

# January MCO Good News Reports

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## MCOs Going Above and Beyond

### Passport

January, 2014

- ✓ Embedded Case Manager Larry Truitt assisted several members with vision concerns in Hardin, LaRue, and Grayson Counties. With Larry's help, they were able to contact the Lions Club for assistance obtaining glasses. Larry also provided three members in Hardin County with vision and dental providers specific to their area. Passport regularly makes this type of community resource information available to members through our embedded and telephonic case managers, Member Services, Community Engagement, and other functions. As a community-based health plan, we proactively seek and obtain community resources information through close relationships with local advocates. In fact, 30% of calls through our Rapid Response center and nearly 50% of the time our embedded staff spend with members are dedicated to providing community resource information.
  
- ✓ Following Passport's Clinical Practice Guidelines\*, Embedded Case Manager Larry Truitt had the chance to discuss mammogram screenings with a young woman during a visit to her PCP. Larry debunked the member's belief that she was too young for a mammogram, particularly since she mentioned a strong family history of breast cancer, mastectomies, and other cancers on both sides. Surprised to learn that she could begin mammogram screenings before age 40, the member said she would be sure to discuss this with her PCP that same day.  
\*Passport has adopted the US Preventive Services Task Force Preventative Guidelines () as our Clinical Practice Guidelines.
  
- ✓ Passport's Case Manager Joanna Kaelin recently became aware of a Passport member with several back-to-back hospital admissions for multiple medical issues and chronic paranoid schizophrenia. Upon investigation, Joanna discovered the member was unable to assist in her own care, and the overly burdened son was becoming increasingly unable to handle his mother's impulsive, paranoid behaviors. A huge collaboration effort between Joanna, Passport's Embedded Precert UM nurse and Behavioral Health Case Manager, and the hospital's Director of Case Management allowed the member to be assessed for a nursing home placement and MIW. Shortly thereafter, the son was able to find a nursing home willing to take member in the city so that family could still be able to see her. This great team effort is one example of how Passport helps families improve their quality of life while also lowering healthcare costs. Through her efforts, Joanna was able to save approximately \$13,990 to \$14,190\*.  
\*Based on the average cost of nursing homes in Kentucky (\$170 to \$190 per day), hospital expenses per Inpatient Day (\$1,589), and 10-day nursing home stay (\$1,700 to \$1,900 per day).
  
- ✓ Case Manager Marsha Busey contacted a Passport member with very limited mobility named Dave\*. Due to his medical condition which left Dave with slurred speech and tired, Marsha received permission to speak with his girlfriend Miranda\*. Miranda told Marsha they were running out of food and money because Dave's income had dropped, his food stamps were lowered, and his extra money was very limited after paying for rent and other expenses. Marsha connected Miranda to the community ministry for Dave's ZIP code offering food. When she checked back a few days later, Miranda relayed the unfortunate news that the ministry had run out of food before she was able to obtain help. Marsha consulted other Passport case managers about local resources for food, and advised Miranda to call Louisville Metro 211 and other community and faith-based programs. Finally, Miranda and Dave were able to receive assistance with food – enabling them to remain focused on improving Dave's health. Now that the couple is established with these community resources, Marsha encouraged them to continue calling the resources directly in the future to obtain food.
  
- ✓ After Baby Smith\* was born in a rural county at 39 weeks with Congenital Heart Disease-Hypoplastic Left Heart, he was transferred to Kosairs for surgery, G-tube placement, and a 36 week recovery in the hospital. During this time, our Tiny Tot/UM Embedded Case Manager Jackie Alvey helped the 16-year old mother and her grandmother (who has custody) gain temporary, closer lodging at Ronald McDonald House and obtain the hospital birth certificate they would need to obtain Kentucky Medicaid benefits. After Baby Smith was discharged with a G-tube, oxygen, pulse oximeter, and medications, Jackie made sure the family had everything approved to continue obtaining the baby's medications, supplies, and additional medically-necessary formula not covered by WIC. She also educated the mother and

grandmother on the medical need for Baby Smith's injections, and helped coordinate the referral to their local home health agency.

Passport's high risk neonates program, called Tiny Tots, is designed to help mothers and families just like this to work closely with the preterm baby's health care team during the crucial first 30 days after the baby is out of the hospital and at home. In 2013, Passport served 413 babies through the full program.

*\*Members' names have been changed for privacy.*

- ✓ Several months ago, Passport's Emergency Room (ER) Navigator MaDonna White became aware of an adolescent Passport member and mother visiting the same emergency room every 2-3 weeks with varying complaints. During one encounter, she overheard the boy telling the ER front staff that although he was there for pain, he really needed a note for school.  
MaDonna approached the boy and his mother to intervene. After introducing herself as his Passport nurse, she pointed out the odd coincidence that in today's ER visit his lungs hurt, but yesterday's ER visit had been for pain in his lower extremity. The boy reiterated that he needed a note for school. When MaDonna asked the mother if she had contact his primary care provider (PCP) first, she confirmed that they always came straight to the ER.  
MaDonna educated the family on the appropriate use of the ER, and attempted to change the boy's behavior by providing him with some perspective. "What is someone sitting out there waiting for this room has a stroke or heart attack?" As the boy left he said "Ma'am... I've never thought of it like that."  
Since this encounter, the boy has not visited this emergency room for 2 ½ months!  
MaDonna's role is just one of many interventions Passport's ER Program has recently implemented to encourage better health behaviors, increase personal responsibility in health care and reduce overall emergency room costs for avoidable emergency room visits. In just nine months, these interventions helped one Kentucky hospital realize a 13% decrease in ER claims payment and an 8% decrease in actual ER visits.
  
