

Introduction to “EPSDT” for PHPs

**Medicaid’s Benefit  
for Children:**

**Comprehensive, Flexible  
and Individualized  
Healthcare Focused on  
Prevention and Early  
Intervention**



## Medicaid's Mission for Members Under 21 Years Old

*“Children's health problems should be addressed before they become advanced, challenging or debilitating and before treatment becomes difficult, complex and more costly.”*

## ***Role of the State Medicaid Agency:***

***The State Medicaid Agency is accountable and responsible for the implementation of the federal healthcare plan, whether directly administering the program as fee-for-service or through execution of managed care contracts.***

### The State Medicaid Agency Must:

- ***Make available***, either directly or by arrangement, a variety of individual and group ***providers*** qualified and willing to provide a covered service. For children under 21, states must ensure that these providers are available when a service not covered by State Plan or Policy is found to be medically necessary;
- ***Enroll*** providers, set reimbursement ***rates***, set ***provider qualifications*** and assure the means for ***claims processing***;
- ***Inform*** families/caregivers of child Medicaid beneficiaries of EPSDT's benefit guarantees, availability of early and periodic screens and other program-specific characteristics; and
- Assure that ***assistance*** is provided for children to participate in Early and Preventive Screens, including facilitating scheduling and transportation.

## States Continue to Be Accountable for Uniform and Consistent Implementation of EPSDT Benefit Guarantees for Medicaid Members

### In MCO / Federal Waiver Environments, States Must Assure that:

- MCOs do not use a definition of medical necessity for children more restrictive than the federal (EPSDT) definition;
- MCOs are trained and informed about EPSDT requirements;
- MCOs inform all families of services and access under the EPSDT benefit.
- MCOs make all services listed in the Social Security Act 1905(a) available to child beneficiaries.
- *State monitoring and quality assurance strategies for MCOs are in place.*



# Early and Periodic Screening, Diagnostic and Treatment Services

## States Continue to Be Accountable for Uniform and Consistent Implementation of EPSDT Benefit Guarantees for Medicaid Members

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Abstract of CMS  
January 2017  
guidance on EPSDT  
benefit, requires the  
integrity of the  
benefit in managed  
care business  
environments.

- **States remain responsible** for implementing the *entirety* of the EPSDT benefit, in both fee-for-services and in future waiver/managed care environments.
- Should managed care contracts be crafted which 'carve out' specific, covered services (for example, preventive visits or hospital care for specific conditions) the state Medicaid Agency will remain responsible for assuring that services coverable under Sec 1905(a) which do not appear in state plan, or are coverable with policy limitations in quantity or frequency, will be made available to child beneficiaries when EPSDT's standards of medical necessity are met.
- States will continue to be responsible for annual reporting of child beneficiary participation in Early and Preventive Screening (CMS 416).

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib010517.pdf>

## State Partners Must be Good Stewards of the EPSDT Benefit Guarantees

In January 2017, CMS released EPSDT benefit policy guidance, in support of the integrity of the benefit in managed care business environments.



### *Medicaid's Final Managed Care Regulations Language:*

“Each contract ... must do the following: ... Require that the services identified in paragraph (a)(1) of this section be:

furnished in an amount, duration and scope that is no less than the amount, duration, and scope for the same services furnished to beneficiaries under FFS Medicaid

as set forth in § 440.230 of this chapter, and for enrollees under the age of 21, as set forth in **42 U.S.C. § § 1396a(a)(43) and 1396d(r).**”

# Early and Periodic Screening, Diagnostic and Treatment Services

Social Security Act § 1905(r): States must provide “Early and Periodic Screening, Diagnostic and Treatment Services” to **‘Correct or Ameliorate’** Diagnosed Physical, Behavioral or Developmental Health Conditions and Defects”

## The Cornerstones of the Children’s Medicaid Benefit

- ***Individualized care.***
- ***Coverage for acute, chronic and developmental problems.***
- ***Broad, Federally Defined Menu of Medical Care***
- ***National Standard of Review for Medical Necessity.***

The benefit is designed to provide treatment tailored to the ***individualized*** and ***unique*** needs of Medicaid’s kids. The EPSDT guarantees support the benefit to ‘breathe’ in response to the changing medical needs of covered children.

The benefit is responsive to both acute medical conditions and difficulties in achieving normal developmental milestones. The ‘developmental’ sensitivity of the Medicaid Benefit for kids is a ‘one-of-a-kind’ coverage highlight.

Coverage is limited only by the federal menu of coverable medical services found at ***§ 1905(a) of the Social Security Act***, and ***not*** by any state menu of coverable services or limits and qualifying conditions of state clinical policies.

# Medicaid's Benefit for Children: Time for Plain Talk!

## EPSDT **is** :

- A comprehensive healthcare plan focused on **prevention** and **early, best-practice treatment**.
- A **flexible and seamless plan** with a broad menu of medical treatments, products and services available to be tailored to children's **individual** and **developmental** needs, not to private insurer benchmarks.



## EPSDT **is not**:

- A special funding program.
- A stand-alone coverage with a special application process.
- A freestanding funding source for a limited class of services.



## *EPSDT Benefit Encourages Quality Medical Care!*

### ✓ Treatment for the ‘whole child’

Treatment need not ameliorate the child's condition taken as a whole, but need only be medically necessary to ameliorate one of the child's diagnoses or medical conditions. Treatments may be approved to **palliate** medical conditions.



### ✓ Effective ‘Standard of Care’ Treatment

Treatments and services should be evidence-based and reasonably expected to be effective **to correct or ameliorate** a child beneficiary’s diagnosed condition.

# Just What is an “EPSDT” Service ?

## ✓ **E**arly, **P**reventive **S**creening:

### *Early and Periodic Screening (Wellness Visits)*

*Health problems detected and diagnosed early may lead to more effective care and remediation.*

- complete physical,
- detailed history,
- hearing, vision and developmental screens,
- immunizations, and;
- caregiver guidance.

## ✓ Individualized **T**reatment:

### *Any treatment or service covered by the Medicaid Act*

- even when the service isn’t contained in a State’s Plan, or;
- when the service is necessary at frequencies, amounts or in locations not covered by clinical policy, or;
- when the service request fails policy criteria established by state Medicaid agency or its contracted agents.

## Preventive Care:

Overview of  
“Early and  
Periodic  
Screening,  
Diagnostic and  
Treatment”  
Services



- ***The Right Care,***
- ***At the Right Time***
- ***For the Right Child***

# “EPSDT” Means Best Practice Preventive Care for Children

Preventive health visits are provided at intervals recommended by the American Academy of Pediatrics (AAP “**Bright Futures**” Publication).

## *Required Components of a Periodic Screen:*

- Comprehensive health history and unclothed physical exam
- **Surveillance/screening for developmental and behavioral health problems**
- **All recommended (ACIP) immunizations**
- Vision, hearing and dental health screenings
- Routine and medically necessary lab testing
- Health education and anticipatory guidance to family
- **Referral for any suspected or diagnosed health conditions**



Good Health Starts with  
Well Planned, Family  
Focused Preventive Care!

**All AAP recommended components of early and periodic preventive health are best provided in primary care setting.**



*Periodic Screens are the primary methodology for assessment of:*

- *General health and well-being,*
- *Vulnerabilities to routine, acute health challenges,*
- *Protective factors, both inter- and intrapersonal,*
- *Risk factors,*
- *Early identification and treatment/referral for chronic problems,*
- *Family, environmental and social factors impacting health.*



## The Uniform Professional Medical Necessity Review per Federal EPSDT Criteria is:



*The Heartbeat  
of Medicaid's Child Benefit*

## Remember the Basics!

*Before an adverse benefit determination is issued for a child Medicaid beneficiary, the EPSDT benefit requires:*

- An individualized case review;
- by an appropriately licensed healthcare professional;
- applying a uniform standard of pediatric medical necessity.



# Early and Periodic Screening, Diagnostic and Treatment Services

## Remember the Basics!

*Only §1905(a) of the Social Security Act Defines a Child's Menu of Available Services*



There are categories of services and supplies listed in the Social Security Act, but a state may not specify an exclusionary list of specific items which it will cover within those categories.




The choice of services is driven by the *review of an individual case* determining medical necessity unique to that child's needs, and not by a list of available products, services or treatments.



## Remember the Basics!

### The EPSDT Medical Necessity Review is the Heartbeat of Medicaid's Benefit for Children

Decisions on medical necessity of a treatment, product or service requested for Medicaid enrolled children are based on:

-  **Traditional evidence** (patient-centered or scientific evidence for children) grading with a hierarchy or algorithm of standards should be applied.
-  In the absence of available traditional evidence or algorithms, **professional standards of care** for children must be considered.
-  Finally, **consensus expert pediatric opinion** may serve as references for defining essential pediatric care when other, more rigorous standards are not available.



Source: <http://pediatrics.aappublications.org/content/pediatrics/132/2/398.full.pdf>

## The “Correct or Ameliorate” Standard



### Ameliorate

*“To make more tolerable”*

- improve or **maintain** the recipient’s health in the best condition possible,
- compensate for a health problem,
- **prevent it from worsening**, or
- **prevent the development of additional health problems**



The federal government’s intent was to both *relieve children’s suffering* and to *prevent the development and progression of debilitating and difficult/expensive to treat health conditions.*

## Pathways to an EPSDT Medical Necessity Review

### Remember!

*A required component* of a properly requested service is the requestor’s rationale for medical necessity by EPSDT standards. Documentation that the service is standard of medical care, safe and evidence-based treatment for the child and his/her unique medical conditions must accompany the request.

