

Attachment 3A.1 Existing Developmental Screening and Developmental Screening Follow-up Measures

Measure Developer	Measure Title	Measure Description	Type of Measure/Level of Measurement	Data Source	Claims Information	Additional Information
NCQA/CAHMI	Rates of screening using standardized screening tools for potential delays in social and emotional development [Included in Initial Core Set of Children's Health Care Quality Measures]	<u>Numerator Statement:</u> Number of children screened for social and emotional development with a standardized, documented tool or set of tools as part of a well-child or other visit to their primary care provider (report three rates – one for each age category listed in the denominator). <u>Denominator Statement:</u> Children aged 0-12 months, 12-24 months, or 24-36 months, who had a well-child or other primary care visit during the measurement year who were enrollees in Medicaid or CHIP.	Process	Administrative Claims & Medical Records [†]	Claims data: CPT code 96110 (Developmental testing, with interpretation and report). Important Note about Appropriate Use of Claims Data: This measure is anchored to standardized tools that meet four criteria specified in the paragraph beginning with "Tools must meet the following criteria" in the additional information column. States who have policies clarifying that standardized tools meeting this criterion must be used to bill for 96110 should be able to report using claims data. Claims NOT Included in This Measure: It is important to note that modified 96110 claims [e.g. modifiers added to claim indicating standardized screening for a specific domain of development (e.g. social emotional screening via the ASQ-SE, autism screening)] should not be included as this measure is anchored to recommendations focused on global developmental screening using tools that focus on identifying risk for developmental, behavioral and social delays.	Documentation in the medical record must include all of the following: a note indicating the date on which the test was performed and the standardized tool used (see below) and evidence of a screening result or screening score. -Tools must meet the following criteria: (1) Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional. (2) Established Reliability: Reliability scores of approximately 0.70 or above. (3) Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s). (4) Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above. -Current recommended tools that meet these criteria: Ages and Stages Questionnaire (ASQ) - 2 months to 5 years, Ages and Stages Questionnaire - 3rd Edition (ASQ-3), Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months, Bayley Infant Neuro-developmental Screen (BINS) - 3 months to 2 years, Brigance Screens-II – Birth to 90 months, Child Development Inventory (CDI) - 18 months to 6 years, Infant Development Inventory – Birth to 18 months, Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years, & Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM). -Tools NOT Included in This Measure: It is important to note that standardized tools specifically focused on one domain of development [e.g. child's socio-emotional development (ASQ-SE) or autism (M-CHAT)] are not included in the list above as this measure is anchored to recommendations related to global developmental screening using tools that identify risk for developmental, behavioral and social delays.
NQMC/CAHMI	Standardized developmental and behavioral screening: proportion of children whose health care provider administered a parent-completed standardized developmental and behavioral screening tool.	This measure is used to assess whether the child's health care provider administered a parent-completed, standardized developmental and behavioral screening tool. It is recommended that developmental surveillance be incorporated at every well-child preventive care visit. Any concerns raised during surveillance should be promptly addressed with standardized developmental screening tests. In addition, screening tests should be administered regularly at the 9-, 18-, and 30-month visits. <u>Numerator Statement:</u> Children whose parents responded "Yes" to the stem question as well as Q1a and Q1b*. <u>Denominator Statement:</u> Children age 3 months to 48 months who received a well-child visit in the last 12 months and whose parents responded to all three "Standardized Developmental and Behavioral Screening" items on the Promoting Healthy Development Survey (PHDS). *Information included in Additional Information column.	Process	Patient/Individual Survey	N/A	Parents must respond yes to these three age appropriate questions to be included in the numerator. There are different question sets of follow-up questions for 12-23.99 months, 24-47.99 months, and 48-60 months. 1) In the last 12 months, did your child's doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about your child's development, communication or social behaviors? <i>Children 12-23.99 months old (for example):</i> 1a) Did this questionnaire ask about your concerns or observations about how your child talks or makes speech sounds? 1b) Did this questionnaire ask about your concerns or observations about how your child interacts with you and others?
CAHMI*	Follow-up for children at risk for delays: proportion of children who were determined to be at significant risk for development, behavioral, or social delays who received some level of follow-up care.	This measure is used to assess the proportion of children who were determined to be at significant risk for developmental, behavioral, or social delays (NOTE: Items derived from the Parents Evaluation Developmental Status [PEDS] used to identify children at significant risk.) who received some level of follow-up health care. Follow-up items include testing of child's learning development and behavior, referral to another doctor or speech/language testing, and/or whether a doctor or other health provider noted a concern that should be watched carefully. <u>Numerator Statement:</u> Children whose parent responded positively to the items indicating the risk-appropriate follow-up care was provided. <u>Denominator Statement:</u> Children age 3 months to 48 months who received a well-child visit in the last 12 months, who were identified as significant risk (high/moderate) for developmental, behavioral and social delays (based on the Parents Evaluation of Developmental Status [PEDS] items in the Promoting Healthy Development Survey [PHDS]), and whose parents answered at least half of the items asking about follow-up care received.	Process	Patient/Individual Survey	N/A	Follow-up care items: Whether the child's health care provider did the following: doctor or other health provider noted a concern that should be watched carefully, tested child's learning development and behavior, referred child to another doctor or health provider, referred child for testing of learning, development and behavior, referred child for speech-language or hearing testing

