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

"Caring for 21 and older Aetna Better Health members"

We will begin shortly

Brian Clark

Diana Charlton

Debra Barkley

March 2019

Event material

aetna®

Date and time: Wednesday, March 27, 2019 2:00 pm
Eastern Daylight Time (New York, GMT-04:00)
Change time zone

Wednesday, March 27, 2019 1:00 pm
Central Daylight Time (Chicago, GMT-05:00)

Wednesday, March 27, 2019 11:00 am
Pacific Daylight Time (San Francisco, GMT-07:00)

Wednesday, March 27, 2019 11:00 am
Mountain Standard Time (Arizona, GMT-07:00)

Duration: 1 hour

Description: The webinar this month focuses on members 21 years of age and older. Expect an engaging and worthwhile presentation that will benefit your practice and member health outcomes!

Topics that will be presented in this webinar include: HEDIS measures linked to medication adherence, diabetes, controlling high blood pressure, women's health screenings, and maternity care. We'll also highlight some of the associated NCQA codes that capture care administratively for this population.

Additionally, 4 of the dual eligible HEDIS measures will be examined that include: caring for older adults, colorectal cancer screening, medication reconciliation post ED visit, and appropriate transition of care planning post ED visit.

Please come prepared for an engaging session.

We will highlight what Medicaid is, how families are eligible for it, and will also focus on social determinants of care that could impact the overall health of the member.

Register today to secure your spot in this very important webinar!

Event material: March 2019 Webinar - 21 and older Aetna Better Health members PDF.pdf (1.4 MB)

Join Event Now

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Integrity, Excellence, Inspiration, and Caring

Integrity
We do the right thing for the right reason.

Excellence
We strive to deliver the highest quality and value possible through simple, easy and relevant solutions.

People we serve

Inspiration
We inspire each other to explore ideas that can make the world a better place.

Caring
We listen to and respect our customers and each other so we can act with insight, understanding and compassion.

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

HEDIS®

- 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

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Meeting HEDIS® Standards of Care

HEDIS® terms

- Administrative Data
- Hybrid Review
- Hit

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

Housekeeping

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

AETNA BETTER HEALTH®

Agenda

- The families that we serve – Medicaid population
- (21 and older members) HEDIS® measures of focus and NCQA coding tips
  - ✓ How to satisfy each HEDIS measure for the 21 and older members
  - ✓ Measure descriptions
- Polling questions
- ➢ Previously recorded webinars
  https://www.aetnabetterhealth.com/what/videos

Questions?

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

- Send question/comment to "all panelists"

The families that we serve – Medicaid population

- **What is Medicaid?**

  ➢ Federally and state funded health insurance program for low income individuals and families

- **When was Medicaid created?**

  ➢ 1965

- **Are there work requirements for those that receive Medicaid?**

  ➢ Some states, as of 2018 imposed work requirements for those receiving Medicaid

- **Qualifying for Medicaid: Federal poverty levels in 2019 (income eligibility)**
  Income eligibility is determined by a person's or family's **modified adjusted gross income**(MAGI), which is the taxable income, plus certain deductions.

  ➢ See the next page

- If a person/family makes less than 100% to 200% of the federal poverty level *and* are pregnant, elderly, disabled, a parent/caretaker or a child there is likely a Medicaid offering; or if a person/family makes less than 133% of the FPL, there's *possibly* a program offering.

The people that we serve – Medicaid population

Qualifying for Medicaid: Federal poverty levels in 2019 (income eligibility)
Income eligibility is determined by a person's or family's **modified adjusted gross income**(MAGI), which is the taxable income, plus certain deductions.

If a person/family makes less than 100% to 200% of the federal poverty
level *and* are pregnant, elderly, disabled, a parent/caretaker or a child there is likely a
Medicaid offering; or if a person/family makes less than 133% of the FPL,
there's *possibly* a program offering.

People in household	Poverty guideline
1	$12,490
2	$16,910
3	$21,330
4	$25,750
5	$30,170
6	$34,590
7	$39,010

How do providers address these issues?

