



Blue-Advantage Plus of Kansas City, Inc.

An Independent Licensee of the
Blue Cross and Blue Shield Association

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Blue-Advantage Plus of Kansas City 2Q11

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New Initiatives or events

Community Events – Blue Advantage Plus (BA+) participated in several community events during the months of January, February, and March. Community Events include:

- April 1, 2011 and June 28, 2011 - Participated in Mid-America Coalition on Health Care's Employer Action Meeting and Kansas City Collaborative KC² Award Ceremony—accepted the award for Blue KC's *A Healthier You* employee program, including Blue-Advantage Plus employees; retirement gathering for Bill Bruning
- April 1, 2011 and May 6, 2011; May 20, 2011 – Attended Mid-America Regional Council's Community-Wide Information Network Meeting; hosted the Health Subcommittee Meeting.
- April 6, 2011 and June 1, 2011 – Met with Vietnamese-American Community of Kansas City on Health is Gold educational brochure series and the Somali Foundation.
- April 6, 2011 – Facilitate an internal Community Health Worker discussion, including Blue-Advantage Plus.
- April 6, 2011 – Provided health education resources to the Missouri State Medical Association and Alliance Conference.
- April 7, 2011 – Provided an update to Blue KC's Medical Advisory Committee, including Medicaid providers, on Health Information Exchange.
- April 8, 2011 – Met with the Midwest Foster Care and Adoption Association on special health care needs for its clients and shared resources with them.
- April 12, 2011 – Participated in a Presumptive Eligibility Meeting with community collaborators at Mid-America Head Start.
- April 12, 2011 – Guest Lecturer for Health Policy Class at Webster University.
- April 13, 2011 – Provided an update to Blue KC's Practice Management Advisory Committee, including Medicaid practice managers, on Health Information Exchange.
- April 5, 2011, May 3, 2011, and June 7, 2011 – Participated in the Mid-America Head Start's Policy Council Meeting.
- April 15, 2011 and June 17, 2011 – Attended the KCMO Health Commission's Minority Health and Health Equity Committee Meeting.
- April 18, 2011 – Invited presentation to Health Commission's Budget and Contract Evaluation Committee (see zipped folder Philly Award Submission attached).
- April 20, 2011 – Attended the Merck/Metro Med "Demystifying Health Care Reform: Quality in Health Reform" Dinner Meeting.
- April 26, 2011 – Attended the 5th Annual Bioethics Symposium 2011 "Pain is a Four-Letter Word" featuring the Surgeon General of the United States, Regina Benjamin.
- May 3, 2011 – Attended Building a Healthier Heartland All Member Meeting.
- May 3, 2011, June 6, 2011, and June 27, 2011 – Met with the engaged consultant on issues relating to Medicaid, Head Start--Kansas City Missouri School District and Swope Health Services for EPSDT/Dental, and Patient-Centered Medical Home Summit.

