

HEDIS[®] Lunch and Learn

Childhood & Adolescent Well-Being: WCV and IMA

Alana Hoover Quality Practice Liaison

March 2025



Monthly Webinars: 30 minutes, 1 HEDIS topic



Child and Adolescent Well-Being Visits (WCV)



Child and Adolescent Well-Care Visits (WCV)- Criteria

What makes a member compliant?

Members who are 3 to 21 years of age in the measurement year and received at least one comprehensive well-care visit with a Primary Care Provider (PCP) or an OB/GYN provider in the measurement year. **Four rates are reported:**

- \cdot 3-11 years
- \cdot 12-17 years
- \cdot 18-21 years
- · Total rate: 3-21 years

2025 Change

Telehealth visits are no longer eligible for compliance for the WCV measure.





Childhood and Adolescent Well-Care Visits (WCV)- Coding

CPT: 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613

*Aetna Better Health® of West Virginia will pay for a well visit outside of the 12-month cycle.



Child and Adolescent Well-Being Visits Member Incentive

Member Incentive Programs

Child and Adolescent Well-Care Visits

\$25.00 Reward: Members ages 12-21 who have a well-care exam completed during the calendar year.







Child and Adolescent Well-Being Visits Gaps in Care

Challenges

Why Gaps in Care?



- Measures captured via administrative methodology-no chart review during HEDIS season
- Well-child visits not billed/coded correctly
- FQHC/RHC When billing T1015 on a claim, not including well-child codes
- Transportation barriers
- Volume of sick/acute illness, practically in younger children
- NICU after birth



- Does not understand need for well-care as well as sick care, not as high priority
- Insufficient understanding of early intervention
- Adolescents may not routinely present to the PCP office unless seeking care for illness or injury (18-21 least compliant)
- Social Determinants of Health, support system – there could be potential factor(s) impacting compliance
- UC/ER overutilization; services rendered during an inpatient or ED visits do NOT meet

- Limited office hours (after hours/weekends)
- If ABHWV is the secondary insurance, may not have a claim.
- Early visits after birth that can potentially be well-child visits as recommended by AAP
- Missed opportunities perform well-child at same time as sick visit when clinically feasible
- Not realizing ABHWV pays for well-visit outside 12-month cycle

♥aetna



Child and Adolescent Well-Being Visits Take-aways

Take-Away Actions – Child & Adolescent



Take-Away Actions – Child & Adolescent



Immunizations for Adolescents (IMA)



Immunizations for Adolescents (IMA) - Criteria

Who is in the measure (denominator)?

Adolescents that turn 13 years of age in the measurement year

What makes a member compliant (numerator)?

Receive the following immunizations <u>by their 13th birthday:</u>

- 1 Meningococcal on or between **10th** and 13th birthday
- 1 Tetanus, diphtheria toxoids and acellular pertussis (Tdap) on or between the 10th and 13th birthday
- At least 2 HPV vaccines on or between the 9th and 13th birthday
 - There must be at least 146 days between the 1st and 2nd dose
 - Required for females AND males

Administrative methodology Claims Supplemental Electronic Data Starting MY 2025!



Immunizations for Adolescents Member Incentive

Member Incentive Programs

Adolescent Immunizations (IMA)

- Members that turn 13 years of age
- \$50.00 Reward: Human Papillomavirus (HPV) Vaccine Incentive Complete HPV shots by the 13th birthday







Immunizations for Adolescents Gaps in Care

Challenges

Why Gaps in Care?



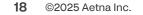
HPV:

- <u>The most significant contributor to IMA Combo 2</u> non-compliance (by far!)
- At least 2 are required for HEDIS only 1 or none administered
- Not required by state/school regulation
- Not always offered at subsequent office visits after parent/guardian previously declined
- Parent/caregiver misconception regarding intent of HPV vaccine (perception that implies child is sexually active)
- Parent/caregiver misconception that the HPV vaccine leads to increased sexual activity or sexual activity at a younger age
- HPV vaccine misinformation on social media (myths, safety, etc.)

- Adolescents don't often seek care unless sick/injured
- Parent/caregiver decline/refusals
- All late vaccines after 13th bday
- Meningococcal education needed new requirement now can be given when turning 10
- Vaccines from other settings (health department, previous PCP) getting into current PCP record
- Unavailable historical immunization data in other situations such as moving from another state/county, children in foster care



- Sickness at visits, unable to vaccinate
- Not coded /billed or coded accurately
- *Potentially* increased homeschooling could impact immunization coverage
- Code accurately—Be sure to code for specific vaccines given and not only for administration. Proper coding ensures compliance.





Immunizations for Adolescents Take-aways

Take-Away Actions – HPV

Recommend the HPV vaccine with the same confidence as other adolescent immunizations

A provider recommendation is the most significant factor when parents decide to vaccinate their child

Begin giving a strong recommendation for the HPV vaccine at age 9

Having the conversation earlier minimizes the discussion from sexuality/sexual activity

Incorporate provider HPV vaccine reminders into EMR starting at age 9

Activate teens in HPV vaccine decisions/ discussion with the parent

Ask what information they may be hearing from news, social media, family, friends

Center provider HPV vaccine education around cancer prevention

HPV vaccine protects against several types of cancer in BOTH males and females, including oral, throat, cervical, anal, penile Identify an HPV vaccination champion within your practice to provide leadership and engagement for all office staff

