

# 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.

**Medi-Cal:** In 2016, Molina Healthcare showed improvement in the ratings of the health plan and overall health care. We also improved in ratings of personal doctors, and specialists seen most often in providing care. All of these areas show tremendous improvements, however we still need to excel in customer service.

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**Medicare:** In 2016, Molina Healthcare improved in the areas of customer service and doctors communicating well with their patients. We need to improve upon the ratings of the health plan, personal doctors, specialists, and overall healthcare. Other areas that need improvement include getting members the care they need, getting appointments more quickly for our members, getting prescription drugs for members, and providing members with information about their drug plan.

**Marketplace:** In 2016, Molina Healthcare improved in the ratings of doctors and specialists. The ratings of health plan and overall health care also showed some improvement over last year's ratings. We need to make improvements on our care coordination, flu vaccinations, and recommendation to smokers to quit smoking.

**MMP:** In 2016, Molina Healthcare demonstrated improvement in the areas of customer service, receiving needed care, and getting care quickly. The greatest opportunity for improvement is the member's rating of available specialists, followed by the member's rating of the health care quality, and member's rating of their personal doctor.

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.

**Medi-Cal:** In 2016, Molina Healthcare improved on the HEDIS® measures related to controlling blood pressure, postpartum care, testing and monitoring diabetic members for nephropathy, and following up with children that have been prescribed medication for the treatment of ADHD. We need to improve on making sure our members receive timely and regular well child visits at all ages, including immunizations.

**Medicare:** In 2016, Molina Healthcare observed improvements in the following measures: breast cancer screening, diabetes nephropathy monitoring, antidepressant medication management, follow-up within 7 days after hospitalization for mental illness, and care for older adults (advance care planning, medication review, functional status assessment, and pain assessment). We also demonstrated that more members are in better control of their diabetes. Areas that need improvement include colorectal cancer screenings, controlling high blood pressure, and diabetes eye exams.

**MMP:** In 2016, Molina Healthcare was able to attain a rating in the 75th percentile for NCQA for Medicare plans related to diabetes nephropathy monitoring and annual monitoring for patients on digoxin measures. Improvements are needed for the breast cancer screening, colorectal cancer screening, diabetes eye exam, diabetes hemoglobin A1c control, controlling high blood pressure, follow-up after hospitalization for mental illness, and antidepressant medication management.

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 Healthcare Website. You can also view information about the QI Program. Please visit the provider page on Molina Healthcare's website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

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# Initial Health Assessment - IHA

New members must see their Primary Care Provider (PCP) for an Initial Health Assessment (IHA) within 120 days of becoming a member. Children must also have an IHA within 120 days of becoming a member. For children 2 years old and younger, the IHA should be completed either within 120 days, or as suggested by the American Academy of Pediatrics (AAP), whichever time period is less.

The Initial Health Assessment must include an initial comprehensive history, physical, and mental status examination, as well as an Individual Health Education Behavioral Assessment (IHEBA). This evaluation will enable the PCPs to assess and manage the member's current acute, chronic, and preventive health needs and identify those members whose health needs require coordination with appropriate community resources and other agencies for services not covered by Molina Healthcare.



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# Staying Healthy Assessment - SHA

The goals of the SHA are to assist Management Care Plan (MCP) providers with:

- Identifying and tracking high-risk behaviors of MCP members.
- Prioritizing each member’s need for Health Education related to lifestyle, behavior, environment, and cultural and linguistic needs.
- Initiating discussion and counseling regarding high-risk behaviors.
- Providing tailored Health Education counseling, interventions, referral, and follow-up.

PCPs are responsible for reviewing each member’s SHA in combination with the following relevant information:

- Medical history, conditions, problems, medical/testing results, and member concerns.
- Social history, including member’s demographic data, personal circumstances, family composition, member resources, and social support.
- Local demographic and epidemiologic factors that influence risk status.

