



2023 TENNCARE KIDS STAKEHOLDER WEBINAR

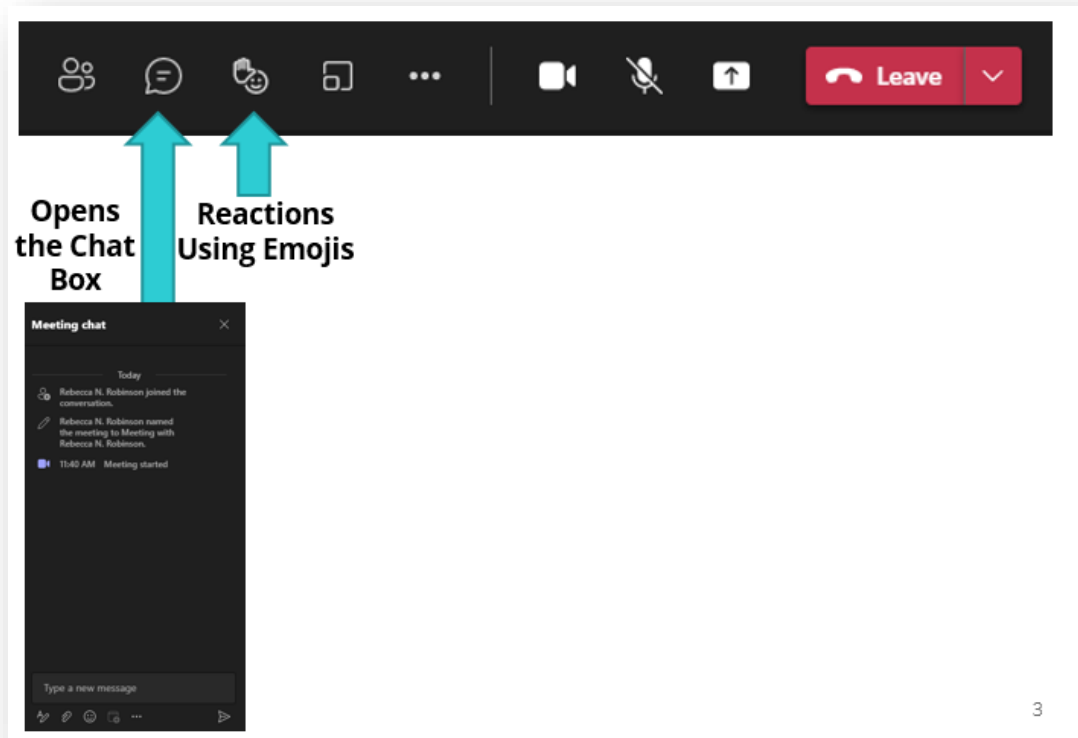
August 31, 2023

Reminders



All participants are muted upon entering to reduce background noise.

Submit questions throughout the presentation using the CHAT box. Questions will be addressed at the end of the presentation



Opens the Chat Box

Reactions Using Emojis

Agenda

- TennCare and TennCare Kids Overview
- FFY22 EPSDT Data Analysis
 - Screening Rates
 - Participant Ratio
 - Age Groups
 - County Level Analysis
- FFY24 Strategy
- Q&A

TennCare

- Tennessee's Medicaid program
- Provide health insurance to approximately 1.78 million low-income Tennesseans (~**20% of the state's population**)
- Includes approximately 850,000 children (~**50% of the state's children**)
- TennCare operates under a **managed care model**
- TennCare contracts with health insurance plans/managed care organizations (MCOs)



Who does TennCare serve?

Covers approximately 1.78 million low-income Tennesseans



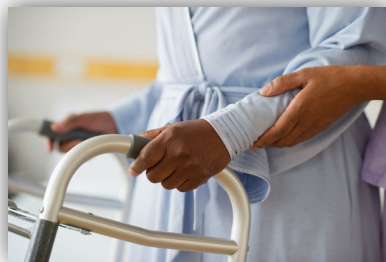
children (885k)



caretaker relatives of young children (259K)



Individuals with disabilities (261K)



older adults (6K)



pregnant women (51K)

TennCare Kids

- TennCare Kids is a full program of checkups and health care services for children from birth through age 20 who have TennCare.
- These services make sure that babies, children, teens, and young adults receive the health care they need
- Comprehensive TennCare Kids screenings follow the current, age-specific, preventive health care schedule recommended by the American Academy of Pediatrics (AAP).

Early	Identifying problems early, starting at birth
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Doing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems
Diagnostic	Performing diagnostic tests to follow up when a risk is identified
Treatment	Treating the problems found

What are Well-Child Visits?

