**Quality ID #467 (NQF 1448): Developmental Screening in the First Three Years of Life
– National Quality Strategy Domain: Community/Population Health
– Meaningful Measure Area: Preventive Care**

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. This is a composite measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened in the 12 months preceding or on their first, second or third birthday

INSTRUCTIONS:
This measure is to be submitted at least **once per performance period** for patients seen during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. Merit-based Incentive Payment System (MIPS) eligible clinicians should continue to submit the measure as specified, with no additional steps needed to account for multiple performance rates.

This measure will be calculated with 4 performance rates:
1) Percentage of children who turned 1 during the performance period who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report within 12 months preceding or on their birthday
2) Percentage of children who turned 2 during the performance period who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report within 12 months preceding or on their birthday
3) Percentage of children who turned 3 during the performance period who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report within 12 months preceding or on their birthday
4) Percentage of children who turned 1, 2, or 3 during the performance period who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report within 12 months preceding or on their birthday

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

THERE ARE THREE SUBMISSION CRITERIA FOR THIS MEASURE:
1) Children who turned 1 during the performance period (Birth to 1 year of age)

OR

    2)   Children who turned 2 during the performance period (> 1 year to 2 years of age)

OR

    3)   Children who turned 3 during the performance period (> 2 years to 3 years of age)

DENOMINATOR:

All patients who turn 1, 2 or 3 years of age between January 1 and December 31 of the performance period.

Denominator Criteria (Eligible Cases):

SUBMISSION CRITERIA 1: Children who turned 1 during the performance period (Birth to 1 year of age)
SUBMISSION CRITERIA 2: Children who turned 2 during the performance period (> 1 year to 2 years of age)
SUBMISSION CRITERIA 3: Children who turned 3 during the performance period (> 2 years to 3 years of age)
AND
Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 1 & 2 & 3):

Children who were screened for risk of developmental, behavioral and social delays using a standardized tool.

Definitions:

Medical Record Review – Children who had documentation in the medical record of screening for developmental, behavioral and social delays using a validated standardized tool as defined within the measure specification in the 12 months preceding or on their birthday. Documentation must include a note indicating which standardized tool was used, the date of screening, and evidence that the tool was completed and scored.

Standardized Tool – Are tools that have been normed and validated and must meet the following criteria:

1. Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional.
2. Established Reliability: Reliability scores of approximately 0.70 or above.
3. Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).
4. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.

Examples of standardized screening tools for developmental, behavioral and social delays that meet the above criteria include, but are not limited to:

- Ages and Stages Questionnaire (ASQ) - 2 months to 5 years
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to 2 years
- Brigance Screens-II – Birth to 90 months
- Child Development Inventory (CDI) - 18 months to 6 years
- Infant Development Inventory – Birth to 18 months

- Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

The tools listed above are not specific recommendations for tools but are examples of tools cited in Bright Futures that have met the above criteria. Bright Futures cites the 2006 statement on Developmental Screening by the American Academy of Pediatrics. New and updated recommendations are anticipated and may include additional tools that meet these criteria. In addition, new tools meeting these criteria may be developed and may be included in future versions of Bright Futures.

Numerator Instructions:

For the purposes of submitting this measure:

For those third party intermediaries that utilize Medicare Part B claims data, the Performance Met Numerator Option G9966 or equivalent can be submitted if CPT code 96110 (Developmental testing, with interpretation and report) is submitted within the 12 months preceding or on the patient's birthday during the age stratified episode of care (e.g., children who turn 12 months of age, 24 months of age and 36 months of age during the performance period). The submission of the CPT 96110 code and documentation of the denominator eligible patient encounter do not need to occur simultaneously.

The Performance Met Numerator Option G9966 or equivalent can be submitted if the equivalent documentation of a global developmental screening utilizing a standardized tool as defined below within the medical record review and standardized tool definitions are contained in the patient's medical record within the 12 months preceding or on the patient's birthday during the age stratified episode of care (e.g., children who turn 12 months of age, 24 months of age and 36 months of age during the performance period). This measure is anchored to standardized global developmental screening tools that meet four criteria specified below in the Standard Tool definition that identify risk for developmental, behavioral, and social delays.

