Primaris
Healthcare Business Solutions

2020 External Quality Review

Care Management

missouricare
A WellCare Company

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MoHealthNet

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1.0 Purpose and Overview

1.1 Background

The Department of Social Services, Missouri HealthNet Division (MHD), operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care (hereinafter stated "Managed Care"). To ensure all Missourians receive quality care, Managed Care is extended statewide in four regions: Central, Eastern, Western, and Southwestern. The goal is to improve access to needed services and quality of healthcare services in the Managed Care and state aid eligible populations, while controlling the program's cost. Participation in Managed Care is mandatory for certain eligibility groups within the regions in operation. Total number of Managed Care (Medicaid and CHIP combined) enrollees by end of State Fiscal Year 2020 was 657,492 representing an increase of 10.20% as compared to end of SFY 2019.

MHD contracts with Managed Care Organizations (MCOs), also referred to as Managed Care Plans, to provide health care services to its Managed Care enrollees. Missouri Care is one of the three MCOs operating in Missouri (MO). MHD works closely with Missouri Care to monitor services for quality, enrollee satisfaction, and contract compliance. Quality is monitored through various ongoing methods including, but not limited to, MCO's Healthcare Effectiveness Data and Information Set (HEDIS®) indicator reports, annual reviews, enrollee grievances and appeals, targeted record reviews, and an annual external quality review (EQR).

MHD contracts with Primaris Holdings, Inc. (Primaris), an External Quality Review Organization (EQRO), to perform an EQR. An EQR is the analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that a Managed Care Plan, or its contractors, furnish to Medicaid beneficiaries. EQR 2020 evaluates activities of Missouri Care during calendar year (CY) 2019.

1.2 Care Management

Review of Missouri Care's care management (CM) program is one of the activities mandated in MHD-EQRO contract. MHD Managed Care contract, section 2.11, provides guidelines for evaluation of CM Program. The aim of CM review is to identify contributing issues and key drivers. For EQR 2020, MHD requires Primaris to evaluate three focus areas:

- Asthma (members in age group of 5-18 years only).
- Opioid dependence/substance use disorder (SUD).

- Behavioral health (BH) diagnosis leading to hospitalization (including residential treatment program for substance use disorder).

Care management (CM) is a promising team-based, patient-centered approach "designed to assist patients and their support systems in managing medical conditions more effectively."[1] It also encompasses those care coordination activities needed to help manage chronic illness. Three key strategies to enhance existing or emerging CM programs: (1) identify population(s) with modifiable risks; (2) align CM services to the needs of the population(s); and (3) identify, prepare, and integrate appropriate personnel to deliver the needed services. CM is organized around the precept that appropriate interventions for individuals within a given population will reduce health risks and decrease the cost of care[2].

