

# Quality Orientation

2024 | Molina Healthcare



# Agenda

Provider  
Resources

Provider Portal

Quality  
Improvement

Quality of  
Care &  
Critical  
Incidents

Measurement of  
Clinical and  
Service  
Quality

HEDIS® Profile

Access to Care  
Standards

Contact  
Molina

# Provider Resources

# Provider Relations



## Satisfaction

- Provider Relations Representatives and Engagement Teams
- Annual Assessment of Provider Satisfaction
- The You Matter to Molina Program that Includes Monthly Forums, surveys, and an Information Page on the Provider Website

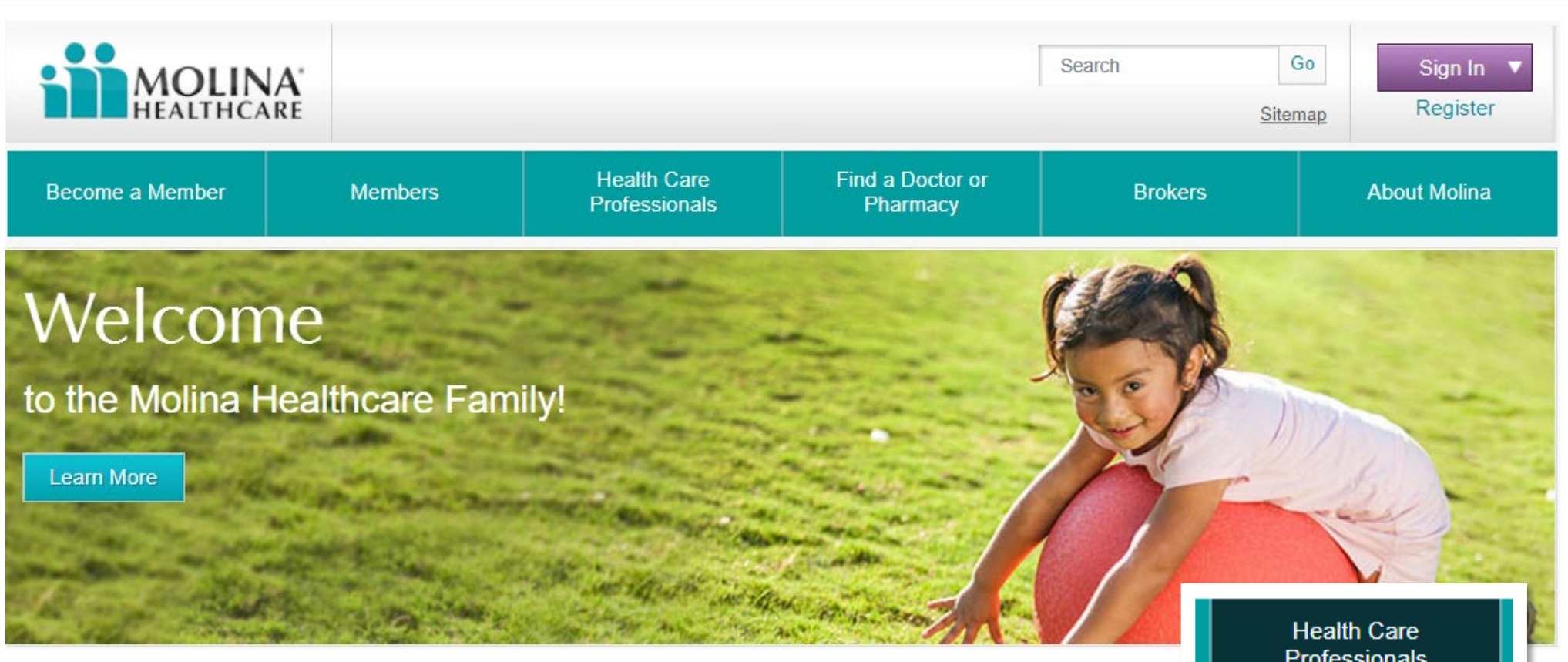
## Communication

- Provider Bulletin and Provider Newsletters
- Online Provider Manuals
- Online Trainings, Health Resources, and Provider Resource Guides
- Secure Messaging on the Availity Essentials Portal (Availity)

## Technology

- 24-hour Provider Portal
- Online Prior Authorization and Claim Dispute Submission
- Supplemental Prior Authorization (PA) Lookup Tool on Provider Portal and Provider Website
- MCG Auto-Authorization for Advanced Imaging PA Submission
- Availity Overpayments

# Provider Website



Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.



Find the Provider Website at [MolinaHealthcare.com](https://www.molinahealthcare.com).

# Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider Manual

Dental Manual

Claims Information

You Matter to Molina Page and a Claims Payment Systemic Errors (CPSE) Page

Contact Information

Provider Online Directory



Availity Essentials Portal

Member Rights and Responsibilities

Preventive and Clinical Care Guidelines

Prior Authorization Information

Claim Dispute

Provider Communications: Provider Bulletins and Provider Newsletters

Fraud, Waste, and Abuse Information

Advanced Directives

Molina Payment Policies  
Molina Clinical Policies

Pharmacy Information

Health Insurance Portability and Accountability Act (HIPAA)

Frequently Used Forms

# Provider Manual Highlights

Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

Benefits and Covered Services	Member Rights and Responsibilities
Claims and Compensation	Preventive Health Guidelines
Member Appeals and Grievances	Quality Improvement
Credentialing and Recredentialing	Transportation Services
Delegation Oversight	Referral and Authorizations
Enrollment and Disenrollment	Provider Responsibilities
Eligibility	Pharmacy
Health Care Services	Address and Phone Numbers
Interpreter Services	Provider Data Accuracy
HIPAA	Long-Term Services and Supports

# Provider Bulletin

A monthly Provider Bulletin is sent to Molina's provider network to report updates.

The Provider Bulletin includes:

- Prior authorization changes
- Training opportunities
- Updates to the Availity Essentials Portal
- You Matter to Molina Corner
- Changes in policies that could affect:
  - Claim submissions
  - Billing procedures
  - Payment
  - Disputes & Appeals (Reconsiderations)



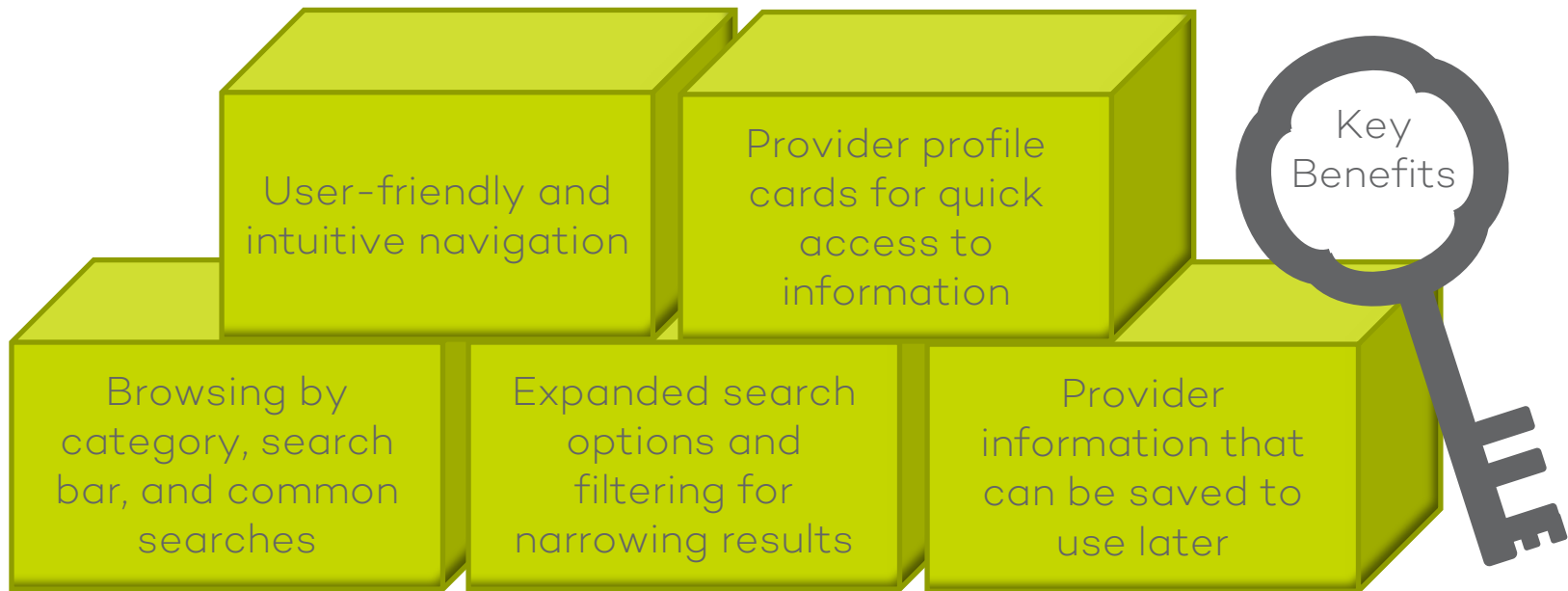
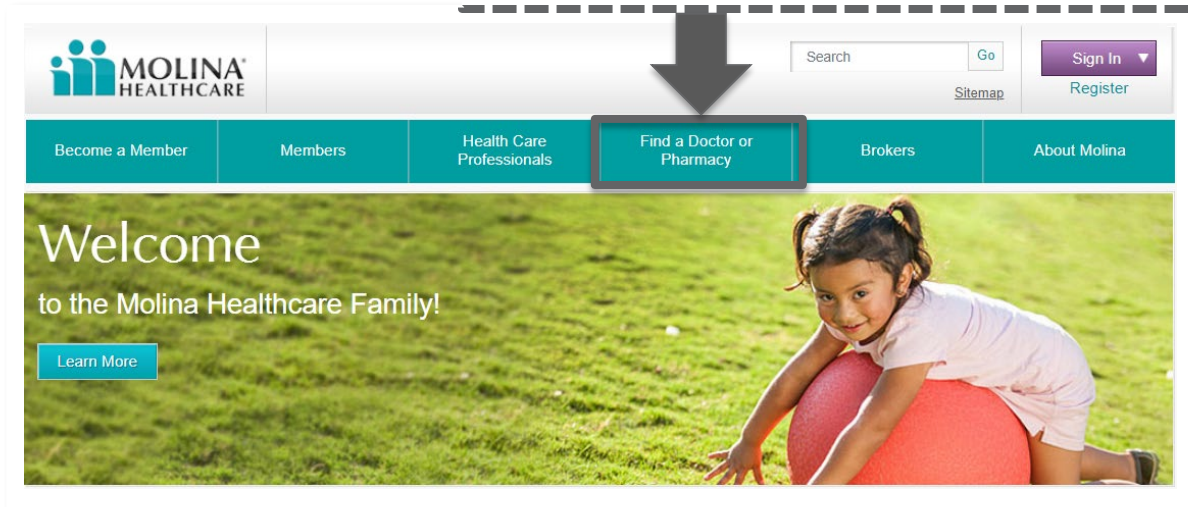


# Molina Provider Online Directory

The Molina Provider Online Directory offers enhanced search functionality so information is available quickly and easily.