AGE ¹	INFANCY								EARLY CHILDHOOD					
	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y
HISTORY														
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS														
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index ⁵												●	●	●
Blood Pressure ⁶		★	★	★	★	★	★	★	★	★	★	★	★	●
SENSORY SCREENING														
Vision ⁷		★	★	★	★	★	★	★	★	★	★	★	★	●
Hearing		● ⁸	● ⁹ →			★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL HEALTH														
Developmental Screening ¹¹								●			●		●	
Autism Spectrum Disorder Screening ¹²											●	●		
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●
Psychosocial/Behavioral Assessment ¹³		●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment ¹⁴														
Depression Screening ¹⁵														
Maternal Depression Screening ¹⁶				●	●	●	●							
PHYSICAL EXAMINATION¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁸														
Newborn Blood		● ¹⁹	● ²⁰ →											
Newborn Bilirubin ²¹		●												
Critical Congenital Heart Defect ²²		●												
Immunization ²³		●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia ²⁴						★			●	★	★	★	★	★
Lead ²⁵							★	★	● or ★ ²⁶		★	● or ★ ²⁶		★
Tuberculosis ²⁷				★			★		★			★		★
Dyslipidemia ²⁸												★		
Sexually Transmitted Infections ²⁹														
HIV ³⁰														
Cervical Dysplasia ³¹														
ORAL HEALTH³²							● ³³	● ³³	★		★	★	★	★
Fluoride Varnish ³⁴											●			
Fluoride Supplementation ³⁵							★	★	★		★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●



Importance of Preventive Care

Tracking
Developmental
Milestones

Immunizations

Behavioral
Health
Screenings



Oral
Health



Age Specific
Guidance
and
Education

Early
Identification
of Health
Concerns

CMS-416 Report

The screenshot shows the Medicaid.gov website. The header includes the Medicaid.gov logo with the tagline "Keeping America Healthy" and navigation links for Search, Site Map, and FAQs. A dark blue navigation bar contains links for Federal Policy Guidance, Resources for States, Medicaid (selected), CHIP, Basic Health Program, State Overviews, and About Us. The main content area is titled "Early and Periodic Screening, Diagnostic, and Treatment" and includes a breadcrumb trail: Home > Medicaid > Benefits > Early and Periodic Screening, Diagnostic, and Treatment. A sidebar on the left lists "Early and Periodic Screening, Diagnostic, and Treatment" (with sub-items: Vision and Hearing Screening Services for Children and Adolescents, Lead Screening) and "Related Resources" (with links to Medicaid and CHIP Coverage of Stand-alone Vaccine Counseling, InsureKidsNow.gov, EPSDT Information from the Health Resources & Services Administration, and CIB: The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children and youth in managed care). The main text explains the EPSDT benefit and lists four categories: Early, Periodic, Screening, Diagnostic, and Treatment.

- Annually, each state is required by CMS to report on EPSDT screening rates using the CMS-416 Form.
- The CMS-416 is based on eligible members under age 21 and the screening schedule adhered to by the state.
 - Tennessee follows the AAP Periodicity Schedule and includes all 30 visits for the required schedule.
- June: The report is submitted to CMS for the previous FFY
- October: Public posting of all states' CMS-416 data

FFY22 EPSDT Data Analysis

Federal Fiscal Years Reporting Periods and COVID-19 Impact

FFY20	October 1, 2019 – September 30, 2020
FFY21	October 1, 2020 – September 30, 2021
FFY22	October 1, 2021 – September 30, 2022
FFY23	October 1, 2022 – September 30, 2023

Current FFY

Data reviewed during today's presentation

Months impacted by COVID-19

- Closings (schools, businesses, PCPs)
- Limitations on in-person events/activities
- Reports from providers about being able to complete well child visits due to sick visits, staffing, etc.

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
FFY20	-----	2019	-----	-----	-----	-----	-----	2020	-----	-----	-----	-----
FFY21	-----	2020	-----	-----	-----	-----	-----	2021	-----	-----	-----	-----
FFY22	-----	2021	-----	-----	-----	-----	-----	2022	-----	-----	-----	-----

