QUALITY BULLETIN

MOLINA HEALTHCARE

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Women and Infant Health: Access to Care, Telehealth, Doulas and Molina Benefits for Pregnant People

Access to Care: According to a 2023 report released by the March of Dimes, access to care, especially in a maternity desert, is among the top concerns for maternal outcomes and healthy babies. In Ohio, 14.5 percent of birthing people received no or inadequate prenatal care, which is slightly lower than the U.S. rate of 14.8 percent.

- Pregnant people, mostly in rural areas and specifically in Appalachian counties, are struggling with access to care, traveling between 16 to 21 miles for obstetric care or to a birth hospital. Traveling longer distances can cause financial strain and increase prenatal stress and anxiety.
- Pregnant Black people have lower rates of prenatal care across the state and may be less likely to receive needed health screenings and appropriate monitoring of the baby's growth. Environmental factors, including crime rates, access to transportation and housing conditions, create barriers to care for the people in rural areas and Ohio's three larger urban centers (Columbus, Cincinnati and Cleveland).

Telehealth: Telehealth prenatal and postpartum care can be a valuable tool for more equitable care and is covered through Ohio Medicaid. Telehealth equips providers with tools to better facilitate care before, during and after pregnancy and has been shown to not only increase access but also improve patient engagement and treatment. Pregnant people who are underserved, vulnerable to poor health outcomes and have limited access to high-risk care can greatly benefit from telehealth.

Telehealth coverage for prenatal and postpartum appointments can replace or enhance in-person care and can improve birth outcomes by providing high-quality care.

Find additional information on Telehealth in our You Matter to Molina Introduction to Telehealth presentation on the You Matter to Molina page of our Provider Website.

Doulas: Another new tool to assist pregnant people is Ohio Medicaid's coverage and reimbursement of Doulas to assist with improved maternal outcomes. Doulas around the state will be certified through the Ohio Board of Nursing and can begin to advocate for more of Ohio's Medicaid population. Doulas may request to join Molina's provider network by completing and submitting the Ohio Provider Contract Request Form found on the Provider Website.

For additional information, view the Ohio Medicaid MCOs Consolidated Doula Resource Guide on the Pregnancy Resources page of our Provider Website.

Molina Benefits for Pregnant People: Molina also offers our Medicaid members a prenatal incentive of $50 for a timely prenatal appointment in the first 12 weeks and a $100 reward for a postpartum visit between 7-84 days after delivery. In addition, Molina Medicaid members get unlimited transportation to the OB/GYN while pregnant and for after birth checkups. Members can call (866) 642-9279 (TTY 711) at least 48 hours before the appointment to schedule a ride.

March of Dimes. (2023). *ACCESS TO MATERNITY CARE IN OHIO*.
https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Ohio.pdf

Healthy Children: Youth Tobacco Use Screening and Cessation

Early screening and intervention are essential to prevent long-term nicotine dependence. With nearly 90 percent of adult tobacco users initiating use before age 18 (per the CDC), routine assessment during adolescence is a critical opportunity for prevention and counseling.

Screening Recommendations: All youth aged 12–17 should be screened for tobacco use at least once every two years. For those who screen positive, cessation counseling should be provided.

The American Academy of Pediatrics' (AAP's) Ask-Counsel-Treat (ACT) Model: The American Academy of Pediatrics promotes the ACT model as a resource to address youth tobacco use:

- Ask: Tobacco use screening should be conducted with all youth at every clinical encounter, regardless of the visit reason. Use examples of locally prevalent products, such as e-cigarettes, hookah or smokeless tobacco, to improve relevance and engagement. Integrate screening into existing workflows and ensure appropriate coding for documentation and reimbursement.
- Counsel: Offer clear, individualized guidance to support quitting. Encourage youth to set a quit date within two weeks to initiate behavior change. If they're not ready, revisit the conversation at the next visit to maintain engagement and reinforce readiness.
- Treat: Connect youth to behavioral cessation resources such as quit lines or counseling services. When clinically appropriate, initiate pharmacologic support. Ensure follow-up is scheduled to monitor progress, reinforce motivation and adjust the treatment plan as needed.

Every clinical encounter is a chance to prevent tobacco addiction; your guidance can make the difference.

