



“The early stages of the
life cycle EPSDT and HEDIS
(0-11 years of age)”



We will begin shortly.



The early stages of the life cycle EPSDT and HEDIS (0-11 years of age)

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Housekeeping

- Mute on/off
- Participate
- Q/A box
 - Send question or comment to “all panelists”

Our values



Agenda

- EPSDT – Early and Periodic Screening, Diagnosis and Treatment
- HEDIS[®] measures for ages 0-11 years
- The state of childhood obesity
- Strategies to increase well care adherence
- Maximizing administrative data capture using NCQA accepted coding



Questions

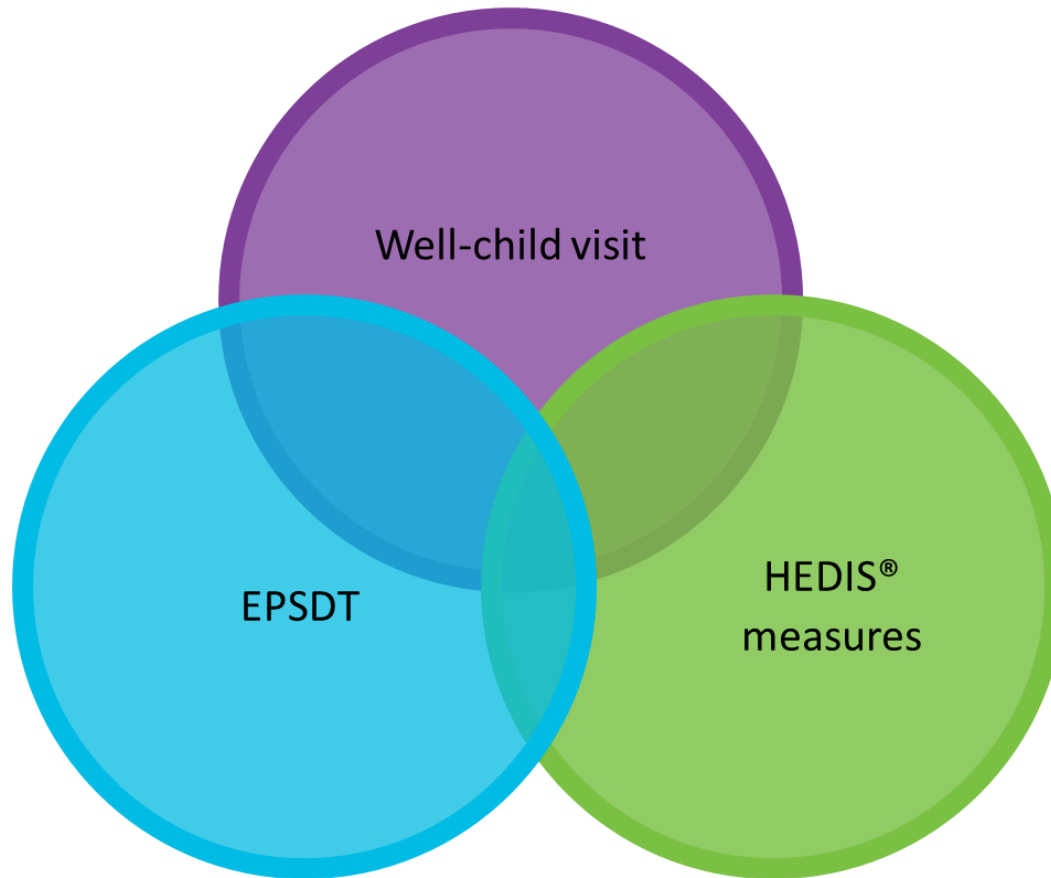


Question for the audience

What are your biggest challenges in providing care to families with children 11 or younger?



Care, services, and measures



History of Medicaid/EPSDT

- 1965 – Medicare and Medicaid was passed by Congress
- 1967 – Social Security Amendments mandated EPSDT services up to age 21
- Many states were slow to implement its provisions
- In 1989, Congress amended the Medicaid statute to make EPSDT a statutory requirement



EPSDT – Early and Periodic Screening, Diagnosis and Treatment

- Each state must provide these services for children 0-21 years.
- Periodic visits based on recommended guidelines from American Academy of Pediatrics' Bright Futures Periodicity Schedule.



