

HEDIS® Lunch and Learn

July 2023
Breast and Cervical Cancer Screening



Breast Cancer Screening (BCS)



Breast Cancer Screening (BCS)

Who is in the measure?

- Females aged 52 –74 as of 12/31 of the MY
- Continuous Enrollment October 1 two years prior to the measurement year through December 31 of the measurement year
 - Matches the numerator lookback period (unlike CCS)

What makes the member compliant?

- Ages 50-74 (on the date of service)
- One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year
 - Screening, diagnostic, film, digital, digital breast tomosynthesis DO count
 - MRIs, ultrasounds or biopsies DO NOT alone count, as they are performed as an adjunct to mammography.



Breast Cancer Screening - EXCLUSIONS

- Women who have claims history of mastectomy are excluded from the Breast Cancer Screening measure:
 - Bilateral Mastectomy

<u>Or</u>

Two unilateral mastectomies

Can be
ANYTIME
in the
member's
history
through
December
31.



Breast Cancer Screening- Coding

Coding - CRITICAL to compliance!

Mammogram Codes

CPT: 77061-77063, 77065-77067

HCPCS: G0202, G0204, G0206

Mastectomy Codes

CPT: 19180, 19200, 19220, 19240, 19303-19307

ICD-10 PCS: OHTVOZZ, OHTUOZZ, OHTTOZZ

ICD-10 CM: Z90.11-Z90.13 (Acquired Absence of the

Breast)



Member Incentives Program:



BCS Incentive - NEW

Promote ABHWV BCS \$50 member incentive for breast cancer screening



Gaps in Care

ChallengesWhy Gaps in Care?



- Coding/Billing
- No mammogram at all
- Mammogram not performed in lookback period (Oct 1 two years prior to MY through Dec 31 of MY)
- ABHWV not aware/no claim of Mastectomy (Bilateral or two unilateral)
- No chart reviewed allowed by NCQA during HEDIS medical record review season!



- Busy schedules
- Sick or problembased care thinking
- Cancer won't happen
- Anticipatory fear/anxiety that test will be painful
- Taking care of family/ others versus self, less priority on self-care



- Members usually go to another provider or facility to have a mammogram performed
- Transportation/access to mammography, especially very rural areas
- SSI population = lower compliance rates
- GYN versus PCP



Take-Aways

Take-away Actions - BCS

Accurate Coding

Increases compliance (Includes Acquired Absence)

Consider EMR file transfer or YR MRR

Assess transportation circumstances

Promote Bonnie's Bus schedule as an alternative option

Well-woman

Events

Partner with ABHWV to hold well-woman events (\$25 member gift card)

Review GYN/ Mammography history every visit

Maximize opportunities

Order/schedule mammogram if needed

Promote

ABHWV BCS \$50 member incentive for breast cancer screening

Request results of

performed by GYN for the medical

Consider proactive mammogram outreach and scheduling

Assess PCP vs GYN

Member may not have a

GYN to order

mammogram

Assess if

limiting barrier

(no GYN, fear, transport, getting to another facility/appt, etc)

> (Before GIC exists)

screenings

home record

Cervical Cancer Screening (CCS)

Who is in the measure (denominator)?

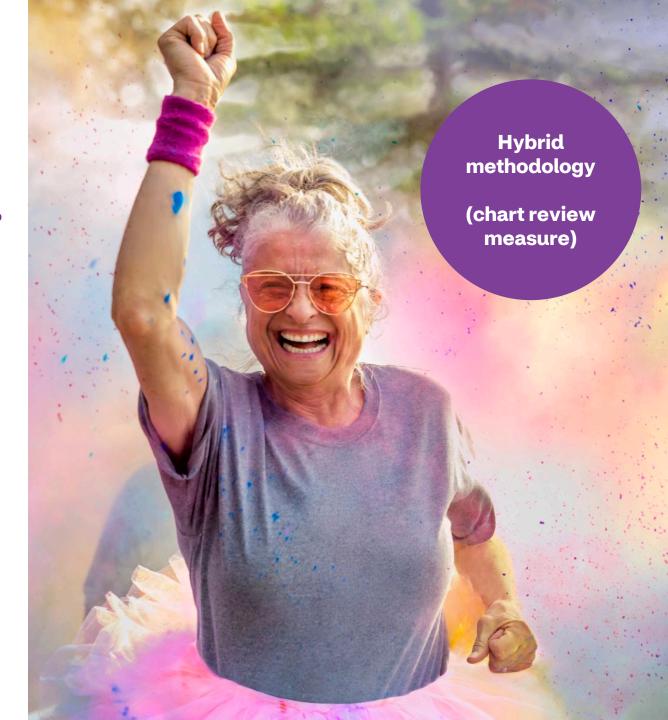
- Females aged 24-64 as of 12/31 of the measurement year (MY)
- Continuous enrollment = the MY (does NOT match lookback period)

What makes the member compliant (numerator)?

- Women 21-64 who were screened for cervical cancer using any of the following criteria:
 - Age 21-64 (on the date of service) Cervical cytology performed within the last 3 years (MY or 2 years prior)
 - Age 30-64 (on the date of service)

 Cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years (MY or 4 years prior)
 - Age 30-64 (on the date of service) Cervical cytology/ high-risk human papillomavirus (hrHPV) co-testing performed within the last five years (MY or 4 years prior)

Biopsies do not count because they are not valid for primary cervical cancer screening.