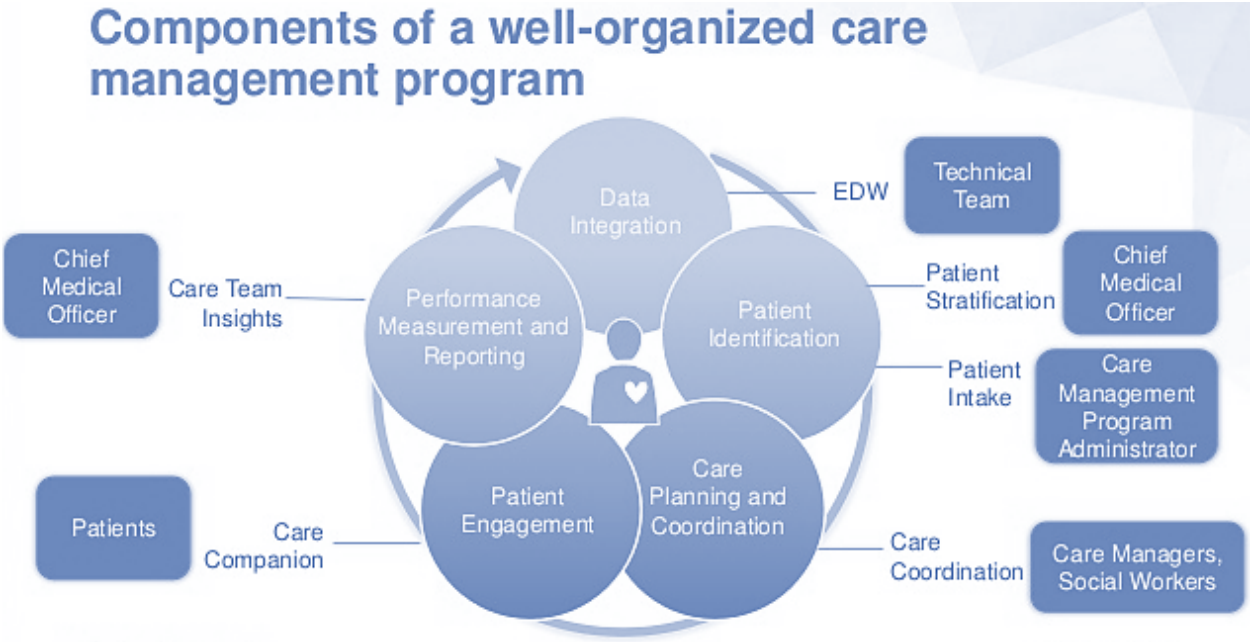

Figure 1. Care Management Components (Source: Healthcatalyst.com, Acronym EDW-Enterprise Data Warehouse)

2.0 Methodology

Evaluation of Missouri Care's CM program was conducted under the following heads (Figure 2):

[1] http://www.chcs.org/resource/care-management-definition-and-framework/
[2] https://www.ahrq.gov/ncepcr/care/coordination/mgmt.html#ref3

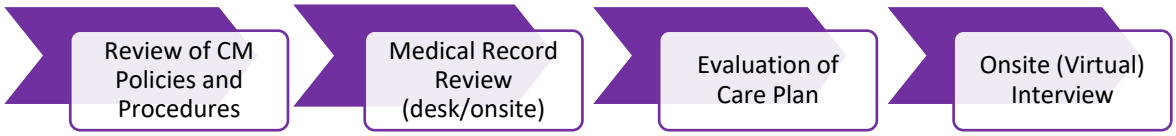

Figure 2. CM Evaluation Process

1. Review of Care Management Policies and Procedures.
In reference to MHD contract section 2.11.1c 5, Missouri Care should have policies and procedures in place for CM program. Primaris reviewed all the documents submitted by Missouri Care and reported the results in Table 1 under section 3.1 of this report.

2. Evaluation of Care Plan.
MHD contract 2.11.1e provides guidelines for the "care plan" as listed below. Primaris followed these guidelines to evaluate the care plan for each of the members included in the samples for medical record review for all three CM focus areas.
Care plan for ALL eligibles: The MCO shall use the initial assessment to identify the issues necessary to formulate the care plan. All care plans shall have the following components:

- Use of clinical practice guidelines (including the use of CyberAccess to monitor and improve medication adherence and prescribing practices consistent with practice guidelines).
- Use of transportation, community resources, and natural supports.
- Specialized physician and other practitioner care targeted to meet member's needs.
- Member education on accessing services and assistance in making informed decisions about care.
- Prioritized goals based on the assessment of the member's needs that are measurable and achievable.
- Emphasis on prevention, continuity of care, and coordination of care. The system shall advocate for and link members to services as necessary across providers and settings.
- Reviews to promote achievement of CM goals and use of the information for quality management.

3. Onsite Interview.
Missouri Care officials were interviewed to assess:

- The knowledge of MHD contract and requirements for CM. The guiding principle for CM is that the resources should be focused on people receiving the services they need, not necessarily because the service is available.
- The focus of CM 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 Missouri Care's personnel were interviewed on Oct 29, 2020 via virtual meeting amid Covid-19 Pandemic, to evaluate the CM program.

