

PAY FOR PERFORMANCE PROGRAM 2026

Kern Health Systems (KHS) has updated its Pay for Performance (P4P) Program for 2026, providing incentives to qualified KHS practitioners who provide preventive and chronic care health services to their assigned members.

KHS practitioners will be incentivized on twelve different measures through the P4P Program. The measures are a combination of Managed Care Accountability Set (MCAS) measures and health plan defined measures. Measures 1 through 11 follow the basic structure of the MCAS measures KHS is responsible for reporting to the Department of Health Care Services (DHCS). Measure twelve, the Initial Health Appointment, is a requirement in the contract between KHS and DHCS. The measures are as follows:

2026 Pay for Performance Program				
Measure	Acronym	Who Can Participate		
		PCP	OB/GYN	
Well Women				
1 Breast Cancer Screening	BCS-E	X	X	
2 Cervical Cancer Screening	CCS-E	X	X	
3 Chlamydia Screening in Women	CHL	X	X	
4 Postpartum Care	PPC-Post	X	X	
Well Child				
5 Well Child Visit: 0-15 Months	W15	X		
6 Well Child Visit: 15-30 Months	W30	X		
7 Child and Adolescent Well-Care Visits	WCV	X	X	
8 Childhood Immunization Status	CIS-E	X		
9 Immunizations for Adolescents Status	IMA-E	X	X	
10 Lead Screening in Children	LSC	X		
Preventive Care				
11 Glycemic Status Assessment for Patients with Diabetes	GSD	X		
Practice Management				
12 Initial Health Assessment	IHA	X		



PAY FOR PERFORMANCE PROGRAM 2026

Who Can Participate:

Primary Care Physicians (PCP) and Obstetrics and Gynecologic Physicians (OB/GYN) with assigned members are automatically enrolled in the P4P Program upon completion of KHS' credentialing and contracting process. KHS PCPs may participate in all applicable measures of the program. OB/GYNs credentialed as PCPs may participate in the following measures: Breast Cancer, Cervical Cancer, and Chlamydia Screenings, Postpartum Care, Child and Adolescent Well Care Visits, and Immunizations for Adolescents.

Funding:

Funding for this program is allocated in the 2026 KHS Primary Care Physician Quality Incentive Liability Budget.

Incentive Pay to Providers:

This program includes services rendered January 1, 2026, through December 31, 2026. Each visit must be billed with the appropriate ICD-10, CPT, or HCPCS codes and be documented in the medical record. Payment will be made to the assigned PCP or OB/GYN clinic for services and screenings provided to members and must meet the defined percentage or otherwise specified measure incentive requirement. The data will be reviewed, and incentive payment will be made to providers on a quarterly basis in accordance with the P4P Program guidelines.

All incentive payments will be calculated by KHS and will be final. All claims for P4P incentive payment must be submitted by January 31, 2027. Incentives paid under the P4P Program for services deemed inappropriately submitted will be recouped from future payments. All cases of suspected fraud or abuse will be investigated thoroughly and reported to the appropriate authorities.

The incentive paid for all measures is outlined in Exhibit D of the Provider Agreement.

Provider P4P Research Inquiries

All Provider research inquiries, related to the data collected to measure P4P metrics, must be submitted in an excel worksheet. The following information must be included in the research inquiry to support the description of the dispute: Provider Name, Provider NPI, Member Name, Member ID, Measure Name, DOS, Procedure Code/ICD-10 code, and any other information that would be helpful to research the inquiry.

Corrective Claims Submission:

In the event you identify a claim that did not accurately represent what occurred during the visit, you may send in a corrected claim. Corrected claims must follow KHS requirements for corrected billing. Submit corrections to KHS within 60 days of the initial submission for incentive payment consideration to be made.

Breast Cancer Screening (BCS-E)

Program Goal:

To ensure that all persons 40–74 years of age who were recommended for routine breast cancer screening had a mammogram to screen for breast cancer.

Overview:

Participating PCPs and OB/GYNs are incentivized for performing a mammogram, not MRI or other imaging, for eligible KHS members during the measurement year.

Who Can Participate:

Credentialed KHS PCPs and OB/GYNs approved to treat KHS members 40 to 74 years of age recommended for routine breast cancer screening.

Which Members Are Eligible:

KHS members enrolled in the Medi-Cal program AND must be:

- Forty to 74 years of age during the measurement year
- Recommended for routine breast cancer screening
- Active on the date services were rendered

Documentation Requirements:

Reporting of the Mammogram by the radiologist.

