March MCO Good News Reports

MCOs Going Above and Beyond

Anthem

March, 2014

- Member is a 51 year old male who was found in the dark crawling across a road with intent to commit suicide. EMS came upon this member who was intoxicated and suffering from hypothermia. The member was admitted to Lourdes Hospital and was diagnosed with alcohol dependence, bipolar disorder and hypothermia. After staying five days in the hospital, the member was discharged to outpatient care and is following up and compliant with outpatient appointments through the local community mental health center.

  Anthem's Case Manager reached out to the member and enrolled him in Anthem's case management program on March 5th. In developing the member's care plan, several barriers to his care were identified. The member has been diagnosed with diabetes and alcohol dependence. The member's Anthem Case Manager has connected with this member with a new PCP who is monitoring his diabetes. The member is connected with a therapist/psychiatrist at Four Rivers Community Mental Health Center. The member is currently living in a homeless shelter. The member's Anthem Case Manager has connected him with state Medicaid transportation so he is able to keep his scheduled appointments. The member's Anthem Case Manager will also assist the member with connecting with state agencies to work towards housing permanency. Another barrier was the pharmacy in his area. The member did not have money to afford co-payments for his medications or diabetic supplies. The member's Anthem Case Manager was able to assist this member in working with the local pharmacy to ensure the member receives his medications and diabetic supplies.

  The member's Anthem Case Manager worked with the member to establish goals of staying sober, taking care of medical issues, finding employment, obtaining a vehicle, and finding housing. The member has been able to state his underlying motivation in complying with his care plan is to see his son graduate from college and to reconcile with wife. To date, the member is attending all of his scheduled appointments, is attending AA, and is connected with a church and the members for supports.

  The member's sugar level is within normal range and is able to obtain his medications without co-pays at this time. Member recently found employment less than one month and has ask for help from a co-worker to assist him with transportation back and forth to work.

  The member's Anthem Case Manager contacts this member weekly to continue to encourage this member to continue with his efforts to meet his goals. As a social worker, the member's Anthem Case Manager always conveys to all members that there is always hope.

CoventryCares

March, 2014

- CoventryCares of Kentucky received a request for Makena on September 5, 2013 for a 24 year old member. She had a history of preterm delivery at 24 weeks gestation and 2 stillbirths at 32 weeks gestation.

  Mom started on weekly Makena injections in her OB office in September at less than 20 weeks gestation. CoventryCares's High Risk Obstetrics (HROB) case manager reached out to Mom and Mom agreed to enroll in the HROB case management program at 16+ weeks gestation. Mom's case manager worked with her each month until 6 weeks postpartum. During Mom's interactions with case manager, she was educated on the signs and symptoms of preterm labor and the importance of receiving her injections every week. She was encouraged to ask questions about her health and her baby's health. Mom was very enthusiastic about her relationship with her case manager and actively participating in her health care. She continued her weekly Makena injections until January when she was 36 weeks gestation.

  Mom delivered a healthy baby boy on February 12, 2014 at 39 weeks gestation. Her baby boy went home with her when she was discharged and both are healthy and doing well together!

Humana

March, 2014

- During a Case Management outreach call, a member's authorized representative detailed that the Member was in need of a dental check-up and cleaning and had not seen a dentist in several years. The authorized representative was not aware of the benefits Humana – CareSource (HCS) provides. The HCS Case Manager provided dental benefit information and provided the name and phone number of several dentists in their area. The representative expressed his gratitude for the regular check-in services provided by HCS and was glad they had agreed to be in case management.

- Case Management (HCSCM) contacted a member, who recently qualified for Medicaid through expansion efforts and was assigned to HCS. This member had not received any health care services/coverage in over 10 years, even though the member has multiple co-morbid conditions. The member has agreed to be in the High Risk Case Management program due to lack of access to health care providers. The member is also illiterate and has authorized his/her spouse on several occasions to speak on his/her behalf. Additionally, the HCSCM sent the member's authorized representative papers so the member could authorize his/her spouse to speak on his/her behalf on a regular basis. Recently, the member developed neck pain so severe that he/she required medical attention and was able to seek medical treatment at a FQHC. The member was prescribed a course of Physical Therapy and the member feels it is working well. Two days after engagement, the member went to see his/her Primary Care Physician (PCP) and received prior authorization to continue this course of Physical Therapy as requested. In addition, the member received a prescription for a rescue inhaler and nebulizer for his/her asthma, which has gone untreated for many years. In addition, the member asked for and received nicotine replacement therapy from his/her provider and was given information on the KY QUIT NOW program. Per the member's history, the member has a 60% occlusion of a coronary artery that was diagnosed over 10 years ago. Due to having health insurance now, the member is seeking an appointment with a cardiologist for a work-up. Furthermore, the HCSCM was able to provide the member with information for a local literacy program. The spouse indicated that he/she will seek out assistance from the Muhlenberg County School District for classes that are in the day time, as they cannot drive at night. The member and spouse were so enthusiastic and grateful for the information and service that they received during engagement that they acted upon it immediately.

