Qlarant

Maryland HealthChoice Program

Early, Periodic, Screening, Diagnostic, & Treatment

Statewide Executive Summary Report

Measurement Year 2021

Maryland
DEPARTMENT OF HEALTH

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Measurement Year (MY) 2021 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 the Omnibus Budget Reconciliation Act of 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 health education and outreach services to be provided to enrollees.

As the Maryland Department of Health's (MDH's) contracted external quality review organization, Qlarant annually completes an EPSDT medical record review (MRR). 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 the EPSDT MRR findings for the reporting period, January 1, 2021 to December 31, 2021, for the measurement year (MY) 2021. Approximately 714,015 children were enrolled in the HealthChoice Program during this period. The following nine managed care organizations (MCOs) evaluated for MY 2021 were:

- Aetna Better Health of Maryland (ABH)
- AMERIGROUP Community Care (ACC)[1]

[1] As of January 2023, AMERIGROUP Community Care (ACC) is now known as Wellpoint Maryland (WPM) and will be referenced as such in future reports.

- CareFirst BlueCross BlueShield Community Health Plan (CFCHP)
- 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)

EPSDT Objective and Methodology

The mission of the Maryland EPSDT/Healthy Kids Program is to improve accessibility and ensure the availability of quality health care for HealthChoice children and adolescents through 20 years of age. HealthChoice MCOs are responsible for providing or arranging the full range of healthcare services for Maryland Medicaid enrollees. MCOs contract with providers to deliver covered health services to their enrollees. At its core, the Healthy Kids program is a partnership between healthcare providers, MCOs, public health officials, local health departments, and families.

In support of the program's mission, the objective of the EPSDT MRR is to assess the timely delivery of EPSDT services to children and adolescents enrolled in a HealthChoice MCO. The MRR 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 an approved, 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, and annually thereafter with appropriate follow-up for positive or at-risk results
- Cholesterol risk assessment beginning at 2 years of age, and annually thereafter with appropriate follow-up for positive or at-risk results
- Dyslipidemia lab test results for 9-11 and 18-21 years of age
- Anemia risk assessment beginning at 11 years of age, and annually thereafter with appropriate follow-up for positive or at-risk results
- Anemia test results at 12 months, 24 months, and 3-5 years of age
- Lead risk assessment beginning at 6 months through 5 years of age, with appropriate follow-up for positive or at-risk results
- Referral to the lab for blood lead testing or follow-up at appropriate ages
- Blood lead test results at 12 and 24 months 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, and annually thereafter with appropriate follow-up for positive or at-risk results
- Human immunodeficiency virus (HIV) lab test required between the ages of 15 and 18

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

MY 2021 EPSDT Review Process

Sampling and Provider Outreach Methodology

MDH has an interagency governmental agreement with The Hilltop Institute of the University of Maryland Baltimore County (Hilltop) to serve as the data warehouse for its encounters. Qlarant selected a sample of medical records from the pool of EPSDT-certified and non-EPSDT certified PCPs from Hilltop's MY 2021 preventive care encounters sample listing of children and adolescents through 20 years of age. Qlarant's sampling methodology included the following criteria:

- A random sample of preventive care encounters per MCO, including a 10% oversample.
- Sample size per MCO provided a 90% confidence level with 5% margin of error.
- Sample included only enrollees through 20 years of age as of the last day of the measurement year.
- Sample included EPSDT for enrollees 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 included enrollees 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 included enrollees 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.
- Telehealth appointments were flagged and excluded from the review.

Table 1 includes the sample size selected for each MCO and compares the minimum sample, using the 90% confidence level and +/- 5% confidence interval; and the total sample, using a 10% oversample. The final sample selected included 2,652 EPSDT visits.

