

Women's Health

Access to Care, Telehealth, Doulas and Molina Benefits for Pregnant People

According to a 2023 report released by the March of Dimes, access to care, especially in a maternity desert, is among the top concerns for maternal outcomes and healthy babies. In Ohio, 14.5 percent of birthing people received no or inadequate prenatal care, which is slightly lower than the U.S. rate of 14.8 percent.

Pregnant people, mostly in rural areas and specifically in Appalachian counties, are struggling with access to care, traveling between 16 to 21 miles for obstetric care or to a birthing hospital. Traveling longer distances can cause a financial strain and increased prenatal stress and anxiety.

Pregnant black people have lower rates of prenatal care across the state and may be less likely to receive needed health screenings and appropriate monitoring of baby's growth. Environmental factors, including crime rates, access to transportation and housing conditions, create barriers to care for these people in rural areas and our three larger urban centers in Ohio (Columbus, Cincinnati and Cleveland).

Telehealth prenatal and postpartum care can be a valuable tool for more equitable care and is covered through Ohio Medicaid. Telehealth equips providers with the tools to better facilitate care before, during and after pregnancy and has been shown to not only increase access but also improves patient engagement and treatment. Pregnant people who are underserved, vulnerable to poor health outcomes and have limited access to high-risk care can greatly benefit from telehealth.

Telehealth coverage for prenatal and postpartum appointments can replace or enhance in-person care and can improve birth outcomes by providing high-quality care!

Another new tool to assist pregnant people is Ohio Medicaid's coverage and reimbursement of Doulas to assist with improved maternal outcomes. Doulas around the state will be certified through the Ohio Board of Nursing and can begin to advocate for more of Ohio's Medicaid population. Doulas may join Molina's provider network, please complete and submit the [Ohio Provider Contract Request Form](#) found on the Provider Website.

Molina Healthcare of Ohio, Inc., also offers our Medicaid members a prenatal incentive of \$50 for a timely prenatal appointment in the first 12 weeks and a \$100 reward for a postpartum visit between 7-84 days after delivery. In addition, Molina

Medicaid members get unlimited transportation to the OB/GYN (Obstetrics and Gynecology) while pregnant and for after birth checkups. Members can call (866) 642-9279 (TTY 711) at least 48 hours before the appointment to schedule a ride.

Chronic Conditions

Statin Therapy for Patients with Cardiovascular Disease (SPC) HEDIS®* measure is the percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

1. Received Statin Therapy: Members were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
2. Statin Adherence 80%: Members remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Medications

Description	Prescription
High-intensity Statin Therapy	Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Ezetimibe-simvastatin 80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg
Moderate-intensity Statin Therapy	Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Pitavastatin 1-4 mg, Simvastatin 20-40 mg

Ways to Improve HEDIS® Scores

- Continue to stress the value of prescribed medications for managing cardiovascular disease and the importance of adherence throughout the entire treatment period.
- Schedule telehealth appointments to diagnose members with ischemic vascular disease (IVD) and prescribe statin medication. Note: two appointments are needed with an IVD diagnosis on different dates of service for the member to be part of the measure.
- Schedule appropriate follow-up with members to assess if medication is taken as prescribed.
- Do not rely on the member to follow through with scheduling subsequent appointments. Routinely arrange the next appointment when the member is in the office. If the member misses a scheduled appointment, office staff should contact the member to assess why appointment was missed.
- Contact Health Care Services at Molina for additional information about Medication Therapy Management (MTM) criteria and to request a referral for members with at least eight chronic medications and at least three qualifying diagnoses. They may be eligible for MTM sessions.
- Provide smoking cessation and other interventions to eliminate or control risk factors.

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

Healthy Adults

Molina values input from our members! During a recent Member Advisory Council meeting, we asked Medicaid and MyCare Ohio members for feedback about visiting their doctor at least once a year. Below are insights from the meeting.

When asked...

What are some barriers or obstacles that might keep you or someone you know from completing a visit with your doctor once a year?

- Transportation, i.e. not having a ride or being out of trips.
- Doctor's demeanor is important.
- Not being seen in a reasonable amount of time.
- Members don't feel sick, so they feel they shouldn't see their doctor.
- Members don't want to miss work, especially if their needs aren't addressed at the doctor's visit.

What's your motivation for seeing your Primary Care Provider (PCP) once a year?

- Generally, members want to stay healthy or keep up with their health.
- Members don't want to miss work due to ill health.
- Staying on top of current health conditions. Not wanting pain to return or worsen.
- Wanting to be around as long as possible for grandchildren.
- Reminded around birthday or at child's doctor's visits.
- MyCare Ohio members are in frequent contact with their doctors and are pleased with their level of care and service.

If you were to get reminders when it's time for your yearly doctor's visit, how would you prefer to be reminded?

- Most Medicaid members prefer text messages; phone calls are second choice; emails are third choice; and physical mail is least preferred.
- MyCare Ohio members prefer multiple reminders with preference for phone calls but would also like to get letters and texts. They use MyChart to get notifications.
- Members are evenly split on whether the doctor or Molina should send the reminder.

How frequently would you like to be reminded about completing a visit with your PCP once a year?

- If members don't already have an appointment scheduled, they want a reminder to schedule an appointment at least two times per year.
- If Medicaid members already have an appointment scheduled, they want reminders within a week prior to the visit. Most members preferred either

reminders the day of, the day prior or two to three days prior (if transportation is needed this would allow time for scheduling within the required timeframe for Molina Transportation). If members are reminded too far in advance, they won't remember they have an appointment.

