

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance
Health Care Delivery Management Administration
Division of Children's Health Services



**Guidance for MCOs on Outreach Messaging for Well-Child Visits
During DC Public Health Emergency**

MCOs have reached out to the Division of Children's Health Services about the COVID-19 pandemic impact on well-child visit (WCV) utilization rates in FY20 and meeting the standards under the Salazar Consent Decree. We know during this time that there may be reluctance of Medicaid beneficiaries to go to appointments during this time of social distancing, as well as cancellations by medical providers who cannot see well patients during this public health emergency. Since none of us are sure how long this will continue, well-child visit utilization (as seen through the CMS 416 participant ratio) may be affected. We suggest that outreach is still made to the pediatric population, and if possible for younger children (under age 2) to still keep their well-child visit appointments and that calls are made to families on their overall health needs during this COVID-19 period with a reminder that well-child visits should occur when the public health emergency ends. We'd like to address the overall guidance that is being developed by the American Academy of Pediatrics and some actions MCOs can take to track who is not receiving services and what can be done after this crisis is over to ensure children being seen by pediatricians for their well-child visits.

The American Academy of Pediatrics has developed guidance for pediatricians on balancing scheduling and postponing well-child visits during this global pandemic. The link can be found here:

<https://services.aap.org/en/pages/covid-19-clinical-guidance-q-a/>

And, here's a quick summary for messaging to providers and families:

- Pediatricians may choose to only conduct well visits for newborns, and for infants and younger children who require immunizations and to reschedule well visits for those in middle childhood and adolescence to a later date.
- Pediatricians may choose to limit well visits to early morning while reserving the remainder of the day for sick visits.
- Pediatricians are encouraged to dedicate specific rooms for sick visits and well visits; or for those with multiple practice sites to consider using one office location to see all well visits (staffed by those in higher risk categories).
- Pediatricians may choose to increase their capacity to deliver telehealth. (See information in A. above.)

- When available, pediatricians are encouraged to utilize “drive through” dedicated COVID-19 testing sites. (Note Children’s National has drive-through testing site at Trinity University for pediatric patients only. See: <https://childrensnational.org/visit/resources-for-families/wellness-resources/coronavirus>).

MCOs need to balance the outreach functions for getting children into well-child visits with meeting other needs of the MCO during this time. Caring for the population at this time is the top priority, and meeting the participant ratio marker is something we can discuss at a later time after this crisis period. If possible, MCOs should track beneficiaries missing or cancelling scheduled appointments and providers cancelling appointments due to COVID-19. We can discuss reporting on this at the EPSDT Working Webinar on April 8th, and have an overall plan for all MCOs. DHCF will also consider any guidance from CMS (as this will affect utilization numbers nationwide) and the Salazar Court (if needed) with respect to any changes for the FY20 CMS-Form 416.