The Performance Not Met Numerator Option G9967 should be submitted when utilizing CPT Codes 96111, 96127, standardized screening utilizing the ASQ-SE tool, autism M-CHAT tool or when using standardized development screening tools that are specifically focused on one domain of development (e.g., child's socio-emotional development or autism).

If the MIPS eligible clinician is unable to determine if the documented screening tool meets the Standard Tool definition than submit the Performance Not Met Numerator Option G9967.

Numerator Options:

Performance Met: Children who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report **(G9966)**

OR

Performance Not Met: Children who were not screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report **(G9967)**

RATIONALE:

Developmental surveillance should be a component of every preventive care visit. Standardized developmental screening tools should be used when such surveillance identifies concerns about a child´s development. Furthermore, it is recommended that standardized screening for developmental, behavioral and social delays occur at the 9-, 18-, and 24-month OR 30-month well visits.

When a child has a positive screening result for a developmental problem, developmental and medical evaluations to identify the specific developmental disorders and related medical problems are warranted. Children diagnosed with

developmental disorders should be identified as children with special health care needs; chronic-condition management for these children should be initiated.

CLINICAL RECOMMENDATION STATEMENTS:
Hagan JF, Shaw JS, Duncan PM, eds. 2017. Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, Fourth Edition, Elk Grove Village IL. American Academy of Pediatrics.
Bright Futures: Guidelines For Health Supervision of Infants, Children and Adolescents
At 9, 18 and 30 Month Visits, health care providers should perform structured developmental screens.
Referral should be made to an appropriate early intervention program or developmental specialist for evaluation.
Grade: Consensus and Guideline-Based

Council on Children With Disabilities; Section on Developmental Behavioral Pediatrics; Bright Futures Steering Committee; Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. Pediatrics. 2006;118(1):405-420
Council on Children with Disabilities

Medical Professionals should use standardized developmental screening tools to screen children and 9 months, 18 months:
• Developmental and medical evaluations to identify the specific developmental disorders and related medical problems
• Referred to early developmental intervention and early childhood services and scheduled for earlier return visits to increase developmental surveillance.
• Identified as children with special health care needs; chronic-condition management for these children should be initiated.
Grade: Consensus and Guideline-Based

Wilkinson J, Bass C, Diem S, Gravley A, Harvey L, Maciosek M, McKeon K, Milteer L, Owens J, Rothe P, Snellman L, Solberg L, Vincent P. Institute for Clinical Systems Improvement. Preventive Services for Children and Adolescents. Updated September 2013.
https://www.icsi.org/_asset/x1mnv1/PrevServKids.pdf

