P.T.M.
Healthcare Business Solutions

2022 External Quality Review

Care Management

UnitedHealthcare

Measurement Period: Calendar Year 2021
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MoHealthNet

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1.0 OVERVIEW

The Department of Social Services, Missouri HealthNet Division (MHD) is officially designated with administration, provision, and payment for medical assistance under the Federal Medicaid (Title XIX) and the State Children's Health Insurance (CHIP)(Title XXI) programs. Missouri has an approved combination CHIP under Title XXI of the Social Security Act. Missouri's CHIP uses funds provided under Title XXI to expand eligibility under Missouri's State Medicaid Plan and obtain coverage that meets the requirements for a separate child health program. The MHD operates a Health Maintenance Organization (HMO) style Managed Care program called Missouri (MO) HealthNet Managed Care (hereinafter stated "Managed Care"). Managed Care is extended statewide in four regions: Central, Eastern, Western, and Southwestern, to improve accessibility and quality of the healthcare services to all the eligible populations while reducing the cost of providing that care. Participation in Managed Care is mandatory for the eligible groups within the regions in operation. Coverage under CHIP is provided statewide through the Managed Care delivery system.

An amendment to the Missouri constitution passed in August 2020 required the MHD to modify its Medicaid and CHIP programs to include low-income adults ages nineteen to sixty-four. The new population is called Adult Expansion Group (AEG). The MHD began enrolling AEG in the Managed Care effective Oct 1, 2021, under section 1932(a). The total number of Managed Care (Medicaid, CHIP, and AEG) enrollees in June 2022 was 1,006,657, representing an increase of 24.47% compared to the end of SFY 2021.

The MHD contracts with Managed Care Organizations (MCOs) to provide health care services to its Managed Care enrollees. UnitedHealthcare is one of the three MCOs operating in MO.

The MHD contracted with PRO Team Management Healthcare Business Solutions, LLC (hereinafter stated PTM), an External Quality Review Organization (EQRO), to conduct an External Quality Review (EQR).[1] The review period for EQR 2022 is the calendar year (CY) 2021.

2.0 OBJECTIVE

PTM reviewed UnitedHealthcare’s care management (CM) program to determine the key

[1] An EQR is the analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that an MCO, or its contractors, furnish to Medicaid beneficiaries (42 Code of Federal Regulations-CFR-430.320).

drivers and issues per the EQRO contract.

Figure 1. Case Management Knowledge Framework[2]

"Case management" is a professional and collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs (Figure 1). It uses communication and available resources to promote health, quality, and cost-effective outcomes in support of the 'Triple Aim,' of improving the experience of care, improving the health of populations, and reducing per capita costs of health care" (reference: Commission for Case Manager

[2] https://cmbodyofknowledge.com/content/introduction-case-management-body-knowledge

Certification).

The term "case management" is replaced by "care management" in the MHD contract and hereinafter, stated as care management (CM). The MHD required PTM to evaluate three CM focus areas in the EQR 2022:

- Individuals in foster care, receiving foster care or an adoption subsidy, or other out-of-home placement (hereinafter referred to as Foster Care CM).
- Individuals with Autism Spectrum Disorder (Autism CM).
- Children with Elevated Blood Lead Levels (EBLLs CM).

3.0 TECHNICAL METHODS

The guidelines provided in the MHD contract (version: Oct 1, 2021), section 2.11.1, Member Care Management; and section 4.7.4, Care Management, were utilized for creating evaluation tools for the CM review. UnitedHealthcare's CM program was evaluated under the following heads:

1. Policies and Procedures Review: Per the MHD contract, section 2.11.1(c)(5), UnitedHealthcare must have policies and procedures for the CM program. PTM reviewed all the documents submitted by UnitedHealthcare and reported the results in Table 1 under section 4.1 of this report.

2. Medical Record Review (MRR): PTM assessed UnitedHealthcare's ability to make all pertinent medical records available for review. UnitedHealthcare submitted a list of members care managed in CY 2021 for the three focus areas. PTM selected a sample of 30 medical records (sample size-20 and 50% oversample for exclusions and exceptions) from each focus area. A simple random sampling methodology was utilized for drawing samples (reference: CMS EQR protocols, Appendix B). PTM requested UnitedHealthcare to upload all 30 medical records electronically at PTM's secure file upload site.

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/stressors; legal issues; care planning; lab testing; progress notes/follow-up; monitoring of services and care; coordination and linking of services; the transition of care after hospitalization; transfers; and discharge plans; and case closure.

Inter-Rater Reliability (IRR): The PTM team met weekly throughout the CM review to assess the degree of agreement in assigning a score for compliance with the evaluation tools. Findings from all cases of Autism CM and EBLLs CM were reviewed, and the discrepancies were reconciled to achieve 100% IRR. A different auditor reviewed ten

percent of cases from Foster Care CM. PTM scored 100% exceeding its target of 95% IRR. The following criteria were used for inclusions/exceptions/exclusions of medical records in the study sample:

Inclusion Criteria:

- Foster Care CM

Anchor date: Member should be enrolled in the CM in CY 2021 for a minimum of one quarter.
Age: Based on eligibility criteria in the MHD contract (Category of Aid-COA 4).
Continuous enrollment: No break in enrollment for more than 45 days[3] with the MCO.
Event/Dx: ICD-10-CM-Z62.21/Z02.82 (must not be in CM in CY 2020).

