



# AETNA BETTER HEALTH<sup>®</sup>

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

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**aetna**<sup>®</sup>

January 2018



# Maternity Care

**Engaging women with opioid abuse and maximizing  
Administrative Data Capture**

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

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January 2017



## Housekeeping

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

# Our Values

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# Maternity Care

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## Agenda

- Maximizing administrative data capture
- HEDIS and the maternity measures.
- Why timely maternity care is important.
- NCQA coding that captures maternity care (for HEDIS purposes).
- Engaging women with opioid abuse.
- Some additional HEDIS measures addressed at both PCP and OBGYN offices.

# Why attend these Webinars each month?

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## 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 in your state

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## What is a point of contact?

- 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.
- Someone who can inform you on how to access your organization's/office's gaps-in care reports.
- Someone you can always turn to when you have a question.





## How do I access the point of contact in my state?

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### 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.

# What is HEDIS?

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## **HEDIS (Healthcare Effectiveness Data and Information Set)**

- HEDIS 2019 collects data for care given primarily in 2018.
  - 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 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!
  - Correct coding allows the health plan to collect administrative data
  - This reduces the burden of medical record review

# What is HEDIS?

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## **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

# Questions?

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

# Maternity Care

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## 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

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## 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

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## 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

# Prenatal and Postpartum Care (PPC)

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## 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 Coding

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## 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.

# Neonatal Abstinence Program (NAS)

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## 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.



# Neonatal Abstinence Program (NAS)

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## Engaging Women with Opioid Use Disorder



- 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.

# P4Q/ONAF

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## 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.

# Questions?

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

# “Meeting HEDIS® Standards of Care”

**Some additional HEDIS  
measures addressed at PCP  
and OBGYN offices and the  
HEDIS terms**

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# Meeting HEDIS® Standards of Care

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## 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

# Meeting HEDIS® Standards of Care

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HEDIS measures that can be addressed by PCP and OB/GYN providers

- Cervical Cancer Screening (CCS)
- Chlamydia Screening (CHL)
- Adolescent Well Care (AWC)
- Weight Assessment and Counseling for physical activity (WCC)
- Adult BMI assessment (ABA)
  
- Visit [NCQA.org](https://www.ncqa.org) for complete information about HEDIS measures and all approved NCQA codes.
- Work with your point of contact.
  - Gaps in care lists, HEDIS reference documents.

# Meeting HEDIS® Standards of Care

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## 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



# Cervical Cancer Screening (CCS) coding

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## 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

# 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.
- Collected using administrative data

# Chlamydia Screening in Women (CHL) Coding

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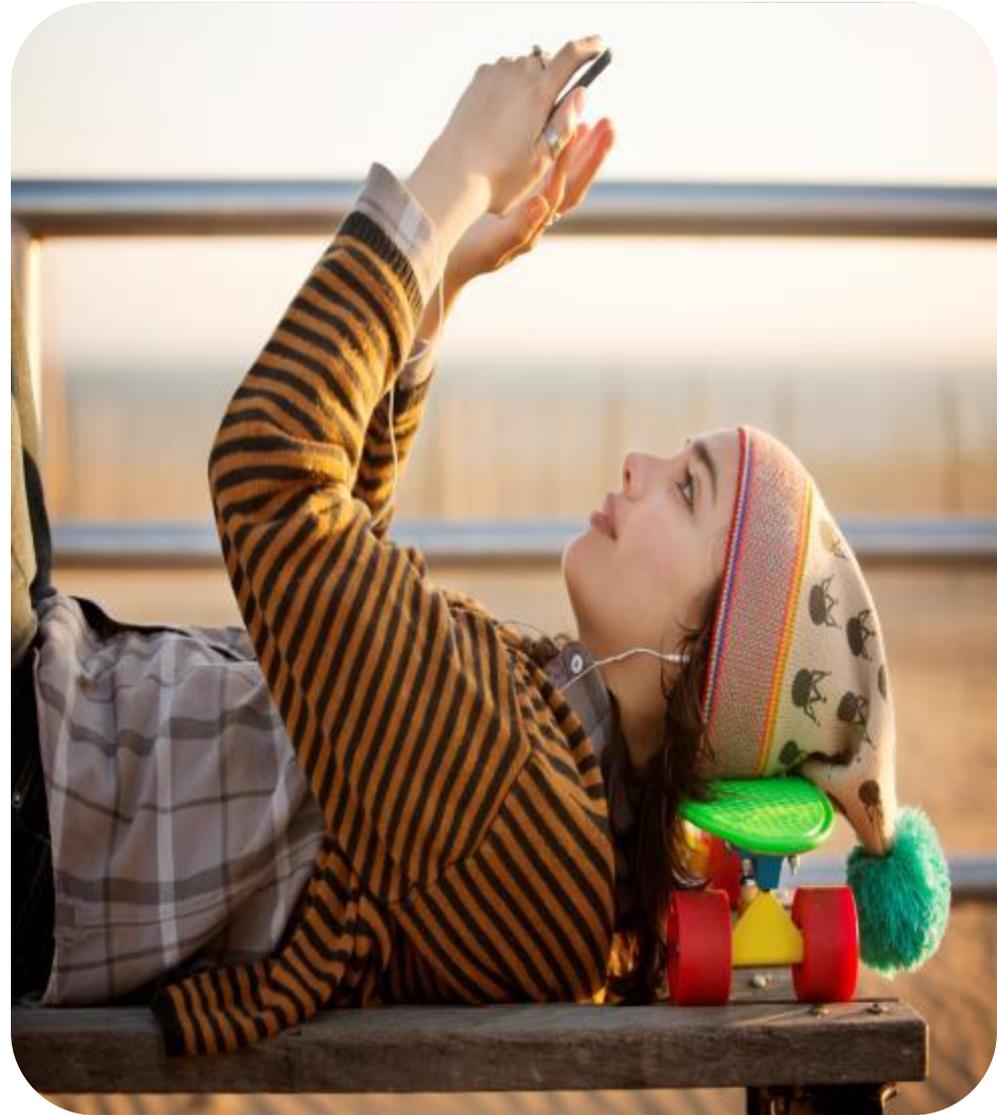
Chlamydia Screening in Women (CHL)

