MOLINA HEALTHCARE

Provider Newsletter

Fall 2010

Prevention and Treatment of Positional Skull Deformities in Infants

Molina Healthcare has noted an increase in the incidence of positional cranial deformities in infants since the American Academy of Pediatric mounted their campaign of "back to sleep." Positional skull deformities in infants can be prevented with early parental teaching, parental compliance and timely follow-up by the primary care physician to reinforce teaching and to monitor parental compliance.

The American Academy of Pediatrics recommends the following[1]:

1. Preventive counseling during the neonatal period that includes:
   a. Minimal use of car seat or other reclining infant chair
   b. Positioning the infant in the supine position with time spent with the head resting on alternating occiput sides, right, left and back
   c. Increased tummy time on the care-givers' knees or on a firm surface
   d. Increased cuddle time in the arms of the care-givers
2. Mechanical adjustments that include:
   a. Positioning the infant so that the rounded side of the head is against the mattress
   b. Changing the infant's orientation when in the crib to daily alternate the head to the opposite end of the crib
   c. Physical therapy and a home exercise program if torticollis is present

Begin parental instruction on the prevention and/or treatment of positional skull deformity during the neonatal period, the first month of life or at least before three months of age.

Websites for educational handouts:

The Tummy Times website:
Tummy Time Tools
Available in English, Spanish, Japanese, French, German and Swedish. These may be downloaded from the Children's Healthcare of Atlanta web site: **www.choa.org/tummytimetools**.

The American Academy of Pediatrics website:
Your Baby's Head Shape: Information for Parents on Positional Skull Deformities
Sold in packs of 50
http://www.aap.org/bookstore/brochures/br_yourbabysheadshape_2009_sample.pdf

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1. Persing JA, James H, Swanson J, et al. Prevention and management of positional skull deformities in infants—American Academy of Pediatrics Clinical Report. *Pediatrics.* 2003;112:199–202

Health Education Services / Provider Resources

Molina's Health Education Department offers the following Health Education Programs and Resources at no cost to both providers and members.

Smoking Cessation
For all Molina Healthcare members 18 years and older or pregnant women of any age.

Free and Clear Program:
- Counseling provided by a trained smoking cessation counselor.
- A Pharmacy Prior Authorization is needed if a member is interested in NRT or other medication to help quit.
- Members can only participate in this program one time per six month period.

California's Smoking Cessation Program:
- Members must initiate counseling when they are ready to quit by calling **1-800-No-BUTTS.**
- To qualify for NRT or other medication benefit, member must obtain a certificate of enrollment. A copy of the certificate is needed along with the Pharmacy Prior Authorization to obtain NRTs.
- **Referral Criteria/Process:** Enrollment into a program qualifies the member for 3 months of Nicotine Replacement Therapy (NRT). To refer, complete the HEALTH EDUCATION REFERRAL FORM and **fax back to Health Education at (562) 901-1176.**

Weight Management
Molina Healthcare offers ***Weight Watcher's*** to all Molina members ages 17 and older. Members can receive up to 8 weeks of vouchers. Members who can demonstrate continued weight loss by sending a copy of their weight booklet to Molina's Health Education can continue on the program beyond 8 weeks.
- **Referral Criteria/Process:** For members with a BMI of 40 or higher, a written release by the medical provider is required. To refer, please complete the HEALTH EDUCATION REFERRAL FORM and **fax back to Health Education at (562) 901-1176.**

Bridge2Access Program
Molina Healthcare's Bridge2Access program is designed to ensure our members with disabilities and activity limitations have access to the products and services our health plan offers. including but not limited to:
- Transportation
- Sign language interpretation for deaf, hard of hearing or speech impaired
- information in alternate formats like large font, Braille or audio
- Case Management

Call Member Services at (888) 665-4621 to let them know you have a Molina member that needs disability services. There will be no cost to the member.

motherhood matters℠ Pregnancy Program
The program strives to improve birth outcomes and reduce costly hospitalizations through trimester risk assessments, educational mailings and perinatal case management, if indicated.
- **Referral Criteria/Process:** Molina Healthcare's pregnancy program is for all pregnant members of any age. To refer please complete the PREGNANCY NOTIFICATION REPORT FORM as early as possible and **fax back to Health Education at (562) 499-6105.**
- **Progesterone treatment (17-P):** Molina Healthcare covers progesterone treatment for members at risk for pre-term birth. When started early, 17-P has been shown to reduce the risk of pre-term birth. **For more information, contact our clinical staff at (800) 526-8196, ext: 129513**.