- Screenings and assessments based on AAP Bright Futures periodicity schedule.
- Components of EPSDT are measured using HEDIS performance metrics.

Early and Periodic

- **Assess a child's health needs through initial and periodic examinations and evaluations**
 - These exams and evaluations are known as Well Baby, Well Child, or Preventive Care visits
- **Assure that health problems are diagnosed and treated early, before they become more complex and their treatment more costly**
 - Includes immunizations

Screening

Screenings and Assessments

- **Screenings**

- Anemia (Hematocrit or Hemoglobin) Screenings
- Developmental Delay and Autism Screenings
- Blood Lead Level Screening
- Vision and Hearing Screenings
- Dyslipidemia

- **Assessments**

- Physical Exam
- Developmental Surveillance
- Psychosocial/Behavioral Assessment
- Alcohol and Drug Use Assessment
- Height/Weight
- BMI Value/Percentage

Diagnosis and Treatment

- **Health care must be made available to treat, correct or ameliorate defects and physical and mental illnesses or conditions discovered by the screening services.**
- **However, conditions need not be newly discovered during a screen.**
- **All conditions must be treated.**
- **Must provide all optional Medicaid services for children, even if the state does not cover these services for adults.**

HEDIS[®] - Healthcare Effectiveness Data and Information Set

What is HEDIS and what does it measure?

- Set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA).
- HEDIS measures performance on specific dimensions of care and service.

Why should providers and health insurance companies pay attention to HEDIS measures?

- Help evaluate performance in key areas:
 - Quality of care
 - Access to care
 - Satisfaction with the care members receive
- Provide a clear picture of the outcomes of care members receive in specific areas.

Why is HEDIS® so important?

- **Regulatory bodies** may use HEDIS data for accreditation or enrollment purposes.
- **The public may look at HEDIS® rates when choosing a health plan.**
- Provider **pay-for-performance** programs are often tied to HEDIS scores.



Questions



The state of childhood obesity

**A project of the Trust for America's Health
and the Robert Wood Johnson Foundation**

- See article regarding the state of childhood obesity
- <https://stateofobesity.org/childhood-obesity-trends/>

The state of childhood obesity

- **18.5% of children ages 2-19 are obese.**
 - This adds up to more than 12 million U.S children, or one out of every 6 children.
- **Higher risk for the following:**
 - High blood pressure
 - High cholesterol
 - Sleep apnea
 - Bone and joint problems
 - Asthma
 - Diabetes
 - Bullying
 - Depression

Diet and exercise concerns

- 91% of American children have poor diets.
- Less than half get the recommended 60 minutes of exercise daily.



How to address the issue of obesity and lack of physical activity in children 3-17

- **Counseling for physical activity and nutrition**
 - Linked to the HEDIS measure (WCC) weight assessment and counseling for nutrition and physical activity for children/adolescents
 - There is a sub measure of the WCC HEDIS measure that looks at documentation and coding for this.
 - ✓ This piece of a well visit must be addressed for members 3-17 years of age during the measurement year.

Counseling for nutrition

- ✓ Current nutrition behaviors
- ✓ Checklist indicating Nutrition was addressed.
- ✓ Counseling or referral for nutrition education
- ✓ Educational materials on nutrition during a face-to-face visit
- ✓ Anticipatory guidance for nutrition
- ✓ Weight or obesity counseling

ICD-10	Z71.3	Dietary counseling and surveillance
CPT	97802-97804	Nutrition Counseling
HCPCS	S9470	Nutritional counseling, dietitian visit
HCPCS	G0447	Face-to-face behavioral counseling for obesity, 15 minutes

Counseling for physical activity

- Current physical activity behaviors (e.g., exercise routine, participation in sports activities, and exam for sports participation)
- Checklist indication physical activity was addressed
- Counseling or referral for physical activity
- Educational materials on physical activity
- Anticipatory guidance for physical activity
- Weight or obesity counseling
- Please note that notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations does not meet criteria.

