



**MO HEALTHNET MANAGED CARE
All Plan and
QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP
October 21, 2010
GOVERNOR'S OFFICE BUILDING
ROOM 450
200 MADISON STREET
Jefferson City, MO**

Minutes

Attendees

MO HealthNet Division

Dr. Ian McCaslin
Julie Creach
Susan Eggen
Rhonda Driver
Bethany Noble
Glenda Kremer
Brenda Shipman
Andrea Smith

Dept. of Mental Health

Dr. Joseph Parks
Clive Woodward
Shannon Einspahr

Dept. of Health and Senior Services

Wayne Schramm
Cindy Wilkinson

BA+

Judy Brennan
Tee-Ka Johnson

Legal Services Western MO

Raymond Burke

CMFHP

Dr. Elizabeth Peterson
Jenny Hainey
Melody Martin
Susan Wood

Harmony Health Plan

Vijay Kotte
Dr. Olusegun Ishmael
Carole Ouimet
Angela Barbee

HealthCare USA

Pam Victor
Laurel Ruzas
Dale Pfaff

BHC

Amy Schwartz
Mona Prater

Missouri Care

Dr. John Esslinger
Melody Dowling
Karen Holt
Christina Schmidl
Mark Kapp

Mid-MO Legal Services

Vicki Strobe

Family Services Div.

Terri Mendenhall

Legal Services Eastern MO.

Tiajuana Henderson

Molina Health Care

Lovey Barnes

Legal Services Southern MO.

Doug Kays

Denta Quest

Donnell Cox

Missouri Lobbyist

Jorgen Schlemeir

Welcome/Introductions/Minutes

Dr. Elizabeth Peterson, Children's Mercy Family Health Partners (CMFHP), opened the meeting at 10:05 A.M. The minutes of the July 22, 2010 were approved with spelling correction made to Dr. Ishmael's name. New members to the Advisory Group introduced themselves, identified their organization, and described their job responsibilities.

HCY Screening Form in CyberAccess

Rhonda Driver, R. Ph. Director of Pharmacy, Pharmacy & Clinical Services, MO HealthNet Division (MHD), introduced Glenda Kremer also of Pharmacy & Clinical Services, and Bethany Noble, Affiliated Computer Services (ACS), who provided a presentation regarding the Healthy Children and Youth (HCY) Screening Form now in CyberAccess. Ms. Kremer provided an overview of HCY requirements. She stated putting the form in CyberAccess increases availability of the screening tool to providers. Ms. Noble stated HCY was a term used only in Missouri. The national term is Early Periodic Screening, Diagnosis and Treatment (EPSDT). Effective April 18, 2010 the HCY and Lead Risk Assessment Guides became available in an electronic format through the MHD's Web tool, CyberAccess. Ms. Noble provided a demonstration of how to access and use the HCY form in CyberAccess. To access and complete a HCY Screening and Lead Risk Assessment Guides, a provider must be a CyberAccess user. To sign up to receive training and become a CyberAccess user, contact the ACS-Heritage help desk toll free at 1-888-581-9797 or 573-632-9797 or send an email to: CyberAccessHelpdesk@acs-inc.com. The CyberAccess tool allows the user to access MHD participant history pertinent to the care and treatment of the participant.

Although CyberAccess is a place to put tools and is one central location making information more accessible to providers, some data is not retained in CyberAccess, such as immunizations. A collaborative between MHD and the Department of Health and Senior Services is needed to accomplish this goal.

MHD is working with Dr. Joe Parks, Department of Mental Health, regarding inputting health information from Community Mental Health Centers (CMHCs).

Ms. Driver informed the Group that MHD had worked ten (10) years to develop CyberAccess. The goal is to implement for adults as well as children, but due to the budget, it is unknown when this goal will be met. There is a target date for pregnant women.

In response to a request, the HCY Screening Tool Provider Bulletin will be emailed to the Group.

There was a request that Ms. Noble and Dr. George Oestreich attend future QA&I meetings to discuss other CyberAccess capabilities and Health Information Exchange.

HEDIS Indicators by Missouri MO HealthNet Managed Care Plans within Regions:

2009 Live Births

Wayne Schramm, Department of Health and Senior Services, provided a report of data that was representative of calendar year 2009 Missouri births which were linked to the MHD Managed Care health plans. The report provided a set of 12 indicators by specific health plan and Managed Care region. For comparison purposes, data was also presented for the previous four years, 2005-2008.

In 2009 there were 23,595 MO HealthNet Managed Care births in the state, an increase of 2.5 % from 2008. This increase occurred despite a 2.6 % decrease statewide in Missouri live births. The economic downturn probably contributed to both trends.

C-Sections increased to 31.2 % in 2009 from 29.9 % in 2008 and 27.9 % in 2007. Increases occurred in all three Managed Care Regions. The Western Region had the lowest C-Section rate of 27.9 %. Vaginal Births after C-section (VBAC) rates remained below 8 %. Ten years (10) ago the VBAC rate for Medicaid Managed Care births was 31.6 % or nearly one-third. The Central Region had the lowest rate in 2009 at 5.8 %.

Adequate Prenatal Care and Early Prenatal Care rates increased in 2009 for the second year in a row, but were still lower than the rates in 2005. Western and Central Regions both showed substantial improvements in these rates in 2009. Low Birth Weight (LBW) rates increased in 2009 to 12 % from 11.1 % in 2008. The largest increase in LBW rates occurred in the Eastern Region.

The rate of Very Low Birth Weight (VLBW) delivered in Level II/III hospitals decreased slightly in 2008, but the rate of Low Birth Weight births delivered in these hospitals stayed about the same. Rates for both are down from the peak years in 2006 and 2007.

Smoking during Pregnancy rates dropped slightly in 2009 in all three regions. There was an increase in the federal excise tax on cigarettes implemented in April 2009 that may or may not have contributed this decrease. Short Birth Spacing decreased in all three regions, declining from 16.8 % in 2008 to 15.9 % in 2009 among all MO HealthNet Managed Care births.

Early Teen Birth and Repeat Teen Births for the MO HealthNet Managed Care population both decreased in 2009. In fact, both of these rates are at their lowest levels since we began doing these reports in the mid 1990s. Statewide, the number of teen births decreased to the lowest count since 1945. Women, Infant, and Children (WIC) participation rates remained fairly stable in 2009.

