



**MO HEALTHNET MANAGED CARE  
QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP  
July 28, 2011  
Department of Health and Senior Services  
930 Wildwood, Wild Pine Room A and B  
Jefferson City, MO 65109**

Minutes

Attendees

MO HealthNet Division

Brenda Shipman  
Andrea Smith  
Christi Fain  
Melody Webb  
Rebecca Logan  
Shelley Farris  
Dr. Samar Muzaffar  
Marga Hoelscher  
Diana Jones

Harmony Health Plan

Ramona Kaplenk  
Esther Morales  
Dr. Olusegun Ishmael

Molina Health Care

Jennifer Goedeke  
Lovey Barnes  
Howard Abugow  
Dr. Mike Siegel

Missouri Care

Dr. John Esslinger  
Karen Holt  
Dena Jennings

Dept. of Mental Health

Dr. Joseph Parks  
Clive Woodward  
Dr. Patsy Carter

Dept. of Insurance

Kembra Springs

CMFHP

Dr. Elizabeth Peterson  
Susan Wood

BA+

Judy Brennan  
Shelley Bowen

HealthCare USA

Pam Victor  
Dr. Jade James  
Dale Pfaff  
Kristy Yarcho  
Laurel Ruzas

MHNet

Scott Frederick

New Directions

Michelle Hills

Dept. of Health and Senior Services

Melinda Sanders  
Bob Patterson

Family Support Division

Kim O'Hara

Legal Services Eastern MO

Tiajuana Henderson

Mid-MO Legal Services

Vicki Strope

Legal Services Western MO

Sarah Parton

Legal Services Southern MO

Phil Masaoay

Care Management Technologies

Paul Stuve Ph.D.

Denta Quest

Donnell Cox

BHC

Mona Prater

## Welcome/Introductions/Minutes

Dr. Elizabeth Peterson, Children's Mercy Family Health Partners (CMFHP), opened the meeting at 1:00pm. Minutes were approved and seconded. New members were introduced as:

- Marga Hoelscher, Deputy Director, MO HealthNet Division
- Kim O'Hara, Family Support Division
- Bob Patterson, Department of Health and Senior Services
- Dena Jennings, Missouri Care
- Dr. Michael Siegel, Molina Healthcare of Missouri
- Howard Abugow, Molina Healthcare of Missouri
- Kristy Yarcho, HealthCare USA
- Esther Morales, Harmony Health Plan
- Dr. Paul Stuve, Care Management Technologies

## MHD Director Update

Marga Hoelscher, Deputy Director of the MO HealthNet Division (MHD), gave an update for the MHD budget mentioning the development for Fiscal Year 13 trend increases. Next year's rates were not yet available. She acknowledged issues with some NeoNatal Intensive Care Unit payments but verified there were no other issues. Ms. Hoelscher thanked everyone who attended the Mercer meeting that preceded the QA & I Meeting.

## Missouri Medicaid EHR Incentive Program

Diana Jones, MO HealthNet Division, gave a PowerPoint presentation describing the Electronic Health Records (EHR) Incentive Program and Health Information Technology for Economic and Clinical Health Act (HITECH) developed from Funding provided by the American Recovery & Reinvestment Act (ARRA). The federal commitments to health IT are: incentive payments to hospitals and professionals for EHR adoption and meaningful use through Medicaid and Medicare; statewide Health Information Exchange development; loans, grants, and technical assistance for HIT purchase; Broadband and Telehealth; and Workforce Development. There is a regional extension center website where more information can be found regarding the Workforce Development program and its design for both those with a healthcare or IT background. Qualified Medicaid Professionals can receive up to \$21,250 in year 1 with a documented effort to "adopt, implement, or upgrade", and \$8,500 in subsequent years to support maintenance. Eligible Professionals (EPs) must choose Medicare OR Medicaid but may not do both. In Medicaid EPs must show they've implemented an IT program. In Medicare EP's must show meaningful use. Eligible hospitals qualify for both Medicaid and Medicare incentives.

April 4, 2011 registration began for Missouri's EHR Incentive Program, and on June 1, 2011 a Secure Portal was created. Two Hospitals and one Professional have been paid as a test. Payment will be made using Direct Deposit by late August, and work is being done to have group functionality available in September. This will allow one person to have multiple providers with only one number. Some of the web pages were presented along with their ease of use. Currently, each professional needs their own account, and must sign the documents submitted. They must have a legitimate EHR certified program. Performing Providers do not have to enroll in Medicaid to be eligible to apply for incentives, but must submit a TIN or NPI when registering on the State Level Registry. For Managed Care Providers the TIN or NPI must match what is listed on the Managed Care Provider Demographic File, and it is recommended that the health plans include the TIN or NPI for Providers on their Provider Demographic File. The 30 percent Medicaid volume threshold may be met by a group of EPs, however they must all have the same plan options.

Over 640 professionals and hospitals have registered with CMS to apply for Missouri's EHR Medicaid Incentive Program, including 55 hospitals, 415 physicians, 135 Nurse Practitioners, 25 dentists, and over 10 midwives and physicians assistants. Over 250 Providers have registered on Missouri's Portal, and 49 of those have submitted attestations. Diana concluded the presentation with a list of helpful resources containing CMS, MHD, and MU websites. Missouri's portal can be found at <http://mo.rraincentive.com>. When opened up for questions Diana was asked about having pilots that may contain another payor, and informed the committee that there is interest in it, but at this time there is no specific plan.

### Opioid Prescription Intervention (OPI)

Paul Stuve, PhD, Account Manager for Care Management Technologies (CMT), using a PowerPoint presentation available online, began by describing CMT and some of its capabilities. CMT can receive claims and data from various agencies, and organizations and use it to improve quality of care and decrease cost. To increase medication adherence CMT can send an alert to a care giver via e-mail when a patient doesn't refill their medications. CMT can look through claims of those with Diabetes to check for eye exams, or look for EPSDT claims in children, and other various claims information and alerts. CMT can send information directly to physicians, and find multiple prescriptions for the same person and provide a road map for case managers to work better with data.

