

## Member's Obstetric and Gynecological Health

### Breast and Cervical Cancer Screenings - Member Incentives

Molina Healthcare (Molina) recognizes the challenges and barriers members face when they need to get a breast and cervical cancer screening. They are often concerned with children, aging parents and work situations. They may even think that because they don't have symptoms, the screenings are not needed.

As their trusted healthcare provider, you have a big impact on their choices and behaviors. Share with your patients the importance of regular screenings and how finding cancer early makes it more likely to be treated successfully. Even sharing what it means to get a screening may break down the "fear factor" of getting a breast or cervical cancer screening. Asking a patient why they have not gotten their screenings may allow you to get to the root of their reason and help you address any barriers or concerns.

Consider using the messages below when communicating with your patients. End the message with a call to action for your patients, like asking if they'd like to do their screening today or set up a time to complete the screening.

- Regular screenings can catch cancer early when it's easier to treat and could save your life.
- 1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.
- An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths that could be avoided.

To help encourage members to prioritize their health, Molina has sent out eligibility mailers to women. The mailers tell women about our \$50 incentives for 2023 for completing their breast and/or cervical cancer screenings. Any member with a gap in care has already received the mailer that contains a tear-off, pre-paid postcard for them to fill out and return to Molina after getting their screening. Molina will send them a \$50 gift card after the claim is received.

Your Molina Medicaid patients also have an extra transportation benefit of 30 one-way trips. They can use this benefit to get a ride to your office for a breast or cervical cancer screening at no cost. Members can schedule a ride by calling the Molina transportation line at (866) 642-9279 (TTY 711) at any time. They must call at least 48 hours before an appointment. They can schedule transportation up to 30 days before the appointment.

## Behavioral Health

### Improving Follow-up After Hospitalization for Mental Illness (FUH) Rates

Follow-up care after the discharge process is an important part of improving patient outcomes. To successfully guide patients through their recovery, providers must employ the same patient engagement strategies that have been proven effective for other aspects of clinical care. Connecting patients to follow-up appointments through increased engagement with FUH care is important. Industry data show that 42% of patients miss their follow-up appointments after discharge. There are many factors that may contribute to members not attending appointments. Missed appointments can lead to:

- Continuing non-attendance
- Disengagement from services
- Rehospitalization
- Medication non-adherence

Molina is actively testing improvement ideas to improve our internal processes and increase attendance and participation in follow-up care for our members. With the development of internal tools that provide our teams with timelier admission and discharge data, and external resources such as Teladoc® virtual care, our hope is to create better pathways for members to receive follow-up care when they need it.

Here's what you, as their provider, can do to help:

- Provide timely visit reminders to decrease no-show rates.
  - Mail or telephone outreach can decrease no-shows by 26%-75%.
- Schedule the member's 7-day and/or 30-day follow-up appointment prior to their discharge from the hospital.
- Maintain office visit appointment availability to accommodate patients with recent hospital discharges.

## Healthy Children

### Childhood Immunizations

Immunizations are important to help prevent children from contracting preventable diseases. According to the American Academy of Pediatrics (AAP), children who complete the recommended immunizations should have an immune system ready to fight 15 diseases upon entering school<sup>1</sup>. These diseases include Hepatitis A and B, Diphtheria, Tetanus, Pertussis, Haemophilus influenzae Type B, Polio, Pneumococcal Disease, Rotavirus, Measles, Mumps, Rubella, Chickenpox, Influenza and COVID-19.

Make sure all children are caught up on immunizations and well-care visits to help your patients remain healthy throughout the year. The tips below may be helpful for improving childhood immunization rates:

- Review the child's immunization record prior to every visit. Also, review for gaps in care for a well-care visit or body mass index (BMI) documentation.
- Take advantage of all opportunities to offer an immunization. Many immunizations are part of a series that requires the patient to attend multiple appointments.
- Educate parents/guardians on recommended immunizations for their child's age. Parents/guardians are more likely to have their child complete an immunization that their provider strongly encourages.
- Utilize the state's immunization registry, ImpactSIIS ([ohioimpactsiis.org/siisprod/](https://ohioimpactsiis.org/siisprod/)).
- Use appropriate billing codes to ensure accurate payment.

