



New DHCS Requirement for Medi-Cal Managed Care:

Facility Site Review Attachment C (Physical Accessibility Review Survey)

The Department of Health Care Services (DHCS) has a new requirement for assessing the level of physical accessibility of all primary care physician (PCP), specialists and ancillary service providers' offices/sites that serve high volume of Seniors and Persons with Disabilities (SPDs). The purpose of this assessment requirement is to provide information about physical accessibility at provider sites to SPD members as they continue to transition into Medi-Cal Managed Care health plans.

The Facility Site Review (FSR) includes the addition of Attachment C: Physical Accessibility Review Survey (PARS). Unlike the customary FSR and Medical Record Review (MRR) evaluation, the FSR Attachment C: PARS is informational only and will not require a corrective action plan (CAP).

Site Review Nurses from Molina Healthcare of California (MHC) and collaborative health plans will gather the SPD accessibility information of the provider sites by applying the FSR Attachment C: PARS during the providers' scheduled FSR visits. The results of the FSR Attachment C will be used to inform the SPD members on the level of physical accessibility of the provider offices/sites. As defined in the FSR Attachment C and its assessment tool, the information will identify whether the provider office/site has:

- Basic Access or Limited Access
- Medical Equipment Access

In addition to the above accessibility identifiers, standardized Accessibility Indicator symbols will be used to further identify the areas of accessibility at a provider office/site:

- P = Parking
- EB = Exterior Building
- IB = Interior Building
- R = Restroom
- E = Exam Room
- T = Exam Table/Scale

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In addition to the standardized Accessibility Indicator symbols listed above, MHC will use the following Accessibility Indicators in its hardcopy and on-line provider directories to further identify accessibility at provider sites to SPD members:

- W = Waiting Room
- S=Wheelchair Weight Scale

Please visit our website to review the complete FSR Attachment C: PARS (www.molinahealthcare.com → Providers → California → Manual → Facility Site Review Resources). If you have additional questions about FSR Attachment C, please contact the Quality Improvement Department at 1-800-526-8196 extension 126137.

Asthma Update

HEDIS Appropriate Medication for People with Asthma Rates

	Riverside/ San Bernardino		Sacramento		San Diego		Healthy Families Statewide		NCQA 75th Medicaid Percentile
Reporting Year	2010	2011	2010	2011	2010	2011	2010	2011	2010-2011
Combined Ages 5-50	79.49%	79.44%	80.16%	83.55%	80.26%	78.57%	85.53%	87.63%	90.0%

All rates fell far below the NCQA 75th Medicaid Percentile of 90.0%

Asthma Clinical Study

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

GOAL: Increase by 2% per measurement period the appropriate medication prescribing, using inhaled steroids when indicated, for the treatment of Mild-Persistent or worse Asthma for members ages 5-50.

	Medi-Cal Statewide			Healthy Families Statewide		
Year	CY 2010 Baseline	Q1-Q2 2011	2% Improvement Goal Q1-Q2 2011	CY 2010 Baseline	Q1-Q2 2011	2% Improvement Goal Q1-Q2 2011
Result	78.2%	93.8%	81.2% MET	71.6%	93.9%	80.9% MET

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.



Cholesterol Update

HEDIS Cholesterol Management

For Patients with Diabetes (CDC) and Cardiovascular Conditions (CMC)

Medi-Cal HEDIS LDL-C Control	Riverside/ San Bernardino		Sacramento		San Diego		NCQA 75 th Medicaid Percentile
	2010	2011	2010	2011	2010	2011	
Reporting Year							2011
LDL-C Screening Comprehensive Diabetes (CDC)	78.08%	75.63%	74.05%	69.48%	77.34%	76.91%	78.00%
LDL-C < 100mg/dL Comprehensive Diabetes (CDC)	29.56%	28.70%	33.84%	36.15%	34.24%	35.65%	40.9%
LDL-C Screening Cardiovascular Conditions (CMC)	71.43%	73.42%	64.71%	77.27%	82.81%	85.33%	82.00%
LDL-C < 100mg/dL Cardiovascular Conditions (CMC)	24.29%	34.18%	52.94%	54.55%	40.63%	38.67%	50.0%

Medi-Cal HEDIS: With the exception of San Diego LDL-C Screening Cardiovascular Conditions (CMC), all RY 2011 Medi-Cal rates failed to meet the NCQA 75th percentile benchmarks.

