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# Measure Highlight: Well-Visits in the First 30 Months of Life (W30)

# Agenda

- 1) Background, Focus & Objectives
- 2) Measure Descriptions
  - a) What counts for HEDIS®
  - b) Best & Promising Practices
- 3) Sharing Best Practices: La Clinica
- 4) Resources & Open Discussion

# Today's Focus

## Primary Measure

- Well-Child Visits in the First 0-15 Months of life (W30-6+)
- Well-Child Visits during 15-30 Months of Life (W30-2+)

## Correlating Measures

- Initial Health Appointments (IHA)
- Childhood Immunization Status-Combination 10 (CIS-10)
- Developmental Screening in the First Three Years of Life (DEV)
- Lead Screening in Children (LSC)
- Topical Fluoride for Children (TFL-CH)

# Objectives

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

- Have a better understanding of the well-child measure definitions.
- Walk away with tactics to promote preventive measures.
- Identify best and promising practices that can be used in your clinics.



**Mission**

***Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.***

**Vision**

***All residents of Alameda County will achieve optimal health and well-being at every stage of life.***

# Background

- CA Governor Newsom's focus: preventive health for children
- DHCS increased accountable measures related to children
- DHCS's Goals:
  - Close racial/ethnic disparities in well-child visits and immunizations by 50%.
  - Ensure all health plans exceed the 50<sup>th</sup> percentile for all children's preventive care measures.

# Why Well-Visits?

- Monitor child's growth & development.
- Provides opportunity for vaccinations, screenings, applications, and other important resources.
- Early detection of health concerns.
- Monitoring chronic conditions.
- Preventative Care – guidance on nutrition, exercise and safety measures.
- Parental guidance and education.
- Builds a relationship with Healthcare Providers.



# Measure Descriptions

Definitions, Billing Codes, HEDIS Practices, and  
Best & Promising Practices

# Well-Visits in the First 15 Months of Life (W30-6+)

% of children, who turned 15 months old, in 2024, and had at least **six well-visits** with a PCP by their 15-month birthday.

## What counts for HEDIS?

- ▶ Schedule appointments 14 days apart.
- ▶ At least six visits must occur before or on the 15-month birthday.
- ▶ To calculate the 15-month birthday, add 90 days to the date of the first birthday.

**Reminder:** All well-visits are reimbursed between 0-15 months.

# W30-6+

## Supplemental Data

The Alliance has a few options to help increase supplemental data on the W30-6+ measure:

- ▶ Sign-up with the Manifest MedEx Health Information Exchange (HIE) system.
- ▶ Year-round medical record reviews.

If interested, please outreach to the HEDIS Team:

- ▶ [hedis@alamedaalliance.org](mailto:hedis@alamedaalliance.org).

# Well-Visits during 15-30 Months of Life (W30-2+)

% of children, who turned 30 months old, in 2024, and had at least **two well-visits** with a PCP in the last 15 months.

## What counts for HEDIS?

- ▶ For visits to count, visits must occur between the 15-month birthday, plus one day, and the 30-month birthday.
- ▶ To calculate the 30-month birthday, add 180 days to the date of the second birthday.

**Reminder:** All well-visits are reimbursed between 15-30 months.

# W30-6+ & W30-2+

## Best & Promising Practices

### ▶ Patient & Staff Education

- ▶ **Clearly communicate the importance of well-visits, and frequency, for preventive care and early detection of potential health issues.**
- ▶ Offer detailed information on what the visit entails, including screenings, vaccinations.
- ▶ Identify and address barriers to attendance, such as transportation issues and childcare concerns.

### ▶ Scheduling

- ▶ Schedule the next visit before the member leaves the exam room or clinic.
- ▶ **Offer flexible scheduling options to accommodate patient's availability (i.e., sibling appointments, evening/weekend clinics, health fairs).**
- ▶ Open well-visit scheduling for the next six months.

# W30-6+ & W30-2+

## Best & Promising Practices

- ▶ Leverage missed opportunities. (i.e., sick visits)
- ▶ Utilize:
  - ▶ Telehealth visits,
  - ▶ Medical Assistants to create pending orders for immunizations,
  - ▶ **Gap in Care reports to identify and outreach to members, and**
  - ▶ Robust outreach and reminder system (i.e., text, phone, email).
- ▶ EMR/EHR
  - ▶ Age specific templates in the EMR/EHR system to maximize **Bright Futures** requirements and trigger reminders of the next well-visits,
  - ▶ Utilize health/flag alerts.
  - ▶ Conduct chart scrubbing prior to visits.