One in ten Americans take pain medication regularly, and overdose is the second leading cause of unintentional death. There are more ER visits for problems with prescription drugs than for illegal drugs. SAMHSA data indicates in 2005 7.4 percent of teenagers abused a prescription pain reliever, but adults age 35 to 44 have the highest mortality rates associated with prescription drugs. Elderly patients are particularly prone to adverse side-effects of Opioids, including constipation, cognitive impairment, imbalance and falls. These statistics correlate with the rising cost of prescription outpatient pain medication, which has quadrupled between 1996 and 2006 to 13.2 Billion dollars. Opioid abusers had a mean annual direct healthcare cost that was 8 times higher than non-abusers. Due to this problem CMT has created the Opioid Prescription Intervention (OPI) Program designed to balance the need to improve access to all evidence based analgesic therapies for medically ill patients who suffer with chronic pain, and the urgent need to help physicians and other prescribers stem the alarming tide of narcotic analgesic misuse and adverse events. Physicians are told to be careful with the pain medications and amounts they prescribe, however they are also told to provide relief to a patient experiencing pain.

CMT's OPI program has 55 Opioid specific indicators, covering children, adult, and elderly populations. It is meant to compliment oversight programs, and not to replace them. The program has a triple aim of identifying higher risk patients, identifying physicians whose prescribing patterns suggest a need for focused interventions, and providing targeted education to providers. For the Missouri OPI Pilot, the focus group met in March of 2010 and has received feedback from 26 providers on 194 different patients. The feedback was very positive. Providers have reported discontinuing Opioids for patients or referring to pain specialists. Many Providers are thankful as they were not aware of other prescribers. There were several "Provider left practice" comments causing investigations into Fraud. Paul also gave examples of provider feedback which included the provider specifying they did not write the prescription, or that they are discontinuing seeing the patient due to drug seeking behavior. Another example of feedback from the provider is a description of the condition the patient is receiving Opioids for, like Sick Cell Anemia.

Reports go to the state agencies, and mailings of a physician's report go to the providers. Mailings are sent to the high outliers, while filtering out the providers that are known to have good reason for high Opioid Prescribing. Mailings don't typically go to Oncologists. If the Providers are reluctant to change their prescribing habits after receiving the mailings, CMT can arrange for peer conversations between providers. If a provider doesn't believe they prescribe more than others, CMT may disclose to them a series of benchmarks to show the provider where they rank amongst their peers. A list of conditions that may not be receiving enough pain medication is being created by CMT to avoid providers who may under prescribe. CMT looks for prescribing due to fictitious disorders. Providers that don't respond and have a foul nature are anticipated, and will be reported to the Board of Healing Arts. The claims received do not include prescriptions where members paid cash. Data from the reports include patients with multiple pharmacies, multiple prescribers, high dosages with no cancer diagnosis, alcohol use, ineffective use such as cough or cold, and other valuable statistics. A physician may be more lenient in giving a patient an Opioid if the patient asks only for a small dose; however it's important to find the patients that are using multiple physicians for multiple small dosage prescriptions. CMT has contacted ER facilities to urge them to use CyberAccess<sup>sm</sup> to prevent them from claiming unknown patient history as their comment for high Opioid prescribing habits. The reports to the physicians contain the patients name, patient indicators, and the names of the other prescribing physicians. This allows for communication between physicians to determine the best care for their patients. Paul was asked a question regarding whether or not CMT has received any complaints from a physician due to their peers being able to see the physicians name on a report. The response was a description of the report being patient specific, and thus

the physicians understand the importance of patient care. CMT has not received much negative feedback. The physician's reports also provide some clinical considerations for care of the patient regarding the Quality Indicators that are flagged in the report. They are written so as not to be condescending.

Dr. Peterson stated the Health Plans would like to receive the reports and Paul mentioned contact information can be exchanged after the meeting. The information would be useful to travel across all payers and sources, and also be shared in cost and access.

Florida was used as an example of how being proactive with Opioid Prescription Abuse can be very helpful. By having strict requirements on controlled substance abuse prescriptions, and the mandatory use of approved counterfeit proof prescription pads, the State of Florida may be able to cut down on their Opioid Abuse. Paul also referenced <http://painmed.org/> as a useful resource regarding pain management.

#### Behavioral Health Task Force Update

Dr. Joe Parks, Department of Mental Health, gave an update on the activities of the last Behavioral Health Task Force (BHTF) Meeting that was held on May 20, 2011. The BHTF continues to work on developing and reevaluating dashboard measures. Best Practices and Quality Initiatives were presented at the BHTF meeting by Dr. Liz Peterson, and Case Management was presented by Dr. Lisa Clements. Case management was discussed, opportunities to improve were shared, and lots of feedback was received. Shannon Einspahr gave an update on the Substance Abuse Treatment Referral Protocol for Pregnant Women under MO HealthNet Managed Care.

Dr. Joe Parks presented an update on Medical Homes. Pursuant to section 2703 of the Affordable Care Act, states are able to request federal funding to provide Health Homes to Medicaid eligible participants with chronic medical conditions, and Missouri is the first to submit the state plan amendment to CMS. There are two separate initiatives, one for Community Mental Health Center Health Homes (CMHC-HH) and one for Primary Care Practice Health Homes (PCP-HH). The PCP-HH will consist of FQHC's a couple of large practices, plus about 30 primary care practices. More information can be found on the DMH website including a short description, detailed documents, state plan amendment, partners, and vendors including CMT. Patients will receive a letter that they have been assigned into a Health Home, and will then have the opportunity to opt out, if they would like to choose a different Health Home. Payments to the Health Homes will come from MHD to the practice and not at the expense of the Health Plan. The payment methodology is in detail on DMH's website. Payments may be for start-up, per member per month (PMPM), and as performance incentives. The Health Home is eligible to receive 50 percent of what they save. The plans are asked to do cost sharing, and nobody gets any savings unless the whole program saves. The PMPM also requires integrated primary care and behavioral health. Many issues are behavioral health and not mental health, like adherence to medication. There are performance measures that include behavioral health.

The requirements of the Health Homes are heavy on the administrative side because of the desire to change the way the facilities do business. It was anticipated that there would be no large changes if substantial administration was not included.

#### CSTAR Update

Shannon Einspahr did not attend the meeting to give an update, but the information will be sent out to the meeting attendees.

#### Legal Services Quarterly Report

Phillip Masaoay, Legal Services of Southern Missouri (LSSM) in Springfield, began by describing the large geographical area, with only 7 of their counties currently in a Managed Care region. LSSM has finished a new building and attempted to increase mailings. They've contacted schools and other agencies for outreach, and would like to attend the upcoming back to school fairs. Responses from the mailings LSSM has received have been from providers and clients. A lot of the situations are for advice only, and LSSM sometimes becomes a liaison between the client and the health plan. They've received various issues including dental benefits, pay and chase scenarios, and clients that move around. LSSM has also had a couple of families who are co-mingled with FFS and different Health Plans. Meetings have been conducted with the health plans.

