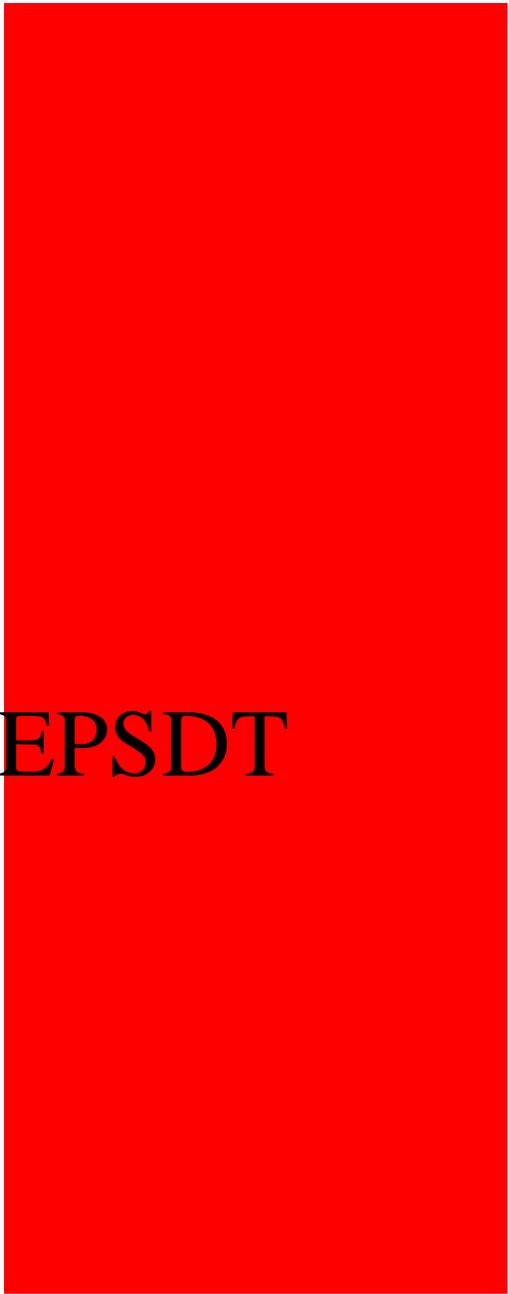
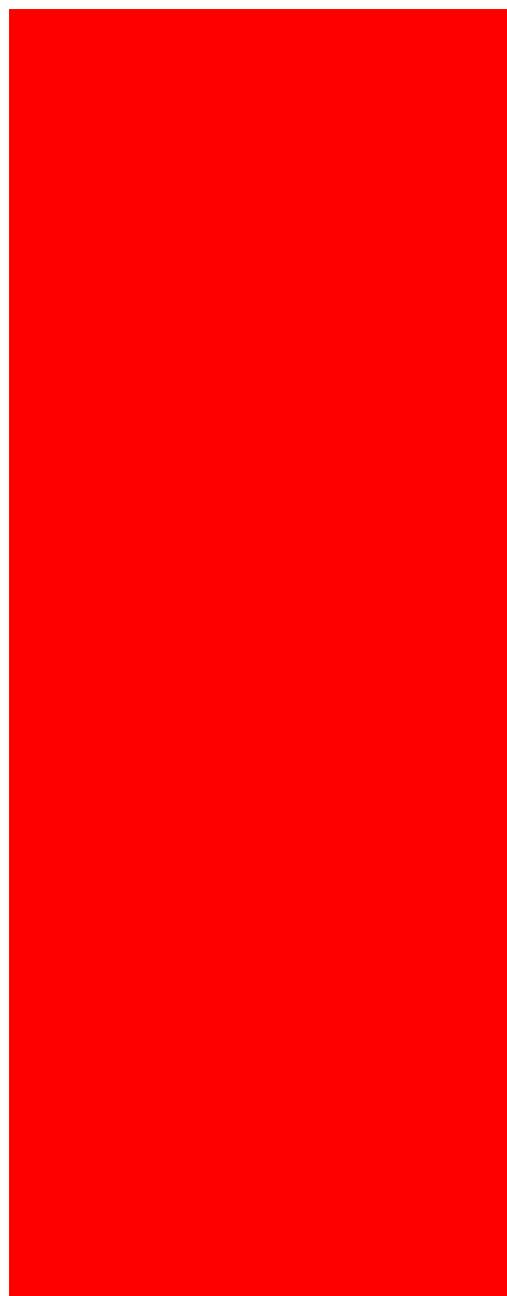


79 SECTION I - EPSDT



80 I.1



Section I: EPSDT (Section §6 of RFP)

I.1 Describe your system for tracking each member's screening, diagnosis, and treatment including, at minimum, the components of the system, the key features of each component, the use of technology, and the data sources for populating the system.

Aetna Better Health[®] recognizes the important role Early Periodic Screening Diagnosis and Treatment (EPSDT) plays in improving the health outcomes of our members. The Chief Executive Officer (CEO) is responsible for confirming that Aetna Better Health maintains the resources and functions necessary to support EPSDT activities. The CEO designates the Chief Medical Officer (CMO) or designee to direct the program and see that it conforms to state, federal, and Aetna Better Health mandates. Improving the EPSDT compliance rates is a company-wide endeavor, with operating responsibilities shared by departments designated by the CEO. The Maternal Child Health/EPSDT Coordinator, with the assistance of other departments (such as Member Services, Utilization Management, Quality Management, Grievance and Appeals and Provider Services), is responsible for the day-to-day operations necessary to carry out the program (e.g., identifying and notifying members, conducting outreach activities and monitoring utilization of services).

Aetna Better Health uses a formal committee structure to facilitate the development and integration of EPSDT systems and technologies. Our Board of Directors (the Board) is ultimately responsible for the integrity of our EPSDT data systems and the degree that these systems support our compliance with Department of Health and Hospitals (DHH) performance standards. When we say that EPSDT compliance is a company wide effort we mean that every one of our departments participates in a committee or process that contributes to the overall success of our programs. Committees that are directly involved include, but are not limited to:

- Service Improvement Committee – a cross-functional and multidisciplinary committee responsible for reviewing data, reports and compliance trends and making recommendations to improve operations
- Member Advisory Committee that reviews and comments on EPSDT outreach materials
- Quality Management and Utilization Management (QM/UM) Committee that approves the annual EPSDT work plan, policies, reviews EPSDT management reports, makes recommendations to resolve identified issues, and reviews quality of care concerns related to EPSDT
- QMOC approves recommendations from QM/UM Committee regarding approaches to improve EPSDT compliance

Data Integration and Reporting

Aetna Better Health uses a series of coordinated systems and protocols to identify, track, account for and validate EPSDT data. The core system application is QNXT[™]. The other systems are linked to QNXT[™] through data mapping and sophisticated system implementation protocols. Through these controls we are able to meet each of DHH's specifications and requirements for EPSDT reporting. Aetna Better Health produces annual and monthly clinical measurement,

HEDIS^{®1} rates and reports. Annual HEDIS[®] rates are calculated for submission to NCQA[®] and state Medicaid agencies. We develop monthly reports to monitor our performance on an ongoing basis. We use the following systems for data integration and reporting:

QNXT[™] - At the core of Aetna Better Health's application architecture is QNXT[™], a rules-based information processing system comprising 28 integrated modules that maintain the following:

- Claims data, including associated adjudication, COB and TPL processes
- Demographic, eligibility and enrollment data, including prior coverage
- Provider contract configuration, including network and services
- EDI processes
- QM/UM including, but not limited to prior authorizations and concurrent reviews

QNXT[™] leverages Microsoft's .NET architecture, providing for flexible, scalable, and seamless systems integration. In addition, the system's foundational database is Microsoft's SQL Server, permitting a wide variety of applications to analyze the data, display results, and print standardized and customized reports.

The cornerstone of our claims adjudication process, QNXT[™] accepts – via the supporting technical interfaces – Daily Enrollment and Manual Payment Transaction files, and then updates our member records accordingly. Automated processes reconcile QNXT[™]'s resident member files with monthly updates recording the results for state review, should it be necessary. Aetna Better Health's enrollment team then validates the data for accuracy, auditing relevant files and reviewing any resultant fallout reports. Should the process bring any errors to light, enrollment personnel will promptly notify DHH or its agent and work the issue to resolution.

QNXT[™] uses weekly downloads of provider data from the State's secure FTP server to update Aetna Better Health's provider files. Enrollment staff then use unassigned enrollment reports to verify each member's assignment to an individual Primary Care Provider/Patient-Centered Medical Home (PCP/PCMH), our PCP/PCMH assignment file is as current and complete as possible.

As the system of record of our members' demographic, capitation, PCP/PCMH assignment, and eligibility and enrollment data, QNXT[™] serves as the primary source of data for multiple applications, including our web-based care management business application (Dynamo[™]), our principal member and medical management application, VisionPro, and EMS.

