

## HEDIS® 2017 MEASURE: WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH, AND SIXTH YEARS OF LIFE (W34)

**Members 3-6 years of age who received one or more well-child visits with a primary care practitioner during the measurement year.**

Inclusion into the measure can include the following three events:

- ▶ Children who turn 3-6 years old during the measurement year.
- ▶ The well-child 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.
- Documentation in the medical record must include a note indicating a visit with a primary care practitioner, the date when the well-child visit occurred, and evidence of all of the following:
  - A health/interval history.
  - A physical developmental history.
  - A mental developmental history.
  - A physical exam.
  - Health education/anticipatory guidance.
- Include the following in the medical record:
  - Progress notes or office visit notes with dated growth chart.
  - Complete Physical Examination Form.
  - Anticipatory Guidance or Developmental Milestone Form.
- Pre-schedule the next well-visit before the patient leaves the office and before the appointment whenever possible.
- 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) to provide well care components when applicable.
  - Non-well visits will count towards compliance as long as all five documentation components (previous slide) 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.
- 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.
- Set EHR alerts to:
  - Flag patients due for immunizations 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 children are overdue for an exam.
- Take advantage of back-to-school season to do outreach campaigns or hold health fairs for well-child visits.
- Use materials from Bright Futures as health promotion material to disseminate to parents.
- Reference the below summary of required documentation.

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
<b>Weight</b>	Interval history	Developing appropriately for age	Making good grades in school	Safety (car seats, swimming lessons, seat belts, helmets, knee and elbow pads, strangers, etc.)
<b>Height</b>	Active problems	Can skip	Understands and responds to commands	Nutrition (vitamins, frequency of eating, snacks, ideal weight)
<b>Chest</b>	Past medical history	Hops on one foot	Learning alphabet and numbers	Discussion on fitness and the importance of exercise
<b>Heart</b>	Surgical history	Runs and climbs well	Competent with fork and spoon	Oral health (Dental visits, eating habits, need for orthodontics, etc.)
<b>Lungs</b>	Family history	Rides a tricycle	Very imaginative play	Mental Health (confidence, self-esteem, etc.)
<b>Tanner Stage</b>	Social history with above	Stands on one foot for 3-5 seconds	Knows own sex	Preparing for school

**Codes used to identify Well-Child visits**



Description	CPT	HCPCS	ICD-10-CM
<b>WELL-CARE</b>	99381-99385, 99391-99395, 99461	G0438, G0439	Z00.121, Z00.129, Z00.8, Z02.2, Z02.71, Z02.79, Z02.81, Z02.82, Z02.89, Z02.9

**Codes used to identify exclusions**

Description	HCPCS
<b>Hospice Services</b>	G9702