CareFirst
Family of health care plans

CareFirst Patient-Centered Medical Home 2019 Program Description & Guidelines Pediatric Medicine

Patient-Centered Medical Home (PCMH)
2019 Program Description & Guidelines – Pediatric Medicine

Key Terms and Definitions

Assessment Outcome	Formal assessment completed by Pediatrician and Local Care Coordinator of Members on the Core Target List
Collaborative Panel	A CareFirst-made Panel for Pediatricians who are unable to find their ownPanel
Core Target Population	Group of CareFirst Members who meet specific criteria related to care coordination needs
Credits	A Panel's Performance Year budget, or expected cost of care of their attributed Members
Debits	Allowed amount of health care spend for Members attributed to a Panel in the Performance Year
Designated Provider Representative	Provider lead for the Panel who has certain administrative responsibilities
Member	CareFirst beneficiary of Medical, and Pharmacy benefits
Member Months	The number of individual months a CareFirst Member is attributed to a PCMHPanel
Outcome Incentive Award	Portion of shared savings awarded to eligible Panels who meet savings to budget, quality score, care coordination, and attribution requirements
Overall Medical Trend	Change in the total cost of care over time for CareFirst Members with the CareFirst Medical Benefit
Overall Pharmacy Trend	Change in the total cost of pharmacy claims for the CareFirst Members with the CareFirst Pharmacy Benefit
Panel	Group of Primary Care Providers formed for participation in the PCMH Program
Panel Governance	CareFirst committee that reviews Panel structure, appeals and exceptions
Participation Incentive	12 percentage point increase to standard base fee schedule for Providers participating in the PCMH Program
Patient Care Account	A report that presents a Panel's budget and total health care spend in a performance year
Performance Year	The measurement period for PCMH ranging from January 1st through December 31st of any given year
Persistency	Increase in Outcome Incentive Award total for Panels who earn an Outcome Incentive Award multiple years in a row. Awarded at levels of 2, or 3+ years in a row
Provider Directory	A list of providers contracted to participate in the CareFirst Network, available to CareFirst Members

Panel Size

A Panel, or group of Pediatricians, is the basic performance unit of the Pediatric PCMH Program ("Program"), forming a team where one otherwise may not exist. PCMH Participation Incentives and Outcome Incentive Awards (OIAs) are based on the performance of Panels.

To form a Panel, Pediatricians must organize into a group of five to 15. A Panel may be formed by an existing group practice, small independent group practices, and/or solo practitioners that agree to work together to achieve Program goals. When a Panel is between five and 15 Pediatricians, it is large enough to reasonably pool member experience for the purpose of pattern recognition and the generation of financial incentives, yet small enough for each Pediatrician's contribution to be perceived as meaningful. The idea is to tie rewards as directly as possible to individual Pediatrician performance while providing enough experience to support sound conclusions about overall performance for each Panel.

Nurse Practitioners (NPs) are considered to be Pediatricians and count towards the minimum of five Pediatricians required to comprise a Panel.

If the termination of a practice or individual Pediatrician within the Panel causes a Panel to fall below minimum participation requirements of five Pediatricians, the Panel will have up to one year to restore itself to the minimum participation level of five Pediatricians.

Panel Viability

For performance results to be credible, a Panel must have a minimum level of 15,000 attributed Member Months over the course of the Performance Year, or an average of 1,250 attributed Members per month. This is the point at which a Panel is considered viable and therefore eligible to earn an OIA.

There may be some instances when Panels are not able to reach the number of attributed Members needed to be viable while staying within the permissible range of five to 15 Pediatricians per Panel. For example, a Panel located in a geographic area with a low volume of CareFirst <Members may not have enough Members to be considered viable. In these instances, the Panel may request to add additional Pediatricians, with the approval of CareFirst, to exceed the 15 Pediatrician maximum and achieve a viable Panel size.

In some circumstances, a Pediatrician may have difficulty finding a Panel to join. In these instances, CareFirst will assign a Pediatrician to a PCMH Collaborative Panel. Practices joining the PCMH Program without a prospect to become a viable Panel that meets the Program requirements are agreeing to be placed in a Collaborative Panel. The Collaborative Panels will be constructed to ensure viability requirements are met. As such, CareFirst may construct a Panel that exceeds the 15 Pediatrician maximum and may be geographicallyspread.

CareFirst reserves the right to deny the addition of Pediatricians beyond 15 and addition of any Pediatrician to a Collaborative Panel.

Panel Composition

A Pediatrician is eligible for this Program if (s)he is a healthcare provider who: (i) is a full-time, duly licensed medical practitioner; (ii) is a participating provider, contracted to render primary care services, in both the CareFirst BlueChoice Participating Provider Network (HMO) and the CareFirst Regional Participating Preferred Network (RPN); and (iii) has a primary specialty in:

- Pediatrics
- Family Practice (Pediatric Members Only)
- Nurse Practitioners – Pediatrics

No partial group practices are accepted into the PCMH Program. All practitioners who function as a Pediatrician must join the Program or the practice will not be accepted. In addition, all providers in the same practice must participate in the same provider networks. Those who do not function as a Pediatrician – such as those who are “floaters” or see urgent care/sick care – should not enroll in the PCMHProgram.

Multi-specialty groups may also join the Program, but for the purposes of Panel formation and enhanced payments, only the Pediatricians in such practices may participate. If a Pediatrician who is part of multi-specialty group practice seeks to join the Program, all qualifying Pediatricians within the practice must agree to join in order to qualify for Program participation.

CareFirst considers NPs to be critical providers of primary care services and an option for enhanced access for CareFirst Members, and NPs are encouraged to participate in the PCMH Program. NPs who bill for professional services in their own name will have Members attributed to them, just as any other Pediatrician, earning the 12 percent Participation Incentive and OIA if eligible. Alternatively, NPs who bill “incident to” a physician in the practice will not have any attributed Members, as these Members will appear under the name of the physician under whomthe NP is billing.

NPs must comply with all statutory and regulatory obligations to collaborate with or operate under the supervision of a physician pursuant to applicable state and local laws. The inclusion of NPs is intended to provide Members with an expanded choice of providers. Physicians collaborating with NPs participating in the Program must also participate in the PCMH Program.

NPs may also form a Panel of their own, independent of physicians.

Panel Types

There are five types of Panels participating in the PCMHProgram.

