![Molina Healthcare logo]

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2020

In this Issue

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice:
- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are a few topics addressed in the survey regarding patient care:
- Getting Needed Care
- Getting Care Quickly
- How Well the Doctors Communicate

Molina Healthcare's 2019 Quality Improvement Results

Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

CAHPS®

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey that assesses Molina Healthcare members' satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received the CAHPS® results of how our members rated our providers and our services.

Medi-Cal: In 2019, Molina Healthcare showed improvement in shared decision making and coordination of care. We need to improve getting members needed care and how well doctors communicate.

Medicare: In 2019, Molina Healthcare improved in the areas of getting needed care, getting care quickly, rating of health plan, rating of health care quality, and rating of drug plan.

Marketplace: In 2019, Molina Healthcare improved in the ratings of health plan, health care, and how well doctors communicate. We need to make improvements for getting care quickly, getting needed care and care coordination.

MMP: In 2019, Molina Healthcare improved in rating of health plan, care coordination, and rating of drug plan. Areas for opportunity include member's getting needed care and , getting care quickly.

Behavioral Health Satisfaction
Molina Healthcare also assesses members' satisfaction with their behavioral health services. In 2019, Molina Healthcare improved in the following measures: rating of health plan, getting treatment quickly, member's perceived improvement, Areas for improvement include how well clinicians communicate, and members feeling informed about their treatment options.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina Healthcare to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medi-Cal: In 2019, Molina Healthcare continued to improve on HEDIS outcomes by scoring 21 out of 21 reportable measures above the minimum performance level (MPL). Additionally, 17 out of the 21 reportable measures surpassed the NCQA 50th percentile benchmark. To continue to align with DHCS priorities, Molina will continue working to improve pediatric HEDIS measures.

Medicare: In 2019, Molina Healthcare continue to solidify itself as a 3.5 STAR rated health plan. Improvements made across HEDIS measures Care for Older Adults as well as the Comprehensive Diabetes Care. Molina will continue to work with our provider network to improve Medication Adherence measures as well as CAHPS results.

Marketplace: In 2019, Molina Healthcare observed improvements for controlling high blood pressure, well-child visits during the first 15 months of life, and antidepressant medication management. We also improved in measures related to weight assessment and counseling for nutrition and physical activity for children and adolescents. Areas that need improvement include appropriate testing for children with pharyngitis, breast cancer screening and medication management for members with asthma.

MMP: In 2019, Molina Healthcare improved on the HEDIS® measures related to controlling high blood pressure, medication reconciliation post-discharge and management of antidepressant medication. Improvements are needed for initiation of alcohol or drug treatment, follow-up after hospitalization for mental illness and pain assessments for older adults.

Culturally and Linguistically Appropriate Services
Molina Healthcare assesses the cultural, ethnic, racial and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions. In 2019, a majority (66%) of Molina Medicaid members identified English as their preferred language, followed by Spanish (29%), Arabic (2%) and Vietnamese (1%). Spanish was the most requested language for Molina's interpreter services, followed by Arabic, Vietnamese and Russian. The percentage of requests for Arabic interpreters increased slightly between 2018 and 2019. Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs.

Molina has a new series of short (4-9 mins), Cultural Competency training videos available at www.MolinaHealthcare.com under Healthcare Professionals, Health Resources, and Culturally and Linguistically Appropriate Resources page. Topics include: Module 1: Intro to Cultural Competency; Module 2: Health Disparities; Module 3: Specific Population Focus – Seniors and Persons with Disabilities; Module 4: Specific Population Focus – LGBTQ and Immigrants/ Refugees; Module 5: Becoming Culturally Competent.

You can look at the progress related to the goals that Molina Healthcare has set for the annual CAHPS® survey results and the annual HEDIS® measures in more detail on the Molina Website. You can also view information about the Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Molina's website at www.MolinaHealthcare.com.

