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| LOCAL COMMISSIONERS MEMORANDUM |  
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DSS-4037EL (Rev. 9/89)

Transmittal No: 94 LCM-58

Date: May 24, 1994

Division: Health & Long Term  
Care

TO: Local District Commissioners

SUBJECT: C/THP Well Care Participation Rates

ATTACHMENTS: I - FFY'93 County C/THP Participation Report  
II - FFY'93 County Participation Rates  
(These Attachments are not available on-line.)

The county-specific C/THP Participation Report is a shortened version of the State-generated, federally required, C/THP Report. The report is based on paid Medicaid claims only and does not include services paid by third party health insurance or provided to recipients without charge.

Your county C/THP participation rate reflects the ratio of Medicaid eligible children in the county who received at least one C/THP (well-child) exam compared to the total Medicaid population of children under age 21 who should have received an exam. The report assumes that children enrolled in Managed Care programs have received one C/THP examination during their period of enrollment. This ratio does not measure whether children have received all the examinations required during the 12 month period.

The following is a detailed description of the attached reports:

Attachment I - County Specific Annual C/THP Participation Report:

- Line 1: Number of Individuals Eligible for EPSDT: this is an unduplicated count of all children in your district who were Medicaid eligible for any time period during Federal Fiscal Year 1993. Unduplicated count means that a child is counted only once even if multiple periods of eligibility occurred. Recipients are reported separately by aid category, as categorically needy (CN) or medically needy (MN).
- Line 2: Ratio of Recommended Initial/Periodic Screens Per Age Group Number: these fixed values reflect the average number of well-care exams recommended by the American Academy of Pediatrics (AAP), for children in each age group, per 12 month period.
- Line 3: Average Period of Eligibility: this figure is derived from the average number of months of eligibility per age group divided by twelve months. The result is a two digit decimal which represents the average period of eligibility across the age cohort.
- Line 4: Adjusted Ratio Recommended Initial/Periodic Screens Per Age Group Member: this calculation multiplies the ratio of recommended screens (Line 2) by the average period of eligibility (Line 3) to arrive at an adjusted ratio.
- Line 5: Proportion of Eligibles Who Should Receive at Least One Such Screening: the number 1.00 is entered if the corresponding entry on line 4 is = to or > than 1.00. The decimal is calculated on Line 4 if the corresponding entry is < 1.00.
- Line 6: Number of Eligibles Who Should Receive at Least One Screening: this calculation multiplies the number of individuals eligible for EPSDT (line 1) by the proportion of eligibles (line 5) who should receive at least one screening.
- Line 7: Number of Eligibles Receiving At Least One Initial/Periodic Screening: this data is based on FFY'93 paid claims.
- Line 8: Participant Ratio: this ratio is derived by dividing the number of eligibles receiving at least one screening (Line 7) by the number of eligibles who should have received at least one screening (Line 6). The decimal translates into the percent of eligibles who received any C/THP screening during FFY'93.

Attachment II - County Participation Rates:

This statewide report lists each individual county, the total number of eligibles in each county (from Attachment I, line 1), the total number of children participating in each county (from Attachment I, line 2) and each county's C/THP participation rate.

The Health Care Financing Administration (HCFA) sets annual EPSDT participation goals by federal fiscal year (FFY) which begins on October 1 and ends September 30 of the following year. The participation goal for New York State was 54% for FFY' 1993; the rate achieved was 65%. The participation goal for FFY' 1994 is 67% and for FFY' 1995 80%. While the 1993 rate exceeds the goal by 11%. The State must increase EPSDT participation by 26% to meet the 1995 federal goal.

If you have any questions regarding this LCM, the attached reports, or assistance with increasing your participation rates please contact Judith A. Lenihan at 1-800-342-3009 extension 4-2150 or call 518-474-2150, (User I.D. # AY1600).

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Sue Kelly  
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Division of Health and Long Term Care