Qlarant

Medicaid Managed Care Organization

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

Statewide Executive Summary Report

Measurement Year 2023

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Measurement Year (MY) 2023 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medical Record Review

Statewide Executive Summary Report

Executive Summary

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is a federally mandated Medicaid program that monitors physical and mental health conditions in children and adolescents 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 Maryland Department of Health (MDH) administers the state's Medicaid managed care program, Maryland HealthChoice Program (HealthChoice). Operating since June 1997 under the Centers for Medicare & Medicaid Services' 1115 waiver and Code of Maryland Regulations, the program emphasizes providing quality healthcare that is patient-focused, prevention-oriented, coordinated, accessible, and cost-effective. The HealthChoice program aims to improve quality and access to coordinated services for qualifying enrollees through nine Medicaid managed care organizations (MCOs).

Per federal regulations, MDH must contract with an external quality review organization (EQRO) to conduct annual, independent reviews of Maryland's HealthChoice program. To meet these requirements, MDH contracts with Qlarant. As the EQRO, Qlarant conducts EPSDT reviews of each HealthChoice MCO.

Since 2007, MDH has conducted an EPSDT program named Healthy Kids, which requires all primary care providers (PCPs) to provide services to HealthChoice children and adolescents through 20 years of age with timely screening and preventive care according to the Maryland Schedule of Preventive Health Care standards. Each year, Qlarant completes an annual EPSDT medical record review (MRR) to ensure HealthChoice MCOs meet the MDH-established minimum compliance threshold of 80% for the below components:

- Health and Developmental History (HX)
- Comprehensive Physical Examination (PE)
- Laboratory Tests/At-Risk Screenings (LAB)
- Immunizations (IMM)
- Health Education/Anticipatory Guidance (HED)

This report summarizes the EPSDT MRR results for measurement year (MY) 2023, defined as January 1 to December 31, 2023. Approximately 749,988 children and adolescents were enrolled in the HealthChoice Program during this period. The following nine MCOs evaluated for MY 2023 were:

- Aetna Better Health of Maryland (ABH)
- 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)
- Wellpoint Maryland (WPM)

In MY 2023, Qlarant selected a sample of medical records from the pool of EPSDT-certified and non-EPSDT certified PCPs provided by The Hilltop Institute of the University of Maryland Baltimore County (Hilltop). Sample size per MCO included a 10% oversample and provided a 90% confidence level with a 5% margin of error. For MY 2023, there was a total sample of 2,651 preventive care encounters across all MCOs.

Elements within the above components 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) for MCOs 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 following are areas Qlarant noted as most challenging regarding the MY 2023 MRR completion:

- Provider office compliance with adhering to the review schedule, causing delays with starting reviews
- Provider office compliance with reviewing and confirming the patient listing sent at the time of scheduling
- Provider office compliance with providing complete enrollee records (including immunizations, labs, and at-risk screenings) during the time of the review

Quality Strategy Highlights

Per the HealthChoice Quality Strategy for 2022-2024[1], MDH has set a task goal based on pre-Covid public health emergency aggregate performance of increasing all EPSDT requirements to 80% or above by MY 2024. Based upon the HealthChoice Quality Strategy, specific HealthChoice performance metrics and targets are displayed in Table 1 below.

Table 1. HealthChoice Aggregate Scores Comparison to Quality Strategy Targets

Requirement: Minimum Compliance Score: ≥80%	HealthChoice Aggregate MY 2023	MDH Quality Strategy Targets for MY 2024
Health & Developmental History	93%	94%
Comprehensive Physical Examination	97%	97%
Laboratory Tests/At-Risk Screenings	80%	87%
Immunizations	92%	93%
Health Education/Anticipatory Guidance	96%	94%
HealthChoice Aggregate Totals	**93%**	**≥94%**

All components comprising the EPSDT review met or exceeded the MDH minimum threshold (80%) in MY 2023. Two of the five components (Comprehensive Physical Examination and Health Education/Anticipatory Guidance) met or exceeded MDH's Quality Strategy Targets for MY 2024. The HealthChoice Aggregate total fell below the MY 2024 target by one percentage point. Results within this report include sample size, performance per component, trended results per component, and required CAPs.

EPSDT Objective and Methodology

The mission of the Maryland EPSDT/Healthy Kids Program is to improve accessibility and ensure the availability of quality healthcare 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:

[1] MDH HealthChoice Quality Strategy

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 2023 EPSDT Review Process

Sampling and Provider Outreach Methodology

MDH has an interagency governmental agreement with Hilltop to serve as the data warehouse for its encounters. Upon receiving Hilltop's full MY 2023 preventive care encounters sample frame for children and adolescents through 20 years of age, Qlarant selected a sample of medical records from the pool of EPSDT-certified and non-EPSDT certified PCPs. 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 a 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 services 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 four to six preventative visits within a 12-month period, only one date of service was selected.
- Sample includes recipients who had a preventive care encounter (CPT 99381-85 or 99391-95) by a provider with the following specialty codes: 16 (pediatrics), 28 (general practice), 29 (family practice), 30 (internal medicine), and 171 (nurse practitioner). The specialty code 007 (OBGYN) is excluded from the sample.
- For children less than two years of age who may have had four to six preventive visits within a 12-month period, only one date of service will be selected from the sample.
- Telehealth visits will be flagged and excluded from the MRR.

