



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

November 7, 2017

The Honorable Edward J. Kasemeyer
Chair
Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh
Chair
House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

Re: 2017 Joint Chairmen's Report (p. 87) – Report on Efforts to Reduce Lead Poisoning and the Incidence of Asthma in Children Enrolled in Medicaid

Dear Chairs Kasemeyer and McIntosh:

Pursuant to the requirements of the 2017 Joint Chairmen's Report (p. 87), please find enclosed a report on efforts to reduce lead poisoning and the incidence of asthma in children enrolled in Medicaid. The report provides a requested update on the 2016 Joint Chairmen's Report (p. 77) that covered the same topic, including the current status of the implementation of the report's six recommendations to the legislature, along with a description of what the Medicaid program and its partners would be able to accomplish if a State Plan Amendment is granted.

Thank you for your consideration of this information. If you have questions or need more information on the subjects included in this report, please contact Webster Ye, Deputy Chief of Staff at (410) 767-6480 or webster.ye@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

Enclosure

cc: Tricia Roddy
Alyssa Brown
Susan Tucker
Jill Spector
Rosemary Murphey
Webster Ye

**Report on Efforts to Reduce Lead Poisoning and the Incidence of Asthma in Children
Enrolled in Medicaid**

Submitted by the Maryland Department of Health

2017 Joint Chairmen's Report
Page 87

I. Executive Summary

Pursuant to the 2017 Joint Chairman's Report (JCR) (p. 87), the Maryland Department of Health (the Department) Medicaid agency respectfully submits this report providing an update on the implementation of the six recommendations from its 2016 JCR addressing efforts to reduce lead poisoning in children enrolled in Medicaid.¹ This report highlights the recommendations to the legislature and provides an update on the status of each recommendation.

At the time of this report, the Department has implemented two of the recommendations and four are in progress. Status updates for the six recommendations are as follows:

1. Implementing a Performance Improvement Project (PIP) with the HealthChoice Managed Care Organizations (MCOs) in the coming year to ensure all children are receiving blood lead tests;

To be implemented. The Department will implement Lead Screening in Children as a PIP when the PIP for Controlling High Blood Pressure sunsets. PIPs are selected by Medicaid to significantly improve quality, access, or timeliness of service delivery by MCOs. The PIP will focus on improving rates for children receiving lead screenings. When developing PIPs, discretion is granted to the MCOs to define their own measures and benchmarks.

2. Submitting the Health Services Initiative (HSI) State Plan Amendment (SPA) to provide Children's Health Insurance Program (CHIP) funding for lead abatement in homes of Maryland children and to reduce the incidence of asthma;

Successfully submitted and approved. The Department filed the HSI SPA with Centers for Medicare and Medicaid Services (CMS) on January 12, 2017, which approved the initiative on June 16, 2017. It is an unprecedented project, which successfully secured federal funds through CHIP Administrative funds totaling \$7.2 million to ameliorate the impact of lead poisoning and asthma on Maryland's children—two conditions related to environmental conditions in housing. The initiative is a unique collaboration between the Department, the Maryland Department of the Environment (MDE), and the Department of Housing and Community Development (DHCD). Implementation of the two programs authorized under the SPA is underway.

3. Encouraging MDE-accredited vendors to enroll as Medicaid providers and bill for environmental lead investigations for Medicaid recipients;

In Progress. CMS has asked the Department to review its current policy and to consider including additional providers who may bill for lead inspections in the home under the 2009 09-05 SPA authority. Currently, the 2009 SPA limits billing to Lead Risk Assessors who are accredited by MDE with enforcement authority. The Department is reviewing its regulations and SPA to determine the best means to implement this change.

¹ Lead Screening of Children in Maryland.
<https://mmcp.health.maryland.gov/Documents/JCRs/2016/leadJCRfinal11-16.pdf>. Web.

- 4. Improving data collection for the childhood lead registry (CLR), including collection of required information and addition of additional fields, including Medicaid ID number, payer identification, and sequential value of test (initial or confirmatory), to improve data integrity and easily track children with multiple tests;**

In progress. The JCR discusses methods to improve data collection for the CLR, including collecting required information to improve data integrity and track children with multiple tests. The Department is continuing to engage in efforts to improve data collection in these areas.

- 5. Enhancing communication between MCOs, Primary Care Providers (PCPs), and families to ensure children are tested at required times and receive appropriate follow-up; and**

In progress. To implement the initiatives authorized under its HSI SPA, the Department will engage in a comprehensive outreach strategy to raise awareness about the programs amongst key stakeholders, including MCOs, PCPs, and families. Outreach materials include information about the importance of ensuring children are tested at required times and receive appropriate follow up.

