

2026

Covered CA Quality Transformation Program (QTP) (for PCPs)

Program Technical Guide



IE  **HP**

Covered



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PROGRAM OVERVIEW

This program guide provides an overview of the 2026 Covered CA (CCA) Quality Transformation Program (QTP) for IEHP Direct Primary Care Physicians (PCPs). The IEHP Covered CA Quality Transformation Program (QTP) for PCPs is designed to support the quality of health care for IEHPs Covered CA Members. The Covered CA Quality Transformation Program (QTP) aligns with the CCA Quality Exhibit IEHP Covered CA IEHP Direct PCPs contract requirements.

If you would like more information about IEHP's Covered CA Quality Transformation Program (QTP) or best practices to help improve quality scores and outcomes, visit our Secure Provider Portal at www.iehp.org, email the Quality Team at QualityPrograms@iehp.org or call the IEHP Provider Relations Team at (909) 890-2054.

Eligibility

To be eligible for enhanced quality payments in the 2026 Covered CA Quality Transformation Program (QTP), PCPs must meet the following criteria:

- IEHP Direct Covered CA Primary Care Physicians (PCPs) who have a CCA Quality Exhibit IEHP Covered CA IEHP Direct PCP contract are eligible to participate in the Covered CA Quality Transformation Program (QTP).
- Have at least 20 Members in the denominator as of December 2026 for each quality measure to qualify for scoring.
- Have at least three quality measures that meet minimum denominator requirements in order for a CCA Star Rating score to be calculated.

Minimum Data Requirements

Claims Data

Claims data is foundational to performance measurement and is essential in the 2026 Covered CA Quality Transformation Program. Complete, timely and accurate claims data should be submitted through normal reporting channels for all services rendered to IEHP Members. Please use the appropriate codes listed in [Appendix 2](#) to meet measure requirements.

Lab Results

Data from lab results data is also foundational to Program performance measurement. Providers should ensure they submit complete lab results data for services rendered to IEHP Members. Work with IEHP to ensure you are using the appropriate lab vendors for IEHP Members.

Lab results that are performed in the office (e.g., point of care HbA1c testing, urine tests, etc.) should be coded and submitted through your encounter data.

Immunizations

To maximize performance in immunization-based measures, **IEHP requires all Providers to report all immunizations via the California Immunization Registry (CAIR2)**. For more information on how to register for CAIR2, please visit <http://cairweb.org/>. IEHP works closely with CAIR to ensure data sharing to support the Covered CA Quality Transformation program.

Provider Research Inquiries

All Provider research inquiries, related to the data collected to measure program metrics, must be submitted in an excel worksheet. The following information must be included in the research inquiry to support the description of the dispute: Provider Name, Provider NPI, Member Name, Member ID, Measure Name, DOS, Procedure Code/ICD-10 code, and any other information that would be helpful to research the inquiry.

Program Terms and Conditions

- **Good Standing:** A Provider currently contracted with Plan for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code Sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan's sole determination, to continue to work together with Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a Provider is not in good standing based on relevant quality, payment, or other business concerns.
- Criteria for calculating Provider Star Rating are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the IEHP Covered CA Quality Transformation Program (QTP), participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP Covered CA Quality Transformation Program (QTP).
- The determination of IEHP regarding performance scoring and Quality Performance Adjustments under the IEHP Covered CA Quality Transformation Program (QTP) is final.
- As a condition of receiving payment under the IEHP Covered CA Quality Transformation Program (QTP), Providers must be active and contracted with IEHP and have active assigned Members at the time of payment.
- Providers will not charge IEHP for medical records for HEDIS, Risk Adjustment, and other health plan operational activities.

Financial Overview: Quality Adjustment

Providers are eligible to receive a quality adjustment that will be based on the Provider's quality performance in the measurement year (2026). This quality adjustment may be an increase, or reduction, in the Providers IEHP base fee schedule rate. Refer to your CCA PCP agreement, Quality Exhibit for details.

Performance Measures

Appendix 1 provides a list of the 6 measures in the 2026 Covered CA Quality Transformation Core Program (QTP) and includes thresholds and benchmarks associated with respective Tier Goals.

Measures included in this program use standard Healthcare Effectiveness Data and Information Set (HEDIS®) process and outcomes measures that are based on the specifications published by the National Committee for Quality Assurance (NCQA). Non-HEDIS® measures that are included in the program come from the California Department of Health Care Services (DHCS) Medi-Cal Managed Care Quality Program.

Program Measures:

- Annual Wellness Visit
- Child and Adolescent Well-Care Visits
- Chlamydia Screening
- Controlling High Blood Pressure
- Glycemic Status Assessment for Patients with Diabetes
- Initial Health Appointment

✓ Scoring Methodology

In this third year of the Covered CA Quality Transformation Program, Provider performance will be assessed based on performance improvement in the current measurement year (2026). Quality improvement adjustments in this program will be determined by the Providers performance in the program metrics being assessed. The measurement performance will begin once the IEHP Covered CA Member assignment begins with a Provider. The performance in this program will determine the "Quality Adjustment" rate that may impact the Provider's CCA Exhibit base rate, starting July 2027. The 2026 measurement year will assess performance within the period of January 1 – December 31, 2026.

NOTE: The Providers CCA Exhibit base rate will reset each measurement year back to the original base rate.

Year-Over-Year Improvement

The current measurement year (2026) performance baseline will be set from the final performance in the prior measurement year (2025). This program is designed to focus on value-based care where Provider reimbursement is directly tied to the quality of care provided to IEHP Members. There will be improvement factors that will take place starting in measurement year 2026, and continuing year-over-year, in the Covered CA Quality Transformation Program (QTP).

Performance Methodology

Calculating the Star Score

Provider performance for each measure will be given a star value (i.e., a measure score). Measure scores are applied based on star threshold cut points that are assigned per measure (see Appendix 1 for star threshold cut points).

The following formula will be used to calculate the overall Star Rating Score:

Star Rating Score = Sum (measure star rating * measure weight) / Sum of measure weights



The Star Rating will follow Table 1 below:

| TABLE 1. COVERED CA QUALITY TRANSFORMATION PROGRAM (QTP) – STAR RATING: | |
|--|----------------------------|
| Initial Star Rating | Overall Star Rating |
| ≥ 0.750000 and < 1.750000 | 1.0 Stars |
| ≥ 1.750000 and < 2.750000 | 2.0 Stars |
| ≥ 2.750000 and < 3.750000 | 3.0 Stars |
| ≥ 3.750000 and < 4.750000 | 4.0 Stars |
| ≥ 4.750000 and ≤ 5.000000 | 5.0 Stars |

Calculating the Quality Adjustment

There will be **two** adjustments calculated for the 2026 performance year:

- 1) Quality Performance Adjustment
- 2) Quality Improvement Adjustment

The Quality Performance Adjustment and Quality Improvement Adjustment will both be used to determine the Providers overall Final PCP Quality Adjustment Amount (Providers CCA rate that will begin July following the measurement year through the next 12 months).

