

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section I: EPSDT(Section § 6 of RFP)	25		
I-1	A, B, and C	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.	5		
I-9	A, B, and C	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: <ul style="list-style-type: none"> • 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.	10		
I-23	A, B, and C	I.3 Describe your approach to ensuring that providers deliver and document all required components of EPSDT screening.	5		
I-26	A, B, and C	I.4 Describe how you will ensure that needs identified in a screening are met with timely and appropriate services.	5		

Question I.1
EPSDT Tracking System

Section I: EPSDT

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.

Introduction

Louisiana Healthcare Connections' (LHC) ability to capture and analyze data, identify baseline data and identify opportunities for improvement is essential to our success of improving provision of EPSDT services. The primary goal of our EPSDT program is to facilitate age appropriate, comprehensive preventive services for LHC members from birth to 21 years of age in accordance with applicable State and federal laws. LHC is supported by its parent company, Centene Corporation (Centene), who has over 27 years of experience in developing and using systems to track and report on member EPSDT service utilization, including the Center for Medicare and Medicaid Services (CMS) CMS 416 report. Our parent company's joint venture partner, Louisiana Partnership for Choice and Access (LPC&A), brings with it local knowledge and experience serving the Louisiana Medicaid population. LPC&A's established relationships with other providers and stakeholders throughout the State give LHC insight into how our technology supports member access and utilization of EPSDT services. LHC will use "state-of-the-art" business intelligence tools to capture data, identify and reach out to members and providers and report on data specific to all aspects of our EPSDT programs.

Centene supports LHC by providing sophisticated **data management capabilities** for data collection, indicator measurement, analysis, and improvement activities. Information Technology and Health Economics staff provide standard and ad hoc reporting and analysis. LHC captures and analyzes data from internal and external sources, including State immunization registry.

LHC's technology solutions will be configured to support practical and effective application by LHC staff to ensure full compliance with DHH's stated goals including:

- 75 percent of eligible members under the age of 21 are receiving EPSDT well child visits in accordance with the periodicity schedule for FY 2012
- 78 percent of eligible members under the age of 21 are receiving EPSDT well child visits in accordance with the periodicity schedule for FY 2013
- 80 percent of eligible members under the age of 21 are receiving EPSDT well child visits in accordance with the periodicity schedule for FY 2014

Throughout the members' screening, diagnosis and treatment, LHC delivers comprehensive tracking and data analytics using our core information system which includes the following components: AMISYS Advance (AMISYS; claims), TruCare (utilization and case management), MemberReach (member outreach tracking); and Portico and Emptoris (provider contracts and data management). Automated electronic feeds from these systems will supply our Enterprise Data Warehouse (EDW) with near real-time data updates. AMISYS will provide claims and eligibility data. TruCare will provide referral and authorization data as well as care plan, clinical member contact and other data.

Systems and Data Sources for EPSDT Tracking

Centene uses a Teradata-powered **Enterprise Data Warehouse (EDW)** as the central hub for service information that allows collection, integration, and reporting of clinical claim/encounter data; financial information; medical management information (referrals, authorizations, disease management); member information (current and historical eligibility and eligibility group, demographics, member outreach); and provider information (participation status, specialty, demographics). This data is refreshed nightly. Housing all information in the EDW allows staff to generate standard and ad hoc reports from a single

data repository, using our Centelligence suite of reporting systems to build and tabulate key performance indicators and provide drill-down capability to the individual provider or member level to track EPSDT screening, diagnosis, and treatment adherence to recommended periodicity schedules.

Centelligence™ Informatics Solution. The cornerstone of LHC's EPSDT tracking system is our proprietary Centelligence™ enterprise platform. Centelligence can be configured in support of Louisiana KIDMED's periodicity schedule and may include previously delivered EPSDT screenings and services extrapolated from DHH's historical claims data. Centelligence is our proprietary and comprehensive family of integrated decision support and health care informatics solutions. Our Centelligence™ enterprise platform integrates data from multiple sources and produces *actionable* information: everything from Care Gap and Wellness Alerts, to Key Performance Indicator (KPI) Dashboards, Provider Clinical Profiling analyses, population level health risk stratifications, and standard and ad-hoc desktop reports. Centelligence™ continually analyzes an enormous amount of transactional data (e.g. claims, lab test results, authorizations), producing "business intelligence" and delivering the right information products to the right person (e.g. Case Manager, MSR, Provider, Member) for the right task (e.g. clinical intervention, internal workload adjustments, client reporting) at the right time (e.g. on schedule, or "in real time"). The Centelligence™ family includes: our Enterprise Data Warehouse, Centelligence Insight, and Centelligence Foresight.

Centelligence Insight Key Features. LHC will monitor an array of key performance indicators across its functional areas allowing us to track and trend over time, monitor progress towards goals and identify outliers that require further investigation and intervention. We will monitor several metrics related to EPSDT including the CMS 416 Screening Ratio, tracking performance against our goal of 80% compliance. In May 2011, we enhanced Centelligence™ Insight with the integration of OptumInsight's *Impact Intelligence* clinical quality reporting software to expand the extent of provider profiling information and reports we produce. Impact Intelligence, when combined with our TruCare platform, will allow LHC to deliver targeted, risk adjusted clinical profiling information so providers can compare their performance to *relevant* peer groups in relevant geographies (e.g. rural, urban). With this technology, we are able to mimic the CMS 416 participation ratio at a provider level to identify PCPs whose assigned members are below the 80% threshold. *Quality Spectrum Insight®* is a MedAssurant Solution which supports performance measurement and Quality Improvement (QI) reporting. QSI is an NCQA Certified Software system that produces results for Healthcare Effectiveness Data and Information Set ("HEDIS®"), state specific measures, Pay for Performance ("P4P") measures, internally designed Quality Improvement ("QI") studies, and Provider Reporting studies. QSI enables us to integrate claim, member and provider data into a single repository, by applying a series of clinical rules and algorithms that automatically convert raw data into statistically meaningful information. HEDIS well child measures, although not an exact measurement of EPSDT, will also be monitored as a predictor of member utilization of EPSDT services. The QSI server and database is maintained internally at the corporate level and data is updated on at least a monthly basis by using an interface that extracts claims, member, provider and financial data and maps it to the QSI preferred data format. The software also allows for import of external, non-standard data such as immunization registry, lab value data, behavioral health, pharmacy, vision or dental encounter data.

Centelligence Foresight Key Features. Using claims information from the EDW, *Impact Pro*, our predictive modeling application, identifies members who are due or past due for EPSDT screening or services and distributes care gap alerts when a screening is due or past due. **Care gap alerts** are essential to tracking and ensuring member access to and compliance with required EPSDT screenings. Care Gap and Wellness alerts are distributed to: MemberConnect. LHC's member services module of our MRM system is a critical element in turning Centelligence data into actionable information. If a member or parent/legal guardian calls LHC for any reason, Member Services Representatives (MSRs) will see the care gap and take the opportunity to educate the member about needed services, such as EPSDT screenings and immunizations. During the same call, the MSR can assist the member to locate a provider,

schedule an appointment, or arrange transportation. *Provider Portal*. Care gap alerts are available through our secure Provider Portal. When a provider checks the member's eligibility or views their member panel through our secure provider portal, they will receive a care gap alerts for member is due or past due for EPSDT screening or service. *Member Portal*. Centelligence data is also available on our Member Portal. Members, or in the case of EPSDT parents or legal guardians, are alerted to their dependent member's needed screenings and services when they log in to our secure member portal.

Member Relationship Management. LHC's tracking of EPSDT screening and services begins with the member enrollment file received from DHH's enrollment broker. Once the file is checked for HIPAA compliance the file is formatted for loading into our Member Relationship Management ("MRM") system. Centene's MRM enables LHC to *identify, engage, and serve* our members in a holistic and coordinated fashion, across the breadth of their wellness, clinical, administrative, and financial matters.

MRM is our integrated repository of "all things member" and has three core integrated components:

Member Demographics System (MDS). MDS is similar in design to a Master Patient Index application in that it employs a Master Data Management (MDM) approach to member data. Our MDM design provides processes for collecting, aggregating, matching, consolidating, quality-assuring, persisting, and distributing member data throughout our organization to ensure consistency and control in the ongoing maintenance and application use of member data.

MemberReach automates, manages, tracks and reports on our workflows for outbound and outreach member campaigns, as well as targeted outbound interventions (such as EPSDT reminder calls and mailings).

MemberConnect is our Customer Relationship Management (CRM) member services application which greatly expands the efficiency and extent of member and caregiver information that we can collect, transmit, display, route and use.

ProviderConnect. LHC's provider services module of our MRM system similarly enables our Provider Services Representatives to alert a provider calling about a particular member that the member is due or past due for EPSDT screening or services.

MRM Key Features. *MemberConnect* allows LHC to store multiple contact points for our members including primary and secondary addresses, primary phone number, cell phone and emergency phone numbers and email address. With this information we are better armed to successfully accomplish our outreach campaigns. MemberConnect also supports *inbound campaign management*. If a member or caretaker we have been trying to reach happens to call us for any reason, our Member Services Representatives (MSRs) can address the member's immediate issue. For example, care gap alerts are visible to our Member Services staff so that when a member calls in with a question, the MSR can take the opportunity to educate the member about needed services, such as EPSDT screenings and immunizations. During the same call, the MSR can assist the member to locate a provider, schedule an appointment, or arrange transportation. *MemberReach*. MemberReach automates, manages, tracks and reports on our workflows for *outbound and inbound* member campaigns, as well as targeted outbound interventions (such as engaging high risk members in disease management programs). Outreach campaigns include reminder postcard mailings, audio postcards, or targeted telephonic outreach to members who are due or past due for services such as EPSDT, immunizations, dental and lead testing. MemberReach tracks campaign progress and success at the member or aggregate reporting levels.

