

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (NQF 1516)

Measure Basic Information

Name and date of specifications used: OHA follows most parts of the measure from HEDIS® 2020 Technical Specifications for Health Plans (Volume 2), although deviates substantially therefore it is not an HEDIS measure per HEDIS new allowable adjustment rules.

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, 2020 – December 31, 2020

OHA is also using the 2020 specifications for 2019 baseline measurement year.

Benchmark for OHA measurement year	2019	2020
W34	79.3%	78.5%
Source:	Prior year national Medicaid 75th percentile (admin)	

2020 Improvement Targets: Minnesota method with 3 percentage point floor

Changes in HEDIS specifications from 2019 to 2020:

- Added instructions to not count services provided via telehealth when reporting this measure.
- HEDIS 2020 updated hospice exclusion rule in General Guideline 17 which replaced Hospice Value Set with two new value sets: Hospice Encounter Value Set and Hospice Intervention Value Set. UBTOB codes are no longer in use for identifying hospice exclusion.

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:

W34	Claim from matching CCO	Denied claims included
Numerator event	Y	Y

Measure Details

Data elements required denominator: Members age 3-6 years as of December 31 of the measurement year. See HEDIS® 2020 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 2020 Hospice Encounter Value Set and Hospice Intervention Value Set, with claims within the measurement year. (See HEDIS 2020 General Guideline 17 for detail.)

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

Data elements required numerator: At least one well-child visit during the measurement year.

Well-Care Value Set		
CPT	HCPCS	ICD-10 Diagnosis*
99381-99385, 99391-99395, 99461	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, 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

*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 10/01/2019, however this measure does include denied claims.

Required exclusions for numerator: Do not count visits billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set).

Telehealth Modifier Value Set
Modifier
95, GT

Telehealth POS Value Set
POS
02

Deviations from cited specifications for numerator: HEDIS® requires well-child visits to be with a primary care practitioner. OHA specifications drop this requirement and count all well-child visits by any provider types.

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.

NOTE: These standard continuous enrollment, allowable gap and anchor date criteria may be modified in 2020 to accommodate CCO membership service areas transitions.

For More Information: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>