### EQRO 2010 Review Task Force Update

Ramona Kaplenk, Harmony Health Plan, discussed the developments of the task force. The task force had each health plan choose one or two topics from last year's EQRO results for their discussion, and would like to begin getting reports from each health plan.

### Dental PIP Update

Dale Pfaff, HealthCare USA, gave an update on the Dental Task Force and the meeting minutes were posted online. Most plans are still using their preexisting programs for dental awareness, and are deep into planning and participating in back to school fairs. Plans are trying to reach out to members going into the ER for dental pain. Next meeting is scheduled for October 6, 2011 hosted by Harmony Health Plan.

### Member Incentive Task Force Update

Susan Wood, Children's Mercy Family Health Partners, recommended the committee ask MHD to exceed the dollar value of incentives. The Member Incentive Task Force (MITF) has met several times and reviewed the Office of the Inspector General (OIG) document included in the attachments posted online. It was determined that the contractual guidance would have to be modified. All incentives and programs would still have review by the state, be measured, and reported annually. Most use existing HEDIS data to report. CMS has rejected the request to change the process. The next step would be to take local advisement with MHD, and then submit the request to CMS to change the dollar amounts. MHD can ask CMS to approve and launch in January 2012.

### Case Management Task Force Update

Dr. John Esslinger, Missouri Care, updated the committee on the discussions of the Case Management Task Force (CMTF), and the meeting minutes were posted online for attendees to reference at the meeting. As listed on the minutes, the CMTF has members from the health plans, state agencies, vendors, and legal services. Goals and objectives of the Task Force were discussed at their last meeting and include improved patient care, improved health outcomes, reduction of inappropriate inpatient hospitalizations, reduction of inappropriate utilization of emergent services, lower total costs, and better educate providers and members. CMTF's first meeting will focus on the most challenging issue of keeping records and measurements.

### Health Plans' NCQA Update

Dr. Liz Peterson, Children's Mercy Family Health Partners, asked the health plans to report on their NCQA review. Ramona Kaplenk, Harmony Health Plan was the first to give an update. Harmony had their NCQA review on June 20-21, 2011, and received their result of commendable. Ms. Kaplenk mentioned the commendable category being given was due to Harmony not using HEDIS or CAP scores. Harmony's score was 99.97 as they had one deficiency with a standard in a case management file. When the reassignment is done in a year, Harmony believes they will still maintain a commendable status.

Karen Holt, Missouri Care, mentioned their NCQA review went well on July 18-19, 2011, but they have not yet received their score. Missouri Care did submit HEDIS and CAP, and is pleased with their own internal scoring. A question was asked of the health plans whether they are able to fall back on their corporate accreditation. Missouri Care responded by stating NCQA will give them auto credit for 8 of the 13 because of their sister plan AETNA. Blue Advantage Plus told the committee most of their NCQA areas are different from commercial plans, and won't have an effect for them.

HealthCare USA (HCUSA) had their NCQA review on July 18-19, 2011, and has received their preliminary results, but is not allowed to disclose them. They included HEDIS and CAP and are very encouraged. HCUSA does not have any corporate accreditation to fall back on.

Children's Mercy Family Health Partners (CMFHP) and Molina will have their reviews on August 22-23, 2011. CMFHP reported they do have some corporate to fall back on but not for all areas.

## KC Quality Improvement Consortium

Dr. Liz Peterson, Children's Mercy Family Health Partners, described the Kansas City Quality Improvement Consortium Board Meeting presentation. It includes an example of a PHO integrated group approach to quality improvement. It's just an FYI, and the presentation was posted online for attendees to review.

## Tracking Log

Suggested items for the tracking log were:

- Cyberaccess training or presentation during a meeting
- Meeting locations were discussed and a vote was taken
  - 17 voted to go back to the governor building
  - 15 voted to stay at DHSS

The follow items were closed:

- Mental Health Survey Data
- Pharmacy Carve-Out
- EQRO Technical Assistance Calls
- Physical and Behavioral Health Task Force
- EQRO Task Force

The meeting was adjourned by Dr. Peterson.

Next Meeting is scheduled for October 27, 2011 at 930 Wildwood, Room Wild Pine, Jefferson City Mo, 65109.



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

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Blue Cross and Blue Shield Association

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### **Blue-Advantage Plus of Kansas City 2Q11**

July 28, 2011

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

**Community Events** – Blue Advantage Plus (BA+) participated in several community events during the months of January, February, and March. Community Events include:

- April 1, 2011 and June 28, 2011 - Participated in Mid-America Coalition on Health Care's Employer Action Meeting and Kansas City Collaborative KC<sup>2</sup> Award Ceremony—accepted the award for Blue KC's *A Healthier You* employee program, including Blue-Advantage Plus employees; retirement gathering for Bill Bruning
- April 1, 2011 and May 6, 2011; May 20, 2011 – Attended Mid-America Regional Council's Community-Wide Information Network Meeting; hosted the Health Subcommittee Meeting.
- April 6, 2011 and June 1, 2011 – Met with Vietnamese-American Community of Kansas City on Health is Gold educational brochure series and the Somali Foundation.
- April 6, 2011 – Facilitate an internal Community Health Worker discussion, including Blue-Advantage Plus.
- April 6, 2011 – Provided health education resources to the Missouri State Medical Association and Alliance Conference.
- April 7, 2011 – Provided an update to Blue KC's Medical Advisory Committee, including Medicaid providers, on Health Information Exchange.
- April 8, 2011 – Met with the Midwest Foster Care and Adoption Association on special health care needs for its clients and shared resources with them.
- April 12, 2011 – Participated in a Presumptive Eligibility Meeting with community collaborators at Mid-America Head Start.
- April 12, 2011 – Guest Lecturer for Health Policy Class at Webster University.
- April 13, 2011 – Provided an update to Blue KC's Practice Management Advisory Committee, including Medicaid practice managers, on Health Information Exchange.
- April 5, 2011, May 3, 2011, and June 7, 2011 – Participated in the Mid-America Head Start's Policy Council Meeting.
- April 15, 2011 and June 17, 2011 – Attended the KCMO Health Commission's Minority Health and Health Equity Committee Meeting.
- April 18, 2011 – Invited presentation to Health Commission's Budget and Contract Evaluation Committee (see zipped folder Philly Award Submission attached).
- April 20, 2011 – Attended the Merck/Metro Med "Demystifying Health Care Reform: Quality in Health Reform" Dinner Meeting.
- April 26, 2011 – Attended the 5<sup>th</sup> Annual Bioethics Symposium 2011 "Pain is a Four-Letter Word" featuring the Surgeon General of the United States, Regina Benjamin.
- May 3, 2011 – Attended Building a Healthier Heartland All Member Meeting.
- May 3, 2011, June 6, 2011, and June 27, 2011 – Met with the engaged consultant on issues relating to Medicaid, Head Start--Kansas City Missouri School District and Swope Health Services for EPSDT/Dental, and Patient-Centered Medical Home Summit.