Disease Management Programs
Molina Healthcare offers several disease management programs including:
- Asthma
- Diabetes
- Cardiovascular Disease (Hypertension, Coronary Artery disease, and Congestive Heart Failure)
- COPD

All programs are designed for members with confirmed diagnosis. Members are identified through internal data. The program utilizes an "opt out" design with the members remaining in the programs unless they or their providers request them to be removed. Providers may also refer members via the HEALTH EDUCATION REFERRAL FORM and **faxing back to Health Education at (562)-901-1176.**

Health Education Materials
Molina Healthcare offers a variety of low literacy health education materials to support patient education. Many of the materials are available in other languages and large font. To access materials please complete the following order forms and **fax back to Health Education at (562)-901-1176.**
- Weight Management Print Materials Order Form
- Health Education Print Materials Order Form

Individual Health Education Behavioral Assessments - "Staying Healthy"
Molina Healthcare's Health Education department also makes available patient education and provider training materials for the implementation of the required Staying Healthy Assessments. This includes:
- Staying Healthy Tip Sheets
- Practitioner resource binders and pocket guides
- Office staff training videos

To access these materials please **contact Health Education at (562) 901-1176, ext: 127532 or visit Molina's website.**

All forms can be accessed through the Molina Healthcare website at: http://www.molinahealthcare.com/medicaid/providers/ca/forms/Pages/fuf.aspx

ASTHMA Update

HEDIS Appropriate Medication for People with Asthma Rates

	Riverside/ San Bernardino	Sacramento	San Diego	2010 NCQA 25th Medicaid Percentile	2010 NCQA 75th Medicaid Percentile
Reporting Year	2010	2010	2010		
Combined 5-50 *2010 - New Methodology*	79.49%*	80.16%*	80.26%*	84.0%	90.0%

*** Rate failed to meet the 2010 NCQA 25th Medicaid Percentile**

Asthma Clinical Study

Inhaled Steroid Use by Members with High Usage* of Short-Acting Beta Agonist Medications

- GOAL: Increase use of long-acting inhaled corticosteroids by members with persistent asthma.

	All Counties Aggregate	
Year	Q1-Q2 2010* BASELINE	5% Improvement Goal for Q3-Q4 2010
Result	76.00%	79.80%

*High Usage of Short-Acting Beta Agonist Medications age range changed to 5 to 50 years in 2010 – to mirror new HEDIS methodology

View the NHLBI Asthma Clinical Practice Guidelines on our website: **http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx**

For a copy of these guidelines, please contact Molina's Provider Services Department at (888) 665-4621.

Molina's **Breathe with Ease Disease Management Program** is designed for members (ages 3 to 56 years old) who have a diagnosis of asthma. Contact Health Education at (800) 526-8196 ext. 127532 to refer a member.

URI Update

HEDIS Appropriate Treatment for Children Ages 3 months to 19 years with URI

County	RY 2009	RY 2010	2010 NCQA 75th Percentile
Riv/San Bern	89.49%	86.56%	89.00%
Sacramento	95.80%	94.23%	
San Diego	96.10%	94.15%	

HEDIS: The RY 2010 rate for Riverside/San Bernardino failed to meet the 2010 NCQA 75th percentile benchmark.

URI Clinical Studies

Percentage of PCPs Prescribing an Antibiotic for a URI to a member < age 19 (Aggregate)		
CY 2009	Q1-Q2 2010	5% Improvement Goal for Q1-Q2 10
8.4%	2.3%	7.7%
Members Prescribed Antibiotics at an ER Visit for a Diagnosis of URI (Aggregate)		
CY 2009	CY 2010	5% Improvement Goal for 2009
10.4%	TBD	1.5%

CPG Study Results: The CY 2009 rates failed to meet the 5% improvement goals (decrease = improvement). There was statistically significant improvement (decrease) in the Q1-Q2 2010 rate when compared to the 2009 rate. The Q1-Q2 2010 rate exceeded the 5% improvement goal.

The complete summary of the Upper Respiratory Infection CPG and recommendations are posted on the Molina website at **http://www.molinahealthcare.com/medicaid/providers/ca/resource/Pages/guide_clinical.aspx**

Interpreter Services

California law requires that health plans and insurers offer interpreter services to both limited English proficient (LEP) members and health care providers. Molina Healthcare offers interpreter services to you and your Molina patients at no cost.

