

HEDIS Lunch and Learn: Well-Woman

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Breast Cancer Screening (BCSe)



Breast Cancer Screening (BCSe)

Who is in the measure?

- Females aged 52 –74 as of 12/31 of the MY
- Continuous Enrollment October 1 two years prior to the measurement year through December 31 of the measurement year
 - Matches the numerator lookback period (unlike CCS)

What makes the member compliant?

- Ages 50-74 (on the date of service)
- One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year
 - Screening, diagnostic, film, digital, digital breast tomosynthesis DO count
 - MRIs, ultrasounds or biopsies DO NOT alone count,
 as they are performed as an adjunct to
 mammography.

Breast Cancer Screening-Coding

Coding - CRITICAL to compliance!

Mammogram Codes

CPT: 77061-77063, 77065-77067

HCPCS: G0202, G0204, G0206

Mastectomy Codes

CPT: 19180, 19200, 19220, 19240, 19303-19307

ICD-10 PCS: OHTVOZZ, OHTUOZZ, OHTTOZZ

ICD-10 CM: Z90.11-Z90.13 (Acquired Absence of the Breast)



Breast Cancer Screening - EXCLUSIONS

- Women who have claims history of mastectomy are excluded from the Breast Cancer Screening measure:
 - Bilateral Mastectomy

<u>Or</u>

Two unilateral mastectomies

Can be ANYTIME
in the member's
history through
December 31 of
measurement year

Captured by mastectomy claim/code, Acquired Absence of Breast coding, or supplemental data feed



Cervical Cancer Screening (CCS)



Cervical Cancer Screening (CCS)

Who is in the measure (denominator)?

- Females aged 24-64 as of 12/31 of the measurement year (MY)
- Continuous enrollment = the MY (does NOT match lookback period)

What makes the member compliant (numerator)?

- Women 21-64 who were screened for cervical cancer using any of the following criteria:
 - Age 21-64 (on the date of service) Cervical cytology performed within the last 3 years (MY or 2 years prior)
 - Age 30-64 (on the date of service)
 – Cervical high-risk
 human papillomavirus (hrHPV) testing performed within
 the last 5 years (MY or 4 years prior)
 - Age 30-64 (on the date of service) Cervical cytology/ high-risk human papillomavirus (hrHPV) co-testing performed within the last five years (MY or 4 years prior)

Biopsies do not count because they are not valid for primary cervical cancer screening.



Cervical Cancer Screening-Coding

Cervical Cytology Codes

CPT: 88141-88143, 88147, 88148, 88150, 88152,

88153, 88164-88167, 88174, 88175

HCPCS: G0123, G0124, G0141, G0143-G0145, G0147,

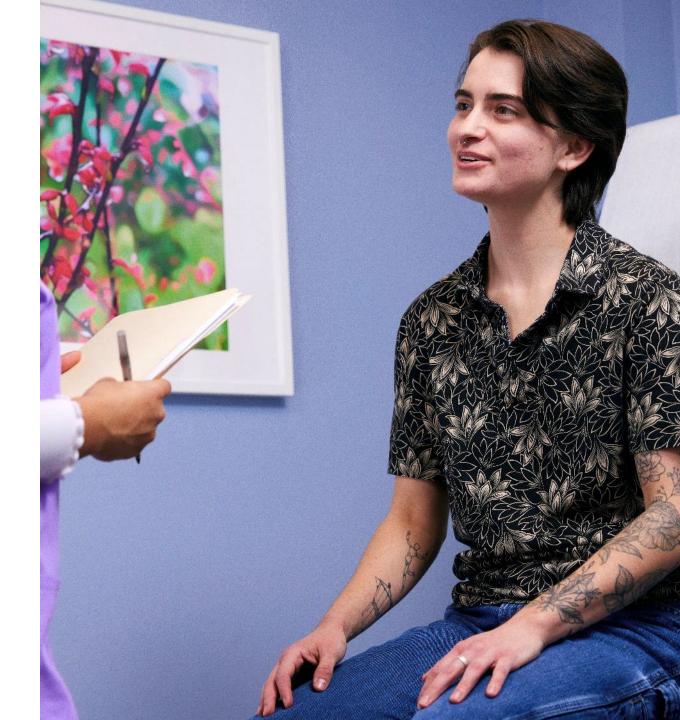
G0148, P3000, P3001 Q0091

hrHPV Test

CPT: 87624, 87625

HCPCS: G0476

LOINCs and Hysterectomy/Cervical Agenesis codes available by contacting QM at ABHWVHEDIS@aetna.com



Cervical Cancer Screening - Exclusions

History of hysterectomy with no residual cervix

Women who have medical record documentation or claims history of <u>complete</u>, <u>total</u>, or <u>radical</u> hysterectomy are excluded.