- May 4, 2011, June 8, 2011, and June 28, 2011 – Facilitated the claims database discussion between Blue KC IT staff, the healthcare access programs, MetroCARE and NorthlandCARE, and their foundation-engaged consultants Resource Development Institute.
- May 4, 2011 – Participated in the Missouri Health Policy Forum conference call.
- May 12, 2011, May 13, 2011, and June 28, 2011 – Participated in the community “Undocumented Discussion” and MHIP/FPIC information session.
- May 12, 2011 – Attended the Greater Kansas City Food Policy Coalition Spring Full Membership Meeting.
- May 13, 2011 – Attended the Black Health Care Coalition Luncheon.
- May 13, 2011 – Met with the Mayor’s Transition Team on Health Initiatives in Kansas City, Missouri.
- May 14, 2011 – Sponsored pre-event clean-up efforts for the Northeast Kansas City International Crawl and Bus Tour.
- May 24, 2011 – Participated in the University of Kansas Medical Center’s Health Information Management Advisory Board Meeting.
- June 1, 2011 – Co-hosted the Mid-America Immunization Coalition’s Quarterly Meeting.
- June 13, 2011 – Met with Swope Community Builders regarding a potential Kansas City Food Hub and mobile market expansion to housing developments and clinics.
- June 15, 2011 – Attended the Health Commission’s Women’s, Infants’, and Children’s Health Committee regarding the Mother & Baby Health Guide project; visited with KCMO Health Department Tobacco Use Prevention staff on resources.
- June 15, 2011 – Met with Health Literacy Missouri on potential Kansas City collaborations.
- June 17, 2011 – Met with Metro Med on potential Kansas City physician collaborations relating to the Food Policy Coalition initiatives.
- June 21, 2011 – Participated in Mid-America Head Start’s Health Services Core Advisory Group Meeting.
- June 23, 2011 and June 27, 2011 – Met with early childhood education advocates “Alliance for Childhood Education” or ACE on related health issues.
- May/June 2011 – Sponsored Head Start recruitment ad in English (back cover) and Spanish (inside back cover) in *Our Health Matters* (see e-copy attached).
- July/August 2011 – Sponsored vaccination information ad (back cover) in *Our Health Matters* (see e-copy attached).
- April/May/June 2011 – Executed the “Cover the Uninsured Week” Campaign (see zipped folder with Philly Award Submission attached).
- April/May/June 2011 – Participated in the Missouri Convergence Partnership for healthy eating and active living.
- April/May/June 2011 – Participated in the Social Innovation for Missouri funders discussions on obesity prevention and tobacco use reduction grants hosted by Missouri Foundation for Health; co-funder for Lafayette County project.
- April/May/June 2011 – Served as a Community Advisor for the Junior League of Kansas City, Missouri for their new five-year focus area of “Childhood Nutrition, Fitness, and Obesity Prevention”; project manager for AAFP AIM-HI book production and co-distribution; project manager for KCPT feature for airing on May 19<sup>th</sup> after viewing at May Annual Meeting on May 18<sup>th</sup> (see e-card attached and online video at <http://kcpt.org/blog/2011/05/19/the-junior-league-of-kansas-city%e2%80%99s-healthy-u-initiative/>).
- April/May/June 2011 – Served as Project Manager for the Northeast Kansas City’s Health, Education, Labor, and Public Safety (HELP) for a Community Resource Guide published in May 2011 (see zipped folder with Philly Award Submission attached, summary attached, and online at <http://northeasthelp.org/>).
- April/May/June 2011 – Served as an Advisory Board Member for the Area Health Education Center (AHEC).
- April/May/June 2011 – Served as Project Manager for “Eating Healthy on Any Budget” booklet dissemination for training sessions with local organizations, including several



Diabetes Sunday sessions at churches and EBT parent trainings at school districts (see notice online at <http://www.nutra-net.org/newsletters/enewsletter0111.pdf>).

- April/May/June 2011 – Facilitated planning for the Patient-Centered Medical Home Summit on 05/25/11 with Health Care Foundation of Greater Kansas City, REACH Healthcare Foundation, and Kansas City Quality Improvement Consortium (see zipped folder with Philly Award Submission attached and online at <http://healthcare4kc.org/events/patient-centered-medical-home-summit-2011-05-25>).
- April/May/June 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.
- April/May/June 2011 – Continued expansion discussions for CareScope (implemented in Wyandotte and Johnson County, Kansas, safety nets) with United Way of Greater Kansas City and MAACLink.
- April/May/June 2011 – Provided technical assistance to Kansas and Missouri Health Information Exchange Workgroups; provided technical assistance to Kansas Health Insurance Exchange and K-MED Workgroups; provided technical assistance to MARC's Regional Health Care Initiative; supported Kansas City Quality Improvement Consortium's cost and quality transparency/reporting efforts.
- April/May/June 2011 – Provided in-kind printing/binding/laminating for Black Health Care Coalition, Beans&Greens Coalition, City Union Mission, Nutra-Net, and Newhouse.
- April/May/June 2011 – Assisted with Blue-Advantage Plus visits to local health departments and internal marketing sessions.
- June 2011 – Facilitate planning for an online parent's child/adolescent wellness survey covering nutrition, physical activity, and emotional wellbeing to be piloted in August and rolled out in September, including Blue-Advantage Plus members.

**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.
- **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 2Q11, BA+ mailed 61 dental brochures (141 YTD).
- **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 2Q11, BA+ Mailed 57 child dental brochures. (130 YTD).
- **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 2Q11, BA+ mailed 107 headache brochures (230 YTD).

