Primaris
Healthcare Business Solutions

2018 External Quality Review

Care Management

missouricare
A WellCare Company

Measurement Period: Calendar Year 2017

Validation Period: June-August 2018

Publish Date: Dec 07, 2018

MoHealth Net

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1.0 Purpose and Overview

The Department of Social Services, MO HealthNet Division (MHD) operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care. MHD contracts with Managed Care Organizations (MCOs) to provide health care services to enrollees.

Effective May 1, 2017, Managed Care is operated statewide in Missouri. Previously, Managed Care was only available in certain regions (Central, Eastern, and Western). MHD extended the health care delivery program in the Central Region and added the Southwestern Region of the State in order to incorporate the Managed Care statewide extension for all the eligibility groups currently enrolled in MO HealthNet Managed Care. The goal was to improve access to needed services and the quality of health care services in the MO HealthNet Managed Care and state aid eligible populations, while controlling the program's cost.

The Managed Care Program enables Missouri to use the Managed Care System to provide Medicaid services to Section 1931 children and related poverty level populations; Section 1931 adults and related poverty populations, including pregnant women; Children's Health Insurance Program (CHIP) children; and foster care children. As of SFY2018 ending, total number of Managed Care enrollees in MO HealthNet were 712,335 (1915(b) and CHIP combined).

Missouri Care, one of the three MCOs operating in Missouri (MO), shall provide services to individuals determined eligible by the state agency for the MO HealthNet Managed Care Program on a statewide basis in all Missouri counties in the following four (4) designated regions of the State of Missouri: Central, Eastern, Western, and Southwestern.

Services are monitored for quality, enrollee satisfaction, and contract compliance. Quality is monitored through various on-going methods including, but not limited to, MCO's Health Effectiveness Data and Information Set (HEDIS) indicator reports, annual reviews, enrollee grievances and appeals, targeted record reviews, and annual external quality reviews (EQR). MHD requires participating MCO to be accredited by the National Committee for Quality Assurance (NCQA) at a level of "Accredited" or better. An External Quality Review Organization (EQRO) evaluates MCO annually, as well.

MHD has arranged for annual, external independent reviews of the quality outcomes and timeliness of, and access to, the services covered under each MCO contract. The Federal and State regulatory requirements and performance standards as they apply to MCOs are evaluated annually for the State in accordance with 42 CFR 438.310 (a) and 42 CFR 438.310 (b).

Quality, (42 CFR 438.320 (2)), as it pertains to external quality review, means the degree to which an MCO increases the likelihood of desired outcomes of its enrollees through:

(1) Its structural and operational characteristics.

(2) The provision of services that are consistent with current professional, evidenced-based-knowledge.

(3) Interventions for performance improvement.

Access, (42 CFR 438.320), as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services).

Timeliness: Federal Managed Care Regulations at 42 CFR §438.206 require the state to define its standards for timely access to care and services. These standards must take into account the urgency of the need for services.

Primaris Holdings, Inc. is MHD's current EQRO, and started their five-year contract in January 2018. Primaris conducted an Annual Review of Care Management Program of Missouri Care on July 16-20, 2018, as per the EQRO contract with MO HealthNet Division (Ref: Code of Federal Regulations (CFR) 438.358 (c)).

The Commission for Care Manager Certification (CCMC) defines "Care Management" as a process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

All services described in the Care Management section (2.11) of the MO HealthNet Managed Care contract will be used as a standard for evaluation of Care Management Program of Missouri Care. The aim of the Care Management review is to identify contributing issues and key drivers of the program. The guiding principle for Care Management is that the resources should be focused towards people receiving the services they need, not necessarily because the

service is available. Member Care Management is an umbrella term that encompasses services such as, but not limited to:

- Comprehensive care management applying clinical knowledge to the member's condition;
- Care coordination;
- Health promotion services;
- Comprehensive transitional care;
- Individual and family support activities;
- Disease management; and
- Referrals to community and social supports.

The focus areas for evaluation of Care Management Program during EQR 2018, mandated by MHD were as follows:

- Pregnant Members (OB);
- Children with Elevated Blood Lead Levels; and
- Serious Mental Illness (Schizophrenia, Schizoaffective disorder, Bipolar Disorder, Post-Traumatic Stress Disorder, Recurrent Major Depression, and moderate to severe Substance Use Disorder).

2.0 Methodology

2.1 Review of Care Management (CM) Policies

Primaris reviewed Missouri Care's policies on Care Management, including but not limited to their enrollment, stratification processes, communication to members and providers, documentation processes, record-keeping, and standardized care management programs. Collectively, a review was done on the overall Care Management process from end-to-end on electronic records integration.

The MCO must have policies and procedures for Care Management which should include:

- A description of the system for identifying, screening, and selecting members for care management services;
- Provider and member profiling activities;

- Procedures for conducting provider education on care management;
- A description of how claims analysis will be used;
- A process to ensure that the primary care provider, member parent/guardian, and any specialists caring for the member are involved in the development of the care plan;
- A process to ensure integration and communication between physical and behavioral health;
- A description of the protocols for communication and responsibility sharing in cases where more than one care manager is assigned;
- A process to ensure that care plans are maintained and up-dated as necessary;
- A description of the methodology for assigning and monitoring care management caseloads that ensures adequate staffing to meet care management requirements;
- Timeframes for reevaluation and criteria for care management closure; and
- Adherence to any applicable State quality assurance, certification review standards, and practice guidelines as described in herein.

2.2 Medical Records Review (MRR)

Primaris assessed Missouri Care's ability to make available any and all pertinent medical records for the review. A list of Members care managed in CY 2017 for the Pregnant Women (OB), Children with elevated Lead Levels, and Serious Mental Illness (Schizophrenia, Schizoaffective disorder, Bipolar Disorder, Post-Traumatic Stress Disorder, Recurrent Major Depression, and moderate to severe Substance Use Disorder) was submitted by Missouri Care and Primaris selected Medical Records (oversample for exclusions/exceptions) by using Stratified Random Sampling Method based on Appendix II of 2012, CMS protocols for EQR. (https://www.medicaid.gov/medicaid/qualityofcare/downloads/app2-samplingapproaches.pdf).

A sample of a minimum of 20 Medical Records (MR) for each focus area was reviewed during the onsite visit, July 16-20, 2018. A Care Management Medical Record tool was created and MR were reviewed to ensure that they include, at a minimum, the following *(ref: MHD Managed Care Contract 2.11, Attached: Excel workbook)*

- Referrals;

- Assessment/Reassessment;
- Medical History;
- Psychiatric History;
- Developmental History;
- Medical Conditions;
- Psychosocial Issues;
- Legal Issues;
- Care Planning;
- Provider Treatment Plans;
- Testing;
- Progress/Contact Notes;
- Discharge Plans;
- Aftercare;
- Transfers;
- Coordination/Linking of Services;
- Monitoring of Services and Care; and
- Follow-up.

Inter Rater Reliability: 10% of the MR from each focus area were reviewed by different auditors to assess the degree of agreement in assigning a score for compliance in the MR tool.

2.3 Onsite Interviews

Missouri Care officials were interviewed to assess:

- The knowledge of MHD Managed Care contract and requirements for Care Management.
- The focus of Care Management services on enhancing and coordinating a member's care across an episode or continuum of care; negotiating, procuring, and coordinating services and resources needed by members/families with complex issues; ensuring and facilitating the achievement of quality, clinical, and cost outcomes; intervening at key points for individual members; addressing and resolving patterns of issues that have negative

quality, health, and cost impact; and creating opportunities and systems to enhance outcomes.

The following persons were interviewed at Missouri Care to gather information about the Care Management Program for Pregnant Members (OB), Children with Elevated Lead Levels, and Members with Severe Mental Illness (Schizophrenia, Schizoaffective disorder, Bipolar Disorder, Post-Traumatic Stress Disorder, Recurrent Major Depression, and moderate to severe Substance Use Disorder):

- Claudia Douds RN, BSN, MHA, VP Field Health Services.

OB: Care Management Program

- Rachel Ussery, RN BSN Supervisor Care Management.

Elevated Lead Level: Care Management Program

- Lori Wilson, RN BSN Supervisor Care Management.

SMI: Care Management Program

- Erica Bruns, LPC, MPA Manager Behavioral Health; and
- Stacie Bryant, MSW, LCSW, Care Manager.

Care Management Log

Missouri Care submits a log of Care Management activities to MHD each quarter.

3.0 Overall Assessment of Care Management Program: Missouri Care

The number of members enrolled in all Care Management programs in CY 2017 was 812. The number of members enrolled in the programs under evaluation was:

OB: 128

SMI: 61

Elevated Blood Lead Levels: 108

3.1 Care Management (CM) Policies and Procedures

The following Documents submitted by Missouri Care were reviewed to ascertain that they have Care Management policies and procedures to meet the contractual requirement of MHD Managed Care Contract (2.11). Missouri Care was found to be 100% compliant.

Table 1: Care Management Policy Review- Missouri Care (ref: MHD Managed Care Contract 2.11)			
The health plan should have policies and procedures for Care Management. The policies and procedures shall include:	**Yes**	**No**	**Document Name (s)**
1. A description of the system for identifying, screening, and selecting members for care management services;	Yes		1. C7CM MD-1.2 PROCEDURE CM Selection for CM.pdf 2. MO29-HS-CM-003 POLICY CM Process.pdf 3. Appendix E_QIPD_CM Program Description.PDF 4. 2017 CM Log Template and Instructions (REVISED in 2016) 5.mo_caid_provider_manual_eng_11-2017_v2_R
2. Provider and member profiling activities;	Yes		1. Appendix E 2. C7QI-081 Behavioral Health Provider Medical Record Review Policy 3. Mo_caid-provider-manual-eng-11_2017_v2_R 4. Provider Manual
3. Procedures for conducting provider education on care management;	Yes		1. MO29-HS-CM-003 POLICY CM Process.pdf 2. C7CM MD-1.2 PROCEDURE CM Selection for CM 3. QIPD CM Description 4. Provider Manual
4. A description of how claims analysis will be used;	Yes		1. Provider Manual 2. MO 29-HS CM-003 Policy CM Process 3. C7-QI-015 Medical Record Review.pdf
5. A process to ensure that the primary care provider, member parent/guardian, and any specialists caring for the member are involved in the development of the care plan;	Yes		1. MO29-HS-CM-003 POLICY CM Process.pdf. 2. C7QI-081 Behavioral Health provider Medical Record Review Policy 3. Provider Manual 4. MO 29 HS CM 004

			interdisciplinary rounds 5. MO 29 HS CM 005 PR-001 Procedure health home care coordination 6. MO 29-OP-CS-001 Primary Care Provider
6. A process to ensure integration and communication between physical and behavioral health;	Yes		1. MO29-HS-CM-003 POLICY CM Process.pdf. 2. C7QI-081 Behavioral Health provider Medical Record Review Policy 3. Provider Manual 4. MO 29 HS CM 005 PR-001 Procedure health home care coordination
7. A description of the protocols for communication and responsibility sharing in cases where more than one care manager is assigned;	Yes		1. C7CM MD-1.2-PROCEDURE CM-003 Ongoing Management.pdf
8. A process to ensure that care plans are maintained and up-dated as necessary;	Yes		1. C7CM MD-1.2 PROCEDURE CM Selection for CM.pdf
9. A description of the methodology for assigning and monitoring care management caseloads that ensures adequate staffing to meet care management requirements;	Yes		1. C7-CM-MD-1.2-PR-006 PROCEDURE CM Caseload.pdf 2.C7QI-081 Behavioral Health provider Medical Record Review Policy 3.MO29_HS-CM-001 Policy CM Lead Care Management 4. MO29-HS-CM-002 POLICY CM Perinatal CM.pdf
10. Timeframes for reevaluation and criteria for care management closure; and	Yes		1. 2017 CM log Template and Instructions (revised in 2016) 2. MO29-HS-CM-003 Policy CM process.pdf 3. CM 003
11. Adherence to any applicable State quality assurance, certification review standards, and practice guidelines as described in herein.	Yes		1. C7QI-026 Provider Clinical PracticeGuidelines.pdf

			2.C7CM MD-1.2 PROCEDURE CM Selection for CM.pdf 3. Provider Manual
12. Additional Information about CM	Yes		1. Missouri Care Provider Manual.pdf 2. 2017 CM Log Template and Instructions. Pdf 3. DCNS Pregnancy Lead and SMI.xlsx 4. C7QI-081 Behavioral Health provider Medical Record Review Policy 5. MO29-HS-CM-001 POLICY CM Lead Care Management.pdf 6. MO29-HS-CM-002 POLICY CM Perinatal CM.pdf 7. MO29-HS-CM-003 POLICY CM Process.pdf 8. Care Management Post EQRO On-Site Response. pdf

3.2 Pregnant Members (OB) Care Management

The Obstetrics Care Management program of Missouri Care is an integrated program offered to all identified pregnant women and is done through in-person or telephonic outreach, depending on the member's individual needs. Specially-trained OB Care Managers, supported by care coordinators outreach to all pregnant members, conduct assessments and offer Care Management.