The provision of high quality interpreter services can greatly improve the communication and care provided to patients with limited English proficiency. While it may take a few extra minutes to arrange for an interpreter, it is a better alternative than delayed care, lawsuits resulting from misdiagnosis, etc. that can occur in a setting with language barriers.

How do I request interpreter services?

For telephonic interpreter services, please contact Molina's Member Services Department at 888-665-4621. Patients who are deaf or hard of hearing, may call Molina's Member Services Department's TDD/ TTY line directly at 800-479-3310. To reach patients who are deaf, hard of hearing, or have a speech impairment you may dial 711 to use the California Relay Service. You will give the Relay Operator/Communication Assistant the patient's area code and phone number and they will connect and communicate via the patient's preferred type of communication (TTY, VCO, Internet, ASCII, etc.).

For face to face interpreter services (including sign language) please fill out a Service Request Form and fax it to Molina's Prior Authorization Department at 800-811-4804. Once Molina approves the Service Request Form, your office can contact a Molina approved vendor directly to schedule an interpreter for a medical appointment. For forms and additional information on face to face interpreter services, please visit Molina's website at:

http://www.molinahealthcare.com/medicaid/providers/ca/forms/fuf.html

How much lead time is necessary?

We recommend that provider offices give at least 5-7 business days notice for the vendor to identify an interpreter for the appointment. While Spanish interpreters are in plentiful supply, other languages, such as Farsi and Arabic, can be difficult to find on short notice. Sign language interpreters are also in high demand and require as much advance notice as possible. While Molina cannot guarantee the availability of an interpreter at all times, we will provide assistance to you if you encounter problems scheduling these services. Please contact our Member Services Department at 888-665-4621 should you need assistance.

Tips for documenting interpreter services for LEP patients:

- It is preferable to use professionally trained interpreters and to document the use of the interpreter in the patient's medical record.
- If the patient was offered an interpreter and refused the service, it is important to note that refusal in the medical record for that visit.
- Although using a family member or friend to interpret should be discouraged, if the patient insists on using a child, family member or friend, it is extremely important to document this in the medical record, especially if the chosen interpreter is a minor.

If you would like additional information about Molina's interpreter services, please contact Molina's Cultural and Linguistic Specialist at (562) 499-6191 ext. 127421.

Timely Postpartum Check-ups

A timely "postpartum" visit is a clinical measure that is tracked annually by Molina Healthcare to validate quality of care for our members. We use *The National Committee for Quality Assurance* (NCQA) HEDIS® benchmark for tracking and reporting our postpartum rates. Our goal is to be at the 90th percentile nationally for timely postpartum care. The NCQA 90th percentile is currently 70%.

The measurement states that members should receive a **postpartum checkup within 21-56 days post delivery.** Our rates for 2009 HEDIS reporting were as follows:

- Riverside/San Bernardino Counties (48%)
- Sacramento County (51.9%)
- San Diego County (62.5%)

These rates fall well below the minimum performance level per **HEDIS** standards. Postpartum check-up rates appear to be even more problematic when members deliver via C-section. Molina's internal data indicates many members who deliver via C-section are seen 2 weeks postpartum for an incision check and are not seen for the postpartum check-up within the **required 21-56 days.**

We are concerned that members may feel that the 2 week incision check constitutes a postpartum check-up and are not being scheduled for the postpartum visit at **21-56 days** or are a no show for a scheduled appointment. **Molina Healthcare is requesting your assistance in reinforcing the importance of the postpartum check-up with our members, so that patient education on the following key concepts may be covered:**

Importance of the Postpartum Health Check-up

Key Concept	Rationale
Contraception	Studies indicate that up to 50% of women will have had intercourse by the end of the second month postpartum, often unprotected.
Postpartum Depression	The percentage of women found to experience depression in the immediate postpartum period (0-3 months) is greater with the C-section group.
Gestational Diabetes Follow-up Testing	Gestational Diabetes is a common complication of pregnancy. The American Diabetes Association recommends testing maternal glycemic status at 6 weeks postpartum and educating patients on ways to prevent the onset of diabetes.
Breastfeeding Education/Support	C-section deliveries are twice as likely to have breastfeeding difficulties compared to their counterparts.
Self Care	Studies indicate most women request help in the areas of diet, nutrition and weight loss postpartum.

