

HEALTH *matters* MD



A periodic newsletter for Health Plan of San Mateo (HPSM) network providers
HPSM is a non-profit community health plan that manages the health care of over 160,000 members, including all Medi-Cal eligible residents in San Mateo County.

March 2023

Mat Thomas, Editor | Peggie Van, Designer

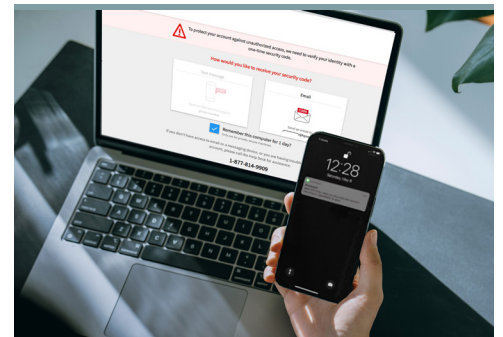
FEATURE ARTICLES



Make Sure Your Patients Don't Lose Medi-Cal Coverage
Continuous Coverage Unwinding Period Starts April 1st



What You Need to Know About New Completion Requirements for the Initial Health Appointment (IHA)



Set Up Your Provider Portal Two-Factor Authentication Login Using Your email or Cell Phone Number

HPSM NEWS

Celebrating 35 Years — and a Healthy Future

HPSM Is Now a Community Investor

CareAdvantage Members Get \$360 a Year in Over-the-Counter Benefits

PROVIDER RESOURCES

HPSM's Diversity, Inclusion and Health Equity Microsite

Celebrating Diversity!

Online Provider Directory Making Referrals Easier

HPSM's Population Health Management (PHM) Program

CLINICAL CORNER

Cervical Cancer Screening and Patient-Centered Pelvic Exams

Annual Patient Experience Survey

Reminder: Respond to HEDIS Record Requests

Are Your Patients 21 and Under Due for Well-Child Visits?



MAKE SURE YOUR PATIENTS DON'T LOSE MEDI-CAL COVERAGE

Continuous Coverage Unwinding period starts April 1st

The continuous Medi-Cal coverage requirement that was part of the federal COVID-19 public health emergency (PHE) since March 2020 will end on March 31, 2023. The California Department of Health Care Services (DHCS) will initiate a Medi-Cal Continuous Coverage Unwinding period starting April 1, 2023.

For the first time in three years, the San Mateo County Human Services Agency (HSA) will resume reviewing Medi-Cal members' eligibility for renewed Medi-Cal coverage. Medi-Cal renewals are processed about two months before a member's original yearly renewal month. For example, if a patient's Medi-Cal renewal month is November, their Medi-Cal renewal will start in September.

Your patients' eligibility for Medi-Cal coverage may have changed since 2020. For example, if their income has gone up or they now have private health insurance through an employer. Patients who are no longer eligible for Medi-Cal coverage, and don't have coverage through an employer, may qualify for tax subsidies to buy affordable health care through Covered California. They can learn more at www.coveredca.com.

People who need to send HSA more information will get a renewal packet in the mail. Please let your patients know:



If they already received a Medi-Cal renewal packet, they need to submit it before the due date shown in the packet. They should do this even if they don't have all the paperwork.



If they don't have their packet or can't find it, they need to call HSA right away at 1-800-223-8383 and ask them to send a new packet. Once they get it in the mail, they must submit their information right away.

THERE ARE TWO WAYS PATIENTS CAN SUBMIT THEIR RENEWAL INFORMATION:



For fastest service, they can sign in or create an account at www.mybenefitscalwin.org. All they need is an email address.



Call HSA:
1-800-223-8383.

