



April 2018

Thank you for attending today's Webinar.
We will begin shortly.

aetna®

April 2018



Welcome Illinois, New Jersey, Florida, Louisiana, Ohio, Pennsylvania, Texas, Kentucky, Michigan and Maryland

Brian Clark

Jacob Stipe

Debbie Barkley

Diana Charlton

“An in depth look at Aetna’s 21 and older female
and male members”

April 2018

Why attend this Webinar series?

Goals

- HEDIS[®] education
- Illustrate care concerns of Medicaid and Medicare members throughout the life cycle.
- Maximize administrative data capture.
- Spark conversations with providers.





Housekeeping

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

Integrity, Excellence, Inspiration, and Caring





AETNA BETTER HEALTH[®]

Agenda

- What is HEDIS[®], who uses it, and what does it measure
- Meeting HEDIS[®] standards of care
- Challenges and strategies
- Millennials dropping out of health care
- Smartphones and sleep schedules
- Physical inactivity affecting the U.S.A
- HEDIS[®] measures of focus and some NCQA approved codes
- Useful strategies for improvement of HEDIS measures

What is HEDIS[®], who uses it, and what does it measure?

HEDIS[®]

- State requirement
- NCQA accreditation
- Effectiveness of care
- Pay for Quality programs:
 - ✓ Some states may offer certain pay for quality programs based upon achieved HEDIS rates, such as Value Based Services contracting or quality incentive programs

What is HEDIS[®], who uses it, and what does it measure?

Who uses HEDIS[®] data?

- the public
- regulatory bodies
- payers
 - ✓ the health plan uses HEDIS information to improve the effectiveness of care our members are receiving
- Providers
 - ✓ some providers utilize HEDIS data for their own internal quality improvement activities

Meeting HEDIS® Standards of Care

HEDIS® terms

- Administrative Data
- Hybrid Review
- Hit

Challenges and Strategies

Challenges and Strategies

- Member fails to keep appointments
- Members only seek care when ill.
- Communicating data to the health plan.
- Seeing multiple different providers/coordinating care

Questions?

- Please type in any questions or comments in to the Q/A box
- Send question/comment to “all panelists”





How do providers address these issues?

- Millennials dropping out of health care.
- Smartphones and sleep schedules.
- Physical inactivity affecting the U.S.A.

Recent ZocDoc Survey

ZocDoc Survey:

- <https://www.prnewswire.com/news-releases/new-study-why-americans-are-dropping-out-of-healthcare-300102845.html>

✓ What is ZocDoc?

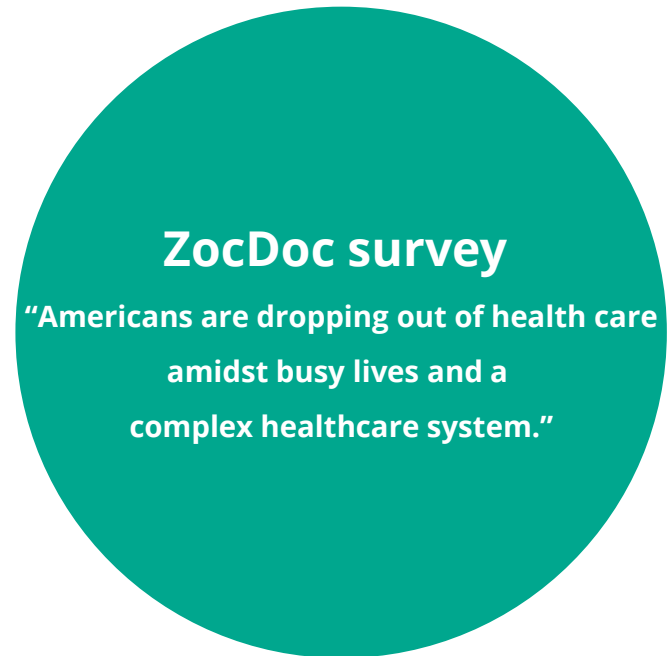
- ❑ Online tool used by individuals to find in-network neighborhood doctors, book appointments, get reminders for upcoming appointments and preventive check-ups, etc.

