

Molina Healthcare d-SNP Population Characteristics

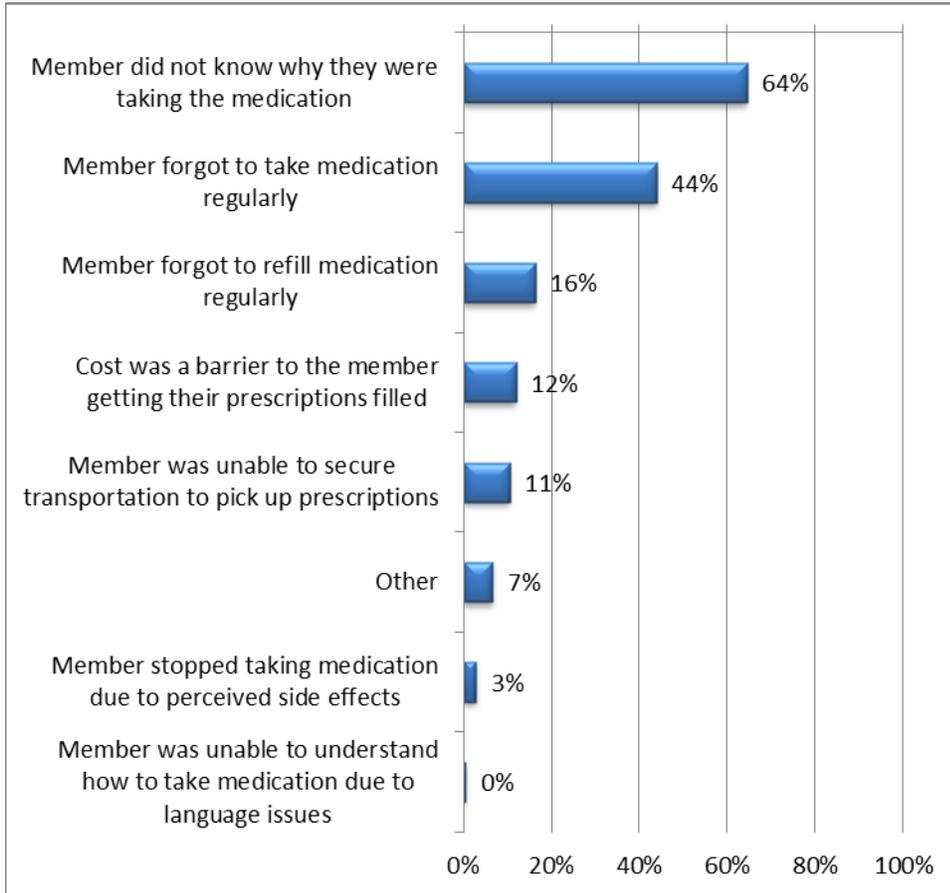
In September 2014 CMS requested information from the industry on the causal impact of dual eligibility on quality measure performance. CMS might find it useful to know the kinds of barriers Molina’s d-SNP members encountered.

To this end, the data below is drawn from Molina’s Medication Therapy Management (MTM) program. This is a Comprehensive Medication Review that is completed telephonically by Molina pharmacists with members who are taking six or more prescription medications, or whose prior quarter drug spend exceeded \$750.

Member Barriers Collected Via MTM

During the member outreach calls, Molina has collected the following information on the type of barriers faced by our d-SNP members.

Members not knowing why they are taking their medications is the most frequent barrier encountered (64% of members identified this barrier). Because these members are getting prescriptions renewed, it is unlikely that PCP access is a significant barrier to care in these cases.



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Barrier Narrative

In addition to tracking of barrier types, Molina's MTM program has collected several case studies illustrating how these barriers are identified and addressed/resolved.

Case 1: June 2014

Issue Identified: During an adherence call, Molina's pharmacist learned that the member was waiting for a new prescription to be called in for vertigo. The pharmacist suspected after discussion that the true problem was misuse of the member's oral hypoglycemic.

Action Taken: Education on use of the oral hypoglycemic, with subsequent resolution of symptoms.

Case 2: July 2014

Issue Identified: Misuse of insulin, due to instructions written in English.

Action Taken: Transfer of medications to pharmacy that could provide medications with Spanish instructions.

Case 3: September 2014

Issue Identified: Specific misuse of blood pressure medications after motivational interviewing – "took medications when BP felt high"

Action Taken: Education on daily use. Member stated plan staff person was the first ever to explain how to take her medicine and it might have prevented her second heart attack.

Conclusions

Molina Healthcare does not have a significant enough non-SNP Medicare population to draw conclusions about whether dual eligibility causes lower scores. However, the above data make clear that lack of member understanding of how the medication affects the disease state is an important barrier to medication adherence within Molina's d-SNP population. Language barriers and general health literacy are observed as underlying factors, and it appears that an effective intervention is direct outreach to the member for pharmacist counseling.