

# PROVIDER QUALITY NEWSLETTER

OCTOBER 2018



## Diabetes Educational Opportunity

Please see the attached educational event from the American Diabetes Association called "Diabetes Recently Diagnosed." The all-day training is on 10/30/18 at 7:30 a.m. – 4:30 p.m. at the Cathedral downtown. Early registration fee is \$100.



## PM 160 Information

Health Net recently presented a series of trainings on the PM 160 encounter and claim submissions. They included the attached "CHDP Program Code Conversion" document that we hope you find helpful as you make the full transition to encounters for the remainder of 2018 and forward.

Appropriate coding for the services previously reported on the PM 160 form is key to ensure you receive full credit for the services you provide. Make sure your medical record templates include all elements of the wellness visits (AWC and W34) as well as the components for Weight Assessment (BMI), counseling for nutrition and physical activity (WCC). Take a proactive approach and check your templates now to be ready for 2019 and beyond.



## Full Speed Ahead on Supplemental Data

It is supplemental data time and we are accepting gaps in care data that has not been captured by encounters, such as Electronic Health Record

(EHR) extractions and medical records, for services provided by outside service providers. Consider providing data for the following:

- BMI
- Mammograms, Pap smears and Eye Exams
- Total hysterectomies with the absence of the cervix
- Bilateral mastectomies
- Point-of-Care Lab Tests – HbA1c, FOBT tests, chlamydia screenings, nephropathy
- Child Wellness Visits – visits for adolescent and children 3-6 years
- BMI, nutrition and physical activity counseling for children ages 3-17 that was done during the wellness visits but not coded

The deadline to submit supplemental data varies by health plan. Many will stop accepting data collected from medical records as of 1/10/19. Data extracted electronically will be accepted through the end of February 2019. Start looking for records now and working with your IT staff to develop queries to extract data that is stored in your EHR. For more details and to request the templates to submit standard and non-standard data, please contact email [qualitymeasures@medpointmanagement.com](mailto:qualitymeasures@medpointmanagement.com) or call 818-702-0100, x353.





## Lessons Learned from Medical Record Review

What are the most common issues found with medical records submitted as supplemental data?

- Member name and date of birth must be accurate.
- Cervical Cancer Screening (CCS):
  - Pregnancy is not an exclusion for CCS.
  - Absence of the cervix will exclude a member from this measure. If the member does not know if they had a total or partial hysterectomy, a pelvic exam is recommended to confirm the cervix is absent.
  - If the exclusion is applicable, the medical record must reflect the correct status: “Total hysterectomy” or “no cervix.” The terms partial, vaginal and abdominal alone do not indicate absence of the cervix.
  - The year of service must also be present (year and month is preferred).
- Breast Cancer Screening (BCS) – Year and month of mammogram must be present in record.
- Point of Care Lab Tests – Full member information with test result must be present in record.



## Member Mailings Underway

October is the perfect month to do a mailing to your members who are due for screenings to make sure they come in before the end of the year. Some mailings have gone out from your IPA for the adult HEDIS measures that include:

- BCS - Breast Cancer Screening - mammogram
- CCS - Cervical Cancer Screening - pap smear
- CDC - HbA1c, Eye Exam, Nephropathy
- COL - Colon cancer screening

Members were informed of the specific services they needed using the September 2018 Episource report. Providers may receive extra calls from these members regarding these appointments and are encouraged to make room in their schedules to accommodate these requests. In addition, we recommend follow up calls to remind them of keeping their appointments.

Member mailings are also planned for the Well Child 3-6 years (W34) measure to encourage parents to bring in their children for their wellness visit.

If mailings were sent out to your members, you will be notified by mail. The list member will be included with the notification so you can also follow-up with the member. If you have questions, please email [qualitymeasures@medpointmanagement.com](mailto:qualitymeasures@medpointmanagement.com).



## Take Advantage! Give FIT Kits to Members when they come in for the Flu Shots!

Every point of contact is an opportunity. One of the most effective things you can do to close gaps on the Colorectal (COL) screening measure is to make sure your staff is stocked up on FIT Kits to give out during flu shots to members ages 50-75. This has been an effective strategy for many clinics and is easy to implement.

Health centers have also found that asking patients to return the test to the center within a week has worked better than asking patients to send it in themselves. The health center then makes sure the form is filled out correctly (making sure you get credit) and mails it to the lab. Try it and see if this strategy helps to increase your screenings.

It is important to use every visit to check on all screenings that are due for your patients, no matter why they came in to see you. Make it easy for your staff to identify the screenings that are due and create a culture of quality by making it everyone's job to make sure preventive care is done at every visit.





## Increase Medication Adherence with NCQA Resources for Patient Education

The National Committee for Quality Assurance (NCQA), with financial, scientific, and educational support from Merck, developed a suite of resources to assist doctors and other clinicians who want to improve medication adherence with better communication and patient education. These downloadable resources are available free of charge (<https://www.ncqa.org/adherence/>). Just sign in and receive their 5 comprehensive tips and tools.



## November is American Diabetes Month & Diabetic Eye Disease Month & COPD Awareness Month

Please see the attached flyers to help you promote Diabetic and COPD health in November: "Which Path Will You Choose to Manage your Type 2 Diabetes," "Healthy Eyes Matter" and "COPD – The More You Know."

- Easy-to-understand flyers about Diabetes in English and Spanish are available at: <https://www.learningaboutdiabetes.org/programs-consumer/> (this website charges a fee for the download but the flyers are great). Other materials on diabetes are available at <http://www.diabetes.org/diabetes-basics/statistics/infographics.html>.

- Flyers on diabetic eye health are also attached and available at <https://www.cdc.gov/features/healthyvision/>.
- For information on COPD in English and Spanish, please visit: <https://www.nhlbi.nih.gov/health/educational/copd/campaign-materials/index.htm>.
- Please also check health plan health education materials for information on these topics.

