# IT-8.24: Adolescent Well-Care Visits

| **Measure Title** | **IT-8.24 Adolescent Well-Care Visits** |
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| **Description** | The percentage of patients 12 through 21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year.  Note: This measure is based on the Centers for Medicare & Medicaid Services (CMS) and American Academy of Pediatrics (AAP) guidelines for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits. |
| **NQF Number** | N/A |
| **Measure Steward** | National Committee for Quality Assurance |
| **Link to measure citation** | http://www.qualitymeasures.ahrq.gov/content.aspx?id=47268 |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC   |  |  |  |  | | --- | --- | --- | --- | |  | Baseline | DY4 | DY5 | | Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) | | Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) | |
| **Benchmark Description** | |  |  | | --- | --- | | NCQA Quality Compass | | | HPL (90th Percentile) | 64.33% | | | MPL (25th Percentile) or 10th if applicable | 42.09% | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Replaced term "member" with "patient" * Replaced enrollment requirement with outpatient visit requirement. * Replaced “December 31 of the measurement year” with “the end of the measurement year.” |
| **Denominator Description** | Patients age 12 to 21 years as of the end of the measurement year. |
| **Denominator Inclusions** | Patients must have had at least one (1) outpatient encounter in the prior 12-month period |
| **Denominator Exclusions** | The Measure Steward does not identify specific denominator exclusions beyond what is described in the denominator description. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | At least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year. |
| **Numerator Inclusions** | The PCP does not have to be assigned to the patient. Adolescents who had a claim/encounter with a code listed in Table AWC-A (see specifications link above) in the original measure documentation are considered to have received a comprehensive well-care visit.  PCP is defined as a physician or nonphysician (e.g., physician assistant, nurse practitioner) who offers primary care medical services. Licensed practical nurses and registered nurses are not considered PCPs. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |