

Adolescent Well Care Visits

Measure Basic Information

Name and date of specifications used: HEDIS® 2019 Technical Specifications for Health Plans (Volume 2)

URL of Specifications: N/A

Measure Type:

HEDIS PQI Survey Other Specify: HEDIS-like – Computed using administrative claims only; HEDIS notes administrative data-only method should be used for the commercial population.

Measure Utility:

CCO Incentive State Quality CMS Adult Core Set CMS Child Core Set Other
Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2019 – December 31, 2019

2013 Benchmark: 53.2% (administrative data only); 2011 National Medicaid 75th percentile

2014 Benchmark: 57.6% (administrative data only); 2013 National Medicaid 75th percentile

2015 Benchmark: 62.0% (administrative data only); 2014 National Medicaid 75th percentile

2016 Benchmark: 61.9% (administrative data only); 2015 National Medicaid 75th percentile

2017 Benchmark: 51.8% (administrative data only); 2016 National Medicaid 75th percentile

2018 Benchmark: 66.0% (administrative data only); 2017 National Medicaid 75th percentile

2019 Benchmark: 65.2% (administrative data only); 2018 National Medicaid 75th percentile

2019 Improvement Targets: Minnesota method with 2 percentage point floor.

Incentive Measure changes in specifications from 2018 to 2019:

- Changes to the HEDIS Well-Care Value Set: Added ICD10CM diagnosis codes Z76.1, Z76.2; deleted ICD10CM diagnosis codes Z02.79, Z02.81, Z02.83, Z02.89, Z02.9; deleted all ICD9CM diagnosis codes.
- Clarified the method used for excluding members utilizing hospice services.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.



OHA is following HEDIS guidelines for Effectiveness of Care, Access/Availability of Care, Experience of Care, and Utilization measures to determine which services count. OHA is not using all codes listed in the HEDIS specifications.

Member type: CCO A CCO B CCO G

Specify claims used in the calculation:

AWC	Claim from matching CCO	Denied claims included
Numerator event	Y	Y

Measure Details

Data elements required denominator: Members age 12-21 years as of December 31 of the measurement year. See HEDIS® 2019 Technical Specifications for Health Plans (Volume 2) for details.

Required exclusions for denominator: Members in hospice are excluded from this measure. These members are identified using HEDIS 2019 Hospice Value Set, with claims within the measurement year. (See HEDIS 2019 General Guideline 17 for detail.)

Deviations from cited specifications for denominator: None. OHA uses administrative claims only.

Data elements required numerator: At least one comprehensive well-care visit during the measurement year. See HEDIS® 2019 Technical Specifications for Health Plans (Volume 2) for details.

Adolescent well-care visits are defined by the following codes:

Well-Care Value Set		
CPT	HCPCS	ICD-10 Diagnosis*
99383-99385, 99393-99395	G0438, G0439	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
Codes in the Well-Care Value Set that only apply to infants		
99381, 99382, 99391, 99392, 99461		Z00.110, Z00.111

*Diagnosis codes do not have to be primary.

**Note: Z02.xx ICD-10 codes are not covered under OHP administrative rules or on the Prioritized List as of 10/1/2018, however this measure does include denied claims.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: HEDIS® requires well-care visits to be with a primary care practitioner or OB/GYN practitioner. OHA specifications drop this requirement and count all well-care visits by any provider types. All other HEDIS® specifications are used to define a well-care visit.



What are the continuous enrollment criteria: The measurement year.

What are allowable gaps in enrollment: No more than one gap in continuous enrollment of up to 45 days during the measurement year.

Define Anchor Date (if applicable): December 31 of the measurement year.

For More Information: The Adolescent Well Care Visits guidance document and other supporting documents can be found at <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx> and <http://www.oregon.gov/OHA/HPA/CSI-TC/Pages/Resources-Metric.aspx>