

6. CHILD/TEEN HEALTH PLAN SERVICES (EPSDT)

This chapter describes the State's plan for ensuring that the contracted MCOs provide the full range of Child/Teen Health Plan Services. The Child/Teen Health Plan is New York State's version of the Federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

Child/Teen Health Plan (C/THP) Requirements

C/THP services are included in the prepaid benefit package for children and adolescents up to 21 years of age. The provision of C/THP services is one of the State's highest priorities under The Partnership Plan. In accordance with the provisions of the MCO RFP, MCOs are mandated to do at least the following with respect to all members under age 21:

- Educate pregnant women and families with children and young adults under age 21 about the program and its importance to their health;
- Educate network providers about the program and their responsibilities under it;
- Conduct outreach activities, including by mail, telephone, and through home visits where appropriate, to ensure children are kept current with respect to their periodicity schedules;
- Schedule appointments for children and adolescents pursuant to the periodicity schedule, assist with referrals, and conduct follow-up with children and adolescents who miss or cancel appointments;
- Ensure that all appropriate diagnostic and treatment services, including specialist referrals, are furnished pursuant to findings from a C/THP screen;
- Achieve and maintain an acceptable compliance rate for screening schedules during the contract period.

The annual report from the Quality Assurance Reporting Requirements is released in the fall following the reporting year. For example, the 2005 data will be released in a report in the fall of 2006. Trends for measures are part of the report, and the data is used to target managed care plan-specific quality improvement areas. Beginning with data from 1997, managed care plans were required to submit a plan of correction for measurement areas that are below statewide averages and norms.

MCOs are also required to demonstrate that they have adequate numbers of providers, including pediatric providers, geographically distributed in proximity to where members live. The State has incorporated MCO compliance with EPSDT requirements (using well child measure performance) in the auto-assignment algorithm for Year 2 of the program.

Any new partial capitation plans approved by the State will be required to assume the responsibility and financial risk for the provision of C/THP services.

Monitoring: QARR Requirements

To enhance its ability to monitor compliance with the C/THP standards, the State continually revises its Quality Assurance Reporting Requirements (QARR), adding or modifying measures to provide more comparable and complete information. QARR measures may be modified or changed from year to year of the program, to reflect both advances in the technology and methodology of measuring quality and new program priorities. The following measures are required for the 2006 QARR to measure compliance with the C/THP standards:

- Well Child Visit: The purpose of this measure is to determine the percent of children who turned age 15 months during the reporting year who received 1,2,3,4,5, or 6 well-child visits with a primary care provider in their first 15 months of life. The C/THP specifies that infants from birth to 12 months of life should have received 6 wellness/preventive visits.
- Lead Screening: The purpose of this measure is to determine the number of children who have received one blood screening test for lead poisoning by age 25 months. Regardless of exposure risk, all children must be screened with a blood lead test at or around 12 months and 24 months of age.
- Well Child Visits for Children 3, 4, 5, or 6 Years of Age: The purpose of this measure is to determine the percentage of children between 3 years and 6 years of age, who received a well child visit with a primary care physician during the reporting year. The C/THP recommends one wellness visit each year at the ages of 4, 5, and 6.
- Well-Care Visits for the Adolescent and Young Adult (ages 12 to 21 years): The purpose of this measure is to determine the percentage of enrollees, aged 12 to 21, who have had at least one well-care visit with a primary care provider during the reporting year.
- Immunizations: The purpose of the immunization measure is to assess the immunization levels of children aged two for the provision of the following antigens: 4 Diphtheria/Tetanus/Pertussis containing vaccines; 3 Polio vaccines; 1 Measles/Mumps/Rubella (MMR) vaccine; at least 3 H Influenza type B vaccines; 3 Hepatitis B vaccines and 1 Varicella vaccine. Individual antigen information collected from plans allows for the flexibility of reporting 4-3-1-3-3-1 immunization rates as well as specific rates of compliance.
- Use of Appropriate Medications for People with Asthma: The purpose of this measure is to determine the percentage of children ages 5 to 17 years with persistent asthma who received appropriate medication to control their condition.

- Annual Dental Visit: The purpose of this measure is to determine the percentage of children and adolescents ages 2 through 21 years, who had at least one dental visit within the last year.
- Appropriate Treatment for Upper Respiratory Infection: The purpose of this measure is to determine the percentage of children ages 3 months to 18 years, who were diagnosed with an upper respiratory infection (common cold) and who were not given a prescription for an antibiotic.
- Appropriate Testing for Pharyngitis: The purpose of this measure is to determine the percentage of children, ages 2-18 years, who were diagnosed with pharyngitis, were prescribed an antibiotic, and who were given a group A streptococcus test.
- Adolescent Preventive Care Measures: The purpose of this measure is to determine the percentage of children, ages 14 to 18 years, who received six components of preventive care during well-care visits. These components include BMI (body mass index), nutrition and physical activity, sexual activity, depression, tobacco use, and substance use.

The Department uses the QARR measures and MCO encounter data to determine any patterns that may indicate that a particular MCO is not providing C/THP services, and to determine if MCOs achieve an acceptable rate of compliance with C/THP services. MCOs that do not achieve an acceptable rate will be subject to corrective measures. More specifically, any MCO that does not achieve an acceptable rate of compliance will be required to perform a root cause analysis and to develop an improvement plan approved by the Department.

6. CHILD/TEEN HEALTH PLAN SERVICES (EPSDT) IN FAMILY HEALTH PLUS

C/THP or EPSDT services are included in the FHPlus prepaid benefit package for adolescents up to 21 years of age.