



Qlarant®



Maryland

DEPARTMENT OF HEALTH

HealthChoice

Maryland's Medicaid Managed Care Program

EPSDT Medical Record Review

Executive Summary Report

Calendar Year 2019

Submitted March 2021

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Statewide Executive Summary Report**

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CY 2019 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medical Record Review

Statewide Executive Summary Report

Introduction

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the federally mandated Medicaid program for screening, prevention, diagnosis, and treatment of physical and mental health conditions in children and adolescents 0 through 20 years of age as defined by Omnibus Budget Reconciliation Act 1989. Each state determines its own periodicity schedule for services, including periodic physical and mental health screening, vision, dental, and hearing services.

The program's philosophy is to provide quality health care that is patient focused, prevention oriented, coordinated, accessible, and cost effective. The foundation of this philosophy is based on providing a "medical home" for each enrollee, by connecting each enrollee with a primary care provider (PCP) responsible for providing preventive and primary care services, managing referrals, and coordinating all necessary preventive care for the enrollee. The program emphasizes health promotion and disease prevention, and requires that participants be provided health education and outreach services.

As the Maryland Department of Health's (MDH's) contracted external quality review organization, Qlarant annually completes an EPSDT medical record review. Medical record review findings assist MDH in evaluating the degree to which HealthChoice children and adolescents 0 through 20 years of age receive timely screening and preventive care in accordance with the Maryland Preventive Health Schedule.

This report summarizes findings from the EPSDT medical record review for calendar year (CY) 2019. Approximately 646,873 children were enrolled in the HealthChoice Program during this period. The nine managed care organizations (MCOs) evaluated for CY 2019 were:

- AMERIGROUP Community Care (ACC)
- Aetna Better Health of Maryland (ABH)
- Jai Medical Systems, Inc. (JMS)
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- University of Maryland Health Partners (UMHP)¹

¹ CareFirst Community Health Plan as of 02/01/2021.

Program Objectives

Maryland's EPSDT Program mission is to promote access to and ensure availability of quality health care for Medical Assistance children and adolescents through 20 years of age. In support of the program's mission, the primary objective of the EPSDT medical record review is to collect and analyze data to assess the timely delivery of EPSDT services to children and adolescents enrolled in an MCO. The review includes an assessment of MCO performance for the following EPSDT components and their respective subcategories:

Health and Developmental History requires evaluation and includes documentation of:

- Medical, family, and psychosocial histories with annual updates
- Perinatal history through 2 years of age
- Maternal depression screening at child's 1, 2, 4, and 6-month visits
- Developmental history/surveillance through 20 years of age
- Mental health assessment beginning at 3 years of age
- Substance use screening beginning at 11 years of age, younger if indicated
- Developmental screening using a standardized screening tool at the 9, 18, and 24-30 month visits
- Autism screening required at the 18 and 24-30 month visits
- Depression screening beginning at 11 years of age

Comprehensive Physical Exam requires evaluation and includes documentation of:

- A complete assessment of no fewer than five body systems
- Age-appropriate vision and hearing assessments (subjective or objective) at every visit
- Assessment of nutritional status at every age
- Oral assessment at all ages
- Height and weight measurement with graphing through 20 years of age
- Head circumference measurement and graphing through 2 years of age
- Body mass index (BMI) calculation and graphing beginning at 2 years of age
- Blood pressure measurement beginning at 3 years of age

Laboratory Tests/At-Risk screenings requires evaluation and includes documentation of:

- Newborn metabolic screening test results at birth and again by 8 weeks of age
- Tuberculosis assessment required at 1, 6, and 12 months then annually with appropriate follow up for positive or at-risk results
- Cholesterol risk assessment beginning at 2 years of age then annually
- Dyslipidemia lab test results for 9-11 and 18-21 years of age
- Anemia risk assessment beginning at 11 years of age
- Anemia test results at 1, 2, and 3-5 years of age
- Lead risk assessment beginning at 6 months through 5 years of age
- Referral to the lab for blood lead testing or follow up at appropriate ages
- Blood lead test results at 1 and 2 years of age
- Baseline blood lead test results at 3 to 5 years of age when not done at 24 months of age

- Sexually transmitted infection/human immunodeficiency virus (STI/HIV) risk assessment beginning at 11 years of age, or younger if indicated
- HIV lab test required between ages of 15 and 20

Immunizations require assessment of need and documentation that:

- The MDH Immunization Schedule is being followed in accordance with the Advisory Committee on Immunization Practices guidelines
- Age-appropriate vaccines are not postponed for inappropriate reasons
- Children and/or adolescents who are delayed in their immunizations are brought current with the MDH Immunization Schedule

Health Education/Anticipatory Guidance requires documentation that the following were provided:

- Age-appropriate anticipatory guidance
- Counseling and/or referrals for health issues identified by the parent(s) or provider.
- Referral to dentist beginning at 12 months of age
- Requirements for return visit specified

CY 2019 EPSDT Review Process

Sampling Methodology

MDH has an interagency governmental agreement with The Hilltop Institute of University of Maryland Baltimore County (Hilltop) to serve as the data warehouse for its encounters. Upon receiving the full preventive care encounters occurring during CY 2019 from Hilltop Medical Assistance children and adolescents through 20 years of age, Qlarant selected a sample of medical records from a pool of EPSDT-certified and non-certified PCPs. Qlarant's sampling methodology includes the following criteria:

- A random sample is drawn from preventive care encounters per MCO, including a 20% over sample.
- Sample size per MCO provides a 90% confidence level and 5% margin of error.
- Sample includes only recipients through 20 years of age as of the last day of the measurement year.
- Sample includes EPSDT recipients enrolled on the last day of the measurement year, and for at least 320 days in the same MCO. **Exception** – If the recipient's age on the last day of the selected period is less than 365 days, the criteria is modified to read the same MCO for 180 days, with no break in eligibility.
- Sample includes recipients who had a preventive care encounter (CPT 99381-85 or 99391-95). For children less than 2 years of age who may have had 4-6 preventive visits within a 12-month period, only one date of service was selected.
- Sample includes recipients when visits with CPT 99381-85 or 99391-95 were provided by PCPs and clinics with the following specialties: pediatrics, family practice, internal medicine, nurse practitioner, or general practice.

Records were requested directly from the billing providers. Qlarant faxed each sampled provider a letter with the specific record request. Providers were asked to securely submit medical record information to Qlarant via fax or Qlarant's SecureShare portal.

Medical Record Review and Scoring Methodology

All Qlarant's medical record data reviewers are trained nurses and experienced MDH Healthy Kids Program nurse consultants. Prior to reviewing medical records, these nurses were required to complete Qlarant EPSDT annual training and achieve an inter-rater reliability rate at 90% or above. For CY 2019, nurse reviewers conducted a full desktop medical record review (MRR) due to the COVID-19 public health emergency. A total of 2,625 medical records were reviewed in CY 2019. Abstracted data from the medical record reviews were entered into Qlarant's EPSDT evaluation tool. The Data was organized and analyzed in the following age groups:

- Birth through 11 months of age
- 12 through 35 months of age
- 3 through 5 years of age
- 6 through 11 years of age
- 12 through 20 years of age

Within each age group, specific elements were scored based on medical record documentation as follows in Table 1:

Table 1. CY 2019 Scores and Finding Equivalents

Score	Finding
Completed	2
Incomplete	1
Missing	0
Not Applicable*	N/A

**Exception* - a vision assessment for a blind child or a documented refusal for a flu vaccine by a parent, a score of two was given

Elements within a component are weighted equally, scored, and added together to derive the final component score. Similarly, the composite (overall) score of all elements follows the same methodology. The minimum compliance score is 80% for each component. If the minimum compliance score is not met, a corrective action plan (CAP) will be required. If new elements or elements with revised criteria are introduced, the elements will be scored as baseline for that calendar year.

The following should be considered when assessing results based on the random sampling methodology:

- Randomized record sampling does not ensure all providers and practices within the MCO network are included in the sample.
- Conclusions about individual provider performance in meeting program requirements cannot be made if the sample size per provider is too small (less than 10 charts) or the case mix does not include all ages.
- A randomized sample of preventive encounters may include both EPSDT-certified and non-certified providers. Providers who have not been certified by the program may not be familiar

with the preventive care requirements. However, MCOs are still required by regulation to ensure preventive services are rendered to Medicaid recipients through 20 years of age.

- MCOs with low membership are likely to have the same providers reviewed every year to meet the minimum record sampling requirement.

EPSDT Review Results

EPSDT review indicators are based on current pediatric preventive care guidelines and MDH-identified priority areas. Guidelines and criteria are divided into five component areas. Each MCO was required to meet the MDH established minimum compliance rate of 80% for each of the five components. If an MCO did not achieve the minimum compliance rate, the MCO was required to submit a CAP.

Table 2 displays MCO results for CY 2019.