In 2010 DHSS implemented a new web-based birth certificate. The format of the certificate is quite different from the 2009 certificate. For example, DHSS is now asking for the exact date of the first prenatal visit instead of the month prenatal care began. DHSS is asking about smoking in each trimester rather than a summary for the whole pregnancy. As a result, the adequate prenatal care rates will decrease while the smoking rates will probably increase. The identification of MO HealthNet births will go down because DHSS is now asking for the principal source of payment for the births instead of asking the mother if she participated in MO HealthNet anytime during her pregnancy. This latter change will not affect this HEDIS report, but will affect the MO Health Net Trends Report which uses the birth certificate to identify MO HealthNet cases.

A Prenatal Data Task Force was formed in response to a request regarding accessing the first prenatal visit to increase HEDIS rates. Members of the Task Force will include health plan, DHSS, and MHD staff. The Task Force will provide a report at the January 2011 QA&I meeting.

Behavioral Health Task Force Update

Dr. Parks, DMH, Chair of the MHD Managed Care Behavioral Health Task Force reported the Behavioral Health Task Force continues to meet quarterly to review data for Psychiatric Access, Readmissions to Behavioral Health Case Management, Inpatient Denials, the 199 Behavioral Health Measures, and the Behavioral Health Scorecard.

CSTAR data is reviewed quarterly by Shannon Einspahr of DMH. There was a decrease in the number of admission from the FY 10 3rd quarter to the 4th quarter. It was not clear the reason for

the decrease, but there were thoughts that the decrease might be due to a decrease in the number of pregnant consumers, inaccuracy of data collection, or late entry into the DMH data system.

DMH staff is facilitating regional meetings in the Managed Care Regions to include the Managed Care health plans, the DMH staff, ADA and CSTAR providers to address barriers and identify solutions to ensure successful achievement of the goals of the "Pregnancy Monitoring Protocol"

Dr. Parks reported he is working on the implementation of health care homes, care coordination, and behavioral health data benchmarks.

Behavioral Health Data

Dr. Parks and Clive Woodward, DMH, reviewed the Behavioral Health data reporting that the collection of the data was a "work in progress". The data results are not clear enough to make conclusions, but it appears according to the 1999 Utilization Data that the

- overall penetration is increasing which is positive,
- inpatient length of stay and inpatient discharges are increasing which is a negative trend, and
- outpatient visits is going up which is positive.

Dr. Parks commented that Missouri Care was doing particularly well regarding penetration in the Central Region.

Due to the variations in health plan to health plan results, there remains concern that the health plans are collecting the data using the technical specifications as written on the data collection tool. The data collection tool is reviewed and improved annually by the Behavioral Health Task Force members prior to collecting the data.

The objective and goal is to have valid and reliability data for publishing.

Dr. Parks commented that more providers were needed to care for the members but the providers complained about the rates and the prior authorization process.

In response to a comment that there is a need to increase the primary care provider's ability to care for the children with behavioral health issues, Dr. Parks announced that there was a new psychotropic edit being implemented in October that might help. The link to the edit, <http://www.dss.mo.gov/mhd/cs/pharmacy/pdf/atyp-antipsy.pdf>, for the coverage of Atypical Antipsychotic Medications effective 10/21/2010, will be provided to the health plans.

MO HealthNet Division Update

Dr. Ian McCaslin, Director, MO HealthNet Division, commended Clive Woodward on the data reports stating that the data gets to the true performance.

Dr. McCaslin included in his update the following information:

- There continues to be real financial budget concerns for the third year.
- MHD is looking ahead to 2014 and the elements of Health Reform Package-trying to implement the law which requires cross departmental cooperation.
- The Hospice Benefit and Smoking Cessation for Pregnant Women have been implemented.
- There is a great focus on Waste, Fraud, and Abuse, and Medical Homes.

Recognizing that communication is a challenge, the Group was reminded that the provider bulletins are the most usual communication method used, at this time. Although Dr. McCaslin would like a

communication portal for improved communication, he commented that one would not be coming soon.

Smoking Cessation for Pregnant Women

Rhonda Driver, MHD, provided an overview of the MHD clinical edit criteria for Smoking Cessation for Pregnant Women. In response to a question regarding the behavioral health codes being carved out, Susan Eggen, MHD, will verify with Mercer the issue and schedule a phone call with the health plans after there is internal discussion.

State Mandatory Language vs National Committee of Quality Assurance (NCQA)

Susan Eggen, MHD, thanked Lovey Barnes, Molina Healthcare of Missouri, for taking the lead to facilitate the development of the comparison document between the NCQA and MHD Managed Care contract requirements. Ms. Eggen complimented the health plans on the detailed spreadsheet comparison.

Ms. Eggen reported there would not be any change to the MHD contract and Mandatory Language related to the NCQA requirements, at this time. She stated that CMS is supportive of the Missouri health plans being NCQA Accredited. Ms. Eggen explained that the health plans are free to make additions to the Member Handbook and Member Notices by adding their own language. The health plans must also use the MHD Mandatory Language in those documents. The MHD Mandatory Language cannot be revised. She concluded that MHD would review only for MHD requirements and not any of the NCQA requirements.

Following discussion of Appeal language confusing to some health plans, Ms. Eggen reminded the Group that the MHD must follow the Managed Care Regulation. The health plans must always follow the strictest standard/regulation.

CSTAR Data Update

Shannon Einspahr stated that DMH continues to work to improve the quality and integrity of the CSTAR data. During the past quarter, efforts have been made to enhance the overall quality of the communication occurring between the ADA treatment providers and the Managed Care health plans. On July 14, 2010, a meeting was held in the Eastern Region (St. Louis) with Department of Mental Health (DMH), MO HealthNet Division (MHD), ADA treatment providers, and Managed Care Health Plans (MCHP) to identify and develop solutions to address perceived barriers to communication. The recommendations for the first quarter FY 2011 will be to:

- continue to enhance the overall quality of communication between the treatment providers and the MCHPs to ensure effective coordination of care,
- coordinate meetings with ADA treatment providers and MCHPs in the Central and Western Region to identify and develop solutions to address perceived barriers to communication, and to
- expand the pregnancy monitoring protocol to include all ADA treatment programs; beyond just Women & Children's CSTAR programs.

In response two health plans questioning the validity of some of the reported year-end data, Ms. Einspahr stated she would research the concern and report her findings at the January 2011 QA&I.

