



Commonwealth of Kentucky  
Department for Medicaid Services  
Division of Program Quality and Outcomes

**Kentucky Medicaid Managed Care Early Periodic  
Screening, Diagnostic and Treatment Services  
(EPSDT) Review of 2013**

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## Introduction

### Background

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services is a federally mandated health program that provides comprehensive and preventive health care services for children and adolescents up to age 21 who are enrolled in Medicaid. EPSDT services are designed to ensure early identification of conditions that can impede children's health and development, and provide for the diagnosis and treatment of physical and mental health conditions in order to improve health outcomes.<sup>i</sup> In addition to a comprehensive health and developmental history, with assessments of both physical and mental health and development, EPSDT services include a comprehensive medical exam, vision, hearing, and dental services, age-appropriate immunizations, laboratory tests including blood lead testing, health education, and anticipatory guidance covering topics such as child development, healthy lifestyles and accident and injury prevention.<sup>ii</sup> The Centers for Medicare & Medicaid Services (CMS) guidelines for state Medicaid programs include informing eligible children and adolescents of available services, as well as providing or arranging for screening and necessary corrective treatment.<sup>iii</sup> States have the option to either administer the EPSDT benefit outright or provide oversight to contracted entities that administer the benefit for them, such as managed care entities.<sup>iv</sup> In Kentucky, Medicaid managed care organizations (MCOs) administer the EPSDT benefit for children and adolescents enrolled in Medicaid managed care (MMC), with oversight by the Kentucky Department for Medicaid Services (DMS).

### Purpose

DMS has contracted with Island Peer Review Organization (IPRO), the Kentucky External Quality Review Organization (EQRO), to validate that the MCOs' administration of EPSDT benefits is consistent with federal and state requirements and expectations. This report provides an assessment of Kentucky Medicaid MCOs' activities to ensure that their eligible enrollees receive:

- Education and outreach regarding EPSDT services, and
- Access to comprehensive EPSDT services, including authorization of medically necessary services.

In addition, the MCOs' EPSDT programs were evaluated for:

- EPSDT provider network,
- EPSDT provider training and monitoring,
- Case management for EPSDT-eligible members,
- Physical health and behavioral health coordination,
- Quality measurement and improvement activities, and
- Member satisfaction.

EPSDT programs for each of the four Kentucky Medicaid MCOs participating in 2013 were evaluated, including CoventryCares of Kentucky, Humana-CareSource, Passport Health Plan, and WellCare of Kentucky. The fifth

Kentucky Medicaid MCO, Anthem Blue Cross and Blue Shield, did not begin enrolling child and adolescent members until July 1, 2014, and therefore this MCO was not included in this evaluation.

## Data Sources

2013 data and documents received by the end of the first quarter 2014 were included in this evaluation. Key data sources for this comprehensive evaluation of EPSDT services included the following:

- The 2014 EQRO Annual Compliance Review;
- Activities and metrics relevant to EPSDT services reported by MCOs in their 2013 statutory reports to DMS;
- The 2013 EPSDT Encounter Data Validation Study conducted by IPRO on behalf of DMS; and
- The 2013 Healthcare Effectiveness Data and Information Set (HEDIS®) performance measure rates reported in the MCOs' 2013 HEDIS® Audit Review Tables (Measurement Year [MY] 2012) and Healthy Kentuckians performance measure rates reported as part of the MCOs' 2013 (MY 2012) Kentucky Performance Measure Validation submission in Attachment B, a Microsoft Excel spreadsheet that includes numerators, denominators and rates for the Healthy Kentuckians measures.

These key data sources are described below:

1. The 2014 EQRO Annual Compliance Review: The EQRO conducts an annual review of MCO compliance with federal and state contractual requirements on behalf of DMS. The 2014 Annual Compliance Review was an assessment of MCO compliance with requirements for MY 2013. The review included an evaluation of MCO processes, policies and procedures, file reviews and onsite interviews. For Kentucky, EPSDT contractual requirements are specifically reviewed, and other areas that have some relevance to EPSDT are also reviewed. Relevant review areas in the 2014 Annual Compliance Review considered for this report included:
  - EPSDT,
  - Enrollee Rights,
  - Quality Assessment and Performance Improvement: Access,
  - Quality Assessment and Performance Improvement: Measurement and Improvement,
  - Case Management/Care Coordination, including a review of case management files,
  - Grievance Systems, including a review of children's service denials and appeals files, and
  - Behavioral Health Services.

A determination of level of compliance is reported for each contract element in the Annual Compliance Review. In some cases, if the MCO was found to be fully compliant with a particular requirement on the 2013 Annual Compliance Review, the requirement was not reviewed for the 2014 Annual Compliance Review. Annual Compliance Review levels of compliance determinations included:

- Full compliance: met or exceeded requirements;
  - Substantial compliance: met most requirements, but may be deficient in a small number of areas;
  - Minimal compliance: met some requirements, but has significant deficiencies requiring corrective action; and
  - Non-Compliance: has not met element requirements.
2. Kentucky Statutory Reports 2013: Kentucky Medicaid MCOs are required to submit statutory reports on a monthly, quarterly and annual basis. In the 2014 Annual Compliance Review, all four MCOs were found to be fully compliant with submission of EPSDT-related reports. Statutory reports relevant to EPSDT services included:
- Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, which documents quarterly activities for EPSDT outreach, education and case management, as well as EPSDT screening rates;
  - Annual Report #93, EPSDT Annual Participation Report, which documents EPSDT screening and participation ratios for eligible MCO members as reported on CMS Form CMS-416;
  - Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan, which outlines the scope of activities, goals, objectives and timelines for the plan's Quality Assessment and Performance Improvement (QAPI) Program, including activities related to EPSDT;
  - Annual Report #85, Quality Improvement Program Evaluation, which documents the MCO's assessment of the effectiveness of its Quality Improvement (QI) Program and opportunities for improvement;
  - Annual Report #94, Consumer Assessment of Healthcare Providers and Systems (CAHPS®) – Medicaid Child Survey, which is a report of the results of the annual CAHPS® survey, which assesses consumer-reported experience of care, satisfaction and how well health plans are meeting member expectations and goals; and
  - Annual Report #86, Annual Outreach Plan, which provides an overview of member and community education and outreach activities, some of which may be related to EPSDT.
3. The 2013 EPSDT Encounter Data Validation Study: This study was conducted by IPRO on behalf of DMS and was comprised of a medical record review of well-child visits to validate encounter data codes relevant to the receipt of EPSDT screening of children enrolled in Kentucky Medicaid managed care. The study provided an overview of services provided during well-child visits relative to EPSDT recommended services.
4. The 2013 HEDIS® Final Audit Report and HEDIS® Audit Review Table and Attachment B of the Kentucky 2013 Performance Measure Validation submission: Kentucky Medicaid MCOs are required to report quality measures, including HEDIS® measures and Kentucky State-specific Healthy Kentuckians

measures, several of which are relevant to EPSDT. These quality measures were reported in the HEDIS® Final Audit Report, HEDIS® Audit Review Table and in Attachment B of the Kentucky Performance Measure Validation submission; the 2013 documents were reviewed for this report, reflecting MY 2012.

## Member Education and Outreach

CMS guidelines for state Medicaid programs indicate that the provision of EPSDT services includes informing Medicaid-eligible children and adolescents under age 21 about available EPSDT services.<sup>v</sup> Kentucky's Medicaid managed care (MMC) contractual requirements specify that eligible members and their families should receive education about EPSDT services regarding the benefit of preventive services, availability of screening and medically necessary services, the right to access these services, how to access services, and the right to appeal decisions related to EPSDT services. Information regarding MCOs' outreach and education of members eligible for EPSDT services is evaluated as part of the EQRO Annual Compliance Review, through review of policies and procedures, evaluation of member and provider educational initiatives and materials, and onsite staff interviews. Kentucky MCO Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, and Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan, also include documentation of member educational activities.

## EPSDT Benefits, Importance and Access to Services

The 2014 Annual Compliance Review revealed that all four MCOs were fully compliant with federal and state contractual requirements for informing members about available EPSDT services, how to access them and the value of preventive services. Member education was conducted in a variety of formats, including member handbooks, mailings, telephonic outreach, presentation at community events, and home visits. Activities reported in the 2013 KY Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, also validate the provision of a variety of educational communications across all plans through member newsletters, brochures, reminder mailings, and member website postings. While all four MCOs included EPSDT service information in mailings, member handbooks and plan websites, some plans reported additional activities to educate members and families. Such activities included training all plan staff regarding EPSDT, proactive discussion of EPSDT services by care managers, an online library with topics related to EPSDT, promotion of EPSDT services in community settings such as Family Resource and Youth Service Centers (FRYSCs), child care centers, school-based health clinics, homeless advocate meetings, civic organizations and meetings, and events for grandparents raising grandchildren. One plan reported engaging providers to educate members regarding EPSDT services. MCO-specific findings regarding member educational initiatives are further described below.

In the 2013 Annual Compliance Review, WellCare of Kentucky and CoventryCares of Kentucky were found to be fully compliant with all requirements related to member education about available EPSDT services, the value of preventive services and accessing services, and were deemed compliant for these elements in 2014. Therefore, these contractual elements were not reviewed for WellCare of Kentucky and CoventryCares of Kentucky in the 2014 Annual Compliance Review.

WellCare of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented the plan's educational outreach activities, which included reminder letters for required services, website postings, newsletters, and brochures and participation in community events. In 2013, the plan distributed EPSDT Well-Child Visit information and Immunization Growth Charts to EPSDT-eligible members' families. Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, also described the plan's system for generating automated reminders for EPSDT and dental visits based on age and claims data.

As per CoventryCares of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, plan staff underwent EPSDT training, and case managers were educated to proactively discuss the importance of EPSDT screening with all members with children under age 21 years in 2013. The report also documented the MCO's mailing of reminders to schedule well-child and dental visits to enrollees on their birthdays. CoventryCares of Kentucky's Annual Report #86, Annual Outreach Plan, described the content of educational newsletters and brochures for 2013, which included recommended preventive health services, immunizations, and dental services. The Annual Outreach Plan also described CoventryCares of Kentucky's comprehensive online library, Kidshealth®, which includes medical, developmental and behavioral health related articles with interactive features and offerings in Spanish.

Humana-CareSource demonstrated full compliance for member education and outreach regarding EPSDT services in the 2014 Annual Compliance Review through information provided in the member handbook, Teen First and Children First member annual brochures and the online member portal, which included links to guidelines for preventive services. Humana-CareSource also documented EPSDT education and outreach activities in Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, which included member newsletter mailings related to EPSDT, the participation of care coordination staff in community child health events to promote preventive screenings and the promotion of EPSDT services at school-based health clinics. The EPSDT coordinator and care managers conducted direct outreach to members regarding EPSDT benefits and the value of preventive services, including outreach to children with special health care needs. Humana-CareSource also reported initiating a Provider Clinical Engagement Initiative in 2013, in which the MCO clinical staff works with providers to educate and engage members to facilitate their receipt of EPSDT services.

Passport Health Plan's 2014 Annual Compliance Review revealed full compliance with the provision of education about EPSDT services, with information provided in the member handbook, confirmation letters for members, member newsletters, an EPSDT-specific brochure, quarterly mailings and telephonic outreach to targeted members. Information provided included the availability of benefits, the value of preventive care, recommended age-appropriate preventive screening, and vision, hearing, dental and mental health services. Information regarding expanded EPSDT services, contacting member services for assistance and accessing care connectors for assistance in accessing services was also included in education materials. The plan demonstrated that information was provided to members at community events, and outlined an outreach program in Annual Report #86, Annual Outreach Plan, that included partnering with FRYSCs, child care centers, schools, and local and regional civic organizations to provide information to families. The plan's Community Affairs Department outreach efforts also included attendance at meetings and events for grandparents raising grandchildren and homeless advocate meetings to reach homeless families. Passport Health Plan's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented outreach activities as well, and noted that the plan implemented on hold messages that educated members about EPSDT services in 2013. Passport Health Plan also engaged providers in outreach by indicating in their provider manual that providers' responsibility includes issuing reminders for services as per the American Academy of Pediatrics (AAP) periodicity schedule and the Centers for Disease Control and Prevention (CDC) immunization schedule.

## **Right to Appeal EPSDT Service Determinations**

All four MCOs were found to be fully compliant during the 2014 Annual Compliance Review with informing members regarding their right to appeal decisions related to EPSDT services. This information was provided in member handbooks and member newsletters across MCOs, and a file review of five denials of children's services for all four MCOs included information regarding the right to appeal the decisions.

## Provider Network

Kentucky Medicaid MCOs are contractually obligated to provide a sufficient network of trained health care providers to provide EPSDT services to eligible children. Primary care physicians (PCPs) who are assigned to each eligible member are required to provide or arrange for complete assessments at periodic intervals consistent with the AAP periodicity schedules for preventive care, and when medically necessary at other times. PCPs and other providers in the MCOs' network provide diagnosis and treatment, and out-of-network providers may provide treatment if the service is not available within the MCO's provider network. The MCOs' EPSDT provider network was evaluated in the 2014 Annual Compliance Review, and geographic access to PCPs and ratios of PCPs to members were also evaluated. Kentucky Annual Report #85, Quality Improvement Program Evaluation, also refers to network adequacy.

## EPSDT Providers

All four MCOs were found to be compliant with providing a sufficient network of EPSDT providers in the 2014 Annual Compliance Review or were deemed compliant by virtue of the 2013 Annual Compliance Review full compliance results. All four MCOs required PCPs to provide EPSDT services. MCOs reported evaluation of network adequacy and monitoring of appropriate appointment availability in Annual Report #85, Quality Improvement Program Evaluation.

CoventryCares of Kentucky and WellCare of Kentucky were found to be fully compliant for EPSDT provider network requirements in the 2013 Annual Compliance Review, and therefore these MCOs were deemed to be compliant and were not reviewed for these requirements in the 2014 review. CoventryCares of Kentucky and WellCare of Kentucky were also deemed compliant for Quality Assessment and Performance Improvement: Access elements related to geographic access and member-to-PCP ratios (not to exceed a ratio of 1500-to-1) and PCP appointment availability based on the 2013 Annual Compliance Review. Passport Health Plan and Humana-CareSource were fully compliant with EPSDT provider network requirements and Quality Assessment and Performance Improvement: Access review elements related to geographic access and member-to-PCP ratios in the 2014 Annual Compliance Review.

MCOs monitored provider access and availability through secret shopper appointment availability surveys, site visits, CAHPS® results and monitoring of grievances. Secret shopper surveys for routine appointments are likely most reflective of appointments for EPSDT screening. CoventryCares of Kentucky Annual Report #85, Quality Improvement Program Evaluation, documented that the plan conducted secret shopper access and availability surveys in 2013 for a small sample of pediatric providers (n = 51), and found that 72.5% of surveyed pediatric providers offered an appointment within four weeks for a routine visit. The plan reached out to non-compliant providers subsequent to the survey and planned to follow these providers. CoventryCares of Kentucky documented initiation of access and availability secret shopper surveys for specialists subsequent to the 2013 Annual Compliance Review. WellCare of Kentucky's Annual Report #85, Quality Improvement Program Evaluation, included a 2013 access and availability survey of 194 pediatricians for routine appointments, which found that over 95% of the pediatricians scheduled a routine appointment in less than 30 days.

Passport Health Plan conducted 106 site visits in 2013 to monitor appointment access as reported in the 2013 Annual QI Program Evaluation; all sites were compliant with access and availability standards; however, results were not specific to pediatric access. Passport Health Plan also reported aggregate grievances related to access in the Annual QI Program Evaluation, and reported monitoring CAHPS® composite results for Getting Care Quickly for children, which was above the national mean. Passport Health Plan specifically addressed EPSDT

appointment timeframes for new enrollees in provider materials, indicating in their provider orientation kit that providers are required to complete age appropriate screens within 30 days of the member's plan enrollment if the member is not up to date. Humana-CareSource, which began enrolling members in January 2013, did not monitor provider access and availability in 2013 as per the plan's 2013 Annual QI Program Evaluation, but documented plans to conduct secret shopper surveys and analyze grievances related to access going forward. Humana-CareSource provided clinicians with an EPSDT form to ensure that all components of EPSDT services were provided. Humana-CareSource did not report CAHPS® in 2013, since enrollment began in January 2013.

### **EPSDT Provider Education**

Kentucky contractual requirements for Medicaid MCOs include maintaining an effective education/information program for providers involved in delivery of EPSDT services. The education/information program should address current guidelines for components of EPSDT screening and special services and emerging health status issues that should be addressed as part of EPSDT services. This requirement was evaluated in the 2014 Annual Compliance Review, and all four MCOs were found to be fully compliant as described below. Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, was reviewed and also contained evidence of EPSDT provider training across MCOs in 2013. The MCOs disseminated information to EPSDT providers in a variety of formats, and one MCO focused on lead screening as a specific area in need of improvement in an educational initiative.

WellCare of Kentucky was found to be fully compliant with maintaining a provider education/information program in the 2013 Annual Compliance Review, and therefore this requirement was not evaluated for WellCare of Kentucky in the 2014 Annual Compliance Review. WellCare of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented that the plan held eight Provider Summits, two large Independent Practice Association (IPA) meetings and a meeting with a high-volume provider in 2013 to review EPSDT requirements.

CoventryCares of Kentucky demonstrated full compliance with provider education during the 2014 Annual Compliance Review, with information distributed to participating providers during 2013 in the plan's provider manual, an EPSDT provider training manual, provider newsletter, and a provider fax blast pertaining to EPSDT promotion and education. As noted in CoventryCares of Kentucky Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, the plan also distributed an EPSDT Provider Reference Book, EPSDT Single Page Overview, EPSDT Program Frequently Asked Questions and an EPSDT Periodicity Table. In June 2013, the plan held an EPSDT training session for provider relations staff, who conduct provider onsite visits to discuss EPSDT requirements. The plan's EPSDT coordinator also hand-delivered the EPSDT Provider Training Manual to providers in some cases. MCO staff visited 15 pediatric offices in 2013 to promote EPSDT services.

Humana-CareSource was also found to be fully compliant with provider education requirements during the 2014 Annual Compliance Review, as evidenced by EPSDT information disseminated to providers through the provider manual, newsletters, the online provider portal and onsite visits by the plan's provider representatives. During provider site visits, education was provided on the EPSDT periodicity schedule, and exam components and frequencies were posted on the MCO's website, as was information about the vaccines for children program and blood lead screening program. The plan provided an online checklist for providers to ensure documentation of exam components. EPSDT guidelines, including AAP Bright Futures and CDC-

recommended immunization schedules, were available on the plan's website and were distributed in provider manual updates, newsletters, mail/fax/email and provider representative office visits. Humana-CareSource ensured training for providers by conducting an initial educational orientation for all newly contracted providers within 30 days of the provider becoming active, and providers received periodic and/or targeted education as needed. As per Kentucky Quarterly Report #24, Humana-CareSource included practice guidelines on the provider portal and in newsletters, and in 2013 the plan focused on guidelines and educational materials to improve lead screening.

Passport Health Plan was substantially compliant with educating providers involved in the delivery of EPSDT services, with a robust information program provided through the plan's provider website, provider manual, EPSDT Orientation Kit, New Provider Orientation Packet, workshops and onsite visits by the provider network account manager. However, the plan was found to be lacking evidence of specific training for non-physician providers of EPSDT screening services, and such training was not addressed in Kentucky Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death. The plan contracts with local Departments of Health to provide EPSDT services as well as PCPs, and services could be provided by non-physician providers. The plan's provider network account manager tracked attendance at EPSDT trainings, and the plan provided evidence that providers from multiple specialties attend trainings. Passport Health Plan used AAP guidelines for screening interval recommendations; some of these required updating with the most recently issued AAP guidelines.

### **Monitoring of EPSDT Provider Compliance with Required EPSDT Services**

Monitoring of EPSDT provider compliance with required EPSDT services was evaluated in the 2014 Annual Compliance Review as part of ensuring that eligible members received all necessary services. In addition, MCOs' Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, and Annual Report #85, Quality Improvement Program Evaluation, were reviewed for this report. The four MCOs reported monitoring of provider delivery of EPSDT services during 2013 through provider audits, monitoring of provider-specific rates for relevant performance measures and monitoring members of providers' panels who were lacking age-appropriate screenings.

Humana-CareSource did not monitor provider compliance with primary care clinical practice guidelines, including preventive guidelines for EPSDT in 2013. During the 2014 Annual Compliance Review, the plan indicated that monitoring against guidelines was to begin in 2014, and the plan received a recommendation to monitor primary care records to assess compliance with the DMS's periodicity schedule and EPSDT requirements. Although Humana-CareSource did not monitor clinical practice guidelines in 2013, the MCO did conduct site visits to evaluate compliance with the EPSDT periodicity schedule of exams. Humana-CareSource distributed EPSDT documentation forms to providers to facilitate compliance with all components of EPSDT services. Provider representatives documented that education was provided during site visits regarding items that should be covered in EPSDT visits. Humana-CareSource also tracked provider-specific preventive health services utilization and was to begin tracking of relevant HEDIS® measures in 2014 to monitor compliance with the provision of EPSDT services.