WHAT YOU NEED TO KNOW ABOUT NEW COMPLETION REQUIREMENTS FOR THE INITIAL HEALTH APPOINTMENT (IHA)

This year, the California Department of Health Care Services (DHCS) changed the name of the IHA from Initial Health Assessment to **Initial Health Appointment**. They also updated the following completion requirements:

1. **The IHA must be completed within 90 days** of the patient's assignment to their primary care provider (PCP).
2. **DHCS has clarified changes to the Health Information Form / Member Evaluation Tool (HIF/MET).** Federal regulations require PCPs to report positive screening results to HPSM using the HIF/MET within 90 days of a member being assigned to them.
3. **The Individual Health Education Behavior Assessment (IHEBA) and Staying Healthy Assessment (SHA) were retired on January 1, 2023.** The SHA was used as a standardized form to streamline the IHEBA used by all managed care plans. However, the following DHCS requirements remain in effect:
 - a. Providers must administer all preventive screenings for adults and children that are recommended by the United States Preventive Services Taskforce (USPSTF). However, you are no longer required to complete all screenings during the initial appointment.
 - b. DHCS will measure primary care visits as a proxy for the IHA, leveraging Managed Care Accountability Sets (MCAS) measures specific to infant and child/adolescent well-child visits and adult preventive visits. For children, DHCS will measure both primary care visits and childhood screenings, including but not limited to screenings for adverse childhood experiences (ACEs), developmental disorders, depression, autism, vision problems, hearing issues, blood lead levels and substance use disorders (SUDs).
 - c. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings will continue to be covered for individuals under 21 years of age.

The IHA is a comprehensive assessment

completed during a new patient's initial visit(s) with their PCP. During the IHA, the PCP assesses and manages the patient's acute, chronic and preventative health needs. DHCS and the Managed Risk Medical Insurance Board (MRMIB) require that all newly enrolled HPSM members receive an IHA within 90 days of being assigned to their PCP.

Remember: an IHA isn't required if a PCP determines that the HPSM member's medical record contains complete information updated within the previous 12 months.

- ▶ • **Visit HPSM's website to learn more about the IHA**, including the elements providers need to address during an IHA and how to find out which members have been newly assigned to you.
- **Learn more about the recent IHA changes by reading DHCS's all-plan letter.** If you have questions after reading that, email Provider Services at psinquiries@hpsm.org.

SET UP YOUR PROVIDER PORTAL TWO-FACTOR AUTHENTICATION LOGIN

HPSM now requires two-factor authentication for logging in to our Provider Portal. Adding this extra layer of protection aligns us with digital security best practices for transmitting personal health care information online.



The next time you log in to the Provider Portal, you will be required to set up two-factor authentication using an email address or Short Message Service (SMS) via a cell phone number. Then, each time you access the Provider Portal, you will need to enter a six-digit code (received via email or SMS on your smartphone, depending on the option you chose during setup).

- ▶ If you have any questions about setting up or using two-factor authentication on the Provider Portal, please reach out to the Provider Services Department by calling **650-616-2106** or emailing psinquiries@hpsm.org.

CELEBRATING 35 YEARS — AND A HEALTHY FUTURE



In December 2022, HPSM celebrated 35 years as a health plan! Reaching this milestone shows the vital role HPSM plays in the health and well-being of San Mateo County's residents.

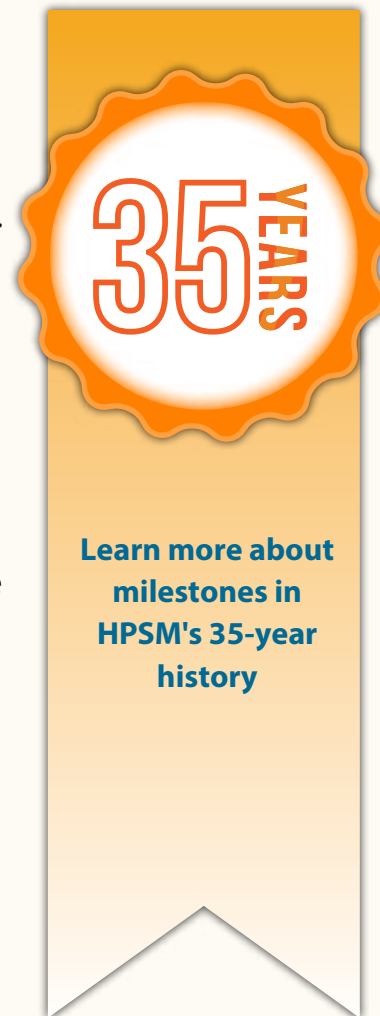
Over the past three and a half decades, HPSM has built a strong foundation to create an even healthier future for our community. Through the State's California Advancing and Innovating Medi-Cal (CalAIM) transformation, we've been able to expand and improve our programs. Enhanced Care Management is

an example of that. We are working with community partners to implement new projects addressing homelessness and young people's mental health.

