



## **SoonerCare Fax Blast**

March 10, 2009

Subject: **EPSDT and 4<sup>th</sup> DPT/DTaP Claims**

Dear Provider:

Please note the following:

### **EPSDT**

All claims for EPSDT for 2008 dates of service must be filed and corrected before May 1, 2009. Only claims in a paid status will be eligible for inclusion in the EPSDT review for payment.

Please refer to the SoonerCare Choice Addendum of your contract, part 6.2, EPSDT Bonus Payment.

### **4<sup>th</sup> DPT/DTaP**

All encounters for the 4<sup>th</sup> DPT/DTaP immunization administered prior to age 2 must be filed and corrected before May 1, 2009. Only claims in a paid status for children immunized prior to age 2 will be included in the 4<sup>th</sup> DPT/DTaP review for payment.

Please refer to the SoonerCare Choice Addendum of your contract, part 6.3, Supplemental Payment for Immunization.

Copies of a blank SoonerCare Choice Addendum can be found on the public website at [www.okhca.org](http://www.okhca.org), click on the Provider link in the middle of the page, on the next screen click on Enrollment from the left navigation menu, then scroll down half way and under the Choice heading you will find a link for the SoonerCare Choice Addendum.

## ATTACHMENT C

### SoonerCare Choice

#### CY 2008 EPSDT Bonus Payment Methodology January 1, 2008-December 31, 2008 Compliance Rate and Bonus Payment Methodology and Example

Compliance Rate Determination CMS-416 Methodology (Refer to Example 1, Presented Below):

- Line 1: Total Individuals Eligible for ESPDT - List the total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services, distributed by age and by basis of Medicaid eligibility. Unduplicated means that an eligible person is reported only once although he or she may have had more than one period of eligibility during the year.
- Line 2a: State Periodicity Schedule - List the number of initial or periodic general health screenings required to be provided to individuals within the age group specified according to the state's periodicity schedule. ***This information is provided in the example below.***
- Line 2b: Number of Years in Age Group - List the number of years included in each age group.
- Line 2c: Annualized State Periodicity Schedule - Divide the number in Line 2a by the number in Line 2b for each age group.
- Line 3a: Total Months Eligibility - Enter the total months of eligibility for individuals in each age group on Line 1 during the reporting year.
- Line 3b: Average Period of Eligibility - Divide the total months of eligibility by Line 1. Divide that number by 12 and enter the quotient. This number represents the portion of the year that individuals remain Medicaid eligible during the reporting year, regardless of whether eligibility was maintained continuously.
- Line 4: Expected Number of Screenings per Eligible - Multiply Line 2c by Line 3b per age group. Enter the product. This number reflects the expected number of initial or periodic screenings per child per year based on the number required by the state-specific periodicity schedule and the average period of eligibility.
- Line 5: Expected Number of Screenings - Multiply Line 4 by Line 1 per age group. Enter the product. This reflects the number of initial or periodic screenings expected to be provided to the eligible individuals in Line 1.
- Line 6: Total Screens Received - Enter the total number of initial or periodic screens furnished to eligible individuals.
- Line 7: Screening Ratio - Divide the actual number of initial and periodic screening services received (Line 6) by the expected number of initial and periodic screening services (Line 5). This ratio indicates the extent to which EPSDT eligibles receive the number of initial and periodic screening services required by the State's periodicity schedule, adjusted by the proportion of the year for which they are Medicaid eligible.
- Line 8: OHCA Required Compliance Rate - Enter the contractually required compliance rate per age group.

Bonus Payment Calculations (Refer to Example 1, Presented Below):

- Line 9: % Above Compliance - Example Line 7 minus Line 8. This will determine if the provider met the OHCA compliance rate requirement.
- Line 10: Number of EPSDT Screens - This is the number from Example Line 6. Enter this number **only** if the provider is at or above compliance for the age group. If the provider is below the required compliance rate enter zero (if Line 9 is negative).

**Bonus Payment Calculations (Refer to Example 1, Presented Below) Attachment C Continued:**

- Line 11 **Bonus Payment Per Screen** - This is a fixed number to be determined by the OHCA and is based on a percent of the actual cost of an EPSDT screen per age group. For example, if an EPSDT screen is reimbursed at \$67.14 for the less than 1 year old age group, OHCA will pay an enhanced rate of \$16.78 (an additional 25%) to providers who meet or exceed the compliance rate for the less than 1 year olds age group. (See Table 1: Bonus Payment Per Screen).
- Line 12 **Bonus Payment Amount Per Age Group** - Multiply Example Line 10 by Example Line 11. This is the amount that will be paid to the provider for that specified age group.
- Line 13 **Total Potential Bonus Payment** - Sum of age groups on Example Line 12. This is the potential total amount owed to the provider.
- Line 14 **Actual Bonus Payment** - The final bonus payment cannot exceed 20% of the provider's annual capitation payment.

Please note, **SoonerCare Choice** provider EPSDT bonus payments in the aggregate shall not exceed \$1,000,000.00

**Table 1: EPSDT Bonus Payment Per Screen**

<b>Procedure Description</b>	<b>Code</b>	<b>Age Group</b>	<b>Medicaid Allowable</b>	<b>Bonus % Rate</b>	<b>Enhanced</b>
EPSDT Blended Rate		< 1	\$ 67.14	@ 25%	\$ 16.78
EPSDT Blended Rate		1-5	\$ 76.96	@ 25%	\$ 19.24
EPSDT Blended Rate		6-14	\$ 78.36	@ 25%	\$ 19.59
EPSDT Blended Rate		15-20	\$ 86.35	@ 25%	\$ 21.59

**Example 1: EPSDT Bonus Payment Calculations**

		<b>Compliance Rate Calculations</b> (based on CMS-416 -methodology)				
		< 1	1	2-5	6-14	15-20
Line 1:	Total Individuals Eligible for EPSDT	212	181	486	796	87
Line 2a:	Number of Required Screens	6	2	4	5	3
Line 2b:	Number of Years in Age Group	1	1	4	9	6
Line 2c:	Number of Expected Screen in One Year	6	2	1	0.5	0.5
Line 3a:	Total Eligible Months	892	670	2693	4938	472
Line 3b:	Average Period of Eligibility	0.35	0.31	0.46	0.52	0.45
Line 4:	Expected Number of Screens Per Eligible	2.10	0.52	0.46	0.26	0.23
Line 5:	Expected Number of Screens Per Group	446	112	224	206	20
Line 6:	Total Screens Received	291	109	200	175	2
Line 7:	<i>Screening Ratio</i>	.65	.97	.89	.85	.10
Line 8:	2008 OHCA Required Compliance Rate	.65	.65	.65	.65	.65
		<b>Bonus Payment Calculations</b>				
Line 9:	% Above Compliance	0	.32	.24	.20	(.55)
Line 10:	Number of EPSDT Screens from Line 6	-	109	200	175	-

Line 11:	Bonus Payment Per Screen	\$16.78	\$19.24	\$19.24	\$19.59	\$21.59
Line 12:	Bonus Payment Amount Per Age Group	\$0		\$3,848	\$3,428	\$0
			\$2,097			
Line 13:	Total Potential Bonus Payment	\$9,373				
Line 14:	20% of Annual Capitation Payment	\$10,711				
Line 15:	Actual Provider Bonus Payment	\$9,373				