ICD-10	Z02.5	Encounter for examination for participation in sport
HCPCS	G0447	Face-to-face behavioral counseling for obesity, 15 minutes
HCPCS	S9451	Exercise classes, non-physician provider, per session

HEDIS measures of care (0-11 year old members)



HEDIS® measures for ages 0-11 years

W15: Well-child visits in the first 15 months

The number of well-child visits with a PCP a child has had during their **first 15 months** of life with an expectation of at least **six** visits.



HEDIS® measures for ages 0-11 years

WCC: Weight assessment and counseling for children and adolescents

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence through documentation of **BMI percentile** and **counseling for nutrition and physical activity** during the measurement year.



HEDIS® measures for ages 0-11 years

W34: Well-child visits in the 3rd, 4th, 5th, and 6th year of life

- The percentage of children 3–6 years of age who had **one or more well-child visits** with a PCP during the measurement year.



HEDIS® measures for ages 0-11 years

CIS: Childhood immunization status

- The percentage of children who turned **2** years of age during the measurement year and had **vaccinations**, with **different dates of service**, on or by their **second birthday**.



HEDIS® measures for ages 0-11 years

LSC: Lead screenings in children

- The percentage of children 2 years of age who had **one or more** capillary or venous lead blood test for **lead poisoning** by their second birthday.



HEDIS® measures for ages 0-11 years

ADV: Annual dental visits

- The percentage of members **2–20 years of age** who had **at least one** dental visit during the measurement year.



Questions



HEDIS® measures for ages 0-11 years

URI: Appropriate treatment for children with upper respiratory infection

- The percentage of children 3 months - 18 years of age who were given a diagnosis of upper respiratory infection (URI) and **were not** dispensed an antibiotic prescription during an Outpatient or ED visit.
 - URI must be the *only diagnosis* given at an encounter that took place during the Intake Period.

HEDIS® measures for ages 0-11 years

MMA: Medication management for people with asthma

- The percentage of members 5–64 years of age during the measurement year who were identified as having **persistent asthma** and were **dispensed appropriate medications** that they **remained on** during the treatment period.
 - The rates for members who remained on their controller medication for at least 50% and 75% of their treatment period are reported.



HEDIS® measures for ages 0-11 years

ADD: Follow-up care for children prescribed ADHD medication

- The percentage of 6-12 year olds newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least **three** follow-up care visits **within a 10-month period**, one of which was within 30 days of when the first ADHD medication was dispensed.



HEDIS coding for WCC measure (specifically for BMI) 0-11 year old members

BMI percentile ICD-10 Codes

Z68.51	less than 5th percentile for age
Z68.52	5th percentile to less than 85th percentile for age
Z68.53	85th percentile to less than 95th percentile for age
Z68.54	greater than or equal to 95th percentile for age

CIS: Childhood Immunization Status

Dtap

- CPT 90698, 90700

IPV

- CPT 90713, 90723

Hep B

- CPT 90723, 90740
- ICD-10 B16.0-B16.2
- HCPCS G0010

Newborn HepB

- ICD-10 3E0234Z

HIB

- CPT 90645-90648

Hep A

- CPT 90633
- ICD-10 B15.0, B15.9

MMR

- CPT 90707, 90710

Measles and rubella

- CPT 90708

Measles

- CPT 90705

Mumps

- CPT 90704

Rubella

- CPT 90706

VZV

- CPT 90710, 90716

PCV

- CPT 90669, 90670
- HCPCS G0009

Rotavirus (2 dose schedule)

- CPT 90681

Rotavirus (3 dose schedule)

- CPT 90680

Influenza

- CPT 90655, 90657

HEDIS coding for these measures

LSC: Lead screenings in children
CPT – **83655**

URI: Appropriate treatment for children with upper respiratory infection

ICD-10 – **J00, J06.0, J06.9**

MMA: Medication management for people with asthma

ICD-10 - **J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998**

ADD: Follow-up care for children prescribed ADHD medication

- **ADD stand-alone visits**

CPT - **96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215**

- **ADD telephone visits**

CPT - **98966-98968, 99441-99443**

Questions



HEDIS coding for W15 and W34 measures

W15: Well-child visits in the first 15 months *and*

W34: Well-child visits in the 3rd, 4th, 5th, and 6th year of life

CPT	ICD-10	HCPCS
99381- 99383	Z00.110	G0438
99391- 99393	Z00.111	G0439
99461	Z00.121	
	Z00.129	
	Z00.8	

Questions for the audience

What have you found to be a help to get families with children 11 or younger in for the care they need?



