



Developmental Screening Focus Study Results

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Overview

- 2016 DHCS commissioned its External Quality Review Organization (EQRO) to perform a focused study to determine if *Developmental Screening in the 1st Three Year of Life* is a reasonable surrogate for developmental screening in California's Medical program
 - Measure relies on use of Current Procedural Terminology (CPT) code 96110
 - Concerns about lack of knowledge about and use of code by providers



Methodology

- EQRO performed following key activities:
 - Two questionnaires
 - For Stakeholders
 - For MCPs
 - Administrative data analysis of calendar year 2015 utilizing encounter data
 - Administrative rates for the *Developmental Screening in the First Three Years of Life* measure based on the specification (i.e., based on CPT Code 96110) for calendar year (CY) 2015



Administrative Analysis

- 4 Study Indicators:
 - Administrative rates for Developmental Screening for CY 2015 based on CPT 96110
 - Percentage of active providers who submitted CPT Code 96110, stratified by provider type and/or specialty
 - Modified rates for CY 2015 based on *additional procedure codes* provided by MCPs in their questionnaires
 - Compare rates (i.e., rates based on CPT Code 96110) from the *campaign versus non-campaign regions* based on the responses to the questionnaires from stakeholders



Stakeholder Questionnaire

- 7 responses
- 8 questions regarding:
 - Interest in developmental screening
 - Historical studies related to developmental screening/CPT code 96110
 - Interventions/campaigns aimed at improving rates for developmental screening
 - Known barriers to Medi-Cal beneficiaries receiving developmental screening
 - Known barriers for providers administering developmental screening and/or coding with CPT 96110
 - How would the results of the study assist the organization?



MCP Questionnaire

- 20 responses
- 12 questions regarding:
 - Has managed care plan (MCP) provided guidelines to providers on use of CPT 96110 and conducting developmental screening?
 - Does MCP use any additional CPT codes?
 - Any provider incentives for CPT 96110 or providing developmental screening?
 - MCP provide any funding to providers for developmental screening tools?
 - Any interventions planned or ongoing to improve rates in developmental screening?
 - Any known barriers to beneficiaries receiving or providers providing developmental screening?



Results

- Questionnaires identified similar barriers:
 - Lack of education on the importance of children receiving developmental screening (provider and beneficiary)
 - Resource constraints
 - Lack of referral services and/or pathways
 - Inconsistent use of standardized tools
 - Inconsistent use of CPT 96110
 - Data reporting issues so that it can't be accurately assessed whether or not a child has received developmental screening
 - No standardized approach to administering and coding for developmental screenings so rate may be under-reported



Results

- Data analysis:
 - Statewide coding rate for CPT 96110 at 1, 2 and 3 years of age (CY 2015):

| Age Group | Rate |
|----------------|--------------|
| 1 Year of Age | 54.8% |
| 2 Years of Age | 41.1% |
| 3 Years of Age | 30.8% |
| Total | 36.3% |

- Rates varied considerably among reporting units
- Additional codes (4) provided by MCPs increased rates by only 1.6%

| Age Group | Rate | Change |
|----------------|--------------|-------------|
| 1 Year of Age | 54.9% | 0.1% |
| 2 Years of Age | 41.2% | 0.1% |
| 3 Years of Age | 30.9% | 0.1% |
| Total | 36.5% | 0.2% |



Results

- Data analysis:
 - Intervention campaigns
 - 1st campaign region: Orange County
 - 2nd campaign region: Santa Clara and Los Angeles Counties
 - Remaining counties non-campaign regions
 - Comparison of rates from campaign vs non-campaign regions:
 - Rates for all age groups from Orange County more than 50% higher than those from the non-campaign region
 - Rates from Los Angeles and Santa Clara Counties for all age groups within 3.1% of the non-campaign regions
 - Percentage of active providers who submitted CPT Code 96110
 - 18.0 percent, 11.9 percent, 12.0 percent, and 7.5 percent for CNP, Clinic, Physicians/PG: PCP, and RHC/FQHC, respectively
 - Highest for 2 year old age group



Recommendations

- CPT 96110 may not reflect the true developmental screening services provided in CY 2015 for all reporting units
 - CPT Code 96110 should not be used as the sole source to evaluate MCPs' performance for developmental screening
 - DHCS could consider developmental screenings as a quality measure and/or reporting standard after:
 1. All MCPs begin submitting/using CPT Code 96110 in a consistent way
 2. DHCS verifies that using CPT Code 96110 is a reliable way of identifying developmental screenings from encounter data
 3. Issue surrounding the continuous enrollment criteria for age group "1 Year of Age" is solved.



Recommendations

- Work with MCPs to identify and evaluate interventions and/or campaigns implemented to improve developmental screening rates and/or use of CPT Code 96110
- Encourage MCPs to consider the inclusion of incentives for administering developmental screenings
- Collaborate with MCPs and stakeholders to establish educational efforts to ensure that parents of eligible children recognize the importance of screenings and understand how to navigate referral pathways when intervention services are identified as a need



Next Steps

- Discussing the focus study results with MCPs to identify ways to work collaboratively on developmental screening
- Exploring ways to share best practices
- Learn from success of prior interventions (e.g., previous campaigns, recent MCP Performance Improvement Project)



Thank you.

Questions:

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