

Child and Adolescent Well-Care Visits (WCV)

formally known as Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life(W34)

Performance Measure Set: CCO Incentive Metric Medicare Star Measure

Quality Measurement Type: Structure Process Outcome Patient Experience Other Specify: HEDIS

Type: Claims Chart Documentation eCQM Survey Other

State Benchmark: 64.1% for children age 3-6 (2020 CCO 75th percentile)

Who: Children who are 3–21 years-old as of December 31 of the measurement year.

Why: Regular check-ups during the preschool and early school-age children are important for detection of vision, speech and language problems. Early intervention can help a child improve communication skills and avoid or reduce language and learning problems. Annual well-care visits are recommended for those age 2-21 year-olds, “as they are a strong vehicle to deliver screening, anticipatory guidance, and health education to support healthy development now and in the future” (source: OHA Guidance Document).

What: The percentage of members 3–21 years of age who had one or more well-child visits during the measurement year. There are four age stratifications, race and ethnicity stratifications, and a total rate which must be reported; however ONLY the age group 3-6 is incentivized for this measure:

Age Stratifications

- *3-6 Years
- 7-11 Years
- 12-17 Years
- 18-21 Years
- Total

Race Stratifications

- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Some Other Race
- Two or More Races
- Asked but No Answer
- Unknown

How: At least one well-child visit, which can be completed via telemedicine (see codes below), by any provider type during the measurement year. Some ideas to improve Well Care visits include:

- Regularly pull member lists for outreach
 - Tip: you can find actionable member lists in the Metrics Dashboard in FIDO
- Create well-child visit reminders
- Build relationships with community organizations to reinforce the importance of the well-child visit
- For more support, reach out to Quality Improvement or your clinic’s Innovation Specialist.

Exclusions: Members in hospice or using hospice services anytime during the year are excluded from this measure.

Coding: Diagnosis codes do not have to be primary.

CPT: 99381-99385, 99391-99395, 99461, G0438, G0439, S0302

ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z02.5, Z76.1, 276.2

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Q: Can Behavioral Health Clinics (BHC's) help?

A: Behavioral Health Clinician (BHC) meets with families before PCP comes into appointment to assess for psycho-social issues needing to be addressed during well child check. BHC can help create a robust appointment that assures that all aspects of care are addressed, while allowing PCP to focus on physical health issues. Any concerns can lead to follow up appointments.

Q: What are the required elements of a well child visit?

A:

- **A health history.** Health history is an assessment of the member's history of disease or illness. Health history 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.
- **A physical developmental history.** Physical developmental histories assess specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history.** Mental developmental histories assess specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam.** Include height and weight measurements as well as condition of gums and teeth among others.
- **Health education/anticipatory guidance.** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Q: Do school-based clinic visits count for this measure?

A: Yes, as long as the visit meets the requirements of a well child visit, and the documentation is available in the medical record or administrative system in the time frame specified by the measure.

Q: Does the patient need to be seen by their PCP for it to count for the metric?

A: No, the provider does not have to be the assigned PCP. However, the provider must be a PCP per Oregon's Primary Care Provider Types or an OB/GYN practitioner. The PCP can be defined as the Billing or Performing Provider. Contact Quality Improvement for more support.

Q: What telehealth codes count for this measure?

A: G0438-G0439 per the [ANCILLARY GUIDELINE A5, TELEHEALTH, TELECONSULTATIONS AND ONLINE/TELEPHONIC SERVICES](#) published by OHA as of October 1, 2021.

Please note that while this measure is telehealth eligible as the qualifying numerator services do not require in-person place of service codes in claims data, we recommend scheduling an in-person physical health exam as medically appropriate and safe to do so considering COVID-19 precautions.

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