Dental PIP Update

Jenny Hainey, CMFHP, presented the following report:

The Task Force met October 7, 2010. Each health plan identified the ongoing activities being implemented as identified below:

- BA+ Reminder letters to all members without dental visit, Updated the member website with dental information, dental information in Member newsletter. Sending to providers a toolkit to assist in getting members to use services. Member brochure in development and pending state approval.
- CMFHP – Updated the member website with dental information, dental information in Member newsletter and Provider newsletter scheduled for Oct. Development of Teen Newsletter article for April 2011 and to be posted online.
- Harmony – Sent out periodicity schedule with dental information. Fax blast to providers. Kids Club Focus group in August.
- HealthCare USA – July and August participated in Back to School Fairs. Educated providers on the Dental Home Model. On-hold reminders regarding dental services. Birthday reminders to members and oral health reminders to Providers.
- Missouri Care – School outreach through July. Dental Van program implemented as well as the Dental ER program. Continues to send out EPSDT cards and provide dental handouts.
- Molina – Back to School Program, Dental Van and Dental ER Program.

All health plans are providing data updates for the PIP that include, screening rates from the first and second quarter of 2010.

Each health plan was represented at the September 21 Head Start/Oral Health Roundtable with the discussion focused on educating the attendees and identifying barriers to access. Next meeting date is pending.

The next Collaborative PIP meeting is scheduled for January 6, 2011 and will be hosted by Molina.

Non-Missouri Health Plan QI initiatives

Melody Martin, CMFHP, reported that CMFHP has learned other states who are allowed to have enhanced quality initiatives have increased member participation and the health plan HEDIS rates.

The health plans were requested to research what their "sister" organizations were doing and report at the January 2011 meeting.

Timeline for 2010 EQRO Review

Amy Schwartz, Behavioral Health Concepts (BHC) presented the following timeline for the 2010 EQRO Review:

- MC+ MCO Teleconferences
 - 12/01/10 - 12/02/10 and 12/06/10 – 12/07/10
- Performance Measure Data Request
 - Request Date 12/13/2010
 - Return Date 1/21/2010
- Performance Measure Medical Record Request
 - Request Date 1/10/2011
 - Receipt Date 2/18/2011
- Performance Improvement Projects Data Request
 - Request Date 1/31/2011
 - Receipt Date 2/25/2011
- Encounter Data Request
 - Request Date 3/07/2011
 - Receipt Date 4/08/2011
 - State encounter claim database

- Encounter Data Medical Record Request
 - Request Date 3/28/2011
 - Receipt Date 5/6/2011

All visits will take place mid June 2011 – mid July 2011

Topics and Frequency of MHD/EQRO/
Health Plan Educational Calls

Following discussion regarding BHC technical assistant calls, the decision was made to send an email to the health plans requesting topics and frequency of the calls and discuss at the January 2011 meeting.

Legal Services Quarterly Report

Tiajuana Henderson, Eastern Missouri Legal Services, provided the following information regarding the organization:

- employs an attorney/director and 3 health care advocates,
- provides education in Eastern Missouri on Managed Care participants' benefits, rights, and responsibilities,
- provides counsel and advice to individuals eligible for MO HealthNet who have questions, problems, or concerns,
- develops a positive working relationship with the health plans and the State, and
- identifies trends of program occurrences and concerns and reports them to the State.

Most cases are resolved through interaction with the health plan, the Family Support Division, the MO HealthNet Division, Infocrossing, and other agencies.

2010 Activities include:

- Assisted 338 MO HealthNet applicants and enrollees in the first six months of 2010.
- Continued quarterly meetings with the four health plans in the Eastern region: HCUSA, Molina Health Care, Harmony Health plan, and Missouri Care.
- Continued quarterly meetings with the Department of Social Services (FSD & MHD).
- Increased Community Outreach.

Most frequent issues in order of highest number of complaints to lowest:

- Eligibility - 53
- Availability of Access to Providers - 50
- Specialty Care - 41
- Recipient Liability-38
- Mental Health - 22
- Primary Care-21
- Pharmacy and Emergency Services - 15
- Enrollment - 10
- Maternity Care- 8
- Dental - 7
- Transportation - 4
- Ancillary Services- 3
- Hospital Care-2

Concerns for the Region include dental denials, provider access, and availability of providers in the network accepting new members, phantom networks, immigrant members, lack of case management for complex members, dental networks, education, and billing.

Ms. Henderson reported Legal Services has trouble getting case management through the health plans on behalf of clients who have multiple health issues (intensive case management).

Health Plan Quality Initiative Updates

See Attachment

Tracking Log

There were no items closed.

Additions to the Tracking Log include the following:

CSTAR Update re: Regional Meetings

Prenatal Task Force

EQRO Technical Assistance Calls

Rotate HEDIS measures for Comprehensive Diabetic Care and Childhood Immunizations

CyberAccess Capabilities and Health Information Exchange

Smoking Cessation for Pregnant Women Edit-Email to Group

Behavioral Health Codes for Smoking Cessation Carve Out

HCY Screening Tool Provider Bulletin-Email to Group

Link to Psychotropic Edit-Email to Group

Research CSTAR data validity

Enhanced Quality Initiatives

Open Public Comment

There was a health plan request to MHD to rotate the HEDIS measures for Comprehensive Diabetic Care and Childhood Immunizations.

Questions/Adjourn

There being no further business to come before the meeting, Dr. Peterson adjourned the meeting at 2:30 P.M.

Health Plan Quality Quarterly Reports



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3Q10

October 21, 2010

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New Initiatives or events

- **Community Events** – Blue Advantage Plus (BA+) participated in several community events during the months of July, August, and September. Community Events include:
 - Participated in the Missouri Convergence Partnership – (July/August/September 2010)
 - Participated in the Mid-America Head Start Policy Council Meeting – (July/August/September 2010)

