



Qlarant 



**Medicaid Managed Care
Organization**



**EPSDT Medical Record Review
Final Report**

MedStar Family Choice, Inc.

Measurement Year 2021



Resubmitted August 2023

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MY 2021 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medical Record Review Report

Introduction

The EPSDT Program is the federally mandated Medicaid program for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), which 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 health care 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 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
- Comprehensive Physical Examination
- Laboratory Tests/At-Risk Screenings
- Immunizations
- Health Education/Anticipatory Guidance

This report includes EPSDT results for MedStar Family Choice, Inc. (MSFC) for the reporting period, January 1, 2021 to December 31, 2021, for the measurement year (MY) 2021.

EPSDT Objective and Methodology

The mission of the Maryland EPSDT/Healthy Kids Program is to improve accessibility and ensure the availability of quality health care for HealthChoice children and adolescents through 20 years of age. HealthChoice MCOs are responsible for providing or arranging for 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 medical record review is to assess the timely delivery of EPSDT services to children and adolescents enrolled in a HealthChoice MCO. The medical record review 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

Sampling and Provider Outreach Methodology

MDH has an interagency governmental agreement with The Hilltop Institute of the University of Maryland Baltimore County (Hilltop) to serve as the data warehouse for its encounters. Upon receiving Hilltop's full MY 2021 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 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.

Medical Record Review and Scoring Methodology

All of 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. For MY 2021, nurse reviewers conducted all MRRs onsite at the provider offices, with the exception of providers with four or fewer patients in the sample. Qlarant's Operations Coordinator worked with the respective offices to determine the date and time of the review to coordinate schedules between office staff and nurse reviewers. Qlarant's staff required access to the entire medical record to ensure there was adequate information 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.

Providers with four or fewer patients in the sample (singles) were initially contacted to obtain their office fax number, in order to submit the MY 2021 medical record request. Providers were notified that the fax request for medical records would be submitted to the fax number provided. MCOs assisted in obtaining fax numbers for providers when Qlarant could not locate that information. Records were requested directly from the billing providers. Qlarant directly faxed each sampled provider a letter with their specific record request and asked those providers to securely submit complete medical records to Qlarant for review via secure fax or Qlarant's SecureShare portal.

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

Data Collection and Review: A total of 2,467 medical records were reviewed in MY 2021 across all HealthChoice MCOs. Abstracted data from the medical record reviews 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 1:

Table 1. MY 2021 Scores and Finding Equivalents

Finding	Score
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, a score of two was given

Elements within a component are weighted equally, scored, and added together to derive the final component score. Similarly, the composite (overall) score of all elements follows the same methodology. The minimum compliance score is 80% for each component. If the minimum compliance score is not met, a corrective action plan (CAP) will be required. If new elements or elements with revised criteria are introduced, the elements will be scored as baseline for that calendar year.

The following should be considered when assessing results based on the random sampling methodology:

- 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 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

The MY 2021 EPSDT medical record review evaluated services rendered from January 1 to December 31, 2021; and reviewed a total of 274 records for MSFC.

Table 2. MY 2019 to MY 2021 EPSDT Results by Component

Component	MSFC EPSDT Score MY 2019	MSFC EPSDT Score MY 2020	MSFC EPSDT Score MY 2021	HealthChoice Aggregate EPSDT Score MY 2021
Health and Developmental History	90%	94%	95%	95%
Comprehensive Physical Exam	95%	95%	96%	96%
Laboratory Tests/At-Risk Screenings	<u>59%*</u>	<u>73%</u>	82%	83%
Immunizations	<u>80%*</u>	85%	92%	91%
Health Education/Anticipatory Guidance	93%	94%	93%	94%
Total Composite Score	86%	90%	93%	93%

*As a result of the change to a 100% full medical record desktop review, because of the continued impact of the COVID-19 public health emergency, results of the MY 2019 scores were significantly impacted by the lack of documentation submitted.

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

In MY 2021, MSFC had a total composite score of 93%, which was on target for the HealthChoice Aggregate score. MSFC's total composite score increased three percentage points from MY 2020 (90%) to MY 2021 (93%). MSFC met or exceeded the MDH-established minimum compliance threshold (80%) for each component. MSFC matched or surpassed the HealthChoice aggregate scores for three of the five components. MSFC sustained or improved for four out of five component scores in MY 2021. The Health Education/Anticipatory Guidance component decreased by one percentage point from MY 2020 (94%) to MY 2021 (93%). The Laboratory Tests/At-Risk Screenings component had the most significant increase of nine percentage points from MY 2020 (73%) to MY 2021 (82%).

The following sections detail MSFC MY 2021 EPSDT element scores for all five components.