- Autism CM

Anchor date: Member should be enrolled in the CM in CY 2021 for a minimum of one quarter.
Age: Children at least 18 months of age.
Continuous enrollment: No break in enrollment for more than 45 days with the MCO.
Event/Dx: ICD-10-CM-F84.0 (must not be in CM in CY 2020).

- EBLLs CM

Anchor date: Member should be enrolled in the CM in CY 2021 for a minimum of one quarter.
Age: Children at least one-year-old during the measurement year.
Continuously enrolled: No break in enrollment for more than 45 days with the MCO.
Event/Dx: A venous blood lead level of 10 µg/dL.

Exclusion Criteria: Failure of initial contact with the member despite exhausting all means to contact a member per the MHD contract 2.11.1(f).

Exceptions: The member does not require care management on medical grounds/criteria.

3. Evaluation of Care Plan: The MHD contract 2.11.1(e) provides guidelines for the "care plan." PTM verified all the components of the care plans UnitedHealthcare created for each member included in the sample study for the medical record review.
All care plans must address the following: 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

[3]Days refer to "calendar days" unless specified as "business days" throughout this report.

member's needs; member education on accessing services and assistance in making informed care decisions; 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; and reviews to promote the achievement of CM goals and use of the information for quality management.

4. Onsite Interview: PTM conducted virtual site meetings with UnitedHealthcare officials on July 26, 2022, to assess the following:

- The knowledge of the 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.
- Clarifications from the preliminary findings during the desk review of policies and procedures and medical records carried out from Jun-Aug 2022.

UnitedHealthcare officials who attended the sessions for each CM focus area were as follows:

Foster Care CM: Clinical Manager; Supervisor, Medical Management; and Vice President, Medical Clinical Operations.

Autism CM: Director, Care Management and Social Determinants; Associate Director, Clinical Utilization and Analysis; Compliance Officer; Associate Directors, Adult and Pediatric Case Management; Director, Clinical Quality; and Auditor, Clinical Quality.

EBLLs CM: Manager, Care Advocate; Director, Care Management and Social Determinants; Associate Directors, Clinical Utilization and Analysis; Compliance Officer; Associate Director, Adult and Pediatric Case Management; Director, Clinical Quality; Auditor, Clinical Quality; and Senior Compliance Analyst, Audit Management.

4.0 CARE MANAGEMENT PROGRAM

This section presents CM highlights based on the information submitted by

UnitedHealthcare.

CM Data for CY 2021

Medicaid Managed Care members enrolled (year-end) = 258,581
Number of members identified for CM in the focus areas/enrolled =
Foster Care: 962/894
Autism: 290/290
EBLLs: 40/40
CM staff available =
Foster Care: 26
Autism/Behavioral Health: 10
EBLLs: 2
Average case load =
Foster Care: 250
Autism/Behavioral Health: 29
EBLLs: 20

CM Program

UnitedHealthcare developed an integrated complex clinical management model that is member-centric and facilitates collaboration between its members and their health care teams (Figure 3). The Whole Person Care (WPC) Program is the philosophy and structure for interventional direct care delivery, care coordination, disease management, and complex care management. The focus is on delivering integrated care, which simplifies the member experience and promotes wellness with the following goals:

- Improved health outcomes demonstrated by improved access to preventive care and compliance with evidence-based guidelines.
- Empowerment of the individual member to successfully manage their chronic disease or condition and care transitions.
- Improved care coordination through an assigned dedicated staff to facilitate access to care and community resources to meet unique needs.
- An improved system of care that engages with the community and providers.

Population Identification for CM:
UnitedHealthcare utilizes various tools to identify a member's health risk to ensure the member has access to CM (Figure 2):

- Health Risk Assessment (HRA)
- Clinical Assessment
- Service Utilization

- Information provided by Providers, State and Community Partners
- Clinical judgment
- COA 4 members (State enrollment-834 files)

