Developmental Screening in the First Three Years of Life[1]

Measure Basic Information

Name and date of specifications used:
Core set of Children's Health Care Quality Measures, Updated June 2017

URL of Specifications: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdf

Measure Type:
HEDIS ☐ PQI ☐ Survey ☐ Other ■ Specify: NCQA & CAHMI (Children and Health Measurement Initiative)

Measure Utility:
CCO Incentive ■ State Quality Measure ■ CMS Adult Core Set ☐ CMS Child Core Set ■
Other ☐ Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2018 – December 31, 2018

2013 Benchmark: 50%; from Metrics and Scoring Committee consensus
2014 Benchmark: 50%; from Metrics and Scoring Committee consensus
2015 Benchmark: 50%; from Metrics and Scoring Committee consensus
2016 Benchmark: 50%; from Metrics and Scoring Committee consensus
2017 Benchmark: 60.1%; 2015 CCO 75th percentile
2018 Benchmark: 74.0%; 2016 CCO 90th percentile

2018 Improvement Targets: Minnesota method with 3 percentage point floor

Incentive Measure changes in specifications from 2017 to 2018:
none.

Member type: CCO A ■ CCO B ■ CCO G ☐

Specify claims used in the calculation:

DS	Claim from matching CCO	Denied claims included
Numerator event	Y	Y

[1] NQF 1448, but NQF is no longer maintaining specifications. Aside from deviations noted overleaf, OHA uses the CMS core measure set specifications.

Measure Details

Data elements required denominator: Children who turn 1, 2, or 3 years of age in the measurement year and had continuous enrollment in a CCO for the 12 months prior to their birthdate in the measurement year, regardless if they had a medical/clinical visit or not in the measurement year. See Core Set of Children's Health Care Quality Measures for details.

Required exclusions for denominator: None.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Children in the denominator who had a claim with CPT code 96110 in the 12 months preceding the birthday in the measurement year. See new Clarification section below.

Required exclusions for numerator: N/A

Deviations from cited specifications for numerator: If the claim was for CPT 96110, the claim was included regardless of the inclusion of any modifiers. This deviates from published specifications.

What are the continuous enrollment criteria: Enrollment must be continuous for one year prior to the birthday in the measurement year, with a maximum of a 45 day gap.

What are allowable gaps in enrollment: No more than one gap in continuous enrollment of up to 45 days in the 12 months prior to the birthday in the measurement year.

Define Anchor Date (if applicable): Child's birth date.

Clarification for coding and billing for developmental screening
To review, developmental screening is defined by the American Academy of Pediatrics as "the administration of a brief, standardized and validated tool that aids the identification of children at risk for developmental, behavioral or social delays."[2] Federal Bright Futures Recommendations call for children to be screened, using a global developmental screening tool, at three different times in the first three years of life in the context of routine well-child visits *or* when a concern is raised through standardized developmental surveillance.[3] The CCO incentive metric is intended to operationalize whether that Bright Futures recommended care is provided for young children.

The Oregon Health Authority reimburses for developmental screening under the CPT code 96110 for physicians, nurse practitioners (NPs) or physician assistants (Pas). The reimbursement for the code is based on the provider's time reviewing the results and interpreting the findings with the family. Conducting the screening, alone, is not sufficient to bill for the service.

[2] Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening, AAP Policy Statement, July 2006 http://pediatrics.aappublications.org/content/118/1/405.full.pdf

[3] https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

This metric is anchored to specific developmental screening tools that are aligned with the developmental screening recommendations and for which a 96110 claim can be submitted and accepted for reimbursement. For a complete list of the qualifying screening tools, consult the measure Guidance Document referenced below. The Oregon Health Authority recommends using one of the following tools for developmental screening:

- Ages and Stages Questionnaire, Third Edition (ASQ-3)[4], or
- Parents' Evaluation of Developmental Status (PEDS)[5], with or without the Developmental Milestones (DM).

The CCO incentive metric is not intended to include developmental-domain specific tools for which 96110 claims may also be submitted. For example, screening tools designed to assess a young child for autism or a child's social emotional development:

- The Ages and Stages Questionnaire plus Social-Emotional (ASQ-SE)
- The Modified Checklist for Autism in Toddlers (M-CHAT).

Currently, any 96110 claims for these developmental-domain specific tools are being picked up for numerator credit in the CCO incentive measure, as the specifications do not currently use modifiers on the 96110 claim to differentiate between different screenings. However, OHA intends to work with CCOs to explore revisions to the measure to better differentiate between screening tools that are aligned with the developmental screening recommendations and those that are domain specific.

Regardless of the current incentive measure specifications, a CCO's internal policy and guidance to providers should ideally include processes and methods by which they are differentiating between these two categories of screening tools for which 96110 claims may be submitted.

Additionally, developmental *surveillance*, such as documenting developmental milestones built out within an electronic health record or asking questions about development as part of the general informal health history, is not considered standardized screening and is not separately reportable or reimbursable. These activities should not be billed with 96110.

Please note that at some point in 2017, OHA may request each CCO confirm their internal policy and guidance to contracted providers regarding specific global developmental screening that is expected to occur, and specific guidance that is provided to ensure that the CCO can differentiate between developmental screenings for the purpose of the metric (as opposed to other screening tools that can also be documented with 96110, or should not be documented with 96110 at all). OHA may request written confirmation from each CCO, as well as a copy of any written policy or guidance shared with contracted providers on this topic. There is not a specific policy or template that OHA may request, but rather general information on how CCOs might have communicated to their provider network about developmental screening coding and screening tools (e.g., one CCO may have featured developmental

[4] Ages and Stages Questionnaires, Brookes Publishing Co. http://www.brookespublishing.com/resource-center/screening-an-assessment/asq/

[5] Parents' Evaluation of Developmental Status http://pedstest.com/

screening tips in a provider newsletter, another might have conducted in-person trainings, a third might have a written policy that was disseminated to the network, etc.).

For more information: The Developmental Screening guidance document and supporting documents can be found at http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx and http://www.oregon.gov/OHA/HPA/CSI-TC/Pages/Resources-Metric.aspx