

# Section 1 Introduction - Maryland Healthy Kids/ Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program

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# Section 1 Introduction - Maryland Healthy Kids/ Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program

## A. OVERVIEW

**Medicaid**, or Medical Assistance (MA), is a joint federal and state program authorized under Title XIX of the Social Security Act to provide health and long-term care coverage to low-income people and others in certain categories. The State Medicaid Program is operated within the **Maryland Department of Health and Mental Hygiene (DHMH)**. Maryland Medicaid also operates similar programs for moderate to low-income children, who are not eligible for Medicaid. These are the *Maryland Children's Health Program (MCHP)* and MCHP Premium Programs.<sup>1</sup> Since Medicaid, MCHP, and MCHP Premium provide children with the same comprehensive benefit package, this Manual will generally refer to the Programs as Medicaid/MCHP.

Most children in Medicaid/MCHP receive services through **the Maryland HealthChoice Program**, a Statewide Medicaid managed care program. HealthChoice beneficiaries enroll in one of eight managed care organizations (MCO).<sup>2</sup> MCOs that participate in the HealthChoice program are responsible for providing the full range of health care services covered by the Medicaid fee-for-service program, except for certain Medicaid-covered benefits that are “carved-out” and made available to enrollees outside the MCOs.

**The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program** is a federal requirement that mandates that States cover certain benefits for Medicaid recipients from birth through 20 years of age that are not necessarily covered for individuals 21 years of age and older. The Program came into existence in 1967 after Congress passed the Section 1905(r) Amendment to the Social Security Act. States are allowed to develop their own EPSDT periodicity schedule with input from medical societies and organizations involved in child health.

In Maryland, the preventive care component of the EPSDT Program is known as the *Healthy Kids Program*.<sup>3</sup> The preventive health care services allow for early identification and treatment of health problems before they become medically complex and costly to treat. Standards for the Healthy Kids Program are developed through collaboration with key stakeholders such as the DHMH Family Health Administration, the Maryland Chapter of the American Academy of Pediatrics, the University of Maryland Dental School, and the Maryland Department of the Environment. The *Maryland Healthy Kids Preventive Health Schedule* (Refer to Section 2) closely correlates to the American Academy of Pediatrics' periodicity schedule. The primary purpose of this manual is to provide clinical and administrative guidance in the

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<sup>1</sup> See <https://mmcp.dhmh.maryland.gov/chp/Pages/Home.aspx>.

<sup>2</sup> For a current list of the participating MCOs refer to <https://mmcp.dhmh.maryland.gov/healthchoice/Pages/Home.aspx>.

<sup>3</sup> See <https://mmcp.dhmh.maryland.gov/epsdt>.

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implementation of the required preventive care standards of the Maryland Healthy Kids/EPSDT Program.

### B. HEALTHY KIDS PROGRAM ADMINISTRATION

Medicaid's HealthChoice and Acute Care Administration (HCACA), administers the Healthy Kids/EPSDT Programs. The Healthy Kids Program has a team of nurses who serve as regional consultants to MCOs and providers certified in the Program. This team performs a vital role by conducting performance improvement activities to assure that services rendered to Medicaid children and adolescents are meeting the Program standards.

In addition, the following Medicaid Divisions provide complimentary functions that impact the Healthy Kids/EPSDT Program: HealthChoice Management and Quality Assurance, Customer Relations, Outreach and Care Coordination, and the Division of Children's Services. The Division of Children's Services is responsible for policies that relate to the treatment components of the EPSDT Program that include dental services, vision, audiology, therapies, and other services provided only for children and adolescents less than 21 years of age who are enrolled in Medicaid. The Healthy Kids Program is part of the Division of Children's Services.

The Healthy Kids/EPSDT Program responsibilities include:

- Informing eligible children under 21 years of age about the EPSDT/Healthy Kids Program;
- Assuring that EPSDT screening services are available from Program-certified primary care providers enrolled in Managed Care networks and the fee-for-service MA Program;
- Assuring that medically necessary treatment services are available;
- Coordinating with related agencies and programs such as local health departments (LHDs), WIC, Head Start and foster care;
- **Providing funds to LHDs to collaborate with the MCOs and provide support services such as outreach, appointment scheduling, transportation assistance, tracking, and case management services to assist with treatment for identified problems and assure continuity of care.**

### C. PROVIDER CERTIFICATION AND QUALIFICATIONS

**In order to provide services to a Medicaid recipient, a provider must contract with the Maryland Medicaid Program or one of the MCOs. The Maryland Healthy Kids Program must certify all primary care providers who plan to serve**

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**Medicaid/MCHP children less than 21 years of age, even if the provider does not contract directly with Medicaid.** The certification requirement applies to PCPs contracted with MCOs and PCPs providing care to recipients not enrolled with an MCO who have a red and white Medicaid card (commonly referred to as “fee-for-service MA”). Providers who need certification as primary care providers include, solo practices, group practices and rendering providers within group practices who are:

- Board certified providers in pediatrics, family medicine and internal medicine,
- Licensed physicians and osteopaths, certified nurse practitioners and physician’s assistants,
- Health care providers such as federally qualified health centers, hospital outpatient department clinics, and school-based health centers.

To participate in the Program, the provider must agree to adhere to the standards of preventive health care described in this *Maryland Healthy Kids Program Manual*. Providers are required to follow the *Maryland Healthy Kids Preventive Health Schedule* (Refer to Section 2). In addition, federal and state regulations<sup>4</sup> stipulate that preventive care services are required for Medicaid enrolled recipients less than 21 years of age. The *Provider Application for Certification and Participation* (Refer to Section 1, Addendum,) outlines the conditions for participation. The Maryland Healthy Kids Program certification requires a face-to-face meeting with a Healthy Kids Program Nurse Consultant. A follow-up *Provider Certification Letter* is sent to the PCP and MCO that should be saved as a reference for MCO credentialing (Refer to Section 1, Addendum).

The Maryland Insurance Administration’s *Uniform Credentialing Form*<sup>5</sup> requests an EPSDT Certification number. Once the Program certifies a provider, the provider’s Maryland Medicaid number becomes the EPSDT Certification Number. Providers, who elect not to enroll in the Medicaid Program, may be certified using their assigned MCO number, but this number cannot be used on the Uniform Credentialing Form. Since most MCOs currently use the Uniform Credentialing Form as part of the MCO credentialing process, provider enrollment in the Maryland Medicaid Program is required.

When a new provider joins the practice, the provider should complete the following steps:

1. Obtain an application packet for a MA number from Provider Enrollment at **410-767-5340** or print it by following the link <https://encrypt.emdhealthchoice.org/emedicaid/eDocs/Forms/F0001ProviderApplication.pdf>.

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<sup>4</sup> See Section 42 of the Code of Federal Regulations [CFR], Parts 430 to 460 and the Code of Maryland Annotated Regulations [COMAR] 10.09.23 and COMAR 10.09.62 - 10.09.74

<sup>5</sup> See COMAR 31.10.26.04

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2. If the new provider already has an active MA number, this application process will serve to update the provider's current practice address and link the provider to the group practice number.
3. Submit the completed application to the address noted on the application. Retain a copy for your files. Expect receipt of the MA number in about 6-8 weeks.
4. Contact the **Maryland Healthy Kids Program at 410-767-1836** to schedule a certification visit with the Program consultant for your area\*

*\*This step can be completed even before the provider is assigned the MA number.*

Once a provider is certified and he/she **demonstrates compliance with the Healthy Kids Program**, the certification stays with the provider regardless of whether the provider changes practice sites or opens his or her own private practice. **Therefore, it is important to notify the *Healthy Kids Program Nurse Consultant* for your area of any changes to your practice** (Refer to Section 8). In addition, notify the Department's Provider Master File in writing, on business letterhead, of any changes in practice location, telephone number, or providers within a group practice.

**Please note that the Department of Health and Mental Hygiene mails license update notifications to the practice site based on the information possessed by Provider Master File.** Additionally, DHMH mails transmittals based on this information, so it is important to keep practice and provider information up to date.

Providers who participate in the Healthy Kids Program receive specialized services offered by the state and local health departments.

### Healthy Kids Program Nurse Consultant Services

- Certification of new providers entering group practices or establishing new solo practices;
- Maintenance of applicable clinical and Program manuals/materials on line at: <https://mmcp.dhmh.maryland.gov/epsdt>;
- Interpretation of Medicaid health policies and federal/state regulations;
- Orientation and staff training in Program standards and procedures;
- Monitoring of performance regarding program implementation through medical record reviews;
- Assistance with Medicaid billing and MCO encounter data reporting;
- Education of providers about MCO and LHD referral process for outreach and health related services.