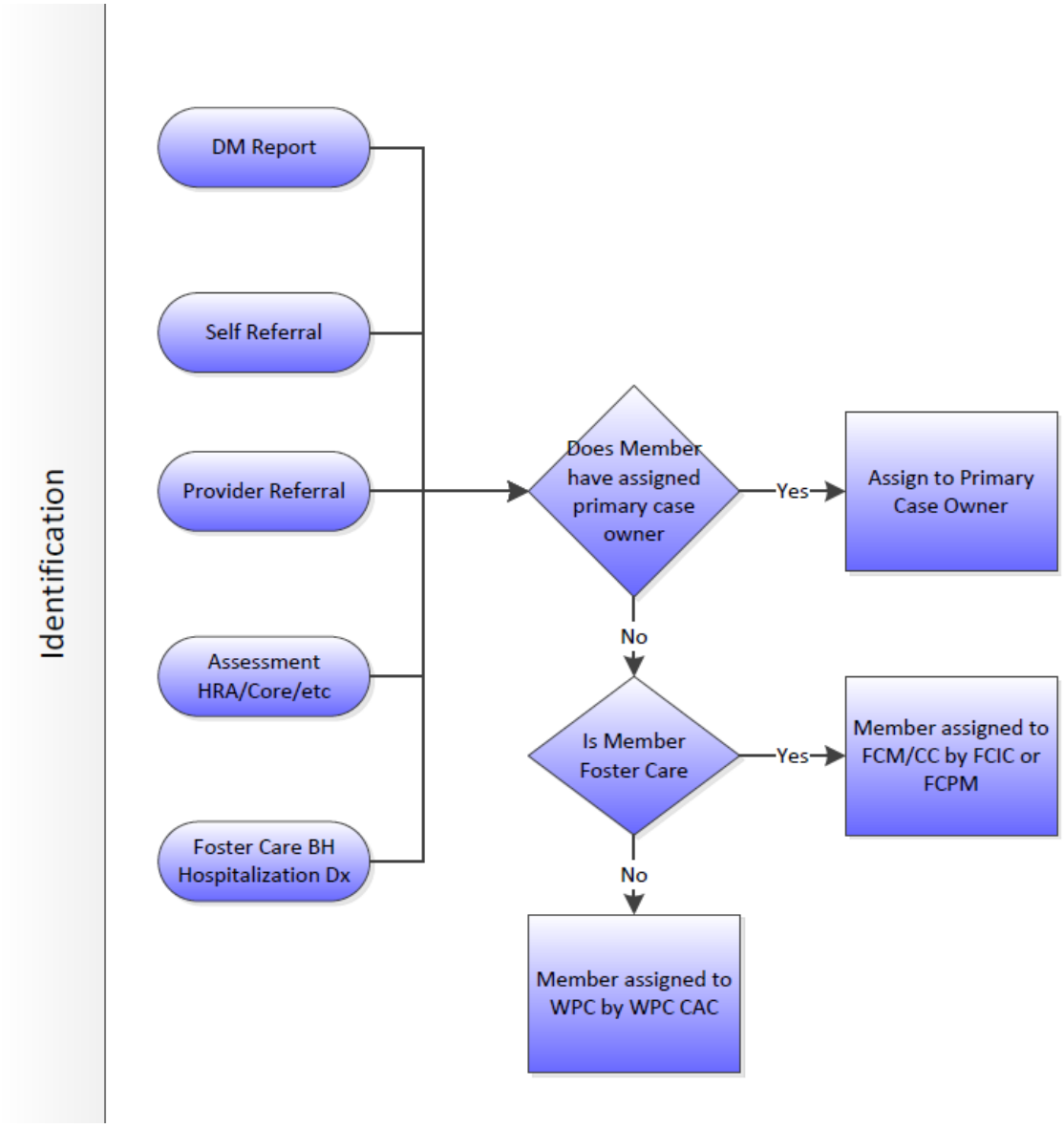

Figure 2. Population Identification for CM (Source: UnitedHealthcare)
(Acronyms used: CC-care coordinator; FC/JJ-foster care/juvenile justice; FCIC-foster care intake coordinator; FCPM-foster care program manager; CANS-assessment for foster kids, WPC-whole person care management program; CAC-clinical administrative coordinator; HRA-high risk assessment)

