MOLINA HEALTHCARE QUALITY BULLETIN

Healthy Adults

Voice of the Customer

Molina Healthcare contacted our adult Medicaid members to ask them about routine primary care visits. Our goal was to learn how to better serve our members and encourage them to complete a yearly wellness visit. Based on member responses, the following were cited as barriers to care:

- Members were not receiving reminders to schedule their yearly wellness visit.
- Members who did not have a relationship with their primary care provider (PCP) tended to seek care at the emergency department.
- Members had competing priorities, scheduling conflicts and sought out care only when symptoms began.

Molina also engaged providers to gain insight into what is being done to increase yearly wellness visits. Some ideas providers cited:

- Sending letters and following up with telephone calls.
- Offering evening hours.
- Intentional outreach for language assistance.
- Email and text messaging.
- Launching automated reminder telephone calls prior to appointment.
- Completing screening questions during telephone calls and planning to include wellness visit at upcoming appointment.
- Patient portal usage.
- Offering telehealth services.

Molina recognizes member challenges and is working to increase awareness of the importance of yearly wellness visits and reminders. As a PCP, you can positively impact your patients' perception of the importance of a yearly wellness visit. Consider the following:

- Explain to your patient why it's important to go to their yearly visit, even if they are feeling fine.
- Send reminders to alert your patients that you recommend a yearly visit and that you look forward to speaking with them.
- Build a relationship with your patients, which helps build trust when patients are choosing where to seek care for symptoms.

Stay up to date on the 2024 annual visit Healthcare Effectiveness Data and Information Set (HEDIS®)* measure guidelines.

The Quality Provider Bulletin is a quarterly newsletter distributed to all network providers serving beneficiaries of Molina Healthcare of Ohio Medicaid, Medicare, MyCare Ohio and Health Insurance Marketplace health care plans.

- **Adults' Access to Preventative/Ambulatory Health Services (AAP):** The percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.

Description	Code
Ambulatory Visits	**CPT:** 92002, 92004, 92012, 92014, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421- 99423, 99429, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, S0620, S0621, T1015 **UBREV (Uniform Bill Revenue Codes):** 0510-0517, 0519-0529, 0982, 0983
Reason for Ambulatory Visit	**ICD-10** Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81- Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 Note: Do not include laboratory claims (POS 81).

***HEDIS**® is a registered trademark of the National Committee for Quality Assurance (NCQA)*

Chronic Conditions

Controlling Blood Pressure

The Controlling Blood Pressure (CBP) HEDIS® measure assesses the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Codes Included in the Current HEDIS® Measure:

Description	Code
Hypertension	**ICD-10:** I10
Codes to Identify Blood Pressure Readings	**Systolic Reading** • Less than 130 mm Hg: **CPT II**: 3074F • Between 130-139 mm Hg: **CPT II**: 3075F • Greater than/equal to 140 mm Hg: **CPT II**: 3077F **Diastolic Reading** • Less than 80 mm Hg: **CPT II**: 3078F • Between 80-89 mm Hg: **CPT II**: 3079F • Greater than/equal to 90 mm Hg: **CPT II**: 3080F

Codes to Identify Telephone Visits and Online Assessments	**Telephone Visits** • **CPT:** 98966-98968, 99441-99443 **Online Assessments (E-visits or Virtual Check-in)** • **CPT**: 98969-98972, 99421-99423, 99444, 99457, 99458 • **HCPCS**: G0071, G2010, G2012, G2061-G2063, G2250-G2252

A team-based approach is an effective way to lower BP in members with uncontrolled hypertension. In a recent study[1], researchers compared two models of team-based care for moderately severe uncontrolled hypertension in routine primary care: (1) clinic-based care using best practices and face-to-face visits; and (2) telehealth care including the same best practices, but with added home BP telemonitoring and home-based care coordinated by a clinical pharmacist or nurse practitioner.

In both groups, there was a significant decline in systolic BP by a similar amount (18-19 mm Hg) from a baseline of 157 to 139 mm Hg over 12 months of follow-up. It is noteworthy that patients in the telehealth care group reported higher satisfaction with their hypertension care, more frequent self-monitoring of home BP, perception that medications were changed based on home BP and less inconvenience related to BP care visits. These findings suggest that telehealth care including extended team care is an effective and safe alternative to clinic-based care for improving patient-centered care for hypertension.

[1] Margolis, Karen, et.al. *Comparing Pharmacist-Led Telehealth Care and Clinic-Based Care for Uncontrolled High Blood Pressure*. Hypertension, 25 Oct 2022. doi.org/10.1161/HYPERTENSIONAHA.122.19816

Behavioral Health

The Great Paradigm Shift

In 2024, Molina is working to break barriers and remove roadblocks for our members to get care. Molina has noticed a shift in how we see care coordination and provider linkage for our members.

Molina is evolving how we see partnership, communication, transparency, teamwork and coordination of care between providers and managed care organizations (MCOs).

Through collaboration, the walls between a provider and MCO can be eliminated or minimized for our mutual members/patients. Molina is working to create direct lines of communication between the provider and the MCO to close gaps in follow-up care and provide the best opportunity for our members to receive timely follow-up care after emergency department (ED) visits and inpatient hospitalization.

Members must receive timely follow-up care in order to receive the best outcomes after an acute event. This can only occur if planning starts prior to the member being discharged, preferably at admission. Coordination of care and cross system-collaboration is a must. Provider linkage is essential, and the system of care must be purposefully designed to work for the member.

Molina wants to continue working with providers in 2024 to change health outcomes for our members while closing gaps in follow-up care and addressing disparities that result from social and environmental factors, as well as keeping communication open between the provider and MCO.

Older Adults

Older Adults are Embracing Technology

As health technology has progressed, many providers have hesitated to introduce new innovations to their older patients. While some older patients have been intimidated by new technology in the past, this trend has started to change. Francine Wallace, an executive who works with older adults in an age-restricted community notes, "Living an active, healthy lifestyle is the top priority for most who live in our age-qualified communities, and they're incorporating technology into their lives to help them do this." [2]

The American Association of Retired Person (AARP) noted, "Older adults are increasingly recognizing the role that technology can play in enabling a healthy life, particularly among those over 70."[2] This gives providers new opportunities for communication, tracking medical conditions and progress, and providing innovative new ways for patients to live healthier lives.

"Half of adults 50-plus recognize that technology can enable a healthy life," the AARP report reveals. It also shows that those older than 50 own devices like smartphones and smart home technology at the same rate as those age 18 to 49.

Health equity can play an important role in this conversation as well. Karen D. Lincoln of the Gerontological Society of America states, "Older Black Americans, in particular, are less likely to have broadband access or own a personal computer than older White [Americans]." Ensuring patients have access to available benefits in their area like no-cost smartphones or covered devices like continuous glucose monitors (CGMs) can make a big difference.

"Ensuring that all 50-plus adults can fully participate in our society in this digital age requires affordable solutions, digital readiness, and technical support." [2]

Providers can now feel more confident in presenting medical devices and other online medical communication and tracking options (including the use of apps) to

their older patients. This will connect the provider and the patient in new and important ways.

Communication with patients through telehealth is another important technology to help older adults live longer and healthier lives.

Technology is an exciting new option for many older adults. It is more important than ever to introduce new health care opportunities to seniors.

[2]Gold, Jamie. Jan 23, 2024. *Older Adults Embracing Technology, AARP Reports*. Forbes, Jan 23, 2024. forbes.com/sites/jamiegold/2024/01/23/older-adults-embracing-technology-aarp-reports/?sh=529365455564

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