Tracking EPSDT Screenings

Early screenings for signs of chronic conditions are essential to our ability to effectively manage and treat such conditions. LHC will use the robust reporting tools noted above to track EPSDT screenings. LHC's Maternal Child Health EPSDT Coordinator, MemberConnections Representatives, Integrated Care Team Case Managers, Member Services Representatives and Provider Services Representatives all use the data and information produced from these core systems to identify members who are due or past due for

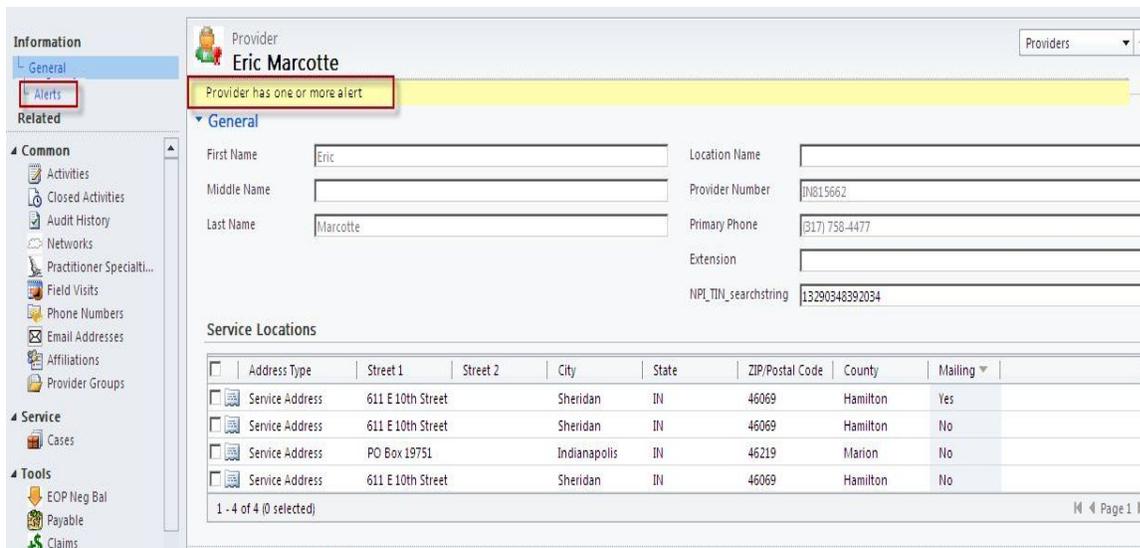
EPSDT Screenings, plan and conduct member and provider outreach and effectively refer members who may benefit to LHC's case management programs.

Screenings According to the Periodicity Schedule. We will use Centelligence Insight to create routine reports to monitor our Screening Ratio in accordance with the CMS 416 methodology. We are able to report our Screening Ratio at an overall health plan aggregate level and then are able to drill down and produce Screening Ratio information at a provider level so that we can identify providers whose members are not receiving services. We will post non-compliant and member-due lists to our Provider Portal so that providers can take action.

Form CMS-416 Annual EPSDT Participation Report
 10/1/2009 - 9/30/2010

		Age Groups								
		CAT	Total	<1	1 to 2	3 to 5	6 to 9	10 to 14	15 to 18	19 to 20
1a. Total individuals eligible for EPSDT	CN:		70,082	593	3,697	9,999	18,252	21,921	14,029	1,591
	MN:									
	Total:		70,082	593	3,697	9,999	18,252	21,921	14,029	1,591
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:		61,259	427	3,183	8,967	16,011	19,259	12,344	1,068
	MN:									
	Total:		61,259	427	3,183	8,967	16,011	19,259	12,344	1,068
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:									
	MN:									
	Total:									
2a. State Periodicity Schedule			7	5	3	4	5	4	2	
2b. Number of Years in Age Group			1	2	3	4	5	4	2	
2c. Annualized State Periodicity Schedule			7	2.5	1	1	1	1	1	
3a. Total Months of Eligibility	CN:		605,756	2,938	28,724	90,142	159,990	195,543	121,455	6,964
	MN:									
	Total:		605,756	2,938	28,724	90,142	159,990	195,543	121,455	6,964
3b. Average Period of Eligibility	CN:		82%	57%	75%	84%	83%	85%	82%	54%
	MN:									
	Total:		82%	57%	75%	84%	83%	85%	82%	54%
4. Expected Number of Screenings per Eligible	CN:		4.01	1.88	0.84	0.83	0.85	0.82	0.54	
	MN:									
	Total:		4.01	1.88	0.84	0.83	0.85	0.82	0.54	
5. Expected Number of Screenings	CN:		55,539	1,714	5,984	7,512	13,333	16,295	10,121	580
	MN:									
	Total:		55,539	1,714	5,984	7,512	13,333	16,295	10,121	580
6. Total Screens Received	CN:		29,085	883	4,030	5,545	6,237	8,452	3,899	39
	MN:									
	Total:		29,085	883	4,030	5,545	6,237	8,452	3,899	39
7. SCREENING RATIO	CN:		52%	52%	67%	74%	47%	52%	39%	7%
	MN:									
	Total:		52%	52%	67%	74%	47%	52%	39%	7%
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:		51,451	427	3,183	7,512	13,333	16,295	10,121	580
	MN:									
	Total:		51,451	427	3,183	7,512	13,333	16,295	10,121	580
9. Total Eligibles Receiving at least One Initial or Periodic	CN:		23,802	417	2,345	4,835	5,549	7,328	3,297	31
	MN:									
	Total:		23,802	417	2,345	4,835	5,549	7,328	3,297	31

Care Alerts for EPSDT Screening. We will also use this data to generate Care Gap Alerts for those members that do not appear to have had an EPSDT screening from Centelligence Foresight. These member level Care Alerts are viewable by the providers through the Provider Portal at the time they check eligibility for a member.



Address Type	Street 1	Street 2	City	State	ZIP/Postal Code	County	Mailing
Service Address	611 E 10th Street		Sheridan	IN	46069	Hamilton	Yes
Service Address	611 E 10th Street		Sheridan	IN	46069	Hamilton	No
Service Address	PO Box 19751		Indianapolis	IN	46219	Marion	No
Service Address	611 E 10th Street		Sheridan	IN	46069	Hamilton	No

New Member PCP Appointment. When members are enrolled with LHC they will receive a new member packet that will include, in addition to the member handbook, a benefits brochure explaining EPSDT services and the periodicity schedule, a pressable magnet indicating the EPSDT periodicity schedule and a post card reminding them to schedule an appointment within 90 days of enrollment to establish their PCP relationship, if not already completed. We will use MRM to initiate and track new member packet mailings and welcome calls. During welcome calls, Nursewise staff will ask members if they have recently seen their PCP, remind them of the 90 day new member appointment and assist them with making an appointment as indicated. The date of a scheduled appointment will be documented in MRM. When claims for services are submitted, the PCP visit date will be updated to the actual date of service indicated on the claim. We are able to produce reports for those members who have not received an appointment within 90 days of enrollment and initiate, through MRM, reminder campaigns using postcards or automated telephonic reminders.

Tracking Diagnoses

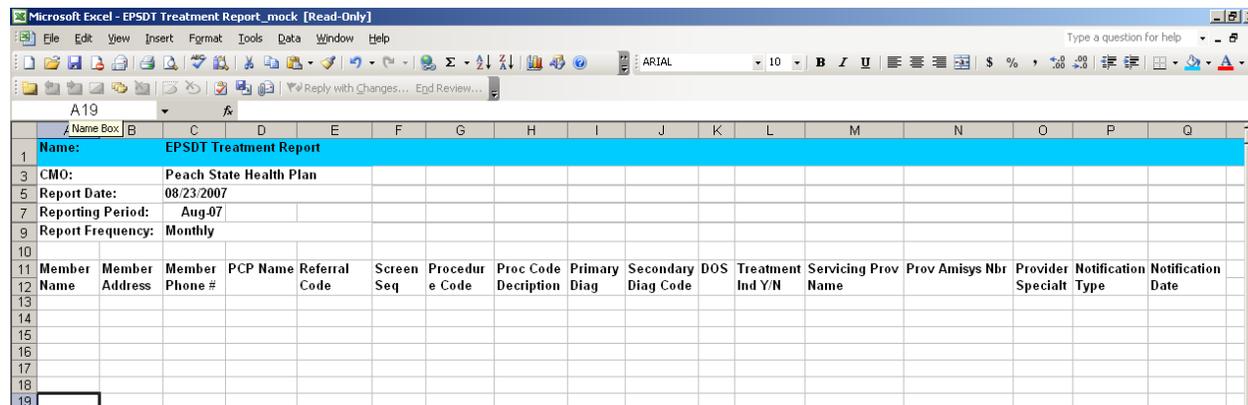
LHC will use Centelligence Insight and Centelligence Foresight reporting component, to track diagnoses. **Impact Pro.** Using Impact Pro, we will identify members who are identified as having special needs or other chronic conditions. Because the claims, eligibility and provider data is updated bi-weekly, we are able to identify exacerbations of existing conditions or a new diagnosis that puts a member at risk or indicates need for additional services. For instance, we are able to create a listing of all members who have a diagnosis of development delay and then identify, through claims history, whether the member appears to be getting appropriate treatment. Another example would be a new diagnosis of asthma with no corresponding prescriptions for long term controller medications. If we identify a member that does not appear to be getting appropriate treatment, we will contact the member to complete a full health risk assessment and coordinate services as needed. Using Impact Pro, we are also able to monitor our top diagnoses at aggregate levels as well as by age, gender and geographic service area.