- Facilitated discussions on maternal health – (July/August/September 2010)
- Served as Community Advisor for the Junior League of Kansas City, Missouri for their new five-year focus area of childhood nutrition, fitness, and obesity prevention – (July/August/September 2010)
- Served as Community Advisor for Connection to Success for transitional training programs and job ready efforts – (July/August/September 2010)
- Served on the Core Planning Group for the Beans & Greens Coalition for Double Coupons at Farmer's Markets and Mobile Markets – (July/August/September 2010)
- Participated in the Greater Kansas City Cover the Uninsured Week Coalition Phonathon - (April 1, 2010)
- Participated in the Life Changers Conference at Bartle Hall – (July 1, 2, and 3, 2010)
- Participated in Regional Extension Center subcontractor discussion regarding physician recruitment with Kansas City Quality Improvement Consortium (KCQIC) – (July/September 2010)
- Participated in Missouri Health Policy monthly meeting via conference call – (July 7, 2010)
- Attended "Promising Practices in Care Coordination" at Kauffman Conference Center – (July 9, 2010)
- Supported the Greater Kansas City Chamber of Commerce's Health Council of Greater Kansas City meetings, including healthcare reform and HIT workforce development – (July/September 2010)
- Participated in strategic (pre-) planning session with the Black Health Care Coalition – (July/September 2010)
- Provided bike helmets for Variety the Children's Charity of Kansas City Summer Bike Campaign – (July 2010)
- Provided 1,000 supply-filled backpacks through Heart to Heart International and volunteer support for the Emmanuel Church Hope Community Center/Samuel Rodgers Health Center's Community Health Fair – (August 14, 2010)
- Participated in discussion with American Academy of Family Physicians regarding AIM-HI physician toolkit for childhood and adult obesity prevention – (September 8, 2010)
- Participated in Western Missouri Area Health Education Center (AHEC) Advisory Board Meeting – September 13, 2010
- Participated in the KC Healthy Kids' Robert Wood Johnson Foundation visit – (September 28, 2010)
- Participated in the Social Innovation for Missouri funders discussions and Kansas City area submission planning sessions, including Building a Healthier Heartland Steering Committee and strategic communications working sessions – (July/August/September 2010)
- Participated in the Health Literacy Roundtable sessions and training event (July/August/September)
- Advised the Missouri Immunization 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 – (July/August/September 2010)
- **Back-to-School Events** – BA + participated in several back-to-school events during the months of July, August, and September. Events include:
 - Appleton City Back-to-School Event
 - Terry Rile/KCMSD Back-to-School Fair
 - St. Clair Back-to-School Fair
 - Samuel U. Rodgers Back-to-School Event
 - Clay County Back-to-School Event
 - Ray County Back-to-School Event
 - Hawthorne Place Back-to-School Event
 - Guadalupe School Event
 - 3rd Annual Independence School District Fair
- **School Nurse Collaborative** – BA+ collaborated with school nurses to promote the importance of well-child visits and adolescent well care visits. BA+ mailed all School Nurses in the BA+ service areas information focusing on the importance of well-child visits along with information on BA+, income guidelines, and maintaining healthcare coverage.
- **Dental Initiatives** – BA+ continues to implement and develop new initiatives to encourage members to visit the dentist and practice good dental hygiene. During September 2010, BA+ added a dental page to the BA+ member website. The dental page includes information on how to maintain good oral health. In addition, BA+ sent out a mass mailing of dental reminder letters to any member that had not visited the dental practitioner for preventive services.
- **Mid-America Head Start Dental Home Initiative/Oral Health Brainstorming Session** – BA+ participated in the Oral Health Brainstorming Session on September 21, 2010. The purpose of this event was to:
 - Address the challenges of lack of dental providers to meet the oral health needs of children in Head Start.

- To form a work group and develop strategies that will focus on leveraging influence in the oral health community and enlisting dental providers to make sure that all Head Start children are going to the dentist and receiving all necessary follow-up treatment.
- **Cervical Cancer Screening Reminders** – During 3Q10, BA+ mailed 968 cervical cancer screening reminder cards to BA+ members.
- **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 3Q10, BA+ mailed 128 dental brochures.
- **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 3Q10, BA+ mailed 166 headache brochures.
- **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 mental health providers. To date, 42 members have received the depression brochure.

Updates on current initiatives

- **NCQA Accreditation Update** – BA+ is on target to meet NCQA Accreditation deadline. Mock survey was completed in May 2010 and the official NCQA onsite survey is scheduled for August 22-23, 2011.
- **Patient Centered Medical Home (PCMH)** – Blue KC continues to participate in the PCMH Pilot Program. Thirteen practices, with over 80 physicians and about 50 residents are participating. The purpose of the pilot program is to work directly with doctors and their staff as they implement new technologies and processes to improve patient access and care outcomes, increase patient and physician satisfactions, and reduce errors to lower healthcare costs.
- **First Call Resolution (FCR)** - The FCR was developed to resolve member issues and concerns in one call and reduce call volume which keeps administrative cost under control. Achieving FCR is based on the member's perception of whether or not their issues were resolved by making only one phone call to the Plan for assistance. During 3Q10, BA+ Customer Service exceeded the goal of 75% for FCR.
- **EPSDT Reminder Letter** – Sent 4,016 EPSDT reminder letters during 3Q10.
- **New Member Letters** – Sent 4,178 new member letters during 3Q10.
- **PCP Appointment Planners** – Sent 586 PCP Appointment Planners to providers, which includes a list of members needing their well-child exams.
- **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 3Q10, BA+ sent 171 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 3Q10, BA+ sent 93 members an informational packet on vaccinations.
- **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 3Q10, BA+ sent 109 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 3Q10, 20 members received ER case management.

Customer Service

- Met call abandonment rate goal of 5% during 3Q10.
- Exceeded the goal of 97% for inquiry and membership accuracy during 3Q10.

Success Stories

- **ER Initiative** – In 2009, BA+ continued to implement interventions focusing on reducing non-emergent ER visits. In 2009, BA+ implemented the ER Magnet Mailer intervention and continued to focus on the ER case management outreach efforts implemented in 2008. The ER Magnet Mailer and ER Case Management interventions have shown great success in reducing non-emergent ER visits. Results are described below.
 - In 2009, BA+ mailed 2,252 Magnet Mailers to members who utilized the ER for non-emergent reasons. Twelve (12) months pre-intervention date, there were 5,707 non-emergent visits generated by the members who received the Magnet Mailer. Twelve (12) months post intervention date results show an annualized **18% reduction** in non-emergent ER visits for the members who received the Magnet Mailer.
 - In 2009, 135 members (0 to 6 years old) received case management services due to frequent non-emergent ER visits. Twelve (12) months pre-intervention date, there were 519 non-emergent visits generated. Post intervention results show an annualized **36% reduction** in non-emergent ER visits for members who received case management outreach in 2009. Due to the success of the ER Case Management intervention, BA+ has plans to start providing outreach to the entire BA+ population.