Michigan Quality Improvement Consortium. Routine preventive services for infants and children (birth – 24 months). Southfield (MI): Michigan Quality Improvement Consortium; 2007 May. Updated May 2013. 1 p.
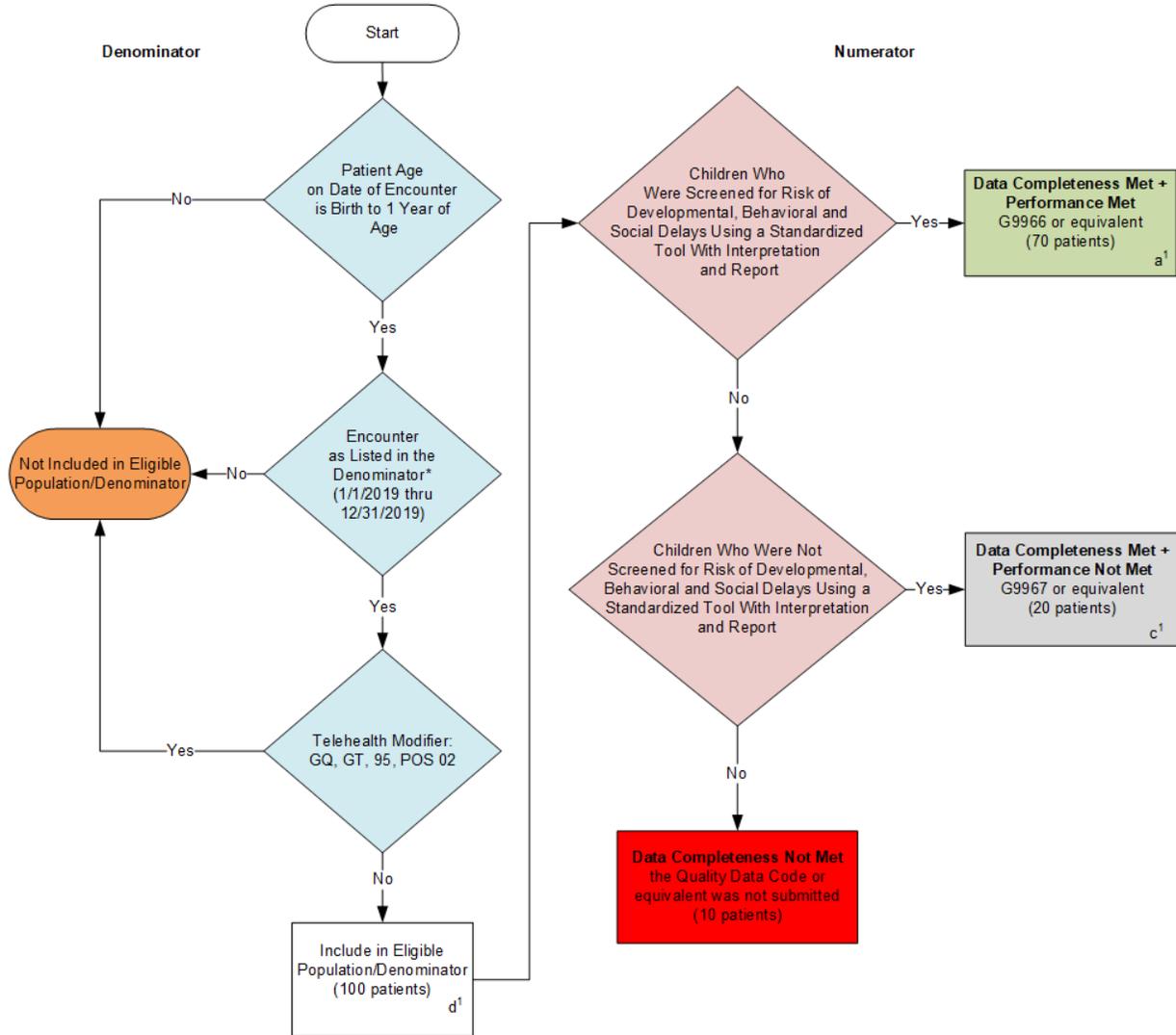http://mqic.org/pdf/mqic_routine_preventive_services_for_infants_and_children_birth_to_24_months_cpg.pdf

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2019 Clinical Quality Measure Flow for Quality ID #467 NQF 1448:
Developmental Screening in the First Three Years of Life
Submission Criteria One

*Multiple Performance Rates**

Start

Denominator

Numerator

Patient Age on Date of Encounter is Birth to 1 Year of Age
— No →
— Yes ↓

Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report
— Yes → **Data Completeness Met + Performance Met** G9966 or equivalent (70 patients) a[1]
— No ↓

Not Included in Eligible Population/Denominator
← No —

Encounter as Listed in the Denominator* (1/1/2019 thru 12/31/2019)
— No →
— Yes ↓

Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report
— Yes → **Data Completeness Met + Performance Not Met** G9967 or equivalent (20 patients) c[1]
— No ↓

