing members with a medical home. The process began in September 2011 and the health plan has realigned 200 members. The realignment program has been well received by all physicians the health plan has educated on the process.

## Magellan Behavioral Health

Collaboration between Harmony and Magellan included:

- Quarterly presentation of metrics at the Quality Improvement and Medical Advisory Committees
- Articles in the Magellan and Harmony provider newsletter regarding depression program and continuity and coordination of care
- Article in the Harmony member newsletter regarding availability of the depression program
- Implemented monthly quality and case management meetings to discuss referrals into behavioral health program

## Member Outreach

Between July 1 and September 30, 2011, Harmony Health Plan of Missouri mailed 7,649 age, gender, and care related periodicity letters. The following chart summarizes the number of letters sent by category.

**3<sup>rd</sup> Quarter 2011 Periodicity Letters**

Periodicity Letter	July 2011	August 2011	September 2011	3 <sup>rd</sup> Quarter Total
Child	1,168	1,075	1,153	3,396
Adult	118	128	135	381
<b>Follow-Up/Other Letters</b>				
Child 45-Day	430	443	391	1,264
Adult 45-Day	46	79	63	188
Dental	838	752	830	2,420
<b>TOTAL</b>	<b>2,600</b>	<b>2,477</b>	<b>2,572</b>	<b>7,649</b>

## Missouri Case Management Strategy

During 3<sup>rd</sup> Quarter 2011, the health plan implemented weekly market level meetings to discuss strategies for members currently in case management, identify member barriers to care, member resource availability, access to care, and other issues identified by market case managers.

## MO HealthNet Task Force

During the 3<sup>rd</sup> Quarter 2011 the health plan participated in the Dental, Case Management, and EQRO Task force meetings.

## Performance Improvement Projects

Harmony's Quality Improvement staff continuously monitors performance improvement projects to ensure implemented interventions continue to produce measureable results.

The health plan is continuing the following performance improvement projects into 2012:

Performance Improvement Project	Comments
Improving Lead Screenings	The health plan will continue this performance improvement project. New interventions to improve lead testing have been identified and will be included in the next update.
Improving Oral Health	The health plan will continue this performance improvement project. Collaboration with DentaQuest will be used to measure HEDIS rate improvement.
Asthma Management of	The health plan will continue this performance improvement project focusing on

3<sup>rd</sup> Quarter 2011

Q A and I Meeting

Updated: October 26, 2011

<b>Performance Improvement Project</b>	<b>Comments</b>
Members	provider compliance with clinical practice guidelines for asthma and targeted mailings to members identified as having asthma through data mining.

The health plan is discontinuing the following performance improvement project as of September 30, 2011:

<b>Performance Improvement Project</b>	<b>Comments</b>
Weight Management of Children	The health plan has determined there was not sufficient provider participation to continue this performance improvement project/
Cultural Diversity and Medical Home	The health plan has discontinued this performance improvement project at this time.

The health plan is implementing the following performance improvement projects:

<b>Performance Improvement Project</b>	<b>Comments</b>
Improving Adolescent Well Child Visits	Improve adolescent well child visits by offering a \$30 incentive to all non-compliant members who completed a visit prior to December 31, 2011.
Improving Member Accessing within 90 Days of Enrollment	Improve member compliance to visit a primary care physician for services within the first 90 days of enrollment.

### **Provider Outreach**

The following provider outreach continued between July 1 and September 30, 2011:

- BMI Posters for Children in English and Spanish
- Distribution of Adult and Child Obesity Toolkits
- Non-Compliance listings
- HEDIS and Electronic Health Record education

### **Success Stories**

LH, is a pregnant member enrolled in the hugs program. For LH the past few years have been very hard on her. Her mother died last year and she took in her 14-year-old sister to live with her and her two other children. LH was then informed her mother owed the electric company hundreds of dollars and that she was responsible for paying the bill. LH had taken over paying her mother's bill when her mother became too sick to do so. Because of this, she was responsible event though she never lived in the house with her mom.

Then LH became pregnant with her third child and enrolled in the Harmony Hugs Program. She worked as a hairdresser but could not make ends meet. When I first met her, she was very stressed, sad, and concerned. Besides educating member on how to have a healthy baby, we worked on finding community resources to help the member. LH is in danger of having no electric because she has an outstanding bill of over \$700.00 dollars. After many telephone calls to the member and agencies in the St. Louis area, LH is getting assistance in paying the bill and is able to keep her electricity on.

LH delivered a healthy baby girl on 09-28-2011 and was able to bring her healthy baby home to house with electricity. I last saw LH on my postpartum home visit. LH was smiling and holding her healthy newborn.

### **Success Story - 2**

SD is a very hard working young woman. I first met SD at her apartment in early August. She was a pregnant member enrolled in the Harmony Hugs program. She lived with the father of the baby and her 5-year-old son. She was in dental assistant school full time and working as a CNA almost full time.

During my home visit, the member complained about sharp pain and pressure in her abdomen for which she had been seen in the ER and her provider's office. After a long discussion the member shared, she had these pains after working double shifts as a CNA at a nursing home. After much discussion and education, I informed her she should not work double shifts while pregnant and if she continued to do so she would probably go into labor. At this point, the member began to tear up and stated she had to work so she could buy the necessary newborn items.

I provided member with a sheet of Harmony important numbers which had many community agencies listed. I talked to her about receiving assistance from these agencies so she did not have to work so much. After a few phone calls, Lutheran Family Services agreed to supply the member with newborn supplies and the member stated she would not work any double shifts and ask for light duty only because of her pregnancy. Currently, the member has not had any abdominal pain and is far along in her 3<sup>rd</sup> trimester. She only has 2 weeks of school left and then she will graduate. The member has stopped working at the nursing home

This member's future is looking brighter! She should deliver a healthy baby and after her maternity leave had a good job as a dental assistant.

### **Success Story - 3**

I first met NS in front of her grandma's house on the north side of St. Louis City. NS was in her 3<sup>rd</sup> trimester and close to her due date. She was 21 years old, single, and unemployed. During my home prenatal assessment visit, NS informed me she had no baby supplies other than a couple of bottles and a diaper bag. The member also stated she had to see her provider often because of blood pressure issues. Member stated she felt fine and had no headaches, blurred vision, or spots before her eyes. Member's feet were edematous but her hands and face were not.

I informed NS she needed to get newborn supplies immediately because she was close to her due date and if her blood pressure continued to rise her OB may want her to deliver early. The member stated she had no money for any supplies. The member was provided with a list of Harmony numbers with local community agencies. The member requested I call because she did not feel comfortable calling herself. After contacting many agencies, I was able to provide the member with needed newborn supplies including a crib. I also intervened with the assistance of my Manager to get the member her needed transportation to the agencies which provided the member with the supplies she needed.

A couple days after the member received the supplies she delivered a baby girl. The member was able to take her healthy baby girl home in a car seat with a newborn outfit on. At home, the baby had a crib to lie in, diapers, blankets, clothes, formula, and a very grateful mom to hold and comfort her.

### **Prepared by:**

**Ramona Kaplenk, Manager  
Manager, Quality Improvement  
Harmony Health Plan of Missouri  
133 South 11<sup>th</sup> Street  
St. Louis, Missouri 63102  
Ramona.Kaplenk@wellcare.com**