PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Winter 2019

Molina Healthcare s 2018 HEDIS® and CAHPS® Results

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

Molina Healthcare has received results of how our members scored our providers and our services.

Medicaid: In 2018, Molina showed improvement for coordination of care, customer service and members getting care quickly. We also showed improvement on our rating of personal doctor. We need to improve our performance for getting needed care, rating of health plan, and rating of specialist seen most often.

Marketplace: In 2018, Molina scored well in measures related to customer service, getting care quickly and getting needed care. We need to improve on medical assistance with smoking and tobacco use cessation, including advising members to quit as well as discussing cessation medication and strategies.

MyCare Ohio: In 2018, Molina improved on measures related to personal doctors, including overall rating of personal doctor and in how well doctors communicate. There is opportunity to improve the percentage of members who receive the flu and pneumonia vaccines.

The Healthcare Effectiveness Data Information Set (HEDIS®) is another tool used to improve member care. HEDIS® scores allow Molina 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.

Medicaid: In 2018, Molina improved in a number of HEDIS® measures such as childhood immunizations combination 10, immunizations for adolescent's combination 1 and human papillomavirus (HPV) vaccinations for female adolescents. We need to improve on measures for

comprehensive diabetes care, including eye exams for diabetic members and controlling blood pressure. We also need to improve on our screening rates for breast cancer and cervical cancer.

Marketplace: In 2018, Molina improved HEDIS® measures for breast cancer screenings and testing A1C in diabetic members. We need to improve our performance on cervical cancer screenings, adult BMI assessment, and antidepressant medication management.

MyCare Ohio: In 2018, Molina improved HEDIS® measures for antidepressant medication management and osteoporosis management in women who had a fracture. We need to improve our performance in follow-up after hospitalization for mental illness, controlling high blood pressure, and colorectal cancer screening.

Medicare: In 2018, Molina improved HEDIS® measures for A1C control among members with diabetes, adult BMI assessment, breast cancer screening, colorectal cancer screening and use of high-risk medications in the elderly. We need to improve our performance in controlling high blood pressure, testing and monitoring nephropathy, as well as eye exams, among members with diabetes.

You can look at the progress related to the goals that Molina 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/OhioProvider.

Influenza Update

On Oct. 12, 2018, Xofluza™ (baloxavir marboxil) was approved by the Food and Drug Administration (FDA) to treat an acute influenza infection in people 12 years of age and older.

In a phase 3 active- and placebo-controlled (parallel assignment) trial of 1,436 adult and adolescent subjects 12 to 64 years of age, there was no difference in the time it took for the alleviation of symptoms between subjects who received Xofluza™ (54 hours) and those who received oseltamivir (54 hours); and for adolescent subjects (12 to 17 years of age), the median time for the alleviation of symptoms for subjects who received Xofluza™ was 54 hours vs. 93 hours in the placebo arm. Based on the outcomes, Xofluza™ did result in statistical significantly shorter time to reach an alleviation of symptoms when compared to placebo.

Limitations to the clinical trials was the patient selection criteria; those patients with characteristics who met the Centers for Disease Control (CDC) recommendation list for antiviral therapy were mostly excluded from the clinical trials. The most common adverse reactions were diarrhea, bronchitis, nasopharyngitis, headache and nausea, occurring in less than 3 percent of the population. Xofluza™ does have drug interactions with polyvalent cation-containing laxatives, antacids or oral supplements which are commonly used medications and food products.
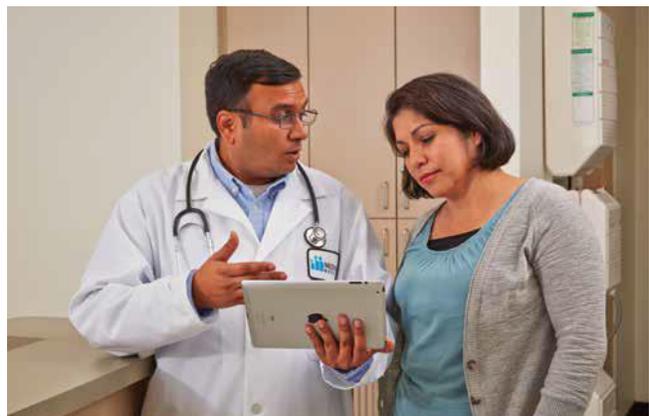
The single-dose oral tablet option is made by Genentech, the same company that brought Tamiflu™ (oseltamivir) to the market. Tamiflu™ (oseltamivir) is now available as a generic product, making it a potentially more cost-effective option.

Drug	Manufacturer	Mechanism	Efficacy	Age	Dosing Regimen	Wholesale Acquisition Cost/course
Xofluza™ (baloxavir)	Genentech	Selective inhibitor of cap-dependent endonuclease	Reduces duration of symptoms from average of 80.2 hrs to ~53.7 hrs	≥ 12 years	40mg or 80mg x1 dose	$150
Tamiflu™ (oseltamivir)	Genentech	Neuraminidase inhibitor	Median times to alleviation of symptoms 97.5 versus 122.7 hours	≥1 year	75mg q 12 hr x 5 days (Separate pediatric dosing)	$77 (generic)

Currently there is no data available for the utilization of Xofluza™ in high-risk patients for prophylaxis of influenza. While Xofluza™ does have a differing mechanism of action from oseltamivir, since 2009, ninety-nine percent of influenza virus isolates have been susceptible to neuraminidase inhibitors.

