MOLINA HEALTHCARE

Provider Newsletter

Molina Healthcare of California • August 2013

Update Report: 2013 Medi-Cal 30 Day All-Cause Hospital Readmission Collaborative Project

As reported in the 2012 Quality Improvement Provider Newsletters Molina Healthcare of California (MHC) is participating in the statewide collaborative project regarding 30 day all-cause hospital readmissions sponsored by the Department of Health Care Services (DHCS) and Health Services Advisory Group (HSAG), the CMS contracted Quality Improvement Organization for California. The purpose of this project is to identify MHC's hospital readmission rates for Medi-Cal, Non-SPD and SPD members, develop strategies to address reduction of the readmission rates, implement various interventions and evaluate their effectiveness in reducing 30 day readmissions. To this end the MHC Health Services Department has been reorganized to better address the needs of hospitalized members for care transitions with the goal of promoting their health, supporting and maintaining them in the community, encouraging self-care by the member and reducing unnecessary inpatient readmissions. As an MHC contracted physician you may be contacted by the Transitions of Care or complex case management staff to assist in developing long term care plans and promote collaborative care for your hospitalized patients.

MHC gathered data to calculate the 2011 30 day readmission rates for its members. Our rates were above the average rates of the 21 health plans participating in the statewide collaborative project. MHC 2012 rates have increased for SPD and Medi-Cal members and have decreased for Non-SPD members:

MHC Service Area	Non-SPD Rates	SPD Rates	Medi-Cal Rates
Riverside and San Bernardino Counties	9.17%	18.15%	14.65%
Sacramento County	9.02%	14.68%	13.20%
San Diego County	9.37%	17.65%	14.45%
MHC Rates	**9.23%**	**17.05%**	**14.25%**

The SPD Rate for Sacramento County has been decreased by 15% since 2011 which is a significant change as the 2011 rate of 17.32% was the highest and now the 2012 rate is the lowest for this category. Non-SPD rates for Riverside/San Bernardino and San Diego Counties have decreased over a year's time, as did MHC's overall Non-SPD rate.

Although not part of the statewide collaborative project, MHC's Medicare 30 day all-cause readmission rates continue to decline. In 2010 the rate was 19.4%, in 2011 it was 18.8% and in 2012 it is down to 16.5%, a 12% decrease in a year's time.

We will continue to update our providers on our progress with this project on an annual basis through articles in this newsletter.

Contents

Nine Ways to Improve Patient Satisfaction

Molina Healthcare of California (MHC) is committed to providing quality, patient-centered customer service to our members. We are currently conducting a campaign to improve patient satisfaction. Based on the results of our 2012 member post-appointment and provider access surveys, we have identified nine ways provider offices can assist in increasing patient satisfaction.

1. Follow access to care standards when providing appointments.
The guidelines listed below are based on regulatory and accreditation standards. If a patient cannot make the first available appointment, please offer another within the standard wait time frame.

Appointment Visit Type	MHC Standard Wait Times
Urgent care appointments with a primary care physician or a specialist	Within 24 hours of the request
Non-urgent (routine) care appointments with a primary care physician	Within 4 working days of the request
Well child/well adolescent preventive care appointments with a primary care physician	Within 7 working days of the request
Adult preventive care appointments with a primary care physician	Within 20 working days of the request
Non-urgent (routine) care appointments with a specialist	Within 10 working days of the request
Non-urgent appointments with a non-physician behavioral health provider	Within 10 working days of the request
Physician office telephone answer time during office hours (the time it takes a live person to answer the phone).	Within ≤ 45 seconds of the call

2. Provide appropriate after-hours coverage.
During evenings, weekends, holidays, etc. an answering service or machine must be used to provide after-hour availability. Please provide instruction on how to reach the PCP or on-call physician during after-hours for urgent issues.

MHC provides 24-hours-a-day, seven-days-a-week Nurse Advice Line for our members. If the PCP or an on-call physician cannot be reached during after-hours, instruct Molina members to call our Nurse Advice Line using the phone number on back of their MHC member identification card.

After-Hours Availability	MHC Standards
After-hours (life-threatening) emergency instruction to members and patients. Include an answering service which meets language requirements of the major population groups served.	Instruction should be similar to: If this is a life threatening emergency, hang-up and call 9-1-1 or go immediately to the nearest emergency room.
Physician response time to after-hour calls and/or pages.	Within ≤ 30 minutes

3. During an office visit, please review all treatment options with patients.
This includes referrals to Molina case management services and/or alternative treatment methodologies where appropriate.