Children's Mercy Family Health Partner's MO HealthNet QA&I Report July- September 2010

Initiatives or Events:

Disease Management

- **Asthma program** update: 2 provider offices active this quarter
- Completed asthma education program at 3 provider offices, representing members 1,399
- Completed clinic/home visits for Health Coaching-10
- 78 members currently actively participating in health coaching for asthma with an additional 297 in outreach
- Asthma newsletter sent to 5,794 members
- **Depression program** update: 47 new referrals sent to New Directions for further interventions
- ER utilization in Qtr 2 decreased 24% from Qtr 1.
- Inpatient utilization in Qtr 2 decreased 60% from Qtr 1.
- Qtr 2 2009 to Qtr 2 2010 Utilization
Decreased ER 24% and Inpatient 3%; Outpatient increased 1%.
- **Diabetes program**
- 13 Completed clinic/home visits for Diabetes Health Coach
- 23 Members currently actively participating in Health coaching for Diabetes with an additional 77 in outreach
- Diabetes Newsletter sent to 489 members

Health Improvement

- Birthday cards sent to 8,744 members
- Newborn cards sent to 465 members
- Sent asthma reminder postcard to 3,858 high-risk members
- Sent Cervical Cancer Screening reminder postcard to 6,190 members
- Sent EPSDT Reminder Letter to 7,292 members and 1,122 providers
- Completed Healthy Lifestyles Program 4-module didactic program in 2 provider offices (providers), and 7 chart reviews and 7 program follow-ups.
- 198 members provided Health Coaching for Obesity
- Completed 28 clinic/home visits for Obesity Health Coaching
- Provided 21 school presentations to 474 students on a variety of health topics.
- Integrated tobacco cessation information into:
 - HeLP and Asthma PCP education modules
 - Teen newsletter

- Provider Relations newsletter

Focused Studies and PIP's

Statewide Dental Collaborative (2009, 2010)

- Quarterly Collaborative calls: CMFHP hosted the last call which was on October 7. Each plan provided an update on their quarterly outreach activity.
- Last Updated PIP sent to Missouri Oct 2010
- Data update (quarterly outcomes) from plans are included in the updated PIP
- Next meeting: January 6, 2011 to be hosted by Molina.

Cervical Cancer Screening (2009)

- Screening rates increased from 0% to 37% for study population
- HEDIS 2010 CCS improved 5.08% from 2006 (67.19%) to 2010 (70.6%)
- Customer Service calls for Well Woman occurred during 3rd quarter 2010
- Well Woman Mailers planned for September 2010
- Final report due in Spring 2011

Comprehensive Diabetes (2009, 2010)

- Data for Q1 and Q2 has been requested
- 2010 activities
 - Centers of Excellence collaboration
 - Diabetes Incentive to be launched Oct 2010
 - HS outreach Aug – Dec 2010
 - Temp staffs
 - Mailers
 - Calls ~ diabetes screening initiative
 - Focus calls through customer service for members who only need eye exam

Focus Studies

- **BCS 2010**
 - Outreach through Customer Service
 - WWC Mailers: Sept 2010
 - Incentive
 - Outreach through HS Oct 2010
- **CIS 2010**
 - All members received reminder in birthday card to complete remaining immunizations with office visit
 - Mailers sent Sept 28, 2010
 - Outbound calls: timing has not been set
- **2011**
 - Well-Care Visits in 3-6 years of life
 - Potentially implement a project to track and intervene with all 3 year old members and then continue to track the members over the next four years as they continue to be eligible for the quality measure: WCV 3-6. Year two we would pick up the next group of children in the 3 year old group and intervene and track as well

NCQA

- Monthly activity reports submitted to MO HealthNet 7/30/10; 8/31/10; 9/29/10
- NCQA ISS submission date of 6/8/11 confirmed
- NCQA onsite survey dates of 8/1-2/11 confirmed
- State approved most denial letters, appeals letters, and grievance letters; outstanding: EOB, grievance resolution
- Submitted for approval to MO HealthNet NCQA-required language for member notification standards; web-based provider directory being revised
- HEDIS improvement interventions initiated

- Complex Case Management Program implemented



**Harmony Health Plan of Missouri
MO HealthNet Managed Care
Quality Assessment and Improvement Advisory Meeting
October 21, 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.

Health Plan Initiatives and Updates

During 3rd Quarter Harmony Health Plan of Missouri began creating and implementing initiatives to improve methods of data collection and provider education. Full implementation of the following will begin in 4th Quarter 2010.

1. Developing a comprehensive medical record review tool;
2. Providing HEDIS standard Fax Blasts to providers on a monthly basis;
3. Creating a better tool to inform Providers of members that are in need of preventive visits; and
4. Educating providers for 2011 HEDIS data collection.

The Missouri Quality Department is ultimately responsible for ensuring these initiatives are distributed and utilized by providers.

Local health plan staff was granted Immunization Access through MOHSAIC during 3rd Quarter improving HEDIS data collection activities.

EQRO

Harmony's EQRO on-site was conducted on July 12 and 13, 2010 in St. Louis with its primary focus on Case Management. Harmony anticipates receiving the official EQRO findings from MHD in December.

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.

During the quarter algorithms to identify members into Disease and Case Management for lead, diabetes, asthma, and pregnant members who are considered high-risk were updated. This update increased identified members by 50%.

Agency Collaboration:

- 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

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.

Health and Resource Fairs:

- Collaboration with St. Louis Language and Immersion School sponsoring a resource fair
- Collaboration with Grace Hill to sponsor "Take A Loved One to the Doctor Day"

Health and resource fair participation is open to all health plans in the Eastern Region. Missouri residents are provided with state approved materials on various subjects. It is difficult to determine how many Harmony members attend these events.

Lead Case Management

- 22 face-to face home lead assessments during the quarter. 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.
- 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
- Two refusal of home visit (member contacted but refused a home visit) and 37 unable to reach letters (3 attempts to contact member telephonically or in person) were sent during the quarter, two of the members receiving unable to reach letters contacted the health plan and home visits were completed.

Harmony Hugs

- The Harmony Hugs Coordinator completed 17 home visits. 323 maternity notifications were received and 15.8% were enrolled in Harmony Hugs through member outreach.
- 88% of the 152 Harmony deliveries had birth weights above 2500 grams remaining consistent with 1st and 2nd quarter statistics. Additionally, 88% of the total deliveries for members enrolled in the Hugs program had birth weights above 2500 grams. The health plan foresees continued improvement in birth weights by providing members enrolled in Hugs personalized case management. Two (2) Hugs members were referred to High Risk OB Case Management and no members were referred to Harmony Behavioral Health Case Management.
- The Harmony Hugs Program Description is being revised to include additional support to members considered high risk. The lower and moderate risk members will also receive Harmony Hugs Coordinator support that is more comprehensive. It is the health plans intent that these changes will take affect in the 4th quarter of 2010, resulting in better birth outcomes through increased member participation in prenatal care.
- The Harmony Hugs Coordinator attended the following meetings

July

Prenatal and Infant Wellness Collaborative-formerly know as the 27th Ward
Community Response Team
CSTAR provider state meeting
Maternal, Child and Family Health Coalition quarterly meeting

