



AETNA BETTER HEALTH[®]

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

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October 2018



**HEDIS measures with a focus on
women's care, maternity care and how
to reduce your practice no-show rate**

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October 2018



Housekeeping

- Polling – Please participate
- Q/A box
 - Send question or comment to “all panelists”
- Previously recorded webinars:
 - ✓ <https://www.aetnabetterhealth.com/what/videos>

Our Values





Today's webinar

Agenda

- HEDIS, maternity care, and women's health
- How to decrease your practice no show rate
- HEDIS, and women's health
 - NCQA HEDIS codes that capture care
- Hypothetical case stories - How HEDIS is addressed and coded for in the office

Why attend these Webinars each month?

Goals

- Educate on HEDIS measures of care
- Illustrate care concerns of Medicaid members throughout the life cycle, including cultural and linguistic competency.
- Explore ways to cut down on the burden of medical record review – maximize administrative data capture.
- Spark conversations with providers in multiple states nationwide.



Point of contact

The presenters may mention **point of contact** during the presentation today.

- 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 may have.
- An Aetna Better Health contact who can inform you as to how you can access your organization's/office's gaps-in care reports.
- Someone you can always turn to when you have a question.





Point of contact

How to reach my 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
- Pennsylvania
 - Diana Charlton
 - QM nurse consultant (CharltonD@AETNA.com)

Who is my point of contact in my state?

Point of contact by state

- Louisiana
 - **Frank Vanderstappen**
 - Manager Health Care QM (VanderstappenF@aetna.com)
- Kentucky
 - **Kathy Recktenwald**
 - Quality Management Nurse Consultant (kmrecktenwal@aetna.com)
- Virginia
 - **Jennifer Forsythe**
 - Supervisor Health Care Quality Project Manager ForsytheJ@aetna.com

Who is my point of contact in my state?

Point of contact by 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 (dagray@aetna.com)
- California
 - **Melissa Gora**
 - Manager Health Care Quality Management GoraM@aetna.com

Who is my point of contact in my state?

Point of contact by 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)

Questions?

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

How To Decrease “No Shows”

How “No-Shows” Can Affect Your Office

The Patient

Consistent care not only saves money for the patient, but also ensures that the patient is staying as healthy as possible.

The Costs

The average office loses approximately \$112 per missed office visit.

Office & Staff Efficiency

No-shows can affect the flow of your office and add additional stress on staff to stay on schedule.

Office Impact

“If the average office treats 24 patients a day, and an average no-show rate is 18% at a cost of \$112 per missed appointment, Your bottom line could be Impacted as much as \$120,000 per year.”

<https://www.solutionreach.com/blog/how-automated-patient-reminders-save-time-money>

Automated Reminders

Benefits of using automated reminders

Computer or digital based reminders (i.e. text messages, emails, or automated phone calls)