- **Millennials dropping out of health care.**
- **Smartphones and sleep schedules.**
- **Physical inactivity affecting the U.S.A.**

Recent ZocDoc Survey

- **What is ZocDoc?**

  - ✓ ZocDoc is used online by individuals in the nation to find in-network neighborhood doctors, book appointments online, see what other real patients have to say, get reminders for upcoming appointments and preventive check-ups, fill out their paperwork online.

  - • 9 out of 10 (93%) of millennials either avoid going to the doctor or do not go to the doctor at all.

  - • Main barriers: Everyday life is too busy, work, and they have a hard time scheduling.

  - • "I rely on instinct or internet (self-diagnosis) and being a parent.

Recent survey:

https://www.prnewswire.com/news-releases/new-study-why-americans-are-dropping-out-of-healthcare-300102845.html

Find more about ZocDoc's Healthcare Dropout Survey and view the infographic:

blog.zocdoc.com/healthcaredropouts.

ZocDoc survey

"Americans are dropping out of health care

amidst busy lives and a

complex healthcare system."

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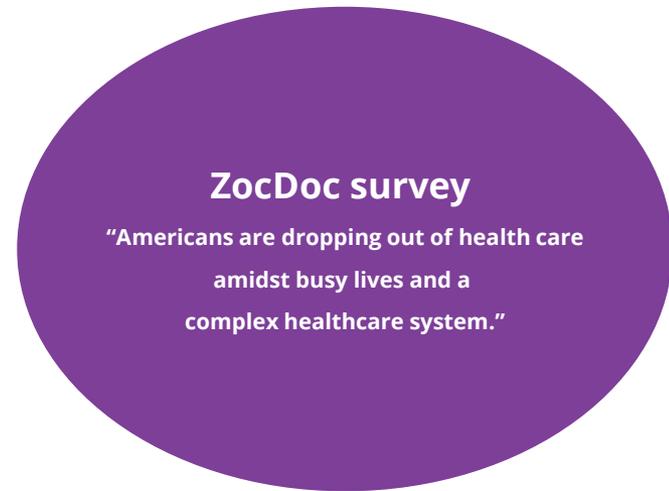
Polling question for the audience

Question:

How does your practice address millennial perception regarding avoidance of care?

Smartphones and sleep schedules

Appropriate sleep per night

- https://sleepfoundation.org/
  - ❑ recommends 7 to 9 hours of sleep for an adult.
  - ✓ https://consumer.healthday.com/encyclopedia/parenting-31/parenting-health-news-525/sleep-deprivation-and-new-parents-643886.htmlfor article
- On average most college students gets 6–9 hours of sleep.
  - ✓ https://www.uhs.uga.edu/sleep

Smartphones:

- "Smart devices emit a blue light that could be keeping you up at night." Plus using smart phones right before sleeping can delay sleep or manipulate your natural sleep cycle.
  - ✓ http://www.nmbreakthroughs.org/daily-health/sleep-and-your-smartphoneAbout 77% of U.S. adults use a smart phone.
  - ✓ http://www.pewresearch.org/fact-tank/2017/06/28/10-facts-about-smartphones/
- **Do Smartphones Sabotage Sleep?**

http://www.nmbreakthroughs.org/daily-health/sleep-and-your-smartphone

Lack of sleep can be linked to conditions such as heart attack obesity, diabetes, high blood pressure and several types of cancers. It also puts you at a greater risk for colds and flus. This makes it even more important for college students, young adults, and new parents to get annual well visits. "Sleep Rocks, Get more of it" https://www.uhs.uga.edu/sleep

Polling question for the audience

Question:

How does your practice address sleep and smartphone usage?

Physical inactivity affecting the United States

- **Physical inactivity in the United States**

✓ https://stateofobesity.org/physical-inactivity/

- This article outlines physical activity in adults by state.
  - 45% of adults are not sufficiently active.
  - $117 billion in healthcare costs in relation to lack of physical activity.
  - 25% of young adults are ineligible to join the military due to weight and lack of physical activity

❑ This link provides graphs of obesity rates by state and age.