Goals

1. Missouri Care's goal is to engage high-risk pregnant women in Perinatal Care Management to reduce complications associated with identified conditions or substance use during pregnancy including Neonatal Abstinence Syndrome. An important piece of

their Care Management program is the focus on screening for high risk pregnancy and to involve the member in high-touch care management.

2. Reduce the rate of preterm and low birth weight deliveries.

Member Identification

Care Management members are identified via:

1. The Law (proprietary algorithm);
2. Utilization management team/ inpatient utilization reporting/discharge planner;
3. Referral (provider, member/caregiver, community agencies, state agencies, 24 nurse line, crisis line);
4. Claims data mining;
5. State files (834/416 daily notifications); and
6. Transition of care communications.

Member Stratification

Stratification of members to Low, moderate or high risk is based on the scoring.

Missouri Care utilizes a proprietary algorithm (also called The Law) to identify and stratify members for management. The model has several components including:

1. Utilization and claims data;
2. LACE tool-prediction of readmission risk for inpatient admissions;
3. HRA risk score based on survey responses;
4. Propensity to reach score-probability score of reaching a member during outreach based on predicative member demographic attributes;
5. Decision Point-predictive algorithm score focused on disease progression predictions; and
6. RxAnte-claims based algorithm that calculates a value of future medication adherence.

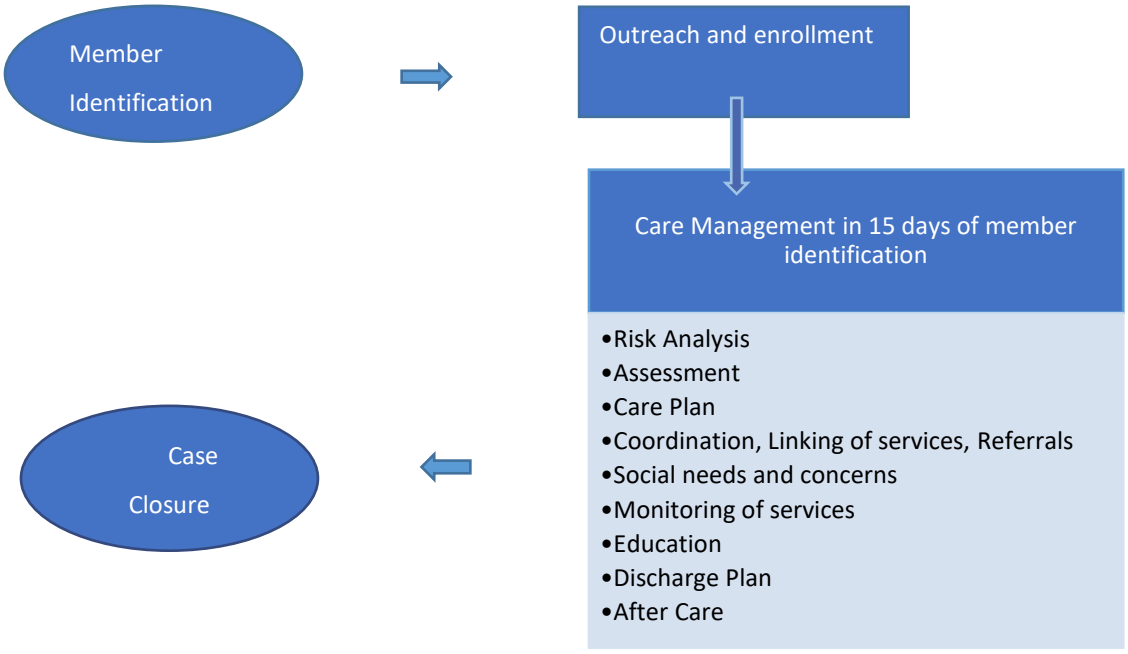
Work flow

Once a member is identified as pregnant, outreach attempts begin in order to explain the benefits of the program. Members are generally initially contacted by care coordinators to engage in the Care Management process and begin initial screening. Care coordinators also assist the Care Management team throughout the relationship by making reminder phone calls, scheduling appointments, arranging transportation and assisting with community referrals. After a member is enrolled in the Care Management program, educational materials, assistance in locating an

obstetrician, information about pregnancy incentive program are provided and is encouraged to make and keep all prenatal and postpartum appointments.

Services address clinical, behavioral health, and socioeconomic needs. Assessments of both physical and behavioral health are completed with the member and Care Plans are developed based on the information obtained. Social and behavioral support services are also addressed and include smoking cessation classes, alcohol and substance use disorder treatment, services to address spousal/partner abuse and emotional or mental health concerns. Referrals are made and coordinated within the community to support the member's needs including WIC, C-STAR programs.

Figure 1: Work flow of Care Management



Member Interventions

Missouri Care has partnered with *Nurses for Newborns* in the eastern region. The innovative, collaborative partnership allows them to outreach to both high and low risk OB members in St. Louis City and Jefferson Counties, areas where the rate of preterm and low birth weight deliveries are the highest in the state. Members in these two counties receive in-home services

throughout their pregnancy, the intensity of which depends on the medical, social and behavioral health risk factors identified. In addition, services continue for the mother and her baby after delivery, up to the first two years of child's life. The focus of this program is to promote healthy full-term deliveries without complications for the baby or mother. Discussions are underway with similar organizations in other regions of the State to provide this highly personalized service to more members.

Members are provided information on how to become eligible to participate in the Care Management Program, to use Care Management services, and to opt in or opt out, via the member handbook and newsletters. All members have access to Care Management at any time. The Member can self-refer to the program utilizing the following methods:

- Member Services;
- 24 hour nursing line; and
- Care Management toll-free line.

Missouri Care utilizes an intense community and social approach in care planning. The HealthConnections model gives care managers access to numerous resources to help find social supports and community-based services to eliminate barriers to wellness, including help with food insecurity, utility assistance, financial assistance, community-based prenatal assistance, and housing and homeless services and supports. Referrals to these community based providers are done through their integrated Care Management program and recorded on the member's record in the clinical management platform.

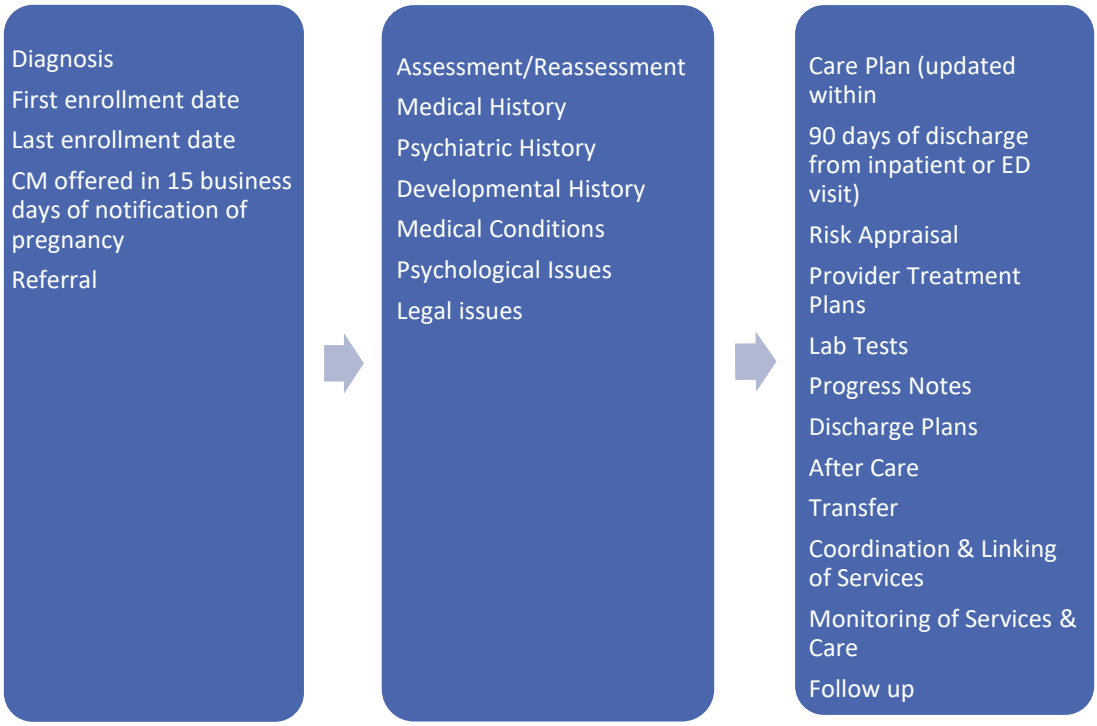
3.2.1 Findings of MRR (Attached: Excel workbook Tab A)

Primaris reviewed 33 MR to get the required sample of 20. 13 out of 33 had to be excluded due to following reasons (Table 2):

Table 2: Exclusions/Exceptions	**Number of MR**
Declined Care Management	2
Unable to Contact (UTC)	2
No Care Management (referral by UM nurse during term)	1
Data error	1
No Care Management in CY2017	7
TOTAL	**13**

Amongst the 20 medical records which were included in study, the following documentation was validated:

Figure 2: Validation of Medical Records for OB Care Management



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The Medical Record review for Missouri Care OB Care Management program revealed the following information:

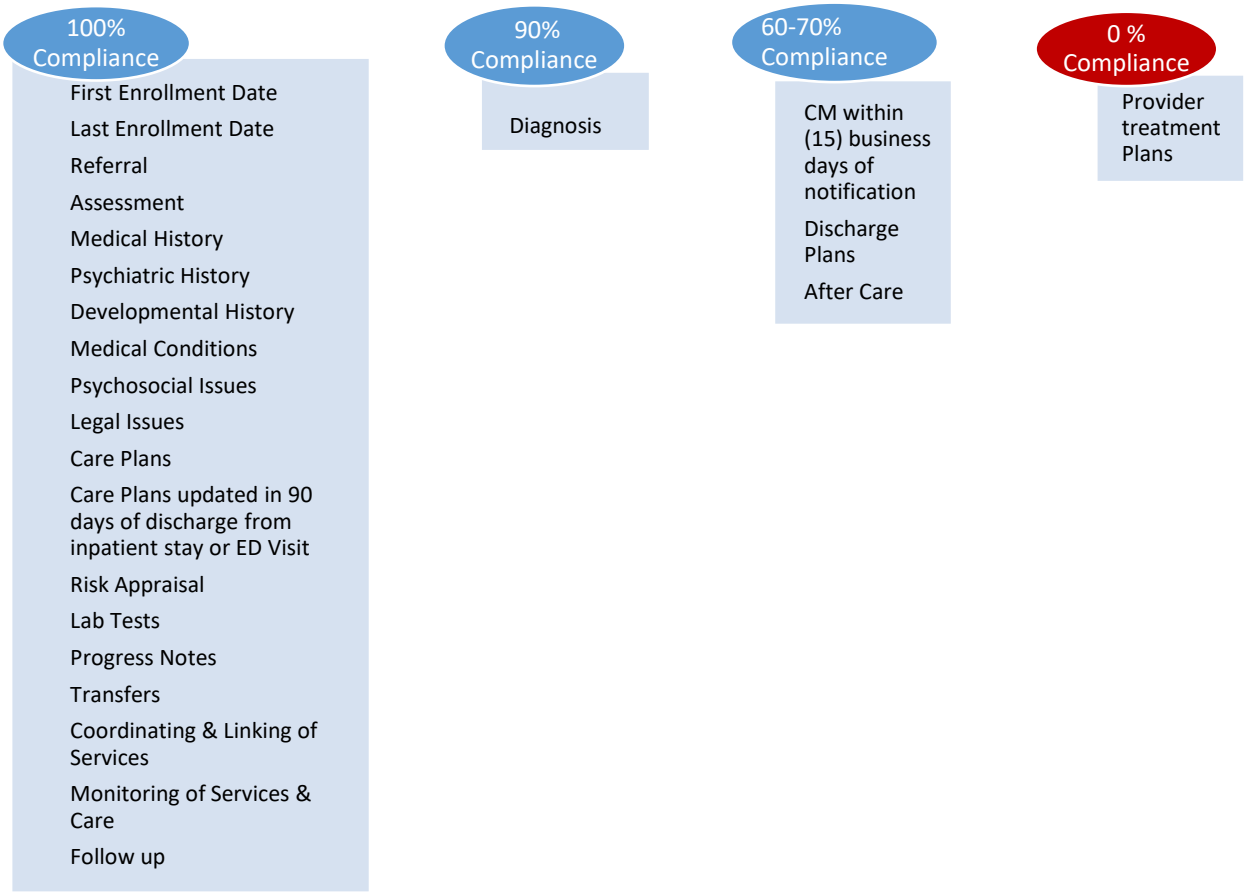

Figure 3: Compliance % for OB Care Management MRR

Figures 4 and 5 are graphical representation of Compliance for areas validated during OB Care Management MRR.

