

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2019



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Molina Healthcare’s 2018 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 2018, Molina Healthcare showed improvement on the rating of the overall healthcare and getting our members the care they needed. We still need to improve on getting our members access to care quickly, coordination of care and customer service.

Medicare: In 2018, Molina Healthcare improved in the rate of members receiving annual flu and pneumonia vaccines. The rating of care coordination needs improvement, including sub measures for member experience with personal doctor’s office follow-up to give test results and member experience getting test results as soon as needed.

Marketplace: In 2018, Molina Healthcare showed much improvement in multiple measures, including getting care quickly, getting needed care and rating of specialist. We need to improve the rating of providing better access to information and continue to improve in getting care quickly and getting needed care.

MMP: In 2018, Molina Healthcare showed improvement with the member’s experience with the health plan, specifically with care coordination and getting care quickly. There is opportunity to improve the percentage of members who receive the flu and pneumonia vaccines.

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: In 2018, Molina Healthcare improved on the HEDIS® measures related to the diabetes care including nephropathy and eye exams, as well as cervical cancer screenings. We need to improve on breast cancer screenings, controlling high blood pressure, follow-up after hospitalization for mental illness, and antidepressant medication management.

Medicare: In 2018, Molina Healthcare improved on the following HEDIS® measures: adult BMI assessment, antidepressant medication management, breast cancer screening, colorectal cancer screening, and controlling high blood pressure. We also improved on pharmacotherapy management of COPD exacerbation but will need additional improvement to meet the goal. The diabetes measure which addresses A1C control is another area that needs improvement.

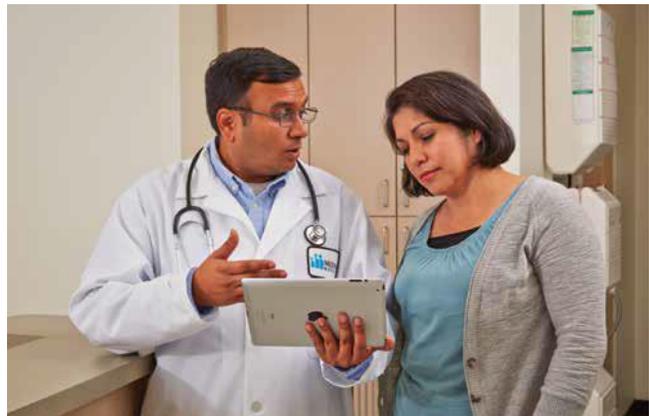
Marketplace: In 2018, Molina Healthcare showed increased performance in eye exam for diabetic members and treatment for children with upper respiratory infection. Opportunities for improvement include the assessment of body mass index, cervical cancer screening, and chlamydia screening.

MMP: In 2018, Molina Healthcare showed increased performance in antidepressant medication management, follow-up after hospitalization for mental illness, and pharmacotherapy management of COPD exacerbation. Opportunities for improvement include the assessment of body mass index, controlling high blood pressure, and breast cancer screening.

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.

Influenza Update

Xofluza™ (baloxavir marboxil) was approved by the Food and Drug Administration (FDA) to treat an acute influenza infection in people 12 years of age and older on October 24, 2018. In a phase 3 active- and placebo-controlled (parallel assignment) trial of 1,436 adult and adolescent subjects 12 to 64 years of age, there was no difference in the time to alleviation of symptoms between subjects who received Xofluza™ (54 hours) and those who received oseltamivir (54 hours) and for adolescent subjects (12 to 17 years of age), the median time to alleviation of symptoms for subjects who received Xofluza™ was 54 hours vs. 93 hours in the placebo arm. Based on the outcomes, Xofluza™ did result in statistical significantly shorter time to alleviation of symptoms when compared to placebo. Limitations to the clinical trials was the patient selection criteria; those patients with characteristics who met the CDC recommendation list for antiviral therapy were for the most part excluded from the clinical trials. The most common adverse reactions were diarrhea, bronchitis, nasopharyngitis, headache and nausea, occurring in less than 3% of the population. Xofluza™ does have drug interactions with polyvalent cation-containing laxatives, antacids, or oral supplements which are commonly used medications and food products.



The single dose oral tablet option is made by Genentech, the same company that brought Tamflu™ (oseltamivir) to the market. Tamflu™ (oseltamivir) is now available as a generic product, making it a potentially more cost-effective option.

Drug	Manufacturer	Mechanism	Efficacy	Age	Dosing Regimen	Wholesale Acquisition Cost/course
Xofluza™ (baloxavir)	Genentech	Selective inhibitor of cap-dependent endonuclease	Reduces duration of symptoms from average of 80.2 hrs to ~53.7 hrs	≥ 12 yrs	40mg or 80mg x1 dose	\$150
Tamiflu™ (oseltamivir)	Genentech	Neuraminidase inhibitor	Median times to alleviation of symptoms 97.5 versus 122.7 hours	≥1 yr	75mg q 12 hr x 5 days (Separate pediatric dosing)	\$77 (generic)

Currently there is no data available for the utilization of Xofluza™ in high risk patients for prophylaxis of influenza. While Xofluza does have a differing mechanism of action from oseltamivir, since 2009, ninety-nine percent of influenza virus isolates have been susceptible to neuraminidase inhibitors.

