MedStar Family Choice Provider Alert
EPSDT and PCP Satisfaction Survey Updates

The Maryland Department of Health (MDH) released the following updates on a few quality assurance activities that have currently been on hold due to COVID-19.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Record Review

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medical Record Review data collection has been on hold due to COVID-19. However, MDH has just developed a new record submission process and timeline.

Providers will be receiving letters to request health records for data collection. Previously, this process took place in person at the provider's office. The State's vendor (Qlarant) has implemented a cloud-based solution named Proofpoint SecureShare. This secure, HIPAA-compliant platform will allow providers to electronically upload health records for the review. **A copy of the letter you could receive from Qlarant is attached as a reference.**

Qlarant will send detailed instructions to providers about using the platform and provide technical assistance to providers who need it. Providers with paper-based records will continue to send health records via secure fax. **The EPSDT review notifications to providers will begin on May 29, 2020, with a record submission deadline of August 1, 2020.**

PCP Satisfaction Survey

MDH and the Center for the Study of Services (CSS) also paused the PCP Satisfaction Survey activities during COVID-19. Before the COVID-19 pause, 96 surveys were completed via email and fax. **The Department and CSS plan to resume these activities via phone, mail, and fax on July 6, 2020, with a deadline of August 10, 2020. MedStar Family Choice encourages your participation in this effort if you receive a letter.**

May 26, 2020

Dear Managed Care Organization Quality Contacts:

Today, we are reaching out to you to provide updates on a few quality assurance activities that have currently been on hold due to COVID-19.

<u>Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Record Review</u>

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medical Record Review data collection has been on hold due to COVID-19. After speaking with Qlarant, we have developed a new record submission process and timeline.

Qlarant will be sending out letters to providers to request health records for data collection needed to complete the activity. Previously, this process took place in person at the provider's office. Qlarant has implemented a cloud-based solution named Proofpoint SecureShare. This secure, HIPAA-compliant platform will allow providers to electronically upload health records for the review. More details about SecureShare are provided in the attached document titled, "SecureShare Information."

Qlarant will send detailed instructions to providers about using the platform and provide technical assistance to providers who need it. Providers with paper-based records will continue to send health records via secure fax. The EPSDT review notifications to providers will begin on May 29, 2020, with a record submission deadline of August 1, 2020.

<u>PCP Satisfaction Survey</u>

The Department and the Center for the Study of Services (CSS) also paused the PCP Satisfaction Survey activities. Before the COVID-19 pause, 96 surveys were completed via email and fax. The Department and CSS plan to resume these activities via phone, mail, and fax on July 6, 2020, with a deadline of August 10, 2020.

The Department appreciates your cooperation and patience as we all navigate these unprecedented times. If you have any questions, comments, or concerns, please email mdh.hcqa@maryland.gov.

Sincerely,

Stephanie Boyd
Division Chief
HealthChoice Quality Assurance

Important Information Required for Maryland Department of Health

ATTENTION: Office Manager/Medical Records Department

Dear Medicaid Provider:

As the external quality review organization (EQRO) for Maryland's Medicaid program, Qlarant, Inc. (Qlarant) has authorization to conduct an annual medical record review of children enrolled in the HealthChoice program. This review evaluates adherence to the standards for preventive health care services, as required by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Qlarant's purpose is not to evaluate individual providers of care. We assess how well the managed care organizations' provider networks address preventive health care needs of children under the age of 21.

The review is based on a random sample of children who received at least one preventive care service in calendar year 2019 (January 1, 2019 – December 31, 2019). Attached is a list of patient's from your practice that have been selected for this review. Due to the current COVID-19 situation, Qlarant's staff will be conducting all medical record review activity remotely. Full medical records are required for this review to ensure there is adequate information to evaluate compliance with the EPSDT program guidelines. In addition, refer to the guidance for information about our Secure Share record submission process as well as guidance for other documents that will be reviewed. All documentation **must be submitted** electronically or via fax upon request.

Recipient Name	MA Number	Date of Birth	Date of Service

Please complete the attached form for each recipient and submit medical record(s) by August 1, 2020 either by Secure Share (preferred) or secure fax.

Electronic Record Submission through Secure Share:
To initiate this process, please email Megahn Jamison at jamisonme@qlarant.com.
Email subject: EPSDT Medical Record Review Secure Share Request

Proofpoint Secure Share is an online file sharing web application that allows data to be transmitted securely, while meeting governance compliance regulations. Secure Share incorporates Virus and DLP (Data Loss Prevention) checks on all files being uploaded, to prevent or mitigate any risks with known issues. Files are encrypted, end-to-end from upload, to download, and all files are encrypted at rest within the Proofpoint Cloud while loaded onto Secure Share. Embedded links are randomly assigned UUID's to aid in security, and audit trails and recipient tracking is available for every file access entry. Secure Share meets compliance requirements for PCI, HIPAA, Sarbanes-Oxley, CFR, DoD, FINRA, FACTA, and SEC, and complies with many international, industry, and US (state and federal) regulations.

Or submit via Fax to our PHI secure line:
1-877-520-2749
Attn: Megahn Jamison

Medicaid law allows disclosure of patient records for purposes related to the administration of Medicaid regulations governing the HealthChoice program and requires providers to allow the Department or its designated agent (Qlarant) access to all records. **The provider cannot charge Qlarant or the Medicaid program for copying and providing this requested information.**

The HealthChoice program and Qlarant thank you in advance for your timely cooperation with this review. We appreciate your efforts to assist us in improving the quality of care for children and adolescents benefiting from EPSDT services in Maryland.

If you have any questions regarding Qlarant's review, please contact me at (410) 819-3587.

