MOLINA[®] QUALITY BULLETIN

In-Home Blood Pressure (BP) Program

Molina Healthcare is piloting an in-home blood pressure monitoring program. In this pilot, members will take home a blood pressure cuff, which connects to their home WiFi. As the member takes his/her BP from home, the reading is transmitted directly to a portal. Providers and designated office staff will have access to monitor the portal. Providers can set alerts to be notified when a member has a reading outside of set parameters, and reminders can be sent to members to remind them to take their reading daily. Members will have to come in for an office visit to enroll in this program, and need to return for a follow up visit no later than 3 months from enrollment in the program. Members in this program may earn \$50 if they have a compliant reading in office.

To learn more, or to be a part of this pilot program, email Kalli.Votaw@MolinaHealthcare.com.

Total Diabetes Care Program

Molina Healthcare is piloting a program to encourage our diabetic member population to complete their necessary screenings and to effectively control their diabetes by achieving A1c test results less than 9.0%. Select members will be enrolled in the program and will be eligible to earn a \$50 gift card for completing an A1c test, a diabetic retinal eye exam, and a nephropathy screening. They will also be eligible to earn an additional \$50 gift card if they have an A1c test result less than 9.0%. In addition, enrolled members will have access to one-on-one counseling and nutrition education provided by Molina's diabetic Care Manager/Educator. If you have Molina diabetic patients that are struggling to effectively control their diabetes, please consider joining this program.

To learn more, email Howard.Cassidy@MolinaHealthcare.com.

Behavioral Health Redesign

On July 1, the Behavioral Health (BH) Carve-In became effective, fully carving community BH into Medicaid managed care.

The responsibility for overseeing these benefits has shifted from Fee-for-Services Medicaid to the Managed Care Plans (MCPs). This means all services provided to our members at community BH agencies will be paid by Molina, and community BH providers have become a part of our network.

BH Carve-In is part of the Ohio Department of Medicaid's (ODM) initiative to increase access and better align consumers' medical and BH needs. On Jan 1, the BH Redesign became effective, modernizing the Ohio's BH benefit package to align with national standards.

Consumers have access to new services including:

- o Labs and vaccines administered in the BH setting
- Assertive community treatment
- o Intensive home-based treatment
- o Psychotherapy and psychological testing

This initiative allows Molina to better coordinate members' medical and BH services and ensures members are getting the care and services they need.

Tips on Improving the Use of Multiple Concurrent Antipsychotics

The lower the rate indicates better performance in the measure. The measure is the percentage of children and adolescents 1-17 years of age who are on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measure year.

The Quality Provider Bulletin is a quarterly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

Tips on how to improve the measure:

- Avoid prescribing multiple concurrent antipsychotic medications unless necessary to transition a patient between medications (cross tapering).
- Prescribing more than one antipsychotic medication is not generally recommended due to limited evidence of efficacy in children and adolescents.
- There is an increased risk of side effects and drug interactions and increased difficulty in assessing drug efficacy, safety and tolerability.
- Consider consulting a specialist before prescribing a second, concurrent antipsychotic medication.
- If the current antipsychotic medication is ineffective, causing intolerable side effects, or cost prohibitive, wean the patient off medication or cross taper to a new medication for a time period no longer than six weeks.
- Encourage the member to enroll in Care Management with Molina Healthcare.

Coding Tips for Pregnancy Related Services

Diagnosis and CPT coding has an impact on more than just claims payment. Molina relies on claims data to support our member incentive programs like **Pregnancy Rewards**, Care Management, risk adjustment, and quality reporting to ODM and other industry regulators. Proper claims coding also impacts providers' shared savings opportunities under Value Based Reimbursement (VBR) programs like Ohio Medicaid's Comprehensive Primary Care (CPC) and Episodes of Care.

ICD-10-CM Diagnosis Coding

Gestational age

Providers should use Additional code from category Z3A, weeks of gestation, to identify the specific week of the pregnancy, if known. If gestation is unknown, Z3A.00 should be reported (gestation not specified).

