



2022 External Quality Review

Care Management Healthy Blue

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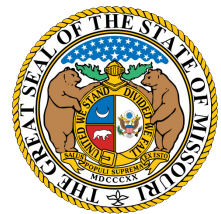


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1.0 OVERVIEW

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. Healthy Blue 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 Healthy Blue'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 Framework²

“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>

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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. Healthy Blue’s CM program was evaluated under the following heads:

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

2. Medical Record Review (MRR): PTM assessed Healthy Blue’s ability to make all pertinent medical records available for review. Healthy Blue 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 Healthy Blue 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

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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 days³ 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 Healthy Blue 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,

³ Days refer to “calendar days” unless specified as “business days” throughout this report.

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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 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 Healthy Blue officials on July 28, 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.

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

Foster Care CM: Care Managers, Special Programs; and Director, Behavioral Health Services.

Autism CM: Manager, Behavioral Health Case Management; and Director, Behavioral Health Services.

EBLLs CM: Medical Director, Plan Performance; Director, Health Care Management Services; Delegated Functions Specialist; Manager, Care Integration; Director, Integrated Care; Manager, Clinical Program Development; Manager, Health Care Management Services; Certified Care Manager; and Care Manager.

4.0 CARE MANAGEMENT PROGRAM

This section presents CM highlights based on the information submitted by Healthy Blue.

CM Data for CY 2021

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Medicaid Managed Care members enrolled (year-end) = 340,239

Total members in active CM or care coordination programs = 2,795

Number of members identified for CM in the focus areas/enrolled =

Foster Care: 3, 264/82

Autism: 261/67

EBLLs: 132/37

CM staff available =

Foster Care: Seven care managers, seven personal guides (vacancies included)

Autism/Behavioral Health: Five care managers, two outreach care specialists (vacancies included)

EBLLs: 3 care managers (including vacancies)

Average case load =

Foster Care: Active cases 35 per day and an additional 200 cases for monitoring, with follow-up every 60-90 days.

Autism/Behavioral Health: Thirty cases (maximum 40) per day.

EBLLs: Active cases 35-50 per day (blood lead level-10 µgm/dl or higher); and 110-130 cases with a lead level of 5-9.9 µgm/dl.

CM Program

Healthy Blue's complex care management program objectives are to:

- Perform the activities of assessment, planning, facilitation, and support throughout the continuum of care, and provide evidenced-based, member-centric care planning consistent with recognized standards of case management practice and accreditation requirements.
- Empower members and their families by providing information and education that promote condition-specific self-care management to facilitate member behavior change.
- Empower Foster Care caregivers (foster parents, kinship placements) by offering ongoing support.
- Promote medication safety by assessing the member's knowledge and adherence and performing medication reconciliation.
- Provide timely interventions that increase the effectiveness and efficiency of the care/services provided to the member and promote the achievement of the measurable goals in the care management plan.
- Educate the member and family in coordinating appropriate services that effectively utilize benefits and health care resources.
- Provide members with connection and coordination of community resources to address needs, including social determinants of health (SDOH), throughout the care

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management process, especially when benefits end and the member still needs care.

- Ensure continuity and continued access to care to assist members when their current provider leaves the network while the member is in an active course of treatment.
- Address SDOH, gaps in care, and care transition issue to mitigate or prevent potential readmission.
- Improve member and provider satisfaction.
- Collaborate with all stakeholders to ensure that all life domains are being addressed with each member touched.

The care management team consists of registered nurses, qualified behavioral health professionals (QBHP), and outreach care specialists working in a collaborative, deeply integrated model. The integrated care management model covers the full range of physical health, behavioral health, and social needs. The care manager may use a combination of face-to-face and telephonic outreach during the relationship with the members.

Population Identification for CM:

- An algorithm was redesigned to identify and stratify members based on several factors, including diagnosis, cost, utilization, and risks.
 - The Foster Care CM developed its algorithm using Missouri State metrics specific to child welfare members, including medications, inpatient stays, and emergency department visits.
 - Healthy Blue created a “new enrollment” list for the Foster Care team; it is received in “real-time” through the Category of Aid (COA) 4 codes. This allows the Care Manager to outreach the child being placed within 24 hours of placement.
- Emergency department (ED) trigger reports.
- Information provided from the health risk questionnaire completed by members.
- Internal and external (e.g., waiver programs) MHD referrals, screenings of members, including welcome calls, prior authorization, concurrent review, and customer service notifications.
- Referrals from Healthy Blue providers network, advocacy groups, schools, community-based organizations, and members and their families.