Medicare HEDIS LDL-C Control	2010 Results Statewide	2011 Results Statewide	2011 NCQA 75 th Medicare Percentile
LDL-C Screening Comprehensive Diabetes (CDC)	72.9%	72.3%	90.0%
LDL-C < 100mg/dL Comprehensive Diabetes (CDC)	30.4%	31.3%	58.5%
LDL-C Screening Cardiovascular Conditions (CMC)	69.2%	86.5%	92.0%
LDL-C < 100mg/dL Cardiovascular Conditions (CMC)	34.6%	27.0%	65.8%

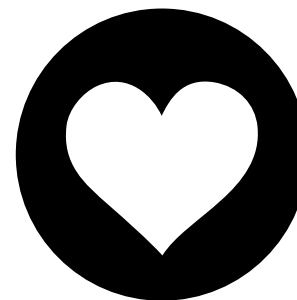
Medicare HEDIS: The RY 2011 Medicare rates failed to meet the NCQA 75th percentile benchmarks.

Cholesterol Management Clinical Study

LDL-C Level ≥ 100mg/dL and Prescription Fill for Cholesterol Lowering Medication

GOAL: Increase by 2% per measurement period the use of cholesterol lowering medication by members having Diabetes or Cardiovascular Disease who had an LDL-C levels ≥ 100mg/dL.

Cholesterol Management Clinical Study All Counties Combined			
	Q3-Q4 2010 Baseline	Q1-Q2 2011	2% Improvement (increase) Goal Q1-Q2 2011
Medi-Cal	35.0%	61.9%	35.7% MET
Medicare	7.1%	21.7%	7.3% MET
ABD/SPD	52.2%	60.6%	53.3% MET



CPG Study Results: The Q1-Q2 2011 rates met the 2% improvement goals. Although improvement was noted for all product lines, only Medi-Cal showed statistically significant improvement for Q1-Q2 2010 (z= +5.56269).

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

Hypertension Clinical Study Update

The primary goal of Improving Hypertension Control, Quality Improvement Project (QIP), is to increase the percentages of controlled blood pressures among Molina members with hypertension diagnosis. In accordance to Healthcare Effectiveness Data and Information Set (HEDIS) specifications, adequately controlled blood pressure is defined by having both Systolic Blood Pressure (SBP) of less than 140 mm Hg and Diastolic Blood Pressure (DBP) of less than 90 mm Hg. The outcome measure of this QIP is the Controlling High Blood Pressure rates of the HEDIS measures. One of the key interventions to assist the practitioners and providers in improving hypertension control is by providing a list of their hypertensive patients' antihypertensive medication status for appropriate and effective pharmacological treatment. Below tables summarize the study's outcome performance and its process improvement evaluation.

HEDIS rates: Controlling High Blood Pressure (SBP of <140 mm Hg and DBP of < 90 mm Hg)

	2011	2010	2009	NCQA Medicaid Bench Mark (75th Percentile)
Riverside/San Bernardino	42.62%	59.63%	55.69%	60.0%
Sacramento	50.82%	56.61%	54.99%	60.0%
San Diego	58.28%	66.36%	64.50%	60.0%

Molina's HEDIS goal is to achieve 75th percentile of the NCQA Benchmark, which is established based on national HEDIS rates.

- Molina's three-year HEDIS trend of the Controlling High Blood Pressure measure demonstrates steady decline and deviation from the goal.
- These results further implicate the need to improve hypertension control in all counties.

Quarterly percentages of hypertensive members who *did not fill* any type of antihypertensive class medication and statistical significance between the quarterly rates.

Analysis Period	Riverside/San Bernardino	Sacramento	San Diego	Medicare Options/Plus
Q1, 2010	19.17% (Sig. Decrease)	13.33% (Sig. Decrease)	17.04% (Sig. Decrease)	17.53% (Sig. Increase)
Q2, 2010	22.88% (Sig. Increase)	20.75% (Sig. Increase)	20.10% (Sig. Increase)	20.82% (No Significance)
Q3, 2010	25.06% (No Significance)	23.09% (No Significance)	21.72% (No Significance)	18.53% (No Significance)
Q4, 2010	26.78% (No Significance)	26.03% (No Significance)	25.32% (Sig. Increase)	22.57% (No Significance)

Molina's Hypertension Clinical Practice Guideline is based on JNC 7. JNC7 provides an evidence-based approach to hypertension prevention and management. Its key messages are:

- Help patients achieve a blood pressure (BP) of less than 140/90mm Hg. For most patients, two or more antihypertensive medications will be required to achieve this blood pressure.
- For uncomplicated hypertension, thiazide-type diuretics should be used as a part of a pharmacological regimen, either alone or combined with drugs from other classes (in patients with no contraindication due to co-morbidity, potential drug interactions or allergy/intolerance to thiazide-type diuretics).
- For patients whose BP is more than 20 mm Hg above the systolic blood pressure (SBP) goal or more than 10 mm Hg above the diastolic blood pressure (DBP) goal, initiate therapy using two agents, one of which usually should be a thiazide-type diuretic.

Category	SBP mm Hg		DBP mm Hg
Normal	less than 120	And	less than 80
Prehypertension	120 –139	Or	80 –89
Stage 1 Hypertension	140 –159	Or	90 –99
Stage 2 Hypertension	≥ 160	Or	≥ 100

JNC7 Classification of Blood Pressure
 Source: A Joint Project of the National High Blood Pressure Education Program and Antihypertensive and Lipid-Lowering Treatment to Preventive Heart Attach Trial (ALLHAT) Collaborative Research Group



New Regulation for Physician Assistants

Section 1399.547, Title 16 of the California Code of Regulations, requires that physician assistants (PA) inform patients that they are licensed and regulated by the Physician Assistant Committee. This new regulation is effective August 11, 2011. The notification and regulation may be downloaded from the Committee’s website at www.pac.ca.gov

Senior Assessment Checklist

Molina Healthcare of California (MHC) Quality Improvement Department developed a checklist to assist practitioners in providing a comprehensive health assessment for Molina senior members. The list consists of preventive health measures which are vital to improving health, independence and quality of life for seniors age 65 and older. MHC encourages practitioners to use the checklist for their Molina senior members.

Name: _____

MR#: _____

DOB/Age: _____/_____

Member ID: _____

The following is a list of critical preventive health measures to be reviewed, completed and documented by provider annually unless specified

A. Functional Status Assessment Functional independence, ADL (e.g. walk, bathe, dress, level of assistance needed to accomplish daily activities)	Date Completed:
B. Physical Activity and Exercise Discussion of starting, maintaining or increasing physical activity	Date Completed:
C. Diet/Nutrition Dietary assessment, nutritional counseling and education	Date Completed:
D. Adult BMI Assessment /Height/Weight Documentation of body mass index, counseling and behavioral interventions to promote weight loss for obese adults	Date Completed:
E. Depression Screening Notation for signs of depression (e.g. feeling down, blue, little interest or pleasure in doing things, loss of appetite)	Date Completed:
F. Pain Screening (persistent pain not associated with acute event) Notation of the presence or absence of pain, plan for treatment of pain and plan for reassessment of pain	Date Completed:
G. Fall Prevention and Risk Assessment Discussion of problem with falling, walking or balancing requiring medical attention	Date Completed:
H. Vision Glaucoma eye exam DRE (if applicable)	Date: Date:
I. Immunizations Flu Vaccine (every year) Pneumonia Vaccine (1 dose and one-time revaccination per CDC guideline)	Date: Date:
J. Bladder Control Notation of discussion about urine leakage problem or incontinence	Date Completed:
K. Medication Review Documentation of medication lists and when performed	Dates:

Molina Healthcare of California's (MHC) Quality Improvement Program Outcomes

The 2010-2011 MHC Quality Improvement Program activities focused on critical areas for improving the service to and health status of our membership based on ongoing measurement and analysis of our programs.

Important measurements of these programs and our ongoing QI activities are observed through improvements in member health, as demonstrated in our annual HEDIS rates between 2010 and 2011:

MEDI-CAL	
What Improved in HEDIS 2011	What Needs to Improve
<p><u>All Counties</u></p> <ul style="list-style-type: none"> Treatment of Upper Respiratory Infection Adolescent Immunizations <p><u>Riverside/San Bernardino</u></p> <ul style="list-style-type: none"> LDL-C < 100mg/dL persons with Heart Disease <p><u>Sacramento</u></p> <ul style="list-style-type: none"> Breast Cancer Screening HbA1C Testing for Diabetics LDL-C < 100mg/dL for Diabetics <p><u>San Diego</u></p> <ul style="list-style-type: none"> Cervical Cancer Screening LDL-C < 100mg/dL for Diabetics Dilated Retinal Eye Exams for Diabetics (DRE) 	<p><u>All Counties</u></p> <ul style="list-style-type: none"> Timeliness of Prenatal Care Postpartum Visits Medications for Asthma Controlling High Blood Pressure Childhood Immunizations HbA1c Control Well Child and Adolescent Care Chlamydia Screening in Women