Pre-natal Care for Normal Pregnancy

Z34.0 Encounter for supervision of normal first pregnancy

- Z34.00 unspecified trimester
- Z34.01 first trimester
- Z34.02 second trimester
- Z34.03 third trimester

Z34.8 Encounter for supervision of other normal pregnancy

- Z34.80 unspecified trimester
- Z34.81 first trimester
- Z34.82 second trimester
- Z34.83 third trimester

Z34.9 Encounter for supervision of normal pregnancy, unspecified

- Z34.90 unspecified trimester
- Z34.91 first trimester
- Z34.92 second trimester
- Z34.93 third trimester

*Do not use these codes if the mother has a condition that is related to, complicating, or complicated by pregnancy. Instead, code from chapter O00-O9A.

Chapter O00-O9A*

Codes from this chapter are used for conditions related to or aggravated by pregnancy, childbirth, or the puerperium (maternal causes or obstetric causes). Codes from this chapter are for use only on maternal records.

Common coding errors include omitting these codes on maternal claims and using these codes on non-pregnant women.

Codes

- 000-008 Pregnancy with abortive outcome
- 009-009 Supervision of high risk pregnancy
- O10-O16 Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
- O20-O29 Other maternal disorders predominantly related to pregnancy
- O30-O48 Maternal care related to the fetus and amniotic cavity and possible delivery problems
- O60-O77 Complications of labor and delivery
- O80-O82 Encounter for delivery
- O85-O92 Complications predominantly related to the puerperium
- O94-O9A Other obstetric conditions, not elsewhere classified

Do not code from this section if coding for supervision of normal pregnancy Z34.

HEDIS[®] Tips Booklet Minor Misprint

If you received a copy of the Molina Healthcare HEDIS Tips Booklet, we want to inform you of a small error on page 86 in the "Follow-Up after Hospitalization for Mental Illness" section. Under the "How to Improve HEDIS Scores" header, please disregard the second bullet point that states "Same-day outpatient visits count." This information is not correct.

The HEDIS Tips Booklet provides excellent tips and information on HEDIS measures. To learn more, contact Provider Services.

Wellness Measure Tips

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. It's our goal to help members take better care of themselves and their children.

Well Child Visits in the First 15 Months of Life (W15)

Annually Monitored: Percentage of members who had six or more visits during the first 15 months of life.

HEDIS Measures	2017 Rate Final	2018 Aug. Rate	Goal* 33rd Percentile
6 + visits	61.9%	48.4%	58.4%

Well Child Visit in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Annually Monitored: Percentage of 3- to 6 years-old members who had one or more well visits during the year.

HEDIS Measures	2017 Rate	2018 Aug. Rate	Goal* 33rd Percentile
Well Child Visit 3-6 Years Old	69.2%	37.5	69.21%

Adolescent Well-Care Visits (AWC)

Annually Monitored: Percentage of 12-to 21 years-old who had a comprehensive well care visit during the year.

HEDIS Measures	2017 Rate	2018 Aug. Rate	Goal* 33 Percentile
Adolescent Well Care Visit	46.2%	20.9%	44.77%

Tools Available

- Visit Bright Futures at <u>http://brightfutures.aap.org</u> for practice models and technical assistance.
- For Preventive health Guidelines, visit <u>www.MolinaHealthcare.com/OhioProviders</u> under the Health Resources tab.
- Request missed preventive service reports from your Provider Service Representative.
- For immunization schedules, visit <u>http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html</u>.

Reporting Only – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescent –BMI percentile (Total)

Annually Monitor: Percentage of 3-to 17-year-old members who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of all of the following

HEDIS Measures	2017 Rate	2018 Aug. Rate	Goal* 33 Percentile
BMI/Counseling/Physical	16.5%	19.6%	63.5%
Activity			

Tools Available:

- Request education material from your Provider Services Representative.
- Preventive Health Guidelines, Clinical Preventive Guideline and HEDIS Coding Help sheets are posted at <u>www.MolinaHealthCare.com/OhioProviders</u> under the Health Resources tab.
- For Healthchek requirements, screening forms and billing guidelines, visit www.MolinaHealthCare.com/OhioProviders.
- Visit the American Academy of Pediatrics at <u>www.brightfutures.aap.org/clinical-practice/Pages/default.aspx</u>.

Questions?

Provider Services – (855) 322-4079 8 a.m. to 5 p.m., Monday to Friday (MyCare Ohio available until 6 p.m.)

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