

2026

# Global Quality P4P (For IPAs)

Pay for Performance Program Technical Guide



**IE**  **HP**  
Inland Empire Health Plan



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# PROGRAM OVERVIEW

This program guide provides an overview of the 2026 Global Quality Pay for Performance (GQ P4P) Program for Independent Physician Associations (IPAs). In this eleventh year of the program, IEHP has made program enhancements based on feedback from Providers in an effort to continually improve effectiveness. The IEHP GQ P4P Program for IPAs is designed to reward IPAs for high performance and year-over-year improvement in key quality performance measures. This program guide is designed as an easy reference for IPAs and their staff to understand the GQ P4P Program.

This year's GQ P4P Program continues to provide financial rewards to Providers for improving health care quality across multiple domains and measures. The 2026 Global Quality P4P Program includes core measures, process measures and penalty "risk" measures.

To further prioritize the medical needs of IEHP Medi-Cal members, especially within preventive care and primary care services, IEHP will be aligning the 2026 GQ P4P IPA Program performance goals with Medi-Cal Managed Care Accountability Set (MCAS) goals established by the Department of Health Care Services (DHCS). MCAS is a set of performance measures that DHCS has chosen to be reported by Medi-Cal managed care Health Plans (MCPs). Achieving the minimum performance level (MPL), at the 50th percentile, or more, will assist in IEHPs commitment to ensuring IEHP Members achieve optimal care and vibrant health.

IEHP also encourages all IPAs to attend IEHP P4P meetings that are held throughout the year to support your efforts to maximize earnings in this program.

If you would like to get more information about IEHP's GQ P4P Program or best practices to help improve quality scores and outcomes, visit our secure Provider Portal at [www.iehp.org](http://www.iehp.org), email the Quality Team at [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org) or call the IEHP Provider Relations Team at (909) 890-2054.

## What's New?

### **Eight (8) measures were Added**

#### **Core Measures**

- Emergency Department Utilization Rate - Monitor Only
- Depression Screening and Follow-Up for Adolescents and Adults - Monitor Only
- Screening for Clinical Depression in Primary Care
- Social Determinants of Health Identification Rate
- Social Determinants of Health Screening Rate – Monitor Only
- Social Need Screening and Intervention – Monitor Only
- Substance Use Assessment in Primary Care
- Substance Use Assessment in Primary Care for Adolescents

### **Two (2) measures were Retired**

#### **Core Measures**

- Asthma Medication Ratio
- Use of Imaging Studies for Low Back Pain (LBP)

## ✓ Eligibility and Participation

To be eligible for incentive payments in the 2026 GQ P4P Program, IPAs must meet the following criteria:

- Must be active and contracted with IEHP for Medi-Cal and have active assigned Medi-Cal Members at the time of payment.
- Independent Physician Associations (IPAs) must have a signed Incentive Program contract amendment prior to the start of the 2026 Global Quality P4P IPA program performance period, in order to be eligible to receive incentive dollars.
- Have at least 5,000 IEHP Medi-Cal Members assigned as of January 2026.
- Have at least 30 Members in the denominator as of December 2026 for each quality measure to qualify.
- Quality Score must be 1.0 or higher in order to qualify for incentive payments.
- Submit a GQ P4P Quality Work Plan to IEHP by April 28, 2026, in order to enroll in the program (see Work Plan details in [Appendix 9](#)).
- Meet minimum Encounter Data Gates in order to qualify for incentive payments.
- IPA must designate a Quality Team of two to four staff dedicated to quality improvement work for the IPA. Quality Team framework will require an attestation and submission of staffing plan by 7/1/2026.

## ✓ Minimum Data Requirements

### Lab Results

Data from lab results is also foundational to Program performance scoring. Providers should ensure they submit complete lab results data for services rendered to IEHP Members. IPAs should work with their network Providers to ensure they are using the appropriate lab vendors for IEHP Members and submitting complete lab results data to IEHP.

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

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### 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 GQ P4P program.



## Provider P4P Research Inquiries

All Provider research inquiries, related to the data collected to measure P4P 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.

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### Supplemental Data

#### *What is Supplemental Data?*

When services are not captured in traditional encounter data systems, other Supplemental Data sources may be used to collect information about services rendered to Members to support Quality Reporting.

#### *When Supplemental Data may be needed*

- For services that were provided prior to eligibility with IEHP
- When a Provider has “proof-of-service” for a noted gap in care (e.g., cervical cancer screening, immunizations rendered by another provider)
- When a Provider has “proof-of-service” for an eligible-population exclusion (e.g., total hysterectomy, bilateral mastectomy)

#### *How to use Supplemental Data to support Global Quality P4P*

Create an electronic log that includes the minimum required data elements. See [Appendix 10](#) for file layout requirements. Below is a list of minimum data elements needed in a supplemental data log.

- Member ID
- Date of Service
- Provider Identification
- Provider Specialty
- Diagnosis Code(s) – if applicable
- Procedure Code(s)
- Lab Results – if applicable

#### *Requirements for using Supplemental Data in Global Quality P4P Reporting*

- The IPA must have clearly defined policies and procedures (in writing) that describe how Supplemental Data is collected, validated and used for P4P reporting
- Policies/procedures must be shared with IEHP and must be in place to validate quality / accuracy of Supplemental Data
- The IPA must collect “proof-of-service” documentation to confirm all services that are reported in the Supplemental Data log

- The IPA must receive approval from IEHP’s Quality Team to use Supplemental Data in Global Quality Reporting (deadline for approval is July 31, 2026)
- The IPA must complete IPA data validation activities prior to submitting Supplemental Data to IEHP no later than October 31, 2026
- The IPA must submit an audit-ready Supplement Data log to IEHP via SFTP no later than December 20, 2026
- The IPA must complete a P4P Roadmap no later than October 31, 2026
- Final data refreshes for pre-validated supplemental data (for remaining dates of service in December 2026) are due by January 31, 2027

### ***Data Validation Requirements for Supplemental Data in Global Quality P4P Reporting***

- To be counted in the final IPA Global Quality P4P rates, the Supplemental Data file must pass IEHP’s independent HEDIS® audit process
- The IPA must present “proof-of-service” documents within required timeframes when requested by IEHP’s auditors
- An auditor review will compare “proof-of-service” documents to submitted data
- Supplemental Data records must pass 100 percent validation to be included in the final P4P reporting



## **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.
- Participation in IEHP’s GQ P4P Program, as well as acceptance of incentive payments, does not in any way modify or supersede any terms or conditions of any agreement between IEHP and Providers or IPAs, whether that agreement is entered into prior to or subsequent to the date of this communication.
- There is no guarantee of future funding for, or payment under, any IEHP Provider incentive program. The IEHP GQ P4P Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP’s sole discretion.
- Criteria for calculating incentive payments 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 GQ P4P Program, 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 GQ P4P Program.

- The determination of IEHP regarding performance scoring and payments under the IEHP GQ P4P Program is final.
- As a condition of receiving payment under the IEHP GQ P4P Program, Providers and IPAs 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

Providers are eligible to receive financial rewards for performance excellence and for performance improvement. Financial rewards are based on a tiered system, providing increasing financial rewards as IPAs reach each level of higher performance. The 2026 GQ P4P Program incentive pool is \$37.5 million for the IPA Program. Incentive dollars for the 2026 performance period will be distributed via a monthly Per Member Per Month (PMPM) Quality Payment beginning in July 2027 and continuing through June 2028. Based on IPA performance, payment methodologies may be adjusted to ensure that the 2026 program year costs do not exceed this \$37.5 million pool for the IPA Program.

### *IPA Encounter Data Gates*

IPA encounter data submissions must meet minimum adequacy requirements in order to receive GQ P4P Program incentive dollars. IPA encounter data performance is based on all professional encounters submitted by the IPA for services rendered during the measurement year (e.g., 2026 dates of service). IPA encounter data volume will be compared to established encounter data benchmarks for Seniors and Persons with Disabilities (SPD) and Non-SPD Members. IPA performance will be calculated against each IPA's proportion of SPD and Non-SPD Members.

Encounter data benchmarks have been established and correspond to an Encounter Data Gate, reflecting higher encounter data volumes. As IPAs reach higher levels of encounter data performance, they become eligible for a larger percentage of the total possible GQ P4P incentive. Encounter rates are expressed as the number of encounters per Member per year (PMPY). An encounter is defined as a unique visit per Member per Provider per day. The table below describes the Encounter Data Gates, performance levels, and their impact on IPA GQ P4P Program incentive payments.

| PERCENT OF POSSIBLE INCENTIVE PAYMENT | ENCOUNTER DATA GATE | NON-SPD PMPY | SPD PMPY |
|---------------------------------------|---------------------|--------------|----------|
| 50%                                   | Gate 1              | 3.0          | 9.0      |
| 75%                                   | Gate 2              | 4.0          | 11.0     |
| 100%                                  | Gate 3              | 5.0          | 13.0     |

Encounter data must be submitted to IEHP in a timely way and must adhere to the reporting timeframes delineated in IEHP's Provider Policy and Procedure Manual - Policy MC\_21A.



# CORE MEASURES



## Performance Measures

Appendix 1 provides a list of the 38 measures in the 2026 GQ P4P Core Program and includes the thresholds and benchmarks associated with respective tier goals. These measures are categorized into four domains: *Access, Clinical Quality, Behavioral Health Integration, and Patient Experience*.

Most measures included in the *Clinical Quality Domain* primarily 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 and internally developed IEHP measures.

## Clinical Quality Domain Measures:

- Adult Hepatitis B Vaccine
- Adult Influenza Vaccine
- Adult Pneumococcal Vaccine
- Adult Td/Tdap Vaccine
- Adult Zoster Vaccine
- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care Visits
- Childhood Immunization – Combo 10
- Chlamydia Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Developmental Screening
- Diabetes Care – Blood Pressure Control <140/90
- Diabetes Care – Kidney Health Evaluation
- Glycemic Status Assessment for Patients with Diabetes
- Immunizations for Adolescents – Combo 2
- Initial Health Appointment
- Lead Screening in Children
- Post Discharge Follow-Up
- Postpartum Care
- Statin Therapy Received in Patients with Cardiovascular Disease and Diabetes
- Timeliness of Prenatal Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the First 30 Months of Life

IEHP's HEDIS® measurement year 2026 data set and Managed Care Accountability Set (MCAS) will be used to evaluate Providers' year-end performance. These measure sets undergoes an independent audit review prior to rate finalization.

The Initial Health Appointment (IHA) measure follows IEHP's IHA internal compliance monitoring methodology and is not a HEDIS® measure.

The Post Discharge Follow-Up measure is an IEHP-defined measure developed to support transitions of care needs of IEHP Members.

## Access Domain:

- Emergency Department Utilization Rate
- Potentially Avoidable Emergency Department (ED) Visits

The Access measure follows the California Department of Healthcare Services (DHCS) methodology for determining Low-acuity non-emergent (LANE) visits in accordance with the New York University (NYU) research conducted on classifying emergency department utilization. (<https://wagner.nyu.edu/community/faculty>)

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## Patient Experience Domain Measures:

*Patient Experience Domain* measures include Member Satisfaction Survey (MSS) questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey that is published by the Agency for Healthcare Research and Quality (AHRQ). IEHP conducts a Member Satisfaction Survey that is a modified CAHPS survey and is the sole data source used for this measure domain. The IEHP Member Satisfaction Survey is conducted between June and December of each year. Surveys received from the 2026 Member Satisfaction Survey will be used to calculate the Patient Experience Domain measures. Below are the three areas included in the Patient Experience Domain for the 2026 program.

- Access to Care Needed Right Away
  - Access to Routine Care
  - Coordination of Care
- 

## Behavioral Health Integration Domain Measures:

Measures in this domain come from various measure stewards including: the National Quality Forum (NQF), HEDIS®, and the Department of Health Care Services (DHCS).

- Depression Screening and Follow-Up for Adolescents and Adults
- Screening for Clinical Depression in Primary Care
- Social Determinants of Health Identification Rate
- Social Determinants of Health Screening
- Social Need Screening and Intervention
- Substance Use Assessment in Primary Care
- Substance Use Assessment in Primary Care for Adolescents

## Scoring Methodology

Payments within the core program will be awarded to IPAs based on individual performance in reaching established Quality Goals (e.g., Tier Goals for each measure).

In the *Clinical Quality Domain*, HEDIS® measure results are based on each measure's total eligible population assigned to the IPA. The eligible population is defined as the set of Members that meet the denominator criteria specified in each measure by NCQA. Members in the eligible population are attributed to the assigned PCP on the anchor date of each measure, as defined within each measure. Members contribute to a IPA's measure denominator if continuous enrollment criteria are met at the health plan level. For each measure, the measure score reflects the proportion of the eligible population that complies with the numerator criteria. For measures that are based on the HEDIS methodology, IEHP will adhere to the most current HEDIS technical specifications (Volume 2) for determining both numerators and denominators.

In the Clinical Quality Domain, non-HEDIS measures include the Initial Health Appointment and the Post Discharge Follow-Up measure. Each measure was designed by IEHP using validated coding and technical specifications. The Initial Health Appointment Measure is based on DHCS requirements and includes new health plan Members who are assigned to the IPA during the measurement year and who remain enrolled with IEHP and the IPA by the age-appropriate enrollment period. The Post Discharge Follow-Up measure is described in detail in Appendix 2.

In the *Access Domain*, IEHP follows the California Department of Healthcare Services (DHCS) methodology for determining Low-acuity non-emergent (LANE) visits in accordance with the New York University (NYU) research conducted on classifying emergency department utilization. (<https://wagner.nyu.edu/community/faculty>)

In the *Patient Experience Domain*, monthly Member Satisfaction Survey (MSS) measures are based on Members who meet eligibility criteria to receive a mailed survey between June and December of the measurement year. Members eligible to receive a Member Satisfaction Survey must have been continuously enrolled with IEHP for at least six months in the measurement year (2026) and must have had an office visit in the prior six months, based on encounter data submitted to IEHP. Members who meet the survey eligibility criteria are randomly sampled to receive a survey. Survey measure results are attributed to the Member's assigned IPA based on the most recent encounter that qualified the Member for the survey. A Member is eligible to receive only one survey per calendar year.

## ✓ Payment Methodology

IPA performance for each quality measure will be given a point value (i.e., a Quality Score). Points are assigned based on the Tier Goal achieved (i.e., Tier 1 = one point, Tier 2 = two points, Tier 3 = three points, Tier 4 = four points) for each measure.

IPAs who have at least three quality measures that meet the minimum denominator size (n = 30) will be considered for payment calculations. An overall weighted average of all eligible Quality Scores will determine the overall GQ Performance Score. Individual measure weights will be assigned as follows:

- Process measures (such as screenings) are given a weight of 1
- Patient experience measures are given a weight of 1.5
- Outcome and intermediate outcome measures (e.g., HbA1c or blood pressure control and childhood immunizations) are given a weight of 3 or 4

Please reference Appendix 1 for a list of individual measure weights for the 2026 GQP4P measure set.

The following formula will be used to calculate the overall **GQ Performance Score**:

**GQ Performance Score** (i.e. overall weighted average) =  $\frac{\text{Sum (measure tier} \times \text{measure weight)}}{\text{Sum of measure weights}}$

GQ P4P Program payments will be awarded according to the following formula:

$$\begin{aligned} & ([\text{Global Quality Performance Score}] \times [\text{\# Medi-Cal Average Membership}] \times \\ & [\text{GQ P4P Multiplier}] / [\text{Total Medi-Cal Member Months}]) + \text{Process Measures} - \text{Penalty Measures} \\ & = \text{GQ P4P PMPM Bonus} \end{aligned}$$

The GQ P4P payment multiplier is subject to change based on Network performance and budget limits. The GQ P4P payment multiplier value displayed in the Interim Reports may not be the final value used in determining final Quality PMPM payment amounts.

IPAs eligible for the 2026 Global Quality P4P Quality PMPM payment have the opportunity to earn up to the maximum Quality Score and Quality PMPM amount listed below:

| ELIGIBLE ENTITY | MAXIMUM QUALITY SCORE | MAXIMUM QUALITY PMPM |
|-----------------|-----------------------|----------------------|
| IPA             | 3.73                  | \$5.87               |

# IPA PMPM Quality Payment Methodology

From July 2027 – June 2028, IPAs will receive a monthly Quality PMPM (per member per month) payment based on their 2026 GQ P4P performance using the following formula:

$$\frac{\text{2026 Global Quality P4P Final Incentive Amount}}{\text{Total Medi-Cal Member Months}} = \text{Quality PMPM Payment Amount}$$

IPA payment example: *IPA with monthly average of 120,000 Members (1,440,000 Member Months), 2.0 GQ Quality Score and Encounter Data Gate 3 met*

$$\frac{\text{(A) Global Quality P4P Final Incentive Amount: \$2,606,400}}{\text{Total Member Months: 1,440,000}} = \text{Quality PMPM Payment Amount: \$1.81}$$

~ \$217,200 monthly payment\*  
~ \$2,606,400 annual payment\*

\*Assuming stable membership volume and there is no additional incentive for process measures, and no PCP penalty to be deducted from the Quality PMPM bonus.

Note: Members with Other Health Coverage will be removed from the measure denominators before the final payment calculation.

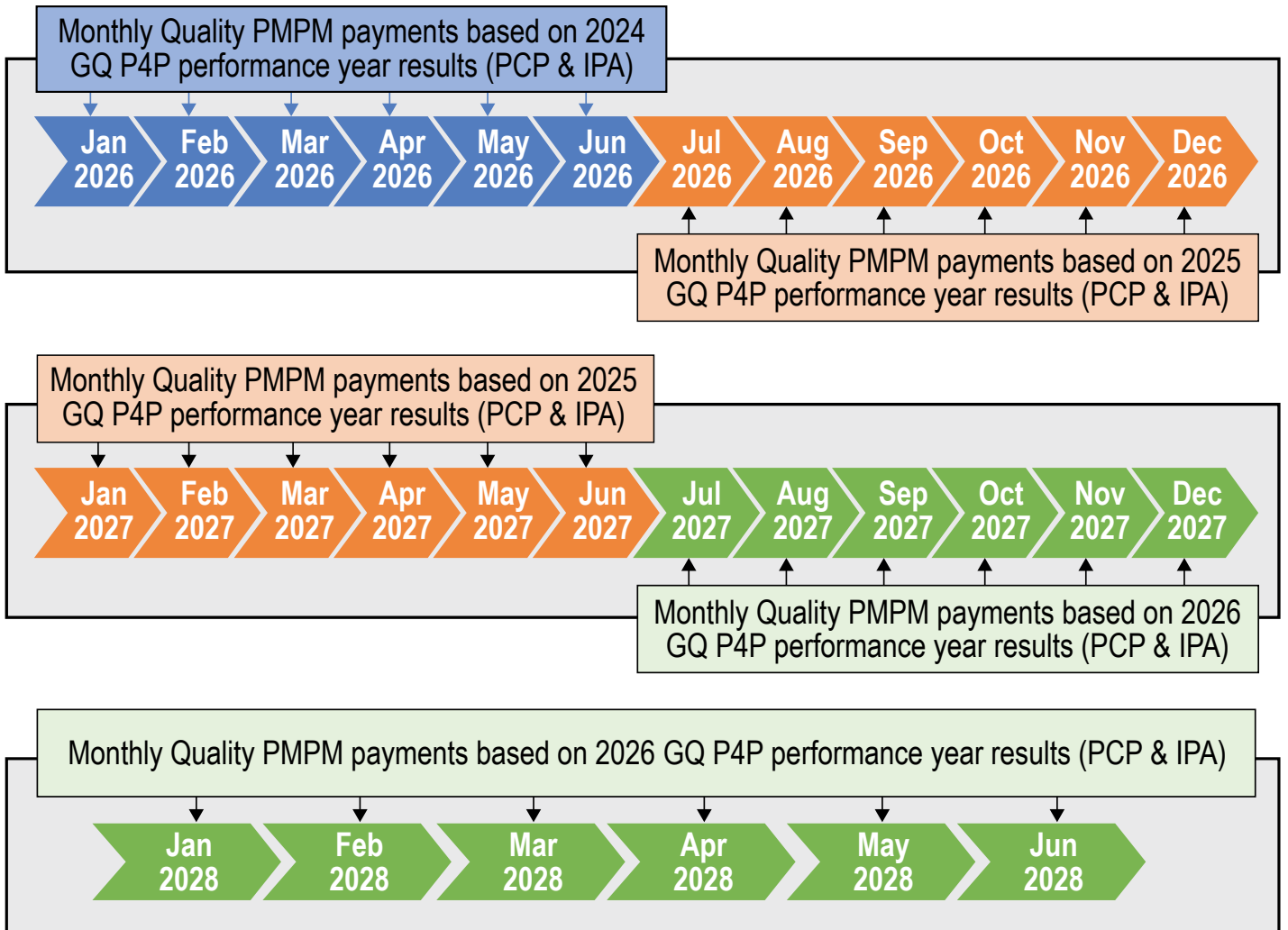
## Reporting Timeline

Below is a table describing the flow of encounter data to IEHP in support of the GQ P4P Program reporting.

| P4P ENCOUNTER DATA REPORTING TIMELINE: |                                |                            |                 |                           |                 |
|--|--------------------------------|----------------------------|-----------------|---------------------------|-----------------|
| Month of Service                       | Provider Encounters Due to IPA | IPA Encounters Due to IEHP | P4P Data Freeze | Dates of Service Assessed | Rosters Updated |
| January 2026                           | 2/1/2026                       | 2/15/2026                  | 2/15/2026       | January 2026              | 3/10/2026       |
| January 2026                           | 2/1/2026                       | 3/1/2026                   | 3/1/2026        | January 2026              | 3/25/2026       |
| January 2026                           | 2/1/2026                       | 3/15/2026                  | 3/15/2026       | January 2026              | 4/10/2026       |
| January 2026                           | 2/1/2026                       | 4/1/2026                   | 4/1/2026        | January 2026              | 4/25/2026       |
| January 2026                           | 2/1/2026                       | 4/15/2026                  | 4/15/2026       | January 2026              | 5/10/2026       |
| January 2026                           | 2/1/2026                       | 5/1/2026                   | 5/1/2026        | January 2026              | 5/25/2026       |
| January 2026                           | 2/15/2026                      | 5/15/2026                  | 5/15/2026       | January 2026              | 6/10/2026       |
| February 2026                          | 3/1/2026                       | 6/1/2026                   | 6/1/2026        | January - February 2026   | 6/25/2026       |
| February 2026                          | 3/15/2026                      | 6/15/2026                  | 6/15/2026       | January - February 2026   | 7/10/2026       |
| March 2026                             | 4/1/2026                       | 7/1/2026                   | 7/1/2026        | January - March 2026      | 7/25/2026       |
| March 2026                             | 4/15/2026                      | 7/15/2026                  | 7/15/2026       | January - March 2026      | 8/10/2026       |
| April 2026                             | 5/1/2026                       | 8/1/2026                   | 8/1/2026        | January - April 2026      | 8/25/2026       |
| April 2026                             | 5/15/2026                      | 8/15/2026                  | 8/15/2026       | January - April 2026      | 9/10/2026       |
| May 2026                               | 6/1/2026                       | 9/1/2026                   | 9/1/2026        | January - May 2026        | 9/25/2026       |
| May 2026                               | 6/15/2026                      | 9/15/2026                  | 9/15/2026       | January - May 2026        | 10/10/2026      |
| June 2026                              | 7/1/2026                       | 10/1/2026                  | 10/1/2026       | January - June 2026       | 10/25/2026      |
| June 2026                              | 7/15/2026                      | 10/15/2026                 | 10/15/2026      | January - June 2026       | 11/10/2026      |
| July 2026                              | 8/1/2026                       | 11/1/2026                  | 11/1/2026       | January - July 2026       | 11/25/2026      |
| July 2026                              | 8/15/2026                      | 11/15/2026                 | 11/15/2026      | January - July 2026       | 12/10/2026      |
| August 2026                            | 9/1/2026                       | 12/1/2026                  | 12/1/2026       | January - August 2026     | 12/25/2026      |
| August 2026                            | 9/15/2026                      | 12/15/2026                 | 12/15/2026      | January - August 2026     | 1/10/2027       |
| September 2026                         | 10/1/2026                      | 1/1/2027                   | 1/1/2027        | January - September 2026  | 1/25/2027       |
| September 2026                         | 10/15/2026                     | 1/15/2027                  | 1/15/2027       | January - September 2026  | 2/10/2027       |
| October 2026                           | 11/1/2026                      | 2/1/2027                   | 2/1/2027        | January - October 2026    | 2/25/2027       |
| October 2026                           | 11/15/2026                     | 2/15/2027                  | 2/15/2027       | January - October 2026    | 3/10/2027       |
| November 2026                          | 12/1/2026                      | 3/1/2027                   | 3/1/2027        | January - November 2026   | 3/25/2027       |
| November 2026                          | 12/15/2026                     | 3/15/2027                  | 3/15/2027       | January - November 2026   | 4/10/2027       |
| December 2026                          | 1/1/2027                       | 4/1/2027                   | 4/1/2027        | January - December 2026   | 4/25/2027       |
| December 2026                          | 1/15/2027                      | 4/15/2027                  | 4/15/2027       | January - December 2026   | 5/10/2027       |
| December 2026                          | 2/1/2027                       | 5/1/2027                   | 5/1/2027        | January - December 2026   | 5/25/2027       |

*This timeline depicts the latest reporting dates based on IEHP's policies and procedures. However, Providers and IPAs are encouraged to report their encounter data as soon as possible to IEHP. All encounters received by IEHP are considered when calculating updated reports and rosters including those encounters that are reported earlier than the encounter data due date.*

## ✓ Quality Incentive Payout Timeline: Provider Communication Timeline



**NOTE:** Quality PMPM payments are based on active assigned IEHP Medi-Cal members as of the month of payment. IPA must have active assigned Medi-Cal members each month in order to receive a Quality PMPM payment for that month.