Passport Health Plan's provider manual indicated that the plan will perform annual audits of provider claims for relevant elements of EPSDT services; however, at the time of the 2014 Annual Compliance Review, these audits had not yet been conducted. Passport Health Plan reported conducting an EPSDT compliance audit by the end of 2013 in their 2013 Annual QI Program Evaluation with focused provider education on

documentation of dental exams. Provider offices were also evaluated during Passport Health Plan's onsite provider visits for new providers and when concerns were identified. Providers received monthly reports of members in their panel who are due/overdue for screenings.

The 2014 Annual Compliance Review revealed that WellCare of Kentucky began conducting an annual medical record review in the fall of 2013, which revealed that 62 of 69 provider groups did not meet the compliance goal of 80% for documentation of EPSDT services. WellCare of Kentucky reported in Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, that a database had been created to track, audit and report provider compliance with providing EPSDT services. WellCare of Kentucky noted in Quarterly Report #24 that site visits were conducted to increase compliance with EPSDT required services.

In 2013, CoventryCares of Kentucky reported conducting an EPSDT provider compliance audit through medical record review in the MCO's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death. The audit reviewed records of 13 providers in 8 regions. CoventryCares of Kentucky reported in their 2013 Annual Program Evaluation that medical record audits revealed that documentation of child immunization status was an area for improvement, and providers were educated onsite. CoventryCares of Kentucky also included documentation of tobacco, alcohol and drug screening for adolescents and body mass index (BMI) documentation as audited elements, and BMI documentation was found to be an area for improvement for one health care practice site.

## Access to EPSDT Services

Kentucky Medicaid MCOs are required to provide EPSDT services to all eligible members, and EPSDT services include screening, diagnostic and treatment services. Specific services that are included in EPSDT are a comprehensive history, physical exam, developmental and behavioral health screening, immunizations, dental services, vision screening, hearing screening, lead screening and anticipatory guidance, as well as follow-up of identified risks.<sup>vi</sup>

The extent to which Kentucky Medicaid managed care-enrolled children received recommended EPSDT services was reflected in the CMS EPSDT report form CMS-416, certain HEDIS® performance measure calculations, and some Kentucky State-specific Healthy Kentuckians performance measures that Kentucky MCOs are required to report. In addition, a retrospective medical record review study was conducted by IPRO on behalf of DMS in 2013 to ascertain which components of EPSDT services children were receiving during well-child primary care visits.

## EPSDT Screening and Participation

Kentucky MCOs report EPSDT screening and participation rates using Form CMS-416 in the Kentucky Annual Report #93, EPSDT Annual Participation Report. Form CMS-416 provides basic information that is used by CMS to assess state EPSDT programs in terms of the number of children who are provided child health screening services, as well as other EPSDT services. Child health screening services are defined as initial or periodic screens required to be provided according to a state's screening periodicity schedule, which for the State of Kentucky is consistent with the AAP periodicity schedule.<sup>vii,viii</sup> Reported elements on Form CMS-416 include a screening ratio, which indicates the extent to which EPSDT-eligible children receive the number of initial and periodic screening services required by the State's periodicity schedule, prorated by the proportion of the year for which they are Medicaid eligible. The screening ratio reflects the proportion of expected screenings received. A participation ratio is also reported, which reflects the extent to which eligible children receive any screening services during the year.

CMS has historically set goals of 80% for EPSDT screening and participation and the most recently reported national EPSDT rates were 86% for screening and 63% for participation in 2013.<sup>ix</sup> The State of Kentucky reported slightly lower rates in 2013, with a screening rate of 83% and participation rate of 57%.<sup>xi</sup>

Results reported by the MCOs in the Kentucky Annual Report #93, EPSDT Annual Participation Report, for the reporting period October 1, 2012 through September 30, 2013 are presented in Table 1. As shown in Table 1, there was variability across MCOs in reported rates, with EPSDT screening rate for 2013 ranging from 51% to 100% of expected visits across plans and EPSDT participation rate ranging from 49% to 77% of eligible members across plans. MCOs reported data on Form CMS-416 for the measurement period starting October 1, 2012 through September 30, 2013 in the Annual Report #93, but it should be noted that Humana-CareSource reported incomplete data (January 1, 2013 through September 30, 2013) due to their recent initiation of enrollment. While some plans exceeded the CMS goal of 80% for screening (i.e., CoventryCares of Kentucky and Passport Health Plan), none of the plans met the goal of 80% for participation. Passport Health Plan's participation rate was the highest reported at 77%.

Table 1. EPSDT Screening and Participation Rates Reported by Kentucky MCOs (RY 2013)

Indicator <sup>1</sup>	MCO				Kentucky Statewide Average	National Average
	CoventryCares of Kentucky	Humana-CareSource <sup>2</sup>	Passport Health Plan	WellCare of Kentucky		
2013 EPSDT Screening Rate	100%	78%	100%	51%	83%	86%
2013 EPSDT Participation Rate	50%	49%	77%	49%	57%	63%

<sup>1</sup>Rates were reported by Kentucky MCOs on Form CMS-416 for the measurement period from October 1, 2012 through September 30, 2013 for reporting year (RY) 2013. Source: Annual Report #93, EPSDT Annual Participation Report.

<sup>2</sup>Due to initiation of enrollment of enrollment in January 2013, Humana-CareSource's results reflect the measurement period January 1, 2013–September 30, 2013.

Table 2 displays age-group-specific screening and participation rates across MCOs. Again, Humana-CareSource's results were limited due to enrollment beginning in January 2013, which resulted in very small sample sizes for some age groups. For CoventryCares of Kentucky and Passport Health Plan, screening rates appeared to be lower for older age groups, ages 10–20 years, consistent with Kentucky statewide and national rate patterns. WellCare of Kentucky's screening rates were lower in general across age groups, and Humana-CareSource rates were limited as noted above. Participation rates, reflecting the percentage of children who should have received at least one screening in the measurement year, also appeared generally higher, for children aged less than one year and lower for adolescents aged 15–20 years. Participation rates appeared generally lower overall than screening rates in corresponding age groups.

Table 2. EPSDT Screening and Participation Rates by Age Group Across MCOs (RY 2013)

Rates by Age Group <sup>1</sup>	MCO				Kentucky Statewide Average	National Average
	CoventryCares of Kentucky	Humana-CareSource <sup>2</sup>	Passport Health Plan	WellCare of Kentucky		
<b>Age-Specific Screening</b>						
< 1 Year	100%	100%	100%	42%	100%	98%
1–2 Years	100%	100%	100%	79%	100%	100%
3–5 Years	100%	83%	99%	70%	86%	87%
6–9 Years	100%	36%	100%	33%	86%	78%
10–14 Years	85%	59%	73%	48%	59%	69%
15–18 Years	57%	51%	61%	35%	44%	58%
19–20 Years	33%	0%	36%	30%	24%	34%
<b>Age-Specific Participation</b>						
< 1 Year	70%	100%	94%	90%	88%	90%
1–2 Years	53%	69%	82%	76%	77%	77%
3–5 Years	63%	61%	83%	61%	66%	68%
6–9 Years	52%	34%	118%	30%	68%	65%
10–14 Years	43%	50%	64%	43%	46%	56%
15–18 Years	29%	37%	53%	30%	33%	46%
19–20 Years	15%	0%	32%	27%	19%	25%

<sup>1</sup>Rates were reported by Kentucky MCOs on Form CMS-416 for the measurement period from October 1, 2012 through September 30, 2013 for reporting year (RY) 2013. Source: Annual Report #93, EPSDT Annual Participation Report.

<sup>2</sup>Due to initiation of enrollment of enrollment in January 2013, Humana-CareSource's results reflect the measurement period January 1, 2013–September 30, 2013.

## EPSDT-Relevant HEDIS® Measures

Kentucky MCOs report HEDIS® access, utilization and effectiveness of care quality measures, and several of these measures are relevant to EPSDT services, including measures of children's and adolescents' access to PCPs, well-child visits, and dental visits, as well as measures of specific EPSDT services, such as BMI screening, nutrition and physical activity counseling, and lead screening. Due to Humana-CareSource's initiation of enrollment in January 2013, the plan was unable to report HEDIS® measures for HEDIS® 2013. For CoventryCares of Kentucky and WellCare of Kentucky, HEDIS® 2013 was the first year of reporting for HEDIS® measures.

The National Committee for Quality Assurance (NCQA) publishes national Medicaid performance measure rates annually in Quality Compass. In Table 3, Kentucky MCO HEDIS® 2013 Quality Measure Rates as reported on the MCOs' submitted 2013 HEDIS® Audit Review Tables are compared to the 2013 national Medicaid average. Passport Health Plan, which has had a much longer presence in Kentucky Medicaid than the other MCOs, reported higher rates than CoventryCares of Kentucky and WellCare of Kentucky for many of the measures.

Overall, the vast majority of children aged 12–24 months and 25 months–6 years had a visit with a PCP during the measurement year (Children's Access to Primary Care, CAP). Rates ranged from 89% to nearly 98%, and rates for all plans were above the national Medicaid average (Table 3). Only Passport Health Plan had a sufficient number of eligible enrollees to report rates for older children, and Passport Health Plan rates for children aged 7–11 years and 12–19 years with a PCP visit were both above 91% and above the national Medicaid average.

While the CAP measure reflects any visit with a PCP, the well-child visit measures reflect visits specifically for preventive services, and therefore may be more reflective of visits for EPSDT services. The well-child visit measures include Well-Child Visits in the First 15 Months of Life (W15), Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC). For W15, Table 3 shows MCO reported rates for the numerator reflecting the expected number of visits for children in the first 15 months of life, which is six or more (referred to as "Well-child Visits in the First 15 Months of Life (W15) – 6+ Visits"). For the measures of receipt of appropriate well-care visits, only Passport Health Plan had rates above the national Medicaid average for children turning 15 months and adolescents. Passport Health Plan's rate for children aged 3–6 years was slightly below the Medicaid average, and well-child visit rates for CoventryCares of Kentucky and WellCare of Kentucky were below the national Medicaid average for all three age groups, with adolescent well-care visits offering the greatest opportunity for improvement across MCOs.

The HEDIS® Annual Dental Visit (ADV) measure is a measure of the percentage of children aged 2–21 years of age with at least one dental visit in the measurement year. It should be noted that the ADV measure reflects any visit with a dentist in the measurement year, not just preventive dental visits. For this reason, the reported dental visit rate can include restorative treatment for caries or other oral health problems as well as preventive visits. For all three MCOs, the rates of annual dental visits for members aged 2–21 years were above the national Medicaid average, and were approximately 61% (Table 3).

MCOs' reported rates for the HEDIS® measure Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) revealed opportunities for improvement for CoventryCares of Kentucky and WellCare of Kentucky in providers' documentation of BMI and counseling for nutrition and physical activity, since rates for all three components of the measure were lower than the national Medicaid

average for these plans (Table 3). Passport Health Plan’s rates exceeded the national Medicaid average, although the rate for counseling for physical activity was only slightly above the national average. Given the prevalence of obesity and the health risks it poses, focusing improvement efforts on identifying and addressing childhood obesity would be of value.

The MCOs reported the HEDIS® measure for Childhood Immunization Status (CIS) combination rate-Combination 2, which measures the percentage of 2-year-old children who have received immunizations for diphtheria, tetanus and acellular pertussis (DTaP), polio (IPV), measles, mumps and rubella (MMR), H influenza type-B (HiB), hepatitis B (HepB), and chicken pox (varicella zoster, VZV). The MCOs also reported the HEDIS® Immunizations for Adolescents (IMA)-Combination 1 rate, which includes meningococcal vaccine and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine. Passport Health Plan’s rate for HEDIS® CIS-Combination 2, was above the national average (87.17%), CoventryCares of Kentucky’s very slightly below the national average (75.23%), and WellCare of Kentucky’s rate was well below the national average (63.11%; Table 3). IMA-Combination 1 rates were above the national average for all three MCOs, with rates ranging from approximately 72–77%.

Rates of lead screening for children two years of age, reported in the HEDIS® measure Lead Screening in Children (LSC), ranged from 82.30% for Passport Health Plan, a rate that was above the national average, to rates below the national average for WellCare of Kentucky (59.63%) and CoventryCares of Kentucky (65.51%; Table 3).

Table 3. Kentucky MCO HEDIS® 2013 Quality Measure Rates Relative to the 2013 National Medicaid Average (RY 2013)

HEDIS® Measure <sup>1,2</sup>	Measure Description	MCO		
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky
<b>Access/Availability of Care</b>				
Children’s Access to Primary Care Practitioners (CAP) <sup>3</sup>	The percentage of members 12 months–19 years of age who had a visit with a PCP.			
CAP – 12–24 Months	The percentage of · Children 12–24 months who had a visit with a PCP during the MY	97.94% ↑	97.85% ↑	97.72% ↑
CAP – 25 Months–6 Years	The percentage of · Children 25 months–6 years who had a visit with a PCP during the MY	93.93% ↑	89.37% ↑	93.61% ↑
CAP – 7–11 Years	The percentage of · Children 7–11 years who had a visit with a PCP during the MY	N/A	91.95% ↑	N/A
CAP – 12–19 Years	The percentage of · Adolescents 12–19 years who had a visit with a PCP during the MY or the year prior	N/A	91.64% ↑	N/A
Annual Dental Visit-(ADV)	The percentage of members 2–21 years of age who had <u>at least one dental visit</u> during the measurement year.	61.07% ↑	60.95% ↑	61.79% ↑

HEDIS® Measure <sup>1,2</sup>	Measure Description	MCO		
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky
<b>Utilization</b>				
Well-Child Visits in the First 15 Months of Life (W15) – 6+ Visits	The percentage of members who turned 15 months old during the measurement year and who <u>had six (6) or more well-child visits</u> with a PCP during their first 15 months of life.	62.73% ↓	67.98% ↑	42.59% ↓
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	The percentage of members 3–6 years of age who received <u>one or more well-child visits</u> with a PCP during the measurement year.	55.79% ↓	70.68% ↓	61.81% ↓
Adolescent Well-Care Visits (AWC)	The percentage of enrolled members 12–21 years of age who had <u>at least one comprehensive well-care visit</u> with a PCP or an ob/gyn (obstetrics and gynecology) practitioner during the measurement year.	45.83% ↓	52.46% ↑	38.89% ↓
<b>Effectiveness of Care</b>				
Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) <sup>3</sup>	The percentage of members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had evidence of the following during the measurement year: <ul style="list-style-type: none"> <li>· BMI percentile documentation,</li> <li>· Counseling for nutrition, and</li> <li>· Counseling for physical activity.</li> </ul>			
WCC – BMI Percentile	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had a <u>BMI percentile/BMI documented</u> during the measurement year.	18.29% ↓	60.49% ↑	25.00% ↓
WCC – Counseling for Nutrition	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had <u>assessment/counseling for nutrition</u> during the measurement year.	30.09% ↓	64.02% ↑	31.02% ↓
WCC – Counseling for Physical Activity	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had <u>assessment/counseling for physical activity</u> during the measurement year.	24.31% ↓	44.37% ↑	29.40% ↓

HEDIS® Measure <sup>1,2</sup>	Measure Description	MCO		
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky
Childhood Immunization Status (CIS) <sup>3</sup>	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.			
CIS – Combination 2	DTaP, IPV, MMR, HiB, Hep B, VZV	75.23% ↓	87.17% ↑	63.11% ↓
Immunizations for Adolescents (IMA) <sup>3</sup>	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine or one tetanus, diphtheria toxoids (Td) vaccine by their 13 <sup>th</sup> birthday.			
IMA – Combination 1	Adolescents who received one meningococcal vaccine on or between the members 11 <sup>th</sup> and 13 <sup>th</sup> birthday and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine or one tetanus, diphtheria toxoids (Td) vaccine on or between the member's 10 <sup>th</sup> and 13 <sup>th</sup> birthdays.	71.99% ↑	73.45% ↑	77.08% ↑
Lead Screening in Children (LSC)	The percentage of children 2 years of age who had one or more capillary or venous lead <u>blood tests for lead poisoning</u> by their second birthday.	65.51% ↓	82.30% ↑	59.63% ↓

<sup>1</sup>Rates were obtained in the measurement year (MY) 2012 and reported for the reporting year (RY) 2013. Rates above national Medicaid average are represented by an upward arrow (↑) and rates below national Medicaid average are represented by a downward arrow (↓). Source: 2013 HEDIS® Audit Review Tables submitted by MCOs.

<sup>2</sup>Due to Humana-CareSource's initiation of enrollment in January 2013, the MCO was unable to report HEDIS® measures for HEDIS® 2013.

<sup>3</sup>The measure has rates reported for its specific subparts (reported in rows below) and has no overall reported rate in and of itself (indicated by gray shading).

HEDIS®: The Health Effectiveness Data and Information Set; MCO: managed care organization; N/A: not applicable.

## Healthy Kentuckians Measures

Kentucky has developed state-specific performance measures, which provide information that augments the reported HEDIS® measures. These measures are reflective of the State's Healthy Kentuckians goals and objectives, and many are relevant to EPSDT services. Healthy Kentuckians measures that reflect components of EPSDT services include documentation of children's and adolescents' height and weight, the percentage of children and adolescents who are at a healthy weight, adolescent behavioral risk assessment and counseling,

and preventive care for children with special health care needs (CSHCN). Due to enrollment criteria required for the measures, Humana-CareSource did not report Healthy Kentuckians measures for 2013.

Healthy Kentuckians performance measure results as reported in the MCOs' 2013 Kentucky Performance Measure Validation submission in Attachment B (MY 2012) are presented in Table 4. As reported below in Table 4, rates of documentation of the measure Child and Adolescent Height and Weight ranged from nearly 68% for CoventryCares of Kentucky to nearly 89% for Passport Health Plan. Adolescent behavioral risk screening and counseling measures were found to offer opportunities for improvement, with CoventryCares of Kentucky and WellCare of Kentucky reporting particularly low rates. CoventryCares of Kentucky's rates ranged from only 18.83% for screening/counseling for sexual activity to 36.36% for screening/counseling for tobacco use, and WellCare of Kentucky's rates ranged from 18.37% for screening/counseling for sexual activity to 51.02% for tobacco use. Passport Health Plan, which has been enrolling members in Kentucky for the longest period of time, reported higher rates ranging from 55.48% for screening/counseling for sexual activity to 71.92% for tobacco use. In 2013, only WellCare of Kentucky was able to report screening for adolescent depression, with a rate of only 15.65%; CoventryCares of Kentucky and Passport Health Plan were unable to report rates for the depression screening numerator because of failure of medical record validation for this measure. Upon review of the failed medical record validation for adolescent depression screening, specifications for adolescent depression screening numerator compliance were clarified for 2014 reporting to ensure consistent reporting among all MCOs.

Kentucky Medicaid MCOs report the percentage of children with healthy weight for height for tracking purposes only; as shown in Table 4, the plans reported that a substantial proportion of children did not have healthy weight for height, underscoring the need to focus on BMI assessment and counseling for nutrition and physical activity.

Table 4. EPSDT-Relevant Healthy Kentuckians Performance Measures (RY 2013)

Healthy Kentuckians Measure <sup>1,2</sup>	Description	MCO		
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky
Child and Adolescent Height and Weight	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn and who had <u>both a height and weight documented</u> on the same date of service during the measurement year. <i>REPORTING ONLY.</i>	67.59%	88.96%	69.68%
Child and Adolescent Healthy Weight for Height	The percentage of child and adolescent members 3–17 years of age who had an outpatient visit with a PCP or ob/gyn who had <u>healthy weight for height</u> during the measurement year. <i>REPORTING ONLY.</i>	12.29%	55.83%	13.20%
Adolescent Screening/Counseling – Tobacco Use	The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year and received <u>screening/counseling for tobacco use.</u>	36.36%	71.92%	51.02%

Healthy Kentuckians Measure <sup>1,2</sup>	Description	MCO		
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky
Adolescent Screening/Counseling – Alcohol/Substance Abuse	The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year and received <u>screening/counseling for alcohol/substance use.</u>	28.57%	63.70%	30.61%
Adolescent Screening/Counseling – Sexual Activity	The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year and received <u>screening/counseling for sexual activity.</u>	18.83%	55.48%	18.37%
Adolescent Screening/Counseling – Depression	The percentage of adolescents 12–17 years of age who had a well-care/preventive visit in measurement year and had <u>screening for depression.</u>	NR	NR	15.65%

<sup>1</sup>Rates were obtained in measurement year (MY) 2012 for reporting year (RY) 2013. Source: Healthy Kentuckians performance measure results as reported in the MCOs' 2013 Kentucky Performance Measure Validation submission in Attachment B (MY 2012).

<sup>2</sup>Due to enrollment criteria required for the measures, Humana-CareSource did not report Healthy Kentuckians performance measures for RY 2013.

MCO: managed care organization; NR: not reportable.

In order to assess for possible disparities in care, Kentucky MCOs report HEDIS® PCP, dental and well-care access measures for the subpopulation of CSHCN, as defined by eligibility for Supplemental Security Income (SSI), foster care or adoption assistance, in the Healthy Kentuckians measure set as the measure titled Child and Adolescent Individuals with Special Health Care Needs (ISHCN) Access and Preventive Care. Healthy Kentuckians 2013 (MY 2012) rates for ISHCN Access and Preventive Care as reported in the MCOs' 2013 Kentucky Performance Measure Validation submission in Attachment B (MY 2012) and revised in December 2014 are presented in Table 5. MCO reported rates for CSHCN are compared to the national average reported in the 2013 Quality Compass for the general Medicaid population, since there are no Quality Compass benchmarks specific to CSHCN. Among CSHCN, rates for the CAP measure were similar to rates reported for the overall population, and exceeded the national average across MCOs for all reported age groups. Only Passport Health Plan had a sufficient eligible population to report CAP rates for CSHCN aged 7–11 years and 12–19 years; both of these rates exceeded the national Medicaid general population average, although the adolescent CAP rate for CSHCN (88.33%) was only slightly above the national Medicaid average for the general Medicaid population. Rates for ADV reported by each MCO for CSHCN exceeded the national Medicaid average for the general population.

Only Passport Health Plan and WellCare of Kentucky were able to report the receipt of appropriate well-child visits for children aged 15 months (6 or more visits) for CSHCN, and both MCOs' rates were below the national Medicaid average for the general population (Table 5). CoventryCares of Kentucky did not have an eligible population for this measure. As seen for the overall population, reported rates for Passport Health Plan for well-child visits for CSHCN aged 3–6 years and adolescents exceeded the national Medicaid average for the general Medicaid population, while rates reported by CoventryCares of Kentucky and WellCare of Kentucky for these age groups were below the national Medicaid average for the general Medicaid population.

Table 5. Child and Adolescent Individuals with Special Health Care Needs (ISHCN) Access and Preventive Care (RY 2013)

Healthy Kentuckians Measure <sup>1,2</sup>	Description	MCO		
		Coventry-Cares of Kentucky	Passport Health Plan	WellCare of Kentucky
<b>Child and Adolescent Individuals with Special Health Care Needs (ISHCN) Access and Preventive Care</b>				
Children's and Adolescents Access to Care (CAP) <sup>3</sup>	The percentage of members 12 months–19 years of age who had a visit with a PCP.			
CAP – 12–24 Months	The percentage of · Children 12–24 months who had a visit with a PCP during the MY	98.26% ↑	96.19% ↑	97.71% ↑
CAP – 25 Months–6 Years	The percentage of · Children 25 months–6 years who had a visit with a PCP during the MY	95.45% ↑	90.98% ↑	94.61% ↑
CAP – 7–11 Years <sup>4</sup>	The percentage of · Children 7–11 years who had a visit with a PCP during the MY	N/A	90.56% ↑	N/A
CAP – 12–19 Years <sup>4</sup>	The percentage of · Adolescents 12–19 years who had a visit with a PCP during the MY or the year prior	N/A	88.33% ↑	N/A
Annual Dental Visit (ADV)	The percentage of members 2–21 years who had at least one dental visit during the MY.	60.76% ↑	56.76% ↑	58.48% ↑
<b>Utilization</b>				
Well-Child Visits 15 Months – 6+ Visits	The percentage of members who turned 15 months old during the MY and who had six (6) or more well-child visits with a PCP during their first 15 months of life.	N/A	45.55% ↓	16.67% ↓
Well-Child Visit 3–6 Years	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	63.18% ↓	72.61% ↑	63.45% ↓
Adolescent Well-Care Visit (AWC)	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the measurement year.	41.17% ↓	51.38% ↑	37.48% ↓

<sup>1</sup>Rates were obtained in measurement year (MY) 2012 for reporting year (RY) 2013. Rates above national Medicaid average for the general Medicaid population are represented by an upward arrow (↑) and rates below national Medicaid average for the general population are represented by a downward arrow (↓). Source: Healthy Kentuckians performance measure results as reported in the MCOs' 2013 Kentucky Performance Measure Validation submission in Attachment B

(MY 2012) and revised in December 2014. (Note that these data were revised for the Annual Technical Report when it was noted that WellCare of Kentucky and CoventryCares of Kentucky entered erroneous calculations for the totals for the ISHCN measures, overwriting the total Microsoft Excel worksheet field. The corrected results are included in the EPSDT report.)

<sup>2</sup>Due to enrollment criteria required for the measures, Humana-CareSource did not report Healthy Kentuckians performance measures in 2013.

<sup>3</sup>The measure has rates reported for its specific subparts (reported in rows below) and has no overall reported rate in and of itself (indicated by gray shading).

<sup>4</sup>Due to lack of eligible ISHCN population for CoventryCares of Kentucky and WellCare of Kentucky, only Passport Health Plan reported this rate.

HEDIS®: The Health Effectiveness Data and Information Set; MCO: managed care organization; MY: measurement year; N/A: not applicable.

## EPSDT Encounter Data Validation Study

While access to well-child visits and screening can be assessed by evaluating relevant MCO-reported HEDIS® and Healthy Kentuckians performance measures and EPSDT screening and participation rates, the content of well-child screening visits is more difficult to ascertain. In order to more completely evaluate the scope of EPSDT services that children received during visits in 2013, a retrospective medical record review study was undertaken to validate that the content of well-child visits was consistent with EPSDT required screenings, diagnostics and treatment services. Well-child visits that occurred between January 1, 2013 and April 30, 2013 were included in the validation study. All MCOs participated in this EPSDT encounter data validation study by providing medical records for review based on submitted claims for well-child visits.

As shown in Table 6, study findings revealed that across all plans, most visits included review of past medical history (89%) and social history (71%), but family history and review of systems were less frequently documented (55% and 59%, respectively). Physical exams were most often comprehensive, and included an evaluation of eyes, ears/nose/throat, respiratory, cardiovascular and gastrointestinal systems in over 90% of cases. Neurologic exams were conducted in 79% of cases, while the examination of the spine and genitalia were documented less frequently (49% and 64% respectively). A total of 90% of records of children aged 3 years and older included documentation of blood pressure measurement.

Table 6. Documentation of Comprehensive History and Physical Exam

Component of Well-Child Visit <sup>1</sup>	Age 1–4 Years	Age 5–11 Years	Age 12–20 Years	Total
<b>Comprehensive History</b>				
Past Medical History	87%	88%	93%	89%
Family History	52%	57%	57%	55%
Social History	68%	75%	72%	71%
Review of Systems	54%	60%	69%	59%
<b>Comprehensive Physical Exam</b>				
Head	81%	78%	70%	78%
Eyes	91%	96%	88%	92%
Ears/Nose/Throat	92%	97%	88%	92%
Lungs/Respiratory	92%	99%	93%	94%
Heart/Cardiovascular	93%	96%	93%	93%
Abdomen/Gastrointestinal	93%	95%	91%	93%
Skin	83%	82%	75%	80%
Spine/Back	41%	58%	53%	49%
Neurologic	81%	83%	70%	79%

Component of Well-Child Visit <sup>1</sup>	Age 1–4 Years	Age 5–11 Years	Age 12–20 Years	Total
Extremities/Musculoskeletal	61%	68%	58%	62%
Genitalia	74%	63%	46%	64%
Oral Health Assessment	55%	48%	44%	50%
<b>Measurements</b>				
Blood Pressure <sup>2</sup>	83%	88%	96%	90%
Height/Length and Weight	92%	96%	96%	94%
Body Mass Index	47%	56%	58%	53%

<sup>1</sup>Measurement period: January 1, 2013–April 30, 2013. Source: 2013 EPSDT Encounter Data Validation Study conducted by IPRO on behalf of DMS.

<sup>2</sup>Denominator comprised of children age 3 years and older only

Rates of assessment/screening for oral health, mental health, behavioral risks, vision, hearing and development are presented in Table 7. The EPSDT validation study revealed that oral health assessment was documented in only 50% of cases across all age groups, and mental health assessment in school-aged children aged 5 years and older was documented in only 56–60% of cases. While there was reference to at least one component of developmental assessment in most records (79–85% across age groups), formal developmental screening among young children was rarely documented, with only 14% of children aged 1–4 years receiving formal developmental screening.

Vision screening was documented in only 34% of records of children younger than 3 years old and in 38% of records of children aged 3 years and older, while hearing screening was documented in only 15% of records of children younger than 3 years old and 28% of records of children aged 3 years and older (Table 7). Consistent with the Healthy Kentuckians Adolescent Screening/Counseling measure, adolescents were screened for tobacco use in only 51% of cases, and they were screened for alcohol and drug use in only 36% and 28% of cases, respectively.

Table 7. Documentation of Oral, Mental, Developmental and Behavioral Assessments

Component of Well-Child Visit <sup>1</sup>	Age 1–4 Years	Age 5–11 Years	Age 12–20 Years	Total
Oral Health Assessment	55%	48%	44%	50%
Mental Health Assessment	35%	56%	60%	47%
Adolescent Depression Screening	N/A	N/A	38%	38%
Developmental Assessment	85%	79%	80%	82%
Formal Developmental Screening	14%	N/A	N/A	14%
Vision Screening < 3 Years Old	34%	N/A	N/A	34%
Vision Screening ≥ 3 Years Old	43%	42%	32%	38%
Hearing Screening < 3 Years Old	15%	N/A	N/A	15%
Hearing Screening ≥ 3 Years Old	17%	38%	25%	28%
Tobacco Use Screening	N/A	N/A	51%	51%
Alcohol Use Screening	N/A	N/A	36%	36%
Drug Use Screening	N/A	N/A	28%	28%

<sup>1</sup>Measurement period: January 1, 2013–April 30, 2013. Source: 2013 EPSDT Encounter Data Validation Study conducted by IPRO on behalf of DMS.

N/A: not applicable; indicator is not relevant for age group.

Rates of documented anticipatory guidance, which is part of EPSDT services, are displayed in Table 8. Rates of anticipatory guidance for nutrition (55%) and physical activity (51%) across all age groups were somewhat higher than rates reported for counseling in HEDIS®, but counseling in these areas still offer opportunity for improvement. Anticipatory guidance for safety/injury prevention was somewhat higher than anticipatory guidance for nutrition and physical activity at 64%.

Table 8. Documentation of Anticipatory Guidance

Component of Well-Child Visit <sup>1</sup>	Age 1–4 Years	Age 5–11 Years	Age 12–20 Years	Total
Nutrition and Diet	64%	51%	44%	55%
Safety/Injury Prevention	76%	56%	49%	64%
Physical Activity/Screen Time	57%	51%	44%	51%

<sup>1</sup>Measurement period: January 1, 2013–April 30, 2013. Source: 2013 EPSDT Encounter Data Validation Study conducted by IPRO on behalf of DMS.

EPSDT services include diagnostic and treatment services as well as screening. There were few children documented as identified with problems as a result of EPSDT screening, and the record review was limited to one visit. It was therefore difficult to evaluate diagnostic and/or treatment follow-up of identified risks. However, there were some children with documented mental health and behavioral risks for whom follow-up was not documented, and this is an area that warrants further study.

### EPSDT Special Services

Kentucky MCOs are required to provide EPSDT special services, which are medically necessary services not covered elsewhere in Medicaid, for eligible members. These services can include preventive, diagnostic, treatment or rehabilitative services. MCOs are required to identify providers who can deliver these services, and must develop procedures for authorization and payment for such services. MCO members have the right to appeal EPSDT service denials.

As part of assessing compliance with provision of medically necessary services, the 2014 Annual Compliance Review included a review of a sample of denial and appeal files for children’s services. This review provided a snapshot of MCOs’ provision of medically necessary services for children, and complemented a review of policies and procedures for the provision of EPSDT special services that was also conducted in the Annual Compliance Review. MCO specific results are outlined below.

CoventryCares of Kentucky and WellCare of Kentucky were found to be fully compliant with the provision of EPSDT special services during the 2013 Annual Compliance Review, which included a review of a sample of utilization management (UM) denial files, all found to be compliant. Therefore, these elements were not reviewed in 2014 for CoventryCares of Kentucky and WellCare of Kentucky. During the 2014 Annual Compliance Review, a sample of five member appeals for children’s services was reviewed for both CoventryCares of Kentucky and WellCare of Kentucky, and all were found to be timely and appropriate.

Humana-CareSource was found to be fully compliant with the provision of EPSDT special services in the 2014 Annual Compliance Review. Five UM and five appeals files were reviewed for Humana-CareSource in the 2014 Annual Compliance Review, and all were found to be completed timely and compliant with requirements, except for the inclusion of information regarding state fair hearings in UM file letters and information regarding member liability for the cost of services in the event that a fair hearing finds in favor of the plan in appeal resolution letters. Humana-CareSource is revising the letters.

Passport Health Plan was found to be fully compliant with the provision of medically necessary services to eligible children, and establishing procedures for authorization and payment in the 2014 Annual Compliance Review. The review of Passport Health Plan's five UM files and five appeals files related to children's services revealed that all files were compliant with contractual requirements.

MCOs' reported efforts to facilitate the provision of EPSDT special services in 2013 (Note: WellCare was deemed compliant for the 2014 Annual Compliance Review. Reporting of additional activity for EPSDT special services was not required, and WellCare reported no additional activity for EPSDT special services in 2013. ):

- Humana-CareSource considers referrals for care of children with chronic conditions and CSHCN to be standing referrals lasting for one or more years. Prior authorizations that are required for referrals of out-of-network specialists can be submitted online or by email/fax/mail/phone.
- Passport Health Plan includes a description of EPSDT expanded services and the process for provider submission of a request to the plan's UM department for determination of medical necessity and authorizations in their provider manual and EPSDT orientation packet. Passport Health Plan requires referrals from PCPs to specialists to indicate if the referral is based on a result from EPSDT screening. Passport Health Plan has a desktop procedure for EPSDT special services that is intended to ensure compliance and provide any medically necessary health care that falls within the scope of EPSDT services. Passport Health Plan procedure includes authorization of school health services including authorized individual education program (IEP), considering them to be medically necessary and not subject to further Medicaid prior authorization requirements. Passport Health Plan policy defines individuals with special health care needs as including members who require EPSDT expanded services.
- CoventryCares of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented that the MCO distributed revised prior authorization forms for providers in 2013 that indicate that requested services are EPSDT special services to facilitate authorization.

## Monitoring and Facilitation of Receipt of EPSDT Services

To ensure that eligible members receive required EPSDT services, Kentucky MCOs must establish an effective and ongoing member services case management function to provide education and counseling regarding compliance with EPSDT visits and prescribed treatment. MCOs must also provide support such as transportation and scheduling assistance and follow up with members when recommended assessment and treatment are not received. Outreach efforts, information received from providers, scheduling assistance and follow up with referral compliance should be tracked in a consolidated record.

In order to ensure that eligible children are receiving appropriate EPSDT services, Kentucky MCOs are required to establish and maintain a tracking system and conduct outreach to those in need of services. The system must monitor acceptance and refusal of EPSDT services, whether eligible members are receiving recommended health assessments and all necessary diagnosis and treatment, including EPSDT special services.

EPSDT monitoring systems, MCO outreach to members in need of services, and efforts to facilitate receipt of services were evaluated in the 2014 Annual Compliance Review, and were also reported in Kentucky Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, and in Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan.

## Member Monitoring for Receipt of EPSDT Services

All four MCOs have established tracking systems for monitoring members' receipt of EPSDT services. Monitoring systems were evaluated in the 2014 Annual Compliance Review, and MCO-specific monitoring initiatives are described below.

Humana-CareSource has established a clinical practice registry that tracks members' receipt of required EPSDT services. The registry is updated daily with claims history, diagnoses, and utilization and services history, including PCP visits and preventive-health-related services. The clinical practice registry is used by the care management, provider relations, and HEDIS® staff, as well as EPSDT providers. Providers can access the clinical practice registry on the provider portal and are given monthly reports of members due/overdue for EPSDT services. The plan also has a member profile tool, with which the MCO monitors members' compliance with EPSDT services requirements including visits according to the periodicity schedule. Member profiles generated by the tool provide an overview of services delivered to members; services for CSHCN are also tracked in this database. Reports from the member profile tool can be accessed by care management and provider relations staff to facilitate services for members in need. During the 2014 Annual Compliance Review, the plan reported plans to enhance the member profile system to include HEDIS®-measure-based alerts to enhance the identification of members' needs. Care managers' outreach and follow-up efforts are tracked in the Dashboards in CareAdvance, a care management documentation system, which also provides member-specific reports of gaps in care.

Passport Health Plan has established a tracking database for EPSDT services and a separate database for tracking referrals; during the 2014 Annual Compliance Review, onsite staff indicated that plans were underway to merge the two systems to establish one complete record for each member. Passport Health Plan's EPSDT call center application tracking database shows the status of screens due, screens completed and screens pending. This database also tracks MCO outreach calls to members and results of the outreach calls, such as disposition and date and time of appointments made. Written refusals of EPSDT services, which are required to opt out, are scanned and maintained in the database. Passport Health Plan generates reports in their EPSDT

Department to track the number of comprehensive screens, on time screens, routine evaluation of hemoglobin/hematocrit levels, referrals made during EPSDT screening visits, immunizations and automated outreach for members. Passport Health Plan has a separate referral database for children requiring referrals for diagnosis or treatment. The plan's Navinet system includes electronic referrals from providers, including diagnosis codes, and allows for identification of EPSDT referrals and receipt of referral services. Behavioral health services are included in the referral tracking database. The plan also monitors applicable HEDIS® rates and outreach attempts quarterly, as documented in Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan.

CoventryCares of Kentucky tracks EPSDT services through its NavCare system, which includes data fields for tracking of EPSDT coordinator outreach and follow-up phone-based conversations with families; however, a sample report was not available for review in the 2014 Annual Compliance Review. A consolidated record is maintained in the NavCare system for each member, and CoventryCares of Kentucky was deemed compliant with maintaining a consolidated record of outreach and facilitation for each member for 2014 by virtue of full compliance in 2013.

WellCare of Kentucky was found to be fully compliant in the 2014 Annual Compliance Review with monitoring of receipt of EPSDT services, and the plan includes EPSDT monitoring in policy and procedure documents and the EPSDT program description. WellCare of Kentucky demonstrated that the plan has established an EPSDT tracking database to monitor receipt and non-receipt of services that met requirements for EPSDT monitoring systems in the 2014 Annual Compliance Review.

### **Outreach for Members Overdue for EPSDT Services**

Kentucky MCOs are required to facilitate EPSDT services for eligible members who are in need of services. The MCOs reported outreach to members overdue for EPSDT services and facilitation of services in a broad range of initiatives. Outreach efforts included telephonic outreach, mailings and home visits. All MCOs have identified an EPSDT coordinator to facilitate receipt of services and outreach to members requiring services, and MCOs have contracted with local Departments of Health to conduct home visits for non-compliant members. MCOs also reported engaging providers to facilitate services and ensure follow-up. MCO-specific outreach initiatives are described below.

Humana-CareSource's care management and provider relations staff use reports from the member profile tool in the plan's clinical practice registry to facilitate services for members in need. During the 2014 Annual Compliance Review, Humana-CareSource reported plans to enhance the member profile tool to include HEDIS®-measure-based alerts to enhance the identification of members' service needs. Humana-CareSource's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, identified the role of the plan's EPSDT coordinator to include outreach to members overdue for services, and the report documents outreach in 2013 to non-compliant members, including telephonic outreach and home visitation by contracted local Departments of Health. Care managers' outreach and follow-up efforts were tracked in the Dashboards in CareAdvance, a care management documentation system, which also provides member-specific reports of gaps in care.

Passport Health Plan's 2013 QI Work Plan and Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, demonstrated robust EPSDT outreach through telephonic outreach, postpartum visits, home visits for non-compliant members by contracted local Departments of

Health, mailings, messages and community outreach. Members overdue for screens and those non-compliant with periodic participation were prioritized for phone outreach and for home visits, if phone outreach was unsuccessful. Passport Health Plan notifies members in their member handbook and EPSDT brochure that members should access the MCO's care connectors for assistance with accessing services.

CoventryCares of Kentucky Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, included a description of the plan's automated reminders for EPSDT and dental visits based on age intervals and claims data, and the report described outreach for missed appointments. Members with missed screenings were assigned to outreach specialists or case managers for mailings and other outreach. During the 2014 Annual Compliance Review, CoventryCares of Kentucky cited policy for ensuring timely member compliance through identification of members needing services using the Cognos PCP Member Detail Report for well-child visits and EPSDT coordinator follow-up of members who have not been compliant with referral appointments for EPSDT services.

WellCare of Kentucky reported that it monitors its EPSDT tracking database and notifies members if they have not received required services. In addition to mailed reminders for missed services, the plan documented providing assistance with scheduling appointments in 2013, using their centralized telephonic outreach system to outreach to members who had not received services and to schedule needed appointments.

All four MCOs documented efforts to engage providers in facilitation of EPSDT services by distributing reports of providers' panel members who are in need of services. Many elements related to providers were deemed compliant for CoventryCares' 2014 Annual Compliance Review. Reporting of additional provider activities was not required, and CoventryCares reported no additional provider activities in 2013. rAdditional specific activities reported by the other MCOs include:

- Passport Health Plan engaged providers to facilitate receipt of services by distributing monthly reports listing members who were due/overdue for recommended services, including screens and immunizations, and providers were responsible for issuing reminders for visits and immunizations due. Providers could access the plan's Navinet system to check for due/overdue screening, as well. Providers were required to attempt to outreach to non-compliant members three times before contacting the Passport Health Plan EPSDT outreach team.
- WellCare of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented the provision of care gap reports to providers to engage them in facilitating access and scheduling of appointments.
- Humana-CareSource provided access to their clinical practice registry on the provider portal, and gave providers monthly reports of members due/overdue for EPSDT services. Humana-CareSource has a Provider Clinical Engagement Initiative that involves MCO clinical staff working with providers to educate and engage members to complete EPSDT services. Humana-CareSource also required PCPs to contact referral specialists on members' behalf and follow-up to ensure they were receiving care. WellCare of Kentucky also documented distribution of lists of members in need of required EPSDT services to providers in 2013.

## EPSDT Case Management Function

To ensure that eligible members receive required services, Kentucky MCOs must establish an effective and ongoing member services case management function to provide member education and counseling regarding compliance with recommended EPSDT visits and prescribed treatment, as well as follow-up with eligible members and families when services are not received. Case management is particularly important for CSHCN, who may have particular challenges to accessing preventive services and may require special services. CSHCN include clients of the Department for Community Based Services (DCBS), such as children in foster care. MCOs are contractually required to identify an EPSDT coordinator with adequate staff to arrange for and assist with scheduling of required EPSDT services. This requirement was evaluated in the 2014 Annual Compliance Review, which included a review of files for a sample of DCBS clients for claims and outreach for EPSDT services, along with the Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death.

All four MCOs have identified an EPSDT coordinator and EPSDT case management function, and Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented activities carried out by the MCOs' EPSDT care management teams in 2013. Most DCBS clients had documented EPSDT services upon review of case management files in the 2014 Annual Compliance Review. One MCO, Humana-CareSource, was not able to demonstrate outreach attempts for two files that contained no documented evidence of EPSDT services; the other eight files reviewed for Humana-CareSource contained documented evidence of EPSDT services.

Humana-CareSource was found to be fully compliant with establishing a case management program to provide education and counseling regarding EPSDT services in the 2014 Annual Compliance Review. The plan conducted direct outreach by the EPSDT coordinator and care managers, including outreach to CSHCN and those in need of services. Humana-CareSource's care manager is an additional level of support and monitoring for members needing EPSDT/preventive services, and particularly provides assistance to CSHCN. Care managers identify gaps in care using Dashboards in CareAdvance, a care management documentation system, and use this information to coordinate visits and address barriers to care. Care manager outreach and follow-up efforts are tracked in this system. The care management team can also access the MCO's clinical practice registry to develop a care plan and remind members of preventive health services. The care manager serves as a point of contact to coordinate care between PCPs and specialists. Two of the ten case management files that were reviewed in the 2014 Annual Compliance Review for EPSDT services for DCBS clients did not have evidence of EPSDT services, and MCO's outreach to these members was also not documented.

WellCare of Kentucky was deemed to be fully compliant for establishing an EPSDT case management function in the 2013 Annual Compliance Review, and this element was not reviewed for WellCare of Kentucky in the 2014 review. WellCare of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented outreach calls to members in need of services and assistance with visit scheduling. In the 2014 Annual Compliance Review, the review of ten DCBS case management files for evidence of EPSDT services, all files for which EPSDT services were applicable were found to have documentation of receipt of services.

CoventryCares of Kentucky was also found to be fully compliant in the 2013 Annual Compliance Review with establishing a case management program for EPSDT services. As per CoventryCares of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, members

who missed appropriate screenings were assigned to an outreach specialist and/or case manager for further outreach in 2013. The CoventryCares of Kentucky EPSDT coordinator's role includes assisting families with accessing providers and follow-up for children lacking important EPSDT visits. In the 2014 Annual Compliance Review, CoventryCares of Kentucky was found to be non-compliant with tracking indicators for DCBS clients. The MCO responded with plans to implement tracking and analysis of performance measures for child and adolescent enrollees in the SSI and Foster categories of aid, and those who received services from the Commission for Children with Special Health Care Needs (CCSHCN). Of the ten case management files of DCBS clients reviewed in the 2014 Annual Compliance Review, one file did not contain evidence of required EPSDT services; however, this file contained evidence of MCO outreach to facilitate services. CoventryCares of Kentucky highlighted a case of coordinating multiple services, including mental health evaluation, EPSDT special services, and the development of an Individual education plan for one member in their Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death.

Passport Health Plan was fully compliant in the 2014 Annual Compliance Review with establishing and maintaining a case management program for education and counseling of members regarding EPSDT services. Passport Health Plan identifies a manager of care coordination, rapid response and EPSDT who is responsible for day to day operations of the EPSDT outreach program and coordination of the EPSDT Home Visit Outreach Program. Passport Health Plan members who are overdue for screens and/or non-compliant with periodic participation are prioritized for telephonic outreach by policy and for a home visit, if telephonic contact is unsuccessful. The EPSDT Team initiates outreach, and case management services are triggered if attempts to reach members fail. Passport Health Plan has developed a formal process for communication between the EPSDT team and case managers when a need for services is identified. Passport Health Plan has established care coordination procedures for assisting members to obtain needed services and lists specific pediatric diagnoses and conditions that may require specialized case management. Individuals with special health care needs are defined in policy as including members who require EPSDT expanded services. All ten case management files of DCBS clients reviewed for the 2014 Annual Compliance Review contained evidence of EPSDT services received.

## Physical Health/Behavioral Health Coordination

Kentucky MCOs are required to establish and maintain a protocol for coordination of physical health services and behavioral health services for members with behavioral health or developmentally disabling conditions. This requirement was reviewed as part of the review of EPSDT services in the 2014 Annual Compliance Review.

WellCare of Kentucky and CoventryCares of Kentucky were fully compliant with physical health and behavioral health coordination of care in the 2013 Annual Compliance Review, and were not reviewed for this requirement in 2014. CoventryCares of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, describes the process of physical health and behavioral health coordination by highlighting care coordination for a member with complex needs. Both WellCare of Kentucky and CoventryCares of Kentucky demonstrated coordination of physical health and behavioral health care for DCBS clients for all applicable files in the 2014 Annual Compliance Review of case management files.

Beacon Health Strategies, a managed behavioral health organization contracted by Humana-CareSource and Passport Health Plan, has a policy regarding a clinical referral and triage process and a policy for collaboration and referral of medical and behavioral health cases between Beacon and partner MCOs, which was documented by Humana-CareSource and Passport Health Plan in the 2014 Annual Compliance Review.

Humana-CareSource documented a process of collaboration with Beacon Health Strategies during the 2014 Annual Compliance Review, and the plan also described a process for referrals between medical and behavioral health providers. By protocol, Beacon Health Strategies contacts Humana-CareSource care management for members with frequent emergency department utilization or for members requiring medical assessment outside of Beacon's scope. The MCO has a full time behavioral health manager and health services manager to oversee integration of behavioral health and physical health services. Humana-CareSource also meets with DCBS and its liaisons in targeted service areas, and performs needs assessments with the health services director and CSHCN. The plan's care management staff provides coordination of services including early intervention and services for students with disabilities such as the development of an IEP. Care management staff has access to community resource information through the plan's SharePoint site. Humana-CareSource demonstrated coordination of physical health and behavioral health care for DCBS clients for all applicable files in the 2014 Annual Compliance Review of case management files.

Passport Health Plan has an identified behavioral health liaison, whose role includes coordinating the assessment and treatment of behavioral health conditions for members. Passport Health Plan provided evidence of coordination with Beacon Health Strategies during the 2014 Annual Compliance Review, and has established a referral form from Passport Health Plan to Beacon. The MCO and Beacon coordinate in a joint operations committee to address clinical and utilization member updates for members with physical health and behavioral health needs. Passport Health Plan has established processes for information sharing to facilitate coordination. Beacon representatives must complete documentation to indicate whether PCPs were alerted about their patient's inpatient stay by the facility. Submission of EPSDT data is included in Passport Health Plan's behavioral health provider agreements, and Passport Health Plan includes behavioral health services in its referral tracking database. Passport Health Plan's provider manual includes a behavioral health section that outlines processes for clinical coordination between behavioral health providers and PCPs, with a requirement that behavioral health providers communicate with PCPs if members consent to information sharing. Passport Health Plan demonstrated coordination of physical health and behavioral health care for DCBS clients for all applicable files in the 2014 Annual Compliance Review of case management files.

## Quality Measurement and Improvement

Kentucky MCOs are required to submit annual reports of EPSDT services using Form CMS-416, as well as quarterly reports of EPSDT activities, to DMS. All four MCOs were compliant with submission of statutory EPSDT reports for 2013, including Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, and Annual Report #93, EPSDT Annual Participation Report, which includes CMS Form 416. Most MCOs included EPSDT as a focus area in their Annual Report #85, Quality Improvement Program Evaluation, and tracked progress in their QI Work Plans. All plans include performance measures related to EPSDT, i.e. HEDIS® and Healthy Kentuckians measures, in their Annual QI Program Evaluations and QI Work Plans. There was evidence that MCOs identified focus areas for improvement in their performance measure data and implemented interventions to address them in these documents. MCO-specific highlights are outlined below.

