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AETNA BETTER HEALTH[®]

The webinar will begin shortly.

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aetna

March 2018

The teenage years up to age 21

HEDIS measures, and a focus on maximizing administrative data capture

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)
- March 2018 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
- Future Webinar topics

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



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.



March 2018 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® 2019 collects data for care given primarily in 2018.
- Claims are the fastest and easiest way to collect data.



March 2018 HEDIS® measures of care

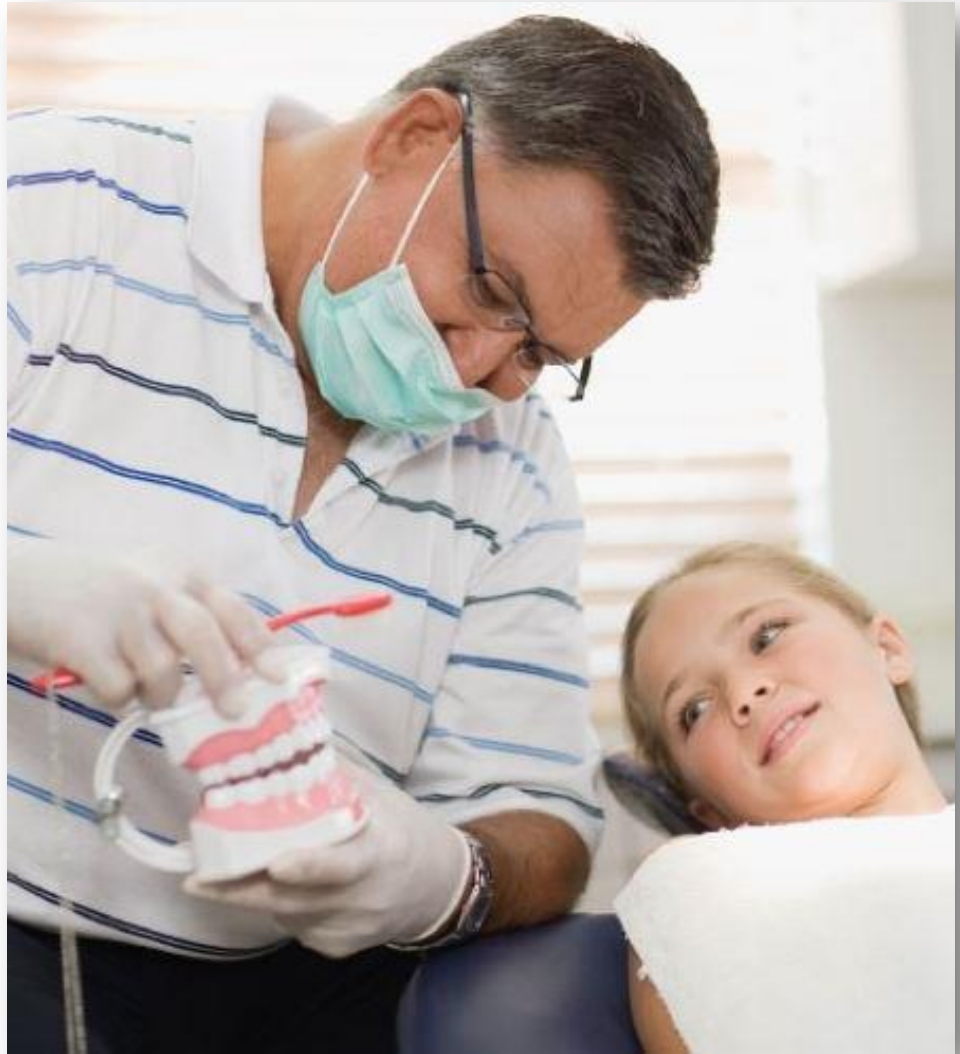
- Regulatory bodies may use HEDIS data for accreditation or enrollment purposes.
- The public may look at HEDIS® rates when choosing a health plan.
- Provider pay-for-performance programs are often tied to HEDIS scores.
- Both providers and health plans can use HEDIS data results to improve outcomes.



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.



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 or 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

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 – 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 (2018) or the year prior to the measurement year (2017).