- **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 2Q11, BA+ mailed 159 depression brochures (259 YTD).
- **Diabetes Initiative** – During 2Q11, BA+ mailed 114 diabetes brochures (208 YTD).

## **New Initiatives**

### **Clinical Steering Committee**

In 2010, the Clinical Steering Committee (CSC) was chartered to provide program oversight for clinical activities and operational processes. Regular CSC meetings began during 1Q11. The purpose of the CSC is to review of all clinical outcomes and operational data, both outcomes and in-process measures, for all chronic disease states and preventative care, and addressing opportunities for improvement; and

Examples of duties which will positively impact the BA+ members include:

- Reviewing and analyzing clinical data, including HEDIS data, to assess current performance, identify best practices and opportunities for improvement, and potential over- and under-utilization of services. This includes key measures provided by our behavioral health delegate, New Directions Behavioral Health.
- Developing and implementing standards and performance targets for outcomes of key clinical services and operational processes;
- Evaluating practices and outcomes for DM,CM, UM, Care Coordination and departmental QIP;
- Addressing corrective actions that support business initiatives through the chartering of QI teams, use of the PDCA methodology, and deploying best practice.

### **Project Portfolio Management**

In 2011, BCBSKC adopted project portfolio management practices for all projects and process improvement initiatives. The purpose of portfolio management is to assure that the correct projects are being worked with the appropriate resources in an optimal timeframe. Portfolio management allows for staged reviews of progress and projections of both project impact and completion time frames. One of the benefits of portfolio management is to ensure maturity of business processes and continuous improvements. This structure will allow BCBSKC to provide insight, and act on, opportunities which will allow us to effectively and efficiently manage the member's care and the provision of services. Examples of projects/PI initiatives underway include closure of care gaps based on HEDIS results and implementation of patient centered medical home. Both initiatives will benefit the BA+ member.

### **NCQA Prep**

On June 27, 2011, BA+ successfully completed their NCQA submission for Health Plan Accreditation. On-site survey is scheduled for August 22 -23, 2011.

### **HEDIS 2011**

BA+ conducted an analysis on the 25 HEDIS measures required for NCQA. Based on last year's NCQA Benchmarks, BA+ met or exceeded their goal of the 75<sup>th</sup> percentile for eight (8) out of the 25 required HEDIS measures.

### **Texting Members for Renewals**

Decreases in enrollment is detrimental to the success/growth of the BA+ program and to the health/welfare of our members. In looking at trend data of terminations, most of the terminations are due to members becoming ineligible. This includes members who do not respond to the State notification for annual reverification. Members are sent notices annually, notifying them of the need to contact the

Family Support Division in their county to provide proof of eligibility for the Medicaid program. Some members do not pay attention to these notifications and lose their health benefits through the MHD program. The goal is to send a text to each member on the monthly reverification list who has a cell number to remind them to contact their Family Support Division office regarding renewal.

In order to decrease the number of terminations, a plan was developed to send a text to all members on the State's monthly reverification list who have a cell number. Timing was key. The text messages will drive members to call their county Family Support Division office to verify their eligibility for Medicaid. There are only 160 spaces permitted on the text. The text messages are streamlined for quick information and action on the part of the members. Texts were sent to members through their cell phones at 60 days prior to potential termination, 30 days prior, and 7 days prior.

On November 8, 2010, the texting program began. Texts continue to be sent out monthly to all members on the State's reverification list.

Member retention has increased as a result of the texting program. We have realized an 8% increase in retention as a result of the program ((9424 terms in first 5 months of 2010-8667 terms in first 5 months of 2011)/9424).

As a result of this positive result, the texts continue to be sent out monthly to all members on the State's reverification list. We will continue to measure the results to ensure the value of the program.

### **Women's Health Campaign**

According to 2010 HEDIS numbers, there is an opportunity for improvement for females to have Chlamydia screenings and mammograms (age 40 plus).

- Cervical Cancer Screening: Achieved statistically significant improvement and met goal of 75<sup>th</sup> percentile. Ranked 1<sup>st</sup> out of 10 reporting for this measure
- Chlamydia Screening: Achieved goal of 75<sup>th</sup> percentile performance. Ranked 4<sup>th</sup> among Medicaid plans in MO

The goal is for every woman (100%) to have her well-woman exam.

During the planning process, the team decided it was important to educate female members about the importance of getting well-woman exams and who to call to set up the appointment. We discussed the target age. Since BA+ has members who could be potentially sexually active in their early teens, it was decided to include female members starting at age 13 in the mailing. Mailings to children under age 18 would be sent to the "parents or guardian of". It was also decided to send the mailing to members monthly who didn't have a claim for a well-woman exam. The postcard would be revised with a different tag line on the front for each month. The parameters of the mailing list were discussed to target the population from ages 13 through 64. We will also monitor the return mail to make sure future mailings are not sent to those addresses, as well as calculate percent of return mail. Calculations will be generated monthly to determine if this program is effective in generating well-woman exams.

BA+ sent a postcard to all females age 13+ who had no claim in Facets for a well-woman exam during the past year. The tag line for the first mailing was "July is Women's Health Month". The language on the postcard included: "Well-woman exams SAVE LIVES. All women and teens should have a pap smear/cervical cancer screening every year and be tested regularly for sexually transmitted diseases like Chlamydia. Women who are older than 40 should have mammograms every year. Call your Primary Care Provider (PCP) today to set up a well-woman exam." The oversized postcard was white with some fuchsia lettering. The first mailing was sent to over 7,402 female BA+ members on June 28, 2011.

It is too early to know the effectiveness of the mailing.

Plans are in place to continue this mailing monthly.

## HEDIS Intervention 2010 – Cervical Cancer Screening

During 3Q10, BA+ identified 969 members as being non-compliant for the Cervical Cancer Screening (CCS). In order to promote the importance of a CCS, a reminder card was sent to all non-compliant members on August 19, 2011 encouraging them to visit their PCP for a CCS.

After the intervention was implemented, 401 (41%) out of the 969 members had received services related to the CCS HEDIS measure. The CCS HEDIS rate went from 43.03% (pre-intervention) to 66.61% (post-intervention).

### EPSDT Reminder Letter –

EPSDT Compliance	Apr-11	May-11	Jun-11
Eligible Members (ages 0-20)	26,845	26,747	26,698
Members Received EPSDT Exams	14,874	14,750	14,638
Members Have Not Received EPSDT Exams	11,971	11,997	12,060

  

Total mailed	Apr-11	May-11	Jun-11
PCP Appointment Planners	247	498	220
EPSDT Exam Reminder Letters	1705	1719	1534
New Member Welcome Letters	1241	218	988
120 Day Follow Up	409	442	382

**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 2Q11, BA+ sent 274 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 2Q11, BA+ sent 39 members an informational packet on vaccinations.