#### References:

<sup>1</sup>Bracho-Sanchez, MD, FAAP, E. (2023, February 9). *Vaccines Your Child Needs by Age 6*. HealthyChildren.org. [www.healthychildren.org/English/safety-prevention/immunizations/Pages/Your-Babys-First-Vaccines.aspx](https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Your-Babys-First-Vaccines.aspx)

## Healthy Adults

### **Schedule & complete adult annual visits before the end of the year!**

It's not too late to contact your patients for their yearly exam. Annual visits are important to establish a trusting relationship with your patients, offer education, and check in on your patient's overall health and health goals. According to the Centers for Disease Control and Prevention (CDC), in 2022, 83.4% of adults aged 18 and older completed a visit with a doctor or other health care professional in the past year<sup>2</sup>. To increase the adult annual visit rate, the below tips may be helpful:

- Contact patients in your practice to assist them with scheduling an appointment.
- Remind patients of their visit at least 48 hours prior to allow for transportation assistance.
- Educate patients on the importance of a yearly visit.
- Use appropriate billing codes to ensure accurate payment.

#### References:

<sup>2</sup>National Center for Health Statistics. *Percentage of having a doctor visit for any reason in the past 12 months for adults aged 18 and over, United States, 2022*. National Health Interview Survey. [wwwn.cdc.gov/NHISDataQueryTool/SHS\\_adult/index.html](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html)

## Chronic Conditions: Diabetes

### **Diabetes Self-Management Education**

Diabetes education and support is critical for people who have been diagnosed with diabetes. According to the 2023 Standards of Care in Diabetes, all patients with diabetes should participate in diabetes self-management education and support to facilitate the knowledge, decision-making, and skills mastery for diabetes self-care.<sup>3</sup>

Some providers routinely refer their patients with diabetes to Medical Nutrition Therapy (MNT). MNT is a useful and individualized nutritional, behavioral, and lifestyle therapy for patients with diabetes.

Molina has been working collaboratively with other Ohio Managed Care Organizations (MCO) to promote Diabetes Self-Management Education (DSME) classes for members who have diabetes. DSME offers broad, standardized, evidence-based education to help members understand how to manage their diabetes. The educational topics that are covered take more time than a typical medical appointment allows for and include:

- Understanding diabetes and treatment
- Healthy eating
- Being physically active
- Taking medicine
- Checking blood sugar
- Reducing risk for other health problems
- Learning to cope with stress, depression and other mental health concerns

DSME and MNT are separate but complementary services used to improve diabetes care. Studies show that patients participating in both DSME and MNT have significant improvement in glycemic control. Patients with diabetes covered by a Medicaid Managed Care Plan can participate in both MNT and DSME.\* To locate a DSME provider near you, visit the American Diabetes Association (ADA) website ([www.diabetes.org](http://www.diabetes.org)).

*\*DSME and MNT services cannot be delivered on the same day.*

#### References:

<sup>3</sup>Nuha A. ElSayed, Grazia Aleppo, Vanita R. Aroda, Raveendhara R. Bannuru, Florence M. Brown, Dennis Bruemmer, Billy S. Collins, Marisa E. Hilliard, Diana Isaacs, Eric L. Johnson, Scott Kahan, Kamlesh Khunti, Jose Leon, Sarah K. Lyons, Mary Lou Perry, Priya Prahalad, Richard E. Pratley, Jane Jeffrie Seley, Robert C. Stanton, Deborah Young-Hyman, Robert A. Gabbay; on behalf of the American Diabetes Association, 5. *Facilitating Positive Health Behaviors and Well-being to Improve Health Outcomes: Standards of Care in Diabetes—2023*. (2023, January 1). *Diabetes Care* 46 (Supplement\_1): S68–S96. [www.doi.org/10.2337/dc23-S005](https://www.doi.org/10.2337/dc23-S005)