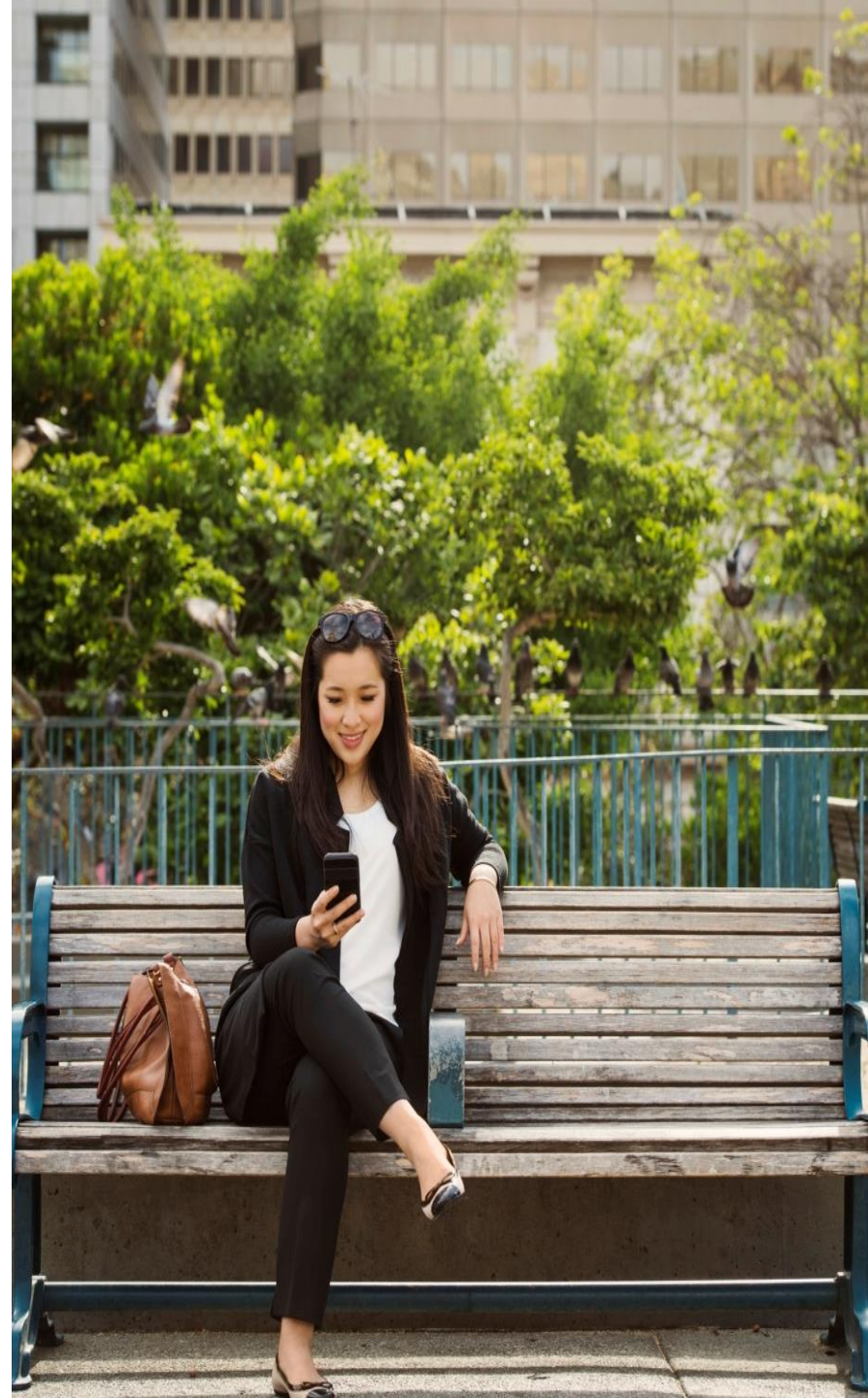
- Automated reminders can reduce your no-show rate by an average of 34% .
- This gives your staff more time to focus on your patients health and other office priorities, rather than making reminder phone calls to patients
- The cost of having an automated reminder system outweighs the cost you would be losing to no-show patients.



Automated Reminders

Other ways to use automated reminders

- “Sorry we missed you” messages have become popular within offices . This helps encourage patients to reschedule their missed appointments.
- Your office can use multiple forms of reminder methods. Make sure you ask your patients what method of contact they prefer (email, phone calls, text messages, etc.)
- Regardless of automated reminders you should still always include a written or printed copy of the appointment time during scheduling.



Developing Good Relationships With Patients

Keep Wait Time To A Minimum

- Showing the patient you value their time will increase the likelihood that they will value yours. This is also how a lot of no-shows turn into a lost patient.

Keep Patients Informed

- Offer patients access to ongoing information through your website or patient portal. Other office's have monthly newsletters

Sending Well Wishes

- Many offices find that sending birthday and/or holiday wishes is a good way to show appreciation for their patients.