Tracking Follow-Up Treatment

Providers may submit claims for EPSDT screenings in a HIPAA 87 Professional format by either uploading the claim at LHC’s secure Provider Portal; via submission through an approved clearinghouse or on a paper CMS 1500 form. In accordance with standard billing practices, LHC will require PCPs to include one of the following referral codes in box 19 of their claim for EPSDT services.

U	Complete Normal Indicator is used when there are no referrals made.
2	Abnormal, Treatment Initiated Indicator is used when a child is currently under treatment for referred diagnostic or corrective health problem.
T	Abnormal, Recipient Referred Indicator is used for referrals to another provider for diagnostic or corrective treatments or scheduled for another appointment with check-up provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic check-up (not including dental referrals).
V	Patient Refused Referral Indicator is used when the patient refused a referral.

These referral codes are loaded with other claims data elements into EDW for reporting through Centelligence Insight. Using these referral codes, LHC will be able to track and monitor EPSDT screenings that were abnormal and indicating need for follow-up treatment. Our MCHEC will generate monthly reports to identify those members who had abnormal screenings and were referred for additional assessment and care. The MCHEC will use this member listing to conduct outreach for those members that are not already in case management. The MCHEC will contact the members to ensure access to needed services and assist with scheduling appointments or transportation and is available to answer questions the member may have about the diagnosis and treatment. For members on the list who are in case management, the MCHEC will create a reminder task in TruCare notifying the case manager that the member had an abnormal EPSDT screening and was referred for follow up treatment. **TruCare** is our Member-centric health management platform that integrates care/service, disease and utilization management. TruCare allows us to proactively monitor members; efficiently document the impact of our efforts; pinpoint where care is needed; and implement customized intervention strategies.



11	Member Name	Member Address	Member Phone #	PCP Name	Referral Code	Screen Seq	Procedure Code	Proc Code Description	Primary Diag	Secondary Diag Code	DOS	Treatment Ind Y/N	Servicing Prov Name	Prov Amisys Nbr	Provider Specialt	Notification Type	Notification Date
1	Name: EPSDT Treatment Report																
3	CMO:		Peach State Health Plan														
5	Report Date:		08/23/2007														
7	Reporting Period:		Aug-07														
9	Report Frequency:		Monthly														

Tracking Education and Outreach

On a monthly basis, the MCHC will run customized reports to identify members who are due or past due for EPSDT Screenings. We will employ a two pronged strategy to reach out to members and providers to get those members in for preventive care. Member and provider education and outreach will be tracked in MRM to allow for a collective view of outreach efforts and facilitate accurate reporting.

Targeted Member Education and Outreach. Using member contact information in Member Reach, LHC will pursue member contact through: automated telephonic reminders, postcard mailings and targeted telephonic outreach. *Audio Postcards.* LHC will use Proactive Outreach Manager (POM) by Avaya to deliver audio postcards to members one to twenty-one years old who have a birthday the following month. The POM message will notify the member that they should schedule a well-visit, give the member the option to connect with a Member Services Representative to whom they can ask questions and who can help them schedule the visit and arrange for transportation. If the POM call reaches an answering machine rather than a live voice it will leave a voicemail for the member asking the member to contact their doctor to schedule the appointment and providing LHC's toll-free phone number if the member has any questions or would like LHC to provide assistance with scheduling the visit.

Targeted Outreach. LHC's MCHC will coordinate comprehensive telephonic outreach with member services and MemberConnections staff to attempt to contact all members who are due or past due for EPSDT services. LHC will also use the claims and member contact information as well as the Enrollment Broker enrollment file to identify all newly enrolled newborns. During our Welcome Calls, NurseWise will remind the parents of all members zero to fifteen months old to schedule their EPSDT visits.

Targeted Provider Outreach and Education. We also use the data delivered from these core systems to enable our PCP's to effectively serve their EPSDT eligible members. *PCP Reports.* On a monthly basis LHC will provide our PCPs a report that includes all of their assigned members who are due for an EPSDT visit the following month as well as members who are past due for services. This report will be posted on LHC's Provider Portal and gives providers a valuable tool on which to base their member outreach and allows them to preserve valuable office staff resources. *Provider Scorecards.* LHC's Provider Scorecard is a highly effective tool that compares individual provider practices to normative data, so that providers can improve their practice patterns, processes, and quality of care in alignment with evidence-based clinical practice guidelines and DHH goals. We also provide scorecards at the group level for group practices. Performance reporting increases provider awareness of performance, identifies opportunities for improvement, and facilitates plan-provider collaboration in the development of clinical improvement initiatives. We accompany the scorecards with lists of panel members in need of recommended services and their contact information.

Medical Record Reviews

As part of its quality improvement program, LHC’s QI department will conduct ambulatory medical record documentation audits which, in addition to general documentation requirements, will include assessment of the provider’s documentation of EPSDT services, including screening components, diagnosis and treatment for any abnormal findings. The findings of these audits will be scored and tracked by the QI department. For providers with low performance, less than 80% compliance, LHC QI staff will conduct education with the provider and the office staff and conduct a reassessment every 6 months until the provider has a passing score. QI staff will develop and conduct broader education campaigns if trends are identified across a large group of providers.

Physician Name:		Address:		Date/Time of Audit:											
Office Contact:		Tel:		VFC: Yes / No Follow Up:		Auditor:									
STANDARDS		RECORDS								Num	Den	Score	CAPS		
Match Number to Member in Confidential Manner		1	2	3	4	5	6	7	8	9	10	Total Hits	Total Charts	%	indicate if <80%
Age of Child (at date service was performed)															
1	Documentation is Legible											0	0	N/A	
2	Initial and Interval History are present											0	0	N/A	
** Growth: Measured, Plotted on Graph/ BMI present **															
3	Length/Height and Weight											0	0	N/A	
4	Head Circumference											0	0	N/A	
5	Weight for length											0	0	N/A	
6	BMI present											0	0	N/A	
7	Blood Pressure assessment											0	0	N/A	
8	Vision: Measurement and Method											0	0	N/A	
9	Hearing: Measurement and Method											0	0	N/A	
** Dev/Behavioral Assessments/ Surveillance documented **															
10	Standardized Developmental Screen											0	0	N/A	
11	Standardized Autism Screen											0	0	N/A	
12	Psychosocial/Behavioral Assessment											0	0	N/A	
13	Alcohol and Drug Assessment as age appropriate											0	0	N/A	
14	Comprehensive Physical Exam											0	0	N/A	
** Procedures **															
15	Newborn Metabolic/ Hemoglobin Screening											0	0	N/A	
16	Immunizations completed for age per ACIP											0	0	N/A	
17	Hemoglobin/ Hematocrit (Anemia) screening or assessment											0	0	N/A	
18	Blood Lead Risk Assessment											0	0	N/A	
19	Blood Lead Level Test (mandated at 12 and 24 mos)											0	0	N/A	
20	Tuberculin Risk Assessment completed											0	0	N/A	
21	Tuberculin Test completed (lost to follow-up with @)											0	0	N/A	
22	Dyslipidemia Assessment/Screening											0	0	N/A	
23	STI screening											0	0	N/A	
24	Cervical Dysplasia/ Pap Screening											0	0	N/A	
25	Oral Health											0	0	N/A	
26	Anticipatory Guidance											0	0	N/A	
27	Referral/Treatment or Follow-up noted											0	0	N/A	
AVERAGE SCORE: #DIV/0!															
Legend: Use Y (yes), N (no), N/A (not applicable) or @ (provider not penalized, but required indicator not present) for each reviewed service indicator (Items 1-22). Some instances where @ might be used include: if parent refused immunizations and signed refusal form, or parent did not return for follow-up of Tuberculin Test. Count all indicators with "Yes" for each row; divide by the number of applicable indicators for each row to find the percentage of compliance.															

Question I.2

Member Education and Outreach Regarding EPSDT

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.

Overview & Experience

LHC knows that ensuring compliance with EPSDT requirements demands a defined, multifaceted approach. Our strategies include intensive general member and provider education as well as targeted education for members due for EPSDT services, members who are non-compliant, and providers with non-compliant members. Provider education also includes assisting providers to understand all required components of EPSDT visits and how they perform compared to peers. In addition, the Quality Assessment Performance Improvement (QAPI) Department monitors services that should be provided during an EPSDT visit such as administration of immunizations and that a full range of EPSDT therapies are provided to ameliorate the effects of developmental delay and health conditions such as autism.

LHC has multiple programs to encourage the use of EPSDT services and fully shares DHH's goal of ensuring that children receive age appropriate comprehensive, preventive services. LHC believes that member education begins prior to a woman becoming pregnant, continuing throughout her pregnancy and after the birth of her baby. MemberConnections Representatives (MCRs) and Member Services Representatives (MSRs) provide extensive education and outreach to ensure that all eligible members understand the importance and availability of age-appropriate, comprehensive EPSDT services. LHC's outreach efforts include targeted mailings (such as the new member welcome packet, various reminders, newsletters, etc.), posted and distributed information (such as information available on the website and distributed at community events); telephonic interaction (including welcome calls and outreach calls to members due for services and non-compliant members); and face-to-face interaction which takes place at health fairs and community events, as well as during personal visits by LHC's MCRs, who visit members in familiar settings such as their homes or providers' offices.

Member Education and Outreach

LHC's efforts to educate our members about the importance of EPSDT services begin at the time of enrollment and continue throughout their enrollment in LHC. We use written, telephonic and in-person outreach to ensure that we reach as many of our members as possible to provide them with information about the importance of EPSDT services. We will educate pregnant members during and after pregnancy to promote timely and ongoing access to EPSDT services. Our member education approach is three-tiered, starting with general member education to all enrollees and then becoming more targeted for those members who appear to be non-compliant with services.