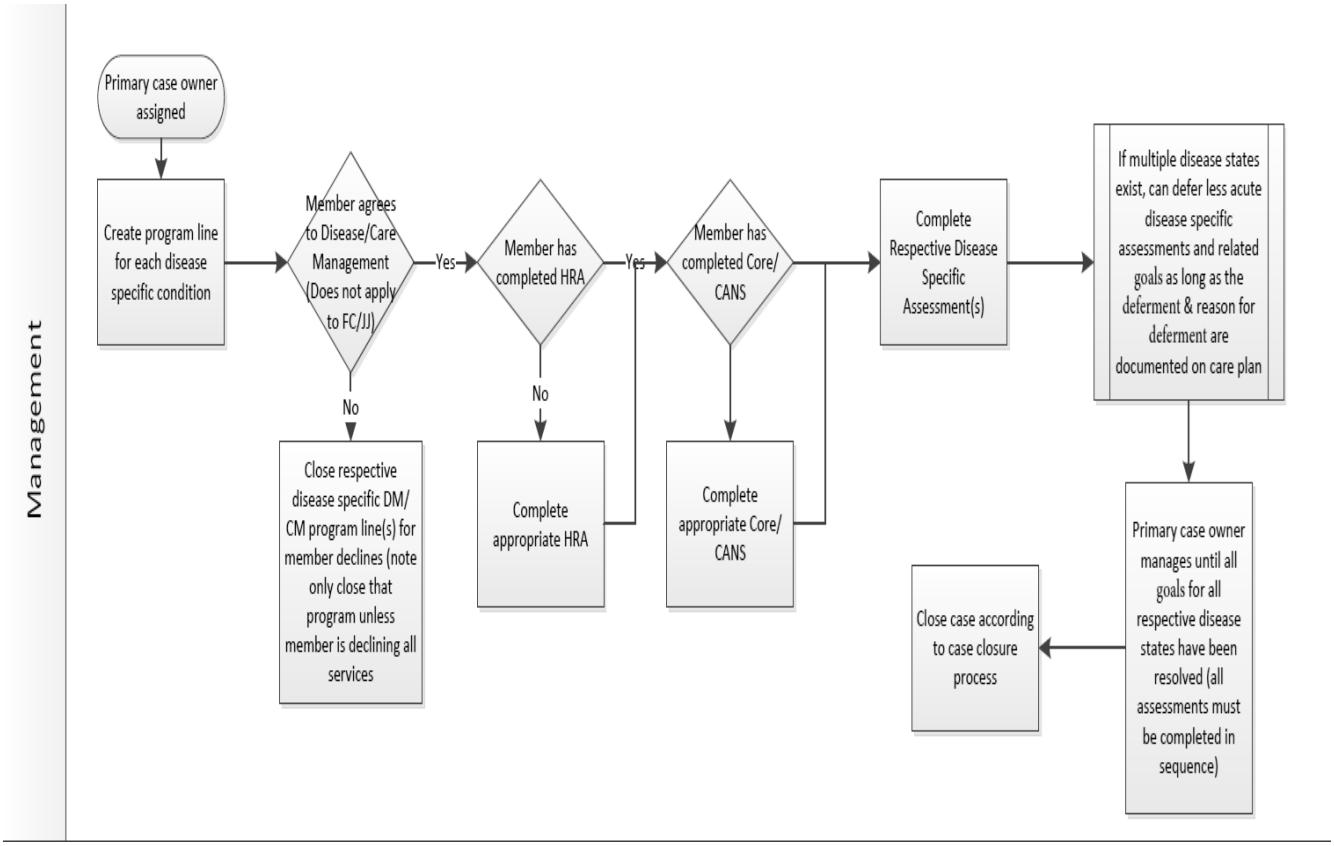

Figure 3. Overall CM Process (Source: UnitedHealthcare)

Initiatives in CY 2021:

- Dental initiative-UHC developed a campaign to educate members on the importance of dental care. Educational mailings are sent to members, along with education and resources from our customer service department and care management teams.
- Well-child visits and immunizations-CM program educates throughout the CM process on the importance of well-child visits. The CM teams educate on the importance of immunizations and work with providers to confirm that visits are completed.
- Neonatal Intensive Care Unit (NICU) births-CM program has developed strategies to improve birth outcomes. The high-risk CM and comprehensive partnership with the physicians, and the timeliness of prenatal care have improved outcomes related to NICU admits (data not submitted).
- Neonatal Abstinence Syndrome(NAS) births-UHC's Substance Use Disorder (SUD) program consists of a social worker, and peer support specialist on the maternal child-CM team to provide increased focus on social determinants of health and SUD treatment. Nurses have also been added to the team to allow deeper penetration into lower-risk pregnancies and improve relationships with a community-based

organization. All pregnant mothers with SUD are referred to the Comprehensive Substance Treatment and Rehabilitation Program (CSTAR).

5.0 FINDINGS

5.1 Policies and Procedures Review

UnitedHealthcare (Table 1) submitted the following policies and procedures. Upon review, PTM assigned a score of Fully Met (), partially met (), or Not Met ()based on the requirements mandated by the MHD contract. (Note: Met/Not Met Definitions are adopted from CMS EQRO Protocol 3.)

Table 1. Findings: Policies and Procedures Review

Policies and Procedures must include (MHD contract, section 2.11.1(c)(5):	Score	Documents Submitted
1. A description of the system for identifying, screening, and selecting members for CM services.		Annual State Quality Improvement Program Evaluation (QAPI 2021), MCM 0012 Risk Stratification Process, MCM 001 Identification of High-Risk Members for Care Management, WPC Description FY 2022, Missouri Community and State (C & S) Foster Care High Risk and Emergency Procedures C & S Missouri Foster Care Emergency Room Diversion, Foster Risk Levels-Quick Guide.
2. Provider and member profiling activities.		QA003 Provider Profiling and Monitoring of Over and Under Utilization.
3. Procedures for conducting provider education on CM.		QAPI 2021, MCM 007 Informing and Educating Providers, 2022 Care Provider Manual, WPC Description FY 2022.
4. A description of how claims analysis will be used.		CM Program Description-ER Diversion Components, MCM 001 Identification of High-Risk Members for Care Management, WPC Description FY 2022.

Policies and Procedures must include (MHD contract, section 2.11.1(c)(5):	Score	Documents Submitted
5. A process to ensure that the primary care provider, member parent/guardian, and any specialists caring for the member are involved in developing the care plan.	●	QAPI 2021, MCM 002 Care Management Process, MO Foster Care Case Rounds.
6. A process to ensure integration and communication between physical and behavioral health.	●	QAPI 2021, CM Program Description-ER Diversion Components, WPC Description FY 2022.
7. A description of the protocols for communication and responsibility sharing in cases where more than one care manager is assigned.	●	QAPI 2021, CM Program Description-ER Diversion Components, WPC Description FY 2022.
8. A process to ensure that care plans are maintained and updated as necessary.	●	CM Program Description-ER Diversion Components, MCM 002 Care Management Process, NCM 002 Case Management Process.
9. A description of the methodology for assigning and monitoring Care Management caseloads that ensures adequate staffing to meet CM requirements.	●	Whole Person Care Description FY 2022, Staff and Case Load Balancing 2022-Writeup for EQRO*, Delegated Case Management/Care Coordination.
10. Timeframes for reevaluation and criteria for CM closure.	●	CM Program Description-ER Diversion Components, MCM 002 Care Management Process, NCM 002 Case Management Process, CS Foster Care Care Management Program Status, Opening & Closing a Case – Foster/Adopt Program, Due Diligence Foster Adopt Program, MO Lead-01 MO Elevated Blood Lead Level Program.
11. Adherence to applicable State quality assurance, certification review standards,	●	CM Program Description-ER Diversion Components,

Policies and Procedures must include (MHD contract, section 2.11.1(c)(5):	Score	Documents Submitted
and practice guidelines as described in the contract.		MCM 002 Care Management Process, NCM 030 Clinical Practice Guidelines, WPC Description FY 2022.
12. A mechanism for feedback from youth in foster care or recently out of care and guardians/foster parents to inform processes and the healthcare visit schedule followed by the care managers for the individuals in foster care.		Writeup submitted for EQRO*, MCM 002 Care Management Process, 2022 Care Provider Manual, Member Handbook Aug 2021.
13. Additional CM Information.		MUM 003 Referrals, USCMM.06.10 Clinical Review Criteria, Foster/Adopt Program Community Care-Care Plan Documentation.
PTM Comments*	UnitedHealthcare must have policies and procedures as required by the MHD contract instead of creating a write-up for EQRO submission.	