Patients who are informed on their condition are more likely to take necessary steps to take care of themselves and perform preventive screenings. Educating your patients will help you with the following HEDIS measures:

- Comprehensive Diabetes Care (CDC) – Eye Exam, HbA1c, Nephropathy
- Statin Therapy for Patients with Diabetes
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Pharmacotherapy Management of COPD Exacerbation (PCE)

**Thank you for educating your patients!**



**October is National Breast Cancer Awareness Month**  
*Please use the flyers from last month's newsletter to remind your patients to have their mammogram by the end of the year.*





## REGISTRATION

Register Online at: <http://professional.diabetes.org/DIPSoCal>  
The last day to register for this conference online is 10/25/2018.  
Onsite registrations cannot be guaranteed.

### Registration Fee

Registration - \$100.00USD  
On-Site Registration - \$135.00

### Cancellation Policy

- Registration fee is non-refundable.
- Name changes and substitutions are not permitted.

### Contact:

Email [amaier@diabetes.org](mailto:amaier@diabetes.org) if you require special assistance to fully participate in the conference. Please include a description of requirements.

## PLANNING COMMITTEE

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Cathedral of Our Lady of the Angels  
Los Angeles, CA  
October 30, 2018, 7:30 AM - 4:30 PM







Diabetes  
Is Primary

## OVERVIEW

The American Diabetes Association will bring together health care professionals interested in the clinical management of diabetes and its complications for an innovative educational initiative developed specifically for the primary care community. This initiative will offer information and tools needed to improve patient outcomes through patient engagement.

This continuing medical education initiative will offer up to 6 continuing education credits focusing on:

- Standards of Medical Care in Diabetes
- Type 2 Diabetes Treatment
- Tailoring Treatment for Social Context
- Prediabetes and Type 2 Diabetes Prevention
- Algorithm
- Obesity Management
- Psychosocial Care
- Cardiovascular Disease Risk

## TARGET AUDIENCE

This activity is intended for primary care physicians, physician assistants, nurse practitioners, nurses, dietitians, pharmacists and other health care professionals who manage patients with diabetes.

## LEARNING OBJECTIVES

This activity will address evidencebased peer-reviewed clinical data and expert opinion on quality diabetes management. At the conclusion of this activity, attendees should be able to:

- Apply clinical decision-making tools to the assessment and treatment of complications related to diabetes.
- Assess the non-pharmacologic and pharmacologic treatment options for managing diabetes in order to individualize treatment protocols.
- Develop a more aggressive, effective treatment plan for patients with diabetes.
- Identify the current ADA Standards of Medical Care in Diabetes for classifying, diagnosing, preventing and treating prediabetes and diabetes.

## ACCREDITATION STATEMENTS

**Physicians:** The American Diabetes Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Diabetes Association designates this live activity for a maximum of 6 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Physician Assistants:** AAPA accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit<sup>™</sup> from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 6 hours of Category I credit for completing this program.

**Nurses:** The American Diabetes Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's COA.

**Pharmacists:** The American Diabetes Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. The American Diabetes Association designates these sessions as Knowledge-based per ACPE guidelines. To view the UAN's and learning objectives for each session, please visit [professional.diabetes.org/primary](http://professional.diabetes.org/primary) and click Continuing Education for Pharmacists.



**Dietitians:** The American Diabetes Association is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR). Registered dietitians (RDs) and dietetic technicians, registered (DTRs) will receive 6 continuing professional education units (CPEUs) for completion of this program/material.



**Certified Diabetes Educators:** To satisfy the requirement for renewal of certification by continuing education for the National Certification Board for Diabetes Educators (NCBDE), continuing education activities must be diabetes related and approved by a provider on the NCBDE List of Approved Providers ([www.ncbde.org](http://www.ncbde.org)). NCBDE does not approve continuing education. The American Diabetes Association is on the NCBDE List of Approved Providers.

### Successful Completion Statement:

Certificates of Completion/Attendance are provided to registered attendees based upon completion of the online evaluation that will be available at [professional.diabetes.org/primary](http://professional.diabetes.org/primary) through 11/20/2018. For questions regarding continuing education, please contact [professionaleducation@diabetes.org](mailto:professionaleducation@diabetes.org).

## PROGRAM SCHEDULE

7:30 am - 8:00 am Breakfast  
8:00 am - 8:15 am Opening Remarks  
8:15 am - 9:00 am What's New in the Standards of Medical Care in Diabetes?  
9:00 am - 9:45 am Prediabetes and Type 2 Diabetes Prevention  
9:45 am - 10:15 am BREAK  
10:15 am - 11:00 am Psychosocial Care for People with Diabetes  
11:00 am - 12:15 pm How to Use the Type 2 Diabetes Treatment Algorithm  
12:15 pm - 1:30 pm LUNCH  
1:30 pm - 2:30 pm Cardiovascular Risk and Treatment Options  
2:30 pm - 2:45 pm BREAK  
2:45 pm - 3:30 pm Tailoring Treatment for Social Context  
3:30 pm - 4:15 pm Obesity Management in Type 2 Diabetes  
4:15 pm - 4:30 pm Wrap Up

Presentation titles are subject to change. For most current titles and speakers check the Association's website at [professional.diabetes.org/primary](http://professional.diabetes.org/primary).

The 2018 Diabetes Is Primary program is supported, in part, by educational grants from AstraZeneca, Merck, and Novo Nordisk, Inc.







# Child Health *and* Disability Prevention (CHDP) Program Code Conversion

Services previously reported on PM 160 forms must be captured on encounter and claim submissions. This guide will help your office identify the appropriate codes to submit.

For additional copies of this guide, contact Provider Relations. The guide is also available on the provider portal at **provider.healthnet.com** in the Provider Library under > *Operations Manuals* > *Public Programs* > *Child Health and Disability Prevention (CHDP) Program* > *PM 160 INF Form Information* > *Billing for CHDP Services*.

