August 2014 MCO Good News Reports

MCOs Going Above and Beyond

Humana

Linda is an elderly female who lives with her 14 year old great nephew. Humana – CareSource (HCS) engaged Linda in case management last August, with Chronic Ischemic Heart Disease, Hyperlipidemia, Atherosclerosis, Congestive Heart Failure, Implantable Cardiac Defibrillator and Asthma. Her greatest need was an eye exam and an appointment was made for the member. Linda was able to obtain a new prescription for her vision. Her current pair of eyeglasses is over 10 years old. Due to her income level she is not able to afford a new pair of glasses on her own. Karyn, HCS Case Manager, assisted the member in getting and completing an application for New Eyes for the Needy during a face to face visit. Karyn educated the member on taking the application back to the eye doctor for them to fill out the remainder of the application to include a copy of the new prescription, so that when the application is approved, a voucher may be issued to her to obtain a new pair of glasses. Linda was very satisfied with this process and excited to be able to obtain new vision ware, and is anticipating being able to see better than she has in years.

Humana – CareSource® nurses and outreach workers assist our members in coordinating appropriate medical and support services. Our focus is on helping our members acquire and maintain effective management of their condition through assessment, coordination of care, education and support. We offer case management support for a variety of conditions including asthma, high-risk pregnancy, and for members with complex diagnoses which includes chronic disease processes.

Anita was referred to Kimberly, Humana – CareSource's High Risk Case Manager, by Social Services at the local hospital due to multiple Emergency Room (ER) visits. Initial contact was made by Kimberly the same day. The member, holder of a Bachelor's Degree in Early Childhood Education, explained that she had lost her teaching job and health insurance. She is a single mother with a teenage daughter who is having difficulty obtaining a job in her career field. The member had eight ER visits between February 5th and April 19th for a variety of ailments and injuries. She explained that she is working but not in her field, and felt that she could not leave work to seek medical care and was; therefore, seeking all of her medical care in the ER. Kimberly explained the importance of an established relationship with a Primary Care Provider (PCP). Anita understood and stated her desire to have a regular doctor. Together, Kimberly and Anita searched for and found several doctors close to her. Anita also discussed having a history of anxiety and paranoia, for which she previously had treatment by a psychiatrist and Behavioral Health (BH) counselor. Kimberly explained the plan benefits for this type of treatment. Anita eagerly agreed to contact her previous providers for appointments.

Patricia, HCS Social Worker followed up with Anita two weeks later. During the call Anita expressed a need for assistance with utilities bill was identified. Patricia located agencies in the Anita's area and forwarded this information to her. During this discussion, Anita informed Patricia that she was able to make an appointment with a PCP. Anita expressed a lot of concern that she was "singled out" by the hospital that made a referral to HCS case management and was afraid she was going to lose her medical benefits by using them or be in legal trouble like she heard of on the news. Patricia and Kimberly, HRCM SW and CM, explained that the only intent is to help her overcome any obstacles she may have in obtaining appropriate medical care and so she can be as healthy as possible, just as she herself would help a student who appeared to be struggling.

Kimberly contacted Anita a week later at which time Anita agreed to be engaged in High Risk Case Management. Anita stated she was able to have an appointment with both her previous psychiatrist and BH counselor earlier in the week and was started on medications for anxiety and paranoia. She further detailed that she has follow-up appointments scheduled. On this call, Anita displayed a very upbeat attitude and expressed her gratitude for the assistance and compassion she received from the HRCM staff stating, "It is so nice to have someone out there who genuinely cares."

Passport

Mary*, the Child Development Specialist at a local Residential Treatment Facility, recently told our Manager of Out of Home Placements, Stephanie Stone, about Linus*, a foster care member she was working with who has autism. Linus has significant social skills deficits and difficult-to-manage behaviors. This often makes it a challenge for Mary to find activities in which he can safely participate with other children. Stephanie kept this situation on her radar and searched for appropriate resources and activities in the community. A few weeks later, she learned about a free, local basketball camp for children with autism and epilepsy. She immediately forwarded it to Mary in the hope that Linus could participate. Mary enrolled Linus in the camp and even got him a basketball so he could practice before camp began. Some weeks later, Stephanie received the following email from Mary:

"Our little guy just got back from his last day of basketball camp and he had the BEST time! He came in my office to show me the t-shirt, basketball, and certificate that he received. According to [the] staff member who accompanied him, it was incredible. He was able to make friends (he has struggled so much with that here) and he really did learn some basketball skills. The coach was so encouraging and even took a separate picture with him since he could not be in the group photo. I just wanted to share what an awesome experience this was for our kiddo. Thanks again for sending me the info!"

