Missouri Care Health Plan
MO HealthNet QA&I Meeting: January, 2011
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4th Quarter (October, November, December) 2010 Update

New Initiatives or events

- The SFY 2010 Annual Evaluation was completed and submitted to the State of Missouri in November on time.
- Member incentive program for our Post Partum Member. Missouri Care instituted a Gift Card incentive program for every new mother that receives a compliant post partum check per NCQA HEDIS guidelines. Brochures are sent out to all new moms and we have informed our provider network through our provider newsletters to be aware of the need to sign the brochure for validation of the appointment.
- Member incentive program for our members that have been discharged from an acute behavioral health facility. Missouri Care instituted a Gift Card incentive program for every member discharge from an acute behavioral health facility that receives a compliant outpatient follow-up appointment within 7 days of their discharge. Providers were notified through our provider newsletter.

Updates on current initiatives

- **NCQA Accreditation**
  - Missouri Care was audited by our NCQA consultant/auditor in December with full scoring of our ISS tool. The results of the audit and suggestions from the auditor have been incorporated into the overall Missouri Care work plan for NCQA accreditation. Missouri Care is on target for submission of the ISS tool on May 23rd, 2011 with onsite file review by NCQA on July 18-19, 2011.
- **HEDIS 2011**
  - Preparations for HEDIS 2011 began in the fourth quarter, 2010 as Missouri Care begins its first HEDIS initiative undertaking consisting of all three regions of Missouri (due to Missouri Care's expansion) as well as an NCQA population. Preparations for 2011 CAHPS mirror those of HEDIS 2011
- **Member Education and Outreach**
  - Our EPSDT outreach continues with 15, 535 reminder cards being mailed during the third quarter of 2010. A follow up mailing of 5884 letters for those that did not received services in the third quarter 2010 was also completed during the 4th quarter 2010. In addition, Missouri Care mailed "last chance" reminders to 24,994 members still in need of an EPSDT visit for 2010.
  - Missouri Care continues to work with University Clinics and Family Health Center for the Come in for Care campaign. In November, 1,693 letters were mailed to the clinic's patients due for an EPSDT visit informing them to call to schedule an appointment.
  - Reminder mailings to 1607 Missouri Care teen members concerning the need for adolescent well care checks were completed in the 4th quarter 2010.
  - Our initiative concerning Missouri Care's Diabetic population continues by making personalized telephone calls to members. 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. At the beginning of November each member was mailed a letter informing them of their last date of service for a HgA1c, LDL screening and eye exam and indicate how often these tests are recommended.
  - Missouri Care's initiative concerning our Asthma population continues. In November, a letter was mailed to members still not on a controller medication urging them to contact their PCP to discuss. In December, a letter was mailed, along with a member roster, to providers informing

them of the clinical guideline recommendations regarding controller medications and urging them to consider this type of medication, if appropriate, for the member.
    - For the months of October, November, and December, 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 November and December, Missouri Care participated in numerous obesity prevention projects handing out pedometers, jump ropes and posters.
    - Missouri Care continued with its "Show Me Smiles" campaign throughout October, November, and December.
    - Missouri Care attended the Missouri Coordinated School Nurse Conference.
    - During December, Missouri Care participated in several holiday events such as Santa's Land, Winter Basketball Tournament, Pictures with Santa, Hats and Mittens distribution.
    - Missouri Care adopted two Columbia area families for Christmas and collected wish lists from those families. The Missouri Care staff then collected items from those lists, wrapped, and distributed for the holiday.
    - In support of Missouri Care's Cultural Competency program, Missouri Care attended the Hispanic Day at Samuel Rodgers for a Lunch & Learn.
    - 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.

Success stories

Success story Case #1

The member is a 2 y/o female who has been enrolled in Missouri Care (MoCare) Health Plan since 09/01/2010. She lives with her mother and 3 siblings in a single family apartment. The ember was introduced to the Medical Case Management program in November 2010 as a referral from the UM/CR nurse due to second degree burns over greater than 40% of her body surface as a result of an in-home investigational accident. The member was one of the initial members referred as part of the newly developed Interdisciplinary Rounds for inpatient referral to facilitate discharge planning between Missouri Care, the inpatient facilities and member/family.

