

2025

URGENT CARE + WELLNESS

Quality Incentive Program



IE  **HP**
Inland Empire Health Plan

Contact: QualityPrograms@iehp.org

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The 2025 Urgent Care + Wellness Quality Incentive Program

Inland Empire Health Plan (IEHP) is excited to announce the 2025 Urgent Care + Wellness Quality Incentive Program. This incentive program offers an opportunity for Urgent Care Providers to earn financial rewards for improving wellness services for IEHP Medi-Cal and Covered California Members.

This quality incentive program encourages Urgent Care Providers to render wellness services while the IEHP Member is at an urgent care for their health care matter.

The 2025 Urgent Care + Wellness Quality Incentive Program includes performance-based incentives for the rendered wellness services. Incentive payments will be made to eligible providers who meet the program criteria.

This technical guide is designed to help Urgent Care Providers understand how they can earn financial incentives for providing quality wellness services to IEHP Members.

Thank you for your continued partnership in providing quality health care to IEHP Members. If you have questions related to this program, please contact IEHP's Provider Relations at (909) 890-2054 or IEHP's Quality Department at QualityPrograms@iehp.org.

Incentive Program Service

There are four wellness services included in the 2025 Urgent Care + Wellness Quality Incentive Program, for which the Urgent Care Providers are eligible to receive a financial incentive:

- **Adolescent Immunizations**
- **Child and Adolescent Well Care Visits**
- **Fluoride Varnish**
- **Lead Screening**

IEHP identified this as a plan-wide area of opportunity to improve the wellness of IEHP Members. Technical specifications and details for the Quality Incentive wellness services are included in Appendix 1.

Eligibility and Participation

Provider Eligibility

Any IEHP Medi-Cal contracted Urgent Care Provider, with at least one Primary Care Physician (PCP) type practitioner.

NOTE: Federally Qualified Health Centers (FQHCs), Indian Health Facilities (IHF), and Rural Health Clinics (RHCs) are not eligible to receive payments for the 2025 Urgent Care + Wellness Quality Incentive Program.

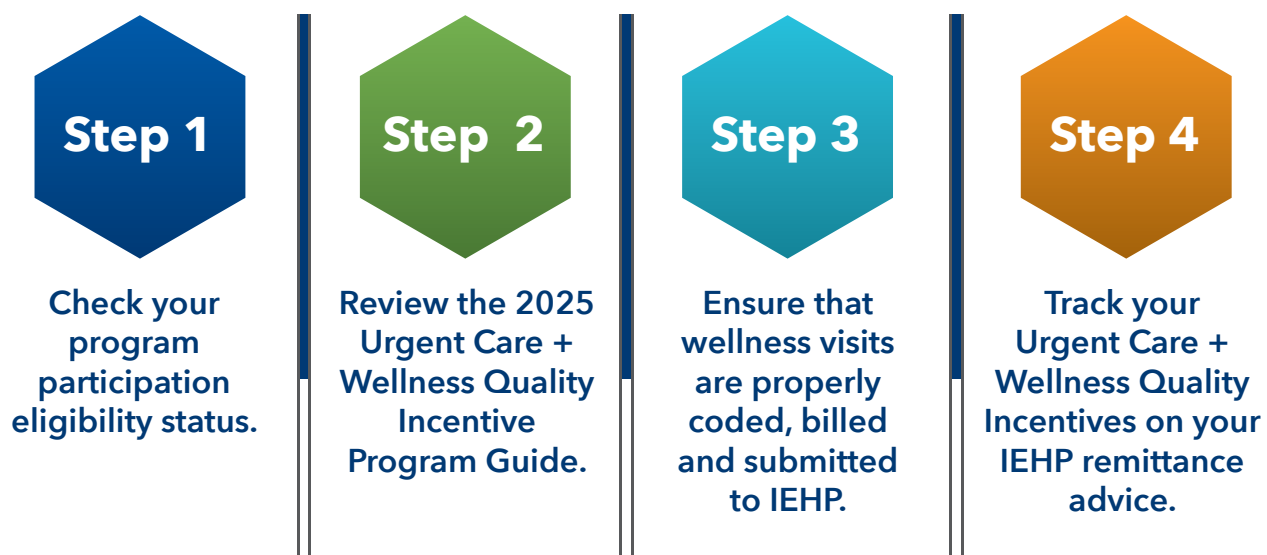
Member Eligibility

The population for this Quality Incentive Program includes IEHP's Medi-Cal and Covered California Members.