Just over a year ago, I became HPSM's CEO, a position held by Maya Altman for 16 years. Working with Maya as Deputy CEO for six years, I learned that leading HPSM into the future means keeping our members at the center of everything we do today while also setting up programs that will ensure better health for them tomorrow.

Looking back on our 35 years as a health plan will help us create a brighter, healthier future for San Mateo County.

Best,
Pat Curran



HPSM IS NOW A COMMUNITY INVESTOR

California Advancing and Innovating Medi-Cal (CalAIM) is a five-year, Statewide, multi-system Medi-Cal transformation. Its main focus is helping the highest-risk, highest-needs Medi-Cal members be as healthy as possible.

When the California Department of Health Care Services (DHCS) launched CalAIM on January 1, 2022, HPSM began offering two core CalAIM programs:

- **Enhanced Care Management (ECM)**, which provides extra care coordination services to our most at-risk Medi-Cal members.
- **Community Supports (CS)**, which covers non-medical types of help to address life challenges that can affect Medi-Cal members' health (such as food and housing insecurity).

In 2022, HPSM also started an exciting new role as a community investor

We earned millions of dollars in CalAIM incentive funds to support our ECM and CS programs as well as local projects addressing the social drivers of health. This allowed us to take on a new role as a community investor by financing two major new San Mateo County initiatives:

As part of the Housing and Homelessness Incentive Plan (HHIP), we are helping to fund a 240-bed Navigation Center in Redwood City. This facility opened in January 2023 and has a variety of housing options. It also offers onsite services such as counseling, vocational training, housing assistance and case managers who connect clients with additional support services.

As part of the Student Behavioral Health Incentive Program (SBHIP), we are funding the efforts of three local educational institutions to launch CalAIM projects that will support their students' mental health. The San Mateo County Office of Education, Stanford, South San Francisco Unified School District and Redwood City Unified School District will start offering these services on January 1, 2024.

▶ [Learn more about HPSM's role in CalAIM](#) including the programs we offer and how we are improving them, our Population Health Management enhancements, our new role as a community investor.

CAREADVANTAGE MEMBERS GET \$360 A YEAR IN OVER-THE-COUNTER BENEFITS

CareAdvantage Dual Eligible Special Needs Plan (D-SNP) is San Mateo County's *only* locally based Medicare Advantage plan for residents with Medi-Cal and Medicare. It takes care of your patients with many benefits to support a healthy lifestyle.

For example, **CareAdvantage members get up to \$360 every year* for over-the-counter (OTC) drugs and medical supplies.** A prepaid debit card makes this benefit easy to use. It's loaded with \$90 every three months so members can buy things like:

- ✓ Cold, flu and allergy medicines
- ✓ Medical, dental and hygiene supplies
- ✓ Incontinence supplies, vitamin supplements and more

Members can even use the prepaid debit card at local retailers (such as Walgreens and CVS). Or they can order products from anywhere using the MyBenefits app, website, phone number or mail-in form.



Encourage your dual-eligible patients to join CareAdvantage

Members can enroll over the phone by calling:

Toll-free: **1-888-252-3153**

Local: **650-616-1500**

TTY: **1-800-735-2929** or
7-1-1

Monday through Friday,
9:00 a.m. to 6:00 p.m.