### Customer Service

- Met call abandonment rate goal of 5% during 2Q11
- Met call wait time goal of 30 seconds during 2Q11

## Success Stories

### Statewide Dental PIP

BA+ began participating in the Statewide PIP in order to improve the Annual Dental Visit (ADV) HEDIS rate. HEDIS 2010 (CY 2009) served as our baseline measure and we were tasked with increasing our ADV rate by 3.0% (to 32.7%). During our first re-measurement period, HEDIS 2011 (CY 2010), BA+ saw a statistically significant increase in the ADV rate. BA+'s ADV rate went from 31.7% (baseline) to 40.9% (re-measurement #1). Our goal of 32.7% was met and there was a statistically significant increase.

**Children's Mercy Family Health Partner's  
MO HealthNet QA&I Report  
Quarter 2: April - June  
2011**

**Initiatives or Events:**

**Disease Management**

**Asthma Program Update:**

- 8 provider offices active this quarter
- Completed clinic/home visits for Health Coaching-6
- 52 members currently actively participating in health coaching for asthma with an additional 161 in outreach
- Asthma program letters sent to 2402 new members
- Qtr. 1 YTD 2011 compared to Qtr. 1 YTD 2010 Utilization:
  - Increased ER utilization 0.7%
  - Decreased Inpatient utilization 26%
  - Decreased Outpatient utilization 9%.
  - Increased Spirometry Utilization 1.4%
  - Percent Asthmatic Population Increased 4.1%

**Depression Program Update:**

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

**Diabetes Program Update:**

- 3 Completed clinic/home visits for Diabetes Health Coach
- 18 Members currently actively participating in Health coaching for Diabetes with an additional 44 in outreach
- Diabetes program letters sent to 270 new members
- Community Collaborative Health Fair- over 100 in attendance. 19 members completed screenings for HEDIS.

**Health Improvement**

- Birthday cards sent to 8,964 members
- Newborn cards sent to 446 members
- Adolescent Well-Care Card sent to 3,131 members
- Sent EPSDT Reminder Letter to 7,475 members and 1,119 providers
- Called 2,192 members to remind about immunizations.
- Sent 550 immunization reminder letters to members.
- Completed Healthy Lifestyles Program in 2 clinics and follow-up education in 10 offices
- 163 members received Health Coaching for Obesity
- Completed 16 clinic/home visits for Obesity Health Coaching
- Provided 17 school presentations to 1,696 students on a variety of health topics.

**Focus Studies**

- Breast Cancer Screening – Ongoing, no new information
- Adult Access to Care – Ongoing, no new information

**Children's Mercy Family Health Partner's  
MO HealthNet QA&I Report  
Quarter 2: April - June  
2011**

**Performance Improvement Projects**

**Statewide Dental Collaborative (2009- 2011)**

- Quarterly Collaborative calls: July 14, 2011 hosted by Blue Advantage Plus

**CMFHP Dental PIP (2009-2011)**

- Reviewed by EQRO July 6&7
- 2011 ADV HEDIS rate is 47.74% which is a 5.39% change improvement since 2010. This exceeds the goal for improvement.

**Cervical Cancer Screening (2009- 2011)**

- Final dataset is in review by statistician
- 2011 CCS HEDIS rate is 71.84% which is a 1.8% change improvement compared to 2010

**Comprehensive Diabetes (2009-2011)**

- 78 Diabetes Enrollment Packets Mailed in April (35), May(28) and June (15)
- Improvement in 2011 HEDIS CDC sub-measures compared to 2010 HEDIS demonstrated percent change improvement for HbA1c screening of 10.95%, LDL-c screening of 9.51%, Eye exam of 35.79% and Attention for nephropathy of 10%. Percentile rankings are based on NCQA accreditation scoring and include sampling and regional adjustments.

CMFHP CDC HEDIS			
Comparison (Missouri)	HbA1c Screening	%Change HbA1c Screening (from previous year)	HbA1c Screening NCQA % $\sigma$ -tile
2009 (Admin)	57.89%	NA	<25th
2010 (Hybrid)	68.65%	18.587%	25th
2011 (Hybrid)	76.17%	10.954%	50th
CMFHP CDC HEDIS			
Comparison (Missouri)	Eye Exam	%Change Eye Exam Screening (from previous year)	Eye Exam NCQA % $\sigma$ -tile
2009 (Admin)	21.71%	NA	<25th
2010 (Hybrid)	38.92%	79.272%	25th
2011 (Hybrid)	52.85%	35.791%	50th
CMFHP CDC HEDIS			
Comparison (Missouri)	LDL-C	%Change LDL-C Screening (from previous year)	LDL-C NCQA % $\sigma$ -tile
2009 (Admin)	50.00%	NA	<25th
2010 (Hybrid)	60.54%	21.080%	<25th
2011 (Hybrid)	66.30%	9.514%	25th
CMFHP CDC HEDIS			
Comparison (Missouri)	Nephrology Attention	%Change Nephro Attention (from previous year)	Nephrology Attention NCQA % $\sigma$ -tile
2009 (Admin)	55.92%	NA	<25th
2010 (Hybrid)	69.73%	24.696%	25th
2011 (Hybrid)	76.68%	9.967%	50th



**Children's Mercy Family Health Partner's  
MO HealthNet QA&I Report  
Quarter 2: April - June  
2011**

**Childhood Immunization Status (2011-2012)**

- 550 CIS letters mailed out in May (271) and June (279)
- 2,192 Immunization reminder calls to members in April (723), May (727) and June (742)
- Childhood Immunization rates for combo 2 in 2011 compared to 2010 decreased by 4.86 percentage points.

**Gaps in Care (2011)**

- This PIP is under development and will focus on providing education to members and collecting data and reporting on the following measures: Well Child (first 15 months and 2-20 year old), Breast Cancer Screening, Cervical Cancer Screening and Comprehensive Diabetes Care (eye exam, HbA1c, LDL-C and attention for Nephropathy).