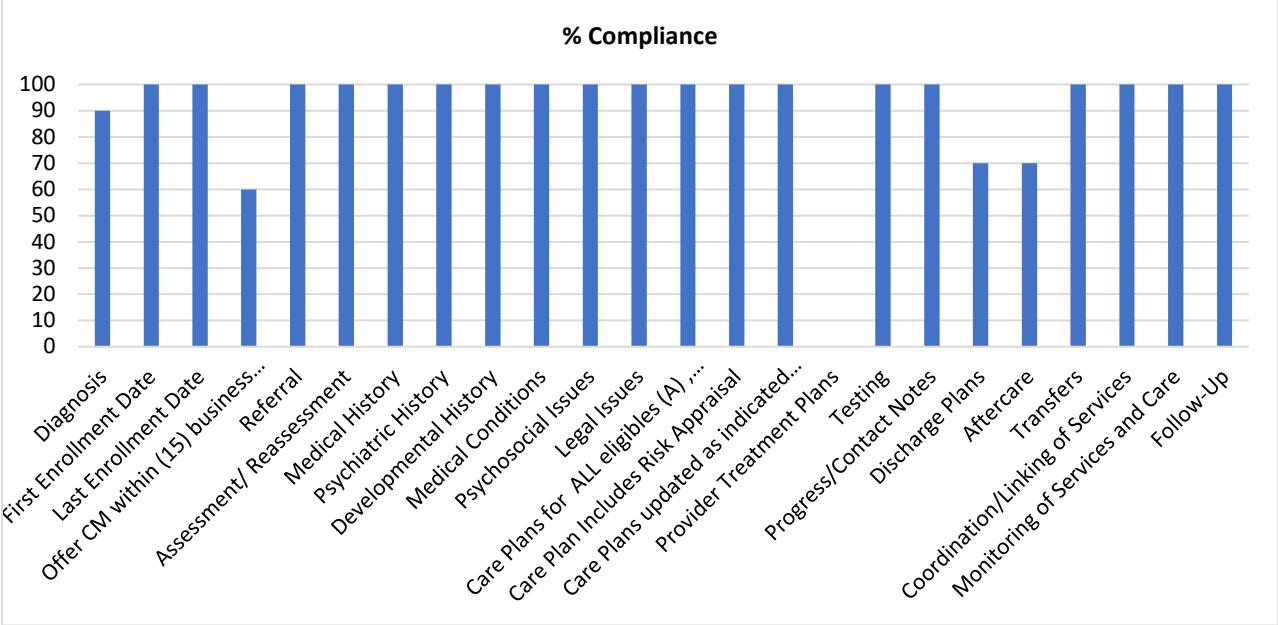

Figure 4: MRR Compliance

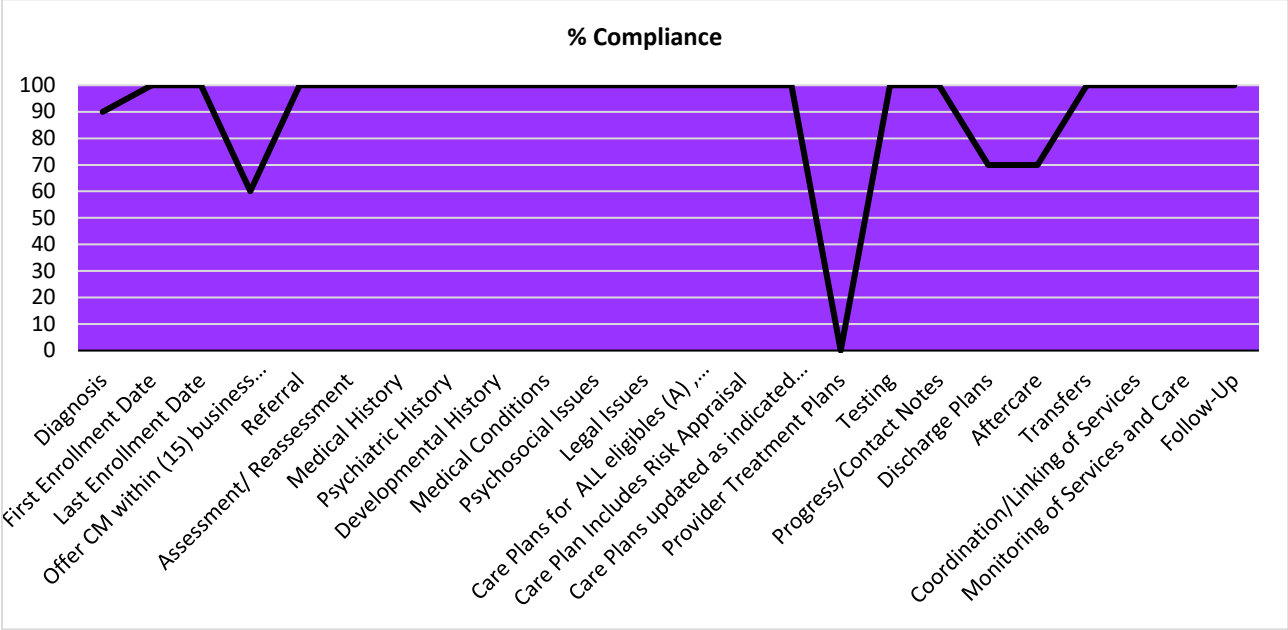

Figure 5: MRR Compliance

3.2.2 Conclusions

Primaris aggregated and analyzed findings from the Interviews, Policies and Procedures, MRR for the OB Care Management to draw conclusions about Missouri Care's performance in providing quality, access, and timeliness of healthcare services to members. Overall, evaluation showed that Missouri Care has Systems, Policies & Procedures, and Staff in place to ensure that its structure and operations support the processes for providing care and services while promoting quality outcomes.

- **Issues & Key Drivers**

Issues

The Medical Record review was done for 33 pregnant members: out of these 33, Care Management could not be done on 5 of them (15.2%).Missouri Care lost the opportunity to provide Care Management to eligible members due to following reasons:

Table 3: Lost opportunities

Reason	Number of Members	Notes
Declined Care Management	2	-
Unable to Contact (UTC)	2	MCO alleged that 60 % of primary demographic information received from State are incorrect/incomplete.
No Care Management	1	Missed Opportunity, referred by UM nurse at term.

- Over sampling had to be done to get the required 20 Medical Records. 13 out of 33 cases had to be excluded. In addition to those listed above, 7 were those who were not Care Managed in CY 2017. The members were enrolled in CY 2016 and Care Management

was done in the same year, but closed in CY 2017. The information system at Missouri Care counted the members twice (both for CY 2016 and CY 2017). There is a scope of a better approach in this arena, so that a member is not counted twice in the system.

- 10% MR did not have a Primary Diagnosis on the electronic medical record, though the reason for referral was mentioned as “Pregnancy”. This warrants education on part of Care Managers who maintain records.
- In 40% of the cases, Care Management was not offered within the time frame of 15 days of notification of pregnancy, which is contractually mandated by MHD.
- In 30% of the cases, Discharge Plans and After Care was not provided as the member could not be reached.
- The provider treatment plan was missing in all the MR resulting in 0% compliance. Missouri Care send letters to all OB providers about the member enrollment in Care Management program along with the Care Plan. They get a response from the provider only for certain cases after Care Managers make a phone call to the providers’ offices.

Key Drivers

- Teamwork;
- Medication Management;
- Health Information Technology;
- Patient-Centered Medical Home;
- Establishing accountability and agreeing on responsibility;
- Communicating/sharing knowledge;
- Helping with transitions of care;
- Assessing patient needs and goals;
- Creating a proactive care plan;
- Monitoring and follow-up, including responding to changes in patients' needs;
- Supporting patients' self-management goals;
- Linking to community resources; and
- Working to align resources with patient and population needs.

❖ **Quality, Timeliness and Access to Health Care Services**

- Missouri Care OB-Care Management Program was monitored in 24 areas during the MRR. Out of those, 19 areas scored 100% and 1 area scored 90% for compliance. Three (3) areas were at 60-70% compliance whereas Provider Treatment Plan scored zero (0).
- After receiving enrollment information from MHD in 834 file, Missouri Care made efforts to verify the contact information and address of the members at the onset on successful outreach.
- Missouri Care also contracted with a Vendor (Alere) for outreach to pregnant members.
- Use of multiple referral sources other than enrollment file for e.g., claims, provider notifications, reports, identify OB members so that access to Care Management and coordination of services could be provided in a timely manner.
- The following information/data has been obtained from Missouri Care to reflect their efforts for success of OB Care Management Program in CY 2017. Effectiveness of the OB program is measured by monthly case manager chart audits, OB outreach rate, HEDIS metrics and Utilization metrics.

CY 2017 Care Management OB Outcomes

On May 01, 2017 Missouri Care's membership expanded to cover the entire state.

A. OB Outreach: MCO considers "outreach" as an attempt to telephonically contact a person and not necessarily an engagement/assessment of needs of OB member.

Table 4: Outreach Rate %

REPORTING PERIOD	OUTREACH RATE
JAN 1-APRIL 30	91.00%
MAY 1-SEPT 30	95.30%
OCT 1-DEC 31	94.20%

B. Timeliness of Prenatal Care

Table 5: Timeliness of Prenatal Care (HEDIS Measure)

HEDIS Year	Timeliness of Prenatal Care %	2017 NCQA Quality Compass 25th Percentile	2017 NCQA Quality Compass 50th Percentile	Annual %point change
2016	77.51	74.21	82.25	
2017	77.05	77.66	83.56	-0.46
2018	81.51	76.89	83.21	4.46

For the Timeliness of Prenatal Care Measure, Missouri Care had achieved a rate of 81.51% in CY 2017 (HEDIS 2018). It improved by 4.46% point from the previous year. For the CY 2015 and CY 2016 Missouri Care slightly exceeded 25th Percentile of NCQA Quality Compass (Table 5).

C. Postpartum Care

For the Postpartum Care Measure, Missouri Care had achieved a rate of 57.18% in CY 2017 (HEDIS 2018). It improved by 5.73% point from the CY 2016 (HEDIS 2017). In the CY 2015 (HEDIS 2016), Missouri Care was above 50th Percentile of NCQA Quality Compass, but it dropped by 10.27% point in CY 2016, and was below the 25th Percentile of NCQA standard (Table 6).

Table 6: Postpartum Care (HEDIS Measure)

HEDIS Year	Postpartum care %	2017 NCQA Quality Compass 25th Percentile	2017 NCQA Quality Compass 50th Percentile	Annual % point change
2016	61.72	55.47	60.98	
2017	51.45	59.59	64.38	-10.27
2018	57.18	59.61	65.21	5.73

D. Neonatal Intensive Care Unit (NICU) Prior Authorizations (PA)

Table 7 reveals that Missouri Care approved 100% of the requested PAs (4.63 Vs 4.64) in CY 2017, consistent with the % approvals in CY 2016. This is suggestive of access of care to the members.