Quality Performance Adjustment

The Quality Performance Adjustment will be the first adjustment calculated for the current measurement year (2026) performance. The Quality Performance Adjustment will determine if there is a rate change made to the Provider’s base CCA contractual rate.

The following method will be used to calculate the **Quality Performance Adjustment**:

Step 1: Determine current measurement year (2026) star rating (see Calculating the Star Score methodology).

Step 2: Determine Provider current measurement year (2026) Composite Quality Score (see Table 2: Provider Composite Quality Score & Associated Quality Performance Adjustment Overview).

Step 3: Determine Quality Performance Adjustment Amount based on current measurement year (2026) Provider Composite Quality Score (see Table 2: Provider Composite Quality Score & Associated Quality Performance Adjustment Overview).

TABLE 2. PROVIDER COMPOSITE QUALITY SCORE & ASSOCIATED QUALITY PERFORMANCE ADJUSTMENT OVERVIEW

| Provider Composite Quality Score | Quality Performance Adjustment Amount |
|--|---------------------------------------|
| 5 Star Rating: Performance at the 90th percentile or higher | 20% increase in base rate |
| 4 Star Rating: Performance between the 66th percentile and 89th percentile | 10% increase in base rate |
| 3 Star Rating: Performance between the 33rd percentile and the 65th percentile | No change in base rate |
| 2 Star Rating: Performance between the 10th percentile and 32nd percentile | 5% reduction in base rate |
| 1 Star Rating: Performance below the 10th percentile | 10% reduction in base rate |

Step 4: Calculate the Initial PCP Quality Adjustment Amount:

Initial PCP Quality Adjustment Amount = PCP base CCA rate + current measurement year (2026) Quality Performance Adjustment Amount.

Quality Improvement Adjustment

The Quality Improvement Adjustment will be the second adjustment calculated for the current measurement year (2026). The Quality Improvement Adjustment will determine if there is a second rate change made to the Provider’s CCA contractual rate, based on the Quality Performance Adjustment for the measurement year (2026). The Quality Performance Adjustment rate change will be made to the Provider’s CCA contractual rate starting July 2027 and continuing through June 2028.

NOTE: First-year CCA Providers will have a Quality Performance Adjustment only, with no Quality Improvement Adjustment applied.

The following method will be used to calculate the **Quality Improvement Adjustment:**

Step 1: Determine current measurement year (2026) star rating (see Calculating the Star Score methodology).

Step 2: Determine prior measurement year (2025) star rating.

Step 3: Calculate the improvement between current measurement year (2026) and prior measurement year (2025) star ratings.

Step 4: Determine Provider Improvement Composite Quality Score based on current measurement year (2026) to prior measurement year (2025) star score comparison.

Step 5: Use the Provider current measurement year (2026) Provider Improvement Composite Quality Score to indicate the Quality Improvement Adjustment (see Table 3).

TABLE 3. PROVIDER COMPOSITE QUALITY SCORE & ASSOCIATED QUALITY IMPROVEMENT ADJUSTMENT

| Provider Improvement Composite Quality Score | Quality Improvement Adjustment |
|--|--------------------------------|
| Improved by 3 stars | +7.5% |
| Improved by 2 stars | +5% |
| Improved by 1 star | +2.5% |
| No change in star rating | None |
| Any decline in star rating | None |

Step 6: Calculate the Final PCP Quality Adjustment Amount:

Final PCP Quality Adjustment Amount = Initial PCP Quality Adjustment Amount + current measurement year (2026) Quality Improvement Adjustment.

The Final PCP Quality Adjustment Amount will be applied as the Providers CCA contractual rate from July of the following year (2027) through June of the next year (2028).

Scoring Methodology Example:

Provider Example: Calculating Provider Final PCP Quality Adjustment Amount

| PROVIDER JOHN DOE 2026 QUALITY IMPROVEMENT ADJUSTMENT FACTORS | |
|---|--------|
| PCP Base Rate | 100% |
| 2025 Star Rating | 2 star |
| 2026 Star Rating | 4 star |

Calculating 2026 Final PCP Quality Adjustment Amount:

The following method will be used to calculate the **Quality Performance Adjustment**:

Step 1: Determine current measurement year (2026) star rating: *Provider finished the current measurement year (2026) with a 4 star rating.*

Step 2: Determine Provider current measurement year (2026) Composite Quality Score (see Table 2: Provider Composite Quality Score & Associated Quality Performance Adjustment Overview): *Providers Composite Quality Score is at a 4 star rating: between the 66th and 89th percentile.*

Step 3: Determine Quality Performance Adjustment Amount based on current measurement year (2026) Provider Composite Quality Score (see Table 2: Provider Composite Quality Score & Associated Quality Performance Adjustment Overview): *Providers Composite Quality Score is between the 66th and 89th percentile and meets a Quality Performance Adjustment amount of 10%.*

TABLE 2. PROVIDER COMPOSITE QUALITY SCORE & ASSOCIATED QUALITY PERFORMANCE ADJUSTMENT OVERVIEW

| Provider Composite Quality Score | Quality Performance Adjustment Amount |
|--|---------------------------------------|
| 5 Star Rating: Performance at the 90th percentile or higher | 20% increase in base rate |
| 4 Star Rating: Performance between the 66th percentile and 89th percentile | 10% increase in base rate |
| 3 Star Rating: Performance between the 33rd percentile and the 65th percentile | No change in base rate |
| 2 Star Rating: Performance between the 10th percentile and 32nd percentile | 5% reduction in base rate |
| 1 Star Rating: Performance below the 10th percentile | 10% reduction in base rate |

Step 4: Calculate the Initial PCP Quality Adjustment Amount:

Initial PCP Quality Adjustment Amount = PCP Base CCA rate + current measurement year (2026) Quality Performance Adjustment Amount.

