Qlarant

Medicaid Managed Care Organization

EPSDT Medical Record Review

Statewide Executive Summary Report

Calendar Year 2020

Maryland
DEPARTMENT OF HEALTH

Revised September 2022

Table of Contents

Calendar Year (CY) 2020 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 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 (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 calendar year (CY) 2020. Approximately 698,364 children were enrolled in the HealthChoice Program during this period. The following nine managed care organizations (MCOs) evaluated for CY 2020 were:

- Aetna Better Health of Maryland (ABH)
- AMERIGROUP Community Care (ACC)
- CareFirst BlueCross BlueShield Community Health Plan (CFCHP)[1]
- 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)

[1] Formerly University of Maryland Health Partners.

EPSDT Objective and Methodology

The mission of Maryland's 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 health care 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 health care 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

CY 2020 EPSDT Review Process

Sampling and Provider Outreach 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. Qlarant selected a sample of medical records from the pool of EPSDT-certified and non-certified PCPs from Hilltop's CY 2020 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% over sample.
- 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 shows 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 2,667 EPSDT visits.

Table 1. CY 2020 EPSDT Sample Size

MCO	Total Sample (10% Oversample)	Minimum Sample (90% CL with 5% Error)
ABH	288	262
ACC	297	270
CFCHP	295	266
JMS	287	261
KPMAS	296	268
MPC	300	270
MSFC	308	268
PPMCO	297	270
UHC	299	270
Total	**2,667**	**2,405**

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

- **Gathering Updated Fax Numbers.** Providers were initially contacted to obtain their office fax number in order to submit the CY 2020 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 was unable to 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.** 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. Outreach for medical records was tracked and reported to MDH on a weekly basis. MCOs were notified when outreach attempts were exhausted for specific medical records. Any medical records with missing/incomplete information not received by the close of the EPSDT activity were reviewed "as is" and scored accordingly.

All telehealth visits were excluded from the Qlarant sample and MRR process. These excluded 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 at 90% or above. For CY 2020, the nurses conducted a full desktop MRR due to the COVID-19 public health emergency. A total of 2,512 medical records were reviewed in CY 2020. 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. CY 2020 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 CY.

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. CY 2020 EPSDT Component Results by MCO

Component	CY 2020 MCO Results									HealthChoice Aggregate Results		
	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	CY 2018	CY 2019*	CY 2020
Health & Developmental History	92%	92%	92%	99%	98%	93%	94%	94%	92%	**94%**	**88%**	**94%**
Comprehensive Physical Examination	94%	95%	93%	99%	100%	94%	95%	96%	95%	**97%**	**93%**	**96%**
Laboratory Tests/At-Risk Screenings*	71%	73%	71%	92%	90%	72%	73%	74%	72%	**87%**	**66%**	**77%**
Immunizations*	80%	86%	79%	94%	97%	84%	85%	92%	77%	**93%**	**71%**	**86%**
Health Education/ Anticipatory Guidance	93%	91%	94%	98%	99%	92%	94%	94%	93%	**94%**	**92%**	**94%**
Total Score	**87%**	**89%**	**87%**	**97%**	**97%**	**89%**	**90%**	**92%**	**87%**	**94%**	**83%**	**91%**

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.

- All MCOs' total scores met the 80% minimum compliance requirement.
- Only two of the nine MCOs (JMS and KPMAS) met the minimum compliance score of 80% for all five components in CY 2020.
- The total scores of all MCOs range from 87% (ABH, CFCHP, and UHC) to 97% (JMS and KPMAS).
- Three MCOs (JMS, KPMAS, and PPMCO) scored equal to or above the HealthChoice Aggregate Total Score (91%).
- In comparison to CY 2018, before transitioning the EPSDT review from an onsite review to a desktop review, the total score for CY 2020 declined three percentage points. Yet, the total score improved eight percentage points from CY 2019 to CY 2020, moving closer to the scores generated from the primarily onsite review in CY 2018.