Dr. Sharon Deans, MD, MPH, MBA, Provider Performance Medical Director
Dr. Rhonda Brown, Director, Behavioral Health Services
Leslie Chiles, Director, Healthcare Management Services
Robyn Grier, Senior Manager, Care Management
Erica Bruns, Manager, Behavioral Health Services
Rachel Ussery, Manager, Care Management
Letitia Hunt, Manager, Care Management
Melissa Newman, Care Manager, Asthma Specialty

4. Medical Record 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 2019 for the three focus areas was submitted by Missouri Care. Primaris selected a sample of 30 medical records (required sample size of 20, plus 50% oversample for exclusions and exceptions) by using systemic random sampling method based on Appendix B of CMS protocols for EQR, Oct 2019 version). Missouri Care was requested to upload all the 30 medical records electronically at Primaris' secure file upload site.

Desk review of policies and procedures, and medical records was conducted in Feb-Apr 2020. Clarifications were requested during onsite session. (Note: Due to Covid-19 Pandemic, the onsite visit scheduled for Mar 2020 was cancelled per MHD's instructions and rescheduled in Oct 2020 virtually.)

An evaluation tool (Excel sheet) was created to capture information from medical records, which included, at a minimum: referrals; assessment; medical history; psychiatric history; developmental history; medical conditions; psychosocial issues; legal issues; care planning;

lab testing; progress/contact notes; discharge plans; aftercare; transfers; coordination/linking of services; monitoring of services and care; and follow-up. (Note: Missouri Care submits CM Logs to MHD each quarter. Review of these logs is outside the scope of this report.)

Inter Rater Reliability: 10% of the MR from each focus area are reviewed by a different auditor to assess the degree of agreement in assigning a score for compliance in the evaluation tool. Primaris' aim is to achieve 95% score for IRR. We scored 100%.

The following criteria were used for inclusions/exceptions/exclusions of medical records in the study sample:
Inclusion Criteria

- Asthma CM

  Continuous enrollment: No break in enrollment for more than 45 days with the MCO.
  Event/Dx: Asthma (ICD-10-CM code J45.xxx)
  Anchor date: Members should be enrolled in CM in CY 2019
  Age: Members in age group 5-18 years during the measurement year/CY2019.
- Opioid/SUD CM

  Continuous enrollment: No break in enrollment for more than 45 days with the MCO.
  Event/Dx: Opioid Dependence (ICD-10-CM code F11.xxx).
  Anchor date: Members must be enrolled in CM in CY 2019.
  Age: N/A
- BH CM

  Continuous enrollment: No break in enrollment for more than 45 days with the MCO.
  Event/Dx: Must not have been in care management in CY 2018 (unless a new diagnosis made in CY 2019). Members should be hospitalized in a psychiatric hospital or be receiving residential treatment for substance use disorder in CY 2019.
  Anchor date: Members should be enrolled in CM in CY 2019.
  Age: 6 years or older during the measurement year/CY 2019.

Exclusion Criteria: Failure of initial contact with the member in spite of exhausting all means to contact a member-as listed in MHD contract 2.11. There is no exclusion/exception for patient refusal to CM.
Exceptions: The member does not require CM on medical grounds.

3.0 Overall Assessment of Care Management Program

CM Data

Medicaid Managed Care members enrolled in CY 2019 = 219,119
Members enrolled in CM (each focus area) = Asthma: 499, Opioid/SUD and BH: 742
CM staff available = Care Managers-Field: 5, Telephonic: 8, Obstetrics: 5, BH: 9
Care coordinators-12
Average case load = Corporate benchmark-300 cases per nurse per year: telephonic (tele). Missouri Care load is 60-80 cases (medical); 50 cases (BH).
Maximum members who can receive CM = 2400 medical cases per year.
BH care managers open both field and telephonic cases, either 8 new field cases or 10 new cases (at least 2 tele) or 12 new tele cases each month. Thus, 850-1100 cases total annually (depending on the mix of field and tele).