Initial PCP Quality Adjustment Amount = 100 % + 10% = 110% CCA rate

The following method will be used to calculate the **Quality Improvement Adjustment**:

Step 1: Determine current measurement year (2026) star rating: *Provider finished the current measurement year (2026) with a 4 star rating.*

Step 2: Determine prior measurement year (2025) star rating: *Provider finished the prior measurement year (2025) with a 2 star rating.*

Step 3: Calculate the improvement between current measurement year (2026) and prior measurement year (2025) star ratings: *Provider finishing the current measurement year (2026) with a 4 star rating compared to the prior measurement year (2025) with a 2 star rating corresponds to a 2 star rating improvement.*

Step 4: Determine Provider Improvement Composite Quality Score based on current measurement year (2026) to prior measurement year (2025) star score comparison: *Provider finishing the current measurement year (2026) with a 4 star rating compared to the prior measurement year (2025) with a 2 star rating corresponds to a Provider Improvement Composite Quality Score of 2 star rating improvement.*

Step 5: Use the Provider current measurement year (2026) Provider Improvement Composite Quality Score to indicate the Quality Improvement Adjustment (see Table 3 below): *Provider finishing the current measurement year (2026) with a 4 star rating compared to the prior measurement year (2025) with a 2 star rating corresponds to a 2 star rating improvement. This will give an additional 5% Quality Improvement Adjustment.*

TABLE 3. PROVIDER COMPOSITE QUALITY SCORE & ASSOCIATED QUALITY IMPROVEMENT ADJUSTMENT

| Provider Improvement Composite Quality Score | Quality Improvement Adjustment |
|--|--------------------------------|
| Improved by 3 stars | +7.5% |
| Improved by 2 stars | +5% |
| Improved by 1 star | +2.5% |
| No change in star rating | None |
| Any decline in star rating | None |

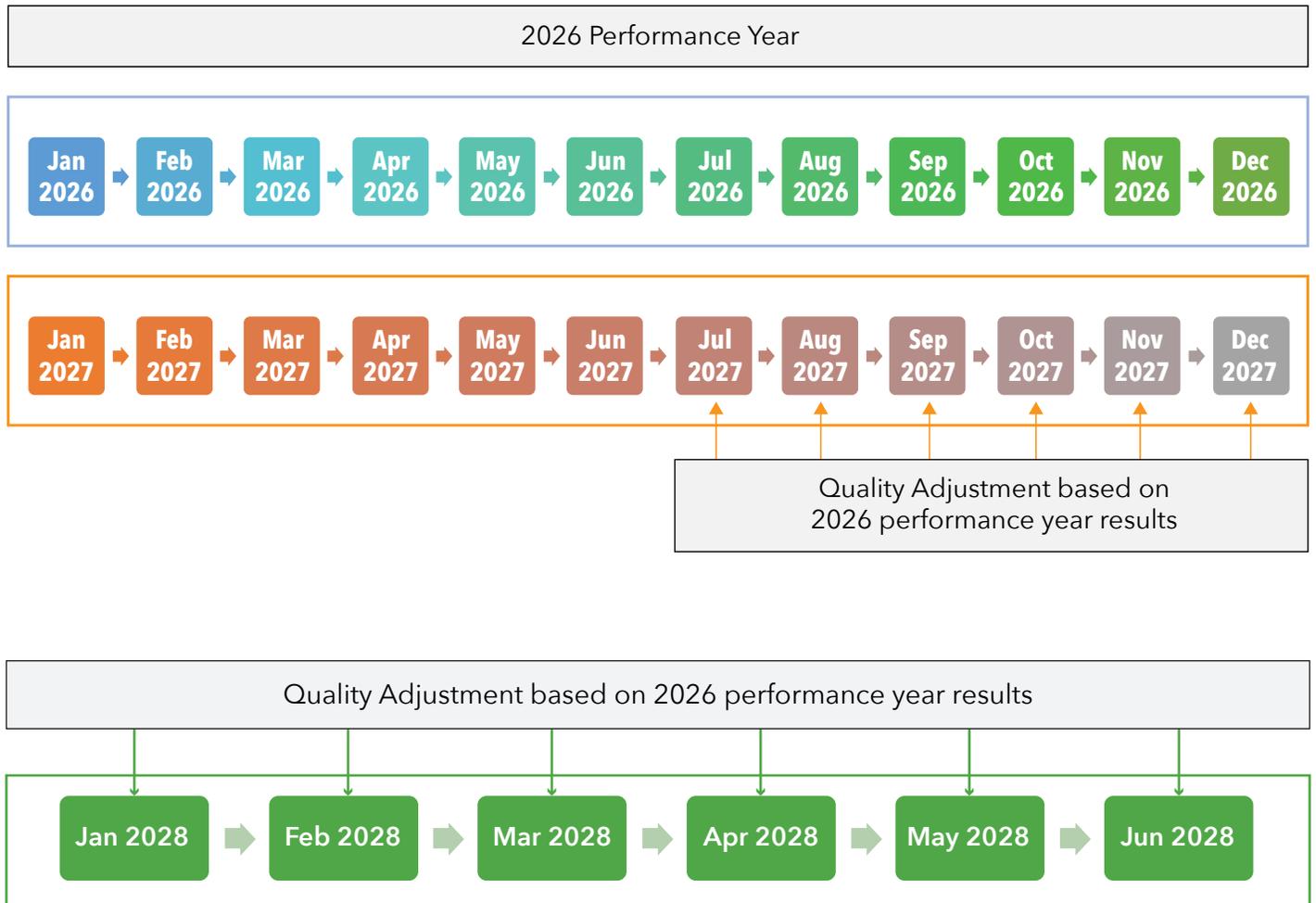
Step 6: Calculate the Final PCP Quality Adjustment Amount:

Final PCP Quality Adjustment Amount = Initial PCP Quality Adjustment Amount + current measurement year (2026) Quality Improvement Adjustment.

Final PCP Quality Adjustment Amount = 110% +5% = 115% CCA rate

The Final PCP Quality Adjustment Amount of 115% will be the new rate that will be applied as the Providers CCA contractual rate from July of the following year (2027) through June of the next year (2028).

✓ Covered CA Quality Transformation Program Timeline:



Getting Help

Please direct questions and/or comments related to this program to the IEHP Provider Relations Team at (909) 890-2054 or IEHP's Quality Department at QualityPrograms@iehp.org.



APPENDIX 1: 2026 PCP Covered CA Quality Transformation Program (QTP) Measures

2026 COVERED CA QUALITY TRANSFORMATION PROGRAM (QTP) MEASURE LIST:

| Domain | Measure Name | Population | Star 1 Rating | Star 2 Rating | Star 3 Rating | Star 4 Rating | Star 5 Rating | Measure Weight |
|------------------|--|------------|---------------|---------------|---------------|---------------|---------------|----------------|
| Clinical Quality | Annual Wellness Visit ^{^^} | Adult | <65% | 65% | 73% | 80% | 85% | 3.0 |
| Clinical Quality | Controlling High Blood Pressure [▪] | Adult | <60% | 60% | 66% | 73% | 79% | 3.0 |
| Clinical Quality | Glycemic Status Assessment for Patients with Diabetes (GSD) [♦] | Adult | <67% | 67% | 76% | 82% | 85% | 3.0 |
| Clinical Quality | Chlamydia Screening in Women [▪] | Women | <36% | 36% | 44% | 53% | 65% | 1.0 |
| Clinical Quality | Child and Adolescent Well-Care Visits [▪] | Child | <36% | 36% | 46% | 58% | 71% | 1.0 |
| Clinical Quality | Initial Health Appointment [^] | All | <39% | 39% | 57% | 74% | 87% | 1.0 |

^{^^} Star Rating set as published in the 2024 (MY 2023) Proxy Measure NCQA Health Plan Rating with a trend adjustment factor applied.

