

## Well-Child Visits in the First 15 Months of Life (W15)

### SUMMARY OF CHANGES TO HEDIS 2013

- Revised example in continuous enrollment to account for leap year.
- Deleted obsolete CPT code 99432 from Table W15-A.

### Description

The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:

- No well-child visits.
- One well-child visit.
- Two well-child visits.
- Three well-child visits.
- Four well-child visits.
- Five well-child visits.
- Six or more well-child visits.

**Note:** This measure has the same structure as measures in the Effectiveness of Care domain. The organization should follow the Guidelines for Effectiveness of Care Measures when calculating this measure. Only the Administrative Method of data collection may be used when reporting this measure for the commercial population.

### Eligible Population

<b>Product lines</b>	Commercial, Medicaid (report each product line separately).
<b>Age</b>	15 months old during the measurement year.
<b>Continuous enrollment</b>	31 days–15 months of age. Calculate 31 days of age by adding 31 days to the child's date of birth. Calculate the 15-month birthday as the child's first birthday plus 90 days. For example, a child born on January 9, 2011, and included in the rate of "six or more well-child visits" must have had six well-child visits by April 8, 2012.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
<b>Anchor date</b>	Day the child turns 15 months old.
<b>Benefit</b>	Medical.
<b>Event/diagnosis</b>	None.

**Administrative Specification**

**Denominator** The eligible population.

**Numerators** Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a PCP during their first 15 months of life.

The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. A child who had a claim/encounter with a code listed in Table W15-A is considered to have had a well-child visit.

**Table W15-A: Codes to Identify Well-Child Visits**

CPT	HCPCS	ICD-9-CM Diagnosis
99381, 99382, 99391, 99392, 99461	G0438, G0439	V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

**Hybrid Specification**

**Denominator** A systematic sample drawn from the eligible population for the Medicaid product line. The organization may reduce its sample size using the current year's administrative rate for six or more visits, or the prior year's audited rate for six or more visits.

Refer to the *Guidelines for Calculations and Sampling* for information on reducing sample size.

**Numerators** Seven separate numerators are calculated, corresponding to the number of members who had 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a PCP during their first 15 months of life.

The well-child visit must occur with a PCP.

**Administrative** Refer to *Administrative Specification* to identify positive numerator hits from administrative data.

**Medical record** Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of *all* of the following:

- A health and developmental history (physical and mental).
- A physical exam.
- Health education/anticipatory guidance.

Do not include services rendered during an inpatient or ED visit.

Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure.

The organization may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure.

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**Note**

- Refer to Appendix 3 for the definition of PCP.
- This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at [www.aap.org](http://www.aap.org) and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at [www.Brightfutures.org](http://www.Brightfutures.org) for more information about well-child visits.

**Data Elements for Reporting**

Organizations that submit HEDIS data to NCQA must provide the following data elements.

**Table W15-1/2: Data Elements for Well-Child Visits in the First 15 Months of Life**

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	✓	✓
Eligible population	✓	✓
Number of numerator events by administrative data in eligible population (before exclusions)		Each of the 7 rates
Current year's administrative rate (before exclusions)		Each of the 7 rates
Minimum required sample size (MRSS) or other sample size		✓
Oversampling rate		✓
Final sample size (FSS)		✓
Number of numerator events by administrative data in FSS		Each of the 7 rates
Administrative rate on FSS		Each of the 7 rates
Number of original sample records excluded because of valid data errors		✓
Number of employee/dependent medical records excluded		✓
Records added from the oversample list		✓
Denominator		✓
Numerator events by administrative data	Each of the 7 rates	Each of the 7 rates
Numerator events by medical records		Each of the 7 rates
Reported rate	Each of the 7 rates	Each of the 7 rates
Lower 95% confidence interval	Each of the 7 rates	Each of the 7 rates
Upper 95% confidence interval	Each of the 7 rates	Each of the 7 rates

## **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)**

### **SUMMARY OF CHANGES TO HEDIS 2013**

- No changes to this measure.

#### **Description**

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

*Note: This measure has the same structure as measures in the Effectiveness of Care domain. The organization should follow the Guidelines for Effectiveness of Care Measures when calculating this measure. Only the Administrative Method of data collection may be used when reporting this measure for the commercial population.*

#### **Eligible Population**

<b>Product lines</b>	Commercial, Medicaid (report each product line separately).
<b>Ages</b>	3–6 years as of December 31 of the measurement year.
<b>Continuous enrollment</b>	The measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
<b>Anchor date</b>	December 31 of the measurement year.
<b>Benefit</b>	Medical.
<b>Event/diagnosis</b>	None.

#### **Administrative Specification**

<b>Denominator</b>	The eligible population.
<b>Numerator</b>	At least one well-child visit with a PCP during the measurement year.  The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. A child who had a claim/encounter with a code listed in Table W34-A is considered to have had a well-child visit.

Table W34-A: Codes to Identify Well-Child Visits

CPT	HCPCS	ICD-9-CM Diagnosis
99382, 99383, 99392, 99393	G0438, G0439	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

## Hybrid Specification

**Denominator** A systematic sample drawn from the eligible population for the Medicaid product line. Organizations may reduce the sample size using the current year's administrative rate or the prior year's audited rate.

