The Network for Public Health Law

NHeLP NATIONAL HEALTH LAW PROGRAM

SURVEY OF MEDICAID MANAGED CARE CONTRACTS: EPSDT VISION AND HEARING SERVICES

I. INTRODUCTION

Children enrolled in Medicaid are entitled to a comprehensive array of preventive and ameliorative care through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.[1] States have increasingly turned to managed care entities (MCEs) to fulfill their Medicaid administrative obligations, and these companies have affirmative duties to ensure children receive EPSDT benefits. This report surveys the contracts governing state Medicaid agencies' relationships with MCEs to document the extent to which the contracts address children's hearing and vision services and how these services are monitored.[2]

II. METHODS

Using website searches and public record act requests made during the summer and fall of 2014, we obtained the contracts governing provision of Medicaid services through capitated managed care in 39 states and the District of Columbia.[3] We included in this

[1] For more information on EPSDT, see CTRS. FOR MEDICARE & MEDICAID SERVS. (CMS), *EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents* (June 2014), http://www.healthlaw.org/issues/medicaid/EPSDT-CMS-Guide#.VUfBExdGx-U.

[2] The federal Medicaid agency recognizes four models of MCEs: managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case managers (PCCMs). *See* Wayne Turner, David Machledt & Sarah Somers, *A Guide to Oversight, Transparency, and Accountability in Medicaid Managed Care*, NAT'L HEALTH LAW PROGRAM 2-3 (Mar. 2015), www.healthlaw.org/publications/managed-care-toolkit-march-2015#.VT_lARdGxmB [hereinafter "Accountability Guide"] (defining and distinguishing among the four models). The majority of the MCEs included here are MCOs. Where contract language refers to a party as an MCO, we retain that terminology; otherwise, we use the more general "MCE."

[3] Contracts are on file with the National Health Law Program.

report only states that entered into contracts that include EPSDT benefits; those states are listed in the table below. We first sought contracts from online sources and if the necessary documents were not available, we submitted public records requests. In our requests, we asked for all current contracts for Medicaid services between the state agency and an MCE.

States use various methods of contracting with MCEs: some use a competitive bidding process, while others have any-willing-provider contracting in which the state sets rates and terms, and any plan that meets those specifications may participate.[4] Thus, the format of the agreements between states and MCEs varied and, in some cases, included requests for proposal (RFPs), companies' proposals, attachments, exhibits, and amendments. Some states made available a contract for each company participating in their managed care programs; others provided only a model contract for Medicaid managed care services. In this report, we refer collectively to these documents as "contracts."

To obtain a consistent picture of the baseline services specified for each state's EPSDT benefit, we did not review contracts governing Medicaid programs that did not enroll children, contracts for seniors and children with disabilities, or contracts solely for behavioral health care or case management services.[5] Since each state has its own schedule for amending its Medicaid managed care contracts or issuing RFPs to contract with new companies, new contracts may be in effect in many states. Accordingly, the contracts reviewed for this study represent a snapshot of Medicaid managed care plans as of the summer and fall of 2014.

Some states included extensive information in the contracts or RFPs. Other states incorporated by reference preexisting guidance documents, such as state Medicaid provider manuals, meaning, as a matter of law, that those documents are as binding as if their language were included in the contract itself. Where such citations were sufficiently specific to permit easy identification—such as a particular chapter of the state's Medicaid provider manual or certain state administrative code provisions—we reviewed the relevant material and incorporated it into this survey. Where the citations were more general—such as all policy documents available on a state agency's Medicaid website—we did not include such documents.

To review the contracts, we used uniform word searches, looking for the same words in each document: for instance, "vision," "hearing," "EPSDT," "screening," "compliance," "reporting," "monitoring," "audiologist," "ophthalmologist," "school," "WIC,"

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[4] Accountability Guide, *supra* note 2, at 5.

[5] Although Vermont's managed care program includes children, Vermont uses a public managed care model, with fee-for-service payment rather than capitated payments. *See* CMS, *Profile of Medicaid Managed Care in Vermont* (Aug. 2014), www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/vermont-mcp.pdf. Since the state's MCE contracts mainly govern care coordination functions, we have not included Vermont in the summary chart.

"outreach," and "coordination." We built a master document, available upon request from the National Health Law Program, which catalogs all relevant provisions from all of the contracts reviewed.

Finally, we note that this report reflects the provisions in MCE contracts and specifically incorporated documents. States also use other ways to regulate MCEs' provision of Medicaid services, such as state administrative codes, Medicaid managed care manuals, provider manuals, and regular bulletins. The National Health Law Program has reviewed many of these additional items for their coverage of children's vision and hearing services; the result of that review is captured in two extensive issue briefs.[6] Moreover, the federal statutes, regulations, and Centers for Medicare & Medicaid Services (CMS) State Medicaid Manual provisions are binding in all states.

III. OVERVIEW

Medicaid's EPSDT benefit for children must include age-appropriate vision and hearing assessment and services to correct or ameliorate vision and hearing problems. Early and periodic health assessments, or screenings, are the heart of EPSDT. The Medicaid Act requires states to provide Medicaid-enrolled children with four separate types of screening: medical, dental, hearing, and vision.[7] These screens are sometimes called well-child exams or check-ups. States must establish a separate schedule of pre-set, periodic intervals for each type of screen, called a "periodicity schedule." The periodicity schedule must "meet reasonable standards of medical practice, as determined by the state after consultation with recognized medical organizations involved in child health care."[8] CMS has instructed states to consult with specialists, including ophthalmologists and audiologists, to determine the types of procedures to use during vision and hearing assessments and the criteria for determining when a child should be referred for further diagnosis and treatment.[9] In addition to periodic exams, states must cover "interperiodic" screens any time a condition or illness is suspected, even if it is not time for the child's periodic screen.[10] EPSDT also requires that states

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[6] *See* Jane Perkins & Catherine McKee, *Vision Services for Children on Medicaid: A Review of EPSDT Services*, NAT'L HEALTH LAW PROGRAM 13 (May 11, 2015), *http://www.healthlaw.org/publications/browse-all-publications/vision-screening-epsdt#;* Catherine McKee & Jane Perkins, *Hearing Services for Children on Medicaid: A Review of EPSDT Services*, NAT'L HEALTH LAW PROGRAM 11 (Oct. 21, 2014), http://www.healthlaw.org/publications/Issue-brief-hearing-services-for-children-on-medicaid#.VUen6BdGx-U.

[7] *Id.* at § 1396d(r)(1)-(4).

[8] *Id.* at § 1396d(r)(2)(A)(i).

[9] CMS, *State Medicaid Manual* § 5132.2.F.1, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html [hereinafter "*State Medicaid Manual*"].