4. Refer patients to available health education and wellness resources.
Molina provides health education materials, wellness programs, and community resources to assist providers with member education and referral. Please continue to utilize the Health Education Referral Form.

5. Please ask patients if all their questions and concerns were addressed before ending the appointment.
This will make them feel that their provider spent adequate time with them.

6. Provide interpretation services when needed.
Call Molina's Member Services Department at 1-888-665-4621. We require a 3 day notice to arrange this service. This service is provided at no charge.

7. Inquire about Cultural and Linguistics services.
If you or your team needs information on your patients' cultural background, Molina's Cultural Linguistic Specialist is available to provide support at 1-562-499-6191, extension 127421.

8. Please communicate with empathy to patients.
Help your team communicate with empathy and appreciation when seeing patients or informing them about appointment delays.

9. Accommodate wait times.
Consider providing current reading materials for adults and if you don't already have one, a children's area in the waiting room. Consider allowing a family member to join patients in the exam rooms during delays and until they are ready to be seen. Waiting with someone doesn't feel as long as waiting alone.

Patient satisfaction is a reflection of the partnership between the health plan, doctors and patients. Each party plays an essential role in improving patient satisfaction and health outcomes. We look forward to collaborating with you on this important campaign.

The Americans with Disabilities Act

What providers need to know to meet the needs of members with disabilities and functional limitations.

As more and more baby-boomers enter their senior years and as people with disabilities and seniors are moved into more coordinated healthcare delivery systems, ensuring access to quality healthcare for our members is of the highest priority for Molina.

The Americans with Disabilities Act of 1990 is landmark legislation, and provides for equal access in areas of employment, activities of state & local governments, transportation, telecommunication and public accommodation, including healthcare. We hope to partner with you by providing information, resources and processes that will enable our members to access healthcare services more easily, successfully and efficiently.

Having equal access to quality care is important in that it improves the ability to meet the needs of very diverse individuals, with and without disabilities. Both public and private hospitals and health care facilities must provide their services to people with disabilities in a non-discriminatory manner. Recommendations include:

- Modifying policies and procedures
- Provide auxiliary aids and services for effective communication
- Remove barriers from existing facilities
- Follow ADA accessibility standards for new construction and alteration projects

Title III of the ADA applies to all private healthcare providers, regardless of size. It applies to providers of both physical and mental health care. If a professional office is located in a private home, the portion of the home used for public purposes is

covered by the ADA. Hospitals and other healthcare facilities that are operated by state or local government are covered by Title II of the ADA.

Auxiliary Aids and Services

Auxiliary aids and services are often needed to provide safe and effective medical treatment.
Without these aids and services, medical staff runs the risk of not understanding the patient's symptoms, misdiagnosing the patient's medical problem, and prescribing inappropriate treatment. Similarly, patients may not understand medical instructions or warnings that may have a serious impact on their health.

A healthcare provider must ensure that its staff can communicate effectively with individuals with speech, hearing or visual impairments. Such individuals may not always be patients of the healthcare provider. For example, if a parent is blind and is required to grant consent for their child's surgery, the contents of the consent must be communicated effectively. An amplification or assistive listening device is often used for patients who are hard of hearing. Having magnifiers available for patient use, or having material readily available in large print, Braille, audio or electronic format will aid members who have low vision or who are blind.

When determining which auxiliary aid or service is best for a patient, it is usually a best practice for the healthcare provider to ask your patient. There are various alternatives available and every person is different. Together you can identify the most effective method for communication.

In the event a patient or responsible family member usually communicates in Sign Language, an interpreter should be present in all situations in which the information exchanged is lengthy or complex (for example, discussing a patient's medical history, conducting psychotherapy, communicating before or after major medical procedures, and providing complex instructions regarding medication). If the information to be communicated is simple and straight forward, such as prescribing an X-ray or a blood test, the physician may be able to communicate with the patient using pen and paper. However, you need to make sure the member is okay with this form of communication.