Immunizations and Cultural Competency: Tips for Success

Many providers find it challenging to ensure that patients receive the vaccines they need when they need them. This can be especially difficult when working with populations who come from different cultural backgrounds, or who are skeptical of the effectiveness and safety of vaccines. According to the 2017 National Health Interview Survey, only 37% of Black and 38.5% of Hispanic adults received

a flu vaccine, compared to nearly 50% of White adults. Arab Americans also have lower rates of flu vaccination, estimated at about 25.5% according to a 2019 population-based survey in California. Additionally, one study of Somali Americans showed that while Somali Americans and Whites start the HPV vaccine series at about similar rates (~45%), fewer Somali Americans complete the course of vaccination (23.5%) compared to whites (33%).

Research has shown that there are some best practices you can follow to boost your patients' vaccination rates and promote health equity in immunization.

Don't wait for a well-visit to immunize
While it can sometimes be difficult to get patients in for their regular check-ups, any time you see them could be an opportunity to get a needed vaccine done. If a patient comes in complaining of a sore knee but is also due for a flu shot, try to get that done in the same visit.

Open the conversation assuming the patient will want needed immunizations
Instead of asking a patient if they'd like to get their immunizations, frame the conversation around standard clinical guidelines. For example, you can say, "It's time for your next round of immunizations. Let's get that done today." Implement a standing order to administer vaccines on time, especially for adolescent patients.

Take the time to explain the benefits of vaccination and answer questions
If a patient is wary of vaccination, spend a little extra time talking about how it will benefit them, and make sure to answer any questions they have. Misinformation from other sources often results in reluctance to vaccinate, but patients hearing about the benefits of vaccination directly from their provider is very effective. This is especially important for seniors, parents of young children, and patients from multi-cultural backgrounds.

For topics some patients find sensitive, focus on the outcomes and benefits
The HPV vaccine can be a sensitive topic for parents of adolescents. In this case it is best to leave sex out of the conversation altogether and focus on cancer prevention and the statistics on the cancer risk HPV causes. Research has shown that among both Latinos and African Americans, vaccine acceptance increased when patients were educated about the cancer prevention benefits and the provider has recommended it. Make sure to correct common misconceptions if they are expressed.

Molina resources to help you communicate with members
If a patient's preferred language is not English, provide educational materials about immunizations in their language. Molina has educational materials available on our website. Additionally, we offer qualified interpreter services 24/7. Call Molina's Contact Center to request an interpreter or materials in members' preferred languages. Molina has online cultural competency training modules on our website. Furthermore, we offer ***"Ask the Cultural and Linguistics Specialist,"*** an interactive web-based question and answer forum on providing culturally appropriate care. To access, go to our provider website:
http://molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx

Sources consulted:
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https://www.aafp.org/dam/foundation/documents/what-were-doing/awards-grants/immunization/GlendaleAdventist_CaseStudy.pdf
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https://vaccineresources.org/index.php

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Rybelsus

Rybelsus (oral semgalutide), a glucagon-like peptide-1 (GLP-1) receptor agonist, was recently approved in September 2019 by the Food and Drug Administration (FDA) for the treatment of type 2 diabetes in adults. This is the first oral formulation of a GLP-1 receptor agonist to be approved in the US. A once weekly injectable form of semgalutide has been on the US market since 2017.
In a series of ten PIONEER phase 3 trials conducted by Novo Nordisk, oral semgalutide performed favorably against other injectable GLP-1 receptor agonists and other currently available antidiabetic medications. It has a list price of $772 for 30 tablets.
A recent study conducted by the Institute for Clinical and Economic Review (ICER) compared oral semgalutide to liraglutide, empagliflozin, sitagliptin, and ongoing background antihyperglycemic treatment (metformin, sulfonylureas, insulin). In summary, the report found:

- Oral semgalutide reduced HbA1c more than placebo, empagliflozin, sitagliptin, and liraglutide at 52 weeks
- Oral semgalutide reduced body weight more than placebo, liraglutide, and sitagliptin. Reductions in body weight were similar with oral semgalutide and empagliflozin
- Oral semgalutide did not have a statistically significant reduction in major adverse cardiovascular events (MACE) compared to placebo. Injectable semgalutide, liraglutide, and empagliflozin did reduce MACE compared to placebo
- Gastrointestinal effects including nausea, vomiting, and diarrhea were the most common adverse reactions reported with oral semgalutide (up to 20% of trial participants), which led to increased rates of therapy discontinuation

Table 1: Oral Semgalutide and Comparators

Treatment	Add-On Drug Cost	Complication Cost	Total Cost	MACE	CHF	ESRD	LYs	QALYs
Oral Semaglutide + background treatment	$46,000	$208,000	$295,000	59.9%	29.4%	13.0%	8.18	4.03
Sitagliptin (Januvia®) + background treatment	$5,000	$209,000	$254,000	65.8%	27.6%	14.8%	7.66	3.73
Empagliflozin (Jardiance®) + background treatment	$16,000	$204,000	$263,000	63.4%	22.8%	12.4%	8.07	3.97
Liraglutide (Victoza®) + background treatment	$60,000	$203,000	$305,000	62.2%	23.5%	12.4%	8.06	3.72
Background treatment alone	--	$208,000	$250,000	67.2%	27.7%	14.6%	7.55	3.63

Table 1 shows estimated lifetime costs, medical complication costs, major adverse events, life years added, and quality-adjust life years added of oral semgalutide and comparators. MACE: major adverse cardiovascular event, CHF: congestive heart failure, ESRD: end stage renal disease, QALY: quality-adjusted life years

When considering price, effectiveness, and adherence, ICER found oral semgalutide to be cost-saving compared to liraglutide, sitagliptin, and background treatment alone, but not compared to empagliflozin.

Molina One has chosen not to add Rybelsus® (oral semgalutide) to the formulary at this time and will continue to prefer the following agents: Ozempic (semaglutide), Victoza (liraglutide), and Trulicity (fulaglutide). Molina's Marketplace formulary has chosen not to add Rybelsus® (oral semgalutide) to the formulary at this time and will continue to prefer the following agents: Ozempic (semaglutide) and Victoza (liraglutide), for 2020.

References:
1. Rind D, Guzauskas G, Fazioli K, Hansen R, Kumar V, Chapman R, Borrelli E, Bradt P, Pearson S. Oral Semaglutide for Type 2 Diabetes: Effectiveness and Value. Institute for Clinical and Economic Review, November 1, 2019. http://icer-review.org/material/diabetes-evidence-report/

Electronic Funds Transfer (EFT)

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Below are additional benefits and reminders:

Benefits:
- Providers get faster payment and eliminates mailing time (processing can take as little as 3 days from submission)
- Providers can search for a historical Explanation of Payment (EOP) by claim number, member number, etc.

- Providers can view, print, download and save a PDF version of the EOP for easy reference with no paperwork to store
- Transfer Protocol (FTP) and their associated Clearinghouse
- Electronic Funds Transfers ensure HIPAA compliance
- It's a free service for you!

ProviderNet Reminders:
- ProviderNet is only for providers who have registered for EFT
- Providers should always login to their ProviderNet account and view their payment history before contacting Molina about a missing EFT payment
- ProviderNet only facilitates the payments from Molina to the provider. Questions regarding claims payment should be directed to Provider Services/Call Center
- If a provider receives a Molina payment that is not on their ProviderNet account (frequently Accounts Payable payments), providers should contact Provider Services/Call Center
- Providers should be reminded to add all NPI's to their account that receive Molina payments

Get started today! Provider that are not registered for EFT payments should contact: Electronic Funds Transfer at: (P) 1-866-409-2935, Email: EDI.Claims@Molinahealthcare.com.