Health assessments		
Local code	Description	National code
B1	Autism screening	96110
B3	Psychosocial/behavioral assessment	96150
B4	Psychosocial/behavioral reassessment	96151
01 History and physical exam	Initial, < 1 year	99381
	Ages 1–4, 11 months	99382
	Ages 5–11, 11 months	99383
	Ages 12–17, 11 months	99384
	Ages 18–20, 11 months	99385
01 History and physical exam	Periodic, < 1 year	99391
	Ages 1–4, 11 months	99392
	Ages 5–11, 11 months	99393
	Ages 12–17, 11 months	99394
	Ages 18–20, 11 months	99395

Health assessments (continued)		
Local code	Description	National code
02	Dental assessment	NA
03	Nutritional assessment	Z71.3
None	Physical activity assessment, sports participation	Z02.5
None	Physical activity assessment, exercise counseling	Z71.82
04	Anticipatory guidance health education	NA
05	Developmental assessment	NA
07	Hearing, screening test	92551
None	Hearing, audiometry threshold, air	92552

Labs and other		
Local code	Description	National code
09	Urine dipstick	81000
12	TB, Mantoux test	86580
None	Alc POC testing	83037
None	Chlamydia screening via urine	87491
None	BMI percentile, pediatric < 5%	Z68.51
None	BMI percentile, pediatric 5%–< 85%	Z68.52
None	BMI percentile, pediatric 85%–< 95%	Z68.53
None	BMI percentile, pediatric ≥ 95%	Z68.54

\*NA – Not applicable.



*Vaccines – vaccines supplied by the Vaccine for Children (VFC) program – add modifier SL and \$0 charge*

Local code	Description	National code
M1, M2, M3	Bexsero® (MenB vaccine)	90620 + SL (\$0.00 charge)
M4, M5, M6	Trumenba® (MenB vaccine)	90621 + SL (\$0.00 charge)
33	Measles, mumps and rubella (MMR)	90707 + SL (\$0.00 charge)
39	Polio, inactivated	90713 + SL (\$0.00 charge)
40	Hepatitis B, low-risk	90744 + SL (\$0.00 charge)
41 and 57	Hepatitis B immune globulin (HBIG)	90371
42	Hepatitis B, high-risk, adult	90743 + SL (\$0.00 charge)
45	DTaP	90700 + SL (\$0.00 charge)
46	Varicella	90716 + SL (\$0.00 charge)
48	MMR, adult	90707
51	Hepatitis B, high-risk, adult	90746
52	Varicella	90716
53	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, intramuscular	90655 + SL (\$0.00 charge)
53	Influenza, trivalent (IIV3), split virus, intramuscular	90658 + SL (\$0.00 charge)
53	Influenza, quadrivalent (ccIIV4), preservative- and antibiotic-free,	90674 + SL (\$0.00 charge)
53	Influenza, quadrivalent (IIV4), preservative-free, intramuscular	90685 + SL (\$0.00 charge)

Vaccines (continued)		
Local code	Description	National code
53	Influenza, quadrivalent (IIV4), preservative-free, intramuscular	90686 + SL (\$0.00 charge)
53	Influenza, quadrivalent (IIV4), intramuscular	90688 + SL (\$0.00 charge)
54	Influenza, trivalent (IIV3), intramuscular	90658
55	Pneumococcal polysaccharide (23PS)	90732
58	Td, adult	90714 + SL (\$0.00 charge)
59	DT, pediatric	90702
60	Td, adult PF	90714
64	Polio, inactivated	90713
65	Hepatitis A	90633 + SL (\$0.00 charge)
66	Hepatitis A, adult	90632 + SL (\$0.00 charge)
68	DTaP-HepB-IPV	90723 + SL (\$0.00 charge)
69	Meningococcal conjugate (MCV4)	90734 + SL (\$0.00 charge)
70, 73	MCV4	90734
71	FluMist®	90660 + SL (\$0.00 charge)
72	Tdap booster	90715 + SL (\$0.00 charge)
74	MMRV	90710 + SL (\$0.00 charge)
75	Rotavirus, 3 doses, oral	90680 + SL (\$0.00 charge)
76, 77, 78	Quadrivalent human papillomavirus (HPV)	90649 + SL (\$0.00 charge)
79	Tdap	90715
80	Influenza, inactivated, preservative-free	90655

Vaccines (continued)		
Local code	Description	National code
81	Rotavirus, 2 doses, oral	90681 + SL (\$0.00 charge)
82	DTaP-Hib-IPV	90698 + SL (\$0.00 charge)
83	DTaP-IPV	90696
85, 86, 87	Bivalent human papillomavirus (HPV2)	90650 + SL (\$0.00 charge)
88	Pneumococcal 13-valent conjugate (PCV13)	90670 + SL (\$0.00 charge)
90	23PS	90732 + SL (\$0.00 charge)
92	Meningococcal/Hib (MenHibrix®)	90644 + SL (\$0.00 charge)
93, 94, 95	9-valent human papillomavirus (HPV9)	90651 + SL (\$0.00 charge)
None	Influenza virus vaccine	90630 + SL (\$0.00 charge)
None	Hepatitis A and hepatitis B	90636
None	Haemophilus influenza type b (Hib) PRP-OMB	90647 + SL (\$0.00 charge)
None	Hib PRP-T	90648 + SL (\$0.00 charge)
None	Influenza virus vaccine, trivalent (IIV3)	90656 + SL (\$0.00 charge)
None	Influenza virus vaccine, trivalent (RIV3)	90673
None	Rabies vaccine, intramuscular	90675
None	Hepatitis B, intramuscular	90740





# COPD

LEARN MORE  
BREATHE BETTER®

A program of the National Institutes of Health.

