



# Well-Child Checks (Ages 3-9)

## Measure Description

Percent of distinct members, ages 3-9, who received a well visit within the evaluation period.

## Evaluation Period

Rolling 12 month; 90 days claims run out

## Numerator

To be in the numerator, the child must have had a well-child check during the measurement year.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Clients included in the denominator	1			
Wellness Visit	1	CPT Procedure Code in (99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99460, 99461, 99463)	or	During evaluation period
		(CPT Procedure Code between 99202 and 99205 or CPT Procedure Code between 99213 and 99215) AND (ICD-9 Diagnosis Codes V20, V20.0, V20.1, V20.2, V20.3, V20.31 V20.32, V70, V70.0, V70.3, V70.4, V70.5, V70.6, V70.7, V70.8, V70.9 or ICD-10 Diagnosis Codes Z76.2, Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.6, Z00.70, Z00.71, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.81, Z02.82, Z02.83, Z02.89)	or	During evaluation period



Any behavioral health encounter within the evaluation period	1	Provider Type in 32 (FQHC) OR 45 (RHC) mapped to 200, 202, 204, 240, 400, 825, 845 AND (ICD-9 Diagnosis Codes V20, V20.0, V20.1, V20.2, V20.3, V20.31, V20.32, V70, V70.0, V70.3, V70.4, V70.5, V70.6, V70.7, V70.8, V70.9 or ICD-10 Diagnosis Codes Z76.2, Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.6, Z00.70, Z00.71, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.81, Z02.82, Z02.83, Z02.89)	During evaluation period
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## Denominator

Members will be counted in the denominator if they meet the following criteria:

- Are between the ages of 3-9 of the last day of the evaluation period
- Have at least 90 days continuous enrollment in the ACC program during the evaluation period
- Are enrolled in the ACC as the Enrollment Date (defined above)

**Denominator Units:** Distinct count of members meeting the above criteria

Denominator Eligibility/Enrollment Inclusion Criteria:

Condition Description	# Event	Detailed Criteria	Timeframe
Ages 3-9	1	Age >= 3 Age <= 9	If the client is enrolled in the ACC program as of the snapshot date, and will look back 12 rolling months to see if there is utilization of the service pertaining to a particular measure.
90 days continuous enrollment	1		During the 12 month rolling evaluation period.
Enrolled in the ACC	1	Eligibility effective date <= enrollment date Eligibility end date >= enrollment date	Last month of the 12-month rolling evaluation period

## Denominator Exclusions

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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Members will be excluded from the denominator if they meet the following criteria:

- Members who are dually eligible or enrolled in the ACC. Medicare-Medicaid Program (MMP).
- Members who were enrolled in any physical health managed care plan for more than 3-month anytime during the evaluation period.
- Members with less than 3 months of Medicaid eligibility.

## Notes

- The numerator identification codes are based on CMS 416 EPSDT Wellness Reporting criteria.
- Only PAID claims will be considered as part of the numerator/denominator/exclusion criteria.

