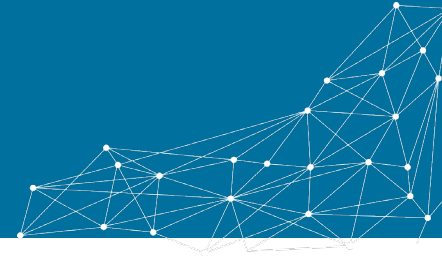


# 2021 Quality Measure Highlight

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



### MEASURE DESCRIPTION

The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a Primary Care Provider (PCP) during their first 15 months of life.

**Denominator:** Members who turned 15 months old during the measurement year.

**Numerator:** Members with at least six or more well-infant visits.

**Measure Type:** Administrative (claims / encounter) for the eligible population.

**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.

<a href="#">PCP QIP 2021</a>	Practice Type	Total Points	Threshold	Percentile
<b>Full Points</b>	Family Medicine	10 Points	69.83%	75 <sup>th</sup>
	Pediatric Medicine	15 Points		
<b>Partial Points</b>	Family Medicine	8 Points	65.83%	50 <sup>h</sup>
	Pediatric Medicine	11 Points		

### Relative Improvement

- A site’s performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**

- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

### **Please Note**

- The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child
- Visits which occur via synchronous telehealth (which requires real-time interactive audio and video telecommunications), telephone visits and asynchronous (e-visits, virtual check-ins, [for example, use of a patient portal, secure text messaging or email]) meet administrative criteria if the visits are billed using the codes appropriate for this measure
- A minimum of 14 days must elapse between well-child visits to be counted as separate visits for the purposes of this measure
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org).

### **Exclusion**

Members in Hospice are excluded from the eligible population.

### **Best and Promising Practices**

- Every visit can be viewed as an opportunity to complete an exam (sick visits when applicable)
- For in-person visits, use dedicated rooms for: acute visits and well-care visits
- Multiple offices use one location for well-visits and a different location for acute visits.
- Use telehealth (synchronous, telephone, asynchronous such as e-visits, virtual check-ins) to accomplish well-child visits ensuring appropriate coding is used.
- Have families complete “pre-work” forms in advance of visit via telephone or member portal
- Use a hybrid model for visits: virtual and in-person.
- 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 with reminder call by staff member.
- Schedule the sixth well-child visit appointment prior to the child being 15-months of age.
- Schedule the second well-child visit appointment prior to the child being 30-months of age.
- Use standardized templates in EMRs/EHRs to guide providers and staff through the visit to ensure all components were met and documented.
- Identify and address barriers to care (transportation, language, cultural beliefs). Partner with established community agencies, schools, after-school programs, faith-based organizations.
- Offer extended evening or weekend hours.
- 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.