

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

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

These articles are intended to be tools to assist with HEDIS® and CAHPS® measures. Through further education, we hope to increase understanding, emphasize importance, and provide guidance on ways to positively influence member experiences.

Comprehensive Diabetes Care (CDC)

Molina Healthcare annually monitors the percentage of members 18-75 with diabetes (type 1 and type 2) who had each of the following during the calendar year.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
HbA1c Testing	79.91%	84.55%	87.01%
HbA1c Control (>8.0%)	48.79%	51.88%	55.70%
Eye Exam	55.19%	57.84%	61.75%
Monitoring for Nephropathy	76.60%	77.95%	83.03%
Blood Pressure Control (<140/90 mm Hg)	56.73%	67.55%	69.82%

Strategies for Improvement

- Review diabetes services needed at each office visit and order labs prior to patient appointments.
- Bill for point-of-care HbA1c tests completed in-office and document result and date in chart.
- Adjust therapy to improve HbA1c and BP levels. Follow-up with patients to monitor changes.
- A dilated retinal eye exam, remote imaging and fundus photography count if results are read by an eye care professional (optometrist or ophthalmologist).
- Use CPT II codes to help identify the exact HbA1c percentage level.

Antidepressant Medication Management

Molina Healthcare annually monitors the percentage of members 18 and older with a diagnosis of major depression newly treated with antidepressant medication who remained on treatment for 12-week and six-month periods.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Antidepressant Medication Management – 12 weeks	64.62%	51.53%	52.74%
Antidepressant Medication Management – 6 months	44.61%	36.33%	37.31%

Strategies for Improvement

- Educate your patients on how to take their antidepressant medications including:
 - How antidepressants work, the benefits and how long they should be used
 - Expected length of time to be on antidepressant before starting to feel better
 - Importance of continuing medication (for at least six months) even if patient feels better
 - Common side effects, how long the side effects may last and how to manage them
 - What to do if your patient has questions or concerns

Questions?

Call Provider Services
(855) 322-4079 – 8 a.m. to 6 p.m.
Monday through Friday

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Monthly Health Messages

Nov. – Manage & prevent diabetes
Dec. – Mental health screenings
Jan. – Appropriate prenatal care

Follow-Up After Hospitalization for Mental Illness

Molina Healthcare annually monitors the percentage of members 6 years and older hospitalized for treatment of selected mental health disorders who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within seven and 30 days of discharge.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Follow-up within 30 days	43.86%	58.70%	77.47%
Follow-up within 7 days	30.54%	38.86%	57.68%

Strategies for Improvement

- Educate inpatient and outpatient providers about the measure and the clinical practice guidelines.
- Schedule follow-up before patient leaves the hospital. Same-day outpatient visits count.
- Use Molina Healthcare Care Managers or Care Coordinators to set up appointments.
- Visits must be with a mental health provider.

Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment

Molina Healthcare annually monitors the percentage of members 13 years and older with a new episode of AOD dependence who received the following:

- Initiation of AOD Treatment: Had an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.
- Engagement of AOD Treatment: Had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Engagement of AOD Treatment	3.45%	9.50%	18.56%
Initiation of AOD Treatment	36.13%	38.50%	43.62%

Strategies for Improvement

- Use standard templates in charts and EMRs with checkboxes for standard counseling activities.
- Provide patient reminders and materials to assist in upcoming care visits.

Follow-Up for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

Molina Healthcare annually monitors the percentage of children 6-12 newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of dispensing the first ADHD medication. Two rates are reported:

- (1) Initiation Phase: One follow-up visit with a practitioner with prescribing authority during 30-day initiation phase
- (2) Continuation/Maintenance Phase: In addition to the visit in the Initiation Phase, at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Follow-Up for ADHD Medication, Initiation Phase	39.33%	52.41%	44.46%
Follow-Up for ADHD Medication, Continuation/Maintenance Phase	45.41%	62.24%	56.10%

Strategies for Improvement

- When prescribing a new medication to your patient, schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office.
- Schedule two more visits in the nine months after the first 30 days to monitor patient's progress.
- Never continue these controlled substances without at least two visits a year to evaluate progress. If nothing else, you need to monitor child's growth to make sure he/she is on the correct dosage.

Frequency of Ongoing Prenatal Care (FPC) & Timeliness of Prenatal Care (PPC)

Molina Healthcare annually monitors the percentage of members who delivered between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year who received nine expected

prenatal visits. The percentage is adjusted by the month of pregnancy at the time of enrollment and gestational age.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Frequency of Ongoing Prenatal Care (81%+ of visits)	69.80%	76.16%	72.99%

Molina Healthcare annually monitors the percentage of pregnant members who received a prenatal care visit in the first trimester or within 42 days of enrollment.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Timeliness of Prenatal Care	86.29%	88.66%	90.39%

Strategies for Improvement

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask staff to prioritize new pregnant patients and ensure appointments for pregnancy visits are scheduled within the first trimester or within 42 days of enrollment.
- Have a direct referral process to OB/GYN in place.
- Refer members to Molina Healthcare's Pregnancy Rewards program.

Postpartum Care (PPC)

Molina Healthcare annually monitors the percentage of pregnant members who had a postpartum visit with an OB/GYN practitioner or PCP between 21 and 56 days after delivery.

HEDIS® Measure	2013 Rate	2014 Rate	Goal*
Postpartum Care	61.42%	62.50%	71.05%

Strategies for Improvement

- Schedule your patient for a postpartum visit within 21 to 56 days from delivery. (Please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®.)
- Use Molina Healthcare's postpartum calendar tool to ensure visit is within the correct timeframe.

Getting Care Quickly

An area of satisfaction measured through CAHPS® is how quickly members receive care when they need care right away.

- ✓ *In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?*
- ✓ *In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?*

On a composite three-point scale, the provider survey question results are as follows:

CAHPS® Measure – Getting Care Quickly	2014 Result	2015 Result	Goal
Adult – Combined	81.55%	77.80%	81%
Child	90.56%	88.1%	88.6%

By continuing to provide quality assistance to your patients, you can help improve patient satisfaction and experience rates. Thank you for taking care of your patient's health care needs and keeping them satisfied to ensure their health care experience is a positive one.

*National NCQA 75th percentile for Medicaid HMO plans. 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).