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 3. MY 2019 to MY 2021 Health and Developmental History Results by Element

Health and Developmental History Elements	MSFC MY 2019	MSFC MY 2020	MSFC MY 2021	HealthChoice Aggregate Score MY 2021
Recorded Medical History	97%	97%	99%	98%
Recorded Family History	87%	93%	94%	93%
Recorded Perinatal History	<u>64%</u>	<u>64%</u>	92%	90%
Recorded Maternal Depression Screening	<u>50%</u>	<u>65%</u>	54%	77%
Recorded Psychosocial History	95%	97%	97%	97%
Recorded Developmental Surveillance/History (0-20 Years of age)	97%	98%	97%	97%
Recorded Developmental Screening Tool	<u>70%</u>	85%	91%	89%
Recorded Autism Screening Tool	<u>72%</u>	81%	89%	89%
Recorded Mental/Behavioral Health Assessment	95%	97%	96%	96%
Recorded Substance Use Assessment	80%	89%	93%	91%
Depression Screening	<u>71%</u>	87%	83%	83%

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

*Denotes baseline year (Note: Recorded Maternal Depression Screen scored atypically as baseline in both MY 2018 and MY 2019)

- MSFC's Health and Developmental History component score of 95% improved by one percentage point in comparison to MY 2020 (94%).
- Ten of the 11 elements comprising the Health and Developmental History component exceeded the MDH-established minimum compliance threshold (80%).
- Compared to MY 2020, MSFC sustained or improved in seven of the 11 elements.
- The Recorded Perinatal History element had the most significant increase of 28 percentage points from 64% in MY 2020 to 92% in MY 2021.
- The Recorded Maternal Depression Screening element had the most significant decrease of 11 percentage points from 65% in MY 2020 to 54% in MY 2021, which remained below the MDH-established minimum compliance threshold (80%).

Comprehensive Physical Exam

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 4. MY 2019 to MY 2021 Comprehensive Physical Exam Results by Element

Comprehensive Physical Exam Elements	MSFC MY 2019	MSFC MY 2020	MSFC MY 2021	HealthChoice Aggregate Score MY 2021
Documentation Of Minimum 5 Systems Examined	99%	100%	99%	99%
Vision Assessment	93%	99%	91%	92%
Hearing Assessment	93%	99%	89%	90%
Nutritional Assessment	97%	99%	97%	98%
Conducted Oral Assessment	95%	97%	92%	94%
Measured Height	98%	100%	100%	100%
Graphed Height	95%	89%	96%	96%
Measured Weight	98%	100%	100%	100%
Graphed Weight	95%	89%	96%	96%
BMI Percentile	95%	93%	97%	96%
BMI Graphing	95%	89%	97%	95%
Measured Head Circumference	90%	93%	98%	96%
Graphed Head Circumference	75%	70%	98%	93%
Measured Blood Pressure	97%	96%	98%	98%

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

- MSFC matched the HealthChoice Aggregate score in the Comprehensive Physical Exam component score (96%), which increased by one percentage point from MY 2020 (95%).
- All of the elements comprising the Comprehensive Physical Exam component exceeded the MDH-established compliance threshold of 80%.
- MSFC's scores matched or exceeded the HealthChoice Aggregate scores in ten of the 14 elements.
- Compared to MY 2020, MSFC sustained or improved in nine of the 14 elements.
- The Graphed Head Circumference element had the most significant increase of 28 percentage points from 70% in MY 2020 to 98% in MY 2021.

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 to 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 5. MY 2019 to MY 2021 Laboratory Tests/At-Risk Screenings Results by Element

Laboratory Tests/At-Risk Screenings Elements	MSFC MY 2019*	MSFC MY 2020	MSFC MY 2021	HealthChoice Aggregate Score MY 2021
Newborn Metabolic Screen	<u>45%</u>	<u>60%</u>	85%	85%
Recorded TB Risk Assessment ¹	<u>79%</u>	83%	90%	87%
Recorded Cholesterol Risk Assessment	85%	91%	84%	83%
9-11 Year Dyslipidemia Lab Test	<u>32%</u>	<u>40%</u>	<u>70%</u>	67%
18-21 Year Dyslipidemia Lab Test	<u>50%</u>	<u>67%</u>	<u>79%</u>	83%
Conducted Lead Risk Assessment	86%	89%	93%	92%
12 Month Blood Lead Test	<u>35%</u>	<u>58%</u>	83%	83%
24 Month Blood Lead Test	<u>32%</u>	<u>57%</u>	<u>79%</u>	80%
3-5 Year (Baseline) Blood Lead Test	85%	81%	100%	97%
Referral to Lab for Blood Lead Test	<u>40%</u>	85%	91%	91%
Conducted Anemia Risk Assessment	87%	82%	<u>69%</u>	82%
12 Month Anemia Test ¹	<u>29%</u>	<u>49%</u>	<u>74%</u>	80%
24 Month Anemia Test	<u>26%</u>	<u>46%</u>	81%	79%
3-5 Year Anemia Test	80%	<u>72%</u>	100%	96%
Recorded STI/HIV Risk Assessment	<u>72%</u>	93%	89%	87%
HIV Test Per Schedule	<u>55%</u>	<u>75%</u>	<u>73%</u>	94%

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

¹Element criteria revised

*Denotes MY 2019 results are baseline as a result of the change in the MRR process, because of the COVID-19 public health emergency, and they should be reviewed with caution.