https://stateofobesity.org/obesity-by-age/
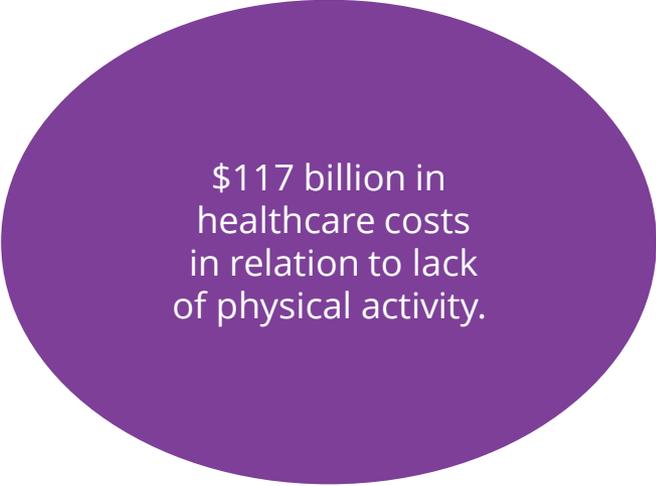
$117 billion in healthcare costs in relation to lack of physical activity.

Polling question for the audience

Question:

How does your practice address physical inactivity ?

HEDIS measures of focus

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HEDIS measures of focus

HEDIS measures (21 and older male and female members)

- **AAB** (Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis)

- **ABA** (Adult BMI Assessment)

- **AMM** (Antidepressant Medication Management)

- **CBP** (Controlling High Blood Pressure)

- **CDC** (Comprehensive Diabetes Care)

- **MMA** (Medication Management for People With Asthma)

– Reduce the burden of medical record review by using the correct CPT, HCPCS, and ICD-10 codes on submitted claims. **(NCQA.org)**
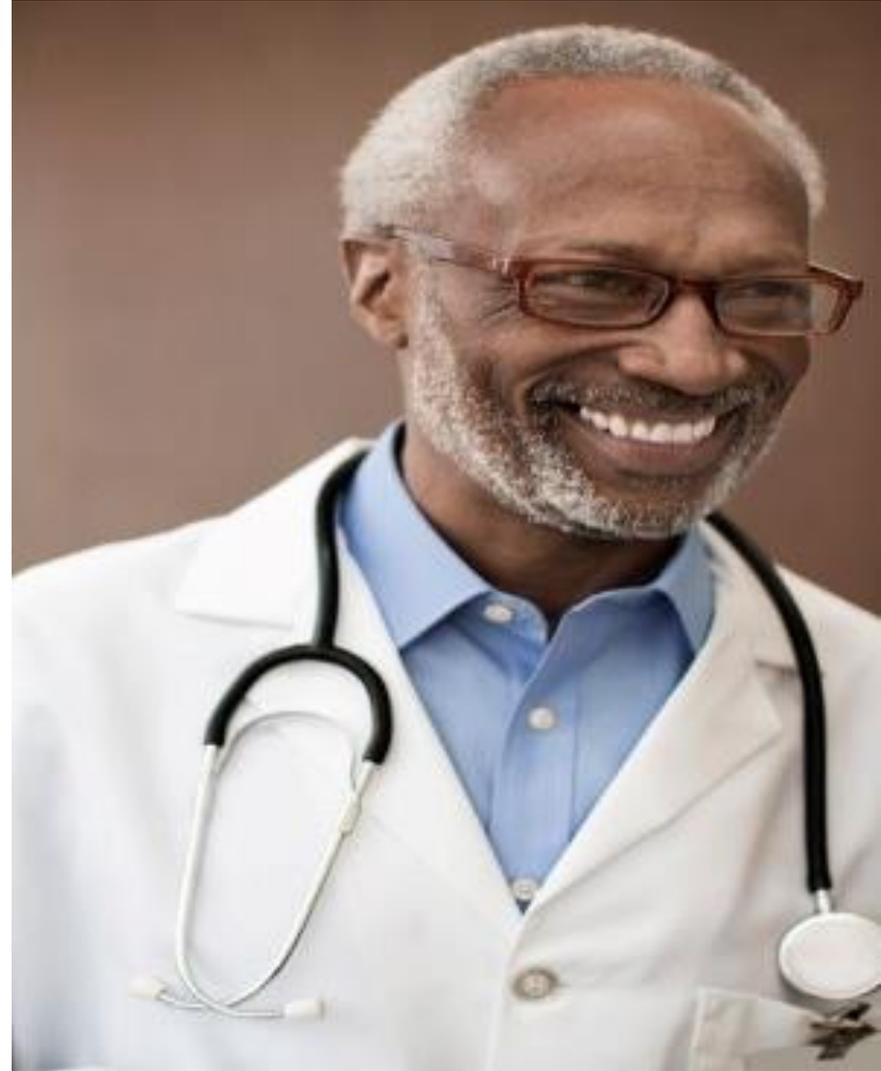
HEDIS measures of focus

