QUALITY BULLETIN

MOLINA HEALTHCARE

November 2025

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Healthy Children: Youth Tobacco Use Screening and Cessation

Early screening and intervention are essential to prevent long-term nicotine dependence. With nearly 90% of adult tobacco users initiating use before age 18 (per the CDC), routine assessment during adolescence is a critical opportunity for prevention and counseling.

Screening Recommendations: All youth aged 12–17 should be screened for tobacco use at least once every two years. For those who screen positive, cessation counseling should be provided.

The American Academy of Pediatrics' (AAP's) Ask-Counsel-Treat (ACT) Model: The American Academy of Pediatrics promotes the ACT model as a resource to address youth tobacco use:

- Ask: Tobacco use screening should be conducted with all youth at every clinical encounter, regardless of the visit reason. Use examples of locally prevalent products, such as e-cigarettes, hookah or smokeless tobacco, to improve relevance and engagement. Integrate screening into existing workflows and ensure appropriate coding for documentation and reimbursement.
- Counsel: Offer clear, individualized guidance to support quitting. Encourage youth to set a quit date within two weeks to initiate behavior change. If they're not ready, revisit the conversation at the next visit to maintain engagement and reinforce readiness.
- Treat: Connect youth to behavioral cessation resources such as quit lines or counseling services. When clinically appropriate, initiate pharmacologic support. Ensure follow-up is scheduled to monitor progress, reinforce motivation and adjust the treatment plan as needed.

Every clinical encounter is a chance to prevent tobacco addiction; your guidance can make the difference.

For more information and resources, visit: aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/tobacco-use-considerations-for-clinicians/

Chronic Conditions: Reducing Avoidable COPD and Asthma Admissions in Adults 40+

The Prevention Quality Indicator 05-AD (PQI 05), developed by the Agency for Healthcare Research and Quality (AHRQ), tracks hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma in adults aged 40 and older. These admissions are considered ambulatory care sensitive, meaning they are often preventable with timely and effective outpatient care.

Molina Healthcare of Ohio, Inc. aims to engage in activities to reduce unnecessary hospitalizations and advance member health outcomes through high-quality, proactive, community-based interventions. These efforts are strengthened by strategic partnerships with providers and local organizations, ensuring a coordinated approach to care that meets members where they are.

Reducing COPD and asthma-related admissions both improves clinical outcomes and supports value-based care goals. Providers play a critical role in identifying at-risk patients, delivering evidence-based care and coordinating services that keep members healthy and out of the hospital.

Key Strategies for Providers

1. Strengthen Outpatient Management

- Ensure regular follow-up visits for patients with COPD or asthma, especially post-discharge. Evidence shows that timely outpatient follow-up can reduce 30-day readmissions by up to 21% for chronic conditions.[1]
- Use spirometry and symptom tracking to adjust treatment plans proactively.

2. Optimize Medication Adherence
   - Review inhaler technique and adherence at every visit.
   - Consider combination therapies (e.g., Inhaled Corticosteroids/Long-Acting Beta2-Agonists [ICS/LABA]) for patients with frequent exacerbations.
   - Address barriers such as cost, side effects or misunderstanding of prescriptions.
3. Implement Care Coordination and Education
   - Collaborate with care managers and community health workers to support Molina members.
   - Educate patients on early symptom recognition, trigger avoidance and action plans for exacerbations.
   - Use Molina's care management resources to identify high-risk members and enroll them in targeted programs.
4. Leverage Digital and Telehealth Tools
   - Telemonitoring and virtual check-ins can help detect early signs of deterioration and prevent emergency department (ED) visits.[2]
   - Encourage use of mobile apps for medication reminders and symptom tracking.
5. Address Social Determinants of Health
   - Screen for transportation, housing and food insecurity, which may impact disease management.
   - Connect patients to Molina's community resources and local support services.

