

# February MCO Good News Reports

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## MCOs Going Above and Beyond

### WellCare

February, 2014

- A 62-year old WellCare of Kentucky Medicaid member has vascular disease and uses an oxygen machine to help him breathe. After a recent stay at the hospital, the member returned home to find a disconnect notice from the electric company due to an overdue balance.  
The member contacted his WellCare case manager because he needed electricity for his oxygen machine to function. He told her that he did not have the means to pay his electric bill, and that he did not know what to do. The case manager promptly found a home energy assistance program that helps people with low incomes, but the member did not have transportation to get to the agency's office and his condition made it difficult for him to wait in line to fill out paperwork. The case manager also recognized that the member's paperwork might not be processed in time to prevent his electricity from being disconnected.  
To ensure immediate assistance, she called the assistance program to explain the member's situation. The agency was able to get an emergency injunction to prevent the member's electricity from being disconnected. The case manager then arranged for transportation to take the member to the agency to complete his paperwork. She also arranged for an appointment with the agency, so the member would not have to wait in line.  
Because of the case manager's quick action and resourcefulness, the member's electricity was not disconnected, and he will continue to maintain appropriate oxygen levels. The support he is expected to receive from the assistance program will also help him avert potential disconnects in the future, and give him the peace of mind he needs to maintain his health and wellbeing.
- A single mother and her four children moved to a new city in Kentucky. Two of the children, a 10 year-old girl and a 3 year-old boy, are WellCare of Kentucky Medicaid members. The other children, 3 month-old twins, are assigned to a different Medicaid managed care provider, and the mother is uninsured. She is in the process of applying for Medicaid benefits.  
A WellCare case manager visited the family to speak to the mother on behalf of the two WellCare-insured children. The case manager found that the family was living in a homeless shelter and sharing a room with another family. The mother expressed that she was emotionally drained and was particularly concerned about the 10 year-old member's mental health. The mother believed that the child was depressed because of the family's homelessness. The mother did not know what to do and said that she has felt "like giving up lately."  
Because the family was new to the area, the case manager immediately identified a new primary care physician for the two members. She also provided the mother with information about a 24-hour nurse advice line and information about an allowance the members receive monthly for over-the-counter supplies. To address the 10 year-old member's depression, the case manager identified a mental health counselor and made an appointment for the member. She also recognized that mother's mental health impacted the children's health and wellbeing, and referred the mother to a non-profit mental health agency that would provide counseling, regardless of the mother's ability to pay.  
To address their living situation, the case manager researched options to move the family out of the shelter and into a home. Income-based housing was an option, but waiting lists were very long. The case manager found an education-based housing option for people who are college ready and willing to enroll in college classes. Because this option had a shorter wait list, the case manager encouraged the mother to enroll in a free GED program and made an appointment for her to meet with the education-based housing administrators to start the application process.  
Today, the 10 year-old member and mother are both seeing mental health counselors who are helping them cope with their depression. Both WellCare members have access to a local primary care physician, and their mother is aware of the 24-hour nurse advice line that will help them manage non-urgent issues and avoid unnecessary visits to the ER. The family is also looking forward to moving out of the homeless shelter and into to a new home.
- A 44 year-old WellCare of Kentucky Medicaid member was recently told that he has three to four years left to live. The member's kidneys are failing and he has pancreatitis. This member has also been involved in two automobile accidents and a motorcycle accident that have left him in chronic pain. As a result of these accidents, he has suffered multiple bone fractures from head to toe, had his spine crushed, and his gall bladder and appendix removed.  
The member called his WellCare case manager to ask for help in dealing with his deteriorating health. He asked for a

new knee brace and mentioned that his hearing and eyesight were failing. He said that he had to move back in with his parents and that he did not have transportation. He also shared that he was struggling to pay his medication co-pays, and that he could not afford the foods he was advised to eat.

The WellCare case manager convinced the member to seek mental health counseling and scheduled his first appointment. She also helped the member make appointments with doctors who could help him address his hearing, vision and pain problems, and arranged for transportation that would take him to and from these appointments. The case manager referred him to programs that offer eligible individuals financial assistance with medication co-pays, eyeglasses and hearing aids. She explained the WellCare benefits he was eligible for, such as a monthly allowance for over-the-counter supplies and access to a 24-hour nurse advice line for assistance when his primary care doctor is not available. She also connected him with resources to help with basic needs, such as obtaining fresh, nutritious food. Without the case manager's help, the member would not have been able to identify the resources available to help extend his quality of life. He is receiving counseling to cope with his depression. He can also see better with his new eyeglasses and hear better with his new hearing aids. The transportation and medication co-pay assistance he is receiving is helping him attend his doctor appointments and adhere to medication therapy.