- 6. Distributing lead registry information on monthly basis, instead of the current quarterly basis, so the data can be evaluated more frequently.**

Successfully implemented. The Department successfully partnered with MDE and began distributing the lead registry information to MCOs monthly, instead of quarterly, so the data can be evaluated more frequently.

II. Introduction and Overview of 2016 JCR

The Maryland Department of Health (the Department) Medicaid agency was requested as part of the 2016 Joint Chairmen's Report (JCR) to submit a report on lead screening for children enrolled in Medicaid and ways to further incentivize Medicaid Managed Care Organizations (MCOs) to increase the level of lead screening. Further, the JCR requested suggestions on how Medicaid can work with other State agencies to maximize access to existing funding for lead remediation activities in the homes of children identified by MCOs as having elevated blood lead levels (BLL). Medicaid was also tasked with looking at other funding sources for remediation activities and providing data on the number of children identified with elevated BLL and those that receive a secondary confirmatory screening. Finally, the JCR requested that Medicaid explore the possibility of pursuing a waiver for lead remediation activities, similar to the waiver requested by the State of Michigan.

The report included several recommendations detailed below.

1. Implementing a Performance Improvement Project (PIP) with the HealthChoice MCOs in the coming year to ensure all children are receiving blood lead tests;
2. Submitting the Health Services Initiative (HSI) State Plan Amendment (SPA) to provide Children's Health Insurance Program (CHIP) funding for lead abatement in homes of Maryland children and to reduce the incidence of asthma;
3. Encouraging MDE-accredited vendors to enroll as Medicaid providers and bill for environmental lead investigations for Medicaid recipients;
4. Improving data collection for the Childhood Lead Registry (CLR), including collection of required information and addition of additional fields, including Medicaid ID number, payer identification, and sequential value of test (initial or confirmatory), to improve data integrity and easily track children with multiple tests;
5. Enhancing communication between MCOs, Primary Care Physicians (PCPs), and families to ensure children are tested at required times and receive appropriate follow-up; and
6. Distributing lead registry information on monthly basis, instead of the current quarterly basis, so the data can be evaluated more frequently.

This report provides an update on the status of each of the six recommendations from the 2016 report. At this time, the Department has implemented two recommendations and four are in progress.

III. Background on Lead Testing in Maryland

Lead is an element naturally found in the earth's crust but has significant health impacts when ingested. In children, an elevated BLL (defined as $BLL > 5\mu\text{g/dL}$) may result in adverse health outcomes. Children are at particular risk for elevated BLL because their small body mass and still-developing nervous systems absorb more lead per pound. Sources of exposure may include contaminated water, lead paint chips or dust, or imported toys made with lead. There is no safe level of lead in blood, and the CDC recognizes that even very low levels of lead exposure may cause lifelong health consequences such as decreased IQ, Attention Deficit/Hyperactivity Disorder (ADHD), asthma, and hearing impairment.

Since 2015, Maryland requires blood lead testing for every child in the state at 12 months and 24 months. Lead testing can take place in a doctor's office or in a lab. The most common testing methods are the finger or heel prick test (capillary) and drawing blood from a vein (venous). Either test measures a BLL in micrograms per deciliter ($\mu\text{g/dL}$). The state's CLR reports on every child with a confirmed elevated BLL and sends results to local health departments (LHDs) to ensure appropriate follow-up, including home inspection for source of lead exposure and follow-up testing to confirm declining BLL.

In 2015, the most recent year data available, 55.8 percent of children (12 to 35 months old) enrolled in HealthChoice received at least one blood lead test.² Testing rates vary by county, ranging from 29.1 percent (Calvert County) to 77.7 percent (Allegany County). Baltimore City tested 61.5 percent of children enrolled in HealthChoice.

The prevalence of elevated BLL is decreasing in Maryland. In 2000, approximately 18 percent of all tested children had a BLL of 5-9µg/dL.³ In 2015, the prevalence of BLL 5-9µg/dL decreased to 1.6 percent. Similarly, the prevalence of BLL greater than or equal to 10µg/dL decreased from 5 percent in 2000 to 0.3 percent in 2015.