# Initial Health Appointments (IHA)

## Requirements

Complete within 120 days of enrollment.

- Excludes members who completed an IHA within 12 month prior to enrollment.
- Requires a minimum of 2 documented outreach attempts.

## Elements

- A history of the Member's physical and mental health
- An identification of risks
- Preventative Services – recommended by USPSTF
- Health education
- The diagnosis and plan for treatment of any diseases

Provider	CPT Code	Description
PCP	99201 – 99205, 99461, G0438, Z1016	Office or other outpatient visit for the evaluation and management of new patient
PCP	99211-99215, G0439, Z00.01, Z00.110, Z00.111, Z00.8, Z02.1, Z02.3, Z02.5	Office or other outpatient visit for the evaluation and management of established patient with PCP but new to the Alliance
PCP	99381-99387	Comprehensive Preventive Visit and management of a new patient
PCP	99391-99397	Comprehensive Preventive Visit and management of an established patient with PCP but new to the Alliance
OB/Gyn	59400, 59425, 59426, 59430, 59510, 59610, 59618, Z1000, Z1008, Z1020, Z1032, Z1034, Z1036, Z1038	<u>Under Vaginal Delivery, Antepartum and Postpartum Care Procedures, Under Cesarean Delivery Procedures, Under Delivery Procedures After Previous Cesarean Delivery, Under Delivery Procedures After Previous Cesarean Delivery</u>
Behavioral Health	96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)

# Childhood Immunization Status- Combination 10 (CIS-10)

% of children whose 2<sup>nd</sup> birthday falls within 2024 who had:

Dose #	Immunization
4	diphtheria, tetanus and acellular pertussis (Dtap)
3	polio (IPV)
1	measles, mumps and rubella (MMR)
3	haemophilus influenza type B (HiB)
3	hepatitis B (HepB)
1	chicken pox (VZV)
4	pneumococcal conjugate (PCV)
1	hepatitis A (HepA)
2-dose series or 3-dose series	rotavirus (RV)
2	influenza (flu) vaccines



# CIS-10

## California Immunization Registry (CAIR)

- Bill AB 1797: Providers who administer vaccines are required to enter immunization information into CAIR.
- Purpose: Enter historical vaccines, whether given by your site or by another provider, into CAIR.
- CAIR Resources:
  - CAIR FAQ on AB 1797:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/AB1797-Registry-FAQs.aspx>
  - CAIR User Guide:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-Training-Guides.aspx>

## What Counts for HEDIS?

Immunization	What Counts?
DTaP	4 doses with different dates of service <b>between 42 days after birth and 2<sup>nd</sup> birthday.</b>
IPV	3 doses with different dates of service <b>between 42 days after birth and 2<sup>nd</sup> birthday.</b>
MMR	<ul style="list-style-type: none"> <li>• 1 dose between 1<sup>st</sup> and 2<sup>nd</sup> birthday</li> <li>• <u>OR</u> History of measles illness <u>AND</u> mumps illness <u>AND</u> rubella illness <b>on or before 2<sup>nd</sup> birthday.</b></li> </ul>
HiB	3 doses with different dates of service <b>between 42 days after birth and 2<sup>nd</sup> birthday.</b>
HepB	<ul style="list-style-type: none"> <li>• 3 doses with different dates of service <b>by the 2<sup>nd</sup> birthday.</b> <ul style="list-style-type: none"> <li>• 1 of the 3 can be a newborn Hep B vaccination <b>between birth and 7 days after birth.</b></li> </ul> </li> <li>• <u>OR</u> History of hepatitis B illness <b>on or before 2<sup>nd</sup> birthday.</b></li> </ul>