SHA Periodicity:

MCPs must ensure that each member completes a SHA in accordance with the timeframes prescribed within Table 1 (a member’s refusal to complete the SHA must be documented on the appropriate age-specific form and kept in the member’s medical record):

| DHCS Form Numbers | Periodicity | Initial SHA Administration    | Subsequent SHA Administration |                 | SHA Review  |
|-------------------|-------------|-------------------------------|-------------------------------|-----------------|---|
|                   | Age Groups  | Within 120 Days of Enrollment | After Entering New Age Group  | Every 3-5 Years | Annually (intervening years between administration of new assessment) |
| DHCS 7098 A       | 0-6 Months  | ✓                             | ✓                             |                 |   |
| DHCS 7098 B       | 7-12 Months | ✓                             | ✓                             |                 |   |
| DHCS 7098 C       | 1-2 Years   | ✓                             | ✓                             |                 | ✓   |
| DHCS 7098 D       | 3-4 Years   | ✓                             | ✓                             |                 | ✓   |
| DHCS 7098 E       | 5-8 Years   | ✓                             | ✓                             |                 | ✓   |
| DHCS 7098 F       | 9-11 Years  | ✓                             | ✓                             |                 | ✓   |
| DHCS 7098 G       | 12-17 Years | ✓                             | ✓                             |                 | ✓   |
| DHCS 7098 H       | Adult       | ✓                             |                               | ✓               | ✓   |
| DHCS 7098 I       | Senior      | ✓                             |                               | ✓               | ✓   |

# 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.



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# MEDICARE ONLY: Important Reminder about Member ID Cards

Most Members have Molina Medicare in addition to Medi-Cal 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

# MEDICARE ONLY: Molina Healthcare's Special Investigation Unit Partnering With You to Prevent Fraud, Waste, and Abuse

The National Healthcare Anti-Fraud Association estimates between three and ten percent of the nation's health care costs, or \$96 to \$320 billion, is lost to fraud, waste, and abuse. That's money that would otherwise cover legitimate care and services for the neediest in our communities. To address the issue, Federal and State Governments have recently passed a number of laws, including required audits of medical records against billing practices. Molina Healthcare, like others in our industry, must comply with these laws and proactively ensure that government funds are used appropriately. Molina Healthcare's Special Investigation Unit (SIU) aims to safeguard Medicare and Medicaid, along with Marketplace funds.

## You and the SIU

The SIU analyzes providers by using software that identifies questionable coding and/or billing patterns, along with issues involving medical necessity. As a result, providers may receive a notice from the SIU if they have been identified as having outliers that require additional review. If your practice receives a notice from the SIU, please cooperate with the notice and any instructions provided. Should you have questions, please contact your Provider Services Representative.

"Molina Healthcare appreciates the partnership it has with providers in caring for the medical needs of our members," explains Mary Alice Garcia, the Molina Associate Vice President who heads up the SIU. "Together, we share a responsibility to be prudent stewards of government funds. It's a responsibility that we all should take seriously because it plays an important role in protecting programs like Medicare and Medicaid from fraudulent activity."

Molina appreciates your support and understanding of the SIU's important work, and we hope to minimize any inconvenience the SIU audit might cause you and/or your practice.

To report potential fraud, waste, and abuse, you may contact the Molina AlertLine toll-free at (866) 606-3889. In addition, you may use the service's website to make a report at any time at <https://MolinaHealthcare.AlertLine.com>.

[MolinaHealthcare.com](https://MolinaHealthcare.com)

# Updating Provider Information

It is important for 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 Information Form or Membership Panel Form located on the Molina Healthcare website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) under the Frequently Used Forms section.

Send changes to:

Los Angeles

200 Oceangate, Suite 100  
Long Beach, CA 90802  
Attn: Provider Services  
Fax: (855) 278-0312  
Phone: (562) 499-6191

Riverside/San Bernardino

550 E. Hospitality Ln, Suite 100  
San Bernardino, CA 92408  
Attn: Provider Services  
Fax: (909) 890-4401  
Phone: (800) 232-9998

San Diego

9275 Sky Park Ct, Suite 400  
San Diego, CA 92123  
Attn: Provider Services  
Fax: (858) 503-1210  
Phone: (858) 614-1580

Imperial

1607 W. Main St.  
El Centro, CA 92243  
Attn: Provider Services  
Fax: (760) 679-5705  
Phone: (760) 679-5680

Sacramento

2180 Harvard St., Suite 500  
Sacramento, CA 95815  
Attn: Provider Services  
Fax: (916) 561-8559  
Phone: (916) 561-8540

Contact your Provider Services Representative at (855) 322-4075 if you have questions.