

Targeted Investments 2.0 Program

TIP Measure Details Guide:

Child and Adolescent Well-Care Visits (W30 Part 1, W30 Part 2, WCV)

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This guide is for TI-participating providers to help them understand the Well Child Visits in the First 15 Months of Life (W30 - Part 1), Well Child Visits for Ages 15 Months to 30 Months (W30 - Part 2), and Child and Adolescent Well-Care Visits (WCV) measures. [W30](#) - Part 1, [W30](#) - Part 2, and [WCV](#) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

Assessing physical, emotional, and social development is important at every stage of life, particularly with children and adolescents.¹ Well-care visits are essential as they allow providers to assess and improve the health and development of children and adolescents through scheduled immunizations, promotion of healthy behavior, prevention of risky behavior, and detection of conditions that can interfere with physical, social, and emotional development.² In addition to helping to keep members and their families healthy, regular visits help create strong, trusting relationships among providers, children, and families, which can lead to improved health engagement by the child and family in the short and long term.

What We Measure

- *Well-Child Visits in the First 15 Months (W30 – Part 1):* The percentage of children who had six or more well-child visits during the first 15 months of life.
- *Well-Child Visits for Age 15 Months–30 Months (W30 – Part 2):* The percentage of children who had 2 or more well-child visits with a PCP during the 15th to 30th months of life.
- *Child and Adolescent Well-Care Visits (WCV):* The percentage of persons 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period.

Your performance is reported as a percentage calculated as the $\frac{\text{numerator}}{\text{denominator}}$.

TI Area of Concentration	Measure	Denominator Definition	Numerator Definition
Peds PCP	W30 – Part 1	Members aged 15 months as of the report period end date.	Members in the denominator who had six or more well-child visits with a PCP in the first 15 months of life. Note: Visits must be 14 days apart.
	W30 – Part 2	Members aged 30 months as of the report period end date.	Members in the denominator who had two well-child visits with a PCP between ages 15-30 months. Note: Visits must be 14 days apart.
	WCV	Members aged 3 to 21 years old at the report period end date.	Members in the denominator who had at least one comprehensive well-care visit with a PCP or an OB/GYN.

Note: The above measures require members to be continuously enrolled in medical benefits without a break greater than 45 days.

What Is the Reporting Period?

- A HEDIS® measure's reporting period is a continuous 12-month window.
- TIP Provider Dashboards show your organization's performance on the selected measure for 12 consecutive, overlapping report periods, where each report period is a 12-month period ending in the month and year shown on the X-axis. Your performance levels for 12 report periods are provided so you can track how your performance changes across time.
- TI incentive payments are based on your performance for the Federal Fiscal Years (October 1st to September 30th).

Which Members Are in my Denominator?

To understand the members that you are accountable for and who are attributed to you (i.e., in your denominator) for this measure, you need to know the denominator definition (above), as well as the AHCCCS member population assessed, and the attribution method used.

Member Population Assessed

- Members enrolled in one of the seven AHCCCS Complete Care (ACC) health plans
- Members with SMI enrolled in an ACC Regional Behavioral Health Agreement (RBHA) health plan are included

Member Population Exclusions

- ACC and ACC-RBHA members who utilized hospice services or died

Attribution Methods

- In TI 2.0 Year 4, attribution is done at the billing and servicing provider ID level. For a detailed explanation about the provider IDs used and examples, please see the [TI 1.0 Provider Identification Methodology video](#) and [slides](#).
 - If you have any questions about the billing and servicing provider IDs used for your organization, please contact the AHCCCS Targeted Investments team (targetedinvestments@azahcccs.gov).
- Attribution is re-evaluated each month for all report periods displayed on the dashboard. The attribution method used is specific to each AOC. Review the attribution method specific to the TI AOC you are enrolled in:

TI Area of Concentration	Attribution Method
Peds PCP	• PCP attribution is based on claims and PCP-member assignments. • Members are attributed to the PCP with whom they have the strongest relationship, as documented by claims, considering the frequency of visits, MCO PCP assignment, and the member's most recent PCP visit if multiple relationships exist. If no established relationship is documented, members are attributed to their MCO-assigned PCP. The most recent member assignments at the report period end.

	These assignments are provided monthly by health plans and AHCCCS. Milestone performance is calculated based on member-level attribution aggregated to the Organizational (Tax ID) level for participating sites.
--	---

What Services Qualify for the Numerator?

PCP Provider Types & Specialties

- Certain [AHCCCS provider types and specialties](#) qualify as a primary care provider (PCP). Follow-up services are counted in the numerator only if the provider listed in the “Service” field (box 32a) is credentialed as a qualified primary care provider.

Billing Codes

- TI 2.0 Year 4 use HEDIS® Measurement Year 2023 measure definitions.
- Due to licensing agreements, we are not able to publish a list of all qualifying services codes. However, we can direct you to resources containing the billing codes.
 - Please see these Arizona Health Plan Measure Guides. You do not have to be contracted with the plan to access these resources.
 - United Healthcare - [HEDIS® MY 2023 Reference Guide](#)
 - Definitions Only - Banner University Family Care - [HEDIS® Guide](#)
 - For more information on HEDIS measures or to get your own license, see the [NCQA HEDIS® site](#).
 - Value sets and codes used in HEDIS 2024 (Measurement Year 2023) measure calculations are available at no cost. Download the 2023 Quality Rating System (QRS) HEDIS Value Set Directory from the [NCQA store](#).

What Services Do Not Qualify for the Numerator?

Any procedure code not listed in the previous section does not qualify.

How Do I Document Services to Get Credit on the Measure?

TI performance measurement relies on claims data. Hybrid chart review does not apply.

What Is My TI Performance Target?

The table below shows the TI target set for the W30 and WCV measures. For your organization's specific target, please see your dashboard or the email received from the AHCCCS TI team.

TI Area of Concentration	Measure	Target
Peds PCP	W30 – Part 1	57% 72%
	W30 – Part 2	60% 77%
	WCV	40% 52% 65%

How Were the Performance Targets Determined?

Please see the [TIPQIC website](#) for details on target setting.

Additional TIP Guides

Please see the other [TIP measure Details Guides](#) on our website, as well as [best Practice Audit Guides](#). For example, TIP Best Practice Audit: Building Capacity for Performance Excellence provides best practices for an organizational QI system, which is needed to optimize your organization's QI efforts for this measure.

Questions? Contact the ASU TIPQIC Team (TIPQIC@asu.edu) or AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov) with questions or to request further assistance.

References

1. Child Trends. 2025. "Well-Child Visits."
<http://www.childtrends.org/?indicators=well-child-visits>
2. Centers for Medicare & Medicaid Services. Adolescent Well-Care Visits: Ages 3 to 21. Medicaid.gov. <https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html>