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. CY 2020 Health and Developmental History Element Results

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Recorded Medical History	97%	97%	97%	100%	100%	99%	97%	98%	97%	**98%**
Recorded Family History	90%	90%	93%	99%	92%	90%	93%	94%	85%	**92%**
Recorded Perinatal History	61%	62%	59%	95%	94%	63%	64%	63%	56%	**69%**
Recorded Maternal Depression Screening	63%	86%	50%	82%	97%	50%	65%	43%	47%	**66%**
Recorded Psychosocial History	97%	94%	96%	100%	97%	97%	97%	97%	96%	**97%**
Recorded Developmental Surveillance/ History	98%	95%	97%	95%	100%	98%	98%	98%	97%	**97%**
Recorded Developmental Screening Tool	88%	74%	89%	100%	100%	93%	85%	88%	79%	**89%**
Recorded Autism Screening Tool	73%	72%	74%	92%	100%	81%	81%	83%	75%	**81%**
Recorded Mental/ Behavioral Health Assessment	97%	97%	97%	100%	99%	98%	97%	96%	96%	**98%**
Recorded Substance Use Assessment	89%	89%	81%	100%	100%	87%	89%	91%	91%	**91%**
Depression Screening	76%	82%	81%	98%	97%	76%	87%	91%	82%	**86%**
Component Score	**92%**	**92%**	**92%**	**99%**	**98%**	**93%**	**94%**	**94%**	**92%**	**94%**

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

Health and Developmental History Results

- All MCO component scores met the minimum compliance score of 80% in CY 2020.
- Component scores of the MCOs range from 92% (ABH, ACC, CFCHP, and UHC) to 99% (JMS).
- Four of the nine MCOs scored at or above the HealthChoice Aggregate component score of 94%: JMS (99%), KPMAS (98%), MSFC (94%), and PPMCO (94%).

- Two of the nine MCOs (CFCHP and UHC) scored significantly below (≤10 percentage points) the HealthChoice Aggregate for Recorded Perinatal History of 69%.
- Three of the nine MCOs scored above the compliance threshold of 80% and above the HealthChoice Aggregate score of 66% for the element Recorded Maternal Depression Screening: ACC (86%), JMS (82%), and KPMAS (97%).
- Two of the nine MCOs (ACC and UHC) scored 74% and 79% respectively, which is 10-15 percentage points below the HealthChoice Aggregate for Recorded Developmental Screening Tool of 89%.
- One of the nine MCOs (CFCHP) scored 10 percentage points below the HealthChoice Aggregate for Recorded Substance Use Assessment of 91%.
- KPMAS scored above 90% for all elements.
- JMS scored above 90% for all elements except for Recorded Maternal Depression Screening (82%).

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. CY 2020 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%	99%	100%	100%	100%	**100%**
Vision Assessment	99%	98%	98%	100%	99%	99%	99%	98%	96%	**99%**
Hearing Assessment	99%	96%	98%	100%	98%	98%	99%	97%	95%	**98%**
Nutritional Assessment	97%	96%	99%	100%	99%	98%	99%	99%	97%	**98%**
Conducted Oral Assessment	96%	96%	95%	99%	100%	95%	97%	95%	96%	**97%**
Measured Height	99%	100%	99%	100%	100%	98%	100%	99%	100%	**99%**
Graphed Height	88%	89%	86%	99%	100%	89%	89%	93%	93%	**92%**
Measured Weight	100%	100%	99%	100%	100%	99%	100%	100%	100%	**100%**
Graphed Weight	89%	89%	86%	99%	100%	90%	89%	93%	92%	**92%**
BMI Percentile	87%	91%	87%	100%	100%	90%	93%	93%	91%	**93%**

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
BMI Graphing	79%	89%	79%	100%	100%	86%	89%	85%	85%	**88%**
Measured Head Circumference	97%	94%	98%	91%	100%	92%	93%	95%	90%	**95%**
Graphed Head Circumference	71%	65%	68%	88%	99%	72%	70%	84%	78%	**77%**
Measured Blood Pressure	94%	96%	96%	100%	99%	97%	96%	98%	97%	**97%**
Component Score	**94%**	**95%**	**93%**	**99%**	**100%**	**94%**	**95%**	**96%**	**95%**	**96%**

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 2020.
- Component scores of the nine MCOs range from 93% (CFCHP) to 100% (KPMAS).
- Three of the nine MCOs scored at or above the HealthChoice Aggregate component score of 96%: JMS (99%), KPMAS (100%), and PPMCO (96%).
- The HealthChoice Aggregate score for Graphed Head Circumference (77%) ranked lowest. Additionally, only three of the nine MCOs met or exceeded the 80% minimum compliance requirement for this element: KPMAS (99%), JMS (88%), and PPMCO (84%).
- Two of the nine MCOs did not meet the minimum compliance requirement for BMI Graphing: ABH (79%) and CFCHP (79%).

