



aetna

# AETNA BETTER HEALTH<sup>®</sup>

The webinar will begin shortly.

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February 2019

# 2019 Webinar series – what to expect this year

The webinar team from Aetna Better Health of PA presents to 12 states nationwide!

- Educate about HEDIS measure specifics
- Explore ways to reduce the burden of medical record review and maximize administrative data capture
- Present NCQA HEDIS reporting codes that will help effectively capture care provided
- Discuss HEDIS measures applicable to certain populations
- Encourage open discussion to learn how other providers are addressing HEDIS and barriers to care
- Strategies for improvement
- <https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/quality/Free%20HEDIS%20Webinar%20Series%202019.pdf>

# Aetna Better Health Websites – by state

## Aetna Better Health Websites – by state

Visit the below link to locate the state specific Aetna Better Health plan website: Click on the appropriate state in which you practice.

<https://www.aetnabetterhealth.com/>



# Previously recorded webinars

## Previously recorded webinars link:

<https://www.aetnabetterhealth.com/what/videos>

If one of your colleagues wishes to be added to the invite list please email Madison - [MRYounlisky@aetna.com](mailto:MRYounlisky@aetna.com)

Include in your email to Madison:

- ✓ Email of the person wishing to be added to the invite list
- ✓ State in the USA where that person works out of

# Caring for Aetna Better Health members

**HEDIS measures affecting 12-21 year old members**



# Housekeeping

- **Mute on/off**
- **Participate**
  - Type Responses in Chat Box to “All Panelists”
- **WebEx Q&A**
  - Send to “All Panelists”

# Our values



# Today's agenda

- Gaps-in-care – How to cut down on the burden of Medical Record Review (MRR)
- EPSDT
- February 2019 HEDIS® measures of care and some NCQA approved HEDIS codes
- Culture and linguistic awareness
- Anticipatory guidance and physical activity
- Hypothetical case story



# Gaps-in-care: how to cut down on the burden of medical record review (MRR)

- Utilize your point of contact
- Attend these Webinars

[NCQA.org](https://www.ncqa.org)



# 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
  - Provides 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?



# EPSDT – Early and Periodic Screening, Diagnosis and Treatment

- **EPSDT**

- Each state must provide these services for children 0-20 years.
- Periodic visits based on recommended guidelines from American Academy of Pediatrics' Bright Futures Periodicity Schedule.
- All conditions must be treated.
- Must provide all optional Medicaid services for children, even if the state does not cover these services for adults.
- Components of EPSDT are measured using HEDIS performance metrics.
- Screening for depression should take place.



# February 2019 HEDIS® measures of care

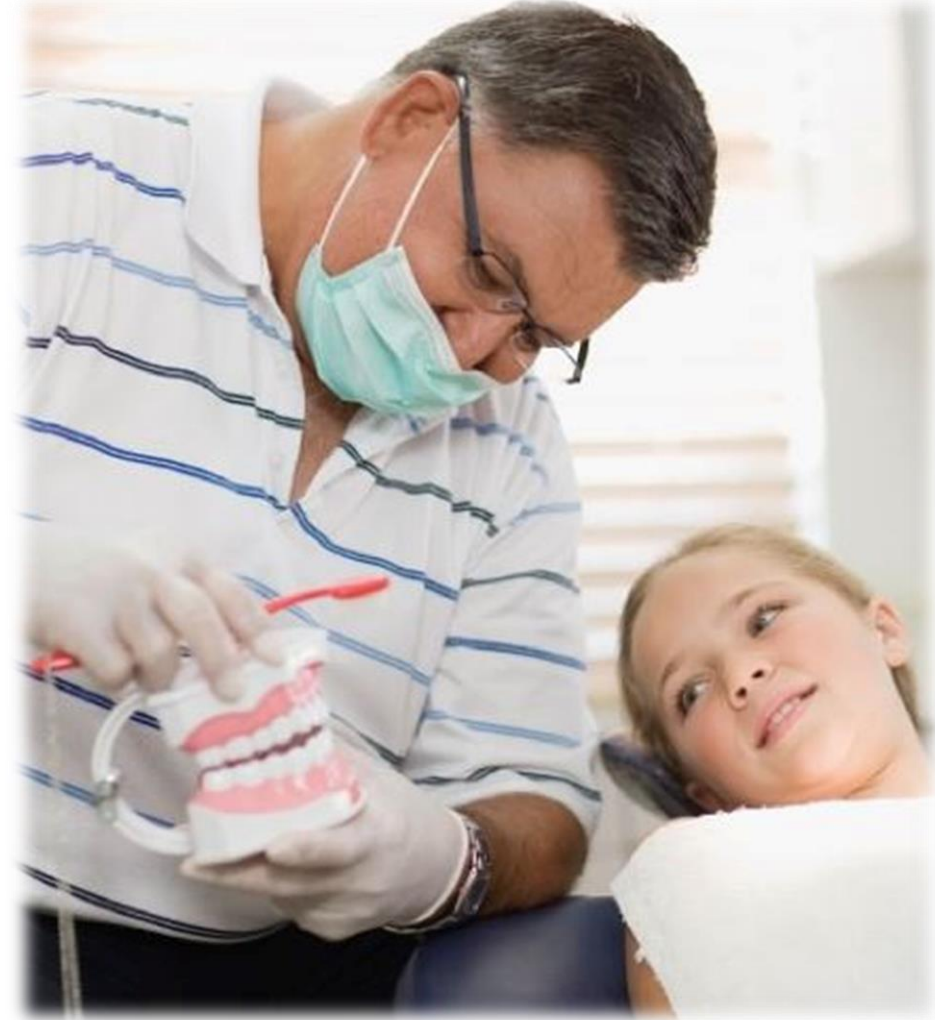
- 12-20 year old males and females
- HEDIS® data is collected two ways:
  - Claims and other administrative data
  - Medical record review/collection
- HEDIS® 2020 collects data for care given primarily in 2019.
- Claims are the fastest and easiest way to collect data.



