



STATE OF NEW YORK DEPARTMENT OF HEALTH

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LOCAL COMMISSIONERS MEMORANDUM

DSS-4037EL (Rev. 9/89)

Transmittal No: 00 OMM LCM-2

Date: June 26, 2000

Division: Office of Medicaid
Management

TO: Local District Commissioners

SUBJECT: Child/Teen Health Program Participation Rates

ATTACHMENTS: Federal Fiscal Year 1999 Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report
I. Statewide Summary of EPSDT Participation
II. County Specific, Full Report
III. Statewide HCFA 416 Annual Participation Report
(These reports are not available online; the hard copies will be mailed to your attention.)

The purpose of the Child/Teen Health Program (C/THP), New York's EPSDT program, is to promote the provision of early and periodic screening services, with diagnosis and treatment of any health problems identified during the conduct of well child health screens, to Medicaid eligible children under 21 years of age.

The annual EPSDT report (HCFA 416) provides basic information about participation in the Child/Teen Health Program. The information is used to assess the effectiveness of EPSDT programs in terms of the number of children (by age group and basis of Medicaid eligibility), who:

- Are provided child health screening services;
- Are referred for corrective treatment; and
- Receive dental, hearing and vision assessments.

All Medicaid enrolled physicians, nurse practitioners, and clinics who provide screening services to Medicaid recipients, ages birth through 20 years, must provide these services in accordance with standards set forth in the Medicaid Management Information Systems (MMIS) Provider Manual. The standards and periodicity schedule in the MMIS Provider Manual are provided by the New York State Department of Health and generally follow the recommendations of the Committee on Standards of Child Health, American Academy of Pediatrics.

These standards outline that every health supervision (child health screening) visit should include:

- a. Comprehensive health and developmental history.
- b. Comprehensive unclothed physical examination.
- c. Assessment of growth and nutritional status.
- d. Assessment of immunization status and provision of immunizations.
- e. Screening tests for sensory ability including vision and hearing test.
- f. Appropriate laboratory testing (e.g., lead testing).
- g. Dental screening services and direct referral to a dentist for children 2 years of age and older.
- h. Observation for child abuse and maltreatment which, if suspected, must be reported to the New York State Central Register for Child Abuse and Maltreatment as mandated by New York State Law.
- i. Health education.
- j. Maintenance of an updated problem list.
- k. Development of a plan for diagnosis, treatment, referral and follow-up.
- l. Documentation of the contents of the visit in the medical record.

The MMIS Provider Manual provides a more complete description of the components of a health supervision visit.

The attached reports of EPSDT services provided to Medicaid eligible children in your county and statewide are for FFY 1999, October 1, 1998 through September 30, 1999. The Health Care Financing Administration has set an annual goal of 80% participation for each state. With New York's participation rate of 91%, I am pleased to note that the completed report demonstrates our attainment of the participation goal.

In the county-specific report, service statistics, other than for continuing care, are based solely on paid Medicaid claims and do not include services paid by health insurance or provided free of charge. For continuing care, the report is based on the assumption that children enrolled in managed care and children in foster care, placed in child care agencies, receive at least one child health screening within the year.

Information about certain report items that may be useful in reviewing the county-specific report are as follows:

- Item 1 is based on Welfare Management System Information.
- Item 2 is the ratio of recommended initial/periodic screens per age group number; these fixed values reflect the average number of child health screens recommended by the American Academy of Pediatrics for children in each age group, per 12 month period.
- Item 3 is derived from the average number of months of eligibility per age group divided by twelve months. The result is a two-digit decimal which represents the average period.

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- Items 4, 6, 8, 9 and 11 show the formula by which each was calculated. "Total" entries for Items 6 and 9 are simple totals of Categorically Needy and Medically Needy numbers and are not subject to calculation by formula.
- Item 5. This item uses the calculations entered on line 4 to determine the actual proportion of eligibles in an age group and eligibility category who should receive one or more initial or periodic screening services during the reporting year, given the recommended number of annual visits and the average period of eligibility for members of that group.
- Items 7, 10 and 12 through 15 are counts of paid claims.
- Item 8, Participation Ratio, compares the number of eligibles who received child health screens (Item 7) to the number of eligibles who should have received a screen (Item 6). You will note that Item 6 "Total" figures are less than Item 1 "Total" figures because the average period of eligibility is less than 12 months. If more children receive an examination than anticipated in Item 6, the participation ratio will exceed 1.00.
- Item 16 repeats Item 7d.

Questions about the attached reports may be directed to Judith Lenihan, Division of Consumer and District Relations at (518) 473-6020.

Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management

Enclosures