Table 2. CY 2019 EPSDT Component Results by MCO

Component	CY 2019 MCO Results *									HealthChoice Aggregate Results		
	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	CY 2017	CY 2018	CY 2019 *
Health & Developmental History	83%	80%	99%	95%	85%	90%	87%	85%	85%	92%	94%	88%
Comprehensive Physical Examination	91%	90%	99%	99%	89%	95%	91%	91%	91%	96%	97%	93%
Laboratory Tests/At-Risk Screenings*	<u>55%</u>	<u>55%</u>	91%	89%	<u>56%</u>	<u>59%</u>	<u>60%</u>	<u>57%</u>	<u>58%</u>	82%	87%	<u>66%</u>
Immunizations*	<u>62%</u>	<u>51%</u>	94%	95%	<u>62%</u>	80%	<u>74%</u>	<u>58%</u>	<u>57%</u>	90%	93%	<u>71%</u>
Health Education/Anticipatory Guidance	90%	86%	99%	100%	89%	93%	92%	89%	90%	94%	94%	92%
Total Score	<u>79%</u>	<u>74%</u>	97%	96%	<u>78%</u>	86%	83%	<u>77%</u>	<u>77%</u>	91%	94%	83%

Underlined element scores denote scores below the 80% minimum compliance requirement

*CY 2019 results are baseline as a result of the change in MRR process due to the COVID-19 public health emergency.

- Only two of the nine MCOs (JMS and KPMAS) met the minimum compliance score of 80% for all five components in CY 2019.
- The total score of the nine MCOs ranges from 74% (ACC) to 97% (JMS).
- Four out of the nine MCOs' total score met the 80% minimum compliance requirement (JMS, KPMAS, MSFC, and PPMCO). The same four MCOs also scored equal to or above the HealthChoice Aggregate Total Score.

The following section provides a description of each component along with a summary of each HealthChoice MCO's performance.

Health and Developmental History

Rationale: A comprehensive medical and family history assists the provider in determining health risks and providing appropriate laboratory testing and anticipatory guidance.

Documentation: Annual updates for personal, family, and psychosocial histories are required to ensure the most current information is available. Use of a standard age-appropriate history form (such as the Maryland Healthy Kids Program Medical/Family History) or a similarly comprehensive history form is recommended. While the CRAFFT assessment tool and those used for developmental and autism screening are suggested, the PHQ-9 or HEAD screen is mandatory for the depression screening.

Table 3 displays Health and Developmental History element results for each MCO.

Table 3. CY 2019 Health and Developmental History Element Results

Element	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
Recorded Medical History	93%	89%	100%	100%	94%	97%	94%	92%	94%	95%
Recorded Family History	80%	<u>72%</u>	98%	98%	<u>78%</u>	87%	81%	<u>78%</u>	80%	84%
Recorded Perinatal History	<u>39%</u>	<u>34%</u>	94%	99%	<u>58%</u>	<u>64%</u>	<u>56%</u>	<u>55%</u>	<u>45%</u>	58%
**Recorded Maternal Depression Screening	<u>44%</u>	83%	<u>75%</u>	<u>77%</u>	<u>70%</u>	<u>50%</u>	<u>50%</u>	<u>60%</u>	<u>44%</u>	58%
Recorded Psychosocial History	88%	84%	100%	98%	88%	95%	90%	89%	90%	91%
*Recorded Developmental Surveillance/ History (0-20 Years of Age)	92%	90%	97%	98%	91%	97%	94%	92%	96%	94%
Recorded Developmental Screening Tool	<u>73%</u>	<u>64%</u>	98%	<u>76%</u>	87%	<u>70%</u>	<u>57%</u>	<u>54%</u>	<u>60%</u>	70%
Recorded Autism Screening Tool	<u>68%</u>	<u>59%</u>	97%	<u>60%</u>	85%	<u>72%</u>	<u>73%</u>	<u>55%</u>	<u>63%</u>	69%
Recorded Mental/ Behavioral Health Assessment	96%	90%	100%	99%	92%	95%	94%	94%	94%	95%
Recorded Substance Use Assessment	81%	<u>70%</u>	99%	99%	<u>75%</u>	80%	87%	80%	<u>76%</u>	83%
Depression Screening	<u>57%</u>	<u>54%</u>	98%	<u>51%</u>	<u>56%</u>	<u>71%</u>	<u>63%</u>	<u>61%</u>	<u>63%</u>	65%
Component Score	83%	80%	99%	95%	85%	90%	87%	85%	85%	88%

Underlined element scores denote scores below the 80% minimum compliance requirement

*denotes element scored as a baseline in CY 2019

**Element scored atypically as a baseline in both CY 2018 and CY 2019

Health and Developmental History Results

- All MCO component scores met the minimum compliance score of 80% in CY 2019.
- Component scores of the nine MCOs range from 80% (ACC) to 99% (JMS).

- Three of the nine MCOs scored above the HealthChoice Aggregate component score of 88%: JMS (99%), KPMAS (95%), and MSFC (90%).
- Three of the nine MCOs (ABH, ACC, and UMHP) scored significantly below the HealthChoice Aggregate for Recorded Perinatal History of 58%.
- JMS scored above 90% for all elements except for Recorded Maternal Depression Screening, which scored 75%. This percentage is still significantly higher than the HealthChoice Aggregate of 58%.

Comprehensive Physical Examination

Rationale: The comprehensive physical exam uses a systems review method that requires documentation of a minimum of five systems (example - heart, lungs, eyes, ears, nose, throat, abdominal, genitals, skeletal-muscular, neurological, skin, head, and face) to meet EPSDT standards.

Documentation: A comprehensive physical exam includes documentation of:

- Subjective or objective vision and hearing assessments at every well-child visit
- Measuring and graphing head circumference through 2 years of age
- Recording blood pressure annually for children beginning at 3 years of age
- Oral assessment at each well-child visit including a visual exam of the mouth, gums, and teeth
- Nutritional assessment, including typical diet, physical activity, and education provided with graphing of weight and height through 20 years of age on a growth chart
- Calculating and graphing BMI beginning at 2 years of age

Table 4 displays Comprehensive Physical Examination element results for each MCO.

Table 4. CY 2019 Comprehensive Physical Examination Element Results

Element	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
Documentation of Minimum 5 Systems Examined	98%	98%	100%	100%	96%	99%	98%	100%	99%	99%
Vision Assessment	93%	91%	100%	98%	90%	93%	93%	91%	95%	94%
Hearing Assessment	92%	88%	100%	98%	89%	93%	92%	89%	94%	93%
Nutritional Assessment	91%	90%	100%	99%	90%	97%	96%	94%	94%	95%
Conducted Oral Assessment	91%	94%	100%	100%	91%	95%	95%	92%	96%	95%
Measured Height	99%	98%	100%	99%	97%	98%	96%	98%	97%	98%
Graphed Height	86%	84%	98%	99%	84%	95%	86%	84%	85%	89%
Measured Weight	99%	98%	100%	100%	97%	98%	96%	99%	98%	98%
Graphed Weight	86%	84%	98%	100%	83%	95%	86%	84%	85%	89%
BMI Percentile	86%	82%	100%	99%	85%	95%	84%	86%	82%	89%
BMI Graphing	85%	81%	100%	99%	81%	95%	84%	80%	80%	87%
Measured Head Circumference	90%	83%	90%	96%	86%	90%	91%	84%	86%	89%
Graphed Head Circumference	<u>72%</u>	<u>60%</u>	<u>73%</u>	96%	<u>67%</u>	<u>75%</u>	<u>57%</u>	<u>54%</u>	<u>60%</u>	70%

Element	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
Measured Blood Pressure	97%	95%	100%	99%	93%	97%	93%	95%	94%	96%
Component Score	91%	90%	99%	99%	89%	95%	91%	91%	91%	93%

Underlined element scores denote scores below the 80% minimum compliance requirement

Comprehensive Physical Examination Results

- All MCO component scores exceeded the minimum compliance score of 80% in CY 2019.
- Component scores of the nine MCOs range from 89% (MPC) to 99% (JMS and KPMAS).
- Three of the nine MCOs scored above the HealthChoice Aggregate component score of 93%: JMS (99%), KPMAS (99%), and MSFC (95%).
- Graphed Head Circumference scored the lowest, and did not meet the 80% minimum compliance requirement for all MCOs except KPMAS (96%).

Laboratory Tests/At-Risk Screenings

Rationale: The Healthy Kids Program requires assessments of risk factors associated with heart disease, tuberculosis, lead exposure, and STI/HIV.

Documentation: Assessment results, Preventive Screen Questionnaires, documented lab test results, and completed risk assessments to include:

- A second newborn metabolic screen (lab test) by 8 weeks of age
- Tuberculosis risk assessment annually after 1 and 6 months of age
- Cholesterol risk assessment annually beginning at 2 years of age
- Dyslipidemia lab test results at 9-11 and 18-21 years of age
- Lead risk assessment at every well-child visit from 6 months through 5 years of age with appropriate testing if positive or at-risk
- Blood lead test at 12 and 24 months of age
- Baseline/3-5 year blood lead test if the 24-month test is not documented
- Documented referral to lab for age appropriate blood lead test
- Anemia risk assessment annually beginning at 11 years of age
- Anemia test results at 1, 2, and 3-5 years of age
- STI/HIV risk assessment annually beginning at 11 years of age
- HIV lab test required between ages of 15 and 20

Table 5 displays Laboratory Test/At-Risk Screenings element results for each MCO.

Table 5. CY 2019 Laboratory Test/At-Risk Screenings Element Results*

Element	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
Newborn Metabolic Screen	<u>29%</u>	<u>20%</u>	<u>67%</u>	<u>68%</u>	<u>53%</u>	<u>45%</u>	<u>42%</u>	<u>33%</u>	<u>52%</u>	<u>47%</u>
Recorded TB Risk Assessment ¹	<u>69%</u>	<u>77%</u>	99%	98%	<u>74%</u>	<u>79%</u>	<u>79%</u>	<u>75%</u>	<u>72%</u>	81%
Recorded Cholesterol Risk Assessment	<u>70%</u>	<u>73%</u>	99%	92%	<u>71%</u>	85%	<u>78%</u>	80%	<u>76%</u>	81%
9-11 year Dyslipidemia Lab Test per Schedule ¹	<u>31%</u>	<u>23%</u>	<u>71%</u>	<u>69%</u>	<u>17%</u>	<u>32%</u>	<u>22%</u>	<u>19%</u>	<u>26%</u>	36%
18-21 year Dyslipidemia Lab Test per Schedule ¹	<u>17%</u>	<u>56%</u>	90%	<u>67%</u>	<u>60%</u>	<u>50%</u>	<u>67%</u>	<u>50%</u>	<u>79%</u>	65%
Conducted Lead Risk Assessment	<u>79%</u>	81%	97%	99%	83%	86%	83%	<u>75%</u>	82%	85%
12 Month Blood Lead Test	<u>37%</u>	<u>30%</u>	82%	86%	<u>34%</u>	<u>35%</u>	<u>42%</u>	<u>23%</u>	<u>27%</u>	46%
24 Month Blood Lead Test	<u>28%</u>	<u>32%</u>	83%	87%	<u>33%</u>	<u>32%</u>	<u>45%</u>	<u>38%</u>	<u>43%</u>	49%
3 – 5 Year (Baseline) Blood Lead Test	88%	86%	100%	98%	93%	85%	100%	94%	94%	94%
Referral to Lab for Blood Lead Test	<u>49%</u>	<u>43%</u>	90%	100%	<u>52%</u>	<u>40%</u>	<u>57%</u>	<u>46%</u>	<u>57%</u>	61%
Conducted Anemia Risk Assessment	<u>73%</u>	<u>63%</u>	99%	91%	<u>67%</u>	87%	<u>65%</u>	<u>65%</u>	<u>74%</u>	76%
12 Month Anemia Test per Schedule ¹	<u>35%</u>	<u>28%</u>	<u>79%</u>	86%	<u>37%</u>	<u>29%</u>	<u>37%</u>	<u>23%</u>	<u>23%</u>	44%
24 Month Anemia Test per Schedule	<u>31%</u>	<u>34%</u>	82%	87%	<u>33%</u>	<u>26%</u>	<u>45%</u>	<u>37%</u>	<u>42%</u>	49%
3-5 Year Anemia Test per Schedule	87%	89%	100%	98%	88%	80%	100%	94%	93%	93%
Recorded STI/HIV Risk Assessment	<u>73%</u>	<u>76%</u>	99%	80%	<u>78%</u>	<u>72%</u>	<u>75%</u>	80%	82%	81%
HIV Test Per Schedule ¹	<u>25%</u>	<u>29%</u>	92%	85%	<u>24%</u>	<u>55%</u>	<u>64%</u>	<u>31%</u>	<u>33%</u>	61%
Component Score	55%	55%	91%	89%	56%	59%	60%	57%	58%	66%

Underlined element scores denote scores below the 80% minimum compliance requirement

¹Element criteria revised

*denotes CY 2019 results are baseline as a result of the change in MRR process due to the COVID-19 public health emergency and should be reviewed with caution.

Laboratory/At-Risk Screening Results

- As a result of the MRR process change due to the COVID-19 public health emergency, results were significantly impacted and should be reviewed with caution.
- All MCO component scores except for two (JMS and KPMAS) declined far below the minimum compliance score of 80% in CY 2019.
- Component scores of the nine MCOs range from 55% (ABH and ACC) to 91% (JMS).
- Two of the nine MCOs scored above the HealthChoice Aggregate component score of 66%: JMS (91%) and KPMAS (89%).
- All of the MCOs scored significantly below the compliance score minimum of 80% for the Newborn Metabolic Screen and the 9-11 year Dyslipidemia Lab Test.

- The elements 3-5 year (baseline) Blood Lead Test and 3-5 year Anemia Test both scored at or above the minimum compliance score of 80% for each MCO.

Immunizations

Rationale: Children on Medical Assistance must be immunized according to the current MDH Recommended Childhood Immunization Schedule. The immunization schedule is endorsed by The Maryland State Medical Society and is based on the current recommendations of the U.S. Public Health Service's Advisory Committee of Immunization Practices and the American Academy of Pediatrics. PCPs who see Medicaid recipients through 18 years of age must participate in the Department's Vaccines for Children (VFC) Program.