General Member Education

Selecting a PCP. PCP selection is essential to establishing a medical home provider and a life long habit of accessing preventive care services including EPSDT services. We begin our efforts to educate members about selecting a PCP and the importance of a medical home prior to enrollment. We continue to monitor PCP selection and educate members on an ongoing basis. A 2007 study in our Wisconsin affiliate, Managed Health Services (MHS-WI), found that the highest volume of non-compliance with

EPSDT services was for those members who did not have an assigned PCP. MHS-WI has since implemented a refined methodology for PCP auto-assignment ensuring members are assigned in a timely fashion.

New Member Welcome Calls. Upon receipt of the eligibility file from DHH’s enrollment broker, LHC will place New Member Welcome Calls within 14 days of enrollment (21 days during phase in implementation) to each new member. If multiple new members are in the same family, we will combine the calls for those members so that the family receives a single call. The call script, approved by DHH, will welcome the member to LHC; provide information about covered services, including EPSDT services, and how to contact LHC for additional information. As NurseWise executes the new member welcome call, they will complete the health risk screening (HRS) and identify any EPSDT screenings or services that may be due or overdue for our members under 21 years of age.

New Member Welcome Packet. The New Member Packet, mailed to LHC members within 10 business days (21 days during phase in implementation) following enrollment, will include a welcome letter that is customized for the LHC CCN-P program, a member handbook and a member quick reference guide. The New Member Packet is designed to allow LHC members to take responsibility for their own care yet will remain sensitive to the needs of the population, encourage the member to seek services from their PCP and to call member services if they have questions or need help.

Welcome Letter. The Welcome Packet will include a welcome letter highlighting program features, details about their ID card and information about the importance of preventive services further described in the member handbook.

Member Handbook. The welcome packet also contains our Member Handbook that serves as our members’ primary reference tool for understanding LHC’s health care delivery system and all of the benefits available under the CCN-P program. The Member Handbook will include a specific section that provides information about EPSDT services.

Member Newsletters. On a quarterly basis LHC will send a member newsletter to each of our members. These newsletters cover a variety of topics, such as services available to our members, seasonal health information and reminders to receive appropriate preventive care, including EPSDT services. All LHC member newsletters will include a reminder to members to take their children for yearly well-child visits, as demonstrated by the following articles included in our newsletter series:

Winter: “Take Time for Well Care”.

Spring: “We’ve Got You Covered”

Summer: “Shots Save Lives” and “Why Check-Ups?”

Fall: “Get Healthy Rewards!”

On-hold Messaging. When a member calling the member services helpline is placed on hold, they are able to hear messages that discuss topics such as member benefits, healthy habits and how to access care. These messages are updated quarterly and will include messages about EPSDT services. The following is an example of an EPSDT on-hold message:

“. . . don't wait, vaccinate, make sure your kids are current on all shots. This is one of the best ways to make sure your kids stay healthy. Doctor visits mean healthy kids. If you haven't already done so, schedule an appointment for your child today. Be sure your children have all their shots before they go back to school.”

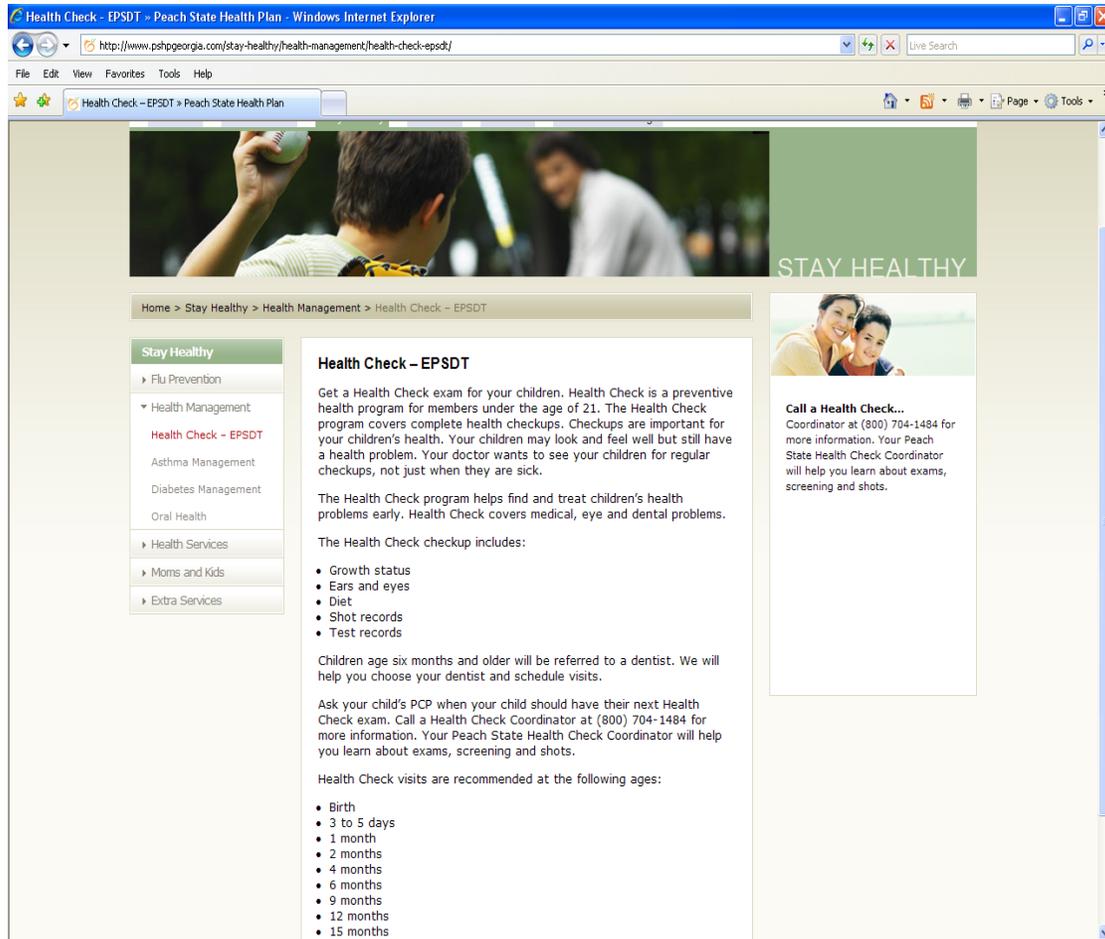
LHC Member Portal. LHC will maintain a member website that will provide general information about LHC and will include a copy of the Member Handbook and a member quick reference guide, both of which include information about EPSDT services. The website will be displayed in English and Spanish, culturally appropriate and written for understanding at no greater than a 6.9 grade reading level. If a member visiting LHC’s website has a question about EPSDT services they will be able to email the

question through the website and will receive a response by the end of the next business day. Alternatively, using LHC's toll-free phone number, listed on the website, members can call the member services department for additional clarification.

On the website's home page, members will be able to see information including a calendar of upcoming events, information about the CentAccount incentives program, and reminders about visiting the doctor similar to our Indiana affiliate, MHS IN's website shown below as an example.



Under the “Stay Healthy” tab on our website members can find information about when they should go see their doctor and the awards available to them for doing so and information about how to request transportation to and from the appointment.



Publicly Displayed Information. LHC will also take its message about the importance of preventive services, such as EPSDT visits, into the community by way of publicly displayed educational campaigns. This type of campaign allows us to educate and inform not only our members, but the community at large about the importance of well-child visits. Our Indiana affiliate, MHS-IN has posted messaging in newspapers, on billboards, bus signs and bumper stickers distributed at community events that encourage members to receive well-child exams. LHC plans similar activities, with DHH approval.



Population Specific Member Education

These education methods are geared towards members aged 0-21 or their parent/guardian to promote understanding and access to EPSDT services.

Member Reminder Card Mailings. LHC will send reminder postcards to member's age birth to 21 during their birth month, reminding them of the need to get a check up and offering to help with appointment scheduling and arranging transportation.

Audio-Postcards (Proactive Outreach Manager by Avaya). We have found that although Medicaid members are transient, changing addresses often, many of them maintain a consistent telephone number. As such we will reach out to members using an auto-dialed pre-recorded voice messaging system that



has proven to obtain better member connection rates than mailing alone. For example, MHS-WI conducted a total of 946 EPSDT related automated reminder calls in 2010 with a received message rate of 83.3%. Centene's Indiana Affiliate, MHS-IN's experience in using the automated calls, revealed they were able to reach approximately 70% of new members for whom telephone numbers are available. In addition, MHS-IN's response to autodialed outbound calls resulted in more than 34,000 members calling back to schedule due or past due EPSDT services in 2009 which represents a success rate of nearly 60%.

Start Smart for Your Baby. All LHC members identified as pregnant are offered enrollment in LHC's Start Smart for Your Baby (Start Smart) program. Start Smart is designed to improve clinical outcomes for expectant mothers and their newborns. Start Smart's goal is to lower the risks and symptoms associated with high-risk pregnancy by engaging members early, ensuring access to prenatal care and identifying high risk pregnancies for enrollment into our comprehensive case management program. Throughout the member's pregnancy and for the baby's first year, our Start Smart program educates members about EPSDT services needed for their newborn, what to expect during the visits and when these visits should occur. Case Managers (CMs), for those pregnant members in high risk OB case management, take steps to ensure that by the time the member delivers they know what to expect and what services their child will require. CMs will also educate mothers about the importance of selecting a PCP prior to delivery will help LHC quickly connect newborns to a medical home where they can receive appropriate EPSDT services. Our Start Smart program will encourage expectant mothers to choose a PCP for their baby within 60 calendar days prior to the expected date of delivery (for additional information on Newborn Enrollment see response to question D.2). CMs assist the high risk mother in PCP selection, either during telephonic case management sessions or during the prenatal home visits, if indicated. CMs also educate pregnant members about the availability and importance of EPSDT services, including an EPSDT exam for newborns within 3-5 days after birth.

