Performance Improvement Team presents:

Accelerated Learning Education Program

Pediatric Health: A Cluster of Services for 0-2 Year Olds

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PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Objectives

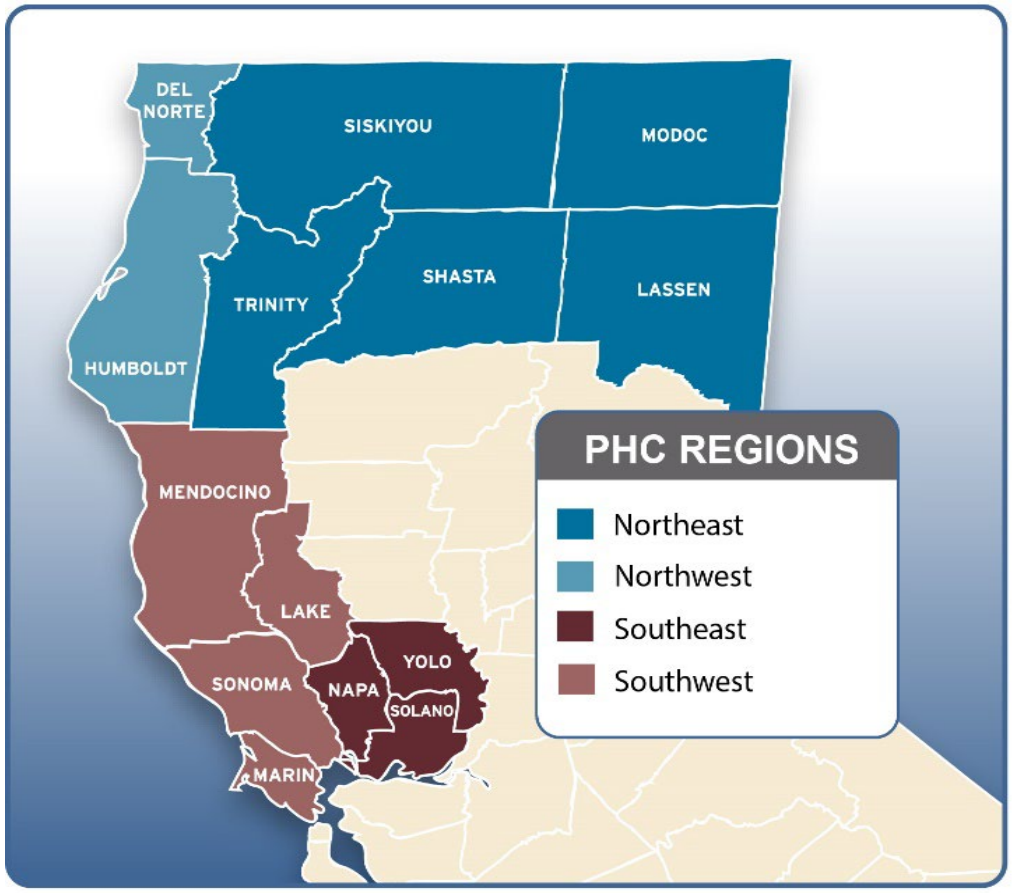
At the end of this activity, you will be able to:

- Understand clinical background, specifications, and performance threshold definitions of the *Well-Child Visits for the first 15 months of Life and Childhood Immunizations Status measures.*
    - Document the minimum five components that are necessary for clinical standard practice for the well-child visits for ages 0 - 2.

- Understand the recommended screenings: *Blood Lead Screening, Dental Fluoride Varnish Use, and other age appropriate screenings.*

- Identify best and promising practices that can be used to address clinical process, interpersonal communication, education, outreach, and technical barriers to improve well-child and immunizations services for children ages 0 - 2.

Partnership HealthPlan of California (PHC) Regions



Mission

To help our members, and the communities we serve, be healthy

Vision

To be the most highly regarded managed care plan in California

Background on Measures

California State Auditor Report (March 2019): "Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services"(1)

Vaccines For Children CDPH Program letter *"Routine Childhood Immunizations during COVID-19 Pandemic."*

Vaccines For Children CDPH Program letter *"Routine Childhood Immunizations during COVID-19 Pandemic."*

1. Full report: http://auditor.ca.gov/pdfs/reports/2018-111.pdf
   Customizable graphics: http://www.auditor.ca.gov/reports/2018-111/supplementalgraphics.html

Childhood Immunization Status Combination 10

Childhood Immunization Status Combo 10

Description:
The percentage of members who turn 2 years old during the measurement year who had the following immunizations as reflected in the next slide.

Denominator:
Number of continuously enrolled members who turn 2 years old in the measurement year (MY).

DOB between January 1, 2020, and December 31, 2020.

Childhood Immunization Status Combo 10

Numerator: Follow the recommended vaccine schedule:[2]

Dosage	Abbreviation	Description
At birth and second birthday		
3	(HepB)	Hepatitis B
Between 42 days old and second birthday		
2 or 3	(RV)	Rotavirus (dosage dependent on manufacturer)
4	(DTaP)	Diphtheria, Tetanus and acellular Pertussis
At Least 3	(Hib)	Haemophilus Influenza type B
3	(IPV)	Polio
4	(PCV 13)	Pneumococcal conjugate vaccine
On or between the first and second birthday		
1	(MMR)	Measles, Mumps, and Rubella
1	(Varicella)	Chickenpox
1	(HepA)	Hepatitis A
Annual – Between 180 days old and second birthday		
2	(IIV)	Influenza

2. **CDC Recommended Schedule Link:** https://www.cdc.gov/vaccines/schedules/index.html

Medical Record Documentation

MMR, Hepatitis B, VZV, and Hep A count any of the following:

- Evidence of the antigen or combination vaccine.
  Note: HepB notes in the medical record indicating that the member received the immunization "at delivery" or "in the hospital" with date of service may be counted.

- Documented history of the illness.
  Note: For documented history of illness *or* a seropositive (blood) test result, there must be a note indicating the date of the event, which must have occurred by the member's second birthday.

Medical Record Documentation

DTaP, HiB, IPV, PCV, RV, and PCV

Evidence of the antigen (vaccine) or combination vaccine:
For combination vaccinations that require more than one antigen (e.g., DTaP and MMR), document evidence that all components were given of all the antigens.

- **DTaP:** May be documented using a generic header or "DTAP/DTP/DT." At least four DTaP vaccinations with different dates of service on or before the child's second birthday.
- **HiB:** At least three HiB vaccinations with different dates of service on or before the child's second birthday.
- **IPV:** Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV. At least three IPV vaccinations with different dates of service on or before the child's second birthday.

Medical Record Documentation

- **Rotavirus (RV) :** Any of the following on or before the child's second birthday meet criteria:
  - At least two doses of the two-dose rotavirus vaccine (Rotavirus Vaccine [e.g., Rotarix 2 Dose Schedule]) on different dates of service.
  - At least three doses of the three-dose rotavirus vaccine (Rotavirus Vaccine [e.g., Rota Teq 3 Dose Schedule]) on different dates of service.
  - At least one dose of the two-dose rotavirus vaccine (Rotavirus Vaccine [2 Dose Schedule]) and at least two doses of the three-dose rotavirus vaccine (Rotavirus Vaccine [3 Dose Schedule]), all on different dates of service.

Challenges to Note

- **Rotavirus (RV)**
  - **Proactive scheduling** of the RV vaccine is critical!

    Rotavirus cannot be given as part of a “catch-up” schedule, RV cannot be initiated in children if they are older than 15 weeks.

    If the infant has not completed the full schedule by 8 months, no further vaccines are given, and the child will not be in the numerator.

Medical Record Documentation

- **For all immunizations**: If antigen was received, document as one of the following:
  - A note indicating the name of the specific antigen and the date of the immunization.
  - A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.
  - Documentation from California Immunization Registry (CAIR2).

Medical Record Documentation

- A note that the “patient is up to date” with all immunizations; without the dates of all immunizations and the names of the immunization **is not** enough evidence of immunization for HEDIS or QIP reporting.
- Retroactive entries are unacceptable if documented after the second birthday.
- Vaccination administered prior to 42 days after birth (between birth and 41 days old) are not compliant for DTaP, IPV, Hib, RV, and PCV.
- Document parental refusal to vaccinate (Z28 code).

Exclusions to Childhood Immunization Status Combo 10

For children who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rates **any of the following are optional exclusion criteria:**

- ***Any particular vaccine:*** Anaphylactic reaction to the vaccine or its components
- ***DTap:*** Encephalopathy
- ***MMR, VZV:*** Immunodeficiency, HIV, Lymphoreticular cancer, multiple myeloma or leukemia; Anaphylactic reaction to neomycin
- ***IPV:*** Anaphylactic reaction to streptomycin, polymyxin B or neomycin
- ***Rotavirus:*** Severe combined immunodeficiency
- ***Hepatitis B:*** Anaphylactic reaction to common baker's yeast
- **Children in hospice (mandatory exclusion)**

Well-Child Visits in the First 15 Months of Life

Well-Child Visits in the First 15 Months of Life

Description:

The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care provider (PCP) at or before turning
15 months old.

Denominator:

Number of continuously enrolled members who turn 15 months old during the measurement year (MY).

DOB between October 3, 2020, and October 2, 2021.

Well-Child Visits in the First 15 Months of Life

Numerator:

Number of members who received six or more complete well-child visits with a PCP, on different dates of service, on or before the child turned 15 months old.

Note: The well-child visit must occur with a PCP. The PCP does not have to be the assigned provider.

14-Day Rule: There must be at least 14 days between each date of service.

Exclusions: Children in hospice (mandatory exclusion).

Telehealth and Well-Child Visits

- NCQA is allowing well-child visits to be done in-person, virtually by phone or video, secure text messaging or e-mail, or a combination of these. PCP QIP accepted through the end of 2022.
- **NOTE:** Now that COVID levels have dropped, PHC expects that pediatric preventive visits will be done in-person, in whole, or in part. This is the standard by AAP and DHCS.
- If a portion or all of a well-child visit is done virtually, use **992xx with modifier .95**
- For a portion of a well-child visit with the physical exam/ complete well-child visits **use preventive visit codes: 99381-5 (new) or 99391-5 (established**).

Medical Record Documentation

- Documentation should include a note indicating a visit to a PCP and the date of the well-child visit.
- The component services can be provided in visits other than well-child visits, including acute care visits (when applicable). *Note: Unless the services are specific to the assessment or treatment of an acute or chronic condition.*
- Can have services that occur over multiple visits as long as the time frame is within the measure.
- Inpatient or emergency department visit services provided are not eligible for adherence.

Five Components of a Well-Child Visit

1. Health history: Examples - allergies, medications, and immunizations documented on different dates of service as long as **all** are documented within the measurement year.

2. Physical developmental history: Examples include **"development appropriate for age,"** must mention specific development - scooting, creeping or crawling, may stand with support, etc.

3. Mental developmental history**:** Examples include **"development appropriate for age,"** must mention specific development.

4. Physical exam.

5. Health education/anticipatory guidance*:* ***Information given with discussion*** is provided on issues – document that there was a review of information/handouts.

Steps in Well-Child Coding Algorithm

Services	Notes	CPT Code	Comments
Pediatric Preventive Care Visit	All preventive care visits should include surveillance	99381-99394 (EPSDTa)	
Developmental Screening	The expectation is that the screening tool will be completed by a parent or non-physician staff member and reviewed by the physician	96110	
Developmental/medical evaluation	If performed by the physician as an outpatient office visit	99211-99215b or 96110; or 96111 if objective developmental testing is performed	99214 is used for evaluations performed by the physician that are detailed and moderately complexed or at least 25mins) 99215 is used for evaluations that are comprehensive or take >40 mins 99244 is used for “moderate activities” of up to 60mins 99245 is utilized for “high” activity of up to 80mins
Outpatient Consultation	Typically performed by a tertiary, local out-of-office referral source or referring physician	99241-99245 these codes include “reporting” of the consulting physician, if completed by letter or office notes	The request for consultation must be recorded in the patient's chart; services/procedures and consulting physician's impressions must be recorded; time spent counseling and coordinating care should be specifically documented

Steps in Well-Child Coding Algorithm

Services	Notes	CPT Code	Comments
	If a more extensive report is developed, this code is used; these costs may not be reimbursable	99080	
Developmental disorder identified	For follow-up visits with the patient and parents to complete the consultation or to discuss the results of the initial consultation	99211-99215c	
Identify as a child with special health care needs, initiate chronic condition management	Children with special health care needs are likely to require expanded time and a higher level of medical decision-making	99211-99215	These codes may be reported using time alone as the factor if more than half of the reported time is spent in counseling
Prolonged services	At any point during the algorithm when outpatient office or consultation codes are used, prolonged physician service codes may be reported in addition when visits require considerably more time than typical for the base code alone	99354	For first 30-74 min of outpatient face-to-face prolonged services
		99355	For each additional 30 min
		99358	For first 30-74 min of non-face-to-face prolonged services
		99359	For each additional 30 min
Extended developmental testing/evaluation	Used for extended developmental testing typically provided by the medical provider (up to 1 hr)	96111	Reported in addition to evaluation and management (E/M) services provided on the same date

Screening Tools

96110
Developmental screening (i.e., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
SWYC: Milestones
Ages & Stages Questionnaires-3 (ASQ-3)
Parents' Evaluation of Developmental Status (PEDS)
PEDS: Developmental Milestones Screening Version
Modified Checklist for Autism in Toddlers (M-CHAT)

Screening Tools

96127
Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
Baby & Preschool Pediatric Symptom Checklist (SWYC)
Ages and Stages Questionnaire: Social Emotional–2 (2015)
Edinburgh Maternal Depression
Patient Health Questionnaire (PHQ)—9 Screen for Child Anxiety Related Disorders (SCARED) Spence Children's Anxiety Scale (SCAS)
CAGE-AID & CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)
Vanderbilt ADHD Diagnostic Rating Scales

Screenings and New Measures

- Dental fluoride varnish use
- Lead screening in children
- Developmental screening in the first three years of life
- Audiological diagnosis no later than three months of age
- Appropriate treatment for children with upper respiratory infection
- Percentage of eligible PHC members who received preventive dental services

Dental Fluoride Varnish Use

- Percentage of members 6 months to 5 years of age within the PCP, Family or Pediatric practice having at least one or more dental varnish application during the MY.
- Incentives with PCP QIP
    1. Parent organization submission of proposed plan to implement fluoride varnish application in the medical office - $1,000 per parent organization.
    2. Minimum 2% of the sites assigned members must receive fluoride varnish. The incentive amount for reaching this threshold is $5 per application.

Note: *PHC will extract claims data within the measurement year recognizing the following codes:*

- *99188 (non-dental practitioner)*

Lead Screening in Children

- The number of children between 24-72 months who had one or more capillary or venous blood lead test for lead poisoning in the lifetime of the member.
- Incentives with PCP QIP
  - Minimum of 50 lead screens performed anytime in the past 60 months on the following incentive tiers:
    - Tier 1: Minimum lead screening - $1,000
    - Tier 2: Lead screening rate of 50%, and at least 15% RI of 2021 lead screenings - $3,000
    - Tier 3: Lead screening rate > 75% - $5,000

Note: *PHC will extract claims data within the measurement year recognizing the following codes:*

- *CPT: 83655*
- *LOINC codes: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7*

Developmental Screening in the First Three Years of Life

- The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

- CPT Code: 96110 billed in the 12 months prior to birthday.

- If site qualifies, can also receive Prop 56 bonus ($29/screen).

Audiological Diagnosis No Later Than Three Months of Age

- Percentage of newborns who did not pass hearing screening and have an audiological diagnosis no later than 3 months of age (90 days).

- Hearing screening results indicate Fail/Refer (denominator population) and have an audiological diagnosis:
  - SNOMED-CT equals Hearing Normal 164059009
  - Permanent Conductive 44057004
  - Sensorineural 60700002
  - Mixed 77507001
  - OR Auditory Neuropathy Spectrum Disorder 443805006

- And age of diagnosis is less than 91 days at the time of diagnosis.

Appropriate Treatment for Children With Upper Respiratory Infection

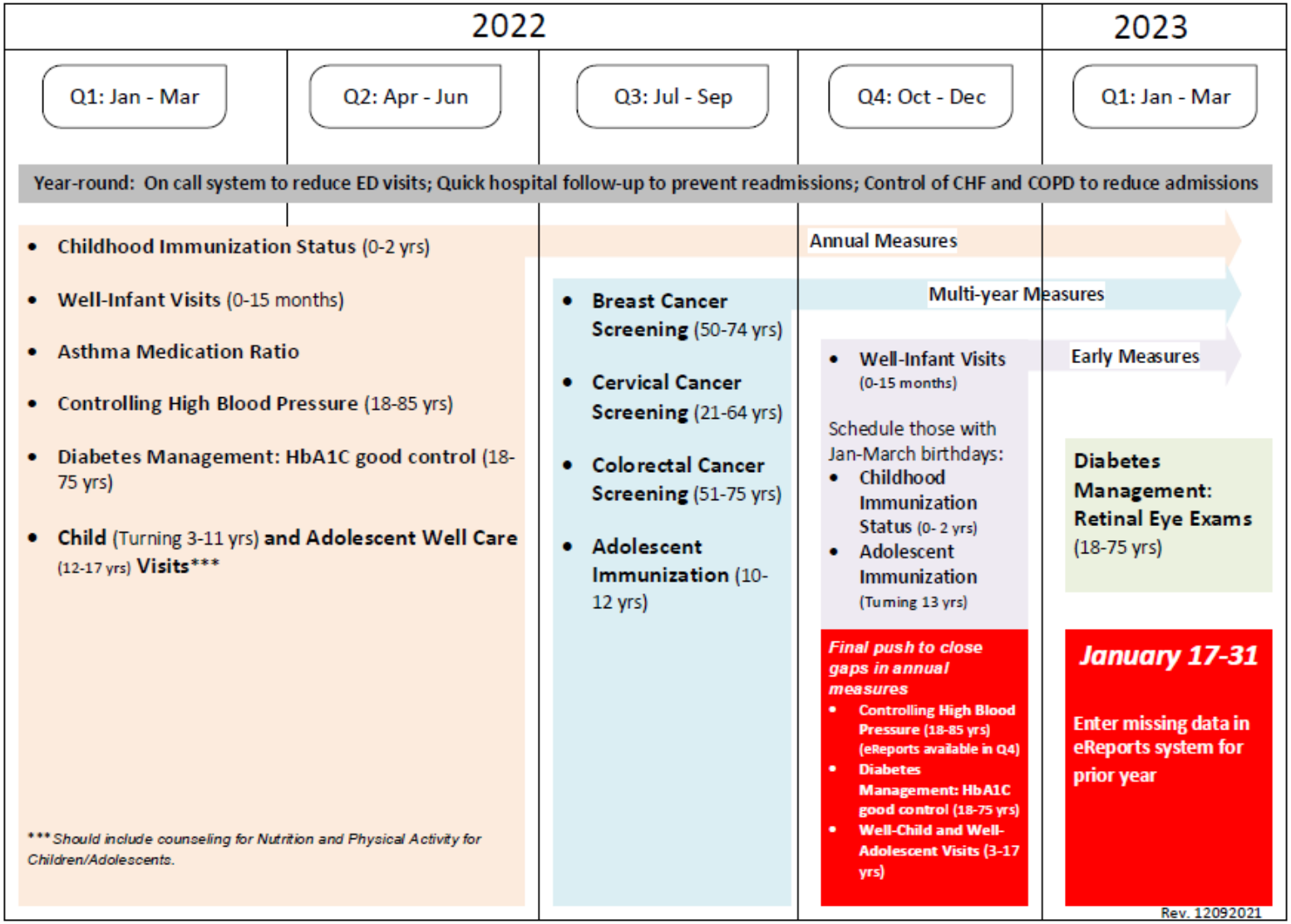
- Percentage of children 3 months - 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