- May 4, 2011, June 8, 2011, and June 28, 2011 – Facilitated the claims database discussion between Blue KC IT staff, the healthcare access programs, MetroCARE and NorthlandCARE, and their foundation-engaged consultants Resource Development Institute.
- May 4, 2011 – Participated in the Missouri Health Policy Forum conference call.
- May 12, 2011, May 13, 2011, and June 28, 2011 – Participated in the community “Undocumented Discussion” and MHIP/FPIC information session.
- May 12, 2011 – Attended the Greater Kansas City Food Policy Coalition Spring Full Membership Meeting.
- May 13, 2011 – Attended the Black Health Care Coalition Luncheon.
- May 13, 2011 – Met with the Mayor’s Transition Team on Health Initiatives in Kansas City, Missouri.
- May 14, 2011 – Sponsored pre-event clean-up efforts for the Northeast Kansas City International Crawl and Bus Tour.
- May 24, 2011 – Participated in the University of Kansas Medical Center’s Health Information Management Advisory Board Meeting.
- June 1, 2011 – Co-hosted the Mid-America Immunization Coalition’s Quarterly Meeting.
- June 13, 2011 – Met with Swope Community Builders regarding a potential Kansas City Food Hub and mobile market expansion to housing developments and clinics.
- June 15, 2011 – Attended the Health Commission’s Women’s, Infants’, and Children’s Health Committee regarding the Mother & Baby Health Guide project; visited with KCMO Health Department Tobacco Use Prevention staff on resources.
- June 15, 2011 – Met with Health Literacy Missouri on potential Kansas City collaborations.
- June 17, 2011 – Met with Metro Med on potential Kansas City physician collaborations relating to the Food Policy Coalition initiatives.
- June 21, 2011 – Participated in Mid-America Head Start’s Health Services Core Advisory Group Meeting.
- June 23, 2011 and June 27, 2011 – Met with early childhood education advocates “Alliance for Childhood Education” or ACE on related health issues.
- May/June 2011 – Sponsored Head Start recruitment ad in English (back cover) and Spanish (inside back cover) in *Our Health Matters* (see e-copy attached).
- July/August 2011 – Sponsored vaccination information ad (back cover) in *Our Health Matters* (see e-copy attached).
- April/May/June 2011 – Executed the “Cover the Uninsured Week” Campaign (see zipped folder with Philly Award Submission attached).
- April/May/June 2011 – Participated in the Missouri Convergence Partnership for healthy eating and active living.
- April/May/June 2011 – Participated in the Social Innovation for Missouri funders discussions on obesity prevention and tobacco use reduction grants hosted by Missouri Foundation for Health; co-funder for Lafayette County project.
- April/May/June 2011 – Served as a Community Advisor for the Junior League of Kansas City, Missouri for their new five-year focus area of “Childhood Nutrition, Fitness, and Obesity Prevention”; project manager for AAFP AIM-HI book production and co-distribution; project manager for KCPT feature for airing on May 19th after viewing at May Annual Meeting on May 18th (see e-card attached and online video at <http://kcpt.org/blog/2011/05/19/the-junior-league-of-kansas-city%e2%80%99s-healthy-u-initiative/>).
- April/May/June 2011 – Served as Project Manager for the Northeast Kansas City’s Health, Education, Labor, and Public Safety (HELP) for a Community Resource Guide published in May 2011 (see zipped folder with Philly Award Submission attached, summary attached, and online at <http://northeasthelp.org/>).
- April/May/June 2011 – Served as an Advisory Board Member for the Area Health Education Center (AHEC).
- April/May/June 2011 – Served as Project Manager for “Eating Healthy on Any Budget” booklet dissemination for training sessions with local organizations, including several

Diabetes Sunday sessions at churches and EBT parent trainings at school districts (see notice online at <http://www.nutra-net.org/newsletters/enewsletter0111.pdf>).

- April/May/June 2011 – Facilitated planning for the Patient-Centered Medical Home Summit on 05/25/11 with Health Care Foundation of Greater Kansas City, REACH Healthcare Foundation, and Kansas City Quality Improvement Consortium (see zipped folder with Philly Award Submission attached and online at <http://healthcare4kc.org/events/patient-centered-medical-home-summit-2011-05-25>).
- April/May/June 2011 – Advised the Missouri Immunization Registry Roll-Out Team on approach with health departments, school districts, and providers; followed-up on ShowMeVAX web service pilot interface development with Platte County Health Department and Pulse Systems.
- April/May/June 2011 – Continued expansion discussions for CareScope (implemented in Wyandotte and Johnson County, Kansas, safety nets) with United Way of Greater Kansas City and MAACLink.
- April/May/June 2011 – Provided technical assistance to Kansas and Missouri Health Information Exchange Workgroups; provided technical assistance to Kansas Health Insurance Exchange and K-MED Workgroups; provided technical assistance to MARC's Regional Health Care Initiative; supported Kansas City Quality Improvement Consortium's cost and quality transparency/reporting efforts.
- April/May/June 2011 – Provided in-kind printing/binding/laminating for Black Health Care Coalition, Beans&Greens Coalition, City Union Mission, Nutra-Net, and Newhouse.
- April/May/June 2011 – Assisted with Blue-Advantage Plus visits to local health departments and internal marketing sessions.
- June 2011 – Facilitate planning for an online parent's child/adolescent wellness survey covering nutrition, physical activity, and emotional wellbeing to be piloted in August and rolled out in September, including Blue-Advantage Plus members.

ER Initiative – BA+ has an ongoing project to identify members with non-emergent reasons for visiting the ER and address these root causes with specific interventions. Results to date indicate a significant decrease in the number of ER visits by these targeted members.