Initiatives in CY 2021:

- For every Foster Care member identified with a higher level of need (e.g., EBLs, pregnancy, neonatal intensive care), a care manager from the identified team is the primary CM contact. However, a Foster Care care manager is also assigned to the member to ensure any foster care-related questions can be answered and a smooth

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transition to the Foster Care team when the member is deemed ready.

- Foster Care receives a daily inpatient list from the MHD, identifying all Healthy Blue members who are inpatients (IP). Through this document, the follow-up after hospitalization (FUH) is completed by outreaching members discharged from an IP stay to ensure that they have a follow-up appointment. If the member does not, the Foster Care care manager will complete the FUH assessment through telehealth and fax the assessment to the member's Primary Care Provider (PCP).
- The EBLLs CM team created an internal tracker to list all members with an elevated blood lead level of 5 µgm/dl or greater to track their progress. The team created a heat map from the tracker showing the high-risk areas in MO that are most affected by lead exposure. Outreaching and monitoring members with a blood lead level of 5 µgm/dl or above the MHD's contractual threshold of 10 µgm/dl or greater. Healthy Blue proactively followed the Centers for Disease Control and Prevention (CDC) recommendations.

5.0 FINDINGS

5.1 Policies and Procedures Review

Healthy Blue (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):	Met/Not Met	Documents Submitted
1. A description of the system for identifying, screening, and selecting members for CM services.	●	HB MO Foster Care Program-Care Management Programming, Elevated Blood Lead Level-Care Management MO, Complex Case Management 2022 Program Description, Population Assessment - MO, GBD-CM-019MO Case Management Program Case Identification, GBD-CM-111 Associate Roles, Functions and Safety, Face-to-Face Intervention-MO.
2. Provider and member profiling activities.	●	Access to Behavioral Health, HB MO Foster Care Program-Care Management Programming,

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Policies and Procedures must include (MHD contract, section 2.11.1(c)(5):	Met/ Not Met	Documents Submitted
		Over/Under-Utilization of Services-MO.
3. Procedures for conducting provider education on CM.	●	Provider Orientation, Face-to-Face Intervention-MO.
4. A description of how claims analysis will be used.	●	HB MO Foster Care Program-Care Management Programming, Provider Orientation, Complex Case Management 2022 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 developing the care plan.	●	HB MO Foster Care Program-Care Management Programming, HB MO Foster Care Program-Quality- Member Outcomes, Complex Case Management 2022 Program Description, GBD-CM-002MO Care Manager Role and Function in Complex Care Management, GBD-Care Manager Planning and Facilitation-MO.
6. A process to ensure integration and communication between physical and behavioral health.	●	Internal CM Referral Process, Complex Case Management 2022 Program Description, Integrated Care Management-MO.
7. A description of the protocols for communication and responsibility sharing in cases where more than one care manager is assigned.	●	Internal CM Referral Process, Complex Case Management 2022 Program Description, Integrated Care Management-MO.
8. A process to ensure that care plans are maintained and updated as necessary.	●	HB MO Foster Care Program-Care Management Programming, HB MO Foster Care Program-Quality- Member Outcomes, GBD-CM-111 Associate Roles, Functions and Safety.
9. A description of the methodology for assigning and monitoring Care Management caseloads that ensures adequate staffing to meet CM requirements.	●	Complex Case Management 2022 Program Description, GBD-CM-111 Associate Roles, Functions and Safety.

