

STANDARDIZED PERFORMANCE MEASURES FOR SBHCs

The following tables provide explanations of each of the five performance measures, including measure definitions; numerators and denominators; source of the definitions; and claim/encounter codes that are relevant to each measure. The following general definitions apply throughout:

- **School year**: A 12-month period from July 1 June 30 (i.e., the 2017-18 school year is defined as July 1, 2017-June 30, 2018).
- Unduplicated SBHC clients: Students who had at least one visit of any type to the SBHC during the school year. This should be an unduplicated count.
- **SBHC visit**: A visit to the SBHC to receive any type of service from any type of service provider. Visits should be face to face encounters, though can include telehealth visits. Visits to receive group services or first aid/triage can be included. Each SBHC client may have multiple visits to the SBHC.

Performance Measure #1: ANNUAL WELL CHILD VISIT

ANNUAL WELL-CHILD VISIT		
DEFINITION	Percentage of unduplicated SBHC clients ages 0-21 years who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the school year, regardless of where exam was provided, including documentation of: Health and developmental history AND Physical exam AND Health education/ anticipatory guidance	
NUMERATOR	Number of unduplicated SBHC clients ages 0-21 years who had at least one comprehensive well-care visit provided by the SBHC during the school year	Number of unduplicated SBHC clients ages 0-21 years who had at least one comprehensive well-care visit provided by a non-SBHC provider during the school year
DENOMINATOR	Number of unduplicated SBHC clients who had at least one visit of any type to the SBHC during the school year	
SOURCE	HEDIS ⁱ : http://www.ncqa.org/portals/0/Adolescent%20Well-Care%20Visits.pdf	
AGE RANGE	0-21 years old	
SUGGESTED CLAIM/	• CPT: 99381-99385, 99391-99395	
ENCOUNTER CODES	• ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.05, Z00.8, Z02.0, Z02.1, Z02.2,	
	Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9	
INCLUSIONS/EXCLUSIONS	Number should not include typical or traditional sports physicals, unless the	

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sports physical is done as part of a comprehensive well child visit.

Performance Measure #2: ANNUAL RISK ASSESSMENT

ANNUAL RISK ASSESSMENT		
DEFINITION	Percentage of unduplicated SBHC clients with ≥1 age-appropriate annual risk assessment during the school year	Percentage of unduplicated SBHC clients ages 12 and above with ≥1 ageappropriate annual risk assessment during the school year
NUMERATOR	Number of unduplicated SBHC clients with documentation of ≥1 ageappropriate annual risk assessment during the school year	Number of unduplicated SBHC clients ages 12 and above with documentation of ≥1 age-appropriate annual risk assessment during the school year (optional)
DENOMINATOR	Number of unduplicated SBHC clients who had at least one visit of any type to the SBHC during the school year	Number of unduplicated SBHC clients ages 12 and above who had at least one visit of any type to the SBHC during the school year
SOURCE	AAPii	
AGE RANGE	Age range of SBHC client population	
SUGGESTED CLAIM/ ENCOUNTER CODES	CPT: 96160, 96127, 96160 ICD-10: Z13.9, Z13.4	
	Source: American Academy of Pediatrics: https://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/documents/bf-pmsfactsheet.pdf	

Performance Measure #3: BODY MASS INDEX (BMI) SCREENING AND NUTRITION/PHYSICAL ACTIVITY COUNSELING

BODY MASS INDEX (BMI) SCREENING AND NUTRITION/PHYSICAL ACTIVITY COUNSELING		
DEFINITION	Percentage of unduplicated SBHC clients aged 3-17 years with documentation of the following at least once during the school year: BMI percentile AND Counseling for nutrition AND Counseling for physical activity	Percentage of unduplicated SBHC clients aged 3-17 years with BMI ≥85th percentile with documentation of the following at least once during the school year: BMI percentile AND Counseling for nutrition AND Counseling for physical activity
NUMERATOR	Number of unduplicated SBHC clients aged 3-17 years with documentation of BMI percentile AND counseling for nutrition AND physical activity during the school year	Number of unduplicated SBHC clients aged 3-17 years with a BMI ≥85 percentile AND counseling for nutrition AND physical activity during the school year
DENOMINATOR	Number of unduplicated SBHC clients aged 3-17 years who had at least one visit of any type to the SBHC during the school year	Number of unduplicated SBHC clients aged 3-17 years with a BMI ≥85 percentile during the school year
SOURCE	CMS ⁱⁱⁱ , UDS ^{iv} , USPSTF ^v	
AGE RANGE	3-17 years	
SUGGESTED CLAIM/	BMI Screenings (ICD-10):	
ENCOUNTER CODES	• BMI =>5% (underweight): Z68.51-Z68.54 AND R63.6	

