

SUMMER 2015

Molina Healthcare is committed to ensuring our members receive recommended preventive care based on their age, health status, and any medical conditions they may have. Our goal is to help our members take better care of themselves and their children through HEDIS® guidelines.

We also want to give our members the best service possible. That is why we use CAHPS®, a survey about Molina Healthcare and health care services that our members receive. This survey covers topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess. Providers and organizations can use the survey results to improve quality of health care services.

These articles are intended to be tools to assist with HEDIS[®] and CAHPS[®] measures. Through further education, we hope to increase understanding, emphasize importance, and provide guidance on ways to positively influence member experiences.

CHILDHOOD IMMUNIZATION STATUS (CIS)

Molina Healthcare monitors the percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three H influenza type B; three hepatitis B, one chicken pox; four pneumococcal conjugate; one hepatitis A; two or three rotavirus; and two influenza vaccines by their second birthday.

Questions?
Call Provider Services
(855) 322-4079 – 8 a.m. to 6 p.m.
Monday through Friday

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- → group name
- \rightarrow TIN
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3rd Quarter Health Messages

Aug. – Checkups and immunizations Sept. – Nutrition and physical activity

Oct. - Breast cancer awareness

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Childhood Immunization – Combination 2	66%	67.33%	82%

Improvement Strategies

- ✓ Schedule the next recommended well child visit at the current visit.
- Review a child's immunization record at every visit and administer needed vaccines.
- ✓ Provide appointment reminder calls or postcards to help ensure that patients don't miss appointments.
- ✓ Educate parents on the importance of getting their children flu vaccines during flu season.

WELL CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15)

Molina Healthcare annually monitors the percentage of members 0 to 15 months who received a well child visit during their first 15 months of life.

HEDIS [®] Measure	2013 Rate	2014 Rate	Goal*
6+ Visits	59.8%	58.04%	70.9%

WELL CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE (W34)

Molina Healthcare annually monitors the percentage of members 3 to 6 years of age who received one or more well child visits during the year.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Well Child Visits 3 to 6 Years Old	64.56%	62.44%	78.4%

ADOLESCENT WELL-CARE VISITS (AWC)

Molina Healthcare annually monitors the percentage of members 12 to 21 years who received at least one comprehensive well care visit during the year.

HEDIS [®] Measure	2013 Rate	2014 Rate	Goal*
Adolescent Well Care Visits	37.5%	43.71%	57.3%

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

Molina Healthcare annually monitors the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
BMI Percentile	43%	58.5%	70%
Counseling for Nutrition	57.9%	59.13%	68%
Counseling for Physical Activity	45.4%	43.49%	56%

Improvement Strategies

- ✓ Include documentation with date of service, height, weight and BMI from the current year for each patient.
- ✓ Documentation of counseling for nutrition/physical activity must include anticipatory guidance, discussion of current behaviors, address checklist, counseling or referral education and education materials.
- ✓ Provide reminder calls or postcards to ensure members do not miss appointments.

Tools Available

- ✓ Bright Futures distributes practice models to child and adolescent health professionals and provides technical assistance. Visit the Bright Futures website at http://brightfutures.aap.org.
- ✓ Ask your Provider Services Representative for missed preventive service reports and education materials.
- ✓ For immunization schedules for infants and children, visit the Centers for Disease Control and Prevention at http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html.
- √ Visit <u>www.MolinaHealthcare.com/Providers/OH</u> for Preventive/Clinical Health Guidelines, HEDIS® Coding Help Sheets, Healthchek requirements, screening forms and a complete list of billing guidelines.

BREAST CANCER SCREENING (BCS)

Molina Healthcare annually monitors the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer within the past two years.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Breast Cancer Screening	53.06%	51.6%	65%

Improvement Strategies

- ✓ Educate female patients about the importance of early detection and encourage testing.
- ✓ Use needed services list to identify patients in need of mammograms.
- ✓ If patient had bilateral mastectomy, document in the medical record and fax Molina Healthcare the chart.
- ✓ Schedule a mammogram for patient or send/give patient a referral/script (if needed).
- ✓ Have a list of mammogram facilities available to share with the patient.
- ✓ Discuss fears and let women know tests are less uncomfortable and use less radiation than in the past.

