



**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 2014**

**Final June 2015**

IPRO Corporate Headquarters  
Managed Care Department  
1979 Marcus Avenue  
Lake Success, NY 11042-1002  
phone: (516) 326-7767  
fax: (516) 326-6177  
[www.ipro.org](http://www.ipro.org)

## Table of Contents

<b>INTRODUCTION</b> .....	<b>4</b>
<b>MEMBER EDUCATION AND OUTREACH</b> .....	<b>8</b>
EPSDT Benefits, Importance and Access to Services.....	8
Right to Appeal EPSDT Service Determinations.....	10
<b>PROVIDER NETWORK</b> .....	<b>11</b>
EPSDT Providers .....	11
EPSDT Provider Education.....	12
Monitoring of EPSDT Provider Compliance with Required EPSDT Services .....	14
<b>ACCESS TO EPSDT SERVICES</b> .....	<b>16</b>
EPSDT Screening and Participation.....	16
EPSDT-Relevant HEDIS® Measures.....	19
Healthy Kentuckians Measures .....	23
EPSDT Encounter Data Validation Study.....	27
EPSDT Special Services.....	29
<b>MONITORING AND FACILITATION OF RECEIPT OF EPSDT SERVICES</b> .....	<b>32</b>
Member Monitoring for Receipt of EPSDT Services .....	32
Outreach for Members Overdue for EPSDT Services.....	33
EPSDT Case Management Function.....	35
<b>PHYSICAL HEALTH/BEHAVIORAL HEALTH COORDINATION</b> .....	<b>38</b>
<b>QUALITY MEASUREMENT AND IMPROVEMENT</b> .....	<b>39</b>
<b>MEMBER SATISFACTION WITH EPSDT SERVICES</b> .....	<b>41</b>
<b>CONCLUSION</b> .....	<b>42</b>
Limitations.....	43
<b>RECOMMENDATIONS</b> .....	<b>44</b>
Recommendations for MCOs .....	44
Recommendations for DMS .....	44
<b>REFERENCES</b> .....	<b>45</b>

## List of Tables

Table 1. EPSDT Screening and Participation Rates Reported by Kentucky MCOs (RY 2014).....	17
Table 2. EPSDT Screening and Participation Rates by Age Group Across MCOs (RY 2014).....	18
Table 3. Kentucky MCO HEDIS® 2014 Quality Measure Rates Relative to the 2014 National Medicaid Average (RY 2014).....	20
Table 4. EPSDT-Relevant Healthy Kentuckians Performance Measures (RY 2014).....	24
Table 5. Child and Adolescent Individuals with Special Health Care Needs (ISHCN) Access and Preventive Care (RY 2014) .....	26
Table 6. Documentation of Comprehensive History and Physical Exam.....	28
Table 7. Documentation of Oral, Mental, Developmental and Behavioral Assessments .....	29
Table 8. Documentation of Anticipatory Guidance .....	29

## 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 five Kentucky Medicaid MCOs participating in 2014 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, began enrolling child and adolescent members July 1, 2014, and has been included in this evaluation.

## Data Sources

2013 and 2014 data and documents received by the end of the first quarter 2015 were included in this evaluation. Key data sources for this comprehensive evaluation of EPSDT services included the following:

- The 2015 EQRO Annual Compliance Review;
- Activities and metrics relevant to EPSDT services reported by MCOs in their 2014 statutory reports to DMS;
- The 2013 EPSDT Encounter Data Validation Study conducted by IPRO on behalf of DMS; and
- The 2014 Healthcare Effectiveness Data and Information Set (HEDIS®) performance measure rates reported in the MCOs' 2014 HEDIS® Audit Review Tables (measurement year [MY] 2013) and Healthy Kentuckians performance measure rates reported as part of the MCOs' 2014 (MY 2013) 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 2015 EQRO Annual Compliance Review: The EQRO conducts an annual review of MCO compliance with federal and state contractual requirements on behalf of DMS. The 2015 Annual Compliance Review was an assessment of MCO compliance with requirements for MY 2014. The review included an evaluation of MCO processes, policies and procedures, file reviews and onsite interviews. For Kentucky, EPSDT contractual requirements are specifically reviewed during the Annual Compliance Review, and other areas that have some relevance to EPSDT are also reviewed. Relevant review areas in the 2015 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 or 2014 Annual Compliance Review, the requirement was not reviewed for the 2015 Annual Compliance Review. WellCare of Kentucky was found to be fully compliant with all

EPSDT requirements in 2014, and was not subject to ESPDT review in 2015. 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 2014: Kentucky Medicaid MCOs are required to submit statutory reports on a monthly, quarterly and annual basis. In the 2015 Annual Compliance Review, all five MCOs were found to be 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 MCO'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;
- 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;
- Quarterly Report #18: Monitoring Indicators, Benchmarks and Outcomes; and
- Quarterly Report #19, Performance Improvement Projects.

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 MMC. The study provided an overview of services provided during well-child visits relative to EPSDT recommended services.

4. The 2014 HEDIS® Final Audit Report and HEDIS® Audit Review Table and Attachment B of the Kentucky 2014 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 2014 documents were reviewed for this report, reflecting MY 2013.

## 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 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 2015 Annual Compliance Review revealed that all five 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 2014 and first quarter 2015 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 MCOs through member newsletters, brochures, reminder mailings, and member website postings. While all five MCOs included EPSDT service information in mailings, member handbooks and MCO websites, some MCOs reported additional activities to educate members and families. Such activities included training all MCO 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 MCO 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 and again in 2015. In the 2014 Annual Compliance Review, Humana-CareSource and Passport Health Plan were also found to be fully compliant with requirements related to member education, and deemed compliant for these elements in 2015. Therefore, only Anthem Blue Cross and Blue Shield received a review of activities regarding member education in the 2015 Annual Compliance Review, with a finding of full compliance.

Anthem Blue Cross and Blue Shield Quarterly Reports #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented the adoption of maternal child services programs, Taking Care of Baby and Me<sup>®</sup> and New Baby, New Life,<sup>®</sup> reinforcing the importance of well child Early Periodic Screening and Diagnostic Testing. The MCO also conducted routine mailings of personalized birthday Preventive Health Reminders and Overdue Service Reminders. By the fourth quarter of 2014, additional outreach and educational efforts included immunization reminder calls and development of a children's growth chart with health reminders and educational tips.

Among Anthem Blue Cross and Blue Shield documents submitted for the 2015 Annual Compliance Review, the EPSDT Program Overview for Kentucky Medicaid also cited member outreach and education via events such as community health fairs, school/church group events and EPSDT Clinic Days (for which the Program Guide was also submitted). Per the EPSDT Corporate outreach policy, new members are encouraged to participate in a health screening within 90 days of enrollment, and receive age-appropriate EPSDT services within 30 days of screening. Child and adolescent enrollment began in July 2014, and the Annual Report #86, Annual Outreach Plan, July 1, 2013 – June 30, 2014, contained no entries for outreach to support an EPSDT program. Annual Outreach Plans for July 1, 2014 – to June 30, 2015 are not yet due at the time of this report.

WellCare of Kentucky's Annual Report # 86 Annual Outreach Plan, July 1, 2013 – June 30, 2014, documented the MCO's educational outreach activities, which included website postings, newsletters, and brochures and participation in community and school-based events. Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, also described the MCO's system for generating automated letters to remind members of upcoming age-appropriate EPSDT services and telephonic outreach to assist members in making appointments for needed services.

As per CoventryCares of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, the MCO has expanded the use of EPSDT claims data to generate the following automated mailings: Birthday, "It is time for a check-up," lead screening, dental care, missed appointments and "Age Out" reminders. Outbound calls were made to non-compliant EPSDT families, with outreach to families with chronic dental non-compliance. Outreach was conducted to all families and providers of members with lab-reported elevated blood lead levels. Information was distributed at several public events: Community Hospital Health Fair, county health fairs, Farm Home and Family Night, Baby Health Expo, Family Fun Night, community baby showers and the Family Resource Center/Youth Service Center Fall Conference. A new EPSDT coordinator was hired, and EPSDT training was revised and posted to the internal learning intranet. CoventryCares of Kentucky's Annual Report #86, Annual Outreach Plan, July 1, 2013 – June 30, 2014, described the content of educational newsletters and brochures, 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. The MCO was deemed compliant for this element in the 2015 Annual Compliance Review. 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, including quarterly telephonic outreach to parents and guardians of EPSDT eligible members delinquent in their EPSDT screenings. Outreach was increased each quarter, culminating in 4,375 attempts and 1,281 successful contacts in the fourth quarter. Education, assistance with scheduling appointments, and referral to Case Management were provided to heads of households. The Humana-CareSource Annual Report #86, Annual Outreach Plan, July 1, 2013 – June 30, 2014, includes 2015 Events Calendar planning, demonstrating collaboration with many organizations dedicated to children's health and well-being, for example: the Kentucky Association of School Administrators, Head Start, YMCA (Young Men's Christian Association), Big Brothers/Big Sisters, March of Dimes, Children's Alliance and CASA (Court Appointed Special Advocates).

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 to members 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. In the 2015 Annual Compliance Review, the MCO was deemed compliant with member education regarding EPSDT services. The MCO had also demonstrated that information was provided to members at community events, and outlined an outreach program in Annual Report #86, Annual Outreach Plan, July 1, 2013 – June 30, 2014, which included partnering with FRYSCs, child care centers, schools, and local and regional civic organizations to provide information to families. The MCO'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 on hold messages, implemented in 2013 to educate members about EPSDT services, remain in place. Telephonic outreach to EPSDT-eligible members to provide education and assess status, and to EPSDT non-compliant members, also continued. Newly noted in 2014 were contracts with Departments of Health to provide EPSDT Home Visits after unsuccessful telephonic outreach, and clinic-embedded nurses to provide face-to-face outreach to members identified as non-compliant on monthly gaps in care reports.

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

All five MCOs were considered to be fully compliant as of the 2015 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.

Regarding file review, as noted earlier, WellCare of Kentucky was found fully compliant regarding all EPSDT requirements between 2013 and 2014, and was not subject to EPSDT review in 2015. CoventryCares of Kentucky and Passport Health Plan were found compliant with EPSDT file review in prior years; for these MCOs, deeming included file review in 2015.

Review of five Humana-CareSource and Anthem Blue Cross and Blue Shield EPSDT Utilization Management (UM) files demonstrated compliance with notification of the right to appeal decisions related to EPSDT services. However, following review of Appeals files for both MCOs it was recommended language regarding the possibility of member liability for the cost of continuing benefits if a state fair hearing finds in favor of the MCO be included in appeal resolution notices. Further, it was recommended Anthem Blue Cross and Blue Shield include language regarding the opportunity to examine evidence, and the limited time available to present evidence for expedited appeal requests.

## 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 providers (PCPs) who are assigned to each eligible member are required to provide or arrange for complete assessments at periodic intervals consistent with the American Academy of Pediatrics (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 2015 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 five MCOs were found to be fully compliant with providing a sufficient network of EPSDT providers in the 2015 Annual Compliance Review or were deemed compliant by virtue of 2013 or 2014 Annual Compliance Review full compliance results. All five MCOs required PCPs to provide EPSDT services. Four MCOs reported evaluation of network adequacy and monitoring of appropriate appointment availability in their Annual Reports #85, Quality Improvement Program Evaluation for 2013, submitted in July 2014. The exception was Anthem Blue Cross and Blue Shield, which became operational January 1, 2014, and did not have a complete year to monitor network adequacy as of the July 31, 2014 submission date. The 2014 Annual Report #85, Quality Improvement Program Evaluation for the MCOs is due July 31, 2015, and is not yet available; however, Humana-CareSource did submit a Draft Program Evaluation at the time of their Annual Compliance Review.

CoventryCares of Kentucky, Passport Health Plan and Humana-CareSource were found to be fully compliant for EPSDT provider network requirements in the 2014 Annual Compliance Review, and therefore these MCOs were deemed to be compliant and were not reviewed for these requirements in the 2015 review. Anthem Blue Cross and Blue Shield received a review determination of full compliance for EPSDT provider network requirements, however, with an accompanying recommendation to track EPSDT providers in their GeoAccess reports.

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 deemed compliant with these elements based on the 2014 Annual Compliance review. Therefore, only Anthem Blue Cross and Blue Shield received a review of elements related to geographic access, member-to-PCP ratios, and appointment availability in the 2015 Annual Compliance Review, with a finding of full compliance.

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, submitted July 2014, documented that the MCO 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 MCO reached out to non-compliant providers subsequent to the survey and planned to follow these providers; results of this follow-up and improved availability should be assessed in the 2015 submission. 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, submitted July 2014, 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 2014 Annual Report #85, Quality Improvement 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 MCO enrollment if the member is not up to date.

The Humana-CareSource Draft Program Evaluation for 2014 reported in both Provider Access and Availability and Member Satisfaction sections that secret shopper surveys were conducted in the fourth quarter of 2014 and were to be analyzed in the first quarter of 2015. The 2014 Member Satisfaction with Care – Children CAHPS® data revealed 85.4% of respondents were satisfied with getting needed care, with a subsequent goal of 87.4% established for 2015. Among the top three member grievances for calendar year 2014 were network availability related to dental, PCP, and specialist access; grievances specific to EPSDT-eligible membership were not monitored.

As noted, Anthem Blue Cross and Blue Shield did not prepare a 2014 Annual Report #85, Quality Improvement Program Evaluation, and the 2015 evaluation is not yet due. The Kentucky Health Plan Medicaid Quality Improvement Program Description describes quarterly provider audits to measure appointment wait time for specific types of visits and provider types, annual member satisfaction surveys (CAHPS®), and continuous analysis of complaints, grievances and inquiries as a measure of member satisfaction.