### Getting Help

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



# APPENDIX 1: 2026 IPA Global Quality P4P Program Measures

| 2026 GQ P4P PROGRAM MEASURE LIST: |  |                        |   |   |                     |                     |                |
|-----------------------------------|--|------------------------|---|---|---------------------|---------------------|----------------|
| Domain                            | Measure Name   | Population             | Tier 1  | Tier 2  | Tier 3 <sup>1</sup> | Tier 4 <sup>2</sup> | Measure Weight |
| Clinical Quality                  | Adult Hepatitis B Vaccine <sup>4</sup>   | Adults                 | Monitoring Only   |   |                     |                     | NA             |
| Clinical Quality                  | Adult Influenza Vaccine  | Adults                 | Improvement demonstrated by meeting the following 2 conditions:<br>10% reduction in non-compliance<br><b>AND</b><br>Improvement of at least 2% points | If baseline is below 50th percentile: 20% reduction in noncompliance<br><b>AND</b><br>must meet the 50th percentile<br>If baseline is at or above 50th percentile:<br>Improvement of at least 2% points | 22%                 | 29%                 | 1.0            |
| Clinical Quality                  | Adult Pneumococcal Vaccine   | Adults                 |   |   | 65%                 | 74%                 | 1.0            |
| Clinical Quality                  | Adult Td/Tdap Vaccine  | Adults                 |   |   | 56%                 | 63%                 | 1.0            |
| Clinical Quality                  | Adult Zoster Vaccine   | Adults                 |   |   | 21%                 | 26%                 | 1.0            |
| Clinical Quality                  | Colorectal Cancer Screening  | Adults                 |   |   | 50%                 | 55%                 | 1.0            |
| Clinical Quality                  | Controlling High Blood Pressure  | Adults                 |   |   | 73%                 | 77%                 | 4.0            |
| Clinical Quality                  | Diabetes Care- Blood Pressure Control <140/90  | Adults                 |   |   | 77%                 | 81%                 | 3.0            |
| Clinical Quality                  | Diabetes Care- Kidney Health Evaluation  | Adults                 |   |   | 51%                 | 56%                 | 1.0            |
| Clinical Quality                  | Glycemic Status Assessment for Patients with Diabetes                                      | Adults                 |   |   | 67%                 | 69%                 | 4.0            |
| Clinical Quality                  | Statin Therapy Received for Patients with Cardiovascular Disease and Diabetes <sup>3</sup> | Adults                 |   |   | 79%                 | 82%                 | 1.0            |
| Clinical Quality                  | Post Discharge Follow-Up <sup>^</sup>  | Adults and Adolescents |   |   | 60%                 | 70%                 | 1.0            |
| Behavioral Health Integration     | Screening for Clinical Depression in Primary Care <sup>^</sup>                             | Adults and Adolescents |   |   | 75%                 | 82%                 | 1.0            |
| Behavioral Health Integration     | Social Determinants of Health Identification Rate <sup>^</sup>                             | Adults and Adolescents |   |   | 22%                 | 48%                 | 1.0            |
| Behavioral Health Integration     | Depression Screening and Follow-Up for Adolescents and Adults <sup>4</sup>                 | Adults and Adolescents | Monitoring Only   |   |                     |                     | NA             |
| Behavioral Health Integration     | Social Determinates of Health Screening Rate   | Adults and Adolescents | Monitoring Only   |   |                     |                     | NA             |
| Behavioral Health Integration     | Social Need Screening and Intervention <sup>4</sup>  | Adults and Adolescents | Monitoring Only   |   |                     |                     | NA             |
| Behavioral Health Integration     | Substance Use Assessment in Primary Care <sup>^</sup>                                      | Adults and Adolescents | Improvement demonstrated by meeting the following 2 conditions:<br>10% reduction in non-compliance<br><b>AND</b><br>Improvement of at least 2% points | If baseline is below 50th percentile: 20% reduction in noncompliance<br><b>AND</b><br>must meet the 50th percentile<br>If baseline is at or above 50th percentile:<br>Improvement of at least 2% points | 44%                 | 57%                 | 1.0            |
| Clinical Quality                  | Breast Cancer Screening  | Women                  |   |   | 63%                 | 68%                 | 1.0            |
| Clinical Quality                  | Cervical Cancer Screening  | Women                  |   |   | 60%                 | 66%                 | 1.0            |
| Clinical Quality                  | Chlamydia Screening  | Women                  |   |   | 67%                 | 73%                 | 1.0            |
| Clinical Quality                  | Timeliness of Prenatal Care  | Women                  |   |   | 92%                 | 94%                 | 1.0            |
| Clinical Quality                  | Postpartum Care  | Women                  |   |   | 87%                 | 90%                 | 1.0            |
| Clinical Quality                  | Child and Adolescent Well - Care Visits  | Children               |   |   | 63%                 | 70%                 | 1.0            |
| Clinical Quality                  | Childhood Immunizations - Combo 10 <sup>†</sup>  | Children               |   |   | 31%                 | 37%                 | 4.0            |

## 2026 GQ P4P PROGRAM MEASURE LIST:

| Domain                        | Measure Name  | Population | Tier 1  | Tier 2  | Tier 3 <sup>1</sup> | Tier 4 <sup>2</sup> | Measure Weight |
|-------------------------------|---|------------|---|---|---------------------|---------------------|----------------|
| Clinical Quality              | Developmental Screening   | Children   | Improvement demonstrated by meeting the following 2 conditions:<br>10% reduction in non-compliance<br><b>AND</b><br>Improvement of at least 2% points | <b>If baseline is below 50th percentile: 20% reduction in noncompliance<br/>AND<br/>must meet the 50th percentile<br/>If baseline is at or above 50th percentile:<br/>Improvement of at least 2% points</b> | 51%                 | 58%                 | 1.0            |
| Clinical Quality              | Immunizations for Adolescents-Combo 2   | Children   |   |   | 42%                 | 49%                 | 4.0            |
| Clinical Quality              | Lead Screening in Children  | Children   |   |   | 78%                 | 85%                 | 1.0            |
| Behavioral Health Integration | Substance Use Assessment in Primary Care for Adolescents <sup>^</sup>                                   | Children   |   |   | 52%                 | 65%                 | 1.0            |
| Clinical Quality              | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI | Children   |   |   | 91%                 | 94%                 | 1.0            |
| Clinical Quality              | Well-Child Visits First 15 Months of Life   | Children   |   |   | 69%                 | 74%                 | 1.0            |
| Clinical Quality              | Well-Child Visits First 30 Months of Life   | Children   |   |   | 80%                 | 84%                 | 1.0            |
| Clinical Quality              | Initial Health Appointment <sup>^</sup>   | All        |   |   | 80%                 | 88%                 | 1.0            |
| Access                        | Emergency Department Utilization Rate <sup>4</sup>  | All        | Monitoring Only   |   |                     |                     | NA             |
| Access                        | Potentially Avoidable ED Visits   | All        | <5.0%   | NA  | NA                  | NA                  | 1.0            |
| Patient Experience            | Access to Care Needed Right Away  | All        | 86% <sup>*</sup>  | 88% <sup>**</sup>   | 92% <sup>***</sup>  | NA                  | 1.5            |
| Patient Experience            | Coordination of Care  | All        | 88% <sup>*</sup>  | 90% <sup>**</sup>   | 92% <sup>***</sup>  | NA                  | 1.5            |
| Patient Experience            | Access to Routine Care  | All        | 82% <sup>*</sup>  | 84% <sup>**</sup>   | 88% <sup>***</sup>  | NA                  | 1.5            |

\* Tier 1 goals set at the 50th percentile as published in the 2025 (MY 2024) NCQA Quality Compass with a trend adjustment factor applied.

\*\* Tier 2 goals set at the 66th percentile as published in the 2025 (MY 2024) NCQA Quality Compass with a trend adjustment factor applied.

\*\*\* Tier 3 goals set at the 90th percentile as published in the 2025 (MY 2024) NCQA Quality Compass with a trend adjustment factor applied.

<sup>1</sup> Tier 3 goals set at the 75th percentile as published in the 2025 (MY 2024) NCQA Quality Compass with a trend adjustment factor applied.

<sup>2</sup> Tier 4 goals set at the 90th percentile as published in the 2025 (MY 2024) NCQA Quality Compass with a trend adjustment factor applied.

<sup>3</sup> The Statin Therapy Received for Patients with Cardiovascular Disease and Diabetes measure is a combination of two measures (Statin Therapy Received for Patients with Cardiovascular Disease and Statin Therapy Received for Patients with Diabetes). The denominators and numerators for his combined measure will be calculated to produce one rate for this measure. The minimum denominator requirement for this measure is 10 eligible Members.

<sup>4</sup> Reporting Only Measure. Not eligible for incentive dollars.

<sup>†</sup> Tier 1: If baseline is at or above 50th percentile: Goal is the 50th percentile, Tier 2: If baseline is at or above 50th percentile: Goal is the 50th percentile plus 1%.

<sup>^</sup> Tiers 3 and 4 based on MY 2024 IEHP Network Performance with a trend adjustment applied.

## 2026 50TH PERCENTILE RATES

| Domain                        | Measure Name   | 50th Percentile Rate |
|-------------------------------|--|----------------------|
| Clinical Quality              | Adult Influenza Vaccine  | 18%                  |
| Clinical Quality              | Adult Pneumococcal Vaccine   | 54%                  |
| Clinical Quality              | Adult Td/Tdap Vaccine  | 45%                  |
| Clinical Quality              | Adult Zoster Vaccine   | 15%                  |
| Clinical Quality              | Colorectal Cancer Screening  | 43%                  |
| Clinical Quality              | Controlling High Blood Pressure  | 70%                  |
| Clinical Quality              | Diabetes Care - Blood Pressure Control <140/90   | 74%                  |
| Clinical Quality              | Diabetes Care - Kidney Health Evaluation   | 44%                  |
| Clinical Quality              | Glycemic Status Assessment for Patients with Diabetes  | 63%                  |
| Clinical Quality              | Post Discharge Follow Up   | 52%                  |
| Clinical Quality              | Statin Therapy Received for Patients with Cardiovascular Disease and Diabetes                          | 76%                  |
| Behavioral Health Integration | Screening for Clinical Depression in Primary Care  | 60%                  |
| Behavioral Health Integration | Social Determinants of Health Identification Rate  | 11%                  |
| Behavioral Health Integration | Substance Use Assessment in Primary Care   | 27%                  |
| Clinical Quality              | Breast Cancer Screening  | 58%                  |
| Clinical Quality              | Cervical Cancer Screening  | 54%                  |
| Clinical Quality              | Chlamydia Screening  | 58%                  |
| Clinical Quality              | Postpartum Care  | 84%                  |
| Clinical Quality              | Timeliness of Prenatal Care  | 88%                  |
| Clinical Quality              | Child and Adolescent Well-Care Visits  | 57%                  |
| Clinical Quality              | Childhood Immunizations - Combo 10   | 26%                  |
| Clinical Quality              | Developmental Screening  | 41%                  |
| Clinical Quality              | Immunizations for Adolescents - Combo 2  | 36%                  |
| Clinical Quality              | Lead Screening in Children   | 72%                  |
| Behavioral Health Integration | Substance Use in Primary Care Adolescents  | 30%                  |
| Clinical Quality              | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents -BMI | 86%                  |
| Clinical Quality              | Well-Child Visits First 15 Months of Life  | 65%                  |
| Clinical Quality              | Well-Child Visits First 30 Months of Life  | 74%                  |
| Clinical Quality              | Initial Health Appointment   | 67%                  |

*The 50th percentile goals are based on a combination of national and network performance rates with a trend adjustment factor applied.*



## APPENDIX 2: Core Measures Overview

### Population: Adults

#### Adult Hepatitis B Vaccine (AISH)

**Methodology:** IEHP – HEDIS Modified Measure

**Measure Description:** The percentage of Members 19-59 years old, who received the appropriate Hepatitis B vaccine in the measurement year (2026).

- The eligible population in this measure meets all the following criteria:
  - Continuous enrollment with IEHP during the measurement year (2026) with no more than one gap in enrollment of up to 45 days.
- Members who meet any of the following criteria are excluded:
  - Members in hospice.
  - Members who expire at any time during the measurement year (2026).

**Denominator:** Members who are 19-59 years old, during the measurement year (2026).

- Anchor Date: December 31st of the measurement year (2026).

**Numerator:** Members in the denominator who were administered the Hepatitis B vaccine. Any of the following meet criteria:

- Members who received at least 3 doses of the childhood Hepatitis B vaccine (on different dates of service) on or before their 19th birthday.
- Members who received a Hepatitis B vaccine series on or after their 19th birthday, before or during the measurement year (2026), including any of the following:
  - At least 2 doses (administered at least 28 days apart) of the recommended two-dose adult Hepatitis B vaccine; or
  - At least 3 doses (administered on different days of service) of any other recommended adult Hepatitis B vaccine.
- Members who had a Hepatitis B surface antigen, Hepatitis B surface antibody or total antibody to Hepatitis B core antigen test, with a positive result anytime before or during the measurement year (2026). Any of the following meet criteria:
  - A test result of  $> 10$  mIU/mL; or
  - A test result of immunity
- Members with a history of Hepatitis B illness any time before or during the measurement year (2026).
- Members who had anaphylaxis from the Hepatitis B vaccine any time before or during the measurement year (2026).

### CODES TO IDENTIFY ADULT HEPATITIS B VACCINE:

| Antigen                   | Code Type | Code  | Code Description  |
|---------------------------|-----------|-------|---|
| Adult Hepatitis B Vaccine | CPT       | 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use |
| Adult Hepatitis B Vaccine | CPT       | 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use  |
| Adult Hepatitis B Vaccine | CPT       | 90739 | Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use  |
| Adult Hepatitis B Vaccine | CPT       | 90740 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use   |
| Adult Hepatitis B Vaccine | CPT       | 90743 | Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use  |
| Adult Hepatitis B Vaccine | CPT       | 90744 | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use   |
| Adult Hepatitis B Vaccine | CPT       | 90746 | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use  |
| Adult Hepatitis B Vaccine | CPT       | 90747 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use   |
| Adult Hepatitis B Vaccine | CPT       | 90748 | Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use   |
| Adult Hepatitis B Vaccine | CPT       | 90759 | Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use  |
| Adult Hepatitis B Vaccine | HCPCS     | G0010 | Administration of hepatitis b vaccine   |

### CODES TO IDENTIFY HISTORY OF HEPATITIS B:

| Service                | Code Type | Code   | Code Description   |
|------------------------|-----------|--------|--|
| History of Hepatitis B | ICD10CM   | B16.0  | Acute hepatitis B with delta-agent with hepatic coma           |
| History of Hepatitis B | ICD10CM   | B16.1  | Acute hepatitis B with delta-agent without hepatic coma        |
| History of Hepatitis B | ICD10CM   | B16.2  | Acute hepatitis B without delta-agent with hepatic coma        |
| History of Hepatitis B | ICD10CM   | B16.9  | Acute hepatitis B without delta-agent and without hepatic coma |
| History of Hepatitis B | ICD10CM   | B17.0  | Acute delta-(super) infection of hepatitis B carrier           |
| History of Hepatitis B | ICD10CM   | B18.0  | Chronic viral hepatitis B with delta-agent                     |
| History of Hepatitis B | ICD10CM   | B18.1  | Chronic viral hepatitis B without delta-agent                  |
| History of Hepatitis B | ICD10CM   | B19.10 | Unspecified viral hepatitis B without hepatic coma             |
| History of Hepatitis B | ICD10CM   | B19.11 | Unspecified viral hepatitis B with hepatic coma                |

## Adult Influenza Vaccine (AIV)

**Methodology:** IEHP – HEDIS Modified Measure

**Measure Description:** The percentage of Members 19 years of age and older who received an influenza vaccine on or between July 1 of the year prior to the measurement year (2025) and June 30 of the measurement year (2026).

- The eligible population in this measure meets all of the following criteria:
  - Continuous enrollment with IEHP in the measurement year (2026) with no more than one gap of up to 45 days during the measurement year.

**Denominator:** Members 19 years of age or older who meet all criteria for the eligible population.

- Anchor Date: June 30, 2026

**Numerator:** Members in the denominator who received an influenza vaccine on or between July 1, 2025-June 30, 2026.

| CODES TO IDENTIFY ADULT INFLUENZA VACCINE: |           |       |   |
|--|-----------|-------|---|
| Antigen                                    | Code Type | Code  | Code Description  |
| Adult Influenza Vaccine                    | CPT       | 90653 | Influenza Vaccine, Inactivated (Iiv), Subunit, Adjuvanted, For Intramuscular Use  |
| Adult Influenza Vaccine                    | CPT       | 90656 | Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use   |
| Adult Influenza Vaccine                    | CPT       | 90658 | Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, 0.5 Ml Dosage, For Intramuscular Use  |
| Adult Influenza Vaccine                    | CPT       | 90660 | Influenza Virus Vaccine, Trivalent, Live (Laiv3), For Intranasal Use  |
| Adult Influenza Vaccine                    | CPT       | 90661 | Influenza Virus Vaccine, Trivalent (Cciiv3), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use          |
| Adult Influenza Vaccine                    | CPT       | 90662 | Influenza Virus Vaccine (Iiv), Split Virus, Preservative Free, Enhanced Immunogenicity Via Increased Antigen Content, For Intramuscular Use                       |
| Adult Influenza Vaccine                    | CPT       | 90672 | Influenza Virus Vaccine, Quadrivalent, Live (Laiv4), For Intranasal Use   |
| Adult Influenza Vaccine                    | CPT       | 90673 | Influenza Virus Vaccine, Trivalent (Riv3), Derived From Recombinant Dna, Hemagglutinin (Ha) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use |
| Adult Influenza Vaccine                    | CPT       | 90674 | Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use       |

## CODES TO IDENTIFY ADULT INFLUENZA VACCINE:

| Antigen                 | Code Type | Code  | Code Description   |
|-------------------------|-----------|-------|--|
| Adult Influenza Vaccine | CPT       | 90682 | Influenza Virus Vaccine, Quadrivalent (RIV4), Derived From Recombinant DNA, Hemagglutinin (HA) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use |
| Adult Influenza Vaccine | CPT       | 90686 | Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use   |
| Adult Influenza Vaccine | CPT       | 90688 | Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, 0.5 Ml Dosage, For Intramuscular Use  |
| Adult Influenza Vaccine | CPT       | 90689 | Influenza Virus Vaccine Quadrivalent (Iiv4), Inactivated, Adjuvanted, Preservative Free, 0.25 Ml Dosage, For Intramuscular Use                                       |
| Adult Influenza Vaccine | CPT       | 90694 | Influenza Virus Vaccine, Quadrivalent (aIIV4), Inactivated, Adjuvanted, Preservative Free, 0.5 mL Dosage, For Intramuscular Use                                      |
| Adult Influenza Vaccine | CPT       | 90756 | Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Antibiotic Free, 0.5ml Dosage, For Intramuscular Use                            |

## Adult Pneumococcal Vaccine (AISP)

**Methodology:** IEHP – HEDIS Modified Measure

**Measure Description:** The percentage of Members 65 years of age and older, who received the pneumococcal vaccine by the end of the measurement year (2026).

- The eligible population in this measure meets all of the following criteria:
  - 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).

**Denominator:** Members 65 years of age, or older, in the eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who were administered the pneumococcal vaccine by meeting one of the criteria below:

- 1) Members in the denominator who received at least one dose of an adult pneumococcal vaccine on or after the Member’s 19th birthday and before or during the measurement year (2026).

**OR**

- 2) Members who had anaphylaxis from the pneumococcal vaccine any time before or during the measurement year (2026).

| CODES TO IDENTIFY ADULT PNEUMOCOCCAL VACCINE: |           |       |   |
|---|-----------|-------|---|
| Antigen                                       | Code Type | Code  | Code Description  |
| Adult Pneumococcal Vaccine                    | CPT       | 90670 | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use  |
| Adult Pneumococcal Vaccine                    | CPT       | 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use  |
| Adult Pneumococcal Vaccine                    | CPT       | 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use  |
| Adult Pneumococcal Vaccine                    | CPT       | 90684 | Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use  |
| Adult Pneumococcal Vaccine                    | CPT       | 90732 | Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use |
| Adult Pneumococcal Vaccine                    | HCPCS     | G0009 | Administration of pneumococcal vaccine  |

## Adult Td/Tdap Vaccine (AIST)

**Methodology:** IEHP – HEDIS Modified Measure

**Measure Description:** The percentage of Members 19 years of age and older, who received the tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap) vaccine in the measurement year (2026).

- The eligible population in this measure meets all of the following criteria:
  - 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).

**Denominator:** Members 19 years of age and older in the eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who were administered the Td/Tdap vaccine by meeting one of the criteria below:

- 1) Members in the denominator who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the measurement year (2017) and the end of the measurement year (2026).

**OR**

- 2) Members with a history of at least one of the following any time before or during the measurement year (2026):
  - Members who had anaphylaxis from the diphtheria, tetanus, or pertussis vaccine.
  - Members who had encephalitis due to the diphtheria, tetanus, or pertussis vaccine.

### CODES TO IDENTIFY ADULT TD/TDAP VACCINE:

| Antigen          | Code Type | Code  | Code Description   |
|------------------|-----------|-------|--|
| Adult Td Vaccine | CPT       | 90714 | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use    |
| Adult Td Vaccine | CPT       | 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use |

## Adult Zoster Vaccine (AISZ)

**Methodology:** IEHP – HEDIS Modified Measure

**Measure Description:** The percentage of Members 50 years of age and older, who received the appropriate herpes zoster vaccine in the measurement year (2026).

- The eligible population in this measure meets all of the following criteria:
  - 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).

**Denominator:** Members 50 years of age and older in the eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who were administered the herpes zoster vaccine by meeting one of the criteria below:

- 1) Members who received two doses of the herpes zoster recombinant vaccine (at least 28 days apart), on October 20, 2018, through the end of the measurement year (2026).

**OR**

- 2) Members who had anaphylaxis from the herpes zoster vaccine any time before or during the measurement year (2026).

### CODE TO IDENTIFY ADULT ZOSTER VACCINE:

| Antigen              | Code Type | Code  | Code Description   |
|----------------------|-----------|-------|--|
| Adult Zoster Vaccine | CPT       | 90750 | Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use |



## Colorectal Cancer Screening (COL-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members who are 45-75 years of age who had an appropriate screening for colorectal cancer.

- Eligible population in this measure meets all of the following criteria:
  1. Members who are 46-75 years of age as of December 31 of the measurement year (2026).
  2. Continuous enrollment with IEHP during the measurement year (2026) and the year prior (2025) with no more than one gap in continuous enrollment with IEHP of up to 45 days during each year of the continuous enrollment period.

**Denominator:** Members who meet all the criteria for the eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who had one or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test during the measurement year (2026).
- Flexible sigmoidoscopy during the measurement year (2026) or four years prior to the measurement year (2022).
- Colonoscopy during the measurement year (2026) or the nine years prior to the measurement year (2017).
- CT colonography during the measurement year (2026) or the four years prior to the measurement year (2022).
- Stool DNA with FIT test during the measurement year (2026) or two years prior to the measurement year (2024).

### CODES TO IDENTIFY COLORECTAL CANCER SCREENING:

| Service                     | Code Type | Code  | Code Description  |
|-----------------------------|-----------|-------|---|
| Colorectal Cancer Screening | CPT       | 0464U | Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result |
| Colorectal Cancer Screening | CPT       | 44388 | Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)  |
| Colorectal Cancer Screening | CPT       | 44389 | Colonoscopy Through Stoma; With Biopsy, Single Or Multiple  |
| Colorectal Cancer Screening | CPT       | 44390 | Colonoscopy Through Stoma; With Removal Of Foreign Body(s)  |
| Colorectal Cancer Screening | CPT       | 44391 | Colonoscopy Through Stoma; With Control Of Bleeding, Any Method   |
| Colorectal Cancer Screening | CPT       | 44392 | Colonoscopy Through Stoma; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forcep  |

## CODES TO IDENTIFY COLORECTAL CANCER SCREENING:

| Service                     | Code Type | Code  | Code Description   |
|-----------------------------|-----------|-------|--|
| Colorectal Cancer Screening | CPT       | 44394 | Colonoscopy Through Stoma; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique   |
| Colorectal Cancer Screening | CPT       | 44401 | Colonoscopy Through Stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)   |
| Colorectal Cancer Screening | CPT       | 44402 | Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)   |
| Colorectal Cancer Screening | CPT       | 44403 | Colonoscopy Through Stoma; With Endoscopic Mucosal Resection   |
| Colorectal Cancer Screening | CPT       | 44404 | Colonoscopy Through Stoma; With Directed Submucosal Injection(s), Any Substance  |
| Colorectal Cancer Screening | CPT       | 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation   |
| Colorectal Cancer Screening | CPT       | 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures  |
| Colorectal Cancer Screening | CPT       | 44407 | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures |
| Colorectal Cancer Screening | CPT       | 44408 | Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed   |
| Colorectal Cancer Screening | CPT       | 45330 | Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)   |
| Colorectal Cancer Screening | CPT       | 45331 | Sigmoidoscopy, Flexible; With Biopsy, Single Or Multiple   |
| Colorectal Cancer Screening | CPT       | 45332 | Sigmoidoscopy, Flexible; With Removal Of Foreign Body(s)   |
| Colorectal Cancer Screening | CPT       | 45333 | Sigmoidoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps  |
| Colorectal Cancer Screening | CPT       | 45334 | Sigmoidoscopy, Flexible; With Control Of Bleeding, Any Method  |
| Colorectal Cancer Screening | CPT       | 45335 | Sigmoidoscopy, Flexible; With Directed Submucosal Injection(s), Any Substance  |
| Colorectal Cancer Screening | CPT       | 45337 | Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed   |
| Colorectal Cancer Screening | CPT       | 45338 | Sigmoidoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique   |
| Colorectal Cancer Screening | CPT       | 45340 | Sigmoidoscopy, Flexible; With Transendoscopic Balloon Dilation   |
| Colorectal Cancer Screening | CPT       | 45341 | Sigmoidoscopy, Flexible; With Endoscopic Ultrasound Examination  |

## CODES TO IDENTIFY COLORECTAL CANCER SCREENING:

| Service                     | Code Type | Code  | Code Description  |
|-----------------------------|-----------|-------|---|
| Colorectal Cancer Screening | CPT       | 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)   |
| Colorectal Cancer Screening | CPT       | 45346 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)   |
| Colorectal Cancer Screening | CPT       | 45347 | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)  |
| Colorectal Cancer Screening | CPT       | 45349 | Sigmoidoscopy, Flexible; With Endoscopic Mucosal Resection  |
| Colorectal Cancer Screening | CPT       | 45350 | Sigmoidoscopy, Flexible; With Band Ligation(s) (e.g., Hemorrhoids)  |
| Colorectal Cancer Screening | CPT       | 45378 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)  |
| Colorectal Cancer Screening | CPT       | 45379 | Colonoscopy, Flexible; With Removal Of Foreign Body(s)  |
| Colorectal Cancer Screening | CPT       | 45380 | Colonoscopy, Flexible; With Biopsy, Single Or Multiple  |
| Colorectal Cancer Screening | CPT       | 45381 | Colonoscopy, Flexible; With Directed Submucosal Injection(s), Any Substance   |
| Colorectal Cancer Screening | CPT       | 45382 | Colonoscopy, Flexible; With Control Of Bleeding, Any Method   |
| Colorectal Cancer Screening | CPT       | 45384 | Colonoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Hot Biopsy Forceps   |
| Colorectal Cancer Screening | CPT       | 45385 | Colonoscopy, Flexible; With Removal Of Tumor(s), Polyp(s), Or Other Lesion(s) By Snare Technique  |
| Colorectal Cancer Screening | CPT       | 45386 | Colonoscopy, Flexible; With Transendoscopic Balloon Dilation  |
| Colorectal Cancer Screening | CPT       | 45388 | Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)  |
| Colorectal Cancer Screening | CPT       | 45389 | Colonoscopy, flexible; with endoscopic stent placement (includes pre-and post-dilation and guide wire passage, when performed)  |
| Colorectal Cancer Screening | CPT       | 45390 | Colonoscopy, Flexible; With Endoscopic Mucosal Resection  |
| Colorectal Cancer Screening | CPT       | 45391 | Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures   |
| Colorectal Cancer Screening | CPT       | 45392 | Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures |
| Colorectal Cancer Screening | CPT       | 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (e.g., volvulus, megacolon), including placement of decompression tube, when performed  |
| Colorectal Cancer Screening | CPT       | 45398 | Colonoscopy, Flexible; With Band Ligation(s) (e.g., Hemorrhoids)  |

## CODES TO IDENTIFY COLORECTAL CANCER SCREENING:

| Service                     | Code Type | Code  | Code Description  |
|-----------------------------|-----------|-------|---|
| Colorectal Cancer Screening | CPT       | 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material   |
| Colorectal Cancer Screening | CPT       | 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed   |
| Colorectal Cancer Screening | CPT       | 74263 | Computed Tomographic (ct) Colonography, Screening, Including Image Postprocessing   |
| Colorectal Cancer Screening | CPT       | 81528 | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result |
| Colorectal Cancer Screening | CPT       | 82270 | Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)  |
| Colorectal Cancer Screening | CPT       | 82274 | Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, one to three simultaneous determinations   |
| Colorectal Cancer Screening | HCPCS     | G0104 | Colorectal Cancer Screening; Flexible Sigmoidoscopy   |
| Colorectal Cancer Screening | HCPCS     | G0105 | Colorectal Cancer Screening; Colonoscopy On Individual At High Risk   |
| Colorectal Cancer Screening | HCPCS     | G0121 | Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria For High Risk   |
| Colorectal Cancer Screening | HCPCS     | G0328 | Colorectal cancer screening; fecal occult blood test, immunoassay, one to three simultaneous determinations   |

*\*These are the codes that IEHP will use to determine the numerator compliance for the Colorectal Cancer Screening measure. These codes would be submitted by the testing Provider, not the PCP.*



# 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 during the measurement year (2026) with no more than one gap in continuous enrollment 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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 (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, 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 (eg, 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 (eg, 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. |

## 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. |
| 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. |

## 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   |
| 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 |

## Diabetes Care - Blood Pressure Control <140/90 (BPD)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members who are 18-75 years of age and have a diagnosis of diabetes (type 1 and type 2), whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year (2026).