Other Ways Offices Prevent No-Shows

- Thanking patients for keeping their appointments and arriving on time.
- Scheduling patients as soon as possible, especially new patients. Patients are less likely to forget an appointment if they are scheduled as soon as possible.
- Having good discussions with your patients and stressing the importance of their health. If the patient understands the importance of their health they are more likely to show for appointments.



Questions?

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HEDIS

What is HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set)

- Who uses HEDIS data?
 - The public may use HEDIS ratings when choosing a health plan
 - Regulatory bodies may use HEDIS data for accreditation or enrollment purposes
 - Provider pay-for-performance programs (P4Q) are often tied to HEDIS scores

What is HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set)

- Developed and maintained by the National Committee for Quality Assurance (NCQA)
- Standardized way for health plans to document health care services provided to members
- HEDIS 2019 collects data for care given primarily in 2018.
- HEDIS data is collected two ways:
 - Claims and other administrative data
 - Medical record review/collection

Claims are the fastest and easiest way to collect HEDIS data. Correct coding is important!

- We will look at some NCQA approved HEDIS codes linked to women's health care.

HEDIS® Terms

HEDIS® terms

- **Administrative Data:** Healthcare information captured by means other than medical record (i.e. claims, immunization data banks, and historical encounters)
- **Hybrid Review:** When Administrative Data and Medical Record Review are used to satisfy HEDIS® guidelines
- **Hit:** When the administrative data and/or medical record meet all the HEDIS® requirements for a measure
- **Exclusion:** When the NCQA guidelines indicate that a member must be omitted from a HEDIS® measure
- **Optional Exclusion:** When the health plan may choose to omit a member from a measure in accordance with the NCQA guidelines

Questions?

- Please type in any questions or comments in to the Q/A box
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Maternity Care

Maternity Care



Why is timely maternity care important?

- Prenatal visits to a health care provider can include a physical exam, weight checks, blood pressure checks, blood tests and lifestyle counseling.
- Getting early and regular prenatal care can prevent complications and help women take important steps to ensure a healthy pregnancy.
- Regular prenatal care can help women control existing conditions, such as high blood pressure and diabetes and is important to avoid serious complications in pregnancy such as preeclampsia.
- It's important that pregnant women complete all recommended prenatal visits throughout their pregnancy as well as a postpartum visit after delivery.

Maternity Care

Maternity HEDIS Measures

- Frequency of Prenatal Care (FPC)
 - ✓ Retired HEDIS measure (some states may require FPC as a performance measure)
- Timeliness of Prenatal Care (PPC-Timeliness)
- Postpartum Care (PPC-Postpartum)





Maternity Care

Frequency of Prenatal Care (FPC)

- The percentage of deliveries of live births between November 6, 2017 and November 5, 2018 that had the following number of expected prenatal visits:
 - <21 percent of expected visits
 - 21- 40 percent of expected visits
 - 41- 60 percent of expected visits
 - 61- 80 percent of expected visits
 - **≥ 81 percent of expected visits**

Maternity Care

Prenatal and Postpartum Care (PPC)

Two sub-measures (PPC)

- 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.



Maternity Care

NCQA HEDIS coding recommendations:

Numerator codes

The simplest method of capturing prenatal visits is through stand alone prenatal visit codes.

CPT	99500, 0500F, 0501F, 0502F
HCPCS	H1000- H1004

Additionally, prenatal care may be captured by the combination of one of the following prenatal visits codes **ACCOMPANIED BY** a pregnancy related diagnosis:

CPT	99201-99205, 99211-99215, 99241-99245
HCPCS	G0463, T1015
UBREV	514

* Note if using a code from the prenatal visit set, it must be combined with a pregnancy related diagnosis code.

