The Webinar will begin shortly

Closing HEDIS gaps administratively cuts down on Medical Record Review

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May 2018

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

Closing HEDIS gaps administratively cuts down on Medical Record Review

May 2018

Integrity, Excellence, Inspiration, and Caring

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.

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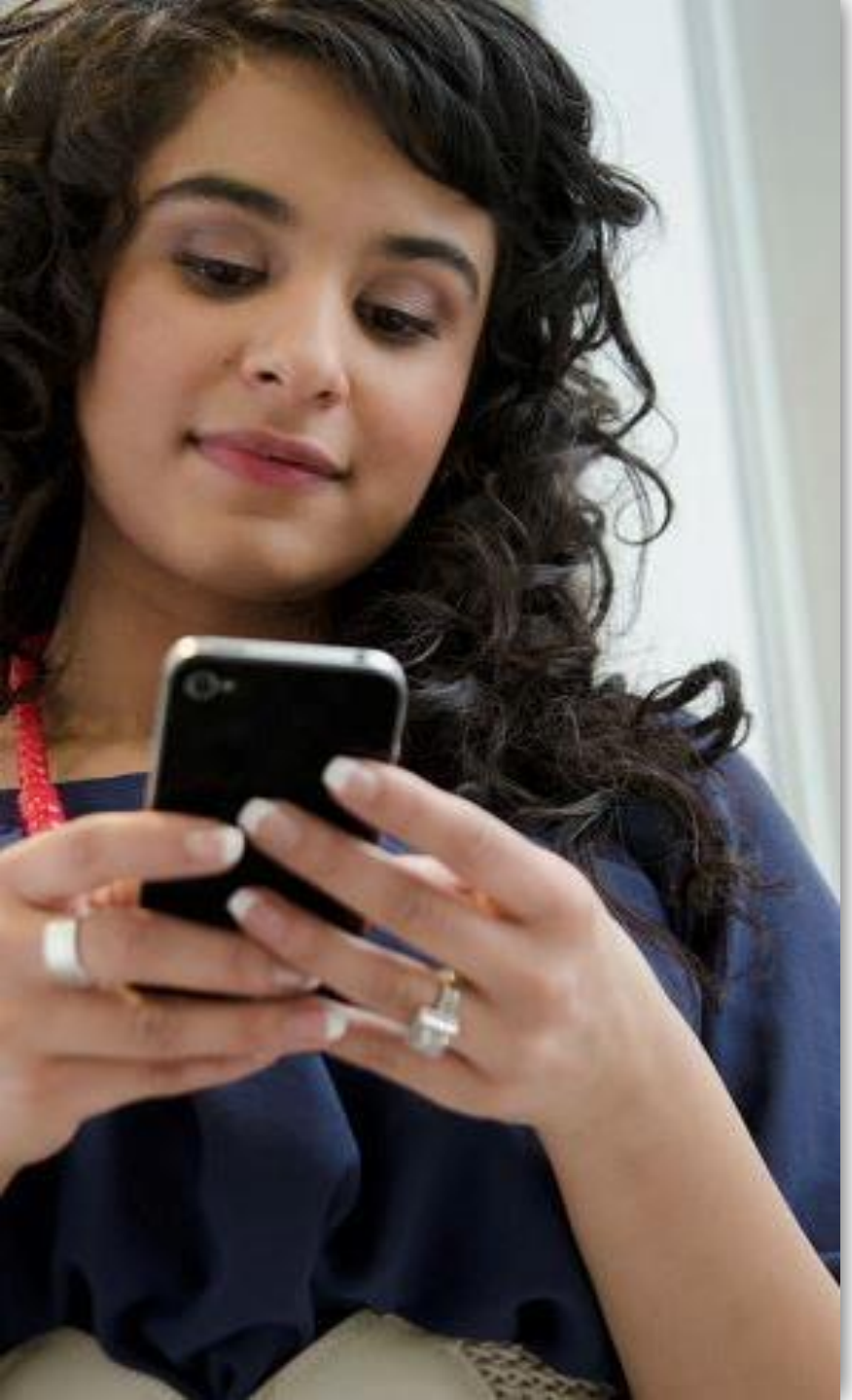

Housekeeping

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

AETNA BETTER HEALTH®

Agenda

- Introduction to HEDIS
- Closing gaps via coding – NCQA tips
- Medicaid/Duals Billing Tips
- FQHC/ RHC Billing Tips for HEDIS Capture

What is HEDIS®?