August

Saint Louis Public School Nurse In-service
SIDS Resources Urban Outreach meeting
Community Response Team
Myrtle Hilliard Davis Comprehensive Health Center Baby Shower

September

Prenatal and Infant Wellness Collaborative
Community Response Team
CSTAR provider state meeting
Maternal and Infant Health Summit sponsored by the Prenatal and Infant Wellness Collaborative

Magellan Behavioral Health

On September 1, 2010, Harmony Health Plan of Missouri transitioned behavioral health services from Harmony Behavioral Health to Magellan Health Services, an NCQA accredited Behavioral Health vendor. The key requirements for this transition have been to:

- Maintain Existing BH Critical Services during the deployment phases
- Satisfy State and CMS Customer Requirements for Vendor Replacement
- Deliver Superior Service and Network Infrastructure through Best in Class Vendor

To date no negative feedback regarding the transition has been received by the health plan. Prior to transitioning behavioral health to Magellan the health plan performed delegation audits of their Customer Service, Utilization Management, Credentialing, and Quality areas to ensure compliance with federal, state, and accreditation guidelines.

Magellan Health Services meets network requirements in all Markets and networks are reviewed every 90 days by Delegation Oversight under WellCare's Quality Department. Members will be able to continue to see their current behavioral health provider until the Transition of Care timeframe has ended which is November 30, 2010 for Missouri Medicaid members.

Process Improvement Projects

- Lead, Adolescent Well Child, and Improving Oral Health were updated to reflect HEDIS 2009 results and updated member and provider initiatives. The health plan felt that the previously reported initiatives would not provide the desired results to improve member compliance. Updated copies of these process improvement projects will be presented to the State in our annual report.
- *Asthma Process Improvement Project - NEW*
A collaborative approach with providers to implement and support adherence to National Heart, Lung and Blood Institute asthma guidelines to educate members on medication adherence, identifying early signs of an asthma attack and reduce episodic emergency department usage.
- *Obesity Process Improvement Project - NEW*
The process improvement project to provide education to providers and members regarding the significance of an adequate diet and the importance of physical activity, include assessment for obesity at all well childcare visits for children aged 3-17 years. The provider education will include using Body Mass Index (BMI) and providing anticipatory guidance through evidence based messaging regarding nutrition, physical activity, and screen time, provides community resources for members for weight management and nutrition, identify overweight/obese members through claims and provide proactive case management/disease management for high-risk patients.
- *Cultural Diversity Process Improvement Project - NEW*
Collecting and maintaining demographic data in medical records and enrollment files allows for analyses stratified by race and ethnicity to identify needed improvements in health care, and for identification of individuals or population groups that might be the focus of interventions designed to address health care needs. Analysis can be used to plan specific interventions such as the use of culturally relevant content in outreach communications about preventive services.

Draft copies of the health plans new process improvement projects will be submitted to the State in our annual report.

Member Outreach

- Periodicity Letters
 - 7,309 periodicity letters were mailed to Harmony members during the Quarter:
 - 3,709 child and adult periodicity letters;
 - 1,513 child and adult 45 day letters, and
 - 2,474 dental letters

The effectiveness of the periodicity letters will be determined after HEDIS 2010 based on the increase / decrease of compliance for these measures.

- **Targeted Outreach Letter**

The targeted outreach letter initiative seeks to contact members identified by WellCare as being out of compliance with diabetic retinal eye exams, glaucoma screenings, and colorectal cancer screenings. Corporate Quality Improvement began letters in August to these non-compliant members. This outreach will target Missouri Harmony Health Plan members who fall into these measures. The purpose of the letter is to educate members about preventive health screenings and to encourage them to go see their PCP or eye care provider to obtain these services. The glaucoma and diabetic retinal eye exam letters for members who do not have routine vision services will include a listing of providers in their area as well.

The effectiveness of the letter outreach will be determined after HEDIS 2010 based on the increase / decrease of compliance for these measures.

Plan Personnel Update

- No new personnel were added to staff during 3rd Quarter 2010.

Accreditation and Compliance Update

- Harmony Health Plan is on target to meet its NCQA accreditation goal. A third mock audit will be conducted in November 2010. The health plan is at 80% compliance with documentation standards.
- Harmony Health Plan continually reviews program documents, policies and procedures, and other documents to ensure compliance with state, federal, regulatory, and accreditation agencies.

Success Story

The Hugs Coordinator has been working with health plan member, RS since April of 2010. In this time, she has ended her domestically violent relationship and sought behavioral health therapy. She utilized referrals given by the Hugs Coordinator, continues to meet with a therapist, and attends a support group weekly for victims of domestic violence. She also meets regularly with the St. Louis County Public Health Nursing Program for first time moms, Building Blocks, to which she was referred by the Hugs Coordinator.

RS suffered financial setback in July of 2010. The apartment complex where she resides experienced significant flooding. Her apartment was one of many deemed uninhabitable by the St. Louis County Health Department. The Hugs Coordinator provided RS with advocacy and support throughout her trials and tribulations with the property management company. Additionally, at the prompting of the Hugs Coordinator, she worked closely with her providers to ensure the health of her unborn baby through receiving a tetanus shot, asthma treatment, and an additional OB visit after her exposure to flood related toxins.

Upon first meeting with RS, she and the Hugs Coordinator developed short and long-term goals. Ultimately, RS was interested in, primarily, having a healthy baby. She also wanted to work toward securing more gainful employment, moving to a new apartment so her former abuser would not know where to locate her, and getting a car. She was forced to move into a new apartment in the same complex after the flooding due to her lease agreement. RS is working to save money for a security deposit and first month's rent at a new apartment.

Saving is becoming easier for RS as she recently found a new job and is making more money. The Hugs Coordinator has worked with RS to develop a budget that includes savings. Additionally, RS was able to purchase a car which has helped her tremendously as she formerly had a 2 hour commute to and from work via public transportation.

RS is not due to deliver until the end of October. RS, her OB provider, and the Hugs Coordinator are all pleased with the progression of this pregnancy as she is at great risk for preterm delivery due to stress and a pre-existing reproductive tract condition.

HealthCare USA
MO HealthNet QA&I Report
January 2010 – September 2010

NCQA Status:

The initial application and agreement for Health Plan Accreditation was sent to NCQA in December 2009. Our on-site visit is scheduled for May 2011. We are on-track to meet these timeframes.