[10] 42 U.S.C. § 1396d(r)(2)(A)(ii).

inform children and their families about EPSDT, how to obtain services, and the importance of preventive care.[11]

This report uses a chart and sample provisions to illustrate how states' Medicaid managed care contracts address EPSDT hearing and vision screening. The chart provides a summary of typical contract provisions. As depicted by the chart, our review found that most states' contracts, to a greater or lesser degree, at least refer to the following items:

(1) The periodicity schedule developed by the American Academy of Pediatrics (AAP);[12]
(2) Hearing and vision screening;[13]
(3) Content of hearing and vision screening;[14]
(4) Inter-periodic screening;[15]
(5) Record-keeping of the screens and services performed;[16]
(6) Referrals;[17]
(7) Hearing and vision specialists in the MCE's network;[18]
(8) Qualifications for hearing and vision providers to perform screening;[19]
(9) Informing enrollees about EPSDT services;[20]
(10) Coordination with schools or school districts;[21] and
(11) Coordination with WIC programs.[22]

The chart indicates whether contracts made reference to one of these items. It does not indicate the extent to which the contract addresses the issue or whether the identified provision should be considered a model.

[11] *Id.* § 1396a(a)(43)(B).
[12] *See* CMS, *State Medicaid Manual* §§ 5123.2F, 5140.
[13] 42 U.S.C. § 1396d(r)(2) (vision), (r)(4) (hearing); *State Medicaid Manual* §§ 5122.B (vision), 5122.D (hearing).
[14] *See* 42 C.F.R. § 441.56(b)(2); *State Medicaid Manual* § 5123.2F.
[15] 42 U.S.C. § 1396d(r)(2)(A)(ii) (vision), (r)(4)(A)(ii) (hearing); *State Medicaid Manual* § 5140.B.
[16] *State Medicaid Manual* §§ 5310.A, 5320.2B.
[17] 42 U.S.C. § 1396a(a)(43)(C).
[18] *See* 42 C.F.R. §§ 438.206, 438.207.
[19] *See State Medicaid Manual* § 5123.1C.
[20] 42 U.S.C. § 1396a(a)(43)(A); 42 C.F.R. §§ 441.56, 438.10(f), 438.10(g); *State Medicaid Manual* §§ 5310.D, 5150.
[21] *State Medicaid Manual* § 5230.
[22] 42 C.F.R. § 441.61(c); *State Medicaid Manual* § 5230.2C.

After the summary chart, we offer examples of how states and MCEs are writing their contracts to address vision and hearing services, including the items summarized in the chart as well as other issues. For example, we have noted contract provisions that specifically require access to optometrists, ophthalmologists, audiologists, and otolaryngologists, or otherwise reference hearing and vision providers. In evaluating provider qualifications, we similarly note contracts that require providers to be particularly qualified in children's hearing and vision care or monitoring.

Summary: MCE Contract Reference to Selected Items Related to Coverage of EPSDT

[23]State	AAP perio-dicity	V&H screens	Content for V&H	Inter-periodic screens	Providers record screens	Referrals	V&H provider networks	Provider quali-fication	Informing enrollees	Coord. with schools	Coord. with WIC
AZ		X	•	•	X	X			•		•
CA	X		X		X				X	X	X
CO		•	•	•	•	•	X		•	X	
DC	X	X	X	X		X	X	X	X	X	X
DE	X	X	X	X	X	X			X	X	
FL		X	X	•	•	X	X	X	X	X	X
GA		X		X	X	X			X	X	X
HI	X	X	X	X	X	X	X	X	X		X
IL	•	•	•	•	X	•			X	X	X
IN	X	•	•	•	X	•	X	X	X	X	X
IA	X		X		X	X			X	X	X
KS	X	X	X	X	X	X	X		X	X	X
KY	X	X	X	X	X	X	X		X	X	X
LA		X	X		X	X	X	X	X	X	X
MD		•		•	•	•	•		•	•	•
MA		•	•	•	X	X			X	X	X
MI	•	•	•	•	X	X			X	X	
MN		X	•	•	X	•	X	•	X		X
MS		X		X	X	X			X	X	X
MO		X	•	X	X	X	X		X	X	
NC						X			X		
NE		X	X		X	X	X	X	X	X	X
NV		X	•	X	X	X	X		X	X	
NH		X	X		X	X	X		X	X	X

[23] X State managed care contract(s) explicitly references this item.

• State managed care contract(s) incorporate other authority – e.g., state statute, regulation, or guidance document – that imposes such a requirement.

If blank, state managed care contracts do not impose such a requirement.

Summary: MCE Contract Reference to Selected Items Related to Coverage of EPSDT

[23]State	AAP perio-dicity	V&H screens	Content for V&H	Inter-periodic screens	Providers record screens	Referrals	V&H provider networks	Provider quali-fication	Informing enrollees	Coord. with schools	Coord. with WIC
NJ		X	X		X	X			X	X	X
NM						X			X	X	X
NY	•	•	•	X	•	X			X	X	
ND	X	X	X			X			X		
OH	X		X				X		X		
OR			X						X	X	
PA		•			X	X			X	X	X
RI		X	X	X	X	X			X	X	X
SC	•	•	•	•	X	X			X	X	
TN	X	X	X	X	X	X	X		X	X	
TX				•		X	X		X	X	X
UT		•	•			X			X	X	X
VA	X	X	X	X	X	X	X	X	X	X	X
WA		X	•	X		X	X			X	
WV	X	X	X	X	X	X			X	X	X
WI		X	X		X	X			X	X	X
TOTAL	17	33	33	26	31	37	19	8	39	34	28

IV. Examples of Contract Language: EPSDT Benefit Coverage

(1) The periodicity schedule developed by the American Academy of Pediatrics (AAP) is used

"Contractor shall provide preventive services for all Members under 21 years of age as specified by the most recent AAP periodicity schedule. Contractor shall ensure that these preventive health visits include age specific assessments and services required by the CHDP [Child Health and Disability Prevention] program. When the AAP periodicity examination schedule occurs more frequently than the CHDP examination schedule, Contractor shall ensure that the AAP periodicity schedule is followed and that the scheduled assessment and services include all content required by the CHDP for the lower age nearest to the current age of the child." [**California**, County Organized Health Systems Contract, pp. 69-70]

"Providers must complete all testing components at the ages indicated on the AAP periodicity schedule. Well child visits may be performed more frequently than the AAP periodicity schedule indicates if required by court order, foster care standards, or if considered medically necessary. The child's medical record must reflect documentation of the circumstances." [**Michigan** Medicaid Provider Manual, incorporated by reference, p. 2 of EPSDT Chapter (p. 388 of PDF)]