NOTE: The Member must be active with IEHP on the date the services are performed.

How to Participate

The urgent care facility will be automatically enrolled into the program, if eligible. If it's a Medi-Cal Urgent Care, with at least one Primary Care Physician (PCP) type practitioner, then the facility can participate.



Minimum Data Requirements

Claims Data

Claims data is foundational to performance measurement and is essential to success in the 2025 Urgent Care + Wellness Quality Incentive Program. Complete, timely and accurate claims data should be submitted through normal reporting channels for wellness services rendered to IEHP Members. Please use the appropriate codes listed in Appendix 1 to meet Quality Incentive service requirements.

Quality Incentive Payment

Table 1, below, indicates the amount an Urgent Care Provider will receive per service delivered to a qualifying Member.

NOTE: Urgent Care Provider must bill one procedure code from Table 1, per eligible Member, for services that qualify for this program. Urgent Care Provider must bill one of the qualifying codes, in addition to Modifier 25, as appropriate, to ensure correct P4P payment distribution. Billing for the Child and Adolescent Well-Care Visits must include the supervising Primary Care Provider type (Family Practice, General Practitioner, Pediatrics, Internal Medicine, Obstetrical/Gynecological) NPI in the rendering provider field on the claim submission in addition to the CPT and modifier 25. Please see Table 1 below for potential incentives related to the services in this program.

| TABLE 1: QUALITY INCENTIVE PAYMENT PER SERVICE | | | |
|---|-------|--|---|
| Service* | Code* | Code Description | Urgent Care + Wellness Financial Incentive Amount |
| Adolescent Immunizations-Meningococcal Conjugate^ | 90619 | See Appendix 1 for CPT code descriptions | Please see Table 2 |
| | 90623 | | |
| | 90733 | | |
| | 90734 | | |
| Adolescent Immunizations - Tdap^ | 90715 | | |
| Adolescent Immunizations - HPV^ | 90649 | | |
| | 90650 | | |
| | 90651 | | |
| Child and Adolescent Well-Care Visit | 99382 | | \$47.13 |
| | 99383 | | \$54.83 |
| | 99384 | | \$65.78 |
| | 99385 | | \$114.10 |
| | 99392 | | \$37.39 |

* Urgent Care Provider must include Modifier 25 when billing for the above services related to this incentive program.

^ IEHP will reimburse for identified adolescent immunization serums. Please see Table 2 for adolescent immunization serum reimbursement amounts. The dollar amounts in Table 2 include the incentive amount for administration.

TABLE 1: QUALITY INCENTIVE PAYMENT PER SERVICE

| Service* | Code* | Code Description | Urgent Care + Wellness Financial Incentive Amount |
|--------------------------------------|-------|--|---|
| Child and Adolescent Well-Care Visit | 99393 | See Appendix 1 for CPT code descriptions | \$43.85 |
| | 99394 | | \$54.83 |
| | 99395 | | \$102.90 |
| Fluoride Varnish | 99188 | See Appendix 1 for CPT code descriptions | \$25.00- \$50.00** |
| | D1206 | | \$25.00- \$50.00** |
| | D1208 | | \$25.00- \$50.00** |
| Lead Screening | 83655 | | \$25.00 |

*Urgent Care Provider must include Modifier 25 when billing for the above services related to this incentive program.

**Please see Fluoride Varnish service description for payment details.

Table 2, below, indicates the amount a Provider will receive for the administration and the serum used for eligible adolescent immunizations.

NOTE: IEHP will reimburse eligible Urgent Care Providers for dates of services January 2025 through December 2025. The Urgent Care facility must have administered the immunization to be eligible for the reimbursement of the serum. Please see Table 2 below for reimbursement payment amounts. The dollar amounts in Table 2 include the incentive amount for administration.

TABLE 2: ADOLESCENT IMMUNIZATION REIMBURSEMENT AMOUNTS

| Service | Code Type | Code | Code Description | P4P Reimbursement |
|-------------------------|-----------|-------|--|-------------------|
| Meningococcal Conjugate | CPT | 90619 | Meningococcal Conjugate Vaccine, Serogroups A, C, W, Y, quadrivalent tetanus toxoid carrier (MenACWY-TT), For Intramuscular Use | \$176 |
| Meningococcal Conjugate | CPT | 90623 | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use | \$239 |
| Meningococcal Conjugate | CPT | 90733 | Meningococcal Polysaccharide Vaccine, Serogroups A, C, Y, W-135, quadrivalent (MPSV4), For Subcutaneous Use | \$132 |
| 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 | \$157 |
| Tdap | CPT | 90715 | Tetanus Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap) When Administered To Individuals Seven Years Or Older For Intramuscular Use | \$48 |

TABLE 2: ADOLESCENT IMMUNIZATION REIMBURSEMENT AMOUNTS

| Service | Code Type | Code | Code Description | P4P Reimbursement |
|---------|-----------|-------|---|-------------------|
| HPV | CPT | 90649 | Human Papilloma Virus (HPV) Vaccine Types 6, 11, 16, 18 Quadrivalent (4vHPV), three Dose Schedule, For Intramuscular Use | \$170 |
| HPV | CPT | 90650 | Human Papilloma Virus (HPV) Vaccine Types 16, 18 bivalent (2vHPV) three Dose Schedule, For Intramuscular Use | \$138 |
| HPV | CPT | 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), two or three dose schedule, for intramuscular use | \$296 |

2025 Payment Timeline

IEHP will issue incentive payments to qualified Urgent Care Providers following the schedule below:

| 2025 URGENT CARE + WELLNESS QUALITY INCENTIVE PROGRAM PAYMENT SCHEDULE | | |
|---|-----------------|---------------|
| Date of Service: | Claim Received: | Payment Date: |
| 1/1/2025 - 1/31/2025 | 2/15/25 | 3/20/25 |
| 1/1/2025 - 2/28/2025 | 3/15/25 | 4/20/25 |
| 1/1/2025 - 3/31/2025 | 4/15/25 | 5/20/25 |
| 1/1/2025 - 4/30/2025 | 5/15/25 | 6/20/25 |
| 1/1/2025 - 5/31/2025 | 6/15/25 | 7/20/25 |
| 1/1/2025 - 6/30/2025 | 7/15/25 | 8/20/25 |
| 1/1/2025 - 7/31/2025 | 8/15/25 | 9/20/25 |
| 1/1/2025 - 8/31/2025 | 9/15/25 | 10/20/25 |
| 1/1/2025 - 9/30/2025 | 10/15/25 | 11/20/25 |
| 1/1/2025 - 10/31/2025 | 11/15/25 | 12/20/25 |
| 1/1/2025 - 11/30/2025 | 12/15/25 | 1/20/26 |
| 1/1/2025 - 12/31/2025 | 1/15/26 | 2/20/26 |
| 1/1/2025 - 12/31/2025 | 2/15/26 | 3/20/26 |
| 1/1/2025 - 12/31/2025 | 3/15/26 | 4/20/26 |

Program Terms and Conditions

- Good Standing: An Urgent Care currently contracted with IEHP (“Plan”) for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim (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 Urgent Care + Wellness Quality Incentive 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, 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 Urgent Care + Wellness Quality Incentive Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP’s sole discretion.
- In consideration of IEHP’s offering of the IEHP Urgent Care + Wellness Quality Incentive 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 Urgent Care + Wellness Quality Incentive Program.
- The determination of IEHP regarding performance scoring and payments under the IEHP Urgent Care + Wellness Quality Incentive Program is final.
- As a condition of receiving payment under the IEHP Urgent Care + Wellness Quality Incentive Program, Urgent Care Providers must be active and contracted with IEHP at the time of payment.
- Providers will not charge IEHP for medical records for HEDIS, Risk Adjustment, and other health plan operational activities.

Appendix 1: 2025 Urgent Care + Wellness Quality Incentive Service Overview

Adolescent Immunizations*

Service Description: Incentive payment to an Urgent Care Provider for each adolescent immunization administered for Members, 9 to 13 years of age, for the following antigens:

- ❖ Meningococcal conjugate
 - ❖ Tetanus, diphtheria toxoids and acellular pertussis (Tdap)
 - ❖ Human papillomavirus (HPV) vaccine
- Member must be between the ages of 9 and 13 on the date of service. The date of service cannot surpass the member's 13th birthday.
 - Effective for dates of services 1/1/2025 - 12/31/2025
 - Payment based on antigen administered
 - One payment per Member, per antigen, per date of service allowed
 - Urgent Care Providers will be reimbursed for the serum used to administer adolescent immunizations for dates of services January 2025 through December 2025. Please refer to Table 2 for reimbursement payment amounts. The dollar amounts in Table 2 include the incentive amount for administration.
 - Urgent Care Providers should follow all Advisory Committee on Immunization Practices (ACIP) vaccine guidelines.
 - Provider must submit all antigens given to Member through encounter data reporting AND into the California Immunization Registry (CAIR2). Determination of the series given will be based on the count of antigens submitted in encounter data and CAIR2 systems.
 - Urgent Care Provider must bill one code for the adolescent immunization from the table below along with Modifier 25, as appropriate.
 - The intent of the Urgent Care + Wellness Incentive Program is to promote preventive care services and not re-route Members to the Urgent Care. IEHP will retrospectively monitor claims submitted to ensure PCPs are not diverting Members to urgent care.

