



# AETNA BETTER HEALTH® OF ILLINOIS Provider Newsletter December 2016

[www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois)

With questions or concerns, please contact Provider Services at 866-212-2851 "Option 2"



## Need Answers to your Behavioral Health Questions? Illinois Doc Assist can help

Responding to the complex behavioral health needs of perinatal and young patients in the primary care setting can be overwhelming and time consuming. Yet, primary care providers are often called upon to intervene and manage the behavioral health concerns of their patients due to the scarcity of available mental health services. Illinois DocAssist is here to help. This service provides supportive phone consultation to primary care providers, nurses, nurse practitioners, and other health professionals to screen, diagnose, and treat the mental health needs of women during the perinatal period. This care and support includes complications that can occur within the family. Consultation is also available to address the behavioral health and substance abuse problems of children and adolescents up to age 21.

### What Services are offered?

Illinois DocAssist's most popular services include problem-based phone consultations, educational workshops, perinatal medication chart, and community referral resources. The program also offers guidance for practices on financial reimbursement, medication authorization, and routine screening procedures.

### Who can use this service?

The Illinois DocAssist service is available to all providers who are enrolled in any medical program administered by the Illinois Department of Healthcare and Family Services (HFS).

### How much does it cost?

All services are FREE.

### Who will provide the consultation services?

Illinois DocAssist Consultants are child psychiatrists and social workers who are experts in the care and treatment of children, adolescents, and perinatal women with psychiatric and substance use disorders.

### What is the response time for Illinois DocAssist consultations?

The Illinois DocAssist Warm line is open Monday through Friday 9am-5pm. Real-time consultations are often available and all consultation requests are responded to by a Consultant within one business day.

### Can I refer my patients directly to DocAssist?

No; Illinois DocAssist is a problem-based consultation and training service for primary care clinicians. However, referral resources for mental health services are provided by Illinois Doc Assist when necessary, following consultation.

### How do I contact Illinois DocAssist?

There are several ways that a healthcare provider can initiate a consultation:

**Warm Line (Monday through Friday 9am to 5pm CST): 866-986-ASST (2778)**

**Email: DOCASSIST@psych.uic.edu**

**Web: [www.psych.uic.edu/DOCASSIST](http://www.psych.uic.edu/DOCASSIST)**

## Latest Provider Handbook

We update the provider handbook every year – the latest version is available online at <https://www.aetnabetterhealth.com/Illinois/>.

## HEDIS ALERT: Antidepressant Medication Management (AMM)

Clinical studies have indicated approximately 50% of patients will be non-adherent to their antidepressant – either in psychiatric or primary care settings. In fact, patients who were adherent to their antidepressant medication treatment for 6 months were twice as likely to adhere to other medical treatments (i.e. diabetes, cardiovascular disease), compared to non-adherent patients.

Antidepressant Medication Management (AMM) is a HEDIS measure that reports the percentage of members 18 years of age and older with an appropriate ICD-10 diagnosis of Major Depression Order and were treated with antidepressant medication, and who remain on antidepressant medication treatment. Two rates are reported:

- (1) Effective Acute Phase Treatment: the percentage of members who remained on an antidepressant medication for at least 84 days
- (2) Effective Continuation Phase Treatment: the percentage of members who remained on antidepressant medication for at least 180 days

### Tips to Providers:

- Talk to your patient about the new and current medications and encourage discussion about:
  - Expectations of how long it may take for effectiveness of medication, since it can take about a month for progress
  - Expectations of how long the patient may need to be on medication therapy
  - Risks of discontinuing medication prior to six months, since it is associated with a higher rate of relapse
  - Possible side effects and what the patient should do if they experience any
  - Importance of medication adherence, even if the patient is feeling better
  - Additional factors that can contribute to improvement in symptoms along with medication, such as exercise and counseling
  - How the patient should call your office with any questions or concerns
- Schedule follow-up visits frequently to reassess symptoms and assess medication adherence
- Provide written instructions and educational material to patient
- Collaborate with Behavioral Health Team to identify appropriate members for outreach
- Keep thorough medical records with documentation of the date the prescription was written and filled
- Confirm appropriate billing code

### Reference:

Anderson B. HEDIS Antidepressant Medication Management Measures and Performance-based Measures: An Opportunity for Improvement in Depression Care. *Am J Managed Care*. 2007; 13: S98-S102.

## It's HEDIS® Season—Your Office May be Contacted

Aetna Better Health of Illinois is preparing for our annual HEDIS® (Healthcare Effectiveness Data and Information Set) audit. The State of Illinois requires collection of data and reporting of HEDIS rates by all participating Medicaid Managed Care Plans to assess the quality of care their members receive. Aetna Better Health uses results from the annual HEDIS® audit to guide our quality improvement initiatives. Our HEDIS® rates are also critical to achieving Health Plan Accreditation with the National Committee for Quality Assurance (NCQA). NCQA Health Plan Accreditation surveys include rigorous on-site and off-site evaluations of over 60 standards and selected HEDIS measures. As a participating Aetna Better Health provider, one or more of your patients may be randomly selected for review — we need your cooperation in collecting this important information.

