

# 2021 Quality Measure Highlight

## Child & Adolescent Well-Care Visits



### MEASURE DESCRIPTION

The percentage of members 3 – 17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

**Numerator:** Members with at least one well-child visit with a PCP or OB/GYN during the measurement year.

**Denominator:** Members 3 – 17 years of age as of December 31 of the MY.

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

Report two age stratifications:

- 3 – 11 years
- 12 – 17 years

Additionally, the following two indicators should accompany the Child and Adolescent Well-Care Visit assessment; it is “recommended” to document/satisfy these additional indicators during the well-care visit:

- Counseling for Nutrition for Children/Adolescents
- Counseling for Physical Activity for Children/Adolescents

For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org).

#### Coding

Well Child CPT: 99382, 99383, 99392, 99393

Diagnosis Codes: Z00.121, Z00.129

**Intent / Importance:** Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.<sup>1</sup> *Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.*<sup>2</sup> Well-care visits provide an opportunity for providers to influence health and development. These annual visits are a critical opportunity for screening and counseling.

For 3 – 11 years old, a child can be helped through early detection of vision, speech and language problems. Intervention can improve communication skills and avoid or reduce language and learning problems. For 12 – 17 years old, this is an opportunity to address social determinants of health, physical growth and development, emotional well-being, risk reduction (pregnancy and sexually transmitted infections, tobacco, e-cigarettes,

alcohol) and safety (seat belt and helmet use, sun protection, substance use, firearm safety).

### **Please Note**

- This measure is a combination measure that replaces the former “Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life” and “Adolescent Well-Care Visits” HEDIS measures. A full points target will be released by spring 2021.
- The visit must occur with a PCP or an OB/GYN practitioner (as applicable); the practitioner does not have to be the practitioner assigned to the member.
- 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 code list for 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**

- 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 - video or telephone visit and asynchronous such as e-visits, virtual check-ins) to accomplish well-child visits.
- 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).
- Schedule next appointment (if possible) before the member/patient leaves the office or while “waiting” to be seen by the provider (e.g., in the exam room).

- Set up EHR alerts to flag patients so each staff member can identify members who are due for well-child services at every member/patient encounter and to communicate with parents/guardians to schedule an appointment.
- Actively pursue missed appointments within 48 hours with reminder call by staff member.
- 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.
- Ensure member information is consistent, welcoming, plain and person-centered, language appropriate, and delivered in traditional and electronic applications, per patient's preference.
- Offer extended evening or weekend hours.
- Submit claims and encounter data within 90 days of service. Use complete and accurate codes to capture services completed.