Telehealth Modifier: GQ, GT, 95, POS 02
— Yes ↑
— No ↓

Data Completeness Not Met the Quality Data Code or equivalent was not submitted (10 patients)

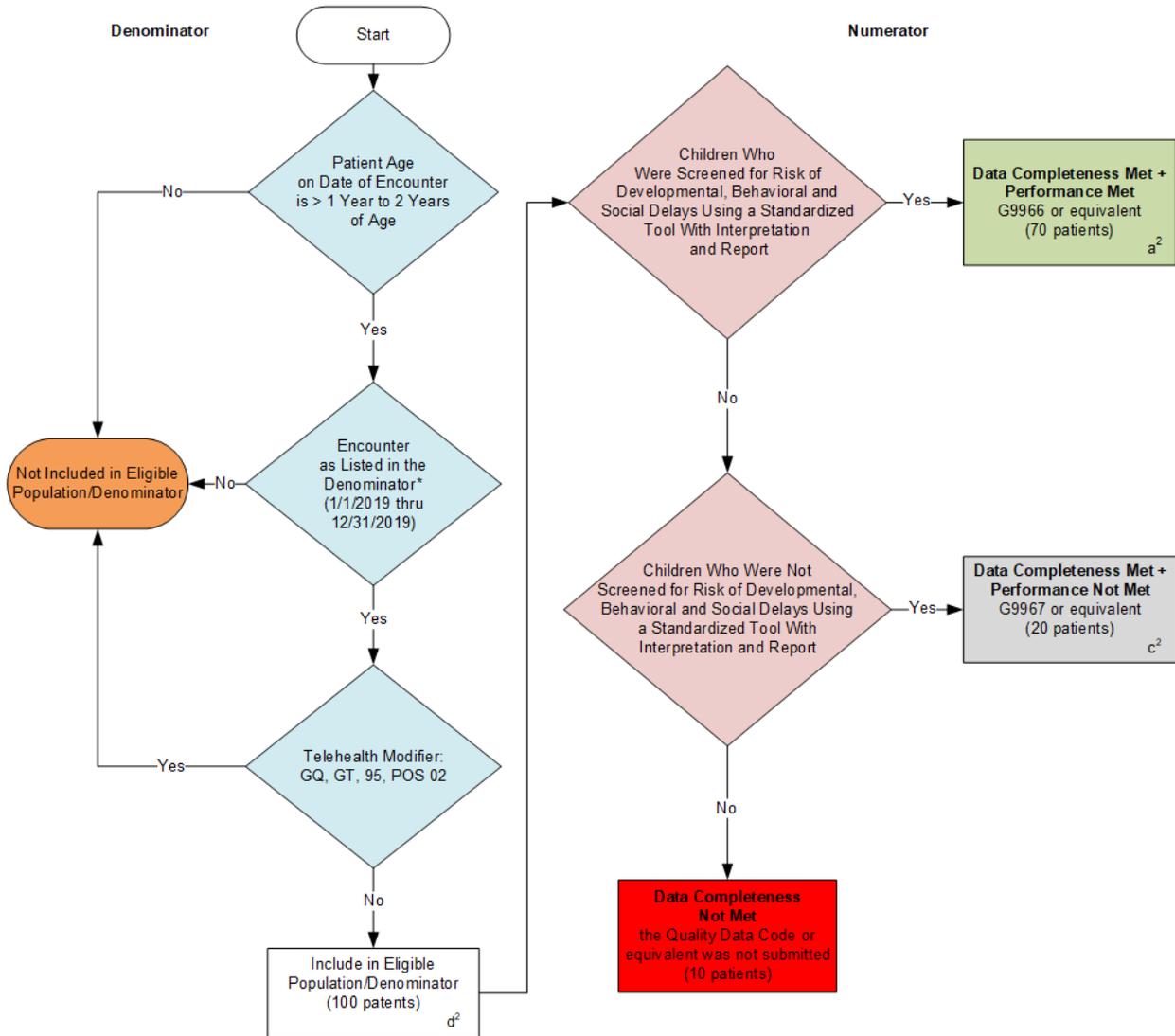**Include in Eligible Population/Denominator** (100 patients) d[1]

*See the posted Measure Specification for specific coding and instructions to submit this measure.

