



Molina Provider Collaboration Portal FAQs

Powered by SpectraMedix



Overview

This document provides helpful answers to frequently asked questions (FAQs) regarding the Molina Provider Collaboration Portal – powered by SpectraMedix. This FAQ includes:

- Section 1: General Information
- Section 2: Accessibility
- Section 3: Features
- Section 4: Terminology

Section 1: General Information

Q: Who is SpectraMedix?

A: SpectraMedix is a leading producer of health care Software as a Service (SaaS) solutions used to accelerate implementation of value-based purchasing (VBP) and population health management. SpectraMedix designed their solutions to help payers and providers improve quality outcomes together and deliver the right care at the right time.

Q: What is the Molina Provider Collaboration Portal?

A: The Molina Provider Collaboration Portal helps providers view their attributed or assigned Molina Healthcare members and track quality of care performance. This allows providers to easily identify members with quality gaps and/or chronic conditions that may require assessment and ongoing support. The portal also provides information about medical utilization and cost of care.

Q: From a provider perspective, what is changing?

A: With this new tool, providers can track member care needs and monitor their progress in delivering high-quality care as measured by priority quality outcomes.

Q: When can providers expect this change?

A: Molina's go-live dates differ by state. Providers can reach out to their local Molina provider services team to learn when the Molina Provider Collaboration Portal will be available.

Q: How does this benefit my practice/members?

A: The Molina Provider Collaboration Portal supplies Molina providers with timely, actionable data to identify member needs and improve care quality and delivery.

Q: Why is the change occurring?

A: The Molina Provider Collaboration Portal is part of Molina's overarching effort to streamline VBP processes and improve quality outcomes for our members. This will make it easier for providers to monitor their cost of care and quality performance.

Q: Whom can I contact with general questions about the Molina Provider Collaboration Portal?

A: For questions about rollout timeline, capabilities, training and resources, providers can contact their local provider relations team.

External use only.

Q: How does the Molina Provider Collaboration Portal enable users to improve performance?

A: The Molina Provider Collaboration Portal offers many ways for providers and their care teams to manage and improve performance. For example, it delivers advanced capabilities to:

- Identify open care gaps
- Provide additional support and outreach to super-utilizers
- Pinpoint members with chronic conditions that may require assessment and additional care planning
- Help providers in a Molina VBP arrangement track financial incentives earned year to date for VBP quality measures, with potential total payout and potential total unearned payout displayed

Section 2: Accessibility

Q: Who can access the Molina Provider Collaboration Portal?

A: Practitioners assigned as primary care providers (PCPs) for Molina members and practitioners working with provider groups that participate in a Molina VBP contract or program will have access.

Q: How do users access the Molina Provider Collaboration Portal?

A: The provider group's Availity administrator will add the practitioner as a user. Once added, the practitioner will be able to navigate to the Molina Provider Collaboration Portal tile in the Molina payer space. Clicking the tile will take the practitioner to the Molina Provider Collaboration Portal via a single sign-on. They will then be able to access the portal and their organization's data based on their role-based access privileges.

Q: Is access to this portal limited to providers that participate in a VBP arrangement with Molina?

A: No, not at all! The portal is for all practitioners assigned as PCPs for Molina members. PCPs will be able to view gaps in care for their Molina patients. If practitioners – PCPs or specialists – are in a provider group that participates in a VBP arrangement, they will also see information specific to that arrangement.

Q: Is the Molina Provider Collaboration Portal integrated with Availity?

A: Yes, the Molina Provider Collaboration Portal integrates with Availity. Practitioners who have been registered in Availity by their provider group's Availity administrator will have access to a Molina Provider Collaboration Portal tile in the Molina payer space.

Q: Is the Molina Provider Collaboration Portal compliant with Health Insurance Portability and Accountability Act (HIPAA) regulations and other healthcare-related laws and regulations?

A: Yes, the Molina Provider Collaboration Portal is HIPAA-compliant.

Q: Is the Molina Provider Collaboration Portal Health Information Trust Alliance (HITRUST) certified?

A: Yes, the Molina Provider Collaboration Portal has earned certified status for information security by HITRUST.

Section 3: Features

Q: What are value levers and which value levers are visible in the Molina Provider Collaboration Portal?

A: Value levers are key performance indicators for quality and financial performance in value-based arrangements. They may include the following:

- **Performance year-** shows calendar and financial year.
- **Line of business-** shows lines of business such as Medicaid, Medicare and Marketplace.
- **Year-to-date (YTD) financial incentives earned-** shows the estimated amount of incentives a provider has earned to date based on available information for the quality measures in their VBP contract or program.
- **Financial incentives scorecard drill down-** shows estimated financial incentive details including:
 - **Total measures.**
 - **Total potential max payout.**
 - **Total payout.**
 - **Total unearned.**
 - **Percentage payout.**
 - **List of contract or program measures** with performance demographic and performance details for each.
 - **Total Member Population-** shows member attribution details for the provider's assigned or attributed Molina members.
 - **Total quality score-** shows the average quality score of quality measures in the provider's VBP contract or program.
 - **Care gaps open against the measures** (this value lever is hyperlinked to a detailed the care gap list – see below for gap list description).
 - **Chronic Condition Persistency (CCP)-** shows the rate at which a member's chronic conditions have been documented as persisting from the previous year. Please note that CCP rates and gap lists are for informational purposes only and are intended to inform planning for assessments and care. Some members will have conditions that resolve, preventing the achievement of 100% chronic condition persistency.
 - **Cohort average-** shows the average performance of all peer providers that are part of the same VBP contract or program type.
 - **Baseline-** shows the previous year's total quality score.
 - **Target-** shows the current year's overall target score.

Q: What is a gap list?

A: Gap lists show providers their assigned or attributed Molina members that may need evaluation or services to support accurate documentation and optimal health outcomes. Please note that chronic condition persistency (CCP) rates and gap lists are for informational purposes only and are intended to inform planning for assessments and care. Some members will have conditions that resolve, preventing the achievement of 100% chronic condition persistency.

Q: What information does the member summary view contain?

A: The member summary is the longitudinal health record of a specific member, which covers comprehensive details such as member demographics, PCP details, chronic conditions, care gap intervention details, treatment cost and utilization.

Section 4: Terminology

Q: How are individual quality measures determined?

A: Quality measures are based on the measures included in a provider's VBP arrangement with us and those that are a priority for the state and/or federal health insurance program.

Q: What does the total quality score represent?

A: Total quality score represents the average quality score of all the priority quality measures.

Q: What are gaps in care?

A: A gap in care is indicated when a service or evaluation is needed to meet industry standards for high quality care.

Q: What does chronic condition persistency section represent?

A: This section shows the percentage of members who have persisting chronic conditions. Click on the chronic condition persistency rate percentage to navigate to the chronic condition gap list, which shows a list of members who have one or more open chronic conditions gaps in care. Please note that chronic condition persistency rates and gap lists are for informational purposes only and are intended to inform planning for assessments and care. Some members will have conditions that resolve, preventing the achievement of 100% chronic condition persistency.

Q: What is a KPI and how is it determined?

A: KPI stands for key performance indicator. It is a measurable value that provides insight into the incentives that a provider has earned to date for the quality measures in the VBP arrangement.