

D.C. Children Don't Receive Complete Health Screens as Required by Law

Introduction

Children covered by Medicaid are entitled to thorough health screenings and treatment for any problems identified by these screenings. The requirements for the early and periodic screening, diagnosis, and treatment program (EPSDT) are laid out in explicit detail in federal Medicaid law. Under this law, states are required to work with recognized medical organizations, such as the American Academy of Pediatrics, and locally recognized medical and dental organizations to develop schedules for children's health screening and immunizations (called "periodicity schedules"). States are required to notify families about the EPSDT program within 60 days after children are found eligible for Medicaid. When children do not receive EPSDT services during the year, the state must remind the family about the availability of EPSDT. In addition to requiring its eligibility workers inform families about EPSDT services, the District of Columbia, like many states, requires its contracting Medicaid managed care plans to inform families about EPSDT services and to provide the care required by the program.

In the lawsuit *Salazar v. the District of Columbia*, a U.S. District Court judge found in 1996 that the District "failed to deliver EPSDT services to eligible poor children." Although the District keeps general data on the number of children who receive *some* EPSDT screening, the Court found that the District did not know how many children received a *full battery* of screening services, including immunizations, dental screens, blood lead screens, and other tests.¹ The full battery of screening is important to ensure children's health development.

According to data that the District submitted to the U.S. Department of Health and Human Services, in fiscal year 1997, 51 percent of District children with Medicaid coverage received no screening at all. Our study shows that, of the children who received *some* screening, many still did not get all of the services they were entitled to receive. To assess whether a full battery

of screening services is being provided to District children and which screening is commonly missing, Families USA and UPO Head Start conducted a study of District children enrolled in the Head Start program. This study examines which required EPSDT screens doctors missed when they provided physical exams to young children in the District of Columbia who were covered by Medicaid. To conduct this study, we examined the completed medical forms that doctors furnished to the Head Start program for three- and four-year-old Head Start children covered by Medicaid. The Head Start program collects medical information for children upon entry into Head Start centers in order to determine whether the children are up-to-date in their preventive and primary health care. Head Start medical forms ask doctors to report on the specific screens and immunizations required under the District's EPSDT periodicity schedule. When doctors fail to provide and document necessary screening, the Head Start program must arrange for missing screens. For example, Head Start might do this by scheduling a day of hearing testing at one of its centers for all children that are missing hearing screens. Thus, Head Start often provides care or pays other providers for services that doctors should have delivered, by law, under the Medicaid program.

Key findings

- Over half of the children who received *some* health screening in 1997-1998 did not receive certain required tests. Physicians either did not complete or did not document hearing exams, speech exams, and measles, mumps and rubella boosters for over half of four-year-old children studied who were covered by Medicaid and who received *some* health screening. Doctors did not document or complete hearing exams for nearly half of these children.
- For over one-third of the children studied in 1997-1998, physicians did not administer varicella vaccines and did not document varicella history.
- In 1996-1997, one-third of the

children who received *some* health screening did not receive certain required tests. Physicians either did not complete or did not document hearing, vision, strabismus and sickle cell screens for one-third of three- and four-year-old children studied who were covered by Medicaid and who received *some* health screening.

- Young children fared only slightly better on lead screening in 1996-1997. For one-fourth of the children studied, physicians did not complete or did not document lead screening.

Study Methods

Families USA worked with the United Planning Organization (UPO) to review the data given in the health records of three- and four-year old children enrolled in UPO's Head Start programs in the District of Columbia during school years 1996-97 and four-year-olds enrolled in D.C. Public Schools Head Start programs in 1997-98 in order to determine which EPSDT screens were not performed on time by the children's Medicaid providers. (After children entered the Head Start program, Head Start arranged to provide the missing screens.)

The EPSDT program requires the following screens to be performed at age three in the District: dental, height/weight, blood pressure, physical exams, lead assessment, nutrition assessment, health education, vision. Serology and tuberculin must be provided if needed. Anemia, urine screening and lead blood tests must be provided if not done previously. Children should have received immunizations and sickle cell screening at younger ages, and this should be evident in their medical records. At age four, in addition to the tests required at age three, a tuberculin test and objective hearing assessment are required.

Head Start medical forms ask doctors to report their findings for many of the required EPSDT screens. We have noted below which EPSDT screens we were able to check each year from Head Start records.

a. 1997-1998 samples

For school year 1997-98, we reviewed medical forms for 415 four-year-olds with Medicaid coverage who were enrolled in D.C. Public Schools' Head Start centers. We excluded children who either dropped Head Start enrollment or had no screens recorded. Because EPSDT requires objective hearing exams at age four, we also separately analyzed whether hearing screens had been given to the 173 four-year olds who had received a four-year-old physical. (The other four-year-olds had received exams at age three or later, and were still required under EPSDT standards to receive other health screens.)