Documentation: The VFC Program requires completion of the VFC Patient Eligibility Screening Record for each patient receiving free vaccines. Additionally, federal law requires documentation of date, dosage, site of administration, manufacturer, lot number, publication date of Vaccine Information Statement, and name/location of provider. Immunization components are listed in the table below.

Table 6 displays Immunizations element results for each MCO.

Table 6. CY 2019 Immunizations Element Results*

Element	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
Hepatitis B	<u>61%</u>	<u>46%</u>	97%	95%	<u>61%</u>	81%	<u>73%</u>	<u>54%</u>	<u>53%</u>	69%
DTaP	<u>73%</u>	<u>58%</u>	97%	99%	<u>76%</u>	85%	87%	<u>67%</u>	<u>66%</u>	79%
HiB	<u>67%</u>	<u>53%</u>	97%	99%	<u>71%</u>	85%	84%	<u>62%</u>	<u>62%</u>	76%
PCV-7 or PCV-13	<u>67%</u>	<u>53%</u>	96%	99%	<u>70%</u>	84%	81%	<u>65%</u>	<u>61%</u>	75%
IPV	<u>63%</u>	<u>47%</u>	97%	95%	<u>62%</u>	82%	<u>75%</u>	<u>56%</u>	<u>55%</u>	71%
MMR	<u>61%</u>	<u>47%</u>	97%	95%	<u>62%</u>	82%	<u>73%</u>	<u>58%</u>	<u>52%</u>	70%
VAR	<u>60%</u>	<u>47%</u>	97%	94%	<u>63%</u>	81%	<u>73%</u>	<u>57%</u>	<u>52%</u>	70%
TDaP	<u>52%</u>	<u>52%</u>	99%	97%	<u>57%</u>	81%	<u>72%</u>	<u>54%</u>	<u>52%</u>	70%
Influenza	<u>53%</u>	<u>58%</u>	<u>76%</u>	96%	<u>58%</u>	<u>69%</u>	<u>74%</u>	<u>61%</u>	<u>58%</u>	69%
MCV4	<u>54%</u>	<u>56%</u>	98%	96%	<u>60%</u>	81%	<u>74%</u>	<u>59%</u>	<u>59%</u>	72%
Hepatitis A	<u>56%</u>	<u>47%</u>	97%	91%	<u>54%</u>	<u>78%</u>	<u>70%</u>	<u>54%</u>	<u>50%</u>	67%
Rotavirus	<u>76%</u>	81%	86%	100%	<u>74%</u>	100%	83%	100%	<u>76%</u>	83%
HPV ¹	<u>55%</u>	<u>52%</u>	99%	90%	<u>61%</u>	<u>77%</u>	<u>75%</u>	<u>63%</u>	<u>63%</u>	72%
Assessed Immunizations Up-to-Date	<u>66%</u>	<u>56%</u>	85%	94%	<u>63%</u>	<u>77%</u>	<u>72%</u>	<u>61%</u>	<u>61%</u>	71%
Component Score	<u>62%</u>	<u>51%</u>	94%	95%	<u>62%</u>	80%	<u>74%</u>	<u>58%</u>	<u>57%</u>	<u>71%</u>

Underlined element scores denote scores below the 80% minimum compliance requirement

¹Data collected for informational purposes only; not used in the calculation of the overall component score

*denotes CY 2019 results are baseline as a result of the change in MRR process due to the COVID-19 public health emergency and should be reviewed with caution.

Immunizations Results

- As a result of the MRR process change due to the COVID-19 public health emergency, results were significantly impacted and should be reviewed with caution.
- Three of the nine MCO component scores (JMS, KPMAS, and MSFC) met the minimum compliance score of 80% in CY 2019.
- Component scores of the nine MCOs range from 51% (ACC) to 95% (KPMAS).
- Four of the nine MCOs scored above the HealthChoice Aggregate component score of 71%: JMS (94%), KPMAS (95%), MSFC (80%), and PPMCO (74%).
- KPMAS scored at or above 90% for each element.
- ABH, MPC, and UMHP all scored well below the minimum compliance score of 80% for each element comprising the Immunizations component.

Health Education/Anticipatory Guidance

Rationale: Health education enables the patient and family to make informed health care decisions. Anticipatory guidance provides the family with information on what to expect in terms of the child’s current and next developmental stage. Information should be provided about the benefits of healthy lifestyles and practices, as well as injury and disease prevention.