- Eligible population in this measure meets all of the following criteria:
  1. Members who are 18-75 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. 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 dates 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 had at least one diagnosis of diabetes during the measurement year (2026) or the year prior to the measurement year (2025).
- 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 who are 18-75 years of age who meet all criteria for the eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who had a Blood Pressure reading that was adequately controlled <140/90 mm Hg. The latest Blood Pressure reading will be used to determine compliance. If there are multiple BPs on the same date of service, the lowest systolic and lowest diastolic Blood Pressure reading on that date will be used as a representative Blood Pressure reading. **Provider must bill one diastolic code and one systolic code.**

## CODES TO IDENTIFY DIABETES CARE - BLOOD PRESSURE CONTROL:

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

## Diabetes Care - Kidney Health Evaluation (KED)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members who are 18-85 years of age and have a diagnosis of diabetes (type 1 and type 2), who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year (2026).

- Eligible population in this measure meets all of the following criteria:
  1. Members who are 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 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 basis 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).
- Members who meet any of the following criteria are excluded:
  1. Members in hospice.
  2. Members with evidence of End-stage Renal Disease (ESRD) any time in the Members history on or before December 31 of the measurement year (2026).
  3. Members receiving palliative care.
  4. Members who expired at any time during the measurement year (2026).
  5. Members who had dialysis any time during the member's history on or prior to December 31 of the measurement year (2026).
  6. Members 66-80 years of age and older as of December 31 of measurement year (2026) with both frailty and advanced illness.
  7. Members 81 years of age and older as of December 31 with at least two indications of frailty on different dates of service during the measurement year (2026).

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

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who received both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement year (2026), on the same or different dates of service. **The following is required for compliance in this measure:**

- At least one estimated glomerular filtration rate (eGFR).
- At least one urine albumin-creatinine ratio (uACR):
  - o Quantitative urine albumin lab test **AND** urine creatinine lab test that are 4 days or less apart.
  - OR**
  - o Urine albumin-creatinine ratio lab test.

| <b>CODES TO IDENTIFY ESTIMATED GLOMERULAR FILTRATION RATE:</b> |           |       |   |
|--|-----------|-------|---|
| Service  | Code Type | Code  | Code Description  |
| Estimated Glomerular Filtration Rate                           | CPT       | 80047 | Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)  |
| Estimated Glomerular Filtration Rate                           | CPT       | 80048 | Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)  |
| Estimated Glomerular Filtration Rate                           | CPT       | 80050 | General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)   |
| Estimated Glomerular Filtration Rate                           | CPT       | 80053 | Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520) |
| Estimated Glomerular Filtration Rate                           | CPT       | 80069 | Renal function panel this panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)   |

## CODES TO IDENTIFY ESTIMATED GLOMERULAR FILTRATION RATE:

| Service                              | Code Type | Code     | Code Description  |
|--------------------------------------|-----------|----------|---|
| Estimated Glomerular Filtration Rate | CPT       | 82565    | Creatinine; Blood   |
| Estimated Glomerular Filtration Rate | LOINC     | 50044-7  | Glomerular Filtration Rate/1.73 Sq M.predicted Among Females [volume Rate/area] In Serum, Plasma Or Blood By Creatinine-based Formula (mdrd)          |
| Estimated Glomerular Filtration Rate | LOINC     | 50210-4  | Glomerular Filtration Rate/1.73 Sq M.predicted [volume Rate/area] In Serum, Plasma Or Blood By Cystatin C-based Formula                               |
| Estimated Glomerular Filtration Rate | LOINC     | 50384-7  | Glomerular Filtration Rate/1.73 Sq M.predicted [volume Rate/area] In Serum, Plasma Or Blood By Creatinine-based Formula (schwartz)                    |
| Estimated Glomerular Filtration Rate | LOINC     | 62238-1  | Glomerular Filtration Rate/1.73 Sq M.predicted [volume Rate/area] In Serum, Plasma Or Blood By Creatinine-based Formula (ckd-epi)                     |
| Estimated Glomerular Filtration Rate | LOINC     | 69405-9  | Glomerular Filtration Rate/1.73 Sq M.predicted [volume Rate/area] In Serum, Plasma Or Blood   |
| Estimated Glomerular Filtration Rate | LOINC     | 70969-1  | Glomerular Filtration Rate/1.73 Sq M.predicted Among Males [volume Rate/area] In Serum, Plasma Or Blood By Creatinine-based Formula (mdrd)            |
| Estimated Glomerular Filtration Rate | LOINC     | 77147-7  | Glomerular Filtration Rate/1.73 Sq M.predicted [volume Rate/area] In Serum, Plasma Or Blood By Creatinine-based Formula (mdrd)                        |
| Estimated Glomerular Filtration Rate | LOINC     | 94677-2  | Glomerular Filtration Rate/1.73 Sq M.predicted [volume Rate/area] In Serum, Plasma Or Blood By Creatinine And Cystatin C-based Formula (ckd-epi)      |
| Estimated Glomerular Filtration Rate | LOINC     | 98979-8  | Glomerular Filtration Rate/1.73 Sq M.predicted [volume Rate/area] In Serum, Plasma Or Blood By Creatinine-based Formula (ckd-epi 2021)                |
| Estimated Glomerular Filtration Rate | LOINC     | 98980-6  | Glomerular Filtration Rate/1.73 Sq M.predicted [volume Rate/area] In Serum, Plasma Or Blood By Creatinine And Cystatin C-based Formula (ckd-epi 2021) |
| Estimated Glomerular Filtration Rate | LOINC     | 102097-3 | Glomerular Filtration Rate/1.73 sq M.predicted [volume Rate/area] In Serum, Plasma or Blood by Creatinine, Cystatin C And Urea-based formula (CKiD)   |

### CODES TO IDENTIFY QUANTITATIVE URINE ALBUMIN LAB TEST:

| Service                    | Code Type | Code     | Code Description   |
|----------------------------|-----------|----------|--|
| Quantitative Urine Albumin | CPT       | 82043    | Albumin; Urine (e.g, Microalbumin), Quantitative                           |
| Quantitative Urine Albumin | LOINC     | 100158-5 | Microalbumin [mass/volume] In Urine Collected For Unspecified Duration     |
| Quantitative Urine Albumin | LOINC     | 14957-5  | Microalbumin [mass/volume] In Urine  |
| Quantitative Urine Albumin | LOINC     | 1754-1   | Albumin [mass/volume] In Urine   |
| Quantitative Urine Albumin | LOINC     | 21059-1  | Albumin [mass/volume] In 24 Hour Urine                                     |
| Quantitative Urine Albumin | LOINC     | 30003-8  | Microalbumin [mass/volume] In 24 Hour Urine                                |
| Quantitative Urine Albumin | LOINC     | 43605-5  | Microalbumin [mass/volume] In 4 Hour Urine                                 |
| Quantitative Urine Albumin | LOINC     | 53530-2  | Microalbumin [mass/volume] In 24 Hour Urine By Detection Limit <= 1.0 Mg/l |
| Quantitative Urine Albumin | LOINC     | 53531-0  | Microalbumin [mass/volume] In Urine By Detection Limit <= 1.0 Mg/l         |
| Quantitative Urine Albumin | LOINC     | 57369-1  | Microalbumin [mass/volume] In 12 Hour Urine                                |
| Quantitative Urine Albumin | LOINC     | 89999-7  | Microalbumin [mass/volume] In Urine By Detection Limit <= 3.0 Mg/l         |

### CODES TO IDENTIFY URINE CREATININE LAB TEST:

| Service          | Code Type | Code    | Code Description   |
|------------------|-----------|---------|--|
| Urine Creatinine | CPT       | 82570   | Creatinine; Other Source   |
| Urine Creatinine | LOINC     | 20624-3 | Creatinine [mass/volume] In 24 Hour Urine                            |
| Urine Creatinine | LOINC     | 2161-8  | Creatinine [mass/volume] In Urine                                    |
| Urine Creatinine | LOINC     | 35674-1 | Creatinine [mass/volume] In Urine Collected For Unspecified Duration |
| Urine Creatinine | LOINC     | 39982-4 | Creatinine [mass/volume] In Urine - baseline                         |
| Urine Creatinine | LOINC     | 57344-4 | Creatinine [mass/volume] In 2 Hour Urine                             |
| Urine Creatinine | LOINC     | 57346-9 | Creatinine [mass/volume] In 12 Hour Urine                            |
| Urine Creatinine | LOINC     | 58951-5 | Creatinine [mass/volume] In Urine --2nd Specimen                     |

## CODES TO IDENTIFY URINE ALBUMIN-CREATININE RATIO LAB TEST:

| Service                        | Code Type | Code    | Code Description  |
|--------------------------------|-----------|---------|---|
| Urine Albumin-Creatinine Ratio | LOINC     | 13705-9 | Albumin/creatinine [mass Ratio] In 24 Hour Urine                                |
| Urine Albumin-Creatinine Ratio | LOINC     | 14958-3 | Microalbumin/creatinine [mass Ratio] In 24 Hour Urine                           |
| Urine Albumin-Creatinine Ratio | LOINC     | 14959-1 | Microalbumin/creatinine [mass Ratio] In Urine                                   |
| Urine Albumin-Creatinine Ratio | LOINC     | 30000-4 | Microalbumin/creatinine [ratio] In Urine  |
| Urine Albumin-Creatinine Ratio | LOINC     | 44292-1 | Microalbumin/creatinine [mass Ratio] In 12 Hour Urine                           |
| Urine Albumin-Creatinine Ratio | LOINC     | 59159-4 | Microalbumin/creatinine [ratio] In 24 Hour Urine                                |
| Urine Albumin-Creatinine Ratio | LOINC     | 76401-9 | Albumin/creatinine [ratio] In 24 Hour Urine                                     |
| Urine Albumin-Creatinine Ratio | LOINC     | 77253-3 | Microalbumin/creatinine [ratio] In Urine By Detection Limit <= 1.0 Mg/l         |
| Urine Albumin-Creatinine Ratio | LOINC     | 77254-1 | Microalbumin/creatinine [ratio] In 24 Hour Urine By Detection Limit <= 1.0 Mg/l |
| Urine Albumin-Creatinine Ratio | LOINC     | 89998-9 | Microalbumin/creatinine [ratio] In Urine By Detection Limit <= 3.0 Mg/l         |
| Urine Albumin-Creatinine Ratio | LOINC     | 9318-7  | Albumin/creatinine [mass Ratio] In Urine  |



# 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 a 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).

## Post Discharge Follow-Up (PDFU)

**Methodology:** IEHP-Defined Measure

**Measure Description:** The percentage of Members, 18 years and older who have follow-up visits with a Provider within required timeframes. For this measure, two rates are calculated and the average of both rates are used as the final score.

Rate 1: Follow-Up Visit High-Risk Members – this measure assesses the percentage of Members identified as “high-risk” who were discharged from an acute or nonacute inpatient stay during the measurement year (2026) who also had a follow up visit with a provider within seven days of discharge.

- Anchor Date: Assigned Provider at the end of the 7 day follow-up window.

Rate 2: Follow-Up Visit with non-High-Risk Members - this measure assesses the percentage of members identified as “rising and low risk” who were discharged from an acute or nonacute inpatient stay during the measurement year (2026) who also had a follow-up visit with a provider within 30 days of discharge.

- Anchor Date: Assigned Provider at the end of the 30 day follow-up window.

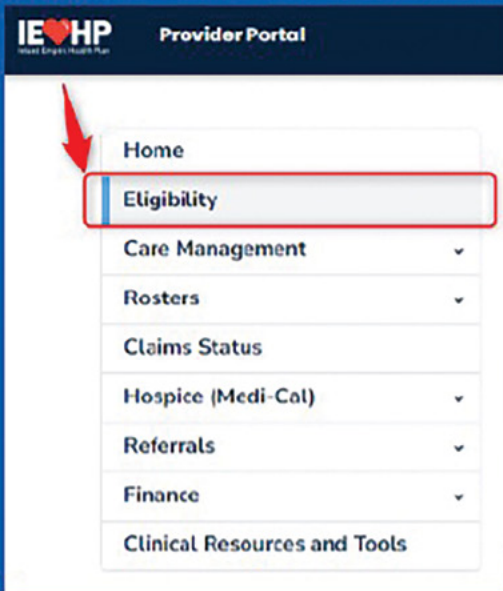
As part of IEHP’s population health strategy, all IEHP Members are designated a risk level based on all available utilization and diagnostic data available to the plan. Members fall into one of three risk categories: High, Rising and Low Risk. IEHP leverages the John Hopkins ACG System to determine Member risk level using industry-validated risk stratification algorithms and incorporates social determinant of health tools to supplement the ACG system. For this measure, IEHP is leveraging the final administrative risk determination at the time of admission.

- The eligible population in this measure meets all of the following criteria:
  1. Members who are 18 years of age, or older, by December 31, 2026.
  2. To be eligible for this measure, IEHP Members must be enrolled with IEHP on the date of the discharge through 30 days after the discharge (31 total days).
  3. Discharged to home from an acute or nonacute inpatient hospital stay during the measurement year (2026).

To view an IEHP Member’s risk score, Providers can log into the secure IEHP Provider Portal and follow these steps:

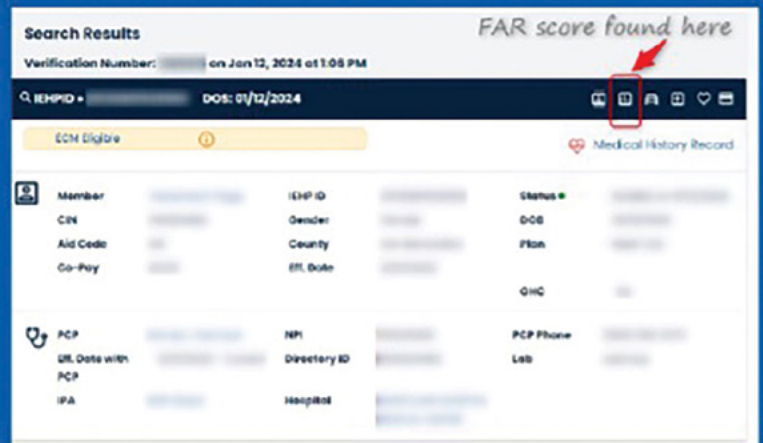
## Step 1:

Locate IEHP member in eligibility on IEHP Secure Provider Portal



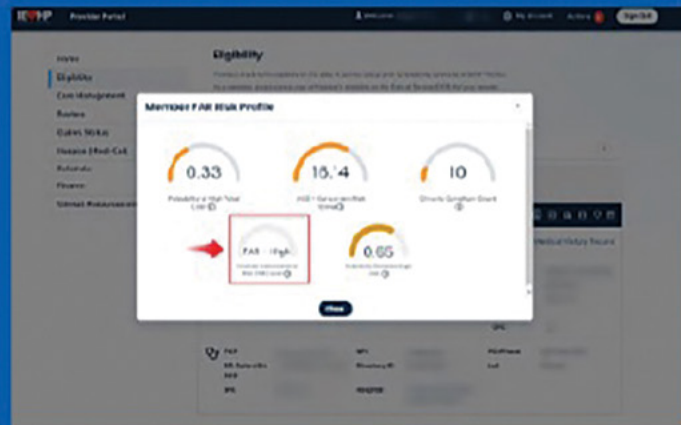
## Step 2:

Click icon for "FAR score"



## Step 3:

View "FAR score"



## CODES TO IDENTIFY FOLLOW-UP VISIT:

| 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.              |
| 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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 total time on the date of the encounter 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.                          |
| 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.                     |

## CODES TO IDENTIFY FOLLOW-UP VISIT:

| Service      | Code Type | Code  | Code Description   |
|--------------|-----------|-------|--|
| 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       | 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.                   |
| 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   |

## CODES TO IDENTIFY FOLLOW-UP VISIT:

| Service      | Code Type | Code   | Code Description   |
|--------------|-----------|--------|--|
| 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.  |
| 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 (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, 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 (eg, 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 (eg, 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 | CPT       | 99495* | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge, At least moderate level of medical decision making during the service period, Face-to-face visit, within 14 calendar days of discharge.   |
| Office Visit | CPT       | 99496  | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge, High level of medical decision making during the service period, Face-to-face visit, within 7 calendar days of discharge.   |
| 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 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. |
| 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. |

### CODES TO IDENTIFY ONLINE ASSESSMENTS:

| Service           | Code Type | Code  | Code Description   |
|-------------------|-----------|-------|--|
| Online Assessment | CPT       | 99421 | Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 5-10 Minutes  |
| Online Assessment | CPT       | 99422 | Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 11-20 Minutes   |
| Online Assessment | CPT       | 99423 | Online Digital Evaluation And Management Service, For An Established Patient, For Up To 7 Days, Cumulative Time During The 7 Days; 21 Or More Minutes  |
| 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   |
| 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) |

*\*Code can only be applied to follow-up visits for non-high-risk Members.*

**Note:** Visits with an Urgent Care will not be accepted for the Post Discharge Follow-Up measure.

The following are excluded from the measure:

1. Hospice
2. Skilled Nursing Facility
3. Deliveries

# Statin Therapy Received for Patients with Cardiovascular Disease (SPC-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members who are 21-75 years of age during the measurement year (2026), who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year (2026).

- Eligible population in this measure meets all of the following criteria:
  1. Members who are 21-75 years of age as of December 31 of the measurement year (2026).
  2. Continuous enrollment with IEHP during the measurement year (2026) and the year prior (2025) with no more than one gap in continuous enrollment with IEHP of up to 45 days during each year of the continuous enrollment with IEHP period.

**Denominator:** Members who are 21-75 years of age who meet all criteria for the eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who had at least one dispensing event for high-intensity or moderate-intensity statin medication during the measurement year (2026).

| <b>HIGH AND MODERATE-INTENSITY STATIN MEDICATIONS:</b> |                                  |
|--|----------------------------------|
| Description  | Prescription                     |
| High-intensity statin therapy                          | Atorvastatin 40-80 mg            |
| High-intensity statin therapy                          | Amlodipine-atorvastatin 40-80 mg |
| High-intensity statin therapy                          | Rosuvastatin 20-40 mg            |
| High-intensity statin therapy                          | Simvastatin 80 mg                |
| High-intensity statin therapy                          | Ezetimibe-simvastatin 80 mg      |
| Moderate-intensity statin therapy                      | Atorvastatin 10-20 mg            |
| Moderate-intensity statin therapy                      | Amlodipine-atorvastatin 10-20 mg |
| Moderate-intensity statin therapy                      | Rosuvastatin 5-10 mg             |
| Moderate-intensity statin therapy                      | Simvastatin 20-40 mg             |
| Moderate-intensity statin therapy                      | Ezetimibe-simvastatin 20-40 mg   |
| Moderate-intensity statin therapy                      | Pravastatin 40-80 mg             |
| Moderate-intensity statin therapy                      | Lovastatin 40-60 mg              |
| Moderate-intensity statin therapy                      | Fluvastatin 40-80 mg             |
| Moderate-intensity statin therapy                      | Pitavastatin 1-4 mg              |

## Statin Therapy Received for Patients with Diabetes (SPD-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members who are 40-75 years of age during the measurement year (2026) with diabetes who did not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement year (2026).

- Eligible population in this measure meets all of the following criteria:
  1. Members who are 40-75 years as of December 31 of the measurement year (2026).
  2. Continuous enrollment with IEHP during the measurement year (2026) and the year prior (2025) with no more than one gap in continuous enrollment with IEHP of up to 45 days during each year of the continuous enrollment with IEHP period.

**Denominator:** Members who are 40-75 years of age who meet all criteria for the eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who had at least one dispensing event for any intensity statin medication during the measurement year (2026).

| HIGH, MODERATE AND LOW-INTENSITY STATIN MEDICATIONS: |                                  |
|--|----------------------------------|
| Description  | Prescription                     |
| High-intensity statin therapy                        | Atorvastatin 40-80 mg            |
| High-intensity statin therapy                        | Amlodipine-atorvastatin 40-80 mg |
| High-intensity statin therapy                        | Rosuvastatin 20-40 mg            |
| High-intensity statin therapy                        | Simvastatin 80 mg                |
| High-intensity statin therapy                        | Ezetimibe-simvastatin 80 mg      |
| Moderate-intensity statin therapy                    | Atorvastatin 10-20 mg            |
| Moderate-intensity statin therapy                    | Amlodipine-atorvastatin 10-20 mg |
| Moderate-intensity statin therapy                    | Rosuvastatin 5-10 mg             |
| Moderate-intensity statin therapy                    | Simvastatin 20-40 mg             |
| Moderate-intensity statin therapy                    | Ezetimibe-simvastatin 20-40 mg   |
| Moderate-intensity statin therapy                    | Pravastatin 40-80 mg             |
| Moderate-intensity statin therapy                    | Lovastatin 40-60 mg              |
| Moderate-intensity statin therapy                    | Fluvastatin 40-80 mg             |
| Moderate-intensity statin therapy                    | Pitavastatin 1-4 mg              |
| Low-intensity statin therapy                         | Ezetimibe-simvastatin 10 mg      |
| Low-intensity statin therapy                         | Fluvastatin 20 mg                |
| Low-intensity statin therapy                         | Lovastatin 10-20 mg              |
| Low-intensity statin therapy                         | Pravastatin 10-20 mg             |
| Low-intensity statin therapy                         | Simvastatin 5-10 mg              |



# Population: Adults and Adolescents



## Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members 12 years of age and older screened for clinical depression during the measurement year (2026) using a standardized instrument and, if screened positive, received follow-up care in the measurement year (2026). For this measure, two rates are calculated, and the average of both rates is used as the final score.

- The eligible population in this measure meets the following criteria:
  - 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).
- Members who meet any of the following criteria are excluded:
  - Members in hospice during the measurement year (2026).
  - Members who expire at any time during the measurement year (2026).
  - Members with depression that started during the prior measurement year (2025).
  - Members with a history of bipolar disorder at any time during the member’s history through the end of the prior measurement year (2025).

**Rate 1: Depression Screening** - This measure assesses the percentage of Members aged 12 and older who were screened for clinical depression using an age-appropriate standardized tool during the measurement year (2026).

**Denominator:** All Members aged 12 years and older during the measurement year (2026). Member counted only once in the denominator.