## Older Adults

### Diabetes Care

Diabetes is a highly prevalent health condition in the aging population. Over one-quarter of people over the age of 65 years have diabetes, one-half of older adults have prediabetes, and the number of older adults living with these conditions is expected to increase rapidly in the coming decades. Older adults with diabetes are

also at greater risk than other older adults for several common geriatric syndromes, such as polypharmacy, cognitive impairment, depression, urinary incontinence, injurious falls, persistent pain and frailty. Here are a few things to keep in mind when treating older adults with diabetes:

- Screening for early detection of mild cognitive impairment or dementia should be performed for adults 65 years of age or older at the initial visit, annually and as appropriate.
- Because older adults with diabetes have a greater risk of hypoglycemia than younger adults, episodes of hypoglycemia should be ascertained and addressed at routine visits.
- For older adults with type 2 diabetes on multiple daily doses of insulin, continuous glucose monitoring (CGM) should be considered to improve glycemic outcomes and decrease glucose variability.

CGM use is associated with improved A1C and reduced glycemic variability<sup>4</sup>. Another population for which CGM may play an increasing role is older adults with physical or cognitive limitations who require monitoring of blood glucose by a surrogate. The availability of accurate CGM devices that can communicate with insulin pumps through Bluetooth<sup>®</sup> has enabled the development of advanced insulin delivery algorithms for pumps.

These algorithms fall into two categories: predictive low-glucose suspend algorithms, which automatically shut off insulin delivery if a hypoglycemic event is imminent, and hybrid closed-loop algorithms, which automatically adjust insulin infusion rates based on feedback from a CGM to keep glucose levels in a target range.

Treatment goals<sup>4</sup>:

- Older adults who are otherwise healthy with few coexisting chronic illnesses and intact cognitive function and functional status should have lower glycemic goals (such as A1C <7.0–7.5% [53–58 mmol/mol]), while those with multiple coexisting chronic illnesses, cognitive impairment or functional dependence should have less-stringent glycemic goals (such as A1C <8.0% [64 mmol/mol]).
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all people with diabetes.
- Screening for diabetes complications should be individualized in older adults. Particular attention should be paid to complications that would lead to functional impairment.
- Treatment of hypertension to individualized target levels is indicated in most older adults.
- Treatment of other cardiovascular risk factors should be individualized in older adults, considering the time frame of benefit. Lipid-lowering therapy and aspirin

therapy may benefit those with life expectancies at least equal to the time frame of primary prevention or secondary intervention trials.

The care of older adults with diabetes is complicated by their clinical, cognitive, and functional differences. Some older individuals may have developed diabetes years earlier and have significant complications, while others are newly diagnosed and may have had years of undiagnosed diabetes with resultant complications. Still, other older adults may have truly recent-onset disease with few or no complications. Health care professionals caring for older adults with diabetes must take this into consideration when setting and prioritizing treatment goals.

#### References:

<sup>4</sup>Nuha A. ElSayed; Grazia Aleppo; Vanita R. Aroda; Raveendhara R. Bannuru; Florence M. Brown; Dennis Bruemmer; Billy S. Collins; Marisa E. Hilliard; Diana Isaacs; Eric L. Johnson; Scott Kahan; Kamlesh Khunti; Jose Leon; Sarah K. Lyons; Mary Lou Perry; Priya Prahalad; Richard E. Pratley; Jane Jeffrie Seley; Robert C. Stanton; Robert A. Gabbay, on behalf of the American Diabetes Association, 13. (2023, January 1). *Older Adults: Standards of Care in Diabetes—2023*. *Diabetes Care*. 46 (Supplement\_1): S216–S229. [www.doi.org/10.2337/dc23-S013](http://www.doi.org/10.2337/dc23-S013)

#### Questions?

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