- ✓ In late November 2013, Passport's Embedded Case Manager Lisa Niestadt approached her fellow case managers to see if anyone knew of a Passport family in need who could use assistance from a small group at her local church, who were looking for a family to sponsor for Christmas. Embedded Case Manager Kevin Fow responded with the story of Tia\*, a single mother of two teens and one granddaughter who had been struggling to pay her bills for some time. Kevin was impressed that Tia was trying to keep up with her bills, but in doing so wasn't going to be able to provide a Christmas for her family, even after she had exhausted her ability to utilize the community resource information Kevin had provided her.  
Kevin contacted Tia to see if she would be interested in the church's assistance. She agreed to let Lisa pass on her contact information so they could get details of what the girls needed for Christmas.  
A few days before Christmas, the small church delivered numerous wrapped presents to the family, including a special basket with personal items just for Tia, who had asked for nothing for herself. Tia wrote a note to the church group relaying how thankful she was that her family could have a Christmas.  
This type of unique assistance is made possible, in part, by Passport's status as a community-based health plan and Kentucky employer. With our nearly 300 associates residing in the Kentuckiana area, we are firmly ingrained in our communities and are often able to connect our members with small, local resources that otherwise might remain unknown.

## WellCare

January, 2014

- A 63 year-old WellCare of Kentucky Medicaid member has hypertension and suffers from anxiety. He contacted his WellCare case manager to tell her that he could not attend his scheduled medical appointments because he did not have basic clothing, including pants and other items essential to keeping warm during the winter months.  
The member's WellCare case manager contacted a local charity to discuss the member's needs. The charity was able to provide the member with pants, a winter coat, shoes, socks and undergarments.  
The clothing was delivered to the member, and he is now going to his doctors' appointments.
  
- A 51 year-old WellCare of Kentucky Medicaid member is morbidly obese and requires a wheelchair to get around. She also suffers from congestive heart failure, diabetes and hypertension—life threatening conditions that require the member to follow-up with her doctors on a regular basis.  
The member contacted her WellCare case manager because she was concerned about missing her doctors' appointments. Due to weather, the member's front yard and driveway were impassable and she could not get her

wheelchair to transportation. She stated that she contacted her county government office to request assistance, but none was available.

The member's case manager contacted a local paving company to find out if there were any options to assist low-income residents. The company was so moved by the member's situation that it donated, delivered and laid 100 tons of gravel. The member is now able to get to transportation and is keeping scheduled appointments with her doctors.

## CoventryCares

January, 2014

- ❖ This previously homeless 58-year-old member went to University of Louisville hospital for pneumonia and was discharged to St. John Center for Homeless Men. His social worker at the center set the member up with a PCP, apartment and cell phone. Because he has not been capable of using his TARC vouchers to go to his MD appointments she accompanies him and assists him with his healthcare. The issue she had not been successful in assisting him with was taking his medications consistently and correctly. She had been attempting to fill a mediplanner for the member but due to her other job responsibilities it has been difficult for her to do so consistently. Case Management was unable to make contact with the member, worked with this social worker and a pharmacy to arrange delivery of monthly pre-filled medi-planners to the member at a cost of \$10.00 per month. His PCP was notified of his pharmacy change and it was explained that they should attempt to avoid making medication changes mid-month whenever possible.

## Humana

January, 2014

- Humana – CareSource Case Manager (HCCM) was conducting a medication review, during a routine disease management follow-up. The HCCM noted that the member last refilled his/her prescriptions on December 11, and had no refills. This concerned the HCCM because the member had difficulty reading and writing and had limited, intermittent family support who could help the member remember to get timely refills. Although medications were not due for refill as of yet, the HCCM feared a possibility of a gap in his/her medications. The HCCM contacted the pharmacy and went over the medications with the pharmacist who confirmed that the pharmacy would fax over a refill request to the provider and contact the member when the medications were ready. The member was very thankful.
- A HCCM contacted a member in an attempt to engage him/her in the case management program. During the conversation, the member revealed he/she was having some anxiety issues and sometimes doesn't leave the house over the weekends. The member stated that he/she feels this way due to being traumatized; however, stated "I just can't talk about it yet". The HCCM explained the case management program and the behavioral health benefits of the plan to the member. Additionally, the member detailed that he/she didn't have a primary care physician (PCP), and the one listed on the ID card was no longer taking new members. The HCCM inquired as to their PCP preference and offered to facilitate a conference call for the member. They called the PCP of his/her choice; however, the PCP was unable to schedule an appointment until February 26. The HCCM suggested seeing someone else in the office if they were taking new patients, the member agreed. They were able to get the member in to see the Nurse Practitioner the following Tuesday. The member was overjoyed. The member agreed to case management but wanted to take my number and call me after his/her PCP visit before completing an assessment. The HCCM encouraged the member to speak with the nurse practitioner about his/her anxiety/depressive issues and made sure he/she had the behavioral health hot line to call for a crisis. The member stated he/she just couldn't believe how helpful the HCCM was and kept thanking the HCCM for taking the time to make the call for the appointment.
- A non-English speaking member had to pay co-pays when obtaining his/her medications. The HCCM contacted the Pharmacy and spoke with the pharmacist. The HCCM provided the pharmacist the member's Coordination of Benefit Information (Medicare Part A, B and C and Humana - CareSource Medicaid). As a result, the issue was cleared up immediately and the member was able to go to the Pharmacy and be reimbursed for what the Pharmacy charged in co-pays. The Pharmacist said that this would not be a problem anymore. The member was informed using an interpreter.