Virtual Panel: A Virtual Panel is a voluntary association of small, independent group and/or solo practices formed by contract with CareFirst. The Pediatricians in the Panel agree to work together to provide services to CareFirst Members, use each other for coverage and work as a teamin improving outcomes for their combined CareFirst population. CareFirst reviews and approves the formation of all Virtual Panels. Pediatricians in these Panels should practice within a reasonably proximate geographic distance from each other to ensure meaningful interactions among Pediatrician Panel members.

Independent Group Practice Panel: An Independent Group Practice Panel is an established group practice of Pediatricians who can qualify as is, because the practice falls within the required size range of five to 15 Pediatricians.

Multi-Panel Independent Group Practice: A Multi-Panel Independent Group Practice is a practice with more than 15 Pediatricians that is not employed by a Health System. All such practices are required to identify segments of five to 15 Pediatricians that constitute logical parts of the larger practice – for example, pediatric or adult, and/or by location. CareFirst reviews and approves the division of the practice into constituent Panels.

Multi-Panel Health System: A Multi-Panel Health System is under the ownership of a hospital or health system and consists of more than 15 Pediatricians. All such systems are required to identify segments of five to 15 Pediatricians that constitute logical parts of the larger system – typically by location and population served. CareFirst reviews and approves the division of the system into constituent Panels.

Collaborative Panel: Collaborative Panels are formed at CareFirst's sole discretion. In these instances, CareFirst will assign a Pediatrician to a PCMH Collaborative Panel in order to meet a Member attribution count of 1,250 or greater. As CareFirst will assign Pediatricians to these Panels, the Pediatricians of a collaborative Panel may not decide to remove a Pediatrician from the Panel. These Panels are not required to meet in person and may participate in Panel meetings by teleconference. All other Program requirements will remain the same for Collaborative Panels, including Quality Scorecard, engagement and savings to budget requirements to earn OIA.

Panel Peer Types

To ensure more meaningful and consistent comparisons in Panel performance and data reporting, Panels are assigned to an Adult or Pediatric peer group, effective in 2019. Separate, customized programs have been established for Adult and Pediatric Panel Peer Types. Mixed Panels have been eliminated. Pediatricians caring for Members of all ages will only be measured on their Members in the corresponding peer type.

Access

Pediatricians must be accessible to all CareFirst Members. However, there are times when a Practice or an individual Pediatrician is "closed" (not accepting new Members) due to capacity limits. A practice or individual Pediatrician within the PCMH Program is required to have an open Practice unless they are closed to all payers. If a practice is open to any other payer for any of its networks, it must be open to all CareFirst Members. However, a practice/Pediatrician may have an open practice for CareFirst and a closed practice for other payers.

Concierge Practices

Pediatricians who require CareFirst Members to participate in a private fee-based program on a concierge basis or require Members to pay any type of retainer, charge, payment, private fee or purchase additional benefits in order to receive services from the Pediatrician, other than the deductibles, co-pays and co-insurance under the terms of the Member's CareFirst benefit contract, do not qualify for the Program.

Pediatricians who charge any fees for supplemental services beyond those covered by CareFirst, and who warrant that the fees charged are strictly voluntary and not required, must agree to and comply with the following conditions, in writing, before acceptance into the Program:

1. The Panel Pediatricians must make it clear that no fee, charge or payment of any kind is required of a CareFirst Member in order to become and/or remain a Member attributed to the Pediatrician or medical practice (other than the payment of ordinary deductibles, co-pays and co-insurance under the member's CareFirst benefit contract);

2. There must be no differences in the treatment, care, access, responsiveness, engagement, communications, etc., provided to CareFirst Members who do not pay the fee compared to those who pay the fee;

3. The Panel Pediatricians must set up office procedures and processes in such a way that a Member could not misconstrue a voluntary fee for supplemental services as a requirement to receive covered services; and

4. The Panel Pediatricians must recognize and agree that CareFirst maintains the right to audit compliance with these assurances, which may include a survey of the Pediatricians and medical practices' members who are CareFirst Members.

If CareFirst determines that any Pediatrician or medical practice has not abided by these requirements, the Pediatrician, medical practice and/or Panel will be subject to immediate termination from the Program and will forfeit any additional reimbursements or incentives they may otherwise be entitled to.

Exceptions to the rules regarding concierge practices may be negotiated on a case by case basis according to CareFirst's need for access in a particular geography or to meet particular market needs.

Online Connectivity and Systems Requirements for Pediatricians

The PCMH Program is designed to empower Pediatricians and/or their LCC Team(s) with the tools and data to effectively manage the care of their members without placing a technology burden on the practice. The PCMH online iCentric System is available via CareFirst's provider website.

To access the CareFirst Provider Portal, a valid User ID/Password is required, in addition to a computer meeting standard internet access with a current browser.

Eligibility for PCMH Participation Incentive

A Panel becomes effective in the PCMH Program on the first day of the second month following CareFirst's receipt of a complete PCMH application and signed network contract addendum from the whole new Panel. Enrollment with a retroactive date is not allowed.

Once effective, CareFirst will add 12 percentage points to professional fees for all practices in the Panel as an incentive for participation in the Program, known as the Participation Incentive. The Participation Incentive continues for as long as Pediatricians in the Panel meet certain engagement and Quality Scorecard minimums in the Program, as discussed below in the Quality Measurement Program Requirements section. Participation Incentive and OIAs (if any) do not apply to time-based anesthesia, supplies and injectable drug fees/billings. These additional fees are advance payments intended to fund the practice's work on transformation, including time to meet with CareFirst staff, reviewing data, and redesigning workflow to

achieve optimal outcomes and value in the Program. If Panels do not invest in a way that achieves outcomes and value, the Participation Incentive is at risk of reduction or elimination.

One note to be clear: The 12-percentage point Participation Incentive is added to Base Fees, not multiplied against them, and may be reduced if certain conditions are not met.

The Participation Incentive is contingent upon meeting quality score and engagement requirements in the PCMH Program and will terminate upon the effective date of a practice's or Panel's termination from the Program. In this event, the payments to the practice will revert to the then-current CareFirst HMO and RPN fee schedules applicable to the practice without any incentives or Participation Incentives.

Measuring a Panel's Total Cost of Care vs. Trend Target

Success in the PCMH Program is determined by a Panel's ability to keep the global spend within a yearly trend target. An expected budget is set each Performance Year, built from the Panel's global medical and pharmacy spend in a base period, and adjusted for changes in Overall Medical Trend and Overall Pharmacy Trend, the relative risk of the Panel's patient population, and the Panel's attributed Members.

Base Period

The Base Period for Panels in 2019 will be an average of Per Member Per Month (PMPM) Medical and Pharmacy Costs from 2016 and 2017. The two-year Base Period reduces volatility and reflects the realities of changes in the local health market. At the start of each Performance Year, the Base Period will shift forward one year and will be restated using the Panel's current Pediatrician composition, lessening the impact of market shifts and adjusting for provider movement across Panels.

Risk Adjustment

With the availability of three years of historical data, CareFirst will transition to ICD-10 diagnosis codes for the 2019 Performance Year. Risk adjustment is calculated with ICD-10 applied to both the Base Period and the Performance Year, assuring the most accurate risk adjustment possible. Risk adjustment will use industry standard DxCG in 2019 as it has in the past to calculate Medical Illness Burden Scores (IBS) for Medical Budget calculation. Pharmacy budgets will be risk adjusted independently for Pharmacy Benefit Members based on the industry standard Pharmacy Risk Grouper which calculates Pharmacy Burden Scores (PBS). Panels' Performance Year budgets are adjusted based on changes in the risk of these two populations from Base Period to Performance Year.

Member Attribution

Attribution of Members will occur on a monthly basis using a 24-month claims lookback period. Pluralityof Pediatrician office visits and Member self-selection will determine the attributed provider for each Member. The attribution methodology prioritizes the plurality of visits over Member self-selection. Member self-selection is only used for attribution if there is no claims history in the 24-month lookback period. Attribution for Adult Panels will be restricted to Members age 18 and older, while attribution for Pediatric Panels will be restricted to ages 20 and younger.

Setting Budget Targets

Budgets for the 2019 Performance Year will be calculated using the Base Period (2016 and 2017) PMPM Medical and Pharmacy costs. Those PMPMs are then risk adjusted and trended forward to create the budget for the 2019 Performance Year population. In 2019, CareFirst will use Medical and Pharmacy trends specific to CareFirst's pediatric population. At the start of the Performance Year, a trend target will be established to set the Panel's budget and will be adjusted to match the actual trend at the end of the Performance Year. Trends will be set based on the portion of health care spending controlled by the owner of the Panels, as described below. Trend targets will adjust each year to bring growth in health care costs in line with wage inflation.

- Independent Panels
    - Medical: CareFirst trend minus 1 percentage point
    - Pharmacy: CareFirst Rx trend minus 1 percentage point
- Health System Panels
    - Medical: CareFirst trend minus 2 percentage points
    - Pharmacy: CareFirst Rx trend minus 2 percentage points

Adult Panels participating in the PCMH Program will have a trend factor based on the CareFirst trend specific to the adult population. See the Adult Program Description & Guidelines for details on the Adult Program.

Pediatric Exclusions

Some routine and catastrophic costs are excluded when creating the budget targets described above in order to effectively measure success within a pediatric population. The rationale for each exclusion is described below.

Required and Preventive Care for Ages 0 to 2

Pediatricians encounter a large and growing body of requirements each year, particularly for Members under the age of two. A Panel is not successful if they reduce cost by sacrificing evidence-based care. Practices should have the ability to accept newborns without fearing they will be negatively impacted. Therefore, starting in 2019, required and preventive care will be budget neutral and excluded from the Base Period and Performance Year through the age of two.

CareFirst developed a list of required and preventive care based on American Academy of Pediatrics guidelines, analysis of claims data from our pediatric Members, and input from our Pediatric Medical Advisors. The list includes immunizations, well-child visits, wellness screenings, and other routine preventive procedures.

With the understanding that some of this care may not be provided exactly by the 2nd birthday, there will bea grace period of two months built into theexclusions.

Refer to Appendix A for the full list of excluded services and relevant CPT codes. These services are excluded in the Base Period and the Performance Year when billed for a Member aged 26 months or younger.

Newborn Admissions

Admissions that occur within 14 days of life will remain excluded. Often these admissions are direct transfers to the NICU— occurring before the Pediatrician has established a relationship with the Member— and cannot be prevented.

Additionally, newborn admissions tend to disproportionately impact health system Panels adept at managing complex Members.

Catastrophic Costs

In most Pediatric Panels, very ill Members are rare. One or two can skew a budget. Specialists are often the primary caregivers in these cases, reducing the opportunity for co-management.

In order to mitigate the impact of outliers, Individual Stop Loss Protection is now applied at 100% once a Member reaches $85,000 in total spend for a Performance Year. In other words, costs are capped at $85,000 for Members attributed to Pediatric Panels.

Pediatricians are still responsible for Members that reach the cap from a quality perspective and are expected to utilize our clinical programs to support their care as appropriate.

Future SearchLight reports will show the total amount of exclusions removed from the Panel's Gross Debits. Collectively these exclusions provide incentive for Pediatricians to focus most on the Members and areas they can reasonably influence.

Quality Measurement Program Requirements

In addition to cost savings to budget, Panels must achieve clinical quality measures to be successful in the PCMH Program. CareFirst has selected quality measures that drive the most impactful health outcomes and align with those of other payers' programs where possible to maximize provider focus and minimize conflicting coding burdens. In fact, none of the claims-based measures are unique to CareFirst; 100% of these measures are included in the 2019 Core Set of Measures for Medicaid and CHIP and/or are a requirement for NCQA PCMHcertification.

CareFirst Core 10 Measures

Clinical Quality Scores will be a composite of 10 measures based on American Academy of Pediatrics (AAP) and NCQA HEDIS recommendations. Measures will now include process-based and outcomes-based measures collected through claims and practice surveys. Measures may require attestation, clinical data sharing, and survey responses in order for a Panel to achieve all Quality Scorecard points. Details of the inclusion and exclusion criteria for each measure can be found in the CareFirst Core10 Playbook. The 2019 CareFirst Core10 Measures for Pediatric Panels are shown below, with new measures for 2019 highlighted in orange.

