CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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Audrey Tayse Haynes
Secretary

Lawrence Kissner
Commissioner

Date: August 1, 2014

TO: Ms. Kelly Munson, State President, WellCare

RE: IPRO Report May 2014 – EPSDT Screening Encounter Data Validation Clinical Focus Study 2014

Dear Ms. Munson:

With the implementation of managed care, the Department for Medicaid Services (DMS) has shifted its approach to healthcare to focus on quality outcomes. We created the Division of Program Quality and Outcomes whose purpose is to ensure that the health of our members is improved through Medicaid managed care. As part of this partnership with you, we have contracted with IPRO to conduct several studies and issue recommendations for both Kentucky DMS and the Managed Care Organizations (MCOs) to implement in an effort to improve outcomes.

IPRO recently released a report on Early Periodic Screening, Diagnostic and Treatment (EPSDT) Encounter Validation. (See Attached Report) The report shows that Kentucky has an opportunity to improve upon the EPSDT screening and coding. In particular, the report indicates the need to collaborate with MCOs and providers to promote developmental screening with a standardized tool and to ensure consistent reporting and coding of developmental screening, which aligns with Children's Health Insurance Program Reauthorization Act (CHIPRA) specifications.

Based on the findings in the report regarding EPSDT screening and coding for members of WellCare, IPRO suggests the recommendations listed below. EPSDT screening and coding by providers are included in the contract between DMS and WellCare. The other recommendations are not provisions in the contract between DMS and WellCare. However, we strongly encourage you to consider making these recommendations a priority to ensure better health outcomes for your members.

1. Collaborate with providers to assess barriers to screenings. Encourage access to screening tools, academic detailing, and coordinating follow-up for children with identified concerns. Encourage the use of the American Academy of Pediatrics Bright Futures toolkits and pocket guides to reinforce elements of a well-child visit and EPSDT preventive screening services. These materials can be adopted as a reference for clinician manuals and policy development.

2. Consider auditing EPSDT visits through medical record review to monitor receipt of mental health screenings, oral health assessment, and hearing/vision screens.

3. Encourage electronic medical record (EMR) implementation to include the incorporation of standardized screening tools with interpretation and clinical decision support systems that remind providers of timely administration of preventive health screens. EMRs can also be used to generate office-based registries to track members who are overdue for screenings and those who have been referred for follow-up and treatment of positive findings.

4. Collaborate with providers to assess barriers to performing anticipatory guidance and develop systems-based initiatives to address those barriers.

5. Consider providing members and their primary care physicians with lists of overdue screenings and assist members with coordinating these screenings with their preventive health visits in order to improve the documentation of age-appropriate vision and hearing screenings. A performance improvement project could be considered to test systems and process-based interventions around the performance of these screenings.

DMS will be taking the recommendations that IPRO issued for our organization into consideration and we urge WellCare to do the same so we may work together to ensure that our members are empowered to lead healthier lives.

Sincerely,

Lawrence Kissner
Commissioner
Department for Medicaid Services
Cabinet for Health and Family Services

cc: Dr. Howard Shaps, Medical Director, WellCare

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