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 required at 1, 6, and 12 months of age and annually thereafter
- Cholesterol risk assessment required 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 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 the ages of 15 and 18

Table 6. CY 2020 Laboratory Test/At–Risk Screenings Element Results*

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Newborn Metabolic Screen	47%	60%	41%	70%	82%	38%	60%	69%	57%	**56%**
Recorded TB Risk Assessment[1]	81%	80%	84%	99%	99%	84%	83%	86%	79%	**86%**
Recorded Cholesterol Risk Assessment	83%	84%	90%	100%	94%	85%	91%	90%	85%	**89%**
9-11 year Dyslipidemia Lab Test	44%	54%	35%	85%	60%	31%	40%	41%	34%	**49%**
18-21 year Dyslipidemia Lab Test	40%	71%	58%	100%	100%	44%	67%	50%	53%	**69%**
Conducted Lead Risk Assessment	91%	88%	90%	98%	100%	90%	89%	93%	88%	**92%**
12 Month Blood Lead Test	54%	55%	49%	80%	79%	56%	58%	54%	57%	**61%**
24 Month Blood Lead Test	45%	52%	59%	78%	90%	64%	57%	55%	63%	**64%**
3 – 5 Year (Baseline) Blood Lead Test	86%	81%	94%	95%	100%	92%	81%	93%	86%	**90%**
Referral to Lab for Blood Lead Test	86%	75%	84%	93%	97%	83%	85%	78%	79%	**85%**
Conducted Anemia Risk Assessment	77%	84%	78%	99%	99%	77%	82%	85%	81%	**85%**
12 Month Anemia Test[1]	53%	50%	41%	74%	81%	48%	49%	49%	54%	**56%**
24 Month Anemia Test	48%	55%	51%	80%	90%	61%	46%	50%	54%	**60%**
3-5 Year Anemia Test	83%^	84%^	88%	93%^	100%	89%	72%	93%	80%	**88%**
Recorded STI/HIV Risk Assessment	89%	91%	90%	99%	100%	88%	93%	89%	95%	**93%**
HIV Test Per Schedule	70%	45%	50%	100%	94%	60%	75%	69%	45%	**74%**
Component Score	**71%**	**73%**	**71%**	**92%**	**90%**	**72%**	**73%**	**74%**	**72%**	**77%**

Underlined element scores denote scores below the 80% minimum compliance requirement.
[1]Element criteria revised.
*Denotes results should be reviewed with caution based on the change in MRR process due to the COVID-19 public health emergency.
^Denotes results that were changed due to an update in scoring methodology for the 3-5 Year Anemia Test element.

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 were below both the minimum compliance score of (80%) and the HealthChoice Aggregate component score (77%) except for JMS (92%) and KPMAS (90%) in CY 2020.
- Component scores of the nine MCOs range from 71% (ABH and CFCHP) to 92% (JMS).

- All of the MCOs scored significantly below the 80% minimum compliance requirement for the Newborn Metabolic Screen, except KPMAS (82%).
- All of the MCOs scored significantly below the 80% minimum compliance requirement for the 9-11 year Dyslipidemia Lab Test, except JMS (85%).
- The elements Recorded Cholesterol Risk Assessment, Conducted Lead Risk Assessment, 3-5 year (baseline) Blood Lead Test, and Recorded STI/HIV Risk Assessment all scored at or above the minimum compliance score of 80% for each MCO.
- Because of an update to the scoring methodology for the 3-5 Year Anemia Test, this element was reassessed. The results of the review impacted the scores for ABH, ACC, and JMS.

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 date, dosage, site of administration, manufacturer, lot number, the publication date of Vaccine Information Statement, and name/location of the provider. Immunization components are listed in the table below.