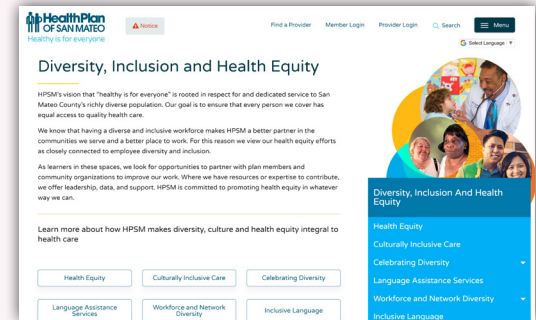
Or they can learn more
and enroll online at

www.hpsm.org/join-careadvantage

HPSM'S DIVERSITY, INCLUSION AND HEALTH EQUITY MICROSITE

Consistent with our vision that *healthy is for everyone*, we are dedicated to making diversity and inclusion integral to health care. Our new **diversity, inclusion and health equity microsite** describes how we are putting these core values into practice — often in partnership with you, our providers. This microsite will evolve as we engage in new activities, but currently features these webpages:

- **Health equity** shows how our Population Health Management (PHM) Department promotes culturally inclusive care and how we use webinars to advance health equity.
- **Culturally inclusive care** describes the online resources we offer to ensure our providers can customize care to the needs of patients from a wide range of backgrounds.
- **Celebrating diversity** shows how we honor our community's diversity during annual awareness months for different cultural groups and includes our HPSM Staff Spotlight interview series.
- **Language assistance services** details how our translation and interpretation services ensure that members with limited English proficiency or sensory impairment can understand their health care.
- **Workforce and network diversity** outlines our efforts to ensure that our staff and providers represent the community, and introduces our employee-led IDEA Group.
- **Inclusive language** describes our commitment to using person-first and gender-inclusive terminology that acknowledges the health experiences of people across the diversity spectrum.



► **Visit our new microsite** to learn how HPSM makes diversity, culture and health equity integral to health care.

CELEBRATING DIVERSITY!

At HPSM “heathy is for everyone” is a reflection of our respect and service to San Mateo County’s diverse population. Our goal is to make sure that every person we cover has equal access to quality health care. As we celebrate our diverse member population, we also recognize that the health care experiences of all groups are not equal, which affects their ability to get quality care. The first step to addressing this inequity is education.



This past February, we celebrated Black History Month. About 3,600 HPSM members identify as Black/African American. Their resilience shows through engagement in events, lifting of voices and sharing resources to benefit the community. The Black community unfortunately still experiences discrimination that negatively impacts their health care experience. This has led to lower rates in getting preventative care such as cancer screenings, primary care visits for children, childhood immunizations and post-partum care. Because of this, the Black community is impacted by higher rates of preventable health conditions.

HPSM offers resources to help improve health care experiences and well-being of Black-identifying members. We are also committed to adding more supports.

- ▶ We proudly promote the work of San Mateo County’s African American Community Initiative and Behavioral Health and Recovery Services Office of Diversity and Equity: [learn more](#).

ONLINE PROVIDER DIRECTORY MAKING REFERRALS EASIER

HPSM's online **Provider Directory** lets you quickly find other network providers for patient referrals. You can search by:

- A provider's name (or see a list of all HPSM network providers).
- HPSM product lines (Medi-Cal, CareAdvantage D-SNP, HealthWorks or ACE).
- Location (distance from a zip code).
- Provider type (primary care providers, specialists, dentists, behavioral health therapists, hospitals/facilities, pharmacies and medical equipment suppliers).
- Provider gender.
- Language fluency.
- Accessibility for patients who are disabled.
- Provider status (whether they are accepting new patients).

▶ **Watch our video tutorial** about how to use the Provider Directory. If you have any questions about the Provider Directory, email Provider Services at psinquiries@hpsm.org.

The screenshot shows the Kaiser Health Plan of San Mateo Provider Directory search interface. At the top right, there are links for 'Contact Us', 'Español', '中文', 'ગુજરાતી', and 'Tagalog'. The main heading is 'Provider Directory' with a subtext 'Quickly find a provider, pharmacy, or clinic, hospital or other facility.' Below this, there are sections for 'Seeking services from or making a referral to a Stanford specialist?' and 'Mental Health Services'. The 'Kaiser Permanente Members' section provides contact information for behavioral health and recovery services. The main search area is titled 'Already have a provider in mind?' and includes a 'Provider Name' search box with a 'Search' button. Below the search box, it says 'To filter by Provider Category, select Search to proceed to the next page.' There is a link 'OR, find a list of providers that are covered! ^'. The page is divided into two main sections: '1 I'm a Member' and '1 I'm a Guest'. The 'I'm a Member' section asks for a Member ID and provides a search box. The 'I'm a Guest' section asks for a plan type and provides a dropdown menu for 'Search All Products'. Below these, there is a section '2 I would like to find a provider in ...' which asks for location and provides search boxes for 'Zip', 'Distance' (set to 10 Miles), and 'State' (set to California). The '3 I would like to see ...' section asks for provider type and provides radio buttons for 'Primary Care', 'Specialist', 'Hospital or Facility', and 'Medical Equipment and Supplies'. A 'Search Providers' button is located below this section. At the bottom, there is a section for 'Enhanced Care Management and Community Supports' and a footer with copyright information and a list of patents.