(2) Hearing and vision screening

"Screening - The Contractor is responsible for periodic screens in accordance with the State's periodicity schedule. Such screens must include all of the following: ... Vision screening; ... Hearing screening...." [**Georgia** Sample Contract, pp. 86-87]

"Screening, Diagnosis And Treatment: The CONTRACTOR(S) shall ensure the completion of health screens within six months of entrance to the program, and at specific intervals, which consist of a health history, developmental assessment, complete physical exam, vision screening, hearing test, ... and other tests as needed and referrals for treatment. Vision and hearing tests shall be completed at the specified intervals for these tests." [**Kansas** RFP, p. 48]

"The MCO agrees to provide, or arrange to provide Child and Teen Checkup (C&TC) screenings to each Enrollee under age 21, as follows, and shall be subject to 42 USC § 1396d(r):

"Pursuant to 42 CFR § 441.56 and the State Medicaid Manual (SMM; CMS-Pub.45.5) 5122-5123.2, the following C&TC components are currently required and must be performed in accordance with C&TC program standards and according to the periodicity schedule as specified in the current C&TC Chapter of the Provider Manual, which is herein incorporated by reference, as applicable: ... vision screening; hearing

screening; …" [**Minnesota** Blue Plus, HealthPartners, Medica, and UCare, p. 98; PrimeWest and South Country, p. 97]

"EPSDT is made up of the following screening, diagnostic, and treatment services: … vision services; …. At a minimum, hearing services include diagnosis and treatment for defects in hearing, including hearing aids." [**North Dakota** RFP, pp. 26-27]

"Screenings - Comprehensive, periodic health assessments, or screenings, from birth through age 20, at intervals as specified in the EPSDT medical periodicity schedule established by the Department and as required and indicated in the Screenings and Assessments provisions of this Contract. The medical screening shall include:

"… a comprehensive unclothed physical examination, including vision and hearing screening…." [**Virginia** Medallion, pp. 76-77]

(3) CONTENT OF HEARING AND VISION SCREENING

Colorado: "Audiological services include medical/diagnostic ear testing using recognized diagnostic instrumentation/equipment in a clinical environment to assist or confirm in establishing a diagnosis. … The EPSDT benefit covers screening and Medically Necessary ear exams and audiological testing." [**Colorado** Denver Amendment 10, p. 11; Rocky Mountain Exh. B, p. 4; no content specified for vision services.]

Some states specify the content of screenings by requiring the use of particular documentation:

Arizona: "The Contractor shall ensure that providers serving EPSDT-aged members utilize the AHCCCS-approved EPSDT Tracking forms and standardized developmental screening tools and are trained in the use of the tools." Arizona Medical & Dental Contract, p. 67.

Arizona's forms vary by age: for instance, the form at 3-5 days and 1 month includes check-boxes for whether child had a newborn hearing screen and a follow-up, if needed; whether each ear passed the test or required referral, or unknown; "ABR" (auditory brainstem response) and "OAE" (otoacoustic emissions); "eyes/vision/red reflex" as part of the comprehensive physical exam. Forms change as the child's age increases, but hearing and vision are consistently reported separately and specifically. The forms require "[a]ge-appropriate screenings" for vision and hearing, among other services. [24]

[24] http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixB.pdf

Minnesota's recommended documentation forms for providers and clinics similarly require extensive and age-specific details on hearing and vision screens. [25]

Other states, commonly by incorporating a state Medicaid provider guide or manual, provide detail on the tests to be performed, symptoms or conditions that would require referral to a specialist, and/or age-specific milestones that children should achieve. An example of this approach in vision care is **Illinois**' Handbook for Providers of Healthy Kids Services[26] (pages HK-203(23) to (33)), which is incorporated by reference into the contract. The Handbook gives comprehensive instructions to providers. For instance, the developmental milestones for age 0 to 3 months list the following: "turns eyes and head to look at light sources; briefly holds gaze on bright light or objects; stares at surroundings; blinks at camera flash; tracks vertically and horizontally; begins eye contact at 6-8 weeks; focuses 8-12 inches away; eyes wander, occasionally cross; prefers black/white, or high contrast patterns; prefers human face to all other patterns." A similarly detailed list of milestones is given for ages 4-7 months, 8-12 months, 1-1.5 years, and 2-3 years. HK-203(26)-(27). The Handbook recommends referrals based on specific test results, such as a vision test of less than 20/30 or a 2-line or greater difference on the Snellen test between each eye, even if in passing range, for children ages 6 to 18. HK-203(28).

[25] http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_028848

[26] http://www2.illinois.gov/hfs/SiteCollectionDocuments/hk200.pdf

Utah's CHEC Provider Manual,[27] also incorporated by reference into the state's MCE contract, takes a slightly different approach. The Manual requires the following for vision and hearing screenings:

> "Administer an age-appropriate vision screening. A system using LEA symbols is very easy for younger children to use. The recommended protocols for each age [are] in the following table:

Vision Screening Procedure	*Birth to two*	*Two to five*	*Five and over*
External inspection for gross abnormalities or obvious strabismus	X	X	X
Gross visual acuity with fixation test	X		
Light sensation with pupillary light reflex test	X		
Observation and report of parent	X		
Examination of red reflex	X	X	X
Alternate cover test		X	
Corneal Light reflex		X	
Visual acuity using the Illiterate Snellen E Chart or the Allen Cards		X	
Visual acuity using the Illiterate E or the Snellen Alphabet Chart			X
Color Discrimination on all boys			X

The Manual further "recommend[s] further evaluation and proper follow up for the following vision problems:

a. Infants and children who show evidence of enlarged or cloudy cornea, cross eyes, amblyopia, cataract, excessive blinking or other eye [ab]normality;
b. A child who scored abnormally on the fixation test, pupillary light reflex test, alternate cover test, or corneal light reflex in either eye;
c. A child with unequal distant visual acuity (a two-line discrepancy or greater);
d. A child under age five… with distant visual acuity of 20/50 or worse;
e. A child five years of age or older with distant visual acuity of 20/40 or worse."

[27] https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid Provider Manuals/Child Health Evaluation And Care %28CHEC%29/CHEC1-15.pdf

For hearing, **Utah**'s CHEC Provider Manual instructs:

> "Administer an age-appropriate hearing assessment. We have listed recommended protocols for each age in the following table:

Hearing Assessment Procedure	*Birth to 6 months*	*6 months to 4 years*	*4 years to under 21 years*	*See Table Footnotes*
Newborns will be screened using physiological techniques such as auditory brainstem response (ABR) or otacoustic emissions (OAE).	X			
Medical history, physical and developmental assessment	X	X	X	
Middle ear examination by otoscopy	X			
Middle ear examination by otoscopy and/or acoustic impedance		X	X	
Screen using age appropriate behavioral techniques provided by or under the supervision of a licensed audiologist. Visual response audiometry (VRA), conditioned orientation response (COR) or play audiometry is required. ABR and OAE screening may also be used.		X		2, 3, 4
Conventional bilateral puretone screening under earphones			X	2, 3, 4

"Newborns will be screened in the birthing hospital before discharge when [hearing] screening is available at that hospital. When these services are not available in the hospital, hearing screening should take place as soon as possible after birth."