Table 7. CY 2020 Immunizations Element Results*

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Hepatitis B	82%	85%	78%	97%	98%	82%	84%	92%	76%	**86%**
Diphtheria/Tetanus/Acellular Pertussis (DTaP)	88%	88%	86%	98%	99%	90%	91%	96%	78%	**90%**
Haemophilus Influenza Type B (Hib)	87%	85%	86%	100%	99%	88%	90%	96%	79%	**90%**
Pneumococcal (PCV-7 or PCV-13 [Prevnar])	87%	85%	83%	99%	99%	89%	87%	94%	77%	**89%**
Polio (IPV)	81%	85%	78%	97%	97%	85%	84%	93%	75%	**86%**
Measles/Mumps/Rubella (MMR)	79%	87%	77%	97%	97%	85%	85%	93%	78%	**87%**
Varicella (VAR)	77%	86%	76%	97%	98%	84%	86%	93%	77%	**86%**
Tetanus/Diphtheria/Acellular Pertussis (TDaP)	66%	93%	81%	96%	99%	84%	86%	93%	80%	**87%**
Influenza (Flu)	71%	77%	66%	86%	97%	80%	81%	86%	77%	**81%**
Meningococcal (MCV4)	68%	95%	81%	97%	99%	84%	90%	97%	82%	**89%**
Hepatitis A	76%	84%	76%	95%	96%	82%	85%	91%	73%	**84%**
Rotavirus (RV)	95%	100%	97%	100%	94%	93%	100%	100%	100%	**97%**

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Human Papillomavirus (HPV)[1]	67%	95%	81%	96%	95%	82%	89%	91%	77%	**87%**
Assessed Immunizations Up-to-Date	82%	84%	79%	81%	94%	85%	83%	88%	74%	**83%**
Component Score	**80%**	**86%**	**79%**	**94%**	**97%**	**84%**	**85%**	**92%**	**77%**	**86%**

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.
*Denotes results should be reviewed with caution based on the change in MRR process due to the COVID-19 public health emergency.

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.
- Seven of the nine MCO component scores (ABH, ACC, JMS, KPMAS, MPC, MSFC, and PPMCO) met the minimum compliance requirement of 80% in CY 2020.
- Component scores of the nine MCOs range from 77% (UHC) to 97% (KPMAS).
- Four of the nine MCOs scored at or above the HealthChoice Aggregate component score of 86%: ACC (86%), JMS (94%), KPMAS (97%), and PPMCO (92%).
- KPMAS scored at or above 90% for each element.
- UHC scored below the minimum compliance requirement of 80% for 11 of the 14 elements 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: 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. CY 2020 Health Education/Anticipatory Guidance Element Results

Element	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	HealthChoice Aggregate
Documented Age Appropriate Anticipatory Guidance	97%	95%	99%	100%	100%	97%	99%	98%	99%	**98%**
Documented Health Education/Referral for Identified Problems/Tests	99%	98%	99%	100%	100%	99%	99%	100%	99%	**99%**
Documented Referral to Dentist	84%	81%	87%	99%	98%	84%	87%	87%	82%	**88%**
Specified Requirements for Return Visit	89%	89%	89%	95%	99%	87%	92%	92%	91%	**91%**
Component Score	**93%**	**91%**	**94%**	**98%**	**99%**	**92%**	**94%**	**94%**	**93%**	**94%**

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 2020.
- Component scores of the nine MCOs range from 91% (ACC) to 99% (KPMAS).
- Five of the nine MCOs scored at or above the HealthChoice Aggregate component score of 94%: CFCHP (94%), JMS (98%), KPMAS (99%), MSFC (94%), and PPMCO (94%).
- JMS and KPMAS scored well above 90% for each element comprising the Health Education/Anticipatory Guidance component.

Trending Analysis of Aggregate Compliance Scores

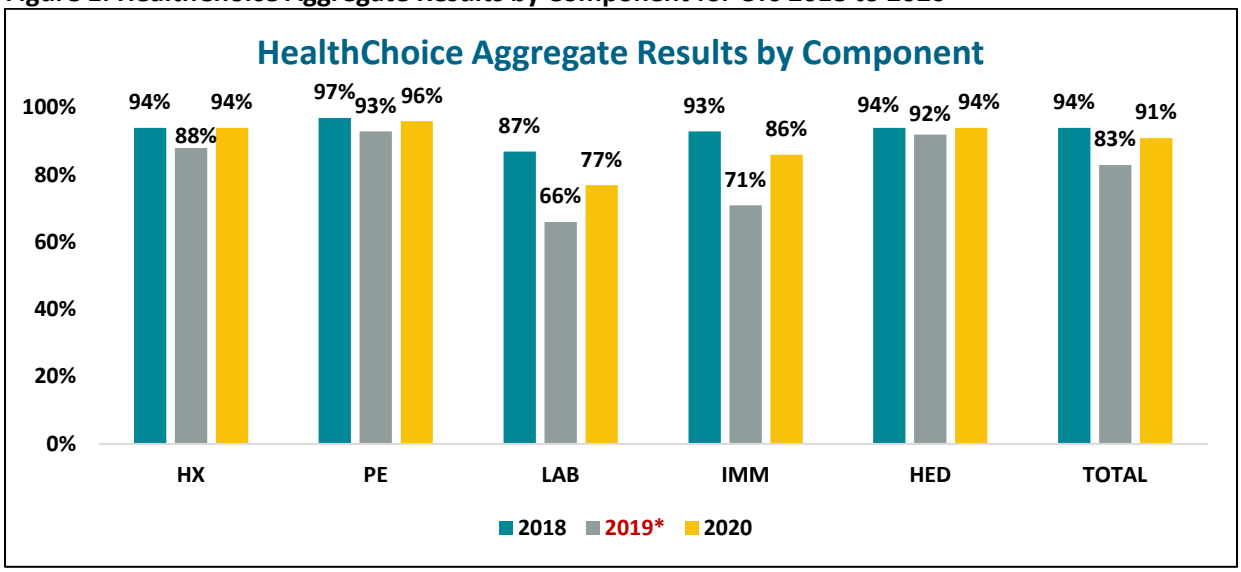
The purpose of a trend analysis is to demonstrate changes in patterns of care at multiple points in time. Score variation is to be expected; not all increases or decreases from CY 2018 through CY 2020 can be interpreted as reflecting differences in quality of care. Scoring for CY 2019 and CY 2020 should be reviewed with caution due to the continued impact of the COVID-19 public health emergency.

