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Mommy Steps

Complex Case Management

Diabetes Management

Healthy Heart Program

2016
EPSDT

Program Evaluation

Obesity Management

Chronic Respiratory Management

Congestive Heart Failure Management

Our mission is to improve the health and quality of life of our members

EPSDT Program

Rapid Response Outreach Team

Approved - March 21, 2017

2016 Early and Periodic Screening, Diagnosis, and Treatment Program Evaluation

Program Title: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

Evaluation Period: January 1, 2016 – December 31, 2016

Introduction: The EPSDT Program is designed to provide to members from birth to age twenty-one a comprehensive preventive health care package plus early diagnosis and treatment of medical conditions which, if undetected, could result in serious medical conditions and/or costly medical care.

EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental, and hearing services.

In addition, section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population. This service is listed as EPSDT Special Services. The EPSDT Special Services Program allows coverage for items or services which are medically necessary and which are not covered somewhere else in Medicaid.

Passport Health Plan (Passport) has developed a management program to encourage adherence to the EPSDT program guidelines. Our interventions are focused on the member, the clinician, and the community.

Program Goals:

- Increase the percentage of members receiving:
  - At least one EPSDT screen during the measurement year.
  - All EPSDT screens according to the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Care Periodicity Schedule required by age.
  - An annual dental visit.
  - The HPV vaccine based on the Periodicity schedule and Passport's adopted Center for Disease Control (CDC) immunization schedule.
  - Counseling for nutrition and physical activity.

- Increase percentage of members who had evidence of body mass index (BMI) percentile, BMI percentile plotted on growth chart or a BMI (beginning at age 16) with documentation that includes height and weight.

- For Passport children (members age 0-11) increase the percentage of members receiving:
  - Childhood immunizations according to the Periodicity Schedule and Passport's adopted CDC immunization schedule.
  - A well-child visit in the first 15 months of life.
  - A well-child visit in the third, fourth, fifth, and sixth years of life.
  - A lead screening based on the Periodicity Schedule.

Approved - March 21, 2017

- For Passport adolescents (members age 12-20) increase the percentage receiving:
    - Immunizations according to the Periodicity Schedule and Passport's adopted CDC immunization schedule.
    - An adolescent well care visit.
    - Tobacco screening or counseling.
    - Alcohol and/or other substance use screening or counseling.
    - Assessment, education, or counseling on risky behaviors related to sexual activity.
    - A depression screening.

Program Objectives:

- To increase clinician adherence to the Periodicity Schedule in accordance with adopted preventive health guidelines based on the Bright Futures/AAP Recommendations for Preventive Pediatric Care and by contractual agreement between Passport and the Kentucky Department of Medicaid Services (DMS).
- To increase clinician awareness of EPSDT Special Services for all eligible members birth to age 21.
- To increase member adherence with recommended preventive health screenings and immunizations in accordance with adopted preventive health guidelines based on the Bright Futures/AAP Recommendations for Preventive Pediatric Care.
- To ensure completeness of all age appropriate requirements for an EPSDT screen.

Measurements: Overall effectiveness of the program is measured through annual participation and compliance rates per Centers for Medicare and Medicaid Services (CMS 416), audited HEDIS®[1] results, and Healthy Kentuckian results.

The Cabinet for Health Services (CHS), DMS, and CMS require Passport to report EPSDT compliance and participation rates annually, according to the Federal Fiscal Year (FFY). The compliance rate is defined as all eligible members receiving appropriate screenings according to the periodicity schedule. The participation rate is defined as all eligible members receive at least one EPSDT well child screen during the measurement year.

The 2015 compliance rate for FFY ending 9/30/16 was 79%. The 2015 participation rate for FFY ending 9/30/16 was 60%. CMS has set the compliance rate and screening rate goal as 80%. As noted, Passport continues to work to meet the compliance rate and participation goals.

Approved - March 21, 2017

[1] HEDIS® is a registered trademark of the National Committee of Quality Assurance (NCQA).

Analysis

I. HEDIS® Results: The 2016 HEDIS® Results are based on measurement year 2015 data/methodology.

1. **Well-Child in the First 15 Months of Life (W15):** The percentage of children who turned 15 months old, who had six or more well-child visits with a primary care provider (PCP) during their first 15 months of life.