5.2 Medical Record Review

Table 2 summarizes the medical records included in the study for each CM focus area.

Table 2. Medical Records in the Sample Study

	Foster Care CM	Autism CM	EBLLs CM
Sample size/oversample	21	22	20
Exclusions	1	2	0
Medical records reviewed	20	20	20
Cases closed/goals met	3	12	11
Active cases (in progress)*	12	3	8

Table 3 identifies medical records' compliance with the criteria required in the MHD contract, as applicable to all three CM focus areas.

Table 3. Compliance (%) with CM Criteria

Evaluation Criteria	Foster Care CM	Autism CM	EBLLs CM
Placement in Foster Care	75	N/A	N/A
Referral/Notification (State)	55	N/A	N/A
Referral/Notification (all sources)	55*	100	100
Initial screening within 72 hours of placement (within 24 hrs. for younger, chronic condition (by provider)	0	N/A	N/A
Initial Blood Lead Level	N/A	N/A	100
Offer CM (Assessment) within 30 days of notification from the State (new member)*	30		
Offer CM (Assessment) within 30 days or within the contractual timeframe for EBLLs from any source notification	30	90	25
Medical history	90	100	60
Psychiatric history	90	100	55
Developmental history	90	100	55
Psychosocial/Trauma history	90	100	55
Dental health	80	N/A	N/A
Legal issues	90	93	55
Education needs	90	N/A	N/A
Immunization history	40	N/A	N/A
Follow-up assessment in 60-90 days of placement (by a provider)	0	N/A	N/A
Health Encounters-three in the first three months of foster care (all ages)-by a provider	0	N/A	N/A
Assessment within 30 days of discharge from hospital or rehab. facilities after readmission or stay of more than two weeks or three Emergency Department (ED) visits in a quarter/within five business days of admission to a psychiatric hospital or substance use treatment program	50	100**	N/A
Confirmatory venous lead level within the contractual timeframe	N/A	N/A	90
Family encounter#	N/A	N/A	85
Follow up Family encounter#	N/A	N/A	72
Care plan	95	100	65
Care plan updated	95	100	65

Evaluation Criteria	Foster Care CM	Autism CM	EBLLs CM
Sharing health information with birth parents, guardians, attorney, court, and school/involved in a care plan	95	100	65
Progress notes (follow-up)	100	100	100
Lab tests/follow-up tests within timeframes for EBLLs	0	N/A	50
Provider treatment plan	35	35	55
Transfer	95	100	100
Monitoring services and care, medication adherence	95	100	95
Coordination and linking of services	95	100	85
Behavioral health services availed	94	N/A	N/A
Discharge plan	38	76	67
PCP notification of case closure	38	0	92
Member closure letter	N/A	N/A	0
Aggregate Score	**65**	**89**	**69**

Red highlighted figures (score < 75%) indicate areas for improvement.
*For informational purposes, not included in calculating the aggregate score.
**Small denominator (1 case)
Telephonic encounters replaced face-to-face encounters due to the Covid-19 pandemic.

5.3 Evaluation of Care Plan

UnitedHealthcare meets all the contractual requirements for creating a care plan based on the MHD contract, 2.11.1(e), listed earlier in this report (section 3.0). 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 at least monthly; however, the frequency varies from 30-90 days per the level of risk stratification. PTM does not have any issues to report.

6.0 ANALYSIS AND CONCLUSIONS

6.1 Issues and Recommendations

PTM analyzed the MRR results and categorized the issues in the domain of Quality, Timeliness, and Access to Care as follows (Tables 4-6). PTM provided recommendations for improving each issue.

Table 4. Foster Care CM Review: Issues and Recommendations

Foster Care CM Issues	Recommendations
1. Criterion: Referral/Notification dates. **(Timeliness)** The State notifications were captured by UnitedHealthcare for 55% of cases, even though they received 834 files from the State daily.	UnitedHealthcare should maintain an accurate record of State notifications (834 files) about COA 4 members and start outreaching them for timely assessing the needs of COA 4 members.
2. Criteria: Initial screening within 72 hours/24 hours of placement (by the providers); three encounters within the first three months of placement; and follow-up health assessment within 60-90 days of placement. **(Timeliness)** UnitedHealthcare did not track these criteria as the placement date was unavailable. Another MCO informed PTM that they were not required to track and report these criteria to the MHD from the last quarter of CY 2021. (An e-mail communication from the MHD, dated Oct 19, 2021, was submitted by another MCO, also applicable to UnitedHealthcare.)	UnitedHealthcare and the MHD* must work towards addressing these three criteria. The MHD* must amend its managed care contract, section 2.11.1(d)(3) if the MHD does not require UnitedHealthcare to report on these criteria.
3. Criterion: Comprehensive assessment within 30 days of notification/enrollment. **(Timeliness)** UnitedHealthcare complied with the timeframe for 30% of cases.	UnitedHealthcare must initiate its CM activity as soon as it receives notification from the State on the 834 file-COA 4 eligibles.
4. Criterion: Assessment. **(Quality)** UnitedHealthcare assessed its enrollees' immunization status only for 40% of cases.	The care managers should be trained to elicit a history from all available sources, e.g., State records, Children Division's case workers, PCPs, biological parents, foster parents, and guardians. The information should be documented, and the column in the assessment should not be left blank.
5. Criterion: Assessment within 30 days of discharge from hospital or rehabilitation facilities after readmission or stay of more than two weeks or three emergency room visits in a quarter/within five business days of admission	UnitedHealthcare's Hospital Care Transition (HCT) team should coordinate with the utilization management