# HEDIS measures – ages 12 to 20

## Annual Dental Visit (ADV)

- The percentage of members 2–20 years of age who had at least one dental visit during the measurement year.
  - Ask if the child has a dental home, and when necessary refer the child to a dentist.
  - Go to your plan’s website to find a dentist.



# 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





# HEDIS measures – ages 12 to 20

## Adolescent Well Care (AWC)

- The percentage of enrolled members 12–21 years of age as of December 31 of the measurement year who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during that year.



# HEDIS measures – ages 12 to 20



## Weight assessment and counseling for children (WCC)

- Measures the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of all three components in the measurement year.
- BMI percentile documentation
- Counseling for nutrition and assessment of physical activity

# HEDIS coding for WCC measure

## Numerator codes

### 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

### Nutrition 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

### Physical Activity Counseling

Physical Activity Counseling	G0447	Face-to-face behavioral counseling for obesity, 15 minutes (G0447)	HCPCS
Physical Activity Counseling	S9451	Exercise classes, non-physician provider, per session (S9451)	HCPCS
Physical Activity Counseling	Z02.5	[Z02.5] Encounter for examination for participation in sport	ICD10CM
Physical Activity Counseling	Z71.82	[Z71.82] Exercise counseling	ICD10CM

# HEDIS measures – ages 12 to 20



## Adult BMI assessment (ABA)

- The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year (2019) or the year prior to the measurement year (2018).

# Some NCQA approved codes for ABA

BMI percentile ICD-10 codes

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

<b>CPT codes</b>	<b>99201-99205, 99211-99215</b>
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Outpatient visit

For a complete list please refer to the NCQA website at [www.ncqa.org](http://www.ncqa.org)