### **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 2015 Annual Compliance Review; three MCOs were found to be fully compliant, one substantially and one minimally compliant, as described below. Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, was reviewed and also documented EPSDT provider training across MCOs in 2014. The MCOs disseminated information to EPSDT providers in a variety of formats, and one MCO focused on dental compliance as a specific area in need of improvement in an educational initiative.

As noted, WellCare of Kentucky was found fully compliant regarding all EPSDT requirements between 2013 and 2014, and was not subject to EPSDT review in 2015. WellCare of Kentucky's Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented Care Gap Report and HEDIS® toolkit distribution to providers throughout 2014, continuing in 2015.

CoventryCares of Kentucky demonstrated full compliance with provider education during the 2014 Annual Compliance Review, with information distributed to participating providers in the MCO's provider manual, an EPSDT provider training manual, provider newsletter, and a provider fax blast pertaining to EPSDT promotion and education, and was deemed compliant with provider education for the 2015 Annual Compliance Review. As noted in CoventryCares of Kentucky Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, EPSDT staff continued to serve as liaison between the MCO and providers, notably to develop strategies incorporating evidence-based approaches to increase dental compliance. Providers were also contacted one-on-one to discuss individual member elevated blood lead levels and to assist with authorizations in response to special services referrals.

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 MCO's provider representatives, and was deemed compliant with provider education for the 2015 Annual Compliance Review. Humana-CareSource Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, made no note of provider education throughout 2014 or the first quarter of 2015.

During the 2014 Annual Compliance Review, Passport Health Plan was found substantially compliant with educating providers involved in the delivery of EPSDT services, with a robust information program provided through the MCO's provider website, provider manual, EPSDT Orientation Kit, New Provider Orientation Packet, workshops and onsite visits by the provider network account manager. However, the MCO was found to be lacking evidence of specific training for non-physician providers of EPSDT services and the review included the recommendation that training specific to procedures for non-physicians be made available, with an acknowledgement by the MCO. During the 2015 Annual Compliance Review, Passport Health Plan was found minimally compliant with provider education because these recommendations had not been fully implemented. The MCO did provide proposed updates to policies and procedures, which addressed advanced practice registered nurses, medical assistants and supporting office staff. The MCO tracks attendance at EPSDT trainings, and provided evidence that providers from multiple specialties attended trainings; a revised provider workshop sign-in sheet will require the attendee's title. As noted in the Kentucky Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, the MCO continues to contract with local Departments of Health to provide EPSDT services as well as PCPs, and services could be provided by non-physician providers. The Kentucky Department for Medicaid Services has required a Corrective Action Plan.

As part of 2015 the EPSDT Annual Compliance Review, Anthem Blue Cross and Blue Shield was found substantially compliant with provider education requirements, also due to the omission of provider types other than PCPs. It was recommended training for assessment procedures conducted by physician assistants, nurse practitioners and nurses be developed and presented for all those providing EPSDT services. Provider educational materials included an EPSDT Provider Tool Kit, EPSDT Quick Reference Guide, EPSDT Reference List, a Kentucky-specific EPSDT Assessment Summary and sample EPSDT provider cover letter. The Kentucky Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death noted EPSDT provider letters listing members with overdue services, and general mailings introducing the EPSDT Coordinator with an offer of additional guidance and training. Noted in 2014 Q4 and 2015 Q1 were ongoing development and updates to the provider portal with training materials specific to EPSDT.

## Monitoring of EPSDT Provider Compliance with Required EPSDT Services

Monitoring of EPSDT provider compliance with required EPSDT services was evaluated in the 2015 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 five MCOs reported monitoring of provider delivery of EPSDT services during 2014 through provider audits, monitoring of provider-specific rates for relevant performance measures and monitoring members of providers' panels who were lacking age-appropriate screenings.

The 2014 Annual Compliance Review revealed Humana-CareSource had conducted practice-level site visits to assess use of the EPSDT periodicity schedule of exams, but not reviewed medical records to confirm receipt of services; member-level review was planned for 2014. During the 2015 Annual Compliance Review, the MCO submitted an Altegra Executive Summary for review of compliance with Adolescent Well Care Visits (AWC); 82.5% of 40 charts reviewed contained documentation of an EPSDT visit. Additionally, the MCO had evaluated several EPSDT-focused HEDIS® measures. A review determination of full compliance was given, with the recommendation when sufficient data were available, development and dissemination of provider performance profiles be considered.

At the time of the 2014 Annual Compliance Review, Passport Health Plan had planned, but not yet conducted, claims audits to validate provision of EPSDT services. A finding of substantial compliance for this requirement was given at the 2015 Annual Compliance Review, as 2014 recommendations had not been fully addressed. As of October 2014, 42 of 62 scheduled audits had been completed and were limited to Region 3. The MCO stated provider education is conducted in Year One, and monitoring in Year Two; providers in the remaining regions received EPSDT education in 2014, with monitoring to occur in 2015. Providers received monthly Care Gap reports identifying members due or over-due for age-appropriate screens, as seen in all Quarterly Reports #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death.

WellCare of Kentucky was found fully compliant regarding all EPSDT requirements between 2013 and 2014, and was not subject to EPSDT review in 2015. The 2014 Annual Report #85, Quality Improvement Program Evaluation for 2013, noted the development of a database to monitor provider compliance with providing EPSDT services, with the identification of low performing providers for targeted outreach. Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death throughout 2014 and first quarter 2015 demonstrated use of the database with Care Gap Report and HEDIS® Tool Kit distribution to increase compliance.

CoventryCares of Kentucky was found fully compliant with monitoring documentation and provision of required EPSDT services in 2013, and was deemed compliant for the 2015 EPSDT Annual Compliance Review. The 2014 Annual Report #85, Quality Improvement Program Evaluation for 2013, reported medical record audits determined documentation of child immunization status to be an improvement target. The Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death also focused on increasing dental compliance in communications with providers.

Anthem Blue Cross and Blue Shield was found fully compliant for this element during the 2015 EPSDT Annual Compliance Review. Although 2014 results were not available, auditing was underway, and the Chart Audit Tool contained elements to monitor documentation and provision of required EPSDT services. A sample of members with services provided and date of service was reviewed. Per the Quarterly Report #24, Overview of

Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, Provider Letters for Overdue Services (to individual PCPs and practice groups) were initiated in the second quarter of 2014 and continue to date.

## 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 MMC-enrolled children received recommended EPSDT services was reflected in the CMS EPSDT report form CMS-416, certain HEDIS<sup>®</sup> 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. A retrospective medical record review of 2014 EPSDT visits to validate the content of visits is currently in progress.

## 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, as of June 16, 2015, with four states not reported, were 86% for screening and 61% for participation in 2014.<sup>ix,x</sup> The State of Kentucky reported slightly lower rates in 2014, 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, 2013 through September 30, 2014 are presented in **Table 1**. As shown in **Table 1**, there was variability across MCOs in reported rates, with EPSDT screening rate for 2014 ranging from 34% to 85% of expected visits across MCOs and EPSDT participation rate ranging from 31% to 69% of eligible members across MCOs. MCOs reported data on Form CMS-416 for the measurement period starting October 1, 2013 through September 30, 2014 in the Annual Report #93, but it should be noted that Anthem Blue Cross and Blue Shield reported incomplete data (January 1, 2014 through September 30, 2014) due to their recent initiation of enrollment. Only Passport Health Plan exceeded the CMS goal of 80% for screening; none of the MCOs met the CMS goal of 80% for participation.