Encounters Management System – EMS, a proprietary Aetna Better Health system, warehouses claims data, formats encounters data to state requirements and processes CMS1500, UB04, and vision claims. Current coding protocols (e.g., standard CMS procedure or service codes, such as ICD-9, CPT-4, HCPCS-I, II) are kept on file as well. The system uses state provider and medical coding information – in conjunction with claims data culled from QNXT[™]'s data tables – to produce reports for the purposes of tracking, trending, and reporting process improvement and monitoring submissions of encounters and encounters revisions. Aetna Better Health personnel,

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

in conjunction with Provider Relations personnel, support the State’s encounters validation studies by submitting requested data within 90 days.

ASDB – Aetna Better Health’s Actuarial Services Data Base (ASDB) supports our reporting and analytical capabilities, such as our multidimensional predictive modeling and statistical outlier analyses. The application houses eligibility, provider, prior authorization and claims data. ASDB serves as a key data source for a diverse user base, including Medical Management, Finance, and Operations.

Plan Audit Tables: Plan Audit Tables is a database structure that is used to store, account for, track, and audit encounters data received from State immunization registries [e.g., the Louisiana Immunization Network for Kids (LINKS)] and delegated or capitated providers. Our delegated and capitated providers are required to adhere to DHH encounters management protocols and specifications². We have successfully used this process for receiving, storing, accounting for, tracking and auditing encounters data from these vendors for 25 years. The database structure is SSQL and is maintained by our IT Department. Our IT Department maintains audit trails of data added to the Plan Audit Tables and assures that the data in the database matches the data received from the delegated or capitated provider. We keep archived records of actual files received from LINKS and delegated or capitated providers. These data are easily searchable and extracted for a variety of purposes, including, but not limited to preparing EPSDT reports.

Quality Spectrum Insight (QSI): A MedAssurant Solution’s (MedAssurant) NCQA[®] certified software product, employs a robust backend Microsoft SQL Server[®] engine for data processing, QSI provides a straightforward and simple to use solution for cost effective HEDIS reporting. Using a fixed data model, QSI software allows Aetna Better Health’s programmers to quickly define native data sources into the formats required by the system, speeding conversion efforts and making the data integration process transparent to auditors, our IT staff, and our management team.

The table below summarizes data type, its source and how it is maintained by Aetna Better Health.

Aetna Better Health’s Types of Data, Sources and Where They Are Maintained

Data	Source	Maintained In
Member	State	QNXT™
Provider	Our contracts	QNXT™
Encounters	Vision	EMS
Claims	Provider and QNXT™ claims system	QNXT™
Pharmacy Utilization Data	State Contractor	ASDB
Behavioral Health Utilization Data	State Contractor	ASDB
Dental Utilization Data	State Contractor	Plan Audit Tables
Immunization Utilization Data	State Data Bank	Plan Audit Tables
Laboratory data	Our contracts	Plan Audit Tables

² Aetna Better Health will have a single delegated provider in Louisiana – Block Vision.

EPSDT Data Flow

Aetna Better Health's QNXT™ system is a relational database that conforms to data and document management standards and standard transaction code sets established by DHH.

Our data structures within and between systems are maintained through data mapping protocols and business rules that promote data integrity. Data from QNXT™, ASDB, EMS and the Plan Audit Tables are imported into QSI.

Aetna Better Health uses the QSI software to calculate annual and monthly performance measures, including HEDIS and custom measures for the purposes of monitoring EPSDT indicators. Annual rates are calculated for rate submission to NCQA® and DHH. Monthly reports are created to monitor performance on an ongoing basis and to generate opportunity/intervention lists (i.e. identify members due for services). Data for both sets of rates and reports come from the same sources.

Intervention Lists - Internal

Identification and tracking of members who have failed to meet EPSDT periodicity measures is an important aspect of our system to monitor and report EPSDT data. A standard monthly EPSDT intervention report is available for our Maternal Child Health/EPSDT Coordinator to identify and contact members who have missed EPSDT required appointments. These intervention reports, besides containing member contact information, also includes the name and contact information for the member's PCP. Should the Maternal Child Health/EPSDT Coordinator be unable to reach the member the PCP is contacted to update the medical record so that when the member appears for their next appointment, the periodicity schedule can be completed.

Intervention Lists – External

Monthly, the Maternal Child Health/EPSDT Coordinator sends each of our PCPs a list of their members due for an EPSDT visit. This list includes members who lack EPSDT check-ups or immunizations and we encourage the PCPs to outreach to their members to schedule an appointment. Also, each month we notify our PCPs and other EPSDT provider if any NICU graduates were assigned to their panel the previous month; this is followed by a semi-annual notice of the same information. To further support EPSDT compliance the Maternal Child Health/EPSDT Coordinator posts a flag to our AboveHealth® system to alert providers when they check a member's eligibility if the member needs an EPSDT check-up.

Key Measures Used for EPSDT Management

Another valuable advantage of our comprehensive EPSDT data management, tracking, and reporting system is that it enables the Maternal Child Health/EPSDT Coordinator to specifically identify members who have failed to comply with periodicity schedule measures. Through this functionality, the Maternal Child Health/EPSDT Coordinator can identify members for outreach specific to the measures identified below:

- Childhood Immunization Status
- Immunizations for Adolescents
- Lead Screening in Children
- Children's and Adolescents' Access to Primary Care Practitioners

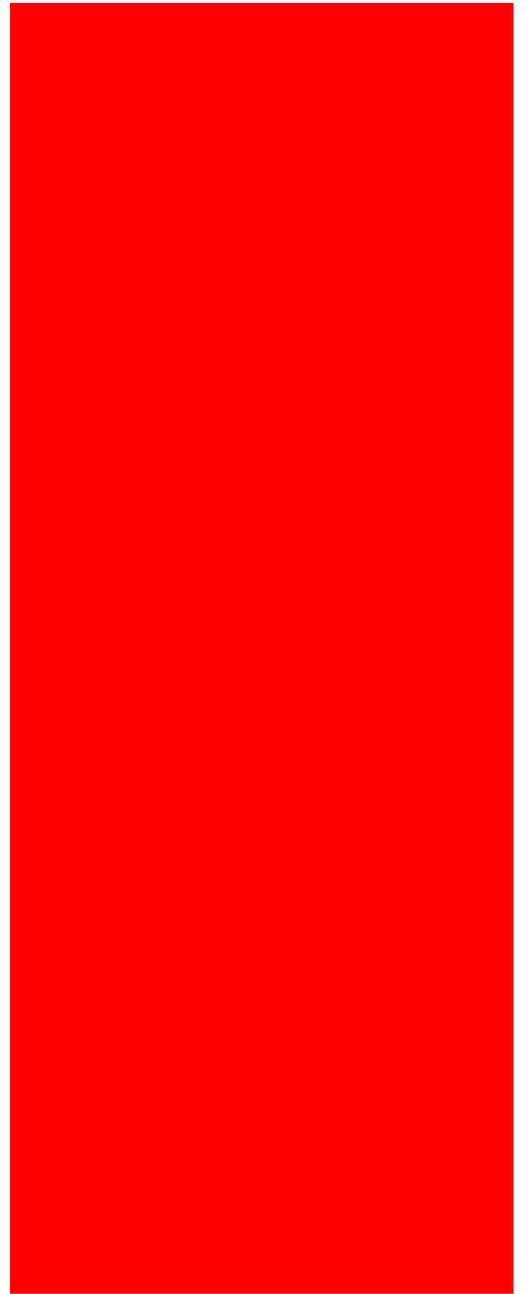
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits

EPSDT Monitoring Activities

In addition to on-going reviews of quality and utilization data, we employ a variety of EPSDT-specific monitoring strategies to identify opportunities for improvement.

- Medical Record Review (MRR). We conduct MRRs at PCPs' offices to assess their compliance with and monitoring of key performance measures including, but not limited to, EPSDT services. After each MRR we provide the PCP with feedback and education on any identified areas of concern.
- EPSDT-Related Performance. In addition to the DHH-generated EPSDT performance results, we assess our EPSDT performance and participation rates throughout the year, benchmarking our performance to the DHH goals and the NCQA Medicaid 75th percentile. We produce a monthly report that shows our EPSDT-related HEDIS performance results based on a rolling 12-month analysis of claims. These reports enable us to identify any significant changes in performance that warrant further analysis and possible intervention or affirm the effectiveness of previously implemented interventions.

81 I.2



I.2 Describe your approach to member education and outreach regarding EPSDT including the use of the tracking system described in I.1 above and any innovative/non-traditional mechanisms. Include:

- How you will conduct member education and outreach regarding EPSDT including any innovative/non-traditional methods that go beyond the standard methods;
- How you will work with members to improve compliance with the periodicity schedule, including how you will motivate parents/members and what steps you will take to identify and reach out to members (or their parents) who have missed screening appointments (highlighting any innovative/non-traditional approaches); and
- How you will design and monitor your education and outreach program to ensure compliance with the RFP.

