BlueCare Tennessee

BlueCare East Breast Cancer Screening Targeted Outreach Intervention

DESCRIPTION: Member Education Customer Service Representatives (CSRs) make outbound calls to BlueCare Tennessee members with HEDIS gaps in care, educating members on the importance of getting preventive care, scheduling appointments and scheduling transportation as necessary.

After determining the targeted population, a BlueCare East Breast Cancer Screening intervention was implemented in December of 2012, targeting members with a gap in breast cancer screening in the east counties of Tennessee, dedicating five Member Education staff to this project. While outreach calls for Breast Cancer Screening are made by Member Education staff, it is not part of the usual and customary process to dedicate staff to this task.

Efforts to attain the National Benchmark for Breast Cancer Screening of 62.76% from the 90th percentile of the NCQA HEDIS 2012 Quality Compass Report by improving Breast Cancer Screening rates in the Medicaid population have been an ongoing challenge.

A barrier analysis and focus group of our members not current with Breast Cancer Screening revealed several obstacles as to why they do not have mammograms completed. Some of these obstacles include, but are not limited to:

- not knowing they have a PCP
- facilities that require a referral from a PCP before performing a mammogram
- not knowing a mammogram is a covered preventive care benefit

KEY OBJECTIVES:

- Improve the health of the population
- Enhance the patient experience of care (including quality, access and reliability)
- Improve delivery of benefits

ACTIONS TAKEN: Member Education Customer Service Representatives (CSRs) are accountable for making outbound telephone calls utilizing motivational interviewing techniques with our members and documenting all outreach efforts. The CSRs place emphasis on scheduling appointments for specific gaps in care for our members. If appointments are scheduled during the initial call, a reminder call is made to encourage attending the appointment as well as a follow-up call is made the day after the scheduled appointment to ensure that the member attended. Each call also offers transportation assistance.

Although Breast Cancer Screening outreach is not a “routine” part of the Member Education Outreach Department, there are opportunities when a focused initiative such as this occurs.

Counties this intervention focused on were determined based on two considerations: (1) the largest amount of members; and (2) the highest claim volume providers in those areas when attempting to schedule appointments.

OUTCOMES: The outcomes of the calls were analyzed against claims data to determine the effectiveness of the program. The top two call outcomes by volume:

- “Left Voice Mail/Message” – 1210 (claims 56)
- “Spoke to Member or Member’s Representative” – 1274 (claims 321)

Although the call volume was very close, the claim results from these calls were quite different. “Spoke to Member or Member’s Representative” had 321 claims for a rate of 25.2% of members contacted. “Left Voice Mail/Message” had 56 claims for a rate of 4.6% of members contacted.
Taking a closer look at the “Spoke to Member or Member’s Representative” category, the members for whom the CSRs scheduled an appointment had a total contact count of 645 with a claims count of 278 for a claims rate of 43.1%. This was the highest rate of convergence for the intervention. Scheduling the appointment increased the rate from 25% to 43%.

For members that we had no contact with, the overall rate was 115 out of 2,568 or 4.4%. The overall rate for members with whom we had some type of contact was 400 out of 2,837 or 14.1%.

Members we spoke to and scheduled an appointment for (645) had a compliance rate of 43.1% (there were 278 claims for a mammogram for this population)

Members we spoke to, but did not make an appointment for had a compliance rate of 25% (there were 321 claims for a mammogram for this population)

Scheduling an appointment for our members has the highest impact of having a mammogram completed by our members.

In conclusion, a focused initiative like this does make an impact. Through evaluation and analysis of data, we also learned that although it was a smaller volume, the number of members who had assistance with appointment scheduling had a much larger volume of mammograms completed (43% vs. 25%).

GEOGRAPHIC LOCATION: This program was offered in East Tennessee for BlueCare Tennessee members.

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BlueCare Tennessee
CareCommunications Management System (CCMS) Technology

DESCRIPTION: CareCommunications Management System (CCMS) is an internally developed, comprehensive tracking system that fully exceeds the State’s TENNderCare (EPSDT) requirements. CCMS is used to track each member’s screening, diagnosis, and treatment as well as other HEDIS related prevention outreach.

CCMS incorporates leading edge technologies including highly redundant hardware, and software development practices that provide tracking and outreach capabilities.

CCMS is a multi-tiered architecture based on the Microsoft.NET® development framework. Within CCMS, we utilize application development practices utilizing Microsoft’s ASP.NET® Visual Basic (VB) Classes V2.0, Microsoft ASP.NET 2.0® and the Microsoft ASP.NET® AJAX toolset.