- A WellCare case manager visited a 30 year-old WellCare of Kentucky Medicaid member to conduct a new member health assessment. The member did not have any chronic health conditions and did not think the assessment would be valuable.

During this meeting, the case manager was informed that the member was a smoker and that she had blurred vision. The member had not attended a vision screening because she could not afford eye glasses. She said she was struggling financially and basic necessities such as food and clothing were more important than worrying about her health. The case manager educated the member on the health risks associated with smoking and convinced her to take advantage of a no-cost smoking cessation program. The case manager then helped the member make an appointment for a vision screening and referred her to a program that helps people with low incomes to purchase eye glasses. The case manager also referred the member to resources that provide free food and clothing. The education and referrals provided by the case manager will help the member to improve her health and quality of life. New eye glasses will help her to see better, and the smoking cessation program may help her to quit smoking and reduce the risk of smoking related illnesses. Additionally, with access to basic necessities, she can better focus on staying healthy.

## **Anthem**

February, 2014

- A member was brought to the attention of Anthem Blue Cross Blue Shield, who suffered from the effects of several strokes who required medications to reduce the risk of future strokes. This member was having difficulty filling their prescriptions, and Anthem was able to connect with the member through Case Management. Through our Case Management outreach team, Anthem identified the member was unable to fill their prescription due to an error in his eligibility. Although this member was not eligible to be assigned to Anthem, our Case Manager continued to stay engaged with the member to assure their needs were met. Anthem was able to escalate this member's needs to the State, who assured the member was quickly transitioned to another MCO. Anthem was able to help assure the member's safety and assignment to a MCO available to the member. Through this process, Anthem was able to identify additional members who were impacted by the same eligibility, and MCO assignment issue; allowing for the members to be transitioned before further issues could arise.

## **CoventryCares**

February, 2014

- ❖ Member with history of hypertension and sciatica pain with need for pain doctor secondary to member's Primary Care Physician (PCP), who was not writing for member pain medications. After working with member and enrolling to Case Management (CM) program, CM was able to locate pain management clinic for member. CM assisted member in calling PCP for referral to pain clinic. Member was evaluated by healthcare provider at pain clinic. Further testing was needed to complete evaluation. An MRI was ordered and denied. After CM researched why testing was denied, CM then assisted healthcare provider's office to complete prior authorization form properly. Testing was approved and completed. MRI revealed that member had multiple bulging discs and one herniated disc. Case Management, as well as healthcare provider, are now working with member to learn to recognize red flags for back pain and learning possible options for treatment of back pain. CM is also working with member educating them on hypertension, hyperlipidemia and type 2 diabetes. Member verbalized better compliance in taking medications as directed by healthcare provider. CM counseling/teaching member for family history of type 2 diabetes to which member appears very receptive. Member remains enrolled in Case Management.

Member is now actively participating in own health as evidenced by receptiveness to attending follow up visits, reviewing medical history with CM and better compliance as verbalized by member. Member is now less likely to return to Emergency Room and/or healthcare provider.