Foster Care CM Issues	Recommendations
to psychiatric hospital/residential Substance Use treatment program. **(Timeliness)** UnitedHealthcare was compliant for 50% of cases. UnitedHealthcare informed PTM that they receive alerts from hospitals and State immediately at the time of IP admission.	team and care managers for the discharge dates and latest member contact information. The HCT team should educate the members on the significance of CM and motivate them. The care managers should be trained to promptly outreach the members for a post-discharge assessment or an assessment within five business days of admission to a psychiatric hospital as applicable.
6. Criterion: Inform the members about CM rationale and relationship, circumstances of disclosure to third parties, and complaint process. **(Quality)** UnitedHealthcare did not follow all the requirements for any case.	All the members enrolled for CM must be provided with the information listed in the criterion. The information can be included in the letters mailed to the members or explained by the care managers when offering CM/creating a care plan. The care managers must document the date of communicating the requirements in the medical records.
7. Criterion: Provider treatment plan/collaboration with providers ensuring health needs are assessed. **(Quality, Access to Care)** UnitedHealthcare complied only for 35% of cases. They informed PTM that some members do not have PCPs.	Care plans must be shared with the providers for their input via letters, online provider portal, or faxes, and the care managers must be trained to document in the medical records. The members who do not have a PCP must be allocated to a PCP during the CM.
8. Criterion: Case Closure-Lost Opportunities **(Access to Care)**	Maintaining an accurate record of member contact numbers and motivating them by demonstrating the value of the CM program is

Foster Care CM Issues	Recommendations
UnitedHealthcare could not complete CM services, including discharge planning, in 62% of cases as they were unable to contact (UTC) the members.	the key to successful care coordination. PTM recommends that any case should not be closed before three months of unsuccessful outreach attempts.** Additionally, UnitedHealthcare must check with the PCPs, Women, Infants, and Children (WIC), and other providers and programs and visit members' homes before closing a case for UTC.
9. Criterion: PCP notification about case closure explaining reason and condition at discharge. **(Quality, Timeliness)** UnitedHealthcare notified providers in 38% of cases about the case closure/goals met.	A written notification to the PCPs must be provided to comply with the requirements. Staff must be trained to document the date of communication with the PCPs in the medical records.

*Recommendations apply to the MHD.

**Adapted from the MHD contract, section 2.12.10 (d): The health plan shall make its best effort to conduct an initial screening of each member's needs within 90 days of the effective date of enrollment for all new enrollees, including subsequent attempts if the initial attempt to contact the member is unsuccessful.

Table 5. Autism CM Review: Issues and Recommendations

Autism CM Issues	Recommendations
1. Criterion: Provider treatment plan/collaboration with providers ensuring health needs are assessed. **(Quality, Access to Care)** Access to the member care plans linked to the online provider portal was provided via letters in 35% of cases. UnitedHealthcare stated the reason as a "sensitive diagnosis" for not sharing the care plan for the remaining cases.	Care plans involving behavioral health diagnosis must be shared with PCPs after obtaining written consent from members according to instructions in 42 CFR Part 2,* as applicable. The care managers must be trained to document the date of communication in the medical records.
2. Criterion: PCP notification about case closure explaining reason and condition at discharge. **(Quality, Timeliness)**	A written notification to the PCPs must be provided about case closure, the reason for closure, and the member's

UnitedHealthcare did not notify PCPs about case closure for any member (zero compliance). They stated the reason as a "sensitive diagnosis" for not sharing the case closure information.	condition at the time of discharge. The staff must be trained to document the date of communication with the PCPs in the medical records.

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

Table 6. EBLLs CM Review: Issues and Recommendations

EBLLs CM Issues	Recommendations
1. Criterion: Offer CM and complete an assessment within time frames for blood lead levels.* **(Timeliness)** The assessment was conducted for 55% of cases, but timeliness was achieved only in 25% of cases. PTM noted that the cases that did not have an assessment (9 of 20) were still in progress, or the cases were closed as "goals met."	To reduce the number of unsuccessful contact attempts and increase member participation, the care managers must obtain a date and time for future communications on initial contact. The staff must be trained to promptly outreach members to conduct an assessment for all cases notified by the State or any referral source. (Exceptions: opt out of CM)
2. Criterion: Assessment. **(Quality)** Medical history was elicited for 60% of cases, and psychiatric, developmental, psychosocial, and legal history was elicited for 55% of cases. These are part of an assessment.	Same recommendation as above.
3. Follow-up lab testing within the contractual time frame.** **(Timeliness)** UnitedHealthcare complied with timeliness in 50% of cases.	To reduce the number of unsuccessful contact attempts and increase member participation, the care managers must obtain a date and time for future communications on initial contact.
4. Family encounter (Face-to-Face/Telephonic) within two weeks of confirmatory venous blood lead level and second encounter within an interval of three months. **(Quality and Timeliness)** The first encounter was timely in 85% of cases and was not a significant issue; however, the success rate dropped to 72% within the timeframe.	To reduce the number of unsuccessful contact attempts and increase member participation, the care managers must obtain a date and time for future