CCMS is used to track each member’s screening, diagnosis, and treatment. In addition to supporting TENNderCare requirements, CCMS supports a wide spectrum of educational outreach capabilities to both members and to providers.

This system is also utilized to make outreach calls to members who are not current with preventive screenings such as, but not limited to Breast Cancer Screening, Cervical Cancer Screening, ADHD medication compliance and any element of Comprehensive Diabetes Care.

The CareCommunications Management System currently contains a history of outreach activities from 2003 that include 3,141,787 telephone records and 20,598,168 mailing records.

KEY OBJECTIVES:
- Improve the health of the population
- Improve delivery of benefits
- Technology development

ACTIONS TAKEN: CCMS is devoted to member outreach functions for eligible members including mailings, outbound telephone calls, appointment scheduling, referrals, case management activities and multiple supplemental outreach activities. In addition, provider outreach components consist of mailings and fax (both inbound and outbound). CCMS consists of multiple system components each one contributing specific functionality.

System Components
- Database
- Member Outreach Capabilities
- Call Center System
- Call Center Scripts - Call Scripts are a user-defined collection of Script Blocks, thus permitting complete flexibility in customizing scripts as required; listed below are the current implemented call types and associated scripts
  - ADHD Medication Initial Phase
  - Appointment Follow-Up
  - Appointment Initial
  - Appointment Reminder
  - Appointment Scheduling
  - Breast Cancer Screen
  - Cervical Cancer Screen
  - Diabetes Education
  - Member Immunization
  - Member with Returned Mail
  - New Member Welcome
  - Not Up-To-Date
  - Postpartum
  - Prenatal Appointment-Has- been-Scheduled Follow Up
  - Prenatal Education
  - Prenatal-No Appointment Scheduled Follow Up
  - Presumptive Eligible
  - Provider Change
  - Referral Follow-Up
  - Teen
OUTCOMES: BlueCare Tennessee has the capability of capturing data from any parts of the company in multiple formats. Once the data has been captured, CCMS automatically integrates these data sources into a protected production environment.

The CareCommunications Management System collects information and data such as EPSDT screening performance for BlueCare and TennCareSelect members 0-20 years old based on the Centers for Medicare and Medicaid Services (CMS) 416 screening ratios. The ratios from 2006 through 2012 have consistently remained above the goal of 80% and in 2011 and 2012, achieved 100% for the 12-month period January through December in two of our three lines of business, and 96-100% in the third line of business.

This technology has been invaluable to both the Operations and Quality Improvement areas of our company. It has been utilized in many quality improvement targeted initiatives such as a Breast Cancer Screening initiative in December 2012, where it was determined through analysis that scheduling an appointment for our members has the highest impact of a member having a mammogram completed.

GEOGRAPHIC LOCATION: This program took place throughout the State of Tennessee.

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**BlueCare Tennessee**

**Culture of Integration**

**DESCRIPTION:** Our Integrated Health Care Approach is an ongoing focus of BlueCare Tennessee; allowing us to manage, monitor, and evaluate each member’s health across the care continuum. This approach includes developing and implementing programs that promote physical, behavioral, and long-term health services and support. In addition, programs are implemented to address health care needs identified and assessed for target populations. BlueCare Tennessee’s aim is to ensure a transparent and seamless integration throughout the organization, breaking down silos, to support our commitment to coordination of physical, behavioral and long-term health services.

**KEY OBJECTIVES:**
- Improve the health of the population
- Enhance the patient experience of care (including quality, access and reliability)
- Create a culture of integration between physical health, behavioral health and social needs for our members

**ACTIONS TAKEN:** We are committed to ensure adequate, defined communication channels exist to disseminate news, information, and process changes. Employee training is an essential part of the Integrated Health Care Approach and to that end, employee education and staff survey post-training was completed on Culture of Integration in 2010 and 2012.

Training in 2012 incorporated Population Health Management, a way of looking at members as individuals AND as members of groups with shared health care needs. It provides a way to assess the needs of a specific population, implement and evaluate interventions to improve the health of that population, and provide care for individual members in the context of the culture, health status, and health needs of the entire population. It is also a way to integrate clinical, public health, and community systems.

**OUTCOMES:** Employee training on Culture of Integration started on 5/19/2012 and ended on 6/30/2012. The survey was sent out to employees on 08/02/13, to be completed by 08/31/13.