Opioid Use Disorder

The Problem:
Your community, town, or practice is likely no stranger to the Nation's opioid crisis. According to the National Institute of Drug Abuse (NIDA), "Every day, more than 130 people in the United States die after overdosing on opioids" (NIDA 2019) and every 15 minutes a baby is born that will suffer from opioid withdrawal (https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome). The economic burden of prescription opioid misuse in the United States is estimated to be $78.5 billion a year. This would include health care costs, lost productivity, addiction treatment and criminal justice involvement with more than a third of these costs being attributable to increased health care and substance abuse treatment costs.

Molina's Solution:
Molina has developed an Opioid Use Disorder (OUD) Model of Care (MOC) to help support the work that our providers are doing everyday by ensuring our internal processes work to remove barriers to care and that our clinicians are equipped with the skills to coordinate care for this vulnerable population. Molina's approach includes assigning a Substance Use Disorder (SUD) Navigator who has completed additional SUD trainings to improve efficiency of care coordination, member engagement and empower members to successfully self-manage post program completion.
Molina Healthcare's OUD MOC has identified opportunities to improve knowledge and processes that impact Molina's effectiveness in caring for members affected by opioid use. The OUD MOC is designed to improve factors related to access, education, appropriateness of treatment, collaboration, engagement, and internal awareness. The model includes:
- Health Plan Internal Awareness Gap Analysis
- Member (At-risk) Identification
- Enhanced Care Coordination
- Proprietary Enhanced Screening Tools

- Comprehensive Staff Competency Trainings
- Data Dashboards and Reports
- Feedback and Monitoring

How Can I Help:
Minimize opioid overdose misuse, overdose and addiction by incorporating the following into your practice:
- Familiarize yourself with the latest HEDIS measures and associated tip sheets which include:
  - Risk of Continued Opioid Use
  - Use of Opioids at High Dosage
  - Use of Opioids from Multiple Providers
  - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Refer members who you identify as possible candidates for care coordination through our OUD MOC to our care management department. You may contact us at "1-888-562-5442" and/or "MHCCaseManagement@MolinaHealthCare.Com"
- Consider becoming a Medication Assisted Treatment (MAT) Provider by applying for the DEA X Waiver (resources below) to help close the access to care issues many patients face when attempting to seek help for their opioid addiction

Provider Resources:
- Visit our website (www.molinahealthcare.com) for our Opioid Safety Provider Education Resource Kit which includes free CMEs on Opioid Safety. These resources are located under our Health Resources tab
- Access our latest HEDIS Tip Sheets on the above measures mentioned by talking with your local Provider Services team at (888) 562-5442 and will soon be available via the Provider Portal

Sources:
National Institute of Drug Abuse. Opioid Overdose Crisis, January 2019.
National Institute of Drug Abuse. Neonatal Abstinence Syndrome.https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome

National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta. GA. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013.

2020 Provider Manuals

The 2020 Provider Manuals will be made available on MolinaHealthcare.com website. The Provider Manual is customarily updated annually but may be updated more frequently as policies or regulatory requirements change. The provider manual is intended to provide Molina's contracted Providers with guidance in understanding Molina Healthcare's programs, processes and policies. Providers can access the most current Provider Manual at www.MolinaHealthcare.com.

Provider Portal Corner

We improved the way you can report a data change to us. The new feature allows a Provider or Member to submit demographic corrections directly to Molina.

Online Correction Locations:

Provider Details

Back

Name:	Title:	Ge
DOE, JOHN	DO	Male

NPI:	License ID:	License Type:
1234567890	Not Available	SPECIALIST

Report data change in the Provider Directory
If you are a Molina Member: Submit Here
If you are a Molina Provider: Submit Here
*Medical Doctors are Licensed and Regulated by State Medical board.

POD – Search Details page

Zip: 77080

Mobile Number:

Report an update or inaccuracy in the Provider Directory:
Submit Here

Edit

Provider Portal