Footnote 2: "Screening should be supervised by a state licensed audiologist."

Footnote 3: "The marked hearing screening exam should be done on all children at the initial CHEC screening when the child enters the program for the first time."

Footnote 4: "Perform at least once based on the child's age. Perform more frequently if historical findings or presence of risk factors indicate. In this case, perform the exam at each periodic visit."

"Infants with the following indicators require hearing evaluations every six months until 3 years of age and at appropriate intervals thereafter:

1. Parental or care giver concern regarding hearing speech, language and/or developmental delay.
2. Family history of permanent childhood hearing loss.
3. Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.
4. Postnatal infections associated with sensorineural hearing loss including bacterial meningitis.
5. In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis.
6. Neonatal indicators – specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation and conditions requiring the use of extracorporeal membrane oxygenation (ECMO).
7. Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher's syndrome.
8. Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Fridreich's ataxia and Charcot-Marie-Tooth syndrome.
9. Head trauma.
10. Recurrent or persistent otitis media with effusion for at least 3 months."

[**Utah** CHEC Provider Manual, pp. 5-6 and 11-12]

"Comprehensive HealthCheck: Federal and state regulations establish certain requirements for comprehensive screenings. To be considered a comprehensive HealthCheck screen, the provider must assess and document the following components:

- A complete health and developmental history (including anticipatory guidance).
- A comprehensive unclothed physical examination.
- An age-appropriate vision screening exam.
- An age-appropriate hearing screening exam…."

[**Wisconsin** Sample Contract, p. 11]

(4) INTER-PERIODIC SCREENING

"The Contractor shall provide inter-periodic screens, which are screens that occur between the complete periodic screens and are Medically Necessary to determine the existence of suspected physical or mental illnesses or conditions. This includes at a minimum vision and hearing services." [**Georgia** Sample Contract, pp. 86-87]

"The health plan shall conduct the following 3 types of screens on EPSDT eligible members:

1. Complete periodic screens according to the EPSDT periodicity schedule in Appendix O and the requirements detailed in the State Medicaid Manual. The health plan shall strive to provide periodic screens to 100% of eligible members; minimum compliance is defined as providing periodic screens to 80% of eligible members;
2. Inter-periodic screens; and
3. Partial screens."

[**Hawaii** RFP, pp. 253-54]

(5) RECORD-KEEPING OF THE SCREENS AND SERVICES PERFORMED

"Results of screenings and examinations shall be recorded in the child's medical record. Documentation shall include at a minimum identified problems and negative findings and further diagnostic studies and/or treatments needed and date ordered." [**Colorado** 10 C.C.R. 2505-10, Section 8.280.4.A, incorporated by reference]

"The PCP is responsible for supervising, coordinating, and providing all Primary Care to each assigned Member. In addition, the PCP is responsible for coordinating and/or initiating Referrals for specialty care (both in and out of network), maintaining continuity of each Member's Health Care and maintaining the Member's Medical Record, which includes documentation of all services provided by the PCP as well as any specialty services. The Contractor shall require that PCPs fulfill these responsibilities for all Members." [**Georgia** Sample Contract, p. 91]

"Elements for the complete visit should be reported in the DHS 8015 form and supported by documentation in the medical record, including - … sensory screening….

"The forms must be signed by the physician performing the exam or supervising the immunizations and screenings. By completing and signing the form, the provider is indicating that the history, physical exam, surveillance, screenings, immunizations, diagnoses and treatments were performed and are documented in the medical record, as specified on the EPSDT form….

"The form may be copied or printed and used to supplement, but not substitute for, the medical record. However, there should be sufficient documentation in the medical record to support completion of the requirements for a comprehensive EPSDT exam. Results of screening tests and record of immunizations reported on DHS 8015/8016 as being performed must be kept in the medical record." [**Hawaii** RFP Appendix O, pp. 2-3]

(6) REFERRALS

"The Contractor shall ensure that PCPs…

Facilitate appropriate member referral to specialty care and other Medically Necessary services not provided by the PCP; …;

Maintain a current medical record for the member, including documentation of all services provided to the member by the PCP as well as any specialty or referral services and report;

Adhere to the State's EPSDT periodicity schedule for members under age 21; …

"Although PCPs are responsible for the above activities, the Contractor shall monitor PCPs to ensure they comply with the requirements of this Contract and the Contractor's policies." [**Delaware** RFP Appendix A, p.173; Delaware Contract, pp. 175-76 of PDF]

"Child Health Check-Up Program (CHCUP) - The Health Plan shall provide a health screening evaluation that shall consist of: … vision screening, including objective testing as required; hearing screening, including objective testing as required; diagnosis and treatment; and referral and follow-up as appropriate." [**Florida** Core Contract, p. 73]

"The MCO shall have written policies and procedures for linking every Member to a Primary Care Provider. The Primary Care Provider must serve as the Member's initial and most important contact. As such, Primary Care Provider responsibilities must include at a minimum:

1) Maintaining continuity of each Member's health care.
2) Making referrals for specialty care and other Medically Necessary Services to both participating and Non-Participating Providers.
3) Maintaining a comprehensive current medical record for the Member, including documentation of all services provided to the Member by the Primary Care Provider, as well as any specialty or referral services, diagnostic reports, physical and mental health screens, etc.
4) Although Primary Care Providers are responsible for the above activities, the MCO must monitor the Primary Care Providers' actions for compliance with MCO and managed care program policies."

[**Iowa** Meridian, pp. 27-28]

"When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided. Necessary referrals should be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation." [**North Dakota** RFP, p.27]

(7) HEARING AND VISION SPECIALISTS IN THE MCE'S NETWORK

"The following is a listing of the minimum required components of the provider network. This is not meant to be an all-inclusive listing of the components of the network, rather the health plan may add provider types, or the DHS [Department of Human Services] may require that the health plan add providers as required based on the needs of the members or due to changes in Federal or State law. At a minimum, the network shall include the following medical care providers:

"… Physician specialists, including but not limited to: … ophthalmologists, …, otolaryngology, pediatric specialists, …; Optometrists; …; Physical and occupational therapists, audiologists, and speech-language pathologists; …." [**Hawaii** RFP, pp. 117-18]

"In addition to maintaining in its network a sufficient number of providers to provide all services to its members, the health plan shall meet the following geographic access standards for all members: … Specialists: 30 minute driving time for urban areas [Honolulu metropolitan statistical area]; 60 minute driving time for rural areas." [**Hawaii** RFP, p. 123]

"The CONTRACTOR(S) shall have provider agreements with providers practicing the following specialties: … Otolaryngology, …, Ophthalmology, …." [**Kansas** RFP, p. 59]

"Provider Network Geographic and Capacity Standards."

