

Molina Healthcare is committed to ensuring that our members receive recommended preventive care based on their age, health status, and any medical conditions they may have. Our goal is to help members take better care of themselves, their children and babies 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 focuses on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. Providers and organizations can use the survey results to improve the quality of health care services.

The articles in this communication are meant to be used as tools to assist with HEDIS[®] and CAHPS[®] measures. Through further education on these measures we hope to increase understanding, emphasize importance, and provide guidance on ways to positively influence the member's experiences.

CONTROLLING HIGH BLOOD PRESSURE (CBP)

Wellness Report

Molina Healthcare annually monitors patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose last BP of the year was adequately controlled (<140/90) during the measurement year (the most recent BP is used).

HEDIS [®] Measure	2013 Rate	2014 Rate	Goal*
Controlling High Blood Pressure	50.92%	59.73%	64%

Improvement Strategies

- ✓ Calibrate the sphygmomanometer annually.
- ✓ Select appropriately sized BP cuff.
- ✓ If BP is 140/90 or greater, take it again (HEDIS[®] allows the lowest systolic and lowest diastolic readings in the same day). Often, the second reading is lower.
- ✓ Do not round BP values up. If using an automated machine, record exact values.
- ✓ Review HTN medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in three months.
- ✓ Current guidelines recommend two BP drugs started at first visit if initial reading is very high and unlikely to respond to a single drug and lifestyle modification.
- ✓ Molina Healthcare has pharmacists available to address medication issues.

USE OF IMAGING STUDIES FOR LOWER BACK PAIN (LBP)

Wellness Report

Molina Healthcare annually monitors the percentage of members with a primary diagnosis of low back pain, who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

HEDIS [®] Measure	2013 Rate	2014 Rate	Goal*
Use of Imaging Studies for Low Back Pain	71.27%	69.63%	83%

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

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- contact name
- contact phone number
- email

2nd Quarter Health Messages
 May – Know your heart healthy numbers
 June – Managing your asthma
 July – Protect yourself with sunscreen

Improvement Strategies

- ✓ Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- ✓ Provide patient education on comfort measures (e.g., pain relief), stretching exercises, and activity level.
- ✓ Use correct exclusion codes if applicable (e.g., cancer).
- ✓ Look for other reasons (e.g., depression, anxiety, narcotic dependency, psychosocial stressors, etc.).

USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA (ASM)**Wellness Report**

Molina Healthcare annually monitors the percentage of members 5 to 64 years of age identified as having persistent asthma and were appropriately prescribed controller medication during the calendar year.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Use of Appropriate Medications for People with Asthma (ASM)	77.93%	80.77%	87%

Improvement Strategies

- ✓ Provide appointment reminder calls or postcards to help ensure that patients do not miss appointments.
- ✓ Use flow sheets for better adherence to guidelines when assessing and treating asthma at each visit.
- ✓ Provide an individualized Asthma Action Plan.
- ✓ Schedule follow-up appointments for patients prescribed asthma medications to ensure that they are medication-compliant and to determine if the medications are effective.
- ✓ Provide education on asthma self-management skills to reduce exposure of environmental triggers.

APPROPRIATE TREATMENT FOR CHILDREN WITH PHARYNGITIS (CWP)**Wellness Report**

Molina Healthcare annually monitors the percentage of children 2 to 18 years of age who received a sole diagnosis of pharyngitis and were dispensed an antibiotic and received a group A streptococcus (strep) test for the episode during the calendar year.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Appropriate Treatment for Children with Pharyngitis	63.54%	60.29%	78%

Improvement Strategies

- ✓ Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics. Submit this test to Molina Healthcare for payment, or as a record that you performed the test.
- ✓ Clinical findings alone do not distinguish strep vs. non-strep. Most “red throats” are viral. Never treat empirically, even children with history of strep. Strep may become resistant and need a culture.
- ✓ Submit any co-morbid diagnosis codes that apply on claim/encounter.
- ✓ If strep test or culture is negative, educate parents that antibiotic is unnecessary for viral infections.
- ✓ Visit www.cdc.gov/getsmart for additional resources about pharyngitis