The survey was emailed in August 2012 to 847 physical health employees and contractors, and 61 behavioral health employees:
- 445 physical health responses and 34 behavioral health responses received a 50 percent response rate
- Perceptions about integration of physical and behavioral health benefits were measured across three areas:
  - Information exchange and coordination
  - Training
  - Support provided by physical and behavioral health leadership
- “Agreement Rate” is defined as the percent of respondents answering Somewhat Agree, Agree, or Strongly Agree (% 4, 5, or 6)

**Analysis and Evaluation**

Analysis and evaluation of the survey responses were completed by our internal Medical Informatics Department.
Agreement with all composite measures significantly increased for Physical employees from 2010 to 2012

Agreement with all composite measures significantly increased for Behavioral employees from 2010 to 2012
There were no significant differences between Behavioral and Physical employees regarding any composite measures in 2012.

Training and education efforts seem to have reaped rewards, as exhibited by statistically significant increases in all the composite agreement rates for both Behavioral and Physical employees.

- Training needs are constantly evolving
  - Despite significant improvements in employee perceptions of training, it was still the most common item mentioned in employees’ comments
- Particular attention should be paid to the increases in agreement rates for the following groups of employees:
  - Employees that have been employed less than a year have a more optimistic outlook on the culture of integration between behavioral and physical health employees than they did in 2010
  - CHOICES employees have shown drastic improvements in their opinion of the culture of integration between behavioral and physical health employees compared to their responses in 2010

**GEOGRAPHIC LOCATION:** This program took place in Tennessee.

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BlueCare Tennessee (BCT)  
SelectKids Program

DESCRIPTION: Currently, there are 9,500 foster care children enrolled in the SelectKids Program, providing access to health care for children, who are described as “dealing with society’s worst problems... these children are either abused or neglected to the point a juvenile court has acted. This special population has understandably high medical and behavioral health care needs.”

BlueCare Tennessee’s SelectKids Unit, together with the Best Practice Network (BPN), some 800 physicians and nurse practitioners, provide medical homes for foster children, working together to coordinate the children’s care (primary, specialty and behavioral).

To provide a seamless system of care to fragile children, often with special needs, thrust into a very complicated situation, with caregivers, DCS workers; a complex system prone to fragmentation due to the numerous individuals and agencies involved.

KEY OBJECTIVES:
- Improve the health of the population
- Enhance the patient experience of care (including quality, access and reliability)
- Improve delivery of benefits

ACTIONS TAKEN: BlueCare Tennessee, collaborating closely with the State of Tennessee and the Department of Children’s Services (DCS), work jointly to address the complex needs and timely services children in DCS custody require, including, but not limited to the following:

- Receive and process immediate eligibility faxes and ensure the child has eligibility for coverage in our processing system from day one
- Provide customer service to DCS caseworkers, foster parents and providers
- Assign BPN PCPs per the request of DCS caseworkers, including reassignment when required due to child’s relocation
- Assist DCS in making timely TENNderCare appointments
- Assist BPN PCPs in obtaining medical records and history on children in DCS custody
- Assist DCS in locating specialists and coordinating out-of-network benefits when needed
- Refer children to medical and behavioral health case managers within BCT as needed
- Generate reports for DCS identifying: (1) members recently given immediate eligibility but not yet official with Medicaid coverage; (2) members potentially due or past due for TENNderCare screenings; and (3) members on runaway status for whom claims data has emerged (giving a location)
- Deliver regular training to DCS field staff and present annually at Regional Foster Parent Conferences regarding TENNderCare, TennCareSelect, and how to access health care services
- Assist with DCS appeals
- Utilize an internal report of members with official notification of coverage from the Bureau of TennCare to ensure that PCP assignments are made promptly

OUTCOMES: It is difficult to determine quantitative measures in this program due to the broad and varied needs of members, foster parents, DCS, providers and other stakeholders.

The SelectKids Department aggressively tracks and trends data; reporting to designated committees quarterly. This tracking and trending is part of the quality improvement process to identify any issues or opportunities for improvement.

Internal tracking and trending reports include, but are not limited to:
### Top Calls Received: First and Second Quarter 2013

<table>
<thead>
<tr>
<th>Top Calls Received</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Card Request</td>
<td>26</td>
<td>30</td>
<td>32</td>
<td>30</td>
<td>31</td>
<td>29</td>
<td>169</td>
</tr>
<tr>
<td>Add/Update COB Info</td>
<td>14</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>88</td>
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<tr>
<td>Assistance finding Provider</td>
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<td>14</td>
<td>14</td>
<td>15</td>
<td>14</td>
<td>86</td>
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<tr>
<td>Benefits Questions</td>
<td>14</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>88</td>
</tr>
<tr>
<td>Transportation</td>
<td>12</td>
<td>10</td>
<td>11</td>
<td>11</td>
<td>12</td>
<td>12</td>
<td>78</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td>98</td>
<td>103</td>
<td>114</td>
<td>109</td>
<td>116</td>
<td>111</td>
<td>681</td>
</tr>
</tbody>
</table>