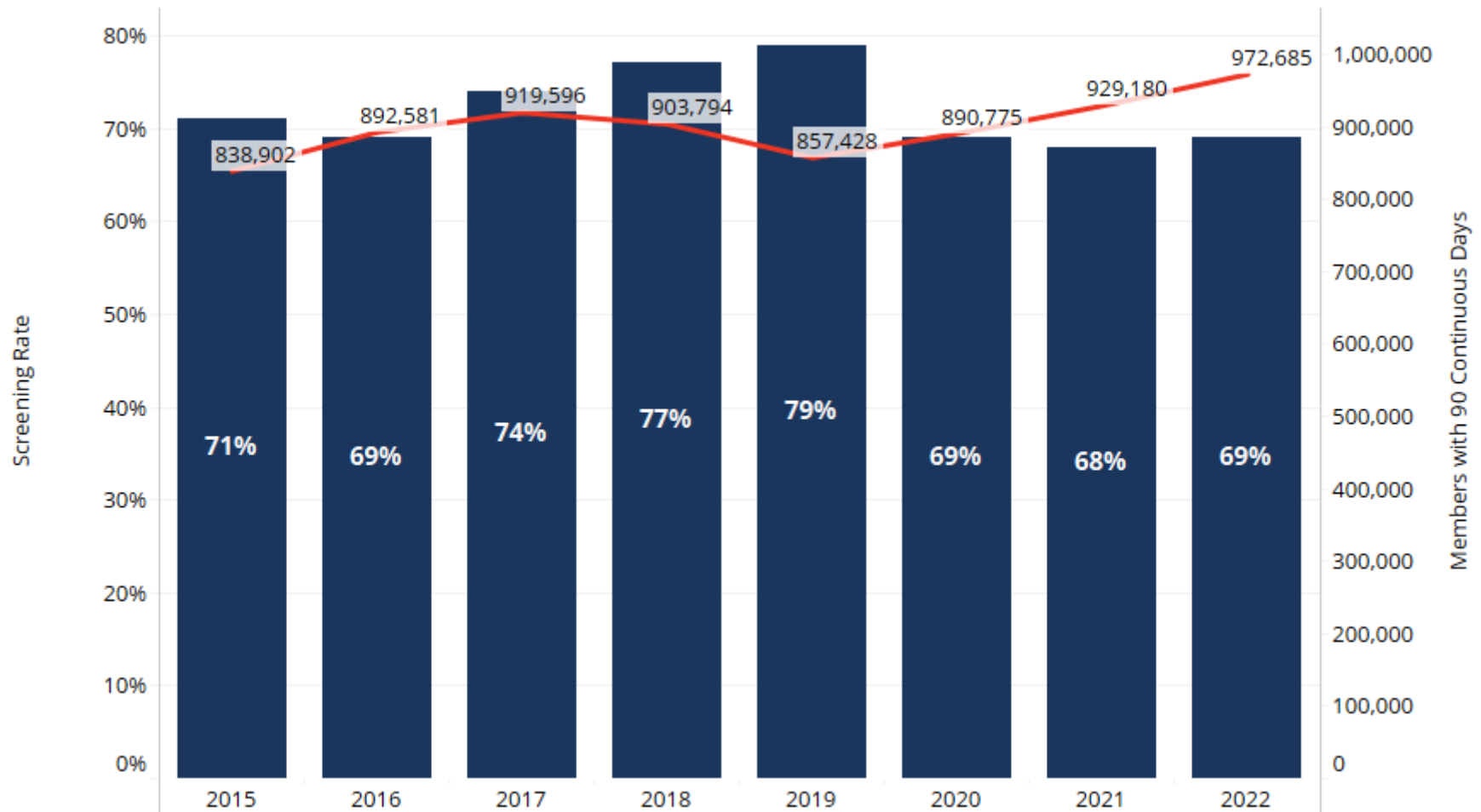
Participant Ratio vs. Statewide Screening Rate

	Participant Ratio <i>"MEMBERS"</i>	Screening Ratio <i>"SCREENINGS"</i>
Definition	Percentage of beneficiaries recommended to receive at least one well-child screening —based on the state’s periodicity schedule— who receive at least one screening.	Ratio of the total number of screenings provided to the expected number of screenings , based on the state’s periodicity schedule.
Calculation	Divide the total eligibles receiving at least <u>one</u> initial or periodic screen by the total eligibles who should receive at least one initial or periodic screen.	Divide the actual number of initial and periodic screening services received (Line 6) by the expected number of initial and periodic screening services.
Eligibles	90 continuous days	90 continuous days
Comments	A more accurate representation of children who are receiving the recommended screenings, with the exception of those under age 3.	The screening ratio data is aggregated and hence cannot be used to determine whether individual beneficiaries received the recommended number of well-child screenings.

