

EPSDT Self-Report Instructions

Health plans shall self-report their EPSDT Participant Ratios using the following instructions. The self-reported EPSDT Participant Ratios for all four regions will be the basis of the MO HealthNet Division's (MHD) evaluation of health plan compliance with Performance Measure 3 (P3) in the Performance Withhold Program for Fiscal Year (FY) 2018 and FY19.

Please reference Section 2.29.3 of the Managed Care Contract for a full description of P3. For the purposes of the Performance Withhold Program in the FY18 and FY19 Managed Care contracts, the participant ratio target for each region has been set at 65% or greater. This was clarified in a letter dated April 26, 2018.

The state agency shall withhold one percent (1.0%) of monthly regional capitation payments made to the health plan for this performance category. The health plan must meet the required sixty-five percent (65%) participant ratio for the Categories of Aid and rate cells specified for the contract period for each region. The two age groups are newborns (infants less than one year old) and children ages one (1) through less than six (6).

Please note that DCNs are requested, which the MHD will use to validate that the member received a qualifying service, was enrolled for at least 90 continuous days during the measurement period and that their age was correctly calculated and assigned to the appropriate age group. The MHD will also check that the participant ratio has been calculated correctly.

| Important Dates by Fiscal Year | | |
|---------------------------------------|---------------------------------|--------------------------------|
| | Fiscal Year 2018 | Fiscal Year 2019 |
| Measurement Period | May 1, 2017-June 30, 2018 | July 1, 2018-June 30, 2019 |
| Claims Runout | July 1, 2018- December 31, 2018 | July 1, 2019-December 31, 2019 |
| Due Date for Self-Report | January 15, 2019 | January 15, 2020 |

Include only:

- Newborns and children less than six years of age (see below for age groups).
 - Ensure age is calculated correctly in each age group; for example, 1 to 2 years old should include children One Year Old (12 months) through Two Years and 364 Days Old.
- Members Eligible for EPSDT for 90 Continuous Days.
- EPSDT Eligible Claims are included on Attachment 1 and correspond to the CMS 416 Report Instructions for Line 6.
 - Please note that the MHD has added additional procedure and diagnosis codes to its list of EPSDT-eligible claims, beyond what is recommended by CMS.
 - The MHD will accept all procedure codes included on Attachment 1, with or without listed modifiers.

For the self-report, create a spreadsheet with at least two tabs:

Tab 1:

- DCN
- Months of Eligibility
- Date of Service
- Age in Years
- ME Code
- Region
- Procedure Code
- Diagnosis Code
- Claim Status (Denied or Paid)

Tab 2 (may use more tabs as necessary):

- Refer to the CMS 416 Report Instructions for calculations and guidance: <https://www.medicaid.gov/medicaid/benefits/downloads/cms-416-instructions.pdf>.
- Use Missouri's Periodicity Schedule and associated parameters, provided below; also available at: http://manuals.momed.com/collections/collection_phy/print.pdf.
- Take care to include only members enrolled for 90 or more continuous days during the measurement period.
- Include participant ratios for each region and Missouri as a whole.
- See Sample Tab 2 for an example of showing work used to calculate the EPSDT Participant Ratio for each region. Additional fields, calculations, and footnotes are welcome.

| Periodicity Schedule and Associated Parameters - MO HealthNet Performance Withhold Program | | | |
|---|-----------------------------|---------------------------|--|
| Age Group | Periodicity Schedule | Years in Age Group | Annualized Periodicity Schedule |
| Less than 1 Year Old | 6 | 1 | 6 |
| 1 to 2 Years Old | 4 | 2 | 2 |
| 3 to Less than 6 Years Old | 3 | 3 | 1 |

