
Medicaid Clinician Survey

Early and Periodic Screening,
Diagnosis and Treatment (EPSDT):
Clinician Perspectives on
Well Child Care

A report by the Institute for Health Care Studies (IHCS) at Michigan State University in collaboration with the Michigan Department of Community Health (MDCH).

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Executive Summary

In order to work toward improving utilization of EPSDT and well child services, the Michigan Department of Community Health (MDCH) partnered with Michigan State University's Institute for Health Care Studies (IHCS) to assess clinicians' experiences providing well child check-ups to Medicaid eligible children and their families. The primary purpose of the project was to gain insight and knowledge to drive the design of quality improvement initiatives directed at increasing EPSDT/well child check-up rates for Michigan Medicaid beneficiaries.

The Institute for Public Policy and Social Research (IPPSR) at Michigan State University was contracted to conduct a 15-minute telephone survey with clinicians who provide Medicaid well child services.

Survey questions were designed to identify:

- Barriers to providing well child services
- Improvements clinicians have implemented in their offices
- Suggestions for further improvements

Findings suggest that although clinicians generally have access to preventive health and well child guidelines, the sources and use of Medicaid well child guidelines varied. Clinicians noted that they did not differentiate between EPSDT/Medicaid well child guidelines and recommendations from the American Academy of Pediatrics (AAP). Lead screening is one area where the guidelines differ and where improvements could be made to educate both clinicians and beneficiaries about Medicaid lead screening requirements.

While all clinicians reported documenting the delivery of preventive health care services, a variety of office forms are used for this purpose. Forty-eight percent of the clinicians reported that they use an HME form when providing preventive care to children in their practice. Flow sheets were more popular, with 58% of clinicians reporting their use. In general, clinicians reported that they develop their own flow sheets and HME forms. Respondents further indicated that they use the same HME form for all of the children in their practice.

When respondents were asked to comment on three common quality improvement office practices (e.g., reminders to parents, registry of patients, tickler files), reminders to parents were the most frequently reported method for monitoring preventive services. A tickler file (a system that alerts the office staff or clinician that a child is due for services), however, was reported as having the greatest effect on the timely delivery of services. Seventy-two percent (72%) of respondents reported that they identify and implement quality improvement processes to improve the preventive care they deliver. The most common cited improvement activity was instituting a parent reminder system either in writing or by phone.

Clinicians reported a number of barriers to providing preventive care services. These barriers were primarily related to parents scheduling appointments and transportation. Sixty-one percent (61%) of the respondents indicated that they have implemented procedures to reduce these barriers. When asked how managed care plans could assist with these efforts, clinicians recommended that the plans provide an incentive to parents to seek care. Other suggestions included continuing education efforts surrounding the importance of well child care and the availability of transportation.

Eighty-seven percent (87%) of offices surveyed reported that they have access to MCIR and use it when providing immunizations. Further, 93% of those respondents reported that they find MCIR helpful in providing immunizations. It should also be noted that four of these high volume offices reported they have no experience with MCIR because they do not provide immunizations in their offices. Instead, they send patients to the health department.

Forty percent (40%) of the offices reported being capitated for preventive care, 33% are fee-for-service, and 26% reported both payment arrangements. Eighty-six percent (86%) of respondents reported using encounter forms to document the services they provide to their patients, and 96% do so even when the services are capitated. Only 31% of the offices surveyed use a third-party biller for claims processing. Of these offices, however, the majority of the contracts (57%) do not mandate that the encounter data be submitted to the health plans.