**Numerator:** Members with a documented result for depression screening, using an age-appropriate standardized tool performed with a PCP during the measurement year (2026).

| INSTRUMENTS FOR ADOLESCENTS (≤17 YEARS)                            | TOTAL SCORE LOINC CODES | POSITIVE FINDING |
|--|-------------------------|------------------|
| Patient Health Questionnaire (PHQ-9)®                              | 44261-6                 | Total score ≥10  |
| Patient Health Questionnaire Modified for Teens (PHQ-9M)®          | 89204-2                 | Total score ≥10  |
| Patient Health Questionnaire-2 (PHQ-2)®                            | 55758-7                 | Total score ≥3   |
| Beck Depression Inventory-Fast Screen (BDI-FS)®                    | 89208-3                 | Total score ≥8   |
| Center for Epidemiologic Studies Depression Scale—Revised (CESD-R) | 89205-9                 | Total score ≥17  |
| Edinburgh Postnatal Depression Scale (EPDS)                        | 71354-5                 | Total score ≥10  |
| PROMIS Depression  | 71965-8                 | Total score ≥60  |

| INSTRUMENTS FOR ADULTS (18+ YEARS)                                 | TOTAL SCORE LOINC CODES | POSITIVE FINDING |
|--|-------------------------|------------------|
| Patient Health Questionnaire (PHQ-9) <sup>®</sup>                  | 44261-6                 | Total score ≥10  |
| Patient Health Questionnaire-2 (PHQ-2) <sup>®</sup>                | 55758-7                 | Total score ≥3   |
| Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®</sup>        | 89208-3                 | Total score ≥8   |
| Beck Depression Inventory (BDI-II)                                 | 89209-1                 | Total score ≥20  |
| Center for Epidemiologic Studies Depression Scale—Revised (CESD-R) | 89205-9                 | Total score ≥17  |
| Duke Anxiety—Depression Scale (DUKE-AD) <sup>®</sup>               | 90853-3                 | Total score ≥30  |
| Geriatric Depression Scale Short Form (GDS)                        | 48545-8                 | Total score ≥5   |
| Geriatric Depression Scale Long Form (GDS)                         | 48544-1                 | Total score ≥10  |
| Edinburgh Postnatal Depression Scale (EPDS)                        | 99046-5                 | Total score ≥10  |
| My Mood Monitor (M-3) <sup>®</sup>                                 | 71777-7                 | Total score ≥5   |
| PROMIS Depression  | 71965-8                 | Total score ≥60  |
| PROMIS Emotional Distress-Depression-Short Form                    | 77861-3                 | Total score ≥60  |
| Clinically Useful Depression Outcome Scale (CUDOS)                 | 90221-3                 | Total score ≥31  |

**Rate 2: Follow-Up on Positive Screen** - This measure assesses the percentage of Members aged 12 and older who received follow-up care within 30 days of a documented positive depression screen finding during the measurement year (2026).

**Denominator:** All Members aged 12 years and older with a documented positive depression screen result during the measurement year (2026).

**Numerator:** Members who screened positive and received follow-up care on or up to 30 days after the date of the first positive screen (31 total days) in the measurement year (2026).

A follow-up on or up to 30 days after the first positive screen may include any of the following:

- An outpatient<sup>★</sup>, e-visit<sup>★</sup>, telephone<sup>★</sup>, or virtual check-in<sup>★</sup>, follow-up visit<sup>★</sup> with a diagnosis of depression or other behavioral health condition<sup>◆</sup>.
- An encounter for depression case management<sup>●</sup> that documents assessment for symptoms<sup>■</sup> or diagnosis of depression or other behavioral health conditions<sup>◆</sup>.
- An encounter for behavioral health<sup>▲</sup>, including assessment, therapy, collaborative care, or medication management.
- An encounter for exercise counseling diagnosis.
- A dispensed antidepressant medication<sup>◆</sup>.

**OR**

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument. *For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.*

Refer to the Depression Screening and Follow-Up for Adolescents and Adults (DSF-E): Positive Screen Follow-Up Code List on the IEHP website at: <https://www.providerservices.iehp.org/en/programs-and-services/provider-incentive-programs/pay-for-performance-program#global-quality-P4P-program>. This list includes codes that identify follow-up care, for members who screen positive, on or up to 30 days after the date of the first positive screen. Please reference the superscripts in this list with the specifications described in the Follow-Up on Positive Screen numerator description.

## Screening for Clinical Depression in Primary Care (SCD)

**Methodology:** IEHP-Defined Quality Measure

**Measure Description:** The percentage of Members ages 12 and older screened for clinical depression during the measurement year (2026) with the result of the screening documented by the Provider. For this measure, two rates are calculated, and the average of both rates is used as the final score.

**Rate 1: Screening for Clinical Depression** - This measure assesses the percentage of Members aged 12 and older who were screened for clinical depression during a PCP visit using an age appropriate standardized tool during the measurement year (2026).

**Denominator:** All Members aged 12 years and older with a PCP visit in the measurement year (2026). Member counted only once in the denominator.

| PRIMARY CARE PROVIDER VISIT CODES:                |           |       |   |
|---|-----------|-------|---|
| Service   | Code Type | Code  | Code Description  |
| Screening for Clinical Depression in Primary Care | 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.          |
| Screening for Clinical Depression in Primary Care | 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.             |
| Screening for Clinical Depression in Primary Care | 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.        |
| Screening for Clinical Depression in Primary Care | 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.            |
| Screening for Clinical Depression in Primary Care | 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. |

## PRIMARY CARE PROVIDER VISIT CODES:

| Service   | Code Type | Code  | Code Description   |
|---|-----------|-------|--|
| Screening for Clinical Depression in Primary Care | 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.                         |
| Screening for Clinical Depression in Primary Care | 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.                    |
| Screening for Clinical Depression in Primary Care | 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.                        |
| Screening for Clinical Depression in Primary Care | 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).            |
| Screening for Clinical Depression in Primary Care | 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.                                     |
| Screening for Clinical Depression in Primary Care | 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.                                     |
| Screening for Clinical Depression in Primary Care | 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.                              |
| Screening for Clinical Depression in Primary Care | 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). |
| Screening for Clinical Depression in Primary Care | 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.                          |

**PRIMARY CARE PROVIDER VISIT CODES:**

| <b>Service</b>                                    | <b>Code Type</b> | <b>Code</b> | <b>Code Description</b>   |
|---|------------------|-------------|---|
| Screening for Clinical Depression in Primary Care | 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.   |
| Screening for Clinical Depression in Primary Care | 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.  |
| Screening for Clinical Depression in Primary Care | 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.       |
| Screening for Clinical Depression in Primary Care | 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.      |
| Screening for Clinical Depression in Primary Care | 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.      |
| Screening for Clinical Depression in Primary Care | 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. |
| Screening for Clinical Depression in Primary Care | HCPCS            | G0402       | Initial preventive physical examination face-to-face visits services limited to new beneficiary during the first 12 months.   |
| Screening for Clinical Depression in Primary Care | HCPCS            | G0438       | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit.   |
| Screening for Clinical Depression in Primary Care | HCPCS            | G0439       | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit.  |

### CODES TO IDENTIFY TELEPHONE VISITS:

| Service         | Code Type | Code  | Code Description   |
|-----------------|-----------|-------|--|
| Telephone Visit | CPT       | 98966 | Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 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 nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 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.             |
| Telephone Visit | CPT       | 98968 | Telephone assessment and management service provided by a nonphysician qualified health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 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 7 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 7 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 7 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. |

**Numerator:** Members screened for clinical depression using an age appropriate standardized tool during the measurement year (2026).

## CODES TO IDENTIFY SCREENING FOR CLINICAL DEPRESSION:

| Service   | Code Type | Code  | Code Description   |
|---|-----------|-------|--|
| Perinatal Depression Screening (Major for Depressive Symptoms Result)                     | CPT       | 3090F | Major depressive disorder, severe without psychotic features (MDD).  |
| Perinatal Depression Screening (Major Depressive Symptoms with Psychotic Features Result) | CPT       | 3091F | Major depressive disorder, severe with psychotic features (MDD).   |
| Perinatal Depression Screening (Negative for Depressive Symptoms Result)                  | CPT       | 3351F | Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD). |
| Perinatal Depression Screening (Mild for Depressive Symptoms Result)                      | CPT       | 3353F | Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD).    |
| Screening for Clinical Depression in Primary Care   | HCPCS     | G0444 | Annual depression screening, 5 to 15 minutes.  |
| Screening for Clinical Depression in Primary Care   | HCPCS     | G8431 | Screening for depression is documented as being positive and a follow-up plan is documented.                               |
| Screening for Clinical Depression in Primary Care   | HCPCS     | G8510 | Screening for depression is documented as negative, a follow-up plan is not required.                                      |
| Screening for Clinical Depression in Primary Care   | HCPCS     | G8511 | Screening for depression documented as positive, follow-up plan not documented, reason not given.                          |

**Rate 2:** *Appropriate Documentation of Depression Screening Result* - This measure assesses the percent of Members in the measurement year (2026) screened for clinical depression who also had the result recorded and a follow-up plan documented, indicated on the date of the encounter. The clinical depression screening tool must be an age-appropriate, standardized tool.

**Denominator:** Same as Rate 1.

**Numerator:** Members screened for clinical depression with a recorded result and follow-up plan if indicated, on the date of the encounter using an age appropriate standardized tool during the measurement year (2026).

## CODES TO IDENTIFY DOCUMENTATION OF DEPRESSION SCREENING RESULT:

| Service   | Code Type | Code  | Code Description   |
|---|-----------|-------|--|
| Screening for Clinical Depression in Primary Care | HCPCS     | G8431 | Screening for depression is documented as being positive and a follow-up plan is documented. |
| Screening for Clinical Depression in Primary Care | HCPCS     | G8510 | Screening for depression is documented as negative, a follow-up plan is not required.        |

## ***Definitions:***

**Screening** – Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

**Standardized Depression Screening Tool** – A normalized and validated depression screening tool developed for the Member population in which it is being utilized. The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record.

Examples of depression screening tools include:

### **Instruments for Adolescents <17 years of age**

- Patient Health Questionnaire (PHQ-9)<sup>®</sup>
- Patient Health Questionnaire Modified for Teens (PHQ-9M)<sup>®</sup>
- Patient Health Questionnaire-2 (PHQ-2)<sup>®</sup>
- Beck Depression Inventory-Fast Screen (BDI-FS)<sup>®</sup>
- Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)
- Edinburgh Postnatal Depression Scale (EPDS)
- PROMIS Depression

### **Instruments for Adults 18 years and older**

- Patient Health Questionnaire (PHQ-9)<sup>®</sup>
- Patient Health Questionnaire-2 (PHQ-2)<sup>®</sup>
- Beck Depression Inventory-Fast Screen (BDI-FS)<sup>®</sup>
- Beck Depression Inventory (BDI-II)
- Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)
- Duke Anxiety—Depression Scale (DUKE-AD)<sup>®</sup>
- Geriatric Depression Scale Short Form (GDS)
- Geriatric Depression Scale Long Form (GDS)
- Edinburgh Postnatal Depression Scale (EPDS)
- My Mood Monitor (M-3)<sup>®</sup>
- PROMIS Depression
- Clinically Useful Depression Outcome Scale (CUDOS)

## Social Determinants of Health Identification Rate (SDHR)

**Methodology:** IEHP-Defined Equity Measure

**Measure Description:** The percentage of Members who were screened for social determinants of health during the measurement year (2026) and who had at least one social determinant of health identified.

Eligible population in this measure meet the following criteria:

1. 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).

**Denominator:** All Members during the measurement year (2026).

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who were screened for social determinant in the measurement year (2026) and had a social determinant identified.

| CODES TO IDENTIFY PRIORITY SOCIAL DETERMINANTS OF HEALTH SCREENING IDENTIFICATION FACTORS: |           |         |  |
|--|-----------|---------|--|
| Service  | Code Type | Code    | Code Description   |
| Social Determinants of Health  | ICD10CM   | Z55.0   | Illiteracy and low-level literacy  |
| Social Determinants of Health  | ICD10CM   | Z58.6   | Inadequate drinking-water supply   |
| Social Determinants of Health  | ICD10CM   | Z59.00  | Homelessness unspecified   |
| Social Determinants of Health  | ICD10CM   | Z59.01  | Sheltered homelessness   |
| Social Determinants of Health  | ICD10CM   | Z59.02  | Unsheltered homelessness   |
| Social Determinants of Health  | ICD10CM   | Z59.1   | Inadequate housing   |
| Social Determinants of Health  | ICD10CM   | Z59.3   | Problems related to living in residential institution                      |
| Social Determinants of Health  | ICD10CM   | Z59.41  | Food insecurity  |
| Social Determinants of Health  | ICD10CM   | Z59.48  | Other specified lack of adequate food                                      |
| Social Determinants of Health  | ICD10CM   | Z59.7   | Insufficient social insurance and welfare support                          |
| Social Determinants of Health  | ICD10CM   | Z59.811 | Housing instability, housed, with risk of homelessness                     |
| Social Determinants of Health  | ICD10CM   | Z59.812 | Housing instability, housed, homelessness in past 12 months                |
| Social Determinants of Health  | ICD10CM   | Z59.819 | Housing instability, housed unspecified                                    |
| Social Determinants of Health  | ICD10CM   | Z59.89  | Other problems related to housing and economic circumstances               |
| Social Determinants of Health  | ICD10CM   | Z60.2   | Problems related to living alone   |
| Social Determinants of Health  | ICD10CM   | Z60.4   | Social exclusion and rejection (physical appearance, illness, or behavior) |
| Social Determinants of Health  | ICD10CM   | Z62.819 | Personal history of unspecified abuse in childhood                         |

**CODES TO IDENTIFY PRIORITY SOCIAL DETERMINANTS OF HEALTH  
SCREENING IDENTIFICATION FACTORS:**

| Service                       | Code Type | Code   | Code Description  |
|-------------------------------|-----------|--------|---|
| Social Determinants of Health | ICD10CM   | Z63.0  | Problems in relationship with spouse or partner   |
| Social Determinants of Health | ICD10CM   | Z63.4  | Disappearance and death of family member (assumed death, bereavement)                           |
| Social Determinants of Health | ICD10CM   | Z63.5  | Disruption of family by separation and divorce (marital estrangement)                           |
| Social Determinants of Health | ICD10CM   | Z63.6  | Dependent relative needing care at home   |
| Social Determinants of Health | ICD10CM   | Z63.72 | Alcoholism and drug addiction in family   |
| Social Determinants of Health | ICD10CM   | Z65.1  | Imprisonment and other incarceration  |
| Social Determinants of Health | ICD10CM   | Z65.2  | Problems related to release from prison   |
| Social Determinants of Health | ICD10CM   | Z65.8  | Other specified problems related to psychosocial circumstances (religious or spiritual problem) |

**CODES TO IDENTIFY ADDITIONAL SOCIAL DETERMINANTS OF HEALTH  
SCREENING IDENTIFICATION FACTORS:**

| Service                       | Category  | Code Type | Code   | Code Description   |
|-------------------------------|---|-----------|--------|--|
| Social Determinants of Health | Problems related to education & literacy        | ICD10CM   | Z55.0  | Illiteracy and low-level literacy                                  |
| Social Determinants of Health |   | ICD10CM   | Z55.1  | Schooling unavailable and unattainable                             |
| Social Determinants of Health |   | ICD10CM   | Z55.2  | Failed school examinations   |
| Social Determinants of Health |   | ICD10CM   | Z55.3  | Underachievement in school   |
| Social Determinants of Health |   | ICD10CM   | Z55.4  | Educational maladjustment and discord with teachers and classmates |
| Social Determinants of Health |   | ICD10CM   | Z55.9  | Problems related to education and literacy, unspecified            |
| Social Determinants of Health | Problems related to employment and unemployment | ICD10CM   | Z56.0  | Unemployment, unspecified  |
| Social Determinants of Health |   | ICD10CM   | Z56.1  | Change of job  |
| Social Determinants of Health |   | ICD10CM   | Z56.2  | Threat of job loss   |
| Social Determinants of Health |   | ICD10CM   | Z56.4  | Discord with boss and workmates                                    |
| Social Determinants of Health |   | ICD10CM   | Z56.5  | Uncongenial work environment                                       |
| Social Determinants of Health |   | ICD10CM   | Z56.6  | Other physical and mental strain related to work                   |
| Social Determinants of Health |   | ICD10CM   | Z56.81 | Sexual harassment on the job                                       |
| Social Determinants of Health |   |           | Z56.82 | Military deployment status   |
| Social Determinants of Health |   | ICD10CM   | Z56.9  | Unspecified problems related to employment                         |
| Social Determinants of Health | Occupational exposure to risk factors           | ICD10CM   | Z57.0  | Occupational exposure to noise                                     |
| Social Determinants of Health |   | ICD10CM   | Z57.1  | Occupational exposure to radiation                                 |
| Social Determinants of Health |   | ICD10CM   | Z57.2  | Occupational exposure to dust                                      |

**CODES TO IDENTIFY ADDITIONAL SOCIAL DETERMINANTS OF HEALTH  
SCREENING IDENTIFICATION FACTORS:**

| Service                       | Category   | Code Type | Code    | Code Description   |
|-------------------------------|--|-----------|---------|--|
| Social Determinants of Health | Occupational exposure to risk factors                  | ICD10CM   | Z57.31  | Occupational exposure to environmental tobacco smoke               |
| Social Determinants of Health |  | ICD10CM   | Z57.39  | Occupational exposure to other air contaminants                    |
| Social Determinants of Health |  | ICD10CM   | Z57.4   | Occupational exposure to toxic agents in agriculture               |
| Social Determinants of Health | Occupational exposure to risk factors                  | ICD10CM   | Z57.5   | Occupational exposure to toxic agents in other industries          |
| Social Determinants of Health |  | ICD10CM   | Z57.6   | Occupational exposure to extreme temperature                       |
| Social Determinants of Health |  | ICD10CM   | Z57.7   | Occupational exposure to vibration                                 |
| Social Determinants of Health |  | ICD10CM   | Z57.8   | Occupational exposure to other risk factors                        |
| Social Determinants of Health |  | ICD10CM   | Z57.9   | Occupational exposure to unspecified risk factor                   |
| Social Determinants of Health | Problems related to housing and economic circumstances | ICD10CM   | Z58.6   | Inadequate drinking-water supply                                   |
| Social Determinants of Health |  | ICD10CM   | Z59.00  | Homelessness unspecified   |
| Social Determinants of Health |  | ICD10CM   | Z59.01  | Sheltered homelessness   |
| Social Determinants of Health |  | ICD10CM   | Z59.02  | Unsheltered homelessness   |
| Social Determinants of Health |  | ICD10CM   | Z59.1   | Inadequate housing   |
| Social Determinants of Health |  | ICD10CM   | Z59.2   | Discord with neighbors, lodgers and landlord                       |
| Social Determinants of Health |  | ICD10CM   | Z59.3   | Problems related to living in residential institution              |
| Social Determinants of Health |  | ICD10CM   | Z59.41  | Food insecurity  |
| Social Determinants of Health |  | ICD10CM   | Z59.48  | Other specified lack of adequate food                              |
| Social Determinants of Health |  | ICD10CM   | Z59.5   | Extreme poverty  |
| Social Determinants of Health |  | ICD10CM   | Z59.6   | Low income   |
| Social Determinants of Health |  | ICD10CM   | Z59.7   | Insufficient social insurance and welfare support                  |
| Social Determinants of Health |  | ICD10CM   | Z59.811 | Housing instability, housed, with risk of homelessness             |
| Social Determinants of Health |  | ICD10CM   | Z59.812 | Housing instability, housed, homelessness in past 12 months        |
| Social Determinants of Health |  | ICD10CM   | Z59.819 | Housing instability, housed unspecified                            |
| Social Determinants of Health |  | ICD10CM   | Z59.89  | Other problems related to housing and economic circumstances       |
| Social Determinants of Health |  | ICD10CM   | Z59.9   | Problem related to housing and economic circumstances, unspecified |

## CODES TO IDENTIFY ADDITIONAL SOCIAL DETERMINANTS OF HEALTH SCREENING IDENTIFICATION FACTORS:

| Service                       | Category                               | Code Type                      | Code    | Code Description  |
|-------------------------------|--|--------------------------------|---------|---|
| Social Determinants of Health | Problems related to social environment | ICD10CM                        | Z60.0   | Problems of adjustment to life transitions (life phase, retirement)     |
| Social Determinants of Health |  | ICD10CM                        | Z60.2   | Problems related to living alone  |
| Social Determinants of Health |  | ICD10CM                        | Z60.3   | Acculturation difficulty (migration, social transplantation)            |
| Social Determinants of Health |  | ICD10CM                        | Z60.4   | Social exclusion and rejection (physical appearance, illness, behavior) |
| Social Determinants of Health |  | ICD10CM                        | Z60.5   | Target of (perceived) adverse discrimination and persecution            |
| Social Determinants of Health |  | ICD10CM                        | Z60.8   | Other problems related to social environment                            |
| Social Determinants of Health |  | ICD10CM                        | Z60.9   | Problem related to social environment, unspecified                      |
| Social Determinants of Health |  | Problems related to upbringing | ICD10CM | Z62.0   |
| Social Determinants of Health | ICD10CM                                |                                | Z62.1   | Parental overprotection   |
| Social Determinants of Health | ICD10CM                                |                                | Z62.21  | Child in welfare custody (non-parental family member, foster care)      |
| Social Determinants of Health | ICD10CM                                |                                | Z62.22  | Institutional upbringing (orphanage or group home)                      |
| Social Determinants of Health | ICD10CM                                |                                | Z62.29  | Other upbringing away from parents                                      |
| Social Determinants of Health | ICD10CM                                |                                | Z62.3   | Hostility towards and scapegoating of child                             |
| Social Determinants of Health | ICD10CM                                |                                | Z62.6   | Inappropriate (excessive) parental pressure                             |
| Social Determinants of Health | ICD10CM                                |                                | Z62.810 | Personal history of physical and sexual abuse in childhood              |
| Social Determinants of Health | ICD10CM                                |                                | Z62.811 | Personal history of psychological abuse in childhood                    |
| Social Determinants of Health | ICD10CM                                |                                | Z62.812 | Personal history of neglect in childhood                                |
| Social Determinants of Health | ICD10CM                                |                                | Z62.813 | Personal history of forced labor or sexual exploitation in childhood    |
| Social Determinants of Health | ICD10CM                                |                                | Z62.819 | Personal history of unspecified abuse in childhood                      |
| Social Determinants of Health | ICD10CM                                |                                | Z62.820 | Parent-biological child conflict  |
| Social Determinants of Health | ICD10CM                                |                                | Z62.821 | Parent-adopted child conflict   |
| Social Determinants of Health | ICD10CM                                |                                | Z62.822 | Parent-foster child conflict  |
| Social Determinants of Health | ICD10CM                                |                                | Z62.890 | Parent-child estrangement NEC   |

**CODES TO IDENTIFY ADDITIONAL SOCIAL DETERMINANTS OF HEALTH  
SCREENING IDENTIFICATION FACTORS:**

| Service                       |   | Code Type  | Code    | Code Description  |
|-------------------------------|---|--|---------|---|
| Social Determinants of Health | Problems related to upbringing  | ICD10CM  | Z62.891 | Sibling rivalry   |
| Social Determinants of Health |   | ICD10CM  | Z62.898 | Other specified problems related to upbringing  |
| Social Determinants of Health |   | ICD10CM  | Z62.9   | Problem related to upbringing, unspecified  |
| Social Determinants of Health |   | ICD10CM  | Z72.3   | Lack of physical exercise   |
| Social Determinants of Health | Other problems related to primary support group, including family circumstances | ICD10CM  | Z63.0   | Problems in relationship with spouse or partner   |
| Social Determinants of Health |   | ICD10CM  | Z63.1   | Problems in relationship with in-laws   |
| Social Determinants of Health |   | ICD10CM  | Z63.31  | Absence of family member due to military deployment   |
| Social Determinants of Health |   | ICD10CM  | Z63.32  | Other absence of family member  |
| Social Determinants of Health |   | ICD10CM  | Z63.4   | Disappearance/death of family member (assumed death, bereavement)                                       |
| Social Determinants of Health |   | ICD10CM  | Z63.5   | Disruption of family by separation and divorce (marital estrangement)                                   |
| Social Determinants of Health |   | ICD10CM  | Z63.6   | Dependent relative needing care at home   |
| Social Determinants of Health |   | ICD10CM  | Z63.71  | Stress on family due to return of family from military deployment                                       |
| Social Determinants of Health |   | ICD10CM  | Z63.72  | Alcoholism and drug addiction in family   |
| Social Determinants of Health |   | ICD10CM  | Z63.79  | Other stressful events affecting family/ household (ill/disturbed member)                               |
| Social Determinants of Health |   | ICD10CM  | Z63.8   | Other specified problems related to primary support group (discord or estrangement, inadequate support) |
| Social Determinants of Health |   | ICD10CM  | Z63.9   | Problem related to primary support group, unspecified   |
| Social Determinants of Health |   | ICD10CM  | Z81.8   | Family history of other mental and behavioral disorders   |
| Social Determinants of Health |   | ICD10CM  | Z91.89  | Other specified personal risk factors, not elsewhere classified   |
| Social Determinants of Health |   | Problems related to other psychosocial circumstances | ICD10CM | Z64.0   |
| Social Determinants of Health | ICD10CM   |  | Z64.1   | Problems related to multiparity   |
| Social Determinants of Health | ICD10CM   |  | Z64.4   | Discord with counselors   |
| Social Determinants of Health | ICD10CM   |  | Z65.0   | Conviction in civil and criminal proceedings without imprisonment                                       |

**CODES TO IDENTIFY ADDITIONAL SOCIAL DETERMINANTS OF HEALTH  
SCREENING IDENTIFICATION FACTORS:**

| Service                       | Category   | Code Type | Code   | Code Description   |
|-------------------------------|--|-----------|--------|--|
| Social Determinants of Health | Problems related to other psychosocial circumstances | ICD10CM   | Z65.1  | Imprisonment and other incarceration   |
| Social Determinants of Health |  | ICD10CM   | Z65.2  | Problems related to release from prison  |
| Social Determinants of Health |  | ICD10CM   | Z65.3  | Problems related to other legal circumstances (arrest, custody, litigation)  |
| Social Determinants of Health |  | ICD10CM   | Z65.4  | Victim of crime and terrorism  |
| Social Determinants of Health |  | ICD10CM   | Z65.5  | Exposure to disaster, war and other hostilities  |
| Social Determinants of Health |  | ICD10CM   | Z65.8  | Other specified problems related to psychosocial circumstances (religious or spiritual problem)  |
| Social Determinants of Health |  | ICD10CM   | Z65.9  | Problem related to unspecified psychosocial circumstances  |
| Social Determinants of Health | Transportation Insecurity                            | ICD10CM   | Z59.82 | Excessive transportation time, inaccessible transportation, inadequate transportation, lack of transportation, unaffordable transportation, unreliable transportation, unsafe transportation |

## Social Determinants of Health Screening Rate (SDHS)

**Methodology:** IEHP-Defined Equity Measure

**Measure Description:** The percentage of Members who were screened for social determinants of health during the measurement year (2026).