We recognize there are many potential member related barriers to the completion of the postpartum visit including issues related to transportation, child care, and member attitudes. Most new mothers have a limited understanding of what constitutes postpartum health and the impact on their lives and their families. The best scenario is for clinicians and their staff to initiate the discussion about postpartum health during the antenatal period and to schedule the postpartum visit within the required 21-56 days after delivery.

Molina Healthcare may be able to provide assistance that will allow members to overcome potential barriers to timely postpartum care. Molina Healthcare's **motherhood matters pregnancy program** provides anticipatory guidance to our members during the prenatal period. During the third trimester, members are reminded to schedule the postpartum check-up appointment within 3-8 weeks postpartum. They are also provided an incentive for completing the postpartum visit within the required time period. Please encourage your pregnant Molina members to participate in this program.

Please continue to notify us of our pregnant members to allow us to provide them with the education and services available with the **motherhood matters pregnancy program.** Members can self-refer to the program by calling **1-877-665-4628** or you can refer a member by faxing us the Pregnancy Notification Report Form.

NEW Clinical Practice Guidelines Coming in 2011…

- **Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) - NHLBI**
- **Lipid Screening and Cardiovascular Health in Childhood – American Academy of Pediatrics**

The guidelines will be adopted at the December 2010 Clinical Quality Management meeting, and will be posted on the Molina Healthcare of California provider website. A *Just the Fax* will be sent once the guidelines are available.

CHOLESTEROL Clinical Practice Guideline Study

Statewide HEDIS RY 2009 and RY 2010 results for Cholesterol Screening and LDL Control were well below the NCQA 75th percentile benchmarks. There are opportunities for improvement in these rates.

HEDIS Cholesterol Screening and LDL Control - Statewide			NCQA 2010 Benchmarks	
Measure	**RY 2009**	**RY 2010**	**NCQA 75th**	**NCQA 50th**
Diabetes LDL Screening	72.40%	76.51%	78%	73%
Diabetes LDL < 100	32.45%	32.53%	N/A	N/A
Cholesterol Management CVD Screening	76.32%	75.50%	82%	78%
Cholesterol Management CVD LDL < 100	37.72%	34.43%	N/A	N/A

Molina Healthcare of California conducts **clinical studies** to measure performance against selected clinical practice guidelines. The goals of the studies include improving quality of health care for our members and providing physician education. Beginning with Quarter 1, 2011 a Cholesterol Lowering Clinical Practice Study will be conducted quarterly to measure cholesterol lowering medication treatment for members who have an LDL lab result > 100mg/dL during the quarter. Study interventions will include sending letters to practitioners identifying their members who may need additional follow-up. Cholesterol educational postcards will be mailed to the members at the same time. Study results will be published annually in future editions of this newsletter.

Who should take aspirin to prevent cardiovascular disease?

The US Preventive Services Task Force (USPSTF) recommends the use of aspirin for the primary prevention of cardiovascular disease (CVD) when a *net* benefit is present. A *net* benefit means that the potential benefit from taking aspirin outweighs the harms, mainly gastrointestinal (GI) bleeding. Specifically,

- Aspirin is recommended for *men* age 45–79 to reduce risk of myocardial infarction (MI) when a *net* benefit is present.
- Aspirin is recommended for *women* age 55–79 to reduce risk of ischemic stroke when a *net* benefit is present.

The USPSTF recommends AGAINST the use of aspirin for the primary prevention of MI in men less than age 45 or stroke in women less than age 55. The USPSTF found the evidence insufficient to recommend for or against the use of aspirin for MI or stroke reduction in men and women age 80 and older.

Aspirin provides differential benefits for men as compared to women. Primary prevention studies of aspirin have found the following:

Aspirin use in men	Aspirin use in women
32% relative risk reduction for MI	17% relative risk reduction for strokes
No effect on stroke or all-cause mortality	No effect on MI or all-cause mortality

How do I determine benefit?

An individual's potential clinical benefit from aspirin depends on his or her baseline risk.

MI Risk Factors for *Men*

- Age
- Diabetes
- Total cholesterol level
- HDL cholesterol level
- High blood pressure
- Smoking

Stroke Risk Factors for Women

- Age
- Atrial fibrillation
- Coronary heart disease
- Left ventricular hypertrophy
- High blood pressure
- Smoking
- Diabetes

How do I determine harms?