Some NCQA approved codes for ABA

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

CPT codes	99201-99205, 99211-99215
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Outpatient visit

For a complete list please refer to the NCQA website at www.ncqa.org

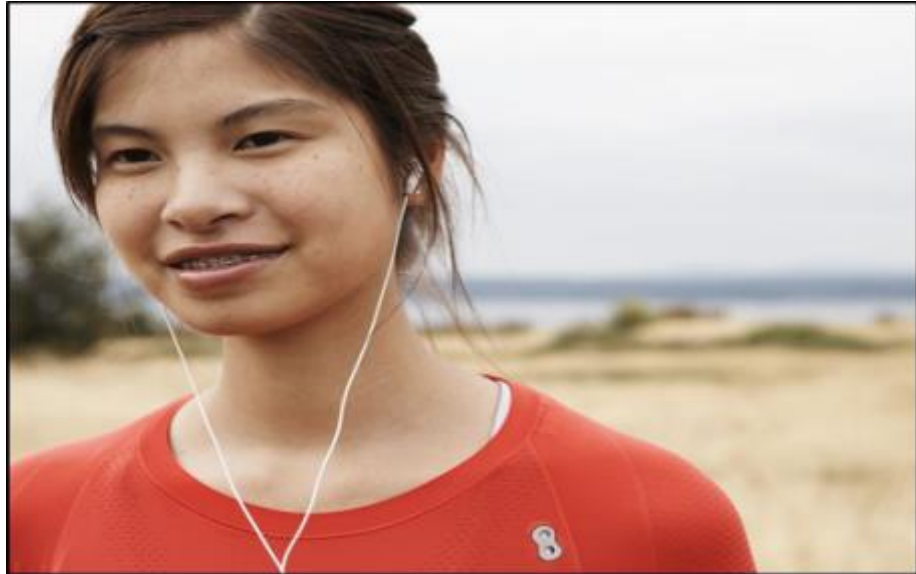
HEDIS measures – ages 12 to 20



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 13th birthday.
- **Meningococcal** – ages 11-13
- **Tdap** ages 10-13
- **HPV** ages 9-13
- Human papilloma virus vaccine for males and female adolescents (HPV)
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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.

HEDIS measures – ages 12 to 20



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

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

CPT	BH Acute Inpatient	90791, 90792
POS	BH Acute Inpatient POS	21, 51
ICD-10	Schizophrenia	F20.0, F20.81, F20.89
UBREV	BH Stand Alone Acute Inpatient	0100, 0101, 0110-0114
ICD-10	Schizophrenia	F20.0, F20.81, F20.89

Some NCQA approved codes for SAA

CPT	ED	99281-99285
ICD-10	Schizophrenia	F20.0, F20.81

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

CPT	BH Stand Alone Outpatient/PH/IOP	98960-98962
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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.

HEDIS measures of focus

CBP (Controlling High Blood Pressure)

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

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

CPT	HbA1c Level 7.0-9.0	3045F
CPT	HbA1c Level Greater Than 9.0	3046F
CPT	HbA1c Less Than 7.0	3044F

HbA1c Test

CPT	HbA1c Tests	83036, 83037
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Some NCQA approved codes for CDC

Medical Attention for Nephropathy

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

Dilated Retinal Eye Exam

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

Some NCQA approved codes for CDC

Blood Pressure

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

Questions?



Hypothetical Case Story

Meet Georjinne W.

- Georjinne is a 16 year old high school sophomore.
- Her family recently moved to the United States from Spain and she speaks limited English.
- She has come to the doctor due to recurring headaches and blurred vision.
- Georjinne is not as active as she was in Spain and is spending more time playing video games and using social media on her phone.
- She is also behind on immunizations due to her family's move and has not yet established a dental home.



Hypothetical Case Story

HEDIS Measures That Can Be Addressed

- 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. Increased screen time may account for increase in headaches and vision issues.
- Weight Assessment and Counseling (WCC) – BMI percentile, nutrition counseling, physical activity counseling.
- Immunizations for Adolescents (IMA) – meningococcal vaccine, Tdap vaccine and HPV vaccine.



Anticipatory guidance and physical activity



- Statistics coming out of a recent 20/20 episode focused on digital or screen addiction
 - The average American worker spends 6-8 hours behind a screen.
 - There are an averages of 17 devices (smartphones, laptops, TV's, video game systems, tablets) in a home of 5 people.
 - Visits to the eye doctor have surged with the popularity of smart phones and other devices.
 - On the continent of Asia, there are already over 300 digital addiction rehab centers.
 - What to do?

Question for the audience

How do you address screen time and physical activity in your office?



Culture and linguistics competency

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 competency

- 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 competency

- 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 competency

- 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?



Future Webinars

April

- **An in depth look at Aetna's 21 and older membership**

May

- **Caring for members with Serious mental illness and serious emotional disturbance**



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?

Point of contact by 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
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- New Jersey
 - Sami Widdi
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Thank you for attending today's Webinar

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