Table 9 displays the abbreviation used for each component and MCO total composite scores in Figure 1.

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 CYs 2018 to 2020



*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 starting in CY 2019 and the impact of the COVID-19 pandemic.
- All component scores in CY 2020 demonstrated an increase in percentage points from CY 2019, with the total HealthChoice Aggregate component score increasing by eight percentage points. Immunizations and Laboratory Tests/At-Risk Screenings displayed the most substantial increases.
- CY 2020 scores were comparable to CY 2018 scores in the areas of Health and Developmental History, Comprehensive Physical Exam, and Health Education/Anticipatory Guidance. Although the Laboratory Tests/At-Risk Screenings and Immunizations components scores substantially improved from CY 2019, the scores have declined compared to CY 2018.
- The total HealthChoice Aggregate was comparable in CY 2020 (91%) to CY 2018 (94%).
- Four of the five components scored above the 80% minimum compliance threshold in CY 2020: Health and Developmental History (94%), Comprehensive Physical Examination (96%), Immunizations (86%), and Health Education/Anticipatory Guidance (94%).

Conclusion

The HealthChoice Aggregate exceeded the 80% minimum compliance threshold set by MDH for four of the five components. Additionally, all five component scores increased when comparing CY 2020 scores to CY 2019 scores. Laboratory Tests/At-Risk Screenings and Immunizations increased by 11 and 15 percentage points, respectively. Health Education/Anticipatory Guidance (94%) remained more consistent in CY 2020, having only increased by two percentage points when compared to CY 2019 (92%). In CY 2019, the MRR process was changed from an onsite review 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. In CY 2020, although the full desktop review process continued, the total score (91%) increased eight percentage points from the total score in CY 2019 (83%), moving closer to the CY 2018 total score (94%). Additionally, the component scores for three of

the five components (Health & Developmental History, Comprehensive Physical Examination, and Health Education/Anticipatory Guidance) were comparable to CY 2018 scores. The remaining component scores for CY 2020 (Laboratory Tests/At-Risk Screenings and Immunizations) continued to present opportunities for improvement compared to CY 2018 component scores.

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 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 to and new standards of 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 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 health care 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 minimum compliance score is not met, MCOs are required to submit a CAP. Qlarant evaluates the 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 re-measurement.
- 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.

CY 2020 CAPs

ABH, ACC, CFCHP, MPC, MSFC, PPMCO, and UHC were required to submit a CAP in the area of Laboratory Tests/At-Risk Screenings because they did not meet the minimum compliance score of 80%. CFCHP and UHC were required to submit a CAP in the area of Immunizations because they did not meet the minimum compliance score of 80%. Qlarant evaluated the CAPs; of the initial MCO submissions, five of the seven MCOs contained complete information and were determined by Qlarant acceptable to address the areas of deficiency. The remaining two MCOs were required to resubmit due to incomplete information; once resubmitted, these CAPs were also determined by Qlarant acceptable to address the areas of deficiency. ACC will be required to submit a quarterly CAP for the Laboratory Tests/At-Risk Screenings component due to continued non-compliance, in accordance with MDH's Performance Monitoring Policy.