The Department currently engages in several measures to continue decreasing elevated BLL in children. Lead testing is included as an encounter-based measure in the Value-Based Purchasing program, the quality incentive component of Medicaid's managed care program. Additionally, the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program requires PCPs to complete a lead risk assessment at every preventative visit from six months to six years of age. In 2009, Maryland obtained SPA 09-05, which permits Medicaid to reimburse environmental lead investigations for children with elevated BLL. The SPA allows for LHDs to bill for one on-site lead inspection per primary dwelling for enrollees under age 21 with a BLL greater than or equal to 10µg/dL (to be updated to 5 µg/dL) performed by Lead Risk Assessors who are accredited by MDE with enforcement authority.

HealthChoice MCOs have programs to encourage parents and guardians to receive blood lead tests for children. An MCO may conduct outreach by mail to remind parents to schedule an appointment for a child's lead test, and some have active follow-up in the form of visiting a noncompliant member's home to conduct the test. Some MCOs offer incentives in the form of gift cards, diapers, or financial incentives.

To support these and other community-based initiatives, the Department submitted six recommendations. An update to each recommendation is detailed below.

IV. Review of Recommendations

- 1. Implementing a PIP with the HealthChoice MCOs in the coming year to ensure all children are receiving blood lead tests;*

The Department will add Lead Screening in Children as a PIP when the PIP for Controlling High Blood Pressure sunsets. PIPs are selected by the Department to significantly improve quality, access, or timeliness of service delivery by MCOs. HealthChoice MCOs conduct two PIPs annually as designated by the Department. The two current PIPs are based on Healthcare Effectiveness Data and Information Set (HEDIS) measures for Controlling High Blood Pressure and Asthma Medication Ratio. MCOs may set their own standards for performance improvement, and report annually on progress.

² The Hilltop Institute CY 2015 Lead Annual Report to MDE.

³ Lead Report CLR 2015, MDE, Web:

<http://www.mde.state.md.us/programs/Land/Documents/LeadReports/LeadReportsAnnualChildhoodLeadRegistry/LeadReportCLR2015.pdf>

Including lead screening as a PIP will require MCOs to achieve, through ongoing measurements and interventions, significant improvement in rates of lead screening of children.

2. *Submitting the HSI SPA to provide CHIP funding for lead abatement in homes of Maryland children and to reduce the incidence of asthma;*

On June 16, 2017, the Centers for Medicare and Medicaid Service (CMS) approved Maryland's HSI SPA under Section 2105(a)(2) of the Social Security Act and 42 CFR 457.10. As defined in 42 CFR 457.10, a health services initiative is an activity that protects public health, protects the health of individuals, improves or promotes a state's capacity to deliver public health services, or strengthens the human and material resources necessary to accomplish public health goals relating to improving the health of children (i.e., under 19 years of age). Title XXI funding can be used under an initiative to pay for health services that may include children who do not meet the definition of targeted low-income; these children are not excluded from the initiative.

The HSI SPA authorizes a \$7.2 million initiative in Fiscal Year (FY) 2018 to reduce lead poisoning and improve asthma, two conditions related to environmental health conditions in housing. The Department submitted the HSI SPA application to CMS on January 12, 2017, which CMS approved on June 16, 2017. The effective date of the HSI SPA was July 1, 2017. The Department, in collaboration with the Maryland Department of the Environment (MDE) and the Maryland Department of Housing and Community Development (DHCD), is in the process of implementing the initiative. Under the HSI SPA authority, the State may continue the initiative in subsequent fiscal years subject to the availability of funding.

Maryland's HSI will advance a two-pronged initiative to combat lead. Maryland proposes to expand services to include lead abatement (Program 1) as well as additional environmental case management through LHDs aimed at reducing poor health outcomes associated with hazards in the home (Program 2).

Through **Program 1: Healthy Homes for Healthy Kids Program**, the Department and the Department of Housing and Community Development (DHCD) will collaborate to expand lead identification and abatement programs for children. Children under the age of 19 who are enrolled in or may be eligible for CHIP or Medicaid, and who have an elevated BLL $\geq 5\mu\text{g/dL}$ will be eligible for services. Properties in which an eligible child resides or spends more than 10 hours a week will be assessed for the presence of lead; a lead abatement contractor will remediate the property; and a lead inspector will assure that the property has been abated. Eligible properties include: rental properties, owner-occupied properties, and residential day care facilities.