   Findings: In measurement year 2015, a total of 4,133 children were identified and 2,740 (66.32%) had six or more well-care visits.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
W15	66.93%	67.98%	70.34%	66.24%	66.32%

The goal to meet or exceed the 2016 Quality Compass®[2] 90th Percentile for W15 (73.88%) was not met. For measurement year 2015, W15 is in the 2016 Quality Compass® 66.67th Percentile.

2. **Well-Child in the Third, Fourth, Fifth, and Sixth Years of Life (W34):** The percentage of children three to six years old who had one or more well-child visits with a PCP.

   Findings: In measurement year 2015, a total of 20,991 children were identified and 15,022 (71.57%) had one or more well-child visit.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
W34	68.32%	70.68%	75.47%	74.77%	71.57%

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for W34 (82.97%) was not met. For measurement year 2015, W34 is in the 2016 Quality Compass® 50th percentile.

Approved - March 2, 2017

[2] The source for data contained in this publication is Quality Compass® 2016 (Medicaid) and is used with the permission of the NCQA. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

3. **Childhood Immunization Status (CIS):** The percentage of children two years of age who had the appropriate number of vaccinations for Combos 2 and through 10 on or before their second birthday:

Measure	4 DTaP	3 IPV	1 MMR	3 HiB	3 HepB	1 VZV	4 PCV	1 HepA	2 or 3 RV	2 flu
Combo 2	✓	✓	✓	✓	✓	✓				
Combo 3	✓	✓	✓	✓	✓	✓	✓			
Combo 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combo 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combo 6	✓	✓	✓	✓	✓	✓	✓			✓
Combo 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combo 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combo 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combo 10[3]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Findings: In measurement year 2015, a total of 5,036 children two years of age were identified. A systemic sample of 411 children showed 358 (83.06%) received the appropriate number of vaccinations to meet Combo 2, 344 (79.81%) received the appropriate number of vaccinations to meet Combo 3, 295 (68.45%) received the appropriate number of vaccinations to meet Combo 4, 277 (64.27%) received the appropriate number of vaccinations to meet Combo 5, 175 (40.60%) received the appropriate number of vaccinations to meet Combo 6, 245 (56.84%) received the appropriate number of vaccinations to meet Combo 7, 164 (58.93%) received the appropriate number of vaccinations to meet Combo 8, 152 (35.27%) received the appropriate number of vaccinations to meet Combo 9, and 145 (33.64%) received the appropriate number of vaccinations to meet Combo 10.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
Combo 2	83.22%	87.17%	83.19%	83.53%	83.06%
Combo 3	79.47%	82.74%	80.75%	80.05%	79.81%
Combo 4	40.18%	73.67%	73.45%	71.69%	68.45%
Combo 5	64.68%	65.93%	68.14%	63.57%	64.27%
Combo 6	43.27%	47.79%	46.68%	50.35%	40.60%
Combo 7	34.00%	60.40%	62.83%	58.93%	56.84%
Combo 8	26.71%	45.13%	44.47%	47.80%	58.93%
Combo 9	36.42%	40.71%	42.26%	43.39%	35.27%
Combo 10	22.96%	38.94%	40.27%	41.53%	33.64%

Approved - March 21, 2017

[3] CIS Combo 10 was looked at for NCQA Accreditation for 2016

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for CIS indicators Combo 2 (82.88%) and Combo 3 (79.81%) was met.

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for CIS indicators (Combo 4 78.06%; Combo 5 69.06%; Combo 6 54.50%; Combo 7 67.88%; Combo 8 53.01%; Combo 9 46.89%; and Combo 10 46.47%) was not met.

One CIS indicator Combo 5 met the 2016 Quality Compass® 75th Percentile, four of the CIS indicators (Combos 4, 6, 9, and 10) met the 2016 Quality Compass® 50th Percentile, and two CIS indicators (Combo 7 and 8) met the 2016 Quality Compass® 33.33rd Percentile.

4. **Lead Screening in Children (LSC):** The percentage of children two years of age, who had one or more lead blood test for lead poisoning by their second birthday.

Findings: In measurement year 2015, a total of 5,036 children two years of age were identified. A systemic sample of 411 children showed 333 (77.26%) had a lead screening.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
LSC	83.00%	82.30%	81.42%	77.26%	77.26%

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for LSC (84.77%) was not met. For measurement year 2015, LSC is in the 2016 Quality Compass® 66.67th Percentile.

5. **Adolescent Well Care Visits (AWC):** The percentage of adolescents 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB-GYN clinician.

Findings: In measurement year 2015, of 36,894 adolescents identified, 16,667 (45.18%) had a well-care visit.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
AWC	52.39%	52.46%	57.99%	51.37%	45.18%

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for AWC (66.04%) was not met. For measurement year 2015, AWC is in the 2016 Quality Compass® 33.33rd Percentile.

Approved - March 21, 2017

6. **Immunizations for Adolescents (IMA):** The percentage of adolescents 13 years of age who had the appropriate number of vaccinations for Combo 1 by their 13th birthday:

Measure	1 MCV	1 Tdap/Td
Combo 1[4]	✓	✓

Findings: In measurement year 2015, a total of 3,589 adolescents were identified. A systemic sample of 411 adolescents showed 375 (87.41%) received the appropriate number of vaccination to meet Combo 1.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
Combo 1	66.89%	73.45%	85.21%	88.43%	87.41%

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for IMA Combo 1 (86.57%) was met. For measurement year 2015, IMA Combo 1 is in the 2016 Quality Compass® 90th Percentile.

7. **Human Papillomavirus Vaccine for Female Adolescents (HPV):** The percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Findings: In measurement year 2015, a total of 1,782 female adolescents were identified. A systemic sample of 411 female adolescents showed 109 (25.29%) received the appropriate number of HPV vaccinations.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
HPV[5]	28.82%	29.40%	28.95%	30.63%	25.29%

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for HPV (32.25%) was not met. For measurement year 2015, HPV is in the 2016 Quality Compass® 66.67th Percentile.

Approved – March 21, 2017

[4] IMA Combo 1 was looked at for NCQA Accreditation for 2016

[5] HPV will be looked at for NCQA Accreditation for 2016

8. **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)[6]:** The percentage of children and adolescents, ages 3-17, who had an outpatient visit with a PCP or OB/GYN clinician and had evidence of :
   - BMI Percentile Documentation*
   - Counseling for Nutrition
   - Counseling for Physical Activity

**Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

Findings: A total of 52,585 children and adolescents were identified. A systemic sample of 453 children and adolescents showed 389 (85.87%) had a documented BMI, 304 (67.11%) received nutrition counseling, and 279 (61.59%) received physical activity counseling.

Measure (Total)	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
BMI Percentile Documentation	43.49%	60.49%	77.48%	86.31%	85.87%
Nutrition Counseling	52.76%	64.02%	66.67%	72.85%	67.11%
Physical Activity Counseling	44.37%	44.37%	52.98%	63.58%	61.59%

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for WCC indicators (BMI 86.37%, Nutrition 79.52%; and Physical Activity 71.58%) was not met.

When comparing MY 2015 WCC rates to the 2016 Quality Compass®, BMI is in the 75th Percentile, Physical Activity is in the 66.67th Percentile and Nutrition is in the 50th Percentile.

9. **Annual Dental Visits (ADV):** The percentage of members 2-21 years of age who had at least one dental visit during the measurement year.

Findings: In measurement year 2015, of 85,987 members 36,310 (42.23%) had at least one dental visit.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
ADV[7]	60.01%	60.95%	65.48%	63.64%	42.23%

The goal to meet or exceed the 2016 Quality Compass® 90th Percentile for ADV (65.89%) was not met. For measurement year 2015, ADV is in the 2016 Quality Compass® 25th Percentile.

[6] WCC (total of all ages for each of the three rates) will be looked at for NCQA Accreditation for 2016

[7] ADV will be looked at for NCQA Accreditation for 2016

Approved - March 21, 2017

II. Healthy Kentuckians (HK) Results: The 2016 HK Results are based on measurement year 2015 data. Healthy Kentuckians assess child and adolescents weight management through the following measures:

1. **Height/Weight Assessment/BMI Assessment and Assessment/Counseling for Nutrition and Physical Activity for Children and Adolescents**

   Members 3-17 years of age who were continually enrolled during the measurement year, whose medical record contains the following during the measurement year:
   - Documented Height and Weight – documentation of both a height and weight documented on the same date of service
   - Documented BMI Percentile/Value –documentation of the date and percentile/value of the BMI
   - Healthy Weight for Height – subset of documented weight and height and a documented or calculated BMI value resulting in appropriate weight for height, 5th percentile to <85th percentile.
   - Counseling for Nutrition – documentation of counseling for nutrition or referral for nutrition education
   - Counseling for Physical Activity – documentation of counseling for physical activity or referral for physical activity

   *The HEDIS® WCC measure specifications were used to identify the eligible population for this measure.