## COPD: THE MORE YOU KNOW, THE BETTER FOR YOU AND YOUR LOVED ONES.

### PEOPLE WHO HAVE COPD:

- Become short of breath while doing everyday activities they used to do with ease.
- Produce excess sputum.
- Cough frequently, or constantly. Some call this a “smoker’s cough.”
- Wheeze.
- Feel like they can’t breathe.
- Are unable to take a deep breath.

### AS TIME GOES BY, THESE SYMPTOMS GET GRADUALLY WORSE.

COPD develops slowly, and can worsen over time. Many people with COPD avoid activities they used to enjoy because they become short of breath so easily. When COPD becomes severe, it can get in the way of doing even the most basic tasks, such as light housekeeping, taking a walk, bathing and getting dressed.

### COPD IS SERIOUS, YET MANY DON’T KNOW THEY HAVE IT.

As we age, it’s easy to think that some of the symptoms of COPD are just part of “getting older.” But they’re not. If you think you have even mild symptoms, tell your doctor or health care provider as soon as possible.

COPD is the 3rd leading cause of death in the United States, claiming more than 120,000 American lives each year. More than 12 million have been diagnosed, but another 12 million are likely to have COPD and don’t know it.

THE LUNG  
DISEASE 

## WITH MANY DIFFERENT NAMES

COPD is a serious lung disease that over time makes it hard to breathe. Its official name is Chronic Obstructive Pulmonary Disease, but COPD has other names, like emphysema or chronic bronchitis.

In those who have COPD, the airways, or tubes that carry air in and out of the lungs are partly blocked, making it difficult to breathe.



**NIH** National Heart, Lung,  
and Blood Institute

NIH Publication No. 13-5840  
Originally printed September 2006  
Reprinted September 2013

*COPD Learn More Breathe Better®*  
is a registered trademark of HHS.



## COULD YOU BE AT RISK FOR COPD? YES, IF YOU:

### USED TO SMOKE, OR STILL DO

COPD most often occurs in people age 40 and over who are current or former smokers. Smoking is the most common cause of COPD, accounting for as many as 9 out of 10 COPD-related deaths. However, as many as 1 out of 6 people who have COPD never smoked.

### HAVE LONG-TERM EXPOSURE TO LUNG IRRITANTS

COPD can also occur in people who have had long-term exposure to things that can irritate your lungs, like certain chemicals, dust, or fumes in the workplace. Heavy or long-term exposure to secondhand smoke or other air pollutants may also contribute to COPD.

### HAVE A GENETIC CONDITION CALLED AAT DEFICIENCY

As many as 100,000 Americans have alpha-1 antitrypsin, or AAT deficiency. They can get COPD even if they have never smoked or had long-term exposure to harmful pollutants.



**Know for sure.  
Get a spirometry test.**

Spirometry is a common, noninvasive lung function test that can detect COPD before symptoms become severe.

It measures the amount of air you can blow out of your lungs (volume) and how fast you can blow it out (flow). That way, your doctor or health care provider can tell if you have COPD, and how severe it is. The spirometry reading can help determine the best course of treatment.

## FIVE THINGS EVERYONE AT RISK SHOULD DO:

### 1) QUIT SMOKING.

There are many online resources and several new aids available from your health care provider. Visit [smokefree.gov](http://smokefree.gov); [lungusa.org](http://lungusa.org); or call **1-800-QUIT NOW**.

### 2) AVOID EXPOSURE TO POLLUTANTS.

Stay away from things that could irritate your lungs, like dust, strong fumes and cigarette smoke.

### 3) VISIT YOUR DOCTOR OR HEALTH CARE PROVIDER REGULARLY.

Make a list of your breathing symptoms, and think about any activities that you can no longer do because of shortness of breath.

### 4) PROTECT YOURSELF FROM THE FLU.

Do your best to avoid crowds during flu season. It is also a good idea to get a flu shot every year.

### 5) LEARN MORE SO YOU CAN BREATHE BETTER.

For more information and free, downloadable materials, visit: [COPD.nhlbi.nih.gov](http://COPD.nhlbi.nih.gov) or contact the National Heart, Lung, and Blood Institute at: [nhlbi.nih.gov](http://nhlbi.nih.gov).

## ARE YOU AT RISK?





# EPOC

## INFÓRMESE MÁS RESPIRE MEJOR®

Una programa de los Institutos Nacionales de Salud.

## EPOC: MIENTRAS MÁS ENTIENDA SU ENFERMEDAD, MEJOR PARA USTED Y SUS SERES QUERIDOS.

### LAS PERSONAS CON EPOC:

- Sienten que les falta el aire mientras realizan esas actividades diarias que anteriormente hacían con facilidad.
- Producen exceso de esputo
- Tosen frecuente o constantemente. Algunos la llaman “tos de fumador”.
- Tienen una respiración jadeante
- Sienten que no pueden respirar
- No pueden aspirar profundamente

### AL PASAR DEL TIEMPO, ESTOS SÍNTOMAS EMPEORAN GRADUALMENTE.

EPOC se desarrolla lentamente y puede empeorar con el tiempo. Muchas personas con EPOC evitan realizar actividades que anteriormente disfrutaban porque se sienten faltos de aire fácilmente. Cuando EPOC se torna grave, puede interferir con las tareas más básicas, como hacer labores domésticas ligeras, tomar una caminata, darse un baño y vestirse.

### EPOC ES UNA ENFERMEDAD SERIA, PERO MUCHOS NO SABEN QUE LA TIENEN.

Al envejecer, es fácil pensar que algunos de los síntomas de EPOC son sólo parte natural de “hacerse viejo”. Pero no lo son. Si usted piensa que tiene incluso el menor de los síntomas, dígaselo a su médico lo más pronto posible.

EPOC es la tercera causa de muerte en los Estados Unidos y la culpable de más de 120,000 muertes de estadounidenses cada año. Más de 12 millones de personas han sido diagnosticadas con EPOC, pero es probable que otros 12 millones la tengan y no lo sepan.