3.1 Review of Policies and Procedures

The following policies and procedures were submitted by Missouri Care (Table 1). Upon review, Primaris assigned a score of "Met" with all the requirements mandated by MHD contract. (Note: Definitions of Met/Not Met are adopted from CMS EQRO Protocol 3.)

Table 1: Missouri Care Care Management Policy Review

Policies and Procedures shall include (MHD 2.11.1c5):	Met	Not Met	Document Name(s)
1. A description of the system for identifying, screening, and selecting members for CM services.	●		C7-CM-MD-012 Care Management Program Description, C7-CM-MD-1.2 Care Management Program Description.
2. Provider and member profiling activities.	●		MO29-HS-UM-021 Physician Profiling/Over and Under-Utilization, C7-UM-012 Under and Over-Utilization of Services Policy, C7-UM-012-PR-001 Under and Over-Utilization of Services, C7-CM-MD-1.2 Care Management Program Description.

3. Procedures for conducting provider education on CM.	●		C7-CM-MD-012 Care Management Program Description, Medicaid Provider Manual 2019.
4. A description of how claims analysis will be used.	●		C7-CM-MD-012 Care Management Program Description.
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.	●		C7-CM-MD-012 Care Management Program Description, C7-CM-MD-1.2 Care Management Program Description.
6. A process to ensure integration and communication between physical and behavioral health.	●		C7-CM-MD-012 Care Management Program Description.
7. A description of the protocols for communication and responsibility sharing in cases where more than one care manager is assigned.	●		C7-CM-MD-1.2 Care Management Program Description.
8. A process to ensure that care plans are maintained and updated as necessary.	●		C7-CM-MD-012 Care Management Program Description.
9. A description of the methodology for assigning and monitoring Care Management caseloads that ensures adequate staffing to meet CM requirements.	●		C7-CM-MD-012-PR-006 Care Management Program Description Process-Telephone Care Manager Caseload Procedure.
10. Timeframes for reevaluation and criteria for CM closure.	●		C7-CM-MD-012 Care Management Program Description.
11. Adherence to any applicable State quality assurance, certification review standards, and practice guidelines as described in the contract.	●		C7-CM-MD-012 Care Management Program Description, C7-QI-026-PR-001 Provider Clinical Practice Guidelines Procedure.
12. Additional Information	●		C7-CM-MD-6.0-PR-001 Decrease in Emergency Room Overuse Procedure, C7-CM-MD-012-PR-008 Care Management Program Description Process-Health Risk Assessment Procedure, C7-CM-MD-032 Decrease in Emergency Room Overuse,

			C7-CM-MD-032-PR-001 Decrease in Emergency Room Overuse Procedure.

3.2 Evaluation of Care Plan

Upon interviewing Missouri Care officials and conducting MRR on all three CM focus areas, Primaris concluded that Missouri Care has policies and procedures in place based on contractual guidelines for care plan. However, the care plan per se is member driven and does not include all the components as listed in the contract. The care managers work with the members and create goals based on the care gaps. Interventions are planned to close these gaps. The care plan is updated once a month.

Recommendation

MHD mandate Missouri Care to create a checklist with all the requirements listed under MHD contract section 2.11.1e while developing a care plan for each member.

3.3 Care Management Process

The information presented below is from the documents submitted by Missouri Care. The mission of the WellCare Care (parent company of Missouri Care, ownership changed to Anthem, Inc. on Jan 23, 2020) Management Model is to support members in receiving the "Right Care at the Right Time in the Right Setting." The goal of CM is to decrease fragmentation of healthcare service delivery, facilitate appropriate utilization of available resources, and optimize member outcomes through education, care coordination and advocacy services for the medical and/or behavioral health compromised populations served.