Providers are encouraged to use the Provider Online Directory linked on our Provider Website to find a network provider or specialist.

To find a Molina provider, click "Find a Doctor or Pharmacy"



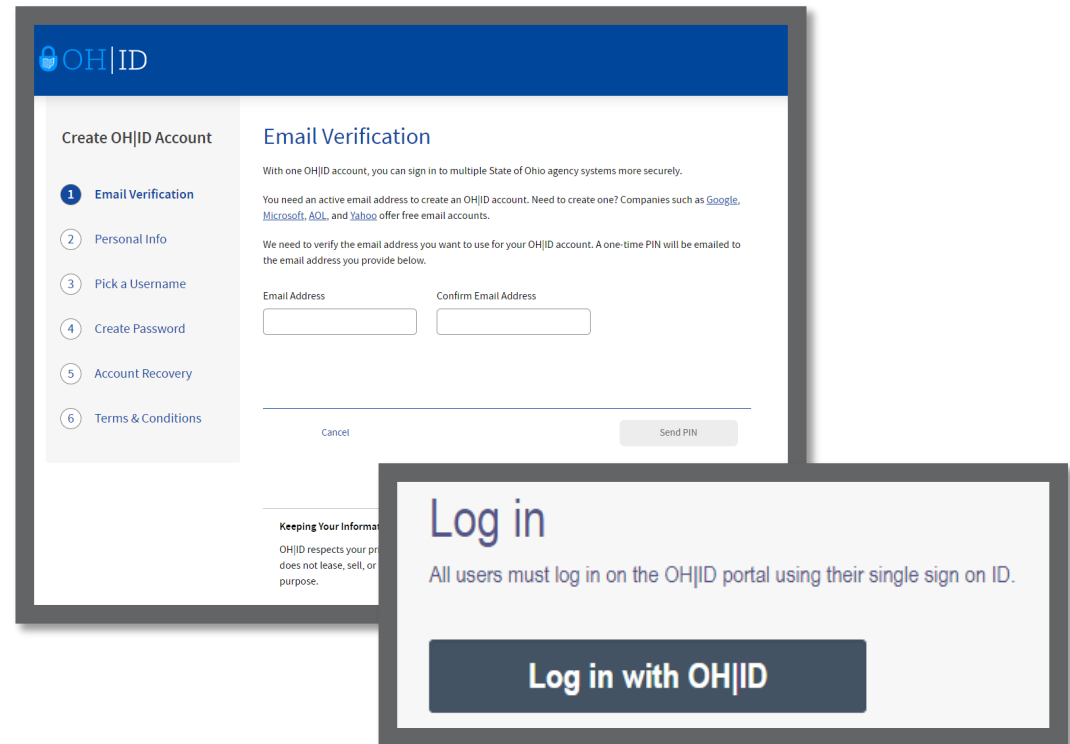
Reminder: Members should be referred to participating providers.

# ODM Provider Online Directory and OH|ID

As of Oct. 1, 2022, the Ohio Department of Medicaid (ODM) launched the Provider Network Management (PNM) module to develop a comprehensive provider directory at the state level. View the [ODM Quick Reference Guides](#) to learn more.

**Important!** Medicaid providers are required to obtain a State of Ohio ID (OH|ID) to do business with Ohio Medicaid. Register at [Create Account | OH|ID | Ohio's State Digital Identity Standard](#).

An OH|ID is a personal online user account that provides a secure, personalized experience for providers to interact with multiple state agencies, programs, and services—all with a single username and password.



Find out more in the [ODM Provider Network Management Frequently Asked Questions](#).

# Provider Data Accuracy

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as a National Committee for Quality Assurance (NCQA)-required element.



**Medicaid and MyCare Ohio:** On Oct. 1, 2022, ODM migrated to the new PNM system for provider information and updates. View the [ODM Quick Reference Guides](#) for more information. Note: The [Provider Information Update Form](#) may still be required for some Medicaid and MyCare Ohio updates.

**Medicare and Marketplace:** Providers can update their information via the [Council for Affordable Quality Healthcare \(CAQH\) DirectAssure](#) application or by submitting a [Provider Information Update Form](#) to Molina.

## Important Reminders:

- Providers must validate their information at least quarterly for correctness and completeness.
- Notice of changes must be made at least 30 days in advance of any of the following:
  - Change in office location, office hours, phone, fax, or email
  - Addition or closure of an office location
  - Addition or termination of a provider
  - Change in Practice Name, Tax ID and/or National Provider Identifier (NPI)
  - Open or close your practice to new patients (PCP only)

# Molina ID Cards

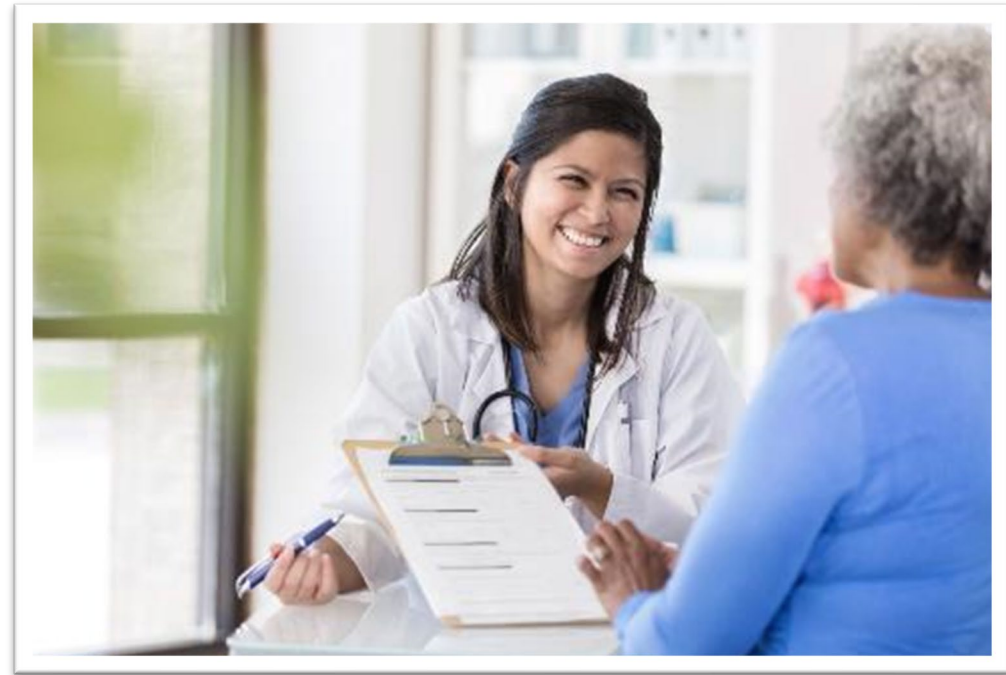
Providers are encouraged to review the most up-to-date version of the Molina Member ID Cards available in our Provider Manuals at [MolinaHealthcare.com](https://www.molinahealthcare.com) on the “Manual” page.

[Medicaid Member Cards](#)

[MyCare Ohio Member Cards](#)

[Medicare Member Card](#)

[Marketplace Member Card](#)



# Resuming Medicaid Renewals (Redeterminations)

During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility. Some state Medicaid agencies continued their eligibility review process, but enrollees were not terminated due to ineligibility.

On December 29, 2022, President Joe Biden signed the [Consolidated Appropriations Act of 2023](#) (also known as the omnibus spending bill) into law, which included the resumption of Medicaid renewals.

Previously, the resumption of Medicaid renewals was tied to the termination of the PHE. With the passage of this bill, the continuous coverage requirements that paused all Medicaid renewals at the start of the PHE are decoupled from the PHE unwinding and termination date of April 1, 2023.

Reference:

[appropriations.senate.gov/imo/media/doc/JRQ121922.PDF](https://appropriations.senate.gov/imo/media/doc/JRQ121922.PDF)

Find additional information on the ODM Website at [Resuming Routine Medicaid Eligibility Operations | Medicaid \(ohio.gov\)](#)



# Partnering with Us on Medicaid Renewals

We're asking for your support and partnership. Together, we can provide the education and resources to retain our Medicaid members and offer solutions to those in our communities who have lost their coverage during the recertification process.

## How Can You Help?

We need your help reminding your Medicaid patients to update their contact information and renew their benefits, so they don't lose their coverage. You can help us by:

- Looking for their Medicaid renewal date in your [Availity](#) provider portal's eligibility & benefits and member roster sections (see specific steps on the Provider Website Renewals FAQ page).
- Liking and sharing our Facebook page and posts or by posting your own social media posts and tagging us in the posts.

Find additional information about Medicaid Renewals at [Molina Healthcare Medicaid Renewals](#).

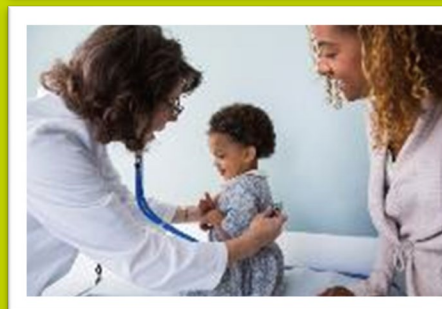
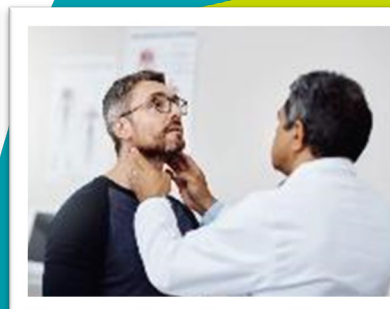
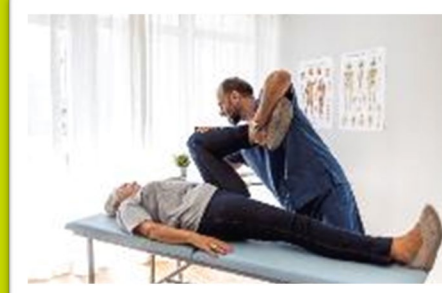
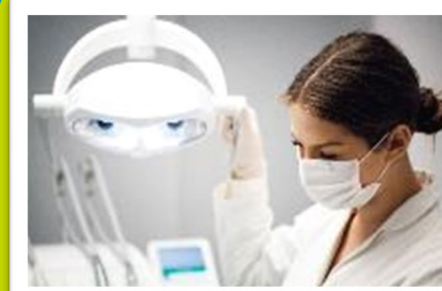
# How Can Members Renew?

