



EPSDT: A Primer on Medicaid's Pediatric Benefit

What is EPSDT?

Under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit (§1905(r)), states are required to provide comprehensive services and furnish all coverable, appropriate and medically necessary services needed to correct and ameliorate health conditions, even if such services are not included in the Medicaid state plan. Additionally, states are required to inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations.

► Early and Periodic Screening

States must assess and identify problems early by checking children's health at periodic, age-appropriate intervals. These intervals are typically defined through a periodicity schedule, with many states relying on the Bright Futures periodicity schedule developed by the American Academy of Pediatrics, though a separate periodicity schedule is required for dental services. The periodic checkups must include physical