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Policies and Procedures must include (MHD contract, section 2.11.1(c)(5):	Met/ Not Met	Documents Submitted
10. Timeframes for reevaluation and criteria for CM closure.	●	Elevated Blood Lead Level-Care Management MO, GBD-CM-004MO Care Manager Monitoring, Follow-Up, and Evaluation, GBD-CM-103MO Care Manager Case Closure.
11. Adherence to applicable State quality assurance, certification review standards, and practice guidelines as described in the contract.	●	HB MO Foster Care Program-Care Management Programming, Complex Case Management 2022 Program Description, GBD-CM-002 MO Care Manager Role and Function in Complex Care Management.
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.	●	EPSDT Core Policy-MO, EPSDT Corporate Outreach and Monitoring-MO, HB MO Foster Care Program-Care Management Programming, HB MO Foster Care Program-Coordination with Health Homes, HB MO Foster Care Program-Quality- Member Outcomes, Systems Process-Foster Care Coordinators.
13. Additional CM Information.	●	GBD-Care Management Clinical Documentation, Member Satisfaction Survey-MO, Preventive and Other Services Requiring Pay and Chase, GBD-CM-011MO Care Management Associate Training, GBD-HCM-006 Health Care Management-Clinical Training Compliance.
PTM Comments	Healthy Blue is fully compliant. Nil recommendations.	

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

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	Foster Care CM	Autism CM	EBLLs CM
Sample size/oversample	30	0	22
Exclusions	10	0	2
Medical records reviewed	20	20	20
Cases closed/goals met	4	11	3
Active cases (in progress)*	2	5	17

*HB does not close FC cases; they remain in passive-monitoring status for follow-up every 90 days.

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	25	N/A	N/A
Referral/Notification (State)	85	N/A	N/A
Referral/Notification (all sources)	95*	100	100
Initial screening within 72 hours of placement (within 24 hrs. for younger, chronic condition (by provider)	5	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)*	0		
Offer CM (Assessment) within 30 days or within the contractual timeframe for EBLLs from any source notification	40	100	60
Medical history	100	100	100
Psychiatric history	100	100	100
Developmental history	100	100	100
Psychosocial/Trauma history	95	100	100
Dental health	100	N/A	N/A
Legal issues	90	100	100
Education needs	75	N/A	N/A
Immunization history	75	N/A	N/A
Follow-up assessment in 60-90 days of placement (by a provider)	10	N/A	N/A
Health Encounters-three in the first three months of foster care (all ages)-by a provider	15	N/A	N/A
Assessment within 30 days of discharge from hospital or rehab. facilities after readmission or stay of	67	25	N/A

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Evaluation Criteria	Foster Care CM	Autism CM	EBLLs CM
more than two weeks or three ED visits in a quarter/within five business days of admission to a psychiatric hospital or substance use treatment program			
Confirmatory venous lead level within the contractual timeframe	N/A	N/A	95
Family encounter [#]	N/A	N/A	95
Follow up Family encounter [#]	N/A	N/A	90
Care plan	100	100	100
Care plan updated	100	100	100
Sharing health information with birth parents, guardians, attorney, court, and school/involved in the care plan	65	100	100
Progress notes (follow-up)	100	100	100
Lab tests/follow-up tests within timeframes for EBLLs	100	N/A	40
Provider treatment plan	35	55	100
Transfer	100	100	100
Monitoring services and care, medication adherence	100	100	100
Coordination and linking of services	100	100	100
Behavioral health services availed	100	N/A	N/A
Discharge plan	44	67	100**
PCP notification of case closure	6	7	100**
Member closure letter	N/A	N/A	100**
Aggregate Score	72	86	95

Red highlighted figures (score < 75%) indicate areas for improvement.

*For informational purposes, not included in calculating the aggregate score.

**Small denominator (3 cases) as cases are not closed for UTC per the MHD's instructions.

Telephonic encounters replaced face-to-face encounters due to the Covid-19 pandemic.

5.3 Evaluation of Care Plan

Healthy Blue 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 once a month; however, the frequency varies per the level of risk stratification. PTM does not have any issues to report.

