Fall 2016 Provider Newsletter

Molina Healthcare's 2016 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 2016, Molina Healthcare showed improvement in rating of the health plan and rating of the personal doctor. We also improved in rating of the overall health care. We still need to improve on the getting needed care and getting care quickly composites.

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Medicare: In 2016, Molina Healthcare improved in providing information from the drug plan to members and in the administration of the flu vaccine. Greater promotion of the pneumonia vaccine is one area needing improvement. Another area of improvement is coordinating care for the member.

Marketplace: In 2016, Molina Healthcare was rated well with providing access to information, including plan cost and other needed information, and rating of health plan. We still need to improve on advising smokers to quit smoking and discussing cessation medications, coordination of care, and rating of specialist.

Another tool used to improve member care is the Healthcare Effectiveness Data Information Set or HEDIS®. HEDIS® scores allow Molina Healthcare 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 2016, Molina Healthcare improved on the HEDIS® measures related to well child visits for 3 to 6 year olds, breast cancer screenings and testing and monitoring patients for nephropathy. We need to improve on making sure our members receive their cervical cancer screening and timely prenatal care.

Medicare: In 2016, Molina Healthcare improved on the HEDIS® measures related to care for older adults (medication review, functional status assessment, and pain assessment). We also improved our performance on the osteoporosis management of women who have had a fracture but additional improvement is needed to reach our goal. We also need to improve breast cancer screening and work with members to maintain and control their blood pressure. In addition, we need to ensure that members who are hospitalized for mental illness receive timely and appropriate follow-up visits with a mental health practitioner.

Marketplace: In 2016, Molina Healthcare met the 75th percentile for diabetes HbA1c testing, nephropathy screening for people with diabetes, antidepressant medication management who continued their antidepressant medication for 6 months, and postpartum care. Measures that did not meet the 75th percentile and have opportunity for improvement include weight management and counseling for nutrition and physical activity, controlling high blood pressure, diabetic eye exams, persistent medication management for members on ACE/ARB and diuretics, and timeliness of prenatal care.

You can look at the progress related to the goals that Molina Healthcare 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 QI Program and print a copy if you would like one. Please visit the provider page on Molina's website at **www.MolinaHealthcare.com.**

2016 Flu Season

The Advisory Committee on Immunization Practices (ACIP) continues to recommend annual influenza vaccinations for everyone who is at least 6 months of age and older. It's especially important that certain people get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications.

Important Updates:
- Do not use the Live Attenuated Influenza Vaccine (LAIV) during the 2016-2017 flu season.
- Remove the FluMist from the vaccines for the Children Program.
- Providers should consider observing all patients for 15 minutes after vaccination.
- Patients with a history of severe allergic reaction to egg should receive their vaccine in an inpatient or outpatient medical setting, under the supervision of a health care provider.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2016 flu season, please visit the Centers for Disease Control and Prevention at http://www.cdc.gov/flu/professionals/vaccination/.

Provider Web Portal

Visit the Provider Web Portal today and avoid unnecessary calls to Member Services. You can obtain information related to claims, eligibility verification, benefits clarification, and much more.

Telephonic Interpreter Services

A major goal of cultural competence is making sure our Members understand the health care and education you provide. Telephonic interpreter services are available to all Molina Members needing language assistance. Member health outcomes can improve by increasing the member's ability to fully understand his or her care. If you need to refer a Member to see a specialist, please locate a specialist who speaks the same language as the Member, when possible. During an office visit, a Member or provider can call Molina Member Services and request a telephonic interpreter. The Member Services number is on the back of the Member's ID card. The office should place the call on "speaker" so that the interpreter can hear and communicate with the Member and provider.

Leapfrog Hospital Safety Data

A patient safety program helps to reduce accidental injury or medical errors to patients while in the hospital. Leapfrog is the name of a patient safety program. All network hospitals are part of the Leapfrog program. The Leapfrog process gives hospitals **one to four stars. One star** is for submitting data. **Two stars** are for making progress toward meeting patient safety standards. **Three stars** are for making the most progress meeting patient safety standards. **Four stars** are for meeting all patient safety standards.

Molina would like to congratulate the following hospitals on meeting Leapfrog hospital safety standards:

- Alta View Hospital
- American Fork Hospital
- Ashley Regional Medical Center
- Brigham City Community Hospital
- Cache Valley Hospital
- Castleview Hospital
- Davis Hospital
- Intermountain Medical Center
- Jordan Valley Medical Center
- Jordan Valley Medical Center, West Valley Campus
- Lakeview Hospital
- LDS Hospital
- Lone Peak Hospital
- McKay Dee Hospital
- Mountain View Hospital
- Ogden Regional Medical Center
- Riverton Hospital
- Salt Lake Regional Medical Center
- St. Marks Hospital
- Timpanogos Regional Hospital
- Utah Valley Regional

All hospitals met the Leapfrog standard for managing serious errors. All facilities are doing well with managing normal deliveries and reducing hospital acquired injuries.

