Molina Healthcare of Ohio
Ohio Medicaid's Quality Strategy

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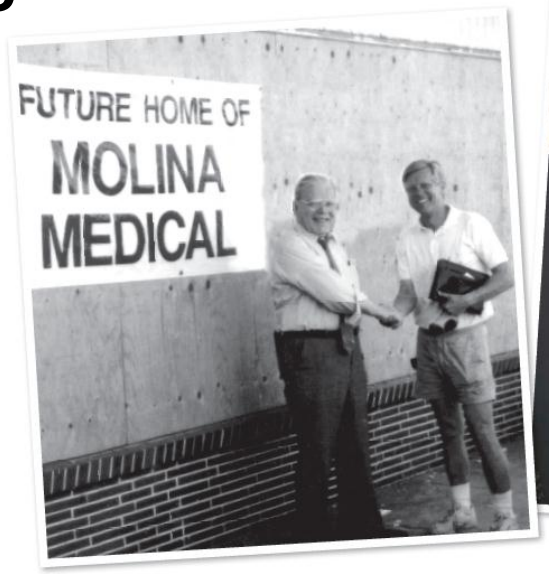
MOLINA® HEALTHCARE

Your Extended Family.

The Molina Story

Three Decades of Delivering Access to Quality Care



Molina Healthcare's history and member-focused approach began with the vision of Dr. C. David Molina, an emergency department physician who saw people in need and opened a community clinic where caring for people was more important than their ability to pay.

Today Molina Healthcare serves the diverse needs of 1.8 million plan members and beneficiaries across the United States through government-funded programs. Molina Healthcare provides NCQA-accredited care and services that focus on promoting health, wellness and improved patient outcomes. While the company continues to grow, we always put people first. We treat everyone like family, just as Dr. Molina did – making Molina Healthcare your extended family.

MOLINA HEALTHCARE

ODM Quality Strategy

Priorities	Goals
Make Care Safer	Eliminate preventable, health-care acquired conditions and errors.
Improve Care Coordination	Clear Communication, accessible care and optimized care.
Promote Evidence Based Prevention and Treatment Practices	Improve priority populations including select Clinical Focus Areas.
Support Person &Family Centered Care	Listen to patient/family & integrate their preferences into care.
Ensure Effectively and Efficient Administration	Sustain a quality-focused, data-informed, and continuous learning organization.

Molina Quality Strategy

- Quality Healthcare
- Resource Optimization
- IT
- Chronic Disease Mgt
- Prevention

Providers

Members

- ROI
- Healthier Community
- Consumer Engagement
- Long-Term Value
- High Performance Benchmark

2015 Strategic Focus

MHO

- Members receiving need services
  - *Measurement: HEDIS*

2015

- Improving Customer Experience
  - *Measurement: CAHPS*

Focus

- Improving Health Outcomes through care coordination
  - *Measurement: reduce ED, readmissions/medical costs*

Goal

- *If we make significant improvements in these areas, we will succeed as a company.*

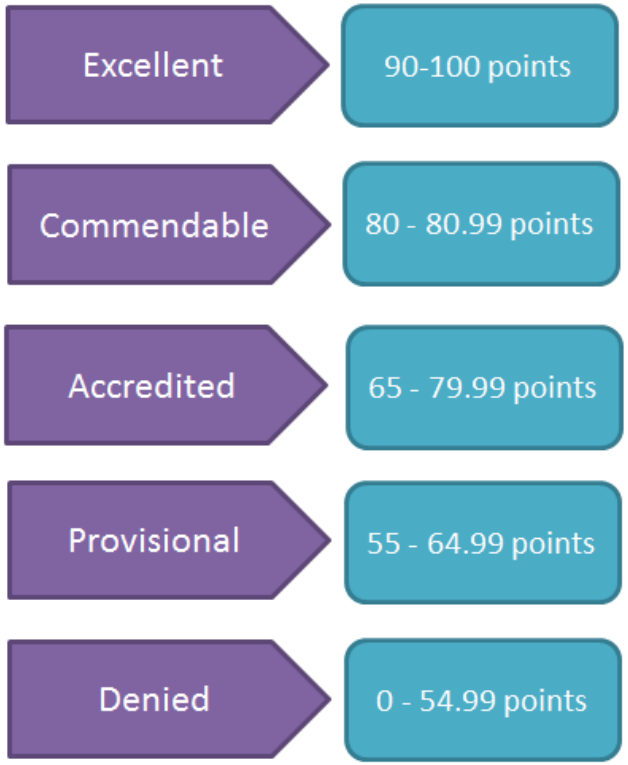
MOLINA HEALTHCARE
Your Extended Family.