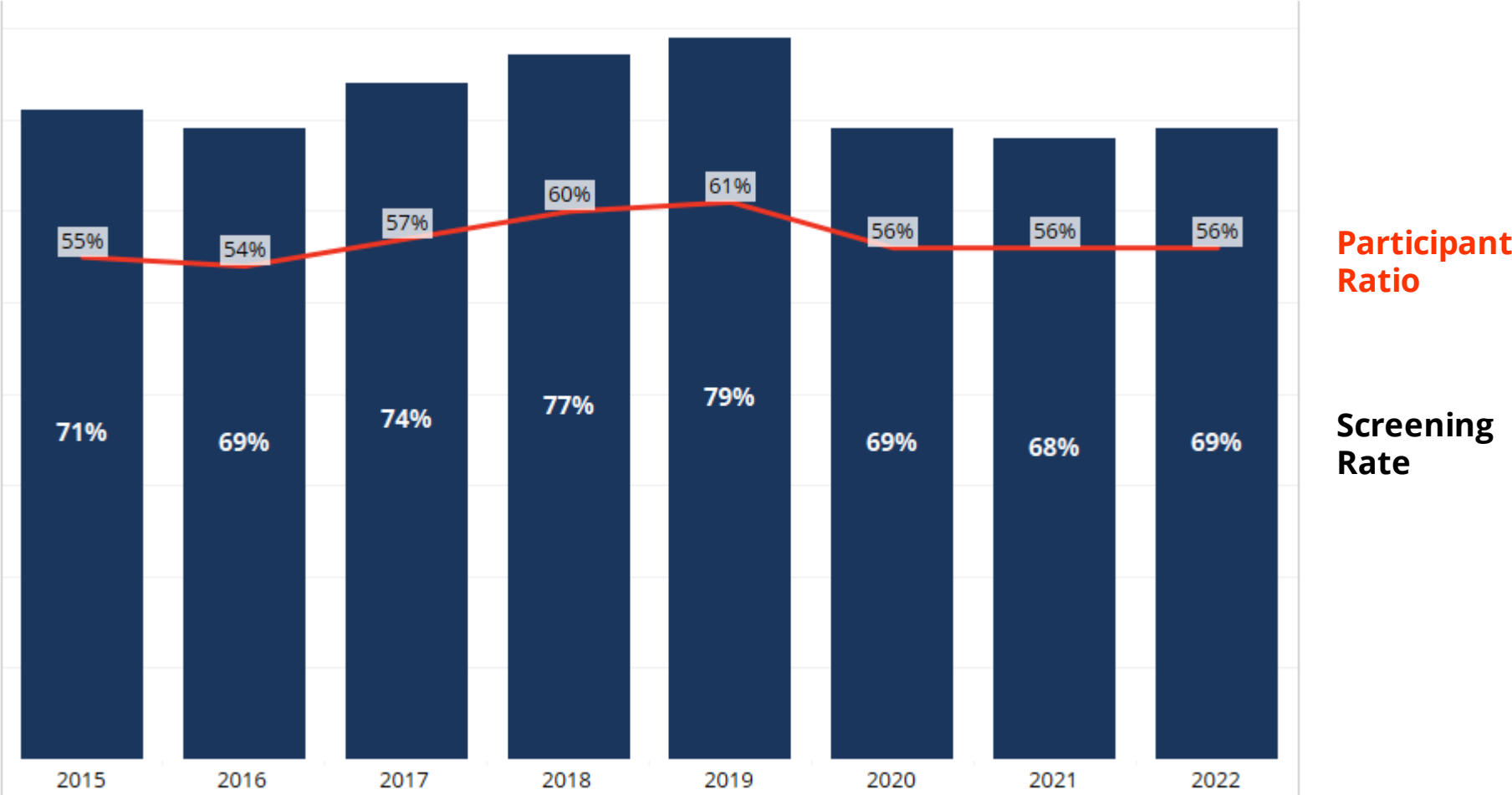
2012 – 2022 Tennessee Screening Rates

FFY	Total Individuals Eligible for EPSDT	Periodicity Schedule	Screening Rate	National Average Screening Rate
2012	887,503	30	78%	84%
2013	886,801	30	81%	86%
2014	825,949	30	73%	100%
2015	868,503	30	71%	100%
2016	924,406	30	69%	78%
2017	964,169	30	74%	74%
2018	944,763	30	77%	78%
2019	903,456	30	79%	79%
2020	937,393	30	69%	68%
2021	957,820	30	68%	69%
2022	1,001,693	30	69%	

2015 -2022 Screening Rate and TennCare Member Enrollment (90 Continuous Days)



