2020 Quality Measure Highlight

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

MEASURE DESCRIPTION

The percentage of members who turned 15 months old during the measurement year and who had 6 or more complete well-child visits with a PCP (the PCP does not have to be the assigned practitioner), on different dates of service, during their first 15 months of life: **(Numerator)**

Measure Type: Hybrid (medical record / claims / encounter) a systematic sample drawn from the eligible population. (**Denominator**)

Coding

Well Child CPT: 99381, 99382, 99391, 99392

Diagnosis Codes: Z00.110, Z00.111, Z00.121, Z00.129

Intent / Importance: These visits are of particular importance during the first year of life, when an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination and social and emotional growth. Regular check-ups are one of the best ways to detect physical, developmental, behavioral and emotional problems. They also provide an opportunity for the clinician to offer guidance and counseling to the parents.

PCP QIP 2020	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Pediatric Medicine	15 points 25 points	65.83%	50th

Please Note

- Only full points are available, no points will be earned through relative improvement.
- For more information, please refer to the PCP QIP Specifications, or contact the QIP Team at QIP@partnershiphp.org.

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org

References: National Committee on Quality Assurance (NCQA) HEDIS® 2020 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

Compliant Documentation

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

    - **A health history –** An assessment of the member's history of disease or illness. It can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
      *Examples of health history could be: allergies, medications, and immunizations documented on different dates of service as long as **all** are documented within the measurement year; mother states siblings have ADHD, aunt has a history of seizures, father is asthmatic recently treated for shingles.*
    - **A physical developmental history –** Assessment of specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop. *Examples include "development appropriate for age"; starts scooting, creeping or crawling, may stand with support, picks up small objects using thumb and fingers (pincer grasp), stack blocks, shakes rattles, climb / walks upstairs, roll over from tummy to back, brings hand to mouth, pushes up to elbows when lying on stomach.*
    - **A mental developmental history –** Assessment of specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop. *Examples include "development appropriate for age"; Neurologic or Psychological section notation of "normal for age or age appropriate"; finds hidden objects, looks at or points to a picture when you name it, bangs, throws and shakes things to see what happens, vocalizes 1 – 3 words, follows simples directions, uses hands and eyes together, follows moving things with eyes side to side.*
    - **A physical exam.**
    - **Health education/anticipatory guidance –** Given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.
      Examples: tobacco exposure, auto safety.

2. Preventive services can be completed during well-child visits and during acute visits, as appropriate. Well-child preventive services count toward the measure, regardless of the primary intent of the visit.
   For acute care visits, services that are specific to the assessment or treatment of the acute or chronic condition related to that visit cannot count toward the measure. (These services are considered diagnostic or therapeutic, not preventative.)

3. We may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure. (See page 1 measure description.)

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org
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Non-Compliant Documentation

1. **Do not** include services rendered via telehealth or during an inpatient or ED visit.
2. Services that are specific to the assessment or treatment of an acute or chronic condition **do not** count toward the measure.
3. The following notations or examples of documentation **do not** count as numerator compliant:
    - **Health History**
        - Notation of allergies or medications or immunization status alone. If all three (allergies, medications, immunization status) are documented, it meets criteria.
        - Family health history is noted while performing the assessment and it is related to the reason for the child's acute or chronic condition (e.g., child is being assessed for difficulty breathing and wheezing, and part of the assessment notation includes the mother stating she and the child's sister have asthma).
    - **Physical Developmental History**
        - Notation of Tanner Stage/Scale.
        - Notation of “appropriate for age” without specific mention of development.
        - Notation of “well developed/nourished/appearing.”
        - Notation of “well developed.”
    - **Mental Developmental History**
        - Notation of “appropriately responsive for age.”
        - Notation of “neurological exam.”
        - Notation of “well developed.”
    - **Physical Exam**
        - Vital signs alone.
    - **Health Education/Anticipatory Guidance**
        - Information regarding medications or immunizations or their side effects. (Consider if instructions could also be given to the parent of another child to guide them in their child’s upcoming development).
        - Handouts given during the visit without evidence of a discussion (e.g., Anticipatory Guidance [AG] discussed and reviewed).

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Exclusion

- Members in hospice are excluded from the eligible population.

Best and Promising Practices

- Use acute visits to cover one or more of the five areas of assessment.
- Ensure proper documentation of all components in the medical record for each visit where preventive services are addressed.
  - Documentation of “development appropriate for age” satisfies both physical and mental development.
  - Documentation of anticipatory guidance can be found on the Staying Healthy Assessment (SHA).
- Place next well-child visit sticker on health card. Schedule next appointment before the member/patient leaves the office or while “waiting” to be seen by the provider (e.g., in the exam room).
- Actively pursue missed appointments within 48 hours.
- Use standardized templates in EHRs to guide providers and staff through the visit to ensure all components were met and documented.
- Schedule the sixth well-child visits appointment prior to the child being15-months of age.
- Offer extended evening or weekend hours.
- Identify and address barriers to care (transportation, language, cultural beliefs). Partner with established community agencies, schools, after-school programs, faith-based organizations.
- Health history can be obtained by documenting review of allergies, medications, immunizations, chronic illnesses, standardize practice to review on each visit.
- Submit claims and encounter data within 90 days of service. Use complete and accurate codes to capture services completed.

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