

HEDIS® 2017 MEASURE: ADOLESCENT WELL-CARE VISITS (AWC)

Members 12-21 years of age who had at least one comprehensive well-care visit with a Primary Care Practitioner (PCP) or an OB/GYN practitioner during the measurement year.

Inclusion into the measure can include the following three events:

- ▶ Adolescents who turn 12-21 years old during the measurement year.
- ▶ The well-care visit must occur with a primary care practitioner (PCP), but the PCP does not have to be the practitioner assigned to the child (Do not include services rendered during an inpatient or ED visit).
- ▶ Visits to school-based clinics with practitioner types that the organization would consider as PCPs may be counted if documentation of a well-child exam is available. The PCP does not have to be assigned to the child.

Exclusions:

- ▶ Members in hospice care are excluded from the eligible population.

HOW TO IMPROVE YOUR HEDIS SCORE:

- Use complete and accurate Value Set Codes.
- Timely submit claims and encounter data. Note that claim submission dates vary by payer.
- Schedule the child's next preventive care visit while the patient is waiting to be seen by the provider; if this isn't possible, schedule the next visit before the patient leaves the office (or the exam room if necessary).
- Use gap lists to help manage your total population. Make outreach calls and/or send letters to advise members/parents of the need for a visit.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits and sports physicals) to provide well care components when applicable.
 - Non-well visits will count towards compliance as long as all five documentation components (below) are included in the visit note.
 - Make sports/day care physicals into well-care visits by scheduling the appropriate visit time, performing the required services, and submitting appropriate codes.
 - Use all visits as teachable moments to increase well-care visits and health literacy.
- Take advantage of back-to-school season to do outreach campaigns or hold health fairs for well-child visits.
- Actively pursue missed appointments with letters and reminder calls.
 - Reminder calls made later in the day or early evening may result in more contacts being made to the patients.



- Reminder calls made by office staff tend to be more effective than auto-dialer calls.
- Consider the parent’s work schedule as a barrier to the visit, and offer extended evening or weekend hours.
- Verify and add additional patient contact information at each visit for future reminder recall efforts.
- Document the date when the well-child visit occurred and evidence of all of the following: 1) health history, 2) physical developmental history, 3) mental developmental history, 4) physical exam, and 5) health education/anticipatory guidance. Include the following types of medical records:
 - Progress notes/Office visit notes with dated growth chart
 - Complete Physical Examination Form
 - Anticipatory Guidance/Developmental Milestone Form
- Provide health education/anticipatory guidance.
- Non-well visits will count towards compliance as long as all five documentation components (i.e. health history, physical and mental development, physical exam, and health education/anticipatory guidance) are included in the visit note.
- Set up EMR alerts to:
 - Flag patients due for a well child visit either in practice management when scheduling or within the EMR during the visit.
 - Trigger staff to make reminder phone calls.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- Have printed, customized reminder letters or “reminder birthday cards” ready to hand out and mail to parents and guardians, notifying them when adolescents are overdue for an exam.

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
Weight	Interval history	Developing appropriately for age	Making good grades at school	Safety (seat belt)
Height	Active problems	Does not smoke or drink alcohol	Has good circle of friends	Nutrition (vitamins, frequency of eating, snacks, ideal weight)
Chest	Past medical history	Participates in team sports at school	Transitioning to high school well	Fitness and the importance of exercise
Heart	Surgical history	Discussions about P.E. at school	Seems detached from family/friends	Oral health (Dental visits, eating habits, need for orthodontics)
Lungs	Family history	Discussions on menstrual cycle	Sleeps more than usual	Sexuality (safe sex, birth control)
Tanner Stages	Social history in addition to any of the above	Has problems gaining weight	Seems depressed all the time	Substance abuse

Codes used to identify Well-Care visits

Description	CPT	HCPCS	ICD-10-CM
Well-Care	99381-99385, 99391-99395, 99461	G0438 (Annual wellness visit, initial) G0439 (Annual wellness visit, subsequent)	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

Codes used to identify exclusions

Description	HCPCS
Hospice Services	G9702