

DECEMBER 2021

## MPM Provider Quality Newsletter

To access the materials referenced in this newsletter, go to:  
[www.medpointmanagement.com/provider-resources](https://www.medpointmanagement.com/provider-resources)

- > Click on "Quality Management Information" and then "2021 Quality Newsletters."
- > All materials are listed in one PDF document.
- > Please also note that MedPOINT's Reference Guides are available under "HEDIS Documents."

### QM Bulletin Board - Question of the Month

**MedPOINT Management (MPM) wants to hear from you!** Please visit our discussion board at <https://qualitypoint.medpointmanagement.com> and give your feedback to this month's question:

**How do you educate your patients on Access and Availability topics such as prior authorizations, referral processes, scheduling, etc.?**

If you have other questions and would like input from other providers/ health centers in MedPOINT managed groups, you can post your question using the same link above. Check out the other resources available to you while you're there- We look forward to some great discussions!

### What's Coming with Cozeva

Don't forget to sign up for access to MedPOINT's Cozeva platform! Many of your peers are already using the software and making huge impacts to the Quality rates! Don't miss out, please send an email request to [Cozevasupport@medpointmanagement.com](mailto:Cozevasupport@medpointmanagement.com) to receive a link to our request form.

Once your account has been created, you will receive a welcome email from Cozeva with further instructions on completing your account registration. You can also link your other Cozeva accounts, such as LA Care and/or Health Net, to your MedPOINT account.

We encourage users to register and attend the trainings to maximize the benefits of all that Cozeva has to offer. Recorded sessions are also available, and we can share the links with you.

An important note, please make sure to save all medical records using the following naming format: **Member MedPOINT (MPM) ID as the first item in the file name followed by a caret "^" to separate any other identifiers in the file name.** Example: MPMID^MemberName\_DOB.pdf

If you have any questions or concerns regarding this process, please feel free to contact us at [Cozevasupport@medpointmanagement.com](mailto:Cozevasupport@medpointmanagement.com).

### Supplemental Data Deadlines

There is still time to submit Non-Standard data through Cozeva. Please continue to submit your medical records for processing. **Please prioritize Blue Shield members as these records must be submitted to the health plan no later than 1/31/2022. Submit these now!** Data is extracted directly from your EMR up until 2/28/2022.

We recommend prioritizing the following measures:

- Breast Cancer Screening
- Controlling Blood Pressure
- Diabetes Care, A1c Testing and Results
- Prenatal and Postpartum Care

Our file layouts have not changed. Please contact your HEDIS/STARs Specialist for assistance or if you have any questions.

## Talking with Patients about COVID-19 Vaccination

As a trusted source of health information, your approach to a conversation with patients and families who are hesitant about receiving COVID-19 vaccines can influence their willingness to consider vaccination. Using motivational interviewing, which is an evidence-based and culturally sensitive way to speak to patients about getting vaccinated, providers can help people manage mixed feelings and move toward healthy behavior changes that are consistent with their values and needs. Here are four steps to apply motivational interviewing during a patient visit:

- Embrace an attitude of empathy and collaboration.
- Ask permission to discuss vaccines.
- Motivational interviewing to ask questions and gain insight.
- Respond to questions about vaccines, health, or mental health.

To read the full article on how to use motivational interviewing to discuss the COVID-19 vaccine with patients, please visit [www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html](http://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html).

## Proven Methods That Have Effectively Improved Childhood/Adolescent Immunization Rates!

- Maximize the use of alerts in your EMR system and train ALL staff on how to generate them.
- Ensure proper coding (use the corresponding CPT code per vaccine vs vaccine administration code).
- Cross train Front and Back Office to use CAIR Immunization Registry. Front desk staff should verify immunization status for all patients being seen.
- Maximize the use of the "Reminder Recall" feature in CAIR2 for monthly outreach to patients.
- Pre-schedule multi-dose vaccines and remind parents of the importance of keeping these appointments to ensure immunity.
- Remind parents to bring in any immunization records for vaccines administered elsewhere.
- Avoid 'missed opportunities.' Vaccines can be given at any visit- not just well child visits.
- Encourage Office Managers to conduct staff meetings on a regular basis (monthly) and include Quality Improvement discussions.

