2022 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 (6) 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 (6) or more well-infant visits.

Coding

Well-Child CPT: 99381-85, 99391-95, 99461

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

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

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

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 2022	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Pediatric Medicine	10 Points 12.5 Points	61.25%	75th
Partial Points	Family Medicine Pediatric Medicine	8 Points 9 Points	54.92%	50th

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**

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

References: Managed Care Accountability Set (MCAS)

- 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. Eligibility and requirements for Primary Care Provider designation are listed in the PHC Policy MPQP1023, (Access Standards and Monitoring), subject to California Health and Safety Code 1206(h) and HRSA regulations on intermittent sites.
- 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.

Exclusion

Members in Hospice are excluded from the eligible population.

Best and Promising Practices

Data and Coding

- Ensure proper documentation of all components in the medical record for each visit where preventive services are addressed.
- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14-to-30 days of service toward the end of the measurement year period to avoid claims lag.
- Use complete and accurate codes to capture services completed for telehealth and in-person visits.
- Establish or update EMR / EHR templates to accurately reflect coding for visit reason and diagnosis.

Member Care

- Every visit can be viewed as an opportunity to complete an exam (sick visits when appropriate).
- For in-person visits, use dedicated rooms for acute visits and well-care visits

- Multiple offices use one (1) location for well-visits and a different location for acute visits.
- Appoint Pregnancy and Well Baby panel manager.
- Use telehealth (synchronous, telephone, asynchronous such as e-visits, virtual check-ins) to accomplish well-child visits ensuring appropriate coding is used. Virtual visits are billed using a .95 modifier after the CPT code for the visit.
- Document and train clinical and front office teams on newborn intake workflows.
- Offer families one-page handout outlining well baby visit schedule, including immunization and screening milestones, in appropriate languages.
- 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.
    - 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). Have parent/caregiver address appointment reminder card in own handwriting.
- 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.
- 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.
- Consider using an equity approach to increase screening rates for targeted communities. By looking at W15 measure compliance rates by such factors as race, ethnicity, location (i.e., zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.