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# Well-child visits: Know the numbers

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Parents may not understand the importance of taking their children to the doctor when they are healthy. The benefits are documented by the American Academy of Pediatrics<sup>1</sup> as well as the Centers for Disease Control and Prevention<sup>2</sup> and it all starts with a recommendation by you, the trusted physician. Share these benefits with parents during regularly scheduled well-visits, or even during sick visits, to reinforce the importance of staying on track:

- **Prevention.** Regular wellness visits ensure children receive scheduled immunizations that prevent illness. It is also a great opportunity to discuss nutrition and safety in the home.
- **Growth and development.** Evaluating children for growth and development enables parents to see how much their children have grown since the last visit. It is also an opportunity to share the children's development, to discuss milestones, social behaviors, and learning.
- **Raising concerns.** Offering parents an opportunity to share concerns at the start of the visit will help in your evaluation of the patient. They may want to talk about development, sleep and eating habits and behaviors.
- **Team approach.** Regular visits create strong, trustworthy relationships among physician, parent, and child. The American Academy of Pediatrics (AAP) supports well-child visits as a way for pediatricians and parents to serve the needs of children. This team approach helps develop optimal physical, mental, and social health of a child.

## Measure up: Well-Child Visits in the first 30 months of life (W30)

This HEDIS® measure is described as the percentage of members who had to the following number of well-child visits with a PCP during the last 15 months. These rates are reported:

- **Well-child visits in the first 15 months:** Six or more well-child visits with children who turned age 15 months during the measurement year.
- **Well-child visits for ages 15 to 30 months:** Two or more well-child visits with children who turned age 30 months during the measurement year.

## Tips

- Telehealth visits are acceptable in meeting the measurement requirements.

- Consider scheduling well-child visits in advance of the child reaching the age for the visit.

## Coding

- **ICD-10:**110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2
- **HCPCS:** G0438-G0439, S0302
- **CPT:** 99381-99382, 99391-99392, 99461

<sup>1</sup>Parent Plus: Importance of routine pediatrician visits. American Academy of Pediatrics.  
<https://publications.aap.org/aapnews/news/12481?autologincheck=redirected>

<sup>2</sup>Catch up on well-child visits and recommended vaccinations. Centers for Disease Control and prevention.  
[cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html](https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html)

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## Reminder: Blue High Performance Network name changing for 2022

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Blue High Performance Network plans offer access to providers with a record of delivering high-quality, efficient care. BlueHPN® networks first went live January 1, 2021 in more than 50 cities across the country, including in the Cincinnati, Cleveland-Elyria and Columbus metro areas. Since then, our national customer base has grown, and again this fall, major employers will offer plans with access to our high performance network for the 2022 benefit year.

Member ID cards and other plan material will feature one small change for 2022: BlueHPN is now a single word rather than two.

As a reminder, BlueHPN is a national network designed from our local market expertise, deep data and strong provider relationships, and aligned with local networks across the country. These local networks are connected to the national chassis to form a national BlueHPN network.

In Ohio, Anthem offers large and small group employer plans with access to the HPN Network, calling the network for those plans Blue Connection.

As has been true this year, in 2022 you may see patients accessing this network through either a small group, large group, or national account plan. These are HMO plans or HSA plans with an HMO network. Under these plans, out of network benefits are limited to emergency or urgent care. Members must select a primary care provider, but PCP referrals are not required for specialty care.

Large group BlueHPN health plans sold in Ohio have a plan prefix of H8H, small group plans have a prefix of H9H, and MEWA plans have a prefix of H6Q. Keep in mind that other prefixes may be part of HPN plan member IDs. The new “Blue High Performance Network” logo and “BlueHPN” indicator in the suitcase icon are the most reliable indicators that a member is enrolled in an HPN plan.

**Anthem** ANTHEM LINK GOLD BLUE CONNECTION HMO  
2000/20%/5000

**LUCKY Y L**

Member ID:  
**H9H601T96109**

Group No	W16992	Primary Care Visit	0%
Contract Code	5MJY	Specialist Visit	\$75 / 0%
RxBIN	020099	Emergency Room	20%
RxPCN	IS	Urgent Care	\$100 / 0%
RxGRP	WLSA		
Plan	330		
Rx: Select Drug List			

Blue View Vision BLUE HIGH PERFORMANCE NETWORK BLUE CONNECTION

1513-0122-PN-OH

URL: <https://providernews.anthem.com/ohio/article/reminder-blue-high-performance-network-name-changing-for-2022-1>

## 2022 FEP benefit information available online

Published: Jan 1, 2022 - **State & Federal** / Federal Employee Plan (FEP)

To view the 2022 benefits and changes for the Blue Cross Blue Shield Service Benefit Plan, also known as the Federal Employee Program® (FEP), go to [fepblue.org](http://fepblue.org) then click *Tools & Resources* at the top of the page, and then click *Brochures & Resources*. Here you will find [Plan Brochures](#), [Plan Summaries](#), and [Quick Reference Guides](#) on information for year 2022.

For questions please contact FEP Customer Service at (800) 451-7602.

