



STATE OF NEW YORK DEPARTMENT OF HEALTH

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LOCAL COMMISSIONERS MEMORANDUM

DSS-4037EL (Rev. 9/89)
Transmittal No: 98 OMM LCM-007

Date: July 7, 1998

Division: Office of Medicaid
Management

TO: Local District Commissioners

SUBJECT: Child/Teen Health Program Participation Rates

ATTACHMENTS: Federal Fiscal Year 1997 Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report:
I. County Specific, Full Report
II. All Counties and Statewide, Summary Report
(These reports are not available on-line; the hard copy 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 child health screens, to Medicaid eligibles under 21 years of age. EPSDT services are mandated for all Medicaid eligible children under 21 years of age.

The annual EPSDT report (HCFA 416) provides basic information on 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:

- o are provided child health screening services;
- o are referred for corrective treatment; and
- o receive dental, hearing, and vision assessments.

The completed report demonstrates our attainment of participant and screening goals. All Medicaid enrolled physicians, nurse practitioners, and clinics who provide screening services to Medicaid recipients, ages birth through twenty years, must provide these services in accordance with the standards set forth in the Medicaid Management Information Systems (MMIS) Provider Manual. The standards and periodicity schedule 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.

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 tests;
- 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 of child abuse and maltreatment as mandated by New York State Law;
- i. Health education;
- j. An updated problem list;
- k. A developed plan for diagnosis, treatment, referral and follow-up; and
- 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 visit.

The attached reports of EPSDT services provided to Medicaid eligible children in your county and statewide are for FFY 1997, October 1, 1996 through September 30, 1997. The Health Care Financing Administration has set an annual goal of 80% for each state. The FFY 1997 participation rate for New York was 91%.

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/or residing in foster care institutions receive at least one child health screening within the year.

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

- o Item 1 is based on Welfare Management System information.
- o 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.
- o Item 3 is derived from the average number of months of eligibility per age group divided by 12 months. The result is a two-digit decimal which represents the average period of eligibility across the age cohort.
- o Items 4, 6, 8, 9, and 11 show the formula by which each was calculated. ATOTAL@ entries for Items 6 and 9 are simple totals of categorically needy and medically needy numbers and are not subject to calculation by formula.
- o Item 5. This line 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 screens and the average period of eligibility for members of that group.
- o Item 7, 10, and 12 through 15 are counts of paid claims.
- o Item 8, Participant 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 ATotal@ figures are less than Item 1 ATotal@ figures, because the average period of eligibility is less than twelve months. If more children receive an examination than anticipated in Item 6, the participant ratio will exceed 1.00.
- o Item 16 repeats Item 7.d.

Questions about the attached reports may be directed to Judith A. Lenihan, Bureau of Medicaid Policy and Utilization Review at 1-518-473-9855.

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