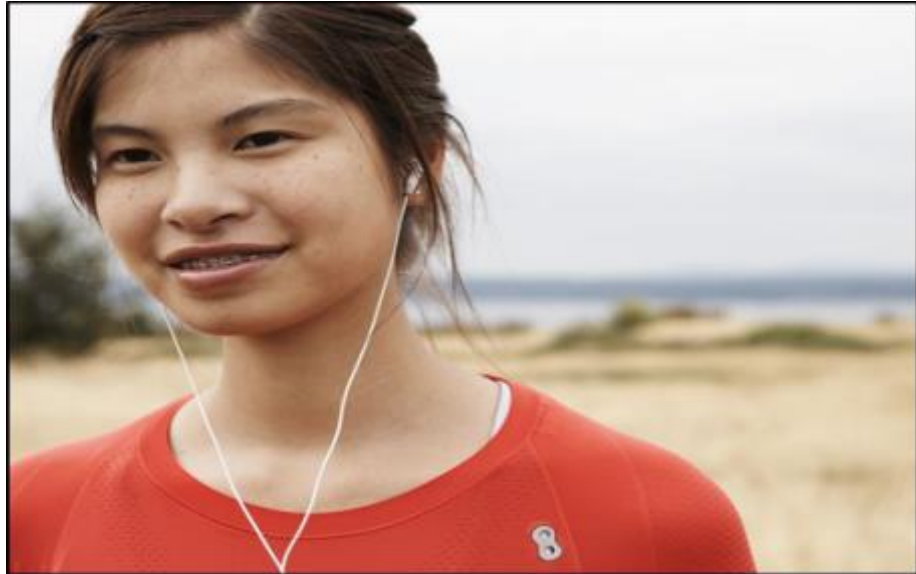
# HEDIS measures – ages 12 to 20



## Immunization for adolescents (IMA)

- The percentage of children who turned 13 years of age during the measurement year and had the following vaccinations on or by their 13<sup>th</sup> birthday.
- **Meningococcal** – ages 11-13
- **Tdap** ages 10-13
- **HPV** ages 9-13
  - Human papilloma virus vaccine for males and female adolescents (HPV)
  -

# HEDIS measures – ages 12 to 20



## Chlamydia screening in women (CHL)

- The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

# Hypothetical Case Story

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## Meet Gloria

- A 12 year old who's in the 6<sup>th</sup> grade.
- Currently at her new PCP home for an initial office visit
- Recently moved to the US from Portugal.
- Not as active as she was in Portugal and is spending more time at home because she doesn't have many friends. Spends most of her time online.
- Behind on immunizations due to her family's move and has also not yet established a dental home.
- Rachel requires an English translator – Portuguese is her primary language at the moment.



# Hypothetical Case Story

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## HEDIS Measures That Can Be Addressed during Gloria's office visit

- Annual Dental Visit (ADV) – no dental home established.
- Adolescent Well Care (AWC) – mental and physical development, height, weight, physical exam, anticipatory guidance including screen time.
- Weight Assessment and Counseling (WCC) – BMI percentile, nutrition counseling, physical activity counseling.
- Immunizations for Adolescents (IMA) – meningococcal vaccine, Tdap vaccine and HPV vaccine.



# Questions?



# HEDIS measures – ages 12 to 20 (Continued)



## Antidepressant medication management (AMM)

- The percentage of members 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.
- Two rates are reported:
  1. *Effective Acute Phase Treatment*
  2. *Effective Continuation Phase Treatment*



# HEDIS measures of focus

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AMM (Antidepressant Medication Management)

- **Strategies for improvement**

- Talk to the Patient about the importance of continuing medication and scheduling follow up visits, even if they feel better.
- Discuss possible side effects that are more bothersome than life threatening
- Advise Patient about the risks of discontinuing the medication prior to six months and that is associated with a higher rate of recurrence of depression
- Likelihood of response to treatment is increased if there is follow-up contact within 3 months of diagnosis or initiating treatment
- Inform member that most people treated for initial depression need to be on medication at least 6-12 months after adequate response to symptoms

# HEDIS measures – ages 12 to 20

## Adherence to antipsychotic medications for individuals with Schizophrenia (SAA)

- The percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.
- Member has fallen in to the SAA visit because:
  - The member had at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia.



# Some NCQA approved codes for SAA

<b>CPT</b>	<b>BH Acute Inpatient</b>	<b>90791, 90792</b>
<b>POS</b>	<b>BH Acute Inpatient POS</b>	<b>21, 51</b>
<b>ICD-10</b>	<b>Schizophrenia</b>	<b>F20.0, F20.81, F20.89</b>

<b>UBREV</b>	<b>BH Stand Alone Acute Inpatient</b>	<b>0100, 0101, 0110-0114</b>
<b>ICD-10</b>	<b>Schizophrenia</b>	<b>F20.0, F20.81, F20.89</b>

# Some NCQA approved codes for SAA

<b>CPT</b>	<b>ED</b>	<b>99281-99285</b>
<b>ICD-10</b>	<b>Schizophrenia</b>	<b>F20.0, F20.81</b>

<b>CPT</b>	<b>BH Outpatient/PH/IOP</b>	<b>90791, 90792</b>
<b>POS</b>	<b>BH Outpatient/PH/IOP POS</b>	<b>11, 12, 13, 14</b>
<b>ICD-10</b>	<b>Schizophrenia</b>	<b>F20.0, F20.81</b>

<b>CPT</b>	<b>BH Stand Alone Outpatient/PH/IOP</b>	<b>98960-98962</b>
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# Questions?