2019 Pediatric Quality Score Card – Core 10 Pediatric Measures	Points
Wellness/Preventive Care	**55.0**
1. Well-Child Visits	**24.0**
Well-Child Visits in the First 15 Months of Life (W15)	8.0
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	8.0
Adolescent Well Visits (AWC)	8.0
2. Immunizations	**11.0**
Childhood Immunization Status (CIS)	5.5
Immunizations for Adolescents (IMA)	5.5
3. Preventive Care	**20.0**
Assessment of Weight and Counseling for Nutrition and Physical Activity	5.0
Use of Autism Spectrum Disorder Screening Tool	5.0
Use of Developmental Screening Tool	5.0
Use of Social Determinants of Health Screening Tool	5.0
Care of Routine Childhood Illness	**30.0**
4. Access	**10.0**
Children and Adolescents' Access to Primary Care Practitioners (CAP)	10.0
5. Acute and Chronic Condition Management	**9.0**
Appropriate Treatment of Children with Upper Respiratory Infection (URI)	4.5
Appropriate Testing for Children With Pharyngitis (CWP)	4.5
6. Care of Asthma	**6.0**
Medication Management for People with Asthma (MMA)	6.0
7. Specialists Referrals	**5.0**
Clinical Compacts	5.0
Care for Complex Cases and Behavioral Health	**15.0**
8. Use of Adolescent Depression Screening Tool	**5.0**
Use of Adolescent Depression Screening Tool	5.0
9. Follow-Up Care for Children Prescribed ADHD Medication	**4.0**
Follow-Up Care for Children Prescribed ADHD Medication Composite (ADD)	4.0
10. Follow-Up for Behavioral Health Care Composite	**6.0**
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	2.0
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	2.0
Follow-Up After Hospitalization for Mental Illness (FUH)	2.0
TOTAL	**100.0**

Claims-based measures are denoted in the table above with a three letter abbreviate. All claims-based measures are from NCQA HEDIS and points are awarded in tiers based on national and peer benchmarks. No points will be awarded for Panels failing to meet the first tier of each measure, roughly the 25th percentile. The rest of the measures are survey measures. Practice Consultants will meet with each pediatric practice to administer the 2019 Pediatric PCMH Survey in Summer/Fall 2019. Points are awarded based on whether the practice is using the relevant tools as part of their regular office workflows. Scores will be averaged across all practices to derive a Panel-level score for each measure at the end of the Performance Year. CareFirst will also use feedback from the Survey to inform the Pediatric Program and Quality Scorecard for 2020.

The Pediatric Clinical Quality Scorecard with tiered quality score benchmarks is detailed below. Numbers in the Panel Summary columns are for illustrative purposes only; results will vary by Panel.

VIII. Overall Quality Score

PCMH SearchLight Pediatric ScoreCard for Panel ABC — YTD, December 2019

G. Overall Panel Clinical Score and Rates

The Panel's clinical score is a year-to-date calculation comprised of 10 measures across four categories: Wellness/Preventive Care, Care of Routine Childhood Illness, Care for Complex Cases and Behavioral Health. Panel scores are compared to the National benchmarks when applicable, or peer benchmarks. Each of the 10 measures are worth 10 points for a combined total of 100 points. Point distribution is at the measure-level based on meeting the pre-determined benchmarks: Tier 4 receives 50%, Tier 3 receives 65%, Tier 2 receives 80%, and Tier 1 receives 100% of available points for the measure.

IP: In progress - Data available and is being analyzed.
NS: Benchmarks have not yet been set as the data is currently being analyzed.

ALL PROVIDERS

DRAFT

MEASURES	PANEL SUMMARY					BENCHMARKS				
						Not Tiered (0 Points)	Tier 4 (50% Points)	Tier 3 (65% Points)	Tier 2 (80% Points)	Tier 1 (100% Points)
WELLNESS/PREVENTIVE CARE	Points Available	Points Obtained	Compliant Members	# Member Opportunities/ Events	% Compliance	% COMPLIANCE TO ACHIEVE EACH TIER				
1. Well-Child Visits	24.00	14.40								
Well-Child Visits in the First 15 Months of Life	8.00	8.00	194	210	92.38	<74.58	74.58	80.75	85.71	90.85
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	8.00	0.00	119	172	69.19	<70.8	70.80	77.26	82.95	90.33
Adolescent Well Visits	8.00	6.40	92	130	70.77	<38.2	38.20	45.70	53.97	71.42
2. Immunizations	11.00	6.33								
Childhood Immunization Status	5.50	3.58	79	135	58.52	<44.28	44.28	52.55	60.34	69.40
• Hepatitis B			85	135	62.96	<80.78	80.78	87.59	91.48	95.32
• DTAP			120	135	88.89	<81.33	81.33	85.23	89.00	93.13
• IPV			119	135	88.15	<86.89	86.89	91.11	93.72	96.35
• HiB			116	135	85.93	<88.21	88.21	91.83	94.27	96.73
• Pneumococcal Conjugate			124	135	91.85	<81.16	81.16	85.98	89.63	93.61
• Rotavirus			107	135	79.26	<76.64	76.64	81.74	85.25	90.51
• Hepatitis A			130	135	96.30	<84.20	84.20	88.05	90.91	94.30
• MMR			129	135	95.56	<90.22	90.22	92.21	94.16	96.84
• VZV			129	135	95.56	<89.43	89.43	91.80	93.92	96.28
• Influenza			90	135	66.67	<59.43	59.43	66.50	72.99	81.12
Immunizations for Adolescents	5.50	2.75	13	64	20.31	<16.67	16.67	20.68	25.79	35.04
• TDAP			60	64	93.75	<81.60	81.60	88.10	92.08	95.86
• Meningococcal			59	64	92.19	<71.43	71.43	80.49	86.67	91.48
• HPV			20	64	31.25	<18.30	18.30	22.38	27.53	37.23
3. Preventive Care	20.00	15.00								
Assessment of Weight and Counseling for Nutrition and Physical Activity*	5.00	5.00								
Use of Autism Spectrum Disorder Screening Tool*	5.00	5.00								
Use of Developmental Screening Tool*	5.00	5.00								
Use of Social Determinants of Health Screening Tool*	5.00	0.00								
CARE OF ROUTINE CHILDHOOD ILLNESS										
4. Children and Adolescents' Access to Primary Care Practitioners (CAP) Composite**	10.00	8.13								
• CAP 12-24 Months	2.50	1.63	339	345	98.26	<97.10	97.10	98.19	98.78	99.65
• CAP 25 Months-6 Years	2.50	2.00	213	221	96.38	<89.35	89.35	92.36	94.16	96.98
• CAP 7-11 Years	2.50	2.00	173	176	98.30	<90.18	90.18	92.53	94.92	98.36
• CAP 12-19 Years	2.50	2.50	108	111	97.30	<87.42	87.42	90.18	92.77	96.98
5. Acute and Chronic Condition Management	9.00	9.00								
Appropriate Treatment of Children with Upper Respiratory Infection	4.50	4.50	80	80	100.00	<85.47	85.47	90.18	92.50	96.40
Appropriate Testing for Children With Pharyngitis	4.50	4.50	40	41	97.56	<82.61	82.61	88.03	91.48	95.59
6. Medication Management for People with Asthma (MMA) - Medication Compliance 75% Composite**	6.00	4.60								
• MMA 5-11 Years	2.00	1.00	3	8	37.50	<34.16	34.16	40.00	46.05	56.49
• MMA 12-18 Years	2.00	1.60	3	6	50.00	<33.12	33.12	38.22	44.27	52.08
• MMA 19-50 Years	2.00	2.00	1	1	100.00	<44.71	44.71	50.25	54.85	62.89
7. Clinical Compacts*	5.00	2.50								
CARE FOR COMPLEX CASES AND BEHAVIORAL HEALTH										
8. Use of Adolescent Depression Screening Tool*	5.00	5.00								
9. Follow-Up Care for Children Prescribed ADHD Medication (ADD) Composite**	4.00	1.30								
• ADD - Initiation Phase	2.00	1.30	19	8	42.10	<35.88	35.88	40.15	44.33	55.60
• ADD - Continuation & Maintenance Phase	2.00	0.00	5	2	40.00	<41.18	41.18	45.92	52.94	62.14
10. Follow-Up for Behavioral Health Care Composite**	6.00	3.90								
• Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7 days (Total)	2.00	1.60	2	11	18.18	<6.82	6.82	9.72	12.94	19.24
• Follow-Up After Emergency Department Visit for Mental Illness - 7 days	2.00	1.30	4	8	50.00	<37.75	37.75	44.42	51.82	68.87
• Follow-Up After Hospitalization for Mental Illness - 7 days	2.00	1.00	2	5	40.00	<38.33	38.33	46.28	54.25	65.42
Overall Clinical Score	100.00	70.16								