Passport Health Plan conducts an annual EPSDT evaluation as outlined in Annual Report #85, Quality Improvement Program Evaluation. The 2013 QI Program Evaluation, which assessed improvement in member and clinical adherence to EPSDT services and the overall effectiveness of the EPSDT program, documented barriers identified and interventions planned to improve screening and participation rates. Interventions detailed in the 2013 Annual QI Program Evaluation included provider incentives for increasing EPSDT screening and participation, member incentives for completing immunizations, community initiatives and targeted efforts to improve dental care access. The plan's QI Work Plan documented review and discussion of EPSDT activities in quality committee meetings. Passport Health Plan conducted a Performance Improvement Project (PIP) focused on improving dental care for CSHCN that was reported in 2013, and included dental care in its audit of provider EPSDT services.

CoventryCares of Kentucky identified EPSDT services as a priority for improvement in their 2013 QI Program Evaluation. CoventryCares of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented the MCO's trending of screening and participation rates and tracking of rates by geographical region. CoventryCares of Kentucky's Quarterly Report #24 documented that the plan was implementing an initiative to work with providers on developing strategies to increase dental care compliance. CoventryCares of Kentucky did not specifically identify EPSDT as a focus area in their 2013 Annual QI Program Evaluation.

Humana-CareSource's QI Plan and Evaluation included a focus area on improving children's health and EPSDT. This document outlined quality improvement activities designed to improve well visits through both member and provider outreach and ongoing trending of measures. For this first year of reporting, Humana-CareSource established a baseline and conducted a preliminary barrier analysis as outlined in the Evaluation. Humana-CareSource reported in Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, that the plan is focusing on improving lead screening and has developed strategies and initiatives to address this priority for improvement.

WellCare of Kentucky's 2013 Annual Program Evaluation included an analysis of the MCO's EPSDT-related performance measures and provider medical record audits for EPSDT documentation. Activities for improvement were highlighted in the QI Program Evaluation.

## Member Satisfaction with EPSDT Services

As part of the 2014 Annual Compliance Review, CAHPS® Medicaid Child Survey results and member grievances are reviewed. Although they are not necessarily EPSDT-specific, member satisfaction with children's services can provide some indirect insight into access and appropriateness of EPSDT services. Humana-CareSource did not conduct a 2013 CAHPS® survey due to initiation of enrollment in January 2013. One of the MCOs, Passport Health Plan, specifically monitors dissatisfaction with the plan's EPSDT services by tracking complaints and grievances as described below.

Passport Health Plan's 2013 CAHPS® Medicaid Child survey revealed composite items above the national average that may be relevant to EPSDT services, such as rating of personal doctor, getting care needed and how well doctors communicate. Passport Health Plan collects complaints and grievances grouped by topic, and dissatisfaction with the plan's Mommy and Me/EPSDT Programs is one category collected under the Attitude/Service category. Specific data for dissatisfaction with Passport Health Plan's EPSDT program was not included in the Annual QI Program Evaluation.

CoventryCares of Kentucky's 2013 CAHPS® Medicaid Child Survey results revealed an above average rating for personal doctors, getting needed care, how well doctors communicate and coordination of care and health promotion and education.

WellCare of Kentucky's CAHPS® Medicaid Child Survey results for 2013 also revealed above average composite ratings for personal doctors, getting needed care and how well doctors communicate.

Humana-CareSource did not report CAHPS® for 2013, as their member enrollment was initiated in 2013. Humana-CareSource reported grievances related to access in their 2013 Annual QI Program Evaluation, but the MCO did not identify if any were related specifically to children's services.

Shared decision-making rates were lower than other EPSDT-relevant reported CAHPS® rates for all three MCOs that reported CAHPS® for 2013 (Passport Health Plan, CoventryCares of Kentucky and WellCare of Kentucky). This measure evaluates health care provider communication about prescription medication, which could be relevant to EPSDT treatment services. All three MCOs documented planned interventions to address CAHPS® rates with opportunity for improvement.

## Conclusion

A review of Kentucky MCOs' Annual Compliance Review findings, reported performance measures, and statutory reports provided an overview of Kentucky Medicaid managed care-enrolled children and adolescents' receipt of EPSDT services and MCOs' initiatives to ensure and facilitate age-appropriate EPSDT services in 2013. The four MCOs have varying tenure in Kentucky Medicaid. Data for Humana-CareSource, which began enrollment in 2013, were limited, while Passport Health Plan, which has participated in Kentucky Medicaid managed care the longest, demonstrated higher rates for receipt of EPSDT-related services and, in some cases, more robust initiatives to educate and outreach to members and providers.

The 2014 Annual Compliance Review revealed that all four MCOs were fully compliant with most review elements related to EPSDT services and were found to be substantially compliant with the few elements that were not fully compliant. Specific findings of opportunity for improvement in the 2014 Annual Compliance Review included maintenance of a consolidated record for Passport Health Plan due to separate databases for referrals and screenings, provision of an example of a consolidated record for the review for CoventryCares of Kentucky, monitoring of providers through medical record audits for Passport Health Plan and Humana-CareSource, inclusion of potential liability for adverse fair hearing decisions in appeal resolution letters for Humana-CareSource, and education of non-physician EPSDT providers and updated AAP guidelines for Passport Health Plan.

Expected EPSDT screenings among eligible children and adolescents were below 80% for Humana-CareSource and WellCare of Kentucky. Screening rates were above 80% among eligible children/adolescents for Passport Health Plan and CoventryCares of Kentucky. Overall, all four plans fell below 80% for participation in EPSDT services by eligible members, and older age groups appeared to have more challenges in participation. Reported HEDIS<sup>®</sup> measures also revealed opportunity for improvement in the percentage of children who received expected well-child visits, which would be consistent with EPSDT screening visits, for both the general population and CSHCN. Overall, similar patterns were seen for both the general population and CSHCN. Given that not all children were participating in EPSDT services in 2013, education and outreach are particularly important. The four MCOs implemented a variety of initiatives to educate and outreach to members, educate providers, and facilitate EPSDT services. Some innovative member outreach, such as promoting EPSDT services at schools, meetings of grandparents raising grandchildren, and homeless advocacy groups are promising practices that should be monitored. All MCOs engage providers in outreaching to members in need of services, and all MCOs actively track receipt of services by member and by provider panel. Case management outreach and service coordination for members needing services was well documented across MCOs, and most eligible members in case management had received EPSDT services. Provider education was also conducted in a variety of formats across MCOs.

All four MCOs showed evidence of providing a sufficient network of EPSDT providers, but efforts to monitor providers' delivery of EPSDT services varied across plans. Monitoring of services actually provided in EPSDT visits through medical record audit was not uniformly conducted by the MCOs. Results of the EPSDT validation study and HEDIS<sup>®</sup> and Healthy Kentuckians measures revealed opportunities for improvement in mental health, vision, hearing, and developmental screening; depression and behavioral risk screening for adolescents; BMI screening and nutrition/physical activity counseling; immunizations; and lead screening. Although the HEDIS<sup>®</sup> Annual Dental Visit measure was above the national Medicaid average across MCOs, oral health assessment was lacking in well-child visits; considering that the HEDIS<sup>®</sup> measure includes restorative as well as preventive dental services, oral health assessment remains an area of improvement in EPSDT services.

Follow-up of risks identified in EPSDT screenings, through further diagnostic services or treatment, could not be adequately evaluated in the EPSDT validation study, and is an area for future study. Similarly, evaluation of EPSDT special services was limited.

While all MCOs documented quality improvement initiatives to address EPSDT-related indicators, methods for monitoring quality and satisfaction varied. In addition to inconsistent monitoring of provider documentation of specific EPSDT components, not all plans reported trending grievances related to children's services or conducting access and availability surveys of EPSDT providers. Satisfaction with the plan's EPSDT services was monitored by only one plan.

Some of the plans reported quality initiatives focused on specific components of EPSDT services, such as lead screening and dental care. Focus areas for improvement suggested by this report include oral health care, adolescent EPSDT services, developmental screening, mental health screening, services related to obesity identification and prevention, and vision and hearing screening. Oral health assessment was lacking in well-child visits, and a measure of preventive dental services specifically has not been reported among MCOs. Adolescents were found to have the lowest rates of EPSDT participation, well-child visits and dental visits, and the content of adolescent visits was found to lack behavioral risk and depression screening in both the validation study and Healthy Kentuckians measure results. Since there is substantial risk for developmental and mental health problems among Medicaid-eligible children as highlighted by CMS, developmental and mental health screenings in EPSDT services are also important areas of focus.<sup>xii</sup> Finally, with a substantial proportion of children and adolescents reported to have other than healthy weight for height, a focus on BMI measurement and counseling for nutrition and physical activity are of prime importance.

## Limitations

In addition to limited data for Humana-CareSource due to initiation of enrollment in January 2013, this review was limited by variation in the content of the MCOs' statutory reports, which did not appear to follow a standardized format. MCO comparisons should therefore be interpreted with caution.

## Recommendations

### Recommendations for MCOs

- In light of opportunity for improvement in screening and participation rates, MCOs should evaluate the effectiveness of member education and outreach initiatives and formulate strategies to enhance outreach efforts.
- MCOs should actively track access and availability of EPSDT providers through specific access and availability surveys, monitoring grievances related to access to EPSDT services, monitoring denials and appeals related to EPSDT special services, and evaluation of satisfaction with EPSDT services.
- MCOs should actively monitor the content of EPSDT visits through medical record audits, and ensure the provision of mental health and developmental screenings, behavioral risk assessment, oral health assessment, immunization status and age-appropriate anticipatory guidance.
- MCOs should evaluate their MCO-specific data for focus areas for improvement and initiate improvement activities to address these areas. Focus areas suggested by this review include identification and prevention of obesity, dental care, mental health and developmental screening, adolescent EPSDT services, and vision and hearing screening.

### Recommendations for DMS

- DMS should continue to evaluate EPSDT services through validation studies of services provided in well-child visits, with a focus on areas identified to be in need of improvement, including evaluation of follow-up services received.
- Given the percentage of children and adolescents reported to have a weight category other than healthy and the lack of documented monitoring and counseling, a focused study to evaluate the prevention, identification and management of childhood obesity would be of benefit to MCOs in addressing this topic.
- MCO reporting of preventive dental services specifically, through measures such as the Children's Health Insurance Program Reauthorization Act (CHIPRA) core measure "Percentage of Eligibles that Received Preventive Dental Services," would facilitate monitoring of preventive dental visits as part of EPSDT services.
- Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, Pregnant Women, Maternal and Infant Death, appeared to vary in content across MCOs. Establishing parameters for the content of this report would facilitate comparative evaluation of MCO initiatives related to EPSDT.
- DMS could consider file review of denials and appeals of specific services related to EPSDT special services in upcoming annual compliance reviews, rather than general children's services, if feasible to better evaluate EPSDT special services.

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