

April MCO Good News Reports

MCOs Going Above and Beyond

CoventryCares

April, 2014

❖ Member is a 21 year old pregnant female with the history of a previously failed pregnancy at 18 weeks gestation due to cervical incompetence. Member was referred to CM manually and was enrolled by our high risk obstetrics (HROB) program. The member began to develop complications around 16 week's gestation, again due to cervical incompetence. During the initial assessment by the CM it was determined that the member was not comfortable with her current OB/GYN. The CM worked with the member to locate a new physician that she would be comfortable with. Member delivered a healthy baby at 35 weeks gestation due to premature rupture of membranes. Member expressed to the CM appreciation for the assistance and was thankful for the safe and healthy delivery. CM outreach member on a bi-weekly basis after initial enrollment which helped to develop a strong and trustworthy relationship between the member and CM.

Success

- CM was able to develop trust with member
- CM was able to educate member in regards to healthy pregnancy as well as empowering member to make appropriate choices such as locating a doctor in which she was comfortable with
- Member was compliant with visits and participation in the CM program
- Member was able to remain healthy and have a successful delivery
- Member delivered a healthy baby

Humana

April, 2014

➤ On January 1, 2014 this member joined Humana – CareSource (HCS) and became a member of the Case Management program on January 27, 2014. Over 10 years ago this member was in a serious car accident which resulted in a crushed pelvis, lumbar fractures and disc herniation's that were inoperable. Due to severe pain and limited mobility, this member has seen several pain specialists over the last few years. Different pain regimens and physical therapy have been prescribed in an attempt to alleviate the pain. Recently, the pain specialist prescribed Fentanyl patches; 3 boxes for the month which were to be changed every 48 hours. When the member went to fill the prescription, due to the insurance limitations, the allowed number of boxes was 2 with the recommended dosage every 72 hours. The Member called the HCS Case Manager expressing concern and stated that the 3rd box was necessary to get through the month. The Case Manager called the Pharmacy Benefit Manager and found that a Prior Authorization had been submitted and approved on March 6, 2014 for the original prescribed amount and, spoke with the pharmacist to see how the member could obtain the additional amount of pain medication. The HCS pharmacist placed an override on the order to increase the prescribed amount. The Case Manager and Pharmacist worked together to ensure the medication went through for payment, a prescription from the physician was obtained for the additional box so the medication could be dispensed. Furthermore, the Case Manager ensured the prescription would be mailed to the pharmacy since this Member relies on family/friends for transportation, and steps have been taken to ensure this does not happen the next time the prescription is due to be filled. The Member was extremely happy to get the issue resolved, and because of extreme limited mobility feels help is needed to maintain dignity. The member stated that "it's nice to have an insurance company go the extra mile".

➤ This Member was recently in the hospital due to Chronic Obstructive Pulmonary Disorder and has been discharged home where the member lives with his/her daughter. During the interview with a Humana – CareSource (HUCS) registered nurse (RN), it was reported by the Member's daughter that he/she had no Home Health and oxygen was no longer being covered due to the provider not accepting Humana - CareSource. In addition, the daughter reported that her parent's medications would not be covered. The RN contacted an in network provider and initiated their oxygen service for the member. In addition, the RN contacted the Member's Primary Care Provider (PCP) regarding the current medication not being covered at which time, the PCP changed the medications to a prescription that was covered. The HCS Bridge to Home Case Management outreach was effective in helping this member receive necessary

oxygen services from an in-network provider and assisted the member in getting a covered medication prescription change to meet his/her medical needs.

