MO HealthNet Managed Care
Case Management Task Force
August 9, 2011—10:00 AM-11:00 PM
Conference Call Number – 573-526-5398/866-630-9345

Minutes

ATTENDEES

MO HealthNet Division
Andrea Smith

Department of Mental Health
Dr. Laine Young-Walker
Dr. Patsy Carter

Blue Advantage -Plus

Children's Mercy Family Health Partners

New Directions Behavioral Health
Michelle Hills

Harmony Health Plan of Missouri
Ramona Kaplenk
Carl McLean

Magellan
Eileen O'Toole

HealthCare USA
Tasha Smith

MHNet
Molly Nowak
Lindy Williams
Scott Frederick

Molina
Christine Cybulski

CompCare
Dan Kane

Missouri Care
Dr. John Esslinger
Archie Hamilton

Mid Missouri Legal Services

Behavioral Health Concepts

Welcome/Introductions
Dr. John Esslinger, Missouri Care opened the meeting at 10: 05 AM.

Review of minutes from 7.12.11
 ➢ Dr. Esslinger reviewed the minutes and entertained any corrections or deletions. Only one minor change was suggested to the minutes "that the (changed to "a"…) primary function of case management is advocacy". Minutes were then approved.

Task Force Subgroups. Today's topic:
Identification of Members for Case Management
Volunteers: Eileen O'Toole (Magellan); Tasha Smith (HC USA); Ma'ata Touslee (CMFHP).

1. Possible sources of information for identification of members
    • Claims: look for anxiety, depression, autism, PDD, and co-occurring mental health/substance use diagnoses
    • Threshold: certain number of OP visits
    • Pharmacy claims: good once patients already identified for CM. Would like to see flags for polypharmacy, non-compiance; want to be more proactive
    • Prior authorization requests—i.e. OTRs = Outpatient Treatment Requests (PA for OP visits): mine these for CM candidates; determine threshold for CM –i.e. after X visit requests, trigger CM review
    • CALOCUS scores: Trigger CM assessment if > 4 on CALOCUS elements for environmental factors, recovery potential
2. What are the best sources of information?
    • Warm transfers of incoming member and provider calls to case managers
3. How can the identification of members be improved using existing information sources
    • More accurate member contact information
4. Are there additional ways to identify members appropriate for case management?
    • Potential sources: Section 8 housing; Domestic Violence groups; Planned Parenthood; C Star; Community Mental Health Centers' Children's Advocacy Centers; St Louis Public School Nurses and Social Workers
    • Claims, trigger dx, member questionnaires; member self-referrals; provider referral; PA requests; concurrent reviews; ER utilization; pharmacy data for members with BHS meds that have not been refilled; s/a anti craving meds data
    • Medical Homes: establishing relationships with the designated care co-ordinators

Next meeting scheduled for 8/30/11 from 9:00-11:00 am