[▪] Star Rating set as published in the 2024 (MY 2023) NCQA Exchange Quality Compass with a trend adjustment factor applied.

[♦] Star Rating set as published in the MY 2023 CMS Benchmarks with a trend adjustment factor applied.

[^] Star Rating set at the MY 2023 Medi-Cal Network Performance with a trend adjustment factor applied.

The goals are based on a combination of national and network performance and may be adjusted higher or lower based on network trends.



CORE MEASURES



APPENDIX 2: Measures Overview

✓ Population: Adult

Annual Wellness Visit

Methodology: IEHP-Defined

Measure Description: The percentage of Members 18 years of age and older who received an annual wellness visit during the measurement year (2026). An annual wellness visit may include the following:

- Establish medical and family history
- Establish current Providers and prescriptions
- Obtain height, weight, blood pressure, BMI and other routine measurements
- Assess cognitive function
- Review risk factors for depression
- Assess functional ability and patient safety
- Review and establish risk factors and treatment options
- Establish a written screening schedule for appropriate preventive services
- Provide personalized health advice
- Offer advance care planning services as needed

Denominator: Members 18 years of age and older.

- Anchor Date: December 31, 2026

Numerator: Members in the denominator who had an annual wellness visit during the measurement year (2026).

CODES TO IDENTIFY ANNUAL WELLNESS VISITS:

| Service | Code Type | Code | Code Description |
|-----------------------|-----------|-------|--|
| Annual Wellness Visit | HCPCS | G0438 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit. |
| Annual Wellness Visit | HCPCS | G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit. |

CODES TO IDENTIFY ANNUAL WELLNESS VISITS:

| Service | Code Type | Code | Code Description |
|-----------------------|-----------|-------|---|
| Annual Wellness Visit | CPT | 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; (age 18-39 years) |
| Annual Wellness Visit | CPT | 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; (age 40-64 years) |
| Annual Wellness Visit | CPT | 99387 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; (age 65 years and older) |
| Annual Wellness Visit | CPT | 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; (age 18-39 years) |
| Annual Wellness Visit | CPT | 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; (age 40-64 years) |
| Annual Wellness Visit | CPT | 99397 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; (age 65 years and older) |

Controlling High Blood Pressure (CBP)

Methodology: HEDIS®

Measure Description: The percentage of Members who are 18-85 years of age, with a diagnosis of hypertension (HTN), and whose blood pressure (BP) was controlled (<140/90 mm Hg) during the measurement year (2026).

- Eligible population in this measure meets all of the following criteria:
 1. Age 18-85 years of age as of December 31 of the measurement year (2026).
 2. Continuous enrollment with IEHP during the measurement year (2026) with no more than one gap in continuous enrollment with IEHP of up to 45 days during the measurement year (2026).
 3. Members who had at least two different visits with a hypertension diagnosis on or between January 1 of the year prior to the measurement year (2025) and June 30 of the measurement year (2026). Visit can be in any outpatient setting.

Denominator: All Members 18-85 years of age who meet all criteria for the eligible population.

- Anchor Date: December 31, 2026

Numerator: Members in the denominator who had a BP reading taken during the measurement year (2026), in any of the following settings: office visits, e-visits, telephone visits or online assessments. The most recent BP of the measurement year (2026) will be used to determine compliance for this measure. **Provider must bill one diastolic code, one systolic code and one visit type code.**

NOTE: The BP reading must be taken on or after the date of the second hypertension diagnosis.

CODES TO IDENTIFY BLOOD PRESSURE SCREENING:

| Service | Code Type | Code | Code Description |
|--------------------------|-------------|-------|---|
| Blood Pressure Screening | CPT- CAT-II | 3074F | Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD) |
| Blood Pressure Screening | CPT- CAT-II | 3075F | Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) |
| Blood Pressure Screening | CPT- CAT-II | 3077F | Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) |
| Blood Pressure Screening | CPT- CAT-II | 3078F | Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) |
| Blood Pressure Screening | CPT- CAT-II | 3079F | Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) |
| Blood Pressure Screening | CPT- CAT-II | 3080F | Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) |

CODES TO IDENTIFY OFFICE VISITS:

| Service | Code Type | Code | Code Description |
|--------------|-----------|-------|---|
| Office Visit | CPT | 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15 minutes must be met or exceeded. |
| Office Visit | CPT | 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30 minutes must be met or exceeded. |
| Office Visit | CPT | 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45 minutes must be met or exceeded. |
| Office Visit | CPT | 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60 minutes must be met or exceeded. |
| Office Visit | CPT | 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. |
| Office Visit | CPT | 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10 minutes must be met or exceeded. |
| Office Visit | CPT | 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20 minutes must be met or exceeded. |
| Office Visit | CPT | 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30 minutes must be met or exceeded. |
| Office Visit | CPT | 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40 minutes must be met or exceeded. |
| Office Visit | CPT | 99242 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| Office Visit | CPT | 99243 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |

CODES TO IDENTIFY OFFICE VISITS:

| Service | Code Type | Code | Code Description |
|--------------|-----------|-------|--|
| Office Visit | CPT | 99244 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| Office Visit | CPT | 99245 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. |
| Office Visit | CPT | 99341 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. |
| Office Visit | CPT | 99342 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| Office Visit | CPT | 99344 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |
| Office Visit | CPT | 99345 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded. |
| Office Visit | CPT | 99347 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| Office Visit | CPT | 99348 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| Office Visit | CPT | 99349 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| Office Visit | CPT | 99350 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |
| Office Visit | CPT | 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years. |

CODES TO IDENTIFY OFFICE VISITS:

| Service | Code Type | Code | Code Description |
|--------------|-----------|-------|---|
| Office Visit | CPT | 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years. |
| Office Visit | CPT | 99387 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older. |
| Office Visit | CPT | 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years. |
| Office Visit | CPT | 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years. |
| Office Visit | CPT | 99397 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older. |
| Office Visit | CPT | 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes. |
| Office Visit | CPT | 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes. |
| Office Visit | CPT | 99403 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes. |
| Office Visit | CPT | 99404 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes. |
| Office Visit | CPT | 99411 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes. |
| Office Visit | CPT | 99412 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes. |
| Office Visit | CPT | 99429 | Unlisted preventive medicine service. |
| Office Visit | CPT | 99455 | Work-related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. |

CODES TO IDENTIFY OFFICE VISITS:

| Service | Code Type | Code | Code Description |
|--------------|-----------|-------|--|
| Office Visit | CPT | 99456 | Work-related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. |
| Office Visit | CPT | 99483 | Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (e.g., basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (e.g., functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (e.g., home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter. |
| Office Visit | HCPCS | G0071 | Payment for communication technology-based services for five minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or five minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only. |
| Office Visit | HCPCS | G0402 | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment. |
| Office Visit | HCPCS | G0438 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit. |
| Office Visit | HCPCS | G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit. |
| Office Visit | HCPCS | G0463 | Hospital outpatient clinic visit for assessment and management of a patient. |
| Office Visit | HCPCS | T1015 | Clinic Visit/encounter, All-inclusive |