Linus is just one of 1,280 Passport members in foster care as of July 2014, and one of 66 members with specialized issues. By the end of the month all but four of those specialized issues were resolved.

On a perfect Saturday morning in July, Passport welcomed 292 men, women, and children from 12 local homeless shelters to a free day at the Louisville Zoo. Families were able to get some great exercise visiting the zoo's various attractions and a healthy, relaxing lunch. In the weeks prior to the event, Community Engagement Representative Herlon Robinson visited the various shelters with health and wellness information and education about Passport's programs.

This is part of Passport's homeless plan which seeks to improve the health of Kentucky's homeless population; ensure access to quality care in a manner that offers respect, dignity, and equality for all homeless members; support local homeless agencies and advocates in their efforts to improve living conditions and quality of life for all homeless Kentucky persons; and provide special care for victims of domestic violence.

In the first quarter of 2014, Passport conducted 10 member/benefit education sessions at six different Homeless/Transitional shelters, three health fairs attended by numerous homeless men and women, and three additional outreach events.

Watching helplessly as your young grandson dies is a tragedy no grandmother should have to endure.
On a normal day in mid-June, Passport member Janette* watched as her grandson Jacob* fell to the floor, gasping for breath. She desperately tried to do CPR, but soon collapsed and had a heart attack right next to him. They were soon transported to the hospital for carbon monoxide poisoning, but Janette was the only one to survive.

A few weeks later when our Disease Manager Ron Keene called to touch base with Janette, her grief was still all-consuming. Her health had the potential to rapidly decline if she didn't take care of herself, but she needed support with all the details during her time of mourning. After learning her cardiologist was out of Passport's network, Ron helped her understand how to work with her Primary care provider (PCP) to obtain a referral to an in-network cardiologist. He also took the time to contact her pharmacy after she reported problems with high copays. The pharmacy told Ron she did not have any insurance on file, but once he cleared everything up, they processed the refills. Janette was able to pick up her much-needed medications that same afternoon. Concerned about her emotional state, Ron also offered to perform a quick depression screening. She did not have time but Ron plans to try again during his next call.

Janette is one of 28,811 Passport members who are helped every day by our various disease management programs. Our newest program, Healthy Heart, has already enrolled 86 members in eight short months.

When Passport member Cammy* found out she was pregnant, she was worried. Cammy had been treating her chronic neck pain (caused by a congenital neck anomaly) for years using prescribed narcotics, took a special medication for high blood pressure, and was a smoker. Because of these risks to the baby, Cammy's routine OB provider had referred her to see a high risk OB provider.

Cammy tearfully recounted to one of our Mommy steps nurses that she hadn't felt a good connection with the new provider during her first encounter. Our nurse reassured Cammy that she had choices. She helped Cammy find a new high risk OB and encouraged her to stay in contact with her routine OB until her first appointment.

Cammy later expressed her gratitude to our nurse and said she loved her new high risk OB provider. The new provider took her off of her high blood pressure medication (because her levels were normal) and referred her to pain management. Most importantly, he treated her with dignity and respect. The pain management provider then took her off of the narcotic and replaced it with a synthetic opiod.

Leonard* is a Passport member with a chronic mental health illness that occasionally sends him into a catatonic state. Over time, his health has continued to decline because of problems maintaining his blood sugar and inconsistent visits to his PCP. Passport's Embedded Behavioral Health Liaison Monica Schamel says this member has become special to her, and she has worked diligently to collaborate with his behavioral health provider to improve his health and quality of life.

A few weeks ago, Monica noticed Leonard slip into a catatonic state while at his behavioral health provider's office. The office immediately called 911 and he was transferred to a local hospital. At the hospital, Leonard's clothes were so filthy they had to be cut off of him. Learning he had no other clothes, Monica immediately accessed a local clothes closet and selected clothing and tennis shoes that might fit him. Three days later, Leonard was released from the hospital with the new clothes, which luckily fit. Soon afterwards, Monica saw Leonard at a community mental illness learning opportunity in the same clothes. He was able to say hello to Monica, make eye contact, and shake hands. For someone continuing to suffer from mental and physical health issues, this was a major accomplishment! "His health issues will continue," says Monica, "but hopefully having some clean clothing helped enough so he could actually attend the event."

Monica is one of our many embedded case managers who have helped 2,109 members in the providers' offices through 2nd quarter 2014.