## December is National Safe Toys and Gifts Month

While toys and gifts are a part of the holiday season for many families, toys can also cause a trip to the emergency room if it is not age-appropriate, manufactured with dangerous materials, or poorly made. According to the Consumer Products Safety Commission, an estimated 198,000 toy-related injuries were treated in U.S. hospital emergency departments in 2020, and boys accounted for 57 percent of the injuries. Nine toy-related child fatalities were reported. Having a discussion or literature available for parents of small children could help to avoid these hazards. Some tips to share with patients for keeping their little ones safe include checking safety labels for toxins, choosing toys appropriate for the child's skill level, avoiding toys with small parts, removing any tags, strings, and/or ribbons from the toy(s), and staying up to date on product recalls.

## Resources

- **Importance of PCP After-Hours Messaging** - The attached Provider Communication from Anthem Blue Cross discusses audit findings, challenges, providers' next steps to implement.
- **Collecting the Social Determinants of Health Data** - As part of APL 21-009, the attached Molina notification discusses the importance of collecting SDOH data to further the CalAIM's PHM initiative and provides the 18 DHCS Priority SDOH Codes.
- **Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment** - As part of APL 21-014, this Molina notification, found on the MPM website, provides information on the screening, assessment, and interventions that can be implemented for pregnant women and patients 11 years of age and older.
- **Chlamydia Screening (CHL)** - The attached HEDIS Tip Sheet from Health Net gives key details about the CHL measure, best practices, exclusions, and highlights.
- **Administration of Initial Health Assessments (IHAs)** - Please see the attached document that details the IHA and Staying Healthy Assessment (SHA) description and requirements to ensure that you are staying compliant with DHCS regulations.

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- ☒ Imperial
- ☒ Riverside/San Bernardino
- ☒ Los Angeles
- ☐ Orange
- ☒ Sacramento
- ☒ San Diego

**LINES OF BUSINESS:**

- ☒ Molina Medi-Cal Managed Care
- ☐ Molina Medicare Options Plus
- ☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

**PROVIDER TYPES:**

- ☒ **Medical Group/ IPA/MSO**
- ☒ **Primary Care**

- ☒ IPA/MSO

- ☒ Directs

**Specialists**

- ☒ Directs

- ☒ IPA

- ☒ **Hospitals**

**Ancillary**

- ☒ CBAS
- ☒ SNF/LTC
- ☒ DME
- ☒ Home Health
- ☒ Other

**FOR QUESTIONS CALL PROVIDER SERVICES:**

(888) 562-5442, Extension:

**Los Angeles/Orange Counties**

X123017

**Riverside/San Bernardino Counties**

X120613

**Sacramento County**

X125682

**San Diego County**

X121735

**Imperial County**

X125682

## Collecting the Social Determinants of Health Data APL 21-009

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

This notification is based on an APL 21-009, which can be found in full on the Department of Health Care Services (DHCS) website at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf>

The Department of Health Care Services (DHCS) released its California Advancing and Innovating Medi-Cal (CalAIM) proposal in 2019, which DHCS then revised on January 8, 2021. CalAIM is a multi-year program to improve health outcomes and quality of life for Medi-Cal beneficiaries through broad delivery system, program, and payment reform. Population Health Management (PHM) is an initiative of CalAIM that identifies and manages member risk and need through whole person care approaches while focusing on and addressing Social Determinants of Health (SDOH).

DHCS recognizes that consistent and reliable collection of SDOH data is vital to the success of CalAIM's PHM initiative. To advance improvements, DHCS is providing guidance on collecting SDOH data to support Health Plans and their Network Providers and Subcontractors in identifying member health, social and risk needs, to ensure that members receive the specific services and programs that they require. The data will also aid Network Providers and Subcontractors in care planning and coordination and will contribute to the Health Plan's population needs assessment.

To support PHM and overcome the challenges of collecting SDOH data, DHCS is issuing a list of 18 DHCS Priority SDOH Codes, based on the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), for Health Plans and providers to utilize when coding for SDOH to ensure correct coding and capture of reliable data. The DHCS Priority SDOH Codes were chosen based on an assessment of existing Health Plan code utilization, and by determining where Health Plans and their Network Providers and Subcontractors may have the greatest impact on identifying and addressing SDOH.

The Priority codes are listed below, we encourage their utilization, and Molina Health Plan is ready to accept and process these codes through the Claims and the Encounter Data processes. The collection of this data and its submission is not limited to a member's Primary Care Provider but can be submitted by any provider treating a Molina member.