The CM team consists of registered nurses, licensed clinical social workers, social workers, and care coordinators, working in a collaborative, deeply integrated model. The integrated CM model covers the full range of physical health, behavioral health, social and community-based support of a member in a coordinated and member-centered manner. The care manager may use a combination of face-to-face and telephonic outreach during the

relationship with the member. This high touch, community based approach to CM focuses on addressing the needs of the most vulnerable members.

Sources of Population Identification for CM

- Health Risk Assessment (HRA) completed by care coordinators.
- Self-referral by members using CM hotline.
- Inpatient nurses who review admissions.
- Provider or community sources.
- Other care managers managing a member for another condition.
- Claims.
- Special needs list that is provided by the state monthly.

Asthma CM

Enrollment Process

- Review claims through Missouri Care's authorization system, decision point, cyber access to verify member has a diagnosis of asthma.
- Obtain phone number for member/parent from information on file or reach out to Primary Care Provider's (PCP) office on file.
- Complete Comprehensive Need Assessment (CAN).
- Education as necessary for triggers, medications, controlling exacerbations.
- Discuss need for pulmonologist if member does not already have one.
- Review Durable Medical Equipment, peak flow meter (for ages 6 and above), hypoallergenic mattress covers/pillow covers, HEPA (High Efficiency Particulate Air) filter vacuum.
- Inform parent/member about the community Asthma Bridge Program and the home assessment provided for their completion to aid in the decrease of asthma exacerbations by acknowledging triggers.
- Make a care plan with items discussed with parent/member, making member goals which are obtainable, send care plan to member/parent as well as PCP.

Missouri Care does not:

- Call providers to discuss care plan or send out care plans to members who do not engage in CM.
- Educational material is not mailed out to opt out/unable to contact (UTC) members.
- Engage with providers on regular basis to inform or educate providers regarding clinical practice guidelines. They have methods in place for informing and educating providers regarding the clinical practice guidelines.

BH CM

BH CM is integrated in the overall Care Model. This population may require additional services and attention which may lead to the development of special arrangements and procedures with our provider networks to arrange for and provide certain services. For example, 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).

Missouri Care's BH CM program employs comprehensive and integrated services to members, including outreach to all members admitted for acute behavioral health treatment, provider and community referrals, consultation about additional resources, including education and vocational support, Department of Mental Health and Community Support waiver guidance, and care gap monitoring. Field CM is available to members living near Kansas City, Springfield, Columbia, and St. Louis. Additionally, many of the care managers visit members while they are in the hospital. Members with a severe and persistent mental illness may receive intense or targeted CM services by community mental health providers or integrated care from a Behavioral Health Home (BHH).

3.4. Findings of Medical Record Review

Table 2 shows number of medical records included in the study for each CM focus area.

Table 2. Number of Medical Records

	Asthma CM	Opioid/SUD CM	BH CM
Sample size/oversample			44 (exceeded maximum limit)
Medical records excluded from review	1	1	25
Medical records reviewed	20	5	19
Cases closed goals met	11	1	15
Cases open in progress	None	1	None

Table 3 identifies compliance (%) of medical records with various criteria per MHD contract, applicable to all three CM focus areas.

Table 3. Compliance (%) with CM Criteria

Evaluation Criteria	Asthma CM		
Diagnosis			100
Risk stratification	95	Not applicable (N/A)	N/A

Enrollment date CM			100
Case closure date	100	100	100
Referral date	95	100	100
Offer CM (Assessment) within 30 days (new patient or new diagnosis)	70	100	N/A
Offer CM (Assessment) within 5 business days of admission to psychiatric hospital or substance use treatment program	N/A	N/A	16
Assessment	90	100	100
Medical history	95	100	100
Psychiatric history	90	100	100
Developmental history	95	80	100
Psychosocial issues	100	80	100
Legal issues	85	80	100
Care plan	95	100	100
Participation by member in care plan/reasons for non participation	95	N/A	N/A
Care plan updated	95	100	100
Progress notes	90	100	100
Lab tests	100	100	100
Transfer	100	100	100
Monitoring medication adherence	95	N/A	N/A
Monitoring services and care	100	100	95
Coordination and linking of services	90	100	100
Discharge plan	60	25	68
Follow up	60	25	68
PCP notification of case closure*	35	0	19
Aggregate Score	**88**	**85**	**89**

*Applicable for children only (age through 18 years).