Continue to recommend and offer HPV vaccine

even if parent/guardian have declined in the past

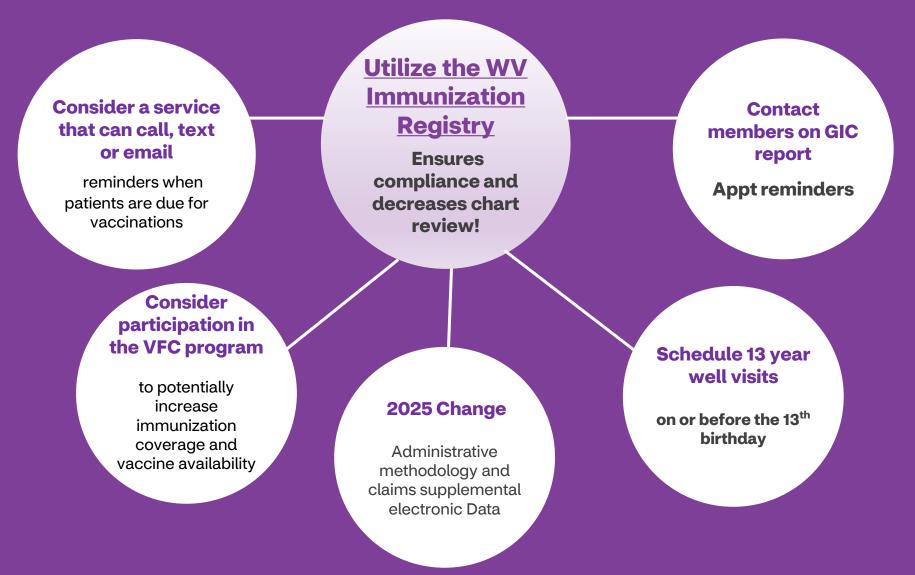
Listen to parent/guardian concerns and potential barriers regarding the HPV vaccine

Convey empathy and compassion, while also utilizing CDC and/or WV Immunization Network provider & parent/patient resources to assist with factual responses

> Explain to parents/guardians that getting the HPV vaccine early

> > Creates an even stronger immune response

Take-Away Actions – ALL Adolescent Immunizations



Take-Away Actions – ALL Adolescent Immunizations

Consider offering after-hour immunization appointments

or immunization weekend clinics/events

> Obtain immunization records from other offices or health departments

incorporate into EMR/scan in/etc

Use each visit to review vaccines

And catch-up missing vaccines as needed and clinically appropriate

Promote ABHWV HPV Immunizations \$50 reward *** Partner with ABHWV for community wellness event

Well-child + needed vaccinations

Supplemental data feed Opportunites

Document all refusals

this prevents additional outreach to office



WELCOME TO VAXCARE

HOW IT WORKS

- Vaxcare handles the headache of vaccine purchasing, providing unlimited inventory at no cost and automatically replenishing your stock when the supply gets low.
- Vaxcare automates your workflow, eliminating manual tasks and costly errors.
- Vaxcare ensures you're paid for every qualifying dose and provide the end-to-end visibility you need to keep your vaccine program profitable.

www.vaxcare.com

An intelligent solution for vaccines at the point of care.

Worry-Free Inventory

We make sure you have all the vaccines you need, whenever you need them, at no cost to your practice.



Simple as a Smartphone

Our technology automates countless tedious manual tasks, saving you time and eliminating error.



Reliable Payment

We bill vaccinations on your behalf and pay your practice directly for each and every qualifying dose.



Better Patient Care

Our platform helps practices raise immunization rates and improve community health.



ABHWV website - Provider HEDIS Section

There is a HEDIS tab within the Provider Tab on the ABHWV website. The following are 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 Lunch and Learn Webinars for Providers monthly webinars presentations such as the one today.

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



Closing Thoughts and Resources

Members trust you!

Parents consider you their most trusted source of information when it comes to vaccines.

When talking to parents, make a strong, effective recommendation and allow time for questions.

Hearing your answers can help parents feel more confident vaccinating their child to the CDC's recommended immunization schedule.

ABHWV Quality Partnerships

Melani McNinch, Senior Mgr, ABHWV Quality HEDIS Manager

<u>ABHWVHEDIS@aetna.com</u>

Sherry Griffith, ABHWV Quality HEDIS Project Manager

<u>ABHWVHEDIS@aetna.com</u>

Supplement Data Feed options

 Tosha Morris. HEDIS Project Manager <u>ABHWVHEDIS@aetna.com</u> 304-348-2003

Wellness Event Partnering

David Roberts, Prevention & Wellness
<u>ABHWVHEDIS@aetna.com</u>
304-539-9046

Quality Practice Liaison

Alana Hoover
<u>ABHWVHEDIS@aetna.com</u>
860-900-6090

Other Resources

CDC

Vaccine Resources | Vaccines & Immunizations | CDC General Best Practices for Immunization | Vaccines & Immunizations | CDC Vaccine Administration | Vaccines & Immunizations | CDC Immunization Education & Training | Vaccine Trainings | CDC Vaccines for Children (VFC) Program Eligibility | VFC Program | CDC

WV DHHR HealthCheck Services

Provider Information

Periodicity Schedule/Posters

WV Immunization Network Influenza - The Center for Rural Health Development (wvruralhealth.org)

https://wvruralhealth.org/programs/win/members -health-care-providers/materials-order-form/

WVSIIS-Web Main Page



Questions?