- **ER Magnet Mailer** – On a bi-weekly basis, BA+ members who visit the ER for non-emergent reasons are sent an ER magnet mailer. The ER magnet mailer provides PCP contact information, transportation information, and Nurse Advice Line contact information. In addition, the magnet mailer provides a list of the three closest urgent care centers near the member's residence. During 1Q11, BA+ sent 119 ER Magnet Mailers.
- **ER Case Management Outreach** – On a weekly basis, BA+ Nurse Case Managers provide telephonic outreach calls to members who visit the ER for non-emergent reasons. During 1Q11, 61 members received ER case management.
- **Adult Dental Initiative** – The adult dental initiative was developed to provide outreach to adult members who visit the ER for dental services. The BA+ adult population does not receive the dental benefit and the ER is frequently utilized when dental issues arise. To prevent ER visits for dental issues, BA+ developed a brochure that contains information on how to take care of teeth properly and resources where adults can seek dental care. During 2Q11, BA+ mailed 61 dental brochures (141 YTD).
- **Child Dental Initiative** – The child dental initiative was developed to provide outreach to the parents/guardians of members who visit the ER for dental service. Children in the BA+ population have the dental benefit and BA+ wants to encourage parents/guardians to take their children to visit the dentist for preventive care. A brochure was developed to encourage members to visit their dentist and to educate members on the importance of visiting a dentist. During 2Q11, BA+ Mailed 57 child dental brochures. (130 YTD).
- **Headache Initiative** – BA+ developed a headache brochure which contains information on what causes headaches. The brochure also encourages members to seek services

from providers other than the ER. This initiative was developed to reduce the number of members utilizing the ER for headaches. During 2Q11, BA+ mailed 107 headache brochures (230 YTD).

- **Depression Initiative** – In August 2010, BA+ began sending out a brochure for members who visit the ER for issues related to depression. The depression outreach was implemented to encourage members to seek services with Behavioral Health Providers. During 2Q11, BA+ mailed 159 depression brochures (259 YTD).
- **Diabetes Initiative** – During 2Q11, BA+ mailed 114 diabetes brochures (208 YTD).

New Initiatives

Clinical Steering Committee

In 2010, the Clinical Steering Committee (CSC) was chartered to provide program oversight for clinical activities and operational processes. Regular CSC meetings began during 1Q11. The purpose of the CSC is to review of all clinical outcomes and operational data, both outcomes and in-process measures, for all chronic disease states and preventative care, and addressing opportunities for improvement; and

Examples of duties which will positively impact the BA+ members include:

- Reviewing and analyzing clinical data, including HEDIS data, to assess current performance, identify best practices and opportunities for improvement, and potential over- and under-utilization of services. This includes key measures provided by our behavioral health delegate, New Directions Behavioral Health.
- Developing and implementing standards and performance targets for outcomes of key clinical services and operational processes;
- Evaluating practices and outcomes for DM,CM, UM, Care Coordination and departmental QIP;
- Addressing corrective actions that support business initiatives through the chartering of QI teams, use of the PDCA methodology, and deploying best practice.

Project Portfolio Management

In 2011, BCBSKC adopted project portfolio management practices for all projects and process improvement initiatives. The purpose of portfolio management is to assure that the correct projects are being worked with the appropriate resources in an optimal timeframe. Portfolio management allows for staged reviews of progress and projections of both project impact and completion time frames. One of the benefits of portfolio management is to ensure maturity of business processes and continuous improvements. This structure will allow BCBSKC to provide insight, and act on, opportunities which will allow us to effectively and efficiently manage the member's care and the provision of services. Examples of projects/PI initiatives underway include closure of care gaps based on HEDIS results and implementation of patient centered medical home. Both initiatives will benefit the BA+ member.

NCQA Prep

On June 27, 2011, BA+ successfully completed their NCQA submission for Health Plan Accreditation. On-site survey is scheduled for August 22 -23, 2011.

HEDIS 2011

BA+ conducted an analysis on the 25 HEDIS measures required for NCQA. Based on last year's NCQA Benchmarks, BA+ met or exceeded their goal of the 75th percentile for eight (8) out of the 25 required HEDIS measures.

Texting Members for Renewals

Decreases in enrollment is detrimental to the success/growth of the BA+ program and to the health/welfare of our members. In looking at trend data of terminations, most of the terminations are due to members becoming ineligible. This includes members who do not respond to the State notification for annual reverification. Members are sent notices annually, notifying them of the need to contact the

Family Support Division in their county to provide proof of eligibility for the Medicaid program. Some members do not pay attention to these notifications and lose their health benefits through the MHD program. The goal is to send a text to each member on the monthly reverification list who has a cell number to remind them to contact their Family Support Division office regarding renewal.

In order to decrease the number of terminations, a plan was developed to send a text to all members on the State's monthly reverification list who have a cell number. Timing was key. The text messages will drive members to call their county Family Support Division office to verify their eligibility for Medicaid. There are only 160 spaces permitted on the text. The text messages are streamlined for quick information and action on the part of the members. Texts were sent to members through their cell phones at 60 days prior to potential termination, 30 days prior, and 7 days prior.

