

Child and Adolescent Well-Care Visits (WCV, NQF1516)

Measure Basic Information

Name and date of specifications used: OHA follows HEDIS® MY2025 Technical Specifications for Health Plans (Volume 2).

URL of Specifications: This measure is selected in the CMS CHIP and Medicaid Child Core Set; the detail manual and Value Set Dictionary can be found on the CMS resource page:
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>

Measure Type:

HEDIS Survey Other Specify:

Measure Utility:

CCO Incentive CMS Adult Core Set CMS Child Core Set Other Specify:

Note: WCV measure sub-age range 3-6, formerly known as the ‘Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)’ is incentivized in the CCO metrics program starting measurement year 2020.

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2025 – December 31, 2025

WCV_Age3-6*	2023^	2024^	2025^
Benchmark for OHA measurement year	68.6%	70.2%	72.0%
Improvement target for OHA measurement year	MN method with 1 percentage point floor	MN method with 2 percentage point floor	MN method with 1.5 percentage point floor
Source:	MY2019 CCO average	MY2022 CCO 90th percentile	MY2023 CCO 90th percentile

^This measure is selected for the Challenge Pool.

Note on telehealth: Telehealth visits no longer qualify for the measure starting MY2025.

Changes in specifications from MY2024 to MY2025:

- Removed telehealth well visits from the numerator. (Added Online Assessments Value Set, Telehealth POS Value Set and Telephone Visits Value Set to the measure to exclude visits using telehealth from the numerator.)
- Removed the data source reporting requirement from the race and ethnicity stratification.

Member type: CCOA CCOB CCOE CCOF CCOG



Starting MY2024, CCO members under the Basic Health Plan (BHP) anytime during the required continuous enrollment period are excluded from the incentive quality rates. Note that the Cover All Kids (CAK) and Healthier Oregon Program (HOP) recipients have also been excluded from the incentive quality rates.

Specify claims used in the calculation:

WCV	Claim from matching CCO	Denied claims included
Numerator event	Y	Y

Measure Details

Data elements required denominator: Members age 3-21 years as of December 31 of the measurement year. Report four age stratifications and total rate:

- *3-6 Years
- 7-11 Years
- 12-17 Years
- 18-21 Years
- Total

* WCV measure sub-age range 3-6, formerly known as the ‘Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) measure’ is incentivized in the CCO metrics program starting measurement year 2020. The original HEDIS WCV measure requires reporting three age stratifications: 3-11, 12-17 and 18-21. OHA further stratify the first group to age 3-6 and 7-11 so the incentivized measure age range (3-6) can still be reported separately. Additional age stratification is within the HEDIS Allowable Adjustment rules.

Required exclusions for denominator:

- Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement year. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement year.
- Members who die any time during the measurement year.

Deviations from cited specifications for denominator: None.

Continuous enrollment criteria: The measurement year.

Allowable gaps in enrollment: No more than one gap in continuous enrollment of up to 45 days during the measurement year.

Anchor Date (if applicable): Enrolled on December 31 of the measurement year.

Data elements required numerator: One or more well-care visits during the measurement year. Either of the following meet criteria:

- A well-care visit (Well Care Visit Value Set).
- An encounter for well-care (Encounter for Well Care Value Set). Do not include laboratory claims (claims with POS code 81).



Do not include telehealth visits (visits billed with a code that indicates telehealth: Telehealth POS Value Set; Online Assessments Value Set; Telephone Visits Value Set). Note that OHA applies the telehealth exclusion at the unique claim level.

The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.

To identify PCPs and OB/GYNs, OHA adopts the Oregon Primary Care Primary Care Provider Types and Specialties list established by Health Systems Division (HSD) with the addition of Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and Indian Health Clinics (IHC). This method is approved by NCQA.

Qualifying HSD codes below and can be identified from either the Billing or the Performing Provider. For outpatient and outpatient crossover claims, the Attending Provider is used as a substitution when the Performing Provider information is missing.

HSD Provider type/specialty codes qualify for PCP or OB/GYN:

PROV_TYPE	PROV_SPEC	CDE_PROV_TYPE	CDE_PROV_SPEC
Physician	Adolescent Medicine	34	222
Physician	Clinic	34	238
Physician	Family Practitioner	34	249
Physician	General Practitioner	34	252
Physician	Geriatric Practitioner	34	251
Physician	Gynecology	34	253
Physician	Internist	34	262
Physician	Obstetrics	34	275
Physician	Obstetrics & Gynecology	34	276
Physician	Osteopathic Physician	34	244
Physician	Pediatrics	34	283
Physician	Preventive Medicine	34	296
Physician	Public Health	34	286
Clinic		47	Any
Physician Assistants	Physician Assistants	46	395
Midwife		41	Any
Naturopath		38	Any
Advance Practice Nurse	Advance Practice Nurse	42	360
Advance Practice Nurse	Certified Nurse Midwife	42	367
Advance Practice Nurse	Family Nurse Practitioner	42	364
Advance Practice Nurse	Nurse Practitioner	42	366
Advance Practice Nurse	Nurse Practitioner Clinic	42	361
Advance Practice Nurse	Obstetric Nurse Practitioner	42	363
Advance Practice Nurse	Pediatric Nurse Practitioner	42	362
Family Planning Clinic		22	Any

Pharmacist	Pharmacist Clinician	50	109
FQHC		15	Any
Indian Health Clinics		28	Any
Rural Health Clinic		14	Any
Physician	Physician (Default Spec)	34	231

HSD List: <https://www.oregon.gov/oha/HSD/OHP/Tools/primary-care-providers-codes.pdf>

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

For More Information: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>