Survey findings:

- ❑ 9 out of 10 (93%) of millennials either avoid going to the doctor or do not go to the doctor at all.
- ❑ Main barriers: Everyday life is too busy, work, and they have a hard time scheduling.
- ❑ "I rely on instinct or internet (self-diagnosis) and being a parent.

blog.zocdoc.com/healthcaredropouts.

- Find more about ZocDoc's Healthcare Dropout Survey and view the infographic:



Question for the audience

Question:

How does your practice address millennial perception regarding avoidance of care?



Smartphones and sleep schedules

Appropriate sleep per night

- <https://sleepfoundation.org/>
 - ❑ recommends 7 to 9 hours of sleep for an adult.
- <https://consumer.healthday.com/encyclopedia/parenting-31/parenting-health-news-525/sleep-deprivation-and-new-parents-643886.html>
- <https://www.uhs.uga.edu/sleep>
 - ❑ On average most college students gets 6–9 hours of sleep.

Smartphones:

<http://www.nmbreakthroughs.org/daily-health/sleep-and-your-smartphone>

- “Smart devices emit a blue light that could be keeping you up at night.” Plus using smart phones right before sleeping can delay sleep or manipulate your natural sleep cycle.
 - ❑ About 77% of U.S. adults use a smart phone.

Info about smartphones and sleep:

- ❑ <http://www.pewresearch.org/fact-tank/2017/06/28/10-facts-about-smartphones/>
- ❑ <http://www.nmbreakthroughs.org/daily-health/sleep-and-your-smartphone>

Lack of sleep can be linked to conditions such as heart attack, obesity, diabetes, high blood pressure and several types of cancers. It also puts you at a greater risk for colds and flus.

This makes it even more important for college students, young adults, and new parents to get annual well visits.

[“Sleep Rocks, Get more of it”](https://www.uhs.uga.edu/sleep)

<https://www.uhs.uga.edu/sleep>

Question for the audience

Question:

How does your practice address sleep and smartphone usage?

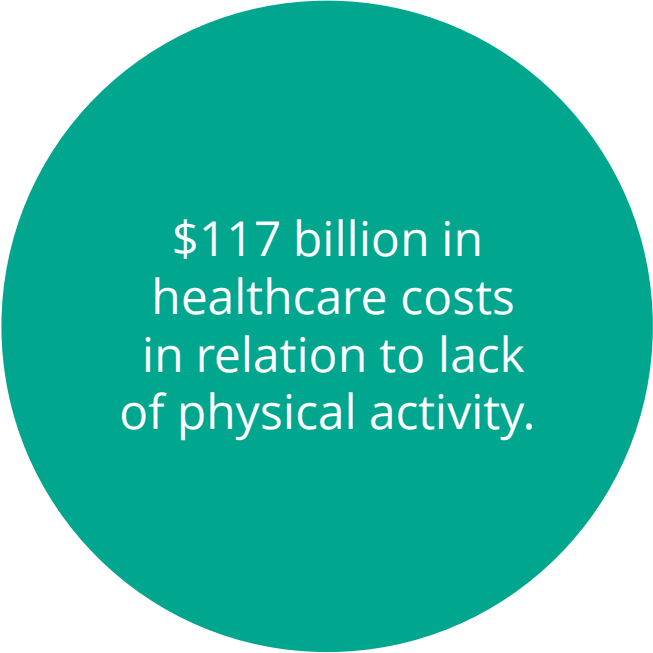


Physical inactivity affecting the United States

- Physical inactivity in the United States
- ✓ **<https://stateofobesity.org/physical-inactivity/>**
 - This article outlines physical activity in adults by state.
 - ❑ 45% of adults are not sufficiently active.
 - ❑ \$117 billion in healthcare costs in relation to lack of physical activity.
 - ❑ 25% of young adults are ineligible to join the military due to weight and lack of physical activity

<https://stateofobesity.org/obesity-by-age/>

- ❑ Graphs of obesity rates by state and age.



