# IT-8.20: Developmental Screening in the First Three Years of Life

| **Measure Title** | **IT-8.20 Developmental Screening in the First Three Years of Life** |
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| **Description** | The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life.  |
| **NQF Number** | 1448 |
| **Measure Steward** | National Committee for Quality Assurance |
| **Link to measure citation** | <http://www.qualityforum.org/QPS/1448>  |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type**  | Pay for Performance (P4P) – Improvement Over Self (IOS)

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|  | DY4 | DY5 |
| Achievement Level Calculation | Baseline + 5% \*(performance gap) =Baseline + 5% \*(100% – Baseline rate) | Baseline + 10% \*(performance gap) =Baseline + 10% \*(100% – Baseline rate) |

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| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Changed January 1 and December 31 dates to make agnostic to the calendar year.
* Removed notes about use of claims data from the denominator statement
* Changed Master Compendium steward organization from Oregon Health & Science University to National Committee on Quality Assurance, based on NQF citation
* Replaced "members" with "children"
* Combined the three rates into a single 12-36 month rate
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| **Denominator Description**  | Children who turn 0 - 36 months of age between January 1 of the measurement year and December 31 of the measurement year |
| **Denominator Inclusions** | Claims data: CPT codes 96110 (Developmental testing, with interpretation and report)Important Note About Appropriate Use of Claims Data: This measure is anchored to standardized tools that meet four criterion specified above. States who have policies clarifying that standardized tools meeting this criterion must be used to bill for 96110 should be able to report using claims data. Claims NOT Included in This Measure: It is important to note that modified 96110 claims [e.g. modifiers added to claim indicating standardized screening for a specific domain of development (e.g. social emotional screening via the ASQ-SE, autism screening] should not be included as this measure is anchored to recommendations focused on global developmental screening using tools that focus on identifying risk for developmental, behavioral and social delays.  |
| **Denominator Exclusions** | The Measure Steward does not identify specific denominator exclusions beyond what is described in the denominator description. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | Children who had screening for risk of developmental, behavioral and social delays using a standardized screening tool that was documented by 0 - 36 months of age |
| **Numerator Inclusions** | The numerator identifies children who were screened for risk of developmental, behavioral and social delays using a standardized tool. National recommendations call for children to be screened at the 9, 18, and 24- OR 30-month well visits to ensure periodic screening over the first three years. The measure is based on three, age-specific indicators.  |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources; Electronic Clinical Data: Electronic Health Record, Paper Medical Records |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |