Understanding the Early and Periodic Screening, Diagnostic and Treatment Benefit

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Launched in 2016 by:
• U.S. Department of Education (ED)
• U.S. Department of Health and Human Services (HHS)
Support and current leadership from:
• Healthy Schools Campaign (HSC)
• Trust for America’s Health (TFAH)
15 Participating State Teams
Early and Periodic Screening, Diagnostic and Treatment Benefit
Today’s Speakers

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Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Overview

January 7, 2019
Medicaid

• Administered by each state, according to broad Federal requirements.
• Wide array of mandatory and optional benefits.
• Each state has a Medicaid state plan, an agreement between the state and the federal government describing how each state administers its Medicaid program.
What is EPSDT?

• Mandatory benefit for most individuals under age 21
• EPSDT is a benefit, not an eligibility option or a “program”
• Acronym “EPSDT” is used to mean “well-child visit”, as well as necessary treatment services under §1905(a) of the Social Security Act.
• The goal of EPSDT is to provide the right care to the right child at the right time in the right setting.
Why Do We Have EPSDT?

• Authorized in 1967
• In 1989, changed from “may” provide other 1905(a) services to “must.”
• Services and requirements have evolved over the years
Periodicity Schedules

• States must establish a distinct periodicity schedule for: screening (well-child visits), vision, hearing and dental services.

• States have the option to adopt national periodicity schedules, such as Bright Futures, for implementation within their state.
Required Components: Early and Periodic Screening

§ 1905(r) Social Security Act requires:

Screening Services

- Comprehensive health/developmental history
- Comprehensive unclothed physical
- Appropriate immunizations according to the Advisory Committee on Immunization Practices (ACIP)
- Laboratory tests- including blood lead test
- Health education (anticipatory guidance)
Required Components: Early and Periodic Screening

- Vision Services
- Dental Services
- Hearing Services
Required Components: Diagnostic

Diagnostic Services

• When a screening examination indicates the need for further evaluation of a child’s health, the child should be appropriately referred for diagnosis without delay.
Required Components: Treatment

Treatment Services

• EPSDT requires the provision of all medically necessary services listed in section 1905(a) of the Act, whether or not the state covers the services for adults

• Services that maintain or improve the child’s current health condition are required by EPSDT

• Services can “ameliorate” a condition but does not “cure” it
# 1905(a) Medicaid Benefits

<table>
<thead>
<tr>
<th>Mandatory Benefits</th>
<th>Optional Benefits</th>
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</thead>
<tbody>
<tr>
<td>• Inpatient hospital services</td>
<td>• Prescription Drugs</td>
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<tr>
<td>• Outpatient hospital services</td>
<td>• Clinic services</td>
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<tr>
<td>• EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services</td>
<td>• Physical therapy</td>
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<tr>
<td>• Nursing Facility Services</td>
<td>• Occupational therapy</td>
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<td>• Home health services</td>
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<td>• Physician services</td>
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<td>• Rural health clinic services</td>
<td>• Other diagnostic, screening, preventive and rehabilitative services</td>
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<td>• Federally qualified health center services</td>
<td>• Podiatry services</td>
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<td>• Laboratory and X-ray services</td>
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<td>• Family planning services</td>
<td>• Dental Services</td>
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<td>• Nurse Midwife services</td>
<td>• Dentures</td>
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<tr>
<td>• Certified Pediatric and Family Nurse Practitioner services</td>
<td>• Prosthetics</td>
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<tr>
<td>• Freestanding Birth Center services (when licensed or otherwise recognized by the state)</td>
<td>• Eyeglasses</td>
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<tr>
<td>• Transportation to medical care</td>
<td>• Chiropractic services</td>
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<td>• Tobacco cessation counseling for pregnant women</td>
<td>• Other practitioner services</td>
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<td></td>
<td>• Private duty nursing services</td>
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<td>• Personal Care</td>
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<td>• Hospice</td>
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<td>• Case management</td>
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<td></td>
<td>• Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)</td>
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<td>• Services in an intermediate care facility for Individuals with Intellectual Disability</td>
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<td></td>
<td>• TB Related Services</td>
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<td></td>
<td>• Inpatient psychiatric services for individuals under age 21</td>
</tr>
<tr>
<td></td>
<td>• Other services approved by the Secretary*</td>
</tr>
</tbody>
</table>
Medical Necessity

- Determined on an individualized basis, taking into account the individual child’s needs.
- States may set tentative limits on the amount of treatment services a child may receive and require prior authorization for coverage of medically necessary services above those limits.
- Treating health care provider makes a recommendation for appropriate services.
- If there is a difference of opinion, the state makes a decision based on the evidence.
Medical Necessity

• EPSDT does not require:
  o Coverage of experimental treatments or items; these items may be covered at the state’s discretion if effective to address the child’s condition.
  o Coverage of services or items not generally accepted as effective
  o Services for caregiver convenience
• States may consider the relative cost effectiveness of alternatives as part of the authorization process
• Children age out of EPSDT at age 21
Managed Care and EPSDT

• All EPSDT requirements must be adhered to, regardless of delivery system.
• The State is responsible for medically necessary services not included in the managed care contract.
• 42 CFR 438.10 requires Managed Care Organizations (MCO) to provide informing materials to beneficiaries/enrollees on how to access benefits not covered under the contract.
State Plan Information

- All EPSDT services must have a reimbursement methodology in the state plan
- EPSDT services can be placed under item 4b or under the specific 1905(a) benefit category in the-state plan
Resources

• **The EPSDT Coverage Guide**, June 2014. The intent of this guide is to have one place for easy reference to current CMS EPSDT policy:
  

• **EPSDT in Managed Care CMS Informational Bulletin**, January 2017:
  
Questions?

Thank you

The CMS team is always available to assist with any EPSDT questions.

Please direct EPSDT specific questions to:
EPSDT@cms.hhs.gov