CODES TO IDENTIFY E-VISITS:

| Service | Code Type | Code | Code Description |
|---------|-----------|-------|--|
| E-Visit | CPT | 98970 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to seven days, cumulative time during the seven days; 5-10 minutes. |
| E-Visit | CPT | 98971 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to seven days, cumulative time during the seven days; 11-20 minutes. |
| E-Visit | CPT | 98972 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to seven days, cumulative time during the seven days; 21 or more minutes. |
| E-Visit | CPT | 99421 | Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 5-10 minutes. |
| E-Visit | CPT | 99422 | Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 11-20 minutes. |
| E-Visit | CPT | 99423 | Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 21 or more minutes. |
| E-Visit | HCPCS | G2010 | Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. |
| E-Visit | HCPCS | G2012 | Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. |

CODES TO IDENTIFY TELEPHONE VISITS:

| Service | Code Type | Code | Code Description |
|-----------------|-----------|-------|--|
| Telephone Visit | CPT | 98966 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. |
| Telephone Visit | CPT | 98967 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion. |

CODES TO IDENTIFY TELEPHONE VISITS:

| Service | Code Type | Code | Code Description |
|-----------------|-----------|-------|--|
| Telephone Visit | CPT | 98968 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion. |
| Telephone Visit | CPT | 99441 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. |
| Telephone Visit | CPT | 99442 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion. |
| Telephone Visit | CPT | 99443 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion. |

CODES TO IDENTIFY ONLINE ASSESSMENTS:

| Service | Code Type | Code | Code Description |
|-------------------|-----------|-------|--|
| Online Assessment | CPT | 98980 | Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes |
| Online Assessment | CPT | 98981 | Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure) |
| Online Assessment | CPT | 99457 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes |

CODES TO IDENTIFY ONLINE ASSESSMENTS:

| Service | Code Type | Code | Code Description |
|-------------------|------------------|-------------|---|
| Online Assessment | CPT | 99458 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure) |
| Online Assessment | HCPCS | G2250 | Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment |
| Online Assessment | HCPCS | G2251 | Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion |
| Online Assessment | HCPCS | G2252 | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related EM service provided within the previous 7 days nor leading to an EM service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion |

Glycemic Status Assessment for Patients with Diabetes (GSD)

Methodology: HEDIS®

Measure Description: The percentage of Members 18-75 years of age and have a diagnosis of diabetes (type 1 and type 2) who had the following:

- Glycemic Status (<8.0%) – This includes diabetics whose most recent Glycemic Status (hemoglobin A1c or glucose management indicator [GMI]) during the measurement year (2026) has a value <8.0%.
 - The Member is not numerator compliant if the result for the most recent Glycemic Status Assessment is ≥8.0% or is missing a result, or if an Glycemic Status Assessment was not done during the measurement year (2026).
- The eligible population in this measure meets all of the following criteria:
 1. Members who are 18-75 years old as of December 31 of the measurement year (2026).
 2. Continuous enrollment with IEHP in the measurement year (2026) with no more than one gap of up to 45 days during the measurement year (2026).
 3. Members who meet any of the following criteria during the measurement year (2026) or the year prior to the measurement year (2025). Count services that occur over both years:
 - Members who had at least two diagnoses of diabetes on different days of service during the measurement year (2026) or the year prior to the measurement year (2025).
 - Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year (2026) or the year prior to the measurement year (2025) and have at least one diagnosis of diabetes during the measurement year (2026) or the year prior to the measurement year (2025).

CODES TO IDENTIFY GLYCEMIC STATUS TESTS:

| Service | Code Type | Code | Code Description |
|------------------------|------------|--------|---|
| Glycemic Status Result | CPT | 83037* | Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use |
| Glycemic Status Result | CPT-CAT-II | 3044F | Most Recent Hemoglobin A1c (HbA1c) Level Less Than 7.0% (DM) |
| Glycemic Status Result | CPT-CAT-II | 3046F | Most Recent Hemoglobin A1c Level Greater Than 9.0% (DM) |
| Glycemic Status Result | CPT-CAT-II | 3051F | Most Recent Hemoglobin A1c (HbA1c) Level Greater Than Or Equal To 7.0% And Less Than 8.0% |
| Glycemic Status Result | CPT-CAT-II | 3052F | Most Recent Hemoglobin A1c (HbA1c) Level Greater Than Or Equal To 8.0% And Less Than Or Equal To 9.0% |

*Code is optional. If CPT code selected, must also be billed with corresponding CPT-CAT-II code for eligible measure compliance.

- Members who meet any of the following criteria are excluded:
 1. Members in hospice.
 2. Members receiving palliative care.
 3. Members who expired at any time during the measurement year (2026).
 4. Members 66 years of age and older as of December 31 of measurement year (2026) with both frailty and advanced illness.

Denominator: Members 18-75 years of age who meet all the criteria for eligible population.

- Anchor Date: December 31, 2026

Numerator: Members in the denominator who had the most recent glycemic status test result of <8 during the measurement year (2026).

✓ Population: Women

Chlamydia Screening (CHL)

Methodology: HEDIS®

Measure Description: The percentage of women 16-24 years of age who identified as sexually active and had at least one test for chlamydia during the measurement year (2026).

- The eligible population in the measure meets all of the following criteria:
 1. Women 16-24 years as of December 31 of the measurement year (2026).
 2. Continuous enrollment with IEHP during the measurement year (2026) with no more than one gap in enrollment of up to 45 days.
 3. There are two methods to identify sexually active women: claim/encounter data or pharmacy data.

CODES TO IDENTIFY SEXUALLY ACTIVE WOMEN:

| Service | Code Type | Code | Code Description |
|-----------------|-----------|-------|---|
| Sexually Active | CPT | 86631 | Antibody Chlamydia |
| Sexually Active | CPT | 86632 | Antibody Chlamydia Igm |
| Sexually Active | CPT | 87110 | Culture Chlamydia Any Source |
| Sexually Active | CPT | 87270 | Infectious Agent Antigen Detection By Immunofluorescent Technique Chlamydia Trachomatis |
| Sexually Active | CPT | 87320 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis |
| Sexually Active | CPT | 87490 | Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Direct Probe Technique |
| Sexually Active | CPT | 87491 | Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Amplified Probe Technique |
| Sexually Active | CPT | 87492 | Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Quantification |
| Sexually Active | CPT | 87810 | Infectious Agent Detection By Immunoassay With Direct Optical Observation Chlamydia Trachomatis |