   Findings: In a sample of 453 members, healthy weight for height increased.
   - Specific results include:
     - Documented Height and Weight decreased by 3.53 percentage points
     - Documented BMI Percentile/Value decreased by 0.44 percentage points
     - Healthy Weight for Height increased by 5.38 percentage points
     - Documented Assessment/Counseling for Nutrition decreased by 5.74 percentage points
     - Documented Assessment/Counseling for Physical Activity decreased by 1.99 percentage points

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
Documented Height and Weight	83.22%	88.96%	92.05%	94.70%	91.17%
Documented BMI Percentile/Value	47.46%	46.36%	75.06%	86.31%	85.87%
Healthy Weight for Height	52.79%	55.83%	55.64%	56.64%	62.02%
Documented Assessment/ Counseling for Nutrition	58.94%	64.02%	60.71%	72.85%	67.11%
Documented Assessment/ Counseling for Physical Activity	43.71%	44.59%	49.45%	63.58%	61.59%

Approved - March 21, 2017

2. **Adolescents Preventive Screening/Counseling**
   Percentage of adolescents 12-17 years of age who had at least one well-care/preventive visit with a PCP or OB/GYN and received:
   - o Preventive screening/counseling related to:
     - Tobacco use
     - Alcohol/substance use
     - Sexual activity
   - o Screening/Assessment related to:
     - Depression

   *The HEDIS® WCC measure specifications were used to identify the eligible population for this measure.

   Findings: In a sample of 159 members, all measures decreased from last year's results.
   - Specific results include:
     - o Tobacco Use decreased by 13.49 percentage points
     - o Alcohol/Substance Use decreased by 9.32 percentage points
     - o Sexual Activity decreased by 12.04 percentage points
     - o Depression decreased by 4.82 percentage points

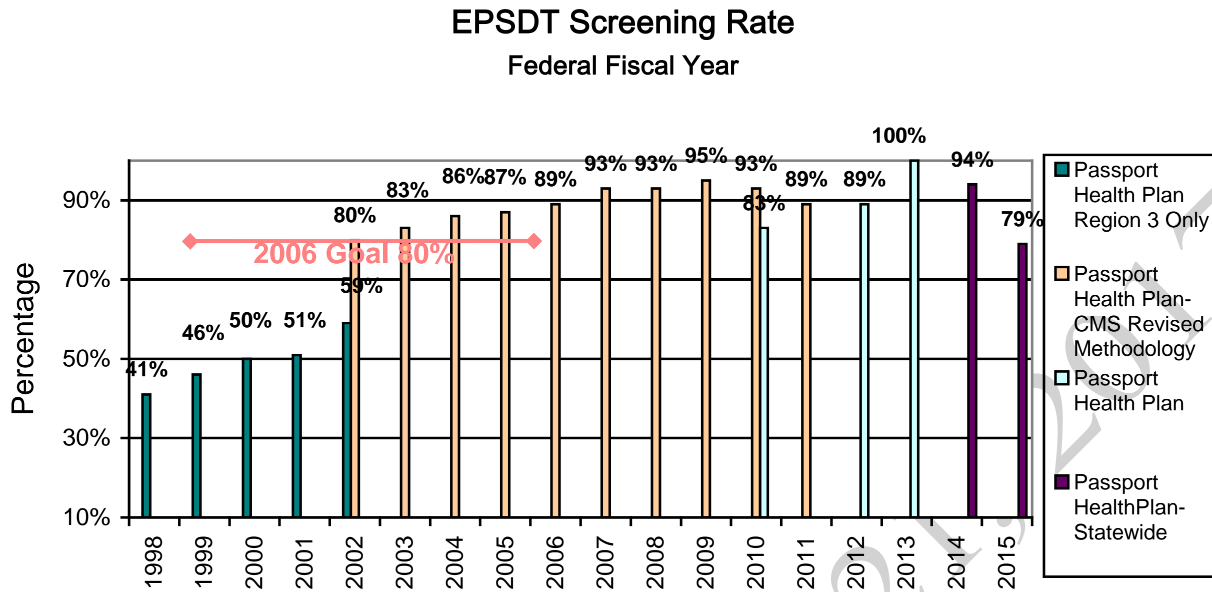
Measure	MY 2011	MY 2012[8]	MY 2013	MY 2014	MY 2015
Tobacco Use	73.00%	71.92%	76.32%	85.19%	71.70%
Alcohol/Substance Use	67.00%	63.70%	60.53%	72.84%	63.52%
Sexual Activity	57.00%	55.48%	55.92%	61.73%	49.69%
Depression	63.00%	64.38%	29.61%[9]	44.44%	39.62%