Table 7: NICU PA

NICU	2017 Total	2016 Total	2017 Q1	2017 Q2	2017 Q3	2017 Q4
Requested PA Per 1000	4.64	5.11	5.12	4.61	5.01	4.08
Approved PA Per 1000	4.63	5.09	5.09	4.61	5.01	4.07

E. Delivery (Birth) PA

Table 8 reveals that Missouri Care approved 99.9% of requested PAs (40.77 vs 40.81) in CY 2017, consistent with the approvals in CY 2016. This is suggestive of access of care to the members.

Table 8: Delivery (Birth) PA

Birth	2017 Total	2016 Total	2017 Q1	2017 Q2	2017 Q3	2017 Q4
Requested PA Per 1000	40.81	42.35	54.93	41.85	40.18	34.71
Approved PA Per 1000	40.77	42.34	54.87	41.80	40.17	34.65

❖ **Improvement by Missouri Care**

A comparison with previous year (CY 2016) was done to determine the extent to which Missouri Care addressed effectively the recommendations for quality improvement made by the EQRO.

- Improvement was noticed for Assessments (5% points), referrals (5.26% points), Care Plan (10% points), progress notes (17.5% points) and Care Coordination (16.67% points).
- There was a decrease in Discharge Planning compliance by 11.25% points. This was because Missouri Care lost contact with the patient after initial screening.
- Table 9 and Figure 6 show the trend data for a period of CY 2014-CY 2017 and change in % point from CY 2016.

Table 9: Trend Data for MRR: 2014-2017 EQR

%MRR Compliance	2014	2015	2016	2017	% point Change
Assessment	100	83.33	95	100	5
Referrals	73.33	90	94.74	100	5.26
Care Plan	93.33	81.82	90	100	10
Progress Notes	87.1	94.74	82.5	100	17.5
Care Coordination	40	75	83.33	100	16.67
Discharge Planning	72.73	87.5	81.25	70	-11.25

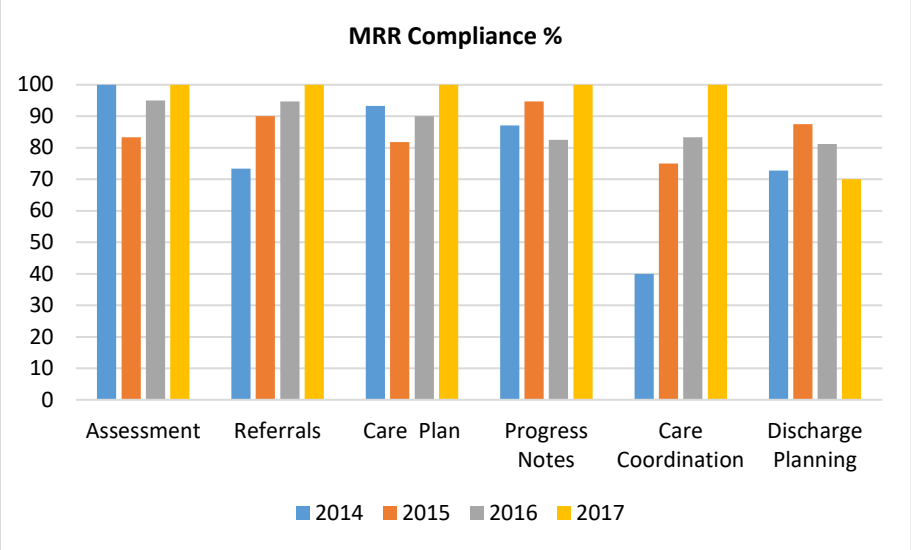

Figure 6: MRR Compliance trends (CY 2014-2017)

3.2.3 Recommendations

- A member should be considered as enrolled when the Care Manager makes an assessment of the need of the member. An outreach by a care coordinator should not be considered as enrollment. As per MHD Managed Care Contract, The initial care management and admission encounter shall include an assessment (face-to-face or phone) of the member's needs.
- The Assessment should be completed within 15 days of notification of pregnancy. Care management for pregnancy is included in the current Performance Withhold Program.

This allows MHD to emphasize the importance of timely case management for this critically important condition.

- Face to face contact for complex cases.
- Before closing a case for UTC, at least three (3) different types of attempts should be made prior to closure for this reason. Where appropriate, these should include attempts to contact the member's family. Examples of contact attempts include (MHD Managed Care Contract 2.11f (1)):
    - Making phone call attempts before, during, and after regular working hours;
    - Visiting the family's home;
    - Checking with primary care provider, Women, Infants, and Children (WIC), and other providers and programs; and
    - Sending letters with an address correction request. (Post Offices can be contacted for information on change of address).
- The engagement of provider in the 'Care Plan'. Missouri Care sent letters to the providers about new patients' enrollment and Care Plan but no response was asked or received from them. This opportunity to collaborate with provider at early stage can be tapped. Involving the provider in engaging members in their care would increase the success of pregnancy outcomes.
- Patient-centered education: https://www.managedcaremag.com/archives/2017/9/three-components-missing-many-population-management-strategies recommends:
  To assess and account for cognitive factors that affect member's ability to understand their health needs, care goals, and recommended interventions. Does a member have the cognitive ability to support her Care Plan? Does she or he have the knowledge necessary to understand not only what constitutes a Care Plan but also why and how it can be followed? Gaining this level of insight requires structured and timely interaction with the patient. Both must be embedded in the Care Management fabric of the OB Program. Only after there is a clear picture of a patient's cognitive skills and knowledge base is it possible to provide the patient with the appropriate level of educational information and outreach. If people truly understand their Care Plans, adherence improves and have better outcomes.

- Patient-centered technology: https://www.managedcaremag.com/archives/2017/9/three-components-missing-many-population-management-strategies

  Many Medicaid Managed Care Organizations have member portals—and nearly all of them have members who rarely, if ever, use the portals. The reason is remarkably basic: Most people in Medicaid plans use smartphones rather than home computers to connect to the Internet. Smartphone apps, *not* web-based member portals, is the way to serve Medicaid plans and their members.

  By identifying how patients are willing to engage, Missouri Care can procure and configure technology that optimally support these preferred engagement channels. In turn, these expanded lines of communication between care teams and patients can ensure the timely flow of information and education.
- Frequency of follow-up, availability of psychosocial services, assistance with financial issues and active engagement of the care manager and the member are important characteristics of Care Management interventions.

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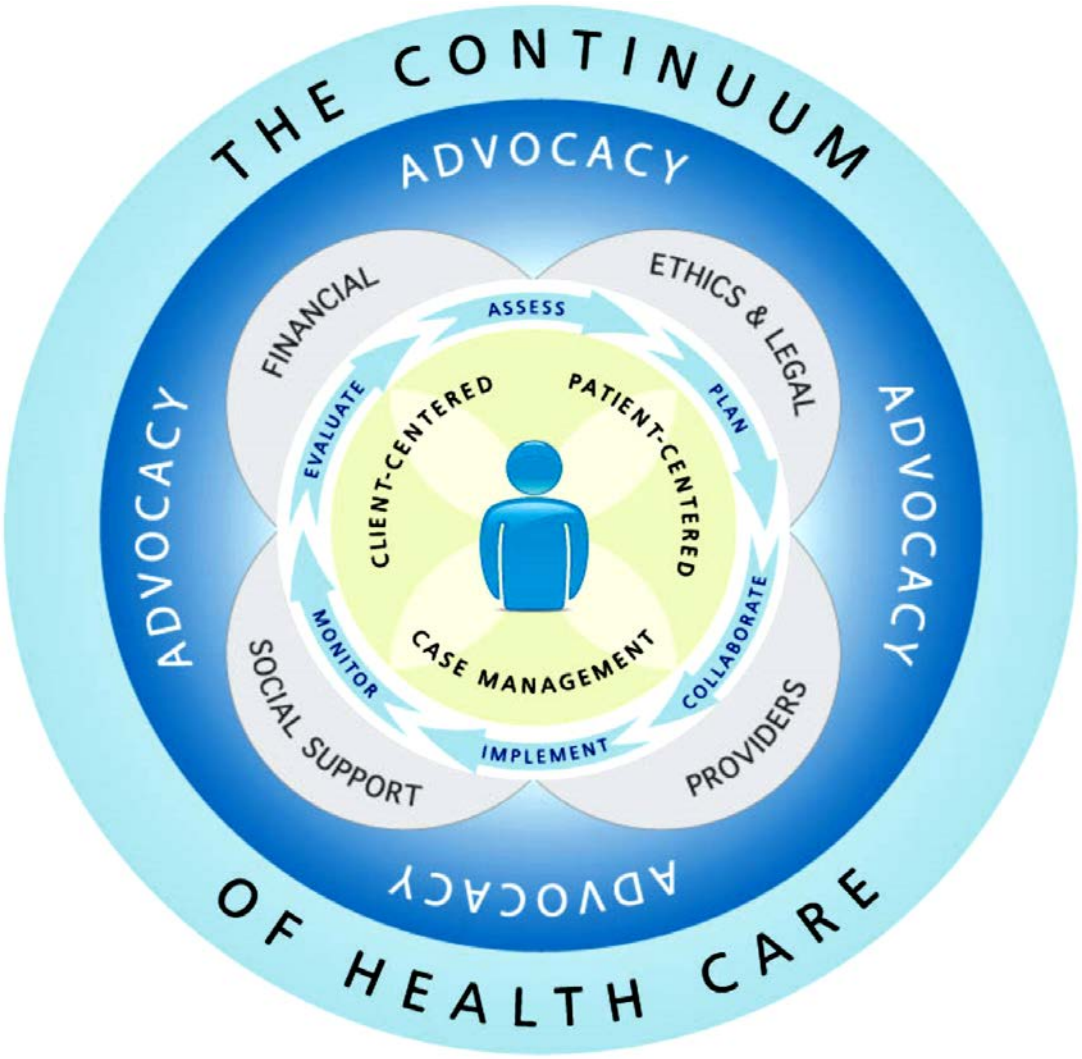
Figure 7: The Continuum of Health Care and Professional Case Management (Ref: Standards of practice for case management- CMSA case management society of America)



3.3 Children with Elevated Blood Levels Care Management

Lead Care Management Overview

Missouri Care's Lead Care Management Program includes all members with identified lead levels of 10 *ug/dL* or greater. Under the direction of the Lead Care Manager, a team approach is

used that involves the primary care physician (PCP), Missouri Department of Health & Senior Services (DHSS), Home Health Agencies and/or the local Public Health Agencies. Outreach is conducted for members with elevated blood lead levels in the required time frames noted below:

- 10 to 19 ug/dL within one to three (1–3) business days;
- 20 to 44 ug/dL within one to two (1–2) business day;
- 45 to 69 ug/dL within twenty-four (24) hours; and
- 70 ug/dL or greater – immediately.

Upon successful contact, a screening/assessment is completed by Missouri Care's Lead Care Manager and Care Plans are developed that assist with the required coordination with a goal for a lead level of less than 10 *ug/dL*. Lead Care Management includes the coordination of home visits, environmental assessments and ongoing review of the member's lead levels with the PCP. All members with noted lead levels are offered two home visits – one that occurs at the time of notification of the elevated lead level and a follow-up home visit that is offered within three months following the initial home visit. Missouri Care contracts with home health agencies and public health departments to assist with these home visits.

The initial visit includes an assessment of the member/family including recommending interventions to mitigate the lead poisoning and lead poisoning education. The follow-up visit includes an assessment and review of the member's progress and parental compliance with recommended interventions and reinforcement of the lead poisoning education. The DHSS Childhood Lead Poisoning Prevention Program Nurse's Lead Care Management Questionnaire is used by the Home Health Agencies and Public Health Departments in the initial home visit. All visit information is faxed to the lead care manager and is included in the member's open case file and used to coordinate the Care Plan. The Care Manager also works closely with the PCP assuring that repeat lead levels are timely completed. The member's Care Plan and the information from the home health visit and the environmental assessment is shared with the PCP. The Care Manager continues to work with the member/guardian and all parties involved, providing education, interventions and making adjustments to the Care Plan as needed until all lead hazards have been removed and the member's lead level decreases to a level of less than 10 *ug/dL*. Once this has occurred and the member is discharged from Lead Care Management, exit

counseling is performed that includes the member's lab results, the discharge date of Care Management, the reason and a follow-up phone number for the Care Manager.