Harms from aspirin include the risks of serious upper GI bleeding and hemorrhagic stroke. An individual's risk for GI bleeding from aspirin increases with age.

The concomitant use of NSAIDS with aspirin increases the risk of serious GI complications by a factor of 3–4. Prior GI ulcer, GI bleeding, or GI pain also increases risk by a factor of 2–3. Aspirin increases the risk of hemorrhagic stroke in men by a factor of 1.7 but does not appear to increase this risk in women. This risk does not increase with age.

How do I determine net benefit?

Net benefit is assessed by weighing the potential clinical benefit against the potential harms.

What aspirin dose should be recommended?

While the optimum dose and timing is not yet known, a variety of regimens are effective. Readily available formulations include one baby aspirin (81 mg) every day OR one regular aspirin (325 mg) every other day. Taking a higher dose is no more effective and is associated with a higher risk of bleeding.

Source: U.S. Preventive Services Task Force. Aspirin for the Prevention of Cardiovascular Disease: Recommendation Statement. *AHRQ Publication No. 09-05129-EF-2, March 2009. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/uspstf09/aspirincvd/aspcvdrs.htm*

2009 Molina Medical Record Review Annual Report

In 2002 the California Department of Health Care Services (DHCS) mandated that Medi-Cal HMO contracted PCPs participate in a facility site review and a medical record review every three years. In 2009, MHC Facility Site Review Registered Nurses reviewed 2,683 medical records including initial reviews, follow-ups and focused chart reviews. The report shows medical record keeping practices scores and improvement from 2008 to 2009, barriers identified, opportunities, interventions and priorities for 2011. The data are based on average scores for the records reviewed.

MRR Category	2009 Average Score	2008 Average Score	Threshold
Format	97.34%	96.08%	90%
Documentation	93.39%	88.42%	90%
Coordination/Continuity	96.96%	91.83%	90%
Pediatric Preventive	93.09%	87.24%	90%
Adult Preventive	85.12%	81.82%	90%

90%-100% - no CAP　　80%-89% -address CAP and all deficiencies　　79% and below – non-compliant

Despite increases in scores, there remain improvement opportunities.

Barrier	Opportunity	Intervention
• Practitioners/ office staff not aware of DHCS' documentation standards.	• Identify offices that are new to the MediCal product and educate about documentation standards	• Provide record review standards and tools prior to the audit to new providers. • Prior to recredentialing, send a letter informing the office of the audit date and provide the MHC website link that contains all audit requirement and tools. • Offer telephone consultation for additional explanation of the audit tools prior to the audit and after their review. • Emphasize requirements during the new PCP orientation given by the Provider Services representative within 10 days of the contract signing and credentialing completion.
• Practitioner/office staff inconsistency and practice pattern variation in documentation.	• PCPs and office staff need education in DHCS' methods versus those they may have used in different practice settings.	• Provide template and sample forms, paper and on-line, to assist with standardization of information entered into the record.
• Reluctance to adopt and apply the medical record standards	• Consider alternate education methods other than the audit tool	• Link office with DHCS website or MHC website to visualize explanation of requirements.
• Lack of communication between the health plans and PCPs, further leading to PCP's lack of awareness of the requirements.	• Maintain and enhance practitioner-specific outreach such as *Just The Fax* about MRR guidelines and resources to minimize practice pattern variations.	• Medical record review documents were placed on the MHC website to allow ease of access, to increase awareness and to disseminate most current guidelines and advisories to the target practitioners. • Created a checklist of documents to distribute to the office staff after the review. The office staff signs the checklist to acknowledge they received the documents and that they understand how to use them. • Created a post-it note with a list of missing information to place on the chart so the PCP can ask for the information during the next member visit.
• Capturing relevant history of members	• Member Services to reinforce to members the importance of completing the IHA during their first visit with a new PCP.	• Inform member during new member call about the incentive if they complete their IHA visit and return the card signed by the PCP to Molina.

Medical Record Review Priorities for 2011

2012 is the first year in a three-year recredentialing re-cycle. There will be a large volume of PCP offices to audit. Our plan is to start intensive education of the offices about the new website and document enhancements at least by the end of Q 3 2011. All 2011 audits need to be completed by October 1, 2011 to allow time to plan and schedule the 2012 audits.

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