Percentage of Eligibles Who Received Preventive Dental Services

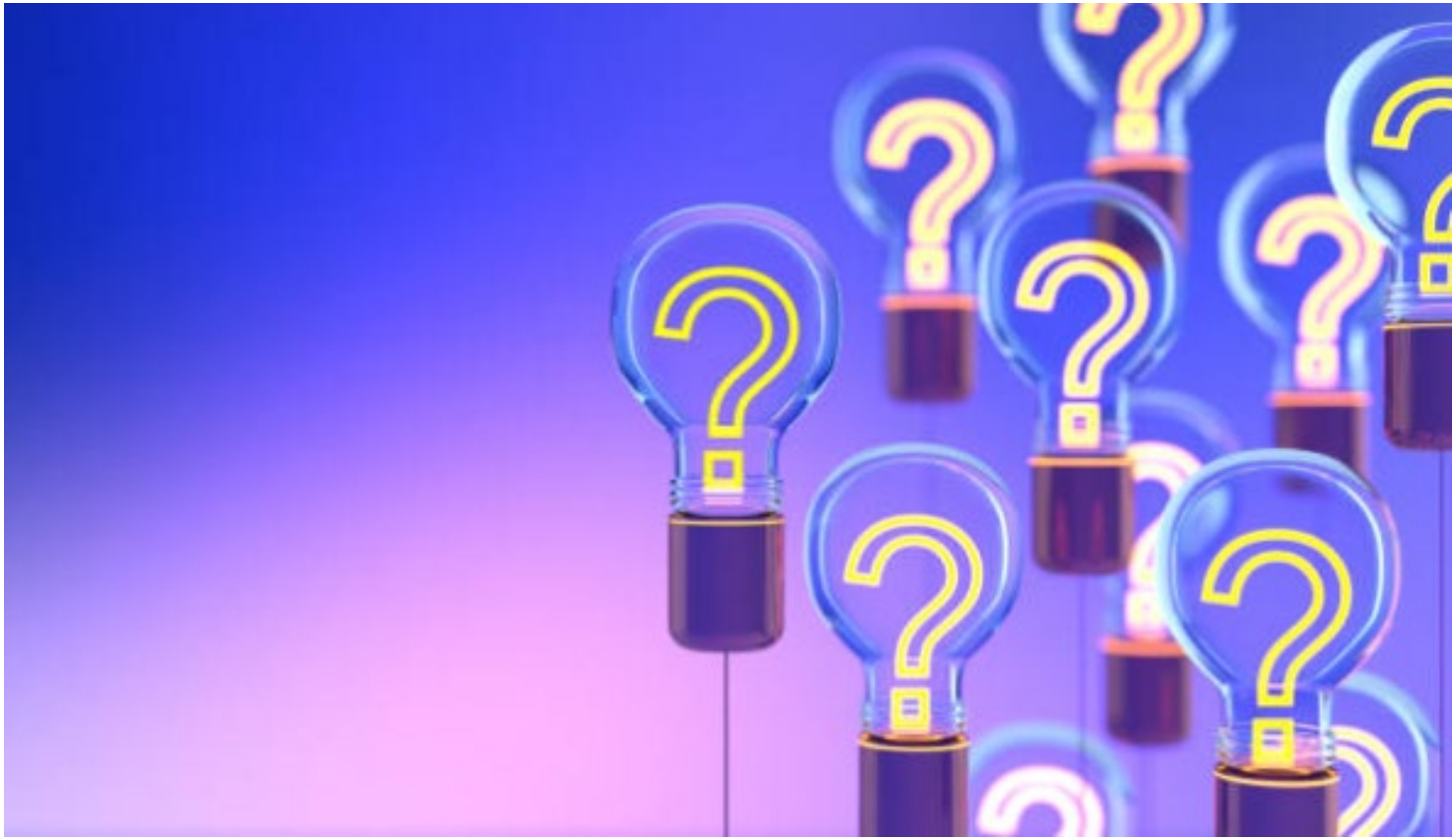
- Percentage of individuals ages 1 to 20 years who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service.

- Numerator: Individuals receiving at least one preventive dental service as defined by HCPCS codes D1000-D1999 (or equivalent CDT codes D1000-D1999 or equivalent CPT codes).

Timeline for Addressing 2022 and 2023 PCP QIP Measures



Questions



Knowledge Check – FAQs

Knowledge Check

1. In the Well-Child Visits in the First 15 Months of Life measure, there should be at least six or more visits that are at least 8 days apart on or before the child's 15-month birthday.

   ☐ **True**

   ☐ **False**

2. One of the five components of the Well-Child Visit measure is Health Education/Anticipatory Guidance. As a clinical standard practice, handouts *and* discussion must be documented during a visit.

   ☐ **True**

   ☐ **False**

Knowledge Check

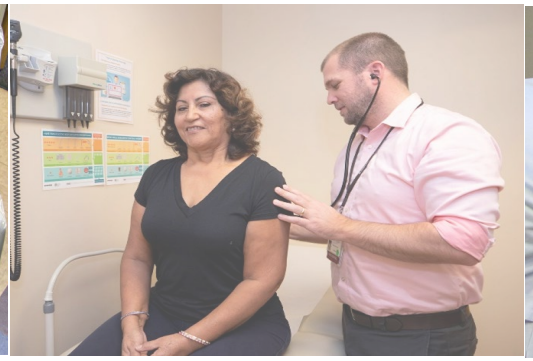
1. For the Childhood Immunization Status Combo 10 measure, HepB notes in the medical record that patient received immunization “at delivery” or “in the hospital” with date of service is counted for adherence.

   ☐ **True**

   ☐ **False**

Voices from the Field

Jaspreet Kaur
QA Supervisor | QIP Lead | Primary Care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Jaspreet Kaur
QA Supervisor- QI Lead

6 CHDP Before 15 months & Childhood Immunizations Combo 10

6 CHDP Before 15 Months	CIS COMBO 10
CHDP Panel Management Report ---- Given to MAs every two months ---- Helps catch patients who did not leave with an appointment or cancelled/n/s the CHDP CHDP slots open 3 months out --- Patient leaves with next CHDP appointment & is informed of the interval --- Saving slots in the schedule (patients being seen despite schedule being impacted) Created a New Patient CDHP Alert --- PCCs notified via email when a new patient is scheduled and are in the 2month to 18mo age range	Child Vaccine Status Report --- Given to MAs every two months --- Ran for individual IZ's as well (such as Flu 2, Flu 1) CHDP & MA Schedule --- Evening schedule --- Additional MA schedules during Flu Season --- QIP IZ Clinics Patient refusals --- Working with the provider
Preventive Care Coordinators (PCCs) have a Master list that helps them keep track of all PHC patients.	

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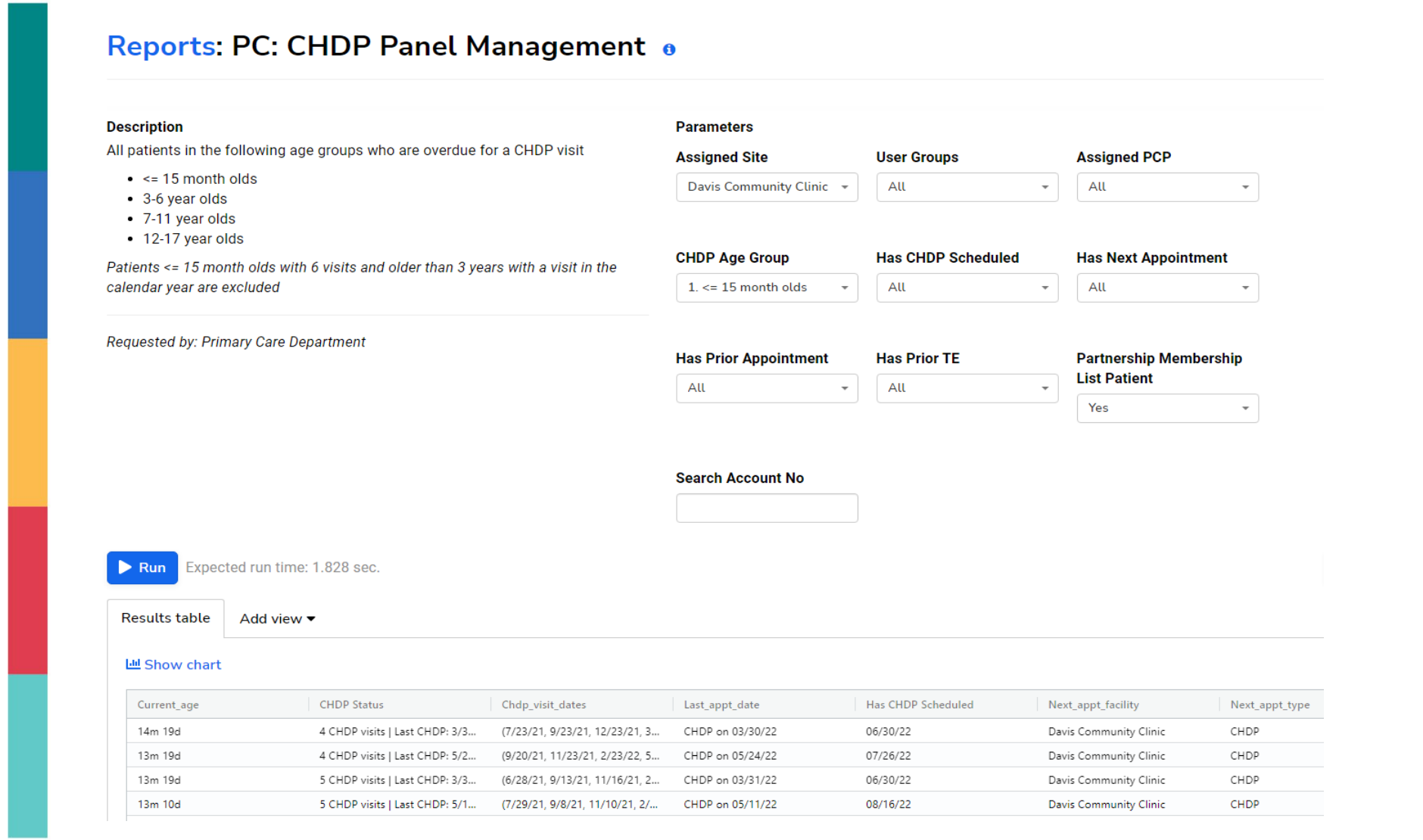

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CHDP Panel Management Report

Reports: PC: Child Vaccines Status

Description

Immunization status for children older than 2 months and less than 2 years old with a medical visit in the past year from today. Excludes Inactive/BH patients.