2015 – 2022 Participant Ratio vs. Statewide Screening Rate



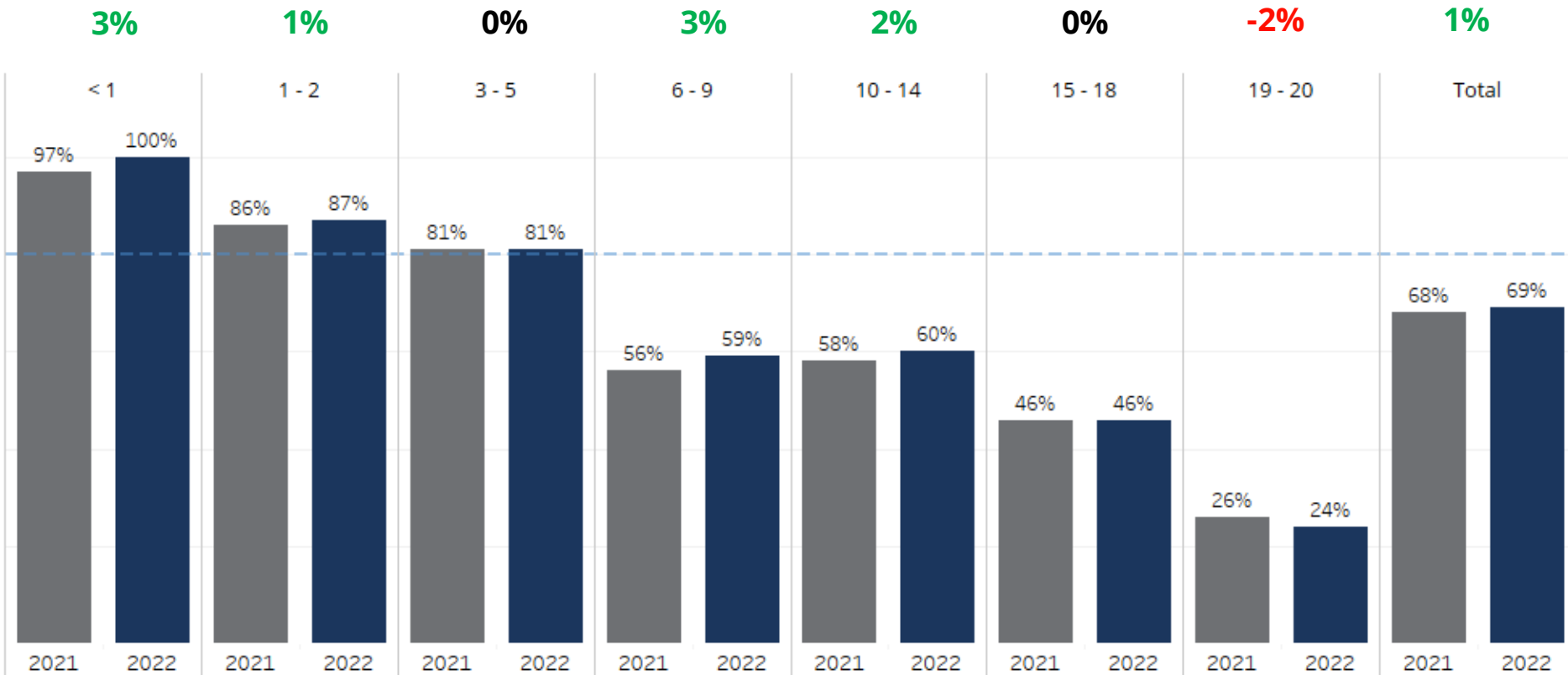
Key Differences between FFY21 and FFY22

	FFY 2021	FFY 2022	Difference from FFY21 to FFY22
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	929,180	972,685	43,505
5. Expected Number of Screenings	1,180,753	1,223,401	42,648
6. Total Screens Received	804,180	844,706	40,526
7. Screening Ratio	68%	69%	+1%
Screenings Needed to Achieve 80% Ratio	944,602	978,721	
Actual Shortfall	140,422	134,015	



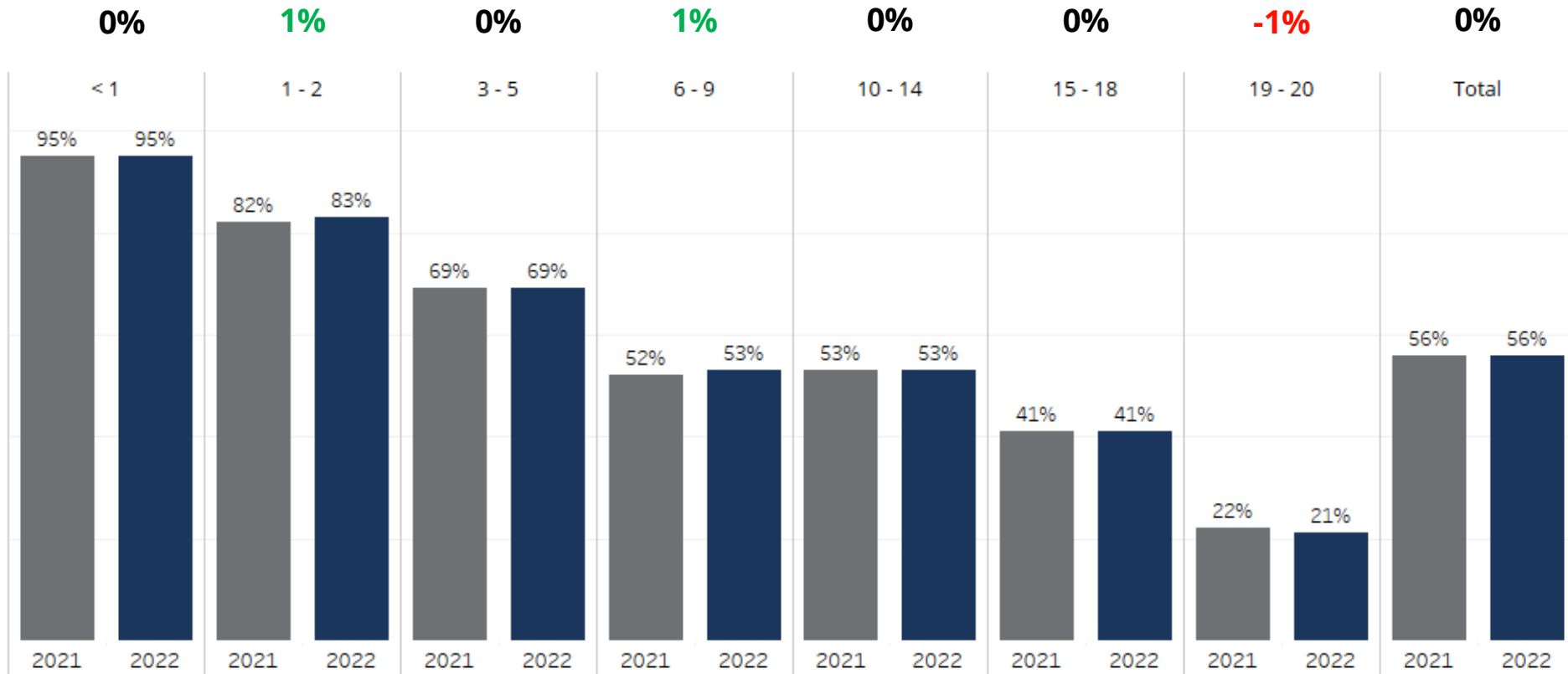
FFY21 – FFY22 Screening Rates by Age Group