How to Report Services:

CPT Codes:	
Mammogram	77061, 77062, 77065, 77066, 77067

Cervical Cancer Screening (CCS-E)

Program Goal:

To ensure that all persons 21–64 years of age who were recommended for routine cervical cancer screening were screened for cervical cancer using any of the following criteria:

- Persons 21–64 years of age who were recommended for cervical cytology, performed within the last 3 years.
- Persons 30–64 years of age who were recommended for cervical high-risk human papillomavirus (hrHPV) testing, performed within the last 5 years.

Overview:

Participating PCPs and OB/GYNs are incentivized for performing a Pap test to eligible KHS members during the measurement year.

Who Can Participate:

Credentialed KHS PCPs and OB/GYNs approved to treat members 21 to 64 years of age recommended for routine cervical cancer screening.

Which Members Are Eligible:

KHS members enrolled in the Medi-Cal program AND must be:

- 21 to 64 years of age during the measurement year
- Recommended for routine cervical cancer screening
- Active on the date services were rendered

Documentation requirements:

Documentation in the medical record must include:

- Progress note indicating the test was performed
- Progress note including the result of the test

How to Report Services:

CPT Codes:	
Cervical Cytology	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, P3000, P3001
hrHPV Test	87624, 87625, 87626, 0502U (CPT-PLA)
HCPCS:	
Cervical Cytology	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148
hrHPV Test	G0476

Chlamydia Screening (CHL)

Program Goal:

To ensure that all persons 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement period.

Overview:

Participating PCPs and OB/GYNs are incentivized for performing one chlamydia test to an eligible KHS member during the measurement year.

Who Can Participate:

Credentialed KHS PCPs and OB/GYNs approved to treat members 16 to 24 years of age recommended for routine chlamydia screening.

Which Members are Eligible:

KHS members enrolled in the Medi-Cal program AND must be:

- 16 to 24 years of age during the measurement year
- Recommended for routine chlamydia screening
- Active on the date services were rendered

Documentation Requirements:

Members who had a claim or encounter indicating sexual activity during the measurement year.

How to Report Services:

CPT Codes:	
Chlamydia Test	87110, 87270, 87490, 87491, 87492, 87801

Postpartum Care (PPC-Post)

Program Goal:

To ensure that all KHS members that have live births receive timely and appropriate postpartum care.

Overview:

Participating PCPs and OB/GYNs are incentivized for performing one eligible postpartum assessment on or between 7-84 days (1-12 weeks) after delivery.

Who Can Participate:

Credentialed KHS PCPs and OB/GYNs approved to provide postpartum care.

Which Members Are Eligible:

KHS members enrolled in the Medi-Cal program AND must be:

- Postpartum members 7-84 days (1-12 weeks) after delivery
- Active on the date services were rendered

Documentation requirements:

Documentation in the medical record must include a note indicating the date when the postpartum visit occurred and one of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts, and abdomen (notation of "breast feeding" is acceptable for the "evaluation of breasts" component).
- Notation of postpartum care, including, but not limited to:
 - Notation of 'postpartum care,' 'PP care,' 'PP check,' '6-week check',
 - A preprinted "Postpartum Care" form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening for persons with gestational diabetes.
- Documentation of any of the following topics:
 - Infant care or breastfeeding.
 - Resumption of intercourse, birth spacing or family planning.
 - Sleep/fatigue.
 - Resumption of physical activity.
 - Attainment of healthy weight.

How to Report Services:

CPT Codes:	
Postpartum Care	0503F (CPT CAT II), 58300, 59400, 59410, 59430, 59510, 59515, 59610
HCPCS:	
Postpartum Care	G0101

ICD-10 Codes:	
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z39.1	Encounter for care and examination of lactating mother
Z39.2	Encounter for routine postpartum follow-up

Well-Child Visits in the First 15 Months of Life (W30-6+)

Program Goal:

To ensure that all KHS members who turned 15 months of age during the measurement year receive six or more Well-Child visits.

Overview:

Participating PCPs are incentivized to perform a minimum of six well-child exams by 15 months of age as recommended for eligible KHS members during the measurement year.

Who Can Participate:

Credentialed KHS PCPs approved to treat members birth to 15 months of age.

