



**Harmony Health Plan of Missouri
MO HealthNet Managed Care
Quality Assessment and Improvement Advisory Meeting on January 27, 2011
October 1, 2010 through December 31, 2010
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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 receive member outreach to support those services provided by local staff.

Accreditation and Compliance Update

- As of December 31, 2010 Harmony Health Plan is 86.56% compliant with NCQA accreditation standards which includes file review. Consultant review will occur in February 2011 to prepare for the health plan's April 25th ISS tool submission.
- Harmony Health Plan continually reviews program documents, policies and procedures, and other documents to ensure compliance with state, federal, regulatory, and accreditation agencies.

Agency Collaboration:

Harmony Health Plan collaborates with the following agencies throughout the year. Collaboration with these agencies provides the health plan with educational material and additional resources for our members. Additionally, Harmony has the opportunity to educate these agencies on the services provided to our members.

- Collaborate with the Gateway Immunization Coalition and Chairing the Adolescent Immunization Committee
- Collaborate with the Eastern Regional Alliance and Chairing the Capacity Building Committee to decrease the health disparities for minorities
- Collaboration with Asthma Consortium and Kids with Asthma to increase asthma awareness and education
- 27th Ward Infant Mortality Reduction Committee
- Perinatal Depression Workgroup sponsored by Maternal Child and Family Health Coalition,
- Eastern Regional Minority Health Alliance;
- St. Louis County Homeless Provider Meeting; St. Louis City Health
- Maternal Child and Family Health Coalition

Case and Disease Management

The health plan meets with Case and Disease Management Managers bi-weekly for lead and Hugs case management, member enrollment in disease management programs, and interventions to improve current internal processes as identified.

Between October and December 2010 algorithms to identify members into Disease and Case Management for lead, diabetes, asthma, and pregnant members who are considered high-risk were updated a second time to improve member identification into these programs. Results for these improvements will be shared at the next meeting.

EQRO

2010 EQRO results have been addressed and will be presented to the Quality Improvement and Medical Advisory committees for corrective actions to be implemented on recommendations. The health plan is currently working on compliance with EQRO requests for 2011.

Harmony Hugs

On October 29, 2010 Lee Biggins, Harmony Health Plan's Hugs Coordinator resigned. The Health Plan began its search for her replacement and hired Geraldine Franklin-Riley as her replacement. Geraldine is a Registered Nurse and Licensed Social Worker in the State of Missouri and has over 20 years of experience in clinical settings, being a school nurse, and working with the local and State Departments of Public Health. She will be an invaluable asset to members enrolled in the Hugs program. Geraldine started on January 3, 2011. Geraldine will begin attending monthly and quarterly collaborative meetings in February 2011. Geri will be attending the following meetings:

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

During the timeframe of recruiting a new Hugs Coordinator the health plan was assisted by case managers and Hugs staff in Chicago and Tampa to ensure members were enrolled, assessed, and managed in a timely manner.

Health Plan Initiatives and Updates

At the October 2010 Q A and I meeting Harmony reported on several initiatives to be initiated between October and December 2010. The status report follows:

1. Developing a comprehensive medical record review tool – medical review tool was implemented in December and is currently being utilized for 2010 medical record review. Once medical record review is completed updates to the tool will be recommended to the work group
2. Providing HEDIS standard Fax Blasts to providers on a monthly basis – Fax blasts for childhood immunizations and Well Child 15 Months
3. Creating a better tool to inform Providers of members that are in need of preventive visits – tool is still in process of updating should be ready for implementation in 1st Quarter 2011
4. Educating providers for 2011 HEDIS data collection – HEDIS information is included in the Fax Blast

4th Quarter 2010 initiatives included the following:

1. For Harmony's Preventing Childhood Obesity process improvement project the health plan is distributing BMI posters for Boys and Girls in English and Spanish to all providers. These posters will assist providers in discussing weight, nutrition, and exercise needs with members.
2. For Harmony's new Medical Home process improvement project the health plan is in the process of creating a translation tool for providers.

Lead Case Management

- 12 face-to face home lead assessments between October and December 2010. In 2010, Harmony completed 54 initial, follow-up, and discharge assessments. Prior to 2010, Harmony experienced significant barriers in implementing a successful lead program. These barriers included limited staffing resources and the health plan's inability to attain MOHSAIC access due to Case Management staff being located outside of the State of Missouri. Until the push in 2010 for MOHSAIC access and the dedication of regional QI staff; the inability to contact these members and perform meaningful intervention resulted in statistically insignificant data.
- During these assessments, members are provided with materials regarding lead along with city and county resources to assist members with lead removal. Additionally, Harmony staff educates members on needed services along with follow-up lead testing.

Harmony continues to struggle with the following barriers in providing timely initial and follow-up visits with members in the Lead Disease Management program:

- Primary barrier to scheduling more assessments is incorrect member contact information
- Secondary barrier is member non-compliance with follow-up testing

- Third barrier is parent / guardian refusing initial or follow-up visit

Harmony will utilize the member newsletter and the member website portal in 2011 emphasizing the importance of lead screenings and services offered through local public health departments.

Magellan Behavioral Health

On September 1, 2010, Harmony Health Plan of Missouri transitioned its behavioral health services to Magellan Health Services and to date no negative feedback has been received. All cases managed by Harmony Behavioral Health have also transitioned to Magellan. No member or provider initiatives were undertaken in 4th Quarter 2010. In 2011, the health plan will collaborate with Magellan in improving continuity and coordination of care between medical and behavioral health providers.

Medical Record Review

The health plan is in the process of conducting its annual medical record review. Results will be reported to Harmony's Quality Improvement Committee in March 2011.

Additionally the health plan is performing medical record review for asthma, diabetes, and obesity medical records retrieved from files retrieved for HEDIS to ensure providers adhere to clinical practice guidelines in treating these medical conditions. Audit information will be shared during Quality Improvement and Medical Advisory Committee meetings and scheduled visits with providers who fail the audit.

Member Outreach

- Periodicity Letters
- 4,951 periodicity letters were mailed to Harmony members during the Quarter:
 - 2,494 child and adult periodicity letters;
 - 959 child and adult 45 day letters, and
 - 1,498 dental letters

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

Plan Personnel Update

- No new personnel was added to staff between October and December 2010.

Process Improvement Projects

- Lead, Adolescent Well Child, and Improving Oral Health were updated to reflect HEDIS 2010 results and updated provider initiatives.
- The health plan will continue the Adolescent Well Child process improvement project one more year to measure results for initiatives conducted in 2010.
- Final drafts of the following process improvement projects were completed in November 2010 and will be submitted for the 2011 EQRO.
 - *Asthma Process Improvement Project*
 - *Obesity Process Improvement Project*
 - *Cultural Diversity and Medical Home Process Improvement Project*

Provider Outreach

The health plan has initiated several provider outreach programs and toolkits to improve services provided to members. All of the following initiatives will be implemented in January and February 2011:

- BMI Posters for Children
- Distribution of Adult and Child Obesity Toolkits
- HEDIS Measure of the Month (MOM) Fax Blasts including technical specification of each measure
- Non-Compliance listings
- Toolkit to overcome primary language barriers between the provider and member