## UNA ENFERMEDAD PULMONAR CON MUCHOS NOMBRES DIFERENTES

EPOC es una enfermedad pulmonar grave que con el tiempo dificulta la respiración. Su nombre oficial es enfermedad pulmonar obstructiva crónica, pero EPOC tiene otros nombres, como enfisema o bronquitis crónica.

En aquellas personas que sufren de EPOC, las vías respiratorias, que son los tubos que transportan el aire dentro y fuera de los pulmones están parcialmente bloqueados, dificultando la respiración.



**NIH** National Heart, Lung,  
and Blood Institute

Publicación de NIH No. 13-5840s  
Originalmente imprimido  
septiembre del 2006  
Reimprimido octubre del 2013

*EPOC Infórmese Más Respire Mejor®*  
son marcas registradas de HHS.



## ¿CORRE EL RIESGO DE SUFRIR EPOC? SÍ, SI USTED:

### SOLÍA FUMAR, O AÚN LO HACE

EPOC se presenta con más frecuencia en personas mayores de 40 años que fuman o solían hacerlo. El hábito de fumar es la causa más común de EPOC, y es responsable de hasta nueve de cada diez muertes relacionadas con esta enfermedad. Sin embargo, una de cada seis personas con EPOC jamás ha fumado.

### HA TENIDO UNA EXPOSICIÓN PROLONGADA A IRRITANTES PULMONARES

Las personas que han tenido una exposición prolongada a irritantes pulmonares, como ciertos químicos, polvo o vapores en el lugar de trabajo, también pueden sufrir de EPOC. La exposición intensa o prolongada al humo de tabaco de segunda mano o a otros contaminantes del aire también puede contribuir a tener EPOC.

### TIENE UNA CONDICIÓN GENÉTICA LLAMADA DEFICIENCIA AAT

Aproximadamente 100,000 estadounidenses sufren de una deficiencia de alfa-1-antitripsina, o AAT. Estas personas pueden presentar EPOC incluso si nunca han fumado ni se han expuesto de manera prolongada a contaminantes dañinos.



**Esté seguro.  
Hágase la prueba  
de espirometría.**

La espirometría es una prueba pulmonar no invasiva que puede detectar la EPOC antes de que los síntomas se agraven.

Mide la cantidad de aire que usted puede sacar de sus pulmones (volumen) y qué tan rápido puede hacerlo (flujo). De esta manera, su médico puede decirle si usted tiene EPOC y qué tan severa es. La lectura de espirometría puede ayudar a determinar el mejor tratamiento a seguir.

## CINCO COSAS QUE TODAS LAS PERSONAS EN RIESGO DEBERÍAN HACER:

### 1) DEJAR DE FUMAR.

Existen muchos recursos en línea y diversas alternativas disponibles directamente con su médico. Visite [smokefree.gov](http://smokefree.gov); [lungusa.org](http://lungusa.org); o llame al 1-800-QUIT NOW.

### 2) EVITE EXPONERSE A CONTAMINANTES.

Evite aquellas cosas que puedan irritarle los pulmones, como el polvo, los vapores fuertes y el humo de cigarrillo.

### 3) VISITE A SU MÉDICO REGULARMENTE.

Haga una lista de sus síntomas respiratorios, y piense en aquellas actividades que usted ya no puede hacer porque se siente falto de aire.

### 4) PROTÉGASE DE LA GRIPE.

Haga todo lo posible por evitar las multitudes durante la temporada de gripe. También es una buena idea ponerse la vacuna contra la gripe anualmente.

### 5) INFÓRMESE MÁS PARA QUE PUEDA RESPIRAR MEJOR.

Para obtener más información y materiales descargables gratuitos, visite: [COPD.nhlbi.nih.gov](http://COPD.nhlbi.nih.gov). O comuníquese con el Instituto Nacional de Corazón, Pulmones y Sangre en [nhlbi.nih.gov](http://nhlbi.nih.gov).

**EPOC: ¿CORRE USTED EL RIESGO  
DE SUFRIR ENFERMEDAD PULMONAR  
OBSTRUCTIVA CRÓNICA?**



# Which path will you choose to manage your type 2 diabetes?

Both Anna and Mary are recently diagnosed with type 2 diabetes.  
Everyone's diabetes journey is different. Here are their stories.



## ANNA

Anna has difficulties accepting her diagnosis. She has too much going on in her life.

- Sense of loss
- Fear
- Shock
- Anger
- Stress
- Sense of control

## MARY

Mary talks to her family and close friends about her diagnosis and next steps.



TIME PASSES



Anna takes her medicine when she can and sometimes misses her health care provider's appointments. She did not make any healthy changes.



Mary joins a type 2 diabetes program, works with her health care provider, and starts to make small, healthy changes.

TIME PASSES



Anna starts having trouble seeing because her blood glucose is high. She starts to worry.



Mary knows that change is tough, sometimes she makes unhealthy choices but works hard to stay on track. She's feeling healthier.

TIME PASSES



Anna runs the risk of developing complications:

- Heart disease and stroke
- High blood pressure
- Kidney disease
- Amputation
- Blindness



Mary continues to learn how to live well with diabetes. She and her family are making healthier choices together.

Learn more about living with type 2 diabetes.

[diabetes.org/type2program](https://diabetes.org/type2program)

1-800-DIABETES (342-2383)



# ¿Qué camino elegiría para controlar su diabetes tipo 2?

Ana y María acaban de ser diagnosticadas con diabetes tipo 2.  
El manejo de la diabetes es diferente en cada persona. Estas son sus historias.



## ANA

Ana tiene dificultades en aceptar su diagnóstico, está muy ocupada y no tiene tiempo para pensar en esto.