6.0 ANALYSIS AND CONCLUSIONS

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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
<p>1. Criterion: The date of placement of a child in Foster Care. (Timeliness)</p> <p>This information was not known to Healthy Blue for 75% of cases.</p> <p>Healthy Blue informed PTM that the State did not provide the placement dates. Healthy Blue’s access to State Children’s Division (CD) documentation system (FACES), which houses the information, is limited.</p> <p>Healthy Blue admitted that their CM team did not collect the information from the CD system. Healthy Blue has subsequently trained its CM team to capture placement dates for all Foster Care members.</p>	<p>Healthy Blue must work with the MHD* and CD to receive the information on the placement of a child for COA 4 for effective CM (tracking initial screenings and health encounters by the providers).</p>
<p>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)</p> <p>Healthy Blue did not track these criteria as the placement date was unavailable. Also, Healthy Blue informed PTM that they were not required to track and report these criteria to the MHD from the last quarter of CY 2021. (An email communication from the MHD, dated Oct 19, 2021, was submitted by another MCO, also applicable to Healthy Blue.)</p> <p>Furthermore, Healthy Blue informed about communication from the MHD on Dec 19, 2018, that exempted the MCO from its accountability on reporting these criteria (evidence on communication was not submitted).</p>	<p>Healthy Blue and the MHD* must work towards addressing these three criteria.</p> <p>The MHD* must amend its managed care contract, section 2.11.1(d)(3) if the MHD does not require Healthy Blue to report on these criteria.</p>

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Foster Care CM Issues	Recommendations
<p>3. Criterion: Comprehensive assessment within 30 days of notification/enrollment. (Timeliness)</p> <p>Healthy Blue complied with the timeframe for 40% of cases when they received a notification from any referral source. Healthy Blue's compliance for assessing the Foster Care members following the State notifications was zero.</p>	<p>Healthy Blue must initiate its CM activity as soon as it receives notification from the State on the 834 file-COA 4 eligibles.</p>
<p>4. Criterion: Assessment. (Quality)</p> <p>Healthy Blue assessed its enrollees' immunization status and educational needs for 75% of cases. Trauma history was limited to merely asking about school or appointment scheduling difficulties faced in the past week.</p>	<p>The columns in the assessment should not be left blank even if the caregivers were unwilling to provide the information. The outcome of the encounter with the caregivers should be documented. Detailed trauma history should be elicited. Pre-schooling needs for younger children (below five years of age) must be elicited. The care managers should be trained to elicit immunization history from all available sources, e.g., State records, Children Division's case workers, PCPs, biological parents, foster parents, and guardians.</p>
<p>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 to psychiatric hospital/residential Substance Use treatment program. (Timeliness)</p> <p>Healthy Blue was compliant for 67% of cases. Healthy Blue informed PTM that Behavioral Health treatment for COA 4 members is carved out to MHD Fee-For-Service. Admission information is provided to Healthy Blue to initiate contact with the guardian for CM.</p>	<p>Healthy Blue should have a system of inpatient admission and discharge notifications from its providers so that timely post-discharge assessments can be conducted.</p> <p>The MHD* must notify Healthy Blue about IP admissions and discharges in real-time so that Healthy Blue can outreach the caregivers for post-discharge</p>

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Foster Care CM Issues	Recommendations
	assessment within the contractual timeframe.
<p>6. Criterion: Inform the members about CM rationale and relationship, circumstances of disclosure to third parties, and complaint process. (Quality)</p> <p>Healthy Blue followed the requirements only in 35% of cases. The information was included in some of the letters mailed to the members. Healthy Blue reported that they had fax system issues in 2021, so the letters mailed to the members could not be saved. The problem was rectified in 2022.</p>	<p>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.</p>
<p>7. Criterion: Health information sharing with parents, guardians, attorneys, courts, and schools.</p> <p>Healthy Blue documented access to members' care plans/sharing information with the caregivers only in 65% of cases. (Access to Care)</p> <p>Healthy Blue informed PTM that the information is routinely not shared with courts/attorneys unless specifically asked by the courts.</p>	<p>Healthy Blue should improve documentation in the medical records and address the requirement of sharing health information.</p>
<p>8. Criterion: Provider treatment plan/collaboration with providers ensuring health needs are assessed. (Quality, Access to Care)</p> <p>Access to members' care plans via the online provider portal/faxes documented in notes were in 35% of cases.</p> <p>Healthy Blue reported that they had fax system issues in 2021, so the letters mailed to the providers could not be saved. The issue was rectified in 2022.</p>	<p>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.</p>
<p>9. Criterion: Case Closure-Lost Opportunities (Access to Care)</p> <p>Healthy Blue could not complete the CM services in 56% of cases as they were unable to contact (UTC) the members or members refused CM.</p>	<p>Maintaining an accurate record of member contact numbers and motivating them by demonstrating the value of the CM program is</p>

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Foster Care CM Issues	Recommendations
<p>PTM noted in the MRR and the “Complex Care Management Description” document submitted by Healthy Blue that three outreach attempts are made within 14 days. After that, a case is closed as UTC unless instructed otherwise by the MHD, e.g., EBLL cases are not to be closed for UTC.</p>	<p>the key to successful care coordination.</p> <p>PTM recommends that any case should not be closed before three months of unsuccessful outreach attempts.** Additionally, Healthy Blue 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.</p>
<p>10. Criterion: PCP notification about case closure explaining reason and condition at discharge. (Quality, Timeliness)</p> <p>Healthy Blue submitted evidence in 6% of cases to suggest that PCPs were notified of the case closure/goals met and that the member had transitioned to monitoring status by a personal guide.</p> <p>Healthy Blue reported that they had fax system issues in 2021, so the letters mailed to the providers could not be saved. The issue was rectified in 2022.</p>	<p>Healthy Blue should comply with the criterion despite fax system issues. At a minimum, the care manager should document the date when the PCP was notified.</p>

*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
<p>1. 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 to psychiatric hospital/residential Substance Use treatment program. (Timeliness)</p>	<p>Healthy Blue’s Hospital Care Transition (HCT) team should coordinate with the utilization management team and care managers for the discharge dates and latest member contact information. The HCT team should educate the members on the</p>

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<p>Healthy Blue complied for 25% of cases, as applicable. There was no post-discharge assessment for the remaining cases.</p>	<p>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 days of admission to a psychiatric hospital as applicable.</p>
<p>2. Criterion: Inform the members about CM rationale and relationship, circumstances of disclosure to third parties, and complaint process. (Quality)</p> <p>Healthy Blue followed the requirements only in 40% of cases. The information was included in some letters mailed to the members or in the progress notes. Healthy Blue reported that they had fax system issues in 2021, so the letters mailed to the members could not be saved. The issue was rectified in 2022.</p>	<p>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.</p>
<p>3. Criterion: Provider treatment plan/collaboration with providers ensuring health needs are assessed. (Quality, Access to Care)</p> <p>Access to members' care plans via the online provider portal/faxes documented in notes was provided in 55% of cases.</p> <p>Healthy Blue reported that they had fax system issues in 2021, so the letters mailed to the providers could not be saved. The issue was rectified in 2022.</p>	<p>Care plans must be shared with the providers for their input via letters and online provider portals, and the care managers must be trained to document in the medical records.</p>
<p>4. Criterion: Case Closure-Lost Opportunities. (Access to Care)</p> <p>Healthy Blue could not complete CM, including discharge planning services in 33% of cases. Out of these, 20% of cases were due to UTC.</p> <p>PTM noted in the MRR and the "Complex Care Management Description" document submitted by Healthy Blue that three outreach attempts are made within 14 days, and a case is closed after that.</p>	<p>Maintaining an accurate record of member contact numbers and motivating members by demonstrating the value of the CM program is the key to successful care coordination.</p> <p>PTM recommends that any case should not be closed before three months of unsuccessful outreach attempts. Additionally,</p>

	Healthy Blue 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.
5. Criterion: PCP notification about case closure explaining reason and condition at discharge. (Quality, Timeliness) Healthy Blue submitted evidence in 7% of cases to suggest that PCPs were notified of the case closure/goals met.	Cases not in active CM or closed due to goals met must be notified to the PCPs, and staff must be trained to document the date of communication with the PCPs in the medical records.

Table 6. EBLs 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) All the members were assessed, but timeliness was achieved only in 60% 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.
2. Follow-up lab testing within the contractual time frame.** (Timeliness) Only 40% of Healthy Blue members had follow-up blood lead level testing within the timeframe. Of the non-compliant cases, 25% cases were non-compliant due to UTC.	Same Recommendation as above.

*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)**.

- Detailed care plan to include all aspects of care, e.g., education on medication adherence, the importance of diet and exercise to maintain optimal weight, enforcing six-monthly dental visits, maintaining immunization schedules, well-child

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checkups, and preventive screenings.