Summary of Recommendations:

- Continue beneficiary education efforts with a focus on the importance of well child care and the availability of transportation
- Continue clinician education efforts regarding Medicaid lead screening requirements
- Promote the use of an HME form that prompts clinicians to order blood lead levels at 12 and 24 months of age and document preventive services
- Encourage and support the use of preventive care flow sheets (e.g., vaccine immunization records)
- Encourage 100% of offices delivering immunizations and using MCIR
- Encourage and support the use of patient registries for the purposes of tracking preventive services and sending reminders
- Encourage and support practice/office level quality improvement initiatives to identify opportunities for improving the delivery of preventive care (e.g., chart audits, development of quality systems)
- Encourage and support standard office billing and encounter data practices (e.g., third party billing service contacts include submission of data to managed care plans and/or MDCH)

Medicaid EPSDT/Well Child Check-ups Findings from Clinician Survey

Introduction

Michigan State University's Institute for Health Care Studies (IHCS), in conjunction with the Michigan Department of Community Health (MDCH), has an initiative aimed at increasing the number of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services being provided to Medicaid-eligible beneficiaries.

In December 2001, IHCS established a Maternal Child Health work group to assess and investigate ways in which key stakeholders in Michigan can collaborate to improve maternal and well child services for Michigan Medicaid beneficiaries. The work group includes representatives from IHCS, MDCH, Michigan Medicaid managed care plans, the Michigan Association of Health Plans (MAHP) and the Michigan Association of Local Public Health (MALPH).

During 2002, work group initiatives focused on gathering information from beneficiaries and clinicians regarding EPSDT services. Focus groups and telephone surveys were conducted with the parents or guardians of Medicaid eligible children one to five years of age to explore issues surrounding preventive health knowledge, values, attitudes, practices and perceived barriers from the beneficiary perspective. Telephone surveys were also conducted with clinicians providing a high volume of Medicaid services to young children to explore delivery issues and identify barriers from the clinician's perspective. The intent is to use the information gathered from both of these activities to develop and implement interventions, with a primary goal of increasing the number of EPSDT services being provided to Medicaid-eligible beneficiaries.

The American Academy of Pediatrics (AAP), American Medical Association (AMA), and the Federal government all recommend comprehensive, periodic well child check-ups for children birth to 21 years of age. Preventive care allows for early intervention, treatment, and appropriate referral to specialists. In addition, EPSDT/well child check-ups allow doctors to assess parenting practices and to provide parents with information regarding basic child development, parenting skills, and safety practices. Early identification and treatment of child health problems is a primary goal of EPSDT services.

Medicaid children are at increased risk for health problems that these preventive screens are designed to detect (e.g., lead poisoning, developmental disorders, behavioral and emotional problems). As a result, the Michigan Medicaid managed care plans have quality improvement activities in place to increase utilization of well child services. These programs include written outreach (e.g., birthday card reminders), telephone

outreach, incentives to receive care, after-hours access, and free transportation. Despite considerable effort, there is still opportunity to improve.

This report addresses the clinician telephone survey. The focus group and beneficiary telephone surveys are available on the IHCS web site at www.ihcs.msu.edu.

Project Purpose

Clinicians were surveyed to obtain a complete picture of EPSDT service delivery. Understanding clinicians' issues and barriers in providing well child care is integral to increasing EPSDT services to Michigan Medicaid beneficiaries. Their unique perspective will allow for a more creative approach to QI initiatives and increase the likelihood that recommendations will be agreeable to clinicians and consistent with practices they might reasonably implement.

IHCS project managers (Lynette Biery and Debra Darling), in collaboration with MDCH (Susan Moran), developed the project goals to ensure the findings would be applicable in the Michigan Medicaid managed care environment. A primary goal was to obtain information to develop quality improvement tools and initiatives for clinicians providing well child services to Michigan Medicaid beneficiaries.

The clinician survey tool was designed to gather information regarding the quality of care, knowledge of differences between Medicaid and AAP guidelines, and barriers to providing care to Medicaid beneficiaries. The clinicians were asked how they would improve the delivery of EPSDT services and how the health plans could assist them. The survey ended with questions aimed at understanding billing and encounter data practices. (See Appendix B)

Project Design

The Institute for Public Policy and Social Research (IPPSR) at Michigan State University was contracted to conduct 30 telephone surveys with clinicians who provide a high volume of well child services to Medicaid eligible children ages one to five years. In addition to conducting the interviews, IPPSR assisted IHCS staff with the development of the telephone interview script, designed the survey instrument, tested the programming, and trained the interviewing staff.