Approved March 21, 2017

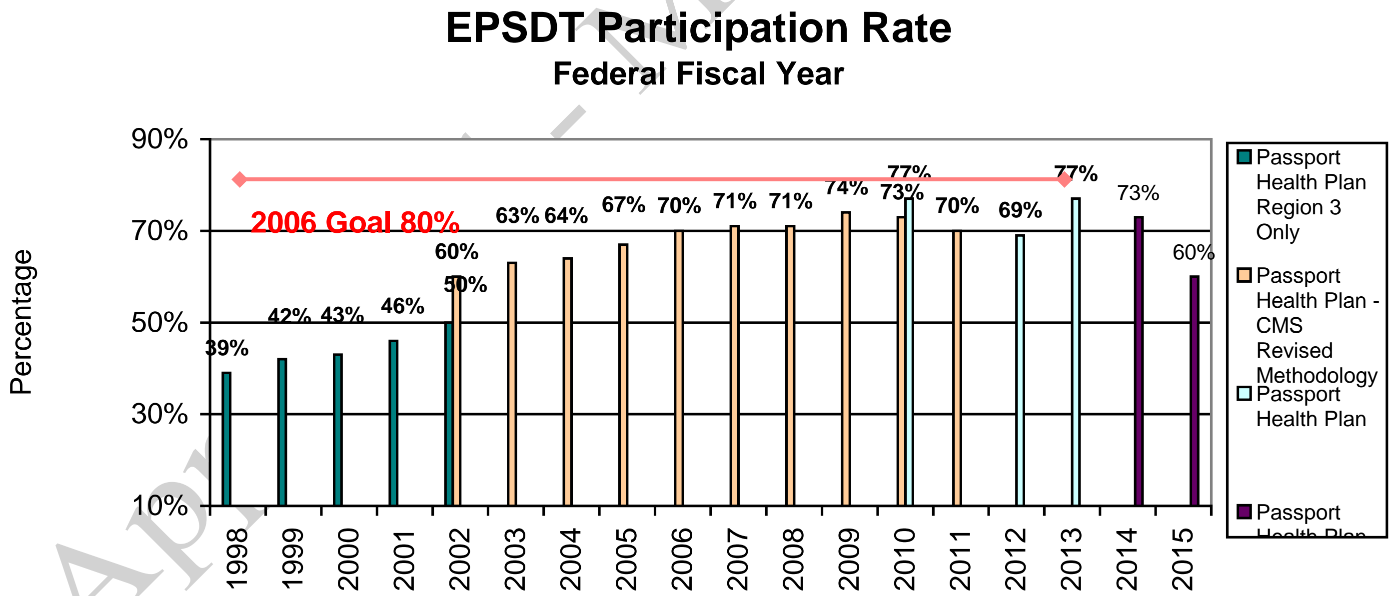
[8] As of measurement year 2012, HK began utilizing WCC Adolescent sample for Adolescents Preventive Screening/Counseling

[9] Rates for depression screening decreased to meet more specific technical specification criteria. In years past, documentation of general mental health assessment was acceptable, where now the documentation must be specific to depression assessment, screening, or counseling, or diagnosis of bipolar.

III. CMS 416 (EPSDT Compliance Rates)



*Statewide rate 17% prior to managed care



(See *Appendix A*)

April 21 - March 21, 2017

Analysis

HEDIS® Results: Passport aspires to be in the Quality Compass® 90th Percentile for each measure. In CY 2015 three (3) of the measures (Childhood Immunizations Combo 2, Immunizations for Adolescents, and Childhood Immunizations Combo 3) achieved the 90th Percentile.