# Controlling High Blood Pressure and Diabetes

## **HEDIS measures and NCQA approved coding:**

- Controlling Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC)



# HEDIS measures – ages 12 to 20



## Controlling Blood Pressure (CBP)

- The percentage of members 18 years of age and older who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure (BP) during the measurement year.
  - Adequately controlled – **less than 140/90**
  - **Remember to retake BP if elevated**
    - lowest systolic and lowest diastolic

# HEDIS measures of focus

## **CBP** (Controlling High Blood Pressure)

<b>ICD-10</b>	<b>I10</b>	<b>Essential (primary) hypertension</b>
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<b>CPT</b>	<b>3077F</b>	<b>Systolic Greater Than/Equal To 140</b>
<b>CPT</b>	<b>3074F &amp; 3075F</b>	<b>Systolic Less Than 140</b>
<b>CPT</b>	<b>3079F</b>	<b>Diastolic 80-89</b>
<b>CPT</b>	<b>3080F</b>	<b>Diastolic Greater Than/Equal To 90</b>
<b>CPT</b>	<b>3078F</b>	<b>Diastolic Less Than 80</b>

# HEDIS measures – ages 12 to 20



## Comprehensive Diabetes Care (CDC)

- The percentage of members 18–75 years of age with diabetes (type 1 and type 2)
  - **Hba1C**
  - **Blood Pressure monitoring**
  - **Diabetic Retinal Eye Exam**
  - **Nephropathy Treatment**

# Some NCQA approved codes for CDC

HbA1c Levels – The most recent result

<b>CPT</b>	<b>HbA1c Level 7.0-9.0</b>	<b>3045F</b>
<b>CPT</b>	<b>HbA1c Level Greater Than 9.0</b>	<b>3046F</b>
<b>CPT</b>	<b>HbA1c Less Than 7.0</b>	<b>3044F</b>

HbA1c Test

<b>CPT</b>	<b>HbA1c Tests</b>	<b>83036, 83037</b>
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# Some NCQA approved codes for CDC

## Medical Attention for Nephropathy

<b>CPT</b>	<b>Urine Protein Test</b>	<b>82042, 82043, 82044, 84156, 3060F, 3061F</b>
<b>ICD10</b>	<b>Type 1 diabetes mellitus with diabetic nephropathy</b>	<b>E10.21</b>
<b>ICD10</b>	<b>Type 2 diabetes mellitus with diabetic nephropathy</b>	<b>E11.21</b>
<b>ICD10</b>	<b>Other specified diabetes mellitus with diabetic nephropathy</b>	<b>E13.21</b>

## Dilated Retinal Eye Exam

<b>CPT</b>	<b>Diabetic Retinal Screening</b>	<b>67028, 67030, 67031, 67036, 67039, 67040</b>
<b>CPT</b>	<b>Diabetic Retinal Screening- Negative</b>	<b>3072F</b>
<b>CPT</b>	<b>Diabetic Retinal Screening with Eye Care Professional</b>	<b>2022F, 2024F, 2026F</b>

# Some NCQA approved codes for CDC

## Blood Pressure

<b>CPT</b>	<b>Systolic Greater Than/Equal to 140</b>	<b>3077F</b>
<b>CPT</b>	<b>Systolic Less Than 140</b>	<b>3074F, 3075F</b>
<b>CPT</b>	<b>Diastolic 80-89</b>	<b>3079F</b>
<b>CPT</b>	<b>Diastolic Less Than 80</b>	<b>3078F</b>
<b>CPT</b>	<b>Diastolic Greater Than/Equal to 90</b>	<b>3080F</b>

# Questions?





# Culture and linguistics awareness

**How culture is perceived directly impacts how care is delivered and received.**

- A lack of culturally competent care directly contributes to poor patient outcomes, reduced patient compliance and increased health disparities
- Different cultures and religions may have varying birth rituals, dietary constraints and even requirements for the gender of their doctor



# Culture and linguistics awareness

- **It's important to avoid stereotyping and jumping to conclusions based on race, age, gender, clothing, primary language or other appearances.**
  - Document the assessment of cultural needs in the member's medical record. This will serve as a reminder so they receive correct, sensitive and appropriate health care.