**Harmony Health Plan of Missouri**  
**Quality Assessment and Improvement Advisory Meeting – Quarter 2 2011**  
**July 28, 2011**  
**Ramona Kaplenk, Manager, Quality Improvement**  
**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 Update**

- ISS Tool submitted successfully on April 21, 2011
- NCQA conducted its on-site review on June 20 and 21
- NCQA did not identify any opportunities for improvement based on the accreditation process.
- Harmony received a score of 99.97 on standards and guidelines and “Commendable” accreditation status effective July 7, 2011 (capped at Commendable due to HEDIS and CAHPS).
- Documentation submitted to NCQA by Harmony Health Plan of Missouri will be utilized as a “best practice” by sister companies.

**Community Outreach / Agency Collaboration:**

Harmony Health Plan of Missouri did not participate in any community events or agency meetings during the months of April, May, and June. Harmony Health Plan will re-establish collaborative efforts with the following agencies in July and August 2011.

- Gateway Immunization Coalition and Chairing the Adolescent Immunization Committee
- Eastern Regional Alliance and Chairing the Capacity Building Committee to decrease the health disparities for minorities
- 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;
- 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 April 1, 2011 and June 30, 2011, the health plan:

- Revised protocols in referring pregnant members for behavioral health services
- Improved current processes to identify and collect data for screening and enrollment in the Harmony HUGS program.
- Shannon Einsphar provided C-STAR education to Missouri, Case Management, and Magellan Health Services staff on program protocol.
- Lead Case Management meetings occur bi-weekly to discuss specific cases and update protocols as needed to meet contractual compliance.
- Implemented bi-weekly OB Case Review meetings to discuss specific cases and provide educational opportunities to Case Manager. Meetings are conducted by the Medical Director.

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

### **External Quality Review (EQRO)**

Behavioral Health Concepts conducted its External Quality Review of Harmony Health Plan of Missouri on June 28 and 30, 2011.

### **Harmony Hugs**

Anne Keeven, RN started on June 13, 2011 as the new Hugs Case Manager. Anne's responsibilities include establishing member engagement in the HUGS program, providing prenatal and postpartum member education, and collaborating with providers in creating clinically sound care plans for members.

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

Between April 1 and June 30, 2011, health plan initiatives included:

#### **MEMBER**

- Prenatal and Postpartum Care – A Guide to Good Health for You and Your Baby
- What is an Emergency? When should you go to the Emergency Room?
- Asthma Education Member Book 2011 – 2012
- Women's Health Screenings
- Collaboration with DentaQuest to improve member dental visits

#### **PROVIDER**

- Updated provider welcome material to include updated health plan protocols and provider material, included information to internal and external resources for toolkits on obesity, asthma, osteoporosis, and weight management
- Monthly HEDIS Fax Blasts
- Monthly Provider E-Mail Blasts
- Distribution of adult and pediatric clinical practice guidelines for asthma, diabetes, and obesity

#### **HEALTH PLAN**

- HEDIS concluded June 15, 2011 with improvement noted in several measures
- Adult and Child CAHPS survey process concluded awaiting final reports for analysis and reporting
- Annual internal audit of lead and OB case management files to ensure compliance to internal and external requirements
- Attended Dental Advisory Committee meeting on May 12, 2011
- Attended conference calls regarding Missouri Medical Home Initiative
- Assisted three providers in upgrading to electronic health records through Missouri initiative (2 completed and 1 will be completed by July 30, 2011)

### **Lead Case Management**

Harmony Health Plan of Missouri continued to update lead case management notes between Harmony's internal case management system and MOHSAIC. Bi-weekly meetings continue between market and corporate staff discussing management of cases and resource utilization.

### **Magellan Behavioral Health**

Collaboration between Harmony and Magellan included:

- Quarterly presentation of metrics at the Quality Improvement and Medical Advisory Committees
- Distribution of Guidelines for Exchange of Information Between Medical and Behavioral Health Providers
- 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

### Medical Record Review

Medical record review was completed and corrective action plans were implemented for providers as needed. Medical record re-review will occur in August and September 2011. Quality Improvement staff is preparing data for 2011 medical review which will begin in September 2011.

### Member Outreach

9,486 care-related letters were mailed by the health plan between April 1 and June 30, 2011. The following chart summarizes the number of letters sent by category. In late August or early September 2011, Harmony will be able to provide information on the number of missed dental letters sent by DentaQuest.

### 2<sup>nd</sup> Quarter 2011 Periodicity Letters

<b>Periodicity Letter</b>	<b>April 2011</b>	<b>May 2011</b>	<b>June 2011</b>	<b>Total</b>
<b>Child</b>	<b>1014</b>	<b>1127</b>	<b>1031</b>	<b>3172</b>
<b>Adult</b>	<b>99</b>	<b>118</b>	<b>85</b>	<b>302</b>
<b>Follow-Up/Other Letters</b>				
<b>Child 45-Day</b>	<b>492</b>	<b>460</b>	<b>402</b>	<b>1354</b>
<b>Adult 45-Day</b>	<b>15</b>	<b>23</b>	<b>10</b>	<b>48</b>
<b>Dental</b>	<b>741</b>	<b>800</b>	<b>698</b>	<b>2239</b>
<b>Missed Dental</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Referral</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>2361</b>	<b>2528</b>	<b>2358</b>	<b>9486</b>

### Performance Improvement Projects

Performance Improvement Projects have been updated to reflect HEDIS 2011 (CY2010) data.

<b>Performance Improvement Project</b>	<b>Measurable Results Noted</b>	<b>Interventions Initiated</b>	<b>Comments</b>
Improving Lead Screenings	Improvement was noted, improvement was not statistically significant	Improved provider education on timeliness and importance of lead screening	Success of 2011 intervention will be measured and reported in 2012
Improving Oral Health	New health plan PIP	Collaboration with DentaQuest	Success will be measured and reported in 2012
Adolescent Well Child	This Performance Improvement Project has been discontinued.		
Asthma Management of Members	New health plan PIP	Provider Toolkits Distribution of Asthma Clinical Practice Guidelines Educational Materials on Treatment of Asthma	Success will be measured and reported in 2012
Weight Management of Children	New health plan PIP	Provider Toolkits Member and Provider Newsletter articles Distribution of Obesity Clinical Practice Guidelines	Success will be measured and reported in 2012
Cultural Diversity and Medical Home	This Performance Improvement Project has been discontinued.  The health plan is currently working on a starting a behavioral health based project in collaboration with our behavioral health vendor.		