What does HEDIS® stand for?

Healthcare

Effectiveness

Data and

Information

Set

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

HEDIS®

- A standardized way for health plans to document health care services provided to members
- Developed and maintained by the National Committee for Quality Assurance (NCQA)
- 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

Questions?

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

HEDIS® data collection

Medical Record Review

- Hybrid Review

Claims

- Pharmacy
- Labs
- Diagnostic Tests
- Encounters

What is Medicaid?

Medicaid

- A program funded by both state and the federal government.
- Provides healthcare coverage for the following populations-
  - Low-income families and individuals
  - Persons with disabilities
  - Elderly

What is Medicaid?

Programs can vary by state

- There are minimum covered services required by the federal government.
  - Some examples:
    - Inpatient/outpatient hospital services
    - Family planning care
    - Pediatric services
    - Prescription drug costs
    - Dental healthcare and services

What is Medicare?

Medicare

- Federally funded program
- Provides healthcare coverage for the following populations:
  - People 65 years of age and older
  - Certain younger people with disabilities
  - People with End-Stage Renal Disease

What is Medicare?

Four parts of Medicare that cover specific services

- Part A (Hospital Insurance)
  - Inpatient hospital stays
  - Care in a skilled nursing facility
  - Hospice Care
  - Some home health care
- Part B (Medical Insurance)
  - Certain doctors' services
  - Outpatient Care
  - Medical supplies
  - Preventative services

What is Medicare?

- Part C (Medicare Advantage Plans)
  - Offered by private companies that contract with Medicare to provide all Part A & B benefits
  - Can offer prescription drug coverage
    - Health Maintenance Organizations
    - Preferred Provider Organizations
    - Private Fee-for-Service Plans
    - Special Needs Plans
    - Medicare Medical Savings Account Plans
- Part D (Prescription Drug Coverage)
  - Prescription drug coverage is offered by Medicare approved insurance or private companies . This coverage is added to Original Medicare to some of the following:
    - Medicare Cost Plans
    - Medicare Private Fee-for-Service Plan
    - Medicare Medical Savings Account Plan

NCQA coding tips

NCQA coding tips

Things to consider:

- **For some measures codes are submitted by labs/diagnostic centers to cause numerator hits**
  - Preventative coding for services not done during visit do not count- i.e. billing for lab not yet completed
- **Diagnoses will not count for measures where a service is required- i.e. A74.9 Chlamydial Infection Unspecified will not close a CHL measure gap as a test causes numerator hit**
  - These measures are based on service and not diagnosis.
- **For some measures an ICD 10 puts member in the denominator, pharmacy data determines measure adherence**
  - Tip: follow up with patients to ensure medication adherence

NCQA Coding Tips

Administrative only measures (Medicaid & Dual eligible)

- Codes submitted by lab/diagnostic center are numerator hits

Measure	Services required
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Blood glucose/HbA1c ; LDL/cholesterol
Breast Cancer Screening	Mammography
Chlamydia Screening in Women	Chlamydia tests
Lead Screening in Children	Venous/capillary lead test

NCQA Coding Tips

Administrative only measures (Medicaid & Dual eligible)

- Codes submitted by lab/diagnostic center are numerator hits

Measure	Services required
Cervical Cancer Screening	Cervical Cytology / HPV Test
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	LDL-c Test
Diabetes Monitoring for People With Diabetes and Schizophrenia	HbA1c Tests
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Blood glucose/HbA1c

NCQA Coding Tips

Administrative only measures (Medicaid & Dual eligible)

- ICD 10 puts in denominator, pharmacy data determines measure adherence

Measure	Diagnosis	Code class	Code
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Acute Bronchitis	ICD-10	J20.3, J20.4 - J20.9
Antidepressant Medication Management	Major Depression	ICD-10	F32.0 – F32.2
Appropriate Testing for Children With Pharyngitis	Pharyngitis	ICD-10	J02.0; J02.8; J02.9; J03.00; J03.01