**Online:** Log in to [benefits.ohio.gov](https://benefits.ohio.gov) and click the “Renew my Benefits” tab.

**By Phone:** Call the Ohio Medicaid Consumer Hotline at (800) 324-8680, option 8 (TTY: (800) 292-3572). Call Monday through Friday, 7 a.m. to 8 p.m.

**By Mail:** Complete the Medicaid Renewal Form received in the mail. Send it to their local County Department of Job and Family Services (CDJFS). They can find the address on the front page of the letter or on the County Agency Directory.

**In Person:** Visit their local CDJFS office. Bring the documents needed to report income and fill out a form in person. Find the address at [County Directory \(ohio.gov\)](https://www.ohio.gov).

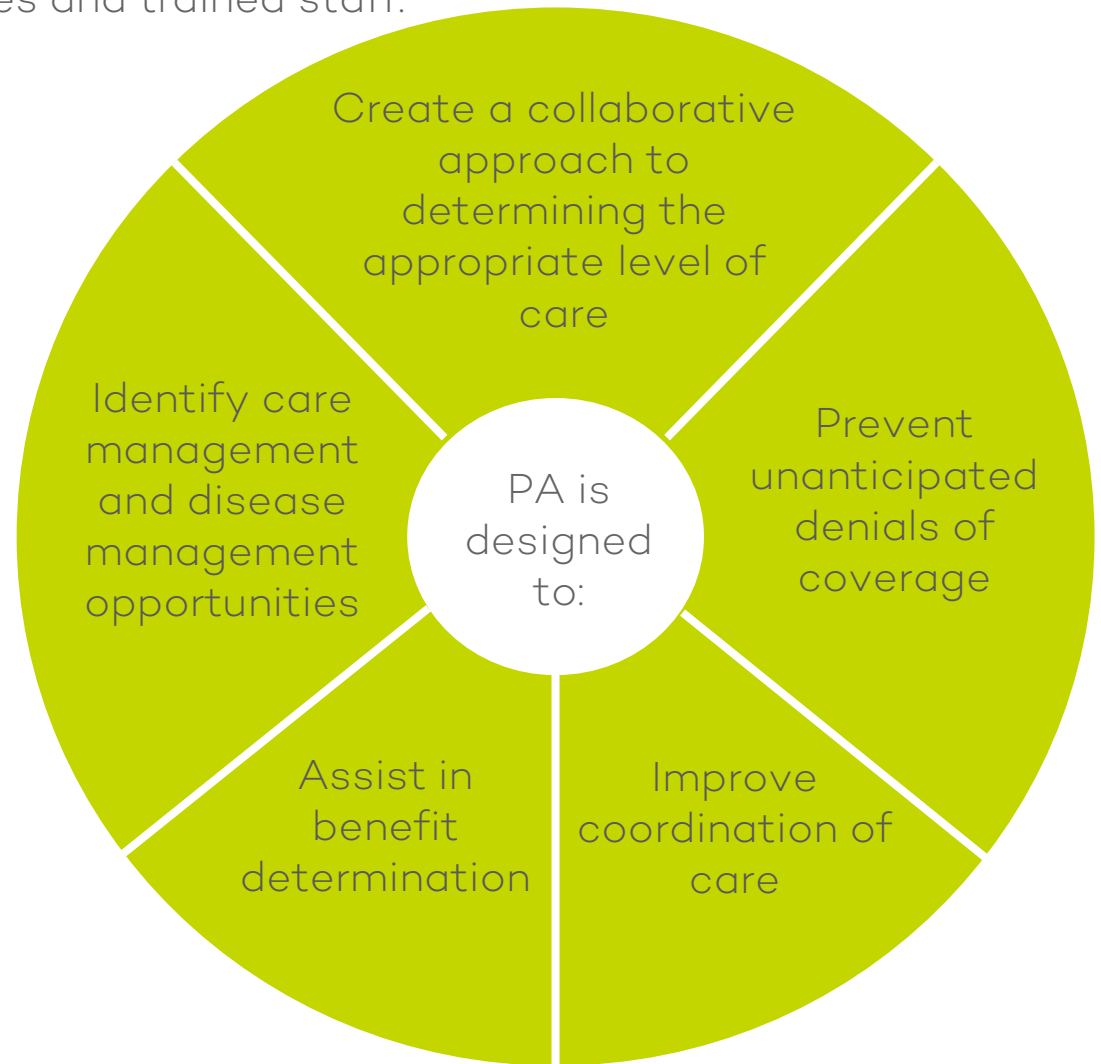


# Prior Authorization (PA)

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

Health Care Professionals
Medicaid
Medicare
MyCare Ohio
Marketplace
Provider Portal
<u>Prior Auth LookUp Tool</u>

Utilize the PA Lookup Tool on our Provider Website and Provider Portal to determine if a PA is required

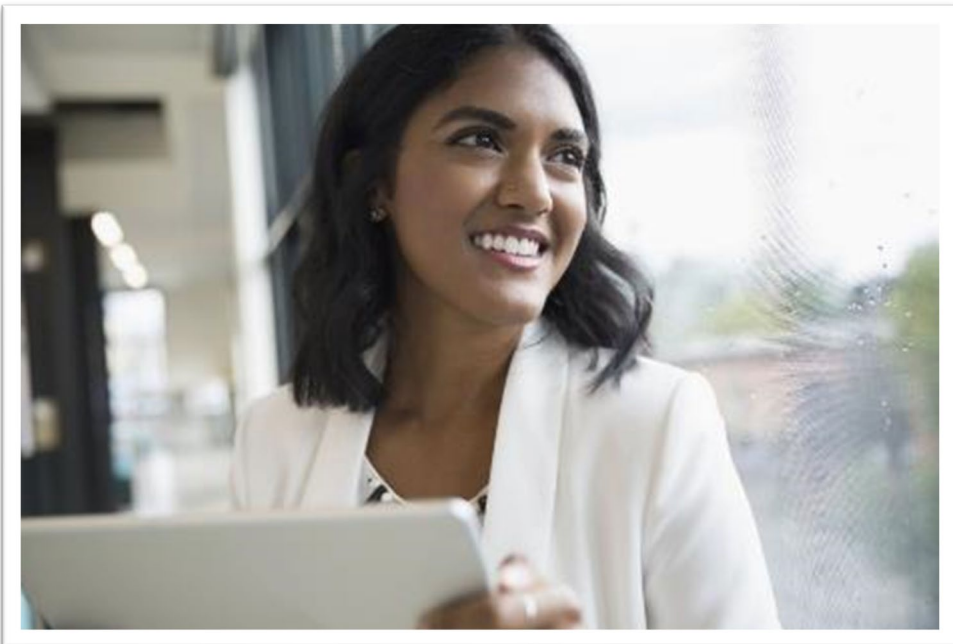




# Provider Responsibilities

Molina expects our contracted providers will respect the privacy of Molina members (including Molina members who are not patients of the provider) and comply with all applicable laws and regulations regarding the privacy of patient and member Protected Health Information (PHI).

For additional information view the “Provider Responsibilities” section of the Provider Manual, located at [MolinaHealthcare.com](http://MolinaHealthcare.com) under the “Manual” tab. Topics include:



Non-Discrimination of Health Care Service Delivery

Provider Data Accuracy and Validation

National Plan and Provider Enumeration System (NPES) Data Verification

Electronic Solutions/Tools Available to Providers

Primary Care Provider (PCP) Responsibilities

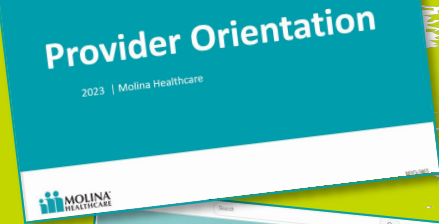
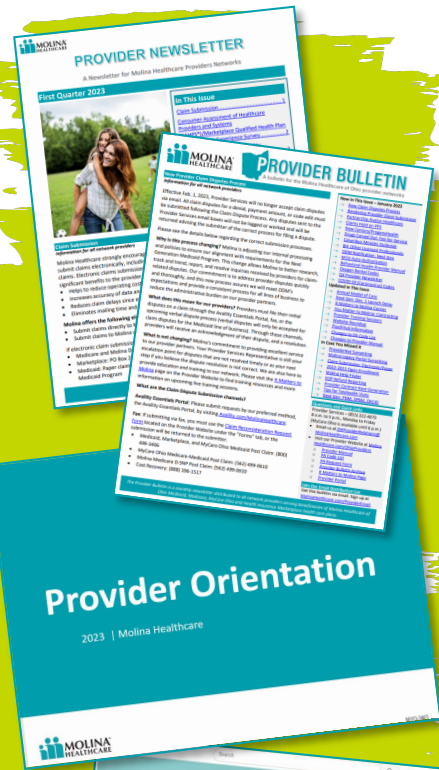
# You Matter to Molina



You Matter to Molina

At Molina of Ohio, our providers matter! Our “You Matter to Molina” program connects us directly to our entire network of providers as we support their efforts to delivery high-quality and efficient health care for Molina members.

- The program gives providers access to monthly Provider Bulletins, newsletters, trainings, surveys, presentations, videos, resource documents, reference guides and more.
- Free access to the PsychHub platform offering free mental health educational courses and CEU opportunities for providers, as well as patient-facing resources.
- Availity Essentials Portal access and training resources.
- Learn more now at [MolinaHealthcare.com/OH/YouMatterToMolina](https://MolinaHealthcare.com/OH/YouMatterToMolina).



Thank you for being part of the Molina family.



# Medicaid Definitions of Terms: Authorization Appeal and Claim Disputes

## Authorization Appeal

Formerly known as an “authorization reconsideration.” A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form) and submitted via fax.

## Clinical Claim Dispute

Formerly known as an “authorization reconsideration.” A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form (Authorization Appeal and Clinical Claim Dispute Request Form). May be submitted via Availity, fax, or verbally.

## Non-Clinical Claim Dispute

Formerly known as a “claim reconsideration.” This process is used only for disputing a payment denial, payment amount, or a code edit. The Non-Clinical Claim Dispute must be submitted on the Claim Reconsideration Form (Non-Clinical Claim Dispute Form). May be submitted via Availity, fax, or verbally.