Table 1. MY 2021 EPSDT Sample Size

MCO	Total Sample (10% Oversample)	Minimum Sample (90% CL with 5% Error)
ABH	291	264
ACC	297	270
CFCHP	292	265
JMS	290	263
KPMAS	296	269
MPC	297	270
MSFC	295	268
PPMCO	297	270
UHC	297	270
Total	**2,652**	**2,409**

Qlarant's outreach methodology included scheduling onsite reviews, gathering updated fax numbers, faxing medical record requests, securely storing and receiving medical records, and conducting outreach attempts for missing information.

- **Scheduling Onsite Reviews:** For MY 2021, nurse reviewers conducted all MRRs onsite at the provider offices, with the exception of providers with four or fewer patients in the sample. The Qlarant Operations Coordinator worked with the respective offices to determine the date and time of review. Qlarant's staff required access to the entire medical record to ensure adequate information was available to evaluate compliance with the EPSDT program guidelines. All documentation needed to be present at the time of the record review, as no documentation was accepted after the nurse left the practice site office.
- **Gathering Updated Fax Numbers:** Providers with four or fewer patients in the sample (singles) were initially contacted to obtain their office fax number in order to submit the MY 2021 medical record request. Providers were notified that the fax request for medical records would be submitted to the fax number provided. MCOs assisted in obtaining fax numbers for providers when Qlarant could not locate that information.
- **Faxing Medical Requests:** Qlarant directly faxed each sampled provider a letter with their specific record request.
- **Securely Storing and Receiving Medical Records:** Providers were asked to securely submit medical record information to Qlarant via secure fax or Qlarant's SecureShare portal.

- **Outreach Attempts for Missing/Incomplete Information:** Upon receipt of medical records via secure fax or SecureShare, Qlarant reviewed each record for completeness and outreached providers for any missing/incomplete documentation. Qlarant conducted no more than two outreach attempts for missing/incomplete documentation. Once outreach attempts for specific medical records were exhausted, MCOs were provided an opportunity to obtain the information. Any medical records with missing/incomplete information not received by the conclusion of the EPSDT medical record review activity, were reviewed "as is" and scored accordingly.

The most significant barrier encountered while scheduling onsite reviews was the closing of provider offices because of the impact of the COVID-19 public health emergency. This required the utilization of the full over-sample provided by Hilltop for UHC in order to meet the required minimum.

All telehealth visits were excluded from the Qlarant sample and the MRR process. Telehealth visits may be included in subsequent reviews at the discretion of MDH.

Medical Record Review and Scoring Methodology

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's EPSDT annual training and achieve an inter-rater reliability rate of 90% or above.

Data Collection and Review: A total of 2,467 medical records were reviewed in MY 2021 across all HealthChoice MCOs. Abstracted data from the MRRs was entered into Qlarant's EPSDT evaluation tool. 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 shown in Table 2:

Table 2. MY 2021 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 received a score of two.

Elements within a component are weighted equally, scored, and added together to derive the final component score. Similarly, elements' composite (overall) score follows the same methodology. The minimum compliance score is 80% for each component. Corrective action plans (CAPs) are required if the minimum compliance score is not met. New elements or elements with revised criteria are scored as baseline for the MY.

The random sampling methodology considers the following when assessing results:

- 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-EPSDT-certified providers. Providers who have not been certified by the EPSDT 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 enrollees 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 3. MY 2021 EPSDT Component Results by MCO

Component	MY 2021 MCO Results									HealthChoice Aggregate Results		
	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	MY 2019	MY 2020	MY 2021
Health & Developmental History	94%	93%	94%	98%	95%	94%	95%	95%	93%	**88%**	**94%**	**95%**
Comprehensive Physical Examination	96%	95%	94%	100%	99%	96%	96%	96%	93%	**93%**	**96%**	**96%**
Laboratory Tests/At-Risk Screenings	80%	82%	80%	95%	90%	81%	82%	81%	77%	**66%***	**77%**	**83%**
Immunizations	86%	90%	86%	95%	97%	90%	92%	90%	91%	**71%** *	**86%**	**91%**
Health Education/ Anticipatory Guidance	94%	92%	94%	99%	99%	93%	93%	95%	90%	**92%**	**94%**	**94%**
Total Score	**91%**	**91%**	**91%**	**97%**	**97%**	**92%**	**93%**	**93%**	**90%**	**83%**	**91%**	**93%**

Underlined element scores denote scores below the 80% minimum compliance requirement.
*MY 2019 results are baseline as a result of the change in the MRR process because of the COVID-19 public health emergency.

