

Missouri Care Health Plan
MO HealthNet QA&I Meeting: April, 2011
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1st Quarter (January, February, March) 2011 Update

New Initiatives or events

- None for the 1st quarter 2011.

Updates on current initiatives

- **NCQA Accreditation**
 - Missouri Care was audited by our NCQA consultant/auditor in March with full scoring of our ISS tool. The results of the audit and suggestions from the auditor have been incorporated into the overall Missouri Care work plan for NCQA accreditation. Missouri Care is on target for submission of the ISS tool on May 23rd, 2011 with onsite file review by NCQA on July 18-19, 2011
- **HEDIS 2011**
 - HEDIS 2011 medical record review began in the first quarter, 2011 as Missouri Care begins its first HEDIS initiative undertaking consisting of all three regions of Missouri (due to Missouri Care's expansion) as well as an NCQA population. 2011 CAHPS mirror those of HEDIS 2011
- **Member Incentive Programs**
 - Missouri Care instituted a Gift Card incentive program for every new mother that receives a compliant post partum check per NCQA HEDIS guidelines. Brochures are sent out to all new moms and we have informed our provider network through our provider newsletters to be aware of the need to sign the brochure for validation of the appointment. 60 post partum gift cards have been sent out since November.
 - Missouri Care instituted a Gift Card incentive program for every member discharge from an acute behavioral health facility that receives a compliant outpatient follow-up appointment within 7 days of their discharge. Providers were notified through our provider newsletter. 26 follow up gift cards have been sent out since November.
- **Member Education and Outreach**
 - Our EPSDT outreach continues with 15, 592 reminder cards being mailed during the first quarter of 2011. A follow up mailing of 4257 letters for those that did not received services in the first quarter 2011 was also completed.
 - Reminder mailings to 4286 Missouri Care teen members concerning the need for adolescent well care checks were completed in the 1st quarter 2011.
 - Reminder mailings were sent to all Missouri Care members who have not yet received all of their immunizations and/or a lead test prior to their second birthday.
 - Missouri Care's initiative concerning our Asthma population continues. In March, a letter was mailed to members still not on a controller medication urging them to contact their PCP to discuss.
 - For the months of January, February, and March, 2011, the Cervical Cancer/Chlamydia Screening Birthday cards were sent to 2048 women aged 18-60 who had not had a CCS/CHL screening
- **Community Outreach**
 - During the months of January and February, Missouri Care participated in numerous obesity prevention projects handing out pedometers, jump ropes and posters.
 - Missouri Care continued with its "Show Me Smiles" campaign throughout January, February, and March.
 - Missouri Care attended the Young Years Conference in Osage Beach with over 2,000 participants from public and private school districts, preschools, kindergartens, childcare centers, Head Start programs, Parents as Teachers, parent education programs, early childhood special education programs, early childhood administration and early childhood higher education institutions from across the state.

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- Missouri Care continues its outreach in conjunction with nutrition, health, and obesity through participating in health fairs throughout the state.

Success stories

Member is a 22 year old female who is pregnant for the third time. Member has a history of two miscarriages (of unknown cause) in the past, so this will be her first baby. Member is currently residing in a basement apartment of her boyfriend's father's home with the boyfriend, who may or may not be the father of the baby. Member plans on a paternity test at birth. Member reports that she is in a supportive environment and that the boyfriend plans to father the baby regardless of paternity findings. Member's mother has also been a strong support for her. Member is currently employed as a CNA at a nursing home, and is on her feet most of the day. Member was identified for case management services because of her history of SAB and her current smoking status. Member has had frequent issues with diarrhea and UTIs, and has felt very overwhelmed during this pregnancy. Member identifies part of her stress as financial concern over her utility bills, as she has had to miss a lot of work due to illness.

This case manager has been in close contact with this member and has provided her with emotional support and encouragement. Member reported that she had not been contacting the physician to let them know that she was having continued diarrhea. Member had visited the ER for dehydration and UTI symptoms twice without speaking to her OB provider about the issues. This case manager assisted member in conference calling her physician's office to discuss her continued discomforts. This case manager, the member and the office manager discussed available times for member to be seen and transportation solutions for urgent appointments. Member was very relieved and said that she thought that unless she gave 3 days notice, she would be unable to get a ride. This case manager assured her that I would assist her by contacting MTM services to request a ride for her for the next day. Member was seen in the OB office and was treated for dehydration. This case manager discussed this member's occupation with the nurse and explained that I was concerned about her acquiring C-diff toxins that may be leading to her diarrhea, as member works in a nursing home. A stool culture was done and came back negative, but the diarrhea persisted. Member was placed on an antibiotic of Flagyl to treat possible causes and the diarrhea has slowed down. This case manager has stayed in frequent contact with the provider's nurse and with the member to coordinate any needed care. Member has started to make it to her appointments on time and has been communicating with the physician regularly now. Member contacts this case manager after each appt to update me on her progress and treatment plan. Since there are no urgent care centers in the member's area, this case manager has encouraged member to communicate her needs as soon as they come up so that she can be seen during the daytime hours at the provider's office and she will not have to go to the ER so much. Member agreed and understands that she can call me anytime to assist her in setting up rides to and from her appointments, especially if they are to cover urgent needs. This case manager also offered information via the United Way 211 program to locate resources to help pay her utility bills while she was off work. Her utilities were in the homeowner's name so he was able to apply for assistance and they were able to pay their bill. Member had feelings of guilt over not being able to contribute to the household, but has been able to lay those aside now and concentrate on her own health and her baby.