Red highlighted figures indicate areas for improvement.

Note: Criterion-Provider Treatment Plan-is not evaluated in EQR 2020 per MHD's instructions.

4.0 Conclusions

4.1 Issues and Key Drivers

Issues:

1. CM Criterion: Offer CM (need assessment) within 5 business days of admission to psychiatric hospital or substance use treatment program.
Missouri Care scored 16% for this criterion in EQR 2020. This is a further decrease from EQR 2019 (25%); low score remains an issue.

2. CM Criterion: Offer CM (date of need assessment) within 30 calendar days of enrollment with MCO for new member with diagnosis/new diagnosis of existing member (for Asthma CM and Opioid/SUD CM).
Missouri Care lacks clarity on what constitutes a "new diagnosis" or a "new member." A member may have multiple enrollment dates in a given year. The date of diagnosis of asthma is noted to be the same as the date of referral/notification in Asthma CM.
Since these terms are not specifically defined in MHD contract, Primaris evaluated this criterion as: Offer CM (date of need assessment) within 30 calendar days of notification/referral (by any source: member services/case managers/utilization management alerts/internal reports generated by using claims data and authorizations).

3. Care Plan: As stated earlier in section 3.2 of this report, the care plan addresses areas based on members' projected needs and does not include all points listed in MHD contract. One case in Asthma CM was closed as "goals met" within 10 days.

4. Discharge plan and follow up: Low compliance scores for these criteria are noted across all CM focus areas.
Asthma CM: Cases were lost due to unable to contact (UTC-9 cases).
Opioid/SUD CM: UTC (3 cases).
BH CM: UTC (4 cases).

5. Notification of case closure to PCPs in all focus areas was an issue. Missouri Care attributed it to an automation process of their new CM Medical Record System (Virtual Health-Care Compass) where notifications were not sent. They informed Primaris about another transition when Missouri Care will adopt Anthem's CM Medical Record System effective Jan 1, 2021 (ownership of Missouri Care has changed from WellCare to Anthem, Inc.)

Key Drivers:

The following information was obtained from medical records and Missouri Care CM staff during interview (Table 4).

Table 4. Key Drivers

Asthma CM
• Education to members on identification and avoidance of environmental triggers, use of inhalers, asthma action plan. • Referrals for all members to Asthma Bridge Program (home visit/education). • Providing DME. • Checking for immunization status for influenza vaccine. • Monitoring for medication adherence (CyberAccess℠)*. • Providing nutritional and physical activity counselling resources. • Nurse line (nursing advice services round the clock, 24 x 7). • Transportation services. • Providing information about PCPs/pulmonologists.
Opioid/SUD CM
• Skilled clinical staff assigned to all aspects of the screening and assessment process, including initial telephone contacts for all CM areas (same for BH CM). • Providing information about psychiatrists and counsellors, behavioral therapy. • Monitoring medication adherence. • Nurse line services.
BH CM
• Accurate contact information of members/secondary contacts/guardians when the patient is in the hospital. • Intensive family intervention services-Crisis Stabilization. • Crisis line services. • Linking to community resources/BH support services/therapists. • Medication adherence monitoring. • Monitoring compliance with doctor's appointments.

* CyberAccess℠ is a web-based, HIPAA-compliant tool that allows the MCO to view drug utilization information in near real time.

4.2 Quality, Timeliness, and Access to Care

Missouri Care scored 80% to 100% in: 20 of 24 criteria evaluated for Asthma CM; 18 of 21 criteria for Opioid/SUD CM; and 17 of 21 criteria for BH CM (Table 4). Table 5 reports some of the HEDIS® measures related to the three focus areas. Improvement in some of the rates can be attributed to Missouri Care's CM Program. Table 6 shows cost outcomes of BH CM.