Aetna Better Health recognizes the important role Early Periodic Screening Diagnosis and Treatment (EPSDT) services plays in improving the health outcomes of our members. As such, we view the delivery of EPSDT services as a company-wide priority that involves each functional area. Aetna Better Health uses a formal committee structure to facilitate the development and integration of EPSDT systems and technologies. Our Board of Directors (the Board) is ultimately responsible for the integrity of our EPSDT data systems and the degree that these systems support our compliance with Department of Health and Hospitals (DHH) performance standards. When we say that EPSDT compliance is a company wide effort we mean that every one of our departments participates in a committee or process that contributes to the overall success of our programs. Committees that are directly involved include, but are not limited to:

- Service Improvement Committee – a cross-functional and multidisciplinary committee responsible for reviewing data, reports and compliance trends and making recommendations to improve operations
- Member Advisory Committee that reviews and comments on EPSDT outreach materials
- Quality Management and Utilization Management (QM/UM) Committee that approves the annual EPSDT work plan, and policies, reviews EPSDT management reports and makes recommendations to resolve identified issues, and reviews quality of care concerns related to EPSDT
- QMOC approves recommendations from QM/UM Committee regarding approaches to improve EPSDT compliance.

Oversight and Integration of EPSDT

Aetna Better Health’s Chief Medical Officer (CMO) has overall responsibility for directing our EPSDT program with our Maternal Child Health/EPSDT Coordinator. Our Maternal Child Health/EPSDT Coordinator works closely with the other departments who support our efforts to maintain a high-performing EPSDT program. Examples of this integration of EPSDT functions

within our organization includes: 1) Member Services Department that provides members with general information about EPSDT, resolves EPSDT member grievances, and assists members in scheduling EPSDT related services such as transportation; 2) Medical Management Department that provides case management services to medically complex/pregnant EPSDT members, assesses provider performance related to EPSDT through provider profiling and monitors EPSDT utilization; 3) Provider Services Department that educates providers about EPSDT program requirements and monitors the adequacy of our EPSDT network; 4) Compliance and Appeals Department that monitors our compliance with EPSDT contract requirements, and resolves member appeals related to coverage of EPSDT services, and 5) Claims Department who assists in resolution of any issues related to billing for EPSDT services.

Processes for Educating Members and Providers about EPSDT Services

Aetna Better Health has developed a comprehensive strategy for educating members and providers about the importance of preventive health screenings and immunizations. These strategies include, but are not limited to: 1) member educational materials; 2) provider educational materials; and 3) integration of information into care management programs (i.e., care coordination, case management and disease management).

Member Education and Outreach

Aetna Better Health has developed an effective process to educate members about the availability and importance of EPSDT services, which may include, but is not limited to:

- 1) New Member Welcome Packet
- 2) Member Handbook
- 3) Member Newsletters and bulletins
- 4) Aetna Better Health's web site
- 5) Educational flyers
- 6) Wall posters in provider offices
- 7) Reminder postcards
- 8) Automated phone call reminders
- 9) Rewards for members that complete EPSDT screens and
- 10) Care plan interventions for high-risk members.

In addition to the above, Aetna Better Health will use birthday card reminders to notify members of their EPSDT services and the appropriate services that are needed at each age. Cards will be mailed to members during their birth month from age 3 to 21. Children under age three receive more frequent cards following the DHH's periodicity schedule for well child screenings. Each card has information specific to the child's age, including what screenings to expect at the appointment and anticipatory guidance information for the parent or guardian.

Member Materials in Alternative Formats

Aetna Better Health provides the same content in all member educational materials, regardless of format. We will make certain that printed materials for members include instructions in Spanish

and Vietnamese to call Member Services to receive the information in either language. Braille and audio formats will also be available upon member request. Members will receive these materials at no cost to them. It is our standard operating procedure to make every effort to make sure that our educational information is in an easily understood language and format. We inform our members that translations are available at no cost, for non-English speakers. We take into consideration the special needs of our members and our materials are available at no cost to members in alternative formats.

In an effort to provide the greatest access to information for the largest portion of our members, we will evaluate all written communication and educational materials to make certain that they are sensitive to the culture of our member population and written at or below the 6th grade reading level according to the Flesh-Kincaid readability test.

To accommodate members who are unable to read or understand written materials, we will arrange to have any of our written materials read aloud to the member, in its entirety if necessary. Our representatives can also review printed materials with the member to assist with adequate comprehension.

Should a member request oral translation services, Language Line[®] Interpreter Services are available seven days-a-week, 24 hours-a-day to assist with telephonic interpretation. Aetna Better Health will utilize Louisiana Relay services to communicate telephonically with members with hearing disabilities. We also have the capability to arrange for sign language interpreters to accompany members to a provider location if the member has no other means of sign language interpretation.

EPSDT Health Promotion Activities

Through health promotion activities, Aetna Better Health enhances our EPSDT members' and their families' understanding of our EPSDT program and the benefits that are afforded to them and their children by obtaining the recommended preventive and any needed follow-up services. Examples of these activities include:

- General Educational Information. All our members receive a member handbook that includes information on the EPSDT program, child health guidelines and tips to keep children healthy. Our quarterly member newsletters typically include articles about various aspects of the program (e.g., nutrition for children, immunizations, car safety seats). Our Member Services call-in line uses on-hold messaging to educate callers on various aspects of the EPSDT program (e.g., flu and ear infections, holiday season safety for children, children's checkups). All information is provided in Spanish (Vietnamese and other languages available upon request) and English with the written materials posted on our web site.
- Population Specific Information. The Maternal Child Health/EPSDT Coordinator mails a variety of health promotional materials that are targeted to specific age groups within the broader EPSDT eligible population. Examples include: sending new mothers a newborn booklet about caring for a newborn and infant with a list of available community resources; providing parents/guardians of adolescents with an adolescent immunization flyer "Be Bold, Be Brave"; mailing a magnetic refrigerator immunization schedule to parents/guardians of a child who reaches six months of age and providing families of NICU graduates with information about EarlySteps and other programs that may be important.

- Community Collaboration. Aetna Better Health conducts community based education through attendance at health fairs, where we disseminate EPSDT related information, tooth brushes and dental floss and provider network information. Additionally, our Maternal Child Health/EPSDT Coordinator and other collaborate with local community organizations in their efforts to improve the health status of children.
- Office of Public Health. Aetna Better Health has executed a letter of intent with the Office of Public Health's to work with their more than 70 Public Health Units (PHUs) to collaborate on outreach regarding EPSDT services. This collaboration is still being finalized but it will more than likely include Aetna Better Health placing EPSDT education materials at each of the PHUs; collaborating with the Office of Public Health to have our Maternal Child Health/EPSDT Coordinator placed at various PHUs to facilitate outreach, coordination and education and jointly developing community health fairs. In addition, we look forward to working with the Office of Public Health and expanding information and outreach programs including, but not limited to:
 - Immobilizations
 - STDs
 - Family planning
 - Weight management (see value add write up in S2, will work with OPH)
 - Perinatal home visits (could assume a postpartum follow-up, baby's immunization f/p)

EPSDT Outreach Activities

Aetna Better Health's overall planned outreach strategy for EPSDT recognizes the importance of emphasizing and repeating messages about the value of EPSDT services to members and their families. This includes:

- General Reminders to Members. Our Maternal Child Health/EPSDT Coordinator mails to all parents/guardians of EPSDT members, reminder cards regarding the need to schedule well-child visits, obtain age-appropriate immunizations, dental visits, etc. as set forth in the EPSDT periodicity schedule. A second reminder card is sent two weeks later. In addition, pre-recorded, well-child telephone reminder messages are made to the parents/guardians of members who are nine months of age, members three and six years of age, and members 12 years of age to schedule a well-child visit and obtain required childhood/adolescent immunizations. Finally, our Member Services staff calls new members with children under one year of age to remind the parents to take the child for regular check-ups.
- Targeted Follow-up Reminders. Our Maternal Child Health/EPSDT Coordinator make calls to the parents/caregivers of EPSDT members who are past due for their well child visits/immunizations. These calls provide an opportunity to contact the member's Primary Care Provider (PCP) office via three-way calling to schedule an appointment and arrange transportation.
- Case Management. Our Integrated Care Management (ICM) Model assists families who have children with special needs in accessing other healthcare programs as applicable (e.g., EarlySteps)

Recognizing the critical role of the PCP in encouraging members to receive EPSDT services, Aetna Better Health directs a number of our outreach strategies at providers. This includes:

- General Provider Information. We use our provider manual and provider network newsletters, both of which are also on the Aetna Better Health provider website, as a means to inform our network providers about the EPSDT program and their required responsibilities. Additionally, provider services representatives educate all new providers about EPSDT during initial office visits or as part of the agenda for our annual provider offices meetings.
- Patient Specific Information. Monthly, our Maternal Child Health/EPSDT Coordinator sends PCPs a list of their members who are due for an EPSDT visit. We also send them a letter identifying members who lack check-ups or immunizations and encourage the PCPs to assist the members in scheduling an appointment, or follow-up with the member during a sick visit. Finally, semi-annually we send our EPSDT providers a list of assigned members that are NICU graduates and a monthly notice of NICU graduate that were assigned to their panel the previous month.
- Targeted Provider Follow-Up. Our Maternal Child Health/EPSDT Coordinator and Medical Directors meet with our PCPs who have a large volume of EPSDT-eligible member or a significant number of members missing required EPSDT services (e.g., immunizations, check-ups) and assist them in implementation of outreach efforts to reach the parent/guardian of these members.
- Provide Incentives. Aetna Better Health is exploring developing a pay for performance program for PCPs who are identified as being high performing providers based on the results of their provider profile score.