\$117 billion in
healthcare costs
in relation to lack
of physical activity.

Question for the audience

Question:

How does your practice address physical inactivity with the member?

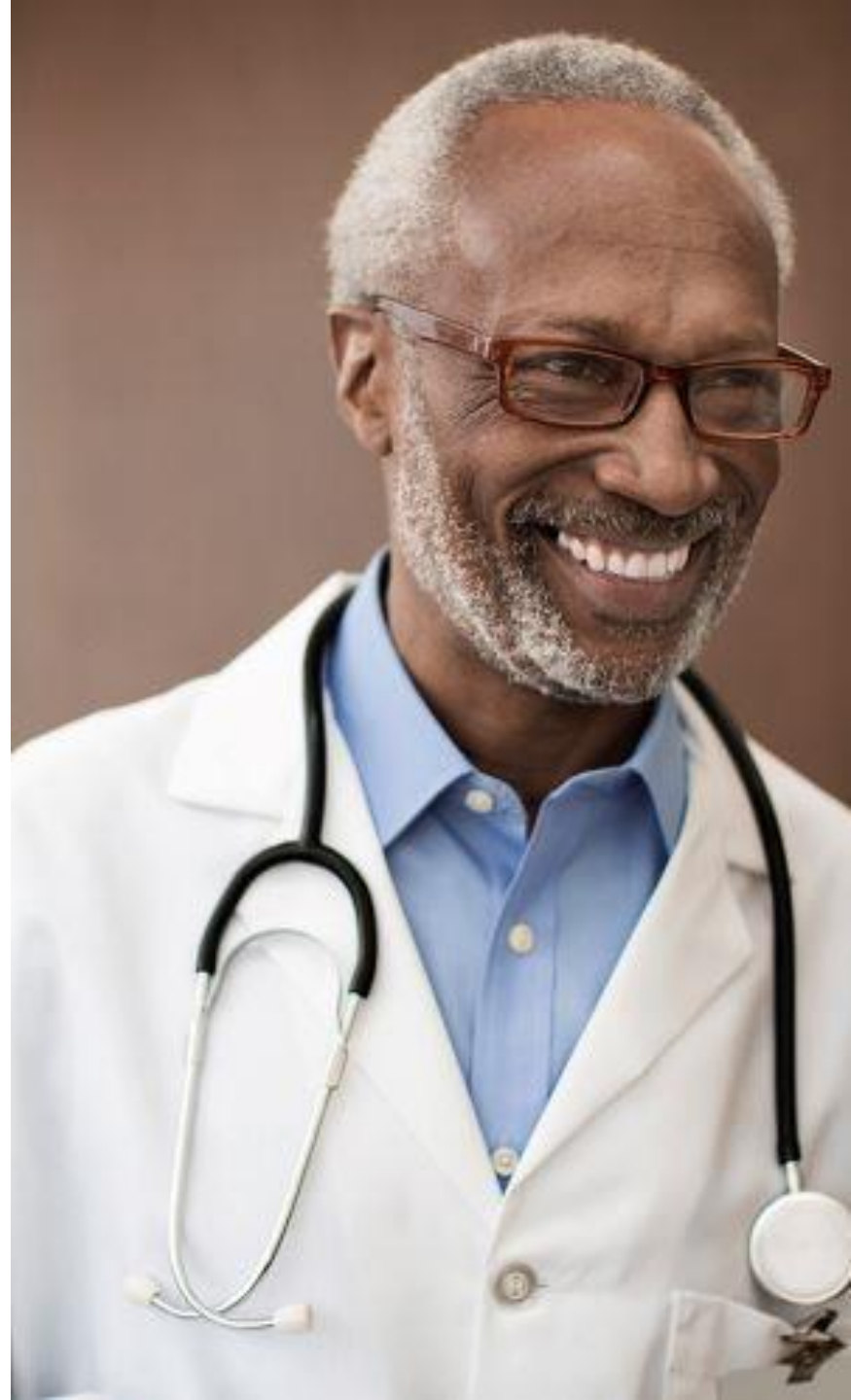


HEDIS measures of focus

HEDIS measures (21 and older male and female members)