# MyCare Ohio, Medicare and Marketplace Definitions of Terms: Authorization Reconsideration and Claim Reconsideration

Authorization Reconsideration is either:

- A provider dispute for the denial of a PA. Should be submitted on the Authorization Reconsideration Form and submitted via fax.
- A post-claim provider dispute for the denial of a PA or a retro-authorization request for Extenuating Circumstances. Must be submitted on the Authorization Reconsideration Form. May be submitted via Availity or via fax.

Claim Reconsideration is used only for disputing a payment denial, payment amount, or a code edit. The Claim Reconsideration must be submitted on the Claim Reconsideration Form. May be submitted via Availity or via fax.

# Availity Essentials Portal

# Availity Essentials (Availity) Provider Portal

Register for Availity at [availity.com/provider-portal-registration](https://www.availity.com/provider-portal-registration) and select your organization type.

The screenshot shows the Availity website interface. At the top left is the Availity logo. The main header area features a large image of hands typing on a laptop with a yellow-to-orange gradient overlay. Below this image, the text reads "Register for access" and "To register, select your organization type below". A smaller line of text explains that the portal offers secure online access to multiple health plans and the ability to manage business transactions through a single, easy-to-use site. Below this, it says "Locate your organization type below, then click the arrow to get started".

Four colored buttons are displayed in a row, each with a corresponding image and text: "Providers" (blue), "Health Plans" (green), "Vendors" (orange), and "Billing Services" (teal). Each button has a small arrow icon at the bottom right.

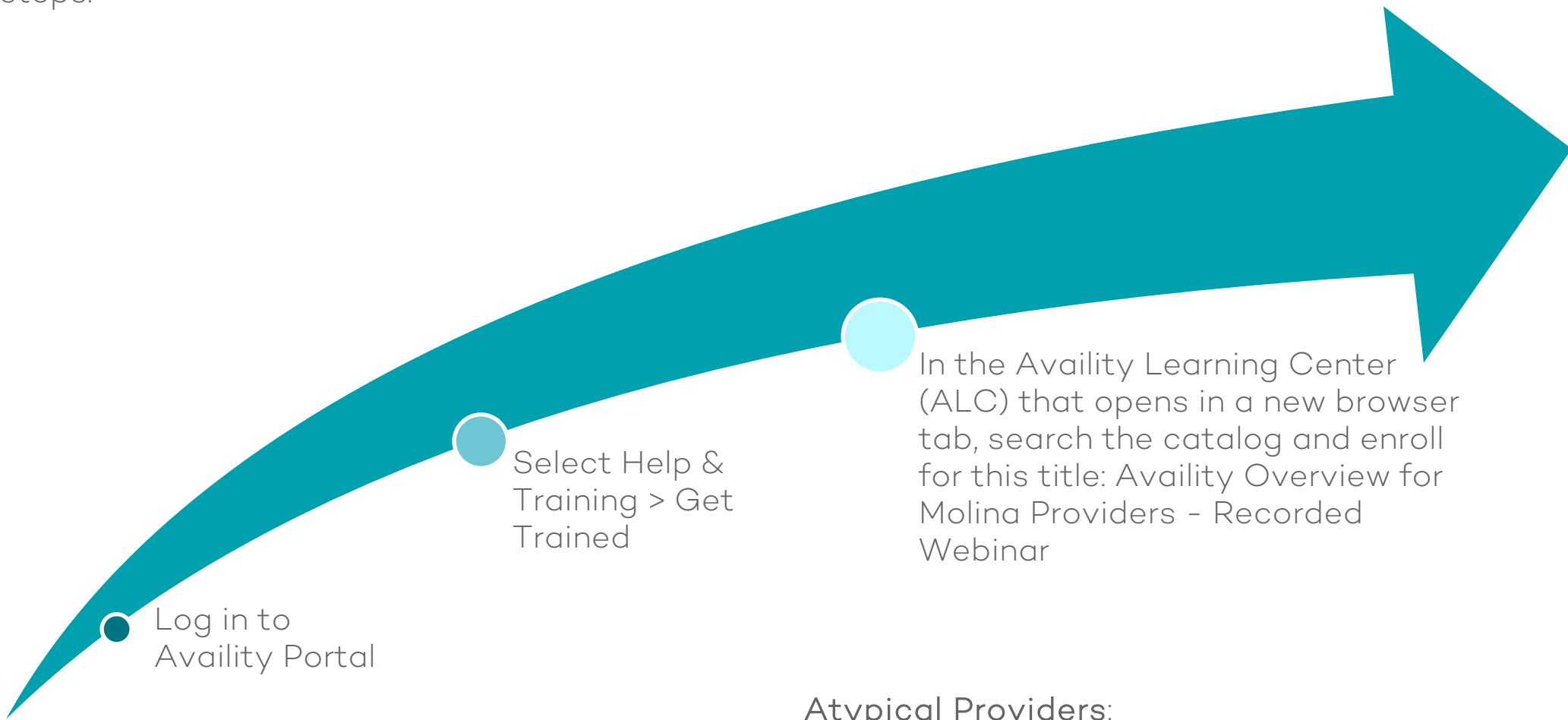
Overlaid on the right side of the screenshot is a login form titled "Please enter your credentials". It includes fields for "User ID:" and "Password:", a "Show password" checkbox, and a "Log in" button. Links for "Forgot your password?" and "Forgot your user ID?" are also present.

Log into Availity at:  
[apps.availity.com/availity/web/public.elegant.login](https://apps.availity.com/availity/web/public.elegant.login).

Note: After May 23, 2023, providers no longer have direct access to the Molina Provider Portal and its functions.

# Availity Provider Portal

Once registered providers will have access to the Availity Portal training by following these steps:



Log in to Availity Portal

Select Help & Training > Get Trained

In the Availity Learning Center (ALC) that opens in a new browser tab, search the catalog and enroll for this title: Availity Overview for Molina Providers - Recorded Webinar

### Atypical Providers:

Under “News and Announcements” select “Atypical Providers: Here’s your Ticket to Working with the Availity Portal” to view training sessions.

# Availity Provider Portal

The Availity Provider Portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

Online Claim Submission

Claims Status Inquiry

Corrected Claims



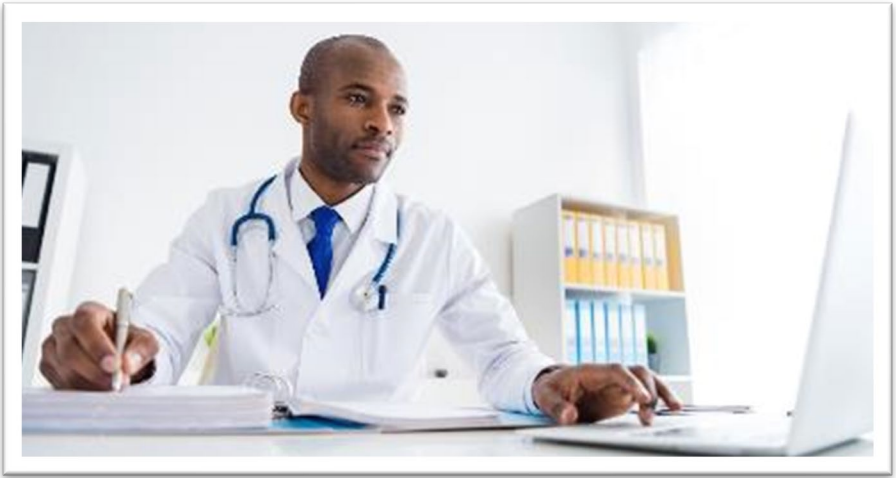
Member Eligibility Verification and Benefits

Secure Messaging

Check Status of Claim Dispute

Manage Overpayment Request

Healthcare Effectiveness Data and Information Set (HEDIS®)



Online Non-Clinical Claim Dispute (Claim Reconsideration) Requests

Care Coordination Portal

Remittance Viewer

View PCP Member Roster

Submit and Check Status of PA Requests



# Quality Improvement

# Quality Improvement

Molina's Quality Department leverages quality improvement science and best practices to ensure measurable improvements in the care and service provided to our members.



Molina's Quality Improvement Program complies with regulatory requirements and accreditation standards.

The Quality Improvement Program provides structure and outlines specific activities designed to improve the care, service, and health of our members.

For more information on Molina's Health Management Program, call the Health Education line at (866) 472-9483

For more information about Molina's Quality Improvement initiatives, reach out to Molina at (855) 322-4079

View Molina's Clinical Practice Guidelines and Preventive Health Guidelines on the Provider Website

# Clinical Practice Guidelines

Molina adopts and publishes [Clinical Practice Guidelines](#) to reduce inter-provider variation in diagnosis and treatment. The Clinical Practice Guidelines are available through Provider Newsletters and on the Molina Provider Website, and include the following:

- Depression
- Suicide Risk
- Asthma
- Obesity
- Diabetes
- Autism
- Bipolar Disorder
- Hypertension
- Schizophrenia
- Perinatal Care
- Opioid Management
- Sickle Cell Disease
- Heart Failure-Adults
- Pregnancy Management
- Substance Abuse Treatment
- Anxiety/Panic Disorder
- Chronic Kidney Disease
- Children with Special Health Care Needs
- Trauma-Informed Primary Care
- Homeless – Special Health Care Needs
- Chronic Obstructive Pulmonary Disease (COPD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Acute Stress and Post-Traumatic Stress Disorder (PTSD)

All guidelines are based on scientific evidence, review of medical literature, and/or appropriately established authority. Clinical Practice Guidelines adherence is measured at least annually.



# Preventive Health Guidelines

Molina provides coverage of diagnostic preventive procedures based on recommendations published by the U.S. Preventive Services Task Force (USPSTF), Bright Futures/American Academy of Pediatrics, and Centers for Disease Control and Prevention (CDC), in accordance with Centers for Medicare & Medicaid Services (CMS) guidelines.



The [Preventive Health Guidelines](#) are available through Provider Newsletters and on the Molina Provider Website. Diagnostic preventive procedures include, but are not limited to:

- Care for children up to 24 months old
- Care for children 2-19 years old
- Care for adults 20-64 years old
- Care for adults 65 years and older
- Immunization schedules for children and adolescents
- Immunization schedules for adults

Note: All Clinical Practice and Preventive Health Guidelines are updated at least annually, and more frequently, as needed when clinical evidence changes.

# Molina Clinical Policies

Molina launched the [Molina Clinical Policies](#) page to include Molina Clinical Policies (MCPs) and Molina Clinical Reviews (MCRs).

These policies are used by providers as well as Medical Directors and internal reviewers to make medical necessity determinations.

The website ensures providers have access to the most current MCPs and MCRs.

Routine updates will be made following approval by the Molina Clinical Policy Committee.

