

Child and Adolescent Well Care Visits

Metric Information

Metric description: The percentage of Medicaid beneficiaries, 3 - 21 years of age, who had at least one comprehensive well-care visit during the measurement year.

Metric specification version: HEDIS® Measurement Year 2020 and Measurement Year 2021 Technical Specifications for Health Plans, NCQA.

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: 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:

Project 2A and 3D: Submetrics reported for 3-11 years of age, 12-17 years of age, and 18-21 years of age. Each submetric contributes equal weight in the final AV calculation for the overall metric.

Projects 3B: Single metric result for those 3-11 years of age.

ACH Project P4P – improvement target methodology:

Project 2A and 3D: improvement over self (1.9% improvement over reference baseline performance).

Project 3B: improvement over self (1.9% improvement over reference baseline performance).

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 the single metric result for those 3-11 years of age.

DSRIP statewide accountability – methodology: HCA will use a Quality Improvement (QI) Model to determine statewide performance for the defined metric set for the single metric result for those 3-11 years of age.

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

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

DSRIP Metric Details

Eligible Population – ACH Project P4P (Project 2A and 3D)	
Age	3 - 21 years and older. 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.

Eligible Population – ACH Project P4P (Project 3B)	
Age	3 - 11 years and older. 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.

Eligible Population – DSRIP Statewide Accountability	
Age	3 - 11 years and older. 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.

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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.

Eligible Population – ACH High Performance	
Age	3 - 11 years and older. 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 who meet the above eligibility criteria.

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.

Data elements required for numerator: One or more well-care visits during the measurement year.

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Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version Control

August 2021 update: This is a new specification. For DSRIP purposes, Child and Adolescent Well Care Visits replaces Child and Adolescent Access to Primary Care and Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life for DY5/performance year 3 (2021). Due to the lack of available national benchmark during the baseline year (2019), this metric shifts from a gap-to-goal to an improvement over self improvement target methodology for DY5 only.