Eligible population in this measure meets the following criteria:

1. 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).

**Denominator:** All Members during the measurement year (2026).

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who were screened for social determinants of health in the measurement year (2026).

| CODES TO IDENTIFY SOCIAL DETERMINANTS OF HEALTH SCREENING: |           |       |  |
|--|-----------|-------|--|
| Service  | Code Type | Code  | Code Description   |
| Social Determinants of Health                              | CPT       | 96160 | Administration of patient-focused health risk assessment instrument (e.g. health hazard appraisal) with scoring and documentation, per standardized instrument.                                |
| Social Determinants of Health                              | 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. |
| Social Determinants of Health                              | HCPCS     | G9919 | Screening performed and positive and provision of recommendations.   |
| Social Determinants of Health                              | HCPCS     | G9920 | Screening performed and negative.  |

Examples of Social Determinants of Health screening instruments include but are not limited to:

| <b>FOOD INSECURITY INSTRUMENTS:</b>   |
|---|
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool      |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool                    |
| Health Leads Screening Panel®   |
| Hunger Vital Sign™ (HVS)  |
| Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]® |
| Safe Environment for Every Kid (SEEK)®  |
| U.S. Household Food Security Survey [U.S. FSS]  |
| U.S. Adult Food Security Survey [U.S. FSS]  |
| U.S. Child Food Security Survey [U.S. FSS]  |
| U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]                          |
| We Care Survey  |
| WellRx Questionnaire  |

| <b>HOUSING INSTABILITY AND HOMELESSNESS INSTRUMENTS:</b>                                    |
|---|
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool      |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool                    |
| Health Leads Screening Panel®   |
| Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]® |
| We Care Survey  |
| WellRx Questionnaire  |
| Accountable Health communities (AHC) Health - Related Social Needs (HRSN Screening Tool)    |
| American Academy and Family Physicians (AAFP) Social Needs Screening Tool                   |

| <b>TRANSPORTATION INSECURITY INSTRUMENTS:</b>   |
|---|
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool      |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool                    |
| Comprehensive Universal Behavior Screen (CUBS)  |
| Health Leads Screening Panel®   |
| Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]® |
| PROMIS®   |
| WellRx Questionnaire  |

## Social Need Screening and Intervention (SNS-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members who were screened for social needs, at least once during the measurement year (2026), and received a corresponding intervention if the Member screened positive. Each of the following three social need indicators will be monitored below:

- Food Insecurity
- Housing Insecurity
- Transportation Insecurity

Eligible population in this measure meets the following criteria:

1. 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).

Members who meet any of the following criteria are excluded:

1. Members in hospice.
2. Members who expire at any time during the measurement year (2026).

### **Screening Rate:**

**Denominator:** All Members during the measurement year (2026).

- Anchor Date: December 31, 2026

**Numerator:** Members with documented results who were screened for food insecurity, housing insecurity, or transportation insecurity between January 1st and December 1st of the measurement year (2026).

### **Follow-up Rate:**

**Denominator:** All Members who are positive for food insecurity, housing insecurity, or transportation insecurity between January 1st and December 1st of the measurement year (2026).

- Anchor Date: December 31, 2026

**Numerator:** Members who are positive for food insecurity, housing insecurity, or transportation insecurity screening who received a corresponding intervention within 30-days of the positive screening.

Refer to the Social Need Intervention List on the IEHP website <https://www.providerservices.iehp.org/en/provider-central/provider-incentive-programs/pay-for-performance-program>.

This list includes codes that identify the Social Need Intervention.

## Screening Tools:

| <b>FOOD INSECURITY:</b>   |                                   |                                     |
|---|-----------------------------------|-------------------------------------|
| <b>Food Insecurity Instruments</b>  | <b>Screening Item LOINC Codes</b> | <b>Positive Finding LOINC Codes</b> |
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool      | 88122-7                           | LA28397-0<br>LA6729-3               |
|   | 88123-5                           | LA28397-0<br>LA6729-3               |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool                    | 88122-7                           | LA28397-0<br>LA6729-3               |
|   | 88123-5                           | LA28397-0<br>LA6729-3               |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form         | 88122-7                           | LA28397-0<br>LA6729-3               |
|   | 88123-5                           | LA28397-0<br>LA6729-3               |
| Health Leads Screening Panel®   | 95251-5                           | LA33-6                              |
| Hunger Vital Sign™ (HVS)  | 88124-3                           | LA19952-3                           |
| Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]® | 93031-3                           | LA30125-1                           |
| Safe Environment for Every Kid (SEEK)®  | 95400-8                           | LA33-6                              |
|   | 95399-2                           | LA33-6                              |
| U.S. Household Food Security Survey [U.S. FSS]  | 95264-8                           | LA30985-8<br>LA30986-6              |
| U.S. Adult Food Security Survey [U.S. FSS]  | 95264-8                           | LA30985-8<br>LA30986-6              |
| U.S. Child Food Security Survey [U.S. FSS]  | 95264-8                           | LA30985-8<br>LA30986-6              |
| U.S. Household Food Security Survey—Six-Item Short Form [U.S. FSS]                          | 95264-8                           | LA30985-8<br>LA30986-6              |
| We Care Survey  | 96434-6                           | LA32-8                              |
| WellRx Questionnaire  | 93668-2                           | LA33-6                              |

| <b>HOUSING INSECURITY:</b>   |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| <b>Housing Instability and Homelessness Instruments</b>                                | <b>Screening Item LOINC Codes</b> | <b>Positive Finding LOINC Codes</b> |
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool | 71802-3                           | LA31994-9<br>LA31995-6              |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool               | 99550-6                           | LA33-6                              |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form    | 71802-3                           | LA31994-9<br>LA31995-6              |

| HOUSING INSECURITY:   |                            |                              |
|---|----------------------------|------------------------------|
| Housing Instability and Homelessness Instruments  | Screening Item LOINC Codes | Positive Finding LOINC Codes |
| Children's Health Watch Housing Stability Vital Signs™                                      | 98976-4                    | LA33-6                       |
|   | 98977-2                    | ≥2                           |
|   | 98978-0                    | LA33-6                       |
| Health Leads Screening Panel®   | 99550-6                    | LA33-6                       |
| Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]® | 93033-9                    | LA33-6                       |
|   | 71802-3                    | LA30190-5                    |
| We Care Survey  | 96441-1                    | LA33-6                       |
| WellRx Questionnaire  | 93669-0                    | LA33-6                       |

| HOUSING INSECURITY:  |                            |   |
|--|----------------------------|---|
| Housing Inadequacy Instruments   | Screening Item LOINC Codes | Positive Finding LOINC Codes  |
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool | 96778-6                    | LA31996-4<br>LA28580-1<br>LA31997-2<br>LA31998-0<br>LA31999-8<br>LA32000-4<br>LA32001-2 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool               | 96778-6                    | LA32691-0<br>LA28580-1<br>LA32693-6<br>LA32694-4<br>LA32695-1<br>LA32696-9<br>LA32001-2 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form    | 96778-6                    | LA31996-4<br>LA28580-1<br>LA31997-2<br>LA31998-0<br>LA31999-8<br>LA32000-4<br>LA32001-2 |
| Norwalk Community Health Center Screening Tool [NCHC]                                  | 99134-9                    | LA33-6  |
|  | 99135-6                    | LA31996-4<br>LA28580-1<br>LA31997-2<br>LA31998-0<br>LA31999-8<br>LA32000-4<br>LA32001-2 |

| TRANSPORTATION INSECURITY:   |                            |                                     |
|--|----------------------------|-------------------------------------|
| Transportation Insecurity Instruments  | Screening Item LOINC Codes | Positive Finding LOINC Codes        |
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool                   | 93030-5                    | LA33-6                              |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool                                 | 99594-4                    | LA33-6                              |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form                      | 99594-4                    | LA33093-8<br>LA30134-3              |
| Comprehensive Universal Behavior Screen (CUBS)   | 89569-8                    | LA29232-8<br>LA29233-6<br>LA29234-4 |
| Health Leads Screening Panel®  | 99553-0                    | LA33-6                              |
| Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment] | 101351-5                   | LA30133-5<br>LA30134-3              |
| Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]     | 101351-5                   | LA30133-5<br>LA30134-3              |
| Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]        | 101351-5                   | LA30133-5<br>LA30134-3              |
| Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]             | 101351-5                   | LA30133-5<br>LA30134-3              |
| Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®              | 93030-5                    | LA30133-5<br>LA30134-3              |
| PROMIS®  | 92358-1                    | LA30024-6<br>LA30026-1<br>LA30027-9 |
| WellRx Questionnaire   | 93671-6                    | LA33-6                              |

**Note:** The Social Need Screening and Intervention measure numerator counts only screenings that utilize instruments in the measure specification as identified by the associated LOINC code(s). Allowed screening instruments and LOINC codes for each social need are listed above.

## Substance Use Assessment in Primary Care (SAP)

**Methodology:** IEHP-Defined Quality Measure

**Measure Description:** The percentage of Members 18 years and older who were screened for substance use during the measurement year (2026).

## CODES TO IDENTIFY SUBSTANCE USE ASSESSMENT IN PRIMARY CARE:

| Service                                  | Code Type | Code  | Code Description   |
|--|-----------|-------|--|
| Substance Use Assessment in Primary Care | CPT       | 99408 | Alcohol and/or Substance (other than tobacco) Abuse Structured Screening (e.g. Audit DAST) and Brief Intervention (SBI) Services 15 to 30 Minutes        |
| Substance Use Assessment in Primary Care | CPT       | 99409 | Alcohol and/or Substance (other than tobacco) Abuse Structured Screening (e.g. Audit DAST) and Brief Intervention (SBI) Services Greater than 30 Minutes |
| Substance Use Assessment in Primary Care | HCPCS     | G0442 | Annual alcohol misuse screening, 5 to 15 minutes   |
| Substance Use Assessment in Primary Care | HCPCS     | G0443 | Brief Face-to-face Behavioral Counseling for Alcohol misuse, 15 Minutes  |
| Substance Use Assessment in Primary Care | HCPCS     | H0001 | Alcohol and/or Drug Assessment   |
| Substance Use Assessment in Primary Care | HCPCS     | H0049 | Alcohol and/or Drug Screening  |
| Substance Use Assessment in Primary Care | HCPCS     | H0050 | Alcohol and/or Drug Service Brief Intervention Per 15 Minutes  |

**Denominator:** All Members aged 18 years and older during the measurement year (2026). Member counted only once in the denominator.

- Anchor Date: December 31, 2026

**Numerator:** Members who were screened for substance use at least once during the measurement year (2026).

Examples of Substance Use Assessment in Primary Care screening tools include but are not limited to:

- Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
- Tobacco Alcohol, Prescription medication and other Substances (TAPS)
- National Institute on Drug Abuse (NIDA) Quick Screen for adults
  - The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening
- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population



# Population: Women



## Breast Cancer Screening (BCS-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members 40-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer any time on or between October 1, two years prior to the measurement year (2024) and December 31 of the measurement year (2026).

Rate 1: This measure assesses the percentage of Members ages 42-51 who were recommended for a routine breast cancer screening and had a mammogram to screen for breast cancer within the required timeframes.

**NOTE:** Rate 1 will be monitor only.

Rate 2: This measure assesses the percentage of Members ages 52-74 who were recommended for a routine breast cancer screening and had a mammogram to screen for breast cancer within the required timeframes.

- The eligible population in the measure meets all of the following criteria:
  - Members 42-74 years as of December 31 of the measurement year (2026).
  - Continuous enrollment with IEHP from October 1, two years prior to the measurement year (2024), through December 31 of the measurement year (2026), with no more than one gap in enrollment of up to 45 days for each calendar year of continuous enrollment with IEHP. No gaps in enrollment are allowed from October 1, two years prior to the measurement year (2024), through December 31, two years prior to the measurement year (2024).

### CODES USED TO IDENTIFY MAMMOGRAPHY:

| Service                 | Code Type | Code  | Code Description   |
|-------------------------|-----------|-------|--|
| Breast Cancer Screening | CPT       | 77061 | Diagnostic Digital Breast Tomosynthesis Unilateral   |
| Breast Cancer Screening | CPT       | 77062 | Diagnostic Digital Breast Tomosynthesis Bilateral  |
| Breast Cancer Screening | CPT       | 77063 | Screening Digital Breast Tomosynthesis Bilateral (list Separately In Addition To Code For Primary Procedure) |
| Breast Cancer Screening | CPT       | 77065 | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral                  |
| Breast Cancer Screening | CPT       | 77066 | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral                   |

## CODES USED TO IDENTIFY MAMMOGRAPHY:

| Service                 | Code Type | Code  | Code Description  |
|-------------------------|-----------|-------|---|
| Breast Cancer Screening | CPT       | 77067 | Screening Mammography Bilateral (Two-view Film Study Of Each Breast Including Computer-aided Detection (CAD) when performed |

- 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 who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period (2026).
  5. Members 66 years of age and older as of December 31 of measurement year (2026) with both frailty and advanced illness.
  6. Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period (2026).

**Denominator:** Members 42-74 years of age who meet the criteria for the eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who had one or more mammograms any time on or between October 1, two years prior to the measurement year (2024), and December 31, of the measurement year (2026).



## Cervical Cancer Screening (CCS-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members 21–64 years of age who were recommended for routine cervical cancer screening and who were screened for cervical cancer using either of the following criteria:

- Members ages 21-64 who had cervical cytology performed every three years.
- Members ages 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed every five years.
- Members ages 30-64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed every five years.
- The eligible population in the measure meets all of the following criteria:
  1. Members 24-64 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 enrollment of up to 45 days.

### CODES TO IDENTIFY CERVICAL CYTOLOGY:

| Service                   | Code Type | Code  | Code Description   |
|---------------------------|-----------|-------|--|
| Cervical Cancer Screening | CPT       | 88141 | Cytopathology Cervical Or Vaginal (any Reporting System) Requiring Interpretation By Physician   |
| Cervical Cancer Screening | CPT       | 88142 | Cytopathology Cervical Or Vaginal (any Reporting System) Collected In Preservative Fluid Automated Thin Layer Preparation Manual screening under Physician supervision                       |
| Cervical Cancer Screening | CPT       | 88143 | Cytopathology Cervical Or Vaginal (any Reporting System) Collected In Preservative Fluid Automated Thin Layer Preparation; with manual screening and rescreening under physician supervision |
| Cervical Cancer Screening | CPT       | 88147 | Cytopathology Smears Cervical Or Vaginal Screening By Automated System Under Physician Supervision   |
| Cervical Cancer Screening | CPT       | 88148 | Cytopathology Smears Cervical Or Vaginal Screening By Automated System With Manual Rescreening Under Physician Supervision   |
| Cervical Cancer Screening | CPT       | 88150 | Cytopathology Slides Cervical Or Vaginal Manual Screening Under Physician Supervision  |
| Cervical Cancer Screening | CPT       | 88152 | Cytopathology Slides Cervical Or Vaginal With Manual Screening And Computer-assisted Rescreening Under Physician Supervision   |
| Cervical Cancer Screening | CPT       | 88153 | Cytopathology Slides Cervical Or Vaginal With Manual Screening And Rescreening Under Physician Supervision   |
| Cervical Cancer Screening | CPT       | 88164 | Cytopathology Slides Cervical Or Vaginal (the Bethesda System) Manual Screening Under Physician Supervision  |
| Cervical Cancer Screening | CPT       | 88165 | Cytopathology Slides Cervical Or Vaginal (the Bethesda System) With Manual Screening And Rescreening Under Physician Supervision   |

## CODES TO IDENTIFY CERVICAL CYTOLOGY:

| Service                   | Code Type | Code  | Code Description  |
|---------------------------|-----------|-------|---|
| Cervical Cancer Screening | CPT       | 88166 | Cytopathology Slides Cervical Or Vaginal (the Bethesda System) With Manual Screening And Computer-assisted Rescreening Under Physician Supervision  |
| Cervical Cancer Screening | CPT       | 88167 | Cytopathology Slides Cervical Or Vaginal (the Bethesda System) With Manual Screening And Computer-assisted Rescreening Using cell selection and review Under Physician Supervision  |
| Cervical Cancer Screening | CPT       | 88174 | Cytopathology Cervical Or Vaginal (any Reporting System) Collected In Preservative Fluid Automated Thin Layer Preparation; screening by automated system, under physician supervision   |
| Cervical Cancer Screening | CPT       | 88175 | Cytopathology Cervical Or Vaginal (any Reporting System) Collected In Preservative Fluid automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision   |
| Cervical Cancer Screening | HCPCS     | G0123 | Screening Cytopathology, Cervical Or Vaginal (any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, Screening By Cytotechnologist Under Physician Supervision                             |
| Cervical Cancer Screening | HCPCS     | G0124 | Screening Cytopathology, Cervical Or Vaginal (any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, Requiring Interpretation By Physician   |
| Cervical Cancer Screening | HCPCS     | G0141 | Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System, With Manual Rescreening, Requiring Interpretation By Physician  |
| Cervical Cancer Screening | HCPCS     | G0143 | Screening Cytopathology, Cervical Or Vaginal (any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Manual Screening And Rescreening By Cytotechnologist Under Physician Supervision |
| Cervical Cancer Screening | HCPCS     | G0144 | Screening Cytopathology, Cervical Or Vaginal (any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Screening By Automated System, Under Physician Supervision                       |
| Cervical Cancer Screening | HCPCS     | G0145 | Screening Cytopathology, Cervical Or Vaginal (any Reporting System), Collected In Preservative Fluid, Automated Thin Layer Preparation, With Screening By Automated System And Manual Rescreening Under Physician Supervision |
| Cervical Cancer Screening | HCPCS     | G0147 | Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System Under Physician Supervision  |
| Cervical Cancer Screening | HCPCS     | G0148 | Screening Cytopathology Smears, Cervical Or Vaginal, Performed By Automated System With Manual Rescreening  |
| Cervical Cancer Screening | HCPCS     | P3000 | Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, By Technician Under Physician Supervision  |
| Cervical Cancer Screening | HCPCS     | P3001 | Screening Papanicolaou Smear, Cervical Or Vaginal, Up To Three Smears, Requiring Interpretation By Physician  |

| CODES TO IDENTIFY HPV TESTS: |           |       |   |
|------------------------------|-----------|-------|---|
| Service                      | Code Type | Code  | Code Description  |
| Cervical Cancer Screening    | CPT       | 0502U | Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV          |
| Cervical Cancer Screening    | CPT       | 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), pooled result  |
| Cervical Cancer Screening    | CPT       | 87625 | Infectious Agent Detection By Nucleic Acid (DNA or RNA) Human Papilloma Virus (HPV) Types 16 And 18 Only Includes Type 45, If Performed   |
| Cervical Cancer Screening    | CPT       | 87626 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)  |
| Cervical Cancer Screening    | HCPCS     | G0476 | Infectious Agent Detection By Nucleic Acid (DNA or RNA); Human Papilloma Virus (HPV), High-risk Types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) For Cervical Cancer Screening, Must Be Performed In Addition To Pap Test (g0476) |

- 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 who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.

**Denominator:** Members 24-64 years of age who meet the criteria for eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who received a timely screening for cervical cancer.

## Chlamydia Screening (CHL)

**Methodology:** HEDIS®

**Measure Description:** The percentage of women 16-24 years of age who identified as sexually active, were recommended for routine chlamydia screening, and who 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       | 87810 | Infectious Agent Antigen Detection By Immunoassay With Direct Optical Observation Chlamydia Trachomatis   |
| 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       | 87492 | Infectious Agent Detection By Nucleic Acid (DNA or RNA) Chlamydia Trachomatis Quantification  |
| Sexually Active | CPT       | 87110 | Culture Chlamydia Any Source  |
| 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   |

| CONTRACEPTIVE MEDICATIONS |   |
|---------------------------|---|
| Description               | Prescription  |
| Contraceptives            | <ul style="list-style-type: none"> <li>• Desogestrel-ethinyl estradiol</li> <li>• Dienogest-estradiol (multiphasic)</li> <li>• Drospirenone-ethinyl estradiol</li> <li>• Drospirenone-ethinyl estradiol-levomefolate (biphasic)</li> <li>• Ethinyl estradiol-ethynodiol</li> <li>• Ethinyl estradiol-etonogestrel</li> <li>• Ethinyl estradiol-levonorgestrel</li> <li>• Ethinyl estradiol-norelgestromin</li> <li>• Ethinyl estradiol-norethindrone</li> <li>• Ethinyl estradiol-norgestimate</li> <li>• Ethinyl estradiol-norgestrel</li> <li>• Etonogestrel</li> <li>• Levonorgestrel</li> <li>• Medroxyprogesterone</li> <li>• Norethindrone</li> </ul> |
| Diaphragm                 | • Diaphragm   |
| Spermicide                | • Nonoxynol 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 Antigen 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).



## Postpartum Care (PPC)

**Methodology:** HEDIS®

**Measure Description:** The percentage of deliveries of live births on or between October 8, 2025, and October 7, 2026, that had a postpartum visit on or between 7 and 84 days after delivery.

- The eligible population in this measure meets all of the following criteria:
  1. Continuous IEHP enrollment 43 days prior to delivery through 60 days after delivery.
  2. Anchor Date: Date of delivery
  3. Members who delivered a live birth on or between October 8, 2025, and October 7, 2026. Multiple births- Women who had two separate deliveries (different dates of service) between October 8, 2025, and October 7, 2026, count twice. Women who had multiple live births during one pregnancy count once.
- Members in hospice are excluded.
- Members who expired any time during the measurement year (2026).

**Denominator:** Members who delivered a live birth on or between October 8, 2025, and October 7, 2026.

**Numerator:** Members in the denominator who had a postpartum visit on or between 7 and 84 days after delivery.

- Any of the following meet criteria:
  - o A postpartum visit
  - o Cervical cytology
  - o A bundled service where the organization can identify the date when a postpartum care was rendered

| CODES TO IDENTIFY STAND ALONE POSTPARTUM VISITS: |            |         |   |
|--|------------|---------|---|
| Service  | Code Type  | Code    | Code Description  |
| Postpartum Care                                  | CPT        | 57170   | Diaphragm or cervical cap fitting with instructions                                   |
| Postpartum Care                                  | CPT        | 58300   | Insertion of intrauterine device (IUD)  |
| Postpartum Care                                  | CPT        | 59430   | Postpartum Care Only Separate Procedure   |
| Postpartum Care                                  | CPT        | 99501   | Home visit for postnatal assessment and follow-up care                                |
| Postpartum Care                                  | CPT-CAT-II | 0503F   | Postpartum care visit (Prenatal)  |
| Postpartum Care                                  | HCPCS      | G0101   | Cervical or vaginal cancer screening; pelvic and clinical breast examination          |
| Postpartum Care                                  | ICD10CM    | Z01.411 | Encounter for gynecological examination (general) (routine) with abnormal findings    |
| Postpartum Care                                  | ICD10CM    | Z01.419 | Encounter for gynecological examination (general) (routine) without abnormal findings |

## CODES TO IDENTIFY STAND ALONE POSTPARTUM VISITS:

| Service         | Code Type | Code    | Code Description   |
|-----------------|-----------|---------|--|
| Postpartum Care | ICD10CM   | Z01.42  | Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear |
| Postpartum Care | ICD10CM   | Z30.430 | Encounter for insertion of intrauterine contraceptive device   |
| Postpartum Care | ICD10CM   | Z39.1   | Encounter for care and examination of lactating mother   |
| Postpartum Care | ICD10CM   | Z39.2   | Encounter for routine postpartum follow-up   |



## Timeliness of Prenatal Care (PPC)

**Methodology:** HEDIS®

**Measure Description:** The percentage of deliveries on or between October 8, 2025, and October 7, 2026, that received a prenatal care visit as a Member of IEHP in the first trimester, or on the IEHP enrollment start date or within 42 days of enrollment in the organization.

- The eligible population in this measure meets all of the following criteria:
  1. Continuous enrollment with IEHP 43 days prior to delivery through 60 days after delivery with no allowable gap.
  2. Anchor Date: Date of delivery
  3. Members who delivered a live birth on or between October 8, 2025, and October 7, 2026. Multiple births- Women who had two separate deliveries (different dates of service) between October 8, 2025, and October 7, 2026, count twice. Women who had multiple live births during one pregnancy count once.
- Members in hospice are excluded.
- Members who expire any time during the measurement year (2026).

**Denominator:** Deliveries on or between October 8, 2025, and October 7, 2026.

**Numerator:** Members in the denominator who had a prenatal care visit as a Member of IEHP in the first trimester, or on the IEHP enrollment start date or within 42 days of enrollment.

- Any of the following, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP, meet criteria for a prenatal visit:
  - o A bundled service where the organization can identify the date when prenatal care was initiated
  - o A visit for prenatal care in the first trimester, or on the IEHP enrollment start date or within 42 days of enrollment

## CODES TO IDENTIFY STAND ALONE PRENATAL VISITS:

| Service        | Code Type  | Code  | Code Description   |
|----------------|------------|-------|--|
| Prenatal Visit | CPT-CAT-II | 0500F | Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)  |
| Prenatal Visit | CPT-CAT-II | 0501F | Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal) |
| Prenatal Visit | CPT-CAT-II | 0502F | Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]   |
| Prenatal Visit | CPT        | 99500 | Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring  |
| Prenatal Visit | HCPCS      | H1000 | Prenatal care, at-risk assessment  |
| Prenatal Visit | HCPCS      | H1001 | Prenatal care, at-risk enhanced service; antepartum management   |
| Prenatal Visit | HCPCS      | H1002 | Prenatal care, at risk enhanced service; care coordination   |
| Prenatal Visit | HCPCS      | H1003 | Prenatal care, at-risk enhanced service; education   |
| Prenatal Visit | HCPCS      | H1004 | Prenatal care, at-risk enhanced service; follow-up home visit  |



# Population: Children



## 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).



## Childhood Immunizations (CIS-E) – Combo 10

**Methodology:** HEDIS®

**Measure Description:** The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); three haemophilus influenza type B (HiB); three hepatitis B (HepB); four pneumococcal conjugate (PCV); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The percentage of children 2 years of age who had one measles, mumps and rubella (MMR); one chicken pox (VZV); and one hepatitis A (HepA) vaccines on or between the child’s first and second birthdays. The measure calculates a rate for each vaccine and one combination rate.