| CONTRACEPTIVE MEDICATIONS | |
|---------------------------|---|
| Description | Prescription |
| Contraceptives | Desogestrel-ethinyl estradiol Dienogest-estradiol (multiphasic) Drospirenone-ethinyl estradiol Drospirenone-ethinyl estradiol-levomefolate (biphasic) Ethinyl estradiol-ethynodiol Ethinyl estradiol-etonogestrel Ethinyl estradiol-levonorgestrel Ethinyl estradiol-norelgestromin Ethinyl estradiol-norethindrone Ethinyl estradiol-norgestimate Ethinyl estradiol-norgestrel Etonogestrel Levonorgestrel Medroxyprogesterone Norethindrone |
| Diaphragm | Diaphragm |
| Spermicide | Nonxynol 9 |

| CODES TO IDENTIFY CHLAMYDIA SCREENING: | | | |
|--|-----------|-------|---|
| Service | Code Type | Code | Code Description |
| Chlamydia Screening | CPT | 87110 | Culture Chlamydia Any Source |
| Chlamydia Screening | CPT | 87270 | Infectious Agent Antigen Detection By Immunofluorescent Technique Chlamydia Trachomatis |
| Chlamydia Screening | CPT | 87320 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis |
| Chlamydia Screening | CPT | 87490 | Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Direct Probe Technique |
| Chlamydia Screening | CPT | 87491 | Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Amplified Probe Technique |
| Chlamydia Screening | CPT | 87492 | Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Quantification |
| Chlamydia Screening | CPT | 87810 | Infectious Agent Detection By Immunoassay With Direct Optical Observation Chlamydia Trachomatis |

Denominator: Women 16-24 years of age who meet the criteria for eligible population.

- Anchor Date: December 31, 2026

Numerator: Women in the denominator who were tested at least once for chlamydia during the measurement year (2026).

Population: Child

Child and Adolescent Well-Care Visits (WCV)

Methodology: HEDIS®

Measure Description: The percentage of Members ages 3-21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year (2026).

- Eligible population in this measure meets all of the following criteria:
 1. Ages 3-21 as of December 31 of the measurement year (2026).
 2. Continuous enrollment with IEHP throughout the measurement year (2026). No more than one gap in enrollment of up to 45 days during the measurement year (2026).

NOTE: Well-care visits done as telehealth visits will not be accepted for the Child and Adolescent Well-Care Visits measure.

CODES TO IDENTIFY WELL-CARE VISITS:

| Service | Code Type | Code | Code Description |
|-----------------|-----------|-------|---|
| Well-Care Visit | CPT | 99382 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years) |
| Well-Care Visit | CPT | 99383 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years) |
| Well-Care Visit | CPT | 99384 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years) |
| Well-Care Visit | CPT | 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years |

CODES TO IDENTIFY WELL-CARE VISITS:

| Service | Code Type | Code | Code Description |
|-----------------|-----------|---------|--|
| Well-Care Visit | CPT | 99392 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years) |
| Well-Care Visit | CPT | 99393 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years) |
| Well-Care Visit | CPT | 99394 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years) |
| Well-Care Visit | CPT | 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years |
| Well-Care Visit | HCPCS | G0438 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit |
| Well-Care Visit | HCPCS | G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit |
| Well-Care Visit | HCPCS | S0302 | Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service) |
| Well-Care Visit | HCPCS | S0610 | Annual gynecological examination, new patient |
| Well-Care Visit | HCPCS | S0612 | Annual gynecological examination, established patient |
| Well-Care Visit | HCPCS | S0613 | Annual gynecological examination; clinical breast examination without pelvic evaluation |
| Well-Care Visit | ICD-10 | Z00.00 | Encounter for general adult medical examination without abnormal findings |
| Well-Care Visit | ICD-10 | Z00.01 | Encounter for general adult medical examination with abnormal findings |
| Well-Care Visit | ICD-10 | Z00.121 | Encounter for routine child health examination with abnormal findings |
| Well-Care Visit | ICD-10 | Z00.129 | Encounter for routine child health examination without abnormal findings |
| Well-Care Visit | ICD-10 | Z00.2 | Encounter for examination for period of rapid growth in childhood |
| Well-Care Visit | ICD-10 | Z00.3 | Encounter for examination for adolescent development state |
| Well-Care Visit | ICD-10 | Z01.411 | Encounter for gynecological examination (general) (routine) with abnormal findings |
| Well-Care Visit | ICD-10 | Z01.419 | Encounter for gynecological examination (general) (routine) without abnormal findings |
| Well-Care Visit | ICD-10 | Z02.5 | Encounter for examination for participation in sport |

CODES TO IDENTIFY WELL-CARE VISITS:

| Service | Code Type | Code | Code Description |
|-----------------|-----------|--------|---|
| Well-Care Visit | ICD-10 | Z02.84 | Encounter for child welfare exam |
| Well-Care Visit | ICD-10 | Z76.1* | Encounter for health supervision and care of foundling |
| Well-Care Visit | ICD-10 | Z76.2* | Encounter for health supervision and care of other healthy infant and child |

**Code is optional. If code is selected for this measure, code must be billed as the Primary diagnosis on encounter for the encounter to process correctly.*

Denominator: The eligible population.

- Anchor Date December 31, 2026

Numerator: Members in the denominator who had one or more well-care visits with a PCP or an OB/GYN during the measurement year (2026).

Population: All

Initial Health Appointment (IHA)

Methodology: IEHP-Defined Quality Measure

Measure Description: The IHA is a comprehensive assessment that is completed during the Member's initial encounter with a PCP, appropriate medical specialist, or Non-Physician Medical Provider, and it must be documented in the Member's medical record. The IHA enables the Member's PCP to assess and manage the acute, chronic and preventive health needs of the Member.

IEHP provides PCPs with a monthly detailed Member roster on the secure IEHP Provider Portal for all newly enrolled IEHP Members who are due for an IHA at 120 days of enrollment.

- The eligible population is newly assigned Members with an IEHP effective enrollment date of January 1, 2026 through August 31, 2026. The IHA must be provided within 120 days of enrollment (e.g., Member enrolled in August 2026 must be seen by December 2026 and PCP must submit encounter by January 2027).
- Newly enrolled IEHP CCA Members must complete a new IHA. Previous IHAs will not be accepted.