To the extent a child is not currently enrolled in Medicaid or CHIP, their income will be assessed. To qualify for Medicaid or CHIP in Maryland, a child's household income must be at or below the adjusted income threshold of 322 percent of the federal poverty level (FPL). DHCD currently utilizes the Area Median Income (AMI), set by the Department of Housing and Urban Development (HUD), to assess eligibility for its programs. Due to resource restrictions, DHCD is unable to perform a modified adjusted gross income (MAGI) income assessment of potential program recipients. For purposes of Program 1, the State intends to use a percentage of the AMI

adjusted to the CHIP income threshold of 322 percent of the FPL as the ceiling for income eligibility. DHCD will collect household size information to ensure the family is within the income limits to determine if the child is eligible to participate—e.g., does the family’s income fall below the AMI ceiling for that area. If the child’s family meets the income eligibility requirements, they will be enrolled in Program 1 and referred for assistance in applying for Medicaid/CHIP.

The Healthy Homes for Healthy Kids Program will receive \$4.17 million in total funding using a combination of \$3.67 million in CHIP federal matching funds and \$500,000 in State Funds in State Fiscal Year 2018.

Program 2: Childhood Lead Poisoning Prevention & Environmental Case

Management strengthens LHD programs that help families and health care providers to identify and eliminate sources of lead exposures and asthma triggers in homes. Program 2 will start in FY 2018 with pilots in Baltimore City, Baltimore County, Charles County, Prince George’s County, St. Mary’s County, Harford County, Frederick County, Wicomico County, and Dorchester County. Children eligible for Program 2 include Medicaid/CHIP-enrolled or -eligible children diagnosed with (1) persistent moderate to severe asthma or (2) a BLL $\geq 5\mu\text{g/dL}$ who reside in the above referenced counties. If child is not enrolled in Medicaid, LHD staff will assist the family with a Medicaid application.

The Childhood Lead Poisoning Prevention & Environmental Case Management Program will receive \$3 million in total funding using a combination of \$2.64 million in CHIP federal matching funds and \$360,000 in State Funds under the Department’s Environmental Health Bureau’s annual budget allocation in FY 2018.

3. Encouraging MDE-accredited vendors to enroll as Medicaid providers and bill for environmental lead investigations for Medicaid recipients;

In 2009, Maryland obtained SPA 09-05, which permits Medicaid to reimburse for environmental lead investigation activities performed by MDE-accredited vendors with enforcement authority as part of the EPSDT benefit for child beneficiaries, billable by LHDs. The SPA allows for one on-site lead inspection per primary dwelling for enrollees under age 21 with a BLL greater than or equal to $5\mu\text{g/dL}$, billable by LHDs.⁴ Maryland reimburses for these assessments using existing Medicaid funds (procedure code T1029).

Currently, Medicaid only reimburses for environmental assessments performed by Lead Paint Risk Assessors accredited by MDE who also have enforcement authority. The only accredited Lead Paint Risk Assessors who have enforcement authority are those employed by health departments or MDE; other (private sector) accredited Risk Assessors do not have authority to

⁴ In October 2015, MDE revised and updated the 2004 Targeting Plan and issues the 2015 Targeting Plan, which formally adopted the 2012 CDC recommendation, stating that there is no safe level of lead exposure and requiring universal statewide testing for a three-year period for all children under six at 12 and 24 months. The elevated lead level threshold from CDC became $5\mu\text{g/dL}$ and Maryland changed it from $10\mu\text{g/dL}$. “Maryland Targeting Plan for Areas At Risk for Childhood Lead Poisoning” October 15, 2015. DHMH. Web. <http://phpa.dhmh.maryland.gov/IDEHSharedDocuments/MD%202015%20Lead%20Targeting%20Plan.pdf>.

enforce Maryland law, only authority to conduct assessments and issue lead-free certificates. With the exception of Baltimore City Health Department and Prince George's County Health Department, the remaining 22 LHDs do not have accredited Lead Paint Risk Assessors with enforcement authority on their staff, and therefore have not been eligible for reimbursement for environmental assessments.

Upon approval of the HSI SPA, CMS requested that the Department review the requirement in SPA 09-05 limiting reimbursement for in-home lead assessments to accredited Lead Paint Risk Assessors with enforcement authority. The Department will begin the process of amending the SPA by removing the language of requiring lead inspectors to have enforcement authority. This is consistent with the Department's goal of paying for assessments by accredited Lead Paint Risk Assessors for children enrolled in Medicaid. Once the amendment is approved, the Department will conduct a coordinated outreach initiative to alert the LHDs and providers of the change.

4. *Improving data collection for the CLR, including collection of required information and addition of additional fields, including Medicaid ID number, payer identification, and sequential value of test (initial or confirmatory), to improve data integrity and easily track children with multiple tests;*

The CLR collects data of every child with a confirmed elevated BLL test in Maryland. Managed by MDE, the CLR includes information such as child's name, birthday, and lead test result. Requiring additional information as suggested would help track outcomes for children enrolled in Medicaid programs. The Department will continue to work with MDE and explore adding additional registry fields on the CLR so the Department can obtain additional demographic information.

5. *Enhancing communication between MCOs, PCPs, and families to ensure children are tested at required times and receive appropriate follow-up; and*

To reach a broad audience, the Department maintains an active role on social media platforms, such as Facebook and Twitter, to promote programs and conduct outreach to Maryland residents. The "Maryland Department of Health" Facebook page reaches nearly 2,000 people, and the @MDHealthDept has over 5,000 followers.^{5,6}

As part of the Department's outreach efforts, the Department is collaborating with DCHD and the Environmental Health Bureau to create outreach materials for the HSI SPA. The materials are written for a lay audience; highlight the two programs, how to enroll, and the benefits of enrollment; and include a phone number to call to enroll or to obtain more information. These materials will also be distributed to MCOs, so Medicaid enrolled providers can inform their patients about the HSI SPA programs.

The Department is also reviewing an additional method for MCOs to conduct more effective outreach with their participants. All HealthChoice MCOs are required to comply with the Systems Performance Review (SPR) standards and all applicable federal and state laws and

⁵ Maryland Department of Health Facebook. <https://www.facebook.com/MarylandDHMH/>. Web.

⁶ Maryland Department of Health Twitter. <https://twitter.com/MDHealthDept/>. Web.

regulations.⁷ The purpose of the SPR is to provide an annual assessment of the structure, process, and outcomes of each MCO's internal quality assurance (QA) programs.⁸ The last comprehensive onsite SPR concluded in Calendar Year (CY) 2015. Moving forward, comprehensive onsite SPRs will be conducted every three years. The Department will review outreach efforts specific to lead testing for each MCO.

The Department supports enhancing communication between MCOs, PCPs, and families to ensure children are tested at required times and receives appropriate monitoring. To that end, the Department issued a follow up survey in September 2017 to all MCOs requiring them to provide updates on how they have continued to conduct outreach to their participants and providers. The responses are summarized below and included in Appendix A.

All MCOs indicated that they engaged with participants through direct contact, such as mail, email, phone calls, and texts. MCOs often offer incentives to encourage participant follow-up with a provider, and many highlight the availability of in-home testing for a noncompliant member. One MCO, Kaiser, developed a lead test auto-order feature in their electronic medical record system for children who were due lead screenings. This allows a child to receive a blood lead screening without having to wait for a physician to order it. Continual MCO efforts to engage members also include case management and staff follow-up, transportation, and presence at community events.

Methods of provider engagement from MCOs are often focused on data sharing, communication, and collaboration with case managers. Several MCOs routinely audit their systems to determine which providers have patients who need lead tests and share information on each patient with the provider. Information is often featured in provider newsletters, in provider handbooks, and at learning collaboratives. MCO case managers are also a resource for providers, and may help with referrals and follow-up for specific patients.

6. *Distributing lead registry information on monthly basis, instead of the current quarterly basis, so the data can be evaluated more frequently.*

At the time of the 2016 report, the Department received data on children with elevated BLL on a quarterly basis from CLR staff. The report was provided one month after the end of the quarter to ensure all reports were received and processed by the Registry. In April 2017, the Department contacted CLR staff for assistance in implementing this recommendation. Registry staff agreed to issue reports monthly under the same timeline arrangement (one month after the end of the month). Since mid-April 2017, reports are now provided monthly to ensure follow-up and aid in tracking the sequential progression of lead tests.

V. Conclusion

The Department remains committed to increasing lead testing and reducing BLL across the state of Maryland. As provided in this update, Maryland has made great strides in decreasing lead

⁷ COMAR 10.09.65.

⁸ Maryland Medicaid Managed Care Organization 2016 Annual Technical Report, Delmarva Foundation, April 2017, <https://mmcp.health.maryland.gov/healthchoice/Documents/2016%20Annual%20Technical%20Report.pdf>.

poisoning in the State. At the time of this report, the Department has implemented two of the recommendations and four are in progress. The recommendations have helped accelerate progress towards the goals of reducing lead exposure, increasing testing, and improving children's long-term health outcomes. The Department looks forward to making continued progress in this area and will be able to provide a comprehensive overview of the HSI SPA's impact on Maryland children in abating homes after FY 2018.