## **Provider Outreach**

The following provider outreach was continued between April 1 and June 30, 2011:

- BMI Posters for Children in English and Spanish
- Distribution of Adult and Child Obesity Toolkits
- HEDIS Measure of the Month (MOM) Fax Blasts including technical specification of each measure
- Non-Compliance listings
- Updated materials on Harmony Hugs
- Medical Record Documentation Standards

## HealthCare USA MO HealthNet QA&I Report April 2011 – June 2011

### NCQA STATUS:

Intensive work continued on NCQA in the second quarter. The ISS Tool was submitted in May. The on-site visit is scheduled for July. HCUSA is on track to meet all due dates.

### UPDATES ON CURRENT INITIATIVES:

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

##### January - December 2011

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Total
Well Woman	643	664	576	551	624	671							3,729
EPSDT b-day 0-10	7597	8200	7596	7801	8084	8573							47,851
EPSDT b-day 11-20	5203	4749	5081	5238	5408	5615							31,294
EPSDT missed appt	4918	4873	5015	4880	5169	5157							30,012
Provider panel missed visit	4918	4873	5015	4880	5169	5157							30,012
Men's Health(Quarterly)	(Q1) 975			(Q2) 896			(Q3) 912			(Q4)			1871

#### 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%	3.21%	12.40%	17.31%						
CMO	4.7%	4.7%	4.7%	14.39%	19.61%						
WMO	2.74%	2.74%	2.74%	12.89%	17.68%						
STWD	3.28%	3.28%	3.28%	12.83%	17.77%						

#### C. Member Incentive Programs

##### 2011 Prenatal and Asthma Incentive Cards

Incentive Begin Date	Program	EMO	CMO	WMO	Total Card Count
1/1/2011	Prenatal	10	3	3	16



**HealthCare USA**  
**MO HealthNet QA&I Report**  
**April 2011 – June 2011**

1/15/2011	Prenatal	8	0	0	8
2/1/2011	Prenatal	12	5	0	17
2/15/2011	Prenatal	7	0	0	7
3/1/2011	Prenatal	9	5	0	14
3/15/2011	Prenatal	9	0	1	10
4/1/2011	Prenatal	13	4	0	17
4/15/2011	Prenatal	14	2	0	16
5/1/2011	Prenatal	21	3	1	25
5/15/2011	Prenatal	10	0	3	13
6/1/2011	Prenatal	14	1	2	17
6/15/2011	Prenatal	14	1	6	21
7/1/2011	Prenatal	13	3	3	19
7/15/2011	Prenatal	14	3	4	21
<b>YTD TOTALS</b>		<b>168</b>	<b>30</b>	<b>23</b>	<b>221</b>

Incentive Begin Date	Program	EMO	CMO	WMO	Total Card Count
1/1/2011	Asthma	0	0	0	0
1/15/2011	Asthma	8	0	0	8
2/1/2011	Asthma	4	0	0	4
2/15/2011	Asthma	6	0	0	6
3/1/2011	Asthma	3	0	0	3
3/15/2011	Asthma	2	0	0	2
4/1/2011	Asthma	10	0	0	10
4/15/2011	Asthma	4	0	0	4
5/1/2011	Asthma	8	1	0	9
5/15/2011	Asthma	1	0	0	1
6/1/2011	Asthma	3	0	0	3
6/15/2011	Asthma	4	0	0	4
7/1/2011	Asthma	4	0	0	4
7/15/2011	Asthma	7	0	0	7
<b>YTD TOTALS</b>		<b>64</b>	<b>1</b>	<b>0</b>	<b>65</b>

**D. April - June 2011**

- We continue to focus on HEDIS improvements through various processes. We have a HEDIS workgroup that meets bi-weekly to review results and develop potential new outreach initiatives.
- Preparation was done for the EQRO audit which was in June.

**HealthCare USA**  
**MO HealthNet QA&I Report**  
**April 2011 – June 2011**

- Work continues on the various performance improvement projects which includes but is not limited to emergency department usage.
- Provider Relations outreach included: 895 Provider visits. Provider communications issued six communications. These included but aren't limited to the following: May Newflash, May Newsletter, June Newsletter, etc.
- In June we prepared for the upcoming NCQA on-site visit in July.

###

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

**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 19<sup>th</sup>
  - Successful completion and submission of NCQA Issues Log on June 9<sup>th</sup>
  - Successful NCQA Issues Log conference call with submission on June 30<sup>th</sup>.
- **HEDIS & CAHPS 2011**
  - Successful completion of HEDIS 2011 with 4 populations: East, West, Central and NCQA Aggregate as of June 15<sup>th</sup>.
  - Successful completion of CAHPS 2011 with 4 populations: East, West, Central, & NCQA aggregate was completed in the 2<sup>nd</sup> quarter, 2011.
- **EQRO**
  - Successful completion of 2-day External Review Audit June 22<sup>nd</sup> & June 23<sup>rd</sup>.
- **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.

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

**2nd Quarter (April, May, June) 2011 Update**

**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, medmgmt, 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.



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

**New Initiatives or events**

- Molina participated in a Diabetes outreach event in conjunction with Family Health Partners in the Western region.
- Molina hosted a Diabetes outreach event in the Eastern region.
- Molina sent reminders to all diabetic members in the Eastern and Western regions to educate members about controlling diabetes. Outreach to members in the Central region will occur this fall.
- Through September, Molina will be facilitating back-to-school events that will involve well check-up screenings and dental screenings across all three regions.
- Molina is enhancing member communication materials and outreach efforts in order to reduce non-emergency visits to the Emergency Department.

**Updates on current initiatives**

- Molina completed the HEDIS 2011 project timely and continues to focus on implementing initiatives for increasing HEDIS rates and CAHPS scores.
- Molina's Health Educator completed the project of updating the Molina website to communicate information in a more effective manner to members and providers.
- 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's Health Educator continues to contact members through a well woman outreach campaign to educate members about the need for annual check-ups.
- Molina's Health Educator continues to develop new member communication materials to educate on healthy lifestyles and preventive benefits.
- Molina continues to participate on the Dental Task Force for managing the Improving Oral Health Performance Improvement Project.
- Molina continues to participate in the CASH meeting.
- Molina is continuing the NCQA accreditation preparation process in anticipation of the on-site survey in August 2011.

**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.
- 3<sup>rd</sup> mock audit conducted April 26-27, 2011.
- Off-site survey submission submitted to NCQA on June 22, 2011.
- On-site survey by NCQA scheduled for August 22-23, 2011.