Aetna Better Health will be collecting HEDIS® data this year for our ICP, FHP/ACA, and MMAI patients.

To determine if recommended services reported in HEDIS were provided to our members, Aetna Better Health looks first at claims (or encounter) data. If we are unable to identify that a particular service (e.g., a prenatal care visit, well-child visit, immunizations) was provided from claims data, we then must review the member's medical record to determine if the service was actually provided but for some reason could not be found in the claims data.

If any of your Aetna Better Health members are part of the random samples selected for medical record review, representatives from Aetna Better Health will contact your office either to arrange an onsite visit, or to request this information by fax/mail (if you have a small number of charts to review or are remotely located). If an onsite visit is arranged, our representatives will conduct a chart review to collect the necessary information, and then copy the specific chart form(s) that validate the findings.

We will be contacting provider offices in 2017 between February and May for HEDIS data collection. Aetna Better Health sincerely thanks you for your service to our members and for your assistance with our HEDIS® reviews.

# Children’s Health

## Why Body Mass Index (BMI) documentation is important

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States. Health plans and providers alike can use HEDIS results to see where they need to focus their improvement efforts.\*

HEDIS 2016 measures display continued monitoring of childhood weight and Body Mass Index (BMI) percentiles. It also focuses on nutrition and physical activity counseling for children and adolescents.

### HEDIS requirements

To be compliant with the HEDIS measure, you must document the following for all children from birth to 17 years old at least annually:

- Height and weight
- BMI percentile
- Nutritional and physical activity counseling

### BMI Percentiles

According to the CDC, the BMI-for-age cutoffs below the 5th percentile or above the 85th percentile may indicate a health risk. In these cases, further health screening and assessment (including nutrition, physical activity, and laboratory tests) is recommended.

Providers must document BMI percentiles on all members two years of age and older, regardless of BMI results or whether the child appears over or under weight. You can measure a BMI percentile at any well-child or sick visit, but you must complete it and submit diagnosis codes at least annually.

BMI Percentile Codes

Assessment	Range	Code
Underweight	<5th percentile	Z68.51
Normal range	5th to <85th percentile	Z68.52
At risk for overweight	85th to <95th percentile	Z68.53
Overweight	≥95th percentile for age	Z68.54



### Bright Futures requirements

Beginning at two years of age, each child must have documentation of weight, height, and BMI plotted on the appropriate growth chart at every EPSDT visit.

There is a slight difference in the CDC Bright Futures requirement vs. the BMI percentile requirement for HEDIS. Please note: If you document both the BMI percentile and the BMI, in addition to the member’s height and weight, you can cover both HEDIS and Bright Futures requirements.

### Nutritional Counseling

HEDIS requires that you must provide nutritional counseling at least annually. You can do it at any well or sick visit. Remember to submit diagnosis code Z71.3 to acknowledge that nutrition counseling was completed. (Unfortunately, documenting “well nourished” is not acceptable.) Acceptable documentation includes:

- Discussion of current nutrition habits
- Referral for nutrition education or obesity education
- Documentation that the member received educational materials on nutrition during a face-to-face visit
- Anticipatory guidance for nutrition or a checklist indicating nutrition

### Physical Activity Counseling

Again, HEDIS requires that you must provide physical activity counseling at least annually. You can do it at any well or sick visit. Documenting developmental milestones, notations of “cleared for gym,” discussing screen time, or providing guidance related solely to safety (e.g. wearing a helmet or water safety) is not sufficient. Acceptable documentation includes:

- Discussion of current physical activity behaviors
- Weight or obesity counseling
- Referral for physical activity
- Anticipatory guidance for physical activity or a checklist indicating physical activity