Table 1. EPSDT Screening and Participation Rates Reported by Kentucky MCOs (RY 2014)

Indicator <sup>1</sup>	MCO					Kentucky Statewide Average	National Average
	CoventryCares of Kentucky	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Anthem Blue Cross and Blue Shield <sup>2</sup>		
2014 EPSDT Screening Rate	56%	42%	85%	50%	34%	83%	86%
2014 EPSDT Participation Rate	53%	36%	69%	48%	31%	57%	61%

<sup>1</sup>Rates were reported by Kentucky MCOs on Form CMS-416 for the measurement period from October 1, 2013 through September 30, 2014 for reporting year (RY) 2014. Source: Annual Report #93, EPSDT Annual Participation Report.

<sup>2</sup>Due to initiation of enrollment of in January 2014, Anthem Blue Cross and Blue Shield results reflect the measurement period January 1, 2014 – September 30, 2014.

**Table 2** displays age-group–specific screening and participation rates across MCOs. Again, Anthem Blue Cross and Blue Shield results were limited due to child and adolescent enrollment beginning in July 2014; participant ratios by age were displayed as 0.00 on Form CMS-416 covering January through September 2014. For all five MCOS, screening rates decline as age increases, consistent with Kentucky statewide and national rate patterns.

Table 2. EPSDT Screening and Participation Rates by Age Group Across MCOs (RY 2014)

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	Anthem Blue Cross and Blue Shield <sup>2</sup>		
Age-Specific Screening							
< 1 Year	64%	82%	100%	39%	60%	100%	100%
1–2 Years	64%	62%	100%	80%	50%	100%	100%
3–5 Years	76%	50%	99%	72%	71%	87%	91%
6–9 Years	64%	27%	63%	33%	67%	87%	74%
10–14 Years	48%	33%	72%	47%	49%	59%	68%
15–18 Years	34%	24%	56%	34%	22%	43%	57%
19–20 Years	18%	13%	29%	30%	14%	26%	34%
Age-Specific Participation							
< 1 Year	91%	78%	92%	87%	0%	90%	91%
1–2 Years	74%	63%	82%	75%	0%	75%	80%
3–5 Years	67%	47%	90%	64%	0%	68%	69%
6–9 Years	56%	27%	60%	32%	0%	71%	60%
10–14 Years	42%	33%	67%	43%	0%	46%	54%
15–18 Years	29%	22%	51%	30%	0%	33%	44%
19–20 Years	16%	11%	26%	27%	0%	21%	25%

<sup>1</sup>Rates were reported by Kentucky MCOs on Form CMS-416 for the measurement period from October 1, 2013 through September 30, 2014 for reporting year (RY) 2014. Source: Annual Report #93, EPSDT Annual Participation Report.

<sup>2</sup>Due to initiation of enrollment of enrollment in January 2014, Anthem Blue Cross and Blue Shield results reflect the measurement period January 1, 2014 –September 30, 2014.

Participation rates, reflecting the percentage of children who should have received at least one screening in the MY, also universally decline as age increases, suggesting targeted age-specific improvement opportunities, as shown in **Table 2**. Participation rates appeared generally lower overall than screening rates in corresponding age groups. In 2014, changes to CMS reporting criterion required 90 days of continuous enrollment, which may have affected reported rates.

## 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 Anthem Blue Cross and Blue Shield initiation of enrollment in January 2014, the MCO was unable to report HEDIS® measures for HEDIS® 2014. For Humana-CareSource, HEDIS® 2014 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® 2014 Quality Measure Rates as reported on the MCOs’ submitted 2014 HEDIS® Audit Review Tables are compared to the 2014 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, WellCare of Kentucky and Humana-CareSource for Utilization and Effectiveness of Care Measures.

Regarding Access/Availability of Care the majority of younger children (aged 12–24 months and 25 months–6 years) had a visit with a PCP during the MY (Children’s Access to Primary Care, CAP). Rates ranged from 92% to nearly 99% for more established MCOs; only 80% of children aged 25 months–6 years had a PCP visit during Humana-CareSource’s first year of enrollment (**Table 3**). With the exception of CoventryCares of Kentucky members aged 12-24 months, CoventryCares of Kentucky, Passport Health Plan and WellCare of Kentucky exceeded the national Medicaid average in all age groups (12-24 months, 25 months-6 years, 7-11 years, 12-19 years). Humana-CareSource did not achieve the national average among younger age groups, and had insufficient membership to report rates for older children.

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 all three age groups; CoventryCares of Kentucky rates were below the national Medicaid average for all three age groups. Adolescent well-care visits continued to offer the greatest opportunity for improvement across the four reporting 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 MY. It should be noted that the ADV measure reflects any visit with a dentist in the MY, 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 four MCOs, the rates of annual dental visits for members aged 2–21 years were above the national Medicaid average of 49%, ranging from 50% to 65% (**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 in providers’ documentation of BMI and counseling for nutrition and physical activity. Only Passport Health Plan’s rates exceeded the national Medicaid average, with the remaining three MCOs below average, for all three components (**Table 3**).

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. While the Passport Health Plan rate for HEDIS® CIS-Combination 2 was above average, CoventryCares of Kentucky and WellCare of Kentucky rates were approximately two percentage points below the national average of 74%; most notable was the Humana-CareSource rate of less than 9% (**Table 3**). IMA-Combination 1 rates were above the national average for all four MCOs, with rates ranging from approximately 71–85%.

Rates of lead screening for children two years of age, reported in the HEDIS® measure Lead Screening in Children (LSC), ranged from 81% for Passport Health Plan and 68% for WellCare of Kentucky, above the national average, to 66% for CoventryCares of Kentucky and 53% for Humana-CareSource, both below the national average (**Table 3**).

