

## Well Child Visits (>5) in First 15 Mos Mcd Child

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### MEASURE DESCRIPTION:

#638 -WELL CHILD VISITS (>5) IN FIRST 15 MOS MCD CHILD indicates the percentage of children, who turned 15 months old, and had more than five well-child visits with a primary care practitioner (PCP) during their first 15 months of life.

This rule is based on the CMS Core Set of Children's Health Care Quality Measures for Medicaid, Measure W15-CH, April 2015, HEDIS measure Well-Child visits in the First 15 Months of Life (W15), and NQF measure #1392.

**PROPRIETARY STATUS:** This measure is owned by NCQA [NQF-Endorsed™].

### 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. The measure specifies that the member must be enrolled on the anchor date, which is the day the child turns 15 months of age. We cannot implement an enrollment requirement based on that date.
3. For the data collection timeframe 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):** 27

### MEASURE DETAILS:

#### DENOMINATOR:

Identifies the unique count of children aged 15 months during the measurement year.

Age in Months (during the measurement year)	= 15
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#### EXCLUSIONS:

None

#### NUMERATOR:

For each child who meets the denominator criterion, those who received more than five well-child visits with a PCP during their first 15 months of life.

More than five well-child visits on different dates of service with a PCP (during the first 15 months of life)  Note: The practitioner does not have to be assigned to the patient.	((Any Diagnosis Code ICD9 = V202, V2031, V2032, V700, V703, V705, V706, V708, V709 Or Any Diagnosis Code ICD10 = Z00111, Z00121, Z00129, Z005, Z008, Z020, Z021, Z022, Z023, Z024, Z025, Z026, Z0271, Z0279, Z0281, Z0282, Z0283, Z0289, Z029 Or CPT Procedure Code = 99381-99385, 99391-99395, 99461 Or HCPCS Procedure Code = G0438, G0439)  and  Provider Type Code Claim Medstat = 200, 202, 204, 240, 400, 825, 845))
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## CONTINUOUS ENROLLMENT:

Continuously enrolled with medical coverage from 31 days to 15 months of age. Patients must be enrolled on the day they turn 15 months old, with no more than a 1-month gap in coverage, which equates to 13 out of 14 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.

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