### Additional Services from DHMH

- Distribution of child health pamphlets and Program forms to aid Program implementation;

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- Availability of resources and referrals for community services from the Maryland Children’s Health Program Information Line at **1-800-456-8900**;
- Provision of free vaccines through the Vaccines for Children Program;
- Assistance in meeting the requirements of timely services to children with special needs;

### D. LOCAL HEALTH DEPARTMENTS AND HEALTHCHOICE AND HEALTHY KIDS PROGRAMS\*

Each local health department receives direct funding from the Medical Assistance Program to perform a wide range of administrative functions for the Program such as:

- Conduct Medical Assistance eligibility determinations for children and pregnant women applying for the Maryland Children’s Health Program.
- Provide assistance to families when children under 21 years of age need to access follow-up treatment services resulting from a Healthy Kids preventive care screen
- Assist high risk recipients to access necessary health care services
- Educate recipients about EPSDT, the health care delivery systems, including HealthChoice, and the Maryland Public Mental Health System
- Serve as ombudsman between recipients and MCOs
- Provide transportation assistance to medically necessary health care services covered by Medicaid

*\*Availability of these services varies according to program priorities established by individual local health departments.*

#### Eligibility Determination Units - Maryland Children’s Health Program (MCHP)

Families with children can apply for MCHP through *Maryland Health Connection*. They can apply:

- Online at [www.marylandhealthconnection.gov](http://www.marylandhealthconnection.gov). To apply, customers have to create a user account, then go the “Start New Application” from the Quick Links on the Account Home page.
- By calling the **Maryland Health Connection Call Center** at **1-855-642-8573** or TTY at **1-855-642-8573**.
- In-person at the person’s *Local Health Department, Local Department of Social Services, Regional Connector Entity*, or with a Certified Application Counselor (refer to Section 8).

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- By mail: A paper application can ONLY be obtained by calling the **Call Center** at **1-855-642-8572** or TTY at **1-855-642-8573**. Paper application must be mailed to :

**Maryland Health Connection  
P.O. Box 2160  
Manchester, CT 06045**

### **LHD Administrative Care Coordination Units (ACCUs)**

The *Local Health Department Administrative Care Coordinators Unit* is the single point of entry for referrals to the local health department (Refer to Section 8). The ACCU coordinates efforts with the MCOs in providing outreach and education to Medicaid recipients (Refer to Section 5). The *Local Health Services Request Form, DHMH 4582* (Refer to Section 5, Addendum for Word & PDF formats of the form) should be used to refer children and teens with identified problems. The ACCU can also be contacted by calling the *Local Health Department* where the child resides (Refer to Section 8). The ACCU accepts referrals from primary care providers and the MCOs for assistance with bringing non-compliant and high-risk recipients into care according to the following criteria:

- Children, 0-2 years of age, who have missed two consecutive Healthy Kids appointments
- Any child/adolescent under 21 years of age with an identified health problem who has missed two consecutive appointments for follow-up treatment
- Pregnant women who have missed two consecutive prenatal appointments

Refer to the Managed Care Organization (MCO) Provider Manuals for specific instructions on how and when to make referrals to the ACCU or the MCO when appointments are repeatedly missed. In general, contact the MCO outreach and/or case management department to initiate follow-up and outreach efforts after the recipient has missed two consecutive appointments within a 60-day period. Follow-up and outreach can be in the form of a letter, postcard or phone call to the recipient. The date and method should be documented in the child's record.

### **Ombudsman Program**

The HealthChoice Program is required to provide an Ombudsman to assist members who are experiencing a dispute or dissatisfaction with their MCO regarding medical services. The local health departments operate the local component of this Program under the direction of the Health Choice and Acute Care Administration's Complaint Resolution Unit (CRU) at DHMH. Providers are asked to respond promptly to the CRU staff or LHD Ombudsman when contacted for specific information about a particular issue. The

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**HealthChoice Enrollee Action Line at 1-800-284-4510** is available for members to call for education, inquires, or to request assistance with resolving problems with their MCO. Providers may call the **HealthChoice Provider Hotline at 1-800-766-8692** to resolve problems related to access to care on behalf of enrollees.

