

Child and Adolescent Well-Care Visits, Ages 3-6 (WCV)

[Link to finalized OHA technical specifications.](#)

Who: Children who are 3–21 years-old as of December 31 of the measurement year.

Note: For the 2024 measurement year, only the 3-6 age range is incentivized.

Why: Regular check-ups during preschool and early school-age children are important for detection of vision, speech, and language problems. Early intervention can help a child improve communication skills and avoid or reduce language and learning problems. Annual well-care visits are recommended for those aged 2 to 21 years old, “as they are a strong vehicle to deliver screening, anticipatory guidance, and health education to support healthy development now and in the future” (source: OHA Guidance Document).

What: The percentage of members 3–21 years of age who had one or more well-child visits during the measurement year. There are four age stratifications, race and ethnicity stratifications, and a total rate which must be reported; however ONLY the age group 3-6* is incentivized for this measure.

Age Stratifications	Race Stratifications
<ul style="list-style-type: none"> • 3-6 Years* • 7-11 Years • 12-17 Years • 18-21 Years • Total 	<ul style="list-style-type: none"> • Black or African American • American Indian and Alaska Native • Asian • Native Hawaiian and Other Pacific Islander • Some Other Race • Two or More Races • Asked but No Answer • Unknown

How: At least one well-child visit, which can be completed via telemedicine (see codes below), by a primary care provider during the measurement year. Some ideas to improve Well Care visits include:

- Regularly pull member lists for outreach
- Tip: you can find actionable member lists in the Metrics Dashboard in FIDO
- Create well-child visit reminders. Note that this visit can occur at any time in the year and does not have to be completed by the patient’s birth date as it is for an immunization measure.
- Convert an urgent visit or sports physical into a well-child visit. And if time is a constraint, spread out the required assessments across two visits.
- Reduce barriers for families: offer appointments outside normal business hours or weekend hours; explore transportation issues; and flexibility seeing siblings at the same time.
- Utilize member incentives to encourage completing a WCV.

- Build relationships with community organizations (such as cultural centers, churches, boys and girls club, schools) to reinforce the importance of the well-child visit.
- Remember other required health maintenance and CCO Incentive metrics that can be supported during a child or adolescent well care visit. Scrubbing charts and being aware of needed screenings and immunizations results in less time away from school for the child and better access for the provider. Think about needed vaccines, depression, and SBIRT screenings that may be due.
- Partner with school-based health centers for WCV appointments.
- For more support, reach out to Quality Improvement or your clinic's Innovation Specialist for additional support or technical assistance.

Exclusions: Members who are in hospice, using hospice services, or died at any time during the year are excluded from this measure. These exclusions are not included in the final rate calculations, but still must be reported to CareOregon.

Coding: Diagnosis codes do not have to be primary. The following are codes that are used to identify visits as identified by the **Well Care Visit** and **Encounter for Well Care** value set:

- **CPT:** 99381-99385, 99391-99395, 99461
- **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613
- **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Frequently Asked Questions: Child and Adolescent Well-Care Visits (WCV)

Q: Can Behavioral Health Clinics (BHC's) help?

A: Behavioral Health Clinician (BHC) meets with families before PCP comes into appointment to assess for psycho-social issues needing to be addressed during well child check. BHC can help create a robust appointment that assures that all aspects of care are addressed, while allowing PCP to focus on physical health issues. Any concerns can lead to follow up appointments.

Q: What are the required elements of a well child visit?

A: The follow satisfy the requirements of a well-child visit:

- **A health history.** Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history.** Physical developmental histories assess specific age- appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history.** Developmental histories assess specific age- appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam.** Include height and weight measurements as well as condition of gums and teeth. Physical exams also present an excellent opportunity to integrated 1st Tooth or Fluoride Application programs, as well.
- **Health education/anticipatory guidance.** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Q: Do school-based clinic visits count for this measure?

A: Yes, as long as the visit meets the requirements of a well child visit, and the documentation is available in the medical record or administrative system in the time frame specified by the measure.

Q: Does the patient need to be seen by their assigned PCP for it to count for the metric?

A: No, the provider does not have to be the assigned PCP. However, the provider must be a PCP per Oregon's Primary Care Provider Types. The PCP can be defined as the Billing or Performing Provider. Reach out to your Quality Improvement Analyst for more support.

Q: What telehealth codes count for this measure?

A: G0438-G0439 per the [ANCILLARY GUIDELINE A5, TELEHEALTH, TELECONSULTATIONS AND ONLINE/TELEPHONIC SERVICES](#) published by OHA and extracted from the January 1, 2024 Prioritized List.

Additional Resources

Bright Futures: This measure is primarily based on the American Academy of Pediatrics Bright Futures. More information about well-child visits can be found in the link above.

- <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/>
- <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

OHA Technical Assistance: Technical assistance for Well-Child Visits 3-6 is provided by OHA. The provided information regarding how to support this measure at your clinic may be found on the official OHA website:

- <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Well-Child-Visits.aspx>

OHA Eligible Primary Care Providers and Procedure Codes for Well-Child Visits 3-6

- <https://www.oregon.gov/oha/HSD/OHP/Tools/primary-care-providers-codes.pdf>

Performance Measure Set: CCO Incentive Metric Medicare Star Measure

Quality Measurement Type: Structure Process Outcome Patient Experience Other Specify: HEDIS

Type: Claims Chart Documentation eCQM Survey Other

State Benchmark: 70.2% for children, ages 3-6 (MY 2022 CCO 90th percentile)