PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice:

- Increase patient retention
- Increase compliance with physician clinical recommendations
- Improve patient's overall wellness and health outcomes
- Ensure preventive care needs are addressed more timely
- Reduce no show rates

Please encourage your patients who have received the CAHPS® survey to participate. Listed below are a few topics addressed in the survey regarding patient care:

- Getting Needed Care
- Getting Care Quickly
- How Well the Doctors Communicate

Molina Healthcare's 2019 Quality Improvement Results

Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and annual Work Plan. Below are highlights from the annual evaluation.

The Provider Newsletter is a newsletter available to all network providers serving Molina Healthcare Members.

CAHPS®

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

Molina Healthcare has received results of how our members scored our providers and our services.

Medicaid: In 2019, Molina Healthcare top performing measures included rating of personal doctor, rating of health care and getting members care quickly. Areas with opportunity for improvement are health promotion and education, coordination of care and rating of health plan.

MMP: In 2019, Molina Healthcare's top performing measures were rating of drug plan, rating of health plan and getting members needed prescription drugs. Areas with opportunity for improvement include rating of health care, getting members needed care and getting members care quickly.

Behavioral Health Satisfaction
Molina Healthcare also assesses members' satisfaction with their behavioral health services. In 2019, Molina Healthcare improved in the following measures: getting treatment quickly, getting treatment and information, how well clinicians communicate, member's perceived improvement and members feeling informed about their treatment options. Areas for improvement include rating of health plan and member's perceived improvement.

HEDIS®

Another tool used to improve member care is the Healthcare Effectiveness Data and 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.

Medicaid: In 2019, Molina Healthcare improved HEDIS® measures for follow-up care for children prescribed ADHD medication, controlling high blood pressure for members with hypertension, and statin therapy adherence for members with cardiovascular disease. We need to improve on follow-up care within 7 days after a hospitalization for mental illness, eye exams for diabetic members, and use of first-line psychosocial care for children and adolescents on antipsychotics.

MMP: In 2019, Molina Healthcare improved HEDIS® measures for rheumatoid arthritis management and controlling blood sugar for diabetic members. We need to improve our rates for osteoporosis management in women who had a fracture, initiation of alcohol or drug treatment and colorectal cancer screening.

Culturally and Linguistically Appropriate Services
Molina Healthcare also assesses the cultural, ethnic, racial and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions. In 2019, the large majority (97%) of Molina Medicaid members identified English as their preferred language, followed by Spanish (3%). Spanish was the most requested language among Medicaid members for Molina's interpreter

services, followed by Russian and Vietnamese. The large majority (90%) of Molina MMP members identified English as their preferred language, followed by Spanish (0.31%). Spanish was also the most requested language among MMP members for Molina's interpreter services, followed by Vietnamese and Russian. Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a new series of short, Cultural Competency training videos available at www.MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources page listed under Health Resources.

Provider Satisfaction
Additionally, Molina Healthcare performs an annual analysis of how well providers' expectations and needs are being met. Areas of success for all lines of business are overall satisfaction and call center service satisfaction. Areas for improvement exist around satisfaction with the utilization and quality management, provider relations satisfaction and availability and quality of specialists and behavioral health providers.

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 Website. You can also view information about the Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Molina's website at **MolinaHealthcare.com.**

Continuous Glucose Monitors (CGMS)

Effective 1/1/2020, CGMS are covered under the member's pharmacy benefit. Prior authorization is required and requests should be faxed to Molina Healthcare Pharmacy Services at: (855) 571-3011. Long term use (> 14 days) and/or in combination with an external insulin pump may be considered medically necessary when the following is met:

Adults who are 18 years of age or older with type 1 diabetes (including gestational diabetes of pregnancy) who meet all of the following:
• 	MD is a board certified endocrinologist or maternal fetal medicine prescribing CGMS,
• 	Documentation of a comprehensive diabetic education program,
• 	Frequency of glucose self-testing at least 4 times per day during the previous month,
• 	Compliance with a plan recommended by a board certified endocrinologist,
• 	Insulin injections are required 3 or more times per day,
• 	FDA approved device is being requested,
• 	Insulin dose is adjusted based on self-testing results,
> 		Inadequate glycemic control despite compliance with frequent self-testing,
> 		Fasting hyperglycemia (greater than 150mg/dl) OR
> 		Recurring episodes of severe hypoglycemia (less than 50mg/dl),
• 	Persistent, recurrent unexplained severe hypoglycemic event, OR

- Hypoglycemia unawareness, OR
- Episodes of ketoacidosis, OR
- Hospitalizations for uncontrolled glucose levels, OR
- Frequent nocturnal hypoglycemia despite appropriate modifications in insulin therapy,
- HbA1c above 7% and have demonstrated compliance with an intensive insulin regimen and blood glucose monitoring 4 or more times a day and is willing and able to use the CGM device on a daily basis;
- Compliance with frequent self-monitoring of blood glucose (i.e., at least four times daily). Note: Blood glucose logs must be included with the prior authorization request.

Children who are age 2-18 years with type 1 diabetes who meet all of the following criteria:
- Board certified endocrinologist prescribing CGMS confirms the member or caregiver is capable of using a long-term CGM system, AND
- CGMS device is FDA approved for use in pediatric patients, AND
- HbA1c levels below 7.0%, and the CGM device is medically necessary to limit the risk of hypoglycemia, OR
- HbA1c levels greater than 7.5% and have demonstrated compliance with an intensive insulin regimen and blood glucose monitoring 4 or more times a day and is willing and able to use the CGM device on a daily basis. Note: Blood glucose logs must be included with the prior authorization request.