Passport

April, 2014

- ✓ At a large church in Paducah, Passport recently sponsored our third *Have Faith in Heart* event in partnership with the American Heart Association (AHA). The goal of this statewide initiative is to promote awareness about heart disease through free screenings, education, and follow-up as part of the AHA's *Check.Change.Control.* program. On this particular day, Passport's Health Educator Ryan Burt worked with Grace*, a Passport member who later relayed her success story via the church to Passport. Grace said she was so thankful Passport had this event because her blood pressure was high on Sunday. After reading through some of our materials from that day, she realized she's been having symptoms for months! She called her provider and set up an appointment for the following Thursday. Grace was so grateful that we brought awareness on the importance of monitoring blood pressure and cardiovascular health to her church members and is so excited to continue on the four-month program.
- ✓ For two years, Passport case manager Marsha Busey has been working with Tony* (a chronically disabled Passport member) to improve his health and quality of life. It has been a long process, and the member has become increasingly frustrated with his limitations and various setbacks thwarting his progress. After many months of waiting, Tony was finally ready to receive a special test. When Tony's provider did not submit enough medical information in the authorization request to support the requested service and the test was therefore denied, Marsha quickly intervened. She was determined to not let an administrative oversight stop Tony from obtaining the test he had waited for months to receive. There was a small window of opportunity for the provider to provide additional information. Luckily, when Marsha relayed this news to Tony's provider and the testing site, they called our Medical Director that same day. The denial was summarily overturned, and Tony was able to be tested as scheduled. Thanks to Marsha's communication and quick action, Tony was saved any additional anguish or frustration and was able to receive his much-anticipated test.
- ✓ When Passport member Daniel* was unable to get his antipsychotic medication due to the mistaken belief that he had other insurance coverage, he turned to Passport's Behavioral Health Liaison Monica Schamel. Monica immediately contacted our Member Services team to investigate, and within 24 hours the issue had been resolved. Daniel's pharmacy successfully submitted a prior authorization for the injection, which was approved and rendered. This quick turnaround allowed Daniel to stay out of the emergency room and avoid a psychiatric re-hospitalization.
- ✓ Two years ago, Ken's* life forever changed when he became disabled. Unable to work and ineligible for Kentucky Medicaid/Passport until the 2014 Affordable Care Act (ACA) Expansion, Ken was forced to make the difficult decision to forego many then-unaffordable medical treatments and medications. Soon after he got Passport, one of our embedded case managers transferred Ken's case to our case manager Marsha Busey. Marsha immediately observed his inability to afford a needed \$10 over-the-counter (OTC) medication his PCP had prescribed. After numerous conversations with Ken's pharmacy, prescriber, and Passport's pharmacy department, Marsha was able to connect the pharmacy and prescriber so they could provide Ken with the prescription. She also forwarded Passport's OTC medication formulations and educated the PCP on how to prescribe OTCs for our members. Today, Ken is attending physical rehabilitation and has obtained medications that were not affordable before. He states that he is so thankful to have health insurance.
- ✓ When Passport member Joe* was released from prison, his complex medical condition began spiraling out of control. He was not given a prescription or refill for the needed medications he had been taking while in prison, had to begin the laborious task of re-establishing his file with his specialist and primary care provider (PCP), and was in desperate need of dentures, eyeglasses, physical therapy, and behavioral health services. When Embedded Case Manager Pat Kruer met Joe at his PCP's office, she helped him obtain his much-needed prescriptions and a referral to a specialist. She helped him complete an eye glass voucher and referral to a denture program. Upon his request, Pat also gave Joe the number to arrange for a new patient appointment at a local behavioral health provider. Lastly, she referred him to Case Manager Joanna Kaelin for ongoing support. Since that time, Joe has received his new glasses. He has heard from the dental program and they are gathering needed finances together so he can obtain dentures. He was able to go to the behavioral health provider for an intake appointment and has secured a therapy and psychiatrist appointment. He has already been attending physical therapy for his knee. He filled his prescriptions and is taking them regularly. He maintains regular, close contact with Joanna (sometimes several times a day or week) and is very motivated to get help. He states that he trusts Joanna and is very

grateful she is helping him keep his care coordinated. With the help of Passport and his providers, Joe is well positioned to maintain control of his life, improve his health, and not return to prison.