It is the responsibility of the ordering practitioner to provide documentation for medical necessity per EPSDT Criteria.

### An EPSDT Medical Necessity Review is required whenever:

#### **A properly requested service, product or treatment:**

- Is not included in Medicaid’s State Plan/Covered by State Clinical Policies;
- Is requested at frequencies, amounts quantity or in durations that exceed a state policy limit;
- Would be denied should State Policy limits, exclusions or definitions be applied.

# Important EPSDT Benefit Details

## Pathways to an EPSDT Medical Necessity Review

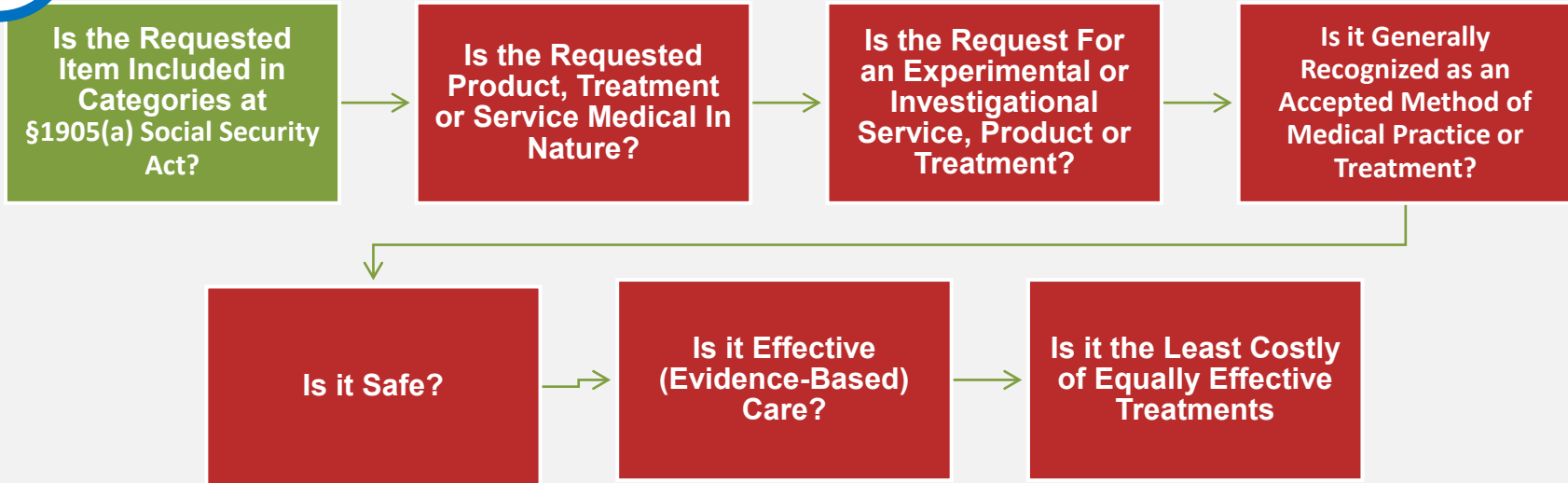
The EPSDT benefit 'runs in the background' 24/7

**Any properly submitted request for a Medicaid service for a beneficiary under 21 years old will receive a medical necessity review per EPSDT federal criteria before an adverse benefit determination is issued.**

- A parent/caregiver may make a request for services.
- EPSDT does NOT eliminate the need for prior approval if prior approval is required.
- A non-covered service request (EPSDT) is usually made through an ordering practitioner/provider, as the provider must substantiate medical necessity.
- When state staff or vendors review a covered state Medicaid plan services request for PA or continuing authorization for an individual under 21 years of age, the review will apply the EPSDT criteria

# EPSDT Benefit and Pediatric “Medical Necessity”

## The Pathway of a Medical Necessity Review per EPSDT Federal Criteria:




### Remember:


- The term **‘Medically Necessary’** pertains to a **‘Medical Service’** and to its purpose to **“Correct or Ameliorate”** a diagnosed **medical** condition. These decisions are made by appropriately licensed medical professionals, and they pertain to services coverable at § 1905(a) of the Social Security Act.

## Remember the Basics!

### The EPSDT Medical Necessity Review

#### Considering the Weight of Scientific Evidence in Denying Services, Products and Treatments for Medicaid Members under 21:

 ***Lack of conclusive scientific evidence should not be the sole reason for a denial or modification of coverage.*** (AAP – 2005 recommendations).

 ***Operationalize the “Ameliorate Standard” in decisions.*** Consider “achieving, maintaining or restoring health and functional capacity” .

 Consider age, developmental status and ***most appropriate setting for delivery of the service*** (Olmstead, 1999).

