CCHAP Practice Manager’s Meeting
EPSDT, Periodicity, KPI, Healthy Communities, PARs
Friday January 17th 2014 Noon – 1:00PM

Instructions to join the meeting remotely:
1. Open a web browser and enter URL: www.readytalk.com
   Enter participant access code: 2093166
2. Phone in for the audio portion of the conference:
   1-866-740-1260 - then enter the access code: 2093166

MEETING HANDOUTS:
www.cchap.org/pmmeeting
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PRESENTERS

Gina Robinson
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Anita Rich
Anita.rich@childrenscolorado.org

MEETING HANDOUTS:
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# Recommendations for Preventive Pediatric Health Care

**Bright Futures/American Academy of Pediatrics**

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are healthy and developing normally. For those children who have any important health problems, and are growing and developing in satisfactory ways, additional visits may become necessary if circumstances suggest deviations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from those recommended for healthy children.

These guidelines represent a consensus of the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

The recommendations in this statement are not intended to outline an exhaustive course of treatment or evaluation of medical care. Unforeseen medical emergencies may be encountered. Copyright © 2006 by the American Academy of Pediatrics. No part of this statement may be reproduced in any form, or by any means without prior written permission from the American Academy of Pediatrics except for personal use.

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<table>
<thead>
<tr>
<th>AGE</th>
<th>BRIFMARY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
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<tbody>
<tr>
<td><strong>HISTORY</strong></td>
<td><em>Initial</em></td>
<td><em>Neonatal</em></td>
<td>6-9 mo</td>
<td>12 mo</td>
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<tr>
<td>Measurements</td>
<td><em>Initial</em></td>
<td><em>Neonatal</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
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<tr>
<td>Length/Height and Weight</td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
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<tr>
<td>Head Circumference</td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
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<tr>
<td>Weight for Length</td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
</tr>
<tr>
<td>Body Mass Index</td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
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<tr>
<td>Blood Pressure</td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
</tr>
<tr>
<td><strong>SENSORY SCREENING</strong></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
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<tr>
<td>Vision</td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
<td><em>Initial</em></td>
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<tr>
<td>Hearing</td>
<td><em>Initial</em></td>
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<td><em>Initial</em></td>
</tr>
</tbody>
</table>

**DEVELOPMENTAL/BEHAVIORAL ASSESSMENT**

- **Developmental Surveillance**
- **Psychosocial/Behavioral Assessment**
- **Alcohol and Drug Use Assessment**

**PHYSICAL EXAMINATION**

- **PROCEDURES**
  - Newborn Metabolite and Hemoglobin Screenings
  - Immunization
  - Hemoglobin A1c
  - Lead Screening
  - Tuberculosis Screening
  - Diphtheria, Tetanus, and Hepatitis Immunizations
  - Syphilis Screening
  - Cardiac Dysfunction

**ORAL HEALTH**

**ANTIVIROTIVE GUIDANCE**

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1. For stable, minor variances in assessment, based on: 1. A standard screening instrument may be used for the child’s age and developmental level. If any variance is noted, a developmental pediatrician or developmental pediatrician may be consulted. 2. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from those recommended for healthy children. 3. Recommendations for Preventive Pediatric Health Care are designed for the care of children who are healthy and developing normally. For those children who have any important health problems, and are growing and developing in satisfactory ways, additional visits may become necessary if circumstances suggest deviations from normal. 4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from those recommended for healthy children. 5. Recommendations for Preventive Pediatric Health Care are designed for the care of children who are healthy and developing normally. For those children who have any important health problems, and are growing and developing in satisfactory ways, additional visits may become necessary if circumstances suggest deviations from normal. 6. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from those recommended for healthy children. 7. Recommendations for Preventive Pediatric Health Care are designed for the care of children who are healthy and developing normally. For those children who have any important health problems, and are growing and developing in satisfactory ways, additional visits may become necessary if circumstances suggest deviations from normal. 8. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from those recommended for healthy children. 9. Recommendations for Preventive Pediatric Health Care are designed for the care of children who are healthy and developing normally. For those children who have any important health problems, and are growing and developing in satisfactory ways, additional visits may become necessary if circumstances suggest deviations from normal. 10. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from those recommended for healthy children. 11. Recommendations for Preventive Pediatric Health Care are designed for the care of children who are healthy and developing normally. For those children who have any important health problems, and are growing and developing in satisfactory ways, additional visits may become necessary if circumstances suggest deviations from normal. 12. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from those recommended for healthy children. 13. Recommendations for Preventive Pediatric Health Care are designed for the care of children who are healthy and developing normally. For those children who have any important health problems, and are growing and developing in satisfactory ways, additional visits may become necessary if circumstances suggest deviations from normal.
## RCCO Program Measures