- As a result of the MRR process change because of the COVID-19 public health emergency, the results for MY 2019 should be reviewed with caution.
- MSFC scored below HealthChoice Aggregate by one percentage point (83%) in the Laboratory Tests/At-Risk Screenings component (82%).
- MSFC met or exceeded the MDH-established compliance threshold of 80% for ten of the 16 elements comprising the Laboratory Tests/At-Risk Screenings component.
- Compared to the scores in MY 2020, MSFC sustained or improved in 12 of the 16 elements in MY 2021.
- The 9-11 Year Dyslipidemia Lab Test element (40% in MY 2020 to 70% in MY 2021) and the 24 Month Anemia Test element (46% in MY 2020 to 81% in MY 2021) had the most significant improvement in scores by 30 and 35 percentage points, respectively.
- The Conducted Anemia Risk Assessment element had the most significant decline in score with a decrease of 13 percentage points from MY 2020 (82%) to MY 2021 (69%).

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 the 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 the Vaccine Information Statement, and name/location of the provider. Immunization components are listed in the table below.

Table 6. MY 2019 to MY 2021 Immunizations Results by Element

Immunizations Elements	MSFC MY 2019*	MSFC MY 2020	MSFC MY 2021	HealthChoice Aggregate Score MY 2021
Hepatitis B	81%	84%	93%	92%
Diphtheria/Tetanus/Acellular Pertussis (DTaP)	85%	91%	96%	95%
Haemophilus Influenza Type B (Hib)	85%	90%	97%	95%
Pneumococcal (PCV-7 or PCV-13 [Prevnar])	84%	87%	96%	94%
Polio (IPV)	82%	84%	93%	92%
Measles/Mumps/Rubella (MMR)	82%	85%	94%	93%
Varicella (VAR)	81%	86%	93%	92%
Tetanus/Diphtheria/Acellular Pertussis (Tdap)	81%	86%	96%	92%
Influenza (Flu)	<u>69%</u>	81%	85%	83%
Meningococcal (MCV4)	81%	90%	95%	92%
Hepatitis A	<u>78%</u>	85%	90%	91%
Rotavirus (RV)	100%	100%	100%	96%
Human Papillomavirus (HPV) ¹	<u>77%</u>	89%	90%	89%
Assessed Immunizations Up to Date	<u>77%</u>	83%	87%	86%

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

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

*Denotes MY 2019 results are baseline as a result of the change in the MRR process, because of the COVID-19 public health emergency, and they should be reviewed with caution.

- As a result of the MRR process change because of the COVID-19 public health emergency, the results for MY 2019 should be reviewed with caution.
- MSFC scored above the HealthChoice Aggregate (91%) in the Immunizations component score (92%) by one percentage point.
- All of the elements exceeded the MDH-established compliance threshold of 80%.
- Compared to the scores in MY 2020, MSFC sustained or improved in all of the 14 elements in MY 2021.

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 7. MY 2019 to MY 2021 Health Education/Anticipatory Guidance Results by Element

Health Education/ Anticipatory Guidance Elements	MSFC MY 2019	MSFC MY 2020	MSFC MY 2021	HealthChoice Aggregate Score MY 2021
Documented Age-Appropriate Anticipatory Guidance	97%	99%	99%	98%
Documented Health Education/Referral for Identified Problems/Tests	99%	99%	99%	99%
Documented Referral to Dentist	85%	87%	<u>79%</u>	85%
Specified Requirements for Return Visit	91%	92%	93%	95%

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

- MSFC scored below the HealthChoice Aggregate in the Health Education/Anticipatory Guidance score (94%) by one percentage point (93%).
- Three out of four elements comprising the Health Education/Anticipatory Guidance component exceeded the MDH-established compliance threshold of 80%.
- Compared to the scores in MY 2020, MSFC sustained or improved in three of the four elements in MY 2021 for the Health Education/Anticipatory Guidance component. The Documented Referral to Dentist element decreased by eight percentage points from MY 2020 (87%) to MY 2021 (79%), scoring below the MDH-established minimum compliance threshold (80%).

Trend Analysis

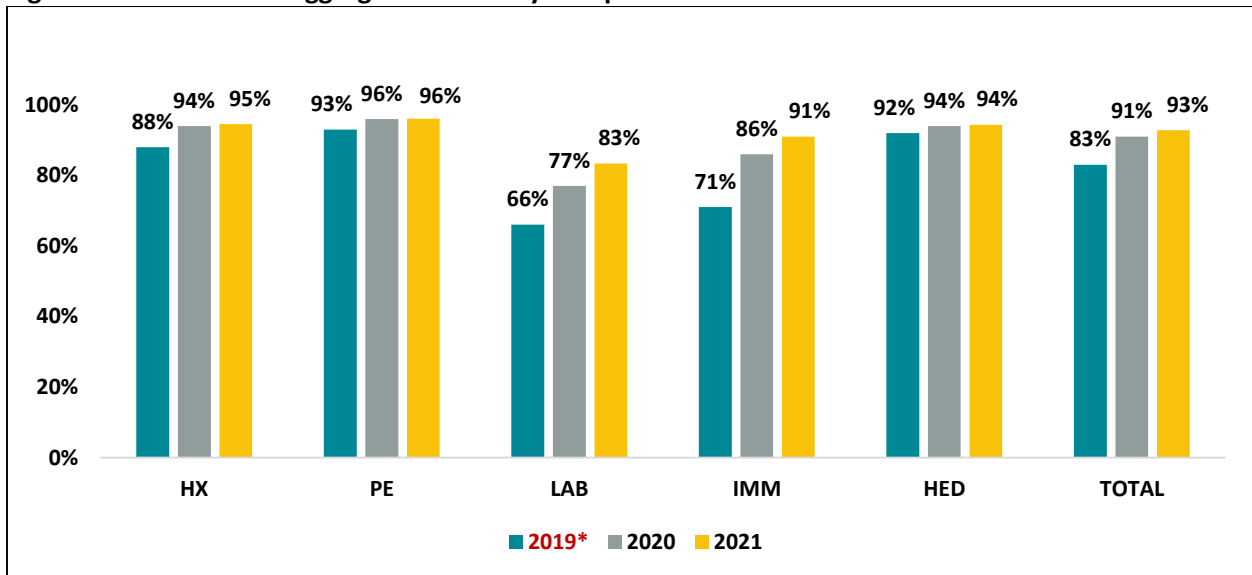
The purpose of a trend analysis is to demonstrate changes in patterns of care at multiple points in time. Score variation is to be expected; not all increases or decreases from MY 2019 through MY 2021 can be interpreted as reflecting differences in quality of care. Scoring for MY 2019 and MY 2020 should be reviewed with caution because of the continued impact of the COVID-19 public health emergency.

