

Well-Child Visits in the First 15 Months of Life

Measure Basic Information

Name and date of specifications used: HEDIS® 2015 Technical Specifications for Health Plans (Volume 2)

URL of Specifications:

n/a

Measure Type:

HEDIS ☒ PQI ☐ Survey ☐ Other ☐ Specify:

Measure Utility:

CCO Incentive ☐ Core Performance ☐ CMS Adult Set ☐ CHIPRA Set ☒ State Performance ☒
Other ☐ Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1 – December 31, 2015

2013 Benchmark: 77.3%, 2012 National Medicaid 90th percentile

2014 Benchmark: 77.4%, 2013 National Medicaid 90th percentile

2015 Benchmark: 76.9%, 2014 National Medicaid 90th percentile

Measure changes in specifications from 2014 to 2015:

OHA is using HEDIS® 2015 specifications for all 2015 measurements.

Changes from HEDIS 2013 to HEDIS 2015 include:

- Add numerator codes in preventive visits that apply to a wider age range (5 through 39 years of age): 99383-99385, 99393-99395 (HEDIS® 2014). The new code set encompasses possible miscoding, and should not have major impact on the measure.

For measurements involving NDC lists published by NCQA (<http://www.ncqa.org>), OHA will use the latest available version for the measures; 2016 NDC lists will be used for the final calculations of 2015 measurement year. Before the 2016 NDC lists are available, OHA will use the 2015 lists for any progress reports.

For 2015 measurement, OHA is only including CCO A and CCO B members. For dental related measures (e.g., dental sealants, DHS custody) OHA is only including CCO A members.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. 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 of thumb 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.

Denied claims: Included ☒ Not included ☐

Measure Details

Data elements required denominator:

Members age 15 months of age during the measurement year. See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for details.

Required exclusions for denominator:

See continuous enrollment criteria.

Deviations from cited specifications for denominator:

None.

Data elements required numerator:

Members with 6 or more well-care visits during the first 15 months of life. Note that the HEDIS specifications report seven separate numerators based on members who received 0, 1, 2, 3, 4, 5, and 6 or more well-child visits. OHA is only calculating / reporting on members with 6 or more well-care visits.

Codes to identify well-child visits (Well-Care Value Set):

CPT	HCPSC	ICD-9-CM Diagnosis
99381-99385, 99391-99395, 99461	G0438, G0439	V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for additional details.

Required exclusions for numerator:

None.

Deviations from cited specifications for numerator:

HEDIS® requires well-care visits to be done with a primary care practitioner (PCP). OHA specifications drop this requirement while still using other HEDIS® specifications to define a well-care visit.

What are the continuous enrollment criteria:

From 31 days to 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, 2012 must have had six well-child visits by April 8, 2013.

What are allowable gaps in enrollment:



No more than one gap in continuous enrollment of up to 45 days during continuous enrollment period.

Define Anchor Date (if applicable):

Day the child turns 15 months old.