Each Michigan Medicaid managed care plan was asked to provide IHCS with the name of at least one but no more than ten offices/clinicians that provide a high volume of well child (EPSDT) services to Medicaid eligible children. A list of the high volume offices/clinicians (family practitioners and pediatricians), was compiled by IHCS staff and forwarded to IPPSR. Survey participants were randomly selected from the high volume list and were contacted by telephone.

IPPSR obtained verbal consent prior to initiating the telephone interview that was designed to last approximately 15 minutes (See Appendix B for IPPSR telephone script). A health care clinician in the office, such as the physician, physician assistant, or nurse practitioner, completed the survey. Participants were informed that they would receive a \$100 check in the mail upon completion of the survey.

IHCS provided IPPSR with a total of 103 offices in the sample. The sample was released in established increments to the IPPSR interview staff until the required number of interviews was completed. A total of 79 offices were made available to the interview staff during this process.

Of the 79 offices that were released for interviews, there were 47 cases where either the clinician refused to participate or was unable to participate within the study time frame. Thirty-two interviews were completed (two more than requested).

The project design, goals, telephone survey and protocol (including the selection procedure and consent to participate), received approval from the Institutional Review Boards of both Michigan State University and MDCH.

Survey Findings

EPSDT/Medicaid Well Child Screenings

Most clinicians (78%) indicated that they do not differentiate between EPSDT/Medicaid well child screening recommendations and the preventive health recommendations published by the American Academy of Pediatrics. Although 69% of the clinicians indicated that they were aware that the lead screening requirement is different for Medicaid children, all of the respondents reported that they follow the Medicaid lead screening requirements.

When asked to rank their feelings about EPSDT/Medicaid well child care screening on a five-point scale (1= very positive to 5= very negative), almost all of the respondents stated having very positive or somewhat positive feelings. Most clinicians (88%) indicated that they strongly agreed or somewhat agreed with the statement that “EPSDT/Medicaid Well child screenings address the unique needs of the Medicaid population.”

Clinicians have a number of recommendations for ways in which EPSDT/Medicaid well child screening requirements could be improved. This was an open-ended question that generated varied responses. The following table summarizes the key responses from clinicians for infant, children, and adolescent screening.

Table 1: Clinician recommendations for improving EPSDT screening

Infants	Children	Adolescents
Improve sickle cell screening communication	Keep focus on medical home/PCP	Exam should focus more on Ob/Gyn issues--especially if child is over 15 and sexually active
Focus on access to care	Improve lead and anemia screenings	Additional information on drugs, peer pressure, and smoking
Focus on poverty issues of families	Stress importance of visits in this age group	Focus on poverty and social issues in general

Use of Guidelines and Documentation Issues

Clinicians generally reported having access to preventive health guidelines pertaining to infants, children, and adolescents. A variety of sources were identified. The majority of respondents cited the American Academy of Pediatrics (AAP) or the State of Michigan (e.g., MDCH, Medicaid) as their source for receiving preventive health guidelines.

When asked whether they followed specific guidelines, 87% reported that they did follow a specific set of preventive care guidelines. The AAP guidelines were most commonly reported set of guidelines that respondents follow (46%). Guidelines published by MDCH and a combination of other guidelines and individual clinical decisions were the next most common responses at 11.5% each. Ninety percent (90%) of respondents agreed that guidelines are helpful when providing childhood preventive services.

Clinicians were also asked about the documentation of preventive health care. Specifically, they were asked about their use of health maintenance exam (HME) forms and flow sheets, as well as the source for receiving these forms. Forty-eight percent of the clinicians reported that they use an HME form when providing preventive care to children in their practice. Flow sheets were more popular, with 58% of clinicians reporting their use. In general, clinicians stated that they develop their own flow sheets and HME forms. A few respondents mentioned that they receive these forms from managed care plans or the AAP.

Clinicians who reported using an HME form (47%) were also asked about five specific items generally included on the form. The following table summarizes the responses. As noted in Table 2, the physical exam, anticipatory guidance, and developmental information were always included on the HME form. In many cases, the HME form was also used to document medical and mental history, as well as information from the interpretive conference.

Table 2: Documentation included on an HME form

	Included	Not included
Physical exam	100%	0 %
Medical and mental history	86%	14%
Anticipatory guidance	100%	0 %
Developmental information	100%	0 %
Interpretive conference	71%	29%

In general, 90% of clinicians use the same HME form for all the children in their practice regardless of insurance coverage. Similarly, 94% of clinicians indicated that they did not use any special forms for children receiving Medicaid benefits. When asked whether or not they would consider using a preventive HME form endorsed by Michigan health plans, but which they would not be mandated to use, 97% of the clinicians responded affirmatively.

As stated above, flow sheets were more often reported as a means to document a variety of health information. Respondents reported most commonly documenting chronic conditions and immunizations on a flow sheet. Respondents also reported using flow sheets to document allergies, anticipatory guidance, child’s growth and well child check-ups.

Office Quality Improvement Activity

A series of questions were asked to gain insight into how and whether clinicians monitor the quality of the preventive care they deliver. Table 3 outlines clinician responses when they were asked specifically about three common office practices.

Table 3: Monitoring of preventive services

Monitoring Process	Percent using process	Percent reporting process improves timely delivery of services
Reminders to parents	81%	80%
Registry of patients	56%	78%
Tickler file	43%	92%

Reminders to parents were the most frequently reported method for monitoring preventive services, yet a tickler file that alerts the office or clinician that a child is due for services was reported as having the greatest effect on timely delivery of services.

When asked in an open-ended format to report how clinicians work to improve the preventive care they deliver, 72% of respondents reported identifying and implementing quality improvement processes. In most cases, these offices have implemented procedures to check immunizations and compliance with well care at every office visit. Some clinicians do a combination visit (sick/well child visit) if the child is behind in preventive services; others schedule a preventive visit prior to the patient leaving the office. The other most commonly cited improvement activity was instituting a parent reminder system (either written or by phone). Approximately one quarter of respondents reported using information provided by the health plans or doing their own chart audits to monitor the effectiveness of their quality improvement efforts.

The survey also explored the degree to which clinicians use computer software and the Internet to assist in providing well child services. Sixty-four percent (64%) of respondents reported “using a computer to help track preventive services.” Eighty-four percent (84%) reported having access to the Internet, and 52% of those respondents stated that they use the Internet to assist in providing preventive care.

Barriers

Clinicians were asked to report the barriers that they experience in providing care and their perception of barriers parents experience when accessing preventive services. The most common response was transportation for the parents/child. The next most common response was parental compliance with the plan of care. Additional barriers mentioned by clinicians included: parents unable to miss work, difficulty scheduling or inconvenience of appointments, eligibility changes, and economic barriers. Sixty-one percent (61%) of the respondents indicated that they have implemented procedures to decrease barriers to care.

The primary process clinicians implemented to reduce transportation barriers was educating parents that transportation is available. Fifty-eight percent (58%) of the clinicians reported that they are aware that the health plans pay for transportation. Of those respondents, 94% stated they have informed parents of this service. In fact, 78% of respondents reported that they had arranged transportation for a parent. With regard to compliance with the plan of care, clinicians reported instituting reminder calls to prompt parents to bring their children in for preventive care.

When asked how the health plans could assist with these efforts, clinicians requested additional help with tracking services and sending reminders to parents. It was suggested that the plans could provide an incentive for parents to seek care and further educate parents about the importance of well care. Clinicians additionally requested that the plans educate members about the availability of transportation and make the transportation service very easy to access.

Michigan Childhood Immunization Registry (MCIR)

Eighty-seven percent (87%) of offices surveyed reported that they have access to MCIR and use it when providing immunizations. Further, 93% of those respondents reported that they find MCIR helpful in providing immunizations. Respondents, however, reported that the MCIR computer system could be difficult to access (e.g., requires multiple dial-up attempts, speed of connection). A number of respondents recognized that the web-based system should solve many of their concerns. Generally, respondents noted that missing or inaccurate data is the primary weakness of MCIR. Another frequent concern was the use of out of date computer systems within the office, making MCIR access more difficult.

It should also be noted that four of these high volume offices reported they have no experience with MCIR because they do not provide immunizations in their offices. Instead, they send patients to the health department.

Encounter/ Billing Issues

Forty percent (40%) of the offices reported being capitated for preventive care, 33% are fee-for-service, and 26% reported both payment arrangements. Eighty-six percent (86%) of respondents reported using encounter forms to document the services they provide to their patients, and 96% do so even when the services are capitated. Eighty-six percent (86%) of respondents reported submitting the encounter data to insurers/managed care plans.

It is interesting to note that only 47% of respondents were aware that they could bill for components of an EPSDT/well child visit if they were delivered during an acute care appointment. Almost all of the offices reported receiving current billing codes. The majority of respondents stated that they receive these codes from billing companies/services. Only 31% of the offices surveyed use a third-party biller for claims processing. Of these offices, however, the majority of the contracts (57%) do not mandate that the encounter data be submitted to the health plans.

Discussion: Telephone Survey Findings

The primary purpose of the clinician survey was to gather the input of clinicians before crafting initiatives to increase EPSDT services in Michigan. The clinicians surveyed work in clinics with a significant volume of Medicaid patients.

Most clinicians reported following either the AAP or Medicaid preventive services guidelines. Respondents most commonly reported following AAP guidelines and indicated that they do not differentiate between Medicaid well child screening

recommendations and AAP recommendations. The AAP recommends lead screening only if the child is at risk whereas the Federal government mandates lead screening for all Medicaid eligible children at 12 and 24 months. It is likely that this is the most significant survey finding in terms of the preventive screening for lead. In fact, when clinicians were asked specifically if they were aware of a difference between Medicaid and AAP lead screening requirements for Medicaid children, only 69% of respondents indicated that they were aware of the difference. Although this is a majority of clinicians surveyed, we would expect a higher response rate due to the fact that these clinicians work in offices that provide a high volume of services to Medicaid children. This lack of awareness may be causally related to the low rate of lead screenings in Michigan.

Survey results indicate that there is an interest on the part of clinicians in using a HME form that the health plans or MDCH would supply. This would afford health plans the opportunity to use the EPSDT HME form developed by the IHCS Maternal/Child Health workgroup. The form was developed to prompt clinicians to follow AAP and Medicaid guidelines. Widespread implementation and use of the forms would also simplify chart audits for all health plans.

Survey respondents requested that the health plans assist them with tracking preventive services and sending reminders. They also reported that the health plans could assist their efforts to educate parents about the importance of well care. Respondents further suggested that plans consistently educate members about the availability of transportation services and make accessing those services as simple as possible. It should be noted that about 40% of clinicians were not aware that plans pay for transportation to and from medical appointments.

Survey results indicate that a reasonable number of high volume Medicaid offices appear to embrace quality improvement initiatives. The majority of the offices had identified ways to improve the preventive care they deliver and reduce the barriers to receiving these services. Further, just over one quarter of the respondents reported using information provided by the health plans or doing their own chart audits to monitor the effectiveness of their quality improvement efforts. These results represent an opportunity for the plans to develop strategies to assist or augment office QI activities.

The health plans and MDCH often find encounter data to be incomplete and not reflective of all services being provided during a preventive care visit. Therefore, the survey included a number of questions about billing and encounter data practices. The results were interesting since respondents worked in high volume Medicaid offices with a mix of capitation and fee-for-service models. There is an opportunity to educate clinicians regarding billing for components of EPSDT services delivered during an acute care visit. In addition, approximately one third of the offices surveyed reported using a third-party billing service without a requirement that the biller submit encounter data to the patient's health plan. This data provides the plans with a unique opportunity to educate clinicians about the importance of including encounter data submission in their billing service contracts.

