MD's Corner: Developmental and Behavioral Health Screening

Maximizing the health and wellness of children and families in the United States is of critical importance. I strongly believe that early detection of developmental delays and behavioral health challenges is a crucial

step in providing children and families with the services and support they need.

To ensure that developmental and behavioral health challenges are identified as early as possible, the Connecticut Department of Social Services (DSS) requires that **all HUSKY Health members under the age of 18 receive a developmental or behavioral health screening on an annual basis** as part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visit.

The use of an age appropriate, validated developmental or behavioral health screening tool is required. The American Academy of Pediatrics (AAP) has posted a list of developmental and mental health screening and assessment tools on its website at:

- http://pediatrics.aappublications.org/content/118/1/405.full.pdf+html
- http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf
- http://pediatrics.aappublications.org/content/120/5/1183.full.pdf+html

To ensure that developmental and behavioral health screenings are successfully implemented, I recommend that providers:
- Identify and implement standardized tools for screening;
- Implement developmental and behavioral health surveillance and screening policies and procedures;
- Communicate with office staff and colleagues;
- Inform families and patients about the importance of annual screenings;
- Refer to specialists as needed; and
- Bill appropriately for developmental and behavioral health screening services.

Developmental and behavioral health screening services should be billed using either CPT code 96110 (Developmental Screening) or CPT code 96127 (Behavioral Health Screening). Both CPT codes 96110 and 96127 can be billed on the same date of service as well visit codes 99381-99384 and 99391-99394.

When billing for developmental or behavioral health screenings, DSS requires that physicians (excluding psychiatrists), APRNs (excluding psychiatric APRNs), and physician assistants append modifier U3 (Positive Developmental/Behavioral Health Screen) or U4 (Negative Developmental/Behavioral Health Screen) to CPT codes 96110 and 96127.

Early identification of developmental and behavioral health challenges is an essential factor in optimizing health and wellness. We, as healthcare providers, are in a unique position to ensure that individuals are regularly screened and appropriately treated for developmental delays and behavioral health conditions.

Waldemar Rosario, M.D., F.A.A.P.
Senior Vice President and Chief Medical Officer
Community Health Network of Connecticut, Inc.

Thank You, Providers!

We are in the midst of the HEDIS® season and would like to thank our providers for your collaborative efforts in providing us with the needed medical charts to obtain important information. It has been great working as a team with our provider community and improving the health outcomes in the communities that we serve.

Prior Authorization 101

To facilitate timely determinations, there are several key requirements to keep in mind when submitting authorization requests.

Every request submitted by fax must include a *fully* completed Department of Social Services (DSS) Outpatient Prior Authorization Request form or a completed authorization request via the Clear Coverage online web portal or Care to Care portal for radiology requests. The form is located on the Provider page of the **HUSKY Health website**, which you can access by clicking on the link.

All fields on the form must be filled out and the referring and rendering providers must be enrolled in the Connecticut Medical Assistance Program (CMAP). Leaving fields blank will result in the request being re-directed back to the requestor for full completion and re-submission. Clinical information supporting the medical necessity of the requested goods or services should always be included to avoid unnecessary delays in the review process.

Please remember that requests should only be marked "Urgent" when delaying treatment could lead to a serious deterioration in a member's health or impose undue risk to a member's well-being. It is not appropriate to mark requests as "Urgent" simply because the request was not submitted in a timely manner or because the service is scheduled to start the following day. To allow for timely processing, please submit all elective prior authorization requests at least five (5) business days prior to the scheduled date of service.

QUICK LINKS

OPR Enrollment Application
Provider Training Information
Missed Appointment Form
ICM Referral Form
Escalation Referral Form
Policies and Procedures

Provider Relations: websupport@chnct.org

NEW Directory Layout

A new version of the Provider Directory was launched in March 2015 on the HUSKY Health member and provider websites. This directory gives users the ability to locate providers using advanced criteria and new features:

- Now mobile-friendly
- Search for a provider from a specific address location
- Search for a provider from current location on mobile devices
- The ability to compare up to four providers in your results
- Maps show the locations of providers, including satellite and street views
- Refine your results by distance using a slider feature
- Print and/or email a PDF document of selected search results or the entire directory
- Hover over "Specialty Type" for a definition of the type of provider being searched
- A list of available Urgent Care facilities that accept Medicaid
- Person-Centered Medical Home listing available
- ***"Did you know?"*** section with helpful hints
- Additional browsers are now supported:
  - Firefox 25 on Windows 7
  - Internet Explorer 9.0, 10.0 on Windows 7
  - Internet Explorer 10.0 on Windows 8
  - Chrome latest stable version on Windows 7 and Windows 8
  - Safari 6 on Mac OS X Mountain Lion

Attention Providers!