For audiology, ophthalmology, optician/optometry, and otorhinolaryngology/ otolaryngology -- for rural and urban areas, plan must have provider within 60mi for 75% of members, 90mi for 100% of members.

For audiology and optician/optometry, no specific provider-to-patient ratio is required.

For ophthalmology, 1 : 20,000 provider : patient ratio.

For otorhinolaryngology/otolaryngology, 1 : 30,000 provider : patient ratio

Monitoring for all such standards is in the form of quarterly GeoAccess Reports and weekly Provider Registry. [**Louisiana** RFP Appendix UU]

(8) QUALIFICATIONS FOR HEARING AND VISION PROVIDERS TO PERFORM SCREENING

"Contractor shall maintain Provider credentialing files (or a copy thereof) in its District of Columbia office. Contractor's Provider credentialing files shall include but not be limited to… documentation that Providers have completed all training modules required by DHCF [Department of Health Care Financing] or the Contractor, including, but not limited to, EPSDT training for Health Check providers as described in Sec. C.9.4.8.4." [**D.C.** MCO Contract, p. 128]

"Contractor shall attend and shall require that Providers attend trainings as directed by DHCF. Within twelve months of the Start Date of the contract (and within the first year of a Provider joining Contractor's network), Contractor shall, at a minimum, provide training on the following topics … an overview of EPSDT, the periodicity schedule, compliance requirements, the Salazar Order/Consent Decree, and subsequent court orders; an overview of the IDEA and the roles and responsibilities of the schools, the Early Intervention Program, Providers, and Contractor in C.8…" [**D.C.** MCO Contract, p. 134]

"Eye care services, except surgical services (Hoosier Healthwise only) may be provided by any provider licensed under IC 25-22.5 (doctor of medicine or doctor of osteopathy) or IC 25-24 (optometrist) who has entered a provider agreement under IC 12-15-11." [**Indiana** Anthem Amendment 6 & Coordinated Care Amendment 7, p. 62 of PDF]

"Qualified personnel – Physician, Nurse Practitioner, Physician's Assistant, or RN with training*, Nursing Assistant, Certified Medical Assistant, or Paraprofessional*

*It is recommended that screeners attend the MDH vision screening training." [Includes a link to a list of state-run trainings] [**Minnesota** Vision Fact Sheet, incorporated by reference]

"Qualified personnel – Hearing screening may be performed by trained personnel including the following: nurses, including public health and school nurses; other trained medical personnel; audiologists, audiological technicians/assistants; speech language pathologists/therapists; and other trained adult personnel with a minimum of high school level literacy skills." [**Minnesota** Hearing Fact Sheet, incorporated by reference]

(9) Informing Enrollees about EPSDT Services

"Contractor shall inform Members that EPSDT services are available for Members under 21 years of age, as well as how to access services." [**California** County Organized Health Systems, p. 69; Geographic, p. 68; Imperial contract lacks a specific EPSDT informing requirement]

"EPSDT Outreach Activities for Tracking Care. Contractor shall have policies and procedures, including an electronic tracking tool, to monitor children's compliance with EPSDT, including EPSDT periodicity schedules, and shall conduct outreach activities to assist Enrollees through age twenty to make and keep EPSDT appointments. The outreach activities shall include every reasonable effort, including a telephone call or mailed reminder prior to the due date of each EPSDT screening service; in the case of a first missed appointment, a telephone call or mailed reminder; and, if there is still no response, a personal appointment to urge the parent(s) and/or guardian(s) to bring the child in for his or her EPSDT appointment. When appropriate, such contacts shall be directed to sui juris teenagers." **[D.C.** MCO, p. 67]

"Outreach and Informing - The Contractor's Health Check outreach and informing process shall include: the importance of preventive care; the periodicity schedule and the depth and breadth of services; how and where to access services, including necessary transportation and scheduling services; and a statement that services are provided without cost. ... The Contractor shall inform its newly enrolled families with Health Check eligible children about the Health Check program within sixty Calendar Days of Enrollment with the plan. This requirement includes informing pregnant women and new mothers, either before or within seven days after the birth of their children, that Health Check services are available. The Contractor shall provide written notification to its families with Health Check eligible children when appropriate periodic assessments or needed services are due. ... Informing may be oral (on the telephone, face-to-face, or films/tapes) or written and may be done by Contractor personnel or Health Care Providers. All outreach and informing shall be documented and shall be conducted in non-technical language at or below a fifth grade reading level. The Contractor shall use accepted methods for informing persons who are blind or deaf, or cannot read or understand the English language, in accordance with Section 4.3.2 of this Contract." [**Georgia** Sample Contract, pp. 84-85]

"We employ evidence-based best practices that have been researched and proven to be effective year after year. The following interventions are employed to achieve the desired participation -

1) Enrollee Education and Information - All Share Advantage enrollees are informed of the EPSDT program via the Member Handbook, New Member Welcome Kits, quarterly Share Advantage Member Newsletters and ongoing written or telephonic educational contacts. Enrollee notification and reminder materials are developed to ensure they meet literacy and cultural requirements and are easily understood. The content includes, but is not limited to, the benefits of preventive health services; a complete description of the services and the recommended periodicity schedule; information on how to obtain services; and a statement regarding transportation availability when medically necessary.
2) Reminder cards and written correspondence -- Reminder cards which are prior approved by the Division are used as a principle outreach tool to notify all enrollees/caretakers prior to visits required by the EPSDT Periodicity Schedule. The cards are in English and Spanish and include due dates for each periodic screening.
3) Automated telephone outreach -- Pre-programmed telephonic messages, in English and Spanish are made to enrollees identified as needing a specific preventive service. Depending on the enrollee's status and needs, the messages are tailored as educational, general reminders or specific reminders.
4) Direct person-to-person calls - Share Advantage will implement a program of direct calls with enrollees/families who have not scheduled the required EPSDT preventive service. Our HARC Outreach team speaks multiple languages with a

translation line available for non-English speaking enrollees. All staff is trained in telephonic protocols and methods of enhancing participation without creating resistance. Staff will also pursue a 3-way call to the enrollee's PCP to assist in scheduling an appointment, and/or transportation when required." [**Nebraska** United MCO Contract, pp. 474-75 of PDF]

(10) COORDINATION WITH SCHOOLS OR SCHOOL DISTRICTS

"As a part of Case Management, Contractor shall establish policies and procedures to determine and implement Enrollees' Treatment Plan.... Contractor shall ensure that ... Contractor shall utilize EPSDT standards in developing the Treatment Plans of Enrollees through age twenty; the Enrollee's care is well coordinated with other needed Medicaid, Alliance, and other treatment services provided by other District agencies such as DMH [Department of Mental Health], APRA [Addictions, Prevention, Recovery Administration], and DCPS [District of Columbia Public Schools]; and the Enrollee is assisted in accessing any supports needed to maintain the Treatment Plan as defined in Sections C.4 and C.10.3." [**D.C.** MCO, p. 146]

"Contractors must plan for, develop and/or enhance relationships with school-based health centers (SBHCs) with the goal of providing accessible quality preventive and primary health care services to school-aged Hoosier Healthwise members. A SBHC is a health center located in a school or on school grounds that provides on-site comprehensive preventive and primary health services including behavioral health, oral health, ancillary and enabling services.

