

Well-Child Visits in the First 15 Months of Life

Metric Information

Metric description: The percentage of Medicaid beneficiaries who turned 15 months old during the measurement year and who had six or more well-child visits during their first 15 months of life.

It is important to note that this metric is a modified version of the HEDIS® metric. 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.

Metric specification version: HEDIS® 2020, NCQA (modified), Core Set of Children’s Health Care Quality Measures for Medicaid and Chip (Child Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2020 Reporting

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: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

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 result.

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

ACH Project P4P gap to goal - absolute benchmark value:

DY 3/performance year 1 (2019)	67.83% 2017 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 4/performance year 2 (2020)	71.38% 2018 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 5/performance year 3 (2021)	TBD 2019 NCQA Quality Compass National Medicaid, 90 th Percentile

ACH regional attribution: Residence in the ACH region from ages 31 days to 15 months, with a single 1-month gap allowed (to match continuous eligibility requirement).

Well-Child Visits in the First 15 Months of Life

DSRIP Metric Details

Eligible Population	
Age	15 months old. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	31 days to 15 months of age. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	One gap of one month during the enrollment period (31 days to 15 months of age).
Medicaid enrollment anchor date	The day the child turns 15 months old.
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 15 months 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.

- None.

Numerator:

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

Date elements required for numerator: Children who had 6 or more complete well-child visits (Well-Care Value Set), on different dates of service during their first 15 months of life.

Value sets required for numerator.

Name	Value Set
Well-Care Value Set	See HEDIS®
Telehealth Modifier Value Set	See HEDIS®
Telehealth POS Value Set	See HEDIS®

Well-Child Visits in the First 15 Months of Life

Required exclusions for numerator.

- Visits billed with a telehealth modifier or place of service code.

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.

August 2019 update: The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2018 to HEDIS® 2019). No substantive changes were made to the DSRIP Metric Details. Note that while the names of the value sets included in the specifications have not changed, the underlying values may have been updated. See HEDIS® for specific instructions. DY 4/performance year 2 (2020) benchmark value(s) have been added to the DSRIP Program Summary section.

August 2020 update: The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2019 to HEDIS® 2020). The names of the value sets included in the specifications have changed and the underlying values may have been updated. See HEDIS® for specific instructions. Denominator exclusion criteria was revised to reflect continuous enrollment identification processes. Numerator exclusion added to not count services provided via telehealth. DY 5/performance year 3 (2021) benchmark value(s) have been added to the DSRIP Program Summary section.