Summary of Recommendations:

- Continue beneficiary education efforts with a focus on the importance of well child care and the availability of transportation
- Continue clinician education efforts regarding Medicaid lead screening requirements
- Promote the use of an HME form that prompts clinicians to order blood lead levels at 12 and 24 months of age and document preventive services
- Encourage and support the use of preventive care flow sheets (e.g., vaccine immunization records)
- Encourage 100% of offices delivering immunizations and using MCIR
- Encourage and support the use of patient registries for the purposes of tracking preventive services and sending reminders
- Encourage and support practice/office level quality improvement initiatives to identify opportunities for improving the delivery of preventive care (e.g., chart audits, development of quality systems)
- Encourage and support standard office billing and encounter data practices (e.g., third party billing service contracts include submission of data to managed care plans and/or MDCH)

Appendix A: Recommended Readings/Resources

Adams, W.G., Geva, J., Coffman, J., Palfrey, S., Bauchner, H. (1998). Anemia and elevated lead levels in under immunized inner-city children. Pediatrics, 101(3): E6.

American Academy of Pediatrics. (1998). Screening for Elevated Blood Lead Levels (RE9815). Pediatrics, 101 (6), 1072-1078.
<http://www.aap.org/policy/re9815.html>

Lieu, T.A., Black, S.B., Ray, P., Schwalbe, J.A., Lewis, E.M., Lavetter, A., Morozumi, P.A., & Shinefield, H.R. (1997). Computer-generated recall letters for under immunized children: how cost-effective? The Pediatric Infectious Disease Journal, 16(1), 28-33.

Omar, M.A., Schiffman, R.F., Bauer, P. (1998). Recipient and provider perspectives of barriers to rural prenatal care. Journal of Community Health Nursing, 15, 237-249.

Page, D., Meires, J., & Dailey, A. (2002). Factors influencing immunization status in primary care clinics. Family Medicine, 34(1), 29-33.

Teagle, S.E., & Brindis, C.D. (1998). Perceptions of motivators and barriers to public prenatal care among first-time and follow-up adolescent patients and their providers. Maternal Child Health Journal, 2 (1), 15-24.

Vivier, P.M., Hogan, J.W., Simon, P. Leddy, T., Dansereau, L.M., & Alario, A.J. (2001). A statewide assessment of lead screening histories of preschool children enrolled in a Medicaid managed care program. Pediatrics, 108 (2), E29.

West, R. (1999). Childhood blood lead screening in Arkansas: recommendations for health care providers. The Journal of the Arkansas Medical Society, 92(12), 532-7.

Additional Resources for Topics Related to Children's Health

Annie Casey Foundation: www.aecf.org

Center for Disease Control: www.cdc.org

The Commonwealth Fund: www.cmwf.org

The Foundation for Accountability (FACCT): www.facct.org

American Academy of Pediatrics Health Tomorrows Partnership for Children Programs:
<http://www.aap.org/advocacy/hthome.htm>

The David and Lucile Packard Foundation: www.packard.org

Appendix B: Clinician Survey

Before we begin let me tell you that this interview is completely voluntary. Let me also tell you that this interview is completely confidential. Your privacy will be protected to the maximum extent allowable by law. Should we come to any question that makes you feel too uncomfortable or you don't want to answer, just let me know and we can go on to the next question.

For quality control purposes, this interview may be monitored by my supervisor.

(If you have any questions about your rights or role in research, you may contact Dr. Ashir Kumar, Chair of the University Committee for Research Involving Human Subjects at 517.355.2180. Should you have any questions about this study or your participation in it, you are welcome to contact Debra Rusz at 1.877.403.2076.) [n]

First, I would like to ask you some questions about age-specific preventative health guidelines you may have received.