Passport

March, 2014

- ✓ During an ongoing case management call, our Case Manager Marsha Busey learned that Mark* was no longer taking his blood thinner medications. Marsha educated Mark on the importance of following his treatment plan, and the potential negative consequences of his negligence (such as a life-threatening blood clot in the lung, brain or heart). After the call, Marsha notified Mark's nurse practitioner, who followed up with Mark to reinforce Marsha's education. When Marsha next spoke with Mark, he revealed that his blood thinner medication was due for a refill but he didn't have any left. Marsha looked up his pharmacy claim and gave Mark the name of his pharmacy and prescriber. She instructed Mark to call the pharmacy who would then call the prescriber. Then, she praised him for taking action to maintain a continued supply of medication. Mark responded with thanks to Marsha and the nurse practitioner for teaching him the importance of not stopping his medication, and for paying such close attention to his needs. Reinforcing the member's treatment plan is just one of the many important tasks our case managers perform during their regular check-ins with members. Passport's Case Management Program is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services needed to meet the member's health and human service needs and is characterized by advocacy, communication, and resource management.

- ✓ Passport Embedded Case Manager Ron Keene recently met Turner*, a Passport member with behavioral health issues, during a visit to his primary care provider. Turner was very concerned about not being able to get his medications refilled, and was having extreme trouble with sleeping and anxiety. Ron came to his rescue. He immediately contacted Turner's pharmacy and got the medication to process correctly, then advised Turner to speak with his PCP about adjusting his medication. As he was leaving, Turner mentioned his difficulty getting to Seven Counties, and Ron discovered he was travelling much too far. Ron gave Turner the main contact for Seven Counties and encouraged him to ask about offices closer to his home address.
  Reaching out to members in their primary care office is just one of the many ways we are able to help members obtain their psychiatric medications to help with their mental health status. Passport continues to intervene by having case

managers work with the member and their treatment team to explore additional appropriate treatment options. The member's treatment plan (including medications) is reviewed at least annually to determine if any consideration for changes should be made. Our Psychotropic Drug Intervention Program (PDIP) also monitors and alerts the provider and member if the member is under or over-utilizing medication, as well as for any poly-pharmacy concerns or suboptimal dosing. Between June and December 2013, our PDIP had 5,996 interventions. In addition, 88% of prescribers that received interventions for prescribing suboptimal doses changed their behavior.

Public Educator Ryan Burt recently began a series of USDA "Eat Smart Live Strong" classes at 3 different elderly subsidized apartment housing facilities in Region 3. Over a 3-month timeframe, Passport will be donating 12-15 hours of her time to assist Eastern Area Ministries in offering a total of 6 nutrition education classes n to approximately 10-15 individuals at each location. About 50% of these attendees are Passport members. She will also be distributing DMS-approved health education materials from Passport.

In the first two sessions, Ryan received the following comments from participants:

- "Ryan was very good about explaining to us about nutrition."
- "Very useful info. Answers questions."
- "I learned how much fat and salt is in food."
- "I learned about fat content. The visuals were perfect. This is the best session we have went to so far."
- "I learned more than I already knew about cholesterol. My favorite part was the discussion and the visual about the fat in milk and turkey."
- "I don't have high blood pressure but I liked to learn more about it. Presenter was personable and information was important."
- "I liked talking about blood pressure!"
- "I know about blood pressure, but discussing cholesterol was new and useful to me. I liked that we talked about the different foods that could reduce cholesterol levels. My age is 63 and these are things I need to take notice of and do things to keep my levels down."