HPSM'S POPULATION HEALTH MANAGEMENT (PHM) PROGRAM

HPSM's PHM Program offers five special support programs to help members stay healthy:

ASTHMA PROGRAM — Available for members who are under the age of 18 and have both an asthma diagnosis and an Asthma Action Plan. These members are referred to San Mateo County's home visiting asthma program, which includes:

- Weekly in-person or virtual visits in English or Spanish. Interpreters are available for members who speak other languages.
- Home environment assessments.
- Education to identify, reduce and eliminate asthma triggers.
- Instruction on how to use asthma medication.



Members who do not want to participate can opt out or decline when the County first calls them to sign up.

- ▶ To learn more, call HPSM's Health Promotion Unit at **650-616-2165** or visit www.hpsm.org/health-tips/asthma.

CARE TRANSITIONS — A program that helps members who've been sent home from the hospital avoid returning to the hospital. Once home, members can be referred to HPSM's Integrated Care Management Team for follow-up. Then the member's Care Manager will:



- Help members develop and follow their care plan.
- Connect members with their PCP.
- Talk with the family about other care needs.

- ▶ Members can learn more or opt out by calling HPSM's Integrated Care Management Team at **650-616-2060**.

BABY + ME PROGRAM — Promotes timely care and health from the start of pregnancy to birth and beyond. Members who are pregnant or who recently delivered a baby are eligible for this program. Those who enroll can earn up to \$100 in Target GiftCards™ for going to two appointments!



- Members who visit their provider within the first 12 weeks of pregnancy get a \$50 Target GiftCard™.
- Members who visit their provider between one and 12 weeks after having their baby get a \$50 Target GiftCard™.

HPSM's Health Promotion staff also offers **parents and families** referrals to local services.

- ▶ Eligible members can sign up for Baby + Me at www.hpsm.org/baby-and-me or by calling HPSM's Health Promotion Unit at **650-616-2165**.

COMPLEX CASE MANAGEMENT — Helps members who have one or more ongoing health conditions get the care they need to reach their health goals. Ongoing health conditions can include diabetes, high blood pressure or asthma. Emotional and social support is also offered through plan providers, partners and community resources.

HPSM's Care Managers call eligible members inviting them to join the program. Members can opt in or out at that time. Once a member joins the program, a Care Manager is added to their care team. This Care Manager follows up regularly to:

- Identify and prioritize concerns, goals and interventions.
- Develop a care plan with the member.
- Help secure other support services.
- Assist in managing many health issues and needs.

- ▶ To learn more, visit www.hpsm.org/cc or call HPSM's Integrated Care Management Team at **650-616-2060**.

DIABETES PREVENTION PROGRAM (DPP) — A no-cost, 12-month program for Medi-Cal members that can lower the risk of getting type 2 diabetes. It includes weekly one-hour sessions led by trained Lifestyle Coaches. They help create plans for eating healthy, exercising more and losing weight. They also provide handouts to help meet individual health goals. Plus, program participants are provided group support.

The program is for people who:

- ✓ Are 18 years old or over.
- ✓ Are overweight (Body Mass Index ≥ 25 or ≥ 23 if self-identified as Asian).
- ✓ Are not pregnant.
- ✓ Do not have diabetes (type 1 or 2).
- ✓ Do not have end-stage renal disease (kidney failure).
- ✓ Meet one of the following:
 - Have prediabetes.
 - Have had gestational diabetes in a past pregnancy.
 - Get a result of high-risk for type 2 diabetes on the CDC Prediabetes Risk Test at www.cdc.gov/diabetes/risktest/index.html.