If, at any time, a member terminates with the MCO while enrolled in Lead Care Management, the transition of care process is completed. A member enrolling in another MCO will be notified of the member's lead level and status of care. For members transitioning to MO HealthNet, the Care Manager will notify the Public Health Agency where the member resides. The member/guardian and providers are notified of the termination of coverage and are provided with contact information for the receiving health plan or the public health agency.

All communications and interventions are documented in the member record in the Enterprise Clinical Management platform. In addition, Missouri Care completes documentation in MHD's web-based Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC) Lead Application database.

3.3.1 Findings for MRR (Attached Workbook Tab B)

Primaris reviewed 30 MR and 20 of them were open for Care Management in CY2017. 10 out of 30 records were excluded for the following reasons:

Table 10: EXCLUSIONS/EXCEPTIONS	NUMBER OF MR
State notifies of increased capillary Blood Lead Level (BLL) followed	2
Venous level drawn and within normal parameters	4
Unable to contact member	1
Duplicate	1
No case management in 2017	1
Refused Care Management	1
TOTAL	**10**

Amongst the 20 medical records which were included in study, the following documentation was validated:

Figure 8: Validation of Medical Records for Lead Care Management

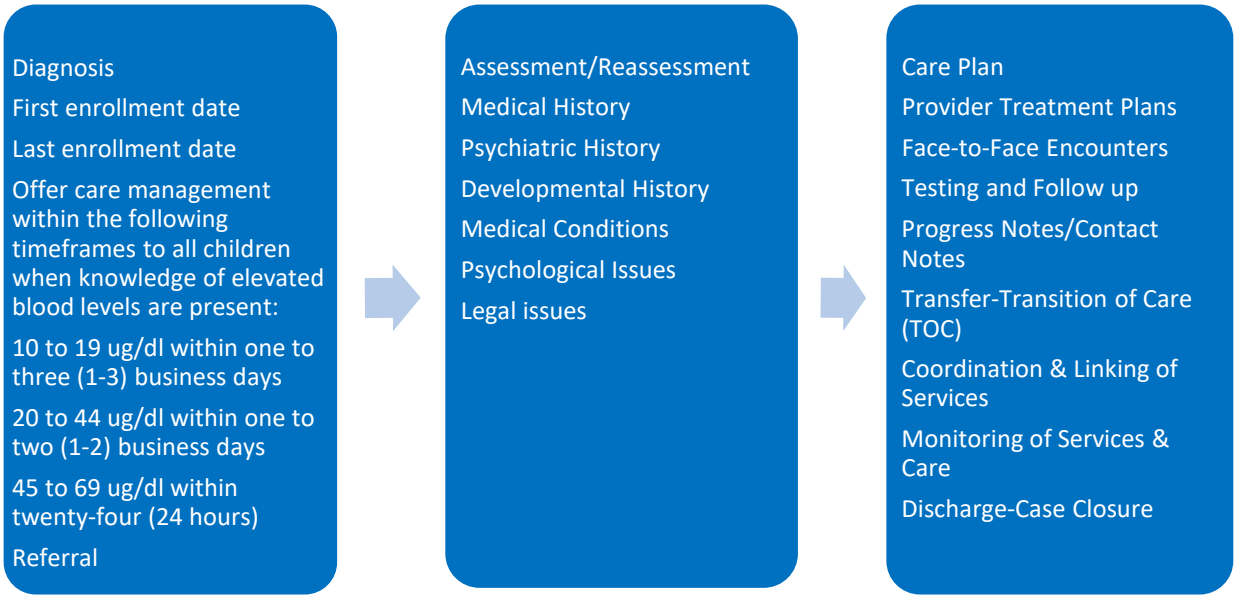
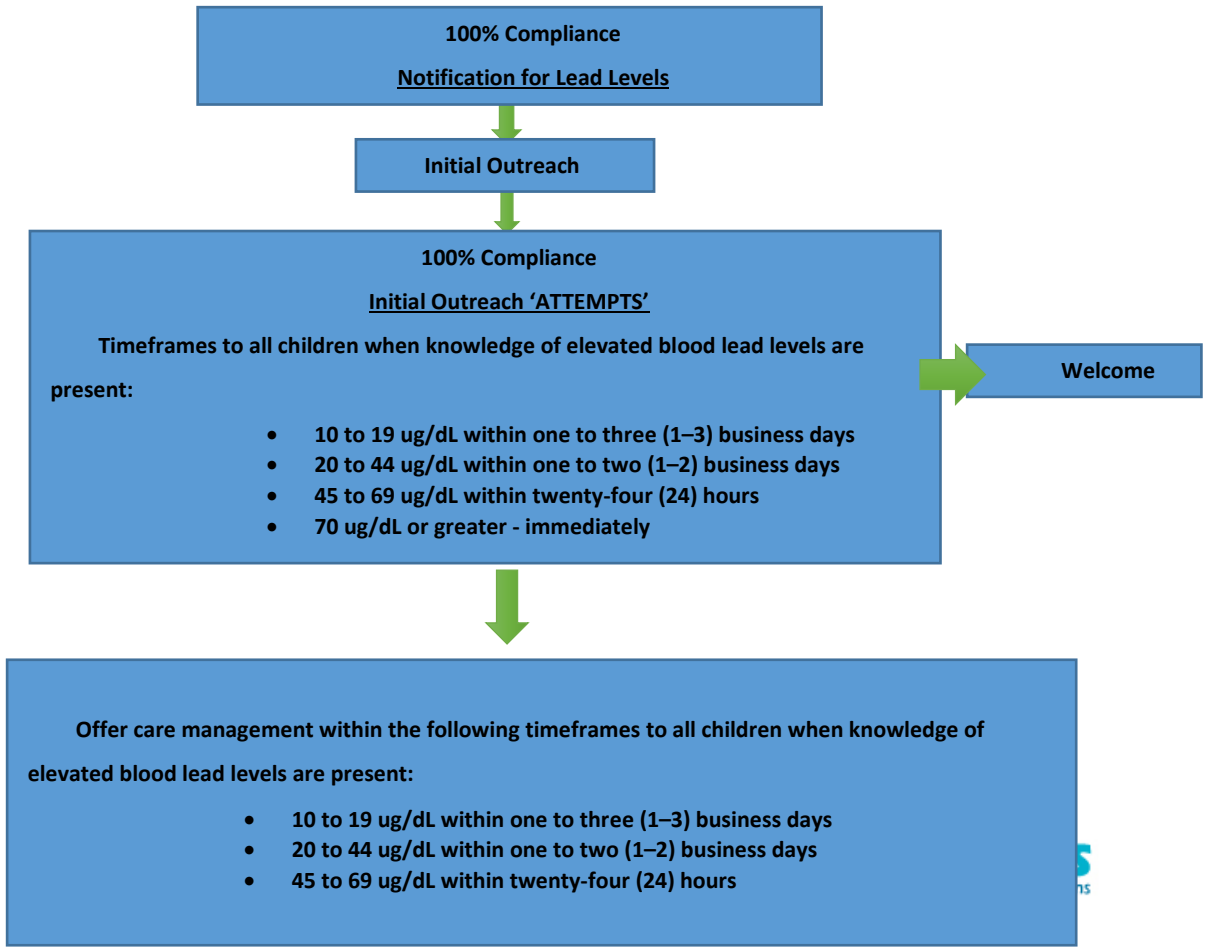


Figure 9: Lead Care Management Flowchart with MRR Findings



50% Compliance

Assessments within Timeframes

Timeframes to all children when knowledge of elevated blood lead levels are present:

- **10 to 19 ug/dL within one to three (1–3) business days**
- **20 to 44 ug/dL within one to two (1–2) business days**
- **45 to 69 ug/dL within twenty-four (24) hours**

9% Compliance

Assessments Performed and Not Within Timeframes

Timeframes to all children when knowledge of elevated blood lead levels are present:

- **10 to 19 ug/dL within one to three (1–3) business days**
- **20 to 44 ug/dL within one to two (1–2) business days**
- **45 to 69 ug/dL within twenty-four (24) hours**

55-60% Compliance

- **Medical History**
- **Psychiatric History**
- **Developmental History**
- **Medical Conditions**
- **Psychosocial Issues**
- **Legal Issues**

100% Compliance

Referrals

17% Compliance

Two (2) Face-to-Face Encounters

Initial and Follow-Up/2nd Visit

Reasons Assessments Not Performed Within Timeframes

- **Unable to Contact**
  - **Inaccurate member information**
  - **No Answer**
- **Member/Guardian Refusal**

Sources Used to Contact Member

- **Member Directory**
- **PCP**
- **Other Resources, Claims, WIC, State, etc.**

22% Compliance

Initial Visit

A minimum of two (2) member/family encounters, both face-to-face. Initial visit must be performed within two (2) weeks of receiving a confirmatory blood lead level that met the lead care management requirements.

17% Compliance

Follow-Up Visit

Follow-up visit or second (2nd) encounter within three (3) months following the initial encounter. Assessment and review of the child's progress, parental compliance with recommended interventions, reinforcement of lead poisoning education, member education, and the medical regime should be performed at that time.

Reasons Visits Are Not Within Timeframe

- **Unable to Contact**
  - **Inaccurate member information**
  - **No Answer**
- **Member/Guardian Refusal**

85% Compliance

Testing

- **Ensure that the Childhood Blood Lead Testing and Follow Up Guidelines are followed as required:**
  - **10-19µg/dL – two to three (2-3) month intervals.**
  - **20-70+µg/dL – one to two (1-2) month intervals, or depending upon the degree of the elevated lead level, by physician discretion until the following three conditions are met:**

When the above conditions have been met, proceed with retest intervals and follow-up for BLLs 10-19µg/dL.

100% Compliance

Progress/Contact Notes

30%

Transfers-TOC in

100% Compliance

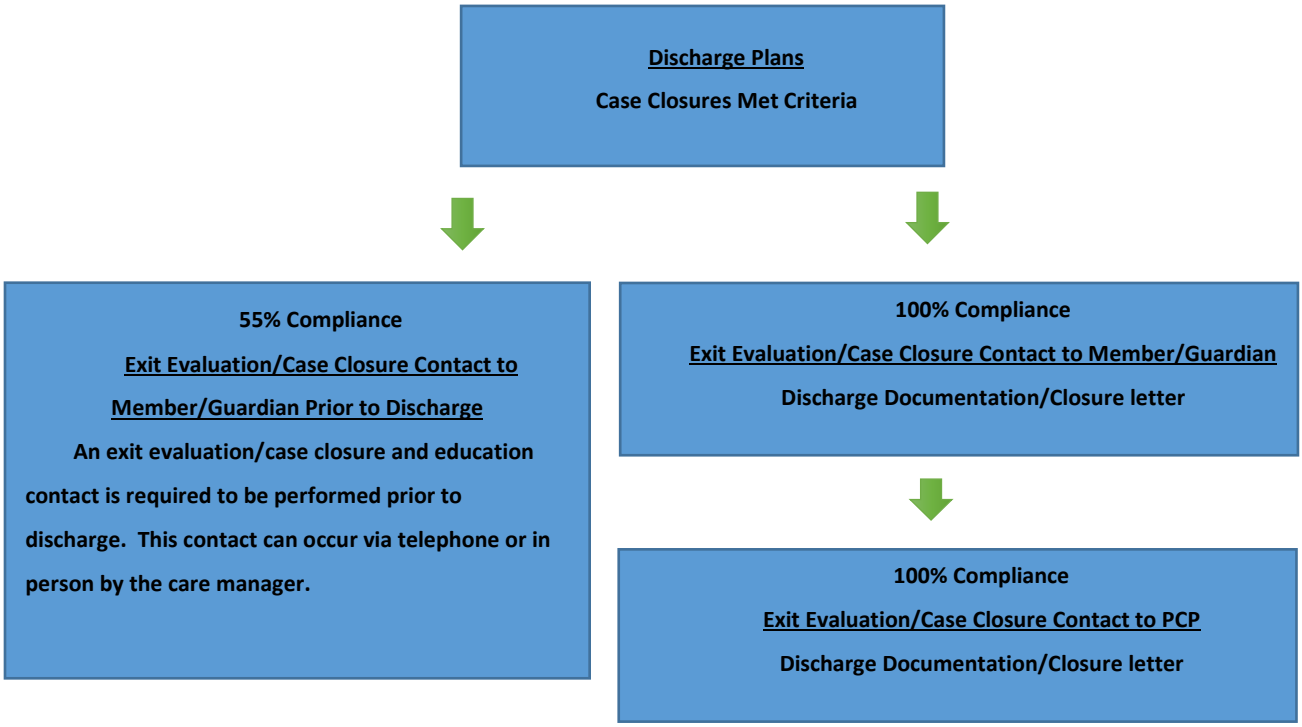
Coordination/Linking

100% Compliance

Monitoring of Services and

40% Compliance

Provider Treatment Plans



The MRR for Missouri Care Lead Care Management program revealed the following information:

a. Offer Care Management and Assessments

Missouri Care receives the notification/referral of the elevated blood level. The Care Manager then offers Care Management within the timeframe below according to the elevated blood lead levels:

- 10 to 19 ug/dL within 1–3 business days;
- 20 to 44 ug/dL within 1–2 business days;
- 45 to 69 ug/dL within 24 hours; and
- 70 ug/dL or greater – immediately.