Sample Tab 2:

| Health Plan A - EPSDT Performance 7/1/2017-6/30/2018 | | | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|---|---|--|----------------------------|
| Central Region | | | | | | | | |
| Age Cat | Line 1b: Total Enrolled 90 Continuous Days | Line 2c: Annualized periodicity schedule | Line 3a: Total Months of Eligibility | Line 3B: Avg Period of Eligibility | Line 4: Expected # Screenings per Child | Line 8: # Who Should Receive at Least 1 Screening | Line 9: # Receiving at Least 1 Screening | Line 10: Participant Ratio |
| Less than 1 Year Old | | 6 | | | | | | |
| 1 to 2 Years Old | | 2 | | | | | | |
| 3 to Less than 6 Years Old | | 1 | | | | | | |
| Total | | | | | | | | |
| Eastern Region | | | | | | | | |
| Age Cat | Line 1b: Total Enrolled 90 Continuous Days | Line 2c: Annualized periodicity schedule | Line 3a: Total Months of Eligibility | Line 3B: Avg Period of Eligibility | Line 4: Expected # Screenings per Child | Line 8: # Who Should Receive at Least 1 Screening | Line 9: # Receiving at Least 1 Screening | Line 10: Participant Ratio |
| Less than 1 Year Old | | 6 | | | | | | |
| 1 to 2 Years Old | | 2 | | | | | | |
| 3 to Less than 6 Years Old | | 1 | | | | | | |
| Total | | | | | | | | |

Attachment 1: EPSDT Eligible Procedure and Diagnosis Codes for Line 6 - Performance Withhold Program

| Procedure Code* | Description | ICD | Diagnosis Code | | | | |
|-----------------|---|--------|----------------|---------|-------|--------|--------|
| 99381 52 EP | Full Screening, New Patient | - | N/A | | | | |
| 99382 52 EP | New Patient (ages 1-4 years) | - | N/A | | | | |
| 99383 52 EP | New Patient (ages 5-11 years) | - | N/A | | | | |
| 99384 52 EP | New Patient (ages 12-17 years) | - | N/A | | | | |
| 99385 52 EP | New Patient (ages 18-39 years) | - | N/A | | | | |
| 99391 52 EP | Established patient under one year | - | N/A | | | | |
| 99392 52 EP | Established Patient (ages 1-4 years) | - | N/A | | | | |
| 99393 52 EP | Established Patient (ages 5-11 years) | - | N/A | | | | |
| 99394 52 EP | Established Patient (ages 12-17 years) | - | N/A | | | | |
| 99395 52 EP | Established Patient (ages 18-39 years) | - | N/A | | | | |
| 59400 | OB Care, Antepartum, Delivery & Postop Care | - | N/A | | | | |
| 59510 | OB Care, Antepartum, Cesarean Delivery & Postop Care | - | N/A | | | | |
| 59610 | OB Care, Antepartum, Delivery & Postop Care after Prior C-Section | - | N/A | | | | |
| 59618 | OB Care, Global C-Section (but after attempting normal delivery) | - | N/A | | | | |
| 99222 | Initial Hospital Care, per day | - | N/A | | | | |
| 99223 | Initial Hospital Care, per day | - | N/A | | | | |
| 99468 | Neonatal Critical Care, initial | - | N/A | | | | |
| 99244 | Office Consultation | - | N/A | | | | |
| 99245 | Office Consultation | ICD 10 | Z76.1 | Z00.111 | Z02.2 | Z02.81 | Z00.6 |
| | | | Z76.2 | Z00.00 | Z02.3 | Z02.82 | Z00.5 |
| | | | Z00.121 | Z00.01 | Z02.4 | Z02.83 | Z00.70 |
| | | | Z00.129 | Z02.0 | Z02.5 | Z02.89 | Z00.71 |
| | | | Z00.110 | Z02.1 | Z02.6 | Z00.8 | |
| 99254 | Inpatient Consultation | ICD 10 | Z76.1 | Z00.111 | Z02.2 | Z02.81 | Z00.6 |
| | | | Z76.2 | Z00.00 | Z02.3 | Z02.82 | Z00.5 |
| | | | Z00.121 | Z00.01 | Z02.4 | Z02.83 | Z00.70 |
| | | | Z00.129 | Z02.0 | Z02.5 | Z02.89 | Z00.71 |
| | | | Z00.110 | Z02.1 | Z02.6 | Z00.8 | |
| 99255 | Inpatient Consultation | ICD 10 | Z76.1 | Z00.111 | Z02.2 | Z02.81 | Z00.6 |
| | | | Z76.2 | Z00.00 | Z02.3 | Z02.82 | Z00.5 |
| | | | Z00.121 | Z00.01 | Z02.4 | Z02.83 | Z00.70 |
| | | | Z00.129 | Z02.0 | Z02.5 | Z02.89 | Z00.71 |
| | | | Z00.110 | Z02.1 | Z02.6 | Z00.8 | |

*May include any procedure codes above, with or without listed modifiers.

