



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
MEDICAL ASSISTANCE ADMINISTRATION
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D.C. Medicaid Managed Care Program
Transmittal No: 00-04

TO: DC Managed Care Organizations

FROM: *for Calvin Kearney*
Herbert H. Weldon, Jr.
Deputy Director

SUBJECT: Revised HCFA 416 DC Healthy Tots and Teens/EPSDT Program(formerly
EPSDT Well-Child Program) **Annual Reporting Requirements for Health
Maintenance Organizations (HMOs)**

As you know, states are required to report to HCFA by April 1 of each year certain basic health screening information on children participating in the Medicaid children's health program for the year ending September 30th of the previous year to EPSDT Coordinator. In response to the Federal government changing HCFA 416 requirements this summer, attached are the: (1) revised Form HCFA-416; and (2) guidelines that have been adjusted for HMOs to follow when collecting and reporting Early Periodic Screening, Diagnosis and Treatment (EPSDT) data to the Medical Assistance Administration (MAA).

Capitated plans are required to submit completed HCFA 416 Reports to the MAA by **March 1, of each year for the previous fiscal year**. Actual guidelines cover 14 items, however, for purposes of this report, capitated providers are only required to report on eight (8) of those items, plus a ninth (9th) item that has been added by MAA to collect data on unduplicated blood lead tests.

Please note that this data collection must reflect actual screens performed within the required age range on eligible children enrolled in the MCO. It is important that we count each screen only once. Data collected in this format is only being used for **annual Federal reporting purposes**.

If you have questions, you may contact Sarah J. Davidson at (202) 727-0725x3016, fax: (202) 610-3209 or E-mail SDavidson-doh@dcdoh.org.

Attachment

**DISTRICT OF COLUMBIA REVISED HMO EPSDT HCFA 416-REPORTING
REQUIREMENTS**

FOR

The DC Healthy Tots and Teens/EPSDT Program

Effective Date: October 1, 1998

The Health Care Financing Administration (HCFA) recently released new reporting requirements for the EPSDT Program. Some previously reported elements were eliminated such as **hearing and vision data**, and new elements were added such as **blood lead testing**.

Each State is mandated to report information by age for each federal fiscal year beginning October 1 through September 30 of the year being reported to HCFA. HCFA monitors the State's EPSDT program to determine the accessibility and availability of health care services to Medicaid children through the completion of this data.

The State is responsible for collecting the screening and treatment information, verifying it, and submitting the annual HCFA 416 Report by April 1 for the most recent federal fiscal year. Each Managed Care Organization (MCO) is responsible for collecting the appropriate data and submitting a modified HCFA-416 to the District of Columbia Department of Health, Medical Assistance Administration (MAA). The annual report must be submitted to MAA by **March 1 of each year**. It can be faxed to (202) 610-3209 or delivered to:

Department of Health
Medical Assistance Administration
EPSDT Coordinator
Managed Care Office
2100 Martin Luther King Jr., Ave., SE
Room 401
Washington, D.C. 20020

Encounter Data Codes:

MCOs are to use the MAA accepted Current Procedural Terminology (CPT) and/or the HCFA Common Procedure Coding System (HCPCS) codes when reporting health care services for Medical Assistance recipients enrolled in an MCO.

New EPSDT Age Groups: The age breakdowns for the new reported requirements have changed. **Age is to be reported based upon the child's age as of September 30 of the Federal fiscal year.** The new age groups for this report are:

- Less than one year (<12 months),
- One through two years (1-2),

- Three through five years (3-5)
- Six through nine years (6-9),
- Ten through fourteen years (10-14),
- Fifteen through eighteen years (15-18) and
- Nineteen through twenty years (19-20)

Line 1. Number of Individuals Eligible for EPSDT, enrolled: This is the *unduplicated* count of individuals enrolled in a managed care organization (MCO). Unduplicated means:

- Individuals who are eligible for Medicaid and enrolled in your MCO at any time during the fiscal year.
- An eligible child is reported only once, although the child may have more than one period of eligibility during the year.
- The number of children eligible for EPSDT should include all individuals regardless of whether services are provided.

Line 2. Total Eligibles Receiving at Least One Initial or Periodic Screen: This is the *unduplicated* count of MCO enrolled children who received at least one initial or periodic screening during the year. The screening services are a package of activities listed by age on the District of Columbia EPSDT Periodicity Schedule and displayed in the District of Columbia Healthy Tots and Teens/EPSDT Provider Manual.

New Patient Codes	Age	Description
99381	<1 Year	Initial Evaluation <1 year
99382	1-4Years	Initial Evaluation 1-4 years
99383	5-11 Years	Initial Evaluation 5-11 years
99384	12-17 Years	Initial Evaluation 12-17 years
99385	18-20 Years	Initial Evaluation 18-20 years
Established Patient Codes	Age	Description
99391	<1 Year	Periodic Re-evaluation <1 year
99391	<1 Year	Periodic Re-evaluation <1 year
99391	<1 Year	Periodic Re-evaluation<1year
99391	<1 Year	Periodic Re-evaluation<1year
99391	<1 Year	Periodic Re-evaluation<1 year
99392	1 Year	Periodic Re-evaluation 1 year
99392	1 Year	Periodic Re-evaluation 1 year
99392	1 Year	Periodic Re-evaluation 1 year
99392	2-4 Years	Periodic Re-evaluation 2-4 years

99393	5-11 Years	Periodic Re-evaluation 5-11 years
99394	12-17 Years	Periodic Re-evaluation 12-17 years
99395	18-20 Years	Periodic Re-evaluation 18-20 years

NOTE: These CPT-4 codes are to be used **only** when a **complete** EPSDT well child screening is performed and used in conjunction with the International Classification Diagnosis: (ICD-9) V codes V20-V20.2 and/or V70.0 and/or V70.3-7.09.

Line 3. Total Screens Received (actual number of screens): This is the combination of the actual number of initial and periodic EPSDT child health screens documented during the federal fiscal year. This *counts multiple services*, but does **not** include any partial or interperiodic screening service. Use the same codes listed above.

Line 4. Total Eligibles Referred for Corrective Treatment: This is the *unduplicated* count of children who were:

- Identified as having a health condition found during an initial or periodic well child screen;
- Identified having a vision or hearing problem as a result of an independent vision and hearing screen, and who were,
- Scheduled for another appointment with the screening provider or referred to another provider for further diagnostic or treatment services.
- This element does **not** include children who received treatment or correction during the course of a screening examination.

Referrals for consultation from EPSDT physicians and/or facility screening providers require referrals to be linked with EPSDT screens.

A child is only counted once regardless of the number of referrals for further services.

Line 5. Total Eligibles Receiving Any Dental Services: This is the *unduplicated* number of children receiving any dental services using American Dental Association (ADA) codes 00100 through 09999. Unduplicated means that the child is only counted once even if multiple services were rendered.

Line 6. Total Eligibles Receiving Preventive Dental Services: This is the *unduplicated* number of children receiving a preventive dental service using ADA codes 01000 through 01999. Unduplicated means that the child is only counted once even if more than one preventive service was provided.

Line 7. Total Eligibles Receiving Dental Treatment Services: This is the *unduplicated* number of children receiving a treatment service using ADA codes 02000 through 09999.

NOTE: *Unduplicated* dental services mean that each child is counted only once for each line of