

### Measure Description:

- The percentage of children who had the following number of well-child visits with a primary care practitioner (PCP) during the last 15 months: 6 or more visits in the first 15 months (children turning 15 months in CY2026), and 2 or more visits for ages 15-30 months (children turning 30 months in CY2026).
- The measure reports two rates, both of which must meet thresholds independently for payment under ACC Phase III.
- This measure is identical to the CMS Child Core Set (W30-CH) specification and the 2025 DOI Primary Care APM measure, using administrative or hybrid data collection methods.
- Visits must be comprehensive well-child (e.g., physical, developmental), and can include telehealth.
- Reportable via claims or EHR, with emphasis on scheduling per Bright Futures guidelines to support early development.

### Numerator:

- Children with 6 or more well-child visits in their first 15 months (0-15 month rate).
- Children with 2 or more well-child visits between their 15th and 30th month (15-30 month rate).
- Rates calculated separately, with payment requiring both to meet thresholds for complete early childhood care.

### Denominator:

- Children turning 15 months old during CY2026 for the 0-15 month rate, and children turning 30 months old for the 15-30 month rate.
- Members must be enrolled in Medicaid on their birthday to be included in the denominator.
- No continuous enrollment requirement, but hospice care excludes members (see Exclusions section).

### Services to Support Well Child Visits:

- Well-child visits or preventive care appointments with PCPs, including routine checks at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months.
- Community health centers or home visiting programs for outreach to families in underserved areas.
- Telehealth or virtual visits for well-child assessments, especially for developmental screening.
- Pediatric clinics or family practice offices for comprehensive care and vaccinations.
- Pharmacy services for related immunizations or counseling during visits, though not direct for the measure.

### Best Practices:

- Schedule well-child visits at the recommended intervals (2, 4, 6, 9, 12, 15, 18, 24, 30 months) per AAP and Bright Futures guidelines to align with rate requirements and minimize misses.
- Include telehealth for visits if appropriate, documenting all components (physical, developmental) to count for compliance.
- Educate parents on visit importance using the "Teach Back Method" to confirm understanding, such as asking them to repeat back key milestones like walking or talking.

# Well Visits in the First 30 Months



- Document visits in structured EHR fields with appropriate CPT and ICD-10 codes to facilitate data capture and hybrid reporting, ensuring visits are 14 days apart.
- Partner with community programs for home visits or reminders, targeting high-risk groups like low-income families or those with missed appointments.
- Conduct outreach to patients overdue for visits via phone, text, or portal messages, offering flexible scheduling or telehealth to meet rate thresholds.
- Common miss: Visits too close (less than 14 days) or not coded as well-child – always use CPT 99391 in claims for established patient reevaluation.
- Submit claims promptly with CPT codes to ensure visits are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in rates and target interventions (e.g., higher misses in 15-30 months).
- Collaborate with RAE quality teams for resources like free visit kits, training on preventive care, or incentives to improve equity in access to young children.

## CY 2026 Payment Thresholds

Measure	Level	Required Rate	Payout %	Description
0-15 Months (6+ visits)	Basecamp	≥64%	33%	Entry-level target; focus on early scheduling.
0-15 Months (6+ visits)	Tree Line	≥66%	67%	Mid-level target; emphasize reminders.
0-15 Months (6+ visits)	Summit	≥67%	100%	High-performance target; use outreach for compliance.
15-30 Months (2+ visits)	Basecamp	≥72%	33%	Entry-level target; focus on follow-up.
15-30 Months (2+ visits)	Tree Line	≥75%	67%	Mid-level target; emphasize telehealth.
15-30 Months (2+ visits)	Summit	≥78%	100%	High-performance target; use EHR tools for tracking.

For the full list of codes, please see Appendix A on the following page.

## Appendix A

Codes to Identify Well Child Visits(CPT)	
Code	Description
99381	Initial comprehensive preventive medicine evaluation and management, infant (age younger than 1 year)
99382	Initial comprehensive preventive medicine evaluation and management, early childhood (age 1 through 4 years)
99391	Periodic comprehensive preventive medicine reevaluation and management, infant (age younger than 1 year)
99392	Periodic comprehensive preventive medicine reevaluation and management, early childhood (age 1 through 4 years)
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center

Codes to Identify Well Child Visits(ICD-10)	
Code	Description
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.2	Encounter for examination for period of rapid growth in childhood
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child

Codes for Hospice Exclusions(UBREV)	
Code	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)