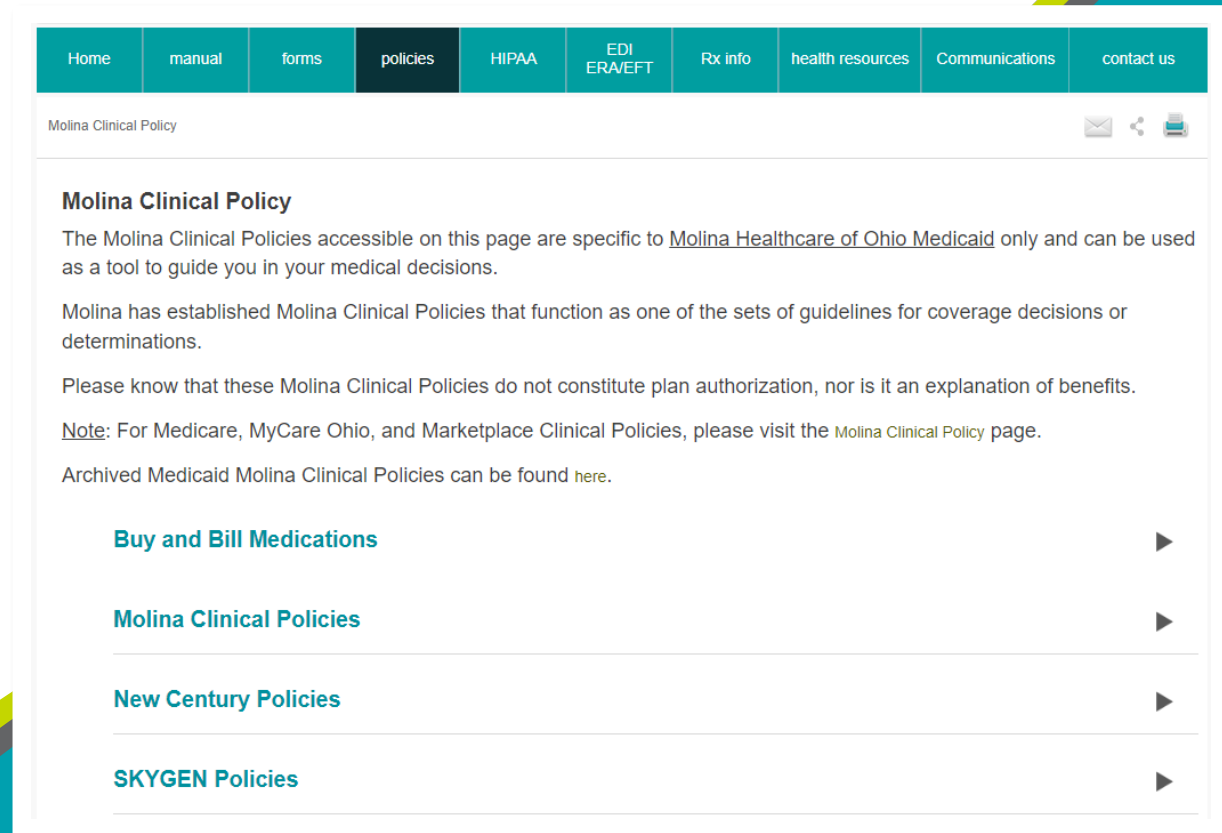


# Molina of Ohio Clinical Policies: Medicaid

Molina of Ohio has posted Medicaid-specific clinical policies on the [Molina Ohio Clinical Policy](#) page.

The Molina Clinical Policies accessible on the page are specific to Molina Healthcare of Ohio Medicaid only and can be used as a tool to guide providers in their medical decisions.

Molina has established Molina Clinical Policies that function as one of the sets of guidelines for coverage decisions or determinations. Please know that these Molina Clinical Policies do not constitute plan authorization, nor are they an explanation of benefits.



The screenshot shows a web page titled "Molina Clinical Policy". The navigation bar includes links for Home, manual, forms, policies (highlighted), HIPAA, EDI ERA/EFT, Rx info, health resources, Communications, and contact us. The main content area contains the following text:

**Molina Clinical Policy**

The Molina Clinical Policies accessible on this page are specific to [Molina Healthcare of Ohio Medicaid](#) only and can be used as a tool to guide you in your medical decisions.

Molina has established Molina Clinical Policies that function as one of the sets of guidelines for coverage decisions or determinations.

Please know that these Molina Clinical Policies do not constitute plan authorization, nor is it an explanation of benefits.

**Note:** For Medicare, MyCare Ohio, and Marketplace Clinical Policies, please visit the [Molina Clinical Policy](#) page.

Archived Medicaid Molina Clinical Policies can be found [here](#).

Below the text are four links with right-pointing chevrons:

- [Buy and Bill Medications](#)
- [Molina Clinical Policies](#)
- [New Century Policies](#)
- [SKYGEN Policies](#)

# Quality of Care, Potential Quality of Care, and Critical Incidents

# Quality of Care and Critical Incidents

Molina has a systematic process to identify, investigate, review, and support any Quality of Care (QOC), Critical Incident, and/or service issues affecting member care.

## Quality of Care

- A QOC grievance is a type of grievance that is related to whether the quality of covered services provided by a plan or provider meets professionally recognized standards of health care.

## Critical Incidents

- Molina maintains an incident management process by which we report to appropriate agencies and ODM in instances where we believe a Molina MyCare Waiver or Medicaid member's health and/or welfare may be at risk.
- Some examples of critical incidents include unexplained death, abuse, and theft.



Molina will research, resolve, track, and trend issues.



# Medicaid Critical Incident Reporting

It is the responsibility of Molina and Molina's participating providers credentialed through ODM to ensure the health and welfare of Medicaid members.

We can fulfill such responsibility by maintaining an incident management process by which we report to appropriate agencies and ODM in instances where we believe the member's health and/or welfare may be at risk.

Effective July 1, 2022, the OAC rule 5160-44-05 (Section C. [1-5]) sets forth the Medicaid Critical Incident types required to be reported/reviewed by the MCO or its designee.

To help ensure consistency in application of the OAC 5160-44-05 and consistency in entry of information into the Incident Management System (IMS), the IMS will now afford ability to capture Medicaid critical incidents. The IMS is the system established by ODM in which reported incidents are entered/documentated.

In addition, the IMS facilitates the process of identifying trends and patterns regardless of program or entity/entities serving the member.

# Medicaid Implications of Incident Rule 5160-44-05

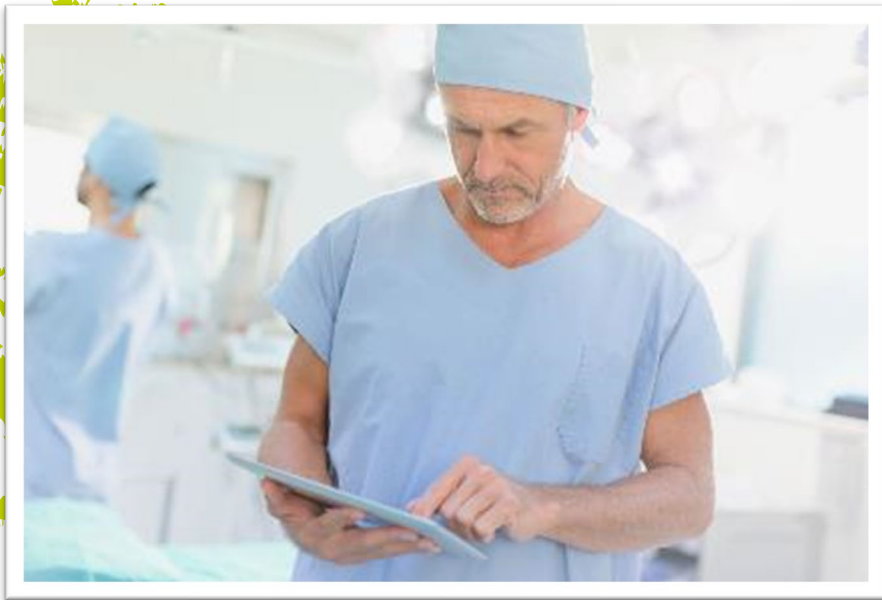
Upon discovering a Medicaid Critical Incident (CI), the responsible person or entity which discovered it will do all the following:

Ensure immediate action taken to protect the health and welfare of the individual

Notify appropriate entities with investigative or regulatory authority

Communicate to Molina surrounding Medicaid CI by completing Medicaid Critical Incident Referral Template in its entirety and submitting securely to [MedicaidCriticalIncident@MolinaHealthcare.com](mailto:MedicaidCriticalIncident@MolinaHealthcare.com) within 24 hours and providing ongoing assistance as warranted

Work collaboratively with Molina as needed to identify potential contributing factors/root causes of the incident, implement remediation/mitigation strategies, enter review notes and results, and develop a prevention plan if applicable to incident scenario



# Medicaid Critical Incident Resources for Providers

The Medicaid Critical Incident Referral Template is located under the “Other Forms and Resources” heading within Provider Forms section of Molina website [Provider Forms \(molinahealthcare.com\)](http://molinahealthcare.com)

A more detailed Provider training PowerPoint presentation is located on Molina website within Communications tab under Molina Presentations heading “You Matter to Molina Forum” section [You Matter to Molina \(molinahealthcare.com\)](http://molinahealthcare.com)

# MyCare Ohio Incident Reporting

OAC 5160-44-05 sets the standards and procedures for managing incidents that may have a negative impact on individuals. The purpose is to establish the procedures for reporting and addressing Critical Incidents, Reportable Incidents, and Provider Occurrences to implement a continuous quality improvement process to prevent and reduce the risk of harm to Individuals.

OAC 5160-44-05 applies to the Ohio Department of Aging (ODA), ODM, their designees, and the individuals as defined in the OAC. The OAC also applies to providers of waiver services and providers of services under the Specialized Recovery Services (SRS) program. ODA and ODM may designate other entities to perform one or more of the Incident Management functions set forth in the OAC.