-Overdue vaccines are based on intervals recommended by the CDC - patients may be non-compliant by UDS/QIP definitions

-Vaccine refusals are captured using ICD Code Z28 in the Problem List and Assessments. They are displayed if it was added in the past year

-Overdue flu vaccines will appear only during September - May

LEGEND:

- **Due now** - the next dose is due now before it becomes past due
- **x Days BEHIND on Dose** - the next dose is past due by x days
- **x Days UNTIL Dose** - the next dose is due in x days
- **Done** - child completed the vaccine series
- **Exempt** - child should not receive vaccine because of immunity or health reasons
- **Aged Out** - child can no longer receive vaccine by CDC standards

Requested by: Primary Care Department

Parameters

Patients Assigned Site	Patients PCP	Has Next Appointment
Davis Community Clinic	All	All
Search Account No	**Vaccines Overdue**	**Search Vaccine Overdue (Ex. Flu 2)**
	All	
Child Age	**Last Appt After**	**Has Last Appt**
> 2mo & < 2yo	01/01/2020	All
QIP Denominator	**Child Up To Date**	**Partnership Membership Current Patient**
All	No	Yes

Run Expected run time: 9.487 sec. Exp

Results table Add view

Show chart

Current_age	Last_appt_date	Next_appt_date	Next_appt_type	Vaccines_overdue	Last_te_date	Last_te_reason
1 year 11 mons	02/04/2022			DTaP 2, Hib 2, Hep A 1, Hep B ...	05/04/2022	Message
1 year 10 mons 26 days	01/20/2022			PCV 3	05/24/2021	QI Management
1 year 9 mons 26 days	10/09/2020			DTaP 2, Hib 2, Hep A 1, Hep B ...	03/18/2022	QI Management child iz
1 year 9 mons 20 days	05/26/2022	08/31/2022	CHDP	DTaP 2, Hib 2, Hep B 1, IPV 1	05/18/2022	CHDP

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Child Vaccines Status

Questions

Best and Promising Practices

PHC Best and Promising Practices

Best and Promising Practices

Seize Every Opportunity: Establish a practice commitment to update and complete well-care visits and immunizations.

- ✓ Utilize “flag” alerts in the EMR/HER.
- ✓ Review care gaps daily.
- ✓ Conduct chart scrubbing **prior** to the visit. Leverage CAIR2 data to update charts.
- ✓ Use standardized templates.
- ✓ Use your daily huddle time to brief/communicate.

Best and Promising Practices

Increase Access:

- ✓ Reduce waiting times/need to make an appointment, create immunization only services, drive-up and/or walk-in clinics.
- ✓ Increase or make more convenient the hours when services are provided.
- ✓ Identify and address barriers to care.

Best and Promising Practices

Communication/Education:

- ✓ Staff - use approved tailored scripts and talking points.
- ✓ In-house training.
- ✓ Communication - portals, texts, and/or calls.
- ✓ Outreach to those “no-show” and repeat cancellations.
- ✓ Have handouts attached to well child templates.

Best and Promising Practices

Communication/Education:

- ✓ Use all visits as teachable moments to increase well visits and health literacy.
- ✓ Use approaches that align with your demographics.
- ✓ Patient information: ensure information is consistent, in plain, and person-centered appropriate language.
- ✓ Maximize on-line patient portal.

Best and Promising Practices

Strengthen Internal Operating Practices:

- ✓ Use California Immunization Registry (CAIR2), ideally with a bi-directional interface between CAIR2 and your HER.
- ✓ Submit timely claims and encounter data within 90 days. Submit claims sooner - 30 days toward the end of the MY.
- ✓ Use complete and accurate codes.
- ✓ Review operational/clinical work flows.
- ✓ Report back to staff on your progress. Celebrate success.
- ✓ Schedule a standing meeting with your QI staff to review the resources .

Best Practices - Screening

- ✓ Utilize EHR portal to complete screening/surveys prior to visit.
- ✓ Alternatively have members arrive 15 minutes prior to appointment to complete screenings.

Evaluation

Please complete your evaluation.
Your feedback is important to us!

Upcoming Trainings/Events

Accelerated Learning Education Program

The Accelerated Learning webinars are designed to enhance learning on a subgroup of measures that are part of our Primary Care Provider Pay for Performance Program (PCP QIP).
CME/CE credits are available for each session.

- **July 12 - Noon to 1:15 p.m.**
  Pediatric Health: Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents

NEW: Using Lean and A3 Thinking to Manage Improvement Projects

This course will provide an introduction to Lean Thinking and how improvement teams can use the A3 tool to manage the full cycle of an improvement project from planning, monitoring, and sharing what you are learning.

- **June 15 - Noon to 1:15 p.m.**

Virtual ABCs of Quality Improvement

Eureka | Fairfield | Redding | Santa Rosa | *(800) 863-4155* | *www.partnershiphp.org*

This virtual training consists of five sessions via webinar.
The following topics will be covered:

- What is quality improvement?
- Introduction to the Model for Improvement
- Setting project goals and measures
- How to use data to measure quality and to drive improvement
- Methods for developing change ideas that lead to improvement
- Testing changes with the Plan-Do-Study-Act (PDSA) cycle

These courses are FREE. All webinars are scheduled noon to 1 p.m. on the dates below.

Wednesday, May 18

Introduction to Quality and Goal Setting

Registration:
https://partnershiphp.webex.com/partnershiphp/onstage/g.php?MTID=ecbf5bb810bdd1117187b4b70c69d5a0f

Wednesday, May 25

Using Data for Quality Improvement

Registration:
https://partnershiphp.webex.com/partnershiphp/onstage/g.php?MTID=e135d1743ac519d40ccda446b1414da12

Wednesday, June 1

How Do We Know That a Change is an Improvement?

Registration:
https://partnershiphp.webex.com/partnershiphp/onstage/g.php?MTID=eec87427342a230b6f29c8f9a8cba03d1

Wednesday, June 8

What Changes Can We Make That Will Result in Improvement?