Table 2 compares the sample size selected for each MCO and the total sample achieved.

Table 2. MY 2023 EPSDT Sample Size

MCO	Minimum Sample (90% CL with 5% Error)	Maximum Sample (10% Oversample)	Total Sample Reviewed
ABH	265	292	287
CFCHP	266	294	276
JMS	261	288	287
KPMAS	269	296	287
MPC	270	297	277
MSFC	267	294	286
PPMCO	270	297	281
UHC	269	296	270
WPM	270	297	280
Total	**2,407**	**2,651**	**2,531**

Qlarant's 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 2023, nurse reviewers conducted all MRRs onsite at the provider offices, except for providers with only one patient in the sample (singles). Qlarant's contracted administrative scheduler worked with the respective offices to determine the date and time of the review. If unsuccessful in initiating contact for scheduling after three attempts, Qlarant contacted the MCOs for assistance with solidifying provider contact and the scheduling of onsite MRR(s). In the event a provider office had more than one MCO identified, the MCO with the majority of patients on the listing was contacted first for assistance, with other MCOs contacted as backup when needed. Qlarant 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 only one patient in the sample (singles) were initially contacted to obtain their office fax number to submit the MY 2023 medical record request. Providers were notified that the fax request for medical records would be submitted to the fax number provided.
- **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 Information:** Upon receipt of medical records via secure fax or SecureShare, Qlarant reviewed each record for completeness and outreached providers for any missing documentation. Qlarant conducted two outreach attempts for missing documentation. MCOs were notified when outreach attempts were exhausted for specific medical records and provided an opportunity to obtain this information. Any medical records with missing information not received by the conclusion of the EPSDT MRR activity were reviewed "as is" and scored accordingly.

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. The MY 2023 EPSDT review was conducted by eight nurses who completed the EPSDT training and achieved a 90% or higher inter-rater reliability rate. Four of the eight nurses were HEDIS nurses and three of the eight nurses had experience completing a prior EPSDT review.

Data Collection and Review: A total sample of 2,531 medical records was included in the review for MY 2023 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 3.

Table 3. MY 2023 Scores and Finding Equivalents

Score	Finding
Completed	2
Incomplete	1
Missing	0
Not Applicable*	NA

*__Exception__ – a vision assessment for a blind child or a documented refusal of a flu vaccine by a parent received a score of two.

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.

Each record was reviewed for validity and completeness at the time of the onsite or desktop review. In the event a record was classified as invalid (incorrect date of birth, incorrect gender, incorrect date of service, patient not seen by provider, not an EPSDT record, or no record), the review for that medical record stopped and it did not count against the total score.

MRR samples contained total samples, completed reviews, and invalid records. Within the sample of patient records for MY 2023, no records of the HealthChoice Aggregate total sample were classified as invalid, as shown in Table 4.

Table 4. HealthChoice Record Summary of Total Sample for MY 2023

MCO	Total Sample	Valid Reviews Completed	Invalid Records
ABH	292	287	0
CFCHP	294	276	0
JMS	288	287	0
KPMAS	296	287	0
MPC	297	277	0
MSFC	294	286	0
PPMCO	297	281	0
UHC	296	270	0
WPM	297	280	0
HealthChoice Aggregate	**2,651**	**2,531**	**0**

Accuracy of Medical Record Data Validity: Qlarant extracted a random total sample of 2,651 medical records from Hilltop's data. During onsite or desktop reviews, nurse reviewers verified all medical records matched the patient listing. Medical records were only considered valid if the reviewer successfully verified:

- Patient name
- Date of birth
- Gender
- Date of service
- EPSDT record

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 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 5. MY 2023 EPSDT Component Scores by MCO and Measurement Year Aggregates

Component	MCO									HealthChoice Aggregate		
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	MY 2021	MY 2022	MY 2023
Health & Developmental History (HED)	92%	94%	99%	94%	91%	91%	95%	93%	91%	**95%**	**96%**	**93%**
Comprehensive Physical Examination (PE)	97%	96%	99%	97%	96%	96%	97%	96%	96%	**96%**	**98%**	**97%**
Laboratory Tests/At-Risk Screenings (LAB)	**79%**	**79%**	92%	92%	**78%**	**73%**	**75%***	**75%**	**75%**	**83%**	**85%**	**80%**
Immunizations (IMM)	91%	91%	94%	98%	91%	88%	93%	91%	91%	**91%**	**95%**	**92%**
Health Education/ Anticipatory Guidance (HED)	93%	94%	99%	100%	95%	95%	96%	95%	93%	**94%**	**97%**	**96%**
Total Composite Score	**92%**	**92%**	**97%**	**97%**	**92%**	**90%**	**93%**	**92%**	**91%**	**93%**	**95%**	**93%**

RED denotes a CAP requirement for components scoring below the 80% minimum compliance threshold.
*Score fell below the minimum compliance threshold for multiple years and requires a quarterly CAP.