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Rolling 12 months 09/2012-08/2013</th>
<th>Program YTD 2013-07-2013/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Improvement 30 Day Readmits PKPY</td>
<td>(3.9) %</td>
<td>7.8 %</td>
</tr>
<tr>
<td>% Improvement ER Visits PKPY</td>
<td>9.1 %</td>
<td>0.5 %</td>
</tr>
<tr>
<td>% Improvement High Cost Imaging PKPY</td>
<td>(7.1) %</td>
<td>3.2 %</td>
</tr>
<tr>
<td>% Complete Well-Child Checks</td>
<td>79.7 %</td>
<td>--</td>
</tr>
</tbody>
</table>

## Total Cost of Care

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Rolling 12 months 09/2012-08/2013</th>
<th>Program YTD 2013-07-2013/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance from Budget (PMPM $)</td>
<td>N/A</td>
<td>$45.51</td>
</tr>
<tr>
<td>Paid (PMPM $)</td>
<td>$310.66</td>
<td>$318.57</td>
</tr>
</tbody>
</table>

## Potentially Preventable Events

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Rolling 12 months 09/2012-08/2013</th>
<th>Program YTD 2013-07-2013/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Preventable (PMPM $)</td>
<td>$46.53</td>
<td>$59.51</td>
</tr>
<tr>
<td>Variance PPR Admits PKPY</td>
<td>(0.1)</td>
<td>0.6</td>
</tr>
<tr>
<td>Variance PPA Admits PKPY</td>
<td>0.6</td>
<td>(3.9)</td>
</tr>
<tr>
<td>Variance PPV Visits PKPY</td>
<td>15.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Variance FPPS PKPY</td>
<td>(310.8)</td>
<td>(125.3)</td>
</tr>
</tbody>
</table>

## Rx Utilization

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Rolling 12 months 09/2012-08/2013</th>
<th>Program YTD 2013-07-2013/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance Rx Scripts PKPY</td>
<td>595.7</td>
<td>1,455.0</td>
</tr>
<tr>
<td>% Rx Generic Scripts</td>
<td>80.37 %</td>
<td>79.87 %</td>
</tr>
</tbody>
</table>

## Quality Measures

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Rolling 12 months 09/2012-08/2013</th>
<th>Program YTD 2013-07-2013/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Clients with Diabetes and annual HbA1c</td>
<td>79.7 %</td>
<td>--</td>
</tr>
</tbody>
</table>
What is EPSDT

- Medicaid’s program for children up to the age of 21 with a preventive treatment approach
- Diagnostic and screening services are the backbone of the program
- The “correct and ameliorative” aspects of the program are included in many of the services
Individualized health care, diagnostic services, and “treatment” as listed in the Federal Medicaid statute, must be provided when medically necessary to correct and ameliorate physical and mental conditions discovered during screening services whether or not included in the state plan.
Is EPSDT Different From Medicaid?

- Through EPSDT, each state’s Medicaid plan must provide to any EPSDT recipient any medically necessary health care service, even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.

- EPSDT does not pay for services
EPSDT Exceptions

Coverage does not include:

- Experimental treatments
- Services or items not generally accepted as effective
- Services or items in which an equally effective but less expensive option is available
- Services for the caregiver’s or provider’s convenience
Certain services* may not be covered by EPSDT

- Respite
- Environmental Modifications including those to the home or vehicle
- Vocational
- Educational

*These services might be covered under a waiver program or in the child’s IEP
The EPSDT Benefit Also Consists of:

- Helping Medicaid clients and their parents or guardians effectively use these resources
Remote Attendees please open a separate web browser tab and navigate to:

www.cchap.org/pmmeeting

Then click on the link for the EPSDT Overview
Healthy Communities:  
Free Resources for Families and Providers

- Required to notify every enrolled family of the scope of EPSDT benefits, outreach, and coordination support services
- Guide families to appropriately use their Medicaid benefits with emphasis on education, prevention, diagnosis and timely treatment
Explanation of Benefits

- A benefit is not a benefit if you do not know you have it
- A benefit is not a benefit if you do not know how to use it
- A benefit is not a benefit if you do not have a provider to render service

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Providers

- Inform providers of our role in the social system
- Follow up on clients per request
- Recruit for community
- First level advocate for clients
- Inform providers of community resources
- Assist families in arrangements for travel to out of county facilities
Healthy Communities Overview

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Then click on the link for the Healthy Communities Overview