MOLINA[®] QUALITY BULLETIN

Women's Health

Electronic Prenatal Risk Assessment Form (ePRAF) and Progesterone Changes

The ePRAF, which prenatal services providers fill out, creates a streamlined communication mechanism for patients and makes many other benefits available to members and providers. The ePRAF automatically establishes uninterrupted Medicaid coverage during prenatal and postpartum periods. A NurtureOhio electronically submitted PRAF allows Managed Care Organizations (MCOs) to assist the member in obtaining other needed services such as transportation, tobacco cessation, baby care needs, and other resources. The reimbursement rate for an ePRAF is \$90 per submission with a claim using the H1000 +33 modifier. Although the ePRAF will no longer automatically include an approved prescription for Progesterone, it continues to be important to members and providers.

On April 6, 2023, the U.S. Food and Drug Administration (FDA) announced its final decision to withdraw approval of Progesterone (Makena and any generics). Progesterone is a drug used to reduce the risk of preterm birth in pregnant people who previously had a preterm birth.

"We acknowledge at the outset the serious problems of preterm birth with respect to both maternal and neonatal health and the contribution of institutional forces that have led to health disparities, including preterm birth, among Black women," said FDA Chief Scientist Namandjé Bumpus, Ph.D.

Based on the findings by the FDA that Progesterone is no longer shown to be effective, and the benefits do not outweigh the risks, it is more important than ever for providers and Medicaid MCOs to work together. A submission of the ePRAF will ensure that all pregnant people enrolled in Ohio Medicaid are linked with as many resources as possible to help reduce preterm births and increase the number of healthy babies. Submit an ePRAF for every pregnant Medicaid member!

Healthy Children

Preventive and Sick Visits on the Same Date of Service

Did you know Molina Healthcare will pay for both a preventive well-visit and a sick visit on the same date of service for a new or established patient? Be sure to bill a modifier-25 with the appropriate evaluation and management code and include the correct diagnosis codes to support payment of both visits.

Take advantage of every appointment, including sick visits, to complete a well-care visit. Be sure to document ICD-10 codes for body mass index (BMI) percentile and counseling for nutrition and physical activity during office visits to help close gaps in care for your patient.

According to Bright Futures & HEDIS^{**} Measure criteria:

• Well-Care Visits (WCV): Patients 3-21 years of age should complete at least one comprehensive well-care visit per measurement year with a primary care provider (PCP) or OB/GYN practitioner.

• Weight Assessment and Counseling for Nutrition and Physical Activity (WCC): Patients 3-17 years of age should also have evidence of documentation for BMI percentile and counseling for nutrition and physical activity per measurement year.

*HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA)

Healthy Adults

Preventive visits are important to maintain overall health, address acute health concerns, and manage chronic conditions. Patients 20 years of age and older should have an ambulatory or preventive care visit each year. Be sure to document the correct billing codes to ensure accurate payment.

Tips to Improve Adult Preventive Care Visits:

- Educate the patient on the importance of preventive care.
- <u>Contact</u> the patient to schedule appointments for gaps in preventive care.
- <u>Remind</u> the patient of upcoming appointments or gaps in preventive care.

Older Adults: Health Equity and Disparities

By 2060, nearly a quarter of the U.S. population will be 65 or older. Research shows this population is more vulnerable to chronic health conditions, accidents, and hospital visits. This population also experiences many disparities in health, housing, and positive wellness. Our goal for the future is to recognize these disparities and work toward prevention.

Recognizing disparities in the health and well-being of older adults:

- <u>Environmental factors</u>: Transportation, housing, access to food and medication, restricted income, and other common issues can disproportionately impact older adults, especially those of color.
- <u>Social factors</u>: Discrimination and biases due to age or other factors can impact older adults' quality of life and their access to health care.
- <u>Cultural factors</u>: From isolation to complex family dynamics, cultural influences play a huge part in how an individual experiences wellness and how they access health care.
- <u>Behavioral factors</u>: Chronic diseases compounded with other contributing factors can create an environment of isolation and depression, which can cause individuals to respond poorly to treatment options. Treating the entire person can increase overall success and optimism.

How can you help?

- Gather data and recognize patterns in the disparities impacting your patients.
- Develop systems to capture and respond to the specific needs of your population.
- Work with other providers in your area to ensure older adults receive the holistic care they need across many platforms.
- Recognize disparities across diverse populations and how the aging process can be experienced differently within ethnic and racial minority groups.
- Develop techniques to ensure ethnic and diverse racial populations are included in research and outreach efforts.

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Older adults have a higher rate of hospital admissions, and there are, on average, 292.3 hospital admissions for diabetes in this population per 100,000 adults. Black older adults, especially women, are at a much higher risk for developing diabetes—one study found approximately 66 more cases per 1,000 people. Recognizing environmental, social, and other factors impacting these disparities can greatly improve the health of this population.

References:

Factors contributing to higher incidence of diabetes for black Americans, 2018, NIH, <u>nih.gov/news-events/nih-research-</u> matters/factors-contributing-higher-incidence-diabetes-black-americans

Goal F: Understand health disparities related to aging and develop strategies to improve the health status of older adults in diverse populations, NIH, National Institute on Aging, <u>nia.nih.gov/about/aging-strategic-directions-</u> <u>research/goal-health-disparities-adults</u>

Chronic Conditions: Diabetes Self-Management Education

Molina Healthcare and the other Ohio MCOs are working collaboratively to make diabetes management easier for patients and providers. One area of significant focus is Diabetes Self-Management Education (DSME).

DSME is a comprehensive program that offers a broad range of educational topics designed to enhance self-efficacy and the engagement of members with diabetes in their care. Members receive practical education and support to understand their diabetes and treatment. The education includes topics such as healthy eating, being physically active, taking medicine, checking blood sugar, reducing risk for other health problems, and learning to cope with stress, depression, and other concerns.

According to the 2022 American Diabetes Association (ADA) Standards of Medical Care in Diabetes guidance, **all patients with diabetes** should be assessed and referred for DSME services. View the guidance and algorithm of care here: <u>diabeteseducator.org/docs/default-source/practice/practice-resources/algorithm-of-care.pdf</u>.

Providers or patients can find the closest DSME provider on the ADA website: <u>diabetes.org/tools-support/diabetes-education-program</u>. You can also find a DSME provider using Molina Healthcare's online Provider Directory: <u>molina.sapphirethreesixtyfive.com/?ci=oh-molina&geo_location=33.9571,-</u> <u>118.4041&locale=en&network_id=29</u>.

Questions?

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