

Party Submitting Recommendation:

Child Safety and Services Task Force, Sub-Committee on Medicaid Access & Prevention

Date of Submission: 7/10/2019

Type of Action Requested:

Legislation Policy Resolution of Support or Endorsement Public Promotion
 Other: _____

Which of the Commission's Strategic Priorities does this recommendation help advance:

Child Safety and Services Juvenile Justice and Cross-system Youth
 Mental Health and Substance Abuse Educational Outcomes

Summary of Recommendation:

- *Promote provider completion of developmental screenings per AAP/Bright Futures and billing under CPT Code 96110 to ensure accurate data collection and ensure reimbursement.*
- *Assess feasibility of First Steps and WIC providers to also bill CPT Code 96110 for completion of developmental screenings.*
- *Promote Bright Futures and the importance of developmental screenings to the public.*

Background of the Recommendation

What is the problem?

The Indiana Office of Medicaid Policy and Planning (OMPP) reports to the Centers for Medicare and Medicaid Services (CMS) on the percentage of children age 3 years and younger on Medicaid and CHIP who have received a developmental screening. In 2017, the rate reported to CMS by Indiana was only 13.4%. Looking back, this rate was 12.2% in 2016 and 11.1% in 2015. Compared to nationwide numbers, Indiana's 2017 rate was 25th out of 27 states reporting on this CMS Child Core Quality Measure with the 27-state median for developmental screenings at 39.8%.

Related, the 2018 Kids Count Data Book for Indiana reports that only 23% of parents said their children between 10 months and 5 years had received a developmental screening from their child's doctor in the past year. This compares to a national average of 30% and suggests that either screenings did not occur, or that the administration of screenings was not conveyed to parents in a manner that made them aware one had occurred.

Nationwide, 8.9% of children between the ages of 3 and 5 have been diagnosed with a developmental delay. The low Indiana developmental screening rates in infants and toddlers make it possible that some children with developmental delays will not be diagnosed until they are older than ideal intervention age. Delayed treatment of a developmental delay is considered to be more costly and not as effective as when a diagnosis has led to earlier intervention.

What is the current response to the problem by the State of Indiana?

As a result of the work of this subcommittee, OMPP asked its managed care entities to ensure it would reimburse providers for developmental screenings as its own service, rather than bundle them with other services as providers may have perceived that they were not being paid for the screenings.

OMPP recognizes the BrightFutures® periodicity schedule established by the American Academy of Pediatrics for well-child visits as setting the standard of care for children's care, and this schedule recommends that developmental screenings be done at the 9-month, 18-month, and 30-month visits. OMPP reimburses for using any recognized standard screening tool a provider chooses to use at each of these points. A screening tool assesses the child for potential delays in physical, social and behavioral development by asking standardized questions based on the child's age.

The State's Child Core Quality measure for number of well child visits for children 2017:

- *69.7% of our children went to 6 or more well-child visits in their first 15 months of life.*
- *82.8% went to at least 5 well child visits in their first 15 months of life.*

Additionally, Indiana's annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) report to CMS shows 79% of 1 and 2-year-olds went to at least one well child visit. These numbers, in comparison to the low developmental screening rates reported, suggest either that developmental screenings are not being completed or that screenings are being completed but not billed for on the claims.

Several state agencies including the Office of Medicaid Policy and Planning, Division of Disability and Rehabilitative Services (which houses First Steps), the State Department of Health, and the Department of Children's Services are coordinating efforts on a project called Help Me Grow. This project assists parents and providers in communities identify vulnerable children through developmental screenings and link families to community-based services while empowering families to support their children's healthy development. Help Me Grow Indiana is recommending providers use the Ages and Stages Questionnaire (ASQ) 3 as the standardized screening tool.

Any child identified with a delay through a developmental screening will receive a referral to First Steps for appropriate early intervention services. First Steps services dramatically improve the chances that a child's overall development will reach an age appropriate trajectory, making it imperative that screenings leading to a First Steps referral occur early in that child's development.

What is the recommender proposing, and how will it help solve the problem?

The taskforce is asking the Commission to help publicly promote adherence to the BrightFutures® schedule for doing regular periodic developmental screenings for children at 9-months, 18-months, and 30-months. The Indiana chapter of the American Academy of Pediatrics will be publishing educational materials for its members and informing them that they can bill for developmental screenings with CPT Code 96110. Additionally, the Office of Medicaid Policy and Planning is publishing a provider bulletin, which will do the same. We also recommend education of the general public so that parents and guardians can advocate for appropriate developmental screenings and be actively involved when a screening occurs.

The above recommendation could result in more children being identified with a developmental delay as early as possible and for referral to First Steps in a more timely manner. It was also noted that First Steps

and WIC regularly complete developmental screenings. First Steps alone received roughly 7450 referrals in SFY19 from DCS for children not already enrolled in First Steps who had a substantiated abuse or neglect case. Currently First Steps reaches out to these families via phone or mailing in an attempt to screen or evaluate them for developmental delay or disability. It is therefore recommended that OMPP assess the feasibility of allowing First Steps and WIC providers access to billing under CPT Code 96110. Expanding access to CPT Code 96110 would allow for a more uniform reporting of actual developmental screenings completed, as well as ensure that those providers are properly reimbursed.

What data, research or other information did the recommender consult to formulate this proposal?

The subcommittee reviewed Indiana's performance on the Developmental Screening measure over three years, which showed 11.1%, 12.2%, and 13.4% of children between 9 months and 3 years on Indiana Medicaid and CHIP received a developmental screening. It also reviewed how the measure gets reported, which is based on whether providers specifically bill CPT Code 96110 for the screening or not. Based on available data, it is possible some providers are doing screenings during well child visits but not including the CPT Code 96110 on the claim. It is also possible some providers are simply not completing developmental screenings, although that seems unlikely as it is considered a core function of providers working with young children.

The 27-state median for the developmental screenings is 39.8%. The OMPP talked to 3 other states, Texas who has a 45.2% screening rate, Illinois who has a 55.1% screening rate, and Massachusetts who has a 77.5% screening rate. Like Indiana, all those states contract with managed care entities. Illinois allows providers to use any recognized screening tool like Indiana, whereas Texas and Massachusetts limit providers to a select list of screening tools. Like Indiana these states believe some providers are doing the screenings, because it is seen as the standard of care for children at certain ages, but they are not submitting the code on claims for reimbursement.

If a legislative request, cite the current relevant code and specify what change is being recommended.

N/A

If a policy request, cite the current relevant policy and specify what change is being recommended.

The feasibility of expanding CPT Code 96110 utilization to First Steps providers and/or WIC offices is recommended. This would provide additional points of screening under CPT Code 96110 and better capture the statewide rate of developmental screening completion. Consultation with OMPP on the assessment of potential expenditures and feasibility within the current budget of OMPP will be the initial stage of this consideration.

If the recommendation involves an endorsement or public promotion of a specific initiative or statement, attach the document of which you are seeking the Commission's support/endorsement/promotion.

Existing materials from the BrightFutures® and "Help Me Grow®" initiatives will be assessed to be utilized as appropriate; examples from each initiative are attached. The Communications Committee of the Commission for Improving the Status of Children will work with OMPP, Bright Futures/APP and Help Me Grow to select appropriate materials for a coordinated campaign. Materials assisting providers in emphasizing the importance, occurrence and components of developmental screenings at well child visits

will be expressly included in the campaign, as well as materials that help improve parent awareness of those same aspects of developmental screenings. No new materials are proposed to be created by OMPP through the public promotion portion of this recommendation.