- Sensación de pérdida
- Miedo
- Sorpresa
- Enojo
- Estrés
- Sentido de control

## MARÍA

María habla con su familia y amigos cercanos sobre su diagnóstico y los próximos pasos a dar.



Cuando puede, Ana toma sus medicamentos y a veces no va a su cita con su proveedor de cuidados de salud. Ana no hizo ningún cambio saludable.

PASA EL TIEMPO



María se registra en un programa para controlar su diabetes, trabaja con su proveedor de cuidados de salud y empieza hacer cambios saludables.



Ana comienza a tener problemas en la vista porque su glucosa en la sangre está alta. Ella se empieza a preocupar.

PASA EL TIEMPO



María sabe que el cambio es difícil, a veces lo que elige no es muy saludable pero trabaja fuerte para seguir con el programa. Ella se siente más saludable.



Ana corre el riesgo de desarrollar complicaciones:

- Enfermedad del corazón y derrame cerebral
- Presión arterial alta
- Enfermedad de los riñones
- Amputación
- Ceguera

PASA EL TIEMPO



María sigue aprendiendo a vivir bien con diabetes. Ella y su familia siguen haciendo cambios saludables.

**Aprenda más sobre cómo vivir con diabetes tipo 2.**

[diabetes.org/programatipo2](https://diabetes.org/programatipo2)

1-800-DIABETES (342-2383)





# DIABETES AND YOU: Healthy Eyes Matter!

It is important to take good care of your eyes when you have diabetes. Did you know that diabetes can harm your eyes? The good news is that you can take steps to help keep your eyes healthy. The tips below will get you started.

## Tips to Keep Your Eyes Healthy

1. **Get a dilated eye exam at least once a year and share the results with your primary care doctor.**
  - In this exam, you will get eye drops to make your pupils larger. Pupils are the black circles in the middle of your eyes. The drops are painless and help your eye doctor see inside your eyes to look for signs of health problems.
  - A dilated eye exam can help your eye doctor find and treat problems to keep you from losing your vision from diabetes.
  - Your eye doctor may take pictures of your eyes with a tool called retinal photography. This helps to see the retina, which is at the back part of your eyes.
  - Be sure to keep your next eye doctor appointment!
2. **Visit your eye doctor right away if you:**
  - See little black lines or spots that don't go away.
  - See any red spots.
  - See red fog.
  - Have a sudden change in how clearly you see.
  - Take longer than usual to adjust to darkness.



## How Can Diabetes Harm Your Eyes?

- Diabetes is the main cause of blindness among people younger than 74 years.
- Serious eye problems happen more often among people with diabetes.
- It is important to find and treat eye problems early to protect your vision.

## Where Do I Get a Dilated Eye Exam?

- You should schedule an appointment with an ophthalmologist or an optometrist for your yearly dilated exam. Both of these eye doctors can give you a dilated eye exam and check your eyes.







## What Kinds of Eye Diseases Are Common Among People With Diabetes?

- **Retinopathy** causes small blood vessels in the retina (at the back of the eye) to get weak and possibly leak blood. This disease can cause blindness if it is not treated. There are no symptoms when this disease starts, so it is important to get your eyes checked regularly.
- **Cataract** causes a “clouding” of the lens of the eye that makes vision blurry. People with diabetes are more likely to get cataracts.
- **Glaucoma** causes pressure in the eye. If it is not treated, glaucoma can cause vision loss or blindness.



## To-do List for Healthy Eyes

- ☐ Get a dilated eye exam from your eye doctor at least once a year.
- ☐ Keep your next eye doctor appointment.
- ☐ Keep track of and tell your eye doctor about any changes in how you see.
- ☐ Talk with your eye doctor about the best ways to keep your eyes healthy.
- ☐ Ask your eye doctor to send your test results to your other doctors after every visit.
- ☐ Keep your blood sugar at a healthy level.

## Manage Your ABCs!

Ask your health care team to help you set and reach goals to manage your blood sugar, blood pressure, and cholesterol—also known as the **ABCs** of diabetes. Teach your family about your diabetes and the **ABCs** so they can help you, too.

- **A1c:** The goal set for many people is less than 7% for this blood test, but your doctor might set different goals for you.
- **Blood pressure:** High blood pressure causes heart disease. The goal is less than 140/90 mmHg for most people, but your doctor might set different goals for you.
- **Cholesterol:** LDL or “bad” cholesterol builds up and clogs your blood vessels. HDL or “good” cholesterol helps remove the “bad” cholesterol from your blood vessels. Ask what your cholesterol numbers should be.
- **Don’t smoke:** Call 1-800-QUIT-NOW (1-800-784-8669) for support.

## National Diabetes Education Program

For more information, call 1-800-CDC-INFO (800-232-4636)

or TTY 1-888-232-6348 or visit [www.cdc.gov/info](http://www.cdc.gov/info).

To order resources, visit [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep).







## LA DIABETES Y USTED:

# ¡Tener unos ojos sanos es importante!

Es importante cuidar bien los ojos cuando se tiene diabetes. ¿Sabía que la diabetes puede dañar sus ojos? La buena noticia es que usted puede hacer algo para ayudar a mantener sus ojos sanos. Los siguientes consejos lo ayudarán a empezar a cuidarlos.