Do you have access to preventative health guidelines for:

- Infancy
- Childhood
- Adolescence

>Q1b<

From what source do you receive these guidelines?

>Q1c<

Do you follow a specific set of guidelines?

YES 1
NO 5

>Q1ca<

Which guidelines do you follow?

>Q1cb<

Why don't you follow these guidelines?

>Q1d<

Do you feel that the guidelines are helpful when providing childhood preventative services?

YES 1

NO..... 5

>Q2a<

The next questions are about documentation of preventative health care. I am going to read you a list of forms that different offices use to document preventative health services. Please tell me which of these forms you use.

Do you use HME form (health maintenance exam form)?

YES 1

NO..... 5

Where do you get this form?

>Q2b<

Do you use flow sheets?

YES 1

NO..... 5

DON'T KNOW 7

REFUSED 9

What do you document on this form?

Where do you get this form?

>Q2c<

Are there any other forms that you use to document preventative health care?

- YES 1
- NO. 5
- DON'T KNOW 7
- REFUSED 9

What other form do you use?

What do you document on this form?

Where do you get this form?

Are there any other forms that you use to document preventative health care?

What do you document on (this/these) form(s)?

Where do you get (this/these) form(s)?

>Q2d<

Are there methods, other than forms, that you use to document preventative care?

- YES 1
- NO. 5
- DON'T KNOW 7
- REFUSED 9

What other method do you use?

What do you document using this method?

Where do you get this method?

Are there any other methods that you use to document preventative health care?

What other method do you use?

What do you document using this method?

Where do you get this method?

Are there any other methods that you use to document preventative health care?

YES 1

NO. 5

What other method do you use?

What do you document using (this/these) method(s)?

Where do you get (this/these) method(s)?

Before you mentioned you use HME forms (health maintenance exam form), does your HME form include?

@1 physical exam

@2 medical and mental history

@3 anticipatory guidance

@4 development information

@5 interpretative conference

>Q2f<

Do you use the same form for all the children in your practice, or do you use different forms for different health plans or insurance products?

1 ... SAME FORM FOR ALL THE CHILDREN

2 ... DIFFERENT FROMS FOR DIFFERENT HEALTH PLANS/INSURANCE

DON'T KNOW 7

REFUSED 9

>Q2g<

Do you use anything special for Medicaid kids?

YES	1
NO.....	5
DON'T KNOW	7
REFUSED	9

>Q2h<

Would you consider using a preventative HME form that all the health plans endorsed, but you would not be mandated to use?

YES	1
NO.....	5

>Q3a<

The next group of questions is about EPSDT/Medicaid Well Child Care screenings.

Do you differentiate between EPSDT/Medicaid Well Child Care screening recommendations and general preventative health recommendations for children, for instance, from American Academy of Pediatrics?

YES	1
NO.....	5
DON'T KNOW	7
REFUSED	9

>Q3b<

Are you aware that the lead screening requirement is different for Medicaid kids?

YES	1
NO.....	5

Do you follow the Medicaid lead screening requirements?

YES	1
NO.....	5

Why not?

>Q3c<

How do you feel about EPSDT/Medicaid Well Child Care screening? Would you say very positive, somewhat positive, somewhat negative, or very negative?

- VERY POSITIVE 1
- SOMEWHAT POSITIVE 2
- NEITHER POSITIVE OR NEGATIVE. . . 3
- SOMEWHAT NEGATIVE 4
- VERY NEGATIVE 5

>Q3d<

Please tell me how strongly you agree or disagree with the following statement. EPSDT/Medicaid Well Child screening address the unique needs of the Medicaid population. Would you say that you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

- STRONGLY AGREE 1
- SOMEWHAT AGREE 2
- NEITHER AGREE OR DISAGREE. . . 3
- SOMEWHAT DISAGREE. 4
- STRONGLY DISAGREE. 5

>Q3e<

I would like you to think about how EPSDT/Medicaid Well Child Care screening requirements could be improved for each of the following age groups.

How do you think screening requirements could be improved?