Appendix A

1. *Since September 2016, has your MCO conducted any outreach or engaged in new activities designed to ensure **participants** receive lead testing and appropriate follow up? Please detail.*

Amerigroup: Yes, Amerigroup deploys the following lead outreach activities to ensure members receive screenings and appropriate follow up:

- Lead testing encounter data is analyzed month over month to identify service area needing additional resources to close open care gaps
- Amerigroup Case Managers (CM) identifies members who have specific health care needs, to facilitate developing and implementing a plan that efficiently uses health care resources to achieve optimum outcome, coordinates specialty and medical services for member. CM shares with members PCP information regarding the child's care, including scheduling and results of follow-up blood lead level tests. The Case Manager monitors preventive and medical interventions and the resulting blood lead screening results over time, especially if it is a BLL of 5ug/dL or greater
- Amerigroup Health Promotion Manager has face to face meeting with member's practitioner and share open care gap report (members identified as needing a lead screening service or follow up)
- Amerigroup Health Promotion Manager collaborates with network providers and office based phlebotomist to schedule same day immunization, lead, and well appointments
- Embed Amerigroup health promotion and health coach associates in network providers medical offices to schedule appointments, arrange transportation, and provide support
- Amerigroup performs live outreach calls, coaches members on how to reduce health risks, link members to community resources, and provide home visits to members with open care gaps or need follow up
- Amerigroup send text message, email, IVR services, and postcard reminders to members and their parent/guardian; reminders are also communicated via the member newsletter
- Amerigroup's locate and engage staff is feet on the street to identify member and connect members families with community resources and partners
- Amerigroup coordinates and send unable to locate referral to DHMH ACCU unit

Jai Medical Systems: Since September 2016, Jai Medical Systems has taken many steps to ensure our participants are tested for lead exposure at ages 12 and 24 months in compliance with state regulation. Our proactive outreach methods include direct contact with the parents or guardians of these participants prior to their first and second birthdays to ensure appropriate lead screening is conducted. Additionally, lead testing encounter data is analyzed on a monthly basis to ensure compliance. To encourage compliance, occasionally, we offer various low level incentives to our members.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc: In winter 2016, KPMAS began entering automatic bulk orders for lead testing into the electronic health record based on a participant's age so that participants due for lead testing can present to the laboratory and receive testing without having to wait for or confirm a specific physician order. Families of these participants receive a secure email message or letter outreach communication from a centralized department indicating that their child needs to be tested and that the order has been placed. Families who do not respond to this communication receive outreach phone calls from the health care team and, potentially, a letter if they are not reached and do not come to the lab after a minimum of three phone call attempts. If there is no response to the letter, the health care teams will again attempt outreach via phone.

Maryland Physicians Care: During health fairs, baby showers, and educational events MPC gives lead testing information (an educational booklet) to members/participants. This includes events held with various Baltimore City Head Start Programs throughout the year.

From September 2016 to May 2017 quarterly mailing to all identified pre-natal moms. Packet included information about pregnancy, postpartum and the importance of lead testing for children.

MPC also previously engaged Alegis Home Physicians to outreach our members who were missed opportunities. Alegis communicated the results to the PCP and notified the Special Needs Coordinator for Case Management to follow up. MPC is monitoring use of Alegis' services currently under MDH review. In addition, the health plan also did outreach to members to get them scheduled with their PCP for lead testing.

Medstar Family Choice: In 2017, aggressive outreach continues on children 9 – 12 months of age who are missing their Lead Test. To increase the compliance of Lead Testing, MFC is contracted with a company called MedTox Diagnostics, Inc. This company uses filter paper for lead and hemoglobin screening. This capillary lead test is more convenient for the parents because it can be completed in the home. After the test is completed the lead test card is mailed to the company to analyze results. MedTox Diagnostics, Inc. will also report all results to the State of Maryland. The MedTox Home Visit Program is offered to those children up to date with all EPSDT care with the exception of their Lead Test. For any child that completes this test, their parent/guardian will be given a gift card with educational materials. The children are also provided with a gift bag. Results are forwarded to the member's primary care physician (PCP) and any needed follow up is provided.