Sincerely,

Aimee Dietsch

Aimee Dietsch, MA
Quality Improvement Director, EQRO
Qlarant

Provider Office Medical Record Submission Attestation

Recipient Name:_____   Provider Name:_____
Date of Birth:_____   Date of Service (DOS):_____

I attest that I have submitted the required documentation as indicated for this child listed above. Please sign and date below.

_____   _____
Office Manager/Medical Records Department Signature   Date

Qlarant Documentation Guide for Submission of Medical Records

Qlarant's medical record reviews are based on the Maryland Healthy Kids Preventive Health Schedule. Please review the documentation required for each age group to ensure completeness of each medical record submitted.

Many of the required elements may be included as part of the comprehensive assessment completed on the date of service. Qlarant expects all screenings to be documented using a validated screening tool for required ages. Examples include:

- Maternal depression using Edinburgh Postnatal Depression Scale
- Developmental screening using PEDS or ASQ
- Autism screening using MCHAT
- Depression screening using PHQ-9

Additionally, we expect objective screening results to be documented for ages specified in the Maryland Healthy Kids Preventive Health Schedule.

Documentation Guide for Medical Record Submission by Ages		
Birth to 6 months	**7-11 months**	**12-23 months**
Medical and Family History (Initial and updates) Perinatal History Maternal Depression Screening Psychosocial/Environmental Assessment Developmental Assessment Documented Physical assessment Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment Measured and Graphed Height and Weight Measured and Graphed Head Circumference Results of Newborn Metabolic Blood Lab Test TB Risk Assessment Lead Risk Assessment	Medical and Family History (Initial and updates) Perinatal History Psychosocial/Environmental Assessment Developmental Assessment Developmental Screening Documented Physical assessment Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment Measured and Graphed Height and Weight Measured and Graphed Head Circumference TB Risk Assessment Lead Risk Assessment Full Immunization Record	Medical and Family History (Initial and updates) Perinatal History Psychosocial/Environmental Assessment Developmental Assessment Developmental Screening Autism Screening Documented Physical assessment Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment Measured and Graphed Height and Weight Measured and Graphed Head Circumference TB Risk Assessment Lead Risk Assessment

Documentation Guide for Medical Record Submission by Ages		
Birth to 6 months continued...	**7-11 months continued...**	**12-23 months continued...**
Full Immunization Record Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Specifications for Return Visit	Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Specifications for Return Visit	Referrals and Results of all Blood Lead Tests Results of all Blood Anemia Tests Full Immunization Record Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Referral to Dentist Documentation of Specifications for Return Visit
24 – 35 months	**3-5 years**	**6-8 years**
Medical and Family History (Initial and updates) Psychosocial/Environmental Assessment Developmental Assessment Developmental Screening Autism Screening Documented Physical Assessment Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment Measured and Graphed Height and Weight Measured and Graphed BMI TB Risk Assessment Lead Risk Assessment Cholesterol Risk Assessment Referrals and Results of all Blood Lead Tests Results of all Blood Anemia Tests Full Immunization Record Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Referral to Dentist Documentation of Specifications for Return Visit	Medical and Family History (Initial and updates) Psychosocial/Environmental Assessment Developmental Assessment Mental/Behavioral Health Assessment Documented Physical Assessment, including BP Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment Measured and Graphed Height and Weight Measured and Graphed BMI TB Risk Assessment Lead Risk Assessment Cholesterol Risk Assessment Referrals and Results of all Blood Lead Tests Results of all Blood Anemia Tests Full Immunization Record Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Referral to Dentist Documentation of Specifications for Return Visit	Medical and Family History (Initial and updates) Psychosocial/Environmental Assessment Developmental Assessment Mental/Behavioral Health Assessment Documented Physical Assessment, including BP Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment Measured and Graphed Height and Weight Measured and Graphed BMI TB Risk Assessment Cholesterol Risk Assessment Full Immunization Record Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Referral to Dentist Documentation of Specifications for Return Visit
9-10 years	**11-14 years**	**15-20 years**
Medical and Family History (Initial and updates) Psychosocial/Environmental Assessment Developmental Assessment Mental/Behavioral Health Assessment Documented Physical Assessment, including BP Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment Measured and Graphed Height and Weight Measured and Graphed BMI	Medical and Family History (Initial and updates) Psychosocial/Environmental Assessment Developmental Assessment Mental/Behavioral Health Assessment Substance Abuse Assessment Depression Screening Documented Physical Assessment, including BP Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment	Medical and Family History (Initial and updates) Psychosocial/Environmental Assessment Developmental Assessment Mental/Behavioral Health Assessment Substance Abuse Assessment Depression Screening Documented Physical Assessment, including BP Vision and Hearing Assessments Oral/Dentition Assessments Nutrition Assessment

Documentation Guide for Medical Record Submission by Ages		
9-10 years continued…	**11-14 years continued…**	**15-20 years continued…**
TB Risk Assessment Cholesterol Risk Assessment Results of Dyslipidemia Blood Lab Test Full Immunization Record Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Referral to Dentist Documentation of Specifications for Return Visit	Measured and Graphed Height and Weight Measured and Graphed BMI TB Risk Assessment Cholesterol Risk Assessment Anemia Risk Assessment STI/HIV Risk Assessment Results of Dyslipidemia Blood Lab Test Full Immunization Record Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Referral to Dentist Documentation of Specifications for Return Visit	Measured and Graphed Height and Weight Measured and Graphed BMI TB Risk Assessment Cholesterol Risk Assessment Anemia Risk Assessment STI/HIV Risk Assessment Results of Dyslipidemia Blood Lab Test Results of HIV Blood Lab Test Full Immunization Record Documentation of Age Appropriate Guidance Documentation of Health Education/Referrals Documentation of Referral to Dentist Documentation of Specifications for Return Visit