## Humana

February, 2014

- The Humana – CareSource Case Manager (HCCM) spoke with the member during a phone call concerning the possibility of being in the high risk case management program. During the conversation, the Member expressed symptoms of shortness of breath, low oxygen levels and increased heart rate during activity. The member's next cardiologist appointment was scheduled several weeks out. The HCCM received the Member's permission to facilitate a conference call to the cardiologist's office where she explained the member's symptoms and requested an earlier appointment. The Member's regular cardiologist was unavailable and the member did not want to go to the ER. A member of the office staff said she would have the Dr.'s nurse contact the member soon. The Member thanked the HCCM for facilitating the call and will follow-up after speaking with the Cardiologist's nurse.
- During a Humana – CareSource Case manager (HCCM) call, the Member stated he/she hadn't been able to reach transportation to schedule a ride for an upcoming appointment because they never answered or you have to wait up to 20 minutes to get the transportation scheduled. The HCCM offered to contact and schedule the transportation. The HCCM, while keeping the member on line, was successful in scheduling the transportation for the Member's upcoming appointment. The Member was very appreciative.
- The Member is a teenager with a diagnosis of Schizoaffective Disorder and Borderline Intellectual Functioning who has had numerous hospitalizations and residential placements for most of his/her life. The member was enrolled with Humana - CareSource in June 2013. In September 2013, the Member had already had three acute psychiatric hospitalizations and was targeted for Intensive Case Management. After enrolling the Member in the program, the Member and his/her mother gave permission to collaborate with a Crisis Case Manager through a Community Mental Health Center. The Member had been working with this case manager for a couple of months due to the instability of his/her living arrangements. The Member had a difficult time living in the home with his/her mother. The Member's Mother feared the Member due to his/her extreme aggression, physical abuse and threats of weapons such as knives towards her. The Mother had a difficult time setting limits with him/her. The Mother wanted the member out of her home, but she did not want the Member living on the streets. The Member did not seem to fit any of the requirements for a SCL waiver that would include a placement due to his/her IQ being too high. The Member was hospitalized again at the end of November 2013. A collaborative meeting was held which included the Clinical Case Manager from HCS/Beacon, the Community Mental Health Center, the Psychiatric Hospital's Unit Social Worker, and the Member. This meeting identified that the Member had a previous Neuro-Psych testing which diagnosed the Member with an Acquired Brain Injury due to an accident at the age of 3. With this information, contacts were made with an Acquired Brain Injury Waiver case manager who completed an assessment and granted this waiver with an appropriate placement for persons with acquired brain injury. The Member is now in a program that is capable of meeting his/her needs as well as helping him acquire independent living skills.

## Passport

February, 2014

- ✓ Leigh Ann Jones is a case management technician who works in our Rapid Response/Care Connectors department. Recently, Leigh Ann received a frantic phone call from Joe\*, the father of 7-month old member Allie\*. Joe was unable to receive a blood pressure cuff and monitor for the infant after a week of debate between the provider and the durable medical equipment (DME) company. When Leigh Ann contacted the DME company directly, they said they were unaware that Passport covered blood pressure cuffs for members who weren't on dialysis. After assuring the company that the cuff would be covered under our Early and Periodic Screening, Diagnosis and Testing (EPSDT) program, Leigh Ann asked them to send Allie's request as soon as they could. Allie's primary care provider (PCP) would be closed during the weekend, and Allie needed her blood pressure checked every day due to a history of seizures, hypertension, and overutilization of the urgent care center during her PCP's after hours. The DME company submitted the request that same day, and our Utilization Management department and Medical Director provided approval the very next morning. After Leigh Ann called to check in with the DME company, she was relieved to find out Allie had received the blood pressure cuff and monitor just in time for the weekend - in less than 24 hours total!  
Joe was very grateful that Leigh Ann and her fellow Passport co-workers were able to take care of everything so quickly for his little girl. This is just one of many examples of how Passport's special Care Connectors program helps our

members. This program also helps with connection to Passport case and disease management programs, setting up provider visits, and helping to schedule rides to the member's medical visits, when appropriate.

