



# Quality Overview

Children's Alliance

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October 2020

Aetna - 192

# Aetna policy statement

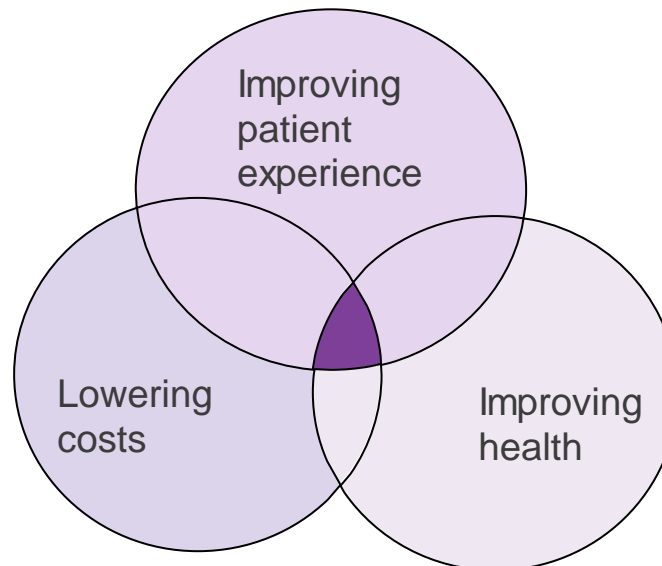
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# Agenda

- **Introduction to Quality**
- **Quality Measures**
- **Supplemental Data**
- **Questions**

# The Focus on Quality

Aetna's quality program seeks to improve the health outcomes for our members. We focus on ways to engage our members in self-management as well as support them through care coordination. We follow the triple aim of health care quality, defined by the Institute of Healthcare Improvement as:



# The Focus on Quality



Quality measures are tools that help us measure or quantify processes, outcomes, member perceptions and systems associated with Quality goals for health care.

These goals for healthcare include care that is:

1. Safe
2. Effective
3. Patient centered
4. Timely
5. Efficient
6. Equitable

**At Aetna we are committed to a continuous quality improvement program and value the partnership opportunities with our providers**

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# Measures

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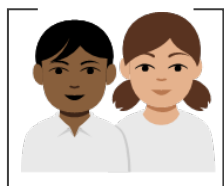
# HEDIS results help us see trends

## What is HEDIS? – Healthcare Effectiveness Data and Information Set

- A set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA) for the managed care industry
- Consists of 81 measures across 5 domains of care

### HEDIS results:

- Serve as measures for quality improvement processes and preventative care programs
- Demonstrate improvement in its preventative care and quality measurements
- Provide a picture of the overall health and wellness of the group's membership
- Identify Gaps in Care and develop strategies, interventions and programs to help increase compliance and improve health outcomes
- Demonstrate the provider's commitment to quality care and improved patient outcomes



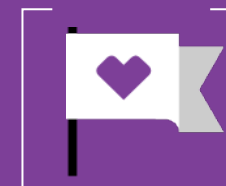
## ADD

Follow-up Care for  
Children Prescribed  
ADHD Medication:  
Continuation and  
Maintenance



## FUH

Follow-up After  
Hospitalization for Mental  
Illness: 7-day



## APP

Use of first-line  
psychosocial care for  
children and  
adolescents on  
antipsychotics



# ADD – Follow up care for children prescribed ADHD medication – Continuation and Maintenance

Who: children between 6-12 years of age

What: newly prescribed ADHD medication

When: there are 2 phases to this measure

Initiation phase: first follow-up visit within 30 days after medication was dispensed

\*Continuation and Maintenance (C & M) phase: 2 follow up visits after initiation and before 270 days

How: the performance goal is the C & M phase, however, only the children that have completed the initiation phase will count towards the C & M phase

Why: to ensure that medication is prescribed and managed correctly

# ADD – Keys to Success

1. Schedule first follow up appointment before patient leaves office
2. Don't prescribe a refill until after first follow up visit
3. Telehealth follow up visits count, use modifier code\*

\*Both visits can be telehealth, but only one can be asynchronous (e-visit or check-in) Synchronous telehealth requires real-time interactive audio and video telecommunications, Asynchronous telehealth, sometimes referred to as an e-visit or virtual check-in, is not “real-time” but still requires two-way interaction between the member and provider. For example, asynchronous telehealth can occur using a patient portal, secure text messaging or email.