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URL: <https://providernews.anthem.com/ohio/article/2022-fep-benefit-information-available-online-6>

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## Keep up with Medicare News - January 2022

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Please continue to read news and updates at [anthem.com/medicareprovider](https://anthem.com/medicareprovider) for the latest Medicare Advantage information, including:

- [AIM Specialty Health Radiation Oncology Clinical Appropriateness Guidelines update](#)
- [Medical step therapy updates](#)
- [Anthem expands specialty pharmacy precertification list](#)

URL: <https://providernews.anthem.com/ohio/article/keep-up-with-medicare-news-january-2022-1>

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## Professional claims: Billing referring provider and NPI for home infusion therapy and ambulatory infusion suite

Published: Jan 1, 2022 - **State & Federal** / Medicare

Effective December 1, 2021, Anthem Blue Cross and Blue Shield (Anthem) will prefer the referring physician name and NPI to be included on professional claims for home infusion therapy (HIT) services in fields 17 and 17a on the CMS-1500 claim form.

Providers should report the referring physician information in accordance with the Anthem guidelines in the *Electronic Data Interchange (EDI) Companion Guide* for claims submitted electronically.

Thank you for your assistance in our ongoing efforts to promote accurate claims processing and payment. We continue to be dedicated to delivering access to quality care for our members, providing higher value to our customers, and helping improve the health of our communities.

If you have questions regarding this process, contact your Network Manager.

ABSCRNU-0274-21

**URL:** <https://providernews.anthem.com/ohio/article/professional-claims-billing-referring-provider-and-npi-for-home-infusion-therapy-and-ambulatory-infusion-suite-2>

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## **Important update on Botox® for Anthem Medicare members**

Published: Jan 1, 2022 - **State & Federal** / Medicare

Effective January 1, 2022, IngenioRx/CVS Specialty Pharmacy\* will no longer distribute the brand name drug Botox®. However, Botox will still be available to Anthem Blue Cross and Blue Shield (Anthem) members through other vendors.

### *Please note:*

- This is not a change in member benefits. This is a change in the Botox vendor only.
- If the member is not using IngenioRx/CVS Specialty Pharmacy to obtain Botox, no action is needed.

### **For Botox managed under a Medicare member's part B (medical) benefit**

Providers should be using buy and bill for any Medicare member who currently receive Botox through their part B (medical) benefit. If your patient is receiving Botox using their part B benefit and is receiving their prescription from IngenioRx/CVS Specialty pharmacy, effective January 1, 2022, IngenioRx/CVS Specialty will no longer filled the prescription. As of January 1, 2022, you will need to buy this drug and bill your patient's health plan.

If you have questions regarding a Medicare member's part B benefits, call Provider Services using the information on the back of the member's ID card.

## **For Botox managed under a Medicare member's part D (pharmacy) benefit**

Effective January 1, 2022, Medicare members who currently receive Botox through IngenioRx/CVS Specialty Pharmacy using their part D (pharmacy) benefit must change to another in-network specialty or retail pharmacy that can obtain and dispense Botox.

If you have questions regarding a Medicare member's part D benefit, call Pharmacy Member Services using the information on the back of the member's ID card.

\* IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem Blue Cross and Blue Shield. CVS is an independent company providing pharmacy services on behalf of Anthem Blue Cross and Blue Shield.

ABSCRNU-0289-21

URL: <https://providernews.anthem.com/ohio/article/important-update-on-botox-for-anthem-medicare-members>

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## **Reducing the burden of medical record review and improving health outcomes with HEDIS ECDS reporting**

Published: Jan 1, 2022 - **State & Federal** / Medicare

The HEDIS® Electronic Clinical Data Systems (ECDS) reporting methodology encourages the exchange of the information needed to provide high-quality health-care services.

The ECDS Reporting Standard provides a method to collect, and report structured electronic clinical data for HEDIS quality measurement and improvement.

Benefits to providers:

- Reduced burden of medical record review for quality reporting
- Improved health outcomes and care quality due to greater insights for more specific patient-centered care

ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures.

Learn more about NCQA's digital quality system and what it means to you and your practice, at the following link: <https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/>.

## ECDS measures

The first publicly reported measure using the HEDIS ECDS Reporting Standard is the **Prenatal Immunization Status (PRS) measure**. In 2022, NCQA will include the PRS measure in Health Plan Ratings for Medicaid and Commercial plans for measurement year 2021.

### For HEDIS measurement year 2022, the following measures can be reported using ECDS:

- Childhood Immunization Status (CIS-E)\*
- Immunizations for Adolescents (IMA-E)\*
- Breast Cancer Screening (BCS-E)
- Colorectal Cancer Screening (COL-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)\*
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E) (Accreditation measure for 2021)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)

\* Indicates that this is the first year that the measure can be reported using ECDS

Of note, NCQA added the ECDS reporting method to three existing HEDIS measures: Breast Cancer Screening, Colorectal Cancer Screening and Follow-up Care for Children Prescribed ADHD Medication. Initially, the ECDS method will be optional, which provides health plans an opportunity to try out reporting using the ECDS method before it is required to transition to ECDS only in the future.



\* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

ABSCRNU-0288-21

**URL:** <https://providernews.anthem.com/ohio/article/reducing-the-burden-of-medical-record-review-and-improving-health-outcomes-with-hedis-ecds-reporting-6>

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