| CODES TO IDENTIFY IMMUNIZATION FOR ADOLESCENTS | | | |
|--|-----------|-------|---|
| Service | 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 |

| CODES TO IDENTIFY IMMUNIZATION FOR ADOLESCENTS | | | |
|--|-----------|-------|---|
| Service | Code Type | Code | Code Description |
| 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 |
| Tdap | CPT | 90715 | Tetanus Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap) When Administered To Individuals Seven Years Or Older For Intramuscular Use |
| 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), 2 or 3 Dose Schedule, For Intramuscular Use |

*See Table 2 for payment details

Child and Adolescent Well-Care Visits*

Service Description: Incentive payment to the Urgent Care Provider for each comprehensive well-care visit completed for Members ages 3-21 years of age.

- Maximum incentive is one per Urgent Care Provider, per Member, per year.
- Effective for dates of services 1/1/2025 - 12/31/2025.
- Members must be between the ages 3-21 at the time of the well-care visit.
- Urgent Care Provider must bill one code for the well-care visit from the table below along with Modifier 25, as appropriate. Billing for Well-Care Visits must include the supervising Primary Care Provider type (Family Practice, General Practitioner, Pediatrics, Internal Medicine, Obstetrical/Gynecological) NPI in the rendering provider field on the claim submission in addition to the CPT and modifier 25.

| 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) |

CODES TO IDENTIFY WELL-CARE VISITS

| Service | Code Type | Code | Code Description |
|-----------------|-----------|-------|---|
| 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 (age 18-39 years) |
| 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; (age 18-39 years) |

**See Table 1 for payment details*

Fluoride Varnish (\$25- \$50*)

Service Description: Incentive payment to an Urgent Care Provider when fluoride varnish application is rendered to members ages 1 year through 20 years of age (1 year - 20.99 years of age).

- Payment to each rendering Urgent Care Provider for each occurrence of dental fluoride varnish application
- One payment per Member per date of service allowed
- Up to two payments per Member per Urgent Care Provider per year
- Urgent Care Provider must bill one code for the fluoride varnish application from the table below along with Modifier 25, as appropriate.
- *Effective dates of service 1/1/2025-12/31/2025:
 - \$25 for the first application
 - \$50 for the second application

| CODES TO IDENTIFY FLUORIDE VARNISH | | | |
|------------------------------------|-----------|-------|--|
| Service | Code Type | Code | Code Description |
| Fluoride Varnish | CPT | 99188 | Application of topical fluoride varnish by a physician or other qualified health care professional |
| Fluoride Varnish | CDT | D1206 | Topical fluoride varnish; therapeutic application for moderate to high caries risk patients |
| Fluoride Varnish | CDT | D1208 | Topical Application of fluoride – excluding varnish |

Lead Screening (\$25)

Service Description: Incentive payment to an Urgent Care Provider for completing a lead screening in their office for children up to 2 years of age.

- Payment to each rendering Urgent Care Provider for each lead screening on or before the Member's second birthday
- Effective dates of service 1/1/2025-12/31/2025
- One payment per Member per date of service allowed
- Lead tests will not be excluded if a child is diagnosed with lead toxicity
- Urgent Care Provider must bill one code for lead screening from the table below along with Modifier 25, as appropriate.

| CODES TO IDENTIFY LEAD SCREENING | | | |
|----------------------------------|-----------|-------|------------------|
| Service | Code Type | Code | Code Description |
| Lead Screening | CPT | 83655 | Lead |