NCQA Coding Tips

Administrative only measures (Medicaid & Dual eligible)

- ICD 10 puts in denominator, pharmacy data determines measure adherence

Measure	Diagnosis	Code class	Code
Medication Management for People With Asthma	Asthma	ICD-10	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
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Schizophrenia	ICD-10	F20.0, F20.81

NCQA Coding Tips

Administrative only measures (Medicaid & Dual eligible)

- ICD 10 puts in denominator, pharmacy data determines measure adherence

Measure	Diagnosis	Code class	Code
Appropriate Treatment for Children With Upper Respiratory Infection	Acute nasopharyngitis [common cold]	ICD-10	J00
Appropriate Treatment for Children With Upper Respiratory Infection	Acute laryngopharyngitis	ICD-10	J06.0

NCQA Coding Tips

Administrative only measures (Medicaid & Dual eligible)

- ICD 10 puts in denominator, pharmacy data determines measure adherence

Measure	Diagnosis	Code class	Code
Pharmacotherapy Management of COPD Exacerbation	COPD	ICD-10	J44.0, J44.1, J44.9
Pharmacotherapy Management of COPD Exacerbation	Emphysema	ICD-10	J43.0-J43.2, J43.8-J43.9
Pharmacotherapy Management of COPD Exacerbation	Bronchitis	ICD-10	J41.0-J41.1, J41.8, J42

NCQA Coding Tips

Administrative only measures (Medicaid & Dual eligible)

- Adherence driven by outpatient visits captured

Measure	Service Description	Code class	Code
Follow Up Care for Children Prescribed ADHD Medication	ADD Stand Alone Visits	CPT	96150- 96154, 98960- 98962, 99078, 99201-99205
Annual Dental Visit	Dental Visit	CDT	D0120; D0140; D0145

NCQA Coding Tips

Hybrid measures (Medicaid & Dual eligible)

- Medical record requests to occur for care missed in claims.

Measure	Service Description	Code class	Code
Adult BMI Assessment	BMI Value	ICD-10	Z68.1; Z68.20-Z68.39; Z68.41-Z68.45
Controlling High Blood Pressure - Total	Essential (primary) hypertension	ICD-10	I10
Controlling High Blood Pressure - Total	Systolic Reading	CPT	3074F; 3075F; 3077F
Controlling High Blood Pressure - Total	Diastolic Reading	CPT	3078F-3080F

*Please note- The CBP measure cannot be satisfied administratively for HEDIS purposes. The approved tips in this presentation can be used to close gaps for P4Q programs incentives. These programs vary by state. Please reach out to your point of contact for information on programs in your state.

NCQA Coding Tips

Hybrid measures (Medicaid & Dual eligible)

- Medical record requests to occur for care missed in claims.

Measure	Service Description	Code class	Code
Comprehensive Diabetes Care	A1c Test	CPT	83036; 83037
Comprehensive Diabetes Care	A1c Result	CPT	3044F-3046F
Comprehensive Diabetes Care	Urine protein test	CPT	81000-81003; 81005; 82042-82044; 84156
Comprehensive Diabetes Care	Diabetic Retinal Screening	CPT	67028, 67030, 67031, 67036, 67039, 67040

*Please note- CPT codes for Diabetic Retinal Screening will be submitted by an eye care professional such as an ophthalmologist

NCQA Coding Tips

Hybrid measures (Medicaid & Dual eligible)

- Medical record requests to occur for care missed in claims.

Measure	Service Description	Code class	Code
Frequency of Ongoing Prenatal Care	Prenatal visits	CPT	99201-99205; 99211-99215; 99241-99245
Prenatal and Postpartum Care	PPV	CPT/ ICD-10	57170; 58300; 59430; 99501; Z39.2
Prenatal and Postpartum Care	Prenatal visits	CPT	99201-99205; 99211-99215; 99241-99245

*Please note- Global billing/bundled coding use related to prenatal and postpartum care is state specific. Reach out to your point of contact for more information on billing code guidance in your state.