- All MCOs' total composite scores met the minimum compliance threshold (80%).
- All MCOs exceeded the minimum compliance threshold (80%) for four out of five of the components.
- Seven out of nine MCOs fell below the minimum compliance threshold (80%) for *Laboratory Tests/At-Risk Screenings,* requiring a CAP (ABH, CFCHP, MPC, MSFC, PPMCO, UHC, and WPM).
- The HealthChoice Aggregate component scores ranged from 80% (*Laboratory Tests/At-Risk Screenings*) to 97% (*Comprehensive Physical Examination*).
- Each HealthChoice Aggregate component score declined from MY 2022 to MY 2023, with the greatest decline of five percentage points for the *Laboratory Tests/At-Risk Screenings* component (85% in MY 2022 to 80% in MY 2023).
- The total HealthChoice Aggregate score for MY 2023 (93%) has decreased by two percentage points compared to MY 2022 (95%).

The following sections describe 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 6. MY 2023 Health and Developmental History Element Scores and Measurement Year Aggregates

Element	MCO									HealthChoice Aggregate		
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	MY 2021	MY 2022	MY 2023
Recorded Medical History	93%	97%	99%	99%	88%	93%	97%	94%	94%	98%	97%	95%
Recorded Family History	83%	89%	99%	96%	83%	83%	91%	87%	88%	93%	93%	89%
Recorded Perinatal History	88%	89%	95%	97%	**<u>75%</u>**	81%	88%	**<u>79%</u>**	**<u>76%</u>**	90%	90%	86%
Recorded Maternal Depression Screening	**<u>63%</u>**	**<u>76%</u>**	100%	**<u>39%</u>**	**<u>73%</u>**	**<u>59%</u>**	89%	**<u>50%</u>**	**<u>75%</u>**	**<u>77%</u>**	82%	**<u>68%</u>**
Recorded Psychosocial History	97%	96%	100%	92%	97%	95%	97%	96%	94%	97%	99%	96%
Recorded Developmental Surveillance/History	97%	96%	99%	99%	97%	94%	96%	96%	93%	97%	98%	96%
Recorded Developmental Screening Tool	92%	90%	97%	**<u>65%</u>**	87%	**<u>76%</u>**	88%	83%	**<u>79%</u>**	89%	93%	84%
Recorded Autism Screening Tool	**<u>78%</u>**	**<u>78%</u>**	96%	86%	80%	90%	**<u>71%</u>**	84%	**<u>70%</u>**	89%	88%	82%
Recorded Mental/ Behavioral Health Assessment	97%	97%	100%	100%	96%	96%	99%	97%	93%	96%	98%	97%
Recorded Substance Use Assessment	89%	93%	100%	95%	95%	93%	98%	94%	90%	91%	93%	94%
Depression Screening	82%	88%	100%	**<u>58%</u>**	87%	88%	92%	86%	83%	83%	89%	87%

<u>Underlined</u> element scores denote scores below the 80% minimum compliance threshold.

Health and Developmental History Results

- All MCOs scored well above the minimum compliance threshold (80%) for the *Health and Developmental History* component score, ranging from 91% (MPC, MSFC, and WPM) to 99% (JMS).
- Ten out of 11 HealthChoice Aggregate scores for each element exceeded the minimum compliance threshold of 80%, except for the Recorded Maternal Depression Screening element, which fell below the minimum compliance threshold by 12 percentage points (68%).
- CFCHP, JMS, KPMAS, PPMCO, and UHC scored at or above the HealthChoice Aggregate component score, ranging from 93% (UHC) to 99% (JMS).
- JMS is the only MCO that scored above the minimum compliance threshold (80%) for each element.
- PPMCO scored above the minimum compliance threshold (80%) for ten out of 11 elements.
- MPC, UHC, and WPM scored below the minimum compliance threshold (80%) for the Recorded Perinatal History element at 75%, 79%, and 76%, respectively.
- ABH, CFCHP, KPMAS, MPC, MSFC, UHC, and WPM scored below the minimum compliance threshold (80%) for the Recorded Maternal Depression Screening element, ranging from 39% (KPMAS) to 76% (CFCHP).
- KPMAS, MSFC, and WPM scored below the minimum compliance threshold (80%) for the Recorded Developmental Screening Tool element at 65%, 76%, and 79%, respectively.
- ABH, CFCHP, PPMCO, and WPM scored below the minimum compliance threshold (80%) for the Recorded Autism Screening Tool element, ranging from 70% (WPM) to 78% (ABH and CFCHP).
- KPMAS was the only MCO that scored below the minimum compliance threshold (80%) for the Depression Screening element at 58%.
- Ten out of 11 HealthChoice Aggregate scores declined from MY 2022 to MY 2023.
- The HealthChoice Aggregate for the Recorded Medical History element and the Recorded Autism Screening Tool element have steadily decreased from MY 2021 (98% and 89%, respectively) to MY 2023 (95% and 82%, respectively).
- The HealthChoice Aggregate for the Recorded Substance Use Assessment element has steadily improved from MY 2021 (91%) to MY 2023 (94%).