**Source:** <http://pediatrics.aappublications.org/content/pediatrics/132/2/398.full.pdf>

Remember the Basics!

## The EPSDT Medical Necessity Review

**PHP's Should Ensure that EPSDT Reviewers Have Reference and Training Resources Available to Support Appropriate Decisions:**



***Habilitative V Rehabilitative Services.***

(Review most recent professional guidance on ordering of OT/PT and Speech services and Services for ASD children.)



***Authorizing Prescriptions for second / third line and off-label medications and treatments.***

(Consult most recent peer-reviewed journals as well as standard publications.)

**Source:** <http://pediatrics.aappublications.org/content/pediatrics/132/2/398.full.pdf>

## ***A Word of Caution!***

### *Habilitative Services and Emerging Best Practice*

#### **Interpretation of:**

- *service definitions* in State Plans;
- the inclusion of services defined as ‘*medical* in nature’, and;
- the borderlines between ‘*habilitative*’ (waiver) services covered under 42 U.S.C. §1396n(c)(5)(A) of the Social Security Act and ‘*rehabilitative*’ (medical) services coverable under 42 U.S.C. § § 1396a(a)(10)(A), 1396a(a)(43), § 1905 (a)(r) of the Act; may need *careful review* based on medical diagnoses, evolving best practice treatments and changing federal guidance.



# Important EPSDT Benefit Details

## There Are No “Quantity or Upper Limit” Caps on Services

- Specific limits (number of hours, number of visits, or other limitations on scope, amount or frequency) in PHP/State clinical coverage policies, service definitions, or billing codes *do not apply* to children’s Medicaid beneficiaries.
- If a service is requested in quantities, frequencies, or at locations or times exceeding state policy limits and the request is reviewed and approved per EPSDT criteria as ***medically necessary to correct or ameliorate a defect, physical or mental illness***, it must be provided.
- This includes limits on visits to physicians, therapists, dentists, or other licensed clinicians.
- Medicaid’s payment is the complete payment to the provider for a service. There is never a cost or co-pay to the beneficiary / family for a service covered by Medicaid for Children.

# Important EPSDT Benefit Details

## No Limits on Location, Multiple or Same-Day Services

Restrictions in coverage policy or benefit plan **must be waived** if an *EPSDT review* finds them medically necessary. This includes limits on:

- *location* of service
- prohibitions on *multiple services on same day*
- prohibitions on multiple services at the *same time*

# EPSDT Benefit and Reviewing Details of “Medical Necessity”

## The EPSDT Benefit Has No ‘Cost – Based’ Criteria For Approval

Decisions on Medical Necessity are **Always** Pinned to Member’s Clinical Condition as Documented by the Practitioner Requesting the Service.

- A decision that a service coverable under the Medicaid Act will be approved is based solely on it’s medical necessity to ‘correct or ameliorate’ a health condition.
- A non-covered service request is usually made through an ordering practitioner/provider, as **the provider must substantiate medical necessity.**
- **Remember!** Requested services must be Medical in Nature’ and must be included in the broad categories of serv’ices listed at § 1905(a) of the Social Security Act.



## When an EPSDT Medical Necessity Review Results in a Denial or Modification of a Service Request:



*A Clear, Easy to Read and Detailed Rationale Is Essential in Notices of Adverse Benefit Determination*

# Crafting Effective EPSDT Communications

## Remember the Basics!

Careful Crafting of Notices is Essential, and It's the Law! (Due Process)

*“The beneficiary or member must understand clearly the reasons for denial, reduction or termination of any Medicaid service”. ( Goldberg v Kelly, 1977)*

**Always Include Both the ‘Local Policy’ and Federal  
EPSDT Criteria Rationales in  
Notices of Adverse Benefit Determination**

# Crafting Effective EPSDT Communications

## Remember the Basics!

### Careful Crafting of Notices is Essential, and It's the Law! (Due Process)

The beneficiary or member must understand clearly the reasons for denial, reduction or termination of any Medicaid (or Waiver) service. (*Goldberg v Kelly*, 1977)

### ***Avoid passive voice in your notices:***

- *Passive:*  
“Your service request was denied by our utilization review team.”
- *Active:*  
“Our utilization review team denied your service request.”

# Crafting Effective EPSDT Communications

## Remember the Basics!

### Careful Crafting of Notices is Essential, and It's the Law! (Due Process)

#### ***Keep Language and Phrases Plain and Simple:***

- Avoid the words 'eligible', 'determination' or other words that would you'd think to be 'technical jargon'

#### ***Less is More!***

- Keep your sentences short: 15 words or less.

#### ***Use a simple 'Subject – Verb – Object Sentence Format.'***

- Avoid linking ideas in one sentence with 'or', 'and', 'but', etc.....