It is important to update any recent changes to your practice affiliation or demographics. This will assist members and providers when trying to coordinate services.

Please go to www.ctdssmap.com to make updates. Log in to the secure site, then go to Account Home > Account > Demographic Maintenance. You can also call HP Enrollment at 800.842.8440 with any questions that you may have.

Resources to Improve Your HEDIS® Scores

Earlier this year, qualifying primary care providers received their second Annual Provider Profile Report for CY 2013. The goal of the profiling initiative is to use a defined set of health quality measures, the majority of which are HEDIS measures, to examine annual provider performance results. Measure results can then be used to track year-to-year performance.

In the winter edition of the *Healthy Connections* newsletter, CHNCT informed providers that the HEDIS season is upon us, beginning in January 2015 and running through May 2015. The article explained that CHNCT would be collecting, processing, and reporting data for the HUSKY Health provider profiling initiative of the 2014 calendar year.

The *Healthcare Effectiveness Data and Information Set*, or HEDIS, is a tool used by more than 90 percent of America's health plans to measure provider performance on important dimensions of care and service. Since HEDIS measures are so specifically defined, evaluation and comparison of provider performance is possible on an "apples-to-apples" basis. Further, HEDIS measure results allow providers to see where they need to focus their improvement efforts.

Not only are HEDIS results used to measure performance and to determine which measures could benefit from improvement, but they are also tied to the DSS Person-Centered Medical Home Performance Payment Program. As such, we want all primary care providers to have every opportunity to improve their HEDIS scores. In our last *Healthy Connections* newsletter, CHNCT Chief Medical Officer, Dr. Waldemar Rosario, introduced two valuable resources that have been made available on the HUSKY Health website on the 'Provider News' page to assist providers with improving their own HEDIS scores.

Please be sure to check out these new resources, a PowerPoint presentation titled "HEDIS® Provider Training" and "HEDIS® Provider Quick Reference Guide," for valuable HEDIS coding tips to ensure that your services are being properly captured.

As a reminder, the following tools are available to primary care providers:

CareAnalyzer® **Reports:** web-based analytics tool used by CHNCT that combines elements of patient risk, care opportunities, and provider performance on a variety of quality measures. For more information about *CareAnalyzer,* call **203.949.4152**.

Provider Portal Reports: member-specific reports on the HUSKY Health website's secure, self-service Provider Portal. To learn how to request access to your Portal Reports, **CLICK HERE**.

Child Well-Care During the First 15 Months of Life

HEDIS® evaluates the percentage of infants who had six well child visits with a PCP within the first 15 months of life visits. In order to improve your scores on this measure, ensure that proper documentation is provided in the medical record. If a service is not billed or submitted correctly, the service may not be captured for HEDIS and therefore is not reflected in performance scores. Therefore, be sure to include:

- Date of the exam
- Evidence of all of the following:
  - Physical exam
  - Health history
  - Development (physical and mental) history
  - Health education/anticipatory guidance
- Use age-appropriate diagnosis and procedure codes

Note: Services rendered during an inpatient or ED visit do not count towards the number of visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit as long as all of the documentation components listed above are included in the visit note.

Common billing codes accepted by HEDIS for well-child visits:

CPT	ICD-9-CM Diagnosis
99381-99385, 99391-99395, 99461	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9, V20.31, V20.32

While it is easy for providers to know how important these visits are, parents of young children may not. Be sure to explain what is being checked during the present visit and what will be checked at the next visit. Schedule the next visit at the end of the current visit.

Information retrieved from the NCQA, HEDIS® 2015 Technical Specifications.