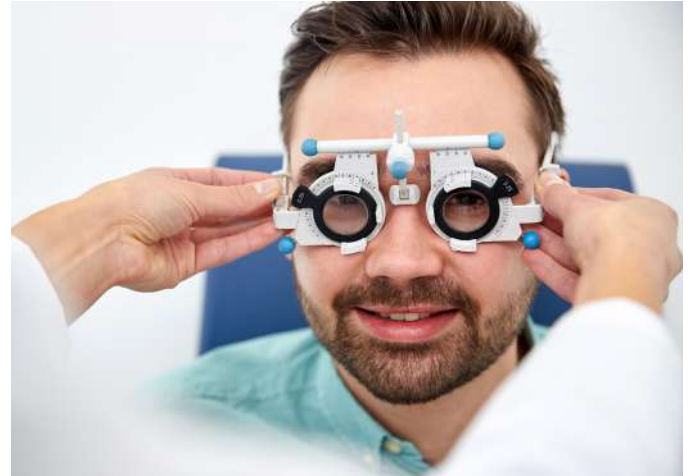
### Consejos para mantener sus ojos sanos

#### 1. Hágase un examen de los ojos con dilatación de las pupilas por lo menos una vez al año. Comparta los resultados con su médico de atención primaria:

- Durante este examen le pondrán gotas en los ojos para hacer que las pupilas se agranden. Las pupilas son los círculos negros en el medio de sus ojos. Las gotas no duelen y ayudan a su especialista de los ojos a ver sus ojos por dentro. Así ellos pueden notar si hay señales de algún problema.
- Un examen de los ojos con dilatación de las pupilas puede ayudar a su especialista de los ojos a detectar y tratar problemas. De esta forma se podría evitar que usted pierda la visión por causa de la diabetes.
- Su especialista de los ojos podría tomar fotos de sus ojos con un examen que se llama fotografía de la retina. Este examen ayuda a ver la retina, que está en la parte de atrás del ojo.
- ¡Asegúrese de ir a la próxima cita con su especialista de los ojos!

#### 2. Vaya al especialista de los ojos de inmediato si:

- Ve pequeñas líneas o manchas negras que no desaparecen.
- Ve manchas rojas.
- Ve una nube roja.
- Nota un cambio repentino en su vista y no ve con la misma claridad.
- Le toma más tiempo de lo normal ajustarse a la oscuridad.



### ¿Cómo la diabetes puede dañar sus ojos?

- La diabetes es la principal causa de ceguera entre las personas menores de 74 años.
- Los problemas serios de los ojos son más comunes entre las personas con diabetes.
- Ayude a detectar y tratar los problemas en los ojos a tiempo. Esto lo ayudará a proteger su visión.

### ¿Dónde me puedo hacer un examen de los ojos con dilatación de las pupilas?

- Usted debe hacer una cita con un especialista de los ojos. Pida que le hagan un examen de los ojos con dilatación de las pupilas una vez al año.



**Programa Nacional de Educación sobre la Diabetes**

Un programa de los Institutos Nacionales de la Salud y los Centros para el Control y la Prevención de Enfermedades





## LA DIABETES Y USTED: ¡Tener unos ojos sanos es importante!



### ¿Cuáles son las enfermedades de los ojos comunes en las personas con diabetes?

- La **retinopatía diabética** causa que los pequeños vasos sanguíneos en la retina (en la parte de atrás del ojo) se debiliten. Esto puede causar goteo de sangre. Esta enfermedad puede causar ceguera si no se trata. Cuando comienza, no tiene síntomas. Por eso es importante que le revisen los ojos regularmente.
- Las **cataratas** causan una “nube” en el cristalino del ojo que hace que la visión sea borrosa. Las personas con diabetes tienen más probabilidades de presentar cataratas.
- El **glaucoma** causa presión dentro del ojo. Si no se trata, el glaucoma puede causar pérdida de la visión o ceguera.



### ¿Qué debe hacer para tener unos ojos sanos?

- ☐ Hágase un examen de los ojos con dilatación de las pupilas al menos una vez al año.
- ☐ No falte a la próxima cita con su especialista de los ojos.
- ☐ Anote los cambios que tenga en su visión y dígaselos a su especialista de los ojos.
- ☐ Hable con su especialista de los ojos sobre las mejores maneras de mantener sus ojos sanos.
- ☐ Pídale a su especialista de los ojos que les envíe a todos sus médicos los resultados de sus exámenes luego de cada visita.
- ☐ Mantenga la glucosa (azúcar) en la sangre a un nivel saludable.

### ¡Conozca los factores clave de la diabetes para mantener su diabetes bajo control!

Pídale a su equipo de atención médica que lo ayude a establecer y alcanzar metas para controlar sus factores clave de la diabetes. Estos son el nivel de glucosa (azúcar) en la sangre, la presión arterial y el colesterol. Hable con su familia sobre su diabetes y dígales cómo debe controlarla para que lo puedan ayudar.

- **Prueba A1c:** La meta para muchas personas es obtener un valor de menos de 7% en esta prueba de sangre. Aun así, su médico podría fijar una meta diferente para usted.
- **Presión arterial:** Tener la presión arterial alta causa enfermedades del corazón. Para la mayoría de las personas, la meta es tener menos de 140/90 mm de Hg. Aun así, su médico podría fijar una meta diferente para usted.
- **Colesterol:** El colesterol malo se conoce como lipoproteína de baja densidad o LBD. Este colesterol se acumula en los vasos sanguíneos y los tapa. El colesterol bueno se conoce como lipoproteína de alta densidad o LAD. Este colesterol ayuda a sacar el colesterol malo de los vasos sanguíneos. Pregunte en cuánto debería tener sus niveles de colesterol.
- **No fume:** Llame al 1-855-DÉJELO YA (1-855-335-3569). Pida apoyo para dejar de fumar.

### Programa Nacional de Educación sobre la Diabetes

Para más información, llame al 1-800-CDC-INFO (800-232-4636) o a la línea TTY 1-888-232-6348. También puede visitar [www.cdc.gov/info](http://www.cdc.gov/info). Para ordenar recursos educativos sobre la diabetes, visite [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep).



NDEP-131S  
Junio de 2016



**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:**

(855) 322-4075, Extension:

**Los Angeles/Orange Counties**

X111113	X123017
X127657	X120104

**Riverside/San Bernardino Counties**

X127684	X128010
X120618	

**Sacramento County**

x126232	x121360
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**San Diego County**

x121805	X121413
x127709	

**Imperial County**

x125682
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## Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding MHC's obligations to provide Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care, also known as Alcohol Misuse Screening and Counseling (AMSC), services for MCP members ages 18 and older who misuse alcohol. APL 18-014 provides guidance to MHC to ensure compliance with the Medicaid Managed Care for Mental Health Parity requirements included in the Final Rule (CMS-2333-F) issued by the Centers for Medicare and Medicaid Services (CMS) on March 30, 2016.