Maternity Care

Neonatal Abstinence Program (NAS)

Engaging Women with Opioid Use Disorder

- The NAS states that it's important to engage pregnant women who have significant opiate use and/or abuse in prenatal care management. This include members on opioid replacement therapy, (i.e. methadone, buprenorphine).
- NAS is a group of problems that occur in a newborn who was exposed to addictive opiate drugs while in the mother's womb, due to withdrawal symptoms after birth.
- Care Management (CM) will reach out to the mother to offer services, including prenatal care coordination, and will be involved after delivery, to improve discharge planning and parent/guardian training during the infant's hospital stay.



Maternity Care



Neonatal Abstinence Program (NAS)

Engaging Women with Opioid Use Disorder (continued)

- Mother and baby will be followed for the 1st year of the baby's life to support the mother's drug & alcohol treatment needs, ensure the child receives regular well-child care, and to avoid preventable health issues and hospitalizations.

Questions?

- Please type in any questions or comments in to the Q/A box
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“Meeting HEDIS® Standards of Care”

**Highlight of some
additional HEDIS
measures**



Meeting HEDIS® Standards of Care

Additional HEDIS measures

- Cervical Cancer Screening (CCS)
- Breast Cancer Screening (BCS)
- Chlamydia Screening (CHL)
- Adolescent Well Care (AWC)
- Weight Assessment and Counseling for physical activity (WCC)
- Adult BMI assessment (ABA)

Meeting HEDIS® Standards of Care

Cervical Cancer Screening (CCS)

- 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.
- Can be collected using administrative or hybrid data



Meeting HEDIS® Standards of Care

Numerator codes

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. The following are just a few of the approved codes.

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



Meeting HEDIS® Standards of Care



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.
 - Administrative data capture – (Claims)

Meeting HEDIS® Standards of Care

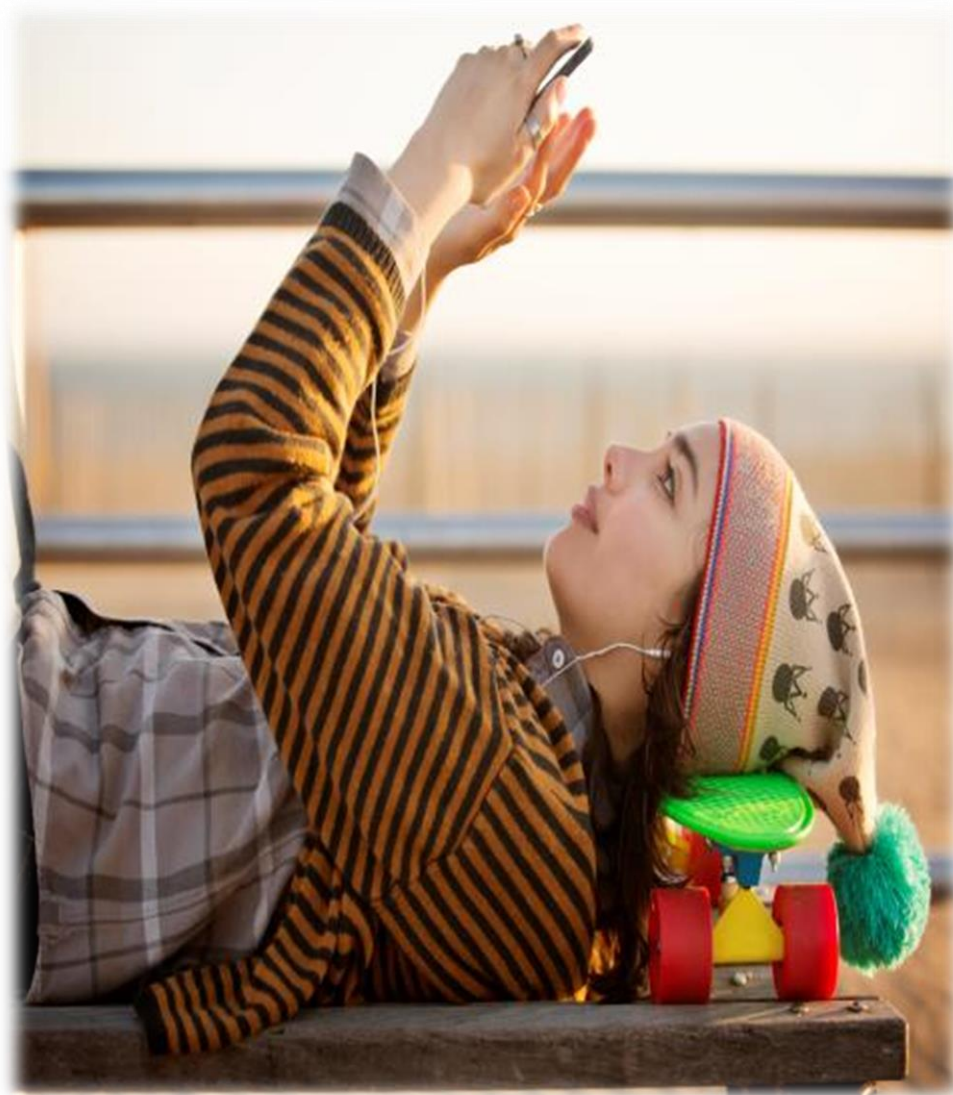
Chlamydia Screening in Women (CHL)