Missouri Care's initial 'outreach' attempts to contact the member/guardian for Lead Care Management was 100%. Although 'attempts' were done, the Care Managers success rate to contact the member/guardian to offer case management and perform an assessment was only 50%. They were 'unable to reach' due to 'no answer' and/or 'inaccurate member's contact

information'. The Care Managers continued to contact outside sources to obtain correct contact information.

b. Member Engagement and Care Planning

The Care Managers face difficulty in member/guardian engagement for Care Management services. Welcome letters are initially sent to the member/guardian regarding Care Management.

c. Provider Engagement and Care Planning

The Care Plans are implemented with members after the completion of the initial assessment. Communication with physician/physician staff for the member's care is ongoing during the Care Management process. Care Managers notify the provider that the member is engaged in the Lead Care Management. Missouri Care is 40% compliance for Care Plans.

d. Childhood Blood Lead Testing and Follow-Up

The compliance rate is 85%. The Care Managers educate the member/guardian the importance of follow-up blood testing.

e. Referrals

Missouri Care is 100% compliant with referrals The Care Managers made attempts for referrals for services. The participation of the member engagement remains a challenge.

f. Two (2) Face-to-Face Encounters

The initial face-to-face encounter within 2 weeks of receiving a confirmatory blood level is 22.22% compliance. The compliance for the second visit within 3 months is 16.66%. The Care Managers utilized outside sources such as home health, lead assessor to promote the face-to-face encounters. The barriers documented by the Care Managers are 'unable to reach' and 'member/guardian refusal'. Initial visits for face-to-face encounters do not occur as frequently as required. Although referrals were initiated, the initial face-to face and follow-up encounters required continuous attention.

g. Coordination, Linking and Monitoring Services

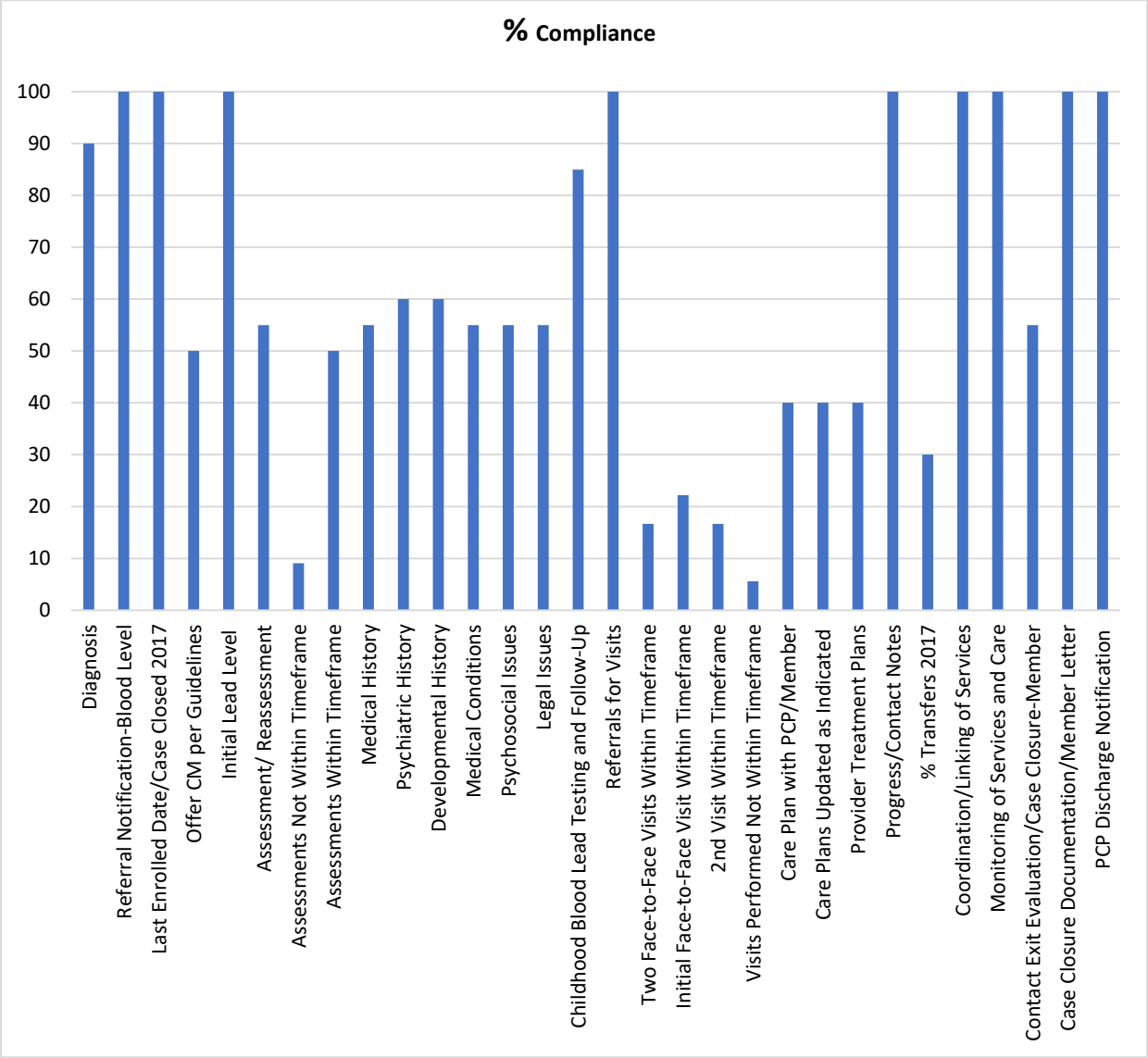
The coordination, linking and monitoring of services are documented in the progress/contact notes with 100% compliance.

h. Discharge Plans/Case Closures

A member/guardian exit evaluation for case closure can occur via phone or face-to-face encounter. 'Unable to reach member/guardian' presents a challenge for meeting the criteria for

conducting a contact exit evaluation. A case closure letter is required to be sent to member/guardian and PCP when applicable which was 100% compliant. Case closure letter criteria to member was 100% compliance. Case closure criteria to PCP was 100%. Missouri Care had twenty (20) case closures in 2017. The contact exit evaluation to member/guardian was 55%.

Figure 10: Compliance Graph for Lead Care Management MRR



3.3.2 Conclusions

Primaris aggregated and analyzed findings from the Interviews, Policies and Procedures, MRR for the Lead Care Management Program to draw conclusions about Missouri Care's performance in providing quality, access, and timeliness of healthcare services to members. Overall, evaluation showed that Missouri Care has Systems, Policies & Procedures, and Staff in place to ensure that its structure and operations support the processes for providing care and services while promoting quality outcomes.

- **Issues and Key Drivers**

Issues

Missouri Care was ≤55% compliant in the following criteria/areas due to the single most reason 'UTC'.

Table 11: Issues

Criteria/Areas	Reason	Number of Members
Offer CM per Guidelines with Assessment	UTC	10
Face-to-Face Encounters (Initial and/or Follow up)	UTC	11
Discharge/Case Closure-Exit Evaluation with member	UTC	9

Another area for poor compliance was Provider Treatment Plans and Care Plans (40% compliance). There is a requirement of better provider engagement for care planning and provider treatment plans. Promoting provider education and participation is an ongoing process.

Key Drivers

Table 12: Key Drivers

Key Drivers	Intervention	Failure Mode & Effect Analysis
MCO Member Directory Care Coordination	Accurate Member Directory Contact Information Internal Process Changes within MCO	Unable to contact patient for care planning: • Offer Care Management within timeframe with assessments • Face-to-Face Encounters • Follow-Ups • Exit Evaluation/Case Closures
Coordination/Resources	Focused Member Outreach by the Targeted Provider Member Engagement/Member Outreach and Incentive	Unsuccessful member engagement: • Member refuses • Lack of investment in the member's healthcare needs • Member is not aware of the importance of follow-up
Provider Engagement	Internal Process Changes at PCP Office Improve Provider Processes	Unsuccessful provider engagement and care planning

❖ **Quality, Timeliness and Access to Health Care Services**

Missouri Care Lead Care Management program was reviewed in 22 areas during the medical record review. Nine (9) areas scored 90% or higher for compliance. One (1) area, testing and follow-up was 85% compliance. Nine (9) areas, offer case management per guidelines with assessment, assessments, medical history, medical conditions, psychiatric history, developmental history, psychosocial issues, legal issues, contact exit evaluation/case closure-member were 50-60%. Two (2) areas, care plans and provider engagement scored 40%. One (1) area, face-to-face encounters were 17-22% compliance.

The use of these findings would help to understand the opportunities for improvement that would have a positive impact on the care, services, and outcomes for members.

Missouri Care Lead Program Effectiveness

The Care Management Department continuously monitors and evaluates the quality and effectiveness of the program structure and processes for opportunities for improvement. Measuring outcomes, goal attainment and member satisfaction is an integral part of the Care Management Program. The focus is on identifying opportunities for improvement and applying a Continuous Quality Improvement (CQI) process as the approach to problem solving.

The approach includes, but is not limited to:

- Determine relevance of the issue to the population;
- Evaluation of baseline measure(s);
- Analysis to identify an opportunity for improvement;
- Analysis to identify possible root causes/barriers;
- Planning and implementation of actions to eliminate root causes;
- Evaluation of performance and effectiveness of the interventions by re-measuring after implementation of actions; and
- Continuous re-measurement to determine whether improvements are sustained.

The Program Measure of Effectiveness includes Member, Provider and Care Manager Value Drivers.

Lead screening, as a HEDIS care gap, is discussed with primary care providers during Quality Care Gap meetings as well as during care management/ PCP communications (Table 13).

Table 13: Lead Screening Rates from H 2016-H 2018 (CY 2015-CY 2017)

HEDIS Year	Missouri Care Lead Screening In Children (LSC) Rate	2017 NCQA Quality Compass 25th Percentile	2017 NCQA Quality Compass 50th Percentile	Year over Year Percentage Point Change
2016	56.44%	56.44%	71.06%	
2017	56.94%	59.65%	71.38%	0.50%
2018	56.45%	Pending	Pending	-0.49%

❖ **Improvement by Missouri Care**

A comparison with previous year (CY 2016) was done to determine the extent to which Missouri Care addressed effectively the recommendations for quality improvement made by the EQRO. The details are provided in the Table14 and 15.

- Referrals were improved from the previous years;
- Offer Care Management per the guidelines with an assessment decreased;
- Assessments decreased;
- Face to Face encounters for initial visit and follow-up decreased;
- Care Plans increased; and
- Contact exit evaluation/case closure decreased.