Table 8 displays the abbreviation used for each component and MCO total composite score used for figures 1 to 7.

Table 8. Component and Composite Score Abbreviations

Component/Composite Score	Abbreviation
Health and Developmental History	HX
Comprehensive Physical Exam	PE
Laboratory Tests/At-Risk Screenings	LAB
Immunizations	IMM
Health Education/Anticipatory Guidance	HED
Total Composite Score	TOTAL

Figure 1. HealthChoice Aggregate Results by Component for MYs 2019 to 2021



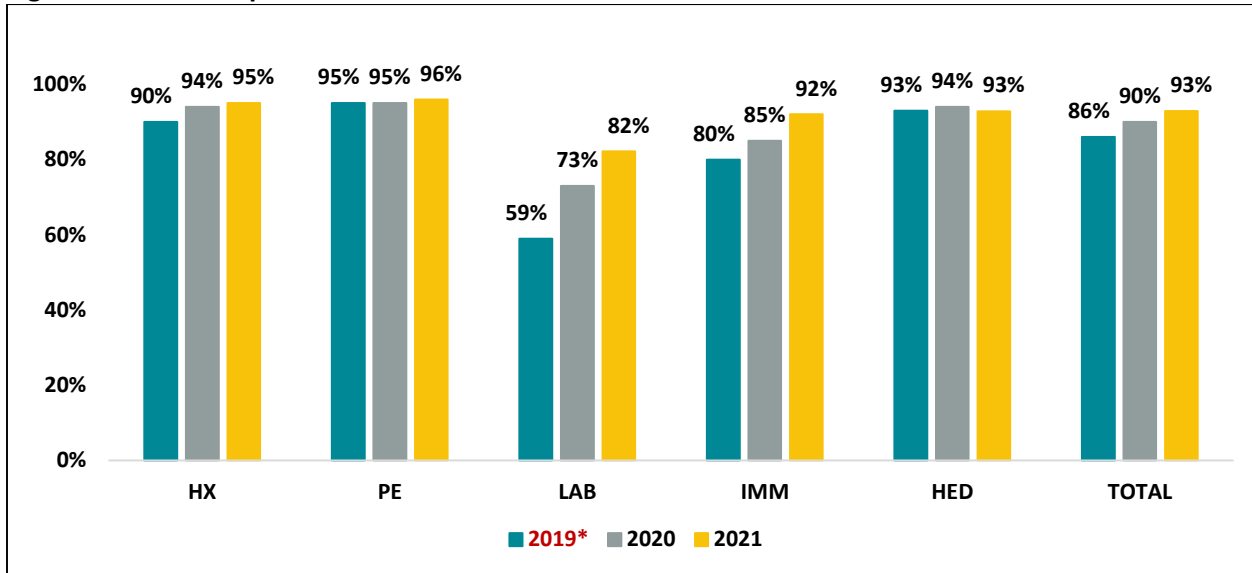
*Results for LAB and IMM are baseline as a result of the change in the MRR process because of the COVID-19 public health emergency.

For HealthChoice Aggregate results:

- No overall trend was identified over the three-year period because of the impact of the change in the MRR process starting in MY 2019 and the impact of the COVID-19 pandemic.
- All component scores in MY 2021 demonstrated sustained improvement from MY 2019, with a total HealthChoice Aggregate component score increase of ten percentage points.
- The Laboratory Tests/At-Risk Screenings component continues to display the most substantial increase, improving six percentage points when compared to MY 2020 and 17 percentage points when compared to MY 2019.

- All five components scored above the 80% minimum compliance threshold in MY 2021.

Figure 2. MSFC Component Results for MYs 2019 to 2021



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

For MSFC Component results:

- Compared to MY 2020, components in MY 2021 sustained or improved except for Health Education/Anticipatory Guidance, which declined by one percentage point (94% in MY 2020 to 93% in MY 2021).
- The total composite rate increased by three percentage points from MY 2020 to MY 2021 at 93%.
All five components scored above the minimum compliance threshold of 80%.