- All MCO's total scores exceeded the MDH-established minimum compliance requirement of 80%.
- The total scores of all MCOs range from 90% (UHC) to 97% (JMS and KPMAS).
- Eight out of nine MCOs met the minimum compliance score of 80% for all five components in MY 2021. UHC's Laboratory Tests/At-Risk Screenings component score of 77% is three percentage points below the MDH-established minimum compliance threshold of 80%.
- The HealthChoice Aggregate Total Score (93%) improved by two percentage points in comparison to MY 2020 (91%).
- Four out of nine MCOs (JMS, KPMAS, MSFC, and PPMCO) scored at or above the HealthChoice Aggregate Total Score (93%).

The following section describes 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: Initial personal, family, and psychosocial histories, with annual updates, 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. An approved screening tool is required for substance abuse, developmental, autism, depression, and maternal depression screenings.

Table 4. MY 2021 Health and Developmental History Element Results

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Recorded Medical History	98%	98%	99%	99%	96%	99%	99%	98%	99%	**98%**
Recorded Family History	91%	89%	92%	98%	91%	92%	94%	92%	93%	**93%**
Recorded Perinatal History	89%	80%	86%	96%	98%	91%	92%	82%	88%	**90%**
Recorded Maternal Depression Screening	86%	89%	82%	91%	68%	65%	54%	75%	75%	**77%**
Recorded Psychosocial History	97%	95%	98%	99%	96%	98%	97%	97%	94%	**97%**
Recorded Developmental Surveillance/History	96%	97%	98%	96%	98%	96%	97%	97%	96%	**97%**
Recorded Developmental Screening Tool	92%	85%	89%	96%	81%	90%	91%	91%	81%	**89%**
Recorded Autism Screening Tool	90%	77%	89%	98%	96%	84%	89%	90%	81%	**89%**
Recorded Mental/ Behavioral Health Assessment	98%	94%	95%	100%	97%	94%	96%	98%	95%	**96%**
Recorded Substance Use Assessment	86%	93%	89%	97%	99%	87%	93%	89%	83%	**91%**
Depression Screening	78%	78%	78%	96%	88%	83%	83%	91%	72%	**83%**
Component Score	**94%**	**93%**	**94%**	**98%**	**95%**	**94%**	**95%**	**95%**	**93%**	**95%**

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

Health and Developmental History Results

- All MCO component scores and the HealthChoice Aggregate component score exceeded the minimum compliance score of 80% in MY 2021.
- Component scores of the MCOs range from 93% (ACC and UHC) to 98% (JMS).
- Four of nine MCOs scored at or above the HealthChoice Aggregate component score of 95%: JMS (98%), KPMAS (95%), MSFC (95%), and PPMCO (95%).
- JMS scored above the minimum compliance score of 80% in all elements comprising the Health and Developmental History component.
- Five out of nine MCOs scored below the minimum compliance score of 80% for the Recorded Maternal Depression Screening element. The HealthChoice Aggregate (77%) also scored below the 80% compliance threshold by three percentage points.
- Four out of nine MCOs scored below the minimum compliance score of 80% for the Depression Screening element.

