AETNA BETTER HEALTH® OF VIRGINIA
Provider Newsletter

Winter 2016

Table of Contents

2017 HEDIS® Tips

We are your partners in care and would like to assist you in improving your HEDIS® scores. Here are a few tips to get you started:

- **Take advantage of your Electronic Medical Records (EMR)**. If you have EMR, utilize care gap "alerts" within the system.
- **Avoid missed opportunities.** Many patients may not return to the office for preventive care, so make every visit count. Schedule follow-up visits before patients leave.
- **Improve office management processes and flow.** Review and evaluate appointment hours, access, scheduling processes, billing and office/ patient flow.
  - Review the next day's schedule at the end of each day.
  - Call patients 48 hours before their appointments to remind them about their appointments and anything they will need to bring.
  - Train medical assistants and nursing staff to collect and document adult BMI and child BMI percentiles.
  - Promote the use of Ask Me Three® to elicit questions from your patients and make the most of each visit.
  - Ensure patients understand what they need to do. This improves the patient's perception that there is good communication with their provider.

(Continued on page 2)

(Continued from page 1)

- **Use HEDIS specific billing codes when appropriate.** We have reference guides available on the provider portal listing what codes are needed for HEDIS compliance.
- **Use HEDIS Gaps in Care Lists.** We have lists to help you identify patients who have gaps in care. If a patient calls for a sick visit, see if there are other needed services (e.g., well care visits, preventive care services).

Member Rights and Responsibilities

It is important that Aetna Better Health of Virginia's practitioners are aware that our members have certain rights and responsibilities related to their care and treatment.

Aetna members have a right to:

- Receive information about Aetna Better Health, the services we offer, our practitioners and providers, and member rights and responsibilities.
- Be treated with respect and recognition of their dignity and their right to privacy.
- Participate in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about Aetna Better Health of Virginia or the care we provide.
- Make recommendations regarding Aetna Better Health of Virginia's member rights and responsibilities policy.

Aetna members also have the responsibility to:

- Supply information, to the extent possible, that Aetna and our practitioners and providers need in order to provide care.
- Follow plans and instructions or care that they have agreed to with their practitioners.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

For additional information regarding member rights and responsibilities, visit our website at **www.aetnabetterhealth.com/virginia** or call Member Services at **1-800-279-1878**, Monday through Friday, 8 a.m. to 5 p.m.

Interpreter and Translation Services

Providers are required to identify the language needs of members and to provide oral translation, oral interpretation, and sign language services to members. To assist providers with this, Aetna Better Health of Virginia makes its telephonic language interpretation service available to providers to facilitate member interactions. These services are free to the member and provider. However, if the provider chooses to use another resource for interpretation services other than those provided by the health plan, the provider is financially responsible for associated costs.

For more information, please refer to the "Health Literacy" section in your Aetna Better Health provider manual. To request interpreter and translation services, please call **1-800-279-1878**.

Clinical Practice Guidelines

Aetna Better Health of Virginia endorses a variety of nationally recognized clinical practice, preventive care, and behavioral healthcare guidelines. Clinical practice, preventive care and behavioral healthcare guidelines made available by Aetna Better Health are not a substitute for the professional medical judgment of treating physicians or other health care providers.

Evidence-based clinical practice guidelines are based on information available at a specific point in time and during review and adoption by the Quality Management/Utilization Management Committee (QM/UMC). The most current guidelines are published and made available through a variety of professional organizations such as the American Academy of Pediatrics, the American Academy of Family Practice, the National Institute for Health, the American Psychiatric Association and the American College of Obstetrics and Gynecology. The guideline review and update process are implemented for each guideline at least every two years. Reviews are more frequent if national guidelines change within the two-year period. The clinical guidelines were adopted by Aetna Better Health in March 2016.

The disease management conditions managed by Aetna Better Health and the clinical guidelines programs are based on the following conditions:

- **Asthma** – National Heart, Lung and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma
- **Coronary Artery Disease** – American Heart Association and the National Heart, Lung and Blood Institute Disease and Condition Index, Coronary Artery Disease
- **Chronic Kidney Disease** – Kidney Disease Improving Global Outcomes and the National Kidney Foundation
- **Chronic Obstructive Pulmonary Disease** – Global Initiative for Chronic Obstructive Pulmonary Disease and the American Lung Association
- **Diabetes** – American Diabetes Association
- **Heart Failure** – American College of Cardiology and the American Heart Association

A hard copy of the guidelines is available to providers upon request. A provider can request a copy by contacting their provider relations representative. Disclosure of clinical guidelines is not a guarantee of coverage.