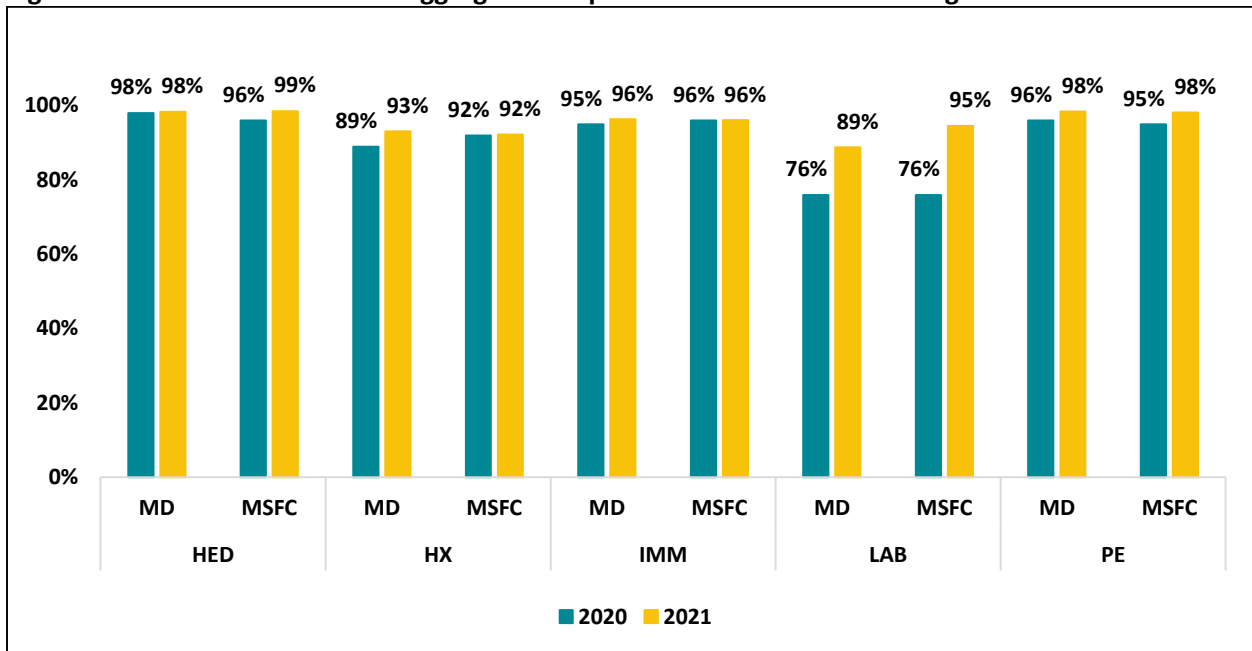
Age Group Analysis

Figures 3 to 7 display the results of the analysis performed on the abstracted medical record review data, in the following age groups.

Ages Birth through 11 Months

Figure 3 includes the results of the medical record review for all five components in the Birth through 11 Months age group. In addition, it compares MSFC data to the HealthChoice Aggregate data for MY 2020 and MY 2021.

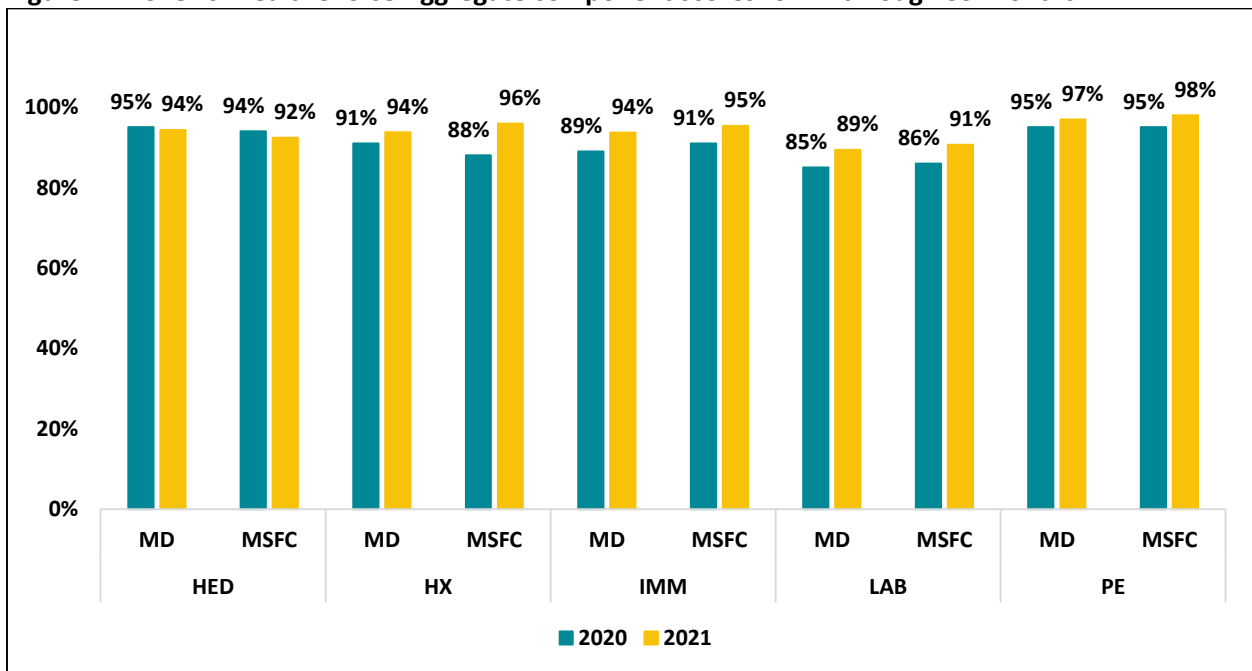
Figure 3. MSFC vs. HealthChoice Aggregate Component Scores for Birth through 11 Months