Chlamydia Tests	
CPT	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



# Adolescent Well Care (AWC) Coding

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## 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

# Weight assessment and counseling for children (WCC) coding

## 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.

## 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)
- 18-20 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



# Adult BMI assessment (ABA) coding

## 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?

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- 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

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- Participate
- Chat box
  - Send response to “all panelists”

# A Hypothetical look

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## Amber's story

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

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

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)

Why?

*Please type in your answer.*

# A Hypothetical look

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## 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.

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)

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

# Who is my point of contact in my state?

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## Point of contact by state

- Florida
  - Michelle Delarosa
  - Health Care Quality Management Consultant ([DelarosaM1@aetna.com](mailto:DelarosaM1@aetna.com))
- Texas
  - Joanna Rhodes ([RhodesJH@aetna.com](mailto:RhodesJH@aetna.com))
  - [TXProviderEnrollment@aetna.com](mailto:TXProviderEnrollment@aetna.com)
  - Director Provider Relations
- Pennsylvania
  - Diana Charlton
  - QM nurse consultant ([CharltonD@AETNA.com](mailto:CharltonD@AETNA.com))

# Who is my point of contact in my state?

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## Point of contact by state

- Louisiana
  - Frank Vanderstappen
  - Manager Health Care QM ([VanderstappenF@aetna.com](mailto:VanderstappenF@aetna.com))
- Kentucky
  - Kathy Recktenwald
  - Quality Management Nurse Consultant ([kmrecktenwal@aetna.com](mailto:kmrecktenwal@aetna.com))

# Who is my point of contact in my state?

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## Point of contact by state

- Ohio
  - Sara Landes
  - Director Quality Management ([LandesS1@aetna.com](mailto:LandesS1@aetna.com))
  - Valerie Smith
  - HEDIS Manager ([SmithV4@aetna.com](mailto:SmithV4@aetna.com))
  
- Michigan
  - Dante' Gray
  - Manager Health Care Quality Management ([dagray@aetna.com](mailto:dagray@aetna.com))

# Who is my point of contact in my state?

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## Point of contact by state

- Illinois
  - Anya Alcazar
  - Director Quality Management ([AlcazarA@aetna.com](mailto:AlcazarA@aetna.com))
- Maryland
  - Donald Miller
  - Health Care QM manager ([MillerliiD@aetna.com](mailto:MillerliiD@aetna.com))
- New Jersey
  - Sami Widdi
  - Health Care Quality HEDIS manager ([WiddiS@aetna.com](mailto:WiddiS@aetna.com))

# Future Webinars

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- January 2018

- “Reducing the burden of medical record review - Preparation for HEDIS 2018”
  - ❑ 01/10/18 @ 10:00 AM EST
  - ❑ 01/17/18 @ 3:30 PM EST

- February 2018

- HEDIS measures affecting 21 and older male members
  - ❑ (Two offerings – morning and afternoon)

- March 2018

- HEDIS measuring affecting 21 and older female members
  - ❑ (Two offerings – morning and afternoon)

- April 2018

- HEDIS measures focusing on members with serious emotional disturbance and serious mental illness.
  - ❑ (Two offerings – morning and afternoon)

# Thank you for attending

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## 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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