- **AAB** (Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis)
- **ABA** (Adult BMI Assessment)
- **AMM** (Antidepressant Medication Management)
- **CBP** (Controlling High Blood Pressure)
- **CDC** (Comprehensive Diabetes Care)
- **MMA** (Medication Management for People With Asthma)

- Reduce the burden of medical record review by using the correct CPT, HCPCS, and ICD-10 codes on submitted claims. (**NCQA.org**)

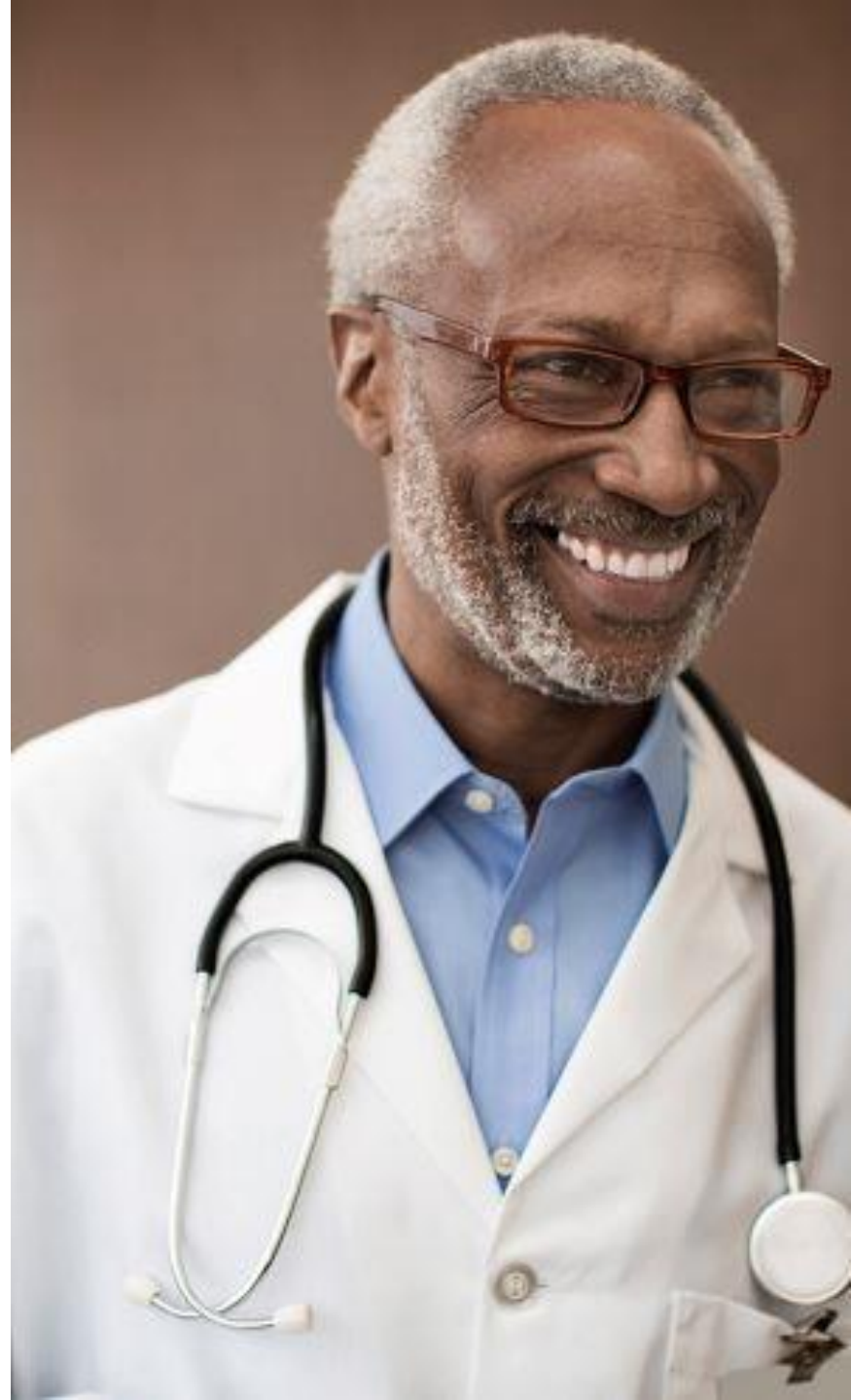


HEDIS measures of focus

HEDIS measures (21 and older male and female members)

- **PCE** (Pharmacotherapy Management of COPD Exacerbation)
- **SAA** (Adherence to antipsychotic medications for individuals with Schizophrenia)
- **CHL** - (Chlamydia screening in women)
- **CCS** - (Cervical Cancer Screening)
- **PPC** - (Prenatal and Postpartum Care)
- **BCS** - (Breast Cancer Screening)
- **Additional Medicare only HEDIS measures**

- Reduce the burden of medical record review by using the correct CPT, HCPCS, and ICD-10 codes on submitted claims. ([NCQA.org](https://www.ncqa.org))



HEDIS measures of focus

(CDC) - Comprehensive Diabetes Care

- The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:
 - Eye Exam
 - Attention for Nephropathy
 - Blood Pressure Control
 - HbA1c
- The member is **identified as having diabetes** during the measurement year or the year prior to the measurement year by either:
 - Two outpatient visits with a diagnosis of diabetes
 - One acute inpatient visit with a diabetes diagnosis
 - Dispensed insulin or hypoglycemic / antihyperglycemics on an ambulatory basis

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

Useful strategies for improvement for CDC

Blood Pressure

- A BP less than 140/90 is considered controlled for HEDIS
- Consider retaking blood pressures during the visit if initial BP is elevated

HbA1C