References:

[1]Bilicki, D. J., & Reeves, M. J. (2024). Outpatient Follow-Up Visits to Reduce 30-Day All-Cause Readmissions for Heart Failure, COPD, Myocardial Infarction, and Stroke: A Systematic Review and Meta-Analysis. *Preventing Chronic Disease*, *21*(21). https://doi.org/10.5888/pcd21.240138

[2]Mishra, V., Stuckler, D., & McNamara, C. L. (2024). Digital Interventions to reduce hospitalization and hospital readmission for chronic obstructive pulmonary disease (COPD) patient: systematic review. *BMC Digital Health*, *2*(1). https://doi.org/10.1186/s44247-024-00103-x

Behavioral Health: Supporting Members in Need of SUD Treatment

Substance Use Disorder (SUD) continues to be a critical public health challenge, particularly among Medicaid populations. Many members face barriers that lead to inattention to or disengagement from treatment, such as stigma, unstable housing, lack of transportation and limited digital access. The Healthcare Effectiveness Data and Information Set (HEDIS®) Initiation and Engagement of SUD Treatment (IET) measure helps track how effectively we connect members to care. Success depends heavily on provider engagement.

Why Provider Action Matters: Providers are often the first and sometimes only touchpoint for members navigating SUD. Your role is essential in identifying gaps, initiating referrals and sustaining engagement. Members who appear inattentive to treatment may not be resistant. They may be overwhelmed, disconnected or unaware of available options.

How Providers Can Help

1. Use Electronic Health Record (EHR) Prompts and Tip Sheets: Respond to embedded prompts and referral workflows during routine visits. Tailored Tip sheets outline IET specifications and member-level gap lists to guide timely action.
2. Promote Telehealth Options: Educate members on telehealth availability, especially for Medication-Assisted Treatment (MAT). Telehealth reduces stigma and logistical barriers, making treatment more accessible. Find telehealth information for members on the Molina Member Website at MolinaHealthcare.com/members, by selecting the specific line of business, the About drop-down menu, then Member Resources and Telehealth Appointments.

3. Collaborate on Outreach: Share insights on member engagement barriers with care teams. Your feedback helps tailor outreach strategies to specific populations, including those in shelters or rural areas.
4. Track and Report Engagement: Document referral outcomes and follow-up status. This supports data-driven improvements and helps identify members who may need re-engagement efforts.
5. Participate in Training: View the You Matter to Molina Introduction to Telehealth presentation on our You Matter to Molina page for additional information on how to get started with telehealth. Engage in sessions on motivational interviewing, trauma-informed care and workflow integration. Training improves provider confidence and consistency in addressing SUD.

Best Practices from the Field

- Low-Barrier Care Models: Avoid requiring abstinence as a condition for treatment initiation. Create welcoming, nonjudgmental environments that encourage trust and continuity.
- Care Coordination: Collaborate across disciplines to ensure members receive wraparound support, including transportation, housing referrals and peer navigation.
- Community Engagement: Partner with local organizations to reach disconnected members and provide culturally responsive care.

Older Adults: Breast Cancer Screenings for Older Adults

Breast cancer remains the second leading cause of cancer death among women, following lung cancer. According to the American Cancer Society (ACS), breast cancer mortality rates have declined by 44% from 1989 through 2022. This progress is largely attributed to early detection through screening, increased awareness and advancements in treatment.

Most organizations issuing breast cancer screening guidelines recommend women continue to be screened up to age 74. However, there is limited evidence regarding the benefits and risks of screening women aged 75 and older. Some guideline-issuing bodies do not provide specific recommendations for this age group but encourage clinicians to discuss the uncertainties and help patients weigh the potential benefits and harms.

Offering another perspective, the ACS recommends that screening continue if a patient is in good overall health and has a life expectancy of 10 years or longer. Similarly, the American College of Radiology recommends tailoring screening decisions based on individual factors such as life expectancy, comorbidities and willingness and ability to undergo treatment if cancer is detected.