* Indicates a survey measure for which pediatric practices receive full points or zero points based on a yes/no response.
** Indicates a custom composite of NCQA-HEDIS sub-measures.

Pediatrician engagement continues to be critical for success in the PCMH Program. The Pediatric Engagement Scorecard measures a Panel's level of engagement with Local Care Coordinators and Practice Consultants and requires participation in care coordination and practice transformation. The Scorecard is comprised of three sections, scored quarterly by Local Care Coordinators and Practice Consultants. Scores are awarded on a Likert scale for each measure ((0) Unmet, (1) Strongly Disagree, (2) Disagree, (3) Somewhat Agree, (4) Agree, (5) Strongly Agree). Scores are recorded for each Pediatrician and averaged for the Panel each quarter. The final Pediatric Engagement Score is the average of all quarterly assessments. Panel scores can be found in the Overall Quality Score section in SearchLight.

Having an active Care Plan is required for certain measures related to care coordination. Some measures can be unassessed by the Practice Consultant if deemed appropriate. An unassessed score will be dropped from the denominator, however, unassessed scores for the same question, for an individual PCP in all four quarters, will result in a zero for the year. The Engagement Scorecard for Pediatricians enrolled in the Pediatric Program is detailed below:

2019 Pediatric Engagement Score Card	Points
I. Engagement with Care Coordination (Scored by Local Care Coordinator)	**25.0**
PCP timely and constructively completes a Clinical Status Review of all Members on the Core Target (CT1) list on a monthly basis to identify appropriate Care Plan Eligible Members.	2.5
PCP timely identifies Members who may have emerging needs (CT2) and reviews Members on the Potential Core Target (CT3) list who may be appropriate for Care Coordination.	2.5
PCP conducts an appropriate and timely Assessment Outcome for each Member on the Core Target list on a monthly basis.	2.5
PCP takes due care to review a Member's needs for all other TCCI Program Elements, including Home-Based, Enhanced Monitoring and Expert Consult services.	2.5
PCP takes due care to review a Member's needs for CMRs and Drug Therapy Recommendations and responds as needed.	2.5
PCP clearly and effectively explains to eligible Members the benefits of care coordination and TCCI Programs, assists in obtaining the Member's "Election to Participate," and works with the Member to set clear goals.	2.5
PCP is collaborative with the LCC, ensuring that the LCC has access to needed clinical information, completes Care Plans on a timely basis, provides consultation about Member status changes as needed, and works actively with Members to encourage compliance.	5.0
Overall, PCP is an active, willing, constructive, partner in achieving PCMH Program goals, helps create an environment in practice that is conducive to conducting the PCMH Program and instructs staff to this end.	5.0
II. Engagement with Pediatric Practice Consultant (Scored by Practice Consultant)	**30.0**
PCP facilitates Pediatric Practice Consultant's ability to communicate with and access office staff necessary to understand practice workflows and possible areas for practice transformation.	10.0
PCP provides unique email address in iCentric.	2.5
PCP demonstrates overall comprehension of the PCMH Program through actions, behaviors and words. PCP reviews Panel and PCP level data throughout the quarter with the CareFirst Practice Consultant and understands the relative performance of PCPs within the Panel to implement practice transformation recommendations.	10.0
PCP attends and actively participates in all PCMH Panel Meetings.	7.5
III. Practice Transformation (Scored by Practice Consultant)	**45.0**
Practice identifies cost-efficient specialists in the top specialty categories and has an effective workflow in place to refer Members to cost-efficient specialists in the top specialty categories.	15.0
Practice participates in clinical data sharing with CareFirst through our preferred data sharing platform or approved alternative method.	10.0
Practice has an effective plan for after-hours care to avoid unnecessary ER visits or breakdowns, such as same day appointments, after-hours appointments, the opportunity to speak with a clinician after hours, and telemedicine.	20.0
TOTAL	**100.0**

New measures are highlighted in orange. Panels must achieve at least 70 out of 100 points to receive the full Participation Incentive and to be eligible for an OIA.

Eligibility for Outcome Incentive Awards

The Pediatric PCMH Program pays substantial incentives to those Panels that demonstrate favorable outcomes and value for their Members. These incentives are called Outcome Incentive Awards (OIAs). All such incentives are expressed as add-ons to the professional fees paid to Pediatricians who comprise Panels who earn an OIA.

Panels must meet the conditions below to be eligible for an OIA:

1. The Panel must have joined the Program on or before July 1st of the Performance Year. If the Panel joins after this date, it will not be eligible for an OIA until the following Performance Year.

2. The Panel must have a cost savings to budget in their Patient Care Account (i.e., Credits must exceed Debits).

3. The Panel must achieve 70 out of 100 points on the Engagement Scorecard and 50 out of 100 on the Clinical Quality Scorecard.

4. Each PCP must complete a clinical status review each month of all Members in their Core Target Population and document all results as an Assessment Outcome.