In 2017, MFC started an exciting strategy by working collaboratively with a new company called IGGBO. IGGBO is a company that performs laboratory testing by a professional phlebotomist at any time and any place. Lead testing is a service provided by the company. This type of service was designed to be convenient while meeting the needs of our members and improving compliance. MFC utilizes IGGBO for lead testing when the children 9 – 12 months of age are

not up to date on their immunizations. Results are forwarded to the member's PCP and any needed follow up is provided.

Priority Partners:

- Member Education:
 - Annual newsletter article providing lead education, lead testing importance, and what to do with elevated lead testing results
 - Member letter providing member information on importance of immunization and lead screening. Mailing occurs 3 months prior to 2nd birthday
 - Media Platforms- web based education and resources for lead
- Improving Access to Care:
 - Scheduling assistance-telephonic outreach offering scheduling assistance to PCP
 - Round-trip transportation
 - Providing members who remain non-compliant with a home visiting vendor who will perform lead testing in the home.
- Member Incentive:
 - Offering diapers to members who complete testing in the measurement year they turn one
 - Providing coats to members who complete the testing between October 1st-March 31st
 - Pilot: Zoobration- A health fair focusing on preventative care and resources. The health fair provides free entrance to the Maryland Zoo in Baltimore, offers lead testing on site, and collaborates with Baltimore City Government to include Childhood Lead Poisoning Prevention programs to increase awareness for the need of lead testing to be completed.

University of Maryland Health Partners:

- Mailing of 1&2 year old birthday cards reinforcing need for lead test and well exam.
- Text messages to members 2 mos past dob without evidence of lead screen (English and Spanish)
- Phone calls to members turning one year old to assist in facilitating PCP appt for well exam and lead test.
- Follow-up phone calls for members with no evidence of lead test based on gaps in care reports
- Referral to home specimen collection vendor for members with no evidence of lead test. Vendor makes calls and offers home specimen collection.
- Incentives to members contacted by phone who complete lead test in timeframe agreed (\$25 gift card)
- Sponsored Clinic Day for members in need of lead tests—not successful. No current plans to continue in 2017.
- Sponsored community events where specimen collection vendor was present for members in need of service with targeted outreach campaign to support –Not successful overall. Only 1 planned tentatively for 2017.
- Increased frequency of ingesting the Lead Registry file from MDH (changed from quarterly to monthly)

- Upon receipt of Lead Registry file, members with Lead result >5 are referred to Case Management to assess follow-up needs.

United Health Care: Our local outreach team calls our members' parents/guardians to assist them with making appointments with their PCP. When we reach the custodian, we offer to three-way call the provider office to schedule an appointment. We also use automated calls (IVR) to leave messages for the parent or guardian to call their PCP for an appointment.

Finally, we use Alegis to provide in-home testing when our other efforts are unable to get the member into the provider office.

Our Special Needs Coordinator is alerted of any elevated lead levels and coordinates follow up care with the local health department.

2. *Since September 2016, has your MCO conducted any outreach or conducted new activities designed to ensure providers provide lead testing and timely follow up to participants? Please detail.*

Amerigroup:

- Amerigroup HEDIS nurses partners with Healthy Kids Program nurse consultant to provide trainings and in-service
- Amerigroup HEDIS nurses perform lab and lead specific EPSDT chart audits for select practices to ensure that lead screening complies with recommended periodicity protocol or follow state-specific guidelines and regulatory requirements, educate about appropriately documenting services and billing.
- Reminders and preventive guidelines are communicated through the provider manual and newsletter
- Amerigroup staff engage providers to help close gaps in care by providing member level detail reports and ensure the members they serve understand the importance of regular visits with their doctor and works to remove barriers
- Amerigroup collaborates with network providers by sending a cobranded service reminder "member" letter to members identified with open care gap or need follow up
- Amerigroup Provider Solutions and HEDIS team provide "in-service" and "learning collaborative" to network providers
- Amerigroup Case manager's coordinates with provider when a child is found to have a blood lead level; the Case Manager will help coordinate intervention with the provider and the specialty provider, or local Health Department as appropriate
- Provider centric learning collaborations and in-service trainings is provided during Amerigroup's Health Plan Medical Advisory Committee (MAC)