Change from
FFY21 to FFY22

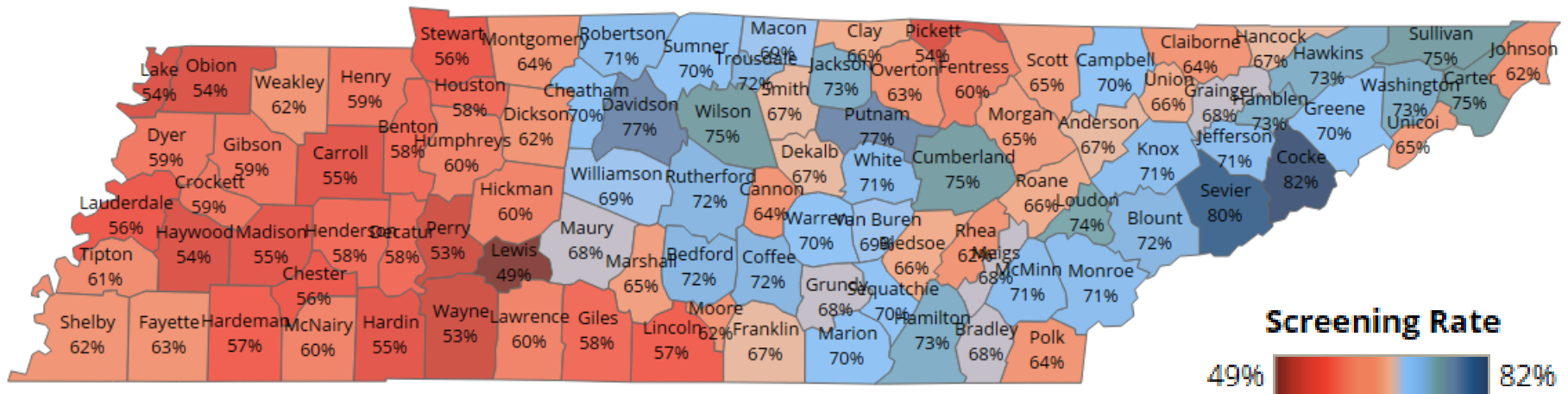


FFY21 – FFY22 Participant Ratio by Age Group

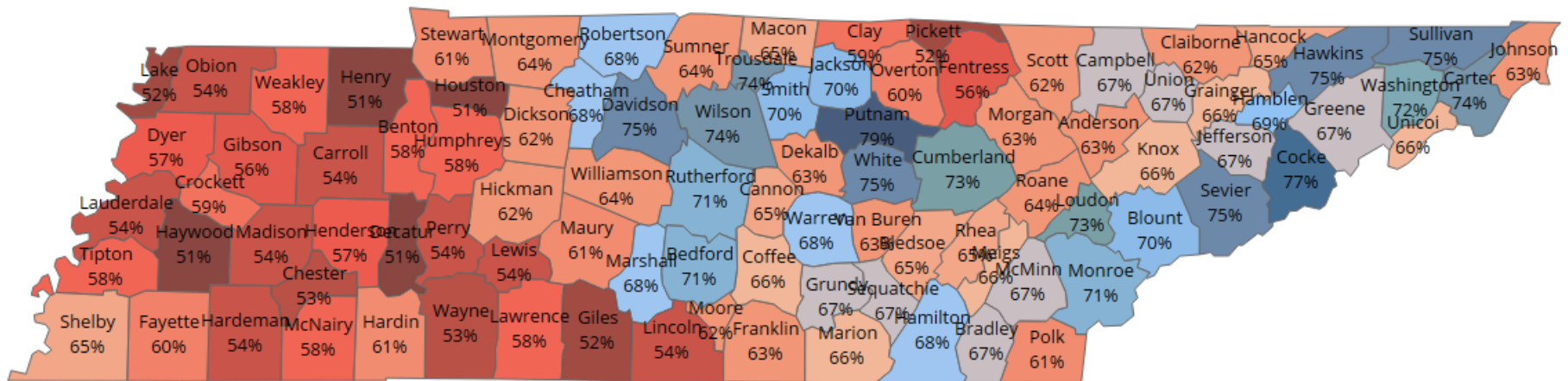
Change from
FFY21 to FFY22



FFY21 EPSDT Screening Rates by County

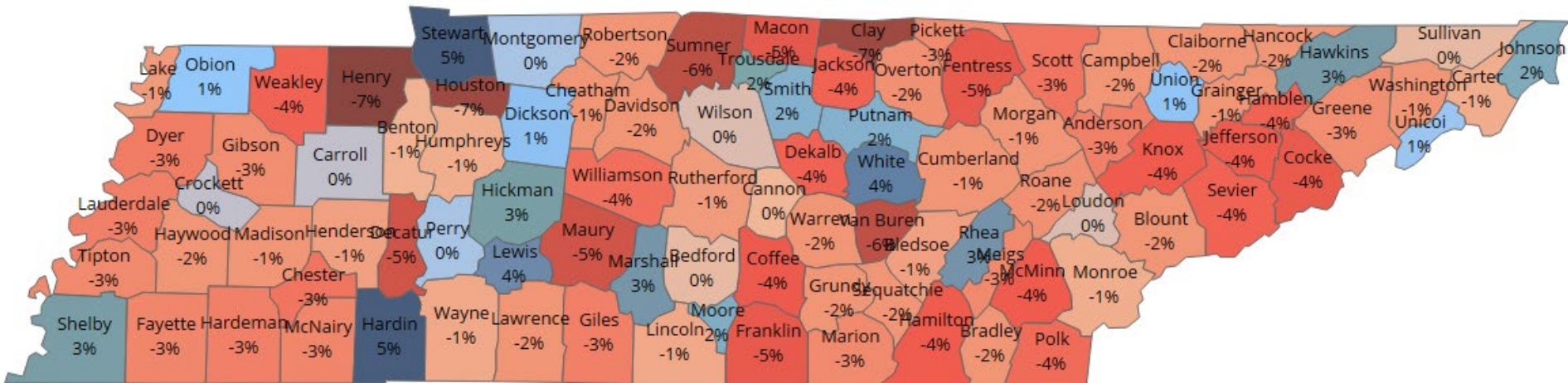


FFY22 EPSDT Screening Rates by County



FFY21 to FFY22 Screening Rate Changes by County

Screening Rate Change



FFY22 Highest Performing Counties by Screening Rate

County	FFY20 Rate	FFY21 Rate	FFY22 Rate
Putnam**	91%	77%	79%
Cocke**	87%	82%	77%
White	82%	71%	75%
Sullivan*	74%	75%	75%