	communications on initial contact.
5. Criteria: Care Plan (Quality, Timeliness, and Access to Care) A care plan was created for only 65% of cases. The care plan was left blank even though the progress notes are available for 100% of cases.	The staff must be trained to promptly outreach members to conduct an assessment and create a care plan for all cases notified by the State or any referral source. (Exceptions: opt out of CM)
6. Criterion: Inform the members about CM rationale and relationship, circumstances of disclosure to third parties, and complaint process. **(Quality)** None of the care plan or progress notes suggested UnitedHealthcare's compliance with the criterion (Zero compliance).	All the members enrolled for CM must be provided with the information listed in the criterion. The information can be included in the letters mailed to the members. The care managers must be trained to document the requirements in the medical records.
5. Criterion: Provider treatment plan/collaboration with providers ensuring health needs are assessed. **(Quality, Access to Care)** Providers were mailed letters with instructions to access care plans online via UnitedHealthcare's provider portal for 55% of cases.	Care plans must be shared with the providers for their input via letters, online provider portal, or faxes, and the care managers must be trained to document in the medical records.
6. Case Closure-Lost Opportunities **(Access to Care)** UnitedHealthcare could not complete the CM services, including discharge planning, in 33% of cases due to UTC.	Maintaining an accurate record of member contact numbers and motivating them by demonstrating the value of the CM program is the key to successful care coordination. PTM recommends that any case should not be closed before three months of unsuccessful outreach attempts.** Additionally, UnitedHealthcare must check with the PCPs, Women, Infants, and Children (WIC), and other providers and programs and visit members'

	homes before closing a case for UTC.
7. Criterion: Member closure letter must include the date of discharge, the reason for discharge, lab results, member status, exit counseling (telephone number for member assistance, and the status of care plan goal completion. **(Quality, Access to Care)** UnitedHealthcare did not send a case closure letter to any member stating that it was not required.	The care managers must be educated to comply with the MHD contract, section 2.11.1(e)(5). They must send a case closure letter to the member, save a copy as evidence, and document it in the medical records.

**EBLL: 10 to 19 µg/dL within one to three (1–3) business days; 20 to 44 µg/dL within one to two (1–2) business days; 45 to 69 µg/dL within twenty-four (24) hours; 70 µg/dL or greater – immediately.
**Follow up: 10-19 µg/dL – two to three (2-3) month intervals; 20-70+ µg/dL – one to two (1-2) month intervals.

6.2 Key Drivers

PTM concluded the following strengths from the MRR and staff interviews **(Domain: Quality, Timeliness, and Access to Care)**.

- Comprehensive assessment adopted from The National Child Traumatic Stress Network- Child and Adolescent Needs and Strengths (CANS) Manual was utilized for assessing all foster care enrollees. This overall assessment focuses on the detailed trauma history of foster care enrollees.
- Providing education to caregivers regarding trauma-informed services and safe sleep for babies.
- Assisting caregivers in locating physicians, specialists, and behavioral health resources,
- Scheduling medical and behavioral health appointments and answering questions about benefit plans. Monitoring compliance with doctors' appointments.
- Reminders for well-child appointments, dental, and vision appointments.
- Linking to community resources/BH support services/therapists.
- Monitoring for Medication adherence in CyberAccess^{sm} (State's web-based, HIPAA-compliant tool that allows UnitedHealthcare to view drug utilization information in near real-time.
- Providing nutritional and physical activity counseling resources.
- Availability of Nurse line (nursing advice services round the clock, 24 x 7).
- Assisting with transportation services (for all CM focus areas).
- Providing information about PCPs/Urgent Care/ED utilization.

6.3 Improvement by UnitedHealthcare

CM review was not an assigned activity during the previous year (EQR 2021). However, in EQR 2020, the aggregate score for CM review was 87% compared to 74% in the current EQR 2022. Table 7 shows the scores for each focus area from EQR 2020-2022.

Table 7. Medical Records Compliance (EQR 2020-2022)

EQR/Focus Area	Foster Care	BH/Autism	EBLLs	Asthma	Opioid/SUD	Average Score
EQR 2022	65%	89%	69%	N/A	N/A	74%
EQR 2021	N/A	N/A	N/A	N/A	N/A	N/A
EQR 2020	N/A	81%	N/A	91%	90%	87%

PTM obtained the following data from UnitedHealthcare to see if the CM program impacted the quality, timeliness, and access of care to its members (Table 8).

Table 8. Assessing CM Impact: Quality Indicators

Quality Indicators	MY 2019	MY 2020	MY 2021
Inpatient Visits/1000 members	94.9	82.4	94.6
ER visits/1000 members	786.4	421.4	581.2
Lead Screening in Children	62.3%	58.6%	53.3%
FUH-7 days	26.2%	30.7%	27.7%
FUH-30 days	47.8%	52.4%	51.2%

Green: improvement/Red: decrease in performance compared to the previous year.