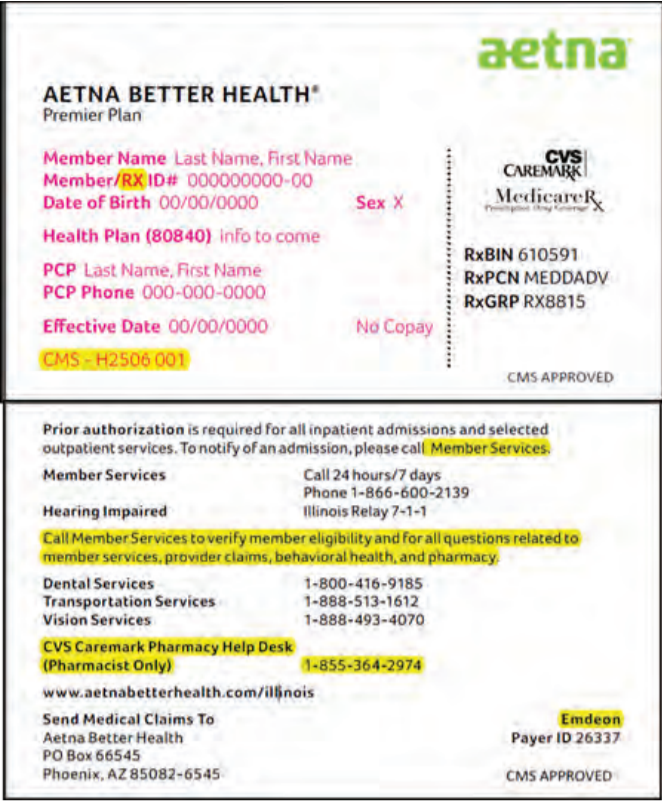
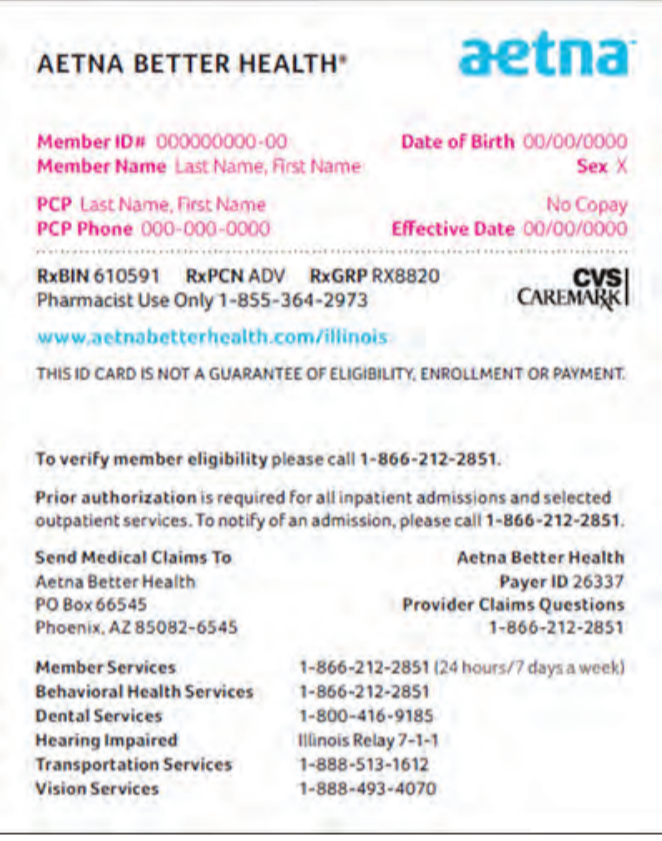


Make sure you include a notation of the educational materials given to members (parents/guardians) during a face-to-face visit.

Currently there is no ICD-10 specific to physical activity counseling. However, if a child is examined for participation in sports and code Z02.5 is submitted, it meets compliance for physical activity counseling.

Thank you for everything you do to keep our youngest members well.

\* <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures.aspx>

We understand that keeping track of the different programs your patient is enrolled in can be challenging. We encourage providers to check the MEDI system for up to date information. Below are some helpful reminders about Aetna Better Health programs:

Aetna Better Health Program Name and Member ID Card Examples	Program	Who is eligible
<p><b>Aetna Better Health Premier Plan</b></p>  <p>The image shows a member ID card for Aetna Better Health Premier Plan. It includes member information such as name, ID#, date of birth, sex, PCP name and phone, effective date, and copay status. It also lists contact information for member services, hearing impaired, dental, transportation, and vision services, as well as CVS Caremark Pharmacy Help Desk. The card is CMS APPROVED.</p>	<p>Medicare-Medicaid Alignment Initiative</p>	<p>Individuals on Medicare and Medicaid (dual eligible)</p>
<p><b>Integrated Care Program</b></p>	<p>Integrated Care Program (ICP)</p>	<p>Individuals on Medicaid: *Seniors and Persons with Disabilities</p>
 <p>The image shows a general Aetna Better Health member ID card. It includes member ID#, name, date of birth, sex, PCP name and phone, effective date, and copay status. It also lists contact information for member services, behavioral health, dental, hearing impaired, transportation, and vision services. The card is CMS APPROVED.</p>		
<p><b>Family Health Plan (FHP)</b></p>	<p>Family Health Plan (FHP)</p>	<p>Individuals on Medicaid: *Mothers and Dependent Children *Pregnant Mothers *Individuals receiving TANF *Individuals eligible for Medicaid because of the Affordable Care Act</p>
 <p>The image shows a member ID card for Aetna Better Health Family Health Plan. It includes member ID#, name, date of birth, sex, PCP name and phone, effective date, and copay status. It also lists contact information for member services, behavioral health, dental, hearing impaired, transportation, and vision services. The card is CMS APPROVED.</p>		
<p><b>Managed Long Term Supports and Services</b></p>	<p>Managed Long Term Supports and Services (MLTSS)</p>	<p>Individuals on Medicare and Medicaid who receive Long Term Services and Support</p>
 <p>The image shows a member ID card for Aetna Better Health of Illinois Managed Long Term Support and Services (MLTSS). It includes member name (BEER, WARNE), member ID#, date of birth, sex, effective date, and copay status. It also lists contact information for member services, hearing impaired, behavioral health, and transportation services. The card is CMS APPROVED.</p>		