"These services may include a wide variety of preventive services including general health screening or assessments, EPSDT screenings, laboratory and diagnostic screenings, ... patient education and other services based on the student's need and on the philosophy of the school administration. SBHCs are becoming increasingly important in delivering preventive and primary health care services to school age children and adolescents.

"SBHCs are in a unique position to link children and adolescents to the health care system due to students' proximity and open access to health center services. The school setting additionally offers providers considerable opportunity and flexibility in engaging and reaching students. SBHCs' success at providing access to critical physical and behavioral health services, reducing school absenteeism and promoting appropriate utilization of health services has been well-documented.

"Onsite health care providers at SBHCs generally include a nurse practitioner or physician assistant who operates under the standing orders of a physician, a consultant physician and a clinically trained behavioral health practitioner. SBHCs have varying capacities and resources to deliver health care.

"For purposes of this procurement, SBHCs are not permitted to serve as PMPs. However, Contractors are encouraged to be creative in their approaches to collaborating with SBHCs and to begin to develop affiliations with SBHCs with the potential of expanding those affiliations and the scope of services available in SBHCs in the future.

"The following are some examples of the types and levels of services acceptable in SBHCs:

1) The SBHC coordinates care with the child's PMP, who assumes responsibility for care whenever the SBHC closes. The SBHC can deliver preventive and primary medical care, but may rely on its partner for year-round accessibility and 24-hour day coverage.
2) The SBHC provides a limited range of services. For example, the SBHC may be able to provide services such as preventive medical care, health education… and may also have limited hours of operation. The SBHC refers the child back to their PMP for the majority of their primary care.

"Contractors' relationships with SBHCs will vary depending on the resources available in their areas. The following list includes examples of possible Contractor relationships with Indiana SBHCs, not requirements for the Hoosier Healthwise program:

1) FQHCs, health systems or other organizations contracted with a Contractor may sponsor an SBHC. The Contractor reimburses the sponsoring organization, which reimburses the SBHC for care provided to members enrolled in the Contractor.
2) A Contractor can include SBHCs in its provider network. The Contractor reimburses the SBHC for care provided to members enrolled in the Contractor.
3) Contractors may allow members to self-refer to an SBHC, for example, for a prescribed set of acute care visits and Contractors can reimburse SBHCs on a fee-for-service basis. The primary care functions and reimbursement stay with the child's PMP but, the SBHC services as an acute care provider.
4) The SBHC can function as a satellite office site for existing contracted providers.
5) Contractors can reimburse a SBHC for care provided to enrolled members as an out-of-network provider.

"To avoid duplicative services, promote continuity of care and develop strong relationships between SBHCs and PMPs, the SBHC should coordinate care and refer the child to their PMP for follow-up." [**Indiana** Anthem Amendment 6, pp. 100-02; Coordinated Care Amendment 7, pp. 116-17 of PDF; MDWise Amendment 6, pp. 115-17 of PDF]

"SBHC (certified by the DHH Office of Public Health) services are those Medicaid services provided within school settings to Medicaid eligible children under the age of

21. The MCO must offer a contract to each SBHC. The MCO may stipulate that the SBHC follow all of the MCO's required policies and procedures." [**Louisiana** RFP, p. 91]

"The State considers school-based clinics to be an important part of the health care delivery system for Rhode Island's children. In particular, the State believes that primary and preventive health services are not currently being delivered effectively to Rhode Island's adolescent population and that school-based clinics may help to address this problem. Contractor is required to include all State-approved school-based clinics in its network for delivery of Rite Care-covered services available at the school-based clinics by the effective date of this Agreement." [**Rhode Island** Neighborhood Health Plan and United, p. 53]

(11) MCEs coordinate with WIC programs

"2.07.05.03 Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). The State operates a WIC Nutrition program through the Department of Health for pregnant, postpartum and breast-feeding women and children, birth to age five who are at risk for nutritionally related health and developmental conditions. For its part, Contractor shall have written policies and procedures for referring pregnant women and children to the WIC program." [**Rhode Island** Neighborhood Health Plan and United, p. 45]

"2. WIC Programs - Section 1902(a)(11)(C) of the Social Security Act, as amended, requires the State Plan to provide for the coordination of Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and is administered by the Virginia Department of Health. The Contractor shall provide for the referral of potentially eligible women, infants, and children to the WIC Program and the provision of medical information by providers working within Medallion 3.0 managed care plans to the WIC Program.

"The Contractor is not responsible for covering WIC specialized infant supplemental nutrition. The Contractor shall refer members who are potentially eligible for WIC to the Virginia Department of Health (VDH) who shall bill The Department for services provided." [**Virginia** Medallion, p. 51]

V. Examples of Contract Language: Monitoring and Tracking

Requirements for monitoring and tracking are included in Medicaid managed care contracts, but with widely varying levels of detail.

Monitoring and tracking can be divided into several types of activity: (1) how MCEs monitor providers and track the services performed (reporting, medical record reviews, etc.); (2) how states monitor MCEs and track the services performed (reporting, audits,

etc.); (3) how hearing and vision screens are reported to the state (e.g., separate tracking from well-child visits; separate provisions for newborn hearing screens and follow-up and for specialist visits to be completed after a referral); and (4) how to track and report outreach and informing activities that are required of providers and of MCEs. Below, we provide examples of contracts that help fill the gap in hearing and vision reporting each of these ways.