- Combo 10 includes the timely completion of the following antigens:
  - DTaP; IPV; MMR; HiB; HepB; VZV; PCV; HepA; Rotavirus; Flu
- The eligible population in this measure meets all of the following criteria:
  1. Children who turn 2 during the measurement year (2026).
  2. Continuous enrollment with IEHP 365 days prior to the child’s second birthday through the Member’s second birthday with no more than one gap in enrollment of up to 45 days during the 365 days prior to the child’s second birthday through the Member’s second birthday.

| CHILDHOOD IMMUNIZATION CODE SET: |           |       |   |
|----------------------------------|-----------|-------|---|
| Antigen                          | Code Type | Code  | Code Description  |
| DTaP                             | CPT       | 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use |
| DTaP                             | CPT       | 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use  |
| DTaP                             | CPT       | 90700 | Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use   |
| DTaP                             | CPT       | 90723 | Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular Use   |
| IPV                              | CPT       | 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use |
| IPV                              | CPT       | 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use  |

## CHILDHOOD IMMUNIZATION CODE SET:

| Antigen | Code Type | Code  | Code Description  |
|---------|-----------|-------|---|
| IPV     | CPT       | 90713 | Poliovirus Vaccine Inactivated (IPV) For Subcutaneous or Intramuscular Use  |
| IPV     | CPT       | 90723 | Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular Use   |
| MMR     | CPT       | 90707 | Measles Mumps And Rubella Virus Vaccine (MMR) Live For Subcutaneous Use   |
| MMR     | CPT       | 90710 | Measles Mumps Rubella And Varicella Vaccine (MMRV) Live For Subcutaneous Use  |
| HiB     | CPT       | 90644 | Meningococcal Conjugate Vaccine, Serogroups C & Y And Hemophilus Influenzae Type B Vaccine (HiB-mency), four dose schedule, when administered to children six weeks-18 months of age, for intramuscular use           |
| HiB     | CPT       | 90647 | Hemophilus Influenzae Type B Vaccine (HiB) Prp-omp Conjugate (Three Dose Schedule) For Intramuscular Use  |
| HiB     | CPT       | 90648 | Hemophilus Influenzae Type B Vaccine (HiB) prp-t Conjugate (Four Dose Schedule) For Intramuscular Use   |
| HiB     | CPT       | 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use |
| HiB     | CPT       | 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use  |
| HiB     | CPT       | 90748 | Hepatitis B And Hemophilus Influenzae Type B Vaccine (HepB-HiB) For Intramuscular Use   |
| HepB    | CPT       | 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use |
| HepB    | CPT       | 90723 | Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular use   |
| HepB    | CPT       | 90740 | Hepatitis B Vaccine Dialysis Or Immunosuppressed Patient Dosage (Three Dose Schedule) For Intramuscular Use   |
| HepB    | CPT       | 90744 | Hepatitis B Vaccine Pediatric/adolescent Dosage (Three Dose Schedule) For Intramuscular Use   |
| HepB    | CPT       | 90747 | Hepatitis B Vaccine Dialysis Or Immunosuppressed Patient Dosage (Four Dose Schedule) For Intramuscular Use  |
| HepB    | CPT       | 90748 | Hepatitis B And Hemophilus Influenzae Type B Vaccine (HepB-HiB) For Intramuscular Use   |
| HepB    | HCPCS     | G0010 | Administration Of Hepatitis B Vaccine   |
| VZV     | CPT       | 90710 | Measles Mumps Rubella And Varicella Vaccine (MMRV) Live For Subcutaneous Use  |
| VZV     | CPT       | 90716 | Varicella Virus Vaccine Live For Subcutaneous Use   |
| PCV     | CPT       | 90670 | Pneumococcal Conjugate Vaccine 13 Valent (pcv13), For Intramuscular Use   |

## CHILDHOOD IMMUNIZATION CODE SET:

| Antigen                  | Code Type | Code  | Code Description  |
|--------------------------|-----------|-------|---|
| PCV                      | CPT       | 90671 | Pneumococcal Conjugate Vaccine, 15 Valent (pcv15), For Intramuscular Use  |
| PCV                      | CPT       | 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use  |
| PCV                      | HCPCS     | G0009 | Administration Of Pneumococcal Vaccine  |
| HepA                     | CPT       | 90633 | Hepatitis A Vaccine Pediatric/adolescent Dosage-2 Dose Schedule For Intramuscular Use   |
| Rotavirus - Two Dose*    | CPT       | 90681 | Rotavirus Vaccine Human Attenuated Two Dose Schedule Live For Oral Use.   |
| Rotavirus - Three Dose** | CPT       | 90680 | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use   |
| Flu                      | CPT       | 90655 | Influenza Virus Vaccine, Trivalent (IIV3), Split Virus, Preservative Free, 0.25ml Dosage, For Intramuscular Use   |
| Flu                      | CPT       | 90656 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use   |
| Flu                      | CPT       | 90657 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use   |
| Flu                      | CPT       | 90658 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use  |
| Flu                      | CPT       | 90660 | Influenza virus vaccine, trivalent, live (LAIV3) for intranasal use   |
| Flu                      | CPT       | 90661 | Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use    |
| Flu                      | CPT       | 90672 | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use   |
| Flu                      | CPT       | 90674 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use |
| Flu                      | CPT       | 90685 | Influenza Virus Vaccine Quadrivalent (II4V) Split Virus Preservative Free, 0.25 mL dosage, for Intramuscular Use  |
| Flu                      | CPT       | 90686 | Influenza Virus Vaccine Quadrivalent (II4V) Split Virus Preservative Free, 0.5 mL dosage, for Intramuscular Use   |
| Flu                      | CPT       | 90687 | Influenza Virus Vaccine Quadrivalent (II4V) Split Virus, 0.25 mL dosage, for Intramuscular Use  |
| Flu                      | CPT       | 90688 | Influenza Virus Vaccine Quadrivalent (II4V) Split Virus, 0.5 mL dosage, for Intramuscular Use   |
| Flu                      | CPT       | 90689 | Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular                                  |
| Flu                      | CPT       | 90756 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use                   |

\*Rotavirus - Two Dose: At least two doses of the two-dose rotavirus vaccine on different dates of services.

\*\*Rotavirus - Three Dose: At least three doses of the three-dose rotavirus vaccine on different dates of service.

- Members who meet any of the following criteria are excluded:
  1. Members in hospice.
  2. Members who expired at any time during the measurement year (2026).
  3. Members who had a contraindication to a childhood vaccine on or before their second birthday.
  4. Members who had an Organ and Bone Marrow Transplant

**Denominator:** Children 2 years of age in the eligible population.

- Anchor Date: Child's 2nd birthday

**Numerator:** Members in denominator who show timely completion of all antigens in Combo10.

- All immunization series must be at least 14 days apart.



## Developmental Screening (DEV)

**Methodology:** CMS Child Core Set

**Measure Description:** The percentage of children who are screened for the risk of developmental, behavioral and social delays using a standardized screening tool, in the 12 months before or on their first, second or third birthday in the measurement year (2026).

- Eligible population in this measure meets all of the following criteria:
  1. Children turning ages 1-3 as of December 31 of the measurement year (2026).
  2. Continuous enrollment with IEHP for 12 months prior to the child’s first, second or third birthday with no more than one gap in enrollment of up to 45 days during the 12 months prior to the child’s first, second or third birthday.

**Denominator:** Children who turn ages 1, 2 or 3 by December 31 of the measurement year (2026).

- Anchor Date: Child’s birthday in the measurement year

**Numerator:** Children who were screened for risk of developmental, behavioral and social delays on or before the child’s first, second or third birthday.

Examples of developmental screening tools include but are not limited to:

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Parents’ Evaluation of Developmental Status (PEDS)
- Parents’ Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC)

### CODES TO IDENTIFY DEVELOPMENTAL SCREENING:

| Service                 | Code Type | Code  | Code Description   |
|-------------------------|-----------|-------|--|
| Developmental Screening | CPT       | 96110 | Developmental screening (e.g. developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument. |

**Note:** The Bright Futures schedule for Developmental Screening is at 9 months, 18 months and 30 months. The following are acceptable modifiers: SA, GN, GO, GP, GQ, GT, U9, 59, XE, XS, XP, XU and EP.



## Immunizations for Adolescents (IMA-E) – Combo 2

**Methodology:** HEDIS®

**Measure Description:** The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate; one tetanus, diphtheria toxoids and acellular pertussis (Tdap); and two or three doses of the human papillomavirus (HPV) vaccine on or before their 13th birthday. The measure calculates a rate for each vaccine and a combination rate.

- At least one dose of meningococcal conjugate vaccine on or between the Member’s 10th and 13th birthdays.
- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine on or between the Member’s 10th and 13th birthdays.
- At least two HPV vaccines, with different dates of service on or between the Member’s 9th and 13th birthdays.
  - There must be at least 146 days between the first and second dose of the HPV vaccine. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be on or after July 25.

OR

At least three HPV vaccines, with different dates of service on or between the Member’s 9th and 13th birthdays.

- The eligible population in this measure meets all of the following criteria:
  1. Adolescents who turn 13 years of age during the measurement year (2026).
  2. Continuous enrollment with IEHP 365 days prior to the Member’s 13th birthday through the Member’s 13th birthday with no more than one gap in enrollment of up to 45 days during the 365 days prior to the 13th birthdays through the Member’s 13th birthday.

### CODES TO IDENTIFY MENINGOCOCCAL:

| Antigen                 | Code Type | Code  | Code Description   |
|-------------------------|-----------|-------|--|
| Meningococcal Conjugate | CPT       | 90619 | Meningococcal Conjugate Vaccine, Serogroups A, C, W, Y, Quadrivalent Tetanus Toxoid Carrier (MenACWY-TT), For Intramuscular Use                                    |
| Meningococcal Conjugate | CPT       | 90623 | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, For Intramuscular Use   |
| Meningococcal Conjugate | CPT       | 90733 | Meningococcal Polysaccharide Vaccine, Serogroups A, C, Y, W-135, Quadrivalent (mpsv4), For Subcutaneous Use  |
| Meningococcal Conjugate | CPT       | 90734 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use |

| CODES TO IDENTIFY TDAP: |           |       |   |
|-------------------------|-----------|-------|---|
| Antigen                 | Code Type | Code  | Code Description  |
| Tdap                    | CPT       | 90715 | Tetanus Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap) When Administered To Individuals Seven Years Or Older For Intramuscular Use |

| CODES TO IDENTIFY HPV: |           |       |   |
|------------------------|-----------|-------|---|
| Antigen                | Code Type | Code  | Code Description  |
| HPV                    | CPT       | 90649 | Human Papilloma Virus (HPV) Vaccine Types 6, 11, 16, 18, Quadrivalent (4vHPV), three Dose Schedule, For Intramuscular Use             |
| HPV                    | CPT       | 90650 | Human Papilloma Virus (HPV) Vaccine Types 16, 18 Bivalent (2vHPV) three Dose Schedule, For Intramuscular Use                          |
| HPV                    | CPT       | 90651 | Human Papilloma Virus Vaccine 6, 11, 16, 18, 31, 33, 45, 52, 58, Nonavalent (9vHPV) two or three Dose Schedule, For Intramuscular Use |

- Members who meet any of the following criteria are excluded:
  - Members in hospice.
  - Members who expired at any time during the measurement year (2026).

**Denominator:** Adolescents 13 years of age who meet all the criteria for eligible population.

- Anchor Date: Child's 13th birthday

**Numerator:** Members in the denominator who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday during the measurement year (2026).

- All immunization series must be at least 14 days apart.



## Lead Screening in Children (LSC)

**Methodology:** HEDIS®

**Measure Description:** The percentage of children who are 2 years of age and had one or more capillary or venous lead blood tests for lead poisoning, by their second birthday.

- The eligible population in this measure meets all the following criteria:
  1. No more than one gap in enrollment of up to 45 days during the 365 days before the child's second birthday through the child's second birthday.
  2. Continuous enrollment with IEHP 365 days before the child's second birthday through the child's second birthday.
- Members in hospice are excluded.
- Members who expire at any time during the measurement year (2026).

**Denominator:** Children who turn 2 years old during the measurement year (2026).

- Anchor Date: Child's second birthday.

**Numerator:** At least one lead capillary or venous blood test on or before the child's second birthday.

### CODES TO IDENTIFY LEAD SCREENING:

| Service        | Code Type | Code  | Code Description |
|----------------|-----------|-------|------------------|
| Lead Screening | CPT       | 83655 | Lead             |

## Substance Use Assessment in Primary Care for Adolescents (SAPA)

**Methodology:** IEHP-Defined Quality Measure

**Measure Description:** The percentage of Members 11-17.99 years of age who were screened for substance use during the measurement year (2026).

**Denominator:** All Members 11-17.99 years of age during the measurement year (2026). Member counted only once in the denominator.

- Anchor Date: December 31, 2026

**Numerator:** Members who were screened for substance use at least once during the measurement year (2026).

| CODES TO IDENTIFY SUBSTANCE USE ASSESSMENT IN PRIMARY CARE: |           |       |  |
|---|-----------|-------|--|
| Service   | Code Type | Code  | Code Description   |
| Substance Use Assessment in Primary Care                    | CPT       | 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes        |
| Substance Use Assessment in Primary Care                    | CPT       | 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes |
| Substance Use Assessment in Primary Care                    | HCPCS     | G0442 | Annual alcohol misuse screening, 5 to 15 minutes   |
| Substance Use Assessment in Primary Care                    | HCPCS     | G0443 | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes  |
| Substance Use Assessment in Primary Care                    | HCPCS     | H0001 | Alcohol and/or drug assessment   |
| Substance Use Assessment in Primary Care                    | HCPCS     | H0049 | Alcohol and/or drug screening  |
| Substance Use Assessment in Primary Care                    | HCPCS     | H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes   |

Examples of Substance Use Assessment in Primary Care for Adolescents screening tools include but are not limited to:

- Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
- Tobacco, Alcohol, Prescription medication and other Substances (TAPS)
- National Institute on Drug Abuse (NIDA) Quick Screen for adults
  - o The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening

- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population

# Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI (WCC)

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation\* during the measurement year (2026).

- The eligible population in this measure meets all of the following criteria:
  1. Members who are 3-17 years of age 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 up to 45 days.
  3. An outpatient visit with a PCP or an OB/GYN during the measurement year (2026).

\* Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

| CODES TO IDENTIFY BMI PERCENTILE: |           |        |   |
|-----------------------------------|-----------|--------|---|
| Service                           | Code Type | Code   | Description   |
| BMI Percentile                    | ICD10     | Z68.51 | Body Mass Index [BMI] Pediatric, Less Than 5th Percentile For Age   |
| BMI Percentile                    | ICD10     | Z68.52 | Body Mass Index [BMI] Pediatric, 5th Percentile To Less Than 85th Percentile For Age                                  |
| BMI Percentile                    | ICD10     | Z68.53 | Body Mass Index [BMI] Pediatric, 85th Percentile To Less Than 95th Percentile For Age                                 |
| BMI Percentile                    | ICD10     | Z68.54 | Body Mass Index [BMI] Pediatric, 95th percentile for age to less than 120% of the 95th percentile for age             |
| BMI Percentile                    | ICD10     | Z68.55 | Body mass index [BMI] pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age |
| BMI Percentile                    | ICD10     | Z68.56 | Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age                         |

**Members who meet any of the following criteria are excluded:**

1. Members in hospice.
2. Members who have a diagnosis of pregnancy any time during the measurement year (2026).
3. Members who expired at any time during the measurement year (2026).

**Denominator:** Members 3-17 years of age who meet all the criteria for eligible population.

- Anchor Date: December 31, 2026

**Numerator:** Members in the denominator who had evidence of BMI percentile documentation during the measurement year (2026).



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

**Methodology:** HEDIS®

**Measure Description:** The percentage of Members who turned 15 months old during the measurement year (2026) and had six or more well-child visits.

- The eligible population in this measure meets all of the following criteria:
  1. Children who turn 15 months old during the measurement year (2026).
  2. Member must be enrolled with IEHP by 31 days after birth and maintain continuous enrollment between 31 days and 15 months of age with no more than one gap in enrollment of up to 45 days.

**Denominator:** Members who turned 15 months old during the measurement year (2026) who meet all criteria for eligible population.

- Anchor Date: The child's 15th-month birthday plus 90 days.

**Numerator:** Members who received six or more well-child visits on or before the child's 15th month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the Practitioner assigned to the child.

- All visits must be at least 14 days apart.

**NOTE:** Well-child visits done as telehealth visits will not be accepted for the Well-Child Visits in the First 15 Months of Life measure.

### CODES TO IDENTIFY WELL-CHILD VISITS:

| Service  | Code Type | Code  | Code Description  |
|--|-----------|-------|---|
| Well-Child Visits in the First 15 Months of Life | 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)        |
| Well-Child Visits in the First 15 Months of Life | 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) |

## CODES TO IDENTIFY WELL-CHILD VISITS:

| Service  | Code Type | Code    | Code Description   |
|--|-----------|---------|--|
| Well-Child Visits in the First 15 Months of Life | 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)        |
| Well-Child Visits in the First 15 Months of Life | 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-Child Visits in the First 15 Months of Life | CPT       | 99461   | Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center   |
| Well-Child Visits in the First 15 Months of Life | ICD10CM   | Z00.110 | Health Examination For Newborn Under 8 Days Old  |
| Well-Child Visits in the First 15 Months of Life | ICD10CM   | Z00.111 | Health Examination For Newborn 8 To 28 Days Old  |
| Well-Child Visits in the First 15 Months of Life | ICD10CM   | Z00.121 | Encounter For Routine Child Health Examination With Abnormal Findings  |
| Well-Child Visits in the First 15 Months of Life | ICD10CM   | Z00.129 | Encounter For Routine Child Health Examination Without Abnormal Findings   |
| Well-Child Visits in the First 15 Months of Life | ICD10CM   | Z02.84  | Encounter for child welfare exam   |
| Well-Child Visits in the First 15 Months of Life | ICD10CM   | Z76.1*  | Encounter For Health Supervision And Care Of Foundling   |
| Well-Child Visits in the First 15 Months of Life | ICD10CM   | 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.*



## Well-Child Visits in the First 30 Months of Life (W30)

**Methodology:** HEDIS®

**Measure Description:** The percentage of children who turned 30 months old during the measurement year (2026) and had two or more well-child visits with a PCP within the 15-30 months of life.

- Eligible population in this measure meets all of the following criteria:
  1. Children who turn 30 months old during the measurement year (2026).
  2. Member must be enrolled with IEHP by 15 months after birth and maintain continuous enrollment between 15 months and 30 months of age with no more than one gap in enrollment of up to 45 days.

**Denominator:** Members who turn 30 months old during the measurement year (2026) who meet all criteria for eligible population.

- Anchor Date: The child's 30th-month birthday plus 180 days.

**Numerator:** Members in the denominator who received two or more well-child visits between the child's 15 month plus 1 day and 30 months of life. The well-child visit must occur with a PCP, but the PCP does not have to be the Practitioner assigned to the child.

- All visits must be at least 14 days apart

**NOTE:** Well-child visits done as telehealth visits will not be accepted for the Well-Child Visits in the First 30 Months of Life measure.

### CODES TO IDENTIFY WELL-CHILD VISITS:

| Service  | Code Type | Code  | Code Description   |
|--|-----------|-------|--|
| Well-Child Visits in the First 30 Months of Life | 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 one year)           |
| Well-Child Visits in the First 30 Months of Life | 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 one through four years) |

## CODES TO IDENTIFY WELL-CHILD VISITS:

| Service  | Code Type | Code    | Code Description   |
|--|-----------|---------|--|
| Well-Child Visits in the First 30 Months of Life | 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 one year)           |
| Well-Child Visits in the First 30 Months of Life | 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 one through four years) |
| Well-Child Visits in the First 30 Months of Life | ICD10CM   | Z00.121 | Encounter For Routine Child Health Examination With Abnormal Findings  |
| Well-Child Visits in the First 30 Months of Life | ICD10CM   | Z00.129 | Encounter For Routine Child Health Examination Without Abnormal Findings   |
| Well-Child Visits in the First 30 Months of Life | ICD10CM   | Z00.2   | Encounter For Examination For Period Of Rapid Growth In Childhood  |
| Well-Child Visits in the First 30 Months of Life | ICD10CM   | Z02.84  | Encounter for child welfare exam   |
| Well-Child Visits in the First 30 Months of Life | ICD10CM   | Z76.1*  | Encounter For Health Supervision And Care Of Foundling   |
| Well-Child Visits in the First 30 Months of Life | ICD10CM   | 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.*

## 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:

- ▶ Members 0 - 18.99 months, IHA must be completed within 60 days of enrollment with IEHP.
  - ▶ Members 19 months and older, IHA must be completed within 120 days of enrollment with IEHP.
- 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 by the age-appropriate due date.

For example: Member enrolled in August 2026 must be seen by:

- Member 0 - 18.99 months: October 2026 and PCP must submit encounter by November 2026.
- Member 19 months and older: December 2026 and PCP must submit encounter by January 2027.

NOTE: If the Member is not seen by the age-appropriate due date, please continue efforts to see the Member before 120 days have passed to meet the Department of Health Care Services' (DHCS) requirements.

- IHA visits completed during the 11 months prior to enrollment with IEHP count towards numerator compliance.

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  | 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.            |
| 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.                       |

## CODES TO IDENTIFY IHA VISITS:

| Code Type | Code  | Description  |
|-----------|-------|--|
| 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.  |
| 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  |

## CODES TO IDENTIFY IHA VISITS:

| Code Type | Code  | Description  |
|-----------|-------|--|
| 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                                  |
| 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  |
| CPT       | 99429 | Unlisted Preven Meds Serv  |

## CODES TO IDENTIFY IHA VISITS:

| Code Type | Code   | Description   |
|-----------|--------|---|
| 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  |
| 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   |

## CODES TO IDENTIFY IHA VISITS:

| Code Type | Code    | Description  |
|-----------|---------|--|
| 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                     |

## Emergency Department Utilization Rate

**Methodology:** IEHP-Defined Quality Measure

**Measure Description:** The rate of emergency department visits per 1,000 assigned members during the measurement year (2026). This measure will monitor Emergency Department (ED) utilization trends and identify opportunities to reduce ED use through improved access to care and care coordination.

**Denominator:** All assigned Medi-Cal Members each month of the measurement year (2026). All monthly assigned Members are summed to create a denominator. This is also called Member months.

**Numerator:** Total number of emergency department visits, based on any diagnosis, in the measurement year (2026).

**Rate:** (Sum of total ED visits / Total Medi-Cal Member Months) x 12,000

## Potentially Avoidable Emergency Department (ED) Visits (LANE)

**Methodology:** IEHP has developed this measure in accordance with the New York University (NYU) research conducted on classifying emergency department utilization (<https://wagner.nyu.edu/community/faculty>) and the California Department of Healthcare Services (DHCS) methodology for determining Low-acuity non-emergent (LANE) visits.

**Measure Description:** Low-acuity non-emergent (LANE) visits are visits to an emergency department (ED) in which the condition could be treated by a physician or other health care provider in a non-emergency setting or conditions that are potentially preventable or ambulatory care sensitive.

The following steps are used to determine potentially preventable emergency room visits:

Step 1: Identify all Emergency Department (ED) visits that contain potentially preventable diagnosis codes on both the facility and professional claims in the measurement year (2026).

Step 2: The following criteria is assessed to exclude ED visits:

- ED visits that resulted in an inpatient admission or observation stay
- Members under the age of 4 or over the age of 65 on the date of service
- ED visits with evaluation & management codes 99284 and 99285

Step 3: Using the primary diagnosis code on the facility component of the ED visit, preventable percentages are assigned to each ED event to account for external factors that can influence and impact variation in ED use. These “preventable percentages” for each ED visit are summed to create a final “count” of preventable ED visits based on the primary diagnosis code on the facility component of the ED visit. The attached worksheet contains the diagnosis codes and preventable percentages assigned to each code (<https://www.providerservices.iehp.org/en/provider-central/provider-incentive-programs/pay-for-performance-program#potentially-avoidable-emergency-department>).

**Denominator:** All assigned Medi-Cal Members each month of the measurement year (2026). All monthly assigned Members are summed to create a denominator. This is also called Member Months.

**Numerator:** The sum of the output from Step 3 noted above for Members assigned to the IPA on the date of service. This is the final count of preventable ED visits.

**Rate:** ( Numerator / Denominator ) x 12,000

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## Access to Care Needed Right Away (MSS)

**Methodology:** IEHP Administered Member Satisfaction Survey (MSS)

**Measure Description:** In the last six months, when you needed care right away, how often did you get care as soon as you needed?

- Valid response: never, sometimes, usually, always
- Target response: usually, always

**Measure Support:** To help identify opportunities to improve customer service, IEHP administers a member satisfaction survey during the measurement year. Surveys are triggered post PCP visit based on Manifest MedEx feeds or Provider-reported encounters. Member survey responses are analyzed and shared at the PCP and IPA level.

## Access to Routine Care (MSS)

**Methodology:** IEHP Administered Member Satisfaction Survey (MSS)

**Measure Description:** In the last six months, how often did you get an appointment for a check-up or routine care at a Doctor's office or clinic as soon as you needed it?

- Valid response: never, sometimes, usually, always
- Target response: usually, always

**Measure Support:** To help identify opportunities to improve customer service, IEHP administers a member satisfaction survey during the measurement year. Surveys are triggered post PCP visit based on Manifest MedEx feeds or Provider-reported encounters. Member Survey responses are analyzed and shared at the IPA level.

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## Coordination of Care (MSS)

**Methodology:** IEHP Administered Member Satisfaction Survey (MSS)

**Measure Description:** In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? If member responds yes, then this question is triggered: In the last six months, how often did your Personal Doctor seem informed and up-to-date about the care you received from these Doctors or other health Providers?

- Valid response: never, sometimes, usually, always
- Target response: usually, always

**Measure Support:** To help identify opportunities to improve customer service, IEHP administers a member satisfaction survey during the measurement year. Surveys are triggered post PCP visit based on Manifest MedEx feeds or Provider-reported encounters. Member Survey responses are analyzed and shared at the PCP and IPA level.



