

Memorandum

To: CCO Metrics Technical Advisory Group (TAG)

From: Valerie Stewart, OHA Metrics Manager

Date: 14 May 2020

Subject: COVID-19 and CCO Incentive Measure Program: Tele-health and Specifications for 2020 Well child Visits Measure

Thank you again to our CCO and other partners for your efforts to address the COVID-19 pandemic. This communication includes information on the Well-child visits in the third, fourth, fifth and sixth years of life incentive measure specifications for 2020, specifically that OHA **will confer credit for well-child visits provided via tele-health in 2020**.

To summarize the *pre-pandemic* measure specifications:

- The measure steward for this metric is the National Center for Quality Assurance (NCQA); NCQA publishes specifications for this measure each year in the annual Healthcare Effectiveness Data and Information Set (HEDIS) manual.
- Prior to publication of the most recent HEDIS manual, services provided via tele-health *counted* for this measure.
- However, the 2020 HEDIS manual added instructions to *not* count services provided via tele-health when reporting this measure.
- OHA therefore updated the CCO incentive measure specifications to align with this HEDIS change (meaning the original specifications OHA published made a note that services provided via tele-health would not be counted in the metric for 2020).

However, OHA has received numerous questions about this metric due to the health emergency:

- The Oregon Health Plan (OHP) broadening covered tele-health services during the pandemic (including coverage of some well-care services), with the Health Evidence Review Commission

(HERC) noting that telemedicine applies to any CPT of HCPCS codes for which the provider believes the clinical value reasonably approximates that of an in-person service;¹

- CMS counting well-child screenings via tele-health in CMS-416 EPSDT reporting (see <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf#Page=65>); and,
- The American Academy of Pediatrics (AAP) issuing guidance noting elements of the well-child visit can be conducted via tele-health when clinically warranted (see <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-providing-pediatric-well-care-during-covid-19/>).

OHA consulted with NCQA about whether the specifications would be updated to include telehealth services in light of the pandemic. NCQA said that it could not reach a decision at this time.

Given the importance of well-child care during and after the pandemic, and the need for a swift decision in light of changes to OHP coverage of these services, AAP guidance, and specifications for CMS-416 EPSDT reporting, OHA has decided to update its 2020 specifications for this measure such that they align with NCQA specifications from 2019 – meaning **OHA will confer metric credit for services provided via tele-health in calendar year 2020.**

Updated specifications which reflect this change are available here:

[https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-Well-Child-Visits-Age-3-6-specifications%20-final%20\(updated%205-14-20\).pdf](https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2020-Well-Child-Visits-Age-3-6-specifications%20-final%20(updated%205-14-20).pdf).

OHA will also apply the deviation in telehealth (rolling back HEDIS numerator exclusion) on the two non-incentivized well-care measures: Well child visits in first 15 Months of life and Adolescent well care visits. The specifications will be published later in the year.

For More Information

If you have additional thoughts or questions, please email us at metrics.questions@dhsosha.state.or.us.

¹ See the following regarding expansion of telemedicine during pandemic: Telemedicine Memos: [All Plan, 4.21, 4.16 \(dentistry\), 4.15 \(SBHC\), 3.20 \(BH\)](#); Webinar Slides: [4.17](#); Webinar Recording: [To listen/view](#)