Appendix 2: Well-Care Visits Resource

| WELL-CARE VISITS RESOURCE | | | |
|--|--|---|---|
| Visit Component | 3-11 Years | 12-21 Years | Resources* |
| Interval History | Annually | Annually | |
| Height, Weight, and BMI including BMI percentile | Annually | Annually | |
| Blood pressure | Annually | Annually | |
| Vision Screening | Annually | Annually | Visual Acuity Testing (Snellen Chart) |
| Hearing Screening | 4-6 years: Annually 6-10 years: Every 2 years | Every 3 years | Clinical Practice Guidelines: Childhood Hearing Screening - American Academy of Audiology |
| Immunizations | Per Schedule | Per Schedule | CDC Immunization Schedule |
| Developmental Surveillance | 3-5 years: Annually | -- | CDC's Developmental Milestones |
| Assess for risk of Tuberculosis | Annually | Annually | California Pediatric Tuberculosis Risk Assessment and User Guide |
| Assess for risk of dyslipidemia | 9-11 years: Once | 17-21 years: Once | Integrated Cardiovascular Health Schedule (Tab 3-1 page 8) |
| Assess for risk of STIs | -- | Annually | The Five P's approach |
| Tobacco, Alcohol, or Drug Use Assessment | -- | Annually | Brief Screener for Tobacco, Alcohol, and other Drugs |
| Depression and Suicide Risk Screen | -- | Annually | PHQ-9 |
| Physical exam appropriate for age | Annually | Annually | |
| Fluoride Varnish | 3-5 years: every 6 months 6+ years: Refer to a Medi-Cal Dental Program Provider | Refer to a Medi-Cal Dental Program Provider | Topical fluoride for caries prevention - The Journal of the American Dental Association (ada.org) |
| Anticipatory Guidance | Information for Parents of Children | Information for Parents of Teens | |

Adopted from [American Academy of Pediatrics Periodicity Schedule](#)

*The referenced materials 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.

Appendix 3 : Provider Quality Resource

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

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

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

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

| PROVIDER QUALITY RESOURCES | | | |
|----------------------------|--------|---|---|
| Focus Area | Type | Resource* | Description |
| Child Preventive Health | Member | Teen Health Guide | Booklet provides age-appropriate information on reproduction, birth control methods, and sexually transmitted infections. |
| Child Preventive Health | Member | Medi-Cal for Kids & Teens | Information on preventive care services for IEHP Medi-Cal Members and what services are included. |
| Child Preventive Health | Member | Wellness Journey - Your baby's 1st Year | Member booklet detailing what to expect for baby's preventive care during their first year of life. |
| Child Preventive Health | Member | AAP Schedule of Well-Child Care Visits | American Academy of Pediatrics Parenting Website with information on schedule of well-child visits and what to expect during each visit based on age. |
| Child Preventive Health | Member | Developmental Screening | IEHP resource page on Developmental Screening explaining assessment tool as a way for caregivers to monitor their child's growth and development. |
| Child Preventive Health | Member | Health Screening Guide | Member booklet outlining different screening tests based on age. |
| Child Preventive Health | Member | Medi-Cal Dental Coverage | Information on Medi-Cal dental coverage including what is covered and the importance of dental insurance. |
| Child Preventive Health | Member | Smile, California | Medi-Cal Dental website to learn about covered services and finding a dentist. |
| Child Preventive Health | Member | Fluoride Varnish: What Parents Need to Know | American Academy of Pediatrics Parenting Website with information on the importance of fluoride varnish. |

PROVIDER QUALITY RESOURCES

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

| PROVIDER QUALITY RESOURCES | | | |
|----------------------------|----------|--|---|
| Focus Area | Type | Resource* | Description |
| Pediatric Immunizations | Member | Immunization Timing | Handout that provides a visual of what immunizations are needed from birth to 18 years of age. |
| Pediatric Immunizations | Member | Vaccine Information Statements (VISs) | CDC Vaccine Information Statements (VIS's) for current recommended vaccines available for children, adolescents and adults. |
| Pediatric Immunizations | Member | Should you get the flu shot? | Shared decision-making guide to help Members choose whether or not to receive a flu vaccine. |
| Pediatric Immunizations | Provider | CAIR2 Resource Guide | FAQs for IEHP Providers regarding CAIR2 information such as account set-up, troubleshooting, functionality, contacts, and more. |
| Pediatric Immunizations | Provider | CDC Child & Adolescent Immunization Schedule | CDC Child and Adolescent Immunization Schedule by Age recommendations for ages 18 or younger. |
| Pediatric Immunizations | Provider | Common Immunization Questions from Parents (aap.org) | American Academy of Pediatrics Parenting Website with information on recommended immunizations and common questions. |

*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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PROVIDER RELATIONS TEAM

(909) 890-2054

Monday-Friday, 8am-5pm

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