

2022 Quality Measure Highlight

Child & Adolescent Well-Care Visits



MEASURE DESCRIPTION

The percentage of members 3 – 17 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Numerator: Members with at least one (1) well-child visit with a PCP or OB/GYN during the measurement year.

Denominator: Members 3 – 17 years of age as of December 31 of the MY.

Measure Type: Administrative (claims / encounter) for the eligible population

Report two (2) age stratifications:

- 3 – 11 years
- 12 – 17 years

Additionally, the following two (2) indicators should accompany the Child and Adolescent Well-Care Visit assessment; it is “recommended” to document/satisfy these additional indicators during the well-care visit:

- Counseling for Nutrition for Children/Adolescents
- Counseling for Physical Activity for Children/Adolescents

For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.

Intent / Importance: Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.¹ *Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.*² Well-care visits provide an opportunity for providers to influence health and development. These annual visits are a critical opportunity for screening and counseling.

For 3 – 11 years old, a child can be helped through early detection of vision, speech and language problems. Intervention can improve communication skills and avoid or reduce language and learning problems. For 12 – 17 years old, this is an opportunity to address

Coding

Well Child CPT: 99381-85, 99391-95, 99461

Diagnosis Codes: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129

Place of Service: 02, 011, 12, 49, 50, 71, 72

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

social determinants of health, physical growth and development, emotional well-being, risk reduction (pregnancy and sexually transmitted infections, tobacco, e-cigarettes, alcohol) and safety (seat belt and helmet use, sun protection, substance use, firearm safety).

<ul style="list-style-type: none"> PCP QIP 2022 	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Pediatric Medicine	10 Points 12.5 Points	53.83%	75 th
Partial Points	Family Medicine Pediatric Medicine	8 Points 9 Points	45.31%	50 ^h

Please Note

- The visit must occur with a PCP or an OB/GYN practitioner (as applicable); the practitioner does not have to be the practitioner assigned to the member.
- Visits which occur via synchronous telehealth (which requires real-time interactive audio and video telecommunications), telephone visits and asynchronous (e-visits, virtual check-ins, [for example, use of a patient portal, secure text messaging or email]) meet administrative criteria if the visits are billed using the code list for this measure.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.

Exclusion

Members in hospice or using hospice services anytime during the measurement year.

Best and Promising Practices

Data and Coding

- Ensure proper documentation of all components in the medical record for each visit where preventive services are addressed.
- Use coding to document exclusions.
- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14-to-30 days of service toward the end of the measurement year period to avoid claims lag.

- Use complete and accurate codes to capture services completed for telehealth and in-person visits.

Member Care

- Every visit can be viewed as an opportunity to complete an exam, such as sports physicals, sick visits when appropriate.
- Offer back-to-back sibling well child visits for families with multiple children with practice.
- For in-person visits, use dedicated rooms for: acute visits and well-care visits
- Multiple offices use one (1) location for well-visits and a different location for acute visits.
- Use telehealth (synchronous - video or telephone visit and asynchronous such as e-visits, virtual check-ins) to accomplish well-child visits.
- Establish a Teen Clinic within pediatric and family practices. Promote telehealth visits to engage older teens and young adults with preventative care. Create policies and procedures around confidential services for adolescent well child visits.
- Create policies and procedures around Health Care Transitions for 18 year olds.
- Have families' complete "pre-work" forms in advance of visit via telephone or member portal.
- Use a hybrid model for visits: virtual and in-person.
- Ensure proper documentation of all components in the medical record for each visit where preventive services are addressed.
 - Documentation of "development appropriate for age" satisfies both physical and mental development.
 - Documentation of anticipatory guidance can be found on the Staying Healthy Assessment (SHA).
- Schedule next appointment (if possible) before the member/patient leaves the office or while "waiting" to be seen by the provider (e.g., in the exam room). Have parent/caregiver or older teen/young adult address appointment reminder card in own handwriting.
- Set up EHR alerts to flag patients so each staff member can identify members who are due for well-child services at every member/patient encounter and to communicate with parents/guardians to schedule an appointment.
- Actively pursue missed appointments within 48 hours with reminder call by staff member.
- Use standardized templates in EMRs/EHRs to guide providers and staff through the visit to ensure all components were met and documented.
- Identify and address barriers to care (transportation, language, cultural beliefs). Partner with established community agencies, schools, after-school programs, faith-based organizations.

- Ensure member information is consistent, welcoming, plain and person-centered, language appropriate, and delivered in traditional and electronic applications, per patient's preference.
- Offer extended evening or weekend hours.
- Consider using an equity approach to increase screening rates for targeted communities. By looking at WCV measure compliance rates by such factors as race, ethnicity, location (i.e., zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.