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 7. MY 2023 Comprehensive Physical Examination Element Scores and Measurement Year Aggregates

Element	MCO									HealthChoice Aggregate		
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	MY 2021	MY 2022	MY 2023
Documentation of Minimum 5 Systems Examined	98%	98%	100%	100%	99%	99%	100%	98%	99%	99%	99%	99%
Vision Assessment	94%	91%	97%	88%	92%	90%	90%	89%	91%	92%	94%	91%
Hearing Assessment	93%	90%	97%	87%	90%	89%	90%	87%	90%	90%	93%	90%
Nutritional Assessment	97%	97%	100%	99%	98%	96%	98%	97%	98%	98%	98%	98%
Conducted Oral Assessment	99%	97%	100%	100%	99%	96%	98%	96%	97%	94%	96%	98%
Measured Height	99%	100%	100%	99%	99%	100%	100%	100%	99%	100%	100%	99%
Graphed Height	99%	99%	100%	99%	99%	99%	100%	99%	99%	96%	99%	99%
Measured Weight	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Graphed Weight	99%	99%	100%	99%	100%	99%	100%	99%	99%	96%	99%	99%
BMI Percentile	98%	98%	100%	99%	97%	97%	98%	97%	96%	96%	100%	98%
BMI Graphing	94%	95%	100%	99%	92%	93%	98%	95%	91%	95%	99%	95%
Measured Head Circumference	97%	94%	100%	97%	96%	90%	95%	97%	91%	96%	94%	95%
Graphed Head Circumference	97%	92%	100%	97%	93%	88%	95%	94%	86%	93%	92%	93%
Measured Blood Pressure	93%	96%	100%	95%	94%	95%	94%	96%	95%	98%	97%	95%

Comprehensive Physical Examination Results

- All MCO component scores and element scores exceeded the minimum compliance threshold (80%).
- Component scores ranged from 96% (CFCHP, MPC, MSFC, UHC, and WPM) to 99% (JMS).
- Four out of nine MCOs scored at or above the HealthChoice Aggregate component score of 97% (ABH, JMS, KPMAS, and PPMCO).
- All MCOs scored 100% for the Measured Weight element.
- JMS scored 100% for 12 of the 14 elements.
- Six out of 14 HealthChoice Aggregate scores declined from MY 2022 to MY 2023.
- The HealthChoice Aggregate scores for the Documentation of Minimum 5 Systems Examined element, Nutritional Assessment element, and Measured Weight element maintained from MY 2021 to MY 2023.
- The HealthChoice Aggregate scores for the Conducted Oral Assessment element steadily improved from MY 2021 (94%) to MY 2023 (98%).
- The HealthChoice Aggregate scores for the Graphed Height element and the Graphed Weight element improved from MY 2021 (96%) to MY 2022 (99%) and then maintained from MY 2022 to MY 2023.

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 8. MY 2023 Laboratory Test/At-Risk Screenings Element Scores and Measurement Year Aggregates