4. Must complete both phases – patient must be on medication for 210 days. The C & M phase should fall between 31 – 300 days after initial prescription is dispensed.
5. Patient ineligible if he/she was on an ADHD medication during the previous 120 days leading up to prescription

# FUH – Follow up after hospitalization for mental illness: 7 day

Who: children 6 years or older

What: hospitalized for mental illness or self harm dx

When: must have 1 follow up visit

1<sup>st</sup> visit within 7 days of discharge (can not be day of discharge)

How: All visits must be with a mental health provider

Why: Members that have been hospitalized for mental health issues are vulnerable after discharge and follow-up care by trained mental health clinicians is critical for their health and well-being.

# FUH – Keys to success

1. Build some flexibility into provider's schedules for newly discharged patients
2. Telehealth visits count, use modifier code
3. Discharge dates between 1/1/2020 – 12/1/2020 count

# APP – Use of first-line psychosocial care for children and adolescents on antipsychotics

Who: children between 1 - 17 years of age

What: new prescription for an antipsychotic

When: must have documentation of psychosocial care as first-line treatment

either 90 days before prescription

or up to 30 days after medication dispensed

How: multiple provider types will count for measure

Why: Safer first-line psychosocial interventions may be underutilized, children and adolescents may unnecessarily incur risks associated with antipsychotic medications

# APP – Keys to Success

1. Patient must have 120 days prior to prescription where had not taken an antipsychotic
2. Must have been an Aetna member for 120 days prior to prescription initiation date AND enrolled for the next 30 days
3. Patients for whom first-line antipsychotic is appropriate will be excluded from measure

# APP – Psychosocial Care

Some examples of psychosocial care include:

Individual/Group/Family Psychotherapy

Crisis Intervention Services

Intensive Outpatient Services

Partial Hospitalization Services

Day Treatment

Therapeutic Rehabilitation Program Services

Comprehensive Community Support Services



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# Supplemental Data

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# What to Submit

## **ADD (rate Continuation & Maintenance)**

2 separate medical records, each with DOS within 270 days (9 months) of the initiation phase of medication.

Only one of the two visits can be an e visit (asynchronous) telehealth visit

Visit can be with any provider type

## **FUH (rate 7)**

Medical record with DOS within 7 days of discharge from mental health inpatient stay

Must be with a mental health provider

Cannot occur the *day of* discharge

## **APP**

Medical record with DOS either 90 days before or up to 30 days after medication was dispensed that documents psychosocial care

# Submission Process

## How to submit

Secure Provider Web Portal (Complete registration form) [Provider Portal Registration Form](#)

Fax: 855-415-1215

Email [Granniss@Aetna.com](mailto:Granniss@Aetna.com) (be sure to SEND SECURE to protect PHI)

Mail: Aetna Better Health of Kentucky

9900 Corporate Campus Dr Ste 1000

Louisville, KY 40223

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# Pay for Performance Report

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## Aetna Better Health of Kentucky

### Behavioral Health - Pay for Performance Report – Children’s Alliance

Time Period  
Start Date  
End Date  
Members Served

Year to Date  
1/1/2020  
5/31/2020  
3698

Groups Included

SAFY of Kentucky - 261641642

Alliance Counseling Associates, LLC - 273572163

Holly Hill Children's Home, Inc - 610461729

Transformations - 611351752

J. P Interventions - 611342985

Gateway Children's Services - 611033836

Maryhurst, Inc. - 311542209

Mountain Comprehensive Care Center, Inc. - 610663787

Methodist Homes - 610458375

Ramey Estep - 610595497

Children and Family Counseling Associates, Inc. - 611369892

Boys and Girls Haven, Inc. - 610479621

DCCH Family Therapy Center - 610463943

Hope Hill Youth Services (AKA Family Connections, Inc.) - 351870499

| Measure | Submeasure | Measure Type | Numerator | Denominator | Rate   | Primary Target | Targets Met | Weight |
|---------|------------|--------------|-----------|-------------|--------|----------------|-------------|--------|
| ADD     | CONTMAINT  | STD          | 17        | 34          | 50.00% | 63.72%         | 0           | 0.3333 |
| APP     | TOTAL      | STD          | 49        | 65          | 75.38% | 67.74%         | 1           | 0.3333 |
| FUH     | TOT7DAY    | STD          | 58        | 115         | 50.43% | 45.79%         | 1           | 0.3333 |

Proprietary



# Questions?