0=SPECIFY, 77=DON'T KNOW, 99=REFUSED

- for infants? (0-2 years old)
- for children? (3-11 years old)
- for adolescents?

>Q4a<

Now I would like you to think about the ways you monitor the preventative health services that you deliver in your practice. I am going to read you a list of things that some practices use. Please tell me if you use each one.

A tickler file or other tracking system?

Do you feel that this helps with the timely delivery of services to the children?

(Do you use) Reminders to parents?

Do you feel that this helps with the timely delivery of services to the children?

(Do you use) Registry, in other words a list of all children eligible for preventative services?

Do you feel that this helps with the timely delivery of services to the children?

Is there something else that your practice developed? (SPECIFY)

Do you feel that this helps with the timely delivery of services to the children?

>Q4b<

Do you have a process to track the effectiveness of your monitoring system(s).

YES 1
NO..... 5

What do you do?

Do you use a computer to help you track preventative services?

YES 1
NO..... 5

>Q4c<

Do you have access to the internet?

YES 1
NO..... 5
DON'T KNOW 7
REFUSED 9

Do you use it to assist you in providing preventative care?

YES 1
NO..... 5

>Q5a<

Now I would like you to think about your office practices in delivering preventative health care to the children.

Have you identified any opportunities to improve well-child care check-ups, immunizations, and lead screenings in your office?

YES 1
NO..... 5
DON'T KNOW 7
REFUSED 9

What have you done in your office for improving well-child care check-ups, immunizations, and lead screening?

>Q5b<

Are you aware of any other barriers to the delivery of EPSDT/Medicaid well child care services that your office experiences?

YES 1
NO..... 5

What are they?

Have you implemented any office procedures to decrease these barriers or other barriers that you have already removed?

YES 1
NO..... 5

What has your office done?

>Q5d<

What can the health plans do to help you with these barriers?

>Q6a<

The next questions are about the barriers that parents experience in obtaining well child care.

What barriers have you seen the parents struggling with?

>Q6b<

What can the health plans do to help the parents?

>Q6c<

Are you aware that the health plans pay for transportation to office visits?

YES 1
NO..... 5

Have you ever told a parent about this service?

YES 1
NO..... 5

Have you ever arranged transportation for a parent?

YES 1
NO..... 5

>Q7a<

Does your office have access to MCIR (Michigan Childhood Immunization Registry)?

YES 1
NO 5

Do you find it helpful?

YES 1
NO 2

>Q7b<

Do you use it?

YES 1
NO 5

Why not?

>Q7c<

What problems do you have with MCIR?

>Q7d<

What recommendations do you have to help with the problems?

>Q8a<

Now I would like to ask you a few questions about encounter forms.

Do you use encounter forms?

YES 1
NO 5

Even when services are capitated?

YES 1
NO..... 5

>Q8b<

Do you submit encounter data?

YES 1
NO..... 5

To whom do you submit it?

>Q9a<

Do you have any recommendations for any EPSDT services that we have not discussed?

YES 1
NO..... 5

What are they?

>Q9b<

What can the health care plans do to help you?

>Q10a<

The next set of questions is about billing.

Are you aware that if you do part of a EPSDT/Medicaid Well Child Care visit as a sick call you can bill for the components delivered?

YES 1
NO..... 5

>Q10b<

Does your office staff receive current codes for billing?

YES 1
NO..... 5

Where do they get them from?

>Q10c<

Does your office use a third party billing administrator?

YES 1
NO..... 5

Does your third party billing administrator submit encounter forms to the health plans on your behalf?

YES 1
NO..... 5

>Q10d<

Are you primarily capitated for Well Child Care or are you reimbursed fee-for-service?

CAPITATED 1
FEE-FOR-SERVICE 2
BOTH.....3

I want to thank you very much for your time and cooperation. As I said before, as a thank you for your time, we will be mailing you a check for \$100.

First, I need your name. This information is needed for both the check and mailing.

Now can I have your address?