Two (2) measures achieved the Quality Compass® 75th Percentile:
- BMI Percentile Documentation
- Childhood Immunizations Combo 5

Four (4) measures achieved the Quality Compass® 66.67th Percentile:
- Well-Child in the First 15 Months of Life
- Human Papillomavirus Vaccine
- Lead Screening
- Counseling for Physical Activity

Six (6) measures achieved the Quality Compass® 50th Percentile:
- Well-Child in the Third, Fourth, Fifth, and Sixth Years of Life
- Childhood Immunizations Combo 4
- Childhood Immunizations Combo 6
- Childhood Immunizations Combo 9
- Childhood Immunizations Combo 10
- Counseling for Nutrition

Three (3) measures achieved the Quality Compass® 33.33rd Percentile:
- Adolescent Well Care Visits
- Childhood Immunizations Combo 7
- Childhood Immunizations Combo 8

One (1) measure achieved the Quality Compass® 25th Percentile:
- Annual Dental Visits

Specific results include:
- Four (4) of the nineteen (19) childhood measures noted an increase from the previous measurement year:
  - Well-Child in the First 15 Months of Life remains relatively the same with a slight increase 0.08 percentage points
  - Childhood Immunizations Combo 5 remains relatively consistent with a slight increase of 0.70 percentage points
  - Childhood Immunizations Combo 8 had an increase of 11.13 percentage points
  - Lead Screening in Children showed no change in percentage points

Approved – March 21, 2017

- Fifteen (15) of the nineteen (19) childhood measures noted a decrease from the previous measurement year:
  - Well-Child in the Third, Fourth, Fifth, and Sixth Years of Life had a decrease of 3.2 percentage points
  - Childhood Immunizations Combo 2 remains relatively consistent with a slight decrease of 0.47 percentage points
  - Childhood Immunizations Combo 3 remains relatively consistent with a slight decrease of 0.24 percentage points
  - Childhood Immunizations Combo 4 had a decrease of 3.24 percentage points
  - Childhood Immunizations Combo 6 had a decrease of 9.75 percentage points
  - Childhood Immunizations Combo 7 had a decrease of 2.09 percentage points
  - Childhood Immunizations Combo 9 had a decrease of 8.12 percentage points
  - Childhood Immunizations Combo 10 had a decrease of 7.89 percentage points
  - Adolescent Well Care Visits had a decrease of 6.62 percentage points
  - Adolescent Immunizations Combo 1 had a decrease of 1.02 percentage points
  - Human Papillomavirus Vaccine for Female Adolescents had a decrease of 5.34 percentage points
  - BMI documentation remains relatively consistent with a slight decrease of 0.44 percentage points
  - Nutrition Counseling had a decrease of 5.74 percentage points
  - Physical Activity Counseling had a decrease of 1.99 percentage points
  - Annual Dental Visits had a decrease of 21.41 percentage points

Approved - March 21, 2017

Barriers and Opportunities

Barrier: Limited time by clinicians, in a busy office setting, to identify needed screenings as recommended by the AAP/Bright Futures Standards of Care.

Opportunity:
- Supplement the physician office staff efforts by:
  - Engaging Passport Embedded Case Managers to identify members in currently in the clinician office scheduled for other services and educate on the importance of EPSDT. Embedded nurses work in partnership with the office staff to schedule same day or follow up appointments for age-appropriate EPSDT screens.
  - Leverage the auto-dialing technology and Rapid Response Outreach Team (RROT) to engage members, in need of assistance making appointments, during auto dialer campaigns to increase EPSDT screenings and immunizations.
  - Increase internal community engagement staff for outreach and education to non-compliant members in all age groups.
  - Provide additional member identification tools to clinicians to assist with identifying those members due for screenings (birthday calculator available on the Passport's website).

- Continue clinician education through collaboration with:
  - Participating clinicians to improve compliance with AAP/Bright Futures Standards of Care guidelines.
  - Passport Provider Network Management (PNM) Account Manager to assist with clinician education and updates related to EPSDT requirements and monthly EPSDT Screening and Immunizations Due Reports available on-line.
  - Passport's Quality Department to conduct EPSDT Claims Audit to identify areas of opportunity
  - Passport Embedded Case Managers to make clinicians aware of the monthly EPSDT Screening and Immunizations Due Reports available on-line.
- Clarify clinicians' confusion regarding EPSDT age appropriate screening expectations through collaboration with DMS and IPRO to combine the EPSDT Manual provided by the State and the AAP/Bright Futures Standards of Care Guidelines.