Which Members Are Eligible:

KHS members enrolled in the Medi-Cal program AND must be:

- Children who turn 15 months of age during the measurement year
- Active on the date services were rendered
- There are currently no limits to how far apart W30 well visits must be billed; follow the recommended AAP periodicity schedule.

How to Maximize a Visit:

- Check for gaps in care prior to/at every visit and schedule future appointments in advance to keep children on track with the AAP Bright Futures periodicity schedule.
- Convert sick visits, daycare, or sports physicals into well-care visits, when possible, by performing required components and billing appropriately with modifiers.

How to Report Services:

CPT Codes:	
Initial comprehensive preventive medicine evaluation and management	99381, 99382, 99391, 99392, 99393, 99394, 99461
HCPCS:	
Initial and subsequent annual wellness visit	G0438, G0439, S0612, S0613

ICD-10 Codes:	
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 2 to 28 days old
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.3	Encounter for examination for adolescent development state
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child

* Add Modifier 25 on a sick child visit to capture the Well-Child Visit

Well-Child Visits in the First 30 Months of Life (W30-2+)

Program Goal:

To ensure that all KHS members who turned 30 months of age during the measurement year receive two or more Well-Child visits.

Overview:

Participating PCPs are incentivized for performing a minimum of two well-child exams on or between 15 and 30 months of age as recommended for eligible KHS members during the measurement year.

Who Can Participate:

Credentialed KHS PCPs approved to treat members 15 to 30 months of age.

Which Members Are Eligible:

KHS members enrolled in the Medi-Cal program AND must be:

- Children 15 to 30 months of age during the measurement year with two or more well-child visits
- Active on the date services were rendered
- There are currently no limits to how far apart W30 well visits must be billed; follow the recommended AAP periodicity schedule.

How to Maximize a Visit:

- Check for gaps in care prior to/at every visit and schedule future appointments in advance to keep children on track with the AAP Bright Futures periodicity schedule.
- Convert sick visits, daycare, or sports physicals into well-care visits, when possible, by performing required components and billing appropriately with modifiers.

How to Report Services:

CPT Codes:	
Initial comprehensive preventive medicine evaluation and management	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
HCPCS:	
Initial and subsequent annual wellness visit	G0438, G0439, S0612, S0613

ICD-10 Codes:	
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 2 to 28 days old
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.2	Encounter for examination for period of rapid growth in childhood
Z00.3	Encounter for examination for adolescent development state
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z02.5	Encounter for examination for participation in sport

Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child

** Add Modifier 25 on a sick child visit to capture the Well-Child Visit*

Child and Adolescent Well-Care Visits (WCV)

Program Goal:

To ensure that all KHS members 3 to 21 years of age receive at least one comprehensive well-care visit during the measurement year.

Overview:

Participating PCPs and OB/GYNs are incentivized to perform one comprehensive well-care visit for eligible KHS members during the measurement year.

Who Can Participate:

Credentialed KHS PCPs and OB/GYNs approved to treat members 3 to 21 years of age.

Which Members Are Eligible:

KHS members enrolled in the Medi-Cal program AND must be:

- 3 to 21 years of age during the measurement year
- Active on the date services were rendered
- There are currently no limits to how far apart annual pediatric well visits must be billed; follow the recommended AAP periodicity schedule.

How to Maximize a Visit:

- Check for gaps in care prior to every visit and schedule future appointments in advance to keep children on track with the AAP Bright Futures periodicity schedule.
- Convert sick visits, daycare, or sports physicals into well-care visits, when possible, by performing required components and billing appropriately with modifiers.

How to Report Services:

CPT Codes:
99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
HCPCS:
G0438, G0439, S0612, S0613

ICD-10 Codes:	
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 2 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.3	Encounter for examination for adolescent development state
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z02.5	Encounter for examination for participation in sport
Z76.1	Encounter for health supervision and care of foundling

Z76.2

Encounter for health supervision and care of other healthy infant and child

**Add Modifier 25 on a sick visit to capture the Well Child Visit*

Childhood Immunization Status (CIS-10-E)

Program Goal:

Ensure KHS members complete all recommended childhood immunizations by age two, consistent with CDC ACIP recommendations.

Overview:

Participating PCPs are incentivized for providing required immunizations to members by 2 years of age during the measurement year.

Who Can Participate:

Credentialed KHS PCPs approved to treat members up to 2 years of age.