Table 14: Comparison Chart for Compliance Improvement from CY2016

CY 2016 Data Elements Reviewed	CY 2016 % Compliance	CY 2017 Data Elements Reviewed	CY 2017 % Compliance	Notes
		Diagnosis	90%	Diagnosis documented
		Referral Notification of Blood Lead Level	100%	Referral for blood lead levels documented
		Case Closures in 2017	100%	20 cases closed in 2017
		Case Closures in 2018	0%	0 cases closed in 2018
		% Transition of Care Cases in 2017/Transfers	30%	6 cases for Transition of Care (TOC) in 2017
		Contact Exit Evaluation with Member/Guardian	55.00%	20 cases for case closures

		Case Closure Documentation to Member/Guardian	100%	20 cases for case closures
		PCP Discharge Notification	100.00%	20 cases for case closures
Transition/Closing	**88%**	***Total for Discharge Criteria***	***85%***	**Meeting criteria for exit/closure case**
		Initial Lead Levels from referral	100%	Initial lead levels documented
		Outreach 'Attempts'	100%	Initial 'Attempts' made within timeframe of blood lead levels
Offer Care Management	**93%**	**Offer Care Management for Lead Levels per Guidelines with Assessment**	**50%**	**Direct contact with member/guardian to offer Care Management within guidelines and perform assessment**
Assessments	**73%**	**Total Assessment Performed (within and not within timeframe)**	**55%**	**Total assessments performed during care management process(within and not within initial direct contact to offer Care Management)**
		Medical History	55%	Documentation present on assessment
		Psychiatric History	60%	Documentation present on assessment
		Developmental History	60%	Documentation present on assessment

		Medical Conditions	55%	Documentation present on assessment
		Psychosocial Issues	55%	Documentation present on assessment
		Legal Issues	55%	Documentation present on assessment
		Childhood Blood Testing/Follow-Up	85%	Follow-up blood testing documented
Care Planning		**Care Plans**	**40%**	**Care Plans documented**
Face-to face	**94.74%**	**Face-to-Face-Initial Encounter within 2 weeks**	**22%**	**Initial face-to face encounters performed**
		Face-to-Face-2nd Visit within 3 months of 1st encounter	**17%**	**2nd visits performed**
		Total visits performed within and not within timeframes	**22%**	**Total visits performed within and not within per guidelines**
Care Coordination	**0%**	**Member Engagement**	**40%**	**Member engagement/involvement**
PCP Involvement	**90%**	**Provider Treatment Plans**	**40%**	**Provider involvement with care**
		Coordination/Linking Services	100%	Documentation present
		Monitoring of Services and Care	100%	Documentation present
Referrals	**75%**	**Referrals**	**100%**	**Documentation present**

Progress Notes	**100%**	**Progress/Contact Notes**	**100%**	**Documentation present**

Table 15 shows the % compliance of Medical Records from CY 2014- CY 2017 for the Children with Elevated Blood Lead Levels CM Program. There was a decrease in 'Offer Care Management within Timeframe' by 43% point, decrease in 'Assessment' by 18% point in comparison to previous CY 2016, whereas an improvement was noticed in 'referrals' by 37% point.

Table 15: Compliance Trend % from CY 2014-2017

MRR Compliance %	2014	2015	2016	2017	%point
Offer CM within Timeframe	72.73%	30.77%	93%	50%	-43
Assessment	100.00%	83.33%	73%	55%	-18
Care Planning	100.00%	58%	27%	40%	13
Referrals	88%	54.55%	63%	100%	37
Face-to-Face Encounters	90.91%	45.45%	94.74%		
Face-to-Face Encounter Initial				22%	
Face-to-Face Encounter Follow up				17%	
Progress Notes	83.33%	55.00%	87%	100%	13
Discharge Planning	100%	33.33%	88%		
Contact Exit Evaluation/Case				55%	
Case Closure				100%	
PCP Discharge Notification				100%	

3.3.3 Recommendations

Suggested Methods to Contact Guardian/Member

- In cases where the member/guardian cannot be contacted by phone and no response to the initial letter, a visit should be made to the location.
- Language barriers may present obstacles for the initial contact of member/guardian. Local community-based resources may be necessary to facilitate initial contact and confirm effective follow-up.

- Different modes of outreach should be used at different times of the days and different days of the week to increase opportunities of actually reaching the member/guardian to initiate the case management process.

Table 16: Methods to Contact Members

Existing Methods Used for Contact Information	Methods to Verify/Update Contact Information
Call Send a letter Send a certified letter Make a home visit Text or email (follow agency policies; may require prior consent) Local community-based resources	Inquire WIC contact Inquire economic assistance contact Inquire Child Protection contact Inquire Primary Care Provider Inquire US Postal Service for forwarding address Inquire contact person listed at admission if applicable Call member/guardian at different times and days

Suggested Methods for Member Participation

- Ensure anticipatory guidance to parents for blood levels approaching ≥ 10ug/dl.
- Children with blood levels below 10 ug/dl are important targets for educational interventions.
- Ensure that an elevated blood lead level environment health investigation is conducted.
- Encourage guardian to test siblings and household contacts for lead poisoning.
- Refer family to developmental and community resources such as: developmental programs, health, and housing and/or social services when appropriate.

Suggested Methods for Provider Participation

- Ensure a notification letter is sent to physician along with a copy of the member/guardian notification letter and informatics letters.
- Educating physician/staff on proper steps for capillary blood lead level (finger sticks) per the protocol.
- Suggest a main contact at provider office to engage in member/guardian's plan of care.

Continue Lead Poisoning Education

- Risks;

- How are children exposed to lead?
- Lead in products;
- Member/Guardian Jobs and Hobbies;
- Prevention Measures;
- Healthy Diets;
- Effects of lead on children, adults, and pregnant women;
- Testing and Reporting;
- Methods of testing; and
- Treatment.

Resources

CMSA Case Management Society of America
http://www.cmsa.org/

CDC-Childhood Lead Poisoning Prevention Program
https://www.cdc.gov/nceh/lead/publications/books/plpyc/chapter6.htm

Lead Poisoning Prevention Manual
https://health.mo.gov/living/environment/lead/manual/index.php

CDC-Lead-Case Management Document
https://www.cdc.gov/nceh/lead/casemanagement/casemanage_main.htm

State Strategies to Improve Childhood Lead Screening and Treatment Services under Medicaid and CHIP
https://nashp.org/wp-content/uploads/2018/04/Childhood-Lead-Screening.pdf

3.4 Serious Mental Illness (SMI) Care Management

As per MHD Managed Care Contract (2.11), Serious Mental Illness (SMI) includes Schizophrenia, Schizoaffective disorder, Bipolar Disorder, Post-Traumatic Stress Disorder, Recurrent Major Depression, and moderate to severe Substance Use Disorder.

SMI Program Overview of Missouri Care

Behavioral health care management is integrated in the overall Care Model. The goals and objectives of the behavioral health activities are congruent with the Clinical Services Organization Health model and are incorporated into the overall Care Management model program description.

SMI population requires additional services and attention which lead to the development of special arrangements and procedures with the provider networks to arrange for and provide certain services. Some members require coordination of services after discharge from acute care facilities to transition back into the community. This includes coordination to implement or access services with Network Behavioral Health providers or Community Mental Health Clinics (CMHCs) also called Community Service Boards (CSB). Members with SMI may receive intense or targeted Care Management services by community mental health providers or integrated care from a Behavioral Health Home (BHH).

The MCO assesses members for Care Management within five (5) business days of admission to a psychiatric hospital or residential substance use treatment program, as well as members referred to the program, identified through data sources, or identified via The Law. Mental health status, including cognitive functions and psychosocial factors such as the ability to communicate, understand instructions and process information about their illness and substance abuse history are essential components of the initial assessment. The PHQ-9 and CAGE or CRAFFT assessments are conducted to provide additional data within the assessment process.

3.4.1 Findings for MRR (Attached Excel Workbook Tab C)

Primaris reviewed 24 MR (oversample) to audit 20 records for Care Management in CY2017. 4 out of 24 records were excluded for the following reasons:

Table 17: EXCLUSIONS	NUMBER OF MR
Not SMI Dx	2
Unable to reach member	1
Duplicate	1

TOTAL	**4**

Of the 20 cases reviewed, 12 cases were hospitalized with the diagnosis of SMI, 1 was self-referred by member calling the help line, 1 was found as an outlier needing attention, and 4 were referred through Law (proprietary algorithm) which is the utilization management (UM) referral process. 2 were hospitalized for medical reasons at the time of admission, and diagnosed as a case of SMI (Figure 11).

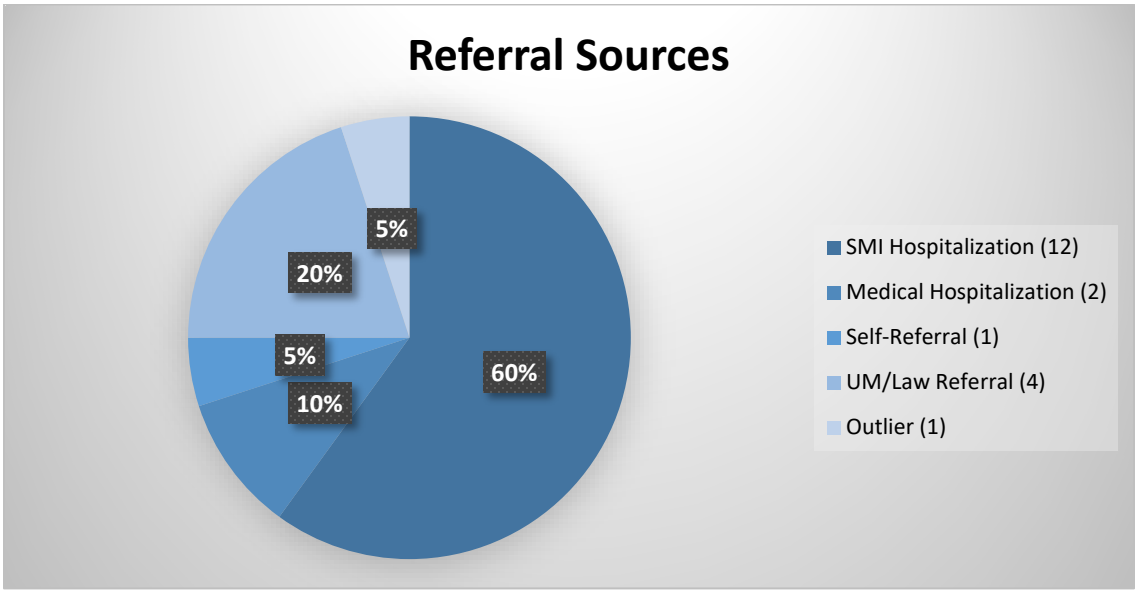


Figure 11: Distribution of the referral process to Care Management

Primaris validated the following information for SMI MRR (Figure 12):

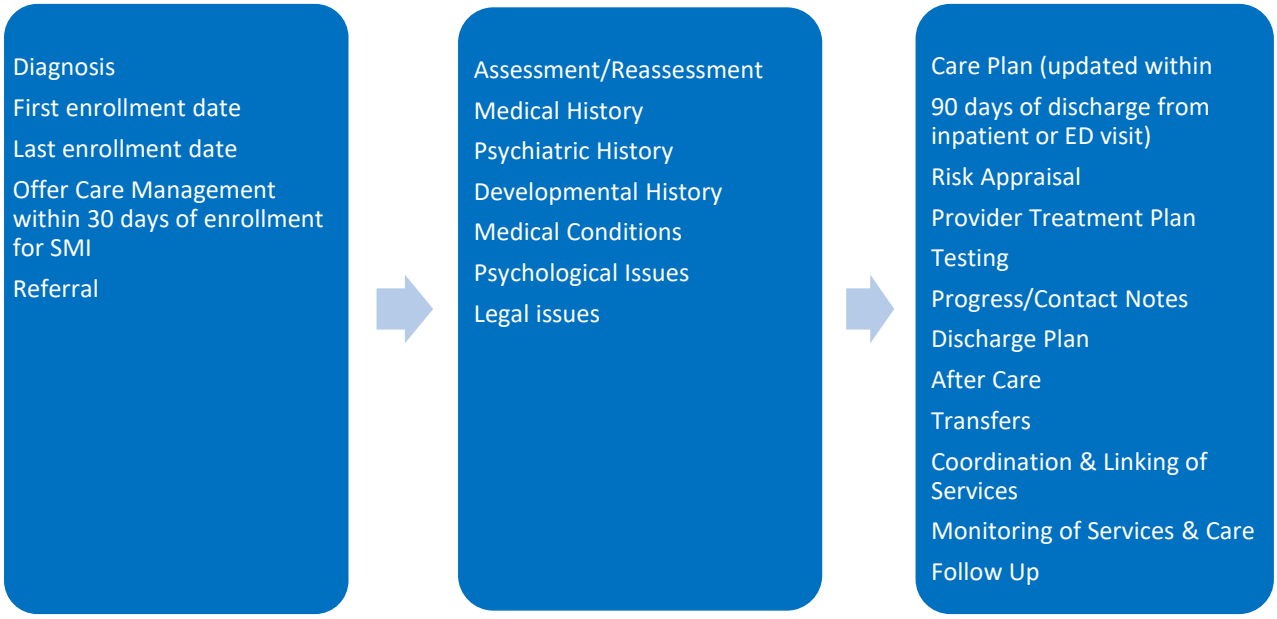


Figure 12: Validation of MR for SMI Care Management

The Medical Record Review for Missouri Care SMI Care Management program revealed the following information:

a. Offer Care Management and Assessments (100% Compliance)

