



## Supporting member health

**Arkansas Health & Wellness offers Case Management programs to members** with conditions such as diabetes, asthma, hypertension and HIV or AIDS. Case Management is useful for any member with a complex condition but may be especially impactful for noncompliant members or members with multiple conditions. The programs can:

- Provide education about a member's condition and encourage adherence to treatment plans.
- Increase coordination among the medical, social, behavioral health and educational communities.
- Ensure that referrals are made to the proper providers.
- Ensure coordinated participation from physicians and specialists.
- Identify modes of delivery for coordinated care services, such as home visits, clinic visits and phone contacts.

We use an integrated approach with collaboration among physical and behavioral health clinicians in our case management programs. If you know a member who would benefit from case management, call Arkansas Health & Wellness at **1-800-294-3557** and ask an operator to connect you to the care management department or visit our provider portal to initiate a referral.

## Talking to members about vaccines

Some members may have concerns about the effectiveness and safety of vaccines for themselves or their children. Low disease awareness can also lead to an increased focus on vaccine risks, according to the **Centers for Disease Control and Prevention (CDC)**.

Providers can play a vital role in educating Arkansas Health & Wellness members about the importance of immunizations.

The CDC recommends that providers:

- Educate members about vaccines and the diseases they can help prevent.
- Communicate the benefits of vaccines.
- Discuss risks and side effects of vaccines.
- Provide vaccine recommendations.
- Reiterate the social norm to vaccinate.

Providers can help reinforce these messages by using clear language, personal stories and information from credible resources.



# Know your HEDIS facts

**The Healthcare Effectiveness Data and Information Set (HEDIS)** is a set of performance measures developed by the National Committee for Quality Assurance (NCQA). The more than 90 HEDIS measures:

- Examine the effectiveness, availability and experience of care and more.
- Are informed by the 190 million people who are enrolled in health plans that report HEDIS results.
- Are updated annually. The latest measures are available on the NCQA website at [ncqa.org/hedis/measures](http://ncqa.org/hedis/measures).
- Are used by most health plans to evaluate their performance on important aspects of care and service. Arkansas Health & Wellness reviews HEDIS data to identify opportunities to improve performance and ensure members are receiving appropriate care.
- Hold health plans accountable for the timeliness and quality of healthcare services.

We discuss key HEDIS measures in each issue of our newsletter. Please review these measures in this issue, including screenings for women and immunizations to make sure you are meeting HEDIS standards. Adherence to these standards will help improve our overall HEDIS scores and can improve the care our members receive.

## HEDIS IN SUMMARY

MEASURE	DETAILS
<p><b>Breast Cancer Screening</b> This <b>measure</b> assesses women ages 50 to 74 who had at least one mammogram to screen for breast cancer in the past two years.</p>	<p>According to the Centers for Disease Control and Prevention (CDC), breast cancer is one of the most common cancers among women of all racial and ethnic backgrounds. Early detection during routine screenings beginning at age 50 (or 40 for women who have a higher risk) can reduce the risk of death.</p>
<p><b>Cervical Cancer Screening</b> This <b>measure</b> assesses either women ages 21 to 64 who had a cervical cytology (Pap test) performed every three years or those ages 30 to 64 who had cervical cytology and HPV co-testing every five years.</p>	<p>Cervical cancer was previously considered a leading cause of cancer death in women. The availability of effective screening tests for early detection has reduced the risk of death by more than 50 percent over the past 30 years.</p>
<p><b>Chlamydia Screening in Women</b> This <b>measure</b> assesses women ages 16 to 24 who are sexually active and have been tested for chlamydia at least once within the past year.</p>	<p>Chlamydia is one of the most common sexually transmitted infections for young people in the United States, according to the CDC. It is estimated that 1 in 20 sexually active women ages 14 to 24 are infected. Delays in treatment can lead to serious health problems, such as pelvic inflammatory disease and fertility issues.</p>
<p><b>Prenatal and Postpartum Care</b> This <b>measure</b> assesses two factors: the percentage of deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment in the health plan, and the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</p>	<p>Women with low-risk pregnancies should receive an examination at least once during the first trimester of the pregnancy and an exam within four to six weeks after delivery, according to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.</p>



# CPT/HCPCS codes: Preventive medicine and wellness visits

A **Comprehensive Preventive Medicine Exam** includes an appropriate history/exam with risk counseling and/or intervention. The extent and focus of the exam depends on the age and gender of the patient. Refer to the charts for codes relating to CPT and HCPCS codes to use for these visits.

The Annual Wellness Visit (AWV) includes Personalized Prevention Plan Services (PPPS) that focus on disability and disease prevention. This service is covered once per calendar year. Please refer to Chapter 15 of the Medicare Claims Processing Manual for other services covered at the time of an Initial Preventative Physical Exam (IPPE) or AWV. Refer to the CPT Code book for further guidance and to view other services covered at the time of a preventive medicine exam.