Table 3. Kentucky MCO HEDIS® 2014 Quality Measure Rates Relative to the 2014 National Medicaid Average (RY 2014)

HEDIS® Measure <sup>1,2</sup>	Measure Description	MCO			
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana-CareSource
Access/Availability of Care					
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 <ul style="list-style-type: none"> <li>Children 12–24 months who had a visit with a PCP during the MY</li> </ul>	95.46% ↓	98.55% ↑	98.07% ↑	93.40% ↓
CAP – 25 Months–6 Years	The percentage of <ul style="list-style-type: none"> <li>Children 25 months–6 years who had a visit with a PCP during the MY</li> </ul>	92.42% ↑	92.00% ↑	93.02% ↑	79.98% ↓
CAP – 7–11 Years	The percentage of <ul style="list-style-type: none"> <li>Children 7–11 years who had a visit with a PCP during the MY</li> </ul>	97.57% ↑	94.70% ↑	97.47% ↑	N/A
CAP – 12–19 Years	The percentage of <ul style="list-style-type: none"> <li>Adolescents 12–19 years who had a visit with a PCP during the MY or the year prior</li> </ul>	96.39% ↑	93.95% ↑	96.45% ↑	N/A

HEDIS® Measure <sup>1,2</sup>	Measure Description	MCO			
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana-CareSource
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.	59.22% ↑	65.48% ↑	65.00% ↑	50.26% ↑
Utilization					
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.	57.77% ↓	70.34% ↑	61.81% ↑	N/A
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.	62.73% ↓	75.47% ↑	56.31% ↓	56.69% ↓
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.	46.30% ↓	57.99% ↑	43.75% ↓	39.42% ↓
Effectiveness of Care					
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.	25.00% ↓	74.88% ↑	33.33% ↓	34.06% ↓

HEDIS® Measure <sup>1,2</sup>	Measure Description	MCO			
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana-CareSource
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.	23.84% ↓	66.67% ↑	43.29% ↓	41.85% ↓
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.	21.99% ↓	52.98% ↑	41.44% ↓	36.50% ↓
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, HepB, VZV	71.69% ↓	83.19% ↑	71.99% ↓	8.51% ↓
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.				

HEDIS® Measure <sup>1,2</sup>	Measure Description	MCO			
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana-CareSource
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.	75.23% ↑	85.21% ↑	81.03% ↑	71.15% ↑
Lead Screening in Children (LSC)	The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	66.13% ↓	81.42% ↑	68.18% ↑	53.19% ↓

<sup>1</sup>Rates were obtained in the measurement year (MY) 2013 and reported for the reporting year (RY) 2014. Rates above national Medicaid average are represented by an upward arrow (↑) and rates below national Medicaid average are represented by a downward arrow (↓). Source: 2014 HEDIS® Audit Review Tables submitted by MCOs.

<sup>2</sup>Due to Anthem Blue Cross and Blue Shield initiation of enrollment in January 2014, the MCO was unable to report HEDIS® measures for HEDIS® 2014.

<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, Anthem Blue Cross and Blue Shield did not report Healthy Kentuckians measures for 2014.

Healthy Kentuckians performance measure results as reported in the MCOs' 2014 Kentucky Performance Measure Validation submission in Attachment B (MY 2013) 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 61% for CoventryCares of Kentucky to 92% 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 14% for screening/counseling for sexual activity to 30% for screening/counseling for tobacco use, and WellCare of Kentucky's rates ranged from 24% for screening/counseling for sexual activity to 55% for tobacco use. Passport Health Plan, which has been enrolling members in Kentucky for the longest period of time, reported higher rates ranging from 54% for screening/counseling for sexual activity to 75% for tobacco use. Adolescent

depression screening rates, reported by four MCOs in 2014, were universally low, ranging from 12% among CoventryCares of Kentucky membership, to 31% at Humana-CareSource.

Kentucky Medicaid MCOs report the percentage of children with healthy weight for height for tracking purposes only; as shown in **Table 4**, the MCOs 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 2014)

Healthy Kentuckians Measure <sup>1,2</sup>	Description	MCO			
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana-CareSource
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>	60.65%	92.05%	79.86%	69.83%
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>	18.56%	55.64%	19.48%	30.19%
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>	30.37%	74.85%	54.90%	58.04%
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>	17.04%	59.51%	37.91%	47.32%

Healthy Kentuckians Measure <sup>1,2</sup>	Description	MCO			
		CoventryCares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana-CareSource
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>	14.07%	53.99%	24.18%	41.07%
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>	11.85%	28.83%	21.57%	31.25%

<sup>1</sup>Rates were obtained in measurement year (MY) 2013 for reporting year (RY) 2014. Source: Healthy Kentuckians performance measure results as reported in the MCOs’ 2013 Kentucky Performance Measure Validation submission in Attachment B (MY 2013).

<sup>2</sup>Due to enrollment criteria required for the measures, Anthem Blue Cross and Blue Shield did not report Healthy Kentuckians performance measures for RY 2014.

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 2014 (MY 2013) rates for Child and Adolescent Individuals with Special Health Care Needs (ISHCN) Access and Preventive Care as reported in the MCOs’ 2014 Kentucky Performance Measure Validation submission in Attachment B (MY 2013) are presented in **Table 5**. MCO reported rates for CSHCN are compared to the national average reported in the 2014 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 with two exceptions: CoventryCares of Kentucky’s rates for children with special health care needs aged 25 months-6 years and 7-11 years were noted to be lower than those of the general population (77% vs. 92% for the younger and 84% vs. 98% for the older group). ADV rates for children with special health care needs were actually higher than those in the general population across MCOs, with the exception of Humana-CareSource.

Well child visit (WCC) rates among CSHCN exceeded the national average only at Passport Health Plan, and only in the 3-6 years of age and adolescent age groups; among children turned 15 months during the MY, rates were notably lower among CSHCN (50%) than the general population (70%). In general, rates among CSHCN are lower than the general population across age groups and MCOs (the exception being 3-6 year olds at CoventryCares of Kentucky and older age groups at Humana-CareSource) and merit continued surveillance.

Table 5. Child and Adolescent Individuals with Special Health Care Needs (ISHCN) Access and Preventive Care (RY 2014)

Healthy Kentuckians Measure <sup>1,2</sup>	Description	MCO			
		Coventry-Cares of Kentucky	Passport Health Plan	WellCare of Kentucky	Humana-CareSource
Child and Adolescent Individuals with Special Health Care Needs (ISHCN) Access and Preventive Care					
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 <ul style="list-style-type: none"> <li>Children 12–24 months who had a visit with a PCP during the MY</li> </ul>	95.76% ↓	97.94% ↑	95.94% ↓	93.33% ↓
CAP – 25 Months–6 Years	The percentage of <ul style="list-style-type: none"> <li>Children 25 months–6 years who had a visit with a PCP during the MY</li> </ul>	76.78% ↓	92.40% ↑	93.36% ↑	82.91% ↓
CAP – 7–11 Years	The percentage of <ul style="list-style-type: none"> <li>Children 7–11 years who had a visit with a PCP during the MY</li> </ul>	84.42% ↓	94.90% ↑	97.09% ↑	N/A
CAP – 12–19 Years	The percentage of <ul style="list-style-type: none"> <li>Adolescents 12–19 years who had a visit with a PCP during the MY or the year prior</li> </ul>	94.85% ↑	92.68% ↑	95.29% ↑	N/A
Annual Dental Visit (ADV)	The percentage of members 2–21 years who had at least one dental visit during the MY.	63.48% ↑	63.00% ↑	61.81% ↑	41.29% ↓
Utilization					
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	49.69% ↓	52.27% ↓	N/A
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.	65.88% ↓	75.19% ↑	62.77% ↓	59.76% ↓
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.	38.81% ↓	54.96% ↑	36.97% ↓	33.39% ↓

<sup>1</sup>Rates were obtained in measurement year (MY) 2013 for reporting year (RY) 2014. 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' 2014 Kentucky Performance Measure Validation submission in Attachment B (MY 2013).

<sup>2</sup>Due to enrollment criteria required for the measures, Anthem Blue Cross and Blue Shield did not report Healthy Kentuckians performance measures in 2014.

<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; 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 MCOs, 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%
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.

A 2014 EPSDT Encounter Data Validation Study remains in progress at the time of this report.

### 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 2015 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.

As noted earlier, WellCare of Kentucky was found fully compliant regarding all EPSDT requirements between 2013 and 2014, and was not subject to EPSDT review in 2015. Passport Health Plan was found fully compliant with the provision of, and monitoring member receipt of, EPSDT special services in 2014 and was not reviewed for these elements in 2015; neither MCO was subject to review of utilization management (UM) and appeals files in 2015.

CoventryCares of Kentucky was also deemed compliant with the establishment of procedures for authorization and payment of EPSDT special services and file review in prior years; however, monitoring member receipt of special services was assessed during the 2015 Annual Compliance Review, with a finding of full compliance. During the review, the MCO provided a description, including screenshots, from the newly-operational NavCare system. NavCare tracking includes authorizations and acceptance/refusal of EPSDT special services.

Humana-CareSource was found to be fully compliant with the provision of EPSDT special services in the 2014 Annual Compliance Review and deemed compliant with these elements for the 2015 Annual Compliance Review. Five UM and five appeals files were reviewed for Humana-CareSource in the 2015 Annual Compliance Review, and all were found to be completed timely and compliant with requirements, except for the inclusion of information regarding member liability for the cost of services in the event that a state fair hearing finds in favor of the MCO in appeal resolution letters. The MCO received recommendations to revise these letters in both 2014 and 2015.

As the result of file review conducted during the 2015 Annual Compliance Review, it was recommended Anthem Blue Cross and Blue Shield also revise appeal resolution notices to include language regarding the possibility of member liability for the cost of continuing benefits if a state fair hearing finds in favor of the MCO. The MCO was found minimally compliant with contractual requirements for the provision of EPSDT special services and monitoring member acceptance/refusal of authorized services. Policies and procedures regarding the identification of providers who can deliver special services, and authorizing special services, were not in place. The MCO's EPSDT Program Overview for Kentucky Medicaid stated all EPSDT special services require prior authorization; staff stated prior authorization requests are reviewed by the Medical Director, who indicates if the request is for EPSDT special services. In addition to the development of the appropriate policies, it was recommended the necessary information be included in the Provider Manual.

With the exception of Anthem Blue Cross and Blue Shield, and Humana-CareSource (monitoring the receipt of special services), all MCOs were deemed compliant with the provision of special services for the 2015 Annual Compliance Review. With the exception of CoventryCares of Kentucky, documentation of efforts to facilitate the provision of special services was minimal throughout the Quarterly Reports #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, and could be an area of future focus. CoventryCares of Kentucky Case Managers reviewed authorizations monthly in order to identify, contact and offer case management services to members with EPSDT special services needs. Case managers provided

support, education and guidance to families to obtain needed preventive, diagnostic and treatment services. Outreach was conducted to all families of members with laboratory reports of elevated blood lead levels. Case Managers also used authorization status to coordinate referrals with providers, and assist with obtaining authorizations.

## **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 2015 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**

Three of five MCOs have established tracking systems for monitoring members' receipt of EPSDT services. WellCare of Kentucky and Humana-CareSource were found fully compliant with use of member-level, comprehensive, consolidated records during the 2014 Annual Compliance Review, and CoventryCares of Kentucky during the 2013 Annual Compliance Review. Therefore, consolidated records were reviewed for only Passport Health Plan and Anthem Blue Cross and Blue Shield during the 2015 Annual Compliance Review. Significant issues remained outstanding at each MCO.

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.

Passport Health 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. In 2014, the MCO received a review determination of substantial compliance, with the recommendation to continue efforts to link the screening and referral databases. In 2015, the MCO received a finding of minimal compliance because sufficient progress was not made on the former year's recommendations. Business requirements had been developed and possible vendors

interviewed, but the final decision on whether to perform the integration internally or outsource to a vendor had not yet been made.

The Anthem Blue Cross and Blue Shield policy Corporate EPSDT Outreach and Monitoring states the Corporate Clinical Quality Management Department gathers data and tracks member and provider reports to monitor EPSDT rates and identify outreach opportunities, with MCO capability to monitor outreach activity. However, the tracking database provided during the 2015 Annual Compliance Review did not contain the fields required to maintain a consolidated record for each member: dates of contact, appointments and rescheduling, follow-up on referral compliance and reports from referral providers. While onsite staff reported this information is tracked by the corporate office, it was recommended the MCO maintain consolidated records to ensure each member receives needed services.

### **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.

During the 2014 Annual Compliance Review, it was noted Humana-CareSource's care management and provider relations staff use reports from the member profile tool in the MCO's clinical practice registry to facilitate services for members in need, with plans to enhance the member profile tool to include HEDIS®-measure-based alerts to enhance the identification of members' service needs. The 2015 Annual Compliance Review noted the Plan's first year of EPSDT-focused HEDIS® measures: Well Visits in the First 15 Months of Life, Well Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Years of Life, Childhood Immunization Status, and Lead Screening in Children.

The Humana-CareSource 2015 Annual Compliance Review deemed the MCO fully compliant with the EPSDT Coordinator staffing and functions and the Quarterly Reports #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death documented outreach to non-compliant members, including telephonic outreach. 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. The Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan, 2014 third and fourth quarter and 2015 first quarter updates show the EPSDT Coordinator began outreach to members due well child visits and immunizations, and to members delinquent in well child visits, immunizations and dental care, in May 2014. The work plan contains entries and updated status for each of the EPSDT-focused HEDIS® measures associated with the categories listed above.

Passport Health Plan's 2015 Annual Compliance Review, 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, 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. In addition, Passport Health Plan maintains an EPSDT Outreach Team, to be utilized by providers unable to reach members overdue for services, and embeds clinic nurses to provide face-to-face outreach to members identified as non-compliant on monthly care gap reports. Outreach is also conducted around HEDIS® EPSDT preventive care measures, with member incentives offered for adolescent and dental screens.

CoventryCares of Kentucky Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, included a description of the MCO'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 followed by the EPSDT Coordinator/Quality Management Project Manager or Quality Outreach Team 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. During the 2015 Annual Compliance Review, the system was operational and member-level reports including telephonic and mailed outreach were provided. The Quarterly Report #18: Monitoring Indicators, Benchmarks and Outcomes, July 30, 2014, reported the EPSDT program for children from birth to the age of 21 was integrated into the HEDIS® department to cohesively and effectively provide interventions to children and adolescents, with outreach staff initiating calls to children and adolescents in need of well child visits.

WellCare of Kentucky reported in the Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, monitoring of KY-CHCHUP (an EPSDT database) for care gaps of members noncompliant with EPSDT periodicity schedules, distributing periodicity letters to members, and the use of centralized telephonic outreach to offer education and appointment scheduling assistance. The Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan quantified these efforts, and results, for each EPSDT-related HEDIS® measure, and presented barriers encountered and further interventions planned.