Which Members Are Eligible:

KHS members enrolled in the Medi-Cal program AND must be:

- Birth to 2 years of age during the measurement year
- Active on the date services were rendered

Immunization Requirements- Persons who meet any of the following criteria on or before the second birthday:

DTaP:

Persons who meet any of the following criteria on or before the second birthday:

- At least four DTaP vaccinations with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine.
- Encephalitis due to the diphtheria, tetanus, or pertussis vaccine.

IPV:

Persons who meet either of the following criteria on or before the second birthday:

- At least three IPV vaccinations with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the IPV vaccine.

MMR:

Persons who meet any of the following criteria:

- At least one MMR vaccination on or between the first and second birthdays.
- All the following, any time on or before the second birthday (on the same or different date of service).
 - History of measles illness
 - History of mumps illness
 - History of rubella illness
- Anaphylaxis due to the MMR vaccine on or before the second birthday.

HiB:

Persons who meet either of the following criteria on or before the second birthday:

- At least three HiB vaccinations with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the HiB vaccine.

Hepatitis B:

Persons who meet any of the following criteria on or before the second birthday:

- At least three hepatitis B vaccinations with different dates of service.
- One of the three vaccinations may be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth.
- History of hepatitis B illness.
- Anaphylaxis due to the hepatitis B vaccine.

VZV:

Persons who meet any of the following criteria:

- At least one VZV vaccination with a date of service on or between the first and second birthdays.
- History of varicella zoster (e.g., chicken pox) illness on or before the second birthday.
- Anaphylaxis due to the VZV vaccine on or before the second birthday.

Pneumococcal conjugate:

Persons who meet either of the following criteria on or before the second birthday:

- At least four pneumococcal conjugate vaccinations with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the pneumococcal vaccine.

Hepatitis A:

Persons who meet any of the following criteria:

- At least one hepatitis A vaccination with a date of service on or between the first and second birthdays.
- History of hepatitis A illness on or before the second birthday.
- Anaphylaxis due to the hepatitis A vaccine on or before the second birthday.

Rotavirus:

Persons who meet any of the following criteria:

- At least two doses of the two-dose rotavirus vaccine on different dates of service on or before the second birthday. Do not count a vaccination administered prior to 42 days after birth.
- At least three doses of the three-dose rotavirus vaccine on different dates of service on or before the second birthday. Do not count a vaccination administered prior to 42 days after birth.
- At least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine all on different dates of service, on or before the second birthday. Do not count a vaccination administered prior to 42 days after birth.
- Anaphylaxis due to the rotavirus vaccine on or before the second birthday.

Influenza:

Persons who meet either of the following criteria on or before the second birthday:

- At least two influenza vaccinations with different dates of service. Do not count a vaccination administered prior to 180 days after birth.
 - An influenza vaccination recommended for children 2 years and older (e.g., LAIV) administered on the second birthday meets criteria for one of the two required vaccinations.
- Anaphylaxis due to the influenza vaccine.

How to Report Immunizations:

Immunizations:	Codes:
DTaP	CPT: 90697, 90698, 90700, 90723
	CVX: 20, 50, 106, 107, 110, 120, 146, 198
IPV	CPT: 90697, 90698, 90713, 90723
	CVX: 10, 89, 110, 120, 146
MMR	CPT: 90707, 90710
	CVX: 03, 94
HiB	CPT: 90644, 90647, 90648, 90697, 90698, 90748
	CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148, 198
Hep B	CPT: 90697, 90723, 90740, 90744, 90747, 90748
	CVX: 08, 44, 45, 51, 110, 146, 198
VZV	CPT: 90710, 90716
	CVX: 21, 94
PCV	CPT: 90670, 90671
	CVX: 109, 133, 152, 215, 216
Hepatitis A	CPT: 90633
	CVX: 31, 83, 85
Rotavirus	CPT: 90681 (2-doses), 90680 (3-doses)
	CVX: 116, 122 (3-dose)
Influenza	CPT: 90655, 90657, 90660, 90661, 90662, 90672, 90673, 90685, 90686, 90687, 90688, 90689, 90756
	CVX: 88, 111, 140, 141, 149, 150, 153, 155, 158, 161, 171, 186, 320

Immunizations for Adolescents (IMA-E)

Program Goal:

Ensure KHS adolescent members initiate and complete ACIP-recommended vaccinations, including HPV, Tdap, and meningococcal vaccines, according to the recommended adolescent immunization schedule.

