

Fall 2017 Provider Newsletter



Molina Healthcare's 2017 HEDIS® and CAHPS® Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey that assesses Molina Healthcare members' satisfaction with their health care. It allows us to better serve our members.

Molina Healthcare has received the CAHPS results of how our members rated our providers and our services.

Medi-Cal: In 2017, Molina Healthcare showed improvement in the ratings of customer service and coordination of care. We also improved in ratings of overall care, rating of personal doctors, and rating of health plan. All of these areas show tremendous improvements, however we still need to excel in getting needed care.

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Medicare: In 2017, Molina Healthcare improved in the areas of getting appointments & care quickly, getting needed care, customer service, and care coordination. Other areas that improved include rating of health plan, getting needed prescription drugs, rating of drug plan, and the percentage of members who received the flu vaccine. The rating of health care remains the same as last year.

Marketplace: In 2017, Molina Healthcare made improvements in care coordination, rating of all health care, rating of personal doctor, rating of specialist and rating of health plan. Areas of improvement include access to information and plan administration.

MMP: In 2017, Molina Healthcare demonstrated improvement in the areas of getting needed care, getting care quickly, customer service, care coordination, overall rating of health plan and percentage of member who receive annual flu vaccination. The greatest opportunity for improvement is the overall rating of health care quality.

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 2017, Molina Healthcare improved on the HEDIS® measures related to adult BMI assessment, lead screening in children, breast cancer screening, controlling blood pressure for diabetic members and following up with children that have been prescribed medication for the treatment of ADHD. We need to improve on making sure our diabetic member receive retinal eye exams and medical attention for nephropathy.

Medicare: Compared to the previous year, Molina Healthcare has improved HEDIS® measures for adult BMI assessment, controlling high blood pressure and retinal eye exam for diabetic members. We also demonstrated that we are providing better care for older adults (advanced care planning, medication review and functional status assessment). We need to improve on antidepressant medication management and adult access to preventive/ambulatory health services.

MMP: In 2017, Molina Healthcare improved on HEDIS® measures for controlling high blood pressure and comprehensive diabetes care controlling A1c and eye exams. Areas for improvement include breast cancer screening.

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.

MEDI-CAL ONLY: 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.

MEDI-CAL ONLY: 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.



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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	✓		✓	✓

2017 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 Update:

- Do not use the live attenuated influenza vaccine (LAIV) during the 2017-2018 flu season.
- Remove the FluMist from the vaccines for the Children Program.

For a complete copy of the ACIP recommendations and updates or for information on the flu vaccine options for the 2017 flu season, please visit the Centers for Disease Control and Prevention at

<http://www.cdc.gov/flu/professionals/vaccination/>.

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

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>.

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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 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) 890-4403
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.