This notification is based on an All Plan Letter (APL) 18-014 (supersedes AL 17-016), which can be found in full on the DHCS website at

<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

**UPDATE:** Effective for dates of service on or after May 1, 2018, HCPCS codes H0049 (alcohol and/or drug screening) and H0050 (alcohol and/or drug services, brief intervention, per 15 minutes) are replaced by HCPCS codes G0442 (annual alcohol misuse screening, 15 minutes) and G0443 (brief face-to-face behavioral counseling for alcohol misuse, 15 minutes).

This update is based on DHCS Newsflash on April 6, 2018, New Medi-Cal Benefits for Services Related to Alcohol Misuse

[http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom\\_26651Rev1.asp](http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_26651Rev1.asp)

### **BACKGROUND:**

In May 2013, the United States Preventive Services Task Force (USPSTF) updated its alcohol screening recommendation. The USPSTF recommends that clinicians screen adults ages 18 years or older for alcohol misuse. Members engaged in risky or hazardous drinking shall be provided with brief behavioral counseling interventions to reduce alcohol misuse and/or referral to mental health and/or alcohol use disorder services, as medically necessary. Medical necessity must be documented by the member's PCP or primary care team.

### **What is Changing?**

- The Final Rule applied certain requirements from the Mental Health Parity and Addiction Equity Act of 2008 (Pub. L. 110-343, enacted on October 3, 2008) to coverage offered by Medicaid Managed Care Organizations. This included the addition of Subpart K – Parity in Mental Health and Substance Use Disorder Benefits to the Code of Federal Regulations (CFR). The general parity requirement (Title 42 CFR §438.910(b)) stipulates that treatment limitations for mental health benefits may not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits. MHC must be in compliance with the Mental Health Parity rule on October 2, 2017, as required by Title 42 CFR §438.930.

*If you are not contracted with Molina and wish to opt out of the Just the Fax, call (855) 322-4075, ext. 127413 Please leave provider name and fax number and you will be removed within 30 days.*



- As a result of the Mental Health Parity (CMS-2333-F), the AMSC training requirements for providers have been revised. MHC shall revise policies and procedures to reflect that providers in primary care settings offer and document AMSC services according to requirements that are found in the Medi-Cal Provider Manual.
- Effective for dates of service on or after May 1, 2018, HCPCS codes H0049 (alcohol and/or drug screening) and H0050 (alcohol and/or drug services, brief intervention, per 15 minutes) are replaced by HCPCS codes G0442 (annual alcohol misuse screening, 15 minutes) and G0443 (brief face-to-face behavioral counseling for alcohol misuse, 15 minutes).

HCPCS code G0442 is limited to one screening per year, any provider, unless otherwise medically necessary. Code G0443 may be billed on the same day as code G0442 and is limited to three sessions per recipient, unless otherwise medically necessary.

### **Requirements:**

- MHC is required to cover and pay for an expanded alcohol screening for members 18 years of age and older, or at any time the PCP identifies a potential alcohol misuse problem.
- The USPSTF considers the following three tools as the instruments of choice for screening for alcohol misuse in the primary care setting. Accordingly, one of the following validated screening tools must be used when screening members for alcohol misuse:
  1. The Alcohol Use Disorders Identification Test (AUDIT);
  2. The abbreviated AUDIT-Consumption (AUDIT-C); and
  3. A single-question screening, such as asking, "How many times in the past year have you had 4 (for women and all adults other than 65 years) or 5 (for men) or more drinks in a day?"
- MHC shall cover and pay for behavioral counseling intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder.
- Provider Requirements
  - Primary care providers (PCPs) may offer AMSC in the primary care setting as long as they meet the following requirements:
    - AMSC services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including but not limited to, the following:
      - Licensed Physician
      - Physician Assistant
      - Nurse Practitioner
      - Psychologist
    - At least one supervising licensed provider per clinic or practice may take four hours of AMSC training after initiating AMSC services. The training is not required; however, it is recommended.
- Alcohol Misuse Screening
  - MHC must allow each member one alcohol misuse screening, using a validated screening tool, every year.
  - MHC must ensure that PCPs maintain documentation of the alcohol misuse screening.
  - Please use Medi-Cal screening code **G0442** for Annual Alcohol Misuse Screening.
- Behavioral Counseling Interventions for Alcohol Misuse



- Providers must offer behavioral counseling intervention(s) as specified by the Preventive Services Medi-Cal Provider Manual to those members identified as having risky or hazardous alcohol use when a member responds affirmatively to the alcohol misuse question, provides responses on the expanded screening that indicate hazardous use, or when otherwise identified.
  - Interventions may be delivered by face-to-face sessions, written self-help materials, computer or web-based programs, or telephone counseling. Providers must offer at least one, but may offer up to a maximum of three, behavioral counseling interventions for alcohol misuse per year.
  - Additional behavioral counseling interventions can be provided if medical necessity has been determined by the member's provider; however, medical necessity must be documented by the member's PCP in the member's medical record.
  - Please use Medi-Cal follow-up plan code **G0443** for brief face-to-face behavioral counseling for alcohol misuse.
- Referral to Mental Health and/or Alcohol Use Disorder Services
    - Providers must refer members who, upon screening and evaluation, meet criteria for an alcohol use disorder (AUD) as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, or as amended) or whose diagnosis is uncertain, for further evaluation and treatment to the County Department for alcohol and substance use disorder treatment services or DHCS-certified treatment program.

***Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As such, PCPs and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrates compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.***

### **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.