HEDIS measures (21 and older male and female members)

- **PCE** (Pharmacotherapy Management of COPD Exacerbation)

- **SAA** (Adherence to antipsychotic medications for individuals with Schizophrenia)

- **CHL** - (Chlamydia screening in women)

- **CCS** – (Cervical Cancer Screening)

- **PPC** – (Prenatal and Postpartum Care)

- **BCS** – (Breast Cancer Screening)

- **Additional Medicare only HEDIS measures**

– Reduce the burden of medical record review by using the correct CPT, HCPCS, and ICD-10 codes on submitted claims. **(NCQA.org)**

HEDIS measures of focus

(CDC) - Comprehensive Diabetes Care

- The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

  - Eye Exam,
  - Nephropathy Treatment,
  - Blood Pressure
  - HbA1c

- The member is **identified as having diabetes** during the measurement year or the year prior to the measurement year by either:

  - Two outpatient visits with a diagnosis of diabetes

  - One acute inpatient visit with a diabetes diagnosis

  - Dispensed insulin or hypoglycemic / antihyperglycemics on an ambulatory basis

Some NCQA approved codes for CDC

HbA1c Levels – The most recent result

CPT	HbA1c Level 7.0-9.0	3045F
CPT	HbA1c Level Greater Than 9.0	3046F
CPT	HbA1c Less Than 7.0	3044F

HbA1c Test

CPT	HbA1c Tests	83036, 83037

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Some NCQA approved codes for CDC

Medical Attention for Nephropathy

CPT	Urine Protein Test	82042, 82043, 82044, 84156, 3060F, 3061F
ICD10	Type 1 diabetes mellitus with diabetic nephropathy	E10.21
ICD10	Type 2 diabetes mellitus with diabetic nephropathy	E11.21
ICD10	Other specified diabetes mellitus with diabetic nephropathy	E13.21

Dilated Retinal Eye Exam

CPT	Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039, 67040
CPT	Diabetic Retinal Screening- Negative	3072F
CPT	Diabetic Retinal Screening with Eye Care Professional	2022F, 2024F, 2026F

Some NCQA approved codes for CDC

Blood Pressure

CPT	Systolic Greater Than/Equal to 140	3077F
CPT	Systolic Less Than 140	3074F, 3075F
CPT	Diastolic 80-89	3079F
CPT	Diastolic Less Than 80	3078F
CPT	Diastolic Greater Than/Equal to 90	3080F

HEDIS measures of focus

CBP (Controlling High Blood Pressure)

- The percentage of members 18-85 years of age and older who had a diagnosis of hypertension (HTN) and who adequately controlled their blood pressure (BP) during the measurement year.

Adequate control

- Adequate control is defined as a BP of <140/90

*Both the systolic and diastolic must be below the above reading to be considered **"controlled".***

Remember to use the correct ICD-10 and CPT codes submitted claims

– Two CPT2 codes reflecting the systolic and diastolic readings.

HEDIS measures of focus

CBP (Controlling High Blood Pressure)

- Strategies for improvement:

  – Alleviate factors that might cause temporary elevation and **retake** BP during exam if BP is elevated at initial vital sign assessment

  – Treat as necessary and retake BP if elevation persists,

  – **Document all measurements** and efforts to obtain BP control

  – Schedule follow up visits to monitor effectiveness of BP medication

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HEDIS measures of focus

CBP (Controlling High Blood Pressure)

Identifying representative blood pressure and coding for that BP

CPT	3077F	Systolic Greater Than/Equal To 140
CPT	3074F & 3075F	Systolic Less Than 140
CPT	3079F	Diastolic 80-89
CPT	3080F	Diastolic Greater Than/Equal To 90
CPT	3078F	Diastolic Less Than 80

HEDIS measures of focus

ABA - (Adult BMI Assessment)

- 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 (2019) or the year prior to the measurement year (2018).