Comprehensive Physical Examination

Rationale: The comprehensive physical exam uses a systems review method that requires documentation of a minimum of five systems (e.g., 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 5. MY 2021 Comprehensive Physical Examination Element Results

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Documentation of Minimum 5 Systems Examined	100%	99%	99%	100%	100%	100%	99%	100%	98%	**99%**
Vision Assessment	93%	86%	91%	100%	98%	91%	91%	89%	88%	**92%**
Hearing Assessment	89%	83%	88%	100%	96%	87%	89%	87%	87%	**90%**
Nutritional Assessment	99%	99%	98%	100%	99%	97%	97%	99%	97%	**98%**
Conducted Oral Assessment	93%	94%	91%	100%	99%	93%	92%	93%	89%	**94%**
Measured Height	99%	99%	100%	100%	100%	100%	100%	100%	99%	**100%**
Graphed Height	95%	96%	90%	100%	100%	96%	96%	97%	91%	**96%**
Measured Weight	100%	99%	100%	100%	100%	100%	100%	100%	99%	**100%**
Graphed Weight	95%	97%	91%	100%	100%	96%	96%	97%	91%	**96%**
BMI Percentile	94%	97%	94%	100%	100%	97%	97%	97%	91%	**96%**
BMI Graphing	93%	95%	92%	100%	100%	96%	97%	97%	90%	**95%**
Measured Head Circumference	98%	97%	96%	98%	95%	91%	98%	93%	100%	**96%**
Graphed Head Circumference	95%	92%	87%	98%	95%	87%	98%	93%	97%	**93%**
Measured Blood Pressure	97%	95%	98%	100%	97%	99%	98%	99%	98%	**98%**
Component Score	**96%**	**95%**	**94%**	**100%**	**99%**	**96%**	**96%**	**96%**	**93%**	**96%**

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

Comprehensive Physical Examination Results

- All MCO component scores and element scores exceeded the minimum compliance score of 80% in MY 2021. The HealthChoice Aggregate component and element scores also exceeded the minimum compliance threshold, with scores ranging from 90% to 100%.
- Component scores for the nine MCOs range from 93% (UHC) to 100% (JMS).

- Six of the nine MCOs scored at or above the HealthChoice Aggregate component score of 96%: ABH (96%), JMS (100%), KPMAS (99%), MPC (96%), MSFC (96%), and PPMCO (96%).

Laboratory Tests/At-Risk Screenings

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

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

- A second newborn metabolic screen (lab test) by 8 weeks of age
- Tuberculosis risk assessment beginning at 1, 6, and 12 months of age and annually thereafter
- Cholesterol risk assessment beginning at 2 years of age and annually thereafter
- 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 beginning at 11 years of age and annually thereafter
- Anemia test results at 1, 2, and 3-5 years of age
- STI/HIV risk assessment beginning at 11 years of age and annually thereafter
- HIV lab test required between the ages of 15 and 18

Table 6. MY 2021 Laboratory Test/At-Risk Screenings Element Results

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Newborn Metabolic Screen	82%	100%	73%	70%	92%	100%	85%	80%	94%	**85%**
Recorded TB Risk Assessment[1]	87%	83%	80%	99%	98%	83%	90%	82%	80%	**87%**
Recorded Cholesterol Risk Assessment	84%	81%	75%	100%	74%	84%	84%	80%	82%	**83%**
9-11 year Dyslipidemia Lab Test	61%	68%	64%	85%	72%	59%	70%	64%	57%	**67%**
18-21 year Dyslipidemia Lab Test	81%	67%	55%	100%	100%	71%	79%	75%	88%	**83%**
Conducted Lead Risk Assessment	90%	91%	89%	99%	99%	86%	93%	90%	85%	**92%**
12 Month Blood Lead Test	76%	77%	82%	94%	93%	77%	83%	78%	80%	**83%**
24 Month Blood Lead Test	67%	85%	78%	88%	91%	78%	79%	78%	74%	**80%**
3 – 5 Year (Baseline) Blood Lead Test	100%	98%	100%	100%	100%	90%	100%	94%	94%	**97%**
Referral to Lab for Blood Lead Test	87%	85%	91%	97%	100%	89%	91%	91%	81%	**91%**
Conducted Anemia Risk Assessment	82%	80%	71%	97%	98%	79%	69%	83%	73%	**82%**
12 Month Anemia Test[1]	72%	77%	81%	93%	93%	76%	74%	74%	78%	**80%**
24 Month Anemia Test	65%	82%	78%	86%	93%	75%	81%	79%	70%	**79%**
3-5 Year Anemia Test	90%	98%	100%	98%	100%	92%	100%	93%	92%	**96%**
Recorded STI/HIV Risk Assessment	86%	84%	78%	98%	99%	86%	89%	81%	78%	**87%**
HIV Test Per Schedule	94%	100%	93%	97%	95%	95%	73%	100%	94%	**94%**
Component Score	**80%**	**82%**	**80%**	**95%**	**90%**	**81%**	**82%**	**81%**	**77%**	**83%**

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

[1]Element criteria revised.