For more information and resources, visit: aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/tobacco-use-considerations-for-clinicians/

Chronic Conditions: Managing the Most Prevalent Chronic Conditions

Chronic Conditions and Related Quality Measures

Below is a table outlining the primary Healthcare Effectiveness Data and Information Set (HEDIS®) and Agency for Healthcare Research and Quality (AHRQ) measures related to several of the most common chronic conditions patients must manage. The table includes the measures names and descriptions.

Asthma	
Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)	The percentage of persons 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.
Cardiovascular Disease	
Statin Therapy for Patients with Cardiovascular Disease (SPC)	This measure assesses the percentage of males 21–75 years of age and females 40–75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. The following rates are reported: 1. *Received Statin Therapy.* Members who were dispensed at least one high- or moderate-intensity statin medication. 2. *Statin Adherence 80%.* Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period.
Chronic Obstructive Pulmonary Disease (COPD)	
Pharmacotherapy Management of COPD Exacerbation (PCE)	The percentage of COPD exacerbations for persons 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement period and were dispensed appropriate medications. Two rates are reported: 1. Dispensed a *systemic corticosteroid* (or there was evidence of an active prescription) within 14 days of the event. 2. Dispensed a *bronchodilator* (or there was evidence of an active prescription) within 30 days of the event.

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 05-AD)	Hospitalizations with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes hospitalizations with cystic fibrosis and anomalies of the respiratory system, obstetric hospitalizations, and transfers from other institutions.
Diabetes	
Blood Pressure Control for Patients with Diabetes (BPD)	The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.
Eye Exam for Patients with Diabetes (EED)	The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.
Glycemic Status Assessment for Patients with Diabetes (GSD)	The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period: • *Glycemic Status <8.0%.* • *Glycemic Status >9.0%.*
Kidney Health Evaluation for Patients with Diabetes (KED)	The percentage of persons 18–85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement period.
Statin Therapy for Patients with Diabetes (SPD)	This measure assesses the percentage of members 40–75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: 1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity. 2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
Hypertension	
Controlling High Blood Pressure (CBP)	The percentage of persons 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.

Behavioral Health: Substance Use Disorder (SUD) Care

Improving Initiation and Engagement in Substance Use Disorder (SUD) Care.

Molina is dedicated to improving the health and well-being of our members, particularly those facing the challenges of substance use disorders (SUD). We recognize that our provider partners are crucial in ensuring members receive timely and effective care. To that end, we are committed to working closely with you to enhance access to SUD treatment.

A key part of this strategy is our work to promote telehealth services, which aims to:

- Improve member outcomes
- Support providers in the initiation and engagement of members in appropriate care

The Value of Telehealth in SUD Treatment

Telehealth offers a transformative approach to delivering SUD treatment, addressing many of the barriers that hinder access to traditional care. By leveraging technology, our network can provide:

- **Increased Access to Care:** Telehealth removes geographical barriers, ensuring that members in underserved rural areas and those with limited mobility can connect with qualified SUD providers.

- **Enhanced Convenience and Flexibility:** Virtual appointments offer greater flexibility and convenience, allowing members to integrate treatment into their daily lives, reducing the need for transportation and minimizing disruptions to work or family responsibilities.
- **Greater Privacy and Comfort:** Receiving treatment in a secure and confidential setting can reduce stigma, foster trust and promote greater engagement in the treatment process.
- **Improved Continuity of Care:** Telehealth facilitates more frequent and consistent communication between members and their treatment providers, leading to better treatment plan adherence and long-term recovery.

To help providers close gaps in care and improve member outcomes, Molina encourages the following practices:

- **Early Identification:** Utilize validated screening tools (e.g., CAGE-AID, National Institute on Drug Abuse [NIDA]) or incorporate screening questions into standard evaluations to identify potential substance use issues.
- **Accurate Documentation:** Ensure accurate documentation of identified substance use in the member's chart and submit claims with the correct billing codes. Avoid inappropriate use of diagnosis codes that may unintentionally ascribe a diagnosis to the member.
- **Timely Follow-Up:** Schedule follow-up visits within 14 days and at least two additional visits within 30 days of an SUD diagnosis.
    - When appropriate, refer members immediately to a behavioral health provider. Send appointment reminders (e.g., 72 hours prior) to improve attendance. Telehealth and telephone appointments within the required timeframe are compliant.
- **Care Management Collaboration:** Partner with Molina Care Managers (or refer members to Molina Care Management) to enhance member access, address barriers to treatment and improve member motivation.
- **Comprehensive Resources:** Provide the member with educational materials and resources on the treatment process and options, including information on 12-step or mutual support meetings, the importance of a sponsor and other community-based programs.
- **Telehealth and Home-Based Therapy:** Utilize telehealth and home-based therapy when clinically appropriate to improve access and convenience for members.
- **Facilitation of Technology Access and Support:** Molina is committed to ensuring that both providers and members have the necessary technology and support to utilize telehealth services effectively. We are exploring partnerships and resources to address potential barriers to technology access. Find additional information on our Molina Member Telehealth page of our Provider Website.