<u>**Continued use**</u> requires documentation of improved diabetic control AND compliance with device usage (ie download data).

Electronic Funds Transfer (EFT)

Molina has partnered with our payment vendor, ProviderNet, for Electronic Funds Transfer and Electronic Remittance Advice. Below are additional benefits and reminders:

Benefits:
- Providers get faster payment and eliminates mailing time (processing can take as little as 3 days from submission)
- Providers can search for a historical Explanation of Payment (EOP) by claim number, member number, etc.
- Providers can view, print, download and save a PDF version of the EOP for easy reference with no paperwork to store

- Transfer Protocol (FTP) and their associated Clearinghouse
- Electronic Funds Transfers ensure HIPAA compliance
- It's a free service for you!

ProviderNet Reminders:
- ProviderNet is only for providers who have registered for EFT.
- Providers should always login to their ProviderNet account and view their payment history before contacting Molina about a missing EFT payment.
- ProviderNet only facilitates the payments from Molina to the provider. Questions regarding claims payment should be directed to Provider Services/Call Center.
- If a provider receives a Molina payment that is not on their ProviderNet account (frequently Accounts Payable payments), providers should contact Provider Services/Call Center.
- Providers should be reminded to add all NPI's to their account that receive Molina payments.

Get started today! Provider that are not registered for EFT payments should contact: Electronic Funds Transfer at: (866) 409-2935, Email: EDI.Claims@Molinahealthcare.com

Opioid Use Disorder

The Problem:
Your community, town, or practice is likely no stranger to the Nation's opioid crisis. According to the National Institute of Drug Abuse (NIDA), "Every day, more than 130 people in the United States die after overdosing on opioids" (NIDA 2019) and every 15 minutes a baby is born that will suffer from opioid withdrawal (https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome). The economic burden of prescription opioid misuse in the United States is estimated to be $78.5 billion a year. This would include health care costs, lost productivity, addiction treatment and criminal justice involvement with more than a third of these costs being attributable to increased health care and substance abuse treatment costs.

Molina's Solution:
Molina has developed an Opioid Use Disorder (OUD) Model of Care (MOC) to help support the work that our providers are doing everyday by ensuring our internal processes work to remove barriers to care and that our clinicians are equipped with the skills to coordinate care for this vulnerable population. Molina's approach includes assigning a Substance Use Disorder (SUD) Navigator who has completed additional SUD trainings to improve efficiency of care coordination, member engagement and empower members to successfully self-manage post program completion.
Molina Healthcare's OUD MOC has identified opportunities to improve knowledge and processes that impact Molina's effectiveness in caring for members affected by opioid use. The OUD MOC is designed to improve factors related to access, education, appropriateness of treatment, collaboration, engagement, and internal awareness. The model includes:
- Health Plan Internal Awareness Gap Analysis
- Member (At-risk) Identification
- Enhanced Care Coordination
- Proprietary Screening Tools
- Comprehensive Staff Competency Trainings
- Data Dashboards and Reports

- Feedback and Monitoring

How Can I Help:
Minimize opioid overdose misuse, overdose and addiction by incorporating the following into your practice:
- Familiarize yourself with the latest HEDIS measures and associated tip sheets which include:
  - o Risk of Continued Opioid Use
  - o Use of Opioids at High Dosage
  - o Use of Opioids from Multiple Providers
  - o Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Refer members who you identify as possible candidates for care coordination through our OUD MOC to our care management department. You may contact us at (855) 882-3901
- Consider becoming a Medication Assisted Treatment (MAT) Provider by applying for the DEA X Waiver (resources below) to help close the access to care issues many patients face when attempting to seek help for their opioid addiction

Provider Resources:
- Visit our website (molinahealthcare.com) for our Opioid Safety Provider Education Resource Kit which includes free CMEs on Opioid Safety. These resources are located under our Health Resources tab
- Access our latest HEDIS Tip Sheets on the above measures mentioned by talking with your local Provider Services team at (855) 237-6178 and will soon be available via the Provider Portal

Sources:
National Institute of Drug Abuse. Opioid Overdose Crisis, January 2019.
National Institute of Drug Abuse. Neonatal Abstinence Syndrome.https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome

National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta. GA. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013.

2020 Provider Manuals

The [2020](2020) Provider Manuals will be made available on MolinaHealthcare.com website. The Provider Manual is customarily updated annually but may be updated more frequently as policies or regulatory requirements change. The provider manual is intended to provide Molina's contracted Providers with guidance in understanding Molina Healthcare's programs, processes and policies. Providers can access the most current Provider Manual at MolinaHealthcare.com

Provider Portal Corner

We improved the way you can report a data change to us. The new feature allows a Provider or Member to submit demographic corrections directly to Molina.

Online Correction Locations:

Provider Details

Back

Name:	Title:	Ge
DOE, JOHN	DO	Male

NPI:	License ID:	License Type:
1234567890	Not Available	SPECIALIST

Report data change in the Provider Directory
If you are a Molina Member: Submit Here
If you are a Molina Provider: Submit Here
*Medical Doctors are Licensed and Regulated by State Medical board.

POD – Search Details page

Zip: 77080

Mobile Number:

Report an update or inaccuracy in the Provider Directory:
Submit Here

Edit

Provider Portal