# PROCESS MEASURES

## Process Measures

Process measures allow IPAs to earn additional dollars based on performance in process metrics. IEHP is committed to reward IPAs who have high performance in quality metrics that assist in providing quality care to IEHP Members.

For the 2026 program year, IPAs can earn an additional PMPM up to \$2.50 for the process measures listed below, for meeting the process measure goals. Please see Appendix 3 below for measure details.



### APPENDIX 3: 2026 IPA Global Quality Process Measures

| 2026 GLOBAL QUALITY IPA PROCESS MEASURE LIST   |   |                          |
|--|---|--------------------------|
| Measure Name   | Goal  | Incentive Amount (PMPM*) |
| Electronic Medical Record Connections  | IPA top five (5) high volume Primary Care Physicians (PCPs) electronic medical record (EMR) systems connected directly to IEHP.   | \$0.50                   |
| Quality Improvement Activity #1: Improving Health Outcomes   | <ol style="list-style-type: none"> <li>1) Establish a Quality Improvement Activity with a plan to improve health outcomes in one of the following areas:               <ul style="list-style-type: none"> <li>- Hemoglobin A1c Control</li> <li>- Controlling High Blood Pressure</li> <li>- Asthma Medication Ratio</li> <li>- Well-Child Visits in the First 0-15 Months of Life</li> </ul> </li> <li>2) Share the Quality Improvement Activity progress/status at Fall 2026 IPA Best Practice Meeting.</li> <li>3) Share the Quality Improvement Activity outcomes at the Spring 2027 IPA Quality Improvement Activity Symposium.</li> </ol> | \$1.00                   |
| Quality Improvement Activity #2: Potentially Avoidable Emergency Department Visits or Potentially Preventable Admissions | <ol style="list-style-type: none"> <li>1) Establish a Quality Improvement Activity with a plan to reduce inappropriate use of ER and acute care services and share plan with IEHP no later than April 30, 2026.</li> <li>2) Share the Quality Improvement Activity progress/status at Fall 2026 IPA Best Practice Meeting.</li> <li>3) Share the Quality Improvement Activity outcomes at the Spring 2027 IPA Quality Improvement Activity Symposium.</li> </ol>  | \$1.00                   |

\*PMPM: Per Member Per Month



## APPENDIX 4: *Process Measure Overview*

### Electronic Medical Record Connections

**Methodology:** IEHP-Defined Process Measure

**Measure Description:** The count of IPA Primary Care Physicians (PCPs) electronic medical record (EMR) systems connected directly to IEHP.

**Denominator:** Top five (5) high volume PCPs in the IPA's network, with at least 1,000 assigned IEHP Medi-Cal Members, as of June 30, 2026. IPAs should refer to eligibility data provided by IEHP, through the 834 eligibility file, to identify PCPs.

**Numerator:** Established EMR connections with eligible Providers within the denominator. Any EMR that has capability to connect to IEHP will be included.

- Connections will need to be established by December 1, 2026.
- Eligible EMR connections for the 2026 performance year will be identified as Providers who are high volume PCPs in the IPAs network, and are new EMR connections that were not established in the 2025 performance year.

**NOTE:** IEHP must have connection to the Providers EMR system throughout the time period the IPA is receiving the Electronic Medical Record Connections process measure Quality PMPM.

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### Quality Improvement Activity #1: Improving Health Outcomes

**Methodology:** IEHP-Defined Process Measure

**Measure Description:** Inland Empire Health Plan has made health outcomes a central area of focus in its Quality Strategy. The intent is for IPAs to develop a quality improvement activity with an emphasis on driving improvements and their root causes in the following areas:

- Hemoglobin A1c Control
- Controlling High Blood Pressure
- Well-Child Visits in the First 0-15 Months of Life

**Goal:** Engage IPAs in quality improvement work focused on improving health outcomes among their IEHP Medi-Cal Members.

1. Establish a Quality Improvement Activity to improve health outcomes (including calculated baseline rate and targeted goals).

2. Share Quality Improvement Activity progress at the Fall 2026 IPA Best Practice Meeting.
3. Share outcomes with IEHP by March 31, 2027.
4. Share Quality Improvement Activity outcomes at the Spring 2027 IPA Quality Improvement Activity Symposium.

**NOTE:** IPA must attend and present at both the GQ P4P IPA Best Practices Symposium and the GQ P4P IPA QIA Outcomes Symposium in order to qualify for the QIA PMPM incentive.

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## Quality Improvement Activity #2: Potentially Avoidable ED Visits or Potentially Preventable Admissions

**Methodology:** IEHP-Defined Process Measure

**Measure Description:** As part of its rate development process, the Department of Health Care Services (DHCS) penalizes health plans that have a high rate of avoidable emergency room visits or potentially preventable admissions. The intent for this process measure is for IPAs to develop a quality improvement activity aimed at reducing avoidable emergency room visits or potentially preventable admissions among Members with diabetes or heart failure.

**Goal:** Engage IPAs in quality improvement work focused on reducing avoidable emergency room visits or potentially preventable admissions among their IEHP Medi-Cal Members with diabetes or heart failure.

1. Establish an improved quality improvement project (a continuation of the 2025 Quality Improvement Reducing Potentially Avoidable ED Visits or Potentially Preventable Admissions Activity) to reduce avoidable emergency room visits or potentially preventable admissions and calculate baseline rates. Share project details with IEHP.
  - By April 30, 2026
2. Share Quality Improvement Activity progress at the Fall 2026 IPA Best Practice Meeting.
3. Share outcomes with IEHP by March 31, 2027.
4. Share Quality Improvement Activity outcomes at the Spring 2027 IPA Quality Improvement Activity Symposium.

**NOTE:** IPA must attend and present at both the GQ P4P IPA Best Practices Symposium and the GQ P4P IPA QIA Outcomes Symposium in order to qualify for the QIA PMPM incentive.



# **PENALTY MEASURES**

## Penalty Measures

Provider payment models have been evolving away from traditional fee-for-service and moving toward payments for quality and value. Frameworks supporting alternative payment models have been developed by the Centers for Medicare and Medicaid Services (CMS) and the Department of Healthcare Services (DHCS). IEHP is committed to investing in alternative payment models that pay for quality and provide value. In the spirit of evolving our alternative payment models, IEHP includes “risk” as a component in the Global Quality P4P Program. This movement will focus on measures that:

- Are within a Provider’s scope of care and influence
- Are within a Provider’s control and influence
- Bring value to the organization

IEHP will be including three penalty measures in the Global Quality P4P Program for 2026:

- Customer Service Grievance
- Medi-Cal Managed Care Accountability Set (MCAS) Performance
- PCP Encounter Data Rate

Penalty measures represent processes within the PCP practice that are within the control of the Provider. These measures will be structured in a way that a Provider’s performance will be compared to a pre-determined target for the measurement period. Provider performance that meets or exceeds the target will result in no penalty or “risk.” Alternatively, Provider performance that falls below the established target will result in a financial penalty. The financial penalty will be taken from the Provider’s incentive earnings for the same measurement period. Financial penalties will not exceed the value of the incentive earnings within the measurement period.

Financial penalties for the 2026 program year will be capped at no more than \$1.00 PMPM.

Please see [Appendix 5](#) for penalty details.



## APPENDIX 5: 2026 IPA Global Quality P4P Program Penalty Measures

| 2026 GQ P4P IPA PENALTY MEASURE LIST                        |            |      |                |
|---|------------|------|----------------|
| Measure Name  | Population | Goal | Penalty Amount |
| Customer Service Grievance                                  | All        | ≤3.0 | \$0.25         |
| Medi-Cal Managed Care Accountability Set (MCAS) Performance | All        | ≥75% | \$0.50         |
| PCP Encounter Data Rate - Non-SPD*                          | All        | 1.0  | \$0.25         |
| PCP Encounter Data Rate - SPD*                              | All        | 2.0  |                |

\*SPD: Seniors and Persons with Disabilities; Non-SPD: Non-Seniors and Persons with Disabilities



## APPENDIX 6: *Penalty Measures Overview*

### Customer Service Grievance

**Methodology:** IEHP – Defined Risk Measure

**Measure Description:** IEHP strives to improve and maintain customer satisfaction for IEHP Members as defined in the IEHP Member Handbook under Member’s Rights and Responsibilities: “Be treated with respect, fairness, and courtesy. IEHP recognizes your dignity and right to privacy” (Ma\_22A). This measure will assess the rate of IEHPs Member dissatisfaction with their assigned Primary Care Provider (PCP) office in the measurement year (2026). The following criteria will define the Member’s dissatisfaction:

**Member Dissatisfaction:** Member is not happy with the service received from their assigned PCP, and/or the office staff, that is not related to dissatisfaction regarding the quality of care/medical treatment received. This includes, but is not limited to:

- Tone and manner that information is presented to the Member by the assigned PCP office staff.
- Negative verbal interactions between a Member and the assigned IEHP PCP and/or office staff.

**Denominator:** Total Membership in the measurement year (2026).

**Numerator:** Count of customer service grievances in the measurement year (2026) against the PCP and/or PCP office staff.

**Exclusion Criteria:** Reference to dirty carpet, color of the walls, office décor and/or anything not related to Provider/office staff and Member interaction.

**Goal:** Customer service grievance rate of  $\leq 3.0$  PTMPY

## Medi-Cal Managed Care Accountability Set (MCAS) Performance

**Methodology:** IEHP-Defined Risk Measure

**Measure Description:** Percentage of Medi-Cal Managed Care Accountability Set (MCAS) measures that meet the minimum performance level (MPL) for the measurement year (2026).

**Denominator:** Total qualifying MCAS MPL measures.

- Provider must have at least three (3) scorable MCAS MPL measures.
- Anchor Date: December 31, 2026

**Numerator:** The count of MCAS measures that reach the MPL performance.

**Goal:** Provider must meet the MPL for at least 75% of the qualifying measures.

**Measure Support:** The purpose of the Medi-Cal Managed Care Accountability Set (MCAS) Performance measure is to ensure IEHPs performance is aligned with Medi-Cal Managed Care Accountability Set (MCAS) performance goals established by the Department of Health Care Services (DHCS). MCAS is a set of performance measures that DHCS has chosen to be reported by Medi-Cal Managed Care Health Plans (MCPs). Achieving the minimum performance level (MPL), at the 50th percentile, or more, will assist in IEHPs commitment to ensuring IEHP Members achieve optimal care and vibrant health.

| 2026 MEDI-CAL MANAGED CARE ACCOUNTABILITY SET (MCAS) MEASURES |   |                           |
|---|---|---------------------------|
| Domain  | Measure Name  | Minimum Performance Level |
| Clinical Quality  | Breast Cancer Screening   | 55.87%                    |
| Clinical Quality  | Cervical Cancer Screening   | 52.32%                    |
| Clinical Quality  | Child and Adolescent Well-Care Visits   | 55.41%                    |
| Clinical Quality  | Childhood Immunization Status - Combo 10  | 23.89%                    |
| Clinical Quality  | Controlling High Blood Pressure   | 67.88%                    |
| Clinical Quality  | Colorectal Cancer Screening   | 41.39%                    |
| Behavioral Health Integration                                 | Depression Screening and Follow-Up for Adolescents and Adults (Depression Screening)*         | 3.59%                     |
| Behavioral Health Integration                                 | Depression Screening and Follow-Up for Adolescents and Adults (Follow Up on Positive Screen)* | 71.18%                    |
| Clinical Quality  | Developmental Screening in the First Three Years of Life                                      | 37.40%                    |
| Clinical Quality  | Glycemic Status Assessment for Patients with Diabetes (<8.0%)                                 | 60.58%                    |
| Clinical Quality  | Immunizations for Adolescents - Combo 2   | 34.14%                    |
| Clinical Quality  | Lead Screening in Children  | 69.96%                    |
| Clinical Quality  | Postpartum Care   | 82.48%                    |
| Clinical Quality  | Timeliness of Prenatal Care   | 86.37%                    |

\*Measure is monitoring only and does not impact your MCAS penalty performance.

## 2026 MEDI-CAL MANAGED CARE ACCOUNTABILITY SET (MCAS) MEASURES

| Domain           | Measure Name                              | Minimum Performance Level |
|------------------|---|---------------------------|
| Clinical Quality | Well-Child Visits First 15 Months of Life | 63.38%                    |
| Clinical Quality | Well-Child Visits First 30 Months of Life | 72.32%                    |

*The MPL benchmarks will change in October 2026 when the final MPLs are released by DHCS for MY 2026.*

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### PCP Encounter Data Rate

**Methodology:** IEHP-Defined Risk Measure

**Measure Description:** Percentage of complete, timely and accurate encounter data submitted through standard reporting channels for all PCP services rendered to IEHP Members in the measurement year (2026).

**Denominator:** All assigned Medi-Cal Members each month of the measurement year (2026). All monthly assigned Members are summed to create the denominator.

**Numerator:** The sum of all unique PCP encounter (e.g., unique Member, Provider, date of service) in the measurement year (2026) for all assigned Members in the denominator.

**Rate:** A Per Member Per Year (PMPY) rate is calculated following this formula:  
*(Total unique PCP Encounters/Total Member Months) x 12= PMPY*

**Measure Support:** The purpose of the IEHP PCP Encounter Data Rate measure is to ensure IEHP receives adequate PCP encounter data from IEHP-Contracted Medi-Cal Providers. Encounter data is important to performance scoring and is essential to the success of the GQ P4P Program.



# APPENDIX 7: Historical Data Form

## HISTORICAL DATA FORM

Cover sheet **MUST** be accompanied with the *supporting medical record documentation*.

| Measure Category  | Test Type  |
|---|--|
| <b>Breast Cancer Screening</b>  | <input type="checkbox"/> Mammogram<br><input type="checkbox"/> History of Mastectomy   |
| <b>Cervical Cancer Screening</b>  | <input type="checkbox"/> PAP or HPV Testing<br><input type="checkbox"/> History of Total/Complete Hysterectomy [NO residual cervix]  |
| <b>Depression Screening for Adolescents and Adults</b>  | <input type="checkbox"/> Depression Screening<br><input type="checkbox"/> Depression Screening Result  |
| <b>Diabetes Care</b>  | <input type="checkbox"/> HbA1c Results (in-office Point of Care Testing)<br><input type="checkbox"/> Dilated Retinal Exam with Results   |
| <b>Wellness Visits</b>  | <input type="checkbox"/> Well Child Visits in the First 15 Months of Life<br><input type="checkbox"/> Well Child Visits 3-21 Years of Age<br><input type="checkbox"/> Weight Assessment and Counseling for Nutritional and Physical Activity<br><input type="checkbox"/> Initial Health Appointment<br><input type="checkbox"/> Immunizations Note: Immunizations submitted through the CAIR2 website ( <a href="https://cair.cdph.ca.gov">https://cair.cdph.ca.gov</a> ) do not require a Historical Data Form Submission |
| <b>Colorectal Cancer Screening</b>  | <input type="checkbox"/> Colonoscopy<br><input type="checkbox"/> History of Colon Cancer   |
| <b>Chlamydia Screening</b>  | <input type="checkbox"/> Test for Chlamydia  |
| <b>Prenatal Care</b>  | <input type="checkbox"/> Prenatal Care Visit in the First Trimester  |
| <b>Only measures listed above can be processed via Historical Data Form medical record submission</b> |  |

### Member Information

Member Name: \_\_\_\_\_

IEHP ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

### Provider Information

Provider Name: \_\_\_\_\_

IEHP Provider #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_ Provider Fax #: \_\_\_\_\_

**PLEASE FAX TO: (909) 477-8568**

**Attn: Inland Empire Health Plan - Quality Informatics [HEDIS] Department**

**NOTE:** All Historical Data submissions for the 2026 performance year must be submitted to IEHP no later than December 31, 2026. The Historical Form should be utilized for the submission of visits, procedures, or services that cannot be submitted via claims or encounters (e.g., services received prior to IEHP Membership, historical surgical procedures, etc.).



# APPENDIX 8: Member Satisfaction Survey (Adult)



## IEHP 2026 MEDICAL ADULT MEMBER SATISFACTION SURVEY

### SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
  - Yes → **If Yes, Go to Question 1**
  - No

### YOUR PERSONAL DOCTOR

1. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → **If No, Go to Question 12**

2. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

3. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

4. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

6. In the last 6 months, how often did you and your personal doctor talk about all the prescribed medicines you take?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, did your doctor order a blood test, x-ray or other test for you?

- Yes
- No → **If No, Go to Question 9**

8. In the last 6 months, when your doctor ordered a blood test, x-ray or other test for you, how often did someone from your doctor's office give you those results?

- Never
- Sometimes
- Usually
- Always



# APPENDIX 8: Member Satisfaction Survey (Adult)

9. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your "personal doctor"?

|                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Worst personal doctor possible |                          |                          |                          |                          |                          |                          |                          |                          |                          | Best personal doctor possible |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 0                              | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                            | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## CLERKS AND RECEPTIONISTS AT YOUR PERSONAL DOCTOR'S OFFICE

10. In the last 6 months, how often were clerks and receptionists at your personal doctor's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, how often did clerks and receptionists at your personal doctor's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

## GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

12. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

- Yes
- No → If No, Go to Question 15

13. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

14. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

|                           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Worst specialist possible |                          |                          |                          |                          |                          |                          |                          |                          |                          | Best specialist possible |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 0                         | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## YOUR ACCESS TO CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

15. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
- No → If No, Go to Question 17

16. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- Yes
- No → If No, Go to Question 19

18. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, did you need care after normal office hours?

- Yes
- No → *If No, Go to Question 22*

20. In the last 6 months, how often was it easy to get the after-hours care you thought you needed?

- Never
- Sometimes
- Usually
- Always

21. In the last 6 months, when you needed after-hours care, what did you do?

- Called IEHP Nurse Advice Line
- Called my personal doctor's office
- Went to the Urgent Care
- Went to the Emergency Room
- Did not get care
- Other

22. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
- No → *If No, Go to Question 24*

23. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always

25. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- |                            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                           |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| Worst health care possible |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | Best health care possible |
| 0                          | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                           |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

### YOUR HEALTH PLAN: INLAND EMPIRE HEALTH PLAN (IEHP)

*The next questions ask about your experience with your health plan.*

26. In the last 6 months, did you get information or help from IEHP's customer service?

- Yes
- No → *If No, Go to Question 29*

27. In the last 6 months, how often did IEHP's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often did IEHP's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always



## APPENDIX 8: *Member Satisfaction Survey (Adult)*

**29. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?**

| Worst health plan possible |                          |                          |                          |                          | Best health plan possible |                          |                          |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                          | 1                        | 2                        | 3                        | 4                        | 5                         | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**Thank you for participating in our survey!**  
Please mail the survey back in the enclosed postage-paid, self-addressed reply envelope or send to:  
Press Ganey • P.O. Box 7313  
South Bend, IN 46699-0457

If you have any questions,  
please call Medi-Cal Member Services:  
1-800-440-IEHP (4347).



# APPENDIX 8: Member Satisfaction Survey (Child)



## IEHP 2026 MEDI-CAL CHILD MEMBER SATISFACTION SURVEY

### SURVEY INSTRUCTIONS

- ◆ Answer each question by marking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:  
 Yes → **If Yes, Go to Question 1**  
 No

Please answer the questions for the CHILD listed on the envelope. Please do not answer for any other children.

### YOUR CHILD'S PERSONAL DOCTOR

1. A personal doctor is the one your CHILD would see if he or she needs a check-up, has a health problem or gets sick or hurt. Does your CHILD have a personal doctor?

- Yes  
 No → **If No, Go to Question 11**

2. In the last 6 months, how often did your CHILD's personal doctor explain things about your CHILD's health in a way that was easy to understand?

- Never  
 Sometimes  
 Usually  
 Always

3. In the last 6 months, how often did your CHILD's personal doctor listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

4. In the last 6 months, how often did your CHILD's personal doctor show respect for what you had to say?

- Never  
 Sometimes  
 Usually  
 Always

5. In the last 6 months, how often did your CHILD's personal doctor spend enough time with your CHILD?

- Never  
 Sometimes  
 Usually  
 Always

6. In the last 6 months, did your CHILD's personal doctor order a blood test, x-ray or other test for your CHILD?

- Yes  
 No → **If No, Go to Question 8**

7. In the last 6 months, when your CHILD's personal doctor ordered a blood test, x-ray or other test for your CHILD, how often did someone from your CHILD's doctor's office give you those results?

- Never  
 Sometimes  
 Usually  
 Always

8. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your CHILD's personal doctor?

|                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                 |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Worst personal  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | Best personal            |                 |
| doctor possible | 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | doctor possible |
|                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |



## APPENDIX 8: Member Satisfaction Survey (Child)

### CLERKS AND RECEPTIONISTS AT YOUR CHILD'S PERSONAL DOCTOR'S OFFICE

9. In the last 6 months, how often were clerks and receptionists at your CHILD's personal doctor's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

10. In the last 6 months, how often did clerks and receptionists at your CHILD's personal doctor's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

### GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care your CHILD got in person, by phone, or by video. Do not include dental visits or care your CHILD got when he or she stayed overnight in a hospital.

11. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your CHILD with a specialist?

- Yes
- No → If No, Go to Question 14

12. In the last 6 months, how often did you get appointments for your CHILD with a specialist as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

13. We want to know your rating of the specialist your CHILD talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- |                           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Worst specialist possible |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | Best specialist possible |
| 0                         | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your CHILD's health care. Do not include care your CHILD got when he or she stayed overnight in a hospital. Do not include the times your CHILD went for dental care visits.

14. In the last 6 months, did your CHILD have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
- No → If No, Go to Question 16

15. In the last 6 months, when your CHILD needed care right away, how often did your CHILD get care as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, did you make any appointments for a check-up or routine care for your CHILD at a doctor's office or clinic?

- Yes
- No → If No, Go to Question 18

17. In the last 6 months, when you made an appointment for a check-up or routine care for your CHILD at a doctor's office or clinic, how often did you get an appointment as soon as your CHILD needed?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, did your CHILD need care after normal office hours?

- Yes
- No → *If No, Go to Question 21*

19. In the last 6 months, how often was it easy to get the after-hours care you thought your CHILD needed?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, when your CHILD needed after-hours care, what did you do?

- Called IEHP Nurse Advice Line
- Called my CHILD's personal doctor's office
- Went to the Urgent Care
- Went to the Emergency Room
- Did not get care
- Other

21. In the last 6 months, did your CHILD take any prescribed medicine?

- Yes
- No → *If No, Go to Question 23*

22. In the last 6 months, how often was it easy to get your CHILD's prescribed medicine?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often was it easy to get the care, tests, or treatment your CHILD needed?

- Never
- Sometimes
- Usually
- Always

24. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your CHILD's health care in the last 6 months?