Chlamydia Tests	
CPT codes	87110, 87270, 87320, 87490, 87491, 87492, 87810

Meeting HEDIS® Standards of Care

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
- Documentation must include a note indicating a visit to a **PCP or OB/GYN**, the date when the well-child visit occurred and evidence of all of the following:
 - A health history.
 - A physical developmental history.
 - A mental developmental history.
 - A physical exam.
 - Health education/anticipatory guidance
- Can be collected using administrative or hybrid data



Meeting HEDIS® Standards of Care

Numerator codes

There is a large list of approved NCQA codes used to identify the services included in the Adolescent Well Care (AWC) measure. The following are just a few of the approved codes.

CPT	99381-99385,99391-99395, 99461	Well-Care
HCPCS	G0438, G0439	Annual wellness visit
ICD-10	Z00.121	Encounter for routine child health check with abnormal findings
ICD-10	Z00.129	Encounter for routine child health check without abnormal findings
ICD-10	Z00.8	Encounter for other general examination

Meeting HEDIS® Standards of Care

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
 - Counseling for physical activity
- Can be collected using administrative or hybrid data

Meeting HEDIS® Standards of Care

Numerator codes

There is a large list of approved NCQA codes used to identify the services included in the **WCC** measure. The following are just a few of the approved codes for:

- BMI percentile
- Nutrition counseling
- Physical activity counseling

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

Meeting HEDIS® Standards of Care

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)
- **18-19 year old members**
 - ✓ BMI percentile
- **20-74 year old members**
 - ✓ BMI value
- Can be collected using administrative or hybrid data
- Optional Exclusion of pregnancy for this measure



Meeting HEDIS® Standards of Care

Numerator codes

CPT codes	99201-99205, 99211-99215
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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

BMI Value ICD-10 Codes

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

Questions?

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

A Hypothetical look

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A Hypothetical look

Polling – Please respond to the questions

- ✓ (questions will appear in a pop up window)

A Hypothetical look - Amber

Amber's story

- Today is June 1st. Amber, a 24 year old mother of two, is in the office today for a postpartum visit. She delivered her 2nd child on April 1st.



Poll 1:

Which HEDIS measures can be addressed and coded for?

- Adult BMI assessment (**ABA**)
- Cervical Cancer Screening (**CCS**)
- Chlamydia screening in women (**CHL**)
- All of the above

A Hypothetical look - Amber

Amber's story

- Today is June 1st. Amber, a 24 year old mother of two, is in the office today for a postpartum visit. She delivered her 2nd child on April 1st.



Poll 1:

Which HEDIS measures can be addressed and coded for?