EPSDT Monitoring Activities

In addition to reviewing trended data from a variety of internal health plan processes (e.g., appeals, quality of care concerns, service utilization), Aetna Better Health employs a variety of EPSDT-specific monitoring strategies to identify opportunities for improvement.

- Medical Record Review (MRR). Our QM and Special Programs Department conducts MRRs of Aetna Better Health PCPs to assess their compliance with established DHH/Aetna Better Health standards and to monitor the provision of EPSDT health preventive and maintenance measures (e.g., vision assessment, dental screening, behavioral health screening and referral). Upon completion of the review we give the PCP immediate feedback and education on identified areas of concern, subsequently providing the provider with a formal report. Poor performing providers are required to implement a corrective action plan with a reaudit of the provider conducted six months later.
- EPSDT Related Performance Measures. In addition to the DHH-generated EPSDT performance results, we continually assess our EPSDT performance and participation rates throughout the year and benchmark our performance to DHH goals. Aetna Better Health produces a monthly report that shows our EPSDT-related HEDIS^{®3} performance measure results based on a rolling 12-month analysis of claims. These reports enable us to identify

3 HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

any significant changes in performance that 1) warrant further analysis and possible intervention or 2) affirm the effectiveness of previously implemented interventions.

- Provider Profiling. Aetna Better Health uses the provider profiling process to monitor and educate PCPs about utilization practices, assist in complying with nationally recognized, evidence-based guidelines and standards of care and improve member outcome. Specific EPSDT performance measures are included in the profile. The CMO and the QM/UM committee review the profile results and determine specific interventions to address any identified areas of concern. Our Medical Directors visit and discuss results of any concerns on a quarterly basis with the providers.
- Member Satisfaction. Annually, our QM and Special Needs Program Department conducts a child CAHPS^{®4} survey, benchmarking the results to national NCQA Medicaid HEDIS[®] CAHPS[®] survey results. This survey solicits parents/guardian input on ability to get care needed for their child, get care quickly, how well providers communicated, customer services and rating of doctor, specialist, health care and Aetna Better Health.
- Network Adequacy. The Provider Services Department uses various monitoring tools to assess the adequacy of our network for meeting the needs of EPSDT eligible members. These include appointment availability surveys, panel size and status, hospital privileges, and on-site provider visits.

Another valuable advantage of our comprehensive EPSDT data management, tracking, and reporting system is that it enables the Maternal Child Health/EPSDT Coordinator to specifically identify members who have failed to comply with periodicity schedule measures. Through this functionality, the Maternal Child Health/EPSDT Coordinator can identify members for outreach specific to the measures identified below:

- Childhood Immunization Status
- Immunizations for Adolescents
- Lead Screening in Children
- Children's and Adolescents' Access to Primary Care Practitioners
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fifth and Sixth Years of Life
- Adolescent Well-Care Visits

Based on data received from these reports, targeted member and provider communication and outreach efforts are developed and implemented. The following describes EPSDT improvement strategies used in existing Aetna Better Health markets. Each Aetna Better Health Affiliate selects interventions based on their population demographics and where data indicate an intervention need. Likewise, Aetna Better Health will select the most relevant interventions based on the Louisiana membership and the provider and community partners' needs and ability for collaboration.

⁴ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Member Outreach: Best Practice

Delaware

Our Delaware affiliate, Delaware Physicians Care, Inc. (DPCI) sends its members, who are new mothers, an immunization magnet in its new mother mailing. The magnet contains the childhood immunization schedule from the Advisory Committee on Immunization Practices (ACIP).

They also use EPSDT postcard reminders and monthly Telvox automated calls reminding parents to get their child's immunizations and well-child check ups. If the member does not answer, Telvox leaves a message. Monthly reports are generated to show successful calls and how many messages were left.

In order to get children engaged in the preventive health process, they are sent postcards inviting them to enter an art contest, submitting drawings about what good health means to them. Entries are judged by employees and the winners' drawings are printed on health and wellness calendars that are mailed out to members as holiday gifts at the end of the year. Winners are announced at a reception where the children's artwork is recognized. This is a very popular event among our members and it is an opportunity for us to provide health education.

The calendar has vital health information, as well as important phone numbers for urgent centers in the area. The calendar is also used by provider services to distribute at PCP offices. This project has been very successful. HEDIS[®] childhood immunization rates on most antigens for DPCI have exceeded the 75th percentile, with six antigen specific rates reflecting improvement.

Member Outreach: Best Practice

Maryland

In order to identify best practices, Aetna Better Health is continuously evaluating the effectiveness of our current intervention strategies. In 2010, Aetna Better Health's Maryland affiliate, Maryland Physicians Care (MPC), conducted a study to determine the effectiveness of postcards, automated calls and live calls to members non-compliant for the Adolescent Well Care Visit (AWC) and Well-Care Visits in the 3rd, 4th, 5th and 6th Year of Live (WC34) Measures.

Project Design

- Postcards and automated calls to members non-compliant for AWC and WC34 measures.
 - Postcards were sent on the 12th month following last well-child visit or on member's birth month if no record of well child visit in previous calendar year (including members who were new to the plan and historical data were not available).
 - Automated calls were sent 2-3 weeks following the postcards.
- MPC also made live person-to-person calls on a subset of members.

Results

- The use of auto-calls only, postcards only and a combination of both were found to result in statistically significant rate increases for both measures.
 - **WC34** – The combination of auto-calls and postcards had a slightly better result than auto-call only. This suggests that the addition of the postcard may not be needed. These options had better results than the postcard only option.

- **AWC** – The combination of auto-calls and postcards had the same outcome as postcards only. This suggests that the addition of the postcard was not needed. These options had better results than the postcard only option.

The study demonstrated that live calls can significantly improve compliance rates, but only if the member spoke with the caller. While this was a favorable result, only 40 percent of this group could be contacted.

Ongoing Efforts

The MPC plan is using the results for this study to optimize the use of resources to promote well-child visits for members. The results of this study will also be used to inform intervention strategies in Louisiana and our other Aetna Better Health affiliates.