Documentation: A minimum of three topics must be discussed and documented at each Healthy Kids Preventive Care visit. These topics may include, but are not limited to, social interactions, parenting, nutrition, health, play, communication, sexuality, and injury prevention. Beginning at 2 years of age, annual routine dental referrals are required for the purpose of educating the parents about appropriate dental care, providing a cursory view of the child’s dental health, and familiarizing the child with dental equipment. Educating the family about the preventive care schedule and scheduling the next preventive care visit increases the chances of having the child or adolescent return for future preventive care visits. Additionally, follow up for missed appointments needs to occur as soon as possible when the well-child visit is missed to prevent the child or adolescent from becoming “lost to care.” The PCP must specifically document whenever 2-year intervals for preventive care are the usual and customary schedule of the practice instead of annual visits.

Table 7 displays Health Education/Anticipatory Guidance element results for each MCO.

Table 7. CY 2019 Health Education/Anticipatory Guidance Element Results

Element	ABH	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP	HealthChoice Aggregate
Documented Age Appropriate Anticipatory Guidance	92%	93%	99%	100%	92%	97%	96%	95%	94%	95%
Documented Health Education/Referral for Identified Problems/Tests	98%	96%	100%	100%	96%	99%	98%	99%	99%	98%
Documented Referral to Dentist	<u>76%</u>	<u>73%</u>	100%	99%	80%	85%	<u>79%</u>	<u>74%</u>	<u>73%</u>	83%
Specified Requirements for Return Visit	91%	81%	98%	100%	88%	91%	93%	89%	90%	91%
Component Score	90%	86%	99%	100%	89%	93%	92%	89%	90%	92%

Underlined element scores denote scores below the 80% minimum compliance requirement

Health Education/Anticipatory Guidance Results

- All MCO component scores exceeded the minimum compliance score of 80% in CY 2019.
- Component scores of the nine MCOs range from 86% (ACC) to 100% (KPMAS).
- Four of the nine MCOs scored at or above the HealthChoice Aggregate component score of 92%: JMS (99%), KPMAS (100%), MSFC (93%), and PPMCO (92%).
- JMS and KPMAS both scored well above 90% for each element comprising the Health Education/Anticipatory Guidance component.
- Five of the nine MCOs (ABH, ACC, PPMCO, UHC, and UMHP) scored below the minimum compliance score of 80% for the element Documented Referral to Dentist.

Trending Analysis of Aggregate Compliance Scores

The purpose of a trend analysis is to demonstrate changes in patterns of care at multiple points in time. Score variation is to be expected; not all increases or decreases from CY 2017 through CY 2019 can be interpreted as reflecting differences in quality of care. Scoring for 2019 should be reviewed with caution due to the impact of the COVID-19 public health emergency.

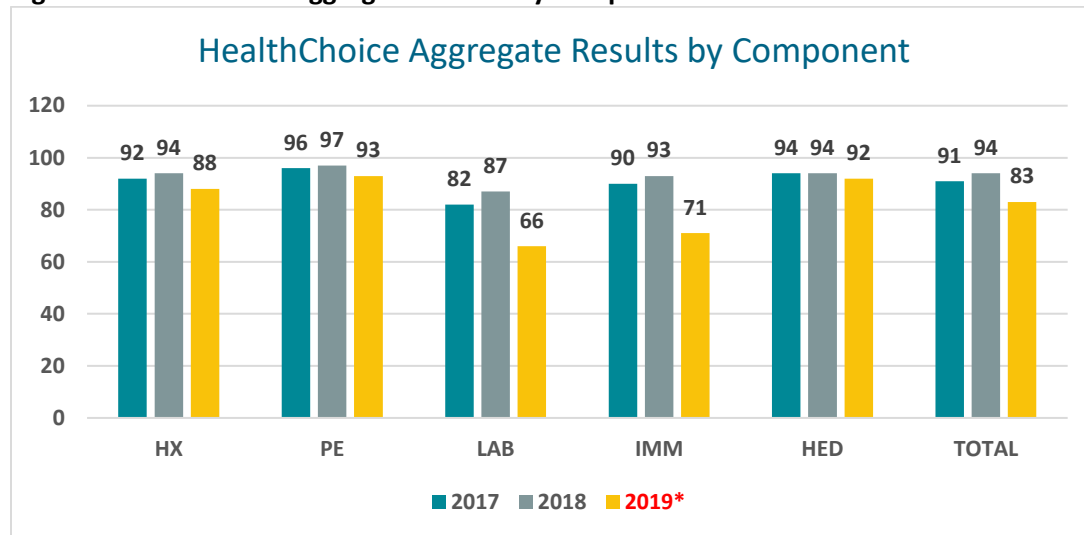
Table 8 displays the abbreviation used for each component and MCO total composite score in Figure 1.

