



Molina Healthcare is committed to ensuring our members receive recommended preventive care based on age, health status and medical conditions. Our goal is to help members take better care of themselves and their children using HEDIS® guidelines.

We also want to give our members the best service possible. That is why we use CAHPS®, a member survey about Molina Healthcare and health care services. This survey covers topics important to consumers and focuses on aspects of quality consumers are best qualified to assess. Providers can use survey results to improve quality of the services they provide.

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

Controlling High Blood Pressure (CBP)

Molina Healthcare annually monitors patients 18 to 85 years old who had a diagnosis of hypertension and whose last blood pressure (BP) of the year was adequately controlled (lower than 140/90) during the measurement year. The most recent BP is used.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Controlling High Blood Pressure	59.73%	64.38%	65.50%

Strategies for Improvement

- Calibrate the sphygmomanometer annually.
- Select appropriately sized BP cuff.
- If the BP is high at the office visit (140/90 or greater), take it again (HEDIS® allows use of the lowest systolic and diastolic readings in the same day). Often, the second reading is lower.
- Do not round BP values up. If using an automated machine, record exact values.
- Review hypertensive medication history and patient compliance. Consider modifying treatment plans for uncontrolled BP, as needed. Have the patient return in three months.
- If initial BP is very high and unlikely to respond to a single drug and lifestyle modification, current guidelines recommend two BP drugs started at first visit.
- Molina Healthcare has pharmacists available to help address medication issues.

Use of Imaging Studies for Low Back Pain (LBP)

Molina Healthcare annually monitors the percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Use of Imaging Studies for Low Back Pain	69.63%	69.42%	83.00%

Strategies for Improvement

- Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment or IV drug abuse).
- Provide education on comfort measures (e.g., pain relief), stretching exercises and activity level.
- Use correct exclusion codes if applicable (e.g., cancer).

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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Monthly Health Messages

May – High Blood Pressure Education
 June – Asthma and Allergy Awareness
 July – UV Awareness

- Look for other reasons for low back pain visits (e.g., depression, anxiety, narcotic dependency, psychosocial stressors, etc.).

Appropriate Treatment for Children with Pharyngitis (CWP)

Molina Healthcare annually monitors the percentage of children 2 to 18 years old who received a sole diagnosis of pharyngitis, were dispensed an antibiotic and received a group A streptococcus (strep) test for the episode during the same calendar year.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Appropriate Treatment for Children with Pharyngitis	60.29%	67.65%	78.00%

Strategies for Improvement

- Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics. Submit this test to Molina Healthcare for payment or as a record that you performed the test.
- Clinical findings alone do not adequately distinguish strep vs. non-strep pharyngitis. Most “red throats” are viral and should never be treated empirically, even in children with a long history of strep. Their strep may have become resistant and will need a culture.
- Submit any co-morbid diagnosis codes that apply on the claim/encounter.
- If rapid strep test or throat culture is negative, educate parents that antibiotic is not needed.
- For more, visit the Centers for Disease Control and Prevention website at www.cdc.gov.

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Molina Healthcare annually monitors the percentage of members 3 months to 18 years old who received a sole diagnosis of URI and were not dispensed an antibiotic treatment.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Appropriate Treatment for Children with Upper Respiratory Infection	82.91%	88.27%	92%

Strategies for Improvement

- Include all primary and secondary ICD-10 diagnosis codes on claims to support antibiotic treatment.
- Use flow sheets to promote adherence to guidelines when assessing and treating URI.
- Explain safe home remedies and appropriate over-the-counter medications for symptom relief.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

Molina Healthcare annually monitors the percentage of adults 18 to 64 years old with a sole diagnosis of acute bronchitis who were not dispensed an antibiotic prescription during the calendar year.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	20.69%	16.52%	29%

Strategies for Improvement

- Educate patients on comfort measures without antibiotics (e.g., extra fluids and rest).
- Discuss expectations for recovery time (e.g., cough can last four weeks without being “abnormal”).
- For patients insisting on an antibiotic, educate and write a prescription for symptom relief.
- Encourage follow-up in three days if symptoms do not get better.
- Submit co-morbid diagnosis codes, if present, on claim/encounter.
- Submit competing diagnosis codes for bacterial infection, if present, on claim/encounter.

Lead Screening in Children (LSC)

Molina Healthcare monitors the percentage of children who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
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Lead Screening in Children	69.54%	66.62%	82.24%
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Strategies for Improvement

- Take advantage of every office visit (including sick visits) to perform lead testing.
- Consider a standing order for in-office lead testing.
- Educate parents about the dangers of lead poisoning and the importance of testing.
- Provide in-office testing (capillary).

Coordination of Care

The annual CAHPS® survey measures members' satisfaction with their health care and health plan. One measured area of satisfaction relates to coordination of care in the past six months.

- ✓ In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from other doctors or other health providers?

Percentages of "Usually" or "Always" responses are listed below:

CAHPS® Measure – <i>Coordination of Care</i>	2014 Result	2015 Result	Goal**
Adult	78.4%	78.7%	N/A
Child—General	81.9%	79.6%	N/A
Child—Chronic Conditions	80.3%	84.5%	N/A

Rating of All Health Care

Another measured area of satisfaction relates to all health care received in the past six months.

- ✓ Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the past six months?

Percentage of ratings of 8, 9 and 10 are listed below:

CAHPS® Measure – <i>Rating of all Health Care</i>	2014 Result	2015 Result	Goal*
Adult	77.1%	76.2%	85.66%
Child—General	86.3%	87.2%	85.66%
Child—Chronic Conditions	84.7%	86.6%	85.66%

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.

**There are currently no national benchmarks for this CAHPS® measure.