## What Counts for HEDIS?

Immunization	What Counts?
VZV	<ul style="list-style-type: none"> <li>• 1 dose <b>between 1<sup>st</sup> and 2<sup>nd</sup> birthday</b></li> <li>• <u>OR</u> history of chicken pox illness <b>on or before 2<sup>nd</sup> birthday.</b></li> </ul>
PCV	4 doses with different dates of service <b>between 42 days after birth and 2<sup>nd</sup> birthday.</b>
Hep A	<ul style="list-style-type: none"> <li>• 1 dose <b>between 1<sup>st</sup> and 2<sup>nd</sup> birthday.</b></li> <li>• <u>OR</u> history of hepatitis A illness <b>on or before 2<sup>nd</sup> birthday.</b></li> </ul>
RV	<p>2 dose series or 3 dose series <b>between 42 days after birth and 2<sup>nd</sup> birthday.</b></p> <ul style="list-style-type: none"> <li>• 2 doses of the two-dose rotavirus vaccine on different dates of service. <u>OR</u></li> <li>• 3 doses of three-dose rotavirus vaccine on different dates of service. <u>OR</u></li> <li>• Combine (1 dose/2dose):             <ul style="list-style-type: none"> <li>• 1 dose of the two-dose series, and</li> <li>• 2 doses of the three-dose series,</li> <li>• All with different dates of service.</li> </ul> </li> </ul>

## What Counts for HEDIS?

Immunization	What Counts?
Flu	2 doses with different dates of service <b>between the 6-month birthday and 2<sup>nd</sup> birthday.</b> <ul style="list-style-type: none"><li>• 1 LAIV dose is allowed if administered on the 2<sup>nd</sup> birthday.</li></ul>

- ▶ Charting: In the medical record, include date of immunization(s) administered and each antigen administered.
  - ▶ For combination vaccinations, like DTaP and MMR, document all components of antigen administered.
- ▶ Billing: Bill for:
  - ▶ Administration of the vaccine, and
  - ▶ The vaccine administered.

# CIS-10

## Best & Promising Practices

- ▶ Adhere to schedules by national health authorities and organizations:
  - ▶ Administering vaccines at recommended ages for timely protection, and
  - ▶ Catching-up patients.
- ▶ Parent & Caregiver Education
  - ▶ Clear and accurate information about the importance of childhood immunizations.
  - ▶ Address concerns and misconceptions about vaccines.
- ▶ Convenient Access
  - ▶ Offer at accessible locations and times, including evenings, weekends and health fairs.
  - ▶ Walk-in clinics or appointment flexibility.

# CIS-10

The codes listed below count towards compliance with HEDIS®

Vaccine	Type of Code	Code
DTaP	CPT	90697, 90698, 90700, 90723
IPV	CPT	90697, 90698, 90713, 90723
MMR	CPT	90707, 90710
Hx Measles	ICD-10 Dx	B05.0 – B05.4, B05.81, B05.89, B05.9
Hx Mumps	ICD-10 Dx	B26.0 – B26.3, B26.81 – B26-85, B26.89, B26.9
Hx Rubella	ICD-10 Dx	B06.00- B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
HiB	CPT	90644, 90647, 90648, 90697,90698, 90748
HepB	CPT	90697,90723, 90740, 90744, 90747, 90748
Hx HepB	ICD-10 Dx	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
VZV	CPT	90710, 90716
Hx Chicken Pox	ICD-10 Dx	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29, B02.30-B02.34, B02.39, B02.7, B02.8, B02.9
PCV	CPT	90670
HepA	CPT	90633
Hx HepA	ICD-10 Dx	B15.0, B15.9
RV	CPT	90681 (2-dose schedule), 90680 (3-dose schedule)
Influenza	CPT	90655, 90657, 90673, 90674, 90685-90688, 90756 LAIV: 90660, 90672

# Developmental Screening in the First Three Years of Life (DEV)

% of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the **12 months prior or on their 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> birthday.**

## Billing Code

- ▶ CPT 96110

## Best & Promising Practices

- ▶ EMR/EHR: include Ages and Stages Questionnaire (ASQ) and screening billing code.
- ▶ **Utilize global developmental screening tools**

# Lead Screening in Children (LSC)

% of children, by 24 months, who had  $\geq 1$  blood tests (capillary or venous) for lead poisoning in 2024.

## What Counts for HEDIS?

- ▶ Must have at least one blood lead screening completed.
- ▶ Screening questionnaires do not count towards the measure.
- ▶ Include in the medical records: date(s) of the test & result(s).