Targeted Member Outreach and Education

Past due reminder postcards. Reminder postcards are sent to non-compliant members and those due for an EPSDT exam during the upcoming month. Reminders explain how to obtain help scheduling and arranging for transportation to appointments and remind members that they are eligible to receive an incentive for timely receipt of these services.

Outbound Telephonic Outreach. For members that have received the above education and still continue to show limited or no utilization of EPSDT services, we feel a person-to-person outreach is essential to ensure understanding of education materials, identify barriers to access and intervene as able. Accessing the member connect module of the system further described above, LHC's Maternal Child Health/EPSDT coordinator (MCHEC) will monitor members who are due or past due for EPSDT screening and services and coordinate comprehensive telephonic outreach to attempt to contact all members who are due or past

due for EPSDT services. We will also set reminder in TruCare to remind members of their appointment one business day in advance. For example, our WI affiliate (MHS-WI) reached out to members directly to offer scheduling assistance and reminders for EPSDT screening. We prioritized households with multiple members. We reached out to over 1000 households in the last 4 months of 2010, many of which had three, four, or five noncompliant child members. One-third of these attempts resulted in scheduled or commitments to scheduling appointments.

Innovative Member Education Strategies

Centene's experience has shown that multiple avenues for education are important to support the different methods in which members learn and respond to education efforts. We have implemented the following innovative strategies for member education and outreach to improve member access to care and overall health outcomes. A best practice approach for Centene health plans has been a "boots on the ground" face-to-face approach to education.

MemberConnections[®] Program. The MemberConnections Program allows us to provide a level of interaction with our members that other health plans cannot. MemberConnections Representatives (MCRs) are health outreach workers hired from within the communities we serve to ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of the local area. MCRs receive comprehensive training and become an integral part of our Member Services and Case Management teams, which benefits our members and increases our effectiveness. MCRs will make home visits to members we cannot reach by phone. They will assist with member outreach, coordinate with social services, and attend community functions to provide health education and outreach. For example, MCRs will work with providers to organize Healthy Lifestyles events and work with other local organizations for health events. Some examples of events put on by MemberConnections staff include:

Baby Showers/Diaper Days. MCRs host baby showers for our pregnant and recently-delivered members. We send out invitations to all identified new moms or moms-to-be in the area and structure the event to feel like the typical baby shower. We host these events as an opportunity to provide educational materials to our members, including information about infant care, lead poisoning, the importance of scheduling well visits. Attendees may receive a pack of diapers, an infant personal care kit (that includes clippers, a brush and comb) or a door safety-lock set as an incentive to participate. In some cases baby showers are incorporated as part of an event hosted by a local service organization. For these events, MCRs will set up a booth, but provide the same educational materials and "baby gifts". Our Start Smart CMs may attend too to provide in-person education and answer members' questions.

Health Check Health Days (HCHD). HCHD are preventive health check-up days for LHC's members. At these events, LHC will partner with LPC&A's locations and other provider offices across our contracted GSAs to identify members who have missed certain preventive care visits, such as well child/EPSDT visits, mammography screenings and diabetic screenings. LHC staff will reach out to members who are in need of services, in advance of the event, to assist them with making the appointment and arranging transportation. MCRs may attend the event to offer administrative assistance for the provider's office staff, reinforce the importance of preventive care and answer questions about the member's health plan benefits. For example, LHC's Wisconsin affiliate, MHS WI's MemberConnections Department (Connections) facilitated 140 Health Check Health Days at various clinics and made 300+ calls to drive members to the Beloit-area Health Check Health Day (open to any insurance) during the first part of 2010.

Healthfairs and Other Community Events. LHC believes that active participation in the communities we serve leads to improved member relationships and positively impacts our ability to improve member health and health outcomes. Throughout the year, our MCRs participate in local community events, examples of which include the Fresh Food Health Fair LHC hosted in collaboration with Kingsley House

in New Orleans on June 10, 2011, the Farmer's Market visit the following week with vouchers kids and their parents can use to buy items and help kids learn about healthy foods, and the back to school fair planned for July 2011 with local health ministries in Baton Rouge. During events like these, MCRs will provide information about LHC, our services and encourage members to schedule needed EPSDT screenings or services.

Cultural Competency and Health Literacy. Initially, LHC's member education materials will be available in Spanish and Vietnamese. With DHH notice, we will ensure that translation services for written, member, educational materials are provided for any primary language spoken by 200 or more LHC members within a single GSA at no charge. We will use the Flesch Reading Ease and Flesch-Kincaid Grade Level Index to ensure no more than a 6.9 grade reading level, adhere to People First language, and the DHH Person First policy.



Engaging Providers in Member Education and Outreach

LHC recognizes that collaboration with our providers is vital to the success of our EPSDT education activities. To facilitate this collaboration we have implemented a comprehensive approach to provide education for and assistance to our providers. Information about EPSDT requirements and the assistance available by LHC is offered in person during office visits, on-line via the LHC website, included in provider newsletters, and as a part of ongoing provider training sessions.

Beginning with an initial provider orientation and continuing throughout participation, LHC will work with our primary care providers (PCPs), FQHCs, PCCs and others who deliver prenatal or EPSDT services to offer the education and tools needed to educate members about the importance of preventive care.

Provider Training. LHC educates all new PCPs regarding the EPSDT program. LHC Provider Relations Specialist (PRS) field staff educates all new PCPs during a mandatory comprehensive new provider orientation prior to serving LHC members. This orientation includes an overview of all EPSDT requirements, including but not limited to the periodicity schedule and required components of each EPSDT visit. Network PCPs receive continuing education regarding these topics as well.

Ongoing training sessions offer instructions for completing the LAKIDMED forms for initial and periodic visits by age group, the EPSDT claim form, proper claims submission (such as appropriate EPSDT and primary diagnosis codes), ideas for member outreach, and other topics designed to ensure provider understanding of all EPSDT requirements.

PSRs follow up with on-site visits to reinforce the information offered to our providers and their office staff during multiple training activities. LHC continually encourages providers to contact their Provider Relations Specialist if they need any assistance related to EPSDT, such as suggestions for member outreach strategies.

Provider Toolkits. PRSs deliver toolkit materials during PCP on-site visits that include the EPSDT periodicity schedule; the components of an EPSDT initial or periodic screening; copies of the LA KIDMED screening documentation forms; how to appropriately bill for EPSDT screenings and service visits; examples of LHC member education materials and DHH approved posters, brochures, and educational materials available for the provider use.

Provider Manual. Our Provider Manual is a comprehensive reference tool that addresses administrative expectations, prior authorization and utilization management processes, claims, and plan benefits. The Provider Manual includes an EPSDT section that describes services and includes references to additional information.

Newsletters. Provider newsletters are distributed to all LHC network providers, designed to inform providers of important clinical and quality information to assist them as they provide members quality care.

Monthly Reports. On a monthly basis LHC will provide network PCPs a report that includes all their assigned members due an EPSDT visit the upcoming month as well as members who are past due for services. This report is posted on LHC's Provider Portal and gives providers a valuable tool to target their member outreach and allows them to preserve valuable office staff resources.

Provider Profiling. LHC's Provider Profiling, adopted by affiliate plans, is a highly effective tool that compares individual provider practices to normative data, so that providers can improve their practice patterns, processes, and quality of care in alignment with evidence-based clinical practice guidelines and the DHH's goals. Performance reporting increases provider awareness, identifies opportunities for improvement, and facilitates plan-provider collaboration in the development of clinical improvement initiatives. We include with the scorecards lists of panel members in need of recommended services and their contact information. The quarterly scorecards will use rolling 12-month data and provide national Medicaid NCQA data or LHC goals, as appropriate, as benchmarks for each indicator. The frequent distribution supports continuous quality improvement by providing more frequent feedback to providers. Quarterly reports will also help us to engage primary physicians throughout the year, since they will be able to see how their scores are progressing over time. Armed with this information, primary physicians can adjust their processes or approaches prior to the final year-end quality score, so they can positively affect their quality profile scores. As a part of the provider contract, participating practitioners can increase their overall compensation by demonstrating improvements in the EPSDT segment of their quality profile scores.

Improving Compliance

LHC will combine Centene's extensive experience in continuous quality improvement with the local experience afforded us through our partnership with LPC&A to improve parents' awareness and understanding of and compliance with the schedule of screenings and services provided in the periodicity schedule. We will implement a multi-faceted approach to achieving our performance goals related to utilization of EPSDT.

The existence of LHC is, in and of itself, innovative. By establishing LPC&A as a joint venture partner with Centene Corporation to form LHC brings to DHH the opportunity to have a true partner in improving the preventive services the Medicaid population and specifically, the children of Louisiana need and deserve. The 19 FQHC's of LPC&A offer a broad spectrum of primary care and wellness services including several school based clinics and mobile units. For example, Innis Community Health Center has school-based clinics in Pointe Coupee Central High School Elementary School in New Roads Elementary School in Upper Pointe Coupee and Primary Care Providers for a Healthy Feliciana has 4 school based clinics located in East Feliciana and actively working to expanded their services into West Baton Rouge and other surrounding parishes to offer mental health services in their school systems. Additionally, our partner FQHCs David Raines Community Center and Innis community Health Center both have mobile units providing dental screenings, sealants, and some restorative treatment at local schools.