Element	MCO									HealthChoice Aggregate		
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	MY 2021	MY 2022	MY 2023
Newborn Metabolic Screen	87%	**79%**	**60%**	94%	81%	**71%**	100%	81%	**50%**	85%	81%	81%
Recorded TB Risk Assessment	89%	82%	100%	**64%**	84%	83%	**79%**	81%	86%	87%	89%	83%
Recorded Cholesterol Risk Assessment	83%	**75%**	100%	85%	81%	82%	82%	80%	**77%**	83%	85%	83%
9-11 Year Dyslipidemia Lab Test	**51%**	**53%**	87%	81%	**48%**	**47%**	**49%**	**54%**	**57%**	**67%**	**72%**	**59%**
18-21 Year Dyslipidemia Lab Test	**43%**	81%	90%	83%	**79%**	**44%**	81%	**79%**	**63%**	83%	80%	**75%**
Conducted Lead Risk Assessment	92%	91%	100%	89%	90%	89%	87%	83%	87%	92%	91%	90%
12 Month Blood Lead Test	**78%**	**79%**	89%	96%	80%	**73%**	**71%**	**70%**	**70%**	83%	86%	80%
24 Month Blood Lead Test	**74%**	**78%**	**79%**	94%	**70%**	**65%**	**71%**	**63%**	**73%**	80%	84%	**75%**
3-5 Year (Baseline) Blood Lead Test	82%	**63%**	85%	95%	**78%**	**69%**	90%	**65%**	86%	97%	95%	**78%**
Referral to Lab for Blood Test	86%	89%	83%	100%	87%	**78%**	85%	84%	84%	91%	90%	87%
Conducted Anemia Risk Assessment	**78%**	**75%**	100%	98%	**75%**	**74%**	**68%**	81%	**75%**	82%	81%	81%
12 Month Anemia Test	**75%**	**78%**	88%	95%	**76%**	**69%**	**71%**	**65%**	**72%**	80%	85%	**78%**
24 Month Anemia Test	**70%**	**75%**	**77%**	94%	**70%**	**59%**	**68%**	**57%**	**74%**	**79%**	82%	**73%**
3-5 Year Anemia Test	81%	**60%**	**73%**	94%	81%	**67%**	93%	**58%**	**75%**	96%	90%	**76%**
Recorded STI/HIV Risk Assessment	86%	90%	100%	100%	91%	83%	83%	94%	87%	87%	89%	91%
HIV Test Per Schedule	**60%**	80%	100%	100%	100%	**71%**	95%	80%	85%	94%	89%	91%

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

Laboratory/At-Risk Screening Results

- Two of the nine MCO's component scores exceeded the minimum compliance threshold (80%) and the HealthChoice Aggregate component score of 80% (JMS and KPMAS at 92%) by 12 percentage points.
- Component scores ranged from 73% (MSFC) to 92% (JMS and KPMAS).
- Only two elements out of 16 (Conducted Lead Risk Assessment and Recorded STI/HIV Risk Assessment) resulted in MCO scores above the minimum compliance threshold (80%).
- Seven HealthChoice Aggregate element scores out of 16 (9-11 Year Dyslipidemia Lab Test at 59%, 18-21 Year Dyslipidemia Lab Test at 75%, 24 Month Blood Lead Test at 75%, 3-5 Year Blood Lead Test at 78%, 12 Month Anemia Test at 78%, 24 Month Anemia Test at 73%, and 3-5 Year Anemia Test at 76%) fell below the minimum compliance threshold (80%).
- The 9-11 Year Dyslipidemia Lab Test element had the lowest scores, ranging from 47% (MSFC) to 87% (JMS).
- MSFC had the most element scores fall below the minimum compliance threshold (80%) for 12 out of 16 elements, ranging from 44% (18-21 Year Dyslipidemia Lab Test) to 78% (Referral to Lab for Blood Test).
- CFCHP and WPM have the second most element scores that fell below the minimum compliance threshold of 80% for ten out of 16 elements.
- Five out of 16 HealthChoice Aggregate scores have had a steady decline from MY 2021 to MY 2023.
- The HealthChoice Aggregate scores for the Newborn Metabolic Screen and Conducted Anemia Risk Assessment maintained from MY 2022 to MY 2023 (81%).
- The HealthChoice Aggregate scores for the Recorded STI/HIV Risk Assessment element steadily improved from MY 2021 (8%) to MY 2023 (91%) and the HIV Test Per Schedule element increased from MY 2022 (89%) to MY 2023 (91%).

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 9. MY 2023 Immunizations Element Scores and Measurement Year Aggregates

Element	MCO									HealthChoice Aggregate		
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	MY 2021	MY 2022	MY 2023
Hepatitis B	96%	97%	97%	99%	96%	92%	97%	96%	93%	92%	97%	96%
Diphtheria/Tetanus/Acellular Pertussis (DTaP)	98%	99%	98%	100%	97%	95%	98%	97%	95%	95%	99%	98%
Haemophilus Influenza Type B (Hib)	97%	98%	100%	97%	95%	90%	95%	98%	93%	95%	98%	96%
Pneumococcal (PCV-7 or PCV-13) [Prevnar]	98%	96%	99%	99%	95%	93%	97%	97%	95%	94%	99%	97%
Polio (IPV)	96%	96%	97%	99%	97%	92%	97%	96%	94%	92%	97%	96%
Measles/Mumps/Rubella (MMR)	95%	96%	97%	99%	96%	93%	98%	96%	94%	93%	97%	96%
Varicella (VAR)	95%	96%	97%	99%	96%	93%	98%	95%	94%	92%	97%	96%
Tetanus/Diphtheria/Acellular Pertussis (TDaP)	90%	92%	100%	100%	95%	93%	99%	95%	97%	92%	95%	96%
Influenza (Flu)	**68%**	**64%**	**66%**	97%	**66%**	**62%**	**69%**	**60%**	**68%**	83%	81%	**69%**
Meningococcal (MCV4)	92%	94%	99%	99%	94%	93%	98%	97%	97%	92%	95%	96%
Hepatitis A	92%	94%	97%	98%	93%	91%	95%	95%	93%	91%	96%	94%
Rotavirus (RV)	98%	90%	100%	94%	92%	93%	100%	85%	89%	96%	100%	94%
Human Papillomavirus (HPV)*	88%	90%	98%	100%	90%	84%	91%	91%	94%	89%	93%	92%
Assessed Immunizations Up to Date	80%	**79%**	84%	95%	81%	**75%**	80%	**79%**	80%	86%	90%	81%

Underlined element scores denote scores below the 80% minimum compliance threshold.
*Data collected for informational purposes only; not used in the calculation of the overall component score.