How are we measured?

Accreditation

- All managed care plans in Ohio must be accredited by NCQA to maintain their contract as a provider of Medicaid benefits.
  - To achieve an accreditation level, all plans are "graded" on three (3) separate areas:
    - HEDIS®
    - CAHPS
    - Standards

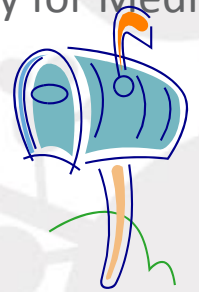
Category	Possible Points
Standard Points	50
HEDIS	37
CAHPS	13
Total	100



CAHPS®

CAHPS® – Consumer Assessment of Healthcare Providers and Systems

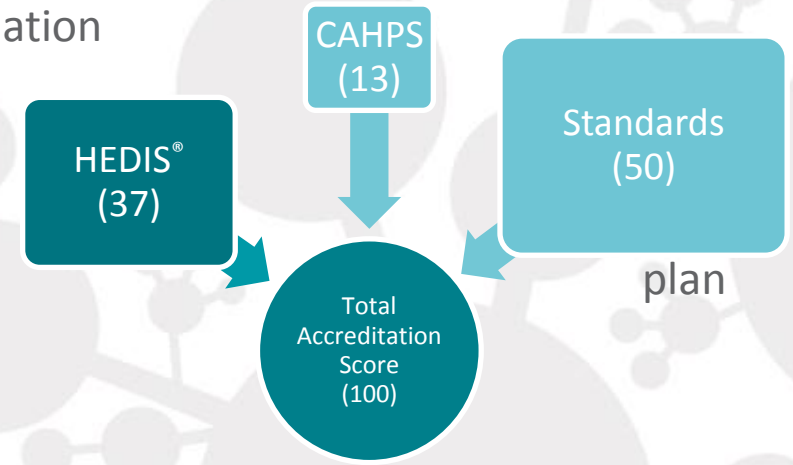
- Annual survey sent to a sample of our members
- Designed to evaluate members experiences with health care
  - Three different surveys we send for Medicaid
    - Adult General
    - Child General
    - Child with Chronic Conditions (Supplemental)
- The plan chooses which survey results they would like to submit to NCQA for accreditation *before* they are sent out.
  - The plan can earn a total of 13 points out of 100 towards our accreditation
- For HEDIS® 2016, we will be conducting a survey for Medicare and MMP lines of business as well.



HEDIS®

HEDIS® – Healthcare Effectiveness & Data Information Set

- Created & maintained by NCQA (National Committee for Quality Assurance)
- 83 different measures
  - Broken up into 5 Domains of Care
    - Effectiveness of Care
    - Access/Availability of Care
    - Experience of Care
    - Utilization and Relative Resource Use
    - Health Plan Descriptive Information
- 30 Measures will be evaluated our accreditation
  - These measures will account for 37 out of 100 total points for accreditation



plan

ODM Pay for Performance (P4P)

The Ohio Department of Medicaid establishes areas of priority and supporting goals.

- In 2015, ODM selected 6 HEDIS® measures that align with their goals*
  - Prenatal and Postpartum Care – Timeliness of Prenatal Care (Hybrid)
  - Follow up After Mental Health Discharge – 7 Day (Admin)
  - Controlling High Blood Pressure (Hybrid)
  - Comprehensive Diabetes Care – HbA1c < 8.0 (dropped in 2016)
  - Appropriate Medication for Asthma – Total (Admin)*
  - Appropriate Treatment for Children with URI (Admin)
- For 2016 ODM selected **2 additional** HEDIS measures that align with their goals*
  - **Prenatal and Postpartum Care – Postpartum Care**
  - **Adolescent Well-Care Visits (Hybrid)**
- For each measure, they have set 10 benchmark levels that the plans can earn bonus money for if they reach.

