

## Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

### Metric Information

**Metric description:** The percentage of Medicaid beneficiaries 3–6 years of age who had one or more well-child visits during the measurement year.

**Metric specification version:** HEDIS® 2018 Technical Specifications for Health Plans, NCQA (modified).

**Data collection method:** Administrative only.

**Data source:** ProviderOne Medicaid claims/encounter and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Measurement year.

**Direction of quality improvement:** Higher is better.

**URL of specifications:** Metric is a modified version of the HEDIS® specification available via: [www.ncqa.org/hedis/measures](http://www.ncqa.org/hedis/measures)

### DSRIP Program Summary

**Metric utility:** ACH Project P4P ■ ACH High Performance ■ DSRIP statewide accountability ■

**ACH Project P4P – Metric results used for achievement value:** Single metric reported.

**ACH Project P4P – improvement target methodology:** gap to goal.

**ACH Project P4P gap to goal - absolute benchmark value:**

DY 3/performance year 1 (2019)	85.04% 2017 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile
DY 4/performance year 2 (2020)	TBD 2018 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile
DY 5/performance year 3 (2021)	TBD 2019 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile

**ACH High Performance – methodology:** HCA will use a Quality Improvement (QI) Model to determine relative high performance among ACHs for the set of High Performance metrics. For more information, see Chapter 8: ACH High Performance Incentives.

**DSRIP statewide accountability – methodology:** HCA will use a Quality Improvement (QI) Model to determine statewide performance across the quality metric set. For more information, see Chapter 2: Statewide accountability.

**ACH regional attribution:** Residence in the ACH region for 11 out of 12 months in the measurement year.

## Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

**Statewide attribution:** Residence in the state of Washington for 11 out of 12 months in the measurement year.

### DSRIP Metric Details

Eligible Population	
Age	Ages 3-6. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the measurement year.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

#### Denominator:

*Data elements required for denominator:* Medicaid beneficiaries meeting the eligible population criteria above: Children 3–6 years of age as of the last day of the measurement year with continuous enrollment as defined above.

*Required exclusions for denominator.*

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.

*Deviations from cited specifications for denominator.*

- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

#### Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

## Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

*Date elements required for numerator:* At least one well-child visit (Well-Care Value Set) during the measurement year.

*Value sets required for numerator.*

Name	Value Set
Well-Care Value Set	See HEDIS®

*Required exclusions for numerator.*

- None.

*Deviations from cited specifications for numerator.*

- The HEDIS® specification requires including only primary care providers and excluding all specialty care visits. Any provision of well-child services is included, regardless of provider type.

### Version Control

**July 2018 release:** The specification was updated to HEDIS® 2018 specifications.

**January 2019 update:** Minor formatting updates were made to the metric specification sheet. This includes updating the URL of the source specification and changing HEDIS™ to HEDIS®. No substantive changes were made to the specification.