5. The Panel must be viable by having at least 15,000 Member Months for the Performance Year.

OIAs are effective August 1 of the year following the Performance Year (e.g., August 1, 2020 for **Performance Year #9 - 2019**) and remain in place for a full year until July 31 of the following year (e.g., July 31, 2021.). In order to be paid an OIA, the practice must participate in the Pediatric PCMH Program throughout the incentive pay out period (August 1st - July 31st) following each Performance Year.

All OIAs earned by each Panel are added on top of Base Fees and Participation Incentives.

OIAs are always calculated at the Panel level. Panels that are part of a larger entity may be paid their OIA at the entity level. The entity may elect to be paid this aggregated OIA amount based on combined, weighted results for all Panels (including non-viable and ineligible Panels) or be paid separate OIAs for each winning Panel.

For a Panel that joins the Program within the first six months of the Performance Year, any earned OIA will be prorated based on effective date of Panel's entry into the Program as shown below.

Proration of Outcome Incentive Award (OIA)

Effective Date	Prorated Percentage
1/1	100
2/1	92
3/1	83
4/1	75
5/1	67
6/1	58
7/1	50

OIA fees and the Participation Fees will cease immediately upon termination of a practice's participation in the Program and/or termination of a Panel from the Program.

The OIA is the intersection of cost savings to budget and PCMH Quality Scorecard results. The incentive awarded back to the Panel is designed to be roughly one third of the Panel's savings. Panels can achieve a higher OIA by earning higher scores for Pediatric Engagement and Clinical Quality, winning multiple years in a row, and having a larger Panel attribution. The OIA formula are described below. Quality Scores are an average of the Panel's Engagement Scorecard and Clinical Quality Scorecard results.

OIA Formulas Based on Panel Size and Win Years

Duration* ***Pediatric Panels***	Average Members	Outcome Incentive Award	
1	**3,000+**	Fee Increase = [(Quality Score + 30)/100] * **2.25** * % Savings	
1	**2,000-2,999**	Fee Increase = [(Quality Score + 30)/100] * **1.90** * % Savings	
1	**1,250-1,999**	Fee Increase = [(Quality Score + 30)/100] * **1.69** * % Savings	
2	**3,000+**	Fee Increase = [(Quality Score + 30)/100] * **2.25** * %Savings	* 1.10
2	**2,000-2,999**	Fee Increase = [(Quality Score + 30)/100] * **1.90** * %Savings	* 1.10
2	**1,250-1,999**	Fee Increase = [(Quality Score + 30)/100] * **1.69** * %Savings	* 1.10
3+	**3,000+**	Fee Increase = [(Quality Score + 30)/100] * **2.25** * %Savings	* 1.20
3+	**2,000-2,999**	Fee Increase = [(Quality Score + 30)/100] * **1.90** * %Savings	* 1.20
3+	**1,250-1,999**	Fee Increase = [(Quality Score + 30)/100] * **1.69** * %Savings	* 1.20

Pediatric Quality OIA

Pediatric Panels can also be rewarded for providing high quality of care. Pediatric Panels achieving a Clinical Quality Score of 90 or above and do not achieve their budget target will be awarded 5 points on their fee schedule as a Quality OIA if they meet all other OIA eligibility criteria.

CareFirst Offering Option for Upfront PCMH OIA Payment to Settle 2019 Performance Year: updated April 15, 2020

Due to the COVID-19 Pandemic, CareFirst will be offering eligible Panels an option to accept a one-time, lump sum OIA payment in lieu of the usual fee schedule adjustment effective August 1, 2020 through July 31, 2021. This lump-sum OIA payment ("Lump Sum OIA") will be based on 25% of the Panel's shared savings and will be increased or decreased based on the Panel's performance on quality measures and persistency (the number of consecutive years a Panel has achieved an OIA).

If a practice accepts the Lump Sum OIA, it will not receive the standard OIA, which is based on an adjustment to the provider's fee schedules. Accordingly, the fee schedules for practices that accept the Lump Sum OIA will return to the normal contracted fee schedule on August 1, 2020, when OIA adjustments for the 2019 Performance Year would normally have gone into effect. Eligible practices will, however, continue to receive the 12 percent Participation Incentive on top of their normal contracted fee schedule through the duration of their participation in the PCMH Program.

Consistent with the Centers for Medicare and Medicaid (CMS) and the National Committee for Quality Assurance (NCQA) actions, CareFirst is removing the Clinical Quality minimum score requirement of 50/100 for the 2019 Performance Year. The PCP Engagement minimum of 70/100 remains, and practices in Panels not meeting this minimum will not be eligible for shared savings in lump sum or standard OIA payout.

Practices, defined by the same Tax-Identification Number, that are interested in opting-in to receive the Lump Sum OIA should look for communication from CareFirst with detailed instructions and deadlines for applying. Practices that opt-in can expect to receive their Lump Sum OIA in May 2020. Panels with multiple Tax Identification Numbers will have their OIA lump sums allocated based on their percentage of the Panel's 2019 Performance Year Credits.

Practices who decide not to opt-in to the one-time lump sum OIA payment will receive their OIA as defined in the 2019 PCMH Program Description and Guidelines starting on August 1, 2020 for the 2019 Performance Year.

Eligibility for Participation Incentive

Participation Incentives are intended to fund the providers' time and attention to the Program and to assure front line providers are properly informed of utilization, savings to budget and Quality Scorecard results necessary to drive transformation leading to better outcomes and value for the CareFirst population.

Practices can earn their 12 point Participation Incentive by engaging in practice transformation and by sharing all PCMH utilization, budget, Quality Scorecard and OIA data with PCPs. Panels who do not meet at least 70/100 on the PCP Engagement Scorecard and 50/100 on the Clinical Quality Scorecard may lose all or portions of their Participation Incentive based on market size category as shown below. Adjustments for Panels losing all or part of the 12 Points will go into effect in August of 2020 based on 2019 Performance.

The amount of the Participation Incentive at risk is dependent upon the size of the practices within Panels and their influence over the larger health care market. Three points will be at risk for independent, primary care centric practices, six points for Panels part of independent, multi-specialty practices, and 12 points for Panels part of multi-hospital health systems.

Determining market size category:

- Entrepreneurial (3pts): All virtual Panels, single site independent Panels, multi-site independent Panels in a primary care only practice or multi-specialty practice with less than 50 Pediatricians
- Corporate (6pts): Multi-site independent Panels in a multi-specialty practice or practices with greater than 50 Pediatricians
- Health System (12pts): Multi-Hospital health systems and/or hospitals that employ a comprehensive range of specialties.

Changes in Participation Incentive will be effective on August 1st of the year following the Performance Year (e.g., August 1, 2020 for **Performance Year #9 - 2019**) and remain in place for a full year until July 31 of the following year (e.g., July 31, 2021.)