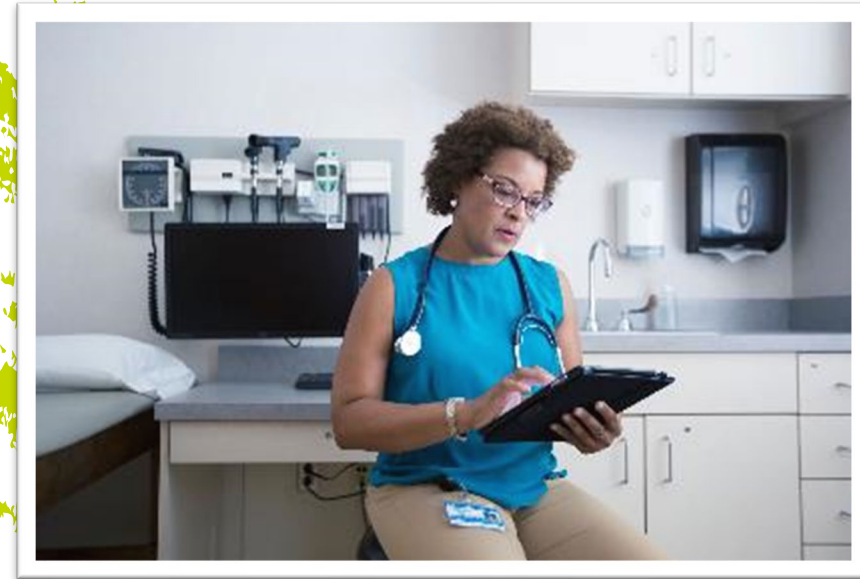
## SCOPE

- Ohio Home Care Waiver (OHCW)
  - MyCare Ohio Waiver
- Specialized Recovery Services Program (SRSP)
  - Assisted Living Waiver
  - PASSPORT Waiver

# MyCare Ohio Implications of Incident Rule 5160-44-05

Upon discovering a MyCare Ohio Critical Incident (CI), the responsible person or entity which discovered it will do all the following:

- Ensure immediate action taken to protect the health and welfare of the individual
- Notify appropriate entities with investigative or regulatory authority
- Communicate any MyCare Ohio CI to Molina by completing Medicaid Critical Incident Referral Template in its entirety and submitting it to the Waiver Care Manager within 24 hours and providing ongoing assistance as warranted
- Work collaboratively with Molina as needed to identify potential contributing factors/root causes of the incident, implement remediation/mitigation strategies, enter review notes and results, and develop a prevention plan if applicable to incident scenario



# MyCare Ohio Waiver Provider Occurrences: 5160-44-05

## Failure to Coordinate Service Delivery

- Failure to provide services as specified on the person-centered service plan
- Failure to notify when service is not provided



## Failure to Report

- Failure to report an incident
- Failure to report a change in the individual or services
- Failure to provide 30-day notice



## Prohibited Provider Behavior



## Non-Medicaid Fraud Billing Issues

## Medicaid Fraud

- Billing for services not rendered
- Falsified documentation/Physician's orders
- Falsified the individual's signature
- Inappropriate billing
- Kickback to/from consumer
- Subcontracting service
- Submitted claim while the individual was institutionalized



## Unprofessional Behavior of the Provider

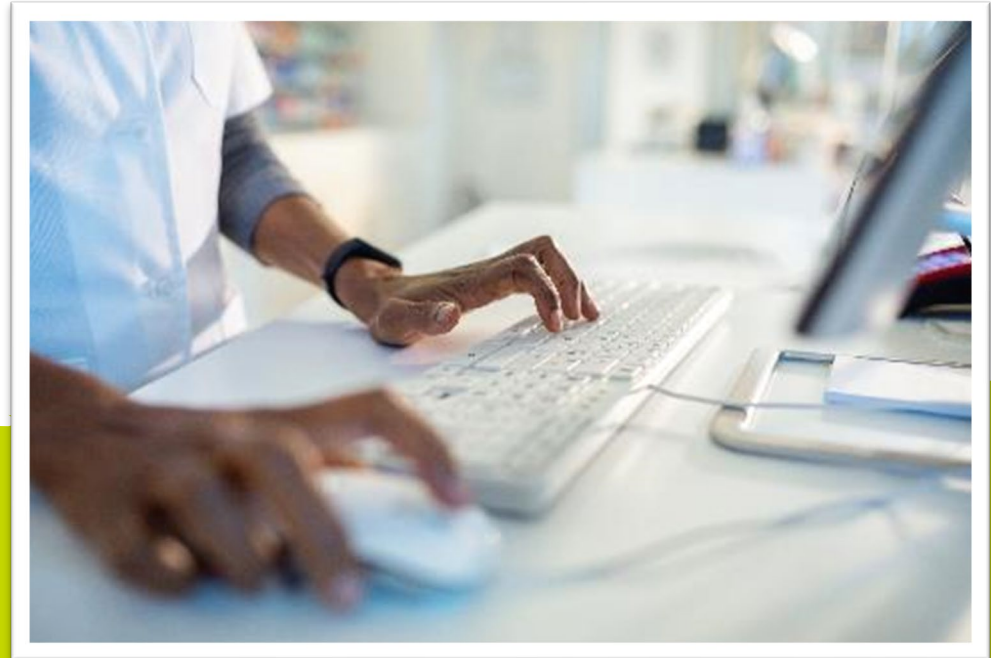
- Failure to provide documentation
- Failure to comply with HIPAA or confidentiality
- Failure to maintain documentation



# Quality of Care and Potential Quality of Care Event

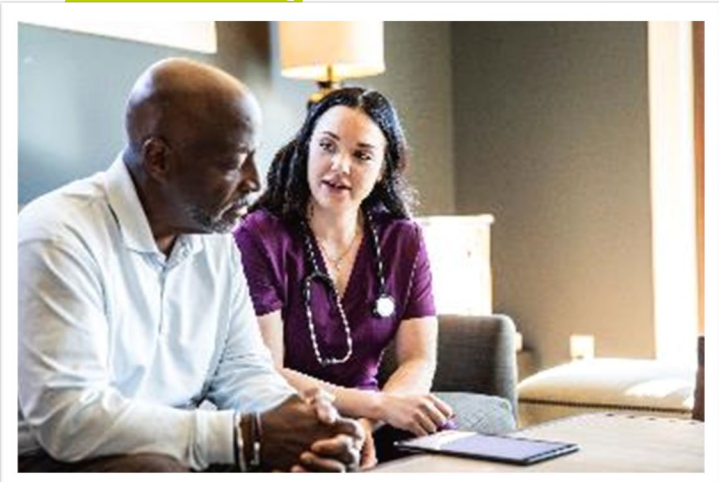
A Quality of Care grievance is a type of grievance that is related to whether the quality of covered services provided by a plan or provider meets professionally recognized standards of health care.

- Potential Quality of Care issues (PQOC) can be identified/reported by any employee, member, caregiver, and/or provider
- PQOCs include Serious Reportable Adverse Events (SRAE)/Hospital Acquired Conditions (HAC), and Never Events.
- The direction a PQOC/QOC investigation takes is dependent on the issue being reviewed.
- The PQOC/QOC investigation could involve inappropriateness of care, poor continuity of care, refusal of care, or the provider's plan of treatment which may have a negative impact on the member's health.
- Provider expectations for PQOC/QOC are based on their contractual obligation to participate in the quality process and can include responding to requests for medical records or additional information.



# QOC and PQOC, Continued

Examples of a QOC/PQOC grievance include care that adversely impacted or had the potential to adversely impact the member's health, and can include any of the following:



## Medication Safety:

Any medication error or inadequate medication management.

- Member is prescribed medication to which they are allergic
- Member is prescribed new medication and provider does not monitor the therapeutic effects

## Treatment:

Delay in diagnosis, treatment, or repetition of procedure or delay in or failure to refer.

- Abnormal lab results were not communicated to member or there was a failure to refer to an alternative provider for follow up
- Lack of ordering necessary labs



## Procedures/Surgery:

Wrong operation/procedure on a patient or wrong patient or unscheduled return to surgery.

- Member was readmitted to the hospital with post surgical complications



# Medicaid and MyCare Ohio Quality of Service

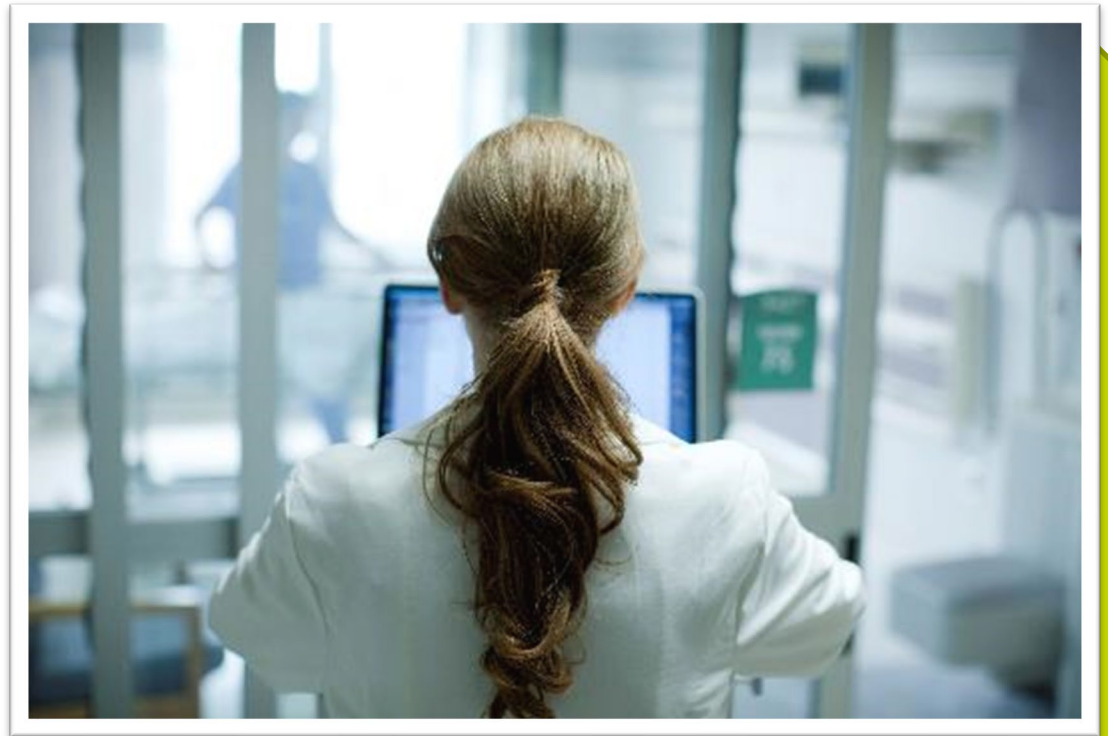
Quality of Service (QOS) is defined as any expression of dissatisfaction with the behavior of provider/ staff, customer service received, or physical appearance of place of service.

QOS examples include reported rudeness of provider/office staff, long wait time for a scheduled appointment, and not enough chairs in reception area to accommodate waiting patients.

Provider Relations Representatives will reach out to the office to get the provider details on the QOS, that will then be shared with ODM.

QOS requests have a due date which will be shared with your office.

Failure to respond or provide information on the QOS will be reported back to ODM as provider non-responsive.