Updates on Current Initiatives:

Well Care/Preventive Care birthday reminders and missed appointment mailers;

	Jan	Feb	March	April	May	June	July	August	September
Well Woman	631	644	598	634	654	716	753	718	743
EPSDT b-day 0-10		7638	6560	7786	15684	8679	8497	16574	8218
EPSDT b-day 11-20		4715	4983	5271	10330	5753	5699	11318	5562
EPSDT missed appt		5134	none	9289	11288	5965	5197	5921	4645
Provider panel missed visit		5134	none	9289	11288	5965	5197	5921	4645
Men's Health(Quarterly)	1007(Q1)		831(Q2)			906(Q3)			

- In 3Q 2010 Coventry rolled out their newly developed condition management programs: High-Risk OB, High-Cost Neonate, and Asthma. These programs standardized the disease management efforts across all Coventry Medicaid plans. The new corporate programs are very similar in make-up to HealthCare USA's previous disease management programs for these conditions.
- Progress continues to centralize pre-authorization services.
- Coventry has enhanced our HEDIS processes with the implementation of a project that provides early identification of members who are missing services and will provide provider specific reports.
- Work continues on the various performance improvement projects which includes but is not limited to emergency department usage.

Success:

For the second year in a row, HealthCare USA was chosen to present best practices storyboards at the annual URAC conference. For the first time in the history of URAC, a single HMO (HealthCare USA) was selected for three best practice awards. Our programs in High-Risk OB, NICU, and Asthma were presented at the URAC Best Practices in Health Care Consumer Protection and Empowerment Awards held in Chicago October 5-7, 2010. There were 30 finalist chosen from across the nation from at least 200 entries.

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Missouri Care Health Plan
MO HealthNet QA&I Meeting: October 21, 2010
Karen Holt, Quality & Accreditation Manager

3rd Quarter (July, August, September) 2010 Update

New Initiatives or events

- ER Handout and Wallet Card and Magnet – ER Handout and Wallet card were sent out early October to all Heads of Households. Handout contains information on appropriate ER usage and when to visit the member's PCP. It also lets the member know of certain benefits such as transportation and our 24 hour nurse help line. The member can also cut out the Wallet Card and carry it with them at all times as a reminder of when to visit their PCP vs. the ER. The Magnet also states appropriate ER usage vs. PCP visits and will be handed out by Case Management and Outreach at different health fairs and other events throughout the state. The Magnet will also be turned into a poster for providers to hang in their offices.
- Breast Cancer calls- The quality department began making member outreach calls in August to all female members over 40 years of age who have not had a mammogram this year encouraging them to get a mammogram. Missouri Care started with a list of 91 members to target, Since August there have been several members whom we have spoke to that has said they will make an appointment before the end of this year to get a mammogram and two members that have already scheduled and had appointments.

Updates on current initiatives

- **NCQA Accreditation**
 - Missouri Care completed their mock audit in August, 2010 by an NCQA auditor. The results of the audit and suggestions from the auditor have been incorporated into the overall Missouri Care work plan for NCQA accreditation. The auditor is scheduled back in December to perform a full scoring of documents. Missouri Care is scheduled for submission for accreditation on May 23rd, 2011 with onsite file review by NCQA on July 18-19, 2011.
- **HEDIS 2010**
 - Analysis of HEDIS 2010 has been completed. Interventions for the 3rd and 4th quarter will focus on visits to providers with members non compliant in immunizations, well child visits, as well as those providers that were noted to have a majority of members with untimely postpartum visits. Through these educational visits Missouri Care is partnering with these specific providers by educating the providers on immunization compliancy as well as what constitutes a well child visit and what constitutes a timely post partum visit,
- **Case Management**
 - Due to Missouri Care's integrated model of behavioral and physical health services, a pilot project in conjunction with Royal Oaks was developed to increase our 7 and 30 day Behavioral Health follow-up after hospitalization HEDIS rates. Royal Oaks was very excited to have been part of such a worthy endeavor that clearly produced positive results. They are interested in moving such a program from "pilot" to "permanent", but at this time feels it will require a bit more planning on their end due to the need for providing a standard of care for all patient regardless of payer source. Royal Oaks is planning to contact each of their current contracted insurance companies and send a letter introducing the concept of an Aftercare Transition Meeting (ATM) and the results of the recently completed pilot program. The pilot has been completed and Missouri Care will continue to work with Royal Oaks to have this pilot become a permanent part of their care.
- **Member Education and Outreach**
 - Our EPSDT outreach continues with 15, 755 reminder cards being mailed during the third quarter of 2010. A follow up mailing of 5986 letters for those that did not received services in the second quarter 2010 was also completed during the third quarter 2010. In addition, Missouri Care mailed "last chance" reminders to 24,994 members still in need of an EPSDT visit for 2010.
 - Reminder mailings to 2743 Missouri Care teen members concerning the need for adolescent well care checks were completed in the 3rd quarter 2010.
 - Our initiative concerning Missouri Care's Diabetic population was expanded in July, 2010 to include personalized telephone calls to each member in addition to the services provided by Disease or Case Management. These outreach telephone calls were made by a quality nurse to discuss the importance of monitoring blood glucose levels and the necessity of having a dilated retinal eye exam each year. Each member will also be receiving a letter showing them their last date of service for a HgA1c, LDL screening and eye exam and will indicate how often these tests are recommended. Telephone outreach for these members will continue throughout the remainder of the year in preparation for HEDIS 2011.
 - Missouri Care's initiative concerning our Asthma population continues (A Missouri Care QI nurse outreaching and educating non-compliant members concerning controller medication). According to the most recent data, the Asthma initiative is proving to be successful. Eighty-six percent of members with Asthma are on a controller medication at this time.
 - For the months of April, May, and June, 2010, the Cervical Cancer/Chlamydia Screening Birthday cards were sent to 2048 women aged 18-60 who had not had a CCS/CHL screening

○ **Community Outreach**

- During the months of August and September, Missouri Care participated in numerous back to school fairs there were well attended. Over 10,000 Missouri Care backpacks were distributed in conjunction with this participation.
- Missouri Care attended the ER Kids Health and Safety Fair in Randolph County to support and educate children on tools to keep themselves healthy and safe. Over 600 people were outreached specifically by Missouri Care.
- Missouri Care attended the first Hannibal Resource Day that was sponsored by the Families and Communities Together (FACT) office to assist in educating the public about resources such as agencies, clubs, and services provided in the surrounding areas.
- Missouri Care was a sponsor for ICAN with Central Missouri Community Action. This is a health literacy training event for head start families. It was developed to educate families on preventative healthcare, preventing unnecessary emergency room visits and teach families how to care for basic healthcare needs at home. There were approximately 400 people in attendance.
- Missouri Care provided baby items to 125 families attending the Healthy Baby Extravaganza in Phelps County. This event provided resources and health and safety to families with young children and infants.
- Missouri Care was a sponsor and provided healthcare information at the Healthy Families Fun Fair in Boone County. Attendance for this event was approximately 400 people.
- In support of Missouri Care's Cultural Competency program, Missouri Care attended the Hispanic Festival in Pettis County.
- Missouri Care attended the KC Oral Health Summit to ascertain the local needs of the community concerning Dental/Oral health.
- Missouri Care continues its outreach in conjunction with nutrition, health, and obesity through partnership with Truman Medical Center and the "Body Works with Truman" which are classes for parents and children concerning Healthy Habits; the "Lights on After School" program in the Kansas City area distributing jump ropes and pedometers; as well as, working with the Kansas City School District in organizing and planning "Be Fit" this fall.