- Exclusion can be found <u>ANY TIME</u> in the member's history prior to 12/31
- Documentation MUST be specific.
 - Always document type of hysterectomy. If the member has had a total, complete or radical hysterectomy, but documentation does not support (or no claim), the member will remain non-compliant!
 - Documentation of "Hysterectomy" alone will not meet exclusion criteria, as it does not indicate the cervix was removed

Radical
Hysterectomy

2.

Complete hysterectomy

3. Total Hysterectomy

4.

Vaginal Hysterectomy documentation 5.

Coding for Total
Hysterectomy,
Cervical Agenesis,
Acquired Absence of
Cervix; supplemental
data



Incentives

Breast & Cervical Cancer Screening Member Incentives:



<u>Members</u> – who complete a mammogram in the calendar year may receive a \$50 reward.

<u>Members</u> – who complete a cervical cancer screening in the calendar year may receive a \$50 reward.



Breast and Cervical Cancer Screening Provider Incentives:



<u>All PCPs/ Breast Cancer Screening</u> —Encourage targeted members to complete a mammogram. For each breast cancer screening gap closed on your targeted patients, you will receive \$50.

All PCPs/ Cervical Cancer Screening — Encourage targeted members to complete a cervical cancer screening. For each cervical cancer screening closed on your targeted patients, you will receive \$25.



Gaps in Care

BCS & CCS Challenges

Why Gaps in Care?



- Coding/billing
- No pap test at all in last 3 years ALL CCS women
- No pap/HPV at all in last 5 years 30-64 yr
- ABHWV not aware of paps before the continuous enrollment period - mismatch
- **ABHWV** not aware of Total Hysterectomy
- No mammogram at all
- Mammogram not performed in lookback period (Oct 1 two years prior to MY through Dec 31 of MY)
- ABHWV not aware/no claim of **Mastectomy** (Bilateral or two unilateral)
- **BCS** no chart reviewed allowed by NCQA during HEDIS chart review season!



- **Busy schedules**
- Sick or problem-based care thinking
- Anxiety that test will be painful
- Cancer won't happen
- Taking care of family/ others, less priority on self-care
- Member deferring pap during well exams



- Missing or incomplete pap test history documentation in medical record
- Missing or unspecific Hysterectomy documentation
- Pap results from other practices, OB/GYN or HDs not in PCP chart
- Members usually go to another provider or facility to have a mammogram performed
- Transportation/access to mammography, especially very rural areas
- **BCS: ACA& SSI = lower compliance rates**
- **CCS:** ACA= lower compliance rates
- **GYN versus PCP gaps**
- **GYN** deserts



Take-Aways

Take-away Actions - Breast Cancer Screening

Consider Supplemental data feed

This can capture historical data, services during enrollment gaps, etc.

Promote

ABHWV BCS and CCS \$50 member incentives for breast and cervical cancer screenings

Well-woman Events

Partner with ABHWV to hold well-woman events (\$25 gift card for attending event – separate than BCS/CCS incentive)

Best Practice

Code/bill accurately capture administratively

This includes Acquired
Absence of the
Breast/Cervix coding as
appropriate!

Request results of screenings

performed by GYN for the medical home record

Maximize opportunities

Offer Pap test
during
appropriate visits
(well woman,
contraception, other
clinically feasible)

If an OB/GYN, HD,

send mammogram,
pap results or
Hysterectomy
operative report to
PCP

Assess PCP vs GYN

Member may not have a GYN to order mammogram or perform cervical cancer screening; WV GYN deserts

Take-away Actions - Cervical Cancer Screening

Document specific type of hysterectomy

Total, complete, radical, partial (abdominal, vaginal)

Date, facility, provider

Best Practices

Review & document GYN history every visit

Pap

(pap date, results, provider, refusals)

Hysterectomy

(Hyst type, date, provider)

Schedule pap if needed

Assess if limiting barrier

no GYN, fear, transport, getting to another facility/appt, etc

Appointment reminders

Follow-up to reschedule if no-show

Consider proactive pap scheduling

(before GIC exists)

Assess & promote mobile unit opportunities in members area

Remind members they can't care for others

Without taking care of self

Questions

ABHWV website Provider HEDIS Section

There is a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

- 1. What is HEDIS? a short description of HEDIS
- 2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
- 3. HEDIS Reference Tool for Provider Offices comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
- **4. HEDIS Lunch and Learn Webinars For Providers** monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html



Closing Thoughts and Resources

Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their well-woman preventive care.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

ABHWV Quality Partnerships

Melani McNinch, Senior Mgr, ABHWV Quality HEDIS Manager

ABHWVHEDIS@aetna.com

Supplemental data feed options

Tosha Morris

ABHWVHEDIS@aetna.com
304-348-2003

Wellness Event Partnering

David Roberts

ABHWVHEDIS@aetna.com

304-539-9046

Alana Hoover, ABHWV Quality Practice Liaison

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Other Resources

ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922.

https://www.cdc.gov/women/index.htm https://www.acog.org/clinical



Immunization Survey

https://forms.office.com/r/hYTzD3MSrq







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