*Please note- FPC is a retired HEDIS measure. However, some states may still report on the measure for performance purposes. Reach out to your point of contact for information related to FPC reporting.

NCQA Coding Tips

Hybrid measures (Medicaid & Dual eligible)

- Medical record requests to occur for care missed in claims.

Measure	Service Description	Code Class	Code
Adolescent Well-Care Visits	Well-care	CPT	99381-99385; 99391-99395; 99461
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Well-care	CPT	99381-99385; 99391-99395; 99461
Well-Child Visits in the first 15 Months of Life	Well-care	CPT	99381-99385; 99391-99395; 99461

NCQA Coding Tips

Hybrid measures (Medicaid & Dual eligible)

- Medical record requests to occur for care missed in claims.

Measure	Service Description	Code Class	Code
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	BMI %	ICD-10	Z68.51-Z68.54
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Dietary counseling and surveillance	ICD-10	Z71.3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Exercise counseling	ICD-10	Z71.82

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.

NCQA Coding Tips

Hybrid measures (Medicare only)

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

NCQA Coding Tips

Hybrid measures (Medicare only)

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”

Billing tips

Medicaid/Duals Billing tips

Professional Billing

General guidelines

- Medicaid is the last payer to be billed
- Most state claim forms will have two main parts:
  - Information regarding the patient and/or the insured person
  - Information regarding the healthcare provider.
- Claim must contain proper information on:
  - Place of service
  - NPI
  - Procedure performed and diagnosis
- Refer to your point of contact for state specific information:
  - State claim form
  - Claims submission protocols
  - Reimbursement rates

Professional Billing

General guidelines

- You can input codes from the following code sets:
  - International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
    - Diagnosis codes – entered on block 21 of CMS 1500 Claim Form
  - Place of service codes.
    - Can include inpatient hospitals, nursing facilities, hospices etc. These are generally two digits long.

Professional Billing

General guidelines

- You can input codes from the following code sets:
  - Healthcare Common Procedure Coding System (HCPCS) Level II Codes.
    - These describe supplies, services, products
  - Current Procedural Terminology (CPT) Codes.
    - These identify and categorize services and medical procedures.

* Take advantage of fully coding using the NCQA recommended CPT and HCPCs codes. Fully code for the services you provide in block 24d of the CMS 1500 Claim Form.

Professional Billing

General guidelines

- Claims must be received within 180 days after the services were rendered
- Resubmission of rejected original claim must be received within 365 days after the services were rendered.
  - Resubmission codes are entered in block 22 of the CMS 1500 Claim Form

Professional Billing

General guidelines

- If the provider *performed* the services, they can submit claims to capture care that was not previously reflected on original claim submission by:
  - Submit an adjustment to the original claim, being sure to include ALL previously submitted services codes (with appropriate bill amount), and adding in the new service lines with zero dollar amounts.
  - ❖Resubmitted claims may come back with line items denied for previous payment/being outside of the range for timely submission. This will not affect the HEDIS capture of care .

Billing tips (FQHC/RHC)

FQHC/RHC billing tips

FQHC/ RHC Billing Tips for HEDIS Capture

You must bill the CPT-HCPCS itemization in addition to the T1015 clinic code

- Not itemizing services on claims results in record requests

- The T1015 clinic visit code does not describe the services actually performed
  - Example- Well Care Checks: To administratively capture care for the AWC, W34, or W15 measures any of the following codes would need itemized on the claim
    - 99381-99385
    - 99391-99395
    - 99461

Questions?

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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.

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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**
  - Director Quality Management AlcazarA@aetna.com

- Maryland
  - **Donald Miller**
  - Health Care QM manager (MillerIiiD@aetna.com)

- New Jersey
  - **Sami Widdi**
  - Health Care Quality HEDIS manager (WiddiS@aetna.com)

Who is my point of contact in my state?

- Ohio
  - **Sara Landes**
  - Director Quality Management (LandesS1@aetna.com)
  - **Valerie Smith**
  - HEDIS Manager (SmithV4@aetna.com)

- Kentucky
  - **Kathy Recktenwald**
  - Quality Management Nurse Consultant (kmrecktenwal@aetna.com)

Future Webinars

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!
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Have a great day

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