NCQA/CAH MI*	Developmental Screening by 2 Years of Age	<p><u>Numerator Statement:</u> Children who had documentation in the medical record of a developmental screening (screening for risk of developmental, behavioral, and social delays) between 12 and 24 months of age. Screening must be conducted using a standardized tool.</p> <p><u>Denominator Statement:</u> Children with a visit who turned two years of age between January 1 and December 31 of the measurement year.</p>	Process	Administrative or Hybrid	N/A- HEDIS 2012 document indicates that due to the inability of administrative codes to identify use of a standardized tool consistently, the measure is specified as medical record only.	Documentation in the medical record must include: (1) a note indicating the date on which the test was performed AND (2) the standardized tool used AND (3) evidence of a screening result or screening score. Standardized tools include: Ages and Stages Questionnaire (ASQ), Battelle Developmental Inventory Screening Tool (BDI-ST), Bayley Infant Neurodevelopmental Screen (BINS), Brigance Screens-II, Child Development Inventory (CDI), Child Development Review-Parent Questionnaire (CDR-PQ), Infant Development Inventory, Parents' Evaluation of Developmental Status (PEDS).
NCQA/HEDIS	Well-Child Visits in the First 15 Months of Life	<p>This measure looks at the adequacy of well-child care for infants. It measures the percentage of children who had one, two, three, four, five, six or more well-child visits by the time they turned 15 months of age.</p> <p><u>Numerator Statement:</u> Seven separate numerators are calculated corresponding to the number of members who received zero, one, two, three, four, five, six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life.</p> <p><u>Denominator Statement:</u> Medicaid members who turned 15 months old during the measurement year.</p>	Process	Administrative Clinical Data or Hybrid	Claims/encounters that identify a well-child visit include: CPT: 99381, 99382, 99391, 99392, 99432, 99461 ICD-9: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	<p>Documentation in the medical record must include a note indicating a visit with a PCP, the date the well-child visit occurred, and evidence of all of the following:</p> <ul style="list-style-type: none"> • A health and developmental history • A physical exam • Health education/anticipatory guidance <p>Well-child preventive services count towards the measure regardless of the primary intent of the visit. Services that are specific to an acute or chronic condition do not count towards the measure.</p> <p>Organizations may count services that occur over multiple visits toward this measure as long as all of the services occur within the time frame established in the measure.</p>
NCQA/HEDIS	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	<p>This measure looks at the use of routine check-ups by preschool and early school-age children. It assesses the percentage of children 3, 4, 5 and 6 years of age who received at least one well-child visit with a primary care practitioner during the measurement year.</p> <p><u>Numerator Statement:</u> At least one well-child visit with a primary care practitioner (PCP) during the measurement year.</p> <p><u>Denominator Statement:</u> Medicaid members age three to six years of age as of December 31 of the measurement year.</p>	Process	Administrative Clinical Data or Paper Medical Records	Claims/encounters that identify a well-child visit include: CPT: 99382, 99383, 99392, 99393 ICD-9: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	<p>Documentation in the medical record must include a note indicating a visit with a PCP, the date the well-child visit occurred, and evidence of all of the following:</p> <ul style="list-style-type: none"> • A health and developmental history • A physical exam • Health education/anticipatory guidance <p>Visits to school-based clinics with practitioner types that the organization would consider as PCPs may be counted if documentation of a well-child exam is available. The PCP does not have to be assigned to the member.</p> <p>Well-child preventive services count towards the measure regardless of the primary intent of the visit. Services that are specific to an acute or chronic condition do not count towards the measure.</p>