Barrier: Member lack of knowledge regarding EPSDT periodicity schedule.

Opportunity:
- Publish an article in each issue of *My Health My Life* regarding EPSDT.
- Continue to provide education to members on EPSDT periodicity schedule including tools for self-management via telephonic outreach and community events.
- Maximize internal resources for targeted member outreach that will address all age groups including:
  - Auto-dialing technology to engage more members in screening and immunization reminders.
  - Care Connectors to engage members in EPSDT education and those in need of assistance making appointments during auto dialer campaigns to increase EPSDT screenings and immunizations.

Barrier: Member lack of knowledge of AAP/Bright Futures Standards of Care Guidelines and recommendations for preventive care.

Opportunity:
- Develop member education material specific to AAP/Bright Futures Standards of Care Guidelines and recommendations.
- Educate all members with a child in the home on the available benefits, including a postpartum reminder card, postpartum phone calls, etc.

Barrier: Clinician lack of knowledge regarding the required age appropriate elements for an EPSDT screen.

Opportunity:
- Educate clinicians on the required age appropriate elements of an EPSDT screen through clinician site visits, clinician mailings, and available tools on the Passport website.
- Encourage the use of available tools that identify age-appropriate screen and assist in completion of the required elements of an age appropriate EPSDT screen through review and demonstration of the available tools at clinician site visits.

Approved - March 21, 2017

Activities completed in 2016:

- Clinician Education:
  - o Passport's Quality Review Nurse distributed the EPSDT resource binder for education/training purposes to clinicians who perform EPSDT screenings- Pediatricians, Family Clinicians, Internal Medicine, General Clinicians, Health clinics, etc. The binder includes Bright Future/AAP periodicity schedule, educational documents explaining each elements and related documentation for Health Kentuckian measures, website links to Developmental and Mental Health Screening Tools, Bright Futures visit encounter forms for each screen age; Bright Futures tools for general development and mental screenings, oral health risk assessment, and supplemental questionnaires.
    - ▪ Educated 65 EPSDT clinician groups during site visits conducted by the Quality Review Nurse regarding:
      - – The age appropriate requirements for an EPSDT screen
      - – Appropriate documentation

- Member Education:
  - o Developed an all-inclusive data application for outreach and monitor of EPSDT screens due and referrals to specialists as a result of an EPSDT screening with the Application Development Team. The all-inclusive data application records, tracks, and reports on all member inquiries and activity as well as outreach to members referred for special services. Outreach staff contacted 402 members to remind and assist with scheduling follow-up on treatment recommended by the referring clinician.
  - o Staff provided telephonic outreach to 11,074 members, of which 3,315 members were provided education on the importance of EPSDT screens, a 30% success rate. Within 30 days of telephonic outreach 2,058 (18.58%) of these members received an age appropriate screen; within 60 days of telephonic outreach, 883 (7.97%) additional members received an age appropriate screen.
  - o Implemented 29,066 outbound automated call technology reminders to members needing a well-child visit. There were 8,245 members who went and had their visit, a 28% success rate. Of these members, 2,649 received an age appropriate within 30 days of the automated call; within 60 days, 1,715 members received an age appropriate screen.
  - o Non-compliant members were referred to the home visit program for outreach and education. On behalf of Passport, Departments of Health (DOH) conducted 589 successful home visits and EPSDT outreach and education was provided.
  - o There were 292 unsuccessful home visit attempts due to the member moving or having an incorrect address on file, and 539 because the member was not home at the time the home visit was attempted.
  - o There were 450 member who had scheduled an appointment after having a home visit and 215 members who would call to set up an EPSDT appointment.
  - o There were 66 members who declined to have a home visit completed.
  - o Educated members/caregivers about the importance of EPSDT screenings through telephonic outreach, member newsletters, on-hold SoundCare messages, Passport's website, member educational material, and face-to-face outreach.

Approved - March 21, 2017

- Member support:
  - Utilized the RROT urgent care nurses to assist 1,247 members with urgent issues and/or questions about screenings due.