**It is anticipated for registry submission that for every performance rate, a data completeness will be submitted. CMS will determine or use the overall data completeness and performance rate

NOTE: Submission Frequency – Patient-Process

v3

2019 Clinical Quality Measure Flow for Quality ID #467 NQF 1448: Developmental Screening in the First Three Years of Life
Submission Criteria Two

*Multiple Performance Rates***

Denominator

Numerator

Start

Patient Age on Date of Encounter is > 1 Year to 2 Years of Age

— No →

Encounter as Listed in the Denominator* (1/1/2019 thru 12/31/2019)

— No →

Not Included in Eligible Population/Denominator

Telehealth Modifier: GQ, GT, 95, POS 02

— Yes →

— No →

Include in Eligible Population/Denominator (100 patents) d^2

Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report

— Yes → Data Completeness Met + Performance Met G9966 or equivalent (70 patients) a^2

— No →

Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report

— Yes → Data Completeness Met + Performance Not Met G9967 or equivalent (20 patients) c^2

— No →

Data Completeness Not Met the Quality Data Code or equivalent was not submitted (10 patients)

* See the posted Measure Specification for specific coding and instructions to submit this measure.
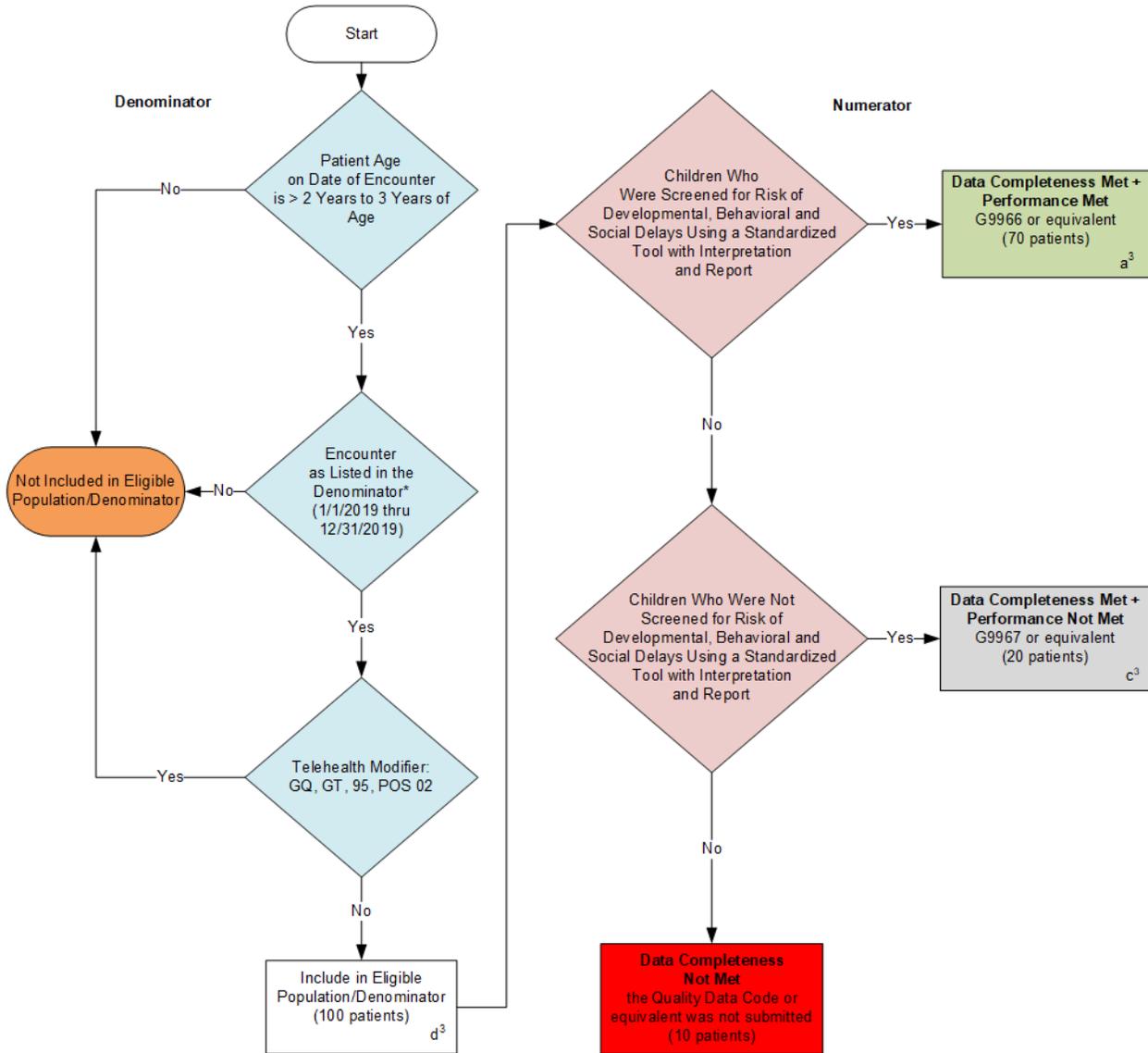**It is anticipated for registry submission that for every performance rate, a data completeness will be submitted. CMS will determine or use the overall data completeness and performance rate
NOTE: Submission Frequency – Patient-Process