Molina Healthcare, Inc. National P&T has voted to not add this product to the standard formularies at this time, allowing it to be accessible via a medical exception request.

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: (P) 1-866-409-2935, Email: EDI.Claims@Molinahealthcare.com

Wear Red Day Friday, Feb 1, 2019

It's true: Heart disease is the No. 1 killer in women. Yet, only 1 in 5 American women believe that heart disease is her greatest health threat.

Take Amy Heintz, for example, an avid marathon runner and fitness devotee. Heart disease was the furthest thing from her mind – until she collapsed during an early-morning workout. A diagnosis of heart disease followed, and it took her completely by surprise.

“I really couldn't believe this happened to me,” Amy says. “I thought of myself as a healthy person, and I was exercising when it happened. I truly believed I had pulled a muscle.” Which is why her friend called 9-1-1, not Amy.

The truth is, women are less likely to call 9-1-1 when experiencing symptoms of a heart attack themselves. It simply doesn't occur to them to do so. And why would it? The bulk of media attention on the disease is focused on men.

Here are more unsettling facts:

- Heart disease causes 1 in 3 women's deaths each year, killing approximately one woman every minute.
- 90 percent of women have one or more risk factors for developing heart disease.
- Since 1984, more women than men have died each year from heart disease and the gap between men and women's survival continues to widen.
- The symptoms of heart disease can be different in women vs. men, and are often misunderstood.
- While 1 in 31 American women dies from breast cancer each year, 1 in 3 dies of heart disease.

It's time to focus on finding, and becoming the solution. Here's what you need to know about the causes of heart disease and ways you can prevent it.

What causes heart disease?

Heart disease affects the blood vessels and cardiovascular system. Numerous problems can result from this, many of which are related to a process called atherosclerosis, a condition that develops when plaque builds up in the walls of the arteries. This buildup narrows the arteries, making it harder for blood to flow through. If a blood clot forms, it can stop the blood flow. This can cause a heart attack or stroke.

But it doesn't end there. Heart disease can take many other forms as well:



- Heart failure or congestive heart failure, which means that the heart is still working, but it isn't pumping blood as well as it should, or getting enough oxygen.
- Arrhythmia or an abnormal rhythm of the heart, which means the heart is either beating too fast, too slow or irregularly. This can affect how well the heart is functioning and whether or not the heart is able to pump enough blood to meet the body's needs.
- Heart valve problems can lead to the heart not opening enough to allow proper blood flow. Sometimes the heart valves don't close and blood leaks through, or the valve leaflets bulge or prolapse into the upper chamber, causing blood to flow backward through them.

How can I prevent it?

Many things can put you at risk for these problems – one's you can control, and others that you can't. But the key takeaway is that with the right information, education and care, heart disease in women can be treated, prevented and even ended.

Studies show that healthy choices have resulted in 330 fewer women dying from heart disease per day. Here are a few lifestyle changes you should make:

- Don't smoke
- Manage your blood sugar
- Get your blood pressure under control
- Lower your cholesterol
- Know your family history
- Stay active
- Lose weight
- Eat healthy

It's time to Go Red!

There's much more work to be done before heart disease becomes a thing of the past. But together, we can do it. Women who Go Red are helping us uncover the truth about heart disease and have made incredible improvements in their heart health. Are you ready to join us?

Source: https://www.goredforwomen.org/about-heart-disease/facts_about_heart_disease_in_women-sub-category/causes-prevention/

2019 Provider Manuals

The 2019 Provider Manuals will be available on MolinaHealthcare.com in January 1, 2019. The provider manual is intended to provide Molina contracted Providers with guidance in understanding Molina Healthcare's programs, processes and policies. Manuals may be revised as Molina Healthcare's policies, programs or regulatory requirements change. All changes and revisions will be updated and posted to the Molina Healthcare website located at www.molinahealthcare.com.

Provider Portal Corner



Effective 10/11/18, Third Party Billers (3PB) have access to certain functions in the Provider Portal.

Molina contracted Providers may now grant access to their contracted third party billers who will be able to log into the Provider Portal. Once they are registered and granted access by a provider they can utilize the following functionality:

- Member Eligibility Inquiry
- Member Roster
- Claims (Inquiry & Submission)

To register a 3PB, the Provider Portal Account administrator for the Provider’s office must invite the 3PB via the “Manage Users” function. Once the new 3PB user is selected to Invite, the administrator will:

- Select “Biller” as the user role
- Attest to the Third Party Biller contract and BAA status
- Once the invitation is submitted, the 3PB will receive an invitation via the email address provided.

Manage User Screen

User Details
 User Id:

Functionality Access

Provider	Role
MOLINA HEALTH - 123456789 - xxx5555	<input type="text" value="Biller"/>
MOLINA HEALTH PC - 123456789 - xxx6556	<input type="text" value="Biller"/>

Yes No Click here if this invitation is for a Third Party Biller outside of your organization
 Click here if you attest that the Third Party Billing firm has an active contract with your organization
 Click here if you attest that the Third Party Billing firm has a current business associate agreement with your organization

If a role type is not selected, it is defaulted to "Basic"

Please note the following: The 3PB have the ability to toggle between multiple Pay-To groups from the same state with one user ID, similar to the non-3PB Biller role. If they need access to another state’s Pay-To group, they will need to create a separate User ID with a different email address.