Cervical Cancer Screening (CCS) - Coding

Cervical Cytology Codes

CPT: 88141-88143, 88147, 88148, 88150, 88152,

88153, 88164-88167, 88174, 88175

HCPCS: G0123, G0124, G0141, G0143-G0145, G0147,

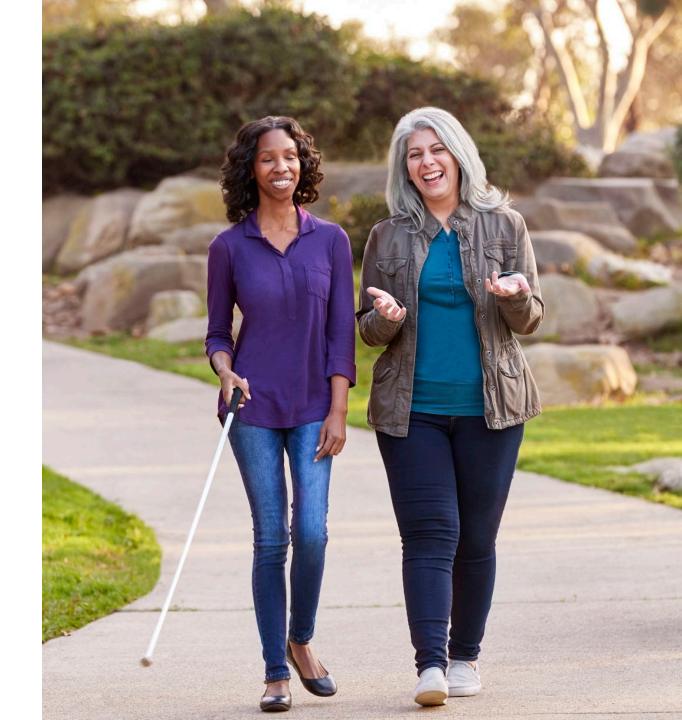
G0148, P3000, P3001 Q0091

hrHPV Test

CPT: 87624, 87625

HCPCS: G0476

LOINCs and Hysterectomy/Cervical Agenesis codes available by contacting QM at ABHWVHEDIS@aetna.com





2. Complete
Hysterectomy

+

Total Hysterectomy (abdominal, vaginal)

4.

Hysterectomy
documentation
+ provider
notation that
member no
longer needs
pap test

5.

Hysterectomy
documentation
+ vaginal pap
smear
documentation

Cervical Cancer Screening - Exclusions

History of hysterectomy with no residual cervix

Women who have medical record documentation or claims history of <u>complete</u>, <u>total</u>, or <u>radical</u> hysterectomy are excluded.

- Exclusion can be found <u>ANY TIME</u> in the member's history prior to 12/31
- Documentation <u>MUST</u> be specific.
 - Always document type of hysterectomy. If the member has had a total, complete or radical hysterectomy, but documentation does not support (or no claim), the member will remain non-compliant!
 - Documentation of "Hysterectomy" alone will not meet exclusion criteria, as it does not indicate the cervix was removed



Gaps in Care

CCS ChallengesWhy Gaps in Care?



- Coding/billing
- No pap test at all in last 3 years – ALL CCS women
- No pap/HPV at all in last 5 years – 30-64 yr
- ABHWV not aware of paps before the continuous enrollment period – mismatch
- ABHWV not aware of Total Hysterectomy



- Busy schedules
- Sick or problembased care thinking
- Anxiety that test will be painful
- Cancer won't happen
- Taking care of family/ others, less priority on self-care
- Member deferring pap during well exams



- Missing or incomplete pap test history documentation in medical record
- Missing or unspecific
 Hysterectomy
 documentation
- Pap results from other practices, OB/GYN or HDs not in PCP chart
- SSI and ACA= lower compliance rates



Take-Aways

Take-Away Actions- CCS

Accurate Coding Compliance + decreases chart review!

(Includes Acquired Absence of Cervix)

Consider EMR file transfer or YR MRR Review & document GYN history every visit

Pap

(pap date, results, provider, refusals)

Hysterectomy

(Hyst type, date, provider)

Schedule pap if needed

Document specific type of hysterectomy

Total, complete, radical, partial (abdominal, vaginal)

Date, facility, provider

Maximize opportunities

Offer Pap test during appropriate visits

(well woman, contraception, other clinically feasible) Well-woman Events

Partner with ABHWV to host well-woman events

(\$25 member gift card

If an OB/GYN, HD,

send Pap results or Hysterectomy operative report to PCP

Take-Away Actions- CCS

Obtain outside records

From GYN, prior practice, HD

Remind members they can't care for others

Without taking care of self!

Appointment reminders

Follow-up to reschedule if no-show

Assess need for PCP versus GYN

Member may not have GYN to perform cervical cancer screening, *or* may prefer GYN Assess if limiting barriers

(fear, logistics, transportation, provider, other priorities, etc)

Provide education and discuss options

Consider proactive pap scheduling

(before GIC exists)

ABHWV website **HEDIS** Section

NEW Provider

There is now a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

- 1. What is HEDIS? a short description of HEDIS
- 2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
- 3. **HEDIS Toolkit For Provider Offices** comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
- **4. HEDIS Lunch and Learn Webinars For Providers** monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html



Closing Thoughts and Resources

Members trust you!

Patients consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their health management.

Allow time for discussion and questions. Hearing your answers can help patients feel more confident and comfortable.

ABHWV Quality Partnerships

Melani McNinch, Senior Mgr, ABHWV Quality HEDIS Manager

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Sherry Griffith, ABHWV Quality HEDIS Project Manager

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EMR data file transfer options

Tosha Morris

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Wellness Event Partnering

David Roberts

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304-539-9046

Other Resources

Bonnie's Bus

Bonnie's Bus may give members a mammogram option closer to where they live

Provide phone#, schedule, and/or website to members

Remember Bonnie's Bus requires physician order

Bonnie's bus link:

https://cal.wvu.edu/Bonnies_Bus