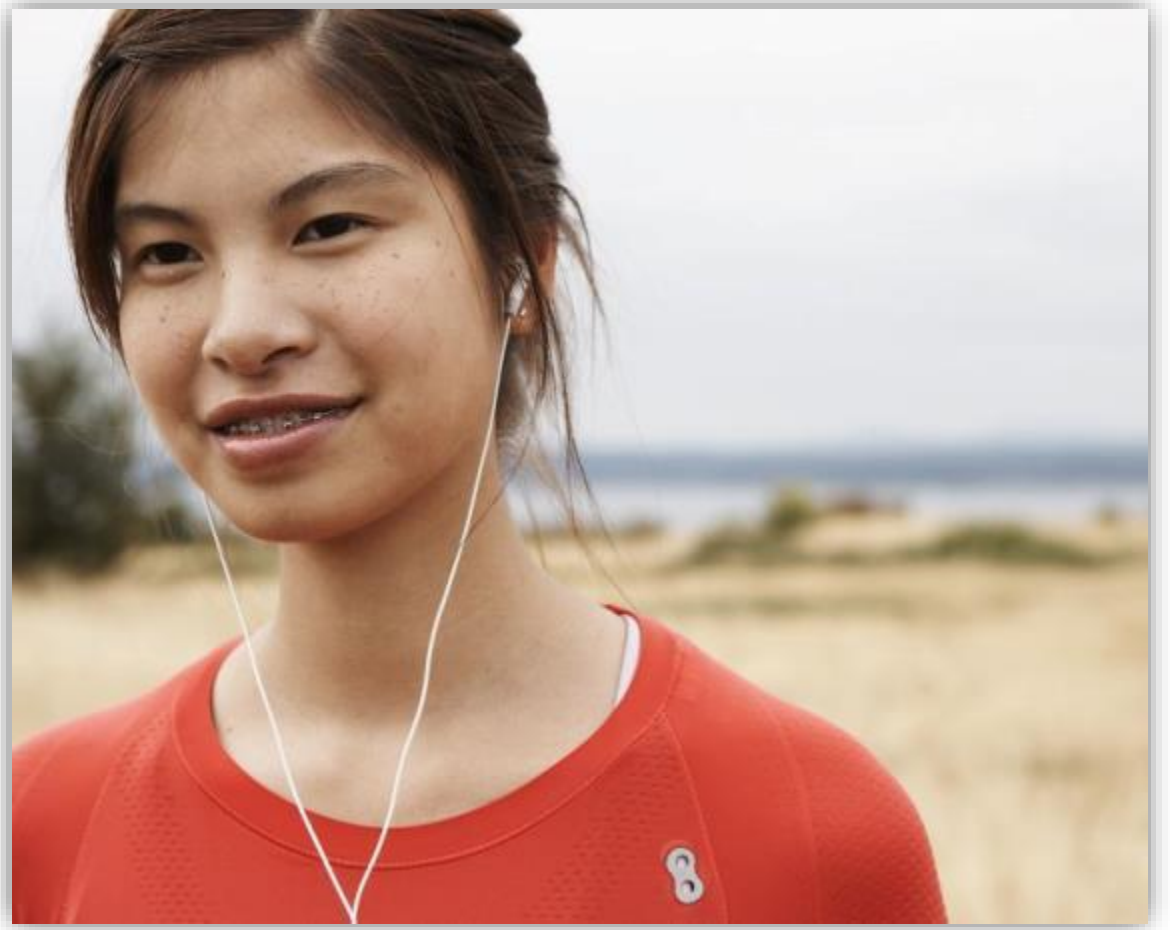
# Culture and linguistics awareness

- Utilize a certified language translator
- Get to know the member
- Understand what the member thinks about their current medical care
- Teach back method



# Culture and linguistics awareness

- **Make the most out of every visit and understand the patient and his/her background.**
  - Cut down on ER visits
  - Eliminates the need for repeat follow up visits



# Questions?



# End of Webinar

## Q/A

### How to access your health plan point of contact

- **Utilize the Q/A box now!**
- **Type in your name, your comment/question, your state, county, and your email to “All Panelists”**
- **Someone 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](mailto:DelarosaM1@aetna.com))
- Virginia
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  - Supervisor – Health Care Quality Management

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  - Director Provider Relations

**Thank you for attending today's Webinar**

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