

Fall 2017 Provider Newsletter



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Molina Healthcare's 2017 HEDIS® and CAHPS® Results

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 2017, Molina Healthcare showed improvement on the rating of the health plan, rating of personal doctor, getting needed care, getting care quickly, how well doctors communicate and customer service. We still need to improve on rating of overall health care and rating of specialist seen most often.

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Medicare: In 2017, Molina Healthcare showed improvement on the rating of getting appointments & care quickly, getting needed care, customer service, care coordination and rating of health plan. We still need to improve on the rating of members receiving annual flu vaccines.

Marketplace: In 2017, Molina Healthcare showed improvement in cultural competence, rating of all health care, rating of personal doctor and plan administration. We need to improve in access to care and coordination of care.

MMP: In 2017, Molina Healthcare showed improvement in getting needed care, getting care quickly, and customer service and care coordination. Areas of improvement include members receiving an annual flu vaccine.

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.

Medicaid: Molina Healthcare improved on the following HEDIS® measures: weight assessment and counseling on nutrition and physical activity for children/adolescents, controlling high blood pressure, and comprehensive diabetes care HbA1c control less than 8 in 2017. We need to improve on antidepressant medication adherence (effective acute phase and effective continuation phase treatment), adolescent well-care visits, and well-child exams in the third to sixth years of life.

Medicare: In 2017, Molina Healthcare improved on the following HEDIS® measures: breast cancer screening, colorectal cancer screening, and comprehensive diabetes care HbA1c control less than 8. We also improved in members getting screened for colorectal cancer but will need additional improvement to meet the goal. We need to improve on follow-up after hospitalization for mental illness (30 day and 7 day follow-up). The diabetes measure that addresses poor control of diabetes is another area that needs improvement.

MMP: In 2017, Molina Healthcare performed well on comprehensive diabetes care for nephropathy and breast cancer screening. Opportunities for improvement include controlling high blood pressure and diabetes care HbA1c control less than 8.

Marketplace: In 2017, Molina Healthcare showed increased performance in cervical cancer screening, colorectal cancer screening, controlling high blood pressure, and comprehensive diabetes care HbA1c control less than 8. Opportunities for improvement include comprehensive diabetes care for nephropathy screening, breast cancer screening, and chlamydia screening in women.

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 QI Program and print a copy if you would like one. Please visit the provider page on Molina's website at www.MolinaHealthcare.com.

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'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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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/>.

Updating Provider Information

It is important for Molina Healthcare of Texas (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 Change of Information Form located on the Molina Healthcare website at www.MolinaHealthcare.com under the Provider Forms section.

Send changes to:

Email: MHT.PIM@MolinaHealthCare.com

Fax (877) 319-6851

Mail: Molina Healthcare of Texas

5605 N. MacArthur Blvd., Suite 400

Irving, TX 75038

ATTN: Provider Services Department

Contact your Provider Services Representative at (855) 322-4080 or MHTXProviderServices@MolinaHealthcare.com if you have questions.

MEDICARE ONLY: Important Reminder about Member ID Cards

Most Members have Molina Medicare in addition to Medicaid 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

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