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTIONS (URI)**Wellness Report**

Molina Healthcare annually monitors the percentage of members 3 months to 18 years of age who received a sole diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic treatment.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Appropriate Treatment for Children with URI	81.59%	82.91%	92%

Improvement Strategies

- ✓ Include all primary and secondary ICD-9 diagnosis codes when submitting member claims to ensure that antibiotic treatment is supported.
- ✓ Use flow sheets for better adherence to guidelines when assessing and treating URI.
- ✓ Educate patients on safe home remedies and appropriate over-the-counter medications.

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (AAB)

Wellness Report

Molina Healthcare annually monitors the percentage of adults 18 to 64 years of age with a sole diagnosis of acute bronchitis who were not dispensed an antibiotic prescription during the calendar year.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Avoidance of Antibiotic Treatment in AAB	18.95%	20.69%	29%

Improvement Strategies

- ✓ Educate patients on comfort measures without antibiotics (e.g., extra fluids and rest).
- ✓ Discuss realistic expectations for recovery time (e.g. coughs that last four weeks are not “abnormal”).
- ✓ For patients who insist on an antibiotic, explain and write a prescription for symptom relief instead.
- ✓ Encourage follow-up in three days if symptoms do not get better.
- ✓ Submit comorbid diagnosis codes if present on claim/encounter.
- ✓ Submit competing diagnosis codes for bacterial infection if present on claim/encounter.

LEAD SCREENING IN CHILDREN (LSC)

Wellness Report

Molina Healthcare monitors the percentage of children who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Lead Screening in Children	67.13%	69.54%	82.24%

Improvement Strategies

- ✓ Take advantage of every office visit (including sick visits) to perform lead testing.
- ✓ Consider a standing order for in-office lead testing.
- ✓ Educate parents about the dangers of lead poisoning and the importance of testing.
- ✓ Provide in-office testing (capillary).

COORDINATION OF CARE

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures members’ satisfaction with their health care and health plan. One area measured relates to coordination of care.

- ✓ In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from [other] doctors or other health providers?

Percentages of “Usually” or “Always” responses are listed below.

CAHPS® Measure – <i>Coordination of Care</i>	2012 Result	2013 Result	2014 Result	Goal**
Adult – Combined	78.8%	78.4%	78.7%	N/A
Child – General	79.5%	81.9%	79.6%	N/A

RATING OF ALL HEALTH CARE

Another area measured relates to all health care received.

- ✓ Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the past six months?

Percentage of ratings of 8, 9 and 10 are listed below.

CAHPS® Measure – <i>Rating of all Health Care</i>	2012 Result	2013 Result	2014 Result	Goal**
Adult	74.2%	75.1%	77.1%	85.66%
Child – General	82.9%	86.6%	86.3%	85.66%

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 practitioners, internist, family practitioners, pediatricians)	Preventive/routine care	Six weeks
	Urgent care	By the end of the following work day
	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.

** There are currently no national benchmarks for this CAHPS® measure.

CARE MANAGEMENT

Care Management is an important program at Molina Healthcare. A selection algorithm based on claims history identifies members with health issues that put them at risk for hospitalization or a sudden illness episode that will adversely affect their health. Of our Medicaid members, more than one percent are invited to participate in Care Management. All our MyCare Ohio members are assigned a Care Manager. Our physician partners may request or recommend Care Management to a Molina Healthcare patient at any time.

If a selected member agrees to Care Management, a health risk assessment is performed and a plan of care is developed. The member may need imaging, home care, durable medical equipment or even transportation. Many members are homeless and do not know how to obtain housing support. Others may not understand their medications. Our Care Managers contact members frequently to assess their status, reinforce the physician's treatment plan and monitor the member's health and well-being. You cannot contact members every week to monitor their progress, but you can contact our Care Managers and tell them what you are trying to accomplish. We can help arrange care, follow up with the patient and report back to you at regular intervals.