



Partners in Care Newsletter Online

Important information for all providers

View the [Fall 2016 Partners in Care](#) newsletter at MolinaHealthcare.com/OhioProviders under the “Communications” tab. Articles in this edition include:

- Molina Healthcare’s 2016 HEDIS® and CAHPS® Results
- Molina Healthcare’s Special Investigation Unit Partnering With You to Prevent Fraud, Waste and Abuse
- 2016 Flu Season
- Provider Web Portal
- Updating Provider Information
- MEDICARE ONLY: Important Reminder about Member ID Cards

Also available on our website:

- Clinical and preventive guidelines
- Disease management programs
- Quality Improvement programs
- Member rights/responsibilities
- Privacy notices
- Provider manuals
- Utilization Management (UM) affirmative statement/how to obtain copies of UM criteria
- Drug formulary and pharmaceutical procedures

Questions?

Provider Services – (855) 322-4079
 8 a.m. to 5 p.m., Monday to Friday
 (MyCare Ohio available until 6 p.m.)

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Monthly Health Messages

Nov. – Manage & prevent diabetes
 Dec. – Mental health screenings
 Jan. – Appropriate prenatal care

Healthy Members through HEDIS®

Molina Healthcare is committed to ensuring our members receive recommended preventive care based on their age, health status and any medical conditions. It’s our goal to help members take better care of themselves and their children through HEDIS® guidelines.

Comprehensive Diabetes Care (CDC)

Annually Monitored: Percentage of members ages 18-75 with diabetes (type 1 and type 2) who had each of the following during the calendar year.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
HbA1c Testing	84.55%	86.09%	87.01%
HbA1c Control (<8.0%)	51.88%	43.49%	55.70%
Eye Exam	57.84%	52.98%	61.75%
Monitoring for Nephropathy	77.95%	90.73%	83.03%
Blood Pressure (BP) Control (<140/90 mm Hg)	67.55%	56.73%	69.82%

Strategies for Improvement

- Review diabetes services needed at each office visit and order labs prior to patient appointments.
- Bill for point-of-care HbA1c tests completed in-office and document result and date in chart.
- Adjust therapy to improve HbA1c and BP levels. Follow up with patients to monitor changes.
- A dilated retinal eye exam, remote imaging and fundus photography count toward the measure if results are read by an eye care professional (optometrist or ophthalmologist).

- Use CPT II codes to help identify the exact HbA1c percentage level.

Antidepressant Medication Management

Annually Monitored: Percentage of members 18 and older with diagnosis of major depression newly treated with antidepressant medication who remained on treatment for 12-week and six-month periods.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Antidepressant Medication Management – 12 weeks	51.33%	58.29%	52.74%
Antidepressant Medication Management – 6 months	36.33%	42.31%	37.31%

Strategies for Improvement

- Educate your patients on how to take their antidepressant medications, including:
 - How antidepressants work, the benefits and how long they should be used
 - Expected length of time to be on antidepressant before starting to feel better
 - Importance of continuing medication (for at least six months) even if patient feels better
 - Common side effects, how long the side effects may last and how to manage them
 - What to do if he or she has questions or concerns

Follow-Up After Hospitalization for Mental Illness

Annually Monitored: Percentage of members 6 and older hospitalized for treatment of selected mental health disorders who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within seven days and within 30 days of discharge.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Follow-up within 30 days	58.70%	67.40%	77.47%
Follow-up within 7 days	38.86%	47.21%	57.68%

Strategies for Improvement

- Educate inpatient and outpatient providers about the measure and the clinical practice guidelines.
- Schedule follow-up before patient leaves the hospital. Same-day outpatient visits count.
- Work with Molina Healthcare Care Managers or Care Coordinators to set up appointments.
- Visits must be with a mental health provider.

Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment

Annually Monitored: Percentage of members 13 and older with a new episode of AOD dependence who received the following:

- Initiation of AOD Treatment: Had an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.
- Engagement of AOD Treatment: Had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Engagement of AOD Treatment	9.50%	10.85%	18.56%
Initiation of AOD Treatment	38.50%	41.94%	43.62%

Strategies for Improvement

- Use standard templates in charts and EMRs with checkboxes for standard counseling activities.
- Provide patient reminders and materials to assist in upcoming care visits.

Follow-up for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

Annually Monitored: Percentage of children ages 6-12 newly prescribed ADHD medication who had at least three follow-up care visits in a 10-month period, one of which in 30 days of dispensing the first ADHD medication. Two rates are reported:

1. Initiation Phase: One follow-up visit with a practitioner with prescribing authority during 30-day initiation phase
2. Continuation/Maintenance Phase: In addition to the visit in the Initiation Phase, at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Follow-Up for ADHD Medication, Initiation Phase	58.5%	49%	70%
Follow-Up for ADHD Medication, Continuation/Maintenance Phase	59.13%	53.88%	68%

Strategies for Improvement

- When prescribing a new medication, schedule a follow-up visit within 30 days to assess how the medication is working. Schedule follow-up while your patient is still in the office.
- Schedule two more visits in the nine months after the first 30 days to monitor patient's progress.
- Never continue these controlled substances without at least two visits a year to evaluate progress and monitor child's growth to make sure he or she is on the correct dosage.

Frequency of Ongoing Prenatal Care (FPC) and Timeliness of Prenatal Care (PPC)

Annually Monitored: Percentage of members who delivered between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year who received nine expected prenatal visits. The percentage is adjusted by the month of pregnancy at the time of enrollment and gestational age.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Frequency of Ongoing Prenatal Care (81%+ of visits)	76.16%	75.83%	72.99%

Annually Monitored: Percentage of pregnant members who received a prenatal care visit in the first trimester or within 42 days of enrollment.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Timeliness of Prenatal Care	88.65%	84.12%	90.39%

Strategies for Improvement

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask staff to prioritize new pregnant patients and ensure appointments for pregnancy visits are scheduled within the first trimester or within 42 days of enrollment.
- Have a direct referral process to OB/GYN in place.
- Refer members to Molina Healthcare's Pregnancy Rewards program.

Postpartum Care (PPC)

Annually Monitored: Percentage of pregnant members who had a postpartum visit with an OB/GYN practitioner or PCP between 21 and 56 days after delivery.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Postpartum Care	62.50%	63.74%	71.05%

Strategies for Improvement

- Schedule your patient for a postpartum visit within 21 to 56 days from delivery. (Please note: Staple removal following a cesarean section does not count as a postpartum visit for HEDIS®.)
- Use Molina Healthcare's postpartum calendar tool to ensure visit is within the correct timeframe.

Satisfied Members through CAHPS®

To give our members the best services possible, we use the CAHPS® survey. The survey asks our members about the aspects of quality they are best qualified to assess, such as provider communication skills and ease of access to health care services.

Getting Care Quickly

One CAHPS® question asks members how quickly they receive care when they need it right away:

- Q. *In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?*
- Q. *In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?*

On a composite three-point scale, the question results are as follows:

CAHPS® Measure – Getting Care Quickly	2015 Result	2016 Result	Goal*
Adult – Combined	77.8%	83%	81%
Child	88.1%	89.9%	88.6%

You can positively impact patient experience by providing timely service, appropriate diagnoses, friendly customer service and member education. We appreciate all you do to make your patients' experiences positive.

This bulletin provides tools to assist with HEDIS® and CAHPS® measures. Molina Healthcare aims to increase understanding, emphasize importance and provide guidance to positively influence member experiences.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

**National NCQA 75th percentile for Medicaid HMO plans.*