- Reminder calls to member every 2-3 months educating on importance of going in for lab work specifically for A1c.
- Make sure A1c results are being reported using the proper CPT codes – make sure lab is sending results to office and results are discussed with member but also are reported administratively to the health plan.

Useful strategies for improvement for CDC

Attention for Nephropathy

- Document ACE inhibitors or ARB medications on the member's medication list
- Urine test for protein – submit proper CPT code
- “other specified” or Type 1 or Type 2 diabetes with or without diabetic nephropathy - submit proper ICD – 10 code

Dilated Retinal Eye Exam

- Educate on importance of eye exam screening for detection of retinopathy (explain what retinopathy actually is)
- Know where the member seeks eye care
- Gather results of Retinal exam each year and place result of eye exam in members record at office.
- After you receive results of the eye exam – verify that the eye doctor submitted the proper CPT code for the visit.

HEDIS measures of focus

CBP (Controlling High Blood Pressure)

- The percentage of members 18-85 years of age and older who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure (BP) during the measurement year.
 - Members are identified as hypertensive if there's at least one outpatient visit with a diagnosis of HTN during the first six months of the measurement year.

Adequate control

- Adequate control is defined as meeting any of the following criteria:
 - 18–59 years of age whose BP was <140/90 mm Hg.
 - 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
 - 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

**Both the systolic and diastolic must be below the above readings to be considered "controlled".*

(Remember to use the correct ICD-10 and CPT codes submitted claims)

- One ICD-10 code reflecting the diagnosis.
- Two CPT2 codes reflecting the systolic and diastolic readings.)