EPSDT Periodicity Schedule

LHC will monitor compliance with the State defined periodicity schedule as posted to the KIDMED website. We have also adopted and approved the American Academy of Pediatrics periodicity schedule and the CDC's Immunization schedules. We will educate members about what EPSDT is, why it is important, and when a child should be seen for EPSDT services. We include an EPSDT periodicity

schedule magnet in our new member packets, communicate valuable information to new moms upon the birth of their child and post it on our Member and Provider Portals.

Monitoring Compliance with Periodicity Schedule

LHC's parent company, Centene Corporation, uses continuous, data-driven quality improvement process to evaluate its performance and outcomes and implement process improvements. As part of our continuous quality improvement approach we monitor the outreach and the informing process and assesses how well members understand EPSDT information by regularly reviewing member grievances, provider complaints, Member Advisory Council and Physician Advisory Committee input, satisfaction surveys, and EPSDT rate trends. LHC will track compliance monthly using Impact Pro, which integrates claims, member and provider data. LHC will use this monthly report to identify members who do not access EPSDT services are non-compliant with periodicity, or are due for an EPSDT visit during the upcoming month.

KPI Dashboards and Impact Intelligence. As outlined in our response to I.1 we will use our Centelligence suite of business intelligence applications to monitor and take action to improve compliance with the EPSDT periodicity schedule. LHC will monitor an array of key performance indicators across its functional areas allowing us to track and trend over time, monitor progress towards goals and identify outliers that require further investigation and intervention. We will monitor several metrics related to EPSDT including the CMS 416 Screening Ratio, tracking performance against our goal of 80% compliance. In May 2011, we enhanced Centelligence™ Insight with the integration of OptumInsight's Impact Intelligence clinical quality reporting software to expand the extent of provider profiling information and reports we produce. Impact Intelligence, when combined with our TruCare platform, will allow LHC to deliver targeted, risk adjusted clinical profiling information so Providers can compare their performance to *relevant* peer groups in relevant geographies (e.g. rural, urban). With this technology, we are able to mimic the CMS 416 participation ratio at a provider level to identify PCPs whose assigned members are below the 80% threshold.

Motivating Parents/Members

LHC realizes that without member contact, we are rendered ineffective in impacting the member's health and well-being. Accordingly, ensuring that we have mechanisms in place that support our ability to maintain member contact is a high priority for LHC. We understand that ongoing effective communication between members, providers and health plan staff is essential to the successful delivery of integrated care and needed services.

Coordinated Outreach. LHC's Maternal Child Health/EPSDT coordinator (MCHEC) will work with Member Services, NurseWise and MemberConnections to ensure positive messaging in our efforts to help members reschedule missed appointments. Employing the systems applications just described, our member outreach efforts will include phone and in person outreach along with a cooperative effort with our provider/partner LPC&A and other providers to quickly reschedule missed appointments, arrange transportation and follow up to ensure the appointment was kept.

MemberConnections® Outreach. LHC will implement Centene's best practice MemberConnections Program. MemberConnections Representatives (MCRs) are locally hired and familiar with the communities and service challenges encountered by our members and play an important role in locating and engaging members. Face to face outreach enables LHC to build familiarity which in turn builds trust. Our MCRs become part of the fabric of the member's healthcare delivery system. Because they are part of the community, they are familiar with and know the local attitudes toward and barriers to effective healthcare service delivery. If telephonic and point of service outreach attempts are unsuccessful or if we fail to find a valid telephone number for a member, a MCR will go to the member's home to provide initial education on EPSDT and the periodicity schedule.

CentAccount. Centene's innovative member incentive program, is one of our most powerful tools for encouraging members/parents to engage in preventive health services. Widely used by Centene health plans CentAccount promotes personal healthcare responsibility and ownership by offering financial incentives that are valued and appreciated by health care consumers. Rewarding members for targeted healthy behaviors increases the likelihood of continuing these behaviors through positive reinforcement. Eligible members can earn rewards for completing annual preventive health visits; and completing other recommended preventive health and chronic disease care screening, including EPSDT screenings. Specific awards include six well child visits per year for our members age 0 to 15 months and annual well child visits for our members 3 – 21. The reward is loaded onto a Louisiana Healthcare Connections -issued CentAccount MasterCard® debit card. Members can use this card at many merchants they already use every day, such as Walgreens, CVS, Rite-Aid stores, supermarkets such as Albertson's, Winn-Dixie, Piggly Wiggly, Safeway, Kroger's, Sam's and Wal-Mart, and other stores throughout the state, to buy a wide variety of health-related items including some over-the-counter medications. Members may use the funds on their CentAccount cards towards health care goods and services not covered by Medicaid. Goods and services qualify for card purchases if they are recognized by U.S. Internal Revenue Service (IRS) as health care expenses for a Flexible Spending Account and flagged by the retailers' Inventory Information Approval System. CentAccount is a very effective and popular program. In the 15 months, January 1, 2010 to April 2011, Centene Health Plan Affiliates in South Carolina and Indiana together issued more than 269,000 CentAccount rewards to members for compliance with EPSDT screenings.



Steps to Identify and Reach Out to Members

LHC will draw on the experience and technological strength of our parent company, Centene. As illustrated in our response to II, Centene employs a robust, state of the art technology suite that enables us to track when our members miss appointments and structure effective outreach efforts.

Reporting to Identify Members. LHC will run monthly reports from our EDW, which includes our internal medical claims and external encounter data sources such as Imms registry, to identify members who will be targeted for outreach. We will run reports to identify members who are due for services in the next month and those that have been non-compliant with EPSDT services, including office visits, blood lead testing, and immunizations, according to the periodicity schedule for their age.

Annual Reminders. Using our Member Relationship Management (MRM) system, LHC will generate a monthly reminder card campaign report to identify current enrolled members 11 months to 20 years 11 months old whose birthday is in the up-coming month. MRM will transmit the report to our mail distribution center to generate and mail our State approved EPSDT/KIDMED Reminder Postcards.

Health Check Health Days. MRM also enables LHC to identify members, by PCP, who are due for EPSDT screening, in accordance with the periodicity schedule, in the up-coming month. MSRs will reach out the providers of these members to schedule Health Check Health Days (HCHD) at the provider's office. Our MCR will then reach out to the member to notify them of the event and schedule an appointment for the child's EPSDT screening.

Care Gap and Wellness Alerts. Using claims information from the EDW, Centelligence identifies members who are due or past due for EPSDT screening or services and distributes care gap alerts when a screening is due or past due. Care gap alerts are essential to tracking and ensuring member access to and compliance with required EPSDT screenings. Care Gap and Wellness alerts are distributed to:

Provider Portal. Care gap alerts are available through our secure provider portal. When a provider checks the member's eligibility or views their member panel through our secure provider portal, they will receive a care gap alerts for member is due or past due for EPSDT screening or service.

Member Portal. Centelligence data is also available on our member portal. Members, or in the case of EPSDT parents or legal guardians, are alerted to their dependent member's needed screenings and services when they log in to our secure member portal.

TruCare. LHC's Maternal Child Health/EPSDT coordinator, CMs, Member Service Representatives (MSR) and MemberConnections staff use TruCare for clinical decision support and documentation. Any staff viewing the member's record in TruCare will receive a care gap alert for due or past due screenings and services.

Boots on the Ground Activities to Reach Members. In addition to telephonic and mail outreach, LHC will use community outreach events and other point of service efforts to reach our members to educate them about EPSDT and help them access services.

Point of Service. Often the best place to reach members who are mobile or hard to reach is at the point of care such as a doctor office, pharmacy, mental health service center, or during a home health or physician home visit. LHC's partnership with LPC&A will enable LHC to immediately begin co-locating our case managers in our partner FQHC locations and/or other high volume provider offices.

Partnerships with Head Start. LHC's provider partner, LPC&A's FQHCs have strong and long standing partnerships with Head Start in Winnfield, Monroe and Franklin and with their local WIC program offices. LHC will build on these partnerships to expand EPSDT awareness throughout our GSAs.

Connections Plus[®]. All Centene affiliates have implemented our Connections Plus[®] Program, which provides pre-programmed cell phones to our high-risk members who lack reliable phone access. For example, a new mother of a special needs child may receive a phone that provides her with 24-hour instant access allowing her to make calls to and receive calls from the baby's providers, case managers, LHC staff, NurseWise, and 911. ConnectionsPlus also affords LHC a more reliable way to reach the member. LHC CMs can send the member a text message with health information targeted to the baby's condition. In rural areas, increased telephonic communication helps overcome the barrier to care that travel distances sometimes pose for members. We have phones to accommodate cultural and other communication needs including phones in Spanish, with large buttons or speaker phone.

Engaging Providers to Support Member Compliance.

Medical Home recognition helps position providers to better identify and reach out to members needing services. As further described in our response to G8, LHC is supporting our PCP's efforts to comply with DHH's Patient Centered Medical Home (PCMH) initiative. Other ways we help our PCP's support member compliance with the EPSDT periodicity schedule include but are not limited to:

PCP Reports. Using MRM, the EDW and Centelligence applications, LHC will provide our PCPs a monthly report that includes all of their assigned members who are due for an EPSDT visit the following month as well as members who are past due for services. This report will be posted on LHC's Provider Portal and give providers a valuable tool on which to base their member outreach and allows them to preserve valuable office staff resources.