- ✓ When Passport Disease Manager Laura Walsh first made contact with John* to speak about his son Billy* (a teenage Passport member), she was struck by the fear in his voice. Billy's mother had passed away with complications from diabetes, and Billy had just been diagnosed with pre-diabetes and hypertension. Recognizing and empathizing with John's desperation to help his son, Laura immediately reassured him that Passport could help. Billy was enrolled in our SCORE (Shrinking Childhood Obesity with Real Expectations) childhood obesity program, and Laura began working closely with John and his son's endocrinologist and certified diabetes educator over the next six months. She called John every two weeks for three months to discuss healthy changes Billy could make to aid in weight loss and blood sugar/blood pressure control.
Since entering Passport's SCORE program, Billy has lost a total of 25 pounds! His blood sugars are back to normal and his blood pressure is controlled. He does not enjoy physical activity or sports, so Laura helped him to get creative. He now gets a healthy dose of physical activity by working a part-time job at a local farm. Thanks to the efforts of Passport's SCORE program with members like Billy, Passport ranked above the 50th percentile in BMI Percentile (total) and Counseling for Nutrition (total) for national HEDIS®3 measures in 2013.
- ✓ After years of smoking and increasingly high cholesterol, Sally* suddenly had a heart attack. She was rushed to the hospital for a stent placement. Upon her discharge, Passport Disease Manager Ron Keene called Sally to make sure all of her doctor appointments were in order. Sally told him she was scheduled to meet with her PCP and cardiologist, and was planning to make a follow-up call to the pharmacy and cardiologist regarding her cholesterol medication. Ron told Sally what to expect with Passport's prior authorization process, and what related medications were on our formulary. He also gave positive reinforcement for her efforts to quit smoking and improve her dietary habits. These types of efforts have helped Passport to rank above the 50th percentile in Cholesterol Management: LDL-C Control (<100) for national HEDIS® measures in 2013.
- ✓ High risk pregnant member Emily* called Passport Mommy Steps Care Manager Melissa Stahl with an urgent request at one week postpartum. Her OB/GYN provider had scheduled an urgent appointment for her the following morning to have a surgeon evaluate a mass on her breast. However, because she had never had an appointment with her PCP, her PCP would not provide the referral until she made an appointment first. Emily had been diagnosed with the mass several years prior, but failed to follow up before she became pregnant again. Her mother had also been diagnosed with breast cancer. So she was understandably very upset and anxious to keep her next-day appointment with the surgeon.
Melissa explained why PCP referrals are required, but assured her that we would try to expedite the process and bypass the referral requirement for her due to the urgency of her situation. Because she was calling late in the day (at 5:30 p.m.), Melissa could not guarantee any results that evening; however, she promised to work on it immediately. As soon as she hung up with Emily, Melissa quickly sought out both Precertification Nurse Peggy Watts and Medical Director Dr. Perry Meadows. After explaining everything to Dr. Meadows he immediately advised Peggy that a call would be coming from the surgeon's office in the morning and directed her to authorize Emily's appointment (bypassing the PCP referral). Melissa called Emily back with the good news that she had one less stress to worry about. Emily kept her appointment with the surgeon and as of their last conversation, all test results are normal!
Every day our Mommy Steps Care Managers are helping improve the health and quality of life for both pregnant and postpartum members like Emily. Last year, they reached out to 3,099 postpartum members either in person by phone.
- ✓ When Joan* was recently released from the hospital following a Coronary Artery Bypass Graft (CABG) related to her heart disease, Passport Disease Manager Ron Keene called to check up on her progress. He educated her on the importance of followup appointments with her, compliance with medications and physical restrictions prescribed by her doctor, and adopting a healthy dietary habits and exercise. Joan assured Ron that all of her followup doctor appointments had been scheduled, including an appointment with a dietician to review healthy dietary habits. Her daughter would be transporting her. Joan indicated she is taking medication as prescribed. Prior to surgery, she walked daily, ate a healthy diet, and quit smoking. Ron congratulated her on her success and promised to support her with additional continuing education about her heart disease. These types of efforts have helped Passport to rank slightly above the 50th percentile in Counseling for Nutrition (total) for national HEDIS® in 2013.

**Members' names changed for privacy.*

WellCare

April, 2014

- A 58 year-old WellCare of Kentucky Medicaid member did not know he had diabetes until he was admitted to the hospital with a diabetic ulcer. The ulcer led to a bone infection and complications that required the member to spend a month in the hospital. The hospital physicians believe that the member had diabetes for years and was not aware of it. After being discharged from the hospital, a WellCare case manager contacted the member and was told that he did not have a primary care physician and was not receiving preventive care.
The WellCare case manager helped the member identify a primary care physician and scheduled an appointment. The case manager then mailed educational material about diabetes to the member and spent a great deal of time educating the member about how to manage his diabetes. He instructed the member to keep a log of his blood sugars and gave the member advice about diet and nutrition. The case manager talked to the member several times in between doctors' appointments and helped the member identify potential issues before they could develop into complications.
The member recently called his case manager to thank him for helping him to learn how to manage his diabetes. He reported that his blood sugars are under control, that he is watching his diet closely and that he has not had any complications since his discharge from the hospital.

- A 48 year-old WellCare of Kentucky member, who is homeless, has been staying with a friend until she can afford housing. She does not have a source of income, and she has multiple health issues, including kidney tumors, asthma, diabetes, hypertension, back pain, high cholesterol and intestinal problems. She told her WellCare case manager that her health conditions were making it hard for her to find work, and that she could not go to a doctor for help because she did not have transportation. She also said that her deteriorating health and homelessness were causing insomnia, depression and anxiety.
The WellCare case manager helped the member find a primary care physician, a kidney specialist, a dentist and a behavioral health specialist, and she scheduled appointments for the member to see each of these doctors. The case manager also arranged for transportation to get the member to her appointments. She located a pharmacy that would deliver the member's medication and let the member know about a monthly allowance that she could use to obtain over-the-counter supplies. To help her learn more about her health conditions and better manage her health, the case manager provided the member with educational literature and put her in touch with a WellCare disease management nurse. The WellCare case manager also helped the member fill out an application for a free cell phone and connected the member with resources that provide food, clothing, housing and utility assistance.
Thanks to the case manager's support, the member is getting the help she needs to address her neglected health issues and improve her quality of life.