Laboratory/At-Risk Screenings Results

- Eight out of nine MCOs scored at or above the minimum compliance score of 80%: ABH (80%), ACC (82%), CFCHP (80%), JMS (95%), KPMAS (90%), MPC (81%), MSFC (82%), and PPMCO (81%).
- Two out of nine MCOs scored at or above the HealthChoice Aggregate score of 83%: JMS (95%) and KPMAS (90%).
- At 67%, the HealthChoice Aggregate for the element 9-11 year Dyslipidemia Lab Test scored below the minimum compliance threshold by thirteen percentage points.
- The HealthChoice Aggregate score for 24 Month Anemia Test (79%) also scored below the minimum compliance threshold by one percentage point.
- Six MCOs scored below the HealthChoice Aggregate score of 78% and the minimum compliance score (80%) for the 12 Month Anemia test element ranging from MSFC at 66% to ACC at 76%.
- Four MCOs scored below the HealthChoice Aggregate score of 79% for the 24 Month Anemia Test element ranging from ABH at 65% to CFCHP at 78%.
- UHC had six out of 16 elements comprising the Laboratory Tests/At-Risk Screenings element that fell below the minimum compliance score of 80%

Immunizations

Rationale: Children receiving 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 enrollees through 18 years of age must participate in the MDH'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 the date, dosage, site of administration, manufacturer, lot number, publication date of the Vaccine Information Statement, and name/location of the provider. Immunization components are listed in the table below.

Table 7. MY 2021 Immunizations Element Results

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Hepatitis B	87%	92%	87%	96%	98%	90%	93%	93%	92%	**92%**
Diphtheria/Tetanus/Acellular Pertussis (DTaP)	92%	91%	93%	98%	98%	94%	96%	94%	96%	**95%**
Haemophilus Influenza Type B (Hib)	92%	91%	93%	98%	98%	94%	97%	94%	98%	**95%**
Pneumococcal (PCV-7 or PCV-13 [Prevnar])	91%	92%	92%	99%	98%	93%	96%	93%	97%	**94%**
Polio (IPV)	88%	91%	88%	96%	98%	90%	93%	93%	93%	**92%**
Measles/Mumps/Rubella (MMR)	86%	92%	87%	97%	98%	93%	94%	93%	93%	**93%**
Varicella (VAR)	86%	91%	87%	97%	98%	92%	93%	93%	92%	**92%**
Tetanus/Diphtheria/Acellular Pertussis (TDaP)	79%	92%	85%	97%	96%	93%	96%	91%	95%	**92%**
Influenza (Flu)	79%	82%	75%	86%	95%	80%	85%	79%	82%	**83%**
Meningococcal (MCV4)	81%	94%	84%	97%	96%	89%	95%	93%	94%	**92%**
Hepatitis A	85%	91%	86%	94%	96%	89%	90%	91%	91%	**91%**
Rotavirus (RV)	98%	100%	95%	82%	100%	100%	100%	93%	96%	**96%**
Human Papillomavirus (HPV)[1]	77%	87%	80%	96%	96%	87%	90%	91%	86%	**89%**
Assessed Immunizations Up to Date	83%	84%	82%	89%	95%	85%	87%	84%	86%	**86%**
Component Score	**86%**	**90%**	**86%**	**95%**	**97%**	**90%**	**92%**	**90%**	**91%**	**91%**

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

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

Immunizations Results

- All nine MCO component scores and the HealthChoice Aggregate score exceeded the minimum compliance score of 80%.
- Four of the nine MCOs exceeded the HealthChoice Aggregate score of 91%: JMS (95%), KPMAS (97%), MSFC (92%), and UHC (91%).
- Six MCOs out of nine met or exceeded the minimum compliance score of 80% in all elements comprising the Immunizations component: ACC, JMS, KPMAS, MPC, MSFC, and UHC.