- ✓ Barbara\* is a single disabled mother of two who had been through a rough year. A few weeks before Christmas, Case Manager Pat Kruer was able to connect her with a local church group she knew of who was interested in providing Christmas for a family in need. Soon after the holidays, Barbara contacted Pat to express her overjoyed appreciation. With the help of a local charity, her children had received a beautiful Christmas celebration, and she had been given a \$75 gift card for groceries. She had asked for warm clothing for her children for the winter, and everything they received fit perfectly. Pat sent an e-mail to the contact person at the church to relay her gratitude. 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.
- ✓ During a normal day in Utilization Management, Intake Specialist Mary Gunn received the following compliment from Andrea Howard, R.N. at Dr. Michael Nethers office:  
*"In all of my experience with requesting precerts from all of my contacts for our patients/Passport members, Passport Health Plan is the most pleasant and helpful I have ever experienced. Kudos to the whole team who is a part of this process!"*  
As the first line of communication to many different types of Passport providers, Mary's role is extremely important. She and her coworkers help providers to submit or check the status of a precertification for services. They also help route calls to the appropriate area.  
By taking this extra time to care, we are able to ease the burden on providers' administrative staff and thereby ensure our members receive faster care. For example, in 2013 our Utilization Management department's compliance rate for meeting all urgent, non-urgent, and retro reviews was nearly 100% for the 47,121 requests we completed! Our average speed of answer was 0:10 seconds with an abandonment rate of less than 1% for the 22,982 calls we received in 2013.
- ✓ Passport's Registered Respiratory Therapist and Asthma Disease Manager Shawna Hickok was recently speaking to Carla\*, the grandmother to one of our members, Sarah\*. During the conversation, Shawna discovered that Sarah did not have a rescue inhaler at school because the school would not allow it, despite Carla's attempts to speak with them. Concerned, Shawna reiterated to Carla the importance of Sarah having her rescue inhaler present at all times. She also explained that Sarah just needed a prescription and a note from her provider granting permission for her to have it at school. Carla requested more information, so Shawna gladly mailed her educational pieces on the different types of asthma medications. She also offered to get in touch with Sarah's provider office herself to investigate, but Carla insisted on calling herself.  
Shawna had planned on calling Carla the following week to check on the status of the situation, but Carla proactively called her back. She was excited to report that Sarah now has a rescue inhaler at school and that the school's office staff was prepared to give her the medication if needed. During future conversations, Carla also had questions about cleaning Sarah's spacers for her inhalers, so Shawna mailed her instructions on how to do so. Carla expressed her appreciation multiple times.  
In this situation, Passport was able to prevent the possibility of an emergency situation occurring. We were also able to further educate the school community on the importance of children with asthma carrying rescue inhalers, and gave Carla the knowledge she needed to better care for Sarah's asthma.
- ✓ Embedded Case Manager Ron Keene recently met Susie\*, a deaf Passport member, during a visit to her primary care provider's office. Ron discovered the Susie desperately needs resources to help with communications, and assistance with food, clothing, and utilities. To help her obtain communication devices, Ron gave Susie education and contact information for the Commission for the Deaf. He also gave her educational materials and contact information for various resources to assist with her other needs. Now, Susie has the information she needs to communicate better and hopefully become more independent with her daily living.
- ✓ Passport Embedded Case Manager Pat Kruer recently met Bob\* and Sally\*, a husband and wife new to Passport through the Affordable Care Act (ACA) Medicaid Expansion, as they were making their first visit to a new primary care provider (PCP). The couple had been without health coverage for a long time. Since joining Passport on January 1, 2014, Sally had already received her mammogram and Pap smear, and they both were eager to obtain eye and dental exams. Bob hadn't been for an eye exam since he received his prescription glasses about six years ago, so Pat assisted them with eyeglass voucher applications. She also gave them information on Passport, our programs, and important

phone numbers.

Sally expressed sincere happiness with the health care she had been receiving since January 1. She was highly complimentary of the provider offices she had been to in January, and very appreciative of the impact having health coverage has made on their lives.

Bob and Sally are just two of the 12,914 ACA Medicaid Expansion members Passport began serving on 1/1/14, of which we received 356 inpatient medical admissions. We have encouraged these and other members to submit their stories to *#Get Covered: Share Your Story*, an initiative of the U.S. Department of Health & Human Services.

- ✓ One of our Member Services Representatives, Jessica Cordova, is very involved in volunteering at Passport. Recently, she wanted to involve her church and family in making “blessing bags” for the homeless. These gifts consist of travel size toothbrushes, hairbrushes, hand sanitizer, sanitary pads for women, socks and gloves and some non-perishable food.

Armed with these goodies on a “white flag day” where extreme temperatures allow entry to all, Jessica and her volunteers went to the Wayside Christian mission, Salvation Army, and Volunteers of America shelters. During her trip she educated her 10-year old son on what many people face being homeless, and the importance of treating them with dignity and respect. “The number one thing I want my son and others to know is that they are people too,” says Jessica, “so we cannot look at them any different no matter what they have faced and failed. I wanted to let them know that people do care.”

Jessica’s efforts are just one of the many ways Passport associates live our mission in volunteering and donating to assist our Kentucky members in a variety of ways. In fact, in 2013 Passport associates gave over \$35,000 to local charities (Fund for the Arts, Metro United Way and Community Health Charities). Our associates also established a new committee to promote and support volunteerism. Through the Community Impact Committee, Passport associates:

- Gave over 1,600 supplies and filled 96 backpacks for a school supply drive benefiting Catholic Charities of Louisville;

- Enlisted 16 walkers and raised \$665 for the American Heart Walk;

- Collected 79 pairs of shoes for the Watersteps Shoes for Water program;

- Donated over 500 food items to the Irvington Mission Center Food Pantry in Breckinridge County for Thanksgiving;

- Donated over \$250 and gathered 18 volunteers to serve 30 homeless men, women, and children at the Volunteers of America Family Emergency Shelter.

- Gave 3 large boxes and several trash bags full of winter items to Kentucky Refugee Ministries.

*\*Members’ names changed for privacy.*