An IHA must include all of the following:

- A history of the Member's physical and mental health
- An identification of risks
- An assessment of need for preventive screens or services
- Health education
- The diagnosis and plan for treatment of any diseases

CODES TO IDENTIFY IHA VISITS:

| Code Type | Code | Code Description |
|-----------|-------|--|
| CPT | 96160 | Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument. |
| CPT | 96161 | Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument. |
| CPT | 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. |

CODES TO IDENTIFY IHA VISITS:

| Code Type | Code | Code Description |
|-----------|-------|---|
| CPT | 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| CPT | 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| CPT | 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |
| CPT | 99211 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. |
| CPT | 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. |
| CPT | 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| CPT | 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| CPT | 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| CPT | 99242 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| CPT | 99243 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| CPT | 99244 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |

CODES TO IDENTIFY IHA VISITS:

| Code Type | Code | Code Description |
|-----------|-------|---|
| CPT | 99245 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. |
| CPT | 99354 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]). |
| CPT | 99355 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service). |
| CPT | 99381 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year). |
| CPT | 99382 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years). |
| CPT | 99383 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years). |
| CPT | 99384 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years). |
| CPT | 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years. |
| CPT | 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years. |
| CPT | 99387 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older. |

CODES TO IDENTIFY IHA VISITS:

| Code Type | Code | Code Description |
|-----------|-------|--|
| CPT | 99391 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year). |
| CPT | 99392 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years). |
| CPT | 99393 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years). |
| CPT | 99394 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years). |
| CPT | 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years. |
| CPT | 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years. |
| CPT | 99397 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older. |
| CPT | 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes. |
| CPT | 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes. |
| CPT | 99403 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes. |
| CPT | 99404 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes. |
| CPT | 99411 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes. |
| CPT | 99412 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes. |

CODES TO IDENTIFY IHA VISITS:

| Code Type | Code | Code Description |
|-----------|-------|--|
| CPT | 99429 | Unlisted Preven Meds Serv. |
| CPT | 99444 | Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous seven days, using the Internet or similar electronic communications network. |
| CPT | 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review. |
| CPT | 99447 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review. |
| CPT | 99448 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review. |
| CPT | 99449 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review. |
| CPT | 99450 | Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates. |
| CPT | 99455 | Work-related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. |
| CPT | 99456 | Work-related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. |
| HCPCS | G0402 | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment. |

CODES TO IDENTIFY IHA VISITS:

| Code Type | Code | Code Description |
|-----------|---------|--|
| HCPCS | G0438 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit. |
| HCPCS | G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit. |
| HCPCS | G0463 | Hospital outpatient clinic visit for assessment and management of a patient. |
| HCPCS | T1015 | Clinic visit/encounter, all-inclusive. |
| ICD10CM | Z00.00 | Encounter for general adult medical examination without abnormal findings. |
| ICD10CM | Z00.01 | Encounter for general adult medical examination with abnormal findings. |
| ICD10CM | Z00.121 | Encounter for routine child health examination with abnormal findings. |
| ICD10CM | Z00.129 | Encounter for routine child health examination without abnormal findings. |
| ICD10CM | Z02.5 | Encounter for examination for participation in sport. |



QUALITY IMPROVEMENT ACTIVITIES



Quality Improvement Activities

For the 2026 performance year, there will be two quality improvement activities providers will be required to complete as stated in the PCP Covered CA Quality Exhibit:

- 1) CCA Provider Directory
- 2) CCA Regional Quality Model Participation

CCA Provider Directory

Methodology: Department of Managed Health Care (DMHC)

Measure Description: Providers are required to submit IEHP Provider Directory demographics twice in the measurement year (2026), during the Provider Directory Verification process.

Provider elements required:

- **Race/Ethnicity** – This is the Provider’s race and/or ethnicity. If a Provider is mixed race and identifies with more than one ethnicity, all should be listed on the verification form.
- **Language Spoken by Staff and Provider** – Languages spoken by the Providers, clinical staff, and/or administrative staff.

How the Provider will report or submit info: As part of IEHPs Provider Directory Verification process, Provider offices are asked to report/confirm their Provider demographics. Provider demographics are to be reported to IEHP via the fax number or email address based on Provider preference as part of the Provider Directory Verification process.

Submission Deadline: During the Provider Directory Verification process, Provider offices will have until December 31, 2026, to sign and attest to the verification form and return it to IEHP. Only responses during this window will be considered compliant for the 2026 Covered CA Quality Transformation Program (QTP).

CCA Regional Quality Model Participation

Methodology: IEHP – Defined Quality Improvement Activity

Measure Description: Inland Empire Health Plan (IEHP) has made quality improvement an essential focus to ensure IEHP Providers and Members reach optimal care and vibrant health. To assist in quality improvement efforts, IEHP has designed the IEHP Regional Quality Model (RQM) that has been created to engage in IEHP Members', Providers' and Community Partner's Quality challenges and needs by applying custom solutions. RQM is a quality improvement system that provides insights, solutions, and services through a regional framework. RQM aligns strategies, tactics, resources, data, metrics and people/teams to meet the unique needs of the communities, Providers and Members.

Goal: Providers, if selected, will be expected to participate in the RQM activities that include (but are not limited to):

- Take part in Quality Specialist Representative Support
- Work with IEHP Quality Engagement Specialists
- Be involved in Quality Coder coding and billing best practice recommendations



APPENDIX 3: Provider Quality Resource

This Provider Quality Resource is designed for IEHP Providers and their staff to assist in delivering high quality health care to their members. The goal is to provide IEHP Providers and their practice staff with various online resources that will help enhance their quality care in the following focus areas: Adult Preventive Health, Cardiovascular Disease Management, Child Preventive Health, Diabetes Management.

Our goal is to provide IEHP Providers and their practice staff with a comprehensive resource for enhancing quality in the discussed healthcare topics. Collaboration between IEHP and Providers has the potential to boost IEHP’s quality rating, maximizing available funds for Provider incentive programs.

To request materials for your practice, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org.

We are dedicated to supporting our Providers and working together to improve the quality of care for our community. Together, we can “heal and inspire the human spirit.” Thank you for all you do to provide quality health care to IEHP Members.

| PROVIDER QUALITY RESOURCE: | | | |
|---|----------|---|--|
| Focus Area | Type | Resource* | Description |
| Adult Preventive Health, Cardiovascular Disease Management, and Diabetes Management | Member | Healthy Heart | An educational guide for Members on understanding cardiovascular event risk and heart health. |
| Cardiovascular Disease Management | Member | Blood Pressure Brochure | A Member brochure focusing on high blood pressure management. |
| Cardiovascular Disease Management | Member | Blood Pressure Fact Sheets American Heart Association | Fact Sheets on blood pressure from the American Heart Association. |
| Cardiovascular Disease Management | Provider | AAFP Hypertension Guideline.pdf | Blood Pressure Targets in Adults With Hypertension: A Clinical Practice Guideline From the AAFP. |
| Cardiovascular Disease Management | Provider | Blood Pressure Targets in Adults with Hypertension | GuidelineCentral® |

