



STATE OF NEW YORK DEPARTMENT OF HEALTH

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Commissioner

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LOCAL COMMISSIONERS MEMORANDUM

OCFS-4616EL (Rev. 11/98)

Transmittal No: 99 OMM LCM-003

Date: July 15, 1999

Division: Office of Medicaid
Management

TO: Local District Commissioners

SUBJECT: Child/Teen Health Program Participation Rates

ATTACHMENTS: FFY 1998 Annual EPSDT Participation Report
I. County Specific, Full Report (This report is not available on-line; the hard copy will be mailed to your attention.)
II. Statewide Summary of EPSDT Participation

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.

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 20 years, must provide these services in accordance with the standards set forth in the Medicaid Management Information Systems (MMIS) Provider Manual.

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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 plan for diagnosis, treatment, referral and follow-up must be developed;
- 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 1998, October 1, 1997 through September 30, 1998. The Health Care Financing Administration has set an annual goal of 80% for each state. The FFY 1998 participation rate for New York State was 92%.

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 children in foster care, placed with child care agencies, 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:

- 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 of eligibility across the age cohort.
- 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 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 visits and the average period of eligibility for members of that group.
- Item 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 twelve months. If more children receive an examination than anticipated in Item 6, the participation ratio will exceed 1.00.
- Item 16 repeats Item 7 d.

Questions about the attached reports may be directed to Judith Lenihan, Division of Consumer and Local District Relations at 1-518-473-6020.

Donna B. Farlow, Deputy Director
Office of Medicaid Management
New York State Department of Health

Attachment

New York State Department of Health
OFFICE OF MEDICAID MANAGEMENT
Statewide Summary of EPSDT Participation

County	Eligibles	Eligibles who should receive at least 1 exam	Recipients who received at least 1 exam	Participation Rate FFY'98	Participation Rate FFY'97
Albany	16,468	10,866	13,020	1.20	1.09
Alleghany	3,957	2,480	1,557	.63	.58
Broome	12,056	7,785	7,995	1.03	.89
Cattaraugus	5,863	3,741	2,951	.79	.75
Cayuga	4,879	3,155	1,976	.63	.68
Chautauqua	11,234	7,267	4,851	.67	.59
Chemung	6,997	4,545	5,289	1.16	1.18
Chenango	3,772	2,381	2,223	.93	.68
Clinton	5,032	3,184	2,433	.76	.81
Columbia	3,193	2,027	2,388	1.18	.99
Cortland	3,170	2,073	1,493	.72	.71
Delaware	2,545	1,541	1,365	.89	.91
Dutchess	9,306	5,965	5,004	.84	.88
Erie	64,696	43,660	50,646	1.16	1.16
Essex	2,083	1,309	509	.39	.34
Franklin	3,447	2,140	1,046	.49	.42
Fulton	4,321	2,770	1,204	.43	.45
Genesee	2,622	1,643	1,326	.81	.88
Greene	2,771	1,784	2,225	1.25	1.04
Hamilton	199	118	38	.32	.28
Herkimer	3,782	2,417	1,769	.73	.70
Jefferson	7,758	5,104	3,266	.64	.65
Lewis	1,749	1,117	503	.45	.63
Livingston	2,782	1,697	1,298	.76	.77
Madison	2,949	1,845	1,190	.64	.61
Monroe	52,610	34,584	31,796	.92	.85
Montgomery	3,421	2,145	1,179	.55	.41
Nassau	32,635	21,911	21,551	.98	.98
Niagara	13,011	8,501	9,720	1.14	1.06
Oneida	14,421	11,432	8,304	.73	.64
Onondaga	32,077	21,538	21,199	.98	.94
Ontario	3,530	2,274	2,024	.89	.78
Orange	21,614	14,660	14,905	1.02	.98
Orleans	2,712	1,648	707	.43	.33
Oswego	8,931	5,744	5,272	.92	.81
Otsego	3,009	1,950	1,489	.76	.82
Putnam	995	610	309	.51	.94
Rensselaer	8,400	5,465	6,641	1.22	1.04
Rockland	15,695	11,052	12,113	1.10	1.09
St. Lawrence	8,059	5,249	2,986	.57	.52
Saratoga	5,493	3,339	3,319	1.15	.92
Schenectady	8,835	5,660	5,749	1.02	.98
Schoharie	1,627	1,052	834	.79	.74
Schuyler	1,069	671	259	.39	.44
Seneca	1,531	960	765	.80	.82
Steuben	6,846	4,505	3,764	.84	.77
Suffolk	40,450	25,999	25,489	.84	.99
Sullivan	5,364	3,338	2,986	.89	.90
Tioga	2,929	1,843	1,281	.70	.79
Tompkins	4,055	2,652	2,172	.82	.77
Ulster	9,014	5,781	5,118	.89	.83
Warren	2,652	1,590	1,387	.87	.87
Washington	3,031	1,844	1,413	.77	.81
Wayne	4,160	2,577	1,810	.70	.64
Westchester	39,817	26,105	29,601	1.13	1.10
Wyoming	1,784	1,073	744	.72	.70
Yates	1,200	763	694	.91	.96
NYC	1,014,458	78,632	606,242	.89	.90
Statewide	1,568,262	1,040,481	952,217	.92	.91