

Summary of Changes to HEDIS 2020

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a Note to clarify that handouts given during a visit without evidence of a discussion do not count as well-child visits.
- Added the Rules for *Allowable Adjustments of HEDIS* section.

Description

The percentage of members who turned 15 months old during the measurement year and who had:

- No well-child visits.
- One well-child visit.
- Two well-child visits.
- Three well-child visits.
- Four well-child visits.
- Five well-child visits.
- Six or more well-child visits.

Note

- *This measure has the same structure as measures in the Effectiveness of Care domain. The calculation is the same as for the Effectiveness of Care measures.*
- *Only the Administrative Method of data collection may be used when reporting this measure.*

Eligible Population

Note: *Members in hospice are excluded from the eligible population. If an organization reports hospice services during medical record review, the member is removed from the sample and reported as a non-eligible member.*

Product lines	Commercial, Medicaid (report each product line separately).
Age	Children who turn 15 months old during the measurement year.
Continuous enrollment	31 days–15 months of age. Calculate 31 days of age by dividing the number of days in the measurement year by 12.
Allowable gap	No more than one gap in enrollment of up to 45 days during the measurement year. If enrollment is verified monthly the member may not have been continuously enrolled).
Anchor date	Day the child turns 15 months old.
Benefit	Medical.
Event/diagnosis	None.

Administrative Specification

Denominator: The eligible population.

Numerators

Seven separate numerators are calculated, corresponding to different dates of service, on or before the child's 15-month birthday.

Do not count visits billed with a telehealth modifier (T).

The well-child visit must occur with a PCP, but the PCP

Hybrid Specification

Denominator

A systematic sample drawn from the eligible population rate for six or more visits, or the prior year's audited rate.

Refer to the *Guidelines for Calculations and Sampling*.

Numerators

Seven separate numerators are calculated, corresponding to different dates of service, on or before the child's 15-month birthday.

The well-child visit must occur with a PCP.

Administrative Refer to *Administrative Specification* to identify positions.

Medical record

Documentation from the medical record must include the following:

- **A health history.** Health history is an assessment of current and past illness, surgery or hospitalization (or lack of surgery or hospitalization).
- **A physical developmental history.** Physical developmental history documents children as they grow and develop.
- **A mental developmental history.** Mental developmental history documents children as they grow and develop.
- **A physical exam.**
- **Health education/anticipatory guidance.** Health education/anticipatory guidance addresses health issues that a child and family may face.

Do not include services rendered via telehealth or during a telehealth visit.

Preventive services may be rendered on visits other than the well-child visit, but services that are specific to the assessment or diagnosis of a condition are not included.

The organization may count services that occur over multiple visits.

Note

- The following notations or examples of documentation do not count as numerator compliant:
 - **Health History**
 - Notation of allergies or medications or immunization status alone. If all three (allergies, me
 - **Physical Developmental History**
 - Notation of Tanner Stage/Scale.
 - Notation of “appropriate for age” without specific mention of development.
 - Notation of “well-developed/nourished/appearing.”
 - **Mental Developmental History**
 - Notation of “appropriately responsive for age.”
 - Notation of “neurological exam.”
 - Notation of “well-developed.”
 - **Physical Exam**
 - Vital signs alone.
 - **Health Education/Anticipatory Guidance**
 - Information regarding medications or immunizations or their side effects.
 - “Handouts given” during the visit without evidence of a discussion.
- Refer to Appendix 3 for the definition of PCP.
- This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSD Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the child visits.

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table W15-1/2: Data Elements for Well-Child Visits in the First 15 Months of Life

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	✓	✓
Eligible population	✓	✓
Number of numerator events by administrative data in eligible population (before exclusions)		<i>Each of the 7 rates</i>
Current year’s administrative rate (before exclusions)		<i>Each of the 7 rates</i>
Minimum required sample size (MRSS)		✓
Oversampling rate		✓
Number of oversample records		✓
Number of numerator events by administrative data in MRSS		<i>Each of the 7 rates</i>

Administrative rate on MRSS		<i>Each of the 7 rates</i>
Number of medical records excluded because of valid data errors		✓
Number of employee/dependent medical records excluded		✓
Records added from the oversample list		✓
Denominator		✓
Numerator events by administrative data	<i>Each of the 7 rates</i>	<i>Each of the 7 rates</i>
Numerator events by medical records		<i>Each of the 7 rates</i>
Numerator events by supplemental data	<i>Each of the 7 rates</i>	<i>Each of the 7 rates</i>
Reported rate	<i>Each of the 7 rates</i>	<i>Each of the 7 rates</i>
Benchmarks - National all LOB		
Metric Identifier	Measure	50th Percentile
W15	Well-Child Visits in the First 15 Months of Life	82

Child Visits in the First 15 Months of Life (W15)

3.

does not meet criteria for Health Education/Anticipatory Guidance.

and the following number of well-child visits with a PCP during their first 15 months of life:

1 visits.

organization must follow the *Guidelines for Effectiveness of Care Measures when calculating this measure* for the commercial population.

and this measure for the Medicaid product line using the Hybrid method, and a member is found to be replaced by a member from the oversample. Refer to General Guideline 17: *Members in Hospice*.

ately).

ent year. Calculate the 15-month birthday as the child's first birthday plus 90 days.

adding 31 days to the child's date of birth.

during the continuous enrollment period. To determine continuous enrollment for a Medicaid member, there must be no more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 d

ing to the number of members who received 0, 1, 2, 3, 4, 5, 6 or more well-child visits (Well-Care V
ld's

telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set).

PCP does not have to be the practitioner assigned to the child.

on for the Medicaid product line. The organization may reduce its sample size using the current year
ate for six or more visits.

for information on reducing sample size.

ing to the number of members who had 0, 1, 2, 3, 4, 5, 6 or more complete well-child visits with a P
hday.

ive numerator hits from administrative data.

a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of *all*
of the member's history of disease or illness. Health history can include, but is not limited to, past il
or hospitalization) and family health history.

opmental history assesses specific age-appropriate physical developmental milestones, which are p

mental history assesses specific age-appropriate mental developmental milestones, which are behav

education/anticipatory guidance is given by the health care provider to parents or guardians in antic

ing an inpatient or ED visit.

in well-child visits. Well-child preventive services count toward the measure, regardless of the prin
treatment of an acute or chronic condition do not count toward the measure.

multiple visits, as long as all services occur in the time frame specified by the measure.

indications, immunization status) are documented it meets criteria.

T visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org (American Academy of Pediatrics National Center for Education in Maternal and Child Health) at www.Brightfutures.org for more information.



75th Percentile	90th Percentile
86	90



measure.



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Value Set) with a



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of the following:

Illness (or lack of

Physical skills seen in

Behaviors seen in children

Participation of emerging

Primary intent of the

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