CHLAMYDIA SCREENING (CHL)

Molina Healthcare annually monitors the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one chlamydia test during the measurement year.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Chlamydia Screening – Total	53.37%	53.88%	64%

Improvement Strategies

- ✓ Use any opportunity to perform annual chlamydia screening on 16- to 24-year-old sexually active females.
- ✓ Add chlamydia screening as a standard lab for women 16 to 24, including during well exams.
- ✓ Ensure you have an opportunity to speak with your adolescent female patients without their parents.
- ✓ Offer an option for chlamydia screening through a urine test to your patients.
- ✓ Place chlamydia swab next to pap test or pregnancy detection materials.

CERVICAL CANCER SCREENING (CCS)

Molina Healthcare annually monitors the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- ✓ Aged 21 to 64 years who had a cervical cytology performed every three years.
- ✓ Aged 30 to 64 years who had cervical cytology/HPV co-testing performed every five years.

HEDIS [®] Measure	2013 Rate	2014 Rate	Goal*
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Cervical Cancer Screening	68.23%	64.86%	74%

Improvement Strategies

- ✓ Use needed services lists to identify women who need a screening.
- ✓ Use a reminder/recall system (e.g., tickler file).
- ✓ Request results of screenings be sent to you if done at OB/GYN visits.
- ✓ Consider doing cervical cancer screenings at postpartum visits.
- ✓ Document in the medical record if the patient has had a hysterectomy with no residual cervix and fax us the chart. Remember synonyms – "total," "complete," and "radical."

RATING OF SPECIALIST SEEN MOST OFTEN

The annual CAHPS® survey measures members' satisfaction with their health care and their health plan. One area of satisfaction that is measured relates to the specialist the member has visited most frequently.

✓ We want to know your rating of the specialist you saw most often in the last six months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate your specialist?

CAHPS® Measure – Rating of Specialist Seen Most Often	2013 Result	2014 Result	2015 Result	Goal
Adult – Combined	82.2%	83.7%	82.2%	86.70%
Child – General	85.7%	86.7%	N/A**	89.73%
Child – Children with Chronic Conditions	88.0%	87.7%	89.7%	90.73%

Percentage represents number who rated 8, 9 or 10. **Insufficient number of responses to question.

Our goal is to achieve at least the 75th percentile national score. Providing timely service, appropriate diagnoses, friendly customer service and proper education on their condition are all ways you can positively impact the patient's experience. We appreciate all you do to make your patient's experience a positive one.

EVALUATING THE ACCESS AND AVAILABILITY OF CARE AND SERVICE

Molina Healthcare is committed to timely access for all members in a safe and healthy environment. The Access to Care appointment standards listed in the table below are required to ensure that health care services are provided in a timely manner. Providers are assessed against these standards as follows:

- Comprehensive annual network analyses for access to primary, specialty and ancillary care
- Monthly review of member access grievances
- Annual provider appointment and after hours availability surveys
- Continuous monitoring of Member Services call statistics to ensure results are within standards
- Provider sample call throughout the year

Category	Type of Care	Access Standard
Primary care provider (general	Preventive/routine care	Within six weeks
practitioners, internist, family	Urgent care	By the end of the following work day
practitioners, pediatricians)	Emergent care	Triaged and treated immediately
	After hours	Available by phone 24/7
OB/GYN	Pregnancy (initial visit)	Two weeks
	Routine visit	Six weeks
Orthopedist	Routine visit	Eight weeks
Otolaryngologist (ENT)	Routine visit	Six weeks
Dermatologist	Routine visit	Eight weeks
Dental	Routine visit	Six weeks
Endocrinologist	Routine visit	Eight weeks
Allergist	Routine visit	Eight weeks
Neurologist	Routine visit	Eight weeks
Behavioral health	Routine care	10 business days
	Urgent care	48 hours
	Non-life threatening emergency	Six hours
All other non-primary care	Routine care	Eight weeks
All	Office wait time	Maximum of 30 min.

CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

* National NCQA 75th percentile for Medicaid HMO plans.