## Best & Promising Practices

- ▶ Point of Care Testing
- ▶ Pull samples in the clinic:
  - ▶ Purchase microcapillary tubes.
  - ▶ Utilize Quest Pick-up Services: **1.888.697.8378**



## Electronic Blood Lead Reporting (EBLR) System

▷ Like CAIR, but for blood lead screenings.

▷ Counts for HEDIS

▷ More Information:

[https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/  
Pages/report\\_results.aspx](https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx)

# Topical Fluoride for Children (TFL-CH)

% of children, 1-20 y/o, who received **at least two (2)** topical Fluoride Varnish (FV) applications in 2024.

## What counts for HEDIS?

- ▶ Must have two FV applications, in the year, to count as completed.

## Best & Promising Practices

- ▶ Conduct while patient is waiting for well-visit.
- ▶ Application can be conducted by a Medical Assistants.
- ▶ Integrate billing code(s), for ages 1-5 y/o, into EMR/EHR: CPT 99188
  - ▶ CDT Codes: D1206 or D1208 (include proper taxonomy code for dental services).
- ▶ Refer patient to [Denti-Cal providers](#) at first birthday.

# TFL-CH

## Continued: Best & Promising Practices

- ▶ Promote oral health & FV application during Prenatal visits.
- ▶ Oral health education for staff and patients.

## Alameda County Office of Dental Health

- ▶ Free Training
  - Phone: (510) 208-5910
  - Email: [dentalhealth@acgov.org](mailto:dentalhealth@acgov.org)



# Sharing Best Practices

**La Clinica Julian R Davis Pediatrics**

Teresita Mejia, MBA, Clinical Manager

Jovanna Diaz, Clinic Office Assistant

## La Clinica Julian R. Davis Pediatrics 2023 Statistics

Measure	Rate	Minimum	75 <sup>th</sup> Pctl	90 <sup>th</sup> Pctl
▶ W15	81.25%	58.38%	63.34%	68.09%
▶ W30	75.71%	66.76%	71.35%	77.78%

## La Clinica Julian R. Davis Pediatrics Sharing Best Practices

- ▶ Team effort: Providers, MAs, COAs and Adm.
- ▶ Patient Education: Importance of well visits
- ▶ MA while patient is in the room:
  - ▶ Add to recall
  - ▶ Flexible schedule
    - when is the best time for the patient?
    - Schedule sibling together
  - ▶ Schedule next appointment from recall

## La Clinica Julian R. Davis Pediatrics Sharing Best Practices

- ▶ MAs work on no shows
- ▶ Work in gap in care list:
  - ▶ Biweekly tableau reports
    - All pt should have a future W30 appt.
    - Look to see if the patient is on track
  - ▶ Quarterly AA gap in care list.
  - ▶ Monthly recall list

# La Clinica Julian R. Davis Pediatrics Sharing Best Practices

## ▶ Outreach:

- ▶ Text
- ▶ Call to schedule
- ▶ GIC letter if unable to reach
- ▶ Work with their barriers to attend
- ▶ If unsuccessful or too many no shows, provider calls patient.



## La Clinica Julian R. Davis Pediatrics Sharing Best Practices

- ▶ Opportunities to do a well visit if possible
  - ▶ Coming for an office visit
  - ▶ Coming with a sibling
  - ▶ Flu vaccine only
- ▶ Scheduling the W30 at 29.5 months.

# La Clinica Julian R. Davis Pediatrics Sharing Best Practices

- ▶ Incentives advertisement:
  - ▶ By text
  - ▶ By Phone
  - ▶ During reminder calls
  - ▶ Gap in care letter
  - ▶ Punch card (great as well for frequency reminders)

# Questions?



# Open Discussion

- ▶ What questions do you have?
- ▶ Are you aware of how to access the Gap in Care Reports? If so, how are you using them?
- ▶ What's working well for you with completing visits?
- ▶ What barriers are you facing to complete visits?
- ▶ Are there any other measures that are tricky?
- ▶ Any questions on billing?
- ▶ Any suggestions on how the Alliance can support you?

