Well Care Visits Adolescents Medicaid Child

©2017 Truven Health Analytics LLC. Proprietary and confidential.

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.

((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.

COPYRIGHTS AND ACKNOWLEDGMENTS
©2017 Truven Health Analytics LLC, Proprietary and confidential.

Terms of Use
The recipient of these documents shall treat the information contained herein as confidential, proprietary information, owned by Truven Health Analytics LLC. The recipient shall not disclose or permit to be disclosed, in whole or in part, to any third party any information contained herein.

No part of these documents may be reproduced, translated, or transmitted in any form by Photostat, microfilm, xerography, recording or any other means, or stored or incorporated into any information retrieval system, electronic or mechanical, without the prior written permission of the copyright owner.

The software, data, and other information to which this publication relates have been provided under the terms of a License Agreement with Truven Health Analytics LLC.

NCQA Notice of Use. The HEDIS® measures and specifications were developed by and are owned by the National Committee for Quality Assurance ("NCQA"). The HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. All uses, including reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. ©2016 NCQA, all rights reserved. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications. The American Medical Association holds a copyright to the CPT® codes contained in the measures specifications. The American Hospital Association holds a copyright to the Uniform Bill Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. The UB Codes contained in the HEDIS specifications may be used by health plans and other health care delivery organizations for the purpose of calculating and reporting HEDIS measure results or using HEDIS measure results for their internal quality improvement purposes. All other uses of the UB Codes require a license from the AHA. Anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@ahafoundation.com.

The measure specification methodology 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, ©2017 National Committee for Quality Assurance, All rights reserved.

CPT® copyright 2017 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT is a registered trademark of the American Medical Association.

The LOINC codes, LOINC table (regardless of format), LOINC Release Notes, LOINC Changes File, and LOINC® Users' Guide are copyright ©1995-2017, Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee. All rights reserved.

RED BOOK™ is a trademark of Truven Health Analytics LLC.

The National Drug Code (NDC) Directory is published by the U.S. Food and Drug Administration and is made available under the Open Database License. http://opendatacommons.org/licenses/odbl/1.0/. Any rights in individual contents of the database are licensed under the Database Contents License: http://opendatacommons.org/licenses/dbcl/1.0/.


The International Classification of Diseases, 9th Revision, Procedure Coding System (ICD-9-PCS) is published by the World Health Organization (WHO). ICD-9-PCS is an official Health Insurance Portability and Accountability Act standard.

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) is published by the World Health Organization (WHO). ICD-10-CM is an official Health Insurance Portability and Accountability Act standard.

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) is published by the World Health Organization (WHO). ICD-10-PCS is an official Health Insurance Portability and Accountability Act standard.

AMA PCRI Notice of Use. Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement (the Consortium), are intended to facilitate quality improvement activities by physicians. These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures. Measures are subject to review and may be revised or rescinded at any time by the Consortium. The Measures may not be altered without the prior written approval of the Consortium. Measures developed by the Consortium, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and American Medical Association, on behalf of the Consortium. Neither the Consortium nor its members shall be responsible for any use of these Measures. The Measures are provided as is without warranty of any kind, ©2017 American Medical Association. All Rights Reserved.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2017, is protected under federal copyright laws and owned by the American Hospital Association ("AHA"). Chicago, Illinois. No portion of the OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.

This measure is proprietary and owned by Truven Health Analytics LLC. It is provided under the terms of a License Agreement with Truven Health Analytics LLC.