

PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks



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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.

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 showed improvement in shared decision making, coordination of care and rating of specialist. We need to focus on improving the rating of our health plan and getting members care quickly.

Medicare: In 2019, Molina Healthcare demonstrated improvement in getting members care quickly and care coordination. Areas with opportunity for improvement include getting members needed care and getting members needed prescription drugs.

Behavioral Health Satisfaction

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

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 on the HEDIS® measures related to asthma medication ratio, statin therapy adherence for members with diabetes, and blood pressure control and hemoglobin A1c control for members with diabetes. We need to improve on follow-up care for children prescribed ADHD medication, pharmacotherapy management of COPD using systemic corticosteroid, and adherence to antipsychotic medication for members with schizophrenia.

Medicare: In 2019, Molina Healthcare improved on the following HEDIS® measures: BMI assessment and diabetic measures, such as blood sugar control and eye exams. Improvements are needed to ensure that members are managing their rheumatoid arthritis and receiving breast cancer screenings.

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 (88%) of Molina Medicaid members identified English as their preferred language, followed by Spanish (10%) and Burmese (1%). Spanish was the most requested language for Molina's interpreter services, followed by Burmese and Karen. The percentage of requests for Burmese interpreters increased slightly between 2018 and 2019. 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 call center service satisfaction. Areas for improvement exist around satisfaction with the utilization and quality management, availability and quality of specialists and behavioral health providers and call center satisfaction.

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 www.MolinaHealthcare.com.

Rybelsus

Rybelsus (oral semaglutide), a glucagon-like peptide-1 (GLP-1) receptor agonist, was recently approved in September 2019 by the Food and Drug Administration (FDA) for the treatment of type 2 diabetes in adults. This is the first oral formulation of a GLP-1 receptor agonist to be approved in the US. A once weekly injectable form of semaglutide has been on the US market since 2017.

In a series of ten PIONEER phase 3 trials conducted by Novo Nordisk, oral semaglutide performed favorably against other injectable GLP-1 receptor agonists and other currently available antidiabetic medications. It has a list price of \$772 for 30 tablets.

A recent study conducted by the Institute for Clinical and Economic Review (ICER) compared oral semaglutide to liraglutide, empagliflozin, sitagliptin, and ongoing background antihyperglycemic treatment (metformin, sulfonylureas, insulin). In summary, the report found:

- Oral semaglutide reduced HbA1c more than placebo, empagliflozin, sitagliptin, and liraglutide at 52 weeks.
- Oral semaglutide reduced body weight more than placebo, liraglutide, and sitagliptin. Reductions in body weight were similar with oral semaglutide and empagliflozin.
- Oral semaglutide did not have a statistically significant reduction in major adverse cardiovascular events (MACE) compared to placebo. Injectable semaglutide, liraglutide, and empagliflozin did reduce MACE compared to placebo.
- Gastrointestinal effects including nausea, vomiting, and diarrhea were the most common adverse reactions reported with oral semaglutide (up to 20% of trial participants), which led to increased rates of therapy discontinuation.



Table 1: Oral Semaglutide and Comparators

Treatment	Add-On Drug Cost	Complication Cost	Total Cost	MACE	CHF	ESRD	LYs	QALYs
Oral Semaglutide + background treatment	\$46,000	\$208,000	\$295,000	59.9%	29.4%	13.0%	8.18	4.03
Sitagliptin (Januvia®) + background treatment	\$5,000	\$209,000	\$254,000	65.8%	27.6%	14.8%	7.66	3.73
Empagliflozin (Jardiance®) + background treatment	\$16,000	\$204,000	\$263,000	63.4%	22.8%	12.4%	8.07	3.97
Liraglutide (Victoza®) + background treatment	\$60,000	\$203,000	\$305,000	62.2%	23.5%	12.4%	8.06	3.72
Background treatment alone	--	\$208,000	\$250,000	67.2%	27.7%	14.6%	7.55	3.63

Table 1 shows estimated lifetime costs, medical complication costs, major adverse events, life years added, and quality-adjusted life years added of oral semaglutide and comparators. MACE: major adverse cardiovascular event, CHF: congestive heart failure, ESRD: end stage renal disease, QALY: quality-adjusted life years

When considering price, effectiveness, and adherence, ICER found oral semgalutide to be cost-saving compared to liraglutide, sitagliptin, and background treatment alone, but not compared to empagliflozin.

Molina has chosen not to add Rybelsus to the formulary at this time, but Ozempic, Victoza, and Trulicity are the preferred agents for Molina One, and Ozempic and Victoza are the preferred agents for MKP formulary for 2020.

References:

1. Rind D, Guzauskas G, Fazioli K, Hansen R, Kumar V, Chapman R, Borrelli E, Bradt P, Pearson S. Oral Semaglutide for Type 2 Diabetes: Effectiveness and Value. Institute for Clinical and Economic Review, November 1, 2019. <http://icer-review.org/material/diabetes-evidence-report/>

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

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:

- Risk of Continued Opioid Use
 - Use of Opioids at High Dosage
 - Use of Opioids from Multiple Providers
 - 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 “[Health plan CM phone queue #](#) “and/or “[Health plan general CM mailbox, if applicable](#)”
 - 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 (www.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 “ “ 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](#) 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 www.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

City: HOUSTON
Zip: 77080
Mobile Number:

Report an update or inaccuracy in the Provider Directory:
[Submit Here](#)

[Edit](#)

Provider Portal