Ages 12 through 35 Months

Figure 4 includes the results of the medical record review for all five components in the 12 through 35 Months age group. In addition, it compares MSFC data to the HealthChoice Aggregate data for MY 2020 and MY 2021.

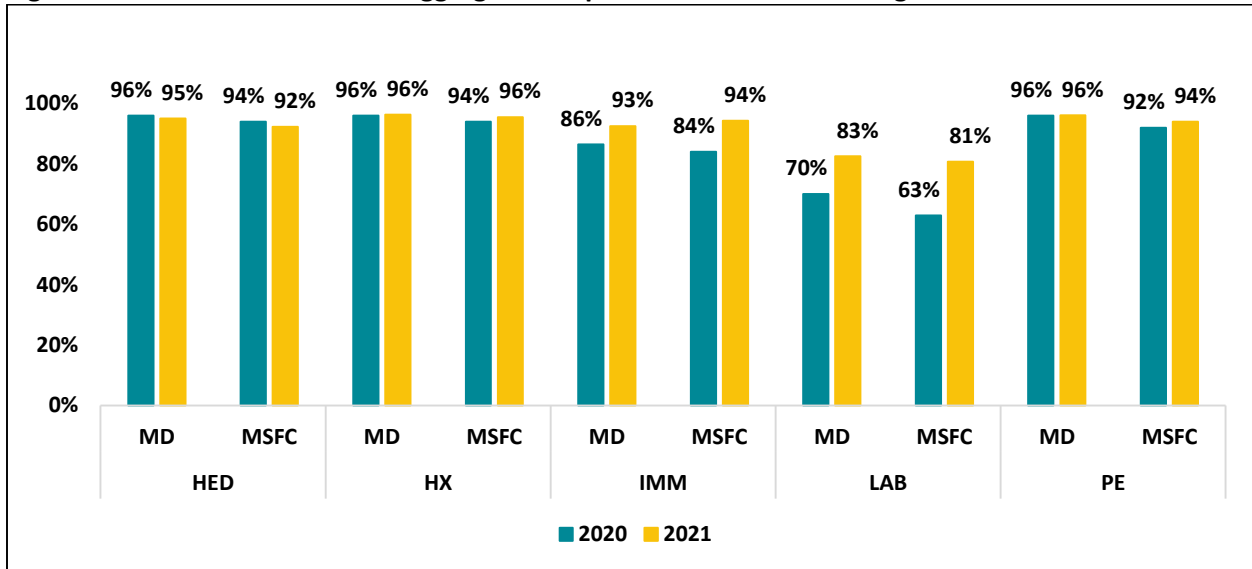
Figure 4. MSFC vs. HealthChoice Aggregate component scores for 12 through 35 Months



Ages 3 through 5 Years

Figure 5 includes the results of the medical record review for all five components in the 3 through 5 Years age group. In addition, it compares MSFC data against the HealthChoice Aggregate data for MY 2020 and MY 2021.

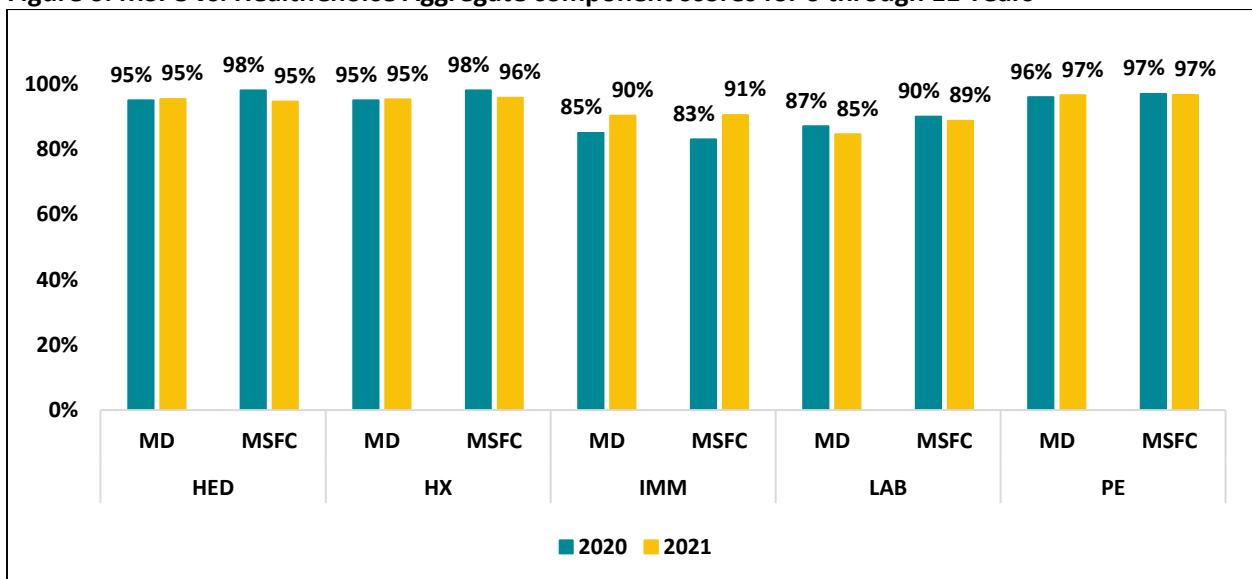
Figure 5. MSFC vs. HealthChoice Aggregate component scores for 3 through 5 Years