Registration:
https://partnershiphp.webex.com/partnershiphp/onstage/g.php?MTID=e3695fb4a43b2d55e59d5efe63e544434

Wednesday, June 22

Testing Change Ideas – Plan-Do-Study-Act (PDSA)

Registration:
https://partnershiphp.webex.com/partnershiphp/onstage/g.php?MTID=e459c17cc3c77be8193ba864c405f40fb

**Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.*

***Application for CE credit has been filed with the California Board of Registered Nursing, Provider Number CEP16728. Determination of credit is pending.*

Questions: Email improvementacademy@partnershiphp.org

PHC QI Resources

A Quick Guide to Starting Your Quality Improvement Projects

http://www.partnershiphp.org/Providers/Quality/Pages/PIAcademyLandingPage.aspx

PHC QI Resources

- **QI/Performance Team Email:** ImprovementAcademy@partnershiphp.org
- **DHCS Formulary Search Tool:**
- https://www.dhcs.ca.gov/services/Pages/FormularyFile.aspx
- **Quality Improvement Program Email:** QIP@partnershiphp.org
- **2022 PCP QIP Webpage:** http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2022.aspx
- **Measure Highlights:** http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx
- **QI Monthly Newsletters:** http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPMonthlyNewsletter.aspx
- **eReports:** https://qip.partnershiphp.org/

Contact Us

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QIP Team

QIP@partnershiphp.org

References

References:

National Committee on Quality Assurance (NCQA) HEDIS® Technical Specifications for Health Plans; NCQA HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2 Narrative. HEDIS® is a registered trademark of NCQ

National Committee on Quality Assurance (NCQA) HEDIS® 2020 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org and Bright Futures: Guidelines for Health of Infants, Children and Adolescents (published by the National Center for Education in Maternal and child Health) at www.Brightfutures.org

1. Full report: http://auditor.ca.gov/pdfs/reports/2018-111.pdf
   Customizable graphics: http://www.auditor.ca.gov/reports/2018-111/supplementalgraphics.html

2. Staying Healthy Assessment- California Department of Health Care Services:
   https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

3. APRIL 27, 2020 ALL PLAN LETTER 20-004 *(REVISED)* **TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

Well-Child Visits in the First 15 Months Summary

Screening	Patient Profile	Benefit Fundamentals	Notable Modalities	Codes & Documentation
Well-Child Visits in the First 15 Months of Life	Age ≤ 15 months	6 well care visits with PCP by age 15 months; • In person • Virtually • A combination	• Physical exam required • Visits can be divided up into different components • Services must occur in time frame of specified age • At least 14 days between dates of service.	• CPT & HCPCS codes • Virtual visits billed using a .95 modifier after the CPT code affiliated with the visit • Documentation to include history of health, physical development, mental development and physical exam

Childhood Immunization Status Combo 10 Summary

Immunization Series	Patient Profile	Benefit Fundamentals	Notable Modalities	Codes & Documentation
Childhood Immunization Status Combo 10	Age ≤ 2 years	• Dtap • Polio • MMR • HiB • HepB • Chicken Pox • Pneumococcal • HepA • Rotavirus • Flu Vaccines	Special attention to dosage timing affiliated with age group.	• CPT & CVX Codes • Documentation in the California Immunization Registry

Resources

- https://eziz.org/assets/docs/VFC_Letters/VFCletter_PediatricIZGuidelinesduringCOVID19Pandemic_03_27_20.pdf
- https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Sample-Documents.aspx
- *Northwest Regional Telehealth Resource Center, Quick Start Guide to Telehealth During the Current Public Health Emergency. March 2020.* https://nrtrc.org
- California Telehealth Resource Center, http://www.caltrc.org/knowledge-center/best-practices/sample-forms
- California Primary Care Association, www.CPCA.org
- Center for Care Innovations, https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf

Primary Care Provider Quality Improvement Program (PCP QIP)

2022 Core Measurement Set

Core Measurement Set – Family Medicine

Measure Name	Full Point Target	Partial Point Target	Full Points	Partial Points
CLINICAL DOMAIN: CLINICAL MEASURES				
Asthma Medication Ratio	75th Percentile (70.67%)	50th Percentile (64.78%)	7	5
Breast Cancer Screening	75th Percentile (58.70%)	50th Percentile (53.93%)	7	5
Cervical Cancer Screening	75th Percentile (63.66%)	50th Percentile (59.12%)	7	5
Child and Adolescent Well Care Visits	75th Percentile (53.83%)	50th Percentile (45.31%)	10	8
Childhood Immunization Status: Combo 10	75th Percentile (45.50%)	50th Percentile (38.20%)	7	5
Colorectal Cancer Screening	50th Percentile (40.23%)	25th Percentile (32.8%)	6	5
Comprehensive Diabetes Care: HbA1c Control	75th Percentile (61.63%)	50th Percentile (56.81%)	7	5
Controlling High Blood Pressure	75th Percentile (62.53%)	50th Percentile (55.35%)	7	5
Immunizations for Adolescents – Combo 2	75th Percentile (43.55%)	50th Percentile (36.74%)	7	5
Well-Child Visits in the First 15 Months of Life	75th Percentile (61.25%)	50th Percentile (54.92%)	10	8
NON-CLINICAL DOMAIN: ACCESS AND OPERATIONS [2]				
Ambulatory Care Sensitive Admissions	60th Percentile (6.88)	70th Percentile (8.56)	5	4
Risk Adjusted Readmission Rate	Score <1.0	Score ≥ 1.0 -1.2	5	4
NON-CLINICAL DOMAIN: APPROPRIATE USE OF RESOURCES				
Avoidable ED Visits	60th Percentile (9.18)	70th Percentile (11.44)	5	4
NON-CLINICAL DOMAIN: PATIENT EXPERIENCE				
Patient Experience (CAHPS)	50th Percentile (Access 47.62%) 50th Percentile (Communication 75.17%)	25th Percentile (Access 43.17%) 25th Percentile (Communication 70.97%)	10	8
Patient Experience (Survey)	Submits Parts 1 and 2	Submits Part 1 or 2	10	8
MONITORING MEASURES				
Comprehensive Diabetes Care - Retinal Eye Exams	Monitoring Measure (50th – 51.36%)	Monitoring Measure (50th – 51.36%)	0	0
PCP Office Visits	Monitoring Measure (Greater than 2.1 visits per member per year on average.)	(Greater than 2.1 visits per member per year on average.)	0	0
		TOTAL POINTS	**100**	**76**

[2] Non-clinical measure targets are the same as 2021 PCP QIP year.