Amy* became a Passport member earlier this year thanks to Kentucky's expansion of Medicaid coverage under the Affordable Care Act (ACA). She hadn't been to see a doctor in years due to her lack of health coverage. When she finally was able to see a doctor thanks to this new coverage, she found out she has cancer. Amy immediately began treatment, which is going well.

During all of this time, what really impressed Amy was how Passport took the time to care. She recently contacted our Member Services line and asked to speak with a manager. She asked manager Vickie Blevins to pass along how thankful she is to have received her health insurance coverage. She also wanted to make sure it was known how helpful and kind everyone at Passport had been to her since she became a member of our plan.

This call was one of the 31,965 calls our Member Services answered in July 2014 with an average speed of answer of 0:21 seconds.

After working for a hospital and having private insurance in the past, Passport member Susie* was familiar with the health care system. Her interaction with our staff impressed her so much that she has submitted her resume with us!

It all started during her conversation with our Member Services Manager David Yount. Susie needed a specialized surgery but wanted to see a specific specialist outside of Passport's network. Instead of simply telling her "no," David took the time to care and investigated her situation and options. He sought the help of our

Utilization Management and Clinical Programs Director Anna Page, who contacted Susie's requested specialist and began reviewing the case with him.

When Anna called to discuss her case, Susie was highly complementary of David – even though her situation had not yet been completely finalized. She was truly appreciative of how David had gone above and beyond in helping her find a surgeon that she felt comfortable with. She said she would hug David if she ever saw him, and that this is truly what healthcare should be about. She even said this interaction has made her want to work for Passport!

This interaction was one of the 13,370 inpatient reviews, 23,221 outpatient reviews and 22,451 inbound calls our Utilization Management department completed all within the required timeframes during the first 6 months of 2014.

The call from Passport member Katie* was just an average request. She simply needed an envelope to return her Health Risk Assessment (HRA), nothing more. When our Case Management Technician Kara Whaley took the time to care, however, their conversation evolved into something more meaningful and empowering for Katie. Kara listened empathetically as Katie described her experience as a cancer patient struggling to pay for COBRA insurance.

Although she now has Passport and is less worried about finances, Katie expressed fear of changing doctors in the middle of chemotherapy. Kara reassured Katie and discussed her many options in our network, including many high quality specialists and providers near her home. She also went out of her way to tell Katie about the member rewards she could receive for taking her son to his well-child EPSDT visits and for her family going to the dentist regularly.

At the end of the conversation, Katie was very appreciative and thanked Kara numerous times. She told Kara that she had provided her with loads of information and had been very helpful. In fact, she told Kara she deserved a "gold star!"

These types of "above and beyond" efforts have helped Passport to obtain the following rankings for national HEDIS®** in 2013:

- Annual Dental visits ages 2-21 years of age 60.95% (50th percentile 50.32)
- Well Child visits in the first 15 months of life (6+ visits) 67.98% (50th percentile 65.16)
- Adolescent Well child visits 52.45% (50th percentile 48.18)

**Members' names changed for privacy.*
***Healthcare Effectiveness Data and Information Set (HEDIS)*

WellCare

Last winter, a 45-year-old Kentucky Medicaid member, who weighs nearly 600 pounds and suffers from diabetes, hypertension and edema, fell outside his home. Because he lives alone in an isolated area and was not carrying his cell phone, the member remained on the ground for one and a half hours until help arrived.

When WellCare received notification that the member was discharged from the hospital, Vicki, a WellCare field service coordinator, visited the member at his home to do a follow-up assessment.

During her visit, she quickly determined that the member needed help, both caring for himself and taking care of his home. Vicki knew that if she could convince the member to move closer to town he would have access to home health services. But, she also noted that the member held a very strong attachment to his home, which he planned to leave to his son.

Vicki searched for other options for services and found Consumer Directed Options (CDO). Through a state agency, CDO provides an alternative approach for the delivery of non-medical home and community-based services, including home and personal care, as well as minor home adaptations. Vicki also suggested that the member obtain a life-alert system, due to his high risk of falling.

Due to Vicki's efforts, the member now has the ability to hire a caretaker of his choice to help with his personal care and home maintenance needs, and can even potentially have someone modify his home to

improve accessibility. Vicki continues to visit the member every couple of months to monitor his progress and needs.

A mother with three children called WellCare because the home she was renting was being foreclosed and she didn't know what to do. Her case was referred to Dewana, a WellCare field service coordinator. Dewana noted that the children had recently become WellCare of Kentucky Medicaid members, and met with the mother at her soon-to-be foreclosed home. She provided the mother with a list of affordable housing in the area suitable for her and her 5, 8, and 10 year-old children.

During Dewana's visit with the family, she discovered that the children were without a primary care physician (PCP). She gave the mother a list of primary care physicians in the area who accepted WellCare. Dewana also gave her the phone number for a nurse advice line, which she could call regarding minor health concerns, reducing their need for unnecessary emergency room and urgent care visits.

Because of Dewana's assistance, the family was able to move into a new apartment within the month. In addition, the mother started the process of getting the children seen by a PCP by scheduling the first appointment for the 5 year-old.

Vivian, a WellCare of Kentucky field service coordinator, visited a member who had finally accepted a referral for case management. WellCare had been working to get the member into case management for some time, but he had a history of declining the referrals. Our attempts to contact him were further complicated by periods of homelessness.

The 53-year old member had been diagnosed with diabetes, coronary artery disease, chronic obstructive pulmonary disease, hypertension and bipolar disorder. During the visit, Vivian found that the member had recently moved from another county and did not know what services were available to him in his new community. She also learned that the member did not have any equipment to monitor his internal pacemaker/defibrillator or his other health conditions.

Vivian helped the member make an appointment with a new primary care physician located close to where he is living, and requested a referral for a new cardiologist to continue supervision and treatment of the member's heart conditions. She ordered a blood pressure cuff and scales to help the member better monitor his health. She also showed the member how to arrange transportation for his medical appointments, and provided him with information to obtain new eyeglasses, receive food and utilities assistance from local social service agencies, and utilize his over-the-counter medication and vision benefits. In addition, she worked with WellCare's behavioral health case management team to ensure they were aware of the support she was giving to address his medical and social needs.

Due to Vivian's visit, the member now has a primary care physician, cardiologist, medical equipment, as well as an understanding of our transportation benefits and how to access social services to help him manage his health conditions, prevent future complications and keep him out of the emergency room.

Anthem

A member with Community Action Center in Bowling Green was in need of an Arabic interpreter. The member would not have been able to keep their appointment with their provider if an Arabic interpreter could not be located. Initial research was unsuccessful. Anthem Case Manager Sue worked to find the name of an Arabic interpreter and contacted our interpretation vendor in order to start the contracting process. The vendor was able to quickly draw up an agreement. The member was then able to see her primary care provider to address her urgent needs.

CoventryCares

Jane Smith, an infant born on February 17, 2014 to a mother without prenatal care with a 3-year history of IV drug use and Subutex treatment during pregnancy was identified upon admission to UK NICU facility. The infant tested positive for Subutex per a urine drug screen. Additionally the father of the baby has a 1 – 2 year history of opiate abuse and was enrolled in a Subutex treatment clinic for nearly a year.

The infant was treated for Neonatal Abstinence Syndrome (NAS) during her 51-day stay at the University of Kentucky NICU. The infant had one of the highest Finnegan scores (Neonatal Abstinence Scoring System) seen by the UK NICU staff. The baby was treated for withdrawal symptoms with Morphine, Clonidine and Phenobarbital.

The Department for Community Based Services (DCBS) County Social Worker was notified of the Neonatal Abstinence Syndrome issues along with the minimal parental visitation of only 4 hours the first 51 days of NICU stay by UK Social Worker. The DCBS worker reported the existence of an open Prevention Plan for the family and declined to open a case. The DCBS worker stated First Steps would be able to visit the home daily or weekly as needed for "Parenting education." First Steps is a need based resource organization which provides physical, occupational and speech therapies if these therapies are needed. The infant did not have any needs for these services and the case would not be covered by First Steps.

The NICU Case Manager researched the medical records for the baby's two siblings to discover serious concerns for lack of medical care for well child visits and immunizations for the 1 and 3 year olds in the care of their parents. The new findings for the sibling's minimal healthcare were reported to DCBS. The one year old sibling had a total of 3 immunizations, no well-child visits and only one follow-up for Cleft palate and no repair. The three year old sibling had a total of 2 immunizations and a couple ER visits.

The NICU CM then approached the DCBS staff to discuss concerns of UK and Coventry in the discharge of the baby to the family without a full discussion with the Judge. Following this serious discussion, the DCBS staff filed a petition and the County Judge ordered all three children to be removed from the family and placed in state custody. The Foster Care Family has embraced all three children and sought well child care, immunizations and nurturing the NAS baby and surgical repair of Cleft Lip Palate for sibling.

Member was followed in the NICU Phase I inpatient Case Management Program and then referred to Foster Care upon placement in the Foster Care System.

The advocacy, diligence and strength of the NICU CM assisted the DCBS Team to advocate for the health, safety and medical care needs of all three of these children.