Overview:

Participating PCPs and OB/GYNs are incentivized for providing the Meningococcal, Tdap and HPV immunizations to members by 13 years of age during the measurement year.

Who Can Participate:

Credentialed KHS PCPs and OB/GYNs approved to treat members 9 to 13 years of age.

Which Members Are Eligible:

KHS member enrolled in the Medi-Cal program AND must be:

- 9 to 13 years of age during the measurement year
- Active on the date services were rendered

Immunization Requirements:

• Meningococcal:

Persons who meet either of the following criteria:

- At least one meningococcal vaccine (serogroups A, C, W, Y or A, C, W, Y, B) with a date of service on or between the 10th and 13th birthdays.
- Anaphylaxis due to the meningococcal vaccine any time on or before the 13th birthday.

• Tdap/Td:

Persons who meet any of the following criteria:

- At least one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine with a date of service on or between the 10th and 13th birthdays.
- Anaphylaxis due to the tetanus, diphtheria, or pertussis vaccine any time on or before the 13th birthday.
- Encephalitis due to the tetanus, diphtheria, or pertussis vaccine any time on or before the 13th birthday.

• HPV:

Persons who meet any of the following criteria:

- At least two HPV vaccines on or between the 9th and 13th birthdays and with dates of service at least 146 days apart.
- At least three HPV vaccines with different dates of service on or between the 9th and 13th birthdays.
- Anaphylaxis due to the HPV vaccine any time on or before the 13th birthday.

How to Report Immunizations:

- All immunizations must occur on or before the member's 13th birthday to count for compliance.
- To meet compliance, documentation by the 13th birthday must include:
 - Vaccine administration (or evidence of antigen/combination vaccine)
 - History of anaphylactic reaction to the vaccine
 - Tdap-specific: Document encephalopathy
 - HPV-specific: For 2-dose series, at least 146 days (5 months) must separate the 1st and 2nd doses
- Parent refusals and vaccine-related adverse events (e.g., anaphylaxis) must be documented with date but do not exclude the member from the measure.

Immunizations:	Codes:
Meningococcal	CPT: 90619, 90733, 90734, 90623
	CVX: 32, 108, 114, 136, 147, 167, 203, 316, 328
Tdap	CPT: 90715
HPV	CPT: 90649, 90650, 90651
	CVX: 62, 118, 137, 165

Lead Screening in Children (LSC)

Program Goal:

To ensure that all KHS members 2 years of age had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Overview:

Participating PCPs are incentivized for performing a capillary or venous blood test for eligible KHS members during the measurement year.

Who Can Participate:

Credentialed KHS PCPs approved to treat members up to 2 years of age.

Which Members Are Eligible:

KHS member enrolled in the Medi-Cal program AND must be:

- Birth to 2 years of age during the measurement year
- Active on the date services were rendered

Documentation Requirements:

Documentation in the medical record must include both of the following:

- A note indicating the date the test was performed.
- The result or finding.

How to Report Services:

CPT Codes:

Lead Screening	83655
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Glycemic Status Assessment for Patients with Diabetes (GSD)

Program Goal:

To ensure that all KHS members 18 to 75 years of age with diabetes receive timely assessments and treatment to maintain or improve their diabetic health status.

Overview

Participating PCPs are incentivized for keeping eligible members' hemoglobin A1c at 8.9 or below during the measurement year.

Who Can Participate:

Credentialed KHS PCPs approved to treat members 18 to 75 years of age.

Which Members Are Eligible:

KHS member enrolled in the Medi-Cal program AND must be:

- 18 to 75 years of age during the measurement year
- Have two diagnoses of diabetes on different dates of service during the measurement period or the year prior.
- Or were dispensed insulin or hypoglycemics/ antihyperglycemics (including metformin) during the measurement period or the year prior and have at least one diagnosis of diabetes during the measurement period or the year prior.
- Active on date of service the diabetes measure was performed

Documentation requirements:

- Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.
- The member is considered uncontrolled if the A1C is 9.0 or above, is missing, or if a glycemic status assessment was not done during the measurement period.

How to Report Services:

CPT Codes:	
HbA1c	83036, 83037
HbA1c level (<7.0%)	3044F
HbA1c level (\geq 7.0 to <8.0%)	3051F
HbA1c level (\geq 8.0 to \leq 9.0%)	3052F
HbA1c level ($>$ 9.0%)	3046F

Initial Health Appointment (IHA)

Program Goal:

To ensure that all new KHS members receive an Initial Health Appointment (IHA) within 120 days of enrollment into the plan.