The Anthem Blue Cross and Blue Shield Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan contains separate worksheets with entries for EPSDT activities, HEDIS® and non-HEDIS® measures. The EPSDT section refers the reader to Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, for the number of overdue service reminder postcards mailed by the corporate office to members under the age of 21 non-compliant with the EPSDT periodicity schedule. The HEDIS® worksheet for 2014 third quarter reported trending by measure was being run monthly, with gaps in care per member analysis initiated in the second quarter. Specifications for state-specific non-HEDIS® measures (e.g., adolescent screening measures) had been developed and queries were being run as of the fourth quarter.

All five 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' 2015 Annual Compliance Review; reporting of additional provider activities was not required, and CoventryCares reported no additional provider activities. Additional 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 MCO'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.
- 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.
- In addition to Anthem Blue Cross and Blue Shield corporate policies regarding opportunities for provider outreach as submitted for the 2015 Annual Compliance Review, Quarterly Reports #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death and #17, Quality Assessment and Performance Improvement Work Plan, demonstrated mailing of provider letters for overdue services to both individual providers and group practices.
- 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 and HEDIS® Toolkits to providers to engage them in facilitating access and scheduling of appointments. As per the Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan, Provider Relation Representatives distributing these items, as well as Provider Newsletters articles, stressed that practitioners performing EPSDT screening services are responsible for member monitoring, tracking and follow-up.

### **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 2015 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 five 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 2014. However, not all DCBS clients had documented EPSDT services, or subsequent outreach, upon review of DCBS case management files in the 2015 Annual Compliance Review – Case Management/Care Coordination.

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 – EPSDT, and was deemed compliant for this element in 2015. The MCO 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. All ten DCBS Case Management/Claims Files evaluated for the 2015 Annual Compliance Review – Case Management/Care Coordination review had EPSDT services, and no outreach was indicated for overdue services. It was recommended that to more fully assess access to care, the MCO include EPSDT service metrics in DCBS reporting.

As noted, WellCare of Kentucky was found fully compliant regarding all EPSDT requirements between 2013 and 2014, and was not subject to EPSDT review in 2015. WellCare of Kentucky’s Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, documented outreach calls to all parents or guardians of members in need of services and assistance with visit scheduling. In the 2014 Annual Compliance Review – Case Management/Care Coordination, the MCO was found compliant with all requirements for DCBS members. Ten DCBS case management files were reviewed, and all files for which EPSDT services were applicable contained documentation of receipt of services. File review was deemed compliant for 2015.

CoventryCares of Kentucky was also found to be fully compliant in the 2013 Annual Compliance Review – EPSDT with establishing a case management program for EPSDT services, and compliance for this element was deemed in 2014 and 2015. As per CoventryCares of Kentucky’s Quarterly Report #24, Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death, members with missed screenings were followed by the EPSDT Coordinator/Quality Management Project Manager or Quality Outreach Team. 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 2015 Annual Compliance Review – Case Management/Care Coordination, the MCO was found to remain minimally compliant with tracking and measurement of EPSDT services for DCBS members. It was recommended policies and procedures be developed to ensure ongoing care coordination for these clients, regardless of enrollment in case management, with monitoring and outreach to promote receipt of EPSDT services. The DCBS file review included files for three children, none of which contained documentation of well child visits, EPSDT services or outreach.

Passport Health Plan was fully compliant in the 2014 Annual Compliance Review – EPSDT with establishing and maintaining a case management program for education and counseling of members regarding EPSDT services, and compliance with this element was deemed in 2015. 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. In the 2015 Annual Compliance Review – Case Management/Care Coordination, processes had been updated to provide ongoing care coordination to all DCBS clients, assisting members to obtain needed EPSDT services and listing 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 and file review was deemed for 2015.

Anthem Blue Cross and Blue Shield received a review determination of substantial compliance with the requirement to maintain an ongoing case management function in the 2015 Annual Compliance Review – EPSDT. EPSDT case management services were generally addressed in the EPSDT Program Overview, UM Program Description and EPSDT Coordinator Responsibilities document; assistance with scheduling and transportation was addressed in the EPSDT Clinic Days Program Guide. The Case Management Program Description did not specifically mention EPSDT services, scheduling and transportation. It was recommended Case Management Policies and Procedures include identifying gaps in preventive care with outreach and facilitation of services. In the 2015 Annual Compliance Review – Case Management/Care Coordination, it was recommended the MCO include the provision of ongoing care coordination for all DCBS members in policies and procedures, with monitoring and outreach to ensure receipt of EPSDT services. File review revealed only two of ten DCBS files contained evidence of EPSDT services, and only two of the remaining eight files without EPSDT services had evidence of outreach.

## **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.

Regarding the 2015 Annual Compliance Review – EPSDT, WellCare of Kentucky was found fully compliant with all EPSDT requirements between 2013 and 2014, and was not subject to EPSDT review in 2015. CoventryCares of Kentucky was found fully compliant with coordination of physical and behavioral health services in 2013, and Humana-CareSource and Passport Health Plan in 2014; all three MCOs were deemed compliant for this requirement in 2015. Anthem Blue Cross and Blue Shield was found fully compliant during the 2015 review, with a dedicated policy and procedure: Coordination of Care between Physical and Behavioral Health Providers and Monitoring Coordination of Care – Core Policy.

Regarding the 2015 Annual Compliance Review – Behavioral Health Services, WellCare of Kentucky and Passport Health Plan met all behavioral and physical health care coordination requirements in prior years, with compliance – including file review – deemed in 2015. CoventryCares of Kentucky and Humana-CareSource were found substantially compliant following policy and file review, and it was recommended that both demonstrate more information sharing between physical and behavioral health staff. At CoventryCares of Kentucky, six of six files with identified physical and behavioral health needs documented coordination of needed services. At Humana-CareSource, four of five applicable files demonstrated coordination of services, but one lacked communication between physical and behavioral health care managers, despite an initial assessment including medical issues requiring co-management.

Anthem Blue Cross and Blue Shield also received a determination of substantial compliance during the 2015 Annual Compliance Review – Behavioral Health Services. Four files were reviewed, with three of three applicable files showing coordination of care, but in one the PCP had not been notified of services. The resultant recommendation was a reminder to include the PCP when care was coordinated among providers.

## 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 five MCOs were compliant with submission of statutory EPSDT reports for 2014, 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 for 2013, and all tracked progress in their 2014 and 2015 Quarterly Reports #17, Quality Assessment and Performance Improvement Work Plan. The exception was Anthem Blue Cross and Blue Shield, which became operational January 1, 2014, and therefore did not submit an Annual Report #85, Quality Improvement Program Evaluation for 2013. All MCOs' Annual Report #85, Quality Improvement Program Evaluation for 2014 are due July 31, 2015, and not available at the time of this report.

