

## TIP Measure Details Guide: *Child and Adolescent Well-Care Visits (W15, W34, AWC)*

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 use by TI-participating Providers to build their understanding of the W15, W34, and AWC measures. W15, W34 and AWC are Healthcare Effectiveness Data and Information Set (HEDIS) measures designed and maintained by the [National Committee for Quality Assurance \(NCQA\)](#).

### Measure Definitions

*Well-Child Visits in the First 15 Months of Life (W15):* Assesses children who turned 15 months old during the measurement year and had 0–6 well-child visits with a primary care physician during their first 15 months of life (1).

*Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34):* Assess children 3-6 years of age who received one or more well-child visits with a primary care practitioner during the measurement year (1).

*Adolescent Well-Care Visits (AWC):* Assesses adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year (1).

Note: TI Program Years 4-6 use HEDIS MY 2019 measure definitions.

### Why It Matters

Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents (2). 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 (3). 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

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

TI Areas of Concentration (AOC)	Denominator Definition	Numerator Definition
Peds PCP	<b>W15 Denominator:</b> Members who turn 15 months old during the reporting period.	<b>W15 Numerator:</b> Members in the denominator who had six or more well-child visits with a qualifying primary care provider (PCP) on or before the 15-month birthday. Visits must be on different dates of service.
	<b>W34 Denominator:</b> Members aged 3 to 6 years as of the last day of the reporting period.	<b>W34 Numerator:</b> Members in the denominator who had at least one well-child visit with a qualifying PCP in the reporting period.
	<b>AWC Denominator:</b> Members aged 12-21 years as of the last day of the reporting period.	<b>AWC Numerator:</b> Members in the denominator who had at least one comprehensive well-care visit with a qualifying primary care provider (PCP) in the reporting period.

Note: AHCCCS allows many provider and facility types to qualify as a primary care provider (PCP). These are detailed later in the document.

## 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 – September 30th).

## Which Members Are in My Denominator?

To understand the members 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 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 health plan are included.

## Members Excluded

- Members in hospice

## Attribution Methods

- In TI Years 5-6, attribution is done at the level of billing and servicing provider IDs. For a detailed explanation about the provider IDs used and examples, please see the [Provider Identification Methodology video](#) and [slides](#).
  - If you have questions about the billing and servicing provider IDs used for your organization, please contact the AHCCCS Targeted Investments Team ([targetedinvestments@azahcccs.gov](mailto:targetedinvestments@azahcccs.gov)).
- Attribution is re-evaluated each month for all report periods displayed on the dashboard.
- The attribution method used for this measure is specific to each AOC. Review the attribution method specific to your TI AOC you are enrolled:

TI Area of Concentration (AOC)	Attribution Method
Peds PCP	<ul style="list-style-type: none"> <li>• PCP attribution is based on PCP-Member assignments and claims as specified in this <a href="#">PCP Attribution Methodology</a> Decision Tree.                             <ul style="list-style-type: none"> <li>○ List of AHCCCS <a href="#">PCP Providers Types &amp; Specialties</a> that qualify as a PCP.</li> </ul> </li> <li>• PCP attribution is at the member level. Members are attributed to one PCP for all PCP measures and for the entire measurement year. Therefore, all of a patient’s qualifying hospital discharges in the performance year will be included in the attributed PCP’s denominator.</li> <li>• The most recent member assignments are used. Member assignments are provided by the health plans and AHCCCS monthly. Milestone performance will be based on attribution to members at the Organizational (Tax ID) level for participating sites.</li> </ul>

## What Services Qualify for the Numerator?

### PCP Provider Types & Specialties

Click on the following links to see the lists of AHCCCS Provider types and specialties that qualify as a primary care provider (PCP). Qualified follow-up services only count in the numerator if the “Service” provider (box 32a) is credentialed as a qualified primary care provider.

- [PCP Provider Types & Specialties](#)

## Billing Codes

- TI Program Years 4-6 use HEDIS MY 2019 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 that contain more information.
  - Please see the [Arizona Health Plan Measure Guides](#) linked on our website for billing codes. Note: For all services listed in the linked Measure Guides, the visit must occur with a qualifying primary care provider.
  - For more information on HEDIS measures or to get your own license, see the [NCOA HEDIS site](#).
  - Value sets and codes used in HEDIS 2020 (Measurement Year 2019) measure calculations are available at no cost. Download the 2019 Quality Rating System (QRS) HEDIS Value Set Directory from the [NCOA store](#).
- In addition to the billing codes listed in the linked guides, the following accommodations have been made for TI Performance measurement:
  - The measures’ numerator-qualifying telehealth services will get credit if they follow [AHCCCS’s telehealth billing guidelines](#) allowed on the date of service.

## What Services Do Not Qualify for the Numerator?

- Any procedure code or service provider type 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 shows all of the TI targets set for the W15, W34 and AWC measures. For your organization’s specific target, please see your dashboard or emails received from the AHCCCS TI team.

TI Area of Concentration (AOC)	W15/W34/AWC	Y4 Target*	Y5 Target	Y6 Target
Peds PCP	W15	65%, 80%	65%, 80%	61%, 76%
	W34	60%, 85%	60%, 85%	56%, 77%
	AWC	40%, 60%, 80%	40%, 60%, 80%	40%, 59%, 70%

\*TI Year 4 target adjustments were made to account for impacts of COVID. For your adjusted target, see the June 2021 email from AHCCCS TI team.

## How Were the Performance Targets Determined?

See [TIPQIC website](#) for details on target setting.

## Additional TIP Guides

Find [other TIP Measure Detail 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](mailto:TIPQIC@asu.edu)) or AHCCCS Targeted Investments Team ([targetedinvestments@azahcccs.gov](mailto:targetedinvestments@azahcccs.gov)) with questions or to request further assistance.

## References

1. <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>. Accessed 11/12/2021.
2. Child Trends. 2012. "Well-child visits." <http://www.childtrends.org/?indicators=well-child-visits>
3. Centers for Medicare & Medicaid Services. Adolescent Well-Care Visits: Ages 12 to 21. Medicaid.gov. <https://www.medicaid.gov/state-overviews/scorecard/adolescent-well-care-visits/index.html>