For more information, see http://www.leapfroggroup.org/cp.

Updating Provider Information

It is important for Molina Healthcare of Utah (Molina Healthcare) to keep our provider network information up to date. Up to date provider information allows Molina Healthcare to accurately generate provider directories, process claims and communicate with our network of providers. Providers must notify Molina Healthcare in writing at least 30 days in advance when possible of changes, such as:

- Change in practice ownership or Federal Tax ID number
- Practice name change
- A change in practice address, phone or fax numbers
- Change in practice office hours
- New office site location
- Primary Care Providers Only: If your practice is open or closed to new patients
- When a provider joins or leaves the practice

Changes should be submitted on the Provider Form located on the Molina Healthcare website at http://www.molinahealthcare.com/providers/ut/ under the Provider Forms section.

Send changes to:
Email: MHUProviderServicesRequests@MolinaHealthCare.Com
Fax: (855) 849-1103
Mail: Molina Healthcare of Utah
7050 Union Park Blvd, Suite 200
Midvale, UT 84047
ATTN: Provider Services Department

Contact your Provider Services Representative at (888) 483-0760 if you have questions.

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Provider Availability

A Contracted Primary Care Provider must ensure that he/she will be available or accessible, or arrange to have another qualified medical professional available or accessible twenty four (24) hours a day, seven (7) days a week. Provider shall meet the applicable standards for timely access to care and services, taking into account the urgency of the need for the services.

The following are acceptable and unacceptable telephone arrangements for contracted PCPs after their normal business hours:

Acceptable after-hours coverage

The office telephone is answered after-hours by an answering service, which meets language requirements of the major population groups served and which can contact the PCP or another designated medical practitioner.

- The office telephone is answered after normal business hours by a recording in the language of each of the major population groups served, directing the patient to a.) leave a message; b.) call another telephone number to reach the PCP or another provider designated by the PCP.
- Someone must be available to answer the designated provider's telephone.
- The office telephone is transferred to another location where someone will answer and be able to contact the PCP or another designated medical practitioner, who can return the call.

Unacceptable after-hours coverage

- No answering service or the option to leave a message
- Providing the option to leave a message, but not returning the calls within 30 minutes

For more information on after-hours coverage contact Provider Services at (888) 483-0760.

Access to Care

All providers should follow the Access to Care Standards listed below. These standards are based on regulatory and accreditation standards. Molina Healthcare monitors compliance to these standards.

PCP and SCP Appointment Availability Standards:

- **Routine** exams should be provided within 21 days of request.
- **Preventive** health services within 30 days.
- **Urgent** care should be received within 24 hours of the request.
- **Emergency** care should be received immediately.
- **Referrals** to a specialist should be seen within 30 days of a request.

Behavioral Health Provider Appointment Availability Standards:

- **Routine** visits should be provided within 10 days of request.
- **Urgent** care should be received within 48 hours of the request.
- **Care for Non-Life Threatening Emergencies** should occur within 6 hours.

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Secure File Transfer Protocol

Molina Healthcare of Utah (MHU) is now using Secure File Transfer Protocol (SFTP) to receive HEDIS® Supplemental data files from provider groups. The SFTP site allows for secure data transfers between MHU and provider groups. We currently have 4 of our largest provider groups using this technology. With business associate agreements in place, data files can be uploaded or downloaded, preferably on a monthly basis, between MHU and provider groups.

Benefits to using SFTP include:

- Provides data for completed HEDIS® services through regular file transfers.
- Potential to increase payments for the Quality Medicare Pay for Performance (P4P) program.

For more information about using an SFTP site to share your HEDIS® and P4P Data with MHU, please contact Robert Meikel at (888) 562-5442 x 172145.

MEDICARE ONLY:
Important Reminder about Member ID Cards

Most Members have Molina Medicare in addition to Medicaid coverage. For this reason, it's important to always ask the Member to show you both ID Cards at the time of service.

Advantages:

- Shows that the Member is dually eligible
- Identifies who to bill; primary and secondary insurance
- Avoids Member complaints about incorrect member billing, which is prohibited by CMS/Medicare
- Tells you who to contact if prior authorization is required

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