Meeting HEDIS[®] standards in the absence of well care



Success: Reduction in amount of “chases” during MRR.

- The requirements for proof of care are more stringent during MRR opposed to coding for care.
- When you code appropriately that information is captured immediately.
- If information is not capture via codes, MRR has to be done.



Well-child visit

- **Components of a well care exam**

- ✓ Evidence of all of the following
 - Health history
 - Physical developmental history
 - Mental developmental history
 - Physical exam
 - Health education/anticipatory guidance



Documentation of a well visit (W15)

Health History	Physical Exam	Mental Developmental	Physical Developmental	Health Education/ Anticipatory Guidance
Birth APGAR score	Eyes/Skin/Nose/ Mouth/Ears	“Developing appropriately or Normal Development”	“Developing appropriately or Normal Development”	Any educational materials presented during a face-to-face visit
Allergies	Vital Signs (height, weight, BP, temp etc.)	Well Developed/Well Nourished	Well Developed/Well Nourished	Safety (seat belts, car seats, smoke detectors, SIDS prevention, sunscreen, crib safety)
Immunization History	Review of symptoms	Responds and listens appropriately to sound Makes eye contact	Sitting up/standing up/crawling/walking	Nutrition (vitamins, ideal weight, breast feeding)
Medical/Surgical History	Reflexes	Cries for assistance/quiets when picked up	Sucking on objects/teething	Discussion with parents on how to recognize ill baby
Frequency of Feeding	Gait	Laughs when tickled, learns interactive game such as “peek a boo”	# of wet diapers	Tummy Time
Social History	Hearing/Vision Screenings	Discovery of hands and feet, looks for toy fallen out of sight	Holds objects or is developing hand eye coordination/follows parents with eyes	Notation that age appropriate anticipatory guidance was provided
Current or Past Health Conditions	Skin Appearance	Pleasurable response to familiar/enjoyable situations (bottle, bath, faces etc.)	Rolls onto tummy	Sleep pattern discussions

Documentation of a well visit (W34)

Health History	Physical Exam	Mental Developmental	Physical Developmental	Health Education/ Anticipatory Guidance
Allergies	Eyes/Skin/Nose/ Mouth/Ears	“Developing appropriately or Normal Development”	“Developing appropriately or Normal Development”	Any educational materials presented during a face-to-face visit
Medications	Vital Signs (height, weight, BP, temp etc.)	Well Developed/Well Nourished	Well Developed/Well Nourished	Safety (seat belts, car seats, swimming, helmet use, stranger danger)
Immunization History	Review of symptoms	Education/learning/ readiness for school/good grades	Ability to ride bike	Nutrition (vitamins, snacks, ideal weight)
Medical/Surgical History	Reflexes	Recognizes letters, colors and shapes	Hand eye coordination, catching or throwing a ball	School Preparation
Family/Disease History	Gait	Understands or responds to commands, speaks in full sentences/speech	Potty training/diaper usage	Limiting TV/game counsel usage
Social History	Hearing/Vision Screenings	Behavior/tantrums or interactions with others Pretend Play	Earlier developmental milestones such as age when first sat up, walked, fed self	Notation that age appropriate anticipatory guidance was provided
Current or Past Health Conditions	Skin Appearance	Notation of “Normal mood/affect”	Tying shoelaces	Discussions of fitness and the importance of exercise

Hypothetical Aetna member story

Meet Alisha W.

- 6 year old female who has historically come to see the PCP for illness
- Had an appointment 3 weeks ago; diagnosed with ADHD and started on Ritalin; has a history of asthma
- PCP receives documentation that this child was in the ED 1 week ago after an acute asthmatic episode
- Last visit to dentist over a year ago



Alisha's appointment

- A follow up appointment was made after the ADHD medication was prescribed 1 month ago
- Opportunity to follow up after ED visit 1 week ago
- Office contacts member to confirm appointment



Alisha's exam

- During the exam, the provider
 - Asks about school, nutrition, physical activities,
 - Examines 3 systems
 - Asks about how she is doing on the Ritalin
 - Asks about the ED Visit (ran out of inhaler)
 - Gives Rx's as needed
 - Gives handouts about diet, exercise, and bicycle safety
 - Advises member to have dental care



Hypothetical case story

What HEDIS and quality of care elements have been addressed at this appointment?