Missouri Care receives the notification/referral of member hospitalization through the Utilization Management process:

- Behavioral health diagnosis meeting the serious mental health list
- Medical diagnosis that reveals a co-morbidity of serious mental health

Phone call made by member to the MCO member call line that creates a member self-referral into care management. Referral from the Law Department of Missouri Care which refers for Care Management.

b. Member Referral (100% Compliance)

The Care Manager refers the member to Care Management as well as other services they may need.

c. Assessment (100% Compliance)

The Care Manager assesses the member for services if the member agrees for Care Management. This step analyzes the member's needs and begins the Care Management process.

d. Provider Engagement and Care Planning 95% (Compliance)

The Care Plan is implemented with members after the completion of the initial assessment. Communication with physician/physician staff for the member's care is ongoing during the Care Management process. Care Managers notify the provider that the member is engaged in the Serious Mental Illness Management and remain in communication with providers as allowed.

e. Testing (100% Compliance)

Testing in SMI is utilized on a needed basis. When needed, compliance is high. Testing for risky behaviors is vital and Care Managers follow up with providers to document test results.

f. Discharge Plan (85% Compliance)

The Care Managers encourage the member/guardian to stay engaged until goals are met. At the end of the plan, there are additional steps created in case follow up or additional services are needed in the future. If the member needs to return to care, this step demonstrates how to get services as needed.

g. Aftercare (83% Compliance)

The 'aftercare' is the member's responsibility to continue with services as recommended by the combination of providers, hospital, and case management. To get the 'aftercare' the member has to continue till the end the plan in full compliance and availability, as per the Care Plan.

h. Transfers (84%), Linking (100%) and Monitoring Services with Provider and Member Participation (100%) compliance.

The member's connection to other available service organizations is a vital part of their plan. The providers, organizations, outpatient facilities, all work together to reach the plan goals.

i. Follow Up (89% Compliance)

A case closure letter is sent when a case is closed. The provider may also be notified. The Care Manager follow up is the final step of case closure to ensure the member feels the goals were met satisfactorily or they wanted the case to be closed for an agreed upon reason such as Care Management from another organization.

Figure 13: Compliance Graph for SMI Care Management MRR

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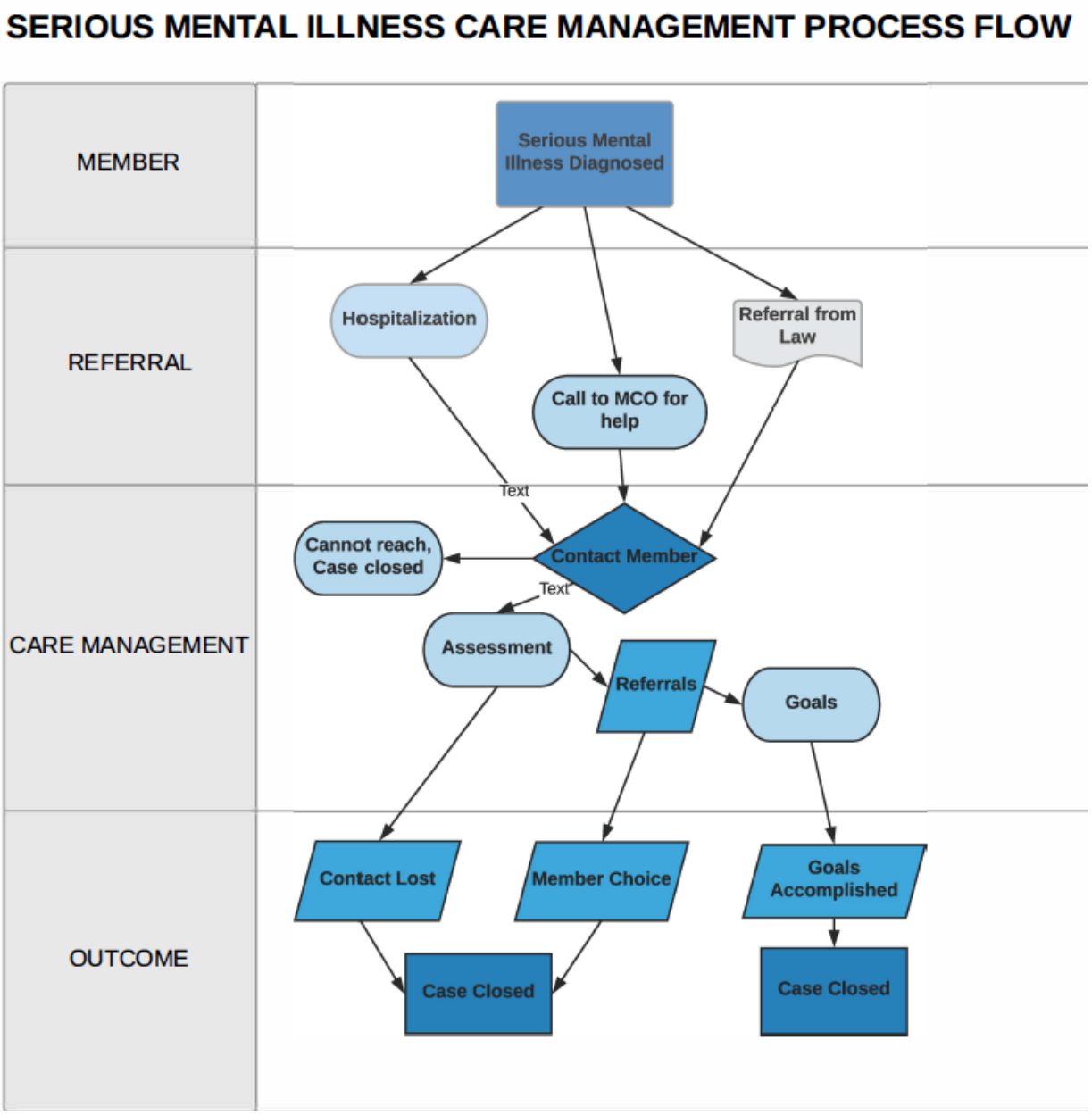

Figure 14: Flowchart for Missouri Care

3.4.2 Conclusions

Primaris aggregated and analyzed findings from the Interviews, Policies and Procedures, MRR for the SMI Care Management Program to draw conclusions about Missouri Care's performance in providing quality, access, and timeliness of healthcare services to members. Overall, evaluation showed that Missouri Care has Systems, Policies & Procedures, and Staff in place to ensure that its structure and operations support the processes for providing care and services while promoting quality outcomes.

Observations:

- Many members had multiple cases opened during the calendar year of 2017;
- All SMI dx members were open to case management; and
- All were assessed within the timeframe (5 days).

Table 18: Observations

Reasons cases were closed	2 – Loss of coverage 4 – Loss of Member contact 2 – Member choice
Variances	Age Gender Diagnosis Pre-hospitalization to post-hospitalization dx Ability to get needed services/providers
Similarities	Open to Care Management Family seeking care/information

❖ **Issues and Key Drivers**

Issues

- Identification of members for SMI Care Management: This remains a challenge as there is no guidance as to what constitutes SMI. List of diagnoses is the only way to indicate that a member needs Care Management for SMI. Some of these members are well managed and do not need Care Management because they have good family support and medical interventions. On the other hand there are members with diagnoses not on the list, but need

Care Management due to the risky behaviors as reported by their care takers. Such cases cannot be neglected by the MCO.

- Providers often do not share vital information with the MCO. They do not understand the role of the Care Manager in the member's care. There is often a lack of communication/teamwork.
- The cost and the resources for SMI Care Management sometimes become a limiting factor for the MCO to provide 100% quality care to its members.
- The ability of Care Manager to reach SMI members becomes an issue over time. These members often do not have accurate addresses. They change or refuse to provide phone numbers. They do not have emergency contact numbers. They often are not at home when Care Managers make appointments to visit or do not agree to home visits. The ability to stay in contact over a long term is a challenge in tacking member's care. The Care Manager utilized the connection with a member's provider if available. Sometimes the members got overwhelmed with too many people involved in their care. They lacked the understanding of their roles and opted out of Care Management.

Key Drivers

- Team work and Coordination;
- Work to align with patient and population needs;
- Linking to community resources;
- Provider Engagement;
- Medication Management;
- Behavioral Health Home; and
- Supporting patients' self-management goals.

❖ **Quality, Timeliness, and Access to Health Care Services**

Overall compliance for SMI Care Management MRR was 97.3%

Missouri Care met most of the contractual requirements for managing the members with SMI. The Care Managers completed assessments on a timely basis, usually within one week of contacting the member to initiate care. They had most updated Care Plans and progress notes

that included documentation for medical, psychiatric, psychosocial, developmental and legal background of the member. There was a follow up once the goals were met.

Quality Outcomes

Missouri Care measures the effectiveness of the SMI program as well as the behavioral health components of the integrated model by utilization metrics, HEDIS metrics and monthly chart audits.

From the Table 19, it is evident that the MCO has almost 100% of approvals for Prior Authorization (PA) for BH.

Table 19: Prior Authorization for BH in CY 2016-CY 2017

BH Inpatient (BHI), BH Detox (BHD), BH CSU (BHS)	2017 Total	2016 Total	2017 Q1	2017 Q2	2017 Q3	2017 Q4
Requested PA Per 1000	15.77	15.89	16.50	15.81	15.67	15.53
Approved PA Per 1000	15.75	15.88	16.47	15.81	15.66	15.50
PA Benchmark			15.76	19.25	14.00	13.97
Requested Days Per 1000	81.53	79.71	86.31	84.61	79.36	79.19
Approved Days Per 1000	74.49	69.99	78.52	76.23	71.88	74.02
Days benchmark			68.65	83.85	60.97	60.85
PA % Not Meeting Criteria	0.1%	0.1%	0.2%	0.0%	0.1%	0.2%
Day % Not Meeting Criteria	9.0%	12.1%	8.9%	9.8%	10.3%	7.1%

- **Improvement by Missouri Care**

Missouri Care has a well-defined system in place within their 'Law program.' They have improved communication from this group to manage members coming from different sources to make sure they all reach the Care Management Program. SMI Care Management Program was not reviewed during previous years by an EQRO, so no trend data is available for comparison purpose.

3.4.3 Recommendations

- Missouri Care could work on a system to better track members from the time of initial contact to ensure contact with them through the entire SMI Care Management Program. If data were collected and stored at first introduction to include phone number, address, email address, and emergency contact information for one or two others that may help.
- Providers need better instructions/education on the importance of the Care Management Program. If they cooperate and work as a team, the member would have the best outcome and hopefully prevent inpatient readmission.
- The State could come up with a system to clarify SMI for the MCOs. Diagnoses alone often leaves members uncared for several of those who need attention. Also the list could be broadened to include other diagnoses that appear often on the co-morbidity list such as autism which can be a behavior disorder if severe enough. Family distress is a trigger as well which might be a measurement to identify the need.
- While it is agreed there is no acceptable scale to determine the scope of seriously mentally ill patients, a uniformity among members across the State would help devise a plan to better utilize services. There are some tools in place such as the Burden Assessment Scale or BAS created in 1994 for the state of New Jersey developed to help determine the burden placed on the families of these patients who have a serious mental illness (https://www.sciencedirect.com/science/article/pii/0149718994900043).
- The Missouri Department of Mental Health has a number of systems in place that could be utilized and/or transposed for the purpose of creating a uniform system of diagnosing the seriously mentally ill and drawing attention the ones needing Care Management more rapidly to prevent or reduce inpatient stays. They have tools such as the Priority of Need (PON) system that enables them to decide a ranking of highest need. (https://dmh.mo.gov/docs/dd/ponfaq.pdf).

(NOTE: Please see the excel work book attached for Care Management MRR)