Immunizations Results

- All nine MCO component scores exceeded the minimum compliance threshold (80%).
- Component scores ranged from 88% (MSFC) to 98% (KPMAS).
- All 14 HealthChoice Aggregate element scores exceeded the minimum compliance threshold (80%), except for Influenza (69%).
- KPMAS was the only MCO to score above 80% in every element.

- Eight out of nine MCOs scored below the minimum compliance threshold (80%) for the Influenza element, ranging from 60% (UHC) to 69% (PPMCO).
- Three out of nine MCOs scored below the minimum compliance threshold (80%) (CFCHP at 79%, MSFC at 75%, and UHC at 79%) for the Assessed Immunization Up to Date element.
- The HealthChoice Aggregate score for the Influenza element steadily declined from MY 2021 (83%) to MY 2023 (69%).
- The HealthChoice Aggregate scores for the Tetanus/Diphtheria/Acellular Pertussis element and Meningococcal element steadily improved from MY 2021 (92%) to MY 2023 (96%).
- Twelve out of 14 HealthChoice Aggregate scores declined from MY 2022 to MY 2023.

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 10. MY 2023 Health Education/Anticipatory Guidance Element Scores and Measurement Year Aggregates

Element	MCO									HealthChoice Aggregate		
	ABH	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	WPM	MY 2021	MY 2022	MY 2023
Documented Age – Appropriate Anticipatory Guidance	98%	98%	100%	100%	99%	96%	100%	98%	97%	98%	99%	98%
Documented Health Education/Referral for Identified Problems/Tests	97%	98%	100%	100%	98%	99%	99%	98%	98%	99%	99%	99%
Documented Referral to Dentist	83%	88%	100%	100%	88%	91%	90%	92%	86%	85%	93%	91%
Specified Requirements for Return Visit	94%	92%	98%	99%	94%	94%	97%	93%	92%	95%	96%	95%

Health Education/Anticipatory Guidance Results

- All nine MCOs scored above the minimum compliance threshold (80%) for the component score and all elements comprising the *Health Education/Anticipatory Guidance* component.
- Component scores ranged from 93% (ABH and WPM) to 100% (KPMAS).
- Three out of nine MCOs met or exceeded the HealthChoice Aggregate component score of 96% (JMS, KPMAS, and PPMCO).
- JMS and KPMAS scored 100% for three out of the four elements.
- ABH had the lowest element score of 83% for Documented Referral to Dentist.
- The HealthChoice Aggregate score for the Documented Health Education/Referral for Identified Problems/Tests maintained from MY 2021 to MY 2023 (99%).
- Three out of four HealthChoice aggregate scores declined from MY 2022 to MY 2023.