Performance measures related to EPSDT, i.e. HEDIS® and Healthy Kentuckians measures, were included in all Annual QI Program Evaluations and quarterly QI Work Plans updates submitted. 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 MCO'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 rates by age and implementation of an initiative to work with providers on developing strategies to increase dental care compliance. Report #19, Performance Improvement Projects, reports the initiation of the PIP "Secondary Prevention by Supporting Families of Children with Attention Deficit Hyperactivity Disorder (ADHD)," which promotes the additional benefits of medication when combined with counseling.

Humana-CareSource's 2013 QI 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 has also initiated the ADHD PIP noted above.

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.

Anthem Blue Cross and Blue Shield Quarterly Report #17, Quality Assessment and Performance Improvement Work Plan, contains distinct sections tracking EPSDT activities, and EPSDT-focused HEDIS® and non-HEDIS® measures. The MCO had submitted a PIP proposal for Improving Adolescent Well Care Visits (AWC), but was unable to accommodate the continuous enrollment requirements needed for measurement.

## Member Satisfaction with EPSDT Services

As part of the 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. At the time of the 2015 Annual Compliance Review, and this report, 2014 CAHPS® results were not yet available. Results reported in the previous Kentucky Medicaid Managed Care Early Periodic Screening, Diagnostic and Treatment Services Review 2013 have not been updated.

Humana-CareSource did not conduct a 2013 CAHPS® survey due to initiation of enrollment in January 2013, and Anthem Blue Cross and Blue Shield is not included due to initiation of enrollment in January 2014. One of the MCOs, Passport Health Plan, specifically monitors dissatisfaction with the MCO'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 MCO'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 MMC-enrolled children and adolescents' receipt of EPSDT services and MCOs' initiatives to ensure and facilitate age-appropriate EPSDT services in 2014. The four MCOs have varying tenure in Kentucky Medicaid. Data for Anthem Blue Cross and Blue Shield, which began enrollment in 2014, were limited, while Passport Health Plan, which has participated in Kentucky MMC 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 2015 Annual Compliance Review revealed that all five MCOs were fully compliant with most review elements related to EPSDT services and substantially compliant with most elements that were not fully compliant. Specific findings of opportunity for improvement in the 2015 Annual Compliance Review included maintenance of a consolidated record for Passport Health Plan due to separate databases for referrals and screenings and an MCO-level consolidated record for Anthem Blue Cross and Blue Shield given corporate monitoring and outreach functions. Monitoring the provision of services through medical record audits had yet to be completed by Passport Health Plan. Member notification of potential liability for adverse fair hearing decisions was to be added to appeal resolution letters by Humana-CareSource and Anthem Blue Cross and Blue Shield. Education for non-physician EPSDT providers had not been offered by Passport Health Plan and Anthem Blue Cross and Blue Shield. Improved information sharing between behavioral and physical health staff for members with comorbid conditions, and the assurance of care coordination regardless of case management enrollment for DCBS children were universally noted opportunities for improvement.

Expected EPSDT screenings among eligible children and adolescents were below 80% for four of five health MCOs, with the exception of Passport Health Plan. Overall, all five MCOs fell below 80% for participation in EPSDT services by eligible members, and older age groups appeared to have more challenges in participation. Reported HEDIS® 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 2014, education and outreach are particularly important. The five MCOs implemented a variety of initiatives to educate and outreach to members, educate physicians, 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, with needed refinements to the consolidated member record as noted above. Case management outreach and service coordination for members needing services was documented across MCOs, but could be improved by communication with PCPs and between behavioral and physical health disciplines. Most eligible members in case management had received EPSDT services; the notable exception being DCBS clients. Provider education was also conducted in a variety of formats across MCOs.

All five MCOs showed evidence of providing a sufficient network of EPSDT providers, and efforts to monitor providers' delivery of EPSDT services had improved from the previous year; however monitoring of specific services provided in EPSDT visits was not uniformly audited by the MCOs. Results of the EPSDT validation study and HEDIS® 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® Annual Dental Visit measure was above the national Medicaid average across MCOs, oral health assessment was lacking in well-child visits in the validation study. Considering that the HEDIS® 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 MCOs reported trending grievances related to children's services or conducting access and availability surveys of EPSDT providers. Satisfaction with the MCO's EPSDT services was monitored by only one MCO.

Some of the MCOs 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 Anthem Blue Cross and Blue Shield due to initiation of enrollment in January 2014, 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. The most current data from the Annual Report #85 Quality Improvement Program Evaluation, Annual Report #86 Annual Outreach Plan, Annual Report #94 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and EPSDT Encounter Data Validation Study were not available at the time of this report.

## 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.
- Care coordination for DCBS clients and increased communication with behavioral health providers and PCPS are opportunities for improvement.

### 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. Content could be expanded beyond outreach and report activities around diagnostic, treatment and special services.
- 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.

## References

---

- <sup>i</sup> Kaiser Commission on Medicaid and the Uninsured. Early and Periodic Screening, Diagnostic and Treatment Services. October 2005. Available at <http://www.kff.org/medicaid/upload/Early-and-Periodic-Screening-Diagnostic-and-Treatment-Services-Fact-Sheet.pdf>. Accessed March 12, 2013.
- <sup>ii</sup> United States General Accounting Office, 2001. <http://www.gao.gov/new.items/d01749.pdf>.
- <sup>iii</sup> Centers for Medicare & Medicaid Services. EPSDT-A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. June 2014. Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>.
- <sup>iv</sup> Centers for Medicare & Medicaid Services. EPSDT-A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. June 2014. Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>
- <sup>v</sup> Centers for Medicare & Medicaid Services. EPSDT-A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. June 2014. Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>.
- <sup>vi</sup> Centers for Medicare & Medicaid Services. EPSDT-A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. June 2014. Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>
- <sup>vii</sup> The American Academy of Pediatrics. Periodicity Schedule - Schedule of Screenings & Assessments Recommended at Each Well-Child Visit from Infancy through Adolescence. Available at <http://www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule.aspx>
- <sup>viii</sup> Kentucky Cabinet for Health and Family Services. Department for Medicaid Services. Early Periodic Screening, Diagnostic and Treatment Services (EPSDT). Available at <http://chfs.ky.gov/dms/epsdt.htm>
- <sup>ix</sup> United States General Accounting Office, Report to Congressional Requesters. Medicaid: stronger efforts needed to ensure children's access to health screening services. July 2001; GAO-01-749. Available at <http://www.gao.gov/new.items/d01749.pdf>.
- <sup>x</sup> Centers for Medicare & Medicaid Services. Early Periodic Screening, Diagnostic and Treatment Services. 2014 National Data. Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>
- <sup>xi</sup> Annual EPSDT Participation Report, Form CMS 416 (National), Fiscal Year 2014. Available at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/early-and-periodic-screening-diagnostic-and-treatment.html>
- <sup>xii</sup> Department of Health and Human Services, Centers for Medicaid and Medicare Services, Center for Medicaid and CHIP Services. CMCS Informational Bulletin, March 27, 2013. Prevention and Early Identification of Mental Health and Substance Use Conditions. Available at <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-03-27-2013.pdf>.