Member Outreach: Best Practice

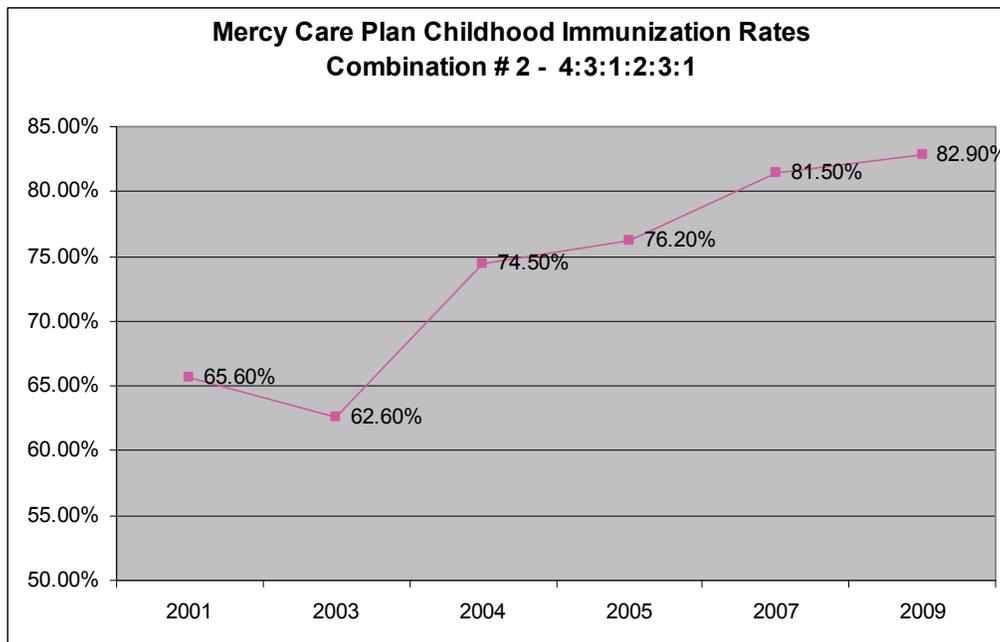
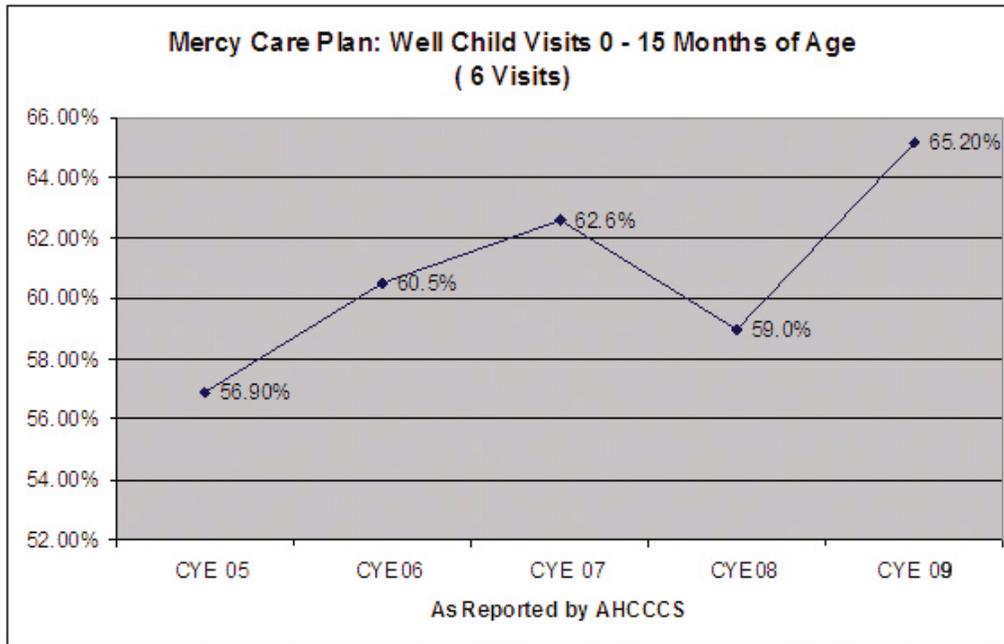
Arizona

Our Arizona affiliate, Mercy Care Plan (MCP), recognized that the organization was falling short of its overall goal for EPSDT well-child and immunization screens. Their efforts targeted members 0-15 months of age relative to those measures. They utilized the following outreach methods to contact parents regularly before their child was late for screens:

- Discussion during post partum call about the importance of well-child visits and immunizations.
- Made certain that the member knew who the child's PCP was and when well-child visits should occur.
- Parents received an automated phone call when member was 2 and 4 months of age, which served as a reminder to parents that the child should have well-child visits and shots during this time.
- Parents received a call from an outreach specialist when the child was 6, 9, and 12 months of age to discuss missing shots and help them schedule a well-child visit if it was not already done.
- Parents received a call from an outreach specialist when the child was 18 months of age if the child was behind on immunizations.
- A mailing was sent to parents of 1 month olds that included a refrigerator magnet that listed the well-child visit schedule.
- A list was sent to providers each month, which included members who were behind on well-child visits based on their age. This list also had members who were behind on immunizations.
- Thank you letters were sent to members who were contacted.
- Sorry we missed you letters sent to members whom were not reachable.

By doing this, they were able to treat the calls as reminders and assistance rather than outreaching to the parent for being "non-compliant." The outreach process provided a system of continuous feedback to the parent/guardian of the member from birth to 18 months of age. This resulted in a significant improvement for 2009. Internal MCP data indicates that MCP has

sustained the improvement for CYE 2010. Below are graphs demonstrating the improvements as seen in each area.



Provider Education and Outreach

Aetna Better Health recognizes the critical role the PCP plays in encouraging members to receive EPSDT services. Our PCP education tools to support the EPSDT program include the provider manual, network newsletters; monthly PCP lists of members due for an EPSDT visit; and meeting with PCPs who provide care to a large number of EPSDT-eligible members. Other

strategies include educating new providers about EPSDT requirements during the initial and each scheduled office visit. We analyze submission patterns of EPSDT claims to identify non-compliant providers and take necessary corrective action.

Aetna Better Health has implemented proven provider educational and outreach activities designed to emphasize the importance of EPSDT screenings and services and to help our providers more readily identify patients overdue for services, document preventive services and to identify and resolve other issues that impede provider participation – including reimbursement. An important aspect of provider education and outreach strategy is the use of our state-of-the-art computer system to alert providers when they check a member’s eligibility through AboveHealth that the member is due for an EPSDT screen or immunization. We work with the provider community to increase compliance with EPSDT screening and treatment standards through the following strategies:

- Creating an EPSDT toolkit that makes it easy for providers to comply with the provision of EPSDT services.
- Providing online training modules and access to educational web sites.
- Increasing reimbursement for preventive care services.
- Linking pay for performance criteria to preventive service delivery rates.
- Implementing initiatives to increase well-child and dental visits.
- Developing clinical practice guidelines specific for EPSDT.
- Developing member profiling and provider report cards that target EPSDT services.
- Giving providers opportunity lists of members due for EPSDT and/or HEDIS services.
- Conducting on-site visits with providers to identify barriers to care.
- Conducting an annual audit using HEDIS criteria and American Academy of Pediatrics screening standards to improve compliance with EPSDT benchmarks.
- Establishing a Special Needs EPSDT Workgroup comprised of PCPs who serve children and youth with developmental disabilities where “best practices” and strategies for improving EPSDT screening rates can be shared.
- Implementing Performance Improvement Plans that include EPSDT, if needed.

Collaborations with External Entities

Aetna Better Health is aware that community organizations, other state agencies, churches, schools, and neighborhood associations play a major role in educating members regarding the value of EPSDT services. Aetna Better Health and its affiliates across the country have used different community outreach activities to promote the importance of wellness and preventive care visits. The list below includes examples of past events.

- Back-to-school fairs where members are provided backpacks with literature that encourages well-care visits.
- Educational programs in the school that promote preventive care and dental exams.
- Use of dedicated clinics and School Based Wellness Centers to provide services to school age members.

- Health fairs to provide dental education, toothbrushes, dental floss and dentist provider listings, and collaboration with local community agencies such as Head Start to promote routine dental visits.
- Public service radio announcements to promote importance of child check-ups.
- Summer swim parties for members and their families to promote health education.
- Maryland Physicians Care developed the HealthyGroove program to encourage Maryland families to get into a "healthy groove" of living well. One of their biggest activities is their HealthyGroove RV that provides activities such as, cooking demonstrations, games, and healthcare screenings.
- Delaware Physicians Care Incorporated has collaborated with different community groups (including churches, grass roots organizations, schools, non-profits, etc.) to provide speakers to promote different preventive health topics.

Other efforts that have been successful for EPSDT outreach are detailed below. Aetna Better Health looks forward to working with Louisiana's Coordinated Care Network (CCN) Program to promote similar efforts.

WIC

For members who were already enrolled in WIC, Aetna Better Health identified children who are overdue for a well-child visit and generates a colorful flyer to place in the members' files at the WIC office. On the member's next visit to the WIC office, the nutritionist gave the member the flyer and provided counseling on the importance of preventive health screenings and immunizations. In addition, the WIC office notified Aetna Better Health about the visit so that our staff can conduct follow-up and assist with scheduling an appointment and arranging for transportation, if needed.

As an example of how such collaborations have been implemented in the past, our Missouri affiliate, Missouri Care partnered with three WIC offices. The partnership benefited members as well as the WIC office and Missouri Care. Semi-annually, Missouri Care generated a list of members birth to age 5 (children eligible for WIC) in the participating WIC counties. This list of WIC eligible children is shared with the WIC office. The WIC office indicated which members were enrolled in WIC and shares this information with Missouri Care. Missouri Care then mailed a letter to members not enrolled in WIC to let them know that they may be eligible for WIC services, explained the benefits of WIC and encourages members to join.

For members who were already enrolled in WIC, Missouri Care identified any child who had not had an EPSDT exam in the past year. A colorful flyer was then developed and disseminated for the members, reminding them of the importance of EPSDT services and urging them to schedule appointments. Flyers were placed in the members WIC files at the county WIC office. When members came in for their next WIC visit, they were given the flyer and educated by the WIC nutritionist on the importance of yearly EPSDT services. The WIC office notified the plan when a member received a flyer. Then, Missouri Care's Quality Management Nurse called the member to see if an appointment had been scheduled for an EPSDT service and to reinforce the importance of yearly EPSDT exams. We have found that members enrolled in WIC are more likely to receive an EPSDT exam than those not enrolled. Although it is not clear if the

educational initiative or just being enrolled in WIC makes the difference, this initiative addresses both of these issues so that regular EPSDT services are more likely to occur.