# Thanks!

## Questions?

You can contact us at:

 [DeptQITeam@alamedaalliance.org](mailto:DeptQITeam@alamedaalliance.org)

# Resources

Resources from the Alliance

# Equity Approaches

## Approaches to Increase Access

- ▶ Review well-visit measure completion rate factors.
- ▶ Screen for health-related social needs.
- ▶ Design patient information to be culturally/linguistically appropriate.
- ▶ Involve patients and their family members in decision-making.
- ▶ Leverage shared decision-making, teach-back and motivational interviewing tools.
- ▶ Partner with local community resources.
- ▶ Utilize Community Health Workers (CHW).

# Access Standards

PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment	10 Business Days of Request
OB/GYN Appointment	10 Business Days of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request
SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	Appointment Within:
Non-Urgent Appointment with a <b>Specialist</b> Physician	15 Business Days of Request
Non-Urgent Appointment with a <b>Behavioral Health</b> Provider	10 Business Days of Request
Non-Urgent Appointment with an <b>Ancillary Service</b> Provider	15 Business Days of Request
OB/GYN Appointment	15 Business Days of Request
Urgent Appointment that <i>requires</i> PA	96 Hours of Request
Urgent Appointment that <i>does not</i> require PA	48 Hours of Request
ALL PROVIDERS WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	Appointment Within:
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

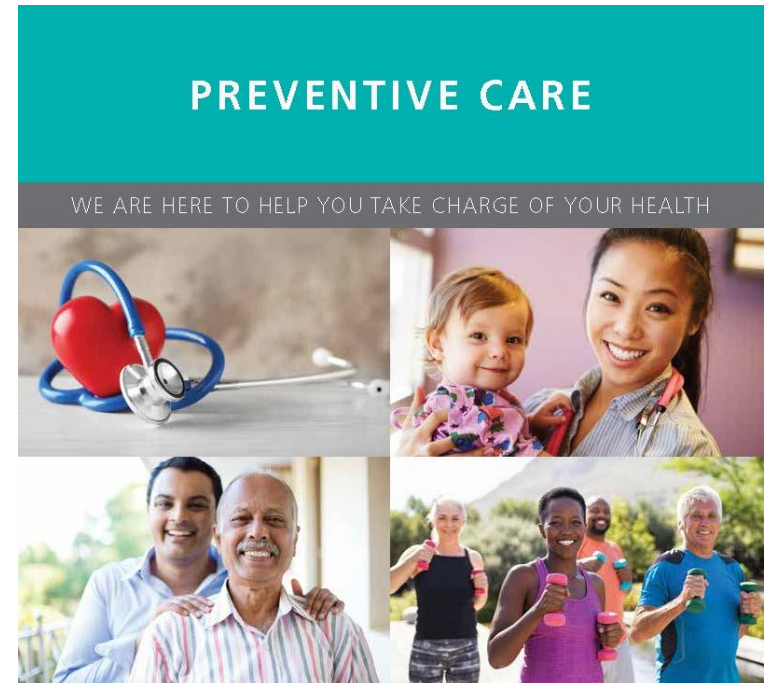
\* Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines PA = Prior Authorization



# Health Education

## Patient Health & Wellness Education

- ▶ **Live Healthy Library:** online materials and links
- ▶ **Provider Resource Guide:** health programs and community resources
- ▶ **Wellness Program & Materials Request Form:** request mailed materials



# Patient Outreach

## Help Me Grow First 5, Alameda County

- ▶ Ages: Birth – 5 years
- ▶ Measures: W30, WCV (ages 0-5 y/o)
- ▶ Services:
  - Outreach to families
  - Promote importance of well-visits
  - Support scheduling appointments

Contact: [DeptQITeam@alamedaalliance.org](mailto:DeptQITeam@alamedaalliance.org)

# Reports

## Gap in Care Lists

- ▶ HEDIS Measures
- ▶ Initial Health Appointment (IHA)
- ▶ Emergency Department Utilization

# Project Support

## Quality Improvement Team

- ▶ Project Management
  - Contact: [DeptQITeam@alamedaalliance.org](mailto:DeptQITeam@alamedaalliance.org)

# Measure Highlight Series

Target Audience: All Primary Care Providers.

Times: Noon – 1 p.m.

Dates & Registration Links:

- ▶ 03/13/2024: [WCV Measures](#)
- ▶ 04/11/2024: [Chronic Disease Measures](#)
- ▶ 05/01/2024: [Cancer Prevention Measures](#)
- ▶ 05/15/2024: [W30 Measures](#)