- ▶ Members can learn more, join or opt out by calling HPSM's Health Promotion Unit at **650-616-2165**. To refer members to the program, complete and submit the **DPP Patient Referral Form**.

CERVICAL CANCER SCREENING AND PATIENT-CENTERED PELVIC EXAMS

During the COVID-19 pandemic, many patients did not go in for well-visits and missed preventive care screenings. For example, HPSM's data shows that our cervical cancer screening rate in 2021 was 57.61%, which is below the minimum performance level (MPL) of 59.12%. We need to work together to ensure our members and your patients are up-to-date on their cancer screening. Please reach out to eligible patients to review [cervical cancer screening recommendations](#) and offer screening as appropriate.

While your patient may be due for routine cervical cancer screening, a bimanual pelvic exam is not necessarily indicated. Before you perform a bimanual pelvic exam, please review the following evidence-based recommendations to ensure the exam is clinically indicated and acceptable to the patient:

- **The U.S. Preventive Services Task Force (USPSTF)**¹ concludes that data from studies is inadequate to support a recommendation for or against performing a routine screening pelvic examination among asymptomatic, nonpregnant patients who are not at increased risk of any specific gynecologic condition.
- **The American Academy of Family Physicians (AAFP)**² and **American College of Physicians (ACP)**³ recommend against screening pelvic exams in asymptomatic patients, given the low likelihood of benefit and increased risk of harm.
- **The American College of Obstetricians and Gynecologists (ACOG)**⁴ recommends that pelvic exams be performed when indicated by medical history or symptoms. The decision whether to perform a pelvic examination should be a shared decision between the patient and their gynecological care provider.

If a pelvic exam is performed, be sure to document the indication for the exam and use the following [patient-centered techniques](#)⁵ to support your patient before and during the exam.

Before the exam

- Allow the patient to choose a provider they feel comfortable doing the exam.
- Establish rapport Encourage open communication. Use tools such as the Acknowledge, Introduce, Duration, Explanation and Thank you (AIDET) model or the Rapport, Empathy, Support, Partnership, Explanations, Cultural Competence and Trust (RESPECT) model. For more information, visit ACOG's recommendation on [effective patient-physician communication](#)⁶.
- Invite the patient to suggest measures that will make them more comfortable during the exam.
- Ask the patient whether they would like a family member or friend to accompany them for support during the exam.
- Assure the patient that they have control over the pace of the exam and that the exam will stop if they feel uncomfortable.

During the exam

- Inform the patient about each step of the exam before performing it.
- Encourage the patient to breathe abdominally in order to relax pelvic floor muscles.
- Offer frog-leg positioning without stirrups.
- Keep the patient's body covered and only expose areas being examined.
- Use lubricant and the smallest speculum possible.
- Offer self-insertion of the speculum, if appropriate.
- Rest the unopened speculum against the patient's vagina so that they can get used to the sensation before the speculum is inserted and opened.

If the patient does not want to continue, stop the exam. Ask what the patient needs and proceed only when they are ready.

► [Watch our new video](#) covering best practices for inclusive and accessible breast, cervical, and colorectal cancer screenings for persons with disabilities.

References

- 1 www.uspreventiveservicestaskforce.org/uspstf/recommendation/gynecological-conditions-screening-with-the-pelvic-examination
- 2 www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/screening-pelvic-exam.html
- 3 www.acponline.org/acp-newsroom/american-college-of-physicians-recommends-against-screening-pelvic-examination-in-adult-asymptomatic
- 4 www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/the-utility-of-and-indications-for-routine-pelvic-examination
- 5 www.reproductiveaccess.org/resource/trauma-informed-pelvic-exams/
- 6 www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/02/effective-patient-physician-communication

ANNUAL PATIENT EXPERIENCE SURVEY

Every year, from March to July, randomly chosen HPSM Medi-Cal and CareAdvantage members are mailed a survey called the Consumer Assessment of Healthcare Providers and Systems survey—or “CAHPS” survey. This survey is led by the Agency for Healthcare Research and Quality (AHRQ). It asks members about their experiences with health care services they’ve received from both HPSM and our network providers over the past six months.