The member's mother/guardian was readily agreeable to case management and worked together with case manager and hospital staff to facilitate and expedite discharge planning. The member's stay was greater than one month as inpatient status. During the last two weeks of her stay the team worked together to ensure that all post-discharge needs were met prior to the day of discharge. The MoCare Case manager (CM) worked closely with the social services staff at the hospital to ensure that the proper participating outpatient providers were contacted for delivering post-discharge care. The member required daily home health visits by a nurse for at least the first week. The MoCare CM worked with the prior authorization department and the home health agency to expedite the authorization process appropriately. Due to collaborative efforts the agency was notified when discharge was advanced several days. The agency was able to be present and make assessment within 24 hours of the member returning to the home.

This MoCare CM provided education and emotional support to the mother during the inpatient stay. The MoCare CM encouraged contact for behavioral health services for the entire family and facilitated mom in making a selection process to include in-home therapy. Through discussions with the MoCare CM, the mom made the decision to talk with her landlady about the possibility of relocating the family to an

apartment other than the one in which the trauma took place. Due to the support and encouragement given & the ability to align services appropriately prior to discharge, mom felt comfortable transitioning home with a child who now has special needs.

Success Story Case #2

The Missouri Care (MoCare) member is a 16 y/o male that has been enrolled in MoCare since December, 2009. He lives with his parents and two younger sisters in Hannibal, MO. He is a junior in high school, played football and took karate classes. The member had a few short hospitalizations for diarrhea and dehydration in late July and late August 2010, just before a prolonged 23-day hospital stay early fall. During this hospitalization, the member was diagnosed with Crohn's Disease. Most of his bowel was noted to be affected with the disease. He required surgical intervention during this hospitalization and was given a colostomy. The member was referred to Case Management (CM) for outreach while he was hospitalized. The CM was not able to reach mom until the day following his discharge.

During the first call with this mother it was evident this new diagnosis, the colostomy, the severity of his illness had impacted the entire family. Throughout the first call we identified the following potential barriers: potential alteration in nutritional status due to ulcerations in mouth and tolerance/intolerance of food(s); pain; alteration in activity; lack of preventative dental care; lack of knowledge in disease process; lack of knowledge of importance of Crohn's disease to regular healthcare status; limited privacy opportunities for member at school to address ostomy needs; decreased self confidence and alteration in self image due to disease process and ostomy status; alteration and concern in family unit based due to member disease process; potential alteration in skin integrity due to ostomy. Mom was willing to participate in the CM process and willing to work on some of these goals and barriers.

In subsequent calls, it was discussed that the member was having difficulties keeping his ostomy wafer intact. The CM was able to provide some alternatives to assist the member. A local home health nurse was able to come to the home and watch the member provide the ostomy care and bag replacement and offer direct suggestions on ways to get the wafer and bag to stick better and to monitor for skin breakdown. We then discussed the possibility for alternate types of ostomy appliances. The CM was able to work with a different vendor that was willing to send the member a few alternatives for him to try to see if they would be better alternatives for him and would "stick" better without breaking down his skin. We also looked at closed drainage systems instead of open systems that he could use at school. There are no doors on the stalls at school and there is only one handicapped equipped bathroom which requires a key to enter. The member's classes are located across three physical building locations. In addition, there was continued discussion of the overall goals, with identification and potential solutions to the gaps and barriers that had been identified.

In an update call with the member's mother in January, 2011, she started off the conversation by saying "Thank you! Thank you! Thank you! I want you to know how good he is doing. Those close end bags that you helped us get have made a huge difference to him and his getting back into the school scene." Mom stated that this member's confidence level has improved greatly and attributes much to working on several of the identified issues over the last few months and working through them through the CM process. Member has embraced the need for his ostomy and is now providing his ostomy care without much assistance from mom. She said that the member has been able to use the regular bathroom at school to dispose of, and place his new closed in bag between classes at school. He participated in several meetings with school officials prior to his return this semester. Mom said that the member was an advocate for himself and his disease process. He wants to be treated as normal as possible, he did not want to be treated or feel like he was a liability to the school and he will use the same locker room and restrooms as his peers. Although member may not be able to play contact sports as he did in the past, the coaches are devising a

PE plan specifically for him. He is also meeting with his friends outside of school situations as well. He has begun driving. He has gained 10 lbs despite the intermittent ulcerations in his mouth. The family has been working between their primary care physician and the specialists in Columbia jointly to treat his condition. He has not required further hospitalizations or ER visits since he was released in October. Mom has been able to return to work. The younger siblings have been to one counseling session at a local provider to assist with working with their fears related to this member health status, and have subsequent visits as well. The member is looking forward to having his ostomy reversed later this year.