Provider Scorecards. LHC's Provider Scorecard is a highly effective tool that compares individual provider practices to normative data, so that providers can improve their practice patterns, processes, and quality of care in alignment with evidence-based clinical practice guidelines and DHH goals. We also provide scorecards at the group level for group practices. Performance reporting increases provider awareness of performance, identifies opportunities for improvement, and facilitates plan-provider

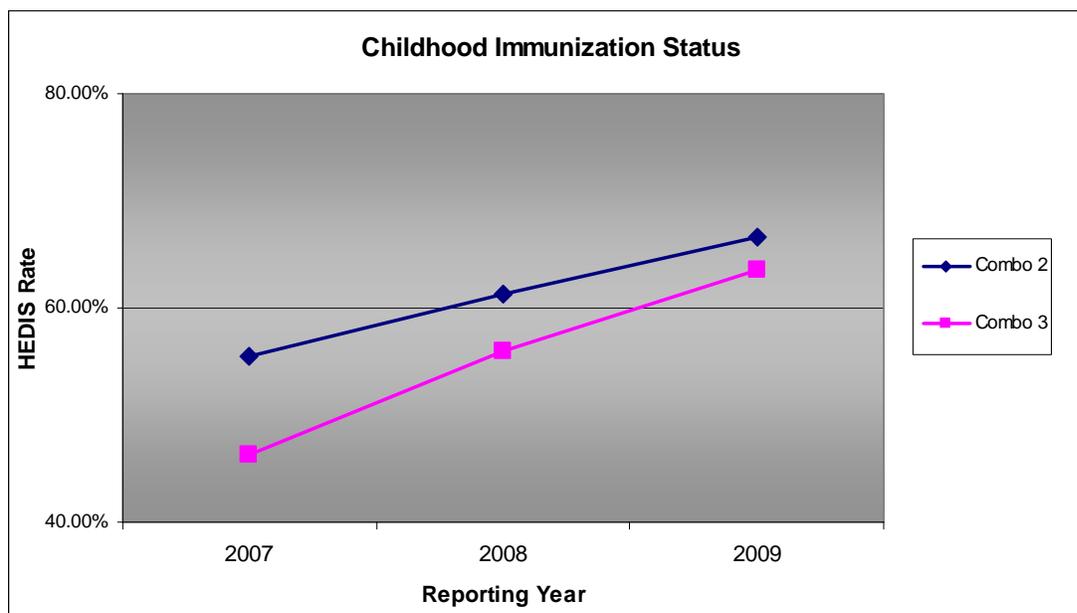
collaboration in the development of clinical improvement initiatives. We accompany the scorecards with lists of panel members in need of recommended services and their contact information.

Proven Success

Ongoing monitoring of HEDIS measures reflects the success of our multiple EPSDT strategies. For LHC’s Indiana affiliate, MHS, from 2002 to 2008 well-visit HEDIS rates showed the following dramatic improvement:

Well Care Measure	2002 Rate	2008 Rate	% Improvement
0 to 15 months (six or more visits)	17.7%	48.7%	175.1%
Ages three to six years	44.1%	58.3%	32.2%
Adolescent visits	23.7%	37.7%	59.1%

MHS-IN’s Immunization rates, another indicator of EPSDT performance, have also shown consistent improvement over time, as demonstrated by the following:



Overview of Education and Outreach Program

LHC offers a unique blend of local FQHC experience serving Louisiana Medicaid recipients, LHC affiliate experience with Medicaid managed care in nearby states such as Mississippi, Georgia, and South Carolina, and national Centene vantage point. LHC will target outreach activities and educational content to a diverse membership that includes pregnant women, children, people with disabilities, and others. We know that a one-size-fits-all health message generally fits no one’s needs. In developing member outreach and education content, LHC will implement all relevant NCQA Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), which operationalize the CLAS Standards issued by the U.S. Department of Health and Human Services’ Office of Minority Health.

Oversight and Monitoring to Ensure Compliance

LHC's Vice President of Compliance has oversight responsibility for the development, production and distribution of all member education materials and the planning of outreach activities ensuring full compliance with DHH requirements.

Materials Oversight. LHC's Marketing and Communications Manager, who reports to the Vice President of Compliance, will supervise the process of member education content development, media selection, and production of materials. LHC's policies and procedures will establish our standards and processes for content and materials development to ensure accuracy, compliance, inclusiveness, and respect for member diversity. Our internal approval process will include a thorough compliance review and final approval by the Vice President of Compliance. Content produced by organizations other than LHC will be subject to the same policies and procedures as LHC-developed content. Using the DHH Marketing and Member Materials Education Approval Form, LHC will submit all content for member education, regardless of its source, to DHH for approval prior to any distribution.

CLAS Oversight. LHC will establish an internal **CLAS Task Force**, chaired by our Vice President of Compliance, who will serve as LHC's **Cultural Competency Officer**. The CLAS Task Force will include management staff from our Member Services, Provider Services, Contracting and Network Development, Medical Management, and Quality Management Departments, as well as our Medical Director (MD), other senior leadership staff, and a member of LHC's FQHC provider partner, LPC&A. The Task Force will meet at least quarterly. They will annually update LHC's Cultural Competency Plan (Plan), highlight related performance measurement, and evaluate the effectiveness of cultural competency strategies and initiatives. The CLAS Task Force will report to the Quality Assessment and Performance Improvement Committee (QAPIC), which will incorporate cultural competency data and information in our annual QA Program Evaluation and subsequent QA Workplan. The Cultural Competency Officer will be a member of the QAPIC.

Outreach and Education Materials Development

LHC will develop member materials and plan outreach activities with input from LHC leadership and subcontractors, as appropriate, such as Nurtur, our Disease Management affiliate, and NurseWise. We also will identify topics through Performance Improvement Projects, the annual LHC Quality Assessment and Performance Improvement Work Plan and related Evaluation, HEDIS initiatives, Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) satisfaction surveys, National Committee for Quality Assurance (NCQA) accreditation activities, and seasonal health issues. Our cross-functional Performance Improvement Team (PIT) will be another source of input for proposing member education content, for example, based on the frequency of member questions or complaints on a particular topic. We will review potential member education topics in light of Contract requirements, input from our member and other advisory committees, and current LHC initiatives to determine priorities for new content development.

Member Education Materials

Materials will be culturally sensitive and reflect the diversity of Louisiana's population. LHC will offer an expansive array of health education content to inform members and their families about health issues, self-care, and how to access LHC benefits and support. In developing member education content, LHC will combine best practices developed by Centene affiliate health plans serving Medicaid/CHIP members, with the extensive local experience of the 19 FQHCs of the Louisiana Partnership for Choice and Access (LPC&A), in caring for Louisianans

Stakeholder Input and Feedback. LHC will obtain input and feedback on the means for ensuring culturally competent service delivery, largely through our **Member Advisory Council** (one per GSA), **Community Advisory Committee**, and **Provider Advisory Committee**, all of which will meet

quarterly. Our Member Advisory Committee and Community Advisory Committee will provide input on draft member and other materials and community-based outreach and collaboration initiatives.

Languages and Readability. Initially, LHC's member education materials will be available in Spanish and Vietnamese. We will use the Flesch Reading Ease and Flesch-Kincaid Grade Level Index to ensure no more than a 6.9 grade reading level, adhere to People First language, and the DHH Person First policy.

Outreach Events and Activities

LHC believes that active participation in the communities we serve leads to improved member relationships and positively impacts our ability to improve member health and health outcomes. Throughout the year, our MCRs participate in local community events.

Oversight and Monitoring to Ensure Compliance

LHC's Vice President of Compliance has oversight responsibility for the development, production and distribution of all member education materials and the planning of outreach activities ensuring full compliance with DHH requirements. .

Events and Activities Planning. LHC's Plan President and CEO, Maternal Child Health/EPSTD Coordinator and Vice President of Medical Management will work with the Member Advisory, Provider Advisory and Community Advisory Committees to effectively plan activities designed to improve health awareness and health literacy of LHC members and the communities we serve.

Events and Activities Approval. Using the DHH's Event Submission Form, LHC will submit descriptions of proposed events and activities to DHH for prior approval. LHC, nor its subcontractors, will participate in any community or health education activities such as health fairs or other health education or promotion activities without the prior approval of DHH.

Question I.3

Ensuring Provider Compliance with
EPSDT Components

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

Louisiana Healthcare Connections (LHC) knows that ensuring compliance with EPSDT requirements requires a comprehensive and, multifaceted approach. LHC will build upon the strategies other Centene health plans have used to educate providers, monitor provision of all required components of an EPSDT screening and coordinate necessary follow-up treatment. We will educate providers during our Provider Orientations, through the Provider Handbook, on our Provider Portal and through targeted educational programming. We have learned that it is essential to train the provider office staff and billing personnel in addition to the practitioners themselves. We will encourage providers to document EPSDT screenings using standardized forms including the LA KIDMED initial and periodic screening tools.

Through our Centelligence[®] suite of reporting tools, LHC will support providers in the delivery of these services by generating reports identifying members due or past due for services for those that do not already have this capability. LHC will profile providers' compliance with the EPSDT periodicity schedule and share how they compare them to their peers on our provider scorecards.

LHC will also monitor the effectiveness of our education and outreach efforts and to verify that providers include and appropriately document all age-appropriate components of EPSDT visits. For example, our Georgia affiliate, Peach State Health Plan, conducts an annual audit of a sample of medical records specific to EPSDT services in addition to their ambulatory medical record documentation audits.

Our approach to ensuring providers deliver required EPSDT services also involves educating and empowering members to take an active role in their care. To implement and ensure the effectiveness of our multiple compliance strategies, LHC' Maternal Child Health/EPSDT Coordinator (MCHEC) has primary responsibility for coordinating all EPSDT outreach. Under the supervision of the Quality Management Director and the Chief Medical Director and in partnership with our network and provider relations departments the MCHEC will identify providers with non-compliant members for further intervention.

