

## Adolescent Well-Care Visits (AWC)

### Description

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner 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

<b>Product lines</b>	Commercial, Medicaid (report each product line separately).
<b>Ages</b>	12–21 years as of December 31 of the measurement year.
<b>Continuous enrollment</b>	The measurement year.
<b>Allowable gap</b>	Members who have had no more than one gap in enrollment of up to 45 days during the measurement year. 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).
<b>Anchor date</b>	December 31 of the measurement year.
<b>Benefit</b>	Medical.
<b>Event/diagnosis</b>	None.

### Administrative Specification

<b>Denominator</b>	The eligible population.
<b>Numerator</b>	At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. The PCP does not have to be assigned to the member. Adolescents who had a claim/encounter with a code listed in Table AWC-A are considered to have received a comprehensive well-care visit.

**Table AWC-A: Codes to Identify Adolescent Well-Care Visits**

CPT	ICD-9-CM Diagnosis
99383-99385, 99393-99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

**Hybrid Specification**

<b>Denominator</b>	<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><b>Note:</b> For information on reducing sample size, refer to the Guidelines for Calculations and Sampling.</p>
<b>Numerator</b>	<p>At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year, as documented through either administrative data or medical record review. The PCP does not have to be assigned to the member.</p>
<b>Administrative</b>	<p>Refer to <i>Administrative Specification</i> to identify positive numerator hits from the administrative data.</p>
<b>Medical record</b>	<p>Documentation in the medical record must include a note indicating a visit to a PCP or OB/GYN practitioner, the date on which the well-care visit occurred and evidence of <i>all</i> of the following.</p> <ul style="list-style-type: none"><li>• A health and developmental history (physical and mental)</li><li>• A physical exam</li><li>• Health education/anticipatory guidance</li></ul> <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 PCPs may be counted if documentation that a well-care exam occurred is available in the medical record or administrative system before December 31 of the measurement year. 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 as long as all services occur within the time frame established in the measure.</p>

**Note**

- Refer to Appendix 3 for the definition of PCP and OB/GYN and other prenatal care practitioners.
- 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](http://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](http://www.Brightfutures.org) for more detailed information on what constitutes a well-care visit.

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## Data Elements for Reporting

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

**Table AWC-1/2: Data Elements for Adolescent Well-Care Visits**

	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	✓	✓