Trending Analysis of Aggregate Compliance Scores

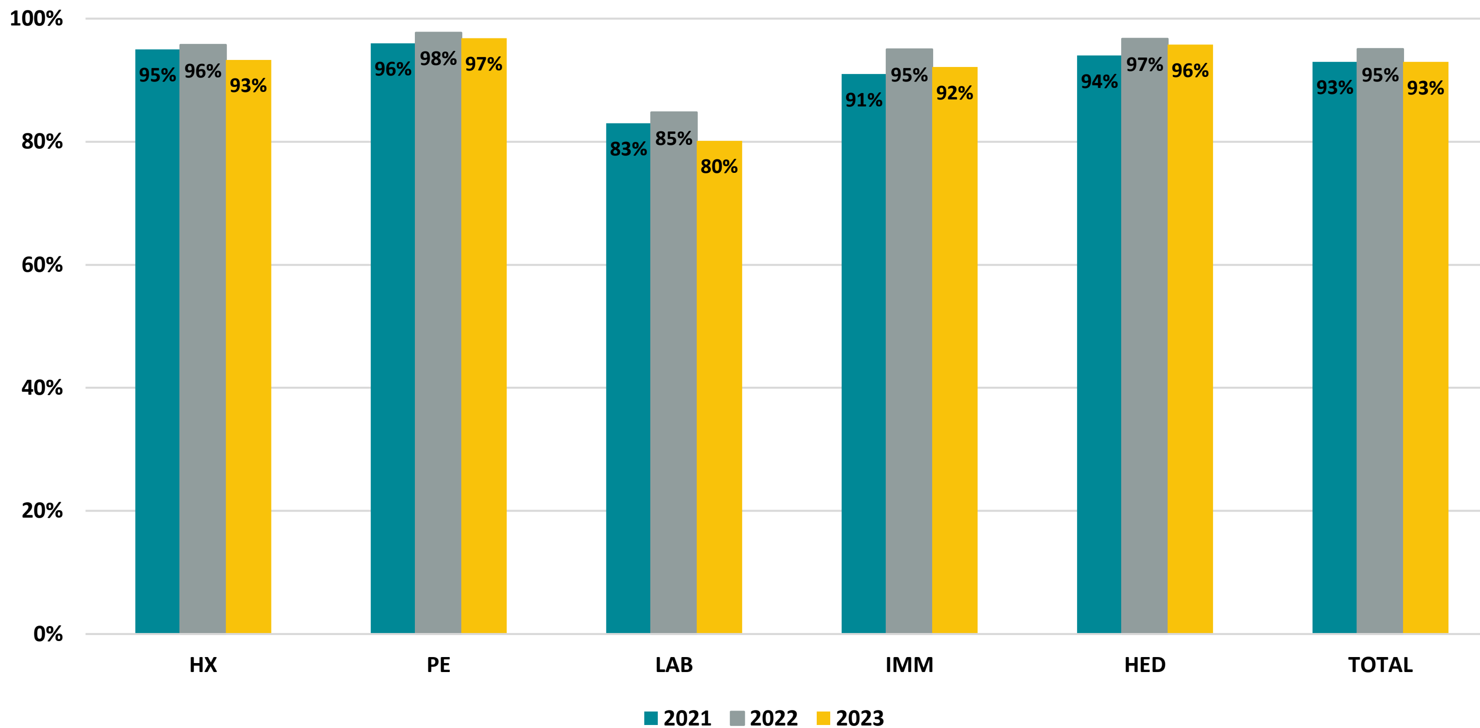
The purpose of a trend analysis is to demonstrate changes in patterns of care at multiple points in time. Score variation is to be expected; not all increases or decreases from MY 2021 through MY 2023 can be interpreted as reflecting differences in quality of care.

Table 11 displays the abbreviation used for each component and the MCO total composite score used for Figure 1.

Table 11. Component and Composite Score Abbreviations

Component/Composite Score	Abbreviations
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 Result by Component for MY 2021 to 2023



HealthChoice Aggregate Results:

- All component scores in MY 2023 displayed consistent scores in comparison to MY 2021 and MY 2022.
- In comparison to MY 2022, all elements displayed a slight decline, with the most significant being the *Laboratory Tests/At-Risk Screenings* (80%) and *Immunizations* (92%) components with a difference of five and three percentage points, respectively.
- All five components within the HealthChoice Aggregate scored at or above the 80% minimum compliance threshold in MY 2023.

Conclusion

HealthChoice is a mature managed care program and the analysis of the EPSDT MRR results ensures the MCOs' providers are delivering timely access to healthcare services for its children and adolescents through 20 years of age population according to EPSDT standards. Overall, the MY 2023 EPSDT review demonstrates steady compliance in the HealthChoice Aggregate scores and MCO total composite scores from MY 2021 to MY 2023. All MCOs' total composite scores performed well above the minimum compliance threshold of 80%, ranging from 90% (MSFC) to 97% (JMS and KPMAS). The HealthChoice aggregate score for the *Laboratory Tests/At-Risk Screenings* component remains an opportunity for improvement as the HealthChoice aggregate score for MY 2023 (80%) decreased compared to MY 2022 by five percentage points. The *Laboratory Tests/At-Risk Screenings* component also contained the lowest scores across the majority of MCOs, with 73% (MSFC) being the lowest. Two out of five of the HealthChoice Aggregate scores for MY 2023 met or exceeded the MDH Quality Strategy Targets for MY 2024.

- **Quality** – Providers, and by extension the MCOs, increase the likelihood of desired health outcomes of timely screening and preventive care by maintaining compliance with the Maryland Schedule of Preventive Health Care standards. Areas of impact during the MY 2023 EPSDT review include:
  - The continued likelihood of more timely screening and preventive care across MCOs.
    - All HealthChoice Aggregate scores for each component met or exceeded the minimum compliance threshold (80%).
  - There is an increased risk of lower quality healthcare being provided to HealthChoice enrollees in the future due to:
    - The decline of each HealthChoice Aggregate component score from MY 2022 to MY 2023.
    - The possibility of the *Laboratory Tests/At-Risk Screenings* HealthChoice Aggregate component score falling below the minimum compliance threshold (80%) in the future, due to a decline in performance across all nine MCOs from MY 2022 to MY 2023.