- If MyCare Ohio members already have an appointment scheduled, they want a reminder at one month, two weeks and one week before the appointment.

What other health topics would you be interested in learning about in these Member Advisory Council meetings?

- Heart health and nutrition were favorable topics.
- When it comes to any health topics, members want to understand symptoms to watch for indicating that a condition is getting serious, health problem associated with those symptoms and what could happen if they don't pay attention to these symptoms.

Molina uses member feedback from Member Advisory Council meetings to inform future engagement and improvement initiatives. This year, we've sent yearly visit reminders directed to the Medicaid member population in the form of calls, texts, emails, mailers and social media posts.

It's not too late to complete a preventive care visit this year with your patients. Often, patients respond better to providers when prompted to complete a visit. As a provider, you can also positively impact your patients' perception of a yearly wellness visit.

Healthy Children

Did you know Molina Medicaid members can earn a reward for completing a well-care visit (WCV)? Molina Medicaid members age 18 to 21 can earn \$20 for completing a well-care visit during the year, and Medicaid members age 3 to 17 can earn \$10 for completing a well-care visit during the year.

Consider proactively scheduling appointments or utilizing sick visits to complete needed well-care visits. Molina will pay for both a new/established patient preventive/well visit with a new/established patient sick visit for the same member on the same date of service if the diagnosis codes billed support payment of both codes.

NCQA Changes to Existing HEDIS Measures

Beginning in 2025, well-child visits in the first 30 months of life (W30) and child and adolescent WCV will no longer include telehealth visits. The telehealth allowance was added temporarily in response to the COVID-19 pandemic. Telehealth visits will no longer help to close gaps in care for WCV and W30 HEDIS® measures for Measurement Year 2025.

For additional information, visit www.ncqa.org/blog/hedis-my-2025-whats-new-whats-changed-whats-retired/.

Behavioral Health

The Use of Opioids from Multiple Providers (UOP) HEDIS® measure is described as the percentage of members 18 years and older receiving opioid prescriptions from multiple providers for ≥ 15 days during the measurement year. Three rates are reported (Note: lower rate indicates better performance for all three rates):

1. **Multiple Prescribers.** The proportion of patients receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. **Multiple Pharmacies.** The proportion of patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. **Multiple Prescribers and Multiple Pharmacies.** The proportion of patients receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.

The opioid overdose crisis has reached epidemic proportions in many parts of the United States. One contributing factor to this crisis is the increasing number of individuals who obtain opioids from multiple prescribers and pharmacies. This practice, known as "doctor shopping," can significantly increase the risk of overdose and addiction. Healthcare providers and prescribers play a crucial role in preventing this dangerous practice.

Healthcare prescribers and pharmacists are on the front lines of the battle against opioid addiction and overdose. Their actions can significantly impact the prevalence of opioid diversion, a dangerous practice that involves obtaining opioids from multiple sources. By implementing effective strategies, healthcare professionals can help to reduce the risk of addiction, overdose and other harmful consequences.

Key Strategies for Preventing Opioid Diversion

1. **Conduct Thorough Patient Assessments:** Before prescribing opioids, conduct a comprehensive evaluation to assess a patient's risk factors for addiction or abuse. This includes considering their medical history, family history of substance use disorder and any signs of problematic substance use.
2. **Utilize Prescription Monitoring Programs (PMPs):** PMPs are valuable tools for tracking prescription histories and identifying potential instances of doctor shopping. By checking PMPs, healthcare providers and pharmacies can determine if a patient is obtaining opioids from multiple sources.
3. **Implement Electronic Prescribing (E-Prescribing):** E-prescribing systems can help to prevent prescription fraud and reduce the risk of diversion. They also provide a digital record of prescriptions, making it easier to monitor patient medication use.
4. **Educate Patients About the Risks:** Clearly communicate the dangers of opioid misuse and the importance of following prescribed dosages. Provide

patients with information about the signs of addiction and overdose, as well as resources for help if needed.

5. **Consider Alternative Pain Management Options:** Explore non-opioid options for pain management whenever possible. This may include physical therapy, acupuncture or over-the-counter pain relievers.
6. **Establish Clear Guidelines for Refills:** Implement policies for refilling prescriptions to prevent patients from obtaining multiple supplies at once. Consider using a timed-release or extended-release formulation to reduce the risk of diversion.
7. **Monitor Patient Behavior:** Be vigilant for signs of opioid misuse or addiction, such as changes in behavior, physical appearance or social interactions. If you suspect a problem, address it directly with the patient and offer appropriate support.
8. **Collaborate with Other Providers:** Share information with other healthcare providers involved in a patient's care to ensure consistent monitoring and treatment. This can help to prevent patients from obtaining opioids from multiple sources.
9. **Offer Addiction Treatment Resources:** Provide patients with information about addiction treatment options, including substance use disorder counseling and medication-assisted therapy. This can help to address the underlying causes of opioid misuse and prevent relapse.
10. **Continuous Training:** Provide ongoing training for pharmacy staff on opioid addiction, pain management and safe prescribing practices.
11. **Recognize Diversion:** Educate staff on how to recognize signs of opioid diversion and report suspicious activity.
12. **Stay Informed:** Encourage staff to stay updated on the latest research and guidelines related to opioid prescribing and addiction.

By implementing these strategies, healthcare providers and prescribers can play a crucial role in preventing opioid diversion and mitigating the opioid overdose crisis. It is essential to approach opioid prescribing with caution and prioritize patient safety.

Questions?

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