# Measurement of Clinical and Service Quality

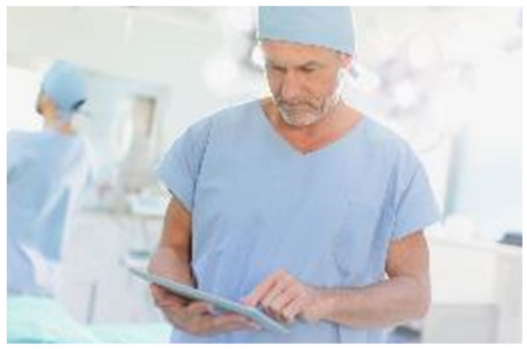
# Measurement of Clinical and Service Quality

Molina monitors and evaluates the QOC and services provided to members through the following:



Medicaid and MyCare Ohio:

- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Behavioral Health Satisfaction Assessment
- Medicare Members Health Outcomes Survey (HOS)
- Provider Satisfaction Survey
- Evaluation of the effectiveness of Quality Improvement activities



Marketplace:

- HEDIS®
- Qualified Health Plan (QHP) Enrollee Experience Survey
- Behavioral Health Satisfaction Assessment
- Provider Satisfaction Survey
- Evaluation of the effectiveness of Quality Improvement activities



Medicare:

- HEDIS®
- CAHPS®
- HOS
- Provider Satisfaction Survey
- Evaluation of the effectiveness of Quality Improvement activities

# Measurement of Clinical and Service Quality, Continued

Contracted providers and facilities must allow Molina to use its performance data collected in accordance with the provider's or facility's contract.

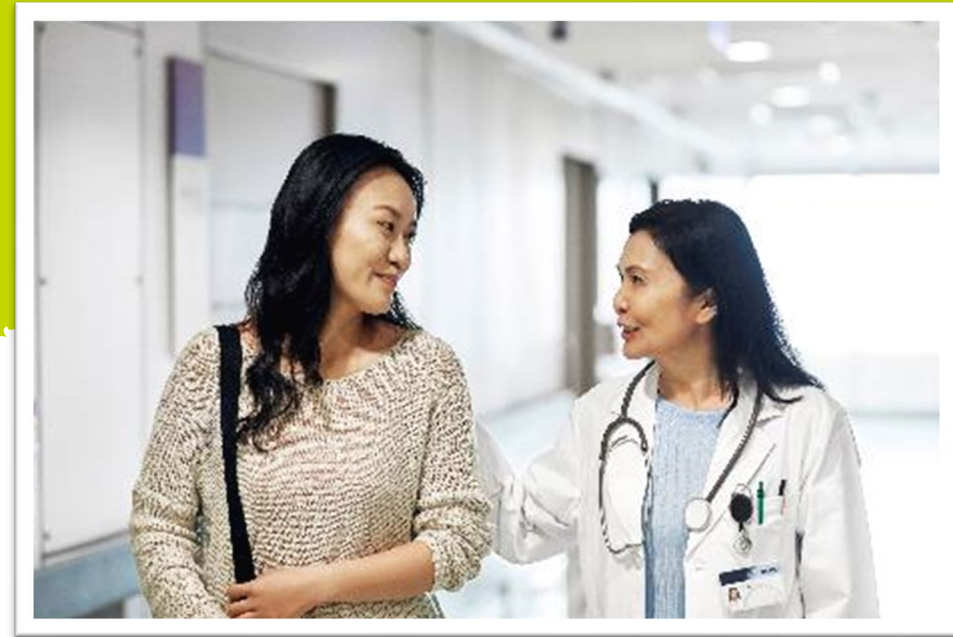
The use of performance data may include, but is not limited to, the following:

Development of Quality Improvement Activities

Public Reporting to Consumers

Preferred Status Designation in the Network

Reduced Member Cost Sharing



# Healthcare Effectiveness Data and Information Set (HEDIS®)

Chart review for National Committee for Quality Assurance (NCQA) HEDIS® measures is an annual activity conducted in the spring.

The data comes from on-site medical record review and available administrative data.

All reported measures must follow rigorous specifications and are externally audited to assure continuity and comparability of results.

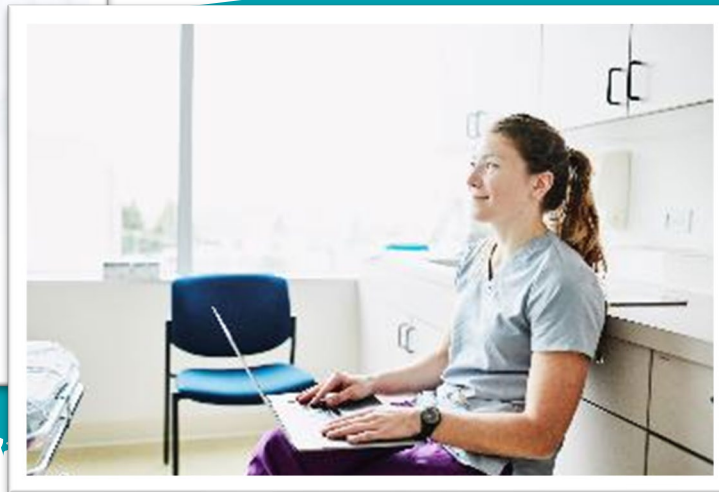
The HEDIS® measure set can include a variety of health care aspects including immunizations, Obstetric and Gynecological health screenings, diabetes care, well check-ups, medication use, and cardiovascular disease.

# HEDIS® Results

HEDIS® results are used in a variety of ways. The results are the measurement standard for many of Molina's clinical quality activities and health improvement programs.

The standards are based on established clinical guidelines and protocols, providing a firm foundation to measure the success of these programs.

Molina utilizes HEDIS® as a measurement tool to provide a fair and accurate assessment of specific aspects of managed care organization performance.



Selected HEDIS® results are provided to regulatory and accreditation agencies as part of our contracts with these agencies. The data are also used to compare to established health plan performance benchmarks.

# Consumer Assessment of Healthcare Providers and Systems

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is the tool used by Molina to evaluate and summarize member satisfaction with the providers, health care, and service they receive.



CAHPS® examines specific measures, including Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, Customer Service, Rating of Health Care, and Getting Needed Prescription Drugs.



The CAHPS® survey is administered annually in the spring to randomly selected members by an NCQA-certified vendor.



CAHPS® results are used in much the same way as HEDIS® results, only the focus is on the service aspect of care rather than clinical activities.

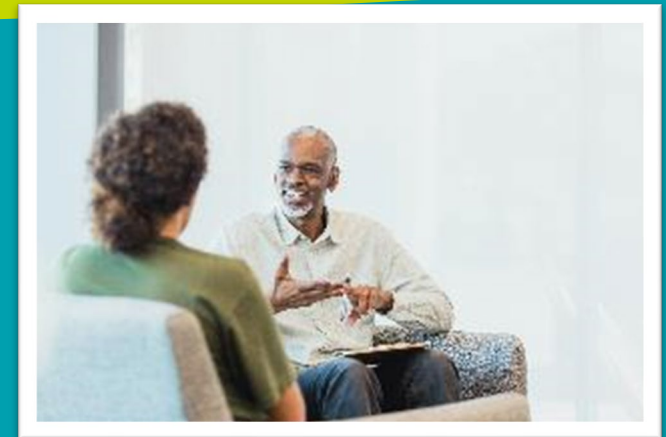
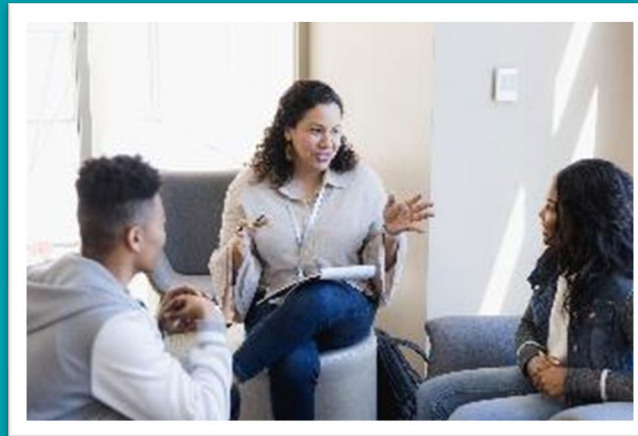
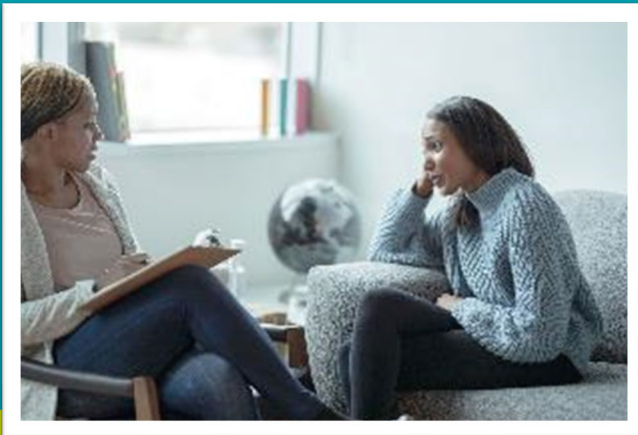


CAHPS® results form the basis for several of Molina's quality improvement activities and are used by external agencies to help ascertain the quality of services being delivered.

# Behavioral Health Satisfaction Assessment

Molina obtains feedback from members about their experience, needs, and perceptions of accessing behavioral health care.

This feedback is collected at least annually to understand how our members rate their experiences in communicating with their clinicians, receiving treatment, and information from the plan, as well as perceived improvement in their conditions, among other areas.





# Medicare Health Outcomes Survey (HOS)

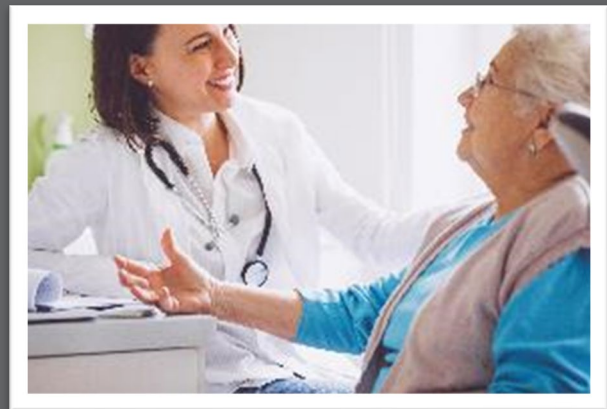
The Medicare Health Outcomes Survey (HOS) measures Medicare members' physical and mental health status over a two-year period and categorizes the two-year change scores as better, same, or worse than expected.