The Molina National Pharmacy and Therapeutic Committee has voted to not add this product to the standard formularies at this time, allowing it to be accessible via a medical exception request.

Electronic Funds Transfer (EFT)

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). 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
- File Transfer Protocol (FTP) and their associated Clearinghouse
- EFT 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 Molina Provider Services at (855) 322-4079

- If a provider receives a Molina payment that is not on their ProviderNet account (frequently Accounts Payable payments), providers should contact Molina Provider Services at (855) 322-4079
- Providers should be reminded to add all National Provider Identifier's (NPI) to their account that receive Molina payments

Get started today! Providers who are not registered for EFT payments should contact:
Phone (866) 409-2935 or Email: EDI.Claims@MolinaHealthcare.com.

Wear Red Day Friday, Feb 1, 2019

It's true: Heart disease is the No. 1 killer in women. Yet, only 1 in 5 American women believe that heart disease is her greatest health threat.

Take Amy Heinl, for example, an avid marathon runner and fitness devotee. Heart disease was the furthest thing from her mind – until she collapsed during an early-morning workout. A diagnosis of heart disease followed, and it took her completely by surprise.

"I really couldn't believe this happened to me," Amy says. "I thought of myself as a healthy person, and I was exercising when it happened. I truly believed I had pulled a muscle." Which is why her friend called 9-1-1, not Amy.

The truth is, women are less likely to call 9-1-1 when experiencing symptoms of a heart attack themselves. It simply doesn't occur to them to do so. And why would it? The bulk of media attention on the disease is focused on men.

Here are more unsettling facts:

- Heart disease causes 1 in 3 women's deaths each year, killing approximately one woman every minute.
- 90 percent of women have one or more risk factors for developing heart disease.
- Since 1984, more women than men have died each year from heart disease and the gap between men and women's survival continues to widen.
- The symptoms of heart disease can be different in women vs. men, and are often misunderstood.
- While 1 in 31 American women dies from breast cancer each year, 1 in 3 dies of heart disease.

It's time to focus on finding, and becoming the solution. Here's what you need to know about the causes of heart disease and ways you can prevent it.

What causes heart disease?

Heart disease affects the blood vessels and cardiovascular system. Numerous problems can result from this, many of which are related to a process called atherosclerosis, a condition that develops when plaque builds up in the walls of the arteries. This buildup narrows the arteries, making it

harder for blood to flow through. If a blood clot forms, it can stop the blood flow. This can cause a heart attack or stroke.

But it doesn't end there. Heart disease can take many other forms as well:
- Heart failure or congestive heart failure, which means that the heart is still working, but it isn't pumping blood as well as it should, or getting enough oxygen.
- Arrhythmia or an abnormal rhythm of the heart, which means the heart is either beating too fast, too slow or irregularly. This can affect how well the heart is functioning and whether or not the heart is able to pump enough blood to meet the body's needs.
- Heart valve problems can lead to the heart not opening enough to allow proper blood flow. Sometimes the heart valves don't close and blood leaks through, or the valve leaflets bulge or prolapse into the upper chamber, causing blood to flow backward through them.

How can I prevent it?

Many things can put you at risk for these problems – one's you can control, and others that you can't. But the key takeaway is that with the right information, education and care, heart disease in women can be treated, prevented and even ended.

Studies show that healthy choices have resulted in 330 fewer women dying from heart disease per day. Here are a few lifestyle changes you should make:

- Don't smoke
- Manage your blood sugar
- Get your blood pressure under control
- Lower your cholesterol
- Know your family history
- Stay active
- Lose weight
- Eat healthy

It's time to Go Red!

There's much more work to be done before heart disease becomes a thing of the past. But together, we can do it. Women who Go Red are helping us uncover the truth about heart disease and have made incredible improvements in their heart health. Are you ready to join us?

Source: https://www.goredforwomen.org/about-heart-disease/facts_about_heart_disease_in_women-sub-category/causes-prevention/

2019 Provider Manuals

The 2019 Provider Manuals are available on the Molina of Ohio website at www.MolinaHealthcare.com/OhioProviders. The provider manual is intended to provide Molina contracted providers with guidance in understanding Molina's programs, processes and policies. Manuals may be revised as Molina's policies, programs or regulatory requirements change. All changes and revisions will be updated and posted to the Molina website.

Provider Portal Corner

Effective Oct. 11, 2018, Third Party Billers (3PB) have access to certain functions in the Provider Portal.

Molina contracted providers may now grant access to their contracted third party billers who will be able to log into the Provider Portal. Once they are registered and granted access by a provider they can utilize the following functionality:

- Member Eligibility Inquiry
- Member Roster
- Claims (Inquiry & Submission)

To register a 3PB, the Provider Portal account administrator for the provider's office must invite the 3PB via the "Manage Users" function. Once the new 3PB user is selected to invite, the administrator will:

- Select "Biller" as the user role
- Attest to the Third Party Biller contract and Business Associate Agreement (BAA) status
- Once the invitation is submitted, the 3PB will receive an invitation via the email address provided

Please note the following: The 3PB has the ability to toggle between multiple Pay-To groups from the same state with one user ID, similar to the non-3PB Biller role. If they need access to another state's Pay-To group, they will need to create a separate User ID with a different email address.