Aetna Better Health looks forward to exploring similar partnerships in Louisiana to promote the importance of EPSDT screenings.

Schools

Aetna Better Health has a significant history of working with school nurses and other school personnel regarding child health issues and preventive services (e.g., immunizations, EPSDT, asthma management, etc.). For example, our Missouri affiliate health plan has devised a number of cooperative measures to engage schools in promoting the importance of EPSDT services. They recently teamed with a local school district to provide EPSDT services and dispense educational materials during a “back to school” fair, and/or school-based EPSDT clinics have been conducted during school hours.

Our Care Management staff has also been successful in arranging visits to schools to give presentations on various health education topics and provide school nurses with additional health education resources. At the end of the presentation, students have often been provided with “goody bags,” which contained EPSDT information to be shared with their parents.

The development and initiation of a School Health Newsletter has been mailed to school nurses and other school health personnel on a quarterly basis. The newsletter included information about the health benefits of timely EPSDT screens and the periodicity schedule for EPSDT screens.

Aetna Better Health also coordinates with schools to provide medically necessary supportive services to children with special needs as identified in the child’s Individual Education Plan (IEP) or Individual Family Service Plan (IFSP). We propose to launch similar efforts in Louisiana to assist children with special needs in the CCN program.

Other Collaborations

In addition to the collaborative activities described above, Aetna Better Health will also:

- Work with primary care clinics to schedule well child appointments for preschool aged children. Our staff contacts the parents and guardians of the children and then initiates a contact with the clinic.
- Work with other managed healthcare plans on statewide adolescent well-care performance improvement projects.
- Work with the Department of Children and Families to enlist foster families to schedule well child visits and immunizations.
- Collaborate with local civic organizations to disseminate information regarding our well-child programs.

HEDIS Rates: Measurable Results

As a result of our outreach activities, our annual HEDIS rates for immunizations, dental visits and well care visits for all age groups compare favorably to national benchmarks, in many cases exceeding the national 75th percentile rate.

The 2008 and 2009 HEDIS rates for our Maryland affiliate, Maryland Physicians Care (MPC), exceeded the 75th percentile rate benchmark for well-child visits for children 15 months of age. The 2008 HEDIS 75th percentile rate was 65.40 percent, while MPC's rate was 73.70 percent. In 2009, the HEDIS 75th percentile rate was 67.39 percent. MPC's rate was 71.81 percent.

In addition, MPC's rates on well child visits in the 3rd, 4th, 5th, and 6th years of life (WC34) and Adolescent Well Care (AWC) exceeded the NCQA 90th percentile benchmarks for HEDIS 2010. MPC's WC34 rate for HEDIS 2010 was 85.67 percent the NCQA 90th percentile benchmark was 82.5 percent. MPC's AWC rate for HEDIS 2010 was 64.72 percent exceeding the NCQA 90th percentile benchmark of 63.2 percent. These results are detailed in the table below.

2010 MPC HEDIS Results for Well Child 3-6 and Adolescent Well Care

Visit Type	NCQA 90 th percentile Benchmark for HEDIS 2010	MPC's Rate for HEDIS 2010
Well Child 3, 4, 5, 6 (WC34)	82.5%	85.67%
Adolescent Well Care (AWC)	63.2%	64.72%

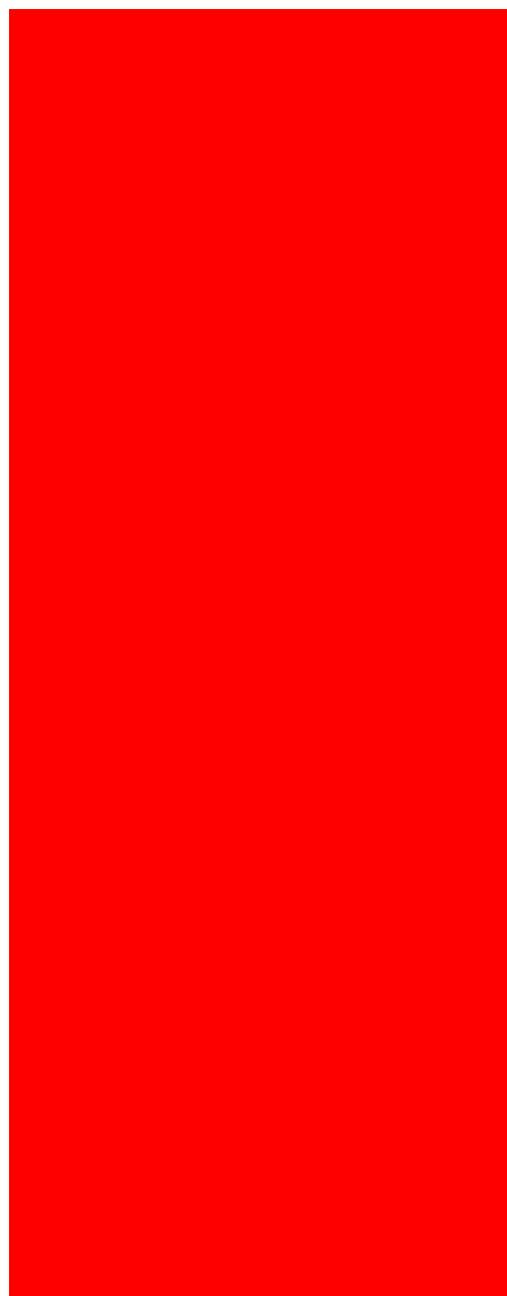
Our California affiliate, CHOC, has exceeded 75th percentile HEDIS rates for both well-child visits for children ages 3 to 6, as well as adolescent well care. These results are detailed in the table below.

2008-2010 CHOC HEDIS Results for Well Child 3-6 and Adolescent Well Care

Visit Type	HEDIS 2008 75 th percentile	HEDIS 2009 75 th percentile	HEDIS 2010 75 th percentile	CHOC HEDIS 2008 (CY2007 results) Actual (Not audited)	CHOC HEDIS 2009 (CY2008 results) Actual (Not audited)	CHOC HEDIS 2010 (CY2009 Results) Actual (Not audited)
Well-Child 3, 4, 5, 6 (WC34)	74.00%	75.86%	77.29%	80.75%	80.83%	85.79%
Adolescent Well Care (AWC)	51.40%	53.08%	55.84%	61.74%	63.41%	67.78%

We will utilize the breadth of our experience and knowledge from the past 25 years to work with the State to make sure children enrolled in the CCN program get the right care at the right time and at the right place.

82 I.3



I.3 Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.

Aetna Better Health and its affiliates around the country are committed to improving Early Periodic Screening Diagnosis and Treatment (EPSDT) screening rates for their members. We have an organization-wide commitment to this initiative. The Chief Executive Officer (CEO) is responsible for confirming that Aetna Better Health maintains the resources and functions necessary to support EPSDT activities. The CEO designates the Chief Medical Officer (CMO) or designee to direct the program and see that it conforms to state, and federal, and Aetna Better Health mandates. Improving the EPSDT compliance rates is a company-wide endeavor, with operating responsibilities shared by departments designated by the CEO. We have implemented EPSDT policies and procedures to ensure that all required services are available and accessible to members. Key to our efforts is the requirement for our network Primary Care Providers (PCPs) to provide all EPSDT services in compliance with federal and state regulations and periodicity schedules.

Working with Our Providers

Aetna Better Health works collaboratively with providers to stress the importance of EPSDT screenings and services and closely monitors compliance with established benchmarks. We contractually require our providers to make the following recommended and covered services available to EPSDT-eligible children at the ages recommended on the appropriate periodicity schedule:

- Immunizations, education, and screening services, provided at recommended ages in the child’s development, including all of the following:
 - Comprehensive health and developmental history
 - Comprehensive unclothed physical exam
 - Appropriate immunizations
 - Laboratory tests
 - Health education/anticipatory guidance
 - Vision services, including periodic screening and treatment for defects in vision, including eyeglasses
 - Dental services, including oral screening, direct referrals to dental carved-out vendor for examinations (according to the State periodicity schedule), relief of pain and infections, restoration of teeth, and maintenance of dental health
 - Hearing services, including, at a minimum, diagnosis and treatment for defects in hearing, including hearing aids
 - Lead toxicity screening
 - Other necessary health care to correct or ameliorate physical and mental illnesses and conditions discovered by the screening process
- Diagnostic services, including referrals for further evaluation whenever such a need is discovered during a screening examination

- Treatment or other measures to correct or improve defects and physical and mental illnesses or conditions discovered by the screening services

Provider Contractual Requirements

Aetna Better Health’s providers are contractually required to do the following in providing EPSDT services to our members:

- Avoid delays in pediatric screenings and services by taking advantage of opportunities (for instance, provide an immunization or screening during a sibling’s visit)
- Provide immunizations to members in accordance with federal and state standards and national guidelines
- Fully document all elements of each EPSDT assessment, including anticipatory guidance and follow-up activities on the state-required standard encounters documentation form and ensure that the record is complete and readable
- Comply with Aetna Better Health’s Minimum Medical Record Standards for Quality Management, EPSDT Guidelines, and other requirements under the law
- Cooperate with Aetna Better Health’s periodic reviews of EPSDT services, which may include chart reviews to assess compliance with standards.
- Report members’ EPSDT visits by recording the applicable Current Procedural Terminology (CPT) preventive codes on the required claim submission form

Providers are informed of their responsibilities through the Provider Manual, newsletters, direct mailings, and on-site education and training of selected physicians and their staff members. Additionally, Aetna Better Health produces periodic reports for PCPs identifying those members who are in need of EPSDT services.

