Innovative Programs and Initiatives

Start Smart for Your Baby®

In an effort to help pregnant members deliver healthy babies, Centene’s State for Your Baby (Start Smart) program incorporates the concepts of early management, case coordination, and disease management that support the overall health of a population that promotes education and collaboration between pregnant members, their care providers, and physicians to ensure Healthy Pregnancy and a healthy lifestyle for their baby. This multidisciplinary approach to preventive and preparatory care includes orientation, outreach, and referral services, provider education and access to care management. This service is provided as an extra level of support for expectant mothers to extend the pregnancy period and prevent premature birth of a premature baby, complications, premature delivery and infant death.

The Start Smart program is comprised of multiple components which allow access to care for pregnant members, access to them at the early stage of pregnancy, reduce the rate of prematurity, decrease maternal and infant morbidity and mortality and enhance the health of pregnant mothers. This program is offered by the American College of Obstetricians and Gynecologists (ACOG) to improve the care of pregnant mothers.

Start Smart for Your Baby (Start Smart) is a multi-faceted approach to prenatal care that promotes the appropriate use of medical resources to extend pregnancy, reduce the risk of pregnancy complications, prevent premature delivery and infant disease.

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Success Stories

Young Pregnant Member Receives Support for Substance Abuse

A young pregnant member, who was having dental pain due to drug use, reached out for help. The staff at Coordinated Care was able to help the member obtain resources for getting drug-free. The member was able to enroll her child in the START program, which allowed us to identify pregnant members, access to them at the early stage of pregnancy, reduce the rate of prematurity, decrease maternal and infant morbidity and mortality and enhance the health of pregnant mothers. This program is offered by the American College of Obstetricians and Gynecologists (ACOG) to improve the care of pregnant mothers.

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The year-end report card provides a snapshot of how Coordinated Care Corporation (Coordinated Care) performed against state, NCQA, and Health Plan Report Card CentAccount® annually for compliancy with the screening needs. b) LDL test annually, and c) Eye screening exam to slow down the development of the disease however, nearly monitoring and managing blood glucose levels is important to slow Type II Diabetes mellitus with their treatment plans. Regular Increasing compliance of Coordinated Care members with Coordinated Care is conducting quality Performance Improvement Project (PIP) that achieved through measurement and intervention, demonstrable improvement in aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and overall satisfaction. The following have been identified by Coordinated Care in 2012 as areas for intervention: measurement and intervention, demonstrable improvement in Coordinated Care is conducting quality Performance Improvement Project (PIP) that achieved through measurement and intervention, demonstrable improvement in aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and overall satisfaction. The following have been identified by Coordinated Care in 2012 as areas for intervention: Performance Measures Interventions include: teleconferences have taken place. Coordinated Care's staff worked together to locate supplies companies to identify who would have the fastest turnaround time, they worked with a local hospital social worker to coordinate temporary phone number and address if these supplies could be delivered and assisted the member to get a SafeLink Phone. In addition, the team at Coordinated Care helped the member that housing and find and schedule an appointment with a new Primary Care Provider (PCP). The entire team, from case managers, member services, and leadership, rallied in a team effort in ensuring the quality of life for this member and met his needs with in just a couple of days.

Increasing Women's Health

Studies indicate that indoor, low-income populations that losing health care are most difficult which often leads to barriers in seeking appropriate preventive care at the same rate as the general population. Coordinated Care launched a program in 2012 to improve annual mammogram screenings for women over the age of 40, in an attempt to increase these barriers and educate members on the importance of preventive health care. Coordinated Care identified women over the age of 40, who do not currently show claim-based evidence of a mammogram screening and reminder calls to our program. The program includes a directed letter mailed to the member educating them on the prevention of breast cancer and a mammogram offer, early detection, early treatment, and a new life. Coordinated Care began mailing these to identified women in October, 2012. Following the mailing from Coordinated Care, we also send another notification on behalf of the member's PCP, further educating the member on this reminder for mammogram. Finally, Coordinated Care phases a follow-up phone call to the member offering assistance with scheduling her mammogram and/or arranging transportation. Coordinated Care will monitor the impact of the initiative in 2013.

Improving Coordination of Care

An additional PIP is the Transition of Care is a joint effort. PIP with the other Washington state Medicaid Health Plans. The expected outcome to ensure timely follow up with primary care providers, and care management for high risk patients while assuring safe, effective and coordinated care as patient move between settings. Monthly meetings and collaborations have taken place.

Performance Measures Interventions include:

- Letters and educational brochures to all diabetic members
- Member reminder letters regarding breast cancer screenings
- Letters in parcels of nonprescription well baby checks (including a personalized immunization chart from the CDK)
- Pulmonary vascular residencies
- Start Small meal kits to pregnant members
- Member phone calls regarding Coordinated Care sponsored the child clinic, immunization reminders and child vaccination reminders

Coordinated Care has chosen to take part in the CMSPI survey for 2013 which will take place in spring 2013. Participation in this survey will give us the opportunity to identity areas for improvement prior to the 2014 survey which will be submitted to NDCII.

HEEDS 2014

In preparation for the HEEDS performance measures reporting to NCQA in 2014 data, a HEEDS provider reference guide to serve as being included the Welcome Packet for new participating providers, HEEDS diabetes performance measures information was shared and mailed to PCPs, HEEDS training meetings in all of the Coordinated Care provider representatives so they would be able to have a better understanding of the HEEDS project prior to the requirements questions regarding the HEEDS project.

The state of Washington requires reporting on these clinical measures in June of 2013.

- Important utilization – general hospital rate cases
- Ambulatory care (outpatient and emergency room)

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