Success stories

Quality Improvement

The Quality Department started a Breast Cancer telephone campaign in August targeting female members 40 years and older, by telephone who have not had a mammogram this year. During one of the first contacts the Quality Representative had with a member, the member said she had already had a mammogram scheduled by her PCP a couple of months ago, right after her yearly women's health check-up but she did not go to it because she did not feel that she was at risk for breast cancer so did not see a need in getting a mammogram. The Quality Representative explained to the member that being over 40 alone put her at a greater risk for breast cancer even if she does not have a family history and that her risk increases each year with age. The Quality Representative then decided to tell the member two stories, one of a friend of hers who also had no family history of breast cancer but had found a lump and was diagnosed with breast cancer when she was 27, the other of her Grandmother, who got a mammogram faithfully each year, had a normal mammogram one year and the following year, had malignant tumors with no symptoms and how both women were Survivors of breast cancer because of early detection through mammography.

The Quality Representative went on to remind the member that a mammogram was a no cost benefit of her insurance, that she did not need a referral to get one and gave the member the telephone numbers to both Ellis Fischel Cancer Center and the University of Missouri Hospital in Columbia and advised the member to call either facility and ask to be transferred to Central Scheduling to set up an appointment. The member said she would. The Quality Representative told the member she would call her back in a couple of weeks to see if the member had made her appointment and would help her set an appointment at that point if she had not.

When the Quality Representative called the member back as she said she would, she was quite surprised when the member remembered who she was and why she was calling. The member immediately told her that after their initial conversation, she was really thinking about the things the Quality Representative had to say and it came to her; right now there may be no history of breast cancer in her family, but histories start somewhere and it could start with her. She also said that breast cancer screenings were something that must really be important because her doctor's office had taken the time to schedule her appointment previously (the one she didn't go to) and then she received a call from me on behalf of her insurance company encouraging her to get a breast cancer screening. Our member had ended up scheduling herself another appointment to get a mammogram and went! The member thanked the Quality Representative for taking the time to make these calls and was very excited to tell her that her mammogram came back normal and going forward, she will be getting a mammogram every year.

This is a success story for three reasons; 1.) The member did schedule and go to an appointment for breast cancer screening and will likely continue to do this yearly because of our calls, 2.) Because our network provider office is encouraging mammograms, Missouri Care and our network provider showed collaboration efforts in the importance of breast cancer screenings to our members and 3.) It made the Quality Representative feel good personally knowing her call helped influence someone's decision about making an important health care decision.

Integrated Care Management

Member is a 14 year old female who lives with her single mother. The Care Manager had been working with the family since August of 2009, following the member's inpatient behavioral health stay. The member was engaging in risky behaviors; cutting, unprotected sex, and running with a "bad" crowd.

The member's mother did not know what to do for her daughter and felt that she was at her wits end. The member was oppositional, angry and consistently disrespectful towards her mother. The mother is employed full time and was doing her best to provide for she and the member, while trying to do what was best for the member and get her the help that she needed.

This care intervention was an opportunity to work with a single mom who was doing her best to help her daughter and be a good provider and example. Throughout the course of this care management, the Missouri Care care manager listened to the mother's frustrations, fears, and concerns about her daughter and her future.

The member's mother did not have anyone nearby to help her think through the issues in her home or to help her strategize on how to help the member. Through the care manager's work with the mom, the member eventually started to attend "Girl Power" group weekly meetings, an after school program to help young girls with self-esteem and good decision making. The member and her mom worked more closely with the member's school counselor to help the member maintain her focus while at school.

Additionally, the care manager was able to help the mom connect with a therapist and a case manager through a behavioral health facility, where the member was already receiving medication management services from a psychiatrist. These additional services provided some of the extra support that both the member and the mother needed.

The member has now been hospital free for over a year. She no longer engages in those risky behaviors. There are still issues that need to be worked on, but the support and resources are all in place to make this treatment a success for a mother and a daughter.



Molina Healthcare MO HealthNet Quality Assessment & Improvement Advisory Group October 21, 2010

New Initiatives or events

- Added a Health Educator position to the Quality Improvement department for the purpose of educating members and providers on health-related topics such as Diabetes and Asthma.

Updates on current initiatives

- In July 2010, Molina implemented an automated alert system that identifies members who have not met specified HEDIS measures when opening a member's profile in the system. Training was provided to all appropriate employees about the use and purpose of the alerts. Molina is collecting data to determine the effectiveness of the alerts.
- Molina formulated a report of missed HEDIS services for providers to refer to when treating Molina members.

- 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 continues to participate on the Dental Task Force for managing the Improving Oral Health Performance Improvement Project. Molina partnered with DentaQuest to contact members who have visited the ER for dental services, by phone and/or postcard in order to educate the members about visiting a dentist for dental services and to assist members in finding a dentist when appropriate. Molina also partnered with DentaQuest to provide preventive dental services at back-to-school fairs.
- Molina is continuing the NCQA accreditation preparation process in anticipation of the NCQA survey in June and August 2010.

NCQA Accreditation Preparation

- 1st mock audit completed by NCQA consultants in February 2010.
- 2nd mock audit being conducted October 20-21 2010.
- Off-site survey submission due to NCQA on June 22, 2011.
- On-site survey by NCQA scheduled for August 15-16, 2011.

Success stories

- Through Molina's Emergency Room Short Interval Overuse program, a Molina member appeared on one of the ER censuses, which we receive from the hospitals, with a diagnosis of lead poisoning. Molina's Quality Analyst alerted Molina's UM Specialist who coordinates care for members with this type of diagnosis. While this member was already in Molina's lead case management program, the member's phone number changed and there was no further contact with the member. Molina's UM Specialist was able to use the information provided by the ED to re-connect with the member and continue case management.