HEDIS measures of focus

CBP (Controlling High Blood Pressure)

Identifying patients with hypertension

ICD-10	I10	Essential (primary) hypertension
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CPT coding for CBP

Identifying representative blood pressure

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 of focus

CBP (Controlling High Blood Pressure)

- Strategies for improvement:
 - Alleviate factors that might cause temporary elevation and **retake** BP during exam if BP is elevated at initial vital sign assessment
 - Treat as necessary and retake BP if elevation persists
 - **Document all measurements** and efforts to obtain BP control
 - Schedule follow up visits to monitor effectiveness of BP medication

HEDIS measures of focus

ABA - (Adult BMI Assessment)

- 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).
 - Members younger than 21 use BMI percentile
 - Members 21 and over use BMI Value

Strategies for improvement

- Perform a *height and weight with BMI calculation*
 - (at least once a year) - even if member is not overweight.
 - This data is used to assess patterns of weight change.

Some NCQA approved codes for ABA

BMI percentile ICD-10 codes (Under 21)

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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BMI value ICD-10 Codes **(21 and over)**

Z68.1	Body mass index (BMI) 19 or less,
Z68.20	Body mass index (BMI) 20.0-20.9
Z68.21	Body mass index (BMI) 21.0-21.9
Z68.22	Body mass index (BMI) 22.0-22.9
Z68.23	Body mass index (BMI) 23.0-23.9
Z68.24	Body mass index (BMI) 24.0-24.9
Z68.25	Body mass index (BMI) 25.0-25.9
Z68.26	Body mass index (BMI) 26.0-26.9
Z68.27	Body mass index (BMI) 27.0-27.9
Z68.28	Body mass index (BMI) 28.0-28.9
Z68.29	Body mass index (BMI) 29.0-29.9
Z68.30	Body mass index (BMI) 30.0-30.9
Z68.31	Body mass index (BMI) 31.0-31.9
Z68.32	Body mass index (BMI) 32.0-32.9
Z68.33	Body mass index (BMI) 33.0-33.9
Z68.34	Body mass index (BMI) 34.0-34.9
Z68.35	Body mass index (BMI) 35.0-35.9
Z68.36	Body mass index (BMI) 36.0-36.9
Z68.37	Body mass index (BMI) 37.0-37.9
Z68.38	Body mass index (BMI) 38.0-38.9
Z68.39	Body mass index (BMI) 39.0-39.9
Z68.41	Body mass index (BMI) 40.0-44.9
Z68.42	Body mass index (BMI) 45.0-49.9
Z68.43	Body mass index (BMI) 50.0-59.9
Z68.44	Body mass index (BMI) 60.0-69.9
Z68.45	Body mass index (BMI) 70 or greater

HEDIS measures of focus

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.

Two rates are reported:

- The percentage of members who *remained on an asthma controller medication* for at least 50% of their treatment period.
- The percentage of members who *remained on an asthma controller medication* for at least 75% of their treatment period.
- The following are just a few of the approved codes. For a complete list please refer to the NCQA website at www.ncqa.org.

	Asthma Diagnosis Codes
ICD10CM	J45.20 -J45.22, J45.30 - J45.32, J45.40 - J45.42, J45.50 - J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

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

Questions?

- Please type in any questions or comments in to the Q/A box
- Send question/comment to “all panelists”



Medicare only HEDIS measures *



COA (Care for Older Adults) *

- The percentage of adults 66 years and older who had each of the following during the measurement year:
 - Advance care planning (e.g., Advance Directive, Actionable Medical Orders, Living Will, Surrogate Decision Maker)
 - Medication review.
 - Functional status assessment (e.g., Review of ADLs/IADLs).
 - Pain assessment.

