Well Care Visits Adolescents Medicaid Child

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MEASURE DESCRIPTION:

#615 - **WELL CARE VISITS ADOLESCENTS MEDICAID CHILD indicates the** percentage of adolescents, aged 12 to 21 years, who had at least one comprehensive well-care visit with a primary care physician (PCP) or a gynecologist during the measurement year.

This rule is based on the CMS Core Set of Children's Health Care Quality Measures for Medicaid, Measure AWC-CH, October 2016, and HEDIS measure Adolescent Well-Care Visits (AWC).

PROPRIETARY STATUS: This measure is owned by NCQA.

DEVIATIONS from Medicaid criteria;

1. HEDIS specifies that Utilization measures should utilize suspended, pending, and denied claims as well as paid claims. Only paid claims are utilized in our rule measure calculations.

2. For the data collection time-frame of 2015, Medicaid specifies that measures should be calculated using ICD-10 codes for claims with a date of service or date of discharge on or after October 1, 2015. The rules engine has no way to eliminate ICD-9 codes from a measure calculation if they are included on a claim following the October 1, 2015 date. The impact of this on rule results will depend on the extent to which incorrect codes appear on submitted claims.

CRITERIA REVIEW DATE: 2017

MEASURE PACKAGE: Advantage Medicaid Focus

MINIMUM DATA REQUIREMENTS (months): 12

MEASURE DETAILS:

DENOMINATOR:

Identifies the unique count of adolescents, aged 12 to 21 years as of the end of the measurement year.

Age in Years (as of the end of the measurement year)	>=12 and <= 21

EXCLUSIONS:

None.

NUMERATOR:

For each adolescent who meets the denominator criterion, those who had at least one comprehensive well-care visit with a PCP or OB/Gyn practitioner during the measurement year.

At least one comprehensive well-care visit with a PCP or OB/Gyn practitioner (during the measurement year) Note: The PCP does not have to be assigned to the member.	((Any Diagnosis Code ICD9 = V202, V2031, V2032, V700, V703, V705, V706, V708, V709 or Any Diagnosis Code ICD10 = Z000*, Z001*, Z005, Z008, Z020-Z026, Z027*, Z028*, Z029 or CPT Procedure Code = 99381-99385, 99391-99395, 99461 or HCPCS Procedure Code = G0438, G0439) AND Provider Type Code Medstat = 200, 202, 204, 206, 240, 320, 400, 410, 845))

CONTINUOUS ENROLLMENT:

Continuously enrolled with medical coverage during the measurement year, including the last day, with no more than a 1-month gap in coverage, which equates to 11 out of 12 months.

MEASURE BACKGROUND:

The measure specification methodology used by the Truven Health Analytics LLC is different than NCQA's methodology. NCQA has not validated the altered measure specifications, but has granted Truven Health Analytics LLC permission to modify as needed.

None of the measures produced from quality rules engine (QME) have been validated by NCQA. NCQA specifications provided in QME are for reference only and are not an indication of measure validity produced by QME. A measurement rate does not constitute a HEDIS rate unless it audited and approved by an NCQA-certified HEDIS Compliance Auditor. All measurement rates produced by QME shall not be designated or referenced as a HEDIS rate or HEDIS result for any purpose.

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