- A 62 year-old WellCare of Kentucky Medicaid member has asthma and chronic bronchitis. Her primary care physician provided a prescription for an inhaler, but when a WellCare case manager contacted the member, she discovered that the member was not using the inhaler. The member told the case manager that because the inhaler was not on her preferred drug list, she would have to pay out-of-pocket and could not afford it.
The WellCare case manager contacted the member's physician, and explained that the member could not afford the inhaler he prescribed. The physician identified a similar inhaler that is on the member's preferred drug list and provided a new prescription. This newly prescribed inhaler only required a \$4 co-pay – a cost the member said she could afford.
Thanks to the case manager's intervention, the member has access to an affordable inhaler that is helping her manage her asthma, and can potentially prevent future medical emergencies.

- A 30 year-old WellCare of Kentucky Medicaid member with a history of drug dependency recently had a baby. When her son was born, the member lost custody of him because he had symptoms of drug withdrawal. A WellCare case manager reached out to the member, and the member told her that she was determined to do everything she could to regain custody of the baby. During their talk, the case manager discovered that the member was struggling to support herself and was not taking care of her health. The member was behind on her rent and utilities, was not getting proper nutrition, needed to see a dentist and optometrist, and did not have a primary care physician.
The case manager located a drug treatment program and helped the member with the enrollment paperwork. She then found a primary care physician for the member and scheduled an initial appointment. She also told the member about local vision and dental care programs that provide care at little or no cost. Additionally, the case manager identified a pediatrician to help care for the baby once the member regained custody.
To help address the member's other needs, the case manager referred her to local, charitable organizations that provide rent and utility payment support. She also helped the member complete an application for a free cell phone

and referred her to a local food bank for access to fresh, healthy food.

The member now has access to the resources she needs to overcome her addiction, address her medical needs and create a stable environment that can help her to regain custody of her son.

Anthem

April, 2014

- Anthem recently worked closely with a 62 year old female who arrived in an ER with self-inflicted lacerations to both wrists. Our member had a fourteen day admission between medical and psychiatric beds and was diagnosed with major depressive disorder and alcohol abuse. Anthem's Medical Case Manager referred this member to her counterpart in Anthem's Behavioral Health Case Management department for post hospital follow up. After several attempts, Anthem's Behavioral Health Case Manager connected with this member and completed her initial health risk assessment, where the member disclosed she was having mental health and stomach issues. Our member disclosed she did not have any medical or mental health insurance coverage for years, and did not have a PCP. Anthem's Case Manager was able to find a PCP in her area where the member became an established patient and has obtained the referrals she for all her other unaddressed medical needs. The member's PCP sent her to a GYN specialist to obtain an ultra sound and MRI of her pelvic region. This visit resulted in our member requiring a subsequent consultation appointment with a surgeon. In working with her Case Manager, our member expressed the desire to see the same psychiatrist who treated her while she was in the hospital and shared that her medication seemed to be working for her in decreasing her level of depression. Anthem's Case Manager contacted the psychiatrist that the member wished to continue to see and facilitated arranging appointments. Our member is schedule for another appointment again in May, and is currently attending AA and a recovery group three times per week. Most recently the member reported that she actually, "dressed up and put make up on and went for a job interview." The member told her Case Manager, "it felt good to get up and put make-up on." Anthem's Case Manager praised her for the positive steps she is taking to take care of herself in addressing both her medical and mental health issues, to which the member expressed her gratitude of having ability to partner with her Case Manager to meet her goals in improving her overall health.
- An Anthem Member Liaison quickly responded to a member access to care issue. The member was in need of about six or seven medications that he was unable to get filled at the pharmacy. He called Anthem's member services line and was told to call back around noon that day and everything should process correctly. However, when he called back he was told that nothing had been processed yet. He was going to go to the pharmacy and pay out of pocket. However, the Member Liaison advised him we were showing him effective as of 04/01/2014, and he should not pay out of pocket. The Liaison then quickly called the pharmacy for him. The member was still showing ineligible in their system so the Liaison contacted the Anthem Enrollment Department who quickly worked with Express Scripts to update the member in their system. The member's prescriptions processed correctly through his plan and he was able to pick up the prescriptions that day