Table 5. HEDIS® Measures Related to CM Focus Areas

CM	HEDIS® Measures	CY 2018	CY 2019	National Average (Medicaid)
Asthma	Medication Management for People with Asthma (age 5-64 years)-50% covered	54.31%	62.52%*	61.52%
	Medication Management for People with Asthma (age 5-64 years)-75% covered	31.55%	38.59%*	37.76%
	Asthma Medication Ratio (age 5-64 years)	47.16%	63.61%*	62.99%
Opioid	Use of Opioids from Multiple Providers (Prescribers)	42.89%	22.00%*	23.20%
	Use of Opioids from Multiple Providers (Pharmacies)	12.77%	10.87%	8.29%
	Use of Opioids from Multiple Providers (Prescribers and Pharmacies)	9.81%	7.13%	4.83%
BH	Follow Up After Hospitalization for Mental Illness-within 7 days	29.28%	34.17%	35.80%
	Follow Up After Hospitalization for Mental Illness-within 30 days	54.14%	59.62%*	56.78%

*Exceeds the national average for Medicaid-HMO

Table 6. BH CM Cost Outcomes 2019

INPATIENT SUMMARY			
	Count	Billed	Paid
Pre-Program	1186	$ 1,758,203.79	$ 461,759.56
Post-Program	104	$ 49,310.08	$ 15,090.43
Improvement	91.2%	97.2%	96.7%

ER SUMMARY			
	Count	Billed	Paid
Pre-Program	1423	$ 510,431.18	$ 107,459.60
Post-Program	411	$ 84,456.40	$ 22,381.59
Improvement	71.1%	83.5%	79.2%

4.3 Improvement by Missouri Care

Table 7 shows results of medical records' compliance with CM criteria listed under MHD contract, for three years (EQR 2018-EQR 2020). (Note: The overall score for these years is not comparable due to exclusion of one of the low scoring areas from previous year, "Provider Treatment Plan" in EQR 2020.)

Table 7. MRR-Compliance with CM Criteria (EQR 2018-EQR 2020)

Missouri Care	OB*	EBLLs*	BH	Asthma	Opioid/SUD	Average Score**
EQR 2020	N/A	N/A	89%	88%	85%	87%
EQR 2019	94%	82%	88%	N/A	N/A	88%
EQR 2018	91%	62%	97%	N/A	N/A	83%

*Acronyms: OB-Obstetric, EBLLs-Elevated blood lead levels / **Not comparable

Response to Previous Year's Recommendations

Table 8 shows previous year's recommendations applicable to overall CM program and Missouri Care's response to them. (Note: The Table does not address previous recommendations specific to focus areas which were not reviewed in EQR 2020).

Table 8. Response to Previous EQR's Recommendations

Recommendation	Action by Missouri Care	Comment by EQRO
1. 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 the primary care provider, Women, Infants, and Children (WIC), and other providers and programs. • Sending letters with an address correction request. (Post Offices can be contacted for information on change of address).	Missouri Care makes calls/sends letters before closing a case in most instances. However, an issue was noted during MRR for Asthma CM: A member was contacted three times in three days and a case was closed as UTC.	Partially Met Missouri Care should also consider visiting a family's home and checking with the PCP, other providers and programs before closing a case as UTC.
2. CM Assessment within 5 days of admission in psychiatric hospital/residential treatment program:	Missouri Care's performance has decreased from 25% (EQR 2019) to 16% (EQR 2020).	Partially Met Missouri Care should continue to work with the