*** Medicare only HEDIS measure.**



NCQA Coding Tips

Hybrid measures (Medicare only)

Measure	Service Description	Code class	Code
COA	Advance Care Planning	CPT/CPT II	99497; 1123F, 1124F, 1157F, 1158F
COA	Medication Review	CPT/CPT II	90863, 99605, 99606; 1160F
COA	Medication List	CPT II	1159F
COA	Functional Status Assessment	CPT II	1170F
COA	Pain Assessment	CPT II	1125F, 1126F

*Please note- codes for medication review and medication list must be submitted on the same claim.

MRP (Medication Reconciliation Post Discharge) *

The percentage of discharges from January 1 - December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days)

- If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days), count only the last discharge.



NCQA Coding Tips

Measure	Service Description	Code class	Code
MRP	Medication Reconciliation	CPT/ CPT II	99495-99496; 1111F

*** Medicare only HEDIS measure.**

TRC (Transitions of Care) *

The percentage of discharges for members 18 years of age and older who had each of the following during the measurement year.

Notification of Inpatient Admission.

- Documentation of receipt of notification of inpatient admission on the day of admission or the following day.

Receipt of Discharge Information.

- Documentation of receipt of discharge information on the day of discharge or the following day.

Patient Engagement After Inpatient Discharge.

- Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

Medication Reconciliation Post-Discharge.

- Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).



* Medicare only HEDIS measure.

NCQA Coding Tips

TRC (Transitions of Care) *

Measure	Service Description	Code class	Code
TRC	Notification of inpatient admission	N/A	Administrative reporting not available for this indicator
TRC	Receipt of discharge information	N/A	Administrative reporting not available for this indicator
TRC	Patient engagement after inpatient discharge	CPT	98966-98968 (telephone visits); 99496 (TCM 7 Day); or 99495 (TCM 14 Day)
TRC	Medication Reconciliation	CPT/ CPT II	99495-99496; 1111F

COL (Colorectal Cancer Screening) *

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. Any of the following meet criteria:

- **Fecal occult blood test**
 - Measurement year
- **Flexible sigmoidoscopy**
 - Measurement year or 4 years prior
- **Colonoscopy**
 - Measurement year or 9 years prior
- **CT colonography**
 - Measurement year or 4 years prior
- **FIT-DNA test**
 - Measurement year or 2 years prior



* Medicare only HEDIS measure.

NCQA Coding Tips

COL (Colorectal Cancer Screening) *

Measure	Service Description	Code class	Code
COL	Fecal Occult Blood Test (measurement year)	CPT	82270, 82274
COL	Flexible Sigmoidoscopy (4 year look back)	CPT	45330-45335; 45337-45342
COL	Colonoscopy (9 year look back)	CPT	44388-44394; 44401-44408
COL	CT Colonography (4 year look back)	CPT	74261-74263
COL	FIT-DNA Test (Two year look back)	CPT	81528

Questions?

- Please type in any questions or comments in to the Q/A box
- Send question/comment to “all panelists”



HEDIS measures of focus

AAB (Avoidance of antibiotic treatment in adults with acute bronchitis)

- The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.
 - *(Member can either be seen in an Outpatient setting or ED visit during the Intake Period with any diagnosis of acute bronchitis.)*
- The measure is reported as an **inverted rate**.

(AAB) contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

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

HEDIS measures of focus

PCE (Pharmacotherapy Management of COPD Exacerbation)

- The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year.
 - Dispensed appropriate medications. *(Member can either be seen in an Outpatient setting or ED visit during the Intake Period with any diagnosis of acute bronchitis.)*

Two rates are reported:

- Dispensed a **systemic corticosteroid** (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a **bronchodilator** (or there was evidence of an active prescription) within 30 days of the event.

	COPD- Recommended Codes
ICD10CM	J44.0, J44.1, J44.9
	Emphysema- Recommended Codes
ICD10CM	J43.0-J43.2, J43.8-J43.9
	Bronchitis- Recommended Codes
ICD10CM	J41.0-J41.1, J41.8, J42
	ED Visits- Recommended Codes
CPT	99281-99285
	Inpatient Stay- Recommended Codes
UBREV	100, 101, 110-114, 116-124

HEDIS measures of focus

SAA (Adherence to antipsychotic medications for individuals with Schizophrenia)

- 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.