2022 Summary of Core Measurement Set

Core Measurement Set – Pediatrics

Measure Name	Full Point Target	Partial Point Target	Full Points	Partial Points
CLINICAL DOMAIN: CLINICAL MEASURES				
Asthma Medication Ratio	75th Percentile (70.67%)	50th Percentile (64.78%)	12	9
Child and Adolescent Well Care Visits	75th Percentile (53.83%)	50th Percentile (45.31%)	12.5	9
Childhood Immunization Status: Combo 10	75th Percentile (45.50%)	50th Percentile (38.20%)	12	9
Immunizations for Adolescents – Combo 2	75th Percentile (43.55%)	50th Percentile (36.74%)	7	5
Well-Child Visits in the First 15 Months of Life	75th Percentile (61.25%)	50th Percentile (54.92%)	10	8
Counseling for Nutrition for Children/Adolescents	75th Percentile (76.64%)	50th Percentile (70.11%)	12	9
Counseling for Physical Activity for Children/Adolescents	75th Percentile (72.81%)	50th Percentile (66.18%)	12	9
NON-CLINICAL DOMAIN: ACCESS AND OPERATIONS [4]				
Avoidable ED Visits	60th Percentile (9.18)	70th Percentile (11.44)	5	4
NON-CLINICAL DOMAIN: PATIENT EXPERIENCE				
Patient Experience (CAHPS)	50th Percentile (Access 47.62%) 50th Percentile (Communication 75.17%)	25th Percentile (Access 43.17%) 25th Percentile (Communication 70.97%)	10	8
Patient Experience (Survey)	Submits Parts 1 and 2	Submits Part 1 or 2	10	8
MONITORING MEASURES				
PCP Office Visits	Monitoring Measure (Greater than 2.1 visits per member per year on average.)	Monitoring Measure (Greater than 2.1 visits per member per year on average.)	0	0
		TOTAL POINTS	**100**	**75**

[4] Non-clinical measure targets are the same as 2021 PCP QIP year.

2022 Summary of Core Measurement Set

Core Measurement Set – Internal Medicine

Measure Name	Full Point Target	Partial Point Target	Full Points	Partial Points
CLINICAL DOMAIN: CLINICAL MEASURES				
Asthma Medication Ratio	75th Percentile (70.67%)	50th Percentile (64.78%)	12.5	9
Breast Cancer Screening	75th Percentile (58.70%)	50th Percentile (53.93%)	12.5	9
Cervical Cancer Screening	75th Percentile (63.66%)	50th Percentile (59.12%)	12.5	9
Colorectal Cancer Screening	50th Percentile (40.23%)	25th Percentile (32.8%)	12.5	9
Comprehensive Diabetes Care: HbA1c Control	75th Percentile (61.63%)	50th Percentile (56.81%)	12.5	9
Controlling High Blood Pressure	75th Percentile (62.53%)	50th Percentile (55.35%)	12.5	9
NON-CLINICAL DOMAIN: ACCESS AND OPERATIONS [3]				
Ambulatory Care Sensitive Admissions	60th Percentile (6.88)	70th Percentile (8.56)	5	4
Risk Adjusted Readmission Rate	Score <1.0	Score ≥ 1.0 -1.2	5	4
NON-CLINICAL DOMAIN: APPROPRIATE USE OF RESOURCES				
Avoidable ED Visits	60th Percentile (9.18)	70th Percentile (11.44)	5	4
NON-CLINICAL DOMAIN: PATIENT EXPERIENCE				
Patient Experience (CAHPS)	50th Percentile (Access 47.62%) 50th Percentile (Communication 75.17%)	25th Percentile (Access 43.17%) 25th Percentile (Communication 70.97%)	10	8
Patient Experience (Survey)	Submits Parts 1 and 2	Submits Part 1 or 2	10	8
MONITORING MEASURES				
Comprehensive Diabetes Care - Retinal Eye Exams	Monitoring Measure (50th – 51.36%)	Monitoring Measure (50th – 51.36%)	0	0
PCP Office Visits	Monitoring Measure (Greater than 2.1 visits per member per year on average.)	Monitoring Measure (Greater than 2.1 visits per member per year on average.)	0	0
		TOTAL POINTS	**100**	**74**

[3] Non-clinical measure targets are the same as 2021 PCP QIP year.

2022 Summary of Unit of Service Measures

Measure	Incentive
Advance Care Planning	Minimum 1/1000th (0.001%) of the sites assigned monthly membership18 years and older for: • $100 per Attestation, maximum payment $10,000. • $100 per Advance Directive/POLST, maximum payment $10,000
Extended Office Hours	Quarterly 10% of capitation for PCP sites must be open for extended office hours the entire quarter an additional 8 hours per week or more beyond the normal business hours (reference measure specification).
PCMH Certification	$1000 yearly for achieving or maintaining PCMH accreditation.
Peer-led Self-Management Support Groups (both new and existing)	$1000 per group (Maximum of 10 groups per parent organization).
Health Information Exchange	One time $3000 incentive for signing on with a local or regional Health Information Exchange; Annual $1500 incentive for showing continued participation with a local or regional health information exchange. The $3000 incentive is available once per parent organization.
Initial Health Assessment	$2000 per parent organization for submitting all required parts of improvement plan regardless of visit volume.
Health Equity	$2000 per parent organization for submission of proposed plan to adopt internal best practices supporting a Health Equity initiative.
Blood Lead Screening	Tier 1-3, $1000, $3000, $5000 per parent organization for the number of children between 24 to 72 months who had capillary or venous lead blood test for lead poisoning.
Dental Varnish	$1,000 per parent organization for submission of proposed plan to implement fluoride varnish application in the medical office.
Tobacco Screening	$5.00 per tobacco use screening or counseling of members 11– 21 years of age after 3% threshold of assigned members screened.
ECDS	$5,000 per parent organization for participating in Electronic Clinical Data System (ECDS) implementation by the end of the measurement year.