Changes in Panel Composition

A variety of circumstances may arise over time that may impact Provider membership of a Panel or practice. Panels or practices may dissolve, change their provider membership via attrition or termination, or allow Pediatricians to leave and join other Panels.

A Pediatrician may change Panels for any reason, including a change in his/her practice location or a change in his/her affiliation with a particular practice. In this case, the Pediatrician may join another Panel in the new location, or another practice that is part of Virtual Panel.

The following rules govern these Panel changes:

1. If a Panel's participation falls below five Pediatricians it must, within one year, increase its membership to five or more or the Panel will lose OIA eligibility for the Performance Year. If the Panel participation falls below five Pediatricians for a full year, the Panel will be terminated from the Program. Exceptions may be granted with written request through Panel Governance.

2. A Panel may request an exception to the upper limit of 15 Pediatricians in writing. For an exception to be granted, the Panel must demonstrate that the Panel practices as a cohesive unit and must provide compelling justification as to why such larger size would not unduly diminish the contribution of each Pediatrician to overall Panel performance.

3. Multi-Panel Independent Group Practices and Multi-Panel Health Systems may choose to have an OIA paid at the entity wide tax identification number (TIN) level, notwithstanding the fact that all OIAs are determined at the Panel level as a Program requirement. In the situation, all Panels under the same TIN will receive a single OIA, determined by the weighted average of each Panel, weighted on size of Panel Debits.

4. If a new Pediatrician or practice joins an existing practice, the reimbursement level of the existing practice will be assumed by the new Pediatrician or practice, including the Participation and OIA Incentive fees (if any), once the new Pediatrician has signed on to the PCMH Program. A new Pediatrician joining an existing practice will only be considered to be a member of the Panel on a prospective basis. No retroactive enrollment is allowed.

5. If a Pediatrician leaves a Panel but remains in the CareFirst HMO and RPN networks without participating in another Panel, the Pediatrician will lose the Participation Incentive and OIA incentive fees at the point they terminate from the Panel.

6. If a Panel changes ownership or Tax ID, but the actual Pediatricians making up the Panel remain the same, the Panel will be treated as having continuous participation in the PCMH Program for the purposes of OIA and persistency awards.

7. Any practice that joins a Panel is required to be an active PCMH participant of that Panel during the last two complete calendar quarters of the current Performance Year to be eligible for an OIA. That is, only practices that actively participate in the Program by July 1 of the Performance Year are eligible for an OIA for that Performance Year. If a practice joins a Panel after July 1, that practice is excluded from the OIA for that Performance Year. A practice will be considered active in the Pediatric PCMH Program once the practice has signed both a Panel contract and the PCMH Addendum to their network agreement with CareFirst. A retroactive enrollment date is not allowed for practices that are new to PCMH.

8. Acceptance of a practice into an existing Panel requires unanimous agreement by the Panel, communicated in writing to CareFirst by the Panel's Designated Provider Representative (DPR).

9. If a practice leaves a Panel after the end of a Performance Year, joins another Panel and remains in good standing with the Program, the practice will keep the OIA earned in the previous Panel.

Appeals

Any Pediatrician or Panel as a whole may submit a letter to CareFirst requesting review of any aspect of the calculation of an OIA that they believe to be made in error. CareFirst will promptly (within two weeks) contact the Pediatrician and Panel to discuss the information submitted with the request as well as any other pertinent information. Following a thorough review, CareFirst will notify the appealing Pediatrician and/or Panel of its response in writing within 90 days of the receipt of complete information from the Pediatrician and/or Panel.

CareFirst will make corrections in Panel results if any errors are found. In carrying out corrections, CareFirst may provide a correction on a prospective basis or on a retrospective basis, depending on the circumstances of the particular case.

Signing on with PCMH

Participation in the Program is entirely voluntary. There is no penalty or negative impact on existing CareFirst fee payments for network RPN and HMO PCPs or practices who elect not to participate.

Each Pediatrician (or the practice to which they belong) will be required to sign an Addendum to its CareFirst RPN and HMO Participation Agreements.

If a Pediatrician applying for participation in the Program is in an established large group practice that contains more than 15 Pediatricians, the practice and CareFirst will agree on the way the practice will be divided into Panels prior to the effective date of Program participation.

If a Pediatric applicant is in a solo practice or a small practice and wishes to participate in the Program by joining another Panel(s) or practice(s) as part of a Virtual Panel, then all of the Pediatricians who would make up the Virtual Panel must sign a PCMH enrollment form indicating that they are voluntarily forming a Virtual Panel for the purposes of the Program and are attesting to their commitment to work individually and collectively toward Program goals. If a Virtual Panel is not formed, the practice will be added to a Collaborative Panel at CareFirst's sole discretion.

All Pediatricians within a practice who submit claims to CareFirst for payment under a single tax ID number must join so that all participate in the Program. Any division of the practice into Panels made for performance tracking purposes as described above does not affect this participation requirement.

Each Panel must designate a lead Provider called a Designated Provider Representative (DPR) to act as a primary point of contact between the Panel and CareFirst.

As stated above, practices receive formal PCMH Recognition by CareFirst immediately upon execution of the Participation Agreements, as defined by PCMH designation in the CareFirst Provider Directory.

Termination from PCMH

A Practice may terminate its participation in the Program upon ninety (90) calendar day's prior written notice to CareFirst for any reason.

A Panel may terminate participation in the Program with ninety (90) calendar day's prior written notice to CareFirst for any reason. This will terminate all participants within such Panel from the Program unless they join another Panel. If a Pediatrician in a practice terminates participation in the Program, but does not terminate from the practice, the practice will be terminated from the Program. Notwithstanding this requirement, in the case of a Pediatrician who is recalcitrant with Program engagement, an individual Pediatrician may be terminated from the PCMH Program. Once the Pediatrician is terminated, they will no longer receive the participation fee or OIA.

A Virtual Panel may change its self-selected team of Pediatricians at any time, if it continues to meet the minimum size requirements of the Program and notifies CareFirst. The consent of at least three-fifths (3/5) of the Pediatricians in the Virtual Panel is required to forcibly remove a practice from the Panel.

CareFirst may immediately terminate a practice, Pediatrician and/or Panel from the Program under the following

circumstances with written notice, unless the termination is related to the discontinuance of the entire Program which requires 90 calendar day's prior written notice:

1. The practice, PCP and/or Panel repeatedly fails to comply with the terms and conditions of the Program.

2. The practice, PCP and/or Panel has substantial uncorrected quality of care issues.

3. Termination of either the Master Group Participation Agreement, or the Primary Care Physician Participation Agreement which terminates the Group's, Pediatrician's and/or Panel's participation in CareFirst's RPN or HMO networks.