A Call to Collaborative Action for Providers

Molina recognizes that providers are essential partners in this effort. We urge all SUD treatment providers within our network to:

- **Integrate Telehealth into Practice:** We encourage providers who are not currently offering telehealth services to explore the feasibility and benefits of incorporating this modality into their practice.
- **Champion Telehealth with Members:** Educate members about the availability of telehealth for SUD treatment, emphasizing its convenience, privacy and effectiveness.
- **Engage in Collaborative Care Coordination:** Work closely with Molina to coordinate care for members receiving telehealth services, ensuring seamless transitions and optimal outcomes.

By working in close collaboration, we can transform the delivery of SUD treatment and improve the members' health and well-being.

Older Adults: Breast Cancer Screenings for Older Adults

Breast cancer is the leading cause of cancer death in women, second only to lung cancer. The American Cancer Society (ACS) reports that breast cancer death rates have been decreasing steadily since 1989. The overall rate of decline is 44

percent through 2022. Early detection through screening, increased awareness and better treatments are key factors in reducing breast cancer death rates.

While most groups issuing breast cancer screening guidelines recommend women continue to be screened until the age of 74, there is little evidence regarding the efficacy of screening women who are 75 and older. Hence, some of the groups that issue the screening guidelines offer no recommendation for older women in this age range; however, they do suggest that if screening is offered, patients should understand the uncertainty about the balance of benefits and harms.

Offering a different perspective, the ACS recommends that screening continue if a patient has good overall health and a life expectancy of 10 years or longer. Similarly, the American College of Radiology suggests that screening recommendations for women who are over 74 years of age should be tailored to individual circumstances, such as life expectancy, comorbidities, and the intention to seek (and ability to tolerate) treatment if cancer is detected.

Even though there are varying recommendations for breast cancer screening in women beyond the age of 74, clinicians can fully engage and support older women in the breast screening process by using shared decision making and health decision aids as they have these important discussions. Thus, they help them to understand the risks and benefits in their individual case and to make an informed decision.

Molina tracks the percentage of members 40-74 years of age who are recommended for a routine breast cancer screening and had a mammogram to screen for breast cancer. Please see coding tips for Breast Cancer Screening below.

Coding Tips for Breast Cancer Screening (BCS-E)

Description	**Code**
Mammography	**Current Procedural Terminology (CPT):** 77061-77063, 77065-77067

Measure Common Exclusions

Description	**Code**
Absence of Left Breast	**International Classification of Disease (ICD)-10**: Z90.12
Absence of Right Breast	**ICD-10:** Z90.11
Bilateral Mastectomy	**ICD-10:** OHTV0ZZ
History of Bilateral Mastectomy	**ICD-10:** Z90.13
Unilateral Mastectomy	**CPT:** 19180, 19200, 19220, 19240, 19303-19307
Unilateral Mastectomy Left	**ICD-10:** OHTU0ZZ
Unilateral Mastectomy Right	**ICD-10:** OHTT0ZZ

References:

Schrager S, Ovsepyan V, Burnside E. (2020). Breast Cancer Screening in Older Women: The Importance of Shared Decision Making. J Am Board Fam Med. pmc.ncbi.nlm.nih.gov/articles/PMC7822071/

Questions and Quick Links		
Provider Services: (855) 322-4079 Mon. – Fri. Medicaid 7 a.m. to 8 p.m., MyCare Ohio 8 a.m. to 6 p.m., Medicare and Marketplace 8 a.m. to 5 p.m.	Email: OHProviderRelations@MolinaHealthcare.com	Provider Website: Molina Healthcare.com/OhioProviders.