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| Worst health             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | Best health   |
| care possible            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | care possible |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |               |

## YOUR CHILD'S HEALTH PLAN

*The next questions ask about your experience with your CHILD's health plan.*

25. In the last 6 months, did you get information or help from customer service at your CHILD's health plan (IEHP)?

- Yes
- No → *If No, Go to Question 28*

26. In the last 6 months, how often did customer service at your CHILD's health plan (IEHP) give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

27. In the last 6 months, how often did customer service staff at your CHILD's health plan (IEHP) treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always



## APPENDIX 8: *Member Satisfaction Survey (Child)*

**28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your CHILD's health plan (IEHP)?**

Worst health  
plan possible

Best health  
plan possible

0 1 2 3 4 5 6 7 8 9 10

---

**Thank you for participating in our survey!**

**Please mail the survey back in the enclosed postage-paid, self-addressed reply envelope or send to:  
Press Ganey • P.O. Box 7313  
South Bend, IN 46699-0457**

**If you have any questions,  
please call IEHP Covered Member Services:  
1-855-433-IEHP (4347).**



# APPENDIX 9: 2026 IPA Global Quality P4P IPA Work Plan

## 2026 IPA Quality Work Plan

| <b>Organizational Leadership: Key Leadership Support for Clinical Quality Improvement</b> |  |
|---|--|
| Item Number   | Quality Program Elements   |
| 1   | Which positions are responsible for the implementation and outcomes of the quality program? (Include names, titles, and departments of those responsible.) |
| 2   | Which Committee(s) review and approve quality program implementation, outcomes, interventions, and evaluations?  |
| 3   | Describe how the position(s) and Committee(s) play a role in your organization's Quality program.  |
| 4   | Describe the process to monitor and oversee quality programs.  |

| <b>Priority Measures: Clinical Quality Domain: Quality Improvement Activities</b> |  |
|---|--|
| Item Number   | Quality Program Elements   |
| 5   | Identify the Organization's clinical quality priority measures for 2026. |

| <b>Behavioral Health Domain: Quality Improvement Activities</b> |   |
|---|---|
| Item Number   | Quality Program Elements  |
| 6   | Identify the Organization's behavioral health priority measures for 2026. |

| <b>Access Domain: Quality Improvement Activities</b> |  |
|--|--|
| Item Number  | Quality Program Elements                               |
| 7  | Potentially Avoidable Emergency Department (ED) Visits |

| <b>Patient Experience Domain: Quality Improvement Activities</b> |  |
|--|--|
| Item Number  | Quality Program Elements   |
| 8  | Coordination of Care   |
|  | Access to Routine Care   |
|  | Access to Care Needed Right Away   |
| 9  | Office Staff and Physician education programs to improve patient experience  |
|  | Office Staff and Physician recognition programs to reward offices that are high performing in the area of patient experience |

### IPA Process Measure Domain

| Item Number | Quality Program Elements   |
|-------------|--|
| 10          | Quality Improvement Activity #1: Improving Health Outcomes <ul style="list-style-type: none"> <li>• Hemoglobin A1c Control</li> <li>• Controlling High Blood Pressure</li> <li>• Well-Child Visits in the First 0-15 Months of Life</li> </ul>             |
| 11          | Quality Improvement Activity #2: Potentially Avoidable ED Visits or Potentially Preventable Admissions <ul style="list-style-type: none"> <li>• Reducing Potentially Avoidable ED Visits</li> <li>• Reducing Potentially Preventable Admissions</li> </ul> |
| 12          | Electronic Medical Record Connections  |

### Medi-Cal Managed Care Accountability Set (MCAS) Focus

| Item Number | Quality Program Elements  |
|-------------|---|
| 13          | Please share any specific efforts towards any Medi-Cal Managed Care Accountability Set (MCAS) Performance measures. |

### Provider & Member Engagement Domain

| Item Number | Quality Program Elements  |
|-------------|---|
| 14          | Office and Practitioner Programs: Provider education programs and/or sharing of Quality Improvement and Best Practices between Providers<br>Office Staff/Practitioner Recognition Programs for High Performance |

## Data Quality Domain

| Item Number | Quality Program Elements  |
|-------------|---|
| 15          | <p>PCP Encounter Data performance rates and validation for GQP4P measures:</p> <ul style="list-style-type: none"> <li>• SPD</li> <li>• Non-SPD</li> </ul>   |
| 16          | <p>Monthly Submissions and Tracking of Capitated Provider-Level Encounters (error rates, PMPY benchmarks, chart audits, data completeness (capitated vendor), etc.:</p> <ul style="list-style-type: none"> <li>• Encounter Validation Report (EVR)</li> <li>• PCP Level Reports</li> <li>• Capitated Vendors</li> </ul> |
| 17          | <p>Leveraging health plan data:</p> <ul style="list-style-type: none"> <li>• Care Gap Rosters</li> </ul>  |
| 18          | <p>Provider Support:</p> <ul style="list-style-type: none"> <li>• Submitting into CAIR2 system</li> <li>• Responding to grievance inquiries</li> <li>• Connecting to Manifest MedEx</li> </ul>  |
| 19          | <p>Supplemental Data Submission to IEHP (if applicable):</p> <ul style="list-style-type: none"> <li>• Collaboration with IEHP</li> <li>• IPA Contact</li> <li>• Timeline for Submissions</li> <li>• Submission of Complete Lab Results Data</li> <li>• IEHP Supplemental Data Template</li> </ul>                       |



## APPENDIX 10: Supplemental Claim File Data Dictionary

The Claim file contains claims for medical services. It may also contain lab services that do not have an associated result, pharmaceuticals administered in the practitioners office (usually documented by J codes in the CPT Field), and medical encounter data. The Claim file should contain one record per unique claim line and include at least one code (ICD, HCPCS, CPT, CVX).

| SUPPLEMENTAL CLAIM FILE DATA DICTIONARY |           |            |  |
|---|-----------|------------|--|
| Field Name                              | Data Type | File Order | Notes  |
| Measure_Submeasure                      | Text (80) | 1          | HEDIS Measure or Submeasure intended to be impacted (required field)   |
| MemberKey                               | Text (14) | 2          | IEHP Member ID (required field)  |
| MemberFirstName                         | Text (50) | 5          | Member First Name (required field)   |
| MemberLastName                          | Text (50) | 6          | Member Last Name (required field)  |
| Member DOB                              | Date      | 7          | The member Date of Birth in MM/DD/YYYY format (required field)   |
| ProviderKey                             | Text (25) | 8          | The rendering provider's NPI (required field)  |
| ClaimNumber                             | Text (80) | 9          | Used to identify the claim source for Primary Source Verification  |
| DOS                                     | Date      | 10         | The beginning Date of Service for the claim in MM/DD/YYYY format (required field)  |
| DOSThru                                 | Date      | 11         | The ending Date of Service for the claim in MM/DD/YYYY format  |
| RxProviderFlag                          | Bit       | 12         | Indicates that the rendering Provider has prescribing privileges for the MCO patients. Valid values are 0 (no), or 1 (yes)   |
| CVX                                     | Text (3)  | 12         | A standard CVX code denoting a vaccination.  |
| ICD10DxPri                              | Text (7)  | 13         | ICD-10 diagnosis codes should contain all available alphanumeric code. Do not include the decimal. For example, V39.00XS should be coded as V3900XS  |
| ICD10DxSec1                             | Text (7)  | 14         |  |
| ICD10DxSec2                             | Text (7)  | 15         |  |
| ICD10DxSec3                             | Text (7)  | 16         |  |
| ICD10DxSec4                             | Text (7)  | 17         |  |
| ICD10DxSec5                             | Text (7)  | 18         |  |
| ICD10DxSec6                             | Text (7)  | 19         |  |
| ICD10DxSec7                             | Text (7)  | 20         | ICD-10 diagnosis codes should contain all available alphanumeric code. Do not include the decimal. For example, V39.00XS should be coded as V3900XS  |
| ICD10DxSec8                             | Text (7)  | 21         |  |
| ICD10DxSec9                             | Text (7)  | 22         |  |
| ICD10DxSec10                            | Text (7)  | 23         |  |
| PCPFlag                                 | Bit       | 24         | Indicator for whether the claim provider serves as a PCP for the health plan. Refers to the provider's contractual relationship to the plan, rather than medical specialty. Valid values are 0 (no), or 1 (yes) (required field) |
| HCEFAPOS                                | Text (2)  | 25         |  |
| HCPCSPx                                 | Text (5)  | 28         |  |

## SUPPLEMENTAL CLAIM FILE DATA DICTIONARY

| Field Name    | Data Type | File Order | Notes   |
|---------------|-----------|------------|---|
| HCPCSMOD      | Text (2)  | 29         |   |
| CPTPx         | Text (5)  | 30         | Level II CPT Codes are supported by HEDIS and should be placed in the same field as other CPT procedure codes   |
| CPTMOD        | Text (2)  | 31         |   |
| ICD9Px1       | Text (4)  | 32         | ICD-9 procedure codes should contain all available digits (including all preceding zeros). Do not include the period that follows the third digit.<br><br>With the introduction of ICD-10 code set, IEHP will continue to support the ICD-9 code set as there are historical claims that rely on these codes (for HEDIS we recommend 3-4 years of historical claims data) in order to accurately calculate HEDIS rates. |
| ICD9Px2       | Text (4)  | 33         |   |
| ICD9Px3       | Text (4)  | 34         |   |
| ICD9Px4       | Text (4)  | 35         |   |
| ICD9Px5       | Text (4)  | 36         |   |
| ICD9Px6       | Text (4)  | 37         |   |
| ICD9Px7       | Text (4)  | 38         |   |
| ICD9Px8       | Text (4)  | 39         |   |
| ICD9Px9       | Text (4)  | 40         |   |
| ICD9Px10      | Text (4)  | 41         |   |
| ICD10Px1      | Text (7)  | 42         | ICD-10 procedure codes should contain all available alphanumeric code. Do not include the decimal. For example, V39.00XS should be coded as V3900XS   |
| ICD10Px2      | Text (7)  | 43         |   |
| ICD10Px3      | Text (7)  | 44         |   |
| ICD10Px4      | Text (7)  | 45         |   |
| ICD10Px5      | Text (7)  | 46         |   |
| ICD10Px6      | Text (7)  | 47         |   |
| ICD10Px7      | Text (7)  | 48         |   |
| ICD10Px8      | Text (7)  | 49         |   |
| ICD10Px9      | Text (7)  | 50         |   |
| ICD10Px10     | Text (7)  | 51         |   |
| ProviderType  | Text (4)  | 52         | Use values in ProviderType column in the Provider Type Crosswalk Tab  |
| POS           | Text (2)  | 53         | Place of Service. Also automatically built using a cross-reference. Valid values are: BC (Birthing Center), DN (Day/Night Hospitalization), ER (Emergency Room), IA (Inpatient Acute), IN (Inpatient Non-Acute), LA (Laboratory), OA (Outpatient/Ambulatory), OC (Office/Clinic), OT (Other), RM (Mail Order Prescription Drugs), RR (Retail Pharmacy) (required field)   |
| SubmitterName | Text (80) | 54         | Name of IPA or Provider Group. Required if submitting on behalf of more than one health center or provider group. Can be left blank if only a single submitter.   |

## Supplemental Lab Claim File Data Dictionary

The LabClaim file contains claims for laboratory services and allows lab results to be stored. The LabClaim file should contain one record per unique lab service claim and include at least one code (LOINC, HCPCS, CPT, SNOMED).

| SUPPLEMENTAL LAB CLAIM FILE DATA DICTIONARY |                |            |  |
|---|----------------|------------|--|
| Field Name                                  | Data Type      | File Order | Notes  |
| Measure_Submeasure                          | Text (80)      | 1          | HEDIS Measure or Submeasure intended to be impacted (required field)   |
| MemberKey                                   | Text (30)      | 2          | IEHP Member ID (required field)  |
| MemberFirstName                             | Text(50)       | 5          | Member First Name (required field)   |
| MemberLastName                              | Text (50)      | 6          | Member Last Name (required field)  |
| ProviderKey                                 | Text (25)      | 3          | The rendering provider's NPI (required field)  |
| Member DOB                                  | Date           | 7          | The member Date of Birth in MM/DD/YYYY format (required field)   |
| ClaimNumber                                 | Text (80)      | 5          | Used to identify the claim source for Primary Source Verification  |
| DOS   | Date           | 6          | The Date of Service for the claim in MM/DD/YYYY format (required field)  |
| CPTPx                                       | Text (5)       | 7          | Level II CPT Codes are supported by HEDIS and should be placed in the same field as other CPT procedure codes  |
| LOINC                                       | Text (7)       | 8          | LOINC codes must contain the dash character that precedes the final digit  |
| HCPCSPx                                     | Text (5)       | 9          | Used for medical services, that comes in through lab claims. Only one HCPCS code per claim line is allowed. If the claim contains multiple HCPCS codes, load them as separate claims |
| HCPCSMOD                                    | Text (2)       | 10         |  |
| SNOMED                                      | Text (25)      | 11         | Systematized nomenclature of medicine  |
| Result                                      | Decimal(28,10) | 12         | Used to document numeric lab results   |
| PosNegResult                                | Bit            | 13         | Used to document positive/negative lab results. Valid values are 0 (negative), or 1 (positive)   |
| SubmitterName                               | Text (80)      | 14         | Name of IPA or Provider Group. Required if submitting on behalf of more than one health center or provider group. Can be left blank if only a single submitter.                      |



## APPENDIX 11: 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, Behavioral Health, Cardiovascular Disease Management, Child Preventive Health, Diabetes Management, Patient Experience, Perinatal Care, and Social Needs.

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](mailto: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    | Member | <a href="#">Adult Immunization Brochure</a>                               | Brochure educating on vaccines recommended for adults, their importance, and how they work.  |
| Adult Preventive Health    | Member | <a href="#">Healthy Living My Best Self</a>                               | An educational guide for Members on getting to and maintaining a healthy weight.   |
| Adult Preventive Health    | Member | <a href="#">BMI Calculator</a>  | Centers for Disease Control and Prevention (CDC) Body Mass Index Calculator.   |
| Adult Preventive Health    | Member | <a href="#">Health Screening Resources</a>                                | IEHP Health Screening information and resources.   |
| Adult Preventive Health    | Member | <a href="#">RadNet Online Appointments (myradiologyconnectportal.com)</a> | Online scheduling service to schedule a mammogram through RadNet locations.  |
| Adult Preventive Health    | Member | <a href="#">Pap and HPV tests: What to Expect</a>                         | Handout explaining the Pap test and the HPV (human papillomavirus) test. In English and Spanish.   |
| Adult Preventive Health    | Member | <a href="#">The Wisdom Study</a>  | Medical researchers from University of California need study volunteers, specifically women ages 30 to 74 years old who have not had breast cancer or DCIS (ductal carcinoma in situ). |
| Adult Preventive Health    | Member | <a href="#">CRC-Screening-Options</a>                                     | Patient information about options for colorectal cancer screening  |

## PROVIDER QUALITY RESOURCE:

| Focus Area  | Type     | Resource*   | Description  |
|---|----------|---|--|
| Adult Preventive Health                             | Provider | <a href="#">Recommended Immunization Schedule</a>   | CDC Adult Immunization Schedule.   |
| Adult Preventive Health                             | Provider | <a href="#">Clinical Practice Guidelines</a>  | 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 | <a href="#">Initial Health Appointment (IHA) Roster Information</a>                                       | The Department of Health Care Services (DHCS) requires that all newly enrolled Medi-Cal Members must receive an Initial Health Appointment (IHA).        |
| Adult Preventive Health                             | Provider | <a href="#">Facility Site Review (FSR) Training</a>   | Multiple Facility Site Review and Medical Record Review resources for Providers, including DHCS standards and tools, plus IEHP's addendum tools.         |
| Adult Preventive Health                             | Provider | <a href="#">American College of Gastroenterology Flyer</a>  | Flyer illustrating the importance of colorectal cancer screening   |
| Adult Preventive Health                             | Provider | <a href="#">Self-Collection Options   LabCorp</a>   | LabCorp information about HPV self-swab option for Cervical Cancer Screening   |
| Adult Preventive Health                             | Provider | <a href="#">Medicare Wellness Visits</a>  | Medicare Wellness Visit and Medicare Preventive Services guidelines from the Medicare Learning Network®  |
| Adult Preventive Health and Child Preventive Health | Member   | <a href="#">Health Screenings Guide</a>   | IEHP Health Screening Guide provides information on all of the covered health screenings needed by Members at all stages of life.                        |
| Adult Preventive Health and Child Preventive Health | Member   | <a href="#">Current VISs   Vaccines &amp; Immunizations   CDC</a>   | CDC Vaccine Information Statements (VIS's) for current recommended vaccines available for children, adolescents and adults.                              |
| Adult Preventive Health and Child Preventive Health | Member   | <a href="#">Should you get the flu shot?</a>  | Shared decision-making guide to help Members choose whether or not to receive a flu vaccine.   |
| Adult Preventive Health and Child Preventive Health | Provider | <a href="#">CAIR2 Resource Guide</a>  | FAQs for IEHP Providers regarding CAIR2 information such as account set-up, troubleshooting, functionality, contacts, and more.                          |
| Adult Preventive Health and Child Preventive Health | Provider | <a href="#">Vaccinate with Confidence</a>   | Centers for Disease Control and Prevention strategic framework to strengthen vaccine confidence and prevent outbreaks in the United States.              |
| Adult Preventive Health and Child Preventive Health | Provider | <a href="#">Tips for Speaking with Parents about Flu Vaccine – California Vaccines for Children (VFC)</a> | How to Address Common Concerns about the flu vaccine   |

## PROVIDER QUALITY RESOURCE:

| Focus Area  | Type     | Resource*  | Description  |
|---|----------|--|--|
| Adult Preventive Health and Child Preventive Health | Provider | <a href="#">A and B Recommendations   United States Preventive Services Taskforce</a>  | A and B grade recommendations are services that the US Preventive Task Force most highly recommends implementing for preventive care   |
| Adult Preventive Health and Diabetes Management     | Provider | <a href="#">Comprehensive Medication Management Program</a>  | IEHP offers Medication Therapy Management to eligible Members. Services include medication therapy reviews, medication education, and disease management—including diabetes.             |
| Behavioral Health                                   | Member   | <a href="#">IEHP Mental Health Resources</a>   | Information on contacting Behavioral Health Care Managers to assist Members with referrals and coordination of care and walk-in psychiatry clinics.                                      |
| Behavioral Health                                   | Member   | <a href="#">Teen Mental Health Guide</a>   | Booklet provides age-appropriate information on common mental health disorders, warning signs and treatment options.   |
| Behavioral Health                                   | Member   | <a href="#">Stress management, relaxation, and mindfulness classes at the Community Resource Centers in Victorville, Riverside, and San Bernardino</a> | Classes that provide Members with evidence-supported strategies and activities to relieve stress and anxiety and to improve relaxation. Refer Members to register for an upcoming class. |
| Behavioral Health                                   | Member   | <a href="#">Smoking Cessation resources</a>  | Apps and resources to help Members stop smoking.   |
| Behavioral Health                                   | Member   | <a href="#">988 Suicide and Crisis Lifeline</a>  | National Suicide and Crisis Hotline/Textline in English and Spanish. Includes LGBTQI-specific help.  |
| Behavioral Health                                   | Provider | <a href="#">Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder Assessment (GAD-7) in multiple languages</a>                         | Tools for assessing depressive and anxiety symptoms in individuals ages 18 and older.  |
| Behavioral Health                                   | Provider | <a href="#">PHQ-9 Modified for Adolescents (PHQ-A)</a>   | Tool for assessing the severity of depressive disorders and episodes in children ages 11–17.   |
| Behavioral Health                                   | Provider | <a href="#">Drug and Alcohol Use Screening and Counseling Resources</a>  | A page of helpful resources for Providers to use with members whose alcohol and substance use may be negatively impacting their health and quality of life.                              |
| Behavioral Health                                   | Provider | <a href="#">Harm Reduction Supplies</a>  | Inland Empire Harm Reduction provides fentanyl test strips, Narcan, safe sex kits, and other harm reduction supplies free of charge. Will deliver to people who are unhoused.            |
| Behavioral Health                                   | Provider | <a href="#">Depression Resources</a>   | Links to clinical guidelines for screening and managing depression   |
| Cardiovascular Disease Management                   | Member   | <a href="#">Healthy Heart</a>  | An educational guide for Members on understanding cardiovascular event risk and heart health.  |

## PROVIDER QUALITY RESOURCE:

| Focus Area                                     | Type     | Resource*  | Description  |
|--|----------|--|--|
| Cardiovascular Disease Management              | Member   | <a href="#">Blood Pressure Brochure</a>  | A Member brochure focusing on high blood pressure management.  |
| Cardiovascular Disease Management              | Member   | <a href="#">Blood Pressure Fact Sheets   American Heart Association</a>  | Fact Sheets on blood pressure from the American Heart Association.   |
| Cardiovascular Disease Management              | Provider | <a href="#">AAFPHypertensionGuideline.pdf</a>  | Blood Pressure Targets in Adults With Hypertension: A Clinical Practice Guideline From the AAFP.   |
| Cardiovascular Disease Management              | Provider | <a href="#">Blood Pressure Targets in Adults with Hypertension</a>   | GuidelineCentral®  |
| Cardiovascular Disease Management              | Provider | <a href="#">The American Heart Association PREVENT™ Online Calculator</a>  | The American Heart Association PREVENT™ Online Calculator to calculate cardiovascular risk   |
| Cardiovascular Disease Management              | Provider | <a href="#">Guideline on the Management of Blood Cholesterol</a>   | Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines   Circulation                               |
| Cardiovascular Disease Management              | Provider | <a href="#">AHA High Blood Pressure Toolkit (ascendeventmedia.com)</a>   | Hypertension Guideline Toolkit from the American Heart Association.  |
| Cardiovascular Disease and Diabetes Management | Provider | <a href="#">Gojji</a>  | Gojji partners with Medi-Cal Providers to provide high quality chronic disease management through remote monitoring, medication review, and adherence support. |
| Cardiovascular Disease and Diabetes Management | Provider | <a href="#">Pharmacy No-Cost Prescription Delivery Benefit for IEHP Dual Choice, IEHP Covered, and IEHP Medi-Cal Members</a> | SortPak, a mail order pharmacy which offers no-cost delivery and 100-day supplies for most medications.  |
| Child Preventive Health                        | Member   | <a href="#">Not Just Another Teen Health Guide</a>   | Booklet provides age-appropriate information on reproduction, birth control methods, and sexually transmitted infections.                                      |
| Child Preventive Health                        | Member   | <a href="#">Blood Lead Testing Brochure</a>  | Member brochure detailing the importance of having a child tested for lead and what to expect.   |
| Child Preventive Health                        | Member   | <a href="#">Topical Fluoride Brochure</a>  | Member brochure explaining what a fluoride treatment is and its benefits.  |
| Child Preventive Health                        | Member   | <a href="#">Wellness Journey - Your baby's 1st Year</a>  | Member booklet detailing what to expect for baby's preventive care during their first year of life.  |

## PROVIDER QUALITY RESOURCE:

| Focus Area              | Type     | Resource*  | Description   |
|-------------------------|----------|--|---|
| Child Preventive Health | Member   | <a href="#">AAP Schedule of Well-Child Care Visits</a>                         | 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   | <a href="#">Developmental Screening</a>  | 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   | <a href="#">Medi-Cal Dental Coverage</a>                                       | Information on Medi-Cal dental coverage including what is covered and the importance of dental insurance.   |
| Child Preventive Health | Member   | <a href="#">Smile, California</a>  | Medi-Cal Dental website to learn about covered services and finding a dentist.  |
| Child Preventive Health | Member   | <a href="#">Fluoride Varnish: What Parents Need to Know</a>                    | American Academy of Pediatrics Parenting Website with information on the importance of fluoride varnish.  |
| Child Preventive Health | Member   | <a href="#">Well Child Journey</a>   | Member handout detailing a child's wellness journey from newborn to young adulthood, including when immunizations and screenings are due.                         |
| Child Preventive Health | Member   | <a href="#">Immunization Timing</a>  | Handout that provides a visual of what immunizations are needed from birth to 18 years of age.  |
| Child Preventive Health | Provider | <a href="#">Caries Risk Assessment, Fluoride Varnish, and Counseling</a>       | 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 | <a href="#">Early Start Program</a>  | California Early Start Program - refer infants and toddlers who have developmental delays or who are at risk of developmental disability.                         |
| Child Preventive Health | Provider | <a href="#">Bright Futures/AAP Periodicity Schedule</a>                        | Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care.   |
| Child Preventive Health | Provider | <a href="#">Growth Charts</a>  | Growth chart forms for the following age ranges: 0-36 months and 2-20 years.  |
| Child Preventive Health | Provider | <a href="#">Early and Periodic Screening, Diagnostic and Treatment (EPSDT)</a> | Information on training and resources for Providers on Early and Periodic Screening, Diagnostic and Treatment (EPSDT).  |
| Child Preventive Health | Provider | <a href="#">Oral Health Coding Fact Sheet for PCPs</a>                         | American Academy of Pediatrics Oral Health Coding Fact Sheet for Primary Care Physicians.   |
| Child Preventive Health | Provider | <a href="#">Smile California Primary Care Physician Toolkit</a>                | List of Provider resources on oral health and references for educational materials.   |

## PROVIDER QUALITY RESOURCE:

| Focus Area              | Type     | Resource*  | Description  |
|-------------------------|----------|--|--|
| Child Preventive Health | Provider | <a href="#">Oral Health Practice Tools</a>                                 | American Academy of Pediatrics website providing resources on how to incorporate oral health into a Provider practice.   |
| Child Preventive Health | Provider | <a href="#">Campaign for Dental Health</a>                                 | American Academy of Pediatrics website with resources on how to address fluoride with Members and Member materials.  |
| Child Preventive Health | Provider | <a href="#">Quality Performance Learning Guide</a>                         | 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 | <a href="#">CDC Child &amp; Adolescent Immunization Schedule</a>           | CDC Child and Adolescent Immunization Schedule by Age recommendations for ages 18 or younger.  |
| Child Preventive Health | Provider | <a href="#">Common Immunization Questions from Parents (aap.org)</a>       | American Academy of Pediatrics Parenting Website with information on recommended immunizations and common questions.   |
| Diabetes Management     | Member   | <a href="#">IEHP - Community Resources: Community Resource Centers:</a>    | IEHP Members can enroll in the Diabetes Self-Management workshop and Healthy Living classes at the Community Resource Centers.   |
| Diabetes Management     | Member   | <a href="#">Diabetes: What's Next?</a>                                     | Brochure on how to lead a healthy life for those diagnosed with diabetes.  |
| Diabetes Management     | Member   | <a href="#">Staying Healthy With Diabetes</a>                              | Booklet to help Members with diabetes self-management.   |
| Diabetes Management     | Provider | <a href="#">Diabetes Prevention Program (DPP) - Live the Life You Love</a> | 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 | <a href="#">Diabetes Standards of Care 2026</a>                            | GuidelineCentral®  |
| Diabetes Management     | Provider | <a href="#">Diabetes Care Checklist v5 EN</a>                              | Diabetes Care Checklist  |
| Patient Experience      | Member   | <a href="#">Urgent Care Clinics</a>  | A directory search tool of all Urgent Care Clinics within the IEHP network.  |
| Patient Experience      | Member   | <a href="#">ER vs. Urgent Care Clinic</a>                                  | A guide for Members on when to visit the Emergency Room versus an Urgent Care Clinic.  |

## PROVIDER QUALITY RESOURCE:

| Focus Area         | Type     | Resource*   | Description   |
|--------------------|----------|---|---|
| Patient Experience | Member   | <a href="#">24-Hour Nurse Advice Line</a>   | 24-hour nurse advice offered by IEHP.   |
| Patient Experience | Member   | <a href="#">IEHP - Care Options : How to Get Care</a>   | Information on ways to get care including primary care, specialty care, and medications.  |
| Patient Experience | Provider | <a href="#">Serve Well Customer Service Toolkit</a>   | A Provider toolkit on how to provide outstanding customer service to Members.   |
| Patient Experience | Provider | <a href="#">Access Standards Appointment Availability</a>   | Timely Access to care guidelines for PCPs, Behavioral Health and Specialists  |
| Perinatal Care     | Provider | <a href="#">Talking to Pregnant Women about Vaccines</a>  | Center for Disease Control and Prevention tip sheet to help medical office staff answer common questions about vaccination during pregnancy   |
| Social Needs       | Member   | <a href="#">Community Wellness Centers</a>  | Community Wellness Centers are places where you can take free exercise classes and/or health workshops.   |
| Social Needs       | Member   | <a href="#">ConnectIE</a>   | Website to search for free or reduced cost services in the Inland Empire like medical care, food, job training and more.  |
| Social Needs       | Member   | <a href="#">ECM Brochure</a>  | Brochure outlining IEHP services available through Enhanced Care Management for specific Members with health or behavioral health needs and social needs.   |
| Social Needs       | Provider | <a href="#">Social Needs Screening Tool - The EveryONE Project</a>  | Social Needs Screening Tool from The EveryONE Project.  |
| Social Needs       | Provider | <a href="#">Social Needs Screening Tool - CMS</a>   | Social Needs Screening Tool from Centers for Medicare and Medicaid Services (CMS) Innovation.   |
| Social Needs       | Provider | <a href="#">PRAPARE 2.0 - Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences</a> | The Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE®) is designed to equip healthcare and their community partners to better understand and act on individuals' social drivers of health (SDOH) |
| Social Needs       | Provider | <a href="#">Community Supports</a>  | Additional information about services covered under the California medical State Plan.  |

\*The referenced electronic links provided in this resource are informational only. They are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by Practitioners, considering each Member's needs on an individual basis. Best practice guideline recommendations and assessment tools apply to populations of patients. Clinical judgment is necessary to appropriately assess and treat each individual Member.





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