

## 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. Only ages 3-6 are incentivized for the CCO Medicaid Incentive program.

**Note:**

- Beginning in MY2024, CCO members under the Basic Health Plan (BHP), Cover All Kids (CAK), and Healthier Oregon Program (HOP) anytime during the measure year are excluded from incentive quality rates.
- **Beginning in MY2025, telehealth visits will no longer be included in the numerator for this metric**

**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-care visits during the measurement year. There are four age stratifications and a total rate which must be reported; however, ONLY the age group 3-6\* is incentivized for this measure. Race and ethnicity stratifications have been removed from the reporting requirements starting MY2025.

### Age Stratifications

- **3-6 Years\***
- 7-11 Years
- 12-17 Years
- 18-21 Years
- Total

**How:** At least one well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year. The practitioner does not have to be the practitioner assigned to the member. 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-care 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-care 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 sets:
  - **CPT:** 99381-99385, 99391-99395, 99461
  - **HCPCS:** S0302, S0610, S0612, S0613, G0438, G0439
  - **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
  - **Not included:**
    - **Laboratory claims or claims with POS code 81**
    - **Telehealth claims or claims with POS codes 02 or 10**

## 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 following satisfies the requirements of a well-care 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: Will CareOregon cover a second well-care visit within 12 months?**

**A:** Yes, CareOregon will cover as many well-care visits as appropriate per provider discretion within a 12-month period.

## 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:** 75.3% for children, ages 3-6 (MY 2024 CCO 90<sup>th</sup> percentile)