4. Any other termination reason set forth in the termination provisions of the underlying Participation Agreements within the applicable notice periods set forth therein.

The payment of the Participation Fee and any OIA will immediately terminate upon the effective date of the Pediatrician's, Group's or Panel's termination from the Program regardless of the reason for termination.

Termination for Failure to Engage in Care Coordination

CareFirst may also terminate a Pediatrician or practice for persistent failure to engage in the care coordination components of the Program upon due notice and consultation in accordance with the process outlined below.

A Pediatrician or practice that persistently fails to engage with the care coordination components of the Program will be terminated from the Program. The Regional Care Director (RCD), who is the PCMH Program lead for Care Coordination, will have oversight of the termination process as it relates to lack of engagement. When the RCD determines that a Pediatrician or practice, despite multiple in person visits to the Pediatrician's office, fails to engage, the RCD will begin the process of terminating the Pediatrician from the Program.

As a first step in the termination process, the Pediatrician or practice that is not engaging with the components of the Program will receive a 90-day warning letter from the RCD, reminding him or her of the requirements for continued participation. This is the first of three letters sent with a copy to the other Panel members. This letter identifies the termination date if engagement with CareFirst does not occur, as defined as an in-person meeting with the RCD and or Practice Consultant to discuss and agree to all requirements for participation in PCMH as defined in the PCMH Program Description and Guidelines. If the Pediatrician or practice is still unwilling to engage after 30 days, the RCD will send the Pediatrician or practice a final warning letter stating that termination from the Program will result from continued non-engagement. If the Pediatrician or group still does not engage as described above, the Pediatrician or group will be notified that termination will occur on the date originally presented in the 90–day letter and termination will occur on that date.

If the Pediatrician or practice begins to engage with the care coordination components of the Program, as described above, during the termination process, the RCD may suspend the termination process. The termination process may be reinstated if the Pediatrician or Group does not sustain their Engagement with the components of the Program.

The payment of the Participation Fee and any OIA will immediately terminate upon the effective date of the Pediatrician's, Group's or Panel's termination from the Program regardless of the reason for termination.

Disqualification of Participants

In the event that a CareFirst Pediatric PCMH practice does not meet the participant qualifications as defined above in the Panel Composition section of the Program Description and Guidelines, it must provide immediate notice to CareFirst whereupon the practice will be disqualified from participation in the Program. All PCMH related financial incentives will cease for claims with dates of service on or after the Pediatrician's /Practice's/Panel's termination date.

Appendix A. 2019 Pediatric Budget Exclusions

The following services are excluded in the Base Period and the Performance Year when billed for a Member aged 26 months or younger.

Immunizations

Code	Description	Code	Description
90460	im admin 1st/only component	90707	mmr vaccine sc
90461	im admin each addl component	90710	mmrv vaccine sc
90471	im admin w/o counseling	90713	poliovirus ipv sc/im
90472	im admin w/o counseling	90715	tdap vaccine 7 yrs/> im
90473	im admin w/o counseling	90716	chicken pox vaccine sc
90474	im admin w/o counseling	90721	dtap/hib vaccine im
90632	hep a vaccine adult im	90723	dtap-hep b-ipv vaccine im
90633	hep a vacc ped/adol 2 dose	90732	pneumococcal vaccine
90634	hep a vacc ped/adol 3 dose	90733	meningococcal vaccine sc
90636	hep a/hep b vacc adult im	90734	meningococcal vaccine im
90644	meningoccl hib vac 4 dose im	90740	hepb vacc ill pat 3 dose im
90645	hib vaccine hboc im	90743	hep b vacc adol 2 dose im
90647	hib vaccine prp-omp im	90744	hepb vacc ped/adol 3 dose im
90648	hib vaccine prp-t im	90746	hep b vacc adult 3 dose im
90649	hpv vaccine 4 valent im	90747	hepb vacc ill pat 4 dose im
90653	flu vaccine adjuvant im	90748	hep b/hib vaccine im
90654	flu vaccine no preserv id	4040F	pneumoc vac/admin/rcvd
90655	flu vac no prsv 3 val 6-35 m	G0009	Administration of Pneumococcal Vaccine
90656	flu vaccine no preserv 3 & >		
90657	flu vaccine 3 yrs im		
90658	flu vaccine 3 yrs & > im		
90660	flu vaccine nasal		
90661	flu vacc cell cult prsv free		
90662	flu vacc prsv free inc antig		
90666	flu vac pandem prsrv free im		
90669	pneumococcal vacc 7 val im		
90670	pneumococcal vacc 13 val im		
90672	flu vaccine 4 valent nasal		
90680	rotovirus vacc 3 dose oral		
90681	rotavirus vacc 2 dose oral		
90685	flu vac no prsv 4 val 6-35 m		
90686	flu vac no prsv 4 val 3 yrs+		
90687	flu vaccine 4 val 6-35 mo im		
90688	flu vacc 4 val 3 yrs plus im		
90696	dtap-ipv vacc 4-6 yr im		
90698	dtap-hib-ip vaccine im		
90700	dtap vaccine < 7 yrs im		

Well-Child Visits

Code	Description
99381	init pm e/m new pat infant
99382	init pm e/m new pat 1-4 yrs
99383	prev visit new age 5-11
99384	prev visit new age 12-17
99385	prev visit new age 18-39
99391	per pm reeval est pat infant
99392	prev visit est age 1-4
99393	prev visit est age 5-11
99394	prev visit est age 12-17
99395	prev visit est age 18-39

Screening Tools

Code	Description
96110	Developmental Screening
96111	Developmental Screening
96160	Nutrition/HRA Screening
96161	Maternal Depression Screening

In-Office Labs/Procedures

Code	Description
99000	Specimen handling and transfer
36406	Venipuncture, younger than 3 years
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen
82247	Bilirubin, total
88720	Bilirubin, total, transcutaneous
80061	Lipid panel (including TC, HDL, triglycerides)
82465	Cholesterol, serum, total
83718	Lipoprotein, direct measurement, HDL cholesterol
84478	Triglycerides
85018	Blood count; hemoglobin
83655	Lead
S3620	Newborn metabolic screening panel
86580	Skin test; tuberculosis, intradermal
99188	Fluoride Varnish
99174	Vision screening, remote analysis and report
99177	Vision screening, on-site analysis and report