- a. Adult BMI assessment (**ABA**)
- b. Cervical Cancer Screening (**CCS**)
- c. Chlamydia screening in women (**CHL**)
- d. All of the above**

A Hypothetical look - Amber

Amber's story

- Today is June 1st. Amber, a 24 year old mother of two, is in the office today for a postpartum visit. She delivered her 2nd child on April 1st.



Poll 2:

Which HEDIS sub-measure will Amber not be adherent for?

- a. Frequency of Prenatal Care (**FPC**)
- b. Timeliness of Prenatal Care (**PPC-Timeliness**)
- c. Postpartum Care (PPC-Postpartum)
- d. Adult BMI assessment (**ABA**)

A Hypothetical look - Amber

Amber's story

- Today is June 1st. Amber, a 24 year old mother of two, is in the office today for a postpartum visit. She delivered her 2nd child on April 1st.



Poll 2:

Which HEDIS sub-measure will Amber not be adherent for?

- Frequency of Prenatal Care (**FPC**)
- Timeliness of Prenatal Care (**PPC-Timeliness**)
- Postpartum Care (PPC-Postpartum)**
- Adult BMI assessment (**ABA**)

A Hypothetical look - Lin

Meet Lin

- The office staff looks at the schedule and sees there is a new patient coming in today. She is requesting to start oral contraceptives. It is noted that Lin is 17 years old with English as a very new second language.
- When Lin arrives for her appointment, she is accompanied by a friend who is fluent in Lin's primary language and English.



A Hypothetical look - Lin

Poll 3:

Which HEDIS measures does Lin fall into and can be coded for?

- a. Adolescent well care (**AWC**) and Cervical Cancer screening (**CCS**)
- b. Adolescent well care (**AWC**), Weight assessment and counseling for children (**WCC**), and Chlamydia screening in women (**CHL**)
- c. Weight assessment and counseling for children (**WCC**) and Cervical Cancer screening (**CCS**)
- d. Cervical Cancer screening (**CCS**) and Chlamydia screening in women (**CHL**)

A Hypothetical look - Lin

Poll 3:

Which HEDIS measures does Lin fall into and can be coded for?

- a. Adolescent well care (**AWC**) and Cervical Cancer screening (**CCS**)
- b. Adolescent well care (AWC), Weight assessment and counseling for children (WCC), and Chlamydia screening in women (CHL)**
- c. Weight assessment and counseling for children (**WCC**) and Cervical Cancer screening (**CCS**)
- d. Cervical Cancer screening (**CCS**) and Chlamydia screening in women (**CHL**)

A Hypothetical look - Lin

Poll 4:

How can the language barrier be addressed?

- a. Her friend can serve as the interpreter
- b. Her post-encounter instructions can be given in the primary language
- c. An office staff member who is a certified interpreter can assist
- d. The health plan can be contacted for language assistance
- e. All except "a"

A Hypothetical look - Lin

Poll 4:

How can the language barrier be addressed?

- a. Her friend can serve as the interpreter
- b. Her post-encounter instructions can be given in the primary language
- c. An office staff member who is a certified interpreter can assist
- d. The health plan can be contacted for language assistance
- e. All except "a"**

Questions?

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Future webinars

Future Webinars

- **November 2018**
 - “Caring for members with serious mental illness and serious emotional disturbance”
- **December 2018**
 - “Reducing the burden of medical record review – preparation for HEDIS season 2019”
- Previously recorded webinars:
 - ✓ <https://www.aetnabetterhealth.com/what/videos>

Final thoughts

Final thoughts

Did you receive a copy of today's slides?

- In the Q/A box please type: "I need the slides" if you did not receive the slides.

Pay for Quality Programs

- To see if the state that you practice in has an offering this year and to learn more about the specific offerings of that P4Q program, please reach out to your single **point of contact**.

Gaps in care reports

- If you would like your practice's HEDIS **gaps in care report**, please indicate that in the Q/A box: Please state: "I'd like that report" – or please shoot an email to your point of contact requesting that report.

Have a great day

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