

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

Description

The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.

Note: This measure has the same structure as measures in the Effectiveness of Care domain. The organization should follow Specific 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).
Ages	3–6 years as of December 31 of the measurement year.
Continuous enrollment	The measurement year.
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	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	None.

Administrative Specification

Denominator	The eligible population.
Numerator	At least one well-child visit with a PCP during the measurement year. 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 W34-A is considered to have received a well-child visit.

Table W34-A: Codes to Identify Well-Child Visits

CPT	ICD-9-CM Diagnosis
99382, 99383, 99392, 99393	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Hybrid Specification

Denominator	<p>A systematic sample drawn from the eligible population. The organization may reduce its sample size using the current year's administrative rate or the prior year's audited, product line-specific rate.</p> <p>Refer to <i>Guidelines for Calculations and Sampling</i> for information on reducing sample size.</p>
Numerator	<p>At least one well-child visit with a PCP during the measurement year. The PCP does not have to be the practitioner assigned to the child.</p>
Administrative	<p>Refer to <i>Administrative Specification</i> to identify positive numerator hits from the administrative data.</p>
Medical record	<p>Documentation must include a note indicating a visit to a PCP, the date on which the well-child visit occurred and evidence of <i>all</i> of the following.</p> <ul style="list-style-type: none"> • A health and developmental history (physical and mental) • A physical exam • Health education/anticipatory guidance <p>Do not include services rendered during an inpatient or ED visit.</p> <p>Preventive services may be rendered on the occasion of visits other than well-child visits. Well-child preventive services count towards the measure regardless of the primary intent of the visit. However, services that are specific to an acute or chronic condition do not count towards the measure.</p> <p>Visits to school-based clinics with practitioner types that the organization would consider as PCPs may be counted if documentation of a well-child exam is available. The PCP does not have to be assigned to the member.</p> <p>The organization may count services that occur over multiple visits toward this measure if all services occur within the time frame established in the measure.</p>

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.

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Data Elements for Reporting

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

Table W34-1/2: Data Elements for Well-Child Visits in the 3rd, 4th, 5th and 6th Years 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)		✓
Current year's administrative rate (before exclusions)		✓
Minimum required sample size (MRSS) or other sample size		✓
Oversampling rate		✓
Final sample size (FSS)		✓
Number of numerator events by administrative data in FSS		✓
Administrative rate on FSS		✓
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	✓	✓
Numerator events by medical records		✓
Reported rate	✓	✓
Lower 95% confidence interval	✓	✓
Upper 95% confidence interval	✓	✓