Refer to *Guidelines for Calculations and Sampling* for information on reducing sample size.

**Numerator** At least one well-child visit with a PCP during the measurement year. The PCP does not have to be the practitioner assigned to the child.

**Administrative** Refer to *Administrative Specification* to identify positive numerator hits from the administrative data.

**Medical record** Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of *all* of the following:

- A health and developmental history (physical and mental).
- A physical exam.
- Health education/anticipatory guidance.

Do not include services rendered during an inpatient or ED visit.

Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure.

Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation of a well-child exam is available in the medical record or administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member.

The organization may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure.

**Note**

- Refer to Appendix 3 for the definition of PCP.
- This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics *Guidelines for Health Supervision* at [www.aap.org](http://www.aap.org) and *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* (published by the National Center for Education in Maternal and Child Health) at [www.Brightfutures.org](http://www.Brightfutures.org) for more information about well-child visits.

**Data Elements for Reporting**

Organizations that submit HEDIS data to NCQA must provide the following data elements.

**Table W34-1/2: Data Elements for Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life**

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	✓	✓
Eligible population	✓	✓
Number of numerator events by administrative data in eligible population (before exclusions)		✓
Current year's administrative rate (before exclusions)		✓
Minimum required sample size (MRSS) or other sample size		✓
Oversampling rate		✓
Final sample size (FSS)		✓
Number of numerator events by administrative data in FSS		✓
Administrative rate on FSS		✓
Number of original sample records excluded because of valid data errors		✓
Number of employee/dependent medical records excluded		✓
Records added from the oversample list		✓
Denominator		✓
Numerator events by administrative data	✓	✓
Numerator events by medical records		✓
Reported rate	✓	✓
Lower 95% confidence interval	✓	✓
Upper 95% confidence interval	✓	✓

## Adolescent Well-Care Visits (AWC)

### SUMMARY OF CHANGES TO HEDIS 2013

- No changes to this measure.

#### Description

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

*Note: This measure has the same structure as measures in the Effectiveness of Care domain. Organizations should follow the Guidelines for Effectiveness of Care Measures when calculating this measure. Only the Administrative Method of data collection may be used when reporting this measure for the commercial population.*

#### Eligible Population

<b>Product lines</b>	Commercial, Medicaid (report each product line separately).
<b>Ages</b>	12–21 years as of December 31 of the measurement year.
<b>Continuous enrollment</b>	The measurement year.
<b>Allowable gap</b>	Members who have had no more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
<b>Anchor date</b>	December 31 of the measurement year.
<b>Benefit</b>	Medical.
<b>Event/diagnosis</b>	None.

#### Administrative Specification

<b>Denominator</b>	The eligible population.
<b>Numerator</b>	At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.  The PCP does not have to be assigned to the member. Adolescents who had a claim/encounter with a code listed in Table AWC-A are considered to have had a comprehensive well-care visit.

Table AWC-A: Codes to Identify Adolescent Well-Care Visits

CPT	HCPCS	ICD-9-CM Diagnosis
99383-99385, 99393-99395	G0438, G0439	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

### Hybrid Specification

**Denominator** A systematic sample drawn from the eligible population for the Medicaid product line. Organizations may reduce the sample size using the current year's administrative rate or the prior year's audited rate.

Refer to *Guidelines for Calculations and Sampling* for information on reducing sample size.

**Numerator** At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year, as documented through either administrative data or medical record review. The PCP does not have to be assigned to the member.

**Administrative** Refer to *Administrative Specification* to identify positive numerator hits from the administrative data.

**Medical record** Documentation in the medical record must include a note indicating a visit to a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of *all* of the following:

- A health and developmental history (physical and mental).
- A physical exam.
- Health education/anticipatory guidance.

Do not include services rendered during an inpatient or ED visit.

Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure.

Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation that a well-care exam occurred is available in the medical record or administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member.

The organization may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure.

### Note

- Refer to Appendix 3 for the definition of PCP and OB/GYN and other prenatal care practitioners.
- This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at [www.aap.org](http://www.aap.org) and *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* (published by the National Center for Education in Maternal and Child Health) at [www.Brightfutures.org](http://www.Brightfutures.org) for more information about well-care visits.

**Data Elements for Reporting**

Organizations that submit HEDIS data to NCQA must provide the following data elements.

**Table AWC-1/2: Data Elements for Adolescent Well-Care Visits**

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	✓	✓
Eligible population	✓	✓
Number of numerator events by administrative data in eligible population (before exclusions)		✓
Current year's administrative rate (before exclusions)		✓
Minimum required sample size (MRSS) or other sample size		✓
Oversampling rate		✓
Final sample size (FSS)		✓
Number of numerator events by administrative data in FSS		✓
Administrative rate on FSS		✓
Number of original sample records excluded because of valid data errors		✓
Number of employee/dependent medical records excluded		✓
Records added from the oversample list		✓
Denominator		✓
Numerator events by administrative data	✓	✓
Numerator events by medical records		✓
Reported rate	✓	✓
Lower 95% confidence interval	✓	✓
Upper 95% confidence interval	✓	✓