Sevier**	80%	80%	75%
Hawkins	73%	73%	75%
Davidson**	79%	77%	75%
Wilson*	77%	75%	74%
Trousdale	75%	72%	74%
Carter*	74%	75%	74%



* County in the top 10 for FFY21

** Counties in the top 10 for FFY20 and FFY21

FFY22 Lowest Performing Counties by Screening Rate

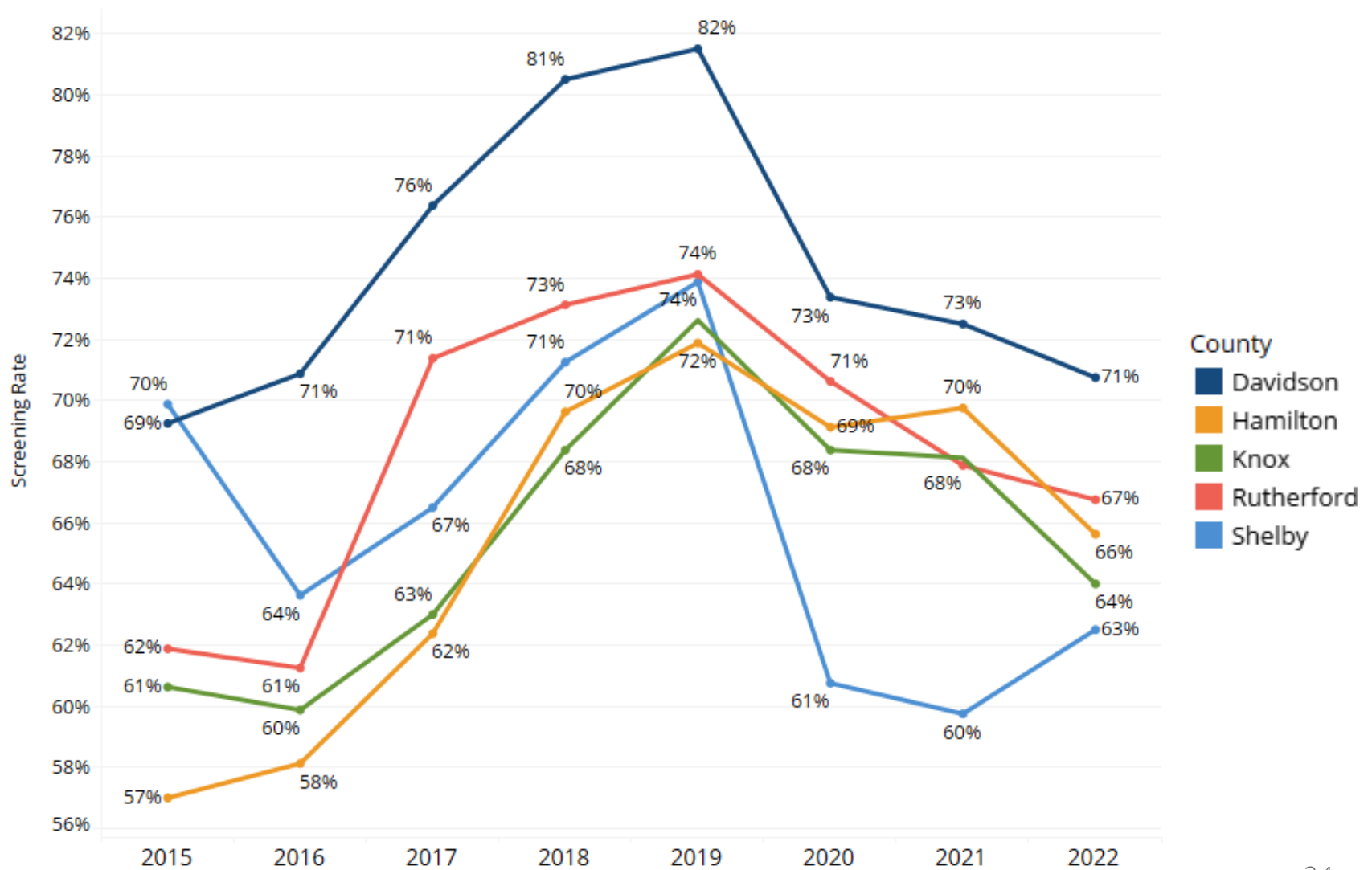
County	FFY20 Rate	FFY21 Rate	FFY22 Rate
Decatur	61%	58%	51%
Haywood**	53%	54%	51%
Henry	64%	59%	51%
Houston	60%	58%	51%
Giles	64%	58%	52%
Lake*	63%	54%	52%
Pickett*	64%	54%	52%
Chester	50%	56%	53%
Wayne*	65%	53%	53%
Carroll*	68%	55%	53%