Table 8. Component and Composite Score Abbreviations

Component/Composite Score	Abbreviation
Health and Developmental History	HX
Comprehensive Physical Exam	PE
Laboratory Tests/At-Risk Screenings	LAB
Immunizations	IMM
Health Education/Anticipatory Guidance	HED
Total Composite Score	TOTAL

Figure 1 demonstrates HealthChoice Aggregate results by component for CYs 2017 to 2019.

Figure 1. HealthChoice Aggregate Results by Component for CYs 2017 to 2019



Note: CY 2017 HealthChoice Aggregate results did not include ABH rates; ABH was not required to report for CY 2017.

*Results for Lab and IMM are baseline as a result of the change in MRR process due to the COVID-19 public health emergency.

For HealthChoice Aggregate results:

- No overall trend was identified over the three-year period due to the impact of the change in the MRR process.
- All component scores demonstrated a decrease in percentage points. Immunizations and Laboratory Tests/At-Risk Screenings display the most substantial decreases at 22 and 21 percentage point decreases, respectively, when compared to CY 2018 rates.
- The HealthChoice Aggregate for Health and Developmental History component rate decreased by six percentage points to 88% in CY 2019 when compared to the component rate of 94% in CY 2018.
- The Comprehensive Physical Exam component decreased four percentage points from 97% in CY 2018 to 93% in CY 2019. The rate for the Health Education/Anticipatory Guidance component remained above 90%, only dropping two percentage points from CY 2018 rate of 94% to CY 2019 rate of 92%.
- The HealthChoice Aggregate Total demonstrated a major decline by 11 percentage points from CY 2018 (94%) to CY 2019 (83%).
- Three of the five components scored above the 80% minimum compliance threshold in CY 2019: Health and Developmental History, Comprehensive Physical Examination, and Health Education/Anticipatory Guidance.

Corrective Action Plan Process

This section contains all CAPs that are required based on the results of the CY 2019 EPSDT medical record review. Due to the COVID-19 public health emergency and the change to a full desktop MRR process as a result, MDH will not implement any CAPs for the CY 2019 results. Work is underway to ensure the CY 2020 MRR process can address the issues in receiving the appropriate documentation to conduct a thorough and accurate review.

Conclusion

The HealthChoice Aggregate met or exceeded the 80% minimum compliance threshold set by MDH for three of the five components. Additionally, all five component scores decreased when comparing the CY 2019 scores to the CY 2018 scores. Health and Development History and Comprehensive Physical Exam decreased by six and four percentage points, respectively, and Laboratory Test/At-Risk Screenings and Immunizations decreased 21 and 22 percentage points, respectively. Health Education/Anticipatory Guidance remained more consistent, having only decreased by two percentage points (92%) when compared to CY 2018 (94%). For CY 2019, the MRR process was changed to a full desktop review due to the COVID-19 public health emergency, which impacted all scoring areas, particularly Laboratory Test/At-Risk Screenings and Immunizations.

Recommendations

In an effort to improve the quality of health care provided to Maryland's Medicaid enrollees who are less than 21 years of age, the following program recommendations are directed towards all participating HealthChoice MCOs:

- Establish a pandemic crisis mitigation plan to ensure care is provided to Healthy Kids Program enrollees.
- Encourage providers to develop a plan to have medical records in compliance with audit requests.
- Develop a plan to bring underperforming practices into compliance with Maryland Healthy Kids Program standards. Collaborate with assigned State Healthy Kids/EPSTD Nurses to assist in reeducating providers and supporting staff on current standards of preventive health care.
- Educate the MCO provider network regarding revisions and new standards to the Maryland Schedule of Preventive Health Care using the MCO provider newsletter and/or practice visits by MCO staff.
- Encourage network providers to use the Maryland Healthy Kids Program's age-appropriate encounter forms, risk assessment forms, and questionnaires that are designed to assist with documenting preventive services according to the Maryland Schedule of Preventive Health Care.
- Reinforce preventive care standards as they apply to adolescents and young adults assigned to family practice and internal medicine PCPs.
- Assist practices as they implement electronic medical records to ensure all Maryland Healthy Kids Program requirements are incorporated into these tools and records are accessible during audit requests.
- When a child is transferred to another PCP within the MCO network, facilitate the transfer of medical, immunization, and laboratory records to the newly assigned PCP.
- Utilize MCO data to identify children who are not up to date according to the Maryland Schedule of Preventive Health Care, check if children received services from a previous PCP or MCO to prevent duplication, and assist the PCP by scheduling a preventive care visit based on this information.
- When other outreach efforts have been unsuccessful, refer children who fail to make health care appointments to the local health department for assistance in bringing them into care.

- Remind providers they are required to enroll in the VFC program. Encourage and refer physicians to the Maryland immunization registry (ImmuNet) as a resource to check a child's immunization history.