		hospital authorities to secure permission for the care managers to visit patients during hospital stay so that they can engage with the member for a CM assessment during hospitalization.
3. Care managers should obtain written consent from the members in BH CM so that their care plan can be shared with PCPs. This is important for integration of BH and physical health. (Care managers must also recognize some patients with severe mental illness may not have the capacity to make decisions regarding the sharing of their information, as in the case of intoxication or temporary psychosis.)	Most of the medical records show that a consent was taken from patients and care plan was shared with PCPs. BH-sensitive information was also removed prior to sharing.	Partially Met BH care plan should be shared with PCPs after obtaining written consent from members. Missouri Care informed Primaris about their progress on implementing instructions per 42 CFR Part 2* regarding sharing of BH insensitive information with PCPs.
4. The care plan submitted to the providers should receive an acknowledgement/approval from providers.	This criterion was not evaluated in EQR 2020 per MHD's instructions.	Partially Met MHD and Missouri Care are working on a process to address this issue.
5. Engaging members in CM program. Deploying the right team member at the right time has a significant impact on a patient's interest in participation. Tailor messaging to different patient populations to address any unique barriers to enrollment for each.	Missouri Care has made progress in this regard: The number of BH cases closed due to "goals met" have increased from 9 to 15 in comparison to previous EQR. Cases closed due to "UTC" have decreased from 7 to 4.	Partially Met

	None of the members declined CM.	

*42 Code of Federal Regulations Part 2: Confidentiality of SUD Patient Records

5.0 Recommendations

Missouri Care

1. Missouri Care should continue to work on the recommendations scored as "Partially Met" in Table 8 .

2. Missouri Care should contact MHD to set definite guidelines on the frequency of CM assessment for existing patients who have recurring episodes of behavioral issues.

3. Primaris recommends Missouri Care audit providers' medical records at planned intervals to determine whether providers are using asthma action plan (recommended by Centers of Disease Control and Prevention (CDC)/or tailored) in managing asthma. Also, to check whether providers have adopted prescribing practices consistent with clinical practice guidelines.

4. PCPs should be notified about case closure per instructions in MHD contract section 2.11.1f. If there are issues due to automation of their New CM Medical Record System, Missouri Care should manually send a written notification to PCPs.

5. Missouri Care should address all points listed under MHD contract, section 2.11.1.e while developing a care plan for each member.

MHD

1. Care Plan: Intervention by MHD is needed to improve care plan per section 3.2 of this report.

2. Criterion: Offer CM (date of need assessment) within 30 calendar days of enrollment with MCO for new member with diagnosis/new diagnosis of existing member.
Criterion needs to be modified so that the requirement of contract wherein, "an MCO is required to conduct a risk assessment/need assessment within 30 days of notification of enrollment by the MHD" can be assessed accurately. Clear definitions of "new member" "new diagnosis" should be provided.

3. Criterion: CM Assessment within 5 days of admission in psychiatric hospital/residential treatment program.
Primaris recommends a change in the criteria by replacing “admission” with “discharge” and “business days” with “calendar days.” Many members may not be in a proper mental state to engage with care managers within five days of admission. Missouri Care may have several holidays/non-business days which may delay members’ care.

4. Case Closure Notification: MHD contract section 2.11.1f states that a PCP must be notified in writing of all instances of children discharged from CM and the reason for discharge. MHD should provide clarification as to whether PCP notification requirement is limited to children (age limit) only and not applicable for adults.

5. The MHD should provide a minimum duration for which a CM outreach should be tried by Missouri Care before case closure for “UTC” occurs.

6. The MHD should consider setting benchmarks and incentives for critical criteria in the CM program which can serve as a driving force for the MCOs to improve their efforts towards member outcomes.

Suggested Resources

1. Engaging Stakeholders in a Care Management Program. https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/hcbs/medicaidmgmt/mm2.html

2. Patient Engagement. https://www.healthcatalyst.com/three-must-haves-of-an-effective-care-management-system

3. A guide for an overview of case management for substance use disorder treatment providers. https://store.samhsa.gov/product/TIP-27-Comprehensive-Case-Management-for-Substance-Abuse-Treatment/SMA15-4215. It discusses models, program evaluation, managed care issues, referral and service coordination requirements, and clients with special needs.