(1) How MCEs monitor providers and track the services performed

"The Contractor shall ensure that PCPs…facilitate appropriate member referral to specialty care and other Medically Necessary services not provided by the PCP; …; Maintain a current medical record for the member, including documentation of all services provided to the member by the PCP as well as any specialty or referral services and report; Adhere to the State's EPSDT periodicity schedule for members under age 21; …. Although PCPs are responsible for the above activities, the Contractor shall monitor PCPs to ensure they comply with the requirements of this Contract and the Contractor's policies." [**Delaware** RFP Appendix A, p. 173; Contract, p. 175-76 of PDF]

"EPSDT Tracking System - AmeriHealth Nebraska will use an integrated EPSDT tracking system that links individual enrollee eligibility, provider-submitted encounter data and supplemental data sets to identify and record the immunization and screening status of EPSDT-eligible enrollees. Data obtained through analysis of claims and supplemental file loads will run against algorithms that analyze the services due, missed and received based on the enrollee's age. The results will be loaded monthly into our data repository that feeds the Provider Portal, Enrollee Portal and our internal care management system." [**Nebraska** Arbor Contract, p. 594 of PDF]

"On a monthly basis GSHP [Granite State Health Plan] will provide network PCPs a report that includes all their assigned members due an EPSDT visit the upcoming month as well as members who are past due for services. This report is posted on GSHP's Provider Portal and gives providers a valuable tool to target their member outreach and allows them to preserve valuable office staff resources.

"GSHP educates all new PCPs regarding the EPSDT program. GSHP Provider Relations Specialists field staff educates all new PCPs during a mandatory comprehensive new provider orientation prior to serving GSHP members. This orientation includes an overview of all EPSDT requirements, including but not limited to the periodicity schedule and required components of each EPSDT visit. Network PCPs receive continuing education regarding these topics as well. Provider Relations Specialists follow up with on-site visits to reinforce the information offered to our providers and their office staff during multiple training activities….

"Provider Profiling. GSHP's Provider Profiling, adopted by affiliate plans, is a highly effective tool that compares individual provider practices to normative data, so that providers can improve their practice patterns, processes, and quality of care in

alignment with evidence-based clinical practice guidelines and DHHS goals. Performance reporting increases provider awareness, identifies opportunities for improvement, and facilitates plan-provider collaboration in the development of clinical improvement initiatives. We include with the scorecards[28] lists of panel members in need of recommended services and their contact information. The quarterly scorecards will use rolling 12-month data and provide national Medicaid NCQA data or GSHP goals, as appropriate, as benchmarks for each indicator. Armed with this information, primary care physicians can adjust their processes or approaches prior to the final year-end quality score, so they can positively affect their quality profile scores. As a part of the Provider contract, participating practitioners can increase their overall compensation by demonstrating improvements in EPSDT scores – part of their quality profile scores.

"Medical Record Audits. On an annual basis GSHP's Quality Improvement Department will audit files from a random sample of providers to ensure that all required EPSDT visit elements are present.[29] Each audited provider receives a letter that notifies them of the audit findings and provides information about specific opportunities for improvement. GSHP's Medical Director will meet with very high-performing providers to recognize their efforts and identify best practices that can be shared with other providers through the website, newsletters or special mailings. The Medical Director also meets with very low-performing providers to identify ways to improve outreach and provide best practices. These providers receive education regarding required elements, are targeted for other education and collaboration efforts to increase compliance, and are re-evaluated in six months. If efforts remain unsuccessful, the provider is subject to corrective action." [**New Hampshire** Granite State Health Plan, pp. 352-54]

(2) How states monitor MCEs and track the services performed

"DHS [Form] 8015 continues to serve the purpose of guiding providers through the required components of an EPSDT exam, improving the quality of exams, and through the data collected, providing a better understanding of the health and health needs of our Medicaid clients.

"DHS Form 8016 is used to document the completion of any screening(s) and/or immunization(s) that were attempted and not done during a comprehensive EPSDT

[28] Defined later in the contract as a document "that GSHP will use for analyzing a provider's pattern of paper versus electronic claims and claim payments against all our most efficient providers. . . . The data in this report will demonstrate the connection between a provider's claims submission practice and the impact on their business in terms of claims accuracy and reimbursement turnaround." Granite State Health Plan, p. 450.

[29] New Hampshire's contracts do not explicitly require that vision and hearing screenings be performed at each well-child visit. "All required EPSDT visit elements" therefore refers to the federally mandated list of services for each visit, which does not include vision and hearing screenings. 42 U.S.C. § 1396d(r)(1)(B).

screening visit, as well as to document any immunization or screening not captured on the 8015 or not associated with a comprehensive EPSDT screening visit. ...

1) Required elements for the EPSDT exam follow the CMS and AAP/Bright Futures guidelines. The health plans will be working with providers to ensure that an EPSDT visit paid at the increased EPSDT rate meets the requirements for that visit.
2) Elements for the complete visit should be reported on the DHS 8015 form and supported by documentation in the medical record, including: ... sensory screening; ...; referrals to state or specialty services; care coordination assistance if needed; ....
3) The forms must be signed by the physician performing the exam or supervising the immunizations and screenings. By completing and signing the form, the provider is indicating that the history, physical exam, surveillance, screenings, immunizations, diagnoses, and treatments were performed and are documented in the medical record, as specified on the EPSDT form.
4) The completed and signed EPSDT exam form submitted to a health plan or ACS [Hawaii's Fiscal Agent, Affiliated Computer Services], by a participating provider for a QUEST or QExA health plan or an active Medicaid provider for FFS respectively, fulfills the State's auditing requirement for compliance with an EPSDT comprehensive periodic screening visit.
5) The form may be copied or printed and used to supplement, but not substitute for, the medical record. However, there should be sufficient documentation in the medical record to support completion of requirements for a comprehensive EPSDT exam. Results of screening tests and record of immunizations reported on DHS 8015/8016 as being performed must be kept in the medical record...." [**Hawaii** RFP Appendix O, pp. 2-3]

"Reports and Records: The State has the obligation of assuring the Federal government that EPSDT services are being provided as required. All requested records, including medical and peer review records, must be available for inspection by State or Federal personnel or their representatives. The CONTRACTOR(S) must record their health screenings and examination related activities and must report those findings quarterly, in a State approved format. All reports shall be stratified by Medicaid, CHIP and CSHCN [children with special health care needs]. The CONTRACTOR shall use the State's approved Current Procedural Terminology (CPT) codes for EPSDT....

"In addition to the State's periodic onsite record inspection, the following information shall be reported by the CONTRACTOR(S) to the State in the encounter data that is submitted during a month.

1) The child's name, Medicaid or CHIP ID Number, and date of birth.
2) The date and type of the EPSDT screening.

3) Whether the child was referred for diagnosis and/or treatment for dental, hearing, vision or other." [**Kansas** RFP, pp. 48-49]

"Every periodic health supervision (well-child) visit must include … [s]creening for vision, hearing, and development, as per AAP guidance….