v3

2019 Clinical Quality Measure Flow for Quality ID #467 NQF 1448: Developmental Screening in the First Three Years of Life Submission Criteria Three

*Multiple Performance Rates***

Start

Denominator

Patient Age on Date of Encounter is > 2 Years to 3 Years of Age

No → **Not Included in Eligible Population/Denominator**

Yes ↓

Encounter as Listed in the Denominator* (1/1/2019 thru 12/31/2019)

No → **Not Included in Eligible Population/Denominator**

Yes ↓

Telehealth Modifier: GQ, GT, 95, POS 02

Yes → **Not Included in Eligible Population/Denominator**

No ↓

Include in Eligible Population/Denominator (100 patients) d[3]

Numerator

Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool with Interpretation and Report

Yes → **Data Completeness Met + Performance Met** G9966 or equivalent (70 patients) a[3]

No ↓

Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool with Interpretation and Report

Yes → **Data Completeness Met + Performance Not Met** G9967 or equivalent (20 patients) c[3]

No ↓

Data Completeness Not Met the Quality Data Code or equivalent was not submitted (10 patients)

* See the posted Measure Specification for specific coding and instructions to submit this measure.
**It is anticipated for registry submission that for every performance rate, a data completeness will be submitted. CMS will determine or use the overall data completeness and performance rate
NOTE: Submission Frequency – Patient-Process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v3

2019 Clinical Quality Measure Flow for Quality ID #467 NQF 1448: Developmental Screening in the First Three Years of Life

*Multiple Performance Rates***

SAMPLE CALCULATIONS: Data Completeness and Performance for Submission Criteria One

Data Completeness=

$$\frac{\text{Performance Met } (a^1 = 70 \text{ patients}) + \text{Performance Not Met } (c^1 = 20 \text{ patients})}{\text{Eligible Population / Denominator } (d^1 = 100 \text{ patients})} = \frac{90 \text{ patients}}{100 \text{ patients}} = \textbf{90\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1 = 70 \text{ patients})}{\text{Data Completeness Numerator } (90 \text{ patients})} = \frac{70 \text{ patients}}{90 \text{ patients}} = \textbf{77.77\%}$$

SAMPLE CALCULATIONS: Data Completeness and Performance for Submission Criteria Two