*Endorsed by NQF

*Measure is specified as hybrid using both administrative claims and medical records. However, as the definition of 96110 has changed from "use of any screening tool" to "use of a standardized screening tool", the measure can now be specified entirely with administrative claims and medical records are no longer necessary to see if the screening tool was appropriate.

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- The Child and Adolescent Health Measurement Initiative (CAHMI). Measure of whether standardized development and behavioral screening using parent-completed tools occurred: Summary Report of CAHMI the Recommended Items, Development and Testing of the Items and Future Steps. Portland (OR).
- National Quality Measures Clearing House (NQMC). Measure Summary: Follow-up for children at risk for delays: proportion of children who were determined to be at significant risk for development, behavioral, or social delays who received some level of follow-up care. Rockville (MD); 2007.
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Attachment 3A.2 References

1. American Academy of Pediatrics. Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics*. 2006; 118(1): 405-420.
2. Birth to 5: Watch Me Thrive!. Early Childhood Development Web site. <http://www.acf.hhs.gov/programs/ecd/watch-me-thrive> Accessed August 13, 2014.
3. National Committee for Quality Assurance (NCQA). Quality Measures for Child Health Care. Washington, D.C.; 2011. Retrieved from <http://www.ncqa.org/Portals/0/PublicComment/HEDIS%202012/HEDIS%202012%20Public%20Comment/Developmental%20Screening%20in%20Children.pdf>
4. National Committee for Quality Assurance (NCQA). Well-Child Visits in the First 15 Months of Life. Washington, D.C.; 2009. 6) National Committee for Quality Assurance (NCQA). Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life. Washington, D.C.; 2009.
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6. The Child and Adolescent Health Measurement Initiative (CAHMI). Measure of whether standardized development and behavioral screening using parent-completed tools occurred: Summary Report of CAHMI the Recommended Items, Development and Testing of the Items and Future Steps. Portland (OR).
7. Boulet SL, Boyle CA, Schieve LA. Health Care Use and Health and Functional Impact of Developmental Disabilities Among US Children, 1997-2005. *Arch Pediatr Adolesc Med*. 2009; 163(1): 19-26.
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9. The Case for Investing in Disadvantaged Young Children. Heckman Web site. <http://www.heckmanequation.org/content/resource/case-investing-disadvantaged-young-children> Accessed August 13, 2014.
10. Robert Wood Johnson Foundation Commission to Build a Healthier America. Time to Act: Investing in the Health of Our Children and Communities. <http://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409002#page=44> Updated January 2014. Accessed August 13, 2014.
11. Macy M, Marks K, Towle A. Missed, Misused, or Mismanaged: Improving Early Detection Systems to Optimize Child Outcomes. *Topics in Early Childhood Special Education*. 2014;34(2):94-105.

12. Jennings, DJ, Hanline, MF. (2013). Developmental Screening Referrals: Child and Family Factors That Predict Referral Completion. *Topics in Early Childhood Special Education*. 2013;33(2):102-111.