- **Access** – Providers incorporate the timely use of services to achieve optimal outcomes. Areas of impact during the MY 2023 EPSDT review include:
  - The continued likelihood of healthier children and adolescents.
    - All MCOs scored 100% for the Measured Weight element of the *Comprehensive Physical Examination* component.

    - All component scores demonstrated sustained compliance from MY 2021 to MY 2023, with a total HealthChoice Aggregate Composite score of 93% for MY 2023.
  - The continued likelihood of age-appropriate health education/anticipatory guidance.
    - All nine MCOs scored above the minimum compliance threshold (80%) for the component score and all elements comprising the *Health Education/Anticipatory Guidance* component.

- **Timeliness** – Providers must ensure children and adolescents up to age 20 are receiving timely screenings and preventive care, according to guidelines specified in the Maryland Schedule of Preventive Health Care Standards. Areas of impact during MY 2023 EPSDT review include:
  - The continued likelihood of age-appropriate immunizations across MCOs.
    - The HealthChoice Aggregate score for the Immunizations component remained well above the minimum compliance threshold (80%).
    - All nine MCO component scores for the Immunizations component remained above the minimum compliance threshold (80%).
  - The continued likelihood that enrollees will receive age-appropriate health and development history evaluations, comprehensive physical examinations, immunizations, and health education/anticipatory guidance.
    - Each HealthChoice aggregate score exceeded the minimum compliance threshold (80%).
  - The continued increase in the likelihood that enrollees will not receive age-appropriate screenings.
    - **Laboratory Tests/At-Risk Screenings.** The HealthChoice Aggregate fell below the MY 2024 target of 87% by seven percentage points. HealthChoice Aggregate component scores ranged from 73% (MSFC) to 92% (JMS and KPMAS). Only two out of 16 elements (Conducted Lead Risk Assessment and Recorded STI/HIV Risk Assessment) resulted in MCO scores above the minimum compliance threshold (80%). Seven out of 16 HealthChoice Aggregate element scores fell below the minimum compliance threshold (80%).
  - The continued likelihood that enrollees will not receive the Influenza vaccine and will not receive an assessment of whether the enrollee's immunizations are Up to Date.
    - **Immunizations.** MCO scores for the Influenza and Assessed Immunizations Up to Date elements fell below the minimum compliance threshold (80%).

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 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 because 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. 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 2023 CAPs

Results of the MY 2023 EPSDT MRR indicate a required CAP for seven MCOs, as demonstrated below in Table 12.

Table 12. CAP Summary for MY 2023 EPSDT Review

Component Type	Component Score	MCO	CAP Total
Laboratory Tests/At-Risk Screenings	79%	ABH	1
Laboratory Tests/At-Risk Screenings	79%	CFCHP	1
Laboratory Tests/At-Risk Screenings	78%	MPC	1
Laboratory Tests/At-Risk Screenings	73%	MSFC	1
Laboratory Tests/At-Risk Screenings	75%*	PPMCO	1
Laboratory Tests/At-Risk Screenings	75%	UHC	1
Laboratory Tests/At-Risk Screenings	75%	WPM	1

*Score fell below the minimum compliance threshold for multiple years and requires a quarterly CAP.

PPMCO's CAP for the Laboratory Tests/At-Risk Screenings component requires quarterly CAP submissions to include a two-year provider education project due to not meeting the minimum threshold (80%) for multiple consecutive years.

MCO Recommendations

To improve the quality of healthcare provided to Maryland's Medicaid enrollees who are less than 21 years of age, the following program recommendations are directed toward all participating HealthChoice MCOs:

- Collaborate with the assigned state Healthy Kids/EPSDT Nurse Consultants to assist in re-educating providers on the Healthy Kids/EPSDT Program requirements and develop a plan to bring underperforming practices into compliance with the Maryland Healthy Kids Program standards.
- Prepare and encourage provider cooperation and assistance with audit review scheduling, confirming the enrollee list to be reviewed, adherence to review start times, and demonstration of compliance or the supplying of records including enrollee immunizations.
- 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 for demonstration by provider offices during audit requests.
- Facilitate the transfer of medical, immunization, and laboratory records when a child is transferred to a newly assigned PCP within the MCO network.
- Utilize MCO data to identify children who are not up to date with EPSDT visits 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.
- Refer to the local health department for assistance in bringing children in for missed healthcare appointments when other outreach efforts have been unsuccessful.
- 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.

MDH Recommendations

The following recommendations are based on results from the MY 2023 reviews:

- MDH should continue to consider adopting an alternate methodology to improve the MRR process.
- MDH should encourage MCOs performing below the minimum compliance threshold (80%) to perform frequent monitoring of the quality of clinical care provided to all children younger than 21 years old.
- MDH should consider monitoring the *Laboratory Tests/At-Risk Screenings* component to identify and assist MCOs in identifying and overcoming root causes for the decline in performance, which continues to score below MDH's quality strategy target goal of 87% for MY 2024.