



Important Note About Member ID Cards

Molina Healthcare members can receive services from providers who are not listed on their member ID cards.

A member's PCP is listed on his or her ID card. However, the member may choose to see a different PCP. Providers can see members not assigned to them, but we ask you to encourage these members to have the PCP on their ID cards updated online at MyMolina.com or by calling Member Services at (800) 642-4168.

Earn \$50 for Timely Prenatal Care

On Aug. 1, 2016, Molina Healthcare implemented a **\$50 provider incentive** for timely prenatal care visits. To receive the \$50 incentive, complete a [Prenatal Risk Assessment Form](#) (PRAF) for each newly identified pregnant patient and meet the following:

- Bill with HCPCS code H1000 at the time of service⁽¹⁾
- Complete the service within the first trimester or 42 days of the member's enrollment with Molina Healthcare

Fax the completed PRAF to (866) 504-7256. Find the PRAF on our website at www.MolinaHealthcare.com/Providers/OH under the "Forms" tab.

Molina Healthcare will send monthly consolidated incentive checks for each PRAF completed and appropriately submitted via claim, with a limit of one per member. Providers can expect incentive payments six to eight weeks after claims are processed.

⁽¹⁾ Regardless of compliance, the H1000 Code will be paid at your contracted ODM fee schedule up to three times per patient per pregnancy.

Healthy Members through HEDIS[®]

Molina Healthcare is committed to ensuring our members receive recommended preventive care based on their age, health status and any medical conditions. It's our goal to help members take better care of themselves and their children through HEDIS[®] guidelines.

Childhood Immunization Status (CIS)

Annually Monitored: Percentage of children 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.

HEDIS [®] Measure	2014 Rate	2015 Rate	Goal*
Childhood Immunization – Combination 2	67.33%	64.68%	82%

Strategies for Improvement

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

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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OHProviderRelations@MolinaHealthcare.com
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Join Our Email Distribution List

To learn how to receive this bulletin via email or view our bulletin archives, visit www.MolinaHealthcare.com/Providers/OH and click "Provider Bulletin" in the "Communications" tab.

Monthly Health Messages

August – Checkups/immunizations
 September – Nutrition/physical activity
 October – Breast cancer awareness

Tools Available

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

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

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

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
6+ visits	58.04%	50.45%	70.9%

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

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

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Well Child Visit 3-6 Years Old	62.44%	63.93%	78.4%

Adolescent Well-Care Visits (AWC)

Annually Monitored: Percentage of 12- to 21-year-old members who had at least one comprehensive well care visit during the year.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Adolescent Well Care Visits	43.71%	41.94%	57.3%

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Annually Monitored: Percentage of 3- to 17-year-old members who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following: Body Mass Index (BMI) percentile documentation, counseling for nutrition and counseling for physical activity.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
BMI Percentile	58.5%	49%	70%
Counseling for Nutrition	59.13%	53.88%	68%
Counseling for Physical Activity	43.49%	49.22%	56%

Strategies for Improvement

- BMI documentation includes date of service, height, weight and BMI percentile from current year.
- Nutrition/physical activity counseling documentation includes anticipatory guidance, discussion of behaviors, address checklist, counseling or referral education and education materials.
- Use reminder calls or postcards to ensure members do not miss appointments.

Tools Available

- Request education materials from your Provider Services Representative.
- Preventive Health Guidelines, Clinical Preventive Guidelines and HEDIS® Coding Help Sheets are posted at www.MolinaHealthcare.com/Providers/OH under the “Health Resources” tab.
- For Healthchek requirements, screening forms and billing guidelines, visit www.MolinaHealthcare.com/Providers/OH.
- Visit the American Academy of Pediatrics at http://brightfutures.aap.org/clinical_practice.html.

Breast Cancer Screening (BCS)

Annually Monitored: Percentage of 50- to 74-year-old women who had a mammogram to screen for breast cancer within the past two years.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Breast Cancer Screening	51.6%	51.28%	65%

Strategies for Improvement

- Teach female patients the importance of early detection and encourage testing.
- Use needed services list to identify patients in need of mammograms.
- Document bilateral mastectomy in the medical record and fax Molina Healthcare the chart.
- Schedule a mammogram for patient or send/give patient a referral/script, if needed.
- Share a list of mammogram facilities with the patient printed on colored paper for easy reference.
- Talk about fears and explain tests are less uncomfortable and use less radiation than in the past.

Chlamydia Screening (CHL)

Annually Monitored: Percentage of 16- to 24-year-old women identified as sexually active that had at least one chlamydia test during the measurement year.

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Chlamydia Screening – Total	53.88%	57.11%	64%

Strategies for Improvement

- Use any opportunity to screen 16- to 24-year-old females identified as sexually active every year.
- Add screening as a standard lab for 16- to 24-year-old women during well visits.
- Speak with your adolescent female patients without their parents.
- Offer screenings through urine tests.
- Place Chlamydia swab next to Pap test or pregnancy detection materials.

Cervical Cancer Screening (CCS)

Annually Monitored: Percentage of 21- to 64-year-old women screened for cervical cancer, either:

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

HEDIS® Measure	2014 Rate	2015 Rate	Goal*
Cervical Cancer Screening	64.86%	55.88%	74%

Strategies for Improvement

- Use needed services lists to identify women who need a screening.
- Use a reminder/recall system (e.g., tickler file).
- Request results of screenings are 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.”

Satisfied Members through CAHPS®

To give our members the best services possible, we use the CAHPS® survey. The survey asks our members about the aspects of quality they are best qualified to assess, such as provider communication skills and ease of access to health care services.

Rating of Specialist Seen Most Often

One CAHPS® question asks members how satisfied they are with the specialist they see most often:

- Q.** We want to know your rating of the specialist you saw most often in the last 6 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?

Percentage represents number who rated 8, 9 or 10.

CAHPS® Measure – <i>Rating of Specialist Seen Most Often</i>	2015 Result	2016 Result	Goal*
Adult	75.5%	68.6%	86.7%
Child – General	88.1%	87.9%	89.73%
Child – Chronic Conditions	86.9%	89.2%	90.73%

Our goal is to achieve at least the 75th percentile national score. You can positively impact patient experience by providing timely service, appropriate diagnoses, friendly customer service and provider education. We appreciate all you do to make your patients' experiences positive.

Access and Availability of Care

Molina Healthcare is committed to timely access to care for all members in a safe and healthy environment. Providers are required to follow the Access to Care appointment standards in the table below to ensure services are provided in a timely manner.

Molina Healthcare assesses providers 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	Within 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.

This bulletin provides tools to assist with HEDIS® and CAHPS® measures. Molina Healthcare aims to increase understanding, emphasize importance and provide guidance to positively influence member experiences.

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.