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Letter of Direction #96-1

Date: 06/21/2024

To: Centennial Care 2.0 Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division 

Subject: MCO Requirements for Comprehensive Well Child Check Up for Children in State Custody (CISC) Within 30 Days Repeal & Replace LOD #96

Title: Comprehensive Well Child Checkups for Children in State Custody (CISC) Within 30 Days

This Letter of Direction (LOD) outlines requirements for the Centennial Care 2.0 Managed Care Organizations (MCOs) to ensure that a comprehensive well child checkup takes place within 30 days of a child coming into state custody. This LOD also outlines reporting requirements regarding the implementation of and ongoing monitoring of comprehensive well child checkups monthly.

CYFD will be working to establish the CYFD Categories of Eligibility (COE) within 6-8 days of the child being received into state custody to ensure timely eligibility into the Medicaid system. MCO's must review the enrollment data file uploaded by HSD daily to identify Members having CYFD. (Please see LOD 69-1, 4.4.18.3.1)

The MCO must contact the Member's assigned CYFD Permanency Planning worker (PPW) within three (3) business days of notification of Member's involvement in CYFD and assign a care coordinator to engage with the Member and/or Member's team. The MCO shall request contact information for the child's caregiver, legal representative, and legal custodian during this contact. (LOD 69-1, 4.4.18.3.2)

The MCO must issue an Insurance Coverage Card to the identified Resource/Foster Family or child's caregiver within 7 days of contact with the Member's assigned CYFD Permanency Planning worker.

The MCO shall utilize the availability of internal resources such as the Member's assigned care coordinator, a community health worker, care worker or tribal liaison to contact the Member's caregiver to ensure that the well child visit is scheduled within the 30 days in collaboration with the child and the child's legal custodian (CYFD PPW), caregiver/resource parent, and parent/guardian (where appropriate) to avoid scheduling conflicts and to ensure that barriers such as transportation and language access have been addressed. The care coordination efforts must be documented.

The MCO must also provide education and assistance with accessing transportation, including Non-

Emergency Medical Transportation (NEMT), if needed to attend a comprehensive well child checkup, including providing support in scheduling transportation.

The MCO must document that CISC PPW/Care Giver were offered education on the importance of the well child checkup and the specific support provided as well as outcome of support.

The MCO will document when the child and/or caregiver/resource parent is difficult to engage, refuses care coordination, and/or declines assistance with scheduling the appointment and all efforts to engage the child and/or caregiver/resource parent. The MCO and CYFD will also document instances in which the child’s caregiver/resource parent is not able to make appointments within 30 days due to a scheduling issue in the household and will document all efforts made to accommodate any such scheduling issue.

When the child and/or the child’s caregiver/resource parent declines assistance with scheduling the appointment, the MCO will be required to follow up with the child and/or child’s caregiver/resource parent within 10 days of the declination. If the appointment has still not been scheduled, the MCO will once again offer assistance to the child and/or the child’s caregiver/resource parent.

The MCOs must utilize available provider resources, including the child’s Primary Care Provider (PCP), School Based Health Centers (SBHCs), Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and/or tribal providers to schedule the comprehensive Well-Child visit.

MCOs must also provide communication, education, and training to providers to ensure that these visits take place within the first 30 days that the Member has been taken into custody.

Correct Billing: MCO must provide education and training on correct billing to demonstrate these visits take place within the 30-day period that the member is taken into custody. The procedure codes and diagnosis codes to be used to document the receipt of an initial or periodic screening are as follows:

CPT Codes: Preventive Services*	Description
99381	New Patient under one year
99382	New Patient (ages 1-4 years)
99383	New Patient (ages 5-11 years)
99384	New Patient (ages 12-17 years)
99385	New Patient (ages 18-39 years)
99391	Established patient under one year
99392	Established patient (ages 1-4 years)
99393	Established patient (ages 5-11years)
99394	Established patient (ages 12-17 years)
99395	Established patient (ages 18-39 years)
99460	Initial hospital or birthing center care for normal newborn infant
99461	Initial care in other than a hospital or birthing center for normal newborn infant

*These CPT codes do not require use of a “Z” code.

CPT Codes: Evaluation and Management Codes**	Description
99202-99205	New Patient
99213-99215	Established Patient

**The above CPT codes must be used in conjunction with at least one of the following “Z” diagnosis codes: Z00.00 through Z00.129, Z00.8, Z02.89, and Z76.1 – Z76.2

For identification and tracking purposes diagnosis code Z62.21 Child in Welfare Custody must accompany required diagnosis codes for initial or periodic screenings.

System Edits: MCO must edit systems and provide education and training to allow reimbursement of Well Child Checks for members who have been taken into custody and have had a Well Child Check in less than 12 months before custody date. This will ensure reimbursement and the ability to demonstrate that these visits taken place within the 30-day period that the member is taken into custody.

MCOs must submit reporting of how many CISC are identified and what date the comprehensive well child checkup took place on a monthly basis. An updated template is included with the following changes that the MCO must now include going forward:

- Column N- Actual date of service if different from Appointment date in column K.
- Column O- Was NEMT utilized for this visit? Y/N
- Column P- Did the MCO schedule the appointment? Y/N

The reports are due on the 15th of each month.

This LOD will sunset upon completion of the Centennial Care Program on June 30, 2024. If the policies and/or procedures in this LOD will continue to apply in Turquoise Care, HSD will reissue the LOD under Turquoise Care or will include the direction in one or more of the following: Turquoise Care Agreement, Policy Manual, NMAC, Systems Manual, or BHSD Billing and Systems Manual.