We use the results to improve our members’ health care. The Centers for Medicare & Medicaid Services (CMS) **Star Ratings Program** also uses results to rate how well we and our providers are meeting our CareAdvantage members’ needs across various metrics.

Make sure your contact information is up to date so we can let you know about opportunities to improve your CAHPS survey scores in the coming months.

If patients have questions about the CAHPS survey that you can’t answer, have them call our survey vendor, SPH Analytics (rather than HPSM) at the phone number in their survey packet.

Learn more about the CAHPS survey at the AHRQ website—including what it measures, various survey results and how to improve patients’ health care experience.

REMINDER: RESPOND TO HEDIS RECORD REQUESTS

Medical record collection for Healthcare Effectiveness Data and Information Set (HEDIS) began in February. You may be contacted, if you have not been already, by our certified vendor, Change Healthcare, to have a Medical Records Technician (MRT) visit your office to collect requested charts.

Please schedule an appointment as early as possible to avoid the rush and ensure your staff has time to prepare the records. HPSM must submit all records for HEDIS by April 14, 2023.

This is a friendly reminder that:

- HPSM providers are contractually required to participate and submit medical records.
- Most requested records will be for 2021-2022, but some may go back further.
- Providers with large number of records can schedule onsite visits for convenient data transfer.
- HPSM is contracted with the Centers for Medicare and Medicaid Services (CMS), allowing HPSM access to medical records without exposing protected health information (PHI).

▶ Have questions about a HEDIS record request? Contact Darla May, Quality Review Coordinator, at darla.may@hpsm.org or **650-616-2868**.

▶ To update your Medical Record custodian or contact information, call Provider Services at **650-616-2106**.

ARE YOUR PATIENTS 21 AND UNDER DUE FOR WELL-CHILD VISITS?

During the COVID-19 pandemic, many infants, children, adolescents and young adults missed well visits and recommended vaccinations, and they are still catching up. In 2020 and 2021, well-child visits for our youngest members were well below minimum performance level (50th percentile). And only a little more than half of our members ages 3 to 21 went in for a well-child visit in 2021.

Measure ¹	2020 rate ²	2021 rate ³	Minimum performance level ⁴
0 to 15 months (6 or more visits)	20.03	25.73	54.92
16 to 30 months (2 or more visits)	76.94	69.14	70.67
3 to 21 years (1 or more visits)	49.35	56.92	45.31

Our 2021 Population Needs Assessment also found disparities in well-child visit rates among three member subgroups: those who identify as Black, Native Hawaiian or Native/Indigenous. This year, HPSM is focused on increasing utilization rates and closing this disparity gap.

It is time to catch up! Reach out to your patients to come in for well-child visits and vaccines.

- Schedule the required number of well-child visits in advance. To accommodate families' busy schedules, offer extended weekday evening hours or see patients on weekends. If the timing is right, schedule visits during times when children are not in school (such as summer/winter breaks).
- Let families know what kind of well-child visits you offer (phone, video or in-person). Emphasize that HPSM members get all these types of well-child visits at no cost.
- Open vaccine clinics to help your patients get caught up on overdue vaccines.
- Reschedule make-up visits as needed. When patients miss appointments, follow up with letters and phone calls.
- If a patient comes in because they are sick and they are due for a well visit, integrate both—complete the well-child visit and evaluate their symptoms. At every visit, offer and administer any vaccines they are due for.
- Sports physicals that include a physical examination—including body mass index (BMI), developmental assessment, and anticipatory guidance—can be billed as well-child visits if all three components are clearly documented on the same date.
- Submit electronic health records (EHRs) with the correct codes and provider information.

¹ Measure definitions:

- Well-child visits in the first 15 months (W306+): Six or more well-child visits with children who turned age 15 months during the measurement year.
- Well-child visits for ages 16 to 30 months (W302+): Two or more well-child visits with children who turned age 30 months during the measurement year.
- Well-child visits for ages 3 to 21 years (WCV): One or more well-care visit with a primary care provider (PCP) or an OB/GYN practitioner during the measurement year.

^{2,3} These are HPSM rates.

⁴ The minimum performance level is based on the 50th percentile for all plans nationally.