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	 BMI =5-84% (normal weight): Z68.52 BMI =85-94% (overweight) Z68.53 AND E66.3 for Overweight BMI =>95% (obese) -Z68.54 AND either E66.9 for Obese OR E66.01 for Morbid Obese
	Dietary Counseling: Z71.3 or 97802-97804 (CPT) Exercise counseling: Z71.82
ADDITIONAL DEFINITIONS	BMI: A statistical measure of the weight of a person scaled according to height BMI Percentile: The percentile ranking based on the CDC's BMI-for-age growth charts, which indicates the relative position of the patient's BMI number among others of the same gender and age
	Source: Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, March 2015: http://www.medicaid.gov/Medicaid-CHIP-Child-Core-Medicaid-and-CHIP-Child-Core-Set-Manual.pdf

Performance Measure #4: DEPRESSION SCREENING AND FOLLOW-UP

DEPRESSION SCREENING AND FOLLOW-UP			
DEFINITION	Percentage of unduplicated SBHC clients aged ≥12 years with documentation of the following at least once during the school year: • Screened for clinical depression using an age appropriate standardized tool AND • Follow-up plan documented if positive screen		
NUMERATOR	Number of unduplicated SBHC clients aged ≥12 years with documentation of screening for clinical depression using an age appropriate standardized tool during the school year	Number of unduplicated SBHC clients aged ≥12 years with a positive depression screen documented during the school year	Number of unduplicated SBHC clients aged ≥12 years with a positive depression screen AND follow-up plan documented during the school year
DENOMINATOR	Number of unduplicated SBHC clients aged ≥12 years who had at least one visit of any type to the SBHC during the school year NOTE: The components of this measure will be calculated from these four data points.		
SOURCE	UDS, CMS		
AGE RANGE	≥12 years		
SUGGESTED CLAIM/	ICD-10: Z13.89		
ENCOUNTER CODES	CPT – II = 3725F; 99420; G84	l31 (positive screen); G8510 (negative screen)

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Performance Measure #5: CHLAMYDIA SCREENING

CHLAMYDIA SCREENING		
DEFINITION	Percentage of unduplicated SBHC clients (male or female) identified as sexually	
	active who had ≥1 test for Chlamydia documented during the school year	
NUMERATOR	Number of unduplicated male SBHC Number of unduplicated female SBH	
	clients identified as sexually active	clients identified as sexually active
	who had≥1 test for Chlamydia	who had≥1 test for Chlamydia
	documented during the school year	documented during the school year
DENOMINATOR	Number of unduplicated male SBHC	Number of unduplicated female SBHC
	clients identified as sexually active	clients identified as sexually active
	during the school year	during the school year
SOURCE	CMS, HEDIS	
AGE RANGE	Age range of SBHC client population	
SUGGESTED CLAIM/	ICD-10: Z11.8, Z11.3	
ENCOUNTER CODES		

In addition, the following data will be requested to calculate the performance measures

CLIENT AND VISIT DATA		
Unduplicated clients	Indicate the total number of unduplicated clients who had at least one visit of any	
	type to the SBHC during the school year.	
Unduplicated clients by	Indicate the total number of unduplicated clients who had at least one visit to the	
age	SBHC during the school year stratified by age. Categories are: 0-2 years; 3-11	
	years; 12-17 years; 18-21 years; and 22 years and over.	
Unduplicated SBHC	Indicate the total number of unduplicated clients who had at least one visit to the	
clients by gender	SBHC during the school year stratified by gender (i.e., male, female, other).	
Total visits	Indicate the total number of visits of any type provided to SBHC clients during the	
	school year. These visits can include drop-in visits for first aid or triage, dental	
	visits, health education, etc.	

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ⁱ HEDIS: National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set

ii AAP: Bright Futures/American Academy of Pediatrics: Recommendations for Pediatric Preventive Care: https://www.aap.org/en- us/Documents/periodicity_schedule.pdf

iii CMS: Centers for Medicare and Medicaid Services' (CMS) Stage 2 of the Meaningful Use Electronic Health Record Incentive

^{iv} UDS: Health Resources and Services Administration, Bureau of Primary Health Care's Health Center Uniform Data System

^v USPSTF: United States Preventive Services Task Force