### **DHCS' Priority SDOH Codes**

<b>Code</b>	<b>Description</b>
Z55.0	Illiteracy and low-level literacy
Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

### **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (888) 562-5442. Please refer to the extensions on page one.

## ADMINISTRATION OF HEALTH ASSESSMENTS

An Initial Health Assessment (IHA) must be provided to all members 18 months or older within **one hundred twenty (120) days** of enrollment and within **sixty (60) days** of enrollment for members under age 18 months. This consists of a history and physical examination and an Individual Health Education Behavioral Assessment (IHEBA). Follow the Staying Healthy Assessment (SHA) Periodicity Schedule. The SHA policy letter, forms, and Provider training materials are found here: [dhcs.ca.gov](https://dhcs.ca.gov)

### Initial Health Assessment (IHA) Components and Requirements

PCPs are responsible for reviewing each member's IHA in combination with:

- Medical history, conditions, problems, medical/testing results, and member concerns.
- Social history, including member's demographic data, personal circumstances, family composition, member resources, and social support.
- Local demographic and epidemiologic factors that influence risk status.

The IHA consists of:

A. Comprehensive History – must be sufficiently comprehensive to assess and diagnose acute and chronic conditions including:

- History of present illness
- Past medical history
- Prior major illnesses and injuries
- Prior operations
- Prior hospitalizations
- Current medications
- Allergies
- Age appropriate immunization status
- Age appropriate feeding and dietary status
- Social history
- Marital status and living arrangements
- Current employment
- Occupational history
- Use of alcohol, drugs and tobacco
- Level of education
- Sexual history
- Any other relevant social factors
- Review of organ systems

B. Preventive services

- Asymptomatic healthy adults – must adhere to the current edition of the Guide to Clinical Preventive Services of the U.S. Preventive Services Task Force (USPSTF), specifically USPSTF

"A" and "B" recommendations for providing preventive screening, testing and counseling services. Document status of current recommended services.

- Members younger than 21 years of age – provide preventive services by the most recent American Academy of Pediatrics age specific guidelines and periodicity schedule.
  - Perinatal services for pregnant members must be provided according to the most current standards of guidelines of the American College of Obstetrics and Gynecology (ACOG). A DHCS approved comprehensive risk assessment tool must be used for all pregnant members. This must be administered at the initial prenatal visit, once each trimester thereafter, and at the postpartum visit. Risks identified must be followed up and documented in the medical record.
- C. Comprehensive Physical and Mental Status exam must be sufficient to assess and diagnose acute and chronic conditions.
- D. Diagnoses and Plan of Care – the plan of care must include all follow up activities
- E. Individual Health Education Behavioral Assessment (IHEBA)
- IHEBA requirement – administer an age specific IHEBA as part of the IHA. Assessment tools used to complete the IHEBA must be approved by the Medi-Cal Managed Care Division (MMCD) prior to use

The age specific and age appropriate behavioral risk assessment should cover:

- Diet and weight issues
- Dental care
- Domestic violence
- Drugs and alcohol
- Exercise and sun exposure
- Medical care from other sources
- Mental health
- Pregnancy
- Birth control
- STIs/STDs
- Sexuality
- Safety prevention
- Tobacco use and exposure

Please visit the [Provider Resources tab at MedPOINT Management](#) for provider training and education on a variety of topics including, but not limited to clinical guidelines and useful information regarding HCC scores, CPSP/CHDP/Regional Programs, Cultural Linguistics, Nurse Advice Lines and useful training and tips like Advanced Directives, When to Release Health Information under HIPAA Law, and Critical Incident Reporting.



# Chlamydia Screening (CHL)

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates. This tip sheet gives key details about the Chlamydia Screening (CHL) measure, best practices and more resources.

<b>Measure</b>	<p>The percentage of women ages 16–24 who are identified as sexually active and who had at least one test for Chlamydia as of December 31 of the measurement year. Report two age stratifications and a total rate:</p> <ul style="list-style-type: none"> <li>• 16–20</li> <li>• 21–24</li> <li>• Total</li> </ul>
<b>Exclusions</b>	<p>Exclude patients who qualified for the denominator – a pregnancy test alone, and meets either of the following criteria. On the date of the pregnancy test or six days after, the patient:</p> <ul style="list-style-type: none"> <li>• Was prescribed isotretinoin.</li> <li>• Received an X-ray.</li> </ul>
<b>Highlights</b>	<p>CHL can have no symptoms for several weeks.</p> <ul style="list-style-type: none"> <li>• Routine screening is key to detection.</li> <li>• Spreads through unprotected vaginal, anal or oral sex.</li> <li>• Symptoms can include vaginal discharge, a burning feeling when urinating and pain in the lower abdomen.</li> </ul>
<b>Barriers</b>	<p>Patients may view a CHL screening as sensitive services. This can prevent talking with their doctor.</p> <ul style="list-style-type: none"> <li>• Provider does not know a patient is sexually active to initiate talks.</li> <li>• Patient is not aware of screening guidelines to ask questions.</li> <li>• Parents go with children to doctor visits and may not know their child is sexually active. Parents then refuse the screening.</li> </ul>
<b>Best practices</b>	<p>Yearly screening for sexually active women ages 24 and younger, and in older women who are at an increased risk for infection.</p> <ul style="list-style-type: none"> <li>• Use pharmacy data, claims and encounters to identify sexually active women.</li> <li>• Screen patients who use birth control.</li> <li>• Talk about screening guidelines during annual checkups or other exams.</li> <li>• Share the value of a CHL screening.</li> </ul>
<b>CPT codes</b>	<p>Use the appropriate CPT code when billing for CHL screenings:</p> <ul style="list-style-type: none"> <li>• 87110</li> <li>• 87320</li> <li>• 87810</li> <li>• 87270</li> <li>• 87490–87492</li> </ul>



## Resources

- U.S. Preventive Services Task Force: [www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening](http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening).
- Centers for Disease Control and Prevention: [www.cdc.gov/std/chlamydia/default.htm](http://www.cdc.gov/std/chlamydia/default.htm).
- Center for Young Women's Health: <https://youngwomenshealth.org/2012/11/20/chlamydia/>.

## Importance of PCP after-hours messaging

Published: Dec 1, 2021 - **Administrative**

The annual after-hours access studies performed by our vendor, North American Testing Organization based in California, were resumed, and fielded in the third quarter of 2021. The purpose is to assess adequate phone messaging for our members with perceived emergency or urgent situations after regular office hours. Unfortunately, most of the Anthem Blue Cross (Anthem) Plans assessed fell short of the expectation of having a live person or a directive in place after hours.

The main challenges the vendor encounters while attempting to collect this required, essential data are related to an inability to reach the provider and/or the lack of after-hours messaging altogether. They include:

- inaccurate provider information in Anthem's demographic database to allow assessment of the after-hours messaging
- no voicemail or messaging at all
- voicemail not reflecting the practitioner's name, and/or
- calls being auto forwarded with no identification, no voicemail or messaging

To help both your patients' and Anthem's ability to reach your practice, we ask that you update your office information using the online Provider Maintenance Form and that you also review your after-hours messaging and connectivity for patients' urgent accessibility.

What does this mean for our members and your patients? The annual member experience survey of Anthem enrollees indicated of those needing advice, a sizable number sometimes, or never, reached the provider's office for urgent instructions. To improve upon these instances of failing to meet our member's needs, implement these three steps:

1. Have accessibility 24/7/365. Arrange to have your phone calls forwarded to a service or hospital or have the appropriate messaging for the caller.
2. Be sure to turn on the messaging mechanism when you leave the office.



3. Be sure you are using the acceptable messaging for compliance with your contract.

To be compliant, per the Provider Manual, have your messaging or answering service include appropriate instructions, specifically:

### **Emergency situations**

**Compliant** response for an *emergency* instructs the caller/patient to hang up and call 911 or go to ER.

### **Urgent situations**

**Compliant** responses for *urgent* needs after hours:

- Live person, via a service or hospital, advises practitioner or on call practitioner is available and connects.
- Live person or recording directs caller/patient to Urgent Care, ER or call 911 and, if also directing caller/patient (via cell phone, pager, text, email, voicemail, etc.) to contact their health care practitioner, provide specific information when to expect to receive a call back.

**Non-compliant** responses for urgent needs after hours:

- No provision for after-hours accessibility.
- Live person or recording **only** directs the caller/patient to a mechanism for contacting their practitioner (via cell phone, pager, text, email, voicemail, etc.) or to get a call back for urgent questions or instructions. (Not a direct connection to their practitioner.)

Is your practice compliant?

1482-1221-PN-CA

**URL:** <https://providernews.anthem.com/california/article/importance-of-pcp-after-hours-messaging-2>

**Featured In:**

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