- Monitoring for medication adherence in CyberAccesssm (State’s web-based, HIPAA-compliant tool that allows Healthy Blue to view drug utilization information in near real-time).
- Skilled clinical staff assigned to all aspects of the screening and assessment process, including initial telephone contacts. All feasible means were utilized for interaction with members, e.g., telephonic, E-mail, virtual meetings, faxes, and mailings.
- Assigning members in Foster Care CM to personal guides for monitoring and follow-up every 90 days after the CM goals are met and cases are closed.
- Providing Comfort Kits that are intended to provide comfort to Foster Care members and foster parents. Members receive an age-appropriate Comfort Kit filled with essential items to help ease their transition into their new home. Foster Care parents receive educational information such as tip sheets, guides, checklists, and information on all available local resources.
- Providing four hours of supplemental tutoring offered through Educational Tutorial Services. The Foster Care students’ skills grow in the three core areas: English, Mathematics; and Language Arts.
- Providing information about psychiatrists and counselors and behavioral therapy.
- Intensive family intervention services-Crisis Stabilization.
- Crisis line services.
- Linking to community resources, BH support services, therapists, financial assistance resources, child protective services, Kansas City, MO, Angels Program, and Tcare-guardian support program.
- Monitoring compliance with doctor’s appointments.
- Providing nutritional and physical activity counseling resources.
- Availability of Nurse line (nursing advice services round the clock, 24 x 7).

6.3 Improvement by Healthy Blue

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 84.6% 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	72%	86%	95%	N/A	N/A	84.6%
EQR 2021	N/A	N/A	N/A	N/A	N/A	N/A
EQR 2020	N/A	89%	N/A	88%	85%	87%

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PTM obtained the following data from Healthy Blue 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 member months	7.2	6.3	5.5
ED visits/1000 member months	60.6	45	52
Lead Screening in Children	63.8%	67.7%	57.9%
FUH-7 days	34.2%	33.5%	36.3%
FUH-30 days	59.6%	56.3%	57.8%

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 Healthy Blue responded to EQRO's recommendations from EQR 2020. The actions taken by Healthy Blue 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. Healthy Blue's Response to Recommendations from EQR 2020

Recommendation	Action by Healthy Blue	Comment by EQRO
1. CM Assessment within five business days of admission to psychiatric hospital/residential treatment program.	Healthy Blue's performance increased from 16% (EQR 2020) to 25% (EQR 2022).	Medium The issue persists. PTM has provided recommendations in Table 5 (issue 1)
2. 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 55% for Autism CM.	Medium The issue persists. A recommendation is stated in Table 5 (issue 3).

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3. PCPs should be notified about case closure per the MHD contract section 2.11.1(f) instructions. If there are issues due to the automation of their New CM Medical Record System, Healthy Blue should manually send a written notification to PCPs.	The compliance has marginally increased from 0 to 7% for Autism CM.	Low The issue persists. A recommendation is stated in Table 5 (issue 5).
4. Healthy Blue should address all points listed under the MHD contract, section 2.11.1(e), while developing a care plan for each member.	Healthy Blue created an elaborate care plan template meeting all the contractual requirements and utilized it for CM.	High

The degree of Healthy Blue's response to the previous year's (EQR 2020) recommendations was assessed to be 50% (Table 10).

Table 10. Scoring Degree of Response						
Total	High	=	1	×2	=	2
	Medium	=	2	×1	=	2
	Low	=	1	×0	=	0
Numerator	Score Obtained					4
Denominator	Total Sections	=	4	×2	=	8
Overall Score= Low						50%

7.0 RECOMMENDATIONS

Healthy Blue

1. Healthy Blue 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 Healthy Blue children receive a complete mental health evaluation, including a trauma assessment, shortly after entering foster care. A mental health screening to assess suicide risk and acute mental health needs is important at the entry to care. Still, a complete evaluation is probably best conducted after the child has had some time to adjust to their new living situation and visitation with the family.⁴

⁴ Health Care Issues for Children and Adolescents in Foster Care and Kinship Care 2015, American Academy of Pediatrics.

Care Management: Healthy Blue

3. PTM recommends that the Healthy Blue 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 days of admission. Healthy Blue 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 Healthy blue 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 Healthy Blue 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.