Data Completeness=

$$\frac{\text{Performance Met } (a^2 = 70 \text{ patients}) + \text{Performance Not Met } (c^2 = 20 \text{ patients})}{\text{Eligible Population / Denominator } (d^2 = 100 \text{ visits})} = \frac{90 \text{ patients}}{100 \text{ patients}} = \textbf{90\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^2 = 70 \text{ patients})}{\text{Data Completeness Numerator } (90 \text{ patients})} = \frac{70 \text{ patients}}{90 \text{ patients}} = \textbf{77.77\%}$$

SAMPLE CALCULATIONS: Data Completeness and Performance for Submission Criteria Three

Data Completeness=

$$\frac{\text{Performance Met } (a^3 = 70 \text{ patients}) + \text{Performance Not Met } (a^3 = 20 \text{ patients})}{\text{Eligible Population / Denominator } (d^3 = 100 \text{ patients})} = \frac{90 \text{ patients}}{100 \text{ patients}} = \textbf{90\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^3 = 70 \text{ patients})}{\text{Data Completeness Numerator } (90 \text{ patients})} = \frac{70 \text{ patients}}{90 \text{ patients}} = \textbf{77.77\%}$$

SAMPLE CALCULATIONS: Data Completeness and Performance Rate for Total Performance Rate

Data Completeness=

$$\frac{\text{Performance Met } (a^1 + a^2 + a^3 = 210 \text{ patients}) + \text{Performance Not Met } (c^1 + c^2 + c^3 = 60 \text{ patients})}{\text{Eligible Population / Denominator } (d^1 + d^2 + d^3 = 300 \text{ visits})} = \frac{270 \text{ patients}}{300 \text{ patients}} = \textbf{90\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1 + a^2 + a^3 = 210 \text{ patients})}{\text{Data Completeness Numerator } (270 \text{ patients})} = \frac{210 \text{ patients}}{270 \text{ patients}} = \textbf{77.77\%}$$

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* See the posted Measure Specification for specific coding and instructions to submit this measure.

**It is anticipated for registry submission that for every performance rate, a data completeness will be submitted. CMS will determine or use the overall data completeness and performance rate

NOTE: Submission Frequency – Patient-Process

2019 Clinical Quality Measure Flow Narrative for Quality ID #467:
Developmental Screening in the First Three Years of Life
Multiple Performances – Submission Criteria One

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

Submission Criteria One:

1. Start with Denominator

2. Check Patient Age:

    a. If Patient Age on Date of Encounter is Birth to 1 Year of Age equals No do not include in Eligible Population. Stop Processing.

    b. If Patient Age on Date of Encounter is Birth to 1 Year of Age equals Yes proceed to check Encounter Performed.

3. Encounter Performed:

    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

4. Check Telehealth Modifier:

    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.

    b. If Telehealth Modifier equals No, include in Eligible Population.

5. Denominator Population:

    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^1 equals 100 patients in the Sample Calculation.

6. Start Numerator

7. Check Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

    a. If Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 70 patients in the Sample Calculation.

    c. If Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals No, proceed to check Children Who Were Not

Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

8. Check Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

   a. If Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 20 patients in the Sample Calculation.

   c. If Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals No, proceed to check Data Completeness Not Met.

9. Check Data Completeness Not Met:

   a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS: Data Completeness and Performance for Submission Criteria One

Data Completeness=

$$\frac{\text{Performance Met } (a^1=70 \text{ patients}) + \text{Performance Not Met } (c^1=20 \text{ patients})}{\text{Eligible Population / Denominator } (d^1=100 \text{ patients})} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1=70 \text{ patients})}{\text{Data Completeness Numerator } (90 \text{ patients})} = \frac{70 \text{ patients}}{90 \text{ patients}} = 77.77\%$$

2019 Clinical Quality Measure Flow Narrative for Quality ID #467:
Developmental Screening in the First Three Years of Life
Multiple Performances – Submission Criteria Two

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

Submission Criteria Two:

1. Start with Denominator

2. Check Patient Age:

    a. If Patient Age on Date of Encounter is greater than 1 Year to 2 Years of Age equals No, do not include in Eligible Population. Stop Processing.

    b. If Patient Age on Date of Encounter is greater than 1 Year to 2 Years of Age equals Yes, proceed to check Encounter Performed.