Attachment 1: EPSDT Eligible Procedure and Diagnosis Codes for Line 6 - Performance Withhold Program

| Procedure Code * | Description | ICD | Diagnosis Code | | | | |
|-------------------------|--|--------|----------------|---------|-------|--------|--------|
| 99201 EP - 99205 EP | Office/Outpatient Visit, New Patient | ICD 10 | Z76.1 | Z00.111 | Z02.2 | Z02.81 | Z00.6 |
| | | | Z76.2 | Z00.00 | Z02.3 | Z02.82 | Z00.5 |
| | | | Z00.121 | Z00.01 | Z02.4 | Z02.83 | Z00.70 |
| | | | Z00.129 | Z02.0 | Z02.5 | Z02.89 | Z00.71 |
| | | | Z00.110 | Z02.1 | Z02.6 | Z00.8 | |
| 99201 GE - 99205 GE | Office/Outpatient Visit | ICD 10 | Z76.1 | Z00.111 | Z02.2 | Z02.81 | Z00.6 |
| | | | Z76.2 | Z00.00 | Z02.3 | Z02.82 | Z00.5 |
| | | | Z00.121 | Z00.01 | Z02.4 | Z02.83 | Z00.70 |
| | | | Z00.129 | Z02.0 | Z02.5 | Z02.89 | Z00.71 |
| | | | Z00.110 | Z02.1 | Z02.6 | Z00.8 | |
| 99201 GEEP - 99205 GEEP | Office/Outpatient Visit | ICD 10 | Z76.1 | Z00.111 | Z02.2 | Z02.81 | Z00.6 |
| | | | Z76.2 | Z00.00 | Z02.3 | Z02.82 | Z00.5 |
| | | | Z00.121 | Z00.01 | Z02.4 | Z02.83 | Z00.70 |
| | | | Z00.129 | Z02.0 | Z02.5 | Z02.89 | Z00.71 |
| | | | Z00.110 | Z02.1 | Z02.6 | Z00.8 | |
| 99211 EP - 99215 EP | Office/Outpatient Visit, Established Patient | - | N/A | | | | |
| 99211 GE - 99215 GE | Office/Outpatient Visit, Established Patient | - | N/A | | | | |
| 99211 GEEP - 99215 GEEP | Office/Outpatient Visit, Established Patient | - | N/A | | | | |
| 99429 | Unlisted Preventative Medicine Service (Dental) | - | N/A | | | | |
| 99429 52 | Unlisted Preventative Medicine Service (Vision) | - | N/A | | | | |
| 99429 52UC | Unlisted Preventative Medicine Service (Vision w/referral) | - | N/A | | | | |
| 99429 59 | Unlisted Preventative Medicine Service (Development/Mental) | - | N/A | | | | |
| 99429 UC | Unlisted Preventative Medicine Service (Dental w/referral) | - | N/A | | | | |
| 99429 59UC | Unlisted Preventative Medicine Service (Development/Mental w/referral) | - | N/A | | | | |
| 99429 EPUC | Unlisted Preventative Medicine Service (Hearing w/referral) | - | N/A | | | | |
| 99429 EP | Unlisted Preventative Medicine Service (Hearing) | - | N/A | | | | |
| 99460 | Initial Newborn, Hospital | - | N/A | | | | |
| 99461 | Initial Newborn, Hospital | - | N/A | | | | |
| 99463 | Same Day Newborn Discharge | - | N/A | | | | |

*May include any procedure codes above, with or without listed modifiers.