PROVIDER QUALITY RESOURCE:

| Focus Area | Type | Resource* | Description |
|-----------------------------------|----------|---|--|
| Cardiovascular Disease Management | Provider | AHA High Blood Pressure Toolkit (ascendeventmedia.com) | Hypertension Guideline Toolkit from the American Heart Association. |
| Diabetes Management | Member | IEHP - Community Resources : Community Resource Centers : | IEHP Members can enroll in the Diabetes Self-Management workshop and Healthy Living classes at the Community Resource Centers |
| Diabetes Management | Member | Diabetes: What's Next? | Brochure on how to lead a healthy life for those diagnosed with diabetes. Available in English and Spanish. |
| Diabetes Management | Member | Staying Healthy With Diabetes | Booklet to help Members with diabetes self-management. |
| Diabetes Management | Member | Diabetes Prevention Program (DPP) - Live the Life You Love | Information about the online year-long lifestyle change program which pairs participants with a health coach to help set up and track health goals. Studies have shown that those who finish the program can lose weight and prevent Type 2 Diabetes. |
| Diabetes Management | Provider | "Prescription" for Diabetes Prevention Program | Information about the Diabetes Prevention Program to hand to patients so that they can self-refer. |
| Diabetes Management | Provider | Diabetes Standards of Care 2025 | GuidelineCentral® |
| Diabetes Management | Provider | Transformation of Medi-Cal: Community Supports | Fact Sheet on Community Supports including Medically-Supportive Food/Medically Tailored Meals. With a Provider referral, eligible Members with diabetes can receive deliveries of nutritious, prepared meals and healthy groceries to support their health needs. Members also receive vouchers for healthy food and/or nutrition education. |
| Adult Preventive Health | Member | Interactive Self-Management Tools | Online interactive modules on various health topics such as Healthy Weight, Healthy Eating, and Physical Activity available on the IEHP Member Portal. |
| Adult Preventive Health | Member | Healthy Living My Best Self | An educational guide for Members on getting to and maintaining a healthy weight. |
| Adult Preventive Health | Member | BMI Calculator | Centers for Disease Control and Prevention (CDC) Body Mass Index Calculator. |
| Adult Preventive Health | Member | Cancer Screening Resources | IEHP Cancer Screening information and resources. |
| Adult Preventive Health | Member | Community Wellness Centers | Community Wellness Centers are places where you can take free exercise classes and/or health workshops. |
| Adult Preventive Health | Member | RadNet Online Appointments (myradiologyconnectportal.com) | Online scheduling service to schedule a mammogram through RadNet locations. |

PROVIDER QUALITY RESOURCE:

| Focus Area | Type | Resource* | Description |
|--|----------|---|---|
| Adult Preventive and Child Preventive Health | Member | Health Screenings Guide | IEHP Health Screening Guide provides information on all of the covered health screenings needed by Members at all stages of life. |
| Adult Preventive Health | Member | Pap and HPV tests: What to Expect | Handout explaining the Pap test and the HPV (human papillomavirus) test. In English and Spanish. |
| Adult Preventive Health | Member | The Wisdom Study | <p>The WISDOM Study (Women Informed to Screen, Depending on Measures of risk) is helping to end confusion about mammograms. Medical researchers from University of California need study volunteers, specifically women ages 40 to 74 years old who have not had breast cancer or DCIS (ductal carcinoma in situ). Study participants will:</p> <ul style="list-style-type: none"> - Find out about their risk for breast cancer - Get clarification on screening guidelines for them, their sister, daughter, and future generations - Participate mostly from home (No extra medical visits required) - Help medical researchers discover the best guidelines for mammogram |
| Adult Preventive Health | Provider | Clinical Practice Guidelines | The tools provided on this page are meant to be used as resources to assist primary care providers in delivering care in accordance with IEHP standards. |
| Adult Preventive Health | Provider | Facility Site Review (FSR) Training | Multiple Facility Site Review and Medical Record Review resources for Providers, including DHCS standards and tools, plus IEHP's addendum tools. |
| Child Preventive Health | Member | Teen Health Guide | Booklet provides age-appropriate information on reproduction, birth control methods, and sexually transmitted infections. |
| Child Preventive Health | Member | Well Child Journey | Member handout detailing a child's wellness journey from newborn to young adulthood, including when immunizations and screenings are due. |
| Child Preventive Health | Member | Wellness Journey - Your baby's 1st Year | Member booklet detailing what to expect for baby's preventive care during their first year of life. |
| Child Preventive Health | Member | AAP Schedule of Well-Child Care Visits | American Academy of Pediatrics Parenting Website with information on schedule of well-child visits and what to expect during each visit based on age. |
| Child Preventive Health | Member | Developmental Screening | IEHP resource page on Developmental Screening explaining assessment tool as a way for caregivers to monitor their child's growth and development. |
| Child Preventive Health | Member | Pediatric Dental and Vision Benefits | Information on Covered California pediatric dental and vision coverage including what is covered and the importance of dental insurance. |

PROVIDER QUALITY RESOURCE:

| Focus Area | Type | Resource* | Description |
|-------------------------|----------|--|--|
| Child Preventive Health | Member | Fluoride Varnish: What Parents Need to Know | American Academy of Pediatrics Parenting Website with information on the importance of fluoride varnish. |
| Child Preventive Health | Member | Topical Fluoride Brochure | Member brochure explaining what a fluoride treatment is and its benefits. |
| Child Preventive Health | Member | Dental Health for Kids and Teens | Information about oral hygiene and how to find a dental provider. |
| Child Preventive Health | Member | Blood Lead Testing Brochure | Member brochure detailing the importance of having a child tested for lead and what to expect. |
| Child Preventive Health | Provider | Bright Futures/AAP Periodicity Schedule | Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care. |
| Child Preventive Health | Provider | Quality Performance Learning Guide | Provider and office staff resource with learning modules on measures including Child and Adolescent Well-Care Visits, Well Child Visits in the First 30 Months, Developmental Screening, Lead Screening, Topical Fluoride for Children, and Immunizations. |
| Child Preventive Health | Provider | Growth Charts | Growth chart forms for the following age ranges: 0-36 months and 2-20 years. |
| Child Preventive Health | Provider | Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | Information on training and resources for Providers on Early and Periodic Screening, Diagnostic and Treatment (EPSDT). |
| Child Preventive Health | Provider | Oral Health Coding Fact Sheet for PCPs | American Academy of Pediatrics Oral Health Coding Fact Sheet for Primary Care Physicians. |
| Child Preventive Health | Provider | Smile California Primary Care Physician Toolkit | List of Provider resources on oral health and references for educational materials. |
| Child Preventive Health | Provider | Oral Health Practice Tools | American Academy of Pediatrics website providing resources on how to incorporate oral health into a Provider practice. |
| Child Preventive Health | Provider | Campaign for Dental Health | American Academy of Pediatrics website with resources on how to address fluoride with Members and Member materials. |
| Child Preventive Health | Provider | Caries Risk Assessment, Fluoride Varnish, and Counseling | Smiles for Life oral health curriculum including the benefits, appropriate safety precautions, and dosing for fluoride, as well as how to apply fluoride varnish. |
| Child Preventive Health | Provider | Early Start Program | California Early Start Program - refer infants and toddlers who have developmental delays or who are at risk of developmental disability. |



Covered

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