LHC is the result of a joint venture partnership between Centene Corporation and the Louisiana Partnership for Choice and Access (LPC&A) which is provider owned by a composition of 19 of Louisiana's Federally Qualified Health Centers (FQHCs). This partnership gives LHC insight into local physician practices, the barriers they face and how, as a health plan, we can best support them to ensure members receive appropriate EPSDT screenings.

Screening Components. LHC will ensure providers deliver and document all required screening with all required components, as outlined in the Centers for Medicare and Medicaid Services (CMS) Medicaid Services State Medicaid Manual, through education about requirements, support for member outreach, and tracking and monitoring of provider documentation. LHC will never require prior authorization for any EPSDT screenings provided by network providers to ensure that potential barriers to access are removed. Required elements of the EPSDT visits include:

- Comprehensive health and developmental history
- Comprehensive unclothed physical examination
- Appropriate immunizations
- Appropriate vision and hearing testing
- Appropriate laboratory testing, including lead toxicity screening at age appropriate visits
- Health education, to include anticipatory guidance
- Referrals for dental care as appropriate by age
- Referrals to behavioral health providers as indicated

LHC EPSDT providers are expected to facilitate referrals as necessary when an EPSDT visit indicates the need for other health care services. All referrals must be documented in the member's medical record. In the event that the provider is unable to complete the referral (for example, if the office of the provider to

whom the member is being referred is closed or if the provider is unable to locate the appropriate service), LHC will instruct the provider to notify the MCHEC. The MCHEC will then work with the member to locate the appropriate provider, assist with scheduling an appointment, and arrange for transportation as necessary.

Initial Provider Education. LHC will educate all new providers about the EPSDT program. New provider orientation, required prior to serving members, will include all EPSDT requirements, the periodicity schedule, required components of each EPSDT visit, the importance of reminding parents of EPSDT services and periodicity, the proper use of LA KIDMED forms, documenting referrals and declined services, the availability and role of the MCHEC and the ways that MemberConnections can assist in supporting member compliance.

Ongoing Provider Education. Providers will receive education in quarterly provider newsletters and in PCP Updates (attached to the PCP Panel Reports) about proper coding, including the appropriate diagnosis codes, evaluation and management procedure codes and required modifiers, for EPSDT services. In addition, because many opportunities to conduct EPSDT screenings arise when a provider is seeing a child for other reasons, providers will be instructed to bill the appropriate EPSDT procedure code, modifier to indicate the additional services, and appropriate EPSDT diagnosis. Providers will be educated to conduct initial assessments and screening and coordinate needed services with the behavioral health provider and LHC. LHC will encourage providers to contact the MCHEC if they need any assistance, such as suggestions for or assistance with member outreach strategies. Information about EPSDT, including copies of the age-specific EPSDT encounter forms will be placed in the Provider Manual and on the LHC website. Our experience has shown that when we improve the availability and ease in which providers can complete the forms we also improve the ability of our QM Coordinators to monitor for compliance with EPSDT performance and documentation of all required EPSDT visit components.

Support. The MCHEC will send a monthly list of overdue members to each PCP, along with information on outreach strategies and how to obtain LHC's assistance with member outreach. To further support the PCP, MemberConnections will coordinate EPSDT activities, such as Health Check Health Days (HCHD), where MemberConnections Representatives (MCR) will work with our LPC&A FQHC's and other high volume primary care providers to schedule EPSDT screening visits on the day of the event. As part of HCHDs, the MCRs will assist office staff with documentation during the event to allow a provider to complete a large number of EPSDT visits during the event.

Monitoring and Follow-Up. LHC's approach targets compliance in two areas: appropriate documentation of each visit's required components and accurate claims coding of procedures. Quality Management Coordinators will conduct annual audits of a sample of PCPs, reviewing provider documentation against age specific requirements for EPSDT visits to verify that all required elements for each visit are present. The sample will include all high-volume PCPs and a random sampling of all other providers performing EPSDT services. To ensure accurate reporting and tracking of EPSDT services and referrals, LHC will use the medical record review documentation to monitor coding compliance. When an EPSDT visit is identified in a medical record, the date of service is compared to the claims received for that member to verify that the appropriate codes and modifiers were billed for the visit. Providers found not to be billing with the appropriate codes will be contractually required to adjust their billing practices to align with EPSDT requirements.

Conversely, the annual medical record review will also be used to ensure providers are not billing inappropriately for EPSDT services when the medical record is lacking the proper documentation. During the annual record review process, the QAPI Coordinators will be provided a list of services billed by the provider as an EPSDT visit. The QAPI Coordinator will look for the corresponding medical record documentation to ensure that all components in the service billed are included in the documentation. Providers noted to have a trend of billed services with no medical record documentation to substantiate

the claims may be referred to the Medical Director and ultimately to the credentialing committee for further investigation.

LHC's Medical Director will meet with high-performing providers to recognize exemplary efforts and identify best practices that can be shared with other providers through the provider website, newsletters or special mailings. The Medical Director will also meet with providers who have not consistently met standards to identify ways to improve outreach, documentation or other practices. LHC will remediate these providers for re-education regarding required elements and be re-evaluated in six months. If partnering efforts remain unsuccessful, the provider will be subject to corrective action.

Question I.4

Ensuring Needs Identified in EPSDT
Screening Met in a Timely Manner

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

Ensuring Timely Service Delivery

LHC will employ a process Centene subsidiary health plans in Georgia and Florida have used to successfully identify members who may have a newly diagnosed condition identified during an EPSDT screening examination. LHC will utilize a multifaceted approach for tracking referrals from EPSDT screenings, conducting member outreach and education, and ensuring that appropriate services related to those referrals are delivered timely by LHC providers.

Provider Claims. LHC will rely on and contractually require our network providers to appropriately code EPSDT screenings on their claims. Providers may submit claims for EPSDT screenings in a HIPAA 837 Professional format by either uploading the claim at LHC’ secure provider portal; via submission through an approved clearinghouse or on a paper CMS 1500 form. LHC will require PCPs to include one of the codes illustrated in *Figure A* below in box 19 of their claim submission. LHC will monitor these modifiers to identify members for outreach, education and referral to Case Management, when appropriate.

Figure A

U	Complete Normal Indicator is used when there are no referrals made.
2	Abnormal, Treatment Initiated Indicator is used when a child is currently under treatment for referred diagnostic or corrective health problem.
T	Abnormal, Recipient Referred Indicator is used for referrals to another provider for diagnostic or corrective treatments or scheduled for another appointment with check-up provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic check-up (not including dental referrals).
V	Patient Refused Referral Indicator is used when the patient refused a referral.

Identifying members for outreach. LHC’s Maternal Child Health/EPSDT Coordinator (MCHEC) will generate a series of monthly reports from our EDW data warehouse that integrates claims, member and provider data and is updated nightly, allowing for access to current data for EPSDT reporting. LHC will use these monthly reports to identify members whose provider EPSDT screening claim included codes 2, T or V in box 19 of the claim.

Member Outreach. Once identified the MCHEC will reach out to the member or the member’s parent/guardian by phone to inquire whether or not the necessary services were received. If the member indicates that the services were received the information is noted in the Member Relationship Management (MRM) system and the member’s name is removed from the list for additional follow up. If the member notes that the services have not been received, the MCHEC will provide education related to the importance of the follow up services and offer assistance with scheduling the visit and arranging for

transportation as necessary. For difficult to reach and non-compliant members, the MCHEC may make a referral to MemberConnections for face to face outreach.

MemberConnections. LHC will make every effort to reach the member (parent/guardian) to ensure the timely delivery of EPSDT services and newly identified treatment needs. Our MemberConnections Program allows us to provide a level of in-person, “boots on the ground” interaction with our members that other health plans cannot. MemberConnections Representatives (MCRs) are health outreach workers hired from within the communities we serve to ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of the local area. MCRs receive comprehensive training and become an integral part of our Member Services and Case Management teams, which benefits our members and increases our effectiveness. MCRs will make home visits to members we cannot reach by phone or members who have resisted or even refused PCP treatment recommendations. .

Case Management. If the member is enrolled in Case Management or if, during member outreach and follow up, the new diagnosis and treatment indicate a need for case management, the member’s CM will track follow up treatments and note the outcomes in TruCare and the member’s care plan. LHC’ MCHEC also monitors new diagnoses that may trigger a referral to *Disease Management* (DM). For example, if a child is newly diagnosed with asthma, the MCHEC will make a referral for enrollment into Nurtur’s Asthma Disease Management program. The Nurtur CM will then conduct enrollment outreach and member education, document the services in TruCare and in the members care plan and follow up to ensure services are delivered timely.

Monitoring Provider Compliance. In addition to the tracking and reporting of referral claims, LHC will also conduct annual medical record reviews to verify that the medical record supports EPSDT services billed, that providers are appropriately referring children for services following EPSDT screenings and that they are appropriately coding their claims to indicate that the referral was made. LHC’ Quality Assessment Performance Improvement (QAPI) Team will review medical records for all high volume PCPs rendering care to EPSDT eligible-aged children as well as a random sampling of other primary care providers who render care to EPSDT eligible-aged children. The QM Coordinator will record medical record documentation including the dates and descriptions of EPSDT screening and treatments in the medical record review tool. Data analysts will then analyze the member’s claims history to verify that the service was billed appropriately, including coding for any referred services. When a particular provider is noted to be non-compliant, the MCHEC or LHC Medical Director may reach out to the provider to offer additional education related to EPSDT screening and billing requirements. If following this additional outreach a provider demonstrates continued non-compliance, he/she will be referred for corrective action, up to and including termination of the provider’s contract.