These guidelines are intended to clarify standards and expectations. They should not:

- Take precedence over your responsibility to provide treatment based on the member's individual needs
- Substitute as orders for treatment of a member
- Guarantee coverage or payment for the type or level of care proposed or provided

Coverage determinations and Utilization Management

Aetna Better Health uses evidence-based clinical guidelines from nationally recognized authorities to make utilization management (UM) decisions. Specifically, we review any request for coverage to determine if members are eligible for benefits, and if the service they request is a covered benefit under their plan. We also determine if the service is consistent with established guidelines. If we deny a coverage request, the member, member's representative or a provider acting on the member's behalf may appeal this decision. Members can do this through our complaint and appeal process.

Our UM staff helps members access services covered by their benefit plans. We don't make employment decisions or reward physicians or individuals who conduct UM reviews for creating barriers to care or for issuing coverage denials. Our Medical Directors are available for specific UM issues. Physicians can contact preauthorization staff at **1-800-279-1878**.

Where to learn more

More information about our UM criteria, clinical practice guidelines, and pharmacy clinical criteria are on our website at: **www.aetnabetterhealth.com/virginia**. Call Member Services at **1-800-279-1878**, Monday through Friday, 8 a.m. to 5 p.m. if you do not have Internet access and want a paper copy, or need a copy of the criteria upon which we base a specific determination.

HEDIS® Requirements: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*

Beginning at age 2 years old, each child must have documentation of weight, height, and BMI plotted on the appropriate growth charts at every EPSDT visit. ALL** children age 3-17 years old **must** have documentation of BMI Percentile, Nutritional Counseling and Physical Activity Counseling in the Medical Record **at least annually**.

BMI PERCENTILE

- BMI percentile must be obtained and documented on all members 2 years and older regardless of BMI results or appearance of over/under weight
- BMI percentile (***not BMI value***) has to be entered in chart
- Obtaining a BMI percentile can be done at any well or sick visit – **MUST** be done at least annually
- A chart review by the health plan will not be necessary if the below informational diagnosis codes are submitted **AT LEAST ANNUALLY**
  - Z68.51: <5th percentile
  - Z68.52: 5th to <85th percentile
  - Z68.53: 85th to <95th percentile
  - Z68.54: ≥95th percentile for age
- **Submit growth charts to show BMI percentile when records are requested; ensure growth chart has member name, date of birth and date of measurement**

COUNSELING OR REFERRAL FOR NUTRITION

- Nutritional Counseling must be provided and documented on all members age 3 years and older regardless of BMI results or appearance of over/under weight*
- Provide Nutritional Counseling at any well or sick visit – MUST be done at least annually
- A chart review by the health plan will not be necessary if the below informational diagnosis code is submitted **AT LEAST ANNUALLY Z71.3**
- Documenting "well nourished" is ***not*** acceptable
- Examples of what is acceptable in chart:
  - Nutrition good
  - Decrease salt intake
  - Appetite good
  - Recommend weight loss
  - Referred to WIC
  - Referral for Nutritional Counseling
  - A checklist indicating nutrition was addressed and/or guidance given for future eating habits or recommended changes in diet is acceptable
- Ensure documentation includes educational materials given to members (parents/guardians)

COUNSELING OR REFERRAL FOR PHYSICAL ACTIVITY

- Physical Activity Counseling must be provided and documented on all members age 3 years and older regardless of BMI results or appearance of over/under weight*
- Provide Physical Activity Counseling at any well or sick visit – **MUST** be done at least annually. Documenting developmental milestones, notation of 'cleared for gym' and/or screen time or guidance related solely to safety (e.g. wears helmet or water safety) is ***not*** acceptable
- If the child is being examined for participation in sports and the code **Z02.5** is submitted **AT LEAST ANNUALLY**, a chart review will not be necessary for physical activity.
- Examples of what is **acceptable in chart**:
  - Increase physical activity
  - Swims
  - Plays on team
  - Needs to lose weight
  - Discussion of current physical physical activities (plays sports, participates in gym)
  - Counseling and/or referral for physical activity
  - A checklist indicating physical activity was addressed and/or guidance given for future activities (begin walking, join gym)
- Ensure documentation includes educational materials given to members (parents/guardians)

* HEDIS® 2017 Volume 2 Technical Specifications. The guidelines are HEDIS® measures and should not take the place of clinical practice guidelines HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

**According to American Academy of Pediatrics (AAP) 2014 Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule

Aetna Better Health® of Virginia
9881 Mayland Drive
Richmond, VA 23233-1458