✓ Passport Embedded Case Manager Ron Keene recently met Wanda*, a Passport member with asthma, during a visit to her primary care provider. After providing education on managing asthma and the use of rescue and controller inhalers, and referring her to several community resources for utilities, Ron learned that Wanda was paying out-of-pocket copays for her dermatology visits. He told Wanda that dermatology visits are covered 100% under Passport, and that she should contact our Member Services line if the office attempted to charge a copayment in the future. He also advised her to make sure a referral was on file from her PCP to the dermatologist and that the dermatologist had a copy of her Passport member ID card at her next visit.

This short interaction empowered Wanda in many ways. Now, she has more ways to manage her disease, she has connections to resources in her community, and she knows about her benefits, copays, and member rights. This in turn will ensure her limited funds are not unrightfully taken or balance billed by one of our network providers.

✓ Passport's Obesity Disease Manager Laura Walsh recently received a call from Tori*, a member new to Passport. Tori is underweight and requires the attention of a dietitian to help her regain energy through a healthy meal plan. Although Tori had been seeing a registered dietitian in the past, her visits had become too expensive out-of-pocket when she did not have insurance. She felt very comfortable with the dietitian she had seen in the past. Laura called the hospital to make sure they accepted Passport, and they verified they would be happy to help with no charge to Tori. When Laura called Tori back to relay the good news, she said *"This is like a dream come true! I can finally get the care I need to get back on my feet!"* Tori was very thankful and said she was so happy to be with Passport. Tori is just one of Passport's adult members diagnosed as underweight according to her height for Healthy Kentuckians for Adults. In CY 2012, approximately 2.2% of 423 Passport adults surveyed were underweight.

✓ Passport Embedded Case Manager Ron Keene recently met Curtis*, a Passport member with Hepatitis C, depression, and sleep apnea, during a visit to his primary care provider. The member was hesitant to follow-up with treatment and had a history of missing appointments in the past which he had never rescheduled. Ron compassionately discussed the importance of treating his Hepatitis C to avoid declining health and liver failure, and proposed new and more successful treatment options for Curtis through a specialist. He educated Curtis on the importance of seeking treatment for his depression and encouraged him to call the number for a local behavioral health facility. Lastly, he encouraged Curtis to talk to his PCP about the symptoms of his sleep apnea, and to ask about a referral to a specialist if the condition was warranted. This story is just one of the many ways our embedded case managers provide members with education about each specific disease(s) and give them the tools to self-manage their disease in conjunction with the PCP/specialist medical treatment plan. In 2013, we reached approximately 1,612 members face-to-face while at their

PCP office.

- ✓ A pregnant member named Barbara* recently began having seizures at 29 weeks gestation. Her physician had ordered Keppra, but the pharmacy told Barbara she would need to pay the full price ($200). Unable to afford the prescription, Barbara went back to her OB, who ordered a different seizure medication. Frustrated, disappointed, and afraid it would also cost too much, she chose to not fill the second medication.
  The next week, Barbara was admitted to emergency room with tonic clonic seizures and locked jaw. She had multiple seizures during that stay until the physicians were able to stabilize her with IV medications. Passport's High Risk OB Case Manager Cynthia Pace visited her on the antepartum floor and immediately called Passport's pharmacy help desk. She discovered there was no prior authorization on file for any of the seizure medications, and explained to Barbara and the hospital staff what they would need to do in order to fill the script.
  Several days later Barbara reported that she had obtained the generic version of Keppra and was feeling much better. Two months later she delivered a healthy baby boy at 40 weeks, weighing 7lb 10 oz. She has not had any seizures since her ER visit and expressed gratitude that Cynthia came to visit her to explain how to get her medication.

- ✓ Passport member James* has been in our Lock In program for several years. When his wife recently had a stroke, he stayed by her side at the hospital. Unable to make the trip to his Lock-In pharmacy, he called Passport's Pharmacy Specialist Diana Mendoza. Diana helped James obtain the name of the pharmacy at his hospital and placed an override in Passport's pharmacy system so that he could get his medication filled without leaving the hospital. James is just one of 1,085 members in Passport's Lock In program, which is designed to ensure medical and pharmacy benefits are received at an appropriate frequency and are medically necessary.
  **Members' names changed for privacy.*