Response to Previous Year's Recommendations

As stated above, PTM did not review CM Program in EQR 2021. Therefore, there were no recommendations. However, in EQR 2020, EQRO provided recommendations for Behavioral Health CM that apply to Autism CM as well. Table 9 shows the degree to which UnitedHealthcare responded to EQRO's recommendations from EQR 2020. The actions taken by UnitedHealthcare were evaluated and categorized as follows:

- High (Two Points): MCO fully addressed the recommendation, complied with the requirement, and PTM closed the item. (Overall score > 90%)
- Medium (One point): MCO partially addressed the recommendation, the same recommendation applies, or a new recommendation is provided, and the item remains open. (Overall score 75-89%).
- Low: (Zero points) Minimal action/no action was taken, the same recommendation applies, and the item remains open. (Overall score <75%).

Table 9. UnitedHealthcare's Response to Recommendations from EQR 2020

Recommendation	Action by UnitedHealthcare	Comment by EQRO
1. UnitedHealthcare should include all the information pertaining to medical, psychiatric, developmental, psychosocial, and legal history in a single questionnaire to assess a member's needs.	UnitedHealthcare has included all components in the history to assess members' needs.	**High**
2. CM Assessment within five business days of admission to psychiatric hospital/residential treatment program.	N/A	Hospitalization was not reported for any psychiatric diagnosis in the Autism sample selected for evaluation. So, this recommendation could not be assessed.
3. The care plan should be shared with the providers and informed about how they can provide input or change the care plan.	This criterion was not evaluated in EQR 2020 per the MHD's instructions. In the EQR 2022, compliance was 35% for Autism CM.	**Medium** The issue persists. A recommendation is stated in Table 5 (issue 1).
4. PCPs should be notified about case closure per instructions in the MHD contract, section 2.11.1(f).	The compliance dropped from 94% to zero for Autism CM.	**Low** The issue persists. A recommendation is stated in Table 5 (issue 2).
5. UnitedHealthcare should address all points listed under the MHD contract, section 2.11.1(e), while developing a care plan for each member.	UnitedHealthcare's care plan meets all the contractual requirements of care plan components.	**High**
6. UnitedHealthcare initiates a process that tracks all the issues related to the MHD's pharmacy unit, from start to finish, including but not limited to: date/time of encounter; who spoke to whom (with titles/roles); name and Medicaid ID of the member for whom the communication/contact was made;	UnitedHealthcare initiated the following actions to resolve the pharmacy issue: a. Instituted a formal standard operating procedure for care managers to make referrals to	**High** PTM did not see any notation of pharmacy issues in the MRR.

issue discussed; and the specific outcome. UnitedHealthcare must use supporting documentation (e.g., fax, letters), collaborate with provider services to improve communication with the MHD Pharmacy unit, and utilize the demographic reports sent by the MHD and the providers (of record) to locate the member for CM services.	UnitedHealthcare's internal pharmacist. This streamlined the process and allowed the pharmacist to speak directly to the one at the MHD. b. An activity was added for "pharmacist consult," which allowed the care manager and the pharmacist to document in the system and thus in the member's chart for tracking the issue. c. A path for escalations was outlined. For any escalations, an email is sent to the direct care manager as well as the UnitedHealthcare's leadership which starts either email or telephone outreach to the Pharmacy Lead at the MHD. UnitedHealthcare reported that its relationship with the MHD pharmacy has improved.	

The degree of UnitedHealthcare's response to the previous year's (EQR 2020) recommendations was assessed to be 70% (Table 9).

Table 9. Scoring Degree of Response						
Total	High	=	3	×2	=	6
	Medium	=	1	×1	=	1
	Low	=	1	×0	=	0
Numerator	Score Obtained					7
Denominator	Total Sections	=	5	×2	=	10
Overall Score= Medium						**70%**

7.0 RECOMMENDATIONS

UHC

1. UnitedHealthcare must address the recommendations listed in Tables 4, 5, and 6 for the three focus areas. Also, "Low" and "Medium" scored criteria from the previous year's recommendations (Table 9) must be addressed.

2. . PTM recommends that the UnitedHealthcare CM team utilizes the Health Information Exchange (HIE) to increase coordination, reduce fragmentation and improve overall communication between care providers. All Missouri Medicaid providers have been offered free HIE enrollment.

MHD

The recommendations that apply to the MHD are provided in Table 4 (marked as *). Below are additional recommendations:
1. Criterion: CM Assessment within five business days of admission to psychiatric hospital/residential treatment program.
PTM recommends a change in the criteria by replacing “admission” with “discharge” and “business days” with “calendar days.” Members may not be in a mental state to engage with care managers within five business days of admission. UnitedHealthcare may have several holidays/non-business days at the corporate level, which may delay members’ care.

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

3. The MHD should provide a minimum duration for UnitedHealthcare’s care managers to continue outreach before a case is closed for “UTC.”

4. The MHD should consider setting benchmarks and incentives for critical clinical criteria in the Foster Care CM program, which can serve as a driving force for UnitedHealthcare to improve its efforts toward member outcomes.

5. Federal legislation, the Fostering Connections to Success and Increasing Adoptions Act (Pub L No.110-351 [2008]), requires that states, in consultation with pediatricians and other health experts, develop systems for health oversight and coordination for children in foster care. This act outlines the important pieces of coordinated care: periodic health assessments, shared health information, provision of care in the context of a medical home, and oversight of prescription medications (particularly psychotropic drugs).

Note: PTM acknowledged the change in the MHD contract effective July 1, 2022, and the

alignment of EBLLs guidelines for CM with the CDC recommendations. These guidelines did not apply to the MCO in EQR 2021.