Ages 6 through 11 Years

Figure 6 includes the results of the medical record review for all five components in the 6 through 11 Years age group. In addition, it compares MSFC data to the HealthChoice Aggregate data for MY 2020 and MY 2021.

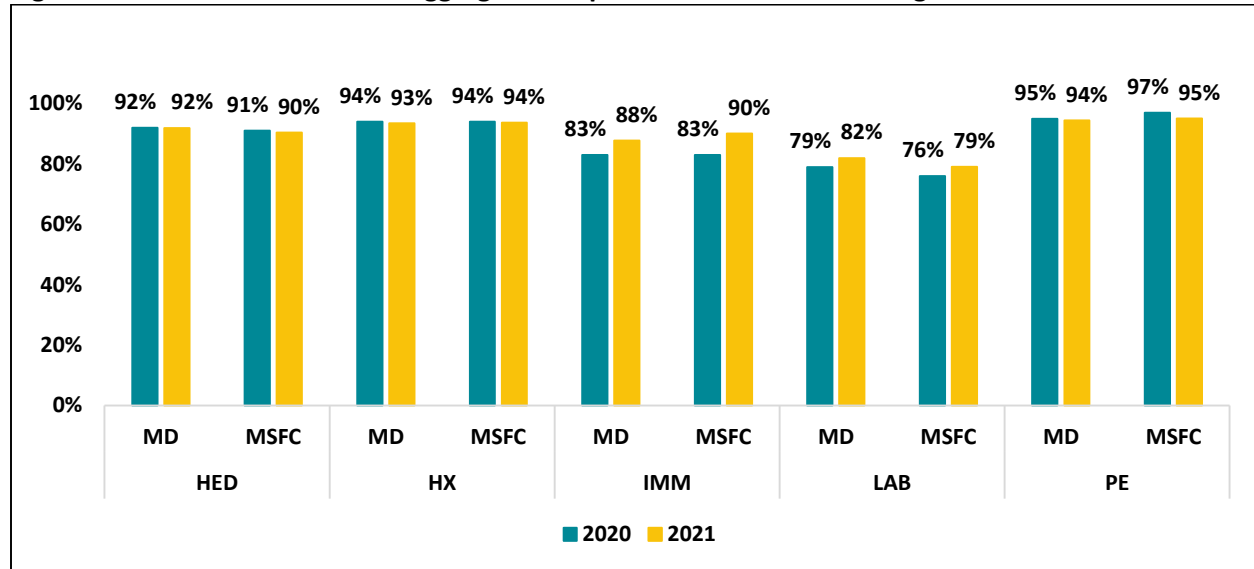
Figure 6. MSFC vs. HealthChoice Aggregate component scores for 6 through 11 Years



Ages 12 through 20 Years

Figure 7 includes the results of the medical record review for all five components in the 12 through 20 Years age group. In addition, it compares MSFC data to the HealthChoice Aggregate data for MY 2020 and MY 2021.

Figure 7. MSFC vs. HealthChoice Aggregate component scores for 12 through 20 Years



Conclusion

Strengths

- Compared to MY 2020, all five components in MY 2021 sustained or improved.
- All of the elements in the Comprehensive Physical Exam and the Immunizations components exceeded the MDH-established compliance threshold of 80%.
- Recorded Perinatal History and Graphed Health Circumference showed the greatest improvement from MY 2020 and MY 2021 with an increase of 28 percentage points.

Opportunities for Improvement

- Health Education/Anticipatory Guidance decreased from MY 2020 to MY 2021 by one percentage point.
- The Conducted Anemia Risk Assessment element had a significant decline in score with a decrease of 13 percentage points from MY 2020 (82%) to MY 2021 (69%).
- The Recorded Maternal Depression Screening element had a significant decrease of 11 percentage points from 65% in MY 2020 to 54% in MY 2021, which remained below the MDH-established minimum compliance threshold (80%).
- The Documented Referral to Dentist element decreased by eight percentage points from MY 2020 (87%) to MY 2021 (79%), scoring below the MDH-established minimum compliance threshold (80%).