A separately identifiable Evaluation and Management (E/M) (99201-99215) may be reported on the same day using modifier -25 when documentation satisfies medical necessity for a problem-oriented E/M separately from components of the preventive or wellness exam.

AMBETTER		
Comprehensive Preventive Medicine Exam		
Type Based on Age	Initial CPT	Periodic CPT
Adult 18-39	99385	99395
Adult 40-64	99386	99396
Adult 65 +	99387	99397

ALLWELL	
Initial Preventative Exam & Annual Wellness Visit	
Type	HCPCS
<b>“Welcome to Medicare Exam”</b> Initial Preventive Physical Exam (IPPE) within first 12 months of enrollment	<b>G0402</b> One-Time Benefit
<b>Initial</b> Annual Wellness Visit (AWV) after 12 months of enrollment includes PPPS	<b>G0438</b> One-Time Benefit
<b>Subsequent</b> Annual Wellness Visit (AWV) includes PPPS	<b>G0439</b>

## Who should get a flu shot?

The flu vaccine prevented an estimated 5.3 million cases of influenza, 2.6 million flu-associated medical visits and 85,000 flu-associated hospitalizations during the 2016-2017 season in the U.S., according to the Centers for Disease Control and Prevention (CDC).

Even with those high numbers, only 37.1 percent of adults received a flu shot last flu season—6.2 percentage points less than the year before.

The CDC recommends that everyone older than 6 months get a flu vaccine every year. Children younger than 6 months and those with severe, life-threatening allergies to the vaccine should not get a flu shot.

### HEDIS

Two **HEDIS measures** discuss flu vaccination:

- **Flu Vaccinations for Adults Ages 18-64:** Measures the percentage of adults ages 18 to 64 who received an influenza vaccination.
- **Flu Vaccinations for Adults Ages 65 and Older:** Measures the percentage of adults ages 65 and older who received an influenza vaccination.



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## ICD-10-CM Codes: Assignment and reporting

Thorough and accurate medical coding helps Arkansas Health & Wellness staff identify gaps in member care and provides our staff with a full picture of the services and care you give our members. Read below for tips concerning ICD-10-CM Coding.

- Report the documented reason for the encounter as the primary diagnosis code and assign additional diagnosis codes if applicable. Follow the current year's Official ICD-10-CM Guidelines for Coding and Reporting.
- Specifically state the diagnosis and thoroughly document the specific details of the condition.
- Report all documented conditions that require or affect patient care, treatment or management including chronic conditions, even if stable.
- Include all documented diagnosis codes on the claim form submitted to the health plan.
- Include CPT Category II codes to provide additional details about services provided.

## Risk adjustment: **Problem/medication lists and MEAT**

**The medical record must support** all diagnoses billed on the claim using at least one element of MEAT: **M**onitor, **E**valuate, **A**ssess, **T**reat. Diagnosis and corresponding MEAT can be found in any portion of the medical record. They do not have to be listed in the same section.

Diagnosis only mentioned in Problem List or Past Medical History are not acceptable. If there is no other MEAT, the code should not be reported. Medication list can be used as MEAT when documentation notes specific medication is current for a given diagnosis.

### Encounter for General / Routine Health Exam

#### ICD-10-CM

#### “With normal findings”

Z00.00 (adult)

- Use when chronic conditions are stable or improving at the time of encounter
- Report additional codes to identify existing conditions

#### “With abnormal findings”

Z00.01 (adult)

- Use when any abnormality is present at the time of encounter
- Report additional codes to identify abnormal findings and existing conditions



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## Allwell expansion

In 2020, Allwell will expand to cover 45 Arkansas counties. As we prepare to serve new members in these areas, we want to thank you for your dedication to providing excellent care to our members. Please be aware that beginning in 2020, providers in counties neighboring our expansion may see new members and be able to refer members to a geographically wider network of specialists.

If you have any questions about the upcoming expansion, clinical or payment policies, HEDIS guidelines or any other topics relating to our Allwell or Ambetter products, please do not hesitate to reach out to our provider relations team.

Phone: 1-800-294-3557

Email: [Providers@](mailto:Providers@ARHealthWellness.com)

[ARHealthWellness.com](http://ARHealthWellness.com)

# Pain management and opioids

**Arkansas Health and Wellness works to equip our provider partners** with tools and resources to help our members reach their best health. To help providers combat the ongoing opioid crisis, we are offering one hour of complimentary CME credit available online for physicians, nurses and pharmacists.

Upon completion of the course, attendees should be able to:

- Discuss the history and scope of the crisis.
- Clarify 2016 CDC Guidelines for prescribing opioids for chronic pain.
- Address specific needs and how to address unmet needs for chronic pain patients.
- Recognize the stigma associated with opioid use disorder and increase competency for speaking with patients.

The course is designed for primary care physicians, pain management specialists, nurses, pharmacists, case managers and family practitioners. To register, visit: [cme.wustl.edu/go/pain-centene](http://cme.wustl.edu/go/pain-centene).



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