

## HEDIS® Lunch and Learn

**September 2021 Well-Child Visits** 



## Well-Child Visits

# HEDIS® News You can Use



## Monthly Webinars: 30 minutes, 1 HEDIS topic

Measure Coding

Challenges and Barriers Measure Criteria

Action

Key takeaways to consider for practice

Why still
Gaps
in
Care?

Resources



Well-Child Visits in the First 30 Months of Life (W30)



# Well-Child Visits in the First 30 Months of Life (W30)

Members who had the following number of well-child visits with a PCP during the last 15 months:

#### 1. Well-Child Visits in the First 15 Months

- Children who turned 15 months old during the measurement year, AND
- Had six or more well-child visits with a Primary Care Provider (PCP). The well-child visits must be received on or before the child turning 15 months old.

## 2. Well-Child Visits for Age 15 Months – 30 Months

- Children who turned 30 months old during the measurement year, AND
- Had two or more well-child visits with a Primary Care Provider (PCP) between 15 months and 30 months of age .The well-child visits must be received on or before the child turning 30 months old.

\* CODING IS CRITICAL!



# Well-Child Visits in the First 30 months of Life (W30) – cont.

## **Reminders:**



1. Visits <u>between</u><u>15 months + 1 day and</u>30 months are included!

HEDIS now similar to EPSDT Health Check Periodicity Schedule

https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/2018% 20HC%20Periodicity%20schedule.pdf

2. <u>Telehealth</u> well-child visits meet!

### **IMPORTANT:**

A claim for the performed well-child visit (or EMR data transfer), is the only way to achieve compliance!



3. Administrative
Methodology – no
chart review during
HEDIS season for any
MCO.



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

# Child and Adolescent Well-Child Visits (WCV)

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

- 3-11 years
- 12-17 years
- 18-21 years
- Total rate: 3-21 years

#### **CODING IS CRITICAL!**



## **Child and Adolescent Well-Care Visits** (WCV) - cont.

## **Reminders:**



1. Visits for 7, 8, 9, 10 and 11 year olds are included!

**HEDIS** now similar to **EPSDT Health Check Periodicity Schedule** 

https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/201 8%20HC%20Periodicity%20schedule.pdf

Telehealth well-child visits meet!

### **IMPORTANT:**

A claim for the performed well-child visit (or EMR data transfer), is the only way to achieve compliance!



**Administrative** 3. Methodology - no chart review during **HEDIS** season for any MCO.



## Coding

## Well-Child Visits -Coding

## **Coding – CRITICAL to compliance!**

### · CPT:

- ▶ 99381 99385
- ➤ 99391 99395
- > 99461

#### • ICD-10-CM:

> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

### HCPCS

- > G0438
- > G0439
- > S0302

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



## Incentives

## **Provider Incentives Program:**



All PCPs—Encourage targeted members ages 12-17 to obtain a well-child exam during the current year. For each claim we receive for this service performed on your **targeted patients**, you will receive **\$25**.



## Gaps in Care

## **Challenges** Why Gaps in Care?



- **COVID-19** pandemic
- No chart review during **HEDIS** season
- **Transportation barriers.** Refer to Modivcare to schedule 844-549-8353
- Well-child visits not billed/coded
- FOHC/RHC if T1015 on a claim does not include wellchild codes

**CODING!** Not billed = NON-COMPLIANT



- Belief "don't fix it unless it's broken"
- **Does not understand** need for well-care as well as sick care
- Insufficient understanding of early intervention
- **Adolescents very** difficult to engage
- **UC/ER** overutilization; services rendered during an inpatient or **ED** visits do **NOT** meet



- **Limited office hours**
- Other insurance primary
- 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



## **Take-Away Action- Well Child Visits**

**Aetna Better Health®** of West Virginia will pay for a well-child visit

outside of the 12month cycle

**Best Practices** 

CODING **Ensures compliance!** 

**Newborn and well** weight check visits

are also opportunities to capture well-child visits

Schedule next well visit at end of each appointment

Automatic mailings, texts, emails or calls reminding parents to schedule yearly check ups

Member \$25 **Incentive for ages** 12-18

**Promote ABHWV** \$25 member gift card

**Consider provider** outreach

via phone call, text or email with appointment reminders

Sick visits (when clinically feasible)

present an opportunity to complete a well-visit



## Take-Away Actions-Well Child cont.

**FOHCs/RHCs-When** billing a T1015 encounter code, it is essential to also list on the claim

the actual **CPT/HCPCS** codes to identify services included in the encounter

**Best Practices** 

Take advantage of telehealth opportunities and the use of member reported data, when appropriate

(such as blood pressure logs and selfreported height and weight)

Well-child visits that are performed at school-based clinics

with any PCP may be counted if billed accordingly

Discuss the importance of healthy behaviors. **immunizations** 

and the need for appropriate screenings

Help members understand difference (and importance)

between going to doctor when sick vs. well

**Consider offering** evening or weekend hours

to accommodate working parents and guardians

**Partner with ABHWV QM for** well-child event \$25 gift card (social distancing)

**Creative to meet** your needs

# Questions?

## **ABHWV** website **NEW Provider HEDIS Section**

There is now a HEDIS tab within the Provider Tab on the ABHWV website. The following are now 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 Toolkit For Provider Offices** comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
- 4. **HEDIS Lunch and Learn Webinars For Providers** monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

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



## **Closing Thoughts and Resources**

## **Members trust** you!

Parents/guardians/patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in management of their child's health.

#### Allow time for questions.

Hearing your answers and being engaged in conversation can help parents feel comfortable speaking up and addressing concerns.

## **ABHWV Quality Partnerships**

### **Shelly Rouse, ABHWV Quality HEDIS Manager**

ABHWVHEDIS@aetna.com

304-348-2923

ABHWV can outreach to your members to assist in getting them into the office.

#### **EMR** data file transfer options

#### **Tosha Morris**

MorrisT5@aetna.com

304-348-2003

### **Event Partnering**

**David Roberts** 

robertsj13@aetna.com

304-539-9046

### Other Resources

#### **WV EPSDT Health Check**

https://dhhr.wv.gov/HealthCheck/prov iderinfo/Pages/default.aspx

/HealthCheck/providerinfo/Documen ts/2021 HC PeriodicitySschedule.pdf

#### **American Academy of Pediatrics**

https://brightfutures.aap.org/materia ls-and-tools/guidelines-and-pocketquide/

#### **ABHWV Integrated Care Management**

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922





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