

## MEASURE W15-CH: WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

National Committee for Quality Assurance

### A. DESCRIPTION

Percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life:

- No well-child visits
- One well-child visit
- Two well-child visits
- Three well-child visits
- Four well-child visits
- Five well-child visits
- Six or more well-child visits

Data Collection Method: Administrative or Hybrid

#### Guidance for Reporting:

- Children should be listed in the numerator for their highest number of visits only. Thus if a child has 5 visits, include the child only in the 5-visit numerator. The sum of all rates should equal 100 percent.
- This measure adheres to the HEDIS 14-Day Rule. The 14-Day Rule specifies that vaccinations must be given 14 days apart to avoid double counting events when either the administrative or hybrid method is used to calculate the numerator. More information on the 14-Day Rule can be found in the HEDIS Volume 2 General Guidelines.
- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. If a state reports this measure using the Hybrid method, and a beneficiary is found to be in hospice or using hospice services during medical record review, the beneficiary is removed from the sample and replaced by a beneficiary from the oversample. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Child Core Set.
- Refer to [Appendix C](#) for the definition of a PCP.

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, Modifier, POS, SNOMED, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

**B. ELIGIBLE POPULATION**

Age	Children who turn 15 months old during the measurement year. Calculate the 15-month birthday as the child's first birthday plus 90 days.
Continuous enrollment	Ages 31 days to 15 months. Calculate age 31 days by adding 31 days to the child's date of birth.
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 beneficiary for whom enrollment is verified monthly the child may not have more than a 1-month gap in coverage (i.e., a child whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	Day the child turns age 15 months.
Benefit	Medical.
Event/diagnosis	None.

**C. ADMINISTRATIVE SPECIFICATION****Denominator**

The eligible population as defined above.

**Numerators**

Seven separate numerators are calculated, corresponding to the number of children who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits (Well-Care Value Set), with a PCP on different dates of service, on or before the child's 15-month birthday.

Do not count visits billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set).

The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

**D. HYBRID SPECIFICATION****Denominator**

A systematic sample drawn from the eligible population. Refer to the sampling guidance under Section II. Data Collection and Reporting of the Child Core Set for additional information. The organization may reduce its sample size using the current year's administrative rate for six or more visits, or the prior year's audited rate for six or more visits.

**Numerators**

Seven separate numerators are calculated, corresponding to the number of children who received 0, 1, 2, 3, 4, 5, 6 or more complete well-child visits with a PCP, on different dates of service, on or before the child's 15-month birthday.

The well-child visit must occur with a PCP.

### **Administrative Data**

Refer to Administrative Specification to identify positive numerator hits from administrative data.

### **Medical Record Review**

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all of the following:

- A health history. Health history is an assessment of the child's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- A physical developmental history. Physical development history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- A mental developmental history. Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- A physical exam
- Health education/anticipatory guidance. Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Do not include services rendered via telehealth or during an inpatient or emergency department (ED) visit.

Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward this measure, regardless of the primary intent of the visit, but services that are specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

States may count services that occur over multiple visits, as long as all services occur in the time frame specified by this measure.

The following notations or examples of documentation do not count as numerator compliant for the Medical Record Review:

- Health History
  - Notation of allergies or medications or immunization status alone. If all three (allergies, medications, immunization status) are documented it meets criteria.
- Physical Developmental History
  - Notation of Tanner Stage/Scale
  - Notation of "appropriate for age" without specific mention of development
  - Notation of "well-developed/nourished/appearing"
- Mental Developmental History
  - Notation of "appropriately responsive for age"
  - Notation of "neurological exam"
  - Notation of "well-developed"
- Physical Exam
  - Vital signs alone

- Health Education/Anticipatory Guidance
  - Information regarding medications or immunizations or their side effects
  - “Handouts given” during the visit without evidence of a discussion

#### **E. ADDITIONAL NOTES**

This measure is based on the CMS and American Academy of Pediatrics guidelines for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at <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 <http://www.Brightfutures.org> for more information about well-child visits.