Health Education/Anticipatory Guidance

Rationale: Health education enables the patient and family to make informed healthcare 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: At least three anticipatory guidance items or two major 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 12 months 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 8. MY 2021 Health Education/Anticipatory Guidance Element Results

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Documented Age - Appropriate Anticipatory Guidance	98%	97%	99%	99%	100%	97%	99%	100%	96%	**98%**
Documented Health Education/Referral for Identified Problems/Tests	99%	98%	99%	99%	100%	98%	99%	100%	97%	**99%**
Documented Referral to Dentist	82%	79%	82%	97%	98%	87%	79%	82%	74%	**85%**
Specified Requirements for Return Visit	95%	92%	95%	100%	99%	91%	93%	97%	91%	**95%**
Component Score	**94%**	**92%**	**94%**	**99%**	**99%**	**93%**	**93%**	**95%**	**90%**	**94%**

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

Health Education/Anticipatory Guidance Results

- All MCO component scores and the HealthChoice Aggregate component score exceeded the minimum compliance score of 80% in MY 2021.
- Component scores for the nine MCOs range from 90% (UHC) to 99% (JMS and KPMAS).
- Five of the nine MCOs scored at or above the HealthChoice Aggregate score of 94%: ABH (94%), CFCHP (94%), JMS (99%), KPMAS (99%), and PPMCO (95%).
- ACC (79%), MSFC (79%), and UHC (74%) scored below the minimum compliance score of 80% for the Documented Referral to Dentist element.

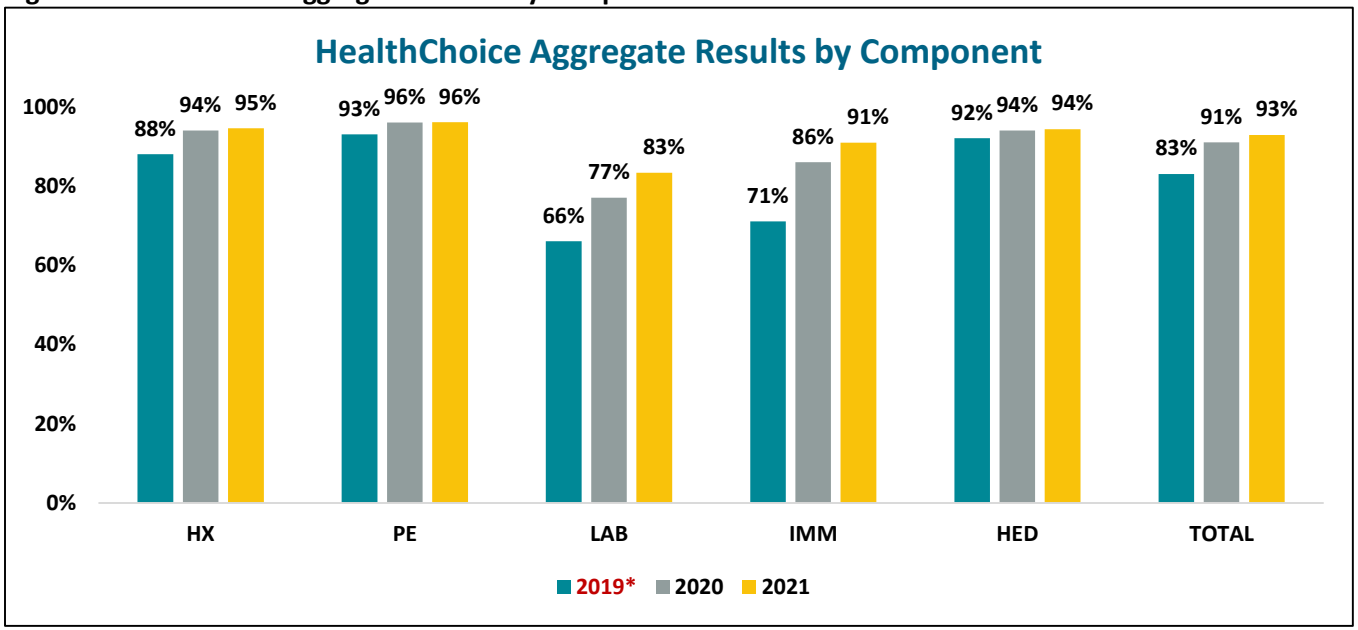
Trending Analysis of Aggregate Compliance Scores