*Some of these measures are also measures selected for accreditation

Clinical Performance Measures (CPM)

The Ohio Department of Medicaid has 5 areas of priority and supporting goals.

- They have selected 21 HEDIS® measures, 2 CAHPS ratings and 1 CHIPRA measure that align with their goals*
- Each of these measures are pass/fail measures.
- They are penalty only measures, meaning that we do not earn anything for meeting the benchmarks, but will only incur a penalty for failing to meet the targets.

*Some of these measures are also measures selected for accreditation

Provider Partnerships

Provider Engagement Teams

Purpose

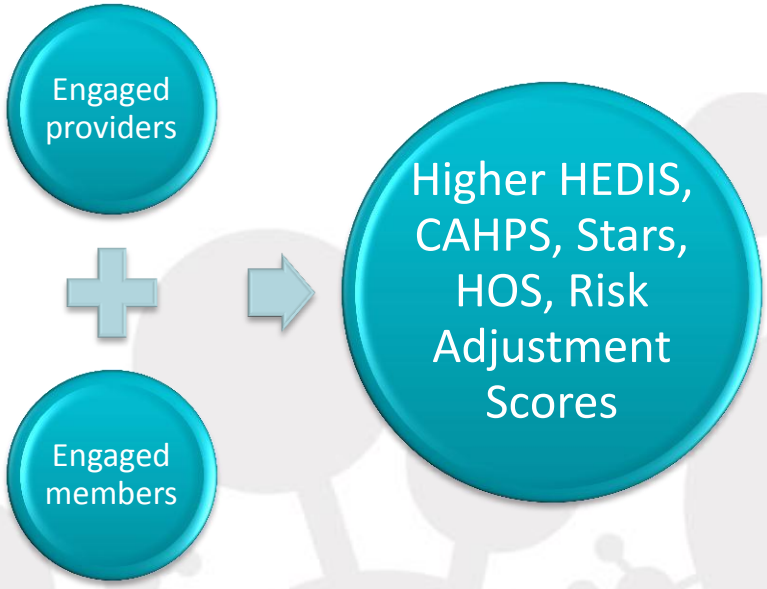
- To educate, engage, support and give feedback to providers in improving patient access, patient adherence, preventive health care completion, care of chronic disease, medical record documentation and claims/encounters coding. Quality improvement is measured using HEDIS, CAHPS, Star Ratings and Risk Scores.

The Team

- Medical Director
- Quality Improvement Specialist
- Provider Services Representative

The first year

- 100 provider offices identified statewide
- 87 initial provider visits completed



What Providers Need to Know

- Make sure their members receive all appropriate condition-specific diagnostic and screening procedures.
- Coding claims accurately and completely will reduce the burden of medical record review.
- Completing documentation in medical record is essential.

Member Engagement

Performance Improvement Projects

- **Postpartum Care Quality Improvement Project**
  - To reduce infant mortality by improving maternal health
- **Progesterone Project Improvement**
  - Decrease preterm births in Ohio.
- **Transition of Care Quality Improvement Project**
  - To reduce rate of all-cause readmissions for Medicaid managed care consumers

Community Outreach

We Put Our Marketing Dollar Where it Belongs

- Spend marketing dollars in non-traditional ways
- Grassroots marketing provides brand recognition

We Invest in True Community Partnerships

- Support programs of community-based organizations, faith-based organizations and local resource centers
- Enhance programs, sponsor events, provide health education and bring health services to our members
- Focus on health outcomes and preventive services
- Family Advisory Council and Bridge2Access meetings

We Lend Our Expertise

- Work closely with advocacy groups
- Share news and updates via webinars and newsletters
- Employees leverage our Volunteer Time Off program
- Our leaders serve on various boards statewide

Connect with us

Questions?