Head Start records for this school year contained information on the following EPSDT screens and immunizations: physical exam, hearing, vision, hct/ hgb (hematocrit/hemoglobin), height/weight, tuberculin, lead, sickle cell, blood pressure, DPT (diphtheria, pertussis, and tetanus), polio, MMR (measles, mumps and rubella), MMR booster, HIB (meningitis), hepatitis B, varicella (chickenpox vaccine), speech, and dental.

b. 1996-1997 samples

For school year 1996-97, we reviewed medical forms for 184 three- and four-year-olds with Medicaid coverage who were enrolled in United Planning Organization's Head Start centers. We excluded children who either dropped Head Start enrollment or had no screens recorded. We were not able to determine whether the children with Medicaid were in a managed care plan or if they received straight Medicaid.

Head Start records for this school year contained information about the following EPSDT screens and immunizations: physical exam, hearing, vision, strabismus (crossed eyes), hct/hgb (hematocrit/ hemoglobin), height/weight, tuberculin, lead, sickle cell, blood pressure, dental exam, DPT (diphtheria, pertussis, and tetanus), polio and MMR (measles, mumps and rubella).

Data limitations

Our data has several limitations. First, we excluded children from the study who had no records of screening on file with Head Start. These children may have actually received no screening, or they may have had full or partial screening but not submitted records to the Head Start program. As noted in the introduction, we know from other sources that 51 percent of District children received no EPSDT screening at all in 1997; our percentages refer only to missing tests for the 49 percent of children who received some screening. Second, we were not able to compare the information that primary care providers submitted to Head Start with information in the providers' own medical charts. We urge the District to audit providers' medical records regarding EPSDT compliance as part of its managed care quality oversight

activities. Finally, as noted in our results, there was wide variation in completion of some screens from year to year, particularly with respect to lead screening. We do not know the reason for this variation. Our 1996 and 1997 samples differed both in size and in the ages of the children in the study group.

Results

a. 1997-1998

The results of the health records reviewed for 415 four-year olds on Medicaid enrolled in D.C. Public Schools Head Start programs during school year 1997-98 concluded the following percentage of missed EPSDT screens. speech: 59 percent; hearing: 54 percent; blood pressure: 18 percent; vision: 46 percent; hct/hgb: 2 percent; sickle cell: 7 percent; lead: 4 percent; tuberculin: 6 percent; DPT: 1 percent; polio: 1 percent; MMR: 2 percent; MMR booster: 63 percent; HIB: 2 percent; hepatitis B: 5 percent; dental: 4 percent; varicella: 33 percent; height/weight: 3 percent.

Of the 173 children who had a four-year-old physical, 55 percent were not given a hearing exam and 41 percent had not received an MMR booster as required by the EPSDT program.

b. 1996-1997

The results of the health records reviewed for 184 three- and four-year-olds with Medicaid enrolled in UPO/ Head Start during school year 1996-97 concluded the following percentage of missed EPSDT screens: hearing: 36 percent; vision: 33 percent; strabismus: 34 percent; hct/hgb: 16 percent; tuberculin: 3 percent; lead: 25 percent; sickle cell: 37 percent; dental exam: 37 percent²; DPT: 1 percent; polio:1 percent; and MMR:2 percent.

Conclusion and Recommendations

Children on Medicaid in the District of Columbia are not receiving all of the age appropriate screens as required by the EPSDT program. The District should work with managed care plans, providers, and Medicaid beneficiaries to improve compliance.³

- The District's Medical Assistance Administration should require Medicaid managed care plans and their contracting physicians to report completion of specific screening tests, including hearing, vision, speech and lead; and to report each immunization administered to children. The District should develop a standard form for reporting this information. The District should ensure that contracting providers complete each portion of the EPSDT exam.

- As part of the annual external review of contracting Medicaid managed care exams, external reviewers should audit compliance with EPSDT screening

requirements including whether recorded EPSDT exams are actually complete.

- The District and its managed care plans should educate providers and Medicaid beneficiaries about EPSDT screening requirements and their importance. In particular, they should inform providers and beneficiaries about when vision, hearing, sickle cell, lead and dental screens should be administered to young children; and should educate doctors and Medicaid beneficiaries about MMR booster and varicella immunization requirements.

- Once they are informed of their rights to EPSDT services, consumers should make sure that their doctors provide all required screens to children with Medicaid coverage. Consumers should complain to managed care plans and to the District's Medical Assistance Administration if children encounter any problems in obtaining complete EPSDT screens.

- The District should investigate Medicaid providers' capacity to provide all EPSDT services. In particular, the District should ensure that managed care plans and their subcontracting physicians have necessary equipment for hearing tests and an adequate supply of immunizations. In 1997, the District-informed physicians conducting EPSDT exams that they were required to have proper equipment in their offices. The District should further investigate why physicians are failing to provide specific EPSDT screens.

Endnotes

1. Findings of Fact and Conclusions of Law, *Salazar v. District of Columbia*, U.S. District Court Civil Action No. 93-452, October 11, 1996.

2. Dental forms are completed by dentists rather than primary care physicians. We are not sure whether low scores on completed dental exams indicate that doctors are not referring children for dental care or whether parents are not following through to schedule dental care.

3. The District's Medical Assistance Administration indicates that it is undertaking activities to improve EPSDT compliance, including some of our recommendations. The Medical Assistance Administration is requiring managed care plans to educate providers on EPSDT and working with the D.C. Primary Care Association to plan a provider training; recently issued standardized.