Improving EPSDT Rates: Tools and Strategies for Providers

In our experience, we have found these to be effective methods for collaborating with providers:

- Preventive Care Toolkit: This provider toolkit contains information about EPSDT screen components, including services, billing and reporting requirements. These packages will be distributed through lunch meetings held with providers and on-site office visits by Aetna Better Health’s Medical Management and Provider Relations staff. The program will also include resident physician education on this topic.
 - This toolkit will be delivered to all PCP’s in Aetna Better Health’s network. Any clinics with 50 or more assigned members will be presented the Toolkit, along with an on-site presentation and discussion of Aetna Better Health’s expectations regarding preventive services including EPSDT.
- Providers are alerted if a member is due for a EPSDT screen or immunization when the provider checks the member’s eligibility on AboveHealth. This alert encourages the provider to perform the EPSDT screen or immunization at the next visit.
- One-on-one educational meetings conducted by Provider Relations Specialists in provider offices. Information provided at the meetings includes the components of EPSDT screens and billing and reporting requirements.

- Quarterly Provider Newsletters and on-hold messages that contain the recommended schedule for EPSDT screens, current billing information, and ideas for increasing the number of EPSDT screens in the clinic. Newsletters are posted on Aetna Better Health's website.
- Lists of members past due for an EPSDT screen, sorted by provider. These lists are developed by the system discussed in the response to Section I.1 and will be delivered to providers as a friendly reminder that a member is due for an EPSDT screen.
- Postcards mailed on behalf of the provider to members who are past due for an EPSDT screen. The postcard will remind the member's parent or guardian of the importance of EPSDT screens, will include the provider's name and phone number and will encourage the individual to schedule an appointment.
- As a reference and resource, the state-recommended EPSDT screen schedule will be posted on Aetna Better Health's website
- Feedback on documentation following annual HEDIS^{®5} Medical Record Review

Monitoring Provider Performance

Aetna Better Health employs a variety of EPSDT-specific monitoring strategies to evaluate the effectiveness of intervention activities to improve access to EPSDT services. We report findings to the Quality Management/Utilization Management Committee (QM/UM) who makes recommendations for performance improvement. In addition to on-going reviews of quality and utilization data, we employ a variety of EPSDT-specific monitoring strategies to identify opportunities for improvement.

- Medical Record Review (MRR). We conduct MRRs at PCPs' offices to assess their compliance with and monitoring of key performance measures including, but not limited to, EPSDT services. After each MRR we provide the PCP with feedback and education on any identified areas of concern.
- EPSDT-Related Performance Measures. In addition to the Department of Health and Hospitals (DHH) -generated EPSDT performance results, we assess our EPSDT performance and participation rates throughout the year, benchmarking our performance to the DHH goals and the NCQA Medicaid 75th percentile. We will produce a monthly report that shows our EPSDT-related HEDIS[®] performance measure results based on a rolling 12-month analysis of claims. These reports enable us to identify any significant changes in performance that warrant further analysis and possible intervention or affirm the effectiveness of previously implemented interventions.

Aetna Better Health utilizes select metrics to provide a multi-dimensional assessment of provider performance based on standardized measures that allow meaningful comparison of individual providers to their peers, Louisiana's Coordinated Care Network (CCN) Program performance as a whole, and national benchmarks like the HEDIS[®] 75th percentile for Medicaid. As part of our provider profiling efforts, we will include select HEDIS[®]-based measures to monitor EPSDT-related care. Additionally, we will establish applicable benchmarks for the metrics profiled to

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readily identify low-performing providers, as well as allow for the opportunity to recognize champion providers and improvements over time.

Reporting Frequency and Providers Receiving Reports

Aetna Better Health electronically delivers or mails profile reports with a written explanation of the report/performance to all profiled physicians. We prepare and distribute provider profile reports to PCPs and other selected providers on a quarterly basis. Through the provider newsletter, website and provider meetings, Aetna Better Health notifies all providers at the beginning of each reporting period of the selected performance indicators and methodologies used to generate performance scores. Throughout the course of the applicable measurement year, we compare each provider's performance to that of their primary specialty peers to identify best practices as well as opportunities for improvement. For providers who are identified for corrective action based on their profile results, we may produce profiles more frequently to track their progress toward identified goals.

Our reports include a description of the data sources used, the methodology, and the efforts taken to verify the validity, accuracy, and reliability of the data utilized. Individual performance is compared with an aggregate "like practitioner group" within the health plan, as well as to external benchmarks when they are available. Reports and explanations include information relevant to develop action plans/intervention strategies to improve utilization, quality and member satisfaction.

Aetna Better Health reviews profile results, identifies providers who have outlying performance, and follows up with providers who fall significantly below their peers, working together with the providers to improve their performance. Under the leadership of our CMO, Provider Relations Representatives will contact providers whose performance falls below the established threshold in any area of quality, service or utilization to develop action plans specific to performance goals. The CMO will determine timeframes for improvement based on the time required to demonstrate change and continues to follow up with the providers to verify that improvement milestones are met. The CMO reports the status of underperforming providers to the Quality Management Oversight Committee (QMOC). We then conduct follow-up visits with these providers to monitor their progress on action plan items. Providers who have continued unacceptable performance are referred to the Credentialing and Performance Committee (CPC) for appropriate action.

Actions Taken when Providers Demonstrate Continued Unacceptable Performance

Aetna Better Health makes every effort to identify opportunities to work with providers to assist them to achieve desired performance goals. This approach creates value for the provider and for Aetna Better Health through improved patterns of care, better health care, and better service for members. If a provider continues to demonstrate poor performance, an appropriate Aetna Better Health representative will contact the provider to discuss the problem. Provider Relations will be the contact if the issue is an administrative performance problem. The CMO will be the contact for clinical performance or peer review issues. The appropriate Aetna Better Health representative will work with the provider to implement a corrective action plan. The findings and the corrective action plan will be approved by the QM/UM. We will remain in contact with

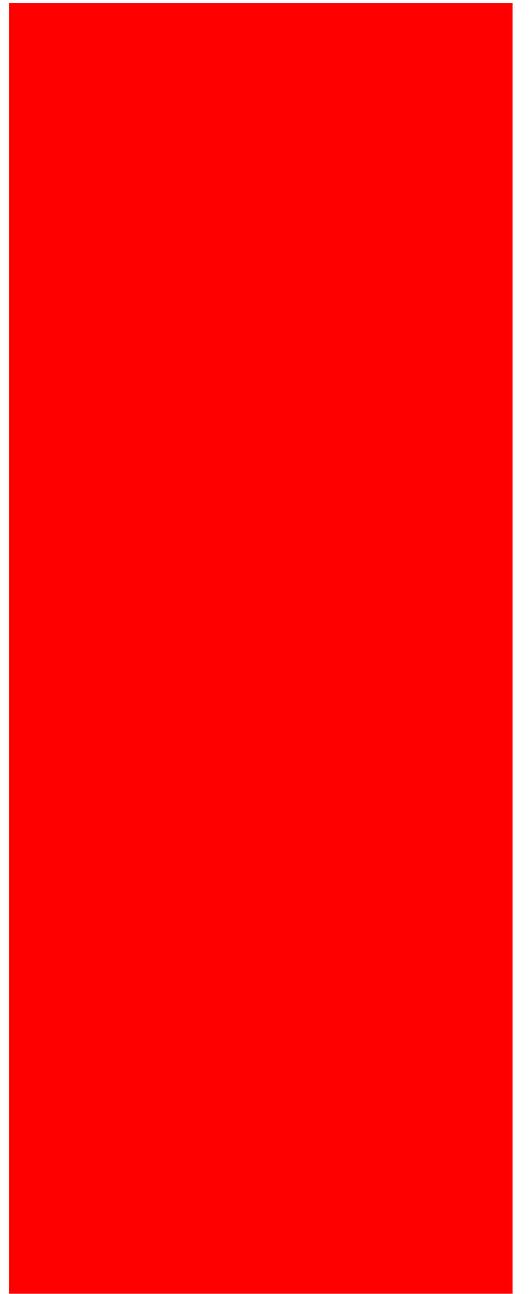
the provider to follow progress and will report the provider's status to the QM/UM. If the provider is unsuccessful, the QM/UM may recommend additional actions such as restricting the number of new members assigned to the provider's panel, offering the member the option to select another provider, or terminating the provider contract. The HPOC approves the recommendations of the QM/UM. Where termination is an option, the CMO presents the issue to Aetna Better Health's Credentialing and Performance Committee, which determines whether adverse action is warranted (including consideration of the issue during re-credentialing).

