

Note

- Refer to Appendix 3 for the definition of PCP.
- This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at www.Brightfutures.org for more detailed information on what constitutes a well-child visit.

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table W15-1/2: Data Elements for Well-Child Visits in the First 15 Months of Life

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	✓	✓
Eligible population	✓	✓
Number of numerator events by administrative data in eligible population (before exclusions)		Each of the 7 rates
Current year's administrative rate (before exclusions)		Each of the 7 rates
Minimum required sample size (MRSS) or other sample size		✓
Oversampling rate		✓
Final sample size (FSS)		✓
Number of numerator events by administrative data in FSS		Each of the 7 rates
Administrative rate on FSS		Each of the 7 rates
Number of original sample records excluded because of valid data errors		✓
Number of employee/dependent medical records excluded		✓
Records added from the oversample list		✓
Denominator		✓
Numerator events by administrative data	Each of the 7 rates	Each of the 7 rates
Numerator events by medical records		Each of the 7 rates
Reported rate	Each of the 7 rates	Each of the 7 rates
Lower 95% confidence interval	Each of the 7 rates	Each of the 7 rates
Upper 95% confidence interval	Each of the 7 rates	Each of the 7 rates

Administrative Specification

Denominator	The eligible population.
Numerators	Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a PCP during their first 15 months of life. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. A child who had a claim/encounter with a code listed in Table W15-A is considered to have received a well-child visit.

Table W15-A: Codes to Identify Well-Child Visits

CPT	ICD-9-CM Diagnosis
99381, 99382, 99391, 99392, 99432, 99461	V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Hybrid Specification

Denominator	A systematic sample drawn from the eligible population for the Medicaid product line. The organization may reduce its sample size using the current year's administrative rate for six or more visits, or the prior year's audited rate for six or more visits. Refer to the <i>Guidelines for Calculations and Sampling</i> for information on reducing sample size.
Numerators	Seven separate numerators are calculated, corresponding to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a PCP during their first 15 months of life. The well-child visit must occur with a PCP.
Administrative	Refer to <i>Administrative Specification</i> to identify positive numerator hits from administrative data.
Medical record	Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of <i>all</i> of the following. <ul style="list-style-type: none"> • A health and developmental history (physical and mental) • A physical exam • Health education/anticipatory guidance Do not include services rendered during an inpatient or ED visit. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure. The organization may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure.

Well-Child Visits in the First 15 Months of Life (W15)**SUMMARY OF CHANGES TO HEDIS 2011**

- Added ICD-9-CM Diagnosis code V20.3 to Table W15-A.

Description

The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life.

- No well-child visits
- One well-child visit
- Two well-child visits
- Three well-child visits
- Four well-child visits
- Five well-child visits
- Six or more well-child visits

Note: This measure has the same structure as measures in the Effectiveness of Care domain. The organization should follow Guidelines for Effectiveness of Care Measures when calculating this measure.

Only the Administrative Method of data collection may be used when reporting this measure for the commercial population.

Eligible Population

Product lines	Commercial, Medicaid (report each product line separately).
Age	15 months old during the measurement year.
Continuous enrollment	31 days–15 months of age. Calculate 31 days of age by adding 31 days to the child's date of birth. Calculate the 15-month birthday as the child's first birthday plus 90 days. For example, a child born on January 9, 2009, and included in the rate of "six or more well-child visits" must have had six well-child visits by April 9, 2010.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	Day the child turns 15 months old.
Benefit	Medical.
Event/diagnosis	None.