

## 2020 P4P PROGRAM QUICK REFERENCE GUIDE FOR PROVIDERS - PEDS

| MEASURE                                                                         | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DOCUMENTATION                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Childhood Immunizations: Combo 10</b>                                        | <p>Children who received the following immunizations by their 2nd birthday:</p> <ul style="list-style-type: none"> <li>• Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis)</li> <li>• Three (3) IPV (Polio)</li> <li>• One (1) MMR (Measles, Mumps, Rubella)</li> <li>• Three (3) HiB (H Influenza Type B)</li> <li>• Three (3) HepB (Hepatitis B)</li> <li>• One (1) VZV (Varicella) or History of Chicken Pox</li> <li>• Four (4) PCV (Pneumococcal Conjugate)</li> <li>• One (1) HepA (Hepatitis A)</li> <li>• RV (Rotavirus): 2-dose schedule or 3-dose schedule</li> <li>• Two (2) Influenza</li> </ul> | <p>Documentation* indicating one (1) of the following:</p> <ul style="list-style-type: none"> <li>• Name of specific antigen and date of immunization <b>OR</b></li> <li>• Immunization record</li> </ul> <p>* Document all immunizations in the California Immunization Registry (CAIR).</p> <p>For Rotavirus – please be sure to document the specific immunization name: RotaTeq® (RV5) vs Rotarix® (RV1).</p> |
| <b>Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits</b> | Children who turned 15 months old during 2020 and had six (6) or more well-child visits with a PCP during their first 15 months of life.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Documentation of six (6) or more well-child visits with a PCP that include the following:</p> <ul style="list-style-type: none"> <li>• Date of visits</li> <li>• A health history, physical and mental developmental history, and physical exam</li> <li>• Health education/anticipatory guidance</li> </ul>                                                                                                   |
| <b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</b>    | Children 3-6 years of age who had one (1) or more well-child visits with a PCP during 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Documentation of well-child visit with a PCP that includes the following:</p> <ul style="list-style-type: none"> <li>• Date of visit</li> <li>• A health history, physical and mental developmental history, and physical exam</li> <li>• Health education/anticipatory guidance</li> </ul>                                                                                                                    |
| <b>Adolescent Well-Care Visits</b>                                              | Members 12-21 years of age who had at least one (1) comprehensive well-care visit with a PCP or OB/GYN during 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>Documentation of well-care visit with a PCP or OB/GYN that includes the following:</p> <ul style="list-style-type: none"> <li>• Date of visit</li> <li>• A health history, physical and mental developmental history, and physical exam</li> <li>• Health education/anticipatory guidance</li> </ul>                                                                                                           |
| <b>Asthma Medication Ratio</b>                                                  | Members 5-64 years of age with persistent asthma who had a ratio of controller medications (e.g. inhaled steroids) to total asthma medications of 0.50 or greater in 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                          | Promotes the use of inhaled steroids for treatment of persistent asthma.                                                                                                                                                                                                                                                                                                                                          |

**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: 1.510.747.4510  
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## 2020 P4P PROGRAM QUICK REFERENCE GUIDE FOR PROVIDERS – PEDS (CONT.)

| MEASURE                                                                | DESCRIPTION                                                                                                                           | DOCUMENTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Initial Health Assessment (IHA)</b>                                 | New members to receive an Initial Health Assessment (IHA) within 120 days of eligibility.                                             | Documentation must include the six (6) IHA components:<br><ol style="list-style-type: none"> <li>1. History</li> <li>2. Review of Organ Systems (ROS)</li> <li>3. Physical and Mental Examination</li> <li>4. Preventive Care</li> <li>5. Diagnoses and Plan of Care</li> <li>6. Staying Healthy Assessment (SHA/IHEBA)</li> </ol> SHA questionnaire: <a href="http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx">www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx</a> |
| <b>Emergency Department (ED) Visits per 1,000 Members</b>              | Measures the utilization of emergency department (ED) visits for members assigned to the PCP Group.                                   | Based on claims data. Please review and follow-up with members on the monthly ED Visit Report.                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Pharmacy Utilization: Percentage of Generic Usage</b>               | Measures the percentage of generic prescription fills compared to total fills for members assigned to the PCP Group.                  | Based on pharmacy data                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Member Satisfaction Survey: Non-Urgent Appointment Availability</b> | Measures the percentage of survey responses that indicate the member was able to schedule a non-urgent appointment between 0-10 days. | Survey question:<br>"In the last six (6) months, when you made an appointment for a check-up or routine care with this provider, when was your appointment scheduled?"<br><ol style="list-style-type: none"> <li>a. 0 – 10 days</li> <li>b. More than 10 days</li> </ol>                                                                                                                                                                                                                             |

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