- A. W34** Well-child visits in the 3rd, 4th, 5th, and 6th year of life and **WCC** Weight assessment and counseling for children and adolescents
- B. ADD** Follow-up care for children prescribed ADHD medication
- C. ADV** Annual dental visits
- D. MMA** Medication management for people with asthma
- E.** Quality of Care and follow up after ED visit
- F.** All of the above



Questions



Point of contact in your state

What is a “point of contact?”

- An individual at the health plan in your state who can direct you to the right person to speak to when it comes to an issue or a question you or your organization has.
- Someone who can inform you on how to access your organization’s/office’s gaps-in care-reports.
- Someone who you can always turn to when you have a question.



How do I access the point of contact in my state?

- Utilize the Q/A box now!
- Type in your name, your comment/question, your state, county, and your email address.
- Your single point of contact will be in touch with you within 24 hours after the webinar.



Who is my point of contact in my state?

- Florida
 - **Michelle Delarosa**
 - Health Care Quality Management Consultant (DelarosaM1@aetna.com)

- Texas
 - **Joanna Rhodes** (RhodesJH@aetna.com)
 - TXProviderEnrollment@aetna.com
 - Director Provider Relations

Who is my point of contact in my state?

- Pennsylvania
 - **Diana Charlton**
 - Quality Management Nurse Consultant CharltonD@AETNA.com
- Louisiana
 - **Frank Vanderstappen**
 - Manager Health Care QM VanderstappenF@aetna.com
- Kentucky
 - **Kathy Recktenwald**
 - Quality Management Nurse Consultant kmrecktenwal@aetna.com

Who is my point of contact in my state?

- Ohio
 - **Sara Landes**
 - Director Quality Management LandesS1@aetna.com
 - **Valerie Smith**
 - HEDIS Manager SmithV4@aetna.com

- Michigan
 - **Dante' Gray**
 - Manager Health Care Quality Management dagrays@aetna.com

Who is my point of contact in my state?

- Illinois
 - **Anya Alcazar**
 - Director Quality Management (AlcazarA@aetna.com)

- Maryland
 - **Donald Miller**
 - Health Care QM manager (MillerliiD@aetna.com)

- New Jersey
 - **Sami Widdi**
 - Health Care Quality HEDIS manager (WiddiS@aetna.com)

Upcoming webinars

“The teenage years up to age 21”

12-21 year old members

HEDIS and a focus on capturing administrative data

March 2018 (morning and afternoon)

- Gaps-in-care – How to cut down on the burden of Medical Record Review (MRR)
- HEDIS measures of care affecting 12-20 year old males and females
- NCQA approved HEDIS codes
- Culture and linguistics
- Anticipatory guidance and physical activity
- Hypothetical case story and a look at how HEDIS is addressed at the office



Upcoming webinars

“An in depth look at Aetna’s 21 and older membership”

21 and older female and male members

HEDIS and a focus on capturing administrative data

- **April 2018** (morning and afternoon)

- Millennials dropping out of health care.
- Smartphones and sleep schedules.
- Physical inactivity affecting the U.S.A.
- Addressing HEDIS in the office
- Meeting HEDIS® standards of care.
- Hypothetical case studies.



Upcoming webinars

“Caring for members with serious mental illness or serious emotional disturbance”

HEDIS and a focus on capturing administrative data

- **May 2018** (morning and afternoon)
 - Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED).
 - Why is integrated care important?
 - Caring for members with SMI or SED.
 - Tips for successful office visits.
 - The HEDIS measures of care.
 - Resources for additional support.



Thank you for attending

Point of contact

Utilize the Q/A box now!

Type in your name, your comment/question, your state, and your email address.

Your single point of contact will be in touch with you within 24 hours after the webinar.

Thank you