WellCare

March, 2014

- A WellCare case manager contacted a 48 year-old WellCare of Kentucky Medicaid member to check on him. Records showed that he was diligent about seeing an ear, nose and throat (ENT) specialist, but he was not seeing a primary care physician (PCP) or receiving any other type of preventive care.
  The member said that he was shot in the face and throat 12 years ago, and struggles with a number of health complications. Early in his recovery, he was tube fed and received multiple surgeries to correct his esophagus, and now requires ongoing care from his ENT specialist. However, he admitted to neglecting other aspects of his health. He contributed this neglect to being depressed about his appearance. Most specifically, he lost his teeth as a result of the shooting, but could not afford the dentures that would help him to look his age and to eat a more normal diet.
  The WellCare case manager informed the member about a local university dental program that could help him obtain affordable dentures and provided contact information. She identified a local PCP and convinced the member to schedule a wellness appointment. She also referred him to a mental health counselor who could help him address his depression.
  The member followed up with all of the case manager's referrals. He reported that he was excited about having a new PCP and mental health counselor to help him address the health issues that he neglected for years. He also said that that he was looking forward to finally getting his dentures and living a happier, healthier life.

- A WellCare social worker visited three young WellCare of Kentucky Medicaid members, ages 5, 7 and 9. The social worker found that the children seemed to be healthy and had no chronic health conditions, but they did not have a primary care physician. The mother expressed that she was struggling financially and was concerned about becoming homeless. The home the family was renting was in foreclosure, and they recently received an eviction notice. The mother said that they had nowhere to go and could not find another rental property that she could afford with her limited income. She also said that she was worried about losing her job. Due to severe weather, there had been several days when schools were closed, and because the mother did not have anyone to help with child care, she had to miss work to stay home with her children.
  WellCare's social worker referred the mother to a local housing assistance program and worked with program administrators to find the family a new home close to a YMCA that provides affordable child care after school and during school closings. The social worker also referred the mother to food and utility assistance programs. She then helped the mother find a primary care physician who was close to the family's new home and helped to make appointments for the children to see this new doctor. Additionally, she let the mother know about a monthly allowance her children are eligible to receive for over-the-counter supplies and about a 24-hour nurse advice line that the mother can call when the children's primary care physician is not immediately available.

Without the social worker's help, the family would not have known about the resources available to them and may have become homeless. The family now has a new home, and they are taking advantage of the YMCA's child care program. The children also have a new primary care physician who is close to home and helping them receive the care they need to minimize health risks and live healthier lives.

- A WellCare of Kentucky Medicaid member with a heart condition had a surgical procedure to have a defibrillator inserted. The site where the defibrillator was inserted became infected, and the member had to be admitted to the hospital. The member's doctor prescribed antibiotics to be administered intravenously twice a day for six weeks, and the member was told that she had to go to the hospital every day to receive this treatment. When the member was contacted by her WellCare case manager, she expressed how difficult it would be for her to spend hours every day, twice a day, at the hospital. She said that she did not think that she would be able to follow through with the treatment.
  The WellCare case manager contacted this member's doctor and a home health services provider to discuss options. After reviewing the member's benefits, it was determined that she was eligible to receive IV infusion therapy at home with the help of a medically inserted IV and home health services nurse. With the member's approval, the case manager coordinated these services for the member.
  The member stated that she was thrilled that she no longer had to spend hours in the hospital each day and had fewer needles to endure. She also stated that the home infusions have made it easier for her to adhere to the treatment prescribed by her doctor. She thanked her case manager because without her help, she would not have known about her options and may not have been able to complete the treatment she needed to improve her health.

- A 48 year-old WellCare of Kentucky Medicaid member has hepatitis and was a frequent user of a local hospital emergency room (ER), so his WellCare case manager called him and asked why he was going to the ER rather than his assigned primary care physician (PCP). He said that he had a primary care physician and a specialist for his hepatitis, but he frequently missed scheduled appointments and his doctors could not always see him on a walk-in basis. He said that he could not remember his appointment schedule or find transportation to get to his appointments, so he was using the ER as needed to manage pain related to his hepatitis.
  The WellCare case manager contacted the member's primary care physician and hepatitis specialist, and she was able schedule new appointments for the member. She then arranged for transportation for the member to get to these appointments. She also set a reminder to call the member ahead of each appointment to remind him when he had to go.
  Since the case manager's intervention, the member has been attending all of his scheduled doctors' appointments and has not had to visit the ER. He called his case manager to let her know that his hepatitis was under control and to thank her for helping him get access to the right care, in the right setting, so he could better manage his health.