Removing Barriers from Your Facility

What providers may not realize, is that most accessibility accommodations are relatively simple—some, more complex. Below are some of the most common recommendations for barrier removal:

- Replacing door knobs from round type to lever types so that door can be open with a closed fist
- Ensuring that the elevator is properly maintained and in working order
- Ensuring there is an accessible restroom in your facility
- Rearrange the furniture in your waiting area so there is room for wheelchair users
- Rearranging furniture in treatment rooms allowing for space for a wheelchair or scooter.
- If you have high reception counters, ensure you have a clipboard and pen available
- For individuals who are blind; provide assistance completing new patient forms in a private room
- Purchase a height adjustable exam table allowing for easy transfers for wheelchair users and seniors
- Purchase a wheelchair weight scale. These usually weigh up to 700-1000 lbs., enabling you to weigh bariatric patients as well
- Purchase a sliding or transfer board and gait belt to assist staff with transfer onto exam table
- Have health education material available in large print, braille and audio

For more information on how you can make your office accessible or support following ADA accessibility standards for new construction and alteration projects, please visit: http://www.ada.gov/medcare_ta.htm

There are tax credits available to businesses, including healthcare providers to assist with ADA compliance costs. Currently the amount credited may be up to $5,000 per tax year. Eligible access expenditures include the costs of removing architectural and transportation barriers, and providing auxiliary aids and services.

Molina provides information in alternate formats (large font, Braille, Audio, other electronic devices) and will provide sign language interpreters at no cost to you or the member. Please contact Member Services at:
(888) 665-4621 Phone
(562) 901-9632 Fax

Interpreters can also be requested online at: MHC-Interpreters@molinahealthcare.com (EMAIL)

If you have additional questions or require more information, please contact your respective county Provider Services Representative: (888) 562-5442

Inland Empire	ext. 128010 or ext. 128007
Los Angeles	ext. 127685; ext. 127690; ext. 127690; ext. 122233 or ext. 127680
Sacramento	ext. 126620
San Diego	ext. 121587; ext. 121588

ADA Information Line

The U.S. Department of Justice provides information about the Americans with Disabilities Act (ADA) through a toll-free ADA Information Line. This service permits businesses, State and local governments, or others to call and ask questions about general or specific ADA requirements including questions about the ADA Standards for Accessible Design. ADA specialists are available Monday through Friday from 9:30 AM until 5:30 PM (Eastern Time) except on Thursday when the hours are 12:30 PM until 5:30 PM. Spanish language service is also available. For general ADA information, answers to specific technical questions, free ADA materials, or information about filing a complaint, call:
(800) 514-0301 (Voice)
(800) 514-0383 (TTY)

Protect Vulnerable Infants from Pertussis
Immunize Mothers with Tdap during Every Pregnancy

Pertussis is a continuing threat to Californians, though the magnitude of the threat can vary by year. Over 9,100 cases of pertussis were reported in California during 2010, the most in more than a half-century. Consistent with historical cycles of 3-5 years between years of higher incidence, cases are likely to increase between 2013 and 2015 in comparison to 2012 (1).

Young Infants at Highest Risk of Severe Pertussis

Infants younger than two months of age are most susceptible to hospitalization or death from pertussis, but immunization against pertussis is not recommended until at least 6 weeks of age. However, infants can be protected by maternal antibodies that are transferred through the placenta. Early evidence suggests that maternal immunization with Tdap during the third trimester of pregnancy can prevent pertussis in young infants.

Optimal Timing of Maternal Tdap Administration

To maximize protection of young infants, the federal Advisory Committee on Immunization Practices (ACIP) recommends that all women should be administered Tdap during every pregnancy, preferably between 27 and 36 weeks' gestation:

- Women immunized with Tdap during a prior pregnancy or during the first or second trimester of a current pregnancy appear to have low levels of pertussis antibodies at delivery.
- Transplacental transport of antibodies occurs mainly after 30 weeks' gestation.
- At least two weeks are needed for a maximal response to immunization.

If Tdap is not administered during pregnancy, it should be given immediately postpartum. This will not provide direct protection to the infant, but may prevent transmission of pertussis from mother to infant.

Other Close Contacts

Everyone (e.g., parents, siblings, grandparents, childcare providers, and healthcare personnel) who anticipates close contact with an infant younger than 12 months of age should receive Tdap if they have not already done so. ACIP is currently considering whether Tdap boosters are indicated for contacts of infants.

References

1. *California Department of Public Health. Pertussis summary reports. http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReports.aspx*
2. *CDC. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine in Pregnant Women-Advisory Committee on Immunization Practices, 2012. MMWR, 2013; 62 (7): 131-135. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm*
3. *Healy CM, Rench MA, Baker CJ. Importance of timing of maternal Tdap immunization and protection of young infants. Clin Infect Dis 2013;56:539-44.*

Primary Care Physicians can HELP improve Prenatal & postpartum visit rates.