"Both federal Medicaid regulations and New York State law require documentation of all visits in the medical record. Without documentation of the nature of the visit, and the components of the visit in the medical record, Medicaid will deem the visit incomplete or not having taken place." [**New York** C/THP Manual, pp. 34-35, incorporated by reference]

(3) How vision and hearing screens are reported to the state

"Reports related to all Enrollees separately for the Medicaid and the Alliance [a D.C. healthcare program for people ineligible for Medicaid] – monthly report on … number and percent of eligible children who received vision and hearing screening in accordance with the District's Vision/Hearing periodicity schedules…." [**D.C.** MCO, pp. 106-07]

"The Department, in collaboration with the [External Quality Review Organization], have developed a set of measures that are clinically sound, consistent with Healthy Kentuckians goals, and that complement the Managed Care Organizations' quality improvement goals. Annually, the Department, with input from the Contractor and the EQRO, will determine measures that should be retired, revised, rotated or determine if new measures should be developed. The Contractor is expected to demonstrate, through repeat measurement of the quality indicators, meaningful improvement in performance relative to the baseline measurement.

"Meaningful improvement shall be defined by: 1) reaching a prospectively set benchmark, or 2) improving performance and sustaining that improvement. The specific performance targets and timeframes are to be determined by the Department with input from the Contractor and EQRO.

"Annually, the non-HEDIS measures [which explicitly include EPSDT hearing assessments and EPSDT vision assessments] shall be validated by the EQRO and the Contractor shall submit all data, documentation, etc., used to calculate the measures. Below is the current list of performance measures. Full specifications for calculating and reporting the non-HEDIS measures will be provided to the Contractor…." [**Kentucky** Anthem, Humana, Passport, Wellcare Appendix, p. 317; Coventry Appendix, pp. 317-18]

Nevada's Medicaid Services Manual (MSM) Chapter 1500, incorporated by reference into the contracts, lists hearing and vision screening among the "elements" that "[t]he provider should assure … are included in a screening examination." [Section 1503, p. 2]. It provides links to EPSDT screening forms and participation reports. It further includes among providers' responsibilities:

"Medical records should contain the following information specific to EPSDT screening services:

a. Reason for the visit;
b. The date screening services were performed, the specific tests or procedures performed, the results of these tests and the person who provided the service; …;
c. Identification of any screening component not completed, the medical contraindication or other reason why it could not be completed, and attempts the screening provider made to complete the screening;
d. Documentation of a medical contraindication or other reason for delay in vision or hearing screening if not performed on the same day as the medical screening;
e. Documentation of declination of screening services by the parent;
f. Referrals made for diagnosis, treatment or other medically necessary health services for conditions found in the screenings;
g. Date the next screening is due; and
h. Documentation of direct referral for age-appropriate dental services.

Providers should submit claims using the established billing codes related to the Healthy Kids screening examination. These examination codes can be found in the Hewlett Packard Enterprise Services (HPES) Billing Guide, Physician Billing Guide.

The provider should make referrals for diagnostic testing after discussing the need for such services with the recipient/parent/legal guardian during a post screening interview. The physician's progress notes should indicate the need for such testing." [**Nevada** MSM Section 1503, p. 2]

"The PH [physical health]-MCO must establish a tracking system that provides information on compliance with EPSDT service provision requirements in the following areas:

- Initial visit for newborns. The initial EPSDT screen shall be the newborn physical exam in the hospital.
- EPSDT screen and reporting of all screening results.
- Diagnosis and/or treatment, or other referrals for children.
- Other tracking activities include: Number of comprehensive screens (reported by age); hearing and vision examinations; …; age appropriate screens; …; newborn home visits; …." [**Pennsylvania** MCO Exh. J-2]

(4) How to track and report outreach and informing activities that are required of providers and of MCEs

"Performance Reporting Requirements Related to Coverage - In addition to reporting on HEDIS measures in compliance with C.16.5, Contractor shall report the following information to DHCF, unless otherwise specified, in accordance with DHCF technical specifications and timeframe. Coverage reports shall include -

EPSDT Reporting Requirements --

> C.8.7.1.1 - Contractor shall submit all reports related to EPSDT services as required by Court Order or order of a court monitor; and upon DHCF's request.
>
> C.8.7.1.2 - Quarterly EPSDT Report based on the District's HealthCheck Periodicity Schedule and Notice and Tracking requirements to include:
>
> 1) Data on utilization of HealthCheck screening services as outlined in the Quarterly EPSDT HealthCheck Utilization report template in Section J;
> 2) Data on notice and outreach attempts to encourage compliance with the Health Check Periodicity schedule as outlined in the Quarterly EPSDT Notice and Outreach report template in Section J; and
> 3) Additional data as requested by the CA, Division of Children's Health Services, Quality and Health Outcomes, Managed Care and other Divisions and Administrations, as applicable." [**D.C.** MCO, 106]

"The Contractor shall develop, administer, implement, monitor and evaluate a Member and community education and outreach program that incorporates information on the benefits and services of the Contractor's Program to its Members. The Outreach Program shall encourage Members and community partners to use the information provided to best utilize services and benefits.

"Creative methods should be used to reach Contractor's Members and community partners. These will include but not be limited to collaborations with schools, homeless centers, youth service centers, family resource centers, public health departments, school-based health clinics, chamber of commerce, faith-based organizations, and other appropriate sites.

"The Contractor shall submit an annual outreach plan to the Department for review and approval subject to Section 4.4 "Approval of Department.". The plan shall include the frequency of activities, the staff person responsible for the activities and how the activities will be documented and evaluated for effectiveness and need for change." [**Kentucky** Anthem, 69; Humana, Passport, 69-70; Coventry, 78; Wellcare, 76-77]

"The PH-MCO must have an established process for reminders, follow-ups and outreach to Members that includes:

- Written notification of upcoming or missed appointments within a set time period, taking into consideration language and literacy capabilities of Members.
- Telephone protocols to remind Members of upcoming visits and follow-up on missed appointments within a set time period.
- If requested, any necessary assistance with transportation to ensure that recipients obtain necessary EPSDT screening services. This assistance must be offered prior to each due date of a child's periodic examination.
- Protocols for conducting outreach with non-compliant Members, including home visits, as appropriate.
- A process for outreach and follow-up to Members under the age of twenty-one (21) with Special Needs, such as homeless children.
- A process for outreach and follow-up with County Children and Youth Agencies and Juvenile Probation Offices to assure that they are notified of all Members under the age of 21 who are under their supervision and who are due to receive EPSDT screens and follow-up treatment.
- The PH-MCO may develop alternate processes for follow up and outreach subject to prior written approval from the Department.

"The PH-MCO shall submit to the Department reports that identify its performance in the above four required services (Screening, Diagnosis and Treatment, Tracking and Follow- up and Outreach)." **[Pennsylvania** MCO Exh. J-3]