Overview:

Participating PCPs are incentivized for performing an IHA on new KHS members within 120 days of enrollment in the plan. The first IHA submitted will be paid to the PCP on file at the time services were rendered.

Who Can Participate:

Credentialed KHS PCPs

Which Members Are Eligible:

KHS member enrolled in Medi-Cal program AND must be:

- Newly enrolled into the plan OR a re-enrollment as a KHS member with a break in coverage greater than 12 months.
- Active on the date services were performed

Documentation requirements:

A complete IHA must include the following components:

- Complete Physical Assessment (height, weight, BMI, Blood Pressure, heart, lungs, abdomen)
- Complete Social History/Development (i.e.: peer relationships, school achievement, hobbies, sexually active or not)
- Guidance/Education (advise on diet, exercise, junk food, drugs, smoking, suicide, contraception)

How to Report Services:

CPT Codes:

99381-99387, 99391-99397

ICD-10 Codes:

Z00.00 – Z00.8

**A minimum of one CPT code AND ICD 10 code from the list above, must be included on the claim form for payment consideration.*

Pay for Performance Codes 2026

Measure	Codes
(BCS-E) Breast Cancer Screening	77061, 77062, 77065, 77066, 77067
(CCS-E) Cervical Cancer Screening	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164, 88165, 88166, 88167, 88174, 88175, 87624, 87625, 87626, P3000, P3001, 0502U, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476
(CHL) Chlamydia Screening in Women	87110, 87270, 87490, 87491, 87492, 87801
(PPC-Post) Postpartum Care	58300, 59400, 59410, 59430, 59510, 59515, 59610 0503F, G0101 Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
(W30-6+) Well-Child Visits in the First 15 Months of Life <i>*Add Modifier 25 on a sick visit to capture the Well Child Visit</i>	99381, 99382, 99391, 99392, 99393, 99394, 99461 G0438, G0439, S0612, S0613 Z00.00, Z00.110, Z00.111, Z00.129, Z00.3, Z01.411, Z01.419, Z76.1, Z76.2
(W30-2+) Well-Child Visits in the First 30 Months of Life <i>*Add Modifier 25 on a sick visit to capture the Well Child Visit</i>	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 G0438, G0439, S0612, S0613 Z00.00, Z00.110, Z00.111, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
(WCV) Child and Adolescent Well-Care Visits <i>*Add Modifier 25 on a sick visit to capture the Well Child Visit</i>	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 G0438, G0439, S0612, S0613 Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
(CIS-E) Childhood Immunization Status	DTap: 90697, 90698, 90700, 90723 / CVX: 20, 50, 106, 107, 110, 120, 146, 198 IPV: 90697, 90698, 90713, 90723 / CVX: 10, 89, 110, 120, 146 MMR: 90707, 90710 / CVX: 03, 94 HiB: 90644, 90647, 90648, 90697, 90698, 90748 / CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148, 198 Hepatitis B: 90697, 90723, 90740, 90744, 90747, 90748, G0010 / CVX: 08, 44, 45, 51, 110, 146, 198 VZV: 90710, 90716 / CVX: 21, 94 PCV: 990670, 90671, G0009 / CVX: 109, 133, 152, 215, 216 Hepatitis A: 90633 / CVX: 31, 83, 85 RV 2-doses: 90681 RV 3-doses: 90680 / CVX: 116, 122 (3-dose) Flu: 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 / CVX: 88, 111, 140, 141, 150, 153, 155, 158, 161, 171, 186, 320
(IMA-E) Immunizations for Adolescents	Meningococcal: 90619, 90733, 90734, 90623 / CVX: 32, 108, 114, 136, 147, 167, 203, 316, 328 Tdap: 90715 HPV: 90649, 90650, 90651 / CVX: 62, 118, 137, 165
(LSC) Lead Screening in Children	83655
(GSD) Glycemic Status Assessment for Patients with Diabetes	83036, 83037 3046F, 3052F, 3051F, 3044F

(IHA) Initial Health Assessment

99381-99387, 99391-99397

Z00.00 – Z00.8

For information on Member Rewards, please reach out to your Provider Relations Representative for the most up-to-date details.