Timely Prenatal Care

All women should have prenatal care early in pregnancy, during the first trimester, or within a month of enrollment in Medi-Cal. The Molina Healthcare of California (MHC) 2013 HEDIS® Statewide rates report that less than 72% of MHC members had a prenatal visit during this timeframe. **These rates failed to meet the Department of Health Care Services (DHCS) Minimum Performance Level of 80.5%.** The MHC performance goal is to meet or exceed the NCQA 75th Percentile Benchmark of 90%.

A prenatal visit may be completed by a PCP, NP, Midwife, or OB-GYN Practitioner

The prenatal visit must document a diagnosis of pregnancy, and must include any of the following:

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height

- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel, ***or***
  - TORCH antibody panel alone, ***or***
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, ***or***
  - Echography of a pregnant uterus
- Documentation of LMP or EDD in conjunction with either of the following.
  - Prenatal risk assessment and counseling/education, ***or***
  - Complete obstetrical history

Timely Postpartum Visit

All women should have a postpartum check-up between ***21 and 56 days (3-8 weeks)*** after delivery. The Molina Healthcare of California (MHC) 2013 HEDIS® Statewide rates report that less than 40% of MHC members had a postpartum check-up during this timeframe. **These rates failed to meet the Department of Health Care Services (DHCS) Minimum Performance Level of 58.7%.** The MHC performance goal is to meet or exceed the NCQA 75th Percentile Benchmark of 71%.

Many new mothers have a limited understanding of what constitutes postpartum health and the impact on their lives and their families. Women who have C-section deliveries are seen for an incision check at 1-2 weeks after surgery, but many do not return for their full postpartum visit between 3-8 weeks after delivery.

The postpartum visit may be completed by a PCP or OB-GYN

- Postpartum check-up must include the date of the visit and:
  - Notation of **"postpartum care"** in the progress note OR
  - Evaluation of **weight, blood pressure, breasts and abdomen** (A notation of breastfeeding is acceptable for the evaluation of breasts) OR
  - **Pelvic Exam**

Helpful tips for Primary Care Physicians:

- When you see a mother with a newborn less than 2 months of age, ask the mother if she has had her post-delivery check-up.
  - **If no, do the check-up during that visit or as soon as possible.**
  - If yes, document the name of the provider who completed her check-up.
- **Please continue to notify us of our pregnant members** to allow us to provide them with the education and services available with the **motherhood matters pregnancy program.** Members can self-refer to the program by calling **(877) 665-4628** or you can refer a member by faxing us the **Pregnancy Notification Report Form at (562) 499-6105.**

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Pregnancy Notification Report

Thank you in advance for completing this form

Please complete all sections and fax within **7 days** of the **first** prenatal visit and/or positive pregnancy test.

Today's Date: ____/____/____

DIRECTIONS FOR COMPLETION OF FORM:

Step 1: Complete all member information.

Step 2: Complete the OB/GYN section with the name of the OB/GYN to whom the member was referred for prenatal care.

Step 3: Fax form to Molina Healthcare of California's Motherhood Matters Program at 1 **(562) 499-6105**

Step 4: If you have any questions or need some assistance, please contact us at 1 **(877) 665-4628**

STEP 1: MEMBER INFORMATION

Member's Name: Member ID/CIN:

Address: City: State: ZIP:

Member DOB: ____/____/____ Phone #: ( ) - Alternate Ph.#: ( ) -

Date of Positive Pregnancy Test: ____/____/____ Preferred Language:

LMP: EDC:

High Risk Condition(s) (if known):

CURRENT PREGNANCY

☐Hypertension ☐Excessive Nausea & Vomiting
☐Diabetes ☐Pre-term labor
☐Smoking ☐Multiple Gestation
☐37 P Candidate (If <PTD)
☐No problems with Current Pregnancy
Other _____

PAST PREGNANCY ☐N/A
☐Hypertension ☐Diabetes
☐Pre-term labor ☐Pre-term delivery
☐No problems with Past Pregnancy
☐Other _____

STEP 2: OB/GYN INFORMATION

OB/GYN Practitioner's Name:

OB/GYN Practitioner's Phone Number: ( ) -

Date of First Prenatal Appointment: ____/____/____

Referring Practitioner: Phone: ( ) -

STEP 3: FAX FORM TO MOLINA HEALTHCARE

Fax to Molina Healthcare of California's Motherhood Matters Program Fax line at 1 **(562) 499-6105**

STEP 4: CALL MOLINA WITH QUESTIONS

If you have any questions or need assistance, please contact us at **1 (877) 665-4628**

Thank you for taking such good care of our members!

[Original form to remain in member's chart]

Pregnancy Notification Form CA.RDY.03-05-09.doc

MOLINA® HEALTHCARE

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