### Transportation Services

The Medicaid Program provides transportation grants to each local jurisdiction to assist clients with transportation to Medicaid covered services. Contact information for the local transportation managers can be found in the *Transportation Contacts List* (Refer to Section 8). The MCO may also provide limited transportation assistance.

## E. MEDICAID MANAGED CARE ORGANIZATIONS (MCOs)

Contract Agreements between the MCO and the Primary Care Provider

Primary Care Providers (PCPs) establish individual contracts with one or more of the eight MCOs. PCPs are responsible for familiarizing themselves with the content of the MCO Provider Manuals. These manuals reinforce service delivery requirements for the Medicaid recipients according to MCO policy and State regulations. Minor differences from one MCO to another are provided in the manuals that include, but are not limited to, MCO encounter data reporting requirements or MCO pre-authorization processes. Providers who wish to enroll in one or more MCOs should contact the *Provider Relations Department* of each MCO (Refer the Section 8).

**HealthChoice regulations require that MCOs assign recipients younger than 21 years of age to a Healthy Kids certified PCP.** Exceptions can be made if the parent specifically requests that their child be assigned to a non-certified PCP, e.g., when the child has a chronic condition and receives ongoing care from a specialist. Subcontracting components of Healthy Kids preventive care services is allowed, but can lead to fragmentation of care for the recipient and difficulty in managing the recipient's care. However, where subcontracting agreements exist, the PCP is required to have a copy of the preventive care service rendered by the subcontracted provider in the child's medical record.

The regulations that govern the Medicaid HealthChoice Program are 10.09.62-74 and can be viewed at <http://www.dsd.state.md.us/COMAR/ComarHome.html>. Specific information about each of the MCOs, including preauthorization phone numbers, customer service lines, 24 hour Nurse Help Lines, as well as pharmacy and vision services vendors, can be found in *HealthChoice Managed Care Organization Resource List* and the *Maryland Medicaid Healthchoice: Non-Formulary Emergency Supply Policies and Procedures for Managed Care Organizations* (Refer to Section 8).

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### The Role of the MCO Newborn Coordinators

An infant born to a mother who is enrolled in a MCO is automatically enrolled in the mother's MCO. Each MCO has a designated *Newborn Coordinator* (Refer to Section 8) who serves as a point of contact for providers with questions or concerns related to eligibility and provision of services to newborns within the first 60 days of life. Services provided by the newborn coordinators are outlined in the *Provider Action Grid for MCO Newborn Coordinator Assistance* (Refer to Section 1, Addendum) and include:

- Researching newborn eligibility to confirm MCO and provider assignment,
- Interfacing with the Medicaid Enrollment Broker to resolve enrollment concerns,
- Making retroactive provider enrollment and capitation adjustments,
- Coordinating and authorizing both in-network and out-of-network care as appropriate,
- Coordinating with MCO ancillary provider networks, pharmacy or durable medical equipment, to assure appropriate delivery of care,
- Requesting newborn ID card,
- Facilitating resolution of claims for services to newborns.

## HEALTHY KIDS PROGRAM PERFORMANCE IMPROVEMENT STANDARDS

The Maryland Healthy Kids Program is committed to ensuring that children enrolled in Medicaid/MCHP receive quality health care services. Performance improvement activities performed by the Healthy Kids nurse consultants include practice based medical record reviews and office staff training. These activities assure continuous improvement in the delivery of preventive care services to children.

The Healthy Kids Program continues to conduct office based medical record reviews at participating practice sites. By signing the *Medicaid Provider Agreement*<sup>6</sup> during enrollment as a Medicaid provider, and the *Healthy Kids Program Provider Application for Certification and Participation* (Refer to Section 1, Addendum), providers agree to these reviews as defined by the conditions for certification. Further, the recipient consents to having their records reviewed when they enroll in Medicaid and receive benefits.

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<sup>6</sup> See COMAR 10.09.36

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### **F. HIPAA PRIVACY**

Maintaining the confidentiality of medical information is of critical importance. Please review the *Letter from the Department's Executive Director, Office of Health Services* (Refer to Section 1, Addendum). The letter provides details about patient privacy and the role of the Medicaid Program in assuring that services rendered to Medicaid recipients are delivered in accordance with the Maryland COMAR regulations.

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