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 toward all participating HealthChoice MCOs:

- Encourage providers to develop a plan to have medical records in compliance with audit requests.
- Develop a plan to bring underperforming practices into compliance with the Maryland Healthy Kids Program standards. Collaborate with the assigned state Healthy Kids/EPSTN Nurses to assist in re-educating providers and supporting staff on current standards of preventive health care.
- Educate the MCO provider network regarding revisions and new standards to the Maryland Schedule of Preventive Health Care using the MCO provider newsletter and/or practice visits by MCO staff.
- Encourage network providers to use the Maryland Healthy Kids Program's age-appropriate encounter forms, risk assessment forms, and questionnaires that are designed to assist with documenting preventive services according to the Maryland Schedule of Preventive Health Care.
- Reinforce preventive care standards as they apply to adolescents and young adults assigned to family practice and internal medicine PCPs.
- Assist practices as they implement electronic medical records to ensure all Maryland Healthy Kids Program requirements are incorporated into these tools and records are accessible during audit requests.
- When a child is transferred to another PCP within the MCO network, facilitate the transfer of medical, immunization, and laboratory records to the newly assigned PCP.
- Utilize MCO data to identify children who are not up to date according to the Maryland Schedule of Preventive Health Care, check if children received services from a previous PCP or MCO to prevent duplication, and assist the PCP by scheduling a preventive care visit based on this information.
- When other outreach efforts have been unsuccessful, refer to the local health department for assistance in bringing children in for missed healthcare appointments.
- Remind providers that they are required to enroll in the VFC program. Encourage and refer physicians to the Maryland immunization registry (ImmuNet) as a resource to check a child's immunization history.
- Monitor the Conducted Anemia Risk Assessment element, Recorded Maternal Depression Screening element, Rotavirus element, and Documented Referral to Dentist element for root causes in decreases in scoring.

Corrective Action Plans

This section contains all required CAPs based on the results of the MY 2021 EPSDT medical record review. All CAPs should be uploaded to MCO's portal, with an email notification to Qlarant, within 45 calendar days of receipt of this report.

Summary of CAPs Required

MSFC met or exceeded the 80% minimum compliance score for all components within the MY 2021 EPSDT Medical Record Review. Therefore, MSFC is not required to submit EPSDT Medical Record Review CAPs for MY 2021.

MSFC EPSDT Detailed Report

**Maryland Department of Health
MCO EPSDT End of the Year Report for MY 2021 – Detail**

MCO	Screening Type	HX		PE		LAB		IMM		HED		TOTAL	Records	
MSFC	0 to 1 Month	40/40	100%	88/88	100%	4/4	100%	16/16	100%	24/24	100%	172/172	100%	4
	2 to 3 Months	47/50	94%	110/110	100%	8/10	80%	69/70	99%	29/30	97%	263/270	97%	5
	4 to 5 Months	28/30	93%	63/66	95%	5/6	83%	42/42	100%	18/18	100%	156/162	96%	3
	6 to 8 Months	28/30	93%	60/66	91%	6/6	100%	42/48	88%	18/18	100%	154/168	92%	3
	9 to 11 Months	93/96	97%	176/176	100%	24/24	100%	102/106	96%	47/48	98%	442/450	98%	8
	12 Months	34/36	94%	66/66	100%	24/24	100%	59/60	98%	23/24	96%	206/210	98%	3
	15 Months	24/24	100%	44/44	100%	12/12	100%	40/40	100%	16/16	100%	136/136	100%	2
	18 Months	124/126	98%	197/198	99%	62/68	91%	157/180	87%	69/72	96%	609/644	95%	9
	24 Months	132/144	92%	286/296	97%	142/164	87%	224/230	97%	85/96	89%	869/930	93%	12
	30 Months	83/84	99%	150/154	97%	88/94	94%	132/132	100%	51/56	91%	504/520	97%	7
	3 Years	127/140	91%	320/336	95%	178/212	84%	247/274	90%	103/112	92%	975/1074	91%	14
	4 Years	149/150	99%	352/360	98%	182/210	87%	274/292	94%	110/120	92%	1067/1132	94%	15
	5 Years	173/180	96%	388/432	90%	198/278	71%	345/352	98%	134/144	93%	1238/1386	89%	18
	6 Years	187/200	94%	457/480	95%	32/40	80%	352/390	90%	151/160	94%	1179/1270	93%	20
	7 Years	146/150	97%	350/360	97%	26/30	87%	180/202	89%	113/120	94%	815/862	95%	15
	8 to 9 Years	247/250	99%	582/600	97%	62/64	97%	307/346	89%	189/200	95%	1387/1460	95%	25
	10 to 11 Years	280/298	94%	583/600	97%	109/130	84%	381/410	93%	190/200	95%	1543/1638	94%	25
	12 to 13 Years	241/252	96%	425/432	98%	106/140	76%	302/350	86%	135/144	94%	1209/1318	92%	18
	14 to 15 Years	299/322	93%	528/552	96%	127/180	71%	410/452	91%	169/184	92%	1533/1690	91%	23
	16 to 17 Years	355/378	94%	598/648	92%	167/210	80%	495/530	93%	195/216	90%	1810/1982	91%	27
18 to 20 Years	233/252	92%	412/432	95%	127/150	85%	299/340	88%	123/144	85%	1194/1318	91%	18	
Total			95%		96%		82%		92%		93%		93%	274