There is a large list of approved NCQA codes used to identify the service or condition included in the SAA measure.

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 of focus

AMM (Antidepressant Medication Management)

- The percentage of members 18 years of age and older who were treated with antidepressant medication.
- Had a diagnosis of major depression
- Remained on an antidepressant medication treatment.

Two rates are reported.

Effective Acute Phase Treatment.

- The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Effective Continuation Phase Treatment.

- The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

* The AMM measure relies exclusively on administrative data.

* An outpatient visit, intensive outpatient encounter, partial hospitalization , or an acute or nonacute inpatient stay with any diagnosis of major depression:



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

Some NCQA approved codes for AMM

UBREV	Inpatient Stay	110-114
ICD-10	Major Depression	F32.0 - F32.2

CPT	ED Visit	99281-99285
ICD-10	Major Depression	F32.0 - F32.2

CPT	AMM Visits	90791,90792: 90832-90834
POS	AMM POS	11, 12, 13, 14, 22
ICD-10	Major Depression	F32.0 – F32.2

CPT	AMM Stand Alone Visits	98960-98962; 99201-99205
ICD-10	Major Depression	F32.0 – F32.2

Questions?

- Please type in any questions or comments in to the Q/A box
- Send question/comment to “all panelists”



HEDIS measures (21 and older female members only)

CHL – (Chlamydia screening in women)

CCS – (Cervical Cancer Screening)

PPC – (Prenatal and Postpartum Care)

BCS – (Breast Cancer Screening)



CHL (Chlamydia Screening In Women)



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.

CPT Chlamydia Tests codes

87110, 87270, 87320, 87490, 87491,
87492, 87810

CCS (Cervical Cancer Screening)



The measure Cervical Cancer Screening (CCS) contains a large list of approved NCQA codes used to identify the service or condition included in the measure. To the right are just a few of the approved codes.

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Cervical Cytology

CPT	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175
HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

HPV Tests

CPT	87620, 87621, 87622
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Absence of Cervix

CPT	59125, 56308, 57540, 57545
ICD - 10	Z90.710, Z90.712

BCS (Breast Cancer Screening)

Breast Cancer Screening (BCS)

- The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.
 - Educate women about the importance of early detection and treatment starting at age 50
 - Refer women to local mammography imaging centers. Follow up to verify completion
 - Use reminder systems for check-ups and screening reminders

Mammography	CPT	77055-77057
Mammography	HCPCS	G0202, G0204, G0206
Mammography	UBREV	401, 403



PPC (Prenatal and Postpartum Care)

Timeliness of Prenatal Care

- The percentage of deliveries between November 6, 2017 and November 5, 2018 that received a prenatal visit as a member of the health plan in the first trimester OR within 42 days of enrollment with the health plan.

Postpartum Care

- The percentage of deliveries between November 6, 2017 and November 5, 2018 that completed a postpartum visit on or between 21 to 56 days after delivery.



Point of contact

What is a point of contact?

- A representative at the health plan.
- Someone who can inform you on how to access your organization's/office's gaps-in care reports.
- Someone you can always turn to.





Point of contact

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.

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)
- Michigan
 - **Dante' Gray**
 - Manager Health Care Quality Management (dagray@aetna.com)

Who is my point of contact in my state?

- Illinois
 - **Anya Alcazar**
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Who is my point of contact in my state?

- Ohio
 - **Sara Landes**
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- Kentucky
 - **Kathy Recktenwald**
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Future Webinars

May 2018

Member with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)

May 2018

Coding for all HEDIS measures (Both Medicaid and Dual eligible measures)

June 2018

Takeaways from HEDIS season 2018 (Project review)

July 2018

Back to school physicals and HEDIS measures affecting 0-11 year old members and EPSDT

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.

Have a great day

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