

Measure Description:

- The percentage of children who were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on the date of their first, second, or third birthday during the measurement year.
- The measure reports rates for each age group (1st, 2nd, 3rd birthday) and a total rate, with payment tied to the total rate under ACC Phase III.
- This measure is identical to the CMS Child Core Set (DEV-CH) specification and the 2025 DOI Primary Care APM measure, using administrative or hybrid data collection methods.
- Screening must use a validated, standardized tool (e.g., Ages and Stages Questionnaire [ASQ], Parents' Evaluation of Developmental Status [PEDS]) to assess domains like gross/fine motor, language, cognitive, social-emotional, and self-help skills.
- Reportable via EHR documentation or claims, with emphasis on early intervention referrals if delays are identified.

Numerator:

- Children in the denominator receive at least one developmental screening using a standardized tool 12 months before or on their birthday, for each age group (1st, 2nd, 3rd birthday).
- Screenings must be documented with the tool name, date, results, and any follow-up actions in the EHR or claims to count toward compliance.
- Total rate (used for payment): Combined percentage across all three birthdays, ensuring comprehensive early childhood screening coverage.

Denominator:

- All children who have their first, second, or third birthday during the measurement year (CY2026), with the total denominator combining all three age groups.
- Members must be enrolled in Medicaid on the date of their birthday to be included in the denominator.
- No continuous enrollment requirement, allowing for broader inclusion based on administrative data from claims or CIIS-like systems for screenings.

Services to Support Developmental Screening:

- Well-child visits or preventive care appointments at 9, 18, and 30 months, where screenings can be administered as part of routine checks per Bright Futures guidelines.
- Early intervention programs like Child Find or Part C services provide free screenings and referrals for delays.
- Community health centers or home visiting programs (e.g., Parents as Teachers, Nurse-Family Partnership) for at-home or outreach screenings in underserved areas.
- Pediatric clinics or family practice offices are equipped with standardized tools and trained staff for in-office administration.
- Telehealth consultations for screening education and follow-up, with in-person or parent-reported tools where appropriate.

Best Practices:

- Administer screenings at the recommended 9-month, 18-month, and 30-month well-child visits per American Academy of Pediatrics (AAP) and Bright Futures guidelines to align with birthdays and maximize compliance.
- Use validated tools like the Ages and Stages Questionnaire (ASQ) or Parents' Evaluation of Developmental Status (PEDS) consistently, and train staff in proper administration to ensure accurate results.
- Educate parents on developmental milestones and the importance of screening using the "Teach Back Method" to confirm understanding, such as asking them to repeat back signs of delays like delayed speech or motor skills.
- Document the tool used, date, scores, and any referrals in structured EHR fields (e.g., under preventive care or problem list) to facilitate data capture and hybrid reporting.
- Partner with local early intervention programs for immediate referrals if screens indicate delays and follow up with families to ensure services are accessed.
- Conduct outreach to patients who miss well visits via phone, text, or portal messages, and offer flexible scheduling or home-based screenings for high-risk families (e.g., low-income or rural).
- Common miss: Using non-standardized tools or failing to document results – always use CPT 96110 in claims and note the tool name to avoid denials or exclusions.
- Submit claims promptly with CPT codes to ensure screenings are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in screening rates and target interventions for specific age groups (e.g., higher misses at 30 months).
- Collaborate with RAE quality teams for resources like free screening tools, training webinars, or incentives to improve equity in developmental screening access.

CY 2026 Payment Thresholds

Level	Required Rate	Payout %
Basecamp	≥37%	33%
Tree Line	≥45%	67%
Summit	≥52%	100%

For the full list of codes, please see Appendix A on the following page.

Developmental Screening



Appendix A

Codes to Identify Developmental Screening	
CPT	Description
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

Codes for Exclusions (Hospice)	
UBREV	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)

Codes for Related Services	
HCPCS	Description
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)