Many Medi-Cal HEDIS measures failed our goal of exceeding the NCQA 75th percentile benchmarks

MEDICARE – ALL COUNTIES COMBINED	
What Improved in HEDIS 2011	What Needs to Improve
<ul style="list-style-type: none"> Adult BMI Colorectal Cancer Screening Glaucoma Screening in Older Adults Controlling High Blood Pressure HbA1C Testing for Diabetics HbA1c Control for Diabetics Dilated Retinal Eye Exams for Diabetics (DRE) LDL-C < 100mg/dL for Diabetics LDL-C Screening for Persons with Heart Disease 	<ul style="list-style-type: none"> Breast Cancer Screening Care for Older Adults LDL-C Screening for Diabetics LDL-C < 100mg/dL Persons with Heart Disease

Our Medicare HEDIS rates resulted in a Centers for Medicare & Medicaid Services (CMS) Star Quality Rating of 2.5, far below our goal of 4 Stars.

To improve our HEDIS® rates by meeting or exceeding the NCQA national 75th percentile performance benchmark and achieving a CMS Four Star Quality Rating, we have implemented these interventions and initiatives:

- Welcome calls to new members to encourage Initial Health Assessments
- Practitioner, Member and Disease Management Newsletters with information about health promotion
- Asthma, COPD, Heart Disease, and Diabetes Disease Management Programs
- Motherhood Matters Pregnancy Program to encourage prenatal and postpartum care
- Missed Services Reports sent three times a year to providers and IPAs
- Member incentives for Mammograms, Adolescent Well Visits, and Diabetic Retinal Exams
- Communication with PCPs about the results of Focused Studies for Asthma, Diabetes, Hypertension and Cholesterol:
 - quarterly notification to members' physicians about any need for increased management
 - a post-card reminder to call for an appointment with their PCP is also sent to the member at the time the letter is sent to their physician.



2011 Medicare HEDIS Initiative

To further increase the provision of preventive health services for our Molina Medicare members and improve our 2012 HEDIS and CMS Star Quality Rating scores, we must make use of the small window of opportunity available to us until December 31, 2011. This includes proactively identifying the Molina Medicare members who need specific services during the measurement year and have not yet received them.

Beginning November 1st, MHC began a year-end incentive program for office managers/staff in an effort to reach these eligible Molina Medicare members and make arrangements to get the needed preventive care by December 31, 2011. To assist staff in identifying eligible members and for further arrangements and follow-up, offices have been sent a Molina Medicare Program Missed Services Report that lists all eligible members and the services required as of October 2011. For members identified in the missed service report, office managers shall receive a direct incentive for submitting documentation of the completion of any of the four program components:

- Measure 1: Diabetic Retinal Exams
- Measure 2: Glaucoma Testing
- Measure 3: Mammography
- Measure 4: Colorectal Screening –fecal occult blood test (FOBT) regardless of type annually, or flexible sigmoidoscopy within 5 years, or colonoscopy within 10 years

To improve our Medicare HEDIS® rates and achieve a CMS Four Star Quality Rating, we have implemented these additional Medicare specific interventions and initiatives:

- Member outreach calls to Medicare members identified on the Missed Services Report to stress the importance of the needed screening and to see their doctor. The Outreach Unit will assist with scheduling an appointment and transportation, if needed.
- Flyers mailed throughout the year encouraging members to make an appointment with their doctor for preventive health screenings, including Colorectal, Glaucoma, Diabetes, Cholesterol, Osteoporosis, Well Care and Blood Pressure screenings.
- Member outreach calls made to members 1-2 weeks after the flyer has been sent to stress the importance of the needed screening and to see their doctor.

Disease Management Programs Available to MHC Medical and Medicare Members

- The diabetes program “**Healthy Living with Diabetessm**” focuses on increasing practitioners and member knowledge of the diabetes care standards and awareness about self-management of diabetes.
- The “**Heart-Healthy Livingsm**” Cardiovascular program is designed to educate members how to manage their coronary artery disease, hypertension or congestive heart failure.
- The “**Motherhood Matterssm**” program can assist to support and educate members about the importance of receiving timely prenatal and postpartum visits and to provide special care to those with high risk pregnancy.

2011 CAHPS®

Annually we measure member satisfaction using the CAHPS® survey (Consumer Assessment of Healthcare Providers and Systems). The survey measures key satisfaction drivers through the continuum of care, including health plan performance and the members’ experiences in the physician office.

Where We Improved in CAHPS® 2011
<ul style="list-style-type: none"> • Written materials or Internet provided needed information • Your doctor asked which treatment choice was best for you • Customer service staff gave information and help as needed • Pharmacy related issues were resolved in a timely manner
What Needs to Improve
<ul style="list-style-type: none"> • Your personal doctor listened carefully • Making it easier to get regular appointments as soon as needed • Help ensure that healthcare providers spend enough time with you • Making it easier for you to see a specialist

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2012 CAHPS[®] Priorities

- Continue provider cultural training and education about the most efficient way to use the multi-language translation and sign language translation services.
- Implement provider sensitivity training for the care and service to the special needs population.
- Continue to develop member educational materials in how to make the most of their visit with their PCP, to try to keep appointments and not walk-in expecting to see the physician immediately.

We have many ongoing initiatives to address areas where response rates indicate our members are not satisfied, based on comparison of our annual CAHPS[®] results with benchmarks and threshold. Examples of some of our activities to improve scores include:

- Increased the communication and transfer of data between the utilization management, disease management, complex case management and case management programs to better coordinated care with the member, physician and Molina.
- Monitored our Drug Formulary and compared it with formularies of other plans to identify enhancements and/or additions, while promoting the best clinical practice.
- Increased the multi-language capabilities of our after-hours Nurse Advice Line and Customer Service staffs to improve communication about health care and service issues and needs.
- Increased communications through Community Outreach, provider outreach, provider office management meetings and support.

Practitioner Satisfaction Survey

Annually we measure practitioner satisfaction using the Practitioner Satisfaction Survey. MHC has shown improvement in the following areas: customer services/provider services; utilization management; health management; claims; and all components of overall satisfaction. Strengths include: the health plan's facilitation/support of the appropriate clinical care for patients; ease of using formulary; variety of drugs available in formulary; alternative care and community resource options offered by the Case/Care Manager to patients.

2012 Practitioner Satisfaction Priorities

- Continue to develop and implement interventions and initiatives to improve provider satisfaction and correlate to interventions and initiatives to improve member satisfaction levels.
- Meet service needs of SPD and Medicare membership.

Molina Healthcare of California values the care, education and advice you provide to our members. Our Quality Improvement Program and local activities represent a coordinated effort between you and Molina to improve overall healthcare. We look forward to collaborating with you. Together, we can make a difference in the lives of our members.

If you would like more information or have suggestions for our Quality Improvement Program, CAHPS[®], or HEDIS[®] please call 1-800-526-8196, Ext. 126137. For the breathe with easesm pediatric and adult Asthma Disease Management Program or Healthy Living with Diabetessm, our adult diabetes disease management program, call Health Education at 1-800-526-8196, Ext. 127532. For more information or to refer a patient to motherhood matterssm, our Perinatal education program, call 1-877-665-4628.





Do you use an Electronic Medical Record system in your office?

We are conducting this survey to determine how many of our contracted providers use an Electronic Medical Record (EMR) system as part of our preparation for the annual HEDIS data collection. We sent a survey via our Just the Fax but did not receive responses from the total network. If you previously completed the survey and sent it to us, please do not complete it again. If you did not complete the survey or if you do not have an EMR, please complete this form and fax it to **MHC HEDIS at 562-499-0700 at your earliest convenience. If you have questions, please call the Quality Improvement Information Line at 1-800-526-8196, ext. 126137.**

MD or Clinic Name: _____

Address: _____

Phone #: _____

Fax#: _____

Email address: _____

Name of Contact Person: _____

Do you use an EMR system? Y/N _____ If No, stop survey and return the form to MHC.

If yes, Name of EMR System: _____

Can you (check all that apply):

- Print EMR page or pages Y/N _____
- Fax or email data page(s) Y/N _____
- Download specific fields into an excel spread sheet Y/N _____
- Other delivery method for extracted data _____



200 Oceangate, Suite 100
Long Beach, CA 90802

6160CA1111

