Proposed Changes to Existing Measures for HEDIS® MY 2020

Well-Child Visits in the First 15 Months of Life (W15)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
Adolescent Well-Care Visits (AWC)

Proposed Retirement for HEDIS MY 2020
Children and Adolescents’ Access to Primary Care Practitioners (CAP)

NCQA seeks comments on proposed modifications to three HEDIS health plan measures that assess whether children and adolescents receive well-care visits according to the American Academy of Pediatrics Bright Futures guidelines for Health Supervision of Infants, Children and Adolescents. The current measures are specified for reporting by commercial and Medicaid health plans.

- The current Well-Child Visits in the First 15 Months of Life (W15) measure assesses the percentage of members who turned 15 months old during the measurement year and who had well-child visits with a PCP (0, 1, 2, 3, 4, 5, or 6 or more visits).
- The current Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) measure assesses the percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.
- The current Adolescent Well-Care Visits (AWC) measure assesses the percentage of members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

NCQA proposes to remove the hybrid reporting method from the measures. An examination of performance rates shows that, over time, medical record review has had less of an impact on rates. Given minimum impact on performance and reported difficulty clearly identifying well visits from medical record review, expert panels supported removing the hybrid option.

The current measures do not cover children 2 years old—a critical period for developmental and other screenings. The current measures also do not cover children 7–11 years old—a period that includes milestones for interpersonal development and may mark the beginning of puberty for some children. Panel members supported incorporating children not previously captured in the measures.

The current well-child measures require the visit be with a PCP (or OB/GYN for adolescents), to ensure the visits are focused on preventive care. Panels suggested this requirement was unnecessary and supported removing the provider requirement from these measures.

The current W34 measure includes separate rates for 0, 1, 2, 3, 4, 5 and 6 or more visits. Panel members supported collecting only the rate that assesses whether 6 or more visits occur.

For children and adolescents 3–21 years of age, panel members supported continuing to look for 1 or more visits during the measurement year, noting the importance of annual visits for this age group and in keeping in alignment with the Bright Futures recommendations.

NCQA proposes the following updates:

- Well-Child Visits in the First 15 Months of Life (W15)
  - Remove the hybrid specification.
  - Add a “15–30 months” age range.

¹HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
– Remove performance rates for 0–5 visits.
– Remove the provider type requirement.
– Rename the measure Well-Child Visits in the First 30 Months of Life.

• *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)*
  – Remove the hybrid specification.
  – Add a “7–11 years” age range.
  – Combine the measure with AWC and rename it Child and Adolescent Well-Care Visits.

• *Adolescent Well-Care Visits (AWC)*
  – Remove the hybrid specification.
  – Split the adolescent age range into two age ranges: 12–18 years and 19–21 years.
  – Combine the measure with W34 and rename it Child and Adolescent Well-Care Visits.

The Well-Care Value Set used in these measures includes ICD-10 diagnosis Z-codes. These codes would need to be used in conjunction with other encounter codes, so these codes alone do not indicate that a well-care visit occurred. NCQA proposes to remove these ICD-10 diagnosis codes from the Well-Care Value Set in the Well-Child Visits in the First 30 Months of Life and Child and Adolescent Well-Care Visits measures.

With revisions to the current well-child measures, *Children and Adolescents’ Access to Primary Care Practitioners* may not continue to add useful information beyond the newly structured well-child measures. NCQA proposes to retire the *Children and Adolescents’ Access to Primary Care Practitioners (CAP)* measure.

NCQA seeks feedback on the proposed changes.

Supporting documents for these measures include the current and draft measure specifications, evidence workup and performance data.

*NCQA acknowledges the contributions of the Child & Adolescent Well-Care Measurement Advisory Panel and the Technical Measurement Advisory Panel.*
Children and Adolescents’ Access to Primary Care Practitioners (CAP)

SUMMARY OF CHANGES TO HEDIS MEASUREMENT YEAR 2020

• Retire measure.

Description

The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.
- Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Eligible Population

Note: Members in hospice are excluded from the eligible population. Refer to General Guideline 17: Members in Hospice.

Product lines Commercial, Medicaid (report each product line separately).

Ages 12 months–19 years as of December 31 of the measurement year. Report four age stratifications:

- 12–24 months as of December 31 of the measurement year. Include all children who are at least 12 months old but younger than 25 months old during the measurement year (i.e., born on or between December 1, 2017, and December 31, 2018).
- 25 months–6 years as of December 31 of the measurement year. Include all children who are at least 2 years and 31 days old but not older than 6 years during the measurement year (i.e., born on or between January 1, 2013, and November 30, 2017).
- 7–11 years as of December 31 of the measurement year.
- 12–19 years as of December 31 of the measurement year.

Continuous enrollment

For 12–24 months, 25 months–6 years: The measurement year.
For 7–11 years, 12–19 years: The measurement year and the year prior to the measurement year.

Allowable gap

For 12–24 months, 25 months–6 years: No more than one gap in enrollment of up to 45 days during the measurement year.
For 7–11 years, 12–19 years: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.
To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled) during each year of continuous enrollment.

Anchor date  December 31 of the measurement year.
Benefit  Medical.
Event/diagnosis  None.

### Administrative Specification

<table>
<thead>
<tr>
<th>Denominator</th>
<th>The eligible population.</th>
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| Numerator   | For 12–24 months, 25 months–6 years: One or more visits with a PCP during the measurement year.  
For 7–11 years, 12–19 years: One or more visits with a PCP during the measurement year or the year prior to the measurement year.  
Any of the following meet criteria:  
• Ambulatory Visits Value Set with a PCP.  
• Telephone Visits Value Set with a PCP.  
• Online Assessments Value Set with a PCP.  
Count all members who had an ambulatory or preventive care visit to any PCP. Exclude specialist visits. |

**Note**

- Refer to Appendix 3 for the definition of PCP.

### Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

**Table CAP-1/2: Data Elements for Children and Adolescents’ Access to Primary Care Practitioners**

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<tr>
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<tbody>
<tr>
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<tr>
<td>Data collection methodology (Administrative)</td>
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<tr>
<td>Eligible population</td>
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<td>Numerator events by administrative data</td>
<td>For each age stratification</td>
</tr>
<tr>
<td>Reported rate</td>
<td>For each age stratification</td>
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