Notification sent to DCS for members that are past due for Early Periodic Screening, Diagnosis, and Treatment visits: First and Second Quarter 2013

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1634</td>
<td>1623</td>
<td>1735</td>
<td>1677</td>
<td>1854</td>
<td>10534</td>
</tr>
</tbody>
</table>

TennCareSelect, one of BlueCare Tennessee’s three Medicaid plans, which enrolls children in foster care as well as other children covered under TennCare, received the “Best Overall CAHPS Award.” This award is presented by the Bureau of TennCare’s Quality Oversight Division, recognizing the plan receiving the highest score possible on an assessment of patient care experience – The Consumer Assessment of Healthcare Providers and Systems (CAHPS).

**Source:** America’s Health Insurance Plans. (March 2013). Innovations in Medicaid Managed Care – Highlights of Health Plans’ Programs to Improve the Health and Well-Being of Medicaid Beneficiaries. Volunteer State Health Plan – Creating a Rapid Response Team for Children in Foster Care. www.ahip.org/MedicaidInnovationsBook/

**GEOGRAPHIC LOCATION:** This program took place throughout the state of Tennessee.

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BlueCare Tennessee

Well Child Inc. (WCI) – Collaboration for BlueCare Tennessee (BCT) Members in Memphis City Schools

DESCRIPTION: Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a program of checkups and health care services for children from birth until age 21 to detect and treat health problems. EPSDT checkups are free for all children who have TennCare. [http://health.state.tn.us/factsheets/epsdt.htm](http://health.state.tn.us/factsheets/epsdt.htm)

It can be challenging to have EPSDT checkups completed timely. Often, collaboration between two entities will accomplish improved outcomes. Such is the case with BlueCare Tennessee (BCT) and Well Child, Inc. (WCI).

WCI is an innovative collaborative outreach effort focused on bringing preventive health screening services to students through the Memphis City Schools and across the state. Preventive services are provided through on-site examinations at the schools, including elementary, middle, and high schools.

BCT identifies and verifies member eligibility among the Memphis City School population and provides this information to WCI. WCI then distributes packets to the BlueCare Tennessee students at the various schools; a consent/registration form is signed by a parent or guardian before WCI performs an EPSDT/TENNder Care exam on a child. In the WCI packet, it specifically states, “If your child is seeing his/her Primary Care Provider (PCP), please continue to do so,” promoting the PCP/member relationship.

After a screening/exam is completed, each child receives a copy of the exam results (exam results form) and accompanying educational material (re: anticipatory guidance-for example, helmet safety, etc.) to give to the parent/guardian. If there is any health problem indentified (for example, hearing, vision, weight issues), an explanation is sent along with the encounter form to the parent/guardian.

KEY OBJECTIVES:

- Improve the health of the population
- Enhance the patient experience of care (including quality, access and reliability)
- Improve delivery of benefits

ACTIONS TAKEN: WCI operates according to federally mandated standards for EPSDT, providing physical and behavioral health care evaluations to children and youth in an easily accessible, age appropriate and culturally sensitive environment.

Through BlueCare Tennessee’s continuing efforts, support and vision to secure long-term success for the program and WCI’s commitment to the child, family, school, and community, our partnership developed and continues to grow. BlueCare Tennessee supports this initiative through a donation to MCS in recognition of achieving EPSDT goals.

This is one of several interventions BlueCare Tennessee has in place to provide innovative services to our members. School-based EPSDT/TENNder Care exams promote important screenings and care by the recommended ages identified in the American Academy of Pediatrics periodicity schedule.

OUTCOMES: Over the last three school years, 2010-2011 through 2012-2013, there have been an increasing number of EPSDT exams completed on BlueCare Tennessee members enrolled in the Memphis City School System.

- In the 2010-2011 school year, 36.06% of BCT members enrolled in the Memphis City School System had an EPSDT/TENNderCare exam completed by Well Child Inc.
- In the 2011-2012 school year, 37.92% of BCT members enrolled in the Memphis City School System had an EPSDT/TENNderCare exam completed by Well Child Inc.
- In the 2012-2013 school year, 51.88% of BCT members enrolled in the Memphis City School System had an EPSDT/TENNderCare exam completed by Well Child Inc.
BCT identifies and verifies member eligibility and provides data to WCI. Data in graph is obtained from WCI. Through this collaboration, BlueCare Tennessee members are receiving EPSDT screenings where they are, achieving Local Solutions... Meaningful Results.

**GEOGRAPHIC LOCATION:** This program took place in Memphis, Tennessee.

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