  – Members **20 years of age or older** on the date of service need

    - Weight and BMI Value recorded

  – Members **younger than 20 years of age** on the date of service

    – Height, weight and BMI Percentile recorded

Strategies for improvement

- Perform a *height* and *weight* with *BMI calculation*

  – (at least once a year) - even if member is not overweight.

  – This data is used to assess patterns of weight change.

Some NCQA approved codes for ABA

BMI percentile ICD-10 codes (Under 21)

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

Outpatient visit CPT codes

CPT codes	99201-99205, 99211-99215

BMI value ICD-10 Codes (21 and over)

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

HEDIS measures of focus

MMA (Medication Management for people with Asthma)

- The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

Two rates are reported:

– The percentage of members who *remained on an asthma controller medication* for at least 50% of their treatment period.

– The percentage of members who *remained on an asthma controller medication* for at least 75% of their treatment period.

* Important *

Encourage member to fill prescriptions on time – this will ensure asthmatic episodes are minimal.

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Questions?

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

- Send question/comment to "all panelists"

Medicare only HEDIS measures *

COA (Care for Older Adults) *

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning (e.g., Advance Directive, Actionable Medical Orders, Living Will, Surrogate Decision Maker)

- Medication review.

- Functional status assessment (e.g., Review of ADLs/IADLs).

- Pain assessment.

* Medicare only HEDIS measure.

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.

MRP (Medication Reconciliation Post Discharge) *

The percentage of discharges from January 1-December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days)

- If the discharge is followed by a readmission or direct transfer to an acute or nonacute inpatient care setting on the date of discharge through 30 days after discharge (31 total days), count only the last discharge.

NCQA Coding Tips

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

* Medicare only HEDIS measure.

TRC (Transitions of Care) *

The percentage of discharges for members 18 years of age and older who had each of the following during the measurement year.

Notification of Inpatient Admission.

- Documentation of receipt of notification of inpatient admission on the day of admission or the following day.

Receipt of Discharge Information.

- Documentation of receipt of discharge information on the day of discharge or the following day.

Patient Engagement After Inpatient Discharge.

- Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

Medication Reconciliation Post-Discharge.

- Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

* Medicare only HEDIS measure.

NCQA Coding Tips

TRC (Transitions of Care) *

Measure	Service Description	Code class	Code
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

COL (Colorectal Cancer Screening) *

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer. Any of the following meet criteria:

- **Fecal occult blood test**
  - Measurement year

- **Flexible sigmoidoscopy**
  - Measurement year or 4 years prior

- **Colonoscopy**
  - Measurement year or 9 years prior

- **CT colonography**
  - Measurement year or 4 years prior

- **FIT-DNA test**
  - Measurement year or 2 years prior

* Medicare only HEDIS measure.

NCQA Coding Tips

COL (Colorectal Cancer Screening)

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

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HEDIS measures of focus

AAB (Avoidance of antibiotic treatment in adults with acute bronchitis)

- The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who <u>were not dispensed </u>an antibiotic prescription.

  - *(Member can either be seen in an Outpatient setting or ED visit during the Intake Period with any diagnosis of acute bronchitis.)*

- The measure is reported as an **inverted rate**.

- A higher rate

  - Indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were *not* prescribed).

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HEDIS measures of focus

PCE (Pharmacotherapy Management of COPD Exacerbation)

- The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year.

  – Dispensed appropriate medications. *(Member can either be seen in an Outpatient setting or ED visit during the Intake Period with any diagnosis of acute bronchitis.)*

Two rates are reported:

- Dispensed a **systemic corticosteroid** (or there was evidence of an active prescription) within 14 days of the event.

- Dispensed a **bronchodilator** (or there was evidence of an active prescription) within 30 days of the event.

	COPD- Recommended Codes
ICD10CM	**J44.0, J44.1, J44.9**
	Emphysema- Recommended Codes
ICD10CM	**J43.0-J43.2, J43.8-J43.9**
	Bronchitis- Recommended Codes
ICD10CM	**J41.0-J41.1, J41.8, J42**
	ED Visits- Recommended Codes
CPT	**99281-99285**
	Inpatient Stay- Recommended Codes
UBREV	**100, 101, 110-114, 116-124**

HEDIS measures of focus

SAA (Adherence to antipsychotic medications for individuals with Schizophrenia)

- The percentage of members 19–64 years of age during the measurement year with schizophrenia who were **dispensed and remained on** an antipsychotic medication for **at least 80% of their treatment period**.