- Member Incentives:
  - After verifying claims, provided incentives to 1,133 adolescent members that self-reported receiving an age-appropriate EPSDT screens.
  - Continued evaluation of member engagement rewards on improving both the screening and participation rates.

- Care Coordination:
  - Collaborated with Asthma Disease Management to include EPSDT information in the 4,591 mass mailing directed to children/caregivers.
  - Collaborated with Case Management, Embedded and In-House, and Member Services to assist members with accessing health services.
  - Collaborated with community agencies, to improve screening and participation member education and compliance through with EPSDT services.

- Utilization Management
  - Utilization Management received 191 requests for EPSDT Special Services. Of the 191 requests, 160 (84%) were approved. The top five requests approved were for Private Duty Nursing (PDN) (29), bath equipment (24), activity chair (24), car seats (24), sleep safe beds (21). Of the 31 requests denied the top five were for, Car Seats (6), Gait Trainers (5), Activity Chairs (4), Feeder Seat (4), Bath Equipment (3), PDN (3) and other miscellaneous services (7). Approval is based on medical necessity.

2017 Interventions / Activities

- Continue these initiatives from 2016:
  - Continue to monitor the effectiveness of successful telephonic outreach to determine EPSDT screens completed as a result of telephonic outreach.
  - Increase incentives to adolescent members that received age-appropriate EPSDT screens to improve health outcomes and increase EPSDT screening and participation rates.
  - Track number of members who received successful contact via home visit or telephonic to determine if an EPSDT screening was completed.
  - Develop and facilitate a cross-functional EPSDT workgroup team to look at ways to improve the performance and effectiveness of the EPSDT Program. Staff from PNM, Quality, Care Coordination, Care Connectors, and Member Services that communicate with members and clinicians will brainstorm and create interventions to increase member awareness and utilization of EPSDT services, and provide essential feedback on motivation, best practices, and incentives to enhance the results we wish to achieve.
  - Provides Screens and Immunizations Due reports to clinicians on a monthly basis to capture immunizations due utilizing the defined periodicity schedule.
  - Increase intermittent chart audits on sick visits for well care criteria as needed.
  - Provide outreach and education to members referred for special services as a result of an EPSDT Screen.
  - Encourage members to participate in corporate-sponsored events, i.e., healthy hoops, SCORE, etc.

Approved - March 21, 2017

*CHS, DMS, and CMS require Passport to report EPSDT compliance and participation rates annually, according to the FFY. The compliance rate is defined as all eligible members receiving appropriate screenings according to the periodicity schedule. The participation rate is defined as all eligible members receive at least one EPSDT well child screen during the measurement year.

Specifications for Calculation of EPSDT Compliance/Participation Rates:

Processing Order

1. Create subset of all screening claims (this includes dental and blood lead tests)
2. Create subset of eligible EPSDT members (taken from current membership as of the end of the reporting period by service date)
3. Update membership subset to reflect member's eligibility for reporting period
4. Update claims subset with member's age as of end of reporting period
5. Update membership subset with members' eligible months
6. Remove all OB visits from the claims subset (with the exception of the first visit)
7. Add county information to both subsets

Screen Procedure Codes: 99381-99385, 99391-99395 (do not include newborn codes) 99202-99205, 99213 99215(these codes must be accompanied by a dx code of V20-V202, V203, V2031, V2032, V700, or V703-V709)

Dental Procedure Codes: D0100-D9999

Preventive Dental Procedure Codes: D1000-D1999

Dental Treatment Services Procedure Codes: D2000-D9999

Blood Lead Procedure Codes: 83655 (excluding Diagnosis Codes of 9840-9849, E8615, E8616, E8660)

Current Membership File: Snapshot at end of reporting period (by DOS, not the run out).

Member Age: 0-20 (as of end of reporting period).

Member COA: Exclude Presumptive Eligibility. KCHIP identified by COA Name (contains KCHIP).

OB Visits (determined by Claim Contract): 1300BTS30001 or contains OB. Remove all OB visits from the file save for the first visit by each eligible member.

Member Eligibility: Members must have at least one segment of 90-days continuous enrollment (three months) within the reporting period. Member counts, screen counts, and member months are based on the member's age as of the last day of the reporting period.

Approved – March 21, 2017