

Date: November 26, 2024

From: CenCal Health
Population Health Department

Subject: Pediatric Preventive Measures

CenCal Health urges our PCP network to review their rates for pediatric preventive measures as we near the end of the year. Regular checkups for pediatric patients are an important way to keep track of their health and development to ensure children are up to date on critical vaccinations and screenings. The following are aspects of care with the greatest opportunity for improvement.

The Importance of Developmental Screening

Early identification and intervention for developmental disorders are critical to the well-being of children. Pediatricians and Family Practice physicians have more opportunities to screen and observe infants and toddlers for delays than any other professional within the first 3 years of life.

The Department of Health Care Services (DHCS) includes **“Developmental Screening in the First Three Years of Life”** in the Medi-Cal Managed Care Accountability Set (MCAS) of measures that health plans are required to report annually. In measurement year (MY) 2023, the minimum performance level (MPL) was 34.70%, with CenCal Health achieving 46.62% in Santa Barbara County and 20.85% in San Luis Obispo County. The MPL for MY2024 has increased to 39.13%, highlighting the urgent need for increased performance improvement, particularly in San Luis Obispo County.

CenCal Health has since added this measure to the Quality Care Incentive Program (QCIP) to improve the percentage of CenCal Health children who received a general developmental screening by age 1, age 2, and age 3. Services rendered beginning July 2024 will be used to calculate QCIP incentive payments when developmental screening transitions to a priority measure in July 2025, with the first incentive distribution in Q3 2025.

General developmental screening must be performed using a validated tool to identify children at risk of **cognitive, motor, communication, or social-emotional delays** that may require further evaluation.

Validated Tools for General Developmental Screening

Examples of appropriate tools to use include:

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC: milestones)

Note: When indicated, targeted developmental screening may be performed, such as to screen for social-emotional development delays or autism. In those instances, domain-specific screening tools are required.

Billing

Both a general and domain-specific screening may be billed on the same day if the correct codes and modifiers are used. Screenings may be billed as follows:

General Developmental Screening: **96110**

- To be completed at 9, 18, and 30 months per the AAP Periodicity Schedule and when medically necessary based on surveillance
- Under Proposition 56, PCPs can also earn a **supplemental incentive payment**

Developmental Screening Guidance and Resources:

- [Getting Started: Implementing a Screening Process](#)
- [CenCal Health Developmental Screening Resources](#)
- [Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening | Pediatrics | American Academy of Pediatrics](#)

Childhood Immunization Status (CIS-10)

Immunizations are one of the most important advancements in public health care, preventing millions of cases of disease and tens of thousands of deaths per decade.¹ The American Academy of Pediatrics (AAP) recommends a comprehensive schedule of immunizations as a safe and cost-effective way to protect infants and young children from disease, including some cancers, as well as hospitalization, disability, and death. Pediatricians are a trusted source of vaccine information and should begin recommending and administering vaccines beginning with the first well baby visits.

“Childhood Immunization Status: CIS-10” is a combination measure that assesses the percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. For this MCAS measure, CenCal Health achieved 40.63% in Santa Barbara County in MY2023, and 30.41% in San Luis Obispo County, as compared to the MPL of 30.90%. The sub-measure **“Childhood Immunization Status- Influenza”** is an incentivized priority measure for QCIP. Influenza takes a heavy toll on the health of children and their families annually. Young children, especially those under the age of 2, have a higher risk of developing potentially serious complications from flu. Receiving an annual flu vaccine beginning at the age of 6 months offers the best protection against flu and reduces the risk of being hospitalized or dying from the flu if they do get sick. Immunization of children also reduces the risk of spreading flu to vulnerable family members, including infants younger than 6 months, adults over the age of 65, and people of any age who have certain chronic health conditions.²

¹ American Academy of Pediatrics “Immunizations Overview” Accessed November 15, 2024, <https://www.aap.org/en/patient-care/immunizations/?srsltid=AfmBOor7whP2ywEXYK1JVYmTLP0e55dbTmAAP9nPFaAhH-RTZ22ligX1>

² U.S. Centers for Disease Control and Prevention “Flu and Children” Accessed November 15, 2024, <https://www.cdc.gov/flu/highrisk/children.html>

Immunizations for Adolescents (IMA-2)

“Immunizations for Adolescents: IMA-2” is a combination measure, assessing the percentage of adolescents 13 years of age who had 1 Meningococcal, 1 Tdap, and 2 - 3 HPV vaccine series by their 13th birthday. The MY2023 MPL for this MCAS measure was 34.31%, and CenCal Health achieved 46.72% in Santa Barbara County and 32.12% in San Luis Obispo County.

This combination measure is part of QCIP as an information measure, however the sub-measure **“Immunizations for Adolescents- HPV”** is a priority measure that is incentivized.

In the U.S., there are roughly 4,000 deaths per year from cervical cancer, far surpassing the mortality from tetanus, diphtheria, pertussis, and meningococcal disease combined. The vast majority of these deaths, and the burden of other types of Human Papilloma Virus (HPV)-related cancer, are preventable with the HPV vaccine. Data continue to show the vaccine is safe and effective at preventing HPV infection, anogenital warts, respiratory papillomatosis, cervical neoplasia and cancer. Despite its effectiveness, HPV vaccination rates remain well below national goals and those for other vaccines typically administered to adolescents.³

Immunization Billing:

For more information and a complete list of billing codes, please reference [CenCal Health's QCIP website resources](#).

Immunization Resources:

- [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2024 U.S.](#)
- For additional information on the importance of the HPV vaccine, please share CenCal Health's award-winning “Know More: HPV” member educational video:
 - [English](#)
 - [Spanish](#)

Additional Resources:

- [AAP Periodicity Schedule](#)
- [Child Preventive Health Guidelines- English](#)
- [Child Preventive Health Guidelines- Spanish](#)

For questions or to schedule a collaborative call, please contact the Population Health team at populationhealth@cencalhealth.org.

In Partnership,
CenCal Health

³ Sean T. O’Leary, M.D., M.P.H., FAAP; Ann-Christine Nyquist, M.D., M.S.P.H., FPIDS, FAAP “Why AAP recommends initiating HPV vaccination as early as age 9”, AAP News, October 4, 2019