* County in the bottom 10 for FFY21

** Counties in the bottom 10 for FFY20 and FFY21

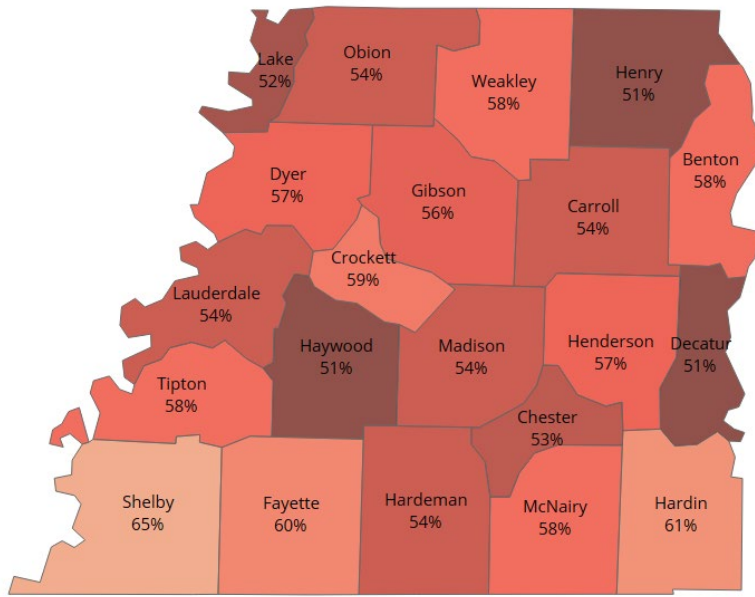
Metro Counties Screening Rate Trend FFY15 – FFY22



FY24 TennCare Kids Strategy

FFY24 TennCare Kids Strategy

Continued Focus on West TN



- Continued focus on health equity and health disparities for entire West Region
- Focus on the 10 counties with the lowest screening rates
- Focus on the 11 counties with the lowest participant ratio

Counties With the 10 Lowest Screening Rates For FY22

- Decatur
- Haywood
- Henry
- Houston
- Giles
- Lake
- Pickett
- Chester
- Wayne
- Carroll

Counties With the 11 Lowest Participant Ratios For FY22

- Perry
- Decatur
- Chester
- Henry
- Haywood
- Lewis
- Pickett
- Lincoln
- Giles
- Wayne
- Obion

The Tennessee Well Child Collaborative



The purpose of the **Tennessee Well Child Collaborative** is to foster statewide collaboration across organizations and stakeholders with the goal of **improving** the overall **health** and **wellness** of children in Tennessee, especially those served by TennCare, through **education** and **promotion** of **preventive health services**.

Thank you for watching!

Questions?

**Please contact April Cunningham-Rush @
April.Cunningham-Rush@tn.gov**

Q/A

- **Is TennCare able to provide city level data for EPSDT reporting?**
 - Although it is possible to provide city level data, we would consider it unreliable as it is not always updated frequently and there are many cases when the member populations are very small and therefore not something that we would share externally.