Rewarding Providers for Performance

Aetna Better Health and our affiliated Medicaid health plans, have extensive experience implementing pay for performance within our Medicaid programs in other states, and will bring this experience to Louisiana. In several of our other Medicaid managed care contracts, we reward providers who demonstrate excellence through non-financial and financial means. Our approach will be to build on this experience by implementing financial and non-financial rewards for providers who continually meet or exceed performance goals or who have demonstrated performance improvements. Non-financial rewards will include placing the PCP as a higher priority in the new member auto-assignments protocols, featuring the provider in the provider newsletter or on our website, inviting the provider to conduct a presentation on best practices for their peers, or providing breakfast or lunch for provider office staff.

We are currently exploring possibilities for implementing financial rewards in the form of gain sharing. We will collaborate with network physicians and hospitals to develop a program that rewards high quality, efficient and effective care. Funding for our pay-for-performance program will be taken from estimated medical cost savings derived as a result of continued and enhanced practice management approaches.

83 I.4



I.4 Describe how you will ensure that needs identified in a screening are met with timely and appropriate services.

Aetna Better Health and its affiliates currently track members in ten states: Arizona, California, Connecticut, Delaware, Florida, Illinois, Maryland, Missouri, Pennsylvania and Texas for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Improving the EPSDT compliance rates is a company-wide endeavor, with operating responsibilities shared by departments designated by the Chief Executive Officer (CEO), who is also responsible for confirming that we maintain the resources and functions necessary to support EPSDT activities. Committees that are directly involved include, but are not limited to:

- Service Improvement Committee – a cross-functional and multidisciplinary committee responsible for reviewing data, reports and compliance trends and making recommendations to improve operations
- Member Advisory Committee that reviews and comments on EPSDT outreach materials.
- Quality Management and Utilization Management (QM/UM) Committee that approves the annual EPSDT work plan, and policies, reviews EPSDT management reports and makes recommendations to resolve identified issues, and reviews quality of care concerns related to EPSDT
- QMOC approves recommendations from QM/UM Committee regarding approaches to improve EPSDT compliance

It is Aetna Better Health's standard operating procedure to never require prior authorization of any service identified as medically necessary as a result of an EPSDT screen. To facilitate that services identified during an EDPST screen are timely and appropriately services are available, we require EPSDT screening claims to be submitted with 60 days from the date of service. Any service identified as a result of an EPSDT screen will be coordinated by the Maternal Child Health/EPSDT Coordinator by helping to schedule appointments, arranging transportation or removing other identified barriers.

Working with In-Network and Out-of-Network Providers

The Maternal Child Health/EPSDT Coordinator will work with members and providers to coordinate care to make certain that members get the right service, at the right time and at the right place. If the service identified on the EPSDT screen is not available through a contracted provider, we will execute a single case agreement with the appropriate provider to meet the member's needs. Should a specialized service be unavailable in the member's community, we will arrange transportation and coordinate other services as necessary to facilitate the member receiving the required care. Additionally, if the Primary Care Provider (PCP) determines that the child is in need of services that cannot be provided by a network provider (e.g., transplant), the Maternal Child Health/EPSDT Coordinator will work with the out-of-network provider to get a single case agreement to provide the medically necessary services for the child.

For children with special healthcare needs, the Maternal Child Health/EPSDT Coordinator will work with the assigned case manager, as well as family members, caregivers and community-based organizations to further assist members in getting needed services.

Coordination with the carved out services of behavioral health and dental is especially challenging for children with special healthcare needs. This coordination may also be difficult for family and caregiver of children without special healthcare needs. When a PCP refers an EPSDT eligible member to a carved-out service, the Maternal Child Health/EPSDT Coordinator will assist the member in making contact with the carved-out contractor and coordinating care. This is especially important to avoid unnecessary duplication of services and to make sure the member has timely access to all medically necessary services.

At one time or another, all members may need support in negotiating the health care delivery system. The amount of support required depends upon the member's level and intensity of need, readiness for change, cultural experience and values, health literacy and life stressors. We know that racial and ethnic disparities in care have a real affect on a member's use of covered services. Ethnic, cultural, and linguistically diverse individuals and groups face many challenges and barriers accessing, navigating and taking advantage of the health delivery system. Aetna Better Health provides one or more of the following types of assistance to our members:

- Assistance finding a PCP, specialist, making appointments and identifying other internal and external resources
- Education about their conditions and health coaching
- Empowerment to take charge of their situation to make them more self sufficient in managing their conditions
- Interventions to prevent the progression of disease or reduce complications
- Oversight of their progress and monitoring to assure that new needs have not arisen or that their conditions are improving

Our assistance includes helping members, using translation services and our understanding of racial and ethnic disparities in care, to learn and understand:

- What services and treatment are needed and how to use their benefits and make requests
- How to appropriately access services and treatment
- Types of decisions (e.g., regarding medically necessary treatments, care plans, advance directives) and how they are made
- Types of providers (i.e., in-network, out-of-network)

Aetna Better Health personnel use an array of tools and strategies to provide member support and assistance that ranges from holistic approaches to member-centered, one-on-one interaction tailored for the individual member's cultural, physical, behavioral and social needs. Every member has access to these supports, but we focus emphasis on members with:

- Complex and intense physical and behavioral health conditions
- Less stable social situations coupled with multiple, high and long standing stressors
- Fewer internal and external resources to meet needs
- Low health care literacy

Understanding barriers to access is essential to ensuring that members receive appropriate services, including regular preventive services. Aetna Better Health trains our Member Services

and Care Management personnel to identify potential obstacles to care during member communications opportunities and to work with caregivers, PCPs and other relevant entities to address them. We find that, although most caregivers understand the importance of preventive care, many confront seemingly insurmountable barriers to readily comply with preventive care guidelines. Examples of barriers to preventive care that we have encountered include:

- Cultural or linguistic issues
- Lack of perceived need if children are not sick
- Lack of understanding of the benefits of preventive services
- Competing health-related issues or other family/work priorities
- Transportation
- Scheduling or other access issues
- Child care
- Adolescent resistance to obtaining “pediatric” care and willingness to participate

We routinely link members with services designed to enhance access to preventive services, including:

- Facilitating interpreter services
- Locating a provider who speaks a particular language
- Arranging transportation to medical appointments
- Connecting members with other needed community-based support services

EPSDT Policies and Procedures

Aetna Better Health has implemented Early and Periodic Screening, Diagnosis and Treatment (EPSDT) policies and procedures to ensure that all required services are available and accessible to members. We contractually require our network PCPs to provide all EPSDT services in compliance with federal and state regulations and periodicity schedules.

To accomplish this, we closely monitor EPSDT metrics throughout the year to identify trends and potential opportunities for improvement. We also target any child who has not yet received a well care visit in the last 12 months as a priority for follow up. In addition, each month we calculate provider level HEDIS^{®6} rates at the group level for the previous twelve month period and identify which members have gaps in care. This data is also used to develop provider incentive strategies to increase screening and participation rates.

Aetna Better Health’s strategies for targeted outreach focus on reminding families when follow-up services are due. We mail age-appropriate reminders to all households with children under the age of 21 during the child’s birth month, with more frequent reminders for children under the age of 3. The mailings remind a member’s family/caregiver to make sure their child receives 1) an unclothed physical exam; 2) a physical, mental and social health history; 3) hearing, dental and vision screenings; 4) nutrition and health education; 5) laboratory screenings and testing as

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needed; 6) and required immunizations. In addition, we provide tips for parents on the age-appropriate topics to discuss with their providers.

Dedicated Personnel for Monitoring EPSDT Compliance

Aetna Better Health will have a dedicated Maternal Child Health/EPSDT Coordinator who will oversee EPSDT compliance for the CCN program. This position will require a Louisiana licensed registered nurse, physician, or physician's assistant; or an individual with a Master's degree in health services, public health, or healthcare administration or other related field and/or a CPHQ or CHCQM.

The primary functions of the Maternal Child Health/EPSDT Coordinator are:

- Ensuring members receive EPSDT services
- Ensuring members receive maternal and postpartum care
- Promoting family planning services
- Promoting preventive health strategies
- Identifying and coordinating assistance for identified member needs specific to maternal/child health and EPSDT
- Interfacing with community partners