Despite the varying recommendations, clinicians can support older women by engaging in shared decision-making. This approach involves using health decision aids, discussing individual risks and benefits and respecting patient preferences and values. This personalized strategy empowers patients to make informed choices about their care.

Molina tracks the percentage of members aged 50-74 who received a recommended routine breast cancer screening via mammography.

Coding Tips for Breast Cancer Screening (BCS-E)

Description	**Code**
Mammography	**Current Procedural Terminology (CPT):** 77061-77063, 77065-77067

Measure Common Exclusions

Description	**Code**
Absence of Left Breast	**International Classification of Diseases (ICD)-10**: Z90.12
Absence of Right Breast	**ICD-10:** Z90.11
Bilateral Mastectomy	**ICD-10:** OHTV0ZZ
History of Bilateral Mastectomy	**ICD-10:** Z90.13

Unilateral Mastectomy	**CPT:** 19180, 19200, 19220, 19240, 19303-19307
Unilateral Mastectomy Left	**ICD-10:** OHTU0ZZ
Unilateral Mastectomy Right	**ICD-10:** OHTT0ZZ

References:

American Cancer Society. *Breast Cancer Facts & Figures 2024-2025*. Atlanta: American Cancer Society, Inc. 2024.

Schrager S, Ovsepyan V, Burnside E. (2020). Breast Cancer Screening in Older Women: The Importance of Shared Decision Making. J Am Board Fam Med. pmc.ncbi.nlm.nih.gov/articles/PMC7822071/

Women's Health: FDA Approves Self-Collected HPV Tests in Clinical Settings (May 14, 2024)

The Food and Drug Administration (FDA) has approved two Human Papillomavirus (HPV) tests, Onclarity HPV (BD) and cobas HPV (Roche), for vaginal self-collection in health care settings. This new option aims to improve cervical cancer screening rates, particularly among populations facing barriers to traditional pelvic exams.

Key Details:
- Self-collection must occur in clinical settings (e.g., primary care, pharmacies, mobile clinics).
- Intended for individuals who are unable or unwilling to undergo a pelvic exam.
- Target populations include underserved groups: rural, low-income, racial/ethnic minorities, those with trauma history or physical limitations.
- Positive HPV results still require follow-up exams and possible treatment.

Why It Matters**:**
- Nearly 30% of eligible individuals are not screened at recommended intervals.
- About 11,500 cervical cancer cases occur annually in the U.S.; half are in unscreened individuals.
- Self-collection could reduce disparities and increase access to life-saving early detection.

Clinical Implication:
- Providers should offer this option to patients overdue for screening or facing access barriers to improve engagement in preventive care.

Reference:

Reynolds, S. (2024, July 24). *FDA approves HPV tests that allow for self-collection in a health care setting*. National Cancer Institute. Retrieved from cancer.gov/news-events/cancer-currents-blog/2024/fda-hpv-test-self-collection-health-care-setting

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is an industry-standard tool to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Ways to Improve Patient Satisfaction:
- Use easy to understand language, avoid use of medical terminology.
- Sit down to show you are dedicating and taking time with each patient, even if only for a few minutes.
- Provide training on how to manage sensitive situations to providers and office staff.
- Display cultural awareness and, if necessary, utilize interpretation services.
- Maintain eye contact, listen intently and demonstrate comprehension. Empathize with and respect patients.
- Employ visual aids and plain language standards to provide patients with information they can comprehend and use to make informed decisions for their health.
- Include patients in decision-making and communicate goals for treatment.
- Ensure care needs are addressed in a timely manner.

Questions and Quick Links		
Provider Services: (855) 322-4079 Mon. – Fri. Medicaid 7 a.m. to 8 p.m., MyCare Ohio 8 a.m. to 6 p.m., Medicare and Marketplace 8 a.m. to 5 p.m.	Email: OHProviderRelations@MolinaHealthcare.com	Provider Website: Molina Healthcare.com/OhioProviders.