Jai Medical Systems: To ensure our providers provide lead testing and timely follow up to our participants; Jai Medical Systems takes active steps to increase the provider's awareness of state regulations regarding lead screenings through updates, quality meetings, and educational mailings. Our quality assurance team also screens encounter data monthly and we alert providers when lead screenings are due. Ultimately, we have engaged our providers to be the primary caregiver to our members. Our providers are responsible for referring patients when necessary and for ensuring environmental assessments are performed for children with elevated lead levels. Our providers are engaged to educate their patients and ensure families have access to appropriate community lead poisoning treatment abatement resources. Jai Medical Systems utilizes Maryland Medicaid's monthly reports regarding lead testing of our members to ensure providers are aware when a lead test shows an elevated lead level.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.: As a delivery system focused on preventive care, lead screening and testing have always been a part of the well-child visit process. In the past year, KPMAS has implemented a monthly performance reporting program to monitor lead screening and testing among physicians and medical practices. These reports are reviewed by the physicians, service line chiefs, and health plan managers. Corrective action plans are implemented when targets are not reached or significant variation exists. Although clinical practice guidelines for lead screening and testing have been in place for decades, they were reviewed in spring 2017 to ensure instructions for documentation and timing are clear and accurate. Ongoing in-person discussions and email communications with pediatric physician and health plan leadership regarding the timing and importance of lead testing ensures this information is shared with the front-line physicians and staff through a standardized communication plan. Although the tools have been in place for over a decade, in the last twelve months, KPMAS has verified that lead screening and testing is included in the 'smart tools' embedded into the electronic medical record at the appropriate age ranges so that when a physician completes a well-child visit, the physician reviews the pre-visit questionnaire that asks about lead exposure and the encounter documentation tool alerts the physician to review and/or order lead testing. In addition, there is an alert in the electronic medical record when a patient is due for lead testing that attaches to an order set so that the physician can seamlessly write the order for the test and communicate with the patient/family to go to the lab before they leave the facility.

Maryland Physicians Care: Starting January 2017 MPC has been randomly selecting medical records each quarter for review from pediatric and family practice network providers that failed the "Lab and at Risk Screening" section of the state EPSDT audit. Medical Records have been reviewed for compliance with the "Lab and at Risk Screening" requirements which include Lead screening and testing. Practitioners are provided feedback and recommendations for correction as needed.

MPC designed and distributed an EPSDT reminder pamphlet to all pediatricians and family practice network practitioners in the summer of 2017. The reminder highlighted the "Lab and at Risk Screening" requirements especially Lead testing.

Medstar Family Choice: MFC receives the Quarterly Lead Results from MDH. The MFC members who present with a high lead level are reviewed by the Quality Improvement staff. The Quality Improvement staff determine:

1. If they still have eligibility with MFC
2. If they have had a follow up lead test
3. If they have had a follow up appointment with their PCP.

If the member is still active but has not had another test or visit with their PCP then the Quality Improvement staff will conduct outreach to attempt to get the member into care. Provider Relations provide lead testing education at the Provider Orientation Sessions and also on an individual office basis during their orientation sessions. Educational information is also placed in a yearly newsletter.

Priority Partners:

- Provider Education
 - Annual newsletter education with requirements for lead testing
 - Annual provider tip sheet providing requirements and coding for lead
 - Annual education and training as needed based on EPSDT guidelines
- Provider resources
 - Monthly updated opportunity reports- identification report of members showing as non-compliant for lead testing
 - Monthly multi-disciplinary care coordination meetings to identify barriers and opportunities, review best practices, monitor trends, review current outcome rates, and develop and implement strategies to engage members into care
 - Provider Relations provides education on POC testing as well as Medtox filter testing to assist providers
- Provider Incentives
 - Providers receive incentive payment (Pay for Performance) based on VBP benchmarks.

University of Maryland Health Partners:

- Providers receive monthly gaps in care reports indicating members who are non-compliant with lead tests. (by Fax)
- Provider gaps in care reports placed on website (2016)
- Provider Relations staff meet with high volume providers quarterly to review reports, discuss actions to close gaps (deliver hard copies)
- Hired Clinical Liaison to meet with key provider groups and provide additional education, build clinical relationships for increased coordination of care
- Lead testing and management guidelines distributed to providers by website
- Lab and at-risk screening educational letter sent to provider offices reinforcing standards
- Medical Director met with Medical Director at top 5 lowest performing provider groups to discuss concerns, review barriers and encourage focused interventions to improve. (2016)

United Health Care: We've added a new FTE to include a Nurse CPC who specifically focuses on the EPSDT program and follow up. She provides education to the provider groups and staff regarding lead testing and follow-up. All of our CPCs who visit pediatric practices, educate the providers on the EPSDT program, however, we now have a SME who focuses on this program only, more specifically in the areas addressing our CAP.