

HEDIS® 2017 MEASURE: WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15)

Members who turned 15 months old in the measurement year and who had 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a primary care practitioner during their first 15 months of life.

Inclusion into the measure can include the following three events:

- ▶ Children who turn 15 months of age 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).
- ▶ The well-child visits must occur before the 15-month birthday.

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 from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all of the following:
 - A health history.
 - A physical developmental history.
 - A mental developmental history.
 - A physical exam.
 - Health education/anticipatory guidance.
- Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.
- Services that occur over multiple visits will count toward the numerator as long as all services occur in the time frame specified by the measure.
- 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.
 - You may refer to the American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National



Center for Education in Maternal and Child Health) at www.Brightfutures.org for more information about well-child visits.

- The well-child visit is a great opportunity to verify that the child is on track with their immunizations for the CIS measure. By 15 months of age, the child should have the following immunizations completed:
 - 3rd dose of HepB
 - 2nd or 3rd dose of Rotavirus
 - 3rd or 4th dose of DTap
 - 4th dose of HiB
 - 4th dose of PCV
 - 3rd dose of IPV
 - Annual flu shot
 - MMR
 - Varicella (chickenpox)
- 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).
- Schedule the 15-month well-visit appointment one to two weeks before the 15 month birthday.
- Use gap lists to help manage your total population. Make outreach calls and/or send letters to advise patients/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 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.
- Set up EMR 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/ milestone cards” ready to hand out and mail to parents and guardians, notifying them when children are overdue for an exam.
- Reference the below summary of required documentation.

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
Weight	Interval history	Developing appropriately for age	Coos and babbles at parents	Safety (car seats, laying baby on back for sleep, child-proofing home, etc.)
Height	Active problems	Turns face to side when placed on stomach	Pleasurable response to familiar, enjoyable situations (bottle, bath, faces, etc.)	Nutrition (vitamins, ideal weight)
Head circumference	Past medical history	Follows parents with eyes	Cries more than normal	Independence (baby’s decreased interest in breast as he/she grows older)
Chest	Surgical history	Sits unsupported for 10 minutes	Shows fear of strangers	Family (changing roles, sibling interaction)
Heart	Family history	Responds appropriately to variations in sounds	Quiets down when picked up	Discussions on how to recognize an ill baby
Lungs	Social history with above	Walks alone with one hand held	Looks for toy fallen out of sight	Discussions about socialization (play groups) and play

Codes used to identify Well-Child visits

Description	CPT	HCPCS	ICD-10-CM
WELL-CARE	99381, 99391, 99382, 99392	G0438, G0439	Z00.110, Z00.111, 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
Hospice Services	G9702