The goal of the HOS is to gather valid, reliable, clinically meaningful data that can be used to target quality improvement activities and resources, monitor health plan performance, and reward top performing health plans.



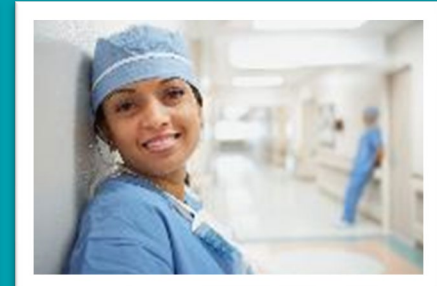
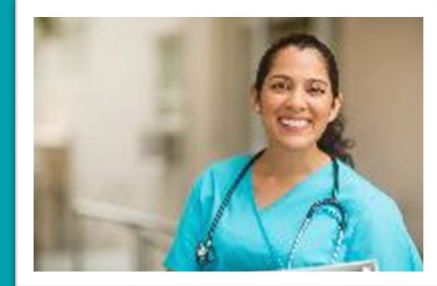
The HOS is used to inform beneficiaries of their health care choices, advance the science of functional health outcomes measurement, and for quality improvement interventions and strategies.



# Provider Satisfaction Survey

Molina conducts a Provider Satisfaction Survey annually.

- The results from this survey are important to Molina. The Provider Satisfaction Survey is one of the many methods used to identify improvement areas pertaining to the Molina provider network, and a key strategy to get feedback.
- The survey results have helped establish improvement activities relating to Molina's specialty network, inter-provider communications, and pharmacy authorizations.
- This survey is fielded to a random sample of providers each year.
- If your office is selected to participate, please take a few minutes to complete and return the survey.



# Effectiveness of Quality Improvement Initiatives

Molina monitors the effectiveness of clinical and service activities through metrics selected to demonstrate clinical outcomes and service levels.



The plan's performance is compared to that of available national benchmarks indicating "best practices."

The evaluation includes an assessment of clinical and service improvements on an ongoing basis.

Results of these measurements guide activities for the successive periods.

In addition to the methods described above, Molina also compiles complaints and appeals data as well as requests for out-of-network services to determine opportunities for service improvements.



# HEDIS<sup>®</sup> Profile

# HEDIS® Profile

Molina utilizes the NCQA HEDIS® as a measurement tool to provide fair and accurate assessment of specific aspects of managed care organization performance. HEDIS® is conducted each spring.

The HEDIS® measurement set includes a variety of health care aspects, including immunizations, obstetric and gynecological health screening, diabetes care, well check-ups, medication use, and cardiovascular disease. The data comes from on-site medical record reviews and available administrative data

Providers should reach out to [OHProviderServicesPET@MolinaHealthcare.com](mailto:OHProviderServicesPET@MolinaHealthcare.com) for HEDIS® results.



# Access to Care Standards

# Access to Care Standards

Molina maintains access to care standards and processes for ongoing monitoring of access to health care provided by contracted PCPs and Specialists.

Providers may not discriminate against any member on the basis of any of the following:

Gender Identity or Sex Stereotyping

Socioeconomic Status

Pregnancy

Religion

Health Status, Status as Recipient of Medicaid Benefits, or Need for Health Services

Physical, Mental, or Sensory Disability

National Origin or Ancestry

Marital Status

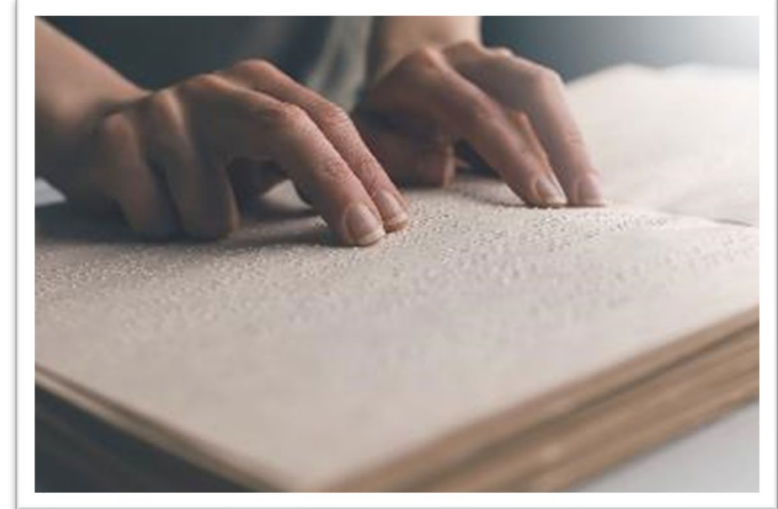
Military Status

Sex or Sexual Orientation

Place of Residence

Age, Race, Creed, Color, or Genetic Information

Medical (physical or mental) condition, or the expectation of frequent or high-cost care



If you choose to close your panel to new members, you must give Molina 30 days' advance written notice.

# Access to Care Standards

Molina maintains access to care standards and processes for ongoing monitoring of access to health care (including behavioral health) provided by contracted PCP (adult and pediatric) and participating specialists (including OB/GYN, behavioral health providers, and high volume and high impact specialists).

Molina provides appointment access standard timeframes in the Quality chapter of our Provider Manuals.

[Medicaid Provider Manual](#)

[Medicare Provider Manual](#)

[MyCare Ohio Provider Manual](#)

[Marketplace Provider Manual](#)



Additional information on appointment access standards is available from the Molina Quality Department at (855) 322-4079.



# Access to Care Standards, Continued

## Office Wait Times

For scheduled appointments, the wait time in offices should not exceed 30 minutes.

All PCPs are required to monitor waiting times and adhere to this standard.

## After Hours Care

All providers must have back-up (on call) coverage after hours or during the provider's absence or unavailability.

Providers must maintain a 24-hour telephone service, 7 days a week. Access may be through an answering service or a recorded message after office hours.

The service or recorded message should instruct members with an emergency to hang up and call 911 or go immediately to the nearest emergency room.

Voicemail alone after-hours is not acceptable.

Note: Medicaid providers must offer hours to Molina members that are comparable to commercial plans or Medicaid Fee-for-Service

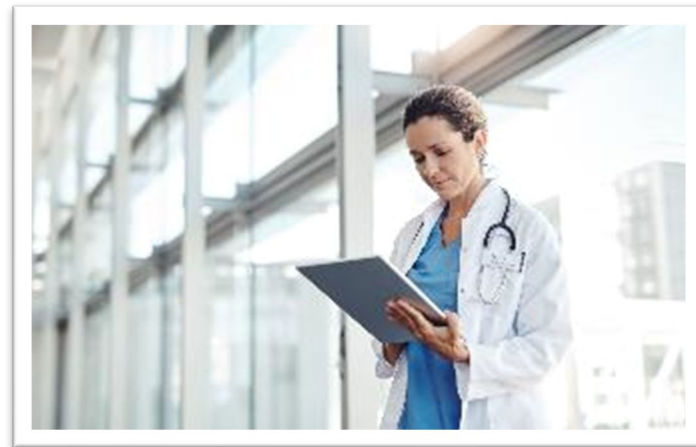
# Contact Molina

# Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.



Please share your feedback with us so we can continue to provide you with excellent customer service!



Please take a few minutes to complete the [Molina Provider Training](#) survey to provide feedback on this session. The survey is located on the [You Matter to Molina Page](#) of our Provider Website, under the “Communications” tab.



Molina wants to hear about what other topics you'd like training on in the future.

# Molina of Ohio Provider Relations Contact Information



Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:

Provider Type	PS Rep.	Email Address
Physician groups, Specialists, FQHC Non-BH Providers, Advanced Imaging/Radiology, Ambulatory Surgical Centers, Anesthesiologists, and Hospitalists	Jeanneen Williams	<a href="mailto:OHProviderRelationsPhysician@MolinaHealthcare.com">OHProviderRelationsPhysician@MolinaHealthcare.com</a>
Skilled Nursing, Long Term Acute Care, Hospice, and Assisted Living Facilities	Yvonne Mitchell	<a href="mailto:OHProviderRelationsNF@MolinaHealthcare.com">OHProviderRelationsNF@MolinaHealthcare.com</a>
Home Health Agencies, Waiver (LTSS), Laboratories, Ancillary Dialysis Centers, and Durable Medical Equipment	Alexandrea Grier	<a href="mailto:OHMyCareLTSS@MolinaHealthcare.com">OHMyCareLTSS@MolinaHealthcare.com</a>
BH Providers (ODMHAS, CMHC, 84/95) and FQHC BH Providers	Mariah Vinson	<a href="mailto:BHProviderRelations@MolinaHealthcare.com">BHProviderRelations@MolinaHealthcare.com</a>
Multi-Specialty and assists with all provider types	Sarah Stevens	<a href="mailto:OHProviderRelations@MolinaHealthcare.com">OHProviderRelations@MolinaHealthcare.com</a>

# Molina Provider Relations Contact Information, Continued

Contact information for hospital-affiliated providers or groups:

Hospital Region	Representative	Email Address
All State	Jeremy Swingle	<a href="mailto:OHProvider.Relations.Hospital@MolinaHealthcare.com">OHProvider.Relations.Hospital@MolinaHealthcare.com</a>
All State	Christopher Jones	<a href="mailto:OHProvider.Relations.Hospital@MolinaHealthcare.com">OHProvider.Relations.Hospital@MolinaHealthcare.com</a>
East Region	Andrea Williams	<a href="mailto:OHProvider.Relations.Hospital@MolinaHealthcare.com">OHProvider.Relations.Hospital@MolinaHealthcare.com</a>
West Region	Crysta Davis	<a href="mailto:OHProvider.Relations.Hospital@MolinaHealthcare.com">OHProvider.Relations.Hospital@MolinaHealthcare.com</a>

Contact information for Provider Engagement Team providers or groups:

Provider Region	Representative	Email Address
All State	Sonya Adams	<a href="mailto:OHProviderServicesPET@MolinaHealthCare.Com">OHProviderServicesPET@MolinaHealthCare.Com</a>
All State	Shard'e Stubbs	<a href="mailto:OHProviderServicesPET@MolinaHealthCare.Com">OHProviderServicesPET@MolinaHealthCare.Com</a>

Contact information for our Provider Advisory Council (PAC):

Provider Region	Representative	Email Address
All State	William Caine	<a href="mailto:OHProviderRelations@MolinaHealthcare.com">OHProviderRelations@MolinaHealthcare.com</a>

For general inquiries, questions, or comments or to identify your specific representative:

Email Address
<a href="mailto:OHProviderRelations@MolinaHealthcare.com">OHProviderRelations@MolinaHealthcare.com</a>

Any  
Questions



*Thank you!*