

Child and Adolescent Well-Care Visits (WCV)

Measure Basic Information

Name and date of specifications used: OHA follows HEDIS® MY2023 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/childrens-health-care-quality-measures/index.html>

Measure Type:

HEDIS PQI Survey Other Specify:

Measure Utility:

CCO Incentive State Quality 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, 2023 – December 31, 2023

Benchmark for OHA measurement year	2021	2022	2023 [^]
WCV_Age3-6*	54.6%	64.1%	68.6%
Source:	MY2020 CCO 25 th percentile	MY2020 CCO 75 th percentile	MY2019 CCO average

[^]This measure is selected for the 2023 Challenge Pool.

2023 Improvement Targets: Minnesota method with 1 percentage point floor.

Note on telehealth: This measure is telehealth eligible as the qualifying numerator services do not require certain in-person place of service codes in claims data. For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Changes in specifications from MY2022 to MY2023:

- Added required exclusion for members who died anytime in the measurement year.

Member type: CCOA CCOB CCOG

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 in hospice or using hospice services any time during the measurement year. Refer to *General Guideline 15: Members in Hospice*. These members are identified using HEDIS MY2023 Hospice Encounter Value Set and Hospice Intervention Value Set, with claims within the measurement year.
- Members who died any time during the measurement year. Refer to *HEDIS MY2023 General Guideline 16: Deceased Members*.

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 visits¹ (Well-Care Value Set) during the measurement year. The well-care visit must occur with a PCP or an OB/GYN practitioner, but the

¹ Note, this measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit the Bright Futures website for more information about well-child visits (<https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>).



practitioner does not have to be the practitioner assigned to the member. (See HEDIS MY2022 specifications or CMS Medicaid Child Core Set manual for detail codes in the Value Set.)

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.

DSSURS 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>

*PCP can be defined as the Billing or Performing Provider

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>