❑ Member has fallen in to the SAA measure because:

– The member had at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia.

Some NCQA approved codes for SAA

CPT	BH Acute Inpatient	90791, 90792
POS	BH Acute Inpatient POS	21, 51
ICD-10	Schizophrenia	F20.0, F20.81, F20.89

UBREV	BH Stand Alone Acute Inpatient	0100, 0101, 0110-0114
ICD-10	Schizophrenia	F20.0, F20.81, F20.89

Proprietary

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46

Some NCQA approved codes for SAA

CPT	ED	99281-99285
ICD-10	Schizophrenia	F20.0, F20.81

CPT	BH Outpatient/PH/IOP	90791, 90792
POS	BH Outpatient/PH/IOP POS	11, 12, 13, 14
ICD-10	Schizophrenia	F20.0, F20.81

CPT	BH Stand Alone Outpatient/PH/IOP	98960-98962

HEDIS measures of focus

AMM (Antidepressant Medication Management)

- The percentage of members 18 years of age and older who were treated with antidepressant medication.

- Had a diagnosis of major depression

- Remained on an antidepressant medication treatment.

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HEDIS measures of focus

AMM (Antidepressant Medication Management) – Continued

Two rates are reported.

Effective Acute Phase Treatment.

–   The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Effective Continuation Phase Treatment.

–   The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

* The AMM measure relies exclusively on administrative data.

* An outpatient visit, intensive outpatient encounter, partial hospitalization , or an acute or nonacute inpatient stay with any diagnosis of major depression:

HEDIS measures of focus

AMM (Antidepressant Medication Management)

- **Strategies for improvement**
- Talk to the Patient about the importance of continuing medication and scheduling follow up visits, even if they feel better.
- Discuss possible side effects that are more bothersome than life threatening
- Advise Patient about the risks of discontinuing the medication prior to six months and that is associated with a higher rate of recurrence of depression
- Likeliness of response to treatment is increased if there is follow-up contact within 3 months of diagnosis or initiating treatment
- Inform member that most people treated for initial depression need to be on medication at least 6-12 months after adequate response to symptoms

Some NCQA approved codes for AMM

UBREV	Inpatient Stay	110-114
ICD-10	Major Depression	F32.0 - F32.2

CPT	ED Visit	99281-99285
ICD-10	Major Depression	F32.0 - F32.2

CPT	AMM Visits	90791,90792: 90832-90834
POS	AMM POS	11, 12, 13, 14, 22
ICD-10	Major Depression	F32.0 – F32.2

CPT	AMM Stand Alone Visits	98960-98962; 99201-99205
ICD-10	Major Depression	F32.0 – F32.2

Questions?

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Screenings for women and maternity care

CHL – (Chlamydia screening in women)

CCS - (Cervical Cancer Screening)

BCS – (Breast Cancer Screening)

PPC – (Prenatal and Postpartum Care)