On November 8, 2010, the texting program began. Texts continue to be sent out monthly to all members on the State's reverification list.

Member retention has increased as a result of the texting program. We have realized an 8% increase in retention as a result of the program ((9424 terms in first 5 months of 2010-8667 terms in first 5 months of 2011)/9424).

As a result of this positive result, the texts continue to be sent out monthly to all members on the State's reverification list. We will continue to measure the results to ensure the value of the program.

Women's Health Campaign

According to 2010 HEDIS numbers, there is an opportunity for improvement for females to have Chlamydia screenings and mammograms (age 40 plus).

- Cervical Cancer Screening: Achieved statistically significant improvement and met goal of 75th percentile. Ranked 1st out of 10 reporting for this measure
- Chlamydia Screening: Achieved goal of 75th percentile performance. Ranked 4th among Medicaid plans in MO

The goal is for every woman (100%) to have her well-woman exam.

During the planning process, the team decided it was important to educate female members about the importance of getting well-woman exams and who to call to set up the appointment. We discussed the target age. Since BA+ has members who could be potentially sexually active in their early teens, it was decided to include female members starting at age 13 in the mailing. Mailings to children under age 18 would be sent to the "parents or guardian of". It was also decided to send the mailing to members monthly who didn't have a claim for a well-woman exam. The postcard would be revised with a different tag line on the front for each month. The parameters of the mailing list were discussed to target the population from ages 13 through 64. We will also monitor the return mail to make sure future mailings are not sent to those addresses, as well as calculate percent of return mail. Calculations will be generated monthly to determine if this program is effective in generating well-woman exams.

BA+ sent a postcard to all females age 13+ who had no claim in Facets for a well-woman exam during the past year. The tag line for the first mailing was "July is Women's Health Month". The language on the postcard included: "Well-woman exams SAVE LIVES. All women and teens should have a pap smear/cervical cancer screening every year and be tested regularly for sexually transmitted diseases like Chlamydia. Women who are older than 40 should have mammograms every year. Call your Primary Care Provider (PCP) today to set up a well-woman exam." The oversized postcard was white with some fuchsia lettering. The first mailing was sent to over 7,402 female BA+ members on June 28, 2011.

It is too early to know the effectiveness of the mailing.

Plans are in place to continue this mailing monthly.

HEDIS Intervention 2010 – Cervical Cancer Screening

During 3Q10, BA+ identified 969 members as being non-compliant for the Cervical Cancer Screening (CCS). In order to promote the importance of a CCS, a reminder card was sent to all non-compliant members on August 19, 2011 encouraging them to visit their PCP for a CCS.

After the intervention was implemented, 401 (41%) out of the 969 members had received services related to the CCS HEDIS measure. The CCS HEDIS rate went from 43.03% (pre-intervention) to 66.61% (post-intervention).

EPSDT Reminder Letter –

EPSDT Compliance	Apr-11	May-11	Jun-11
Eligible Members (ages 0-20)	26,845	26,747	26,698
Members Received EPSDT Exams	14,874	14,750	14,638
Members Have Not Received EPSDT Exams	11,971	11,997	12,060

Total mailed	Apr-11	May-11	Jun-11
PCP Appointment Planners	247	498	220
EPSDT Exam Reminder Letters	1705	1719	1534
New Member Welcome Letters	1241	218	988
120 Day Follow Up	409	442	382

Lead Initiative – BA+ members who indicate that they require help with getting a lead screening on their Health Assessment Form receive important information on lead and lead poisoning and on how to obtain a lead screening. During 2Q11, BA+ sent 274 members a lead information packet.

Vaccination Initiative - BA+ members who indicate that they require help with getting vaccinations on their Health Assessment Form will receive important information on vaccinations and on how to obtain needed vaccinations. During 2Q11, BA+ sent 39 members an informational packet on vaccinations.

Customer Service

- Met call abandonment rate goal of 5% during 2Q11
- Met call wait time goal of 30 seconds during 2Q11

Success Stories

Statewide Dental PIP

BA+ began participating in the Statewide PIP in order to improve the Annual Dental Visit (ADV) HEDIS rate. HEDIS 2010 (CY 2009) served as our baseline measure and we were tasked with increasing our ADV rate by 3.0% (to 32.7%). During our first re-measurement period, HEDIS 2011 (CY 2010), BA+ saw a statistically significant increase in the ADV rate. BA+'s ADV rate went from 31.7% (baseline) to 40.9% (re-measurement #1). Our goal of 32.7% was met and there was a statistically significant increase.