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 MY 2019 through MY 2021 can be interpreted as reflecting differences in quality of care. Scoring for MY 2019 and MY 2020 should be reviewed with caution because of the continued impact of the COVID-19 public health emergency.

Table 9. 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. HealthChoice Aggregate Results by Component for MYs 2019 to 2021



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

For HealthChoice Aggregate Results:

- No overall trend was identified over the three-year period because of the impact of the change in the MRR process starting in MY 2019 and the impact of the COVID-19 pandemic.

- All component scores in MY 2021 demonstrated sustained improvement from MY 2019, with a total HealthChoice Aggregate component score increase of ten percentage points.
- The Laboratory Tests/At-Risk Screenings component continues to display the most substantial increase, improving six percentage points when compared to MY 2020 and 17 percentage points when compared to MY 2019.
- All five components scored above the 80% minimum compliance threshold in MY 2021.

Conclusion

The HealthChoice Aggregate exceeded the MDH-established minimum compliance threshold of 80% for all five components. Additionally, all five components maintained or increased in scoring in MY 2021 when compared to MY 2020 and have continued to increase from MY 2019. The Laboratory Tests/At-Risk Screenings component had the most significant increase, improving six percentage points from MY 2020 (77%) to MY 2021 (83%). Despite having the most significant increase, the Laboratory Tests/At-Risk Screenings component was the only component with one MCO (UHC) receiving a score (77%) that fell below the MDH-established compliance threshold of 80%. UHC is required to submit a CAP for not meeting the compliance threshold.

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:

- 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 the Maryland Healthy Kids Program standards. Collaborate with the assigned state Healthy Kids/EPSDT Nurses to assist in re-educating 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 to the local health department for assistance in bringing children in for missed healthcare appointments.
- Remind providers that 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.

Corrective Action Plan Process

MDH sets high performance standards for the Healthy Kids/EPSDT Program. In the event the 80% minimum compliance score is not met, MCOs are required to submit a CAP. Qlarant evaluates CAPs to determine whether they are acceptable. In the event that a CAP is deemed unacceptable, Qlarant provides recommendations to the MCOs until an acceptable CAP is submitted.

Required Contents of EPSDT CAPs

Each required CAP must include, at a minimum, the following components:

- Methodology for assessing and addressing the problem.
- Threshold(s) or benchmark(s).
- Planned interventions.
- Methodology for evaluating the effectiveness of actions taken.
- Plans for remeasurement.
- Timeline for the entire process, including all action steps and plans for evaluation.

EPSDT CAP Evaluation Process

The review team evaluates the effectiveness of any CAPs initiated as a result of the prior year's review. A review of all required EPSDT components is completed annually for each MCO. Since CAPs related to the review can be directly linked to specific components, the annual EPSDT review determines whether the CAPs were implemented and effective. In order to make this determination, Qlarant evaluates all data

collected or trended by the MCO through the monitoring mechanism established in the CAP. If an MCO has not implemented or followed through with the tasks identified in the CAP, MDH may take further action according to the Department's Performance Monitoring Policy.

MY 2021 CAPs

UHC is required to submit an annual CAP in the area of Laboratory Tests/At-Risk Screenings due to non-compliance, in accordance with MDH's Performance Monitoring Policy.