3. Encounter Performed

    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

4. Check Telehealth Modifier:

    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.

    b. If Telehealth Modifier equals No, include in Eligible Population.

5. Denominator Population:

    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^2 equals 100 patients in the Sample Calculation.

6. Start Numerator

7. Check Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

    a. If Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 70 patients in the Sample Calculation.

    c. If Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals No, proceed to check Children Who Were Not

Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

8. Check Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

   a. If Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c_2 equals 20 patients in the Sample Calculation.

   c. If Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals No, proceed to check Data Completeness Not Met.

9. Check Data Completeness Not Met:

   a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS: Data Completeness and Performance for Submission Criteria Two

Data Completeness=

$$\frac{\text{Performance Met } (a_2=70 \text{ patients}) + \text{Performance Not Met } (c_2=20 \text{ patients})}{\text{Eligible Population / Denominator } (d_2=100 \text{ visits})} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a_2=70 \text{ patients})}{\text{Data Completeness Numerator } (90 \text{ patients})} = \frac{70 \text{ patients}}{90 \text{ patients}} = 77.77\%$$

2019 Clinical Quality Measure Flow Narrative for Quality ID #467:
Developmental Screening in the First Three Years of Life
Multiple Performances – Submission Criteria Three

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

Submission Criteria Three:

1. Start with Denominator

2. Check Patient Age:

    a. If Patient Age on Date of Encounter is greater than 2 Years to 3 Years of Age equals No, do not include in Eligible Population. Stop Processing.

    b. If Patient Age on Date of Encounter is greater than 2 Years to 3 Years of Age equals Yes, proceed to check Encounter Performed.

3. Encounter Performed

    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

4. Check Telehealth Modifier:

    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.

    b. If Telehealth Modifier equals No, include in Eligible Population.

5. Denominator Population:

    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d^3 equals 100 patients in the Sample Calculation.

6. Start Numerator

7. Check Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

    a. If Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^3 equals 70 patients in the Sample Calculation.

    c. If Children Who Were Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals No, proceed to check Children Who Were Not

Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

8. Check Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report.

   a. If Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals Yes, include in Data Completeness Met and Performance Not Met.

   b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c^3 equals 20 patients in the Sample Calculation.

   c. If Children Who Were Not Screened for Risk of Developmental, Behavioral and Social Delays Using a Standardized Tool With Interpretation and Report equals No, proceed to check Data Completeness Not Met.

9. Check Data Completeness Not Met:

   a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS: Data Completeness and Performance for Submission Criteria Three

Data Completeness=

$$\frac{\text{Performance Met } (a^3=70 \text{ patients}) + \text{Performance Not Met } (a^3=20 \text{ patients})}{\text{Eligible Population / Denominator } (d^3=100 \text{ patients})} = \frac{90 \text{ patients}}{100 \text{ patients}} = 90\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^3=70 \text{ patients})}{\text{Data Completeness Numerator } (90 \text{ patients})} = \frac{70 \text{ patients}}{90 \text{ patients}} = 77.77\%$$

SAMPLE CALCULATIONS: Data Completeness and Performance Rate for Total Performance Rate

Data Completeness=

$$\frac{\text{Performance Met } (a^1+a^2+a^3 = 210 \text{ patients}) + \text{Performance Not Met } (c^1+c^2+c^3=60 \text{ patients})}{\text{Eligible Population / Denominator } (d^1+d^2+d^3 = 300 \text{ visits})} = \frac{270 \text{ patients}}{300 \text{ patients}} = 90\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1+a^2+a^3 = 210 \text{ patients})}{\text{Data Completeness Numerator } (270 \text{ patients})} = \frac{210 \text{ patients}}{270 \text{ patients}} = 77.77\%$$