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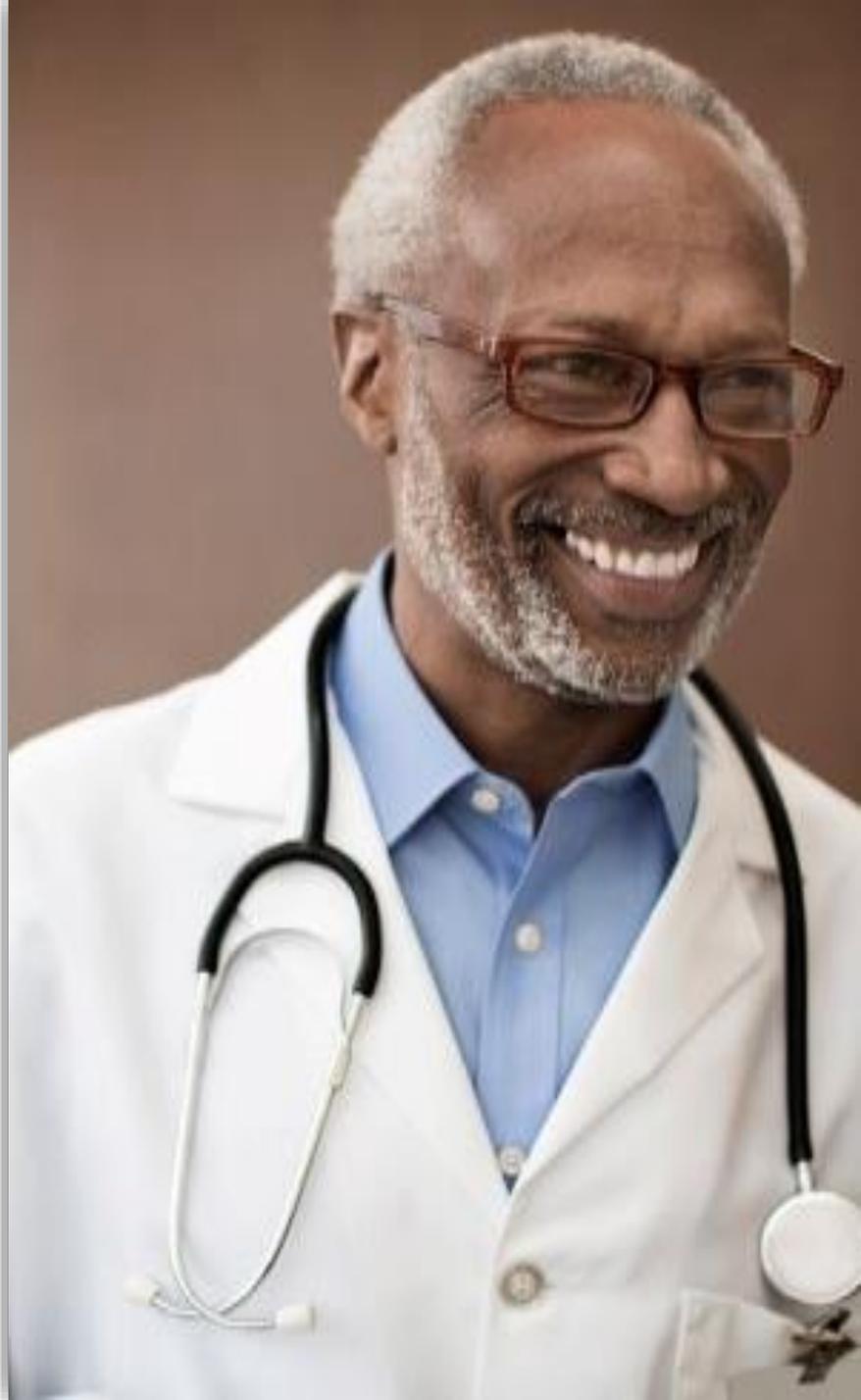
CHL (Chlamydia Screening In Women)

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.

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

CCS (Cervical Cancer Screening)

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. To the right are just a few of the approved codes.

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.

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

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

PPC (Prenatal and Postpartum Care)

Timeliness of Prenatal Care

- The percentage of deliveries between November 6, 2018 and November 5, 2019 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, 2018 and November 5, 2019 that completed a postpartum visit on or between 21 to 56 days after delivery.

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.

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)

Who is my point of contact in my state?

- California

- **Melissa Gora**

- Manager Health Care Quality Management (GoraM@aetna.com)

- Virginia

  - **Kim Grifasi**

  - Director, Quality Management (GrifasiK@aetna.com)

Next month's webinar – Register today

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

- **See chat box for the link to the 2019 webinar schedule:**

https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/quality/Free%20HEDIS%20Webinar%20Series%202019.pdf

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Previously recorded webinars

Previously recorded webinars link:

https://www.aetnabetterhealth.com/what/videos

- All unique 2018 recorded webinars available

- 2019 unique webinar recordings also will be available this year

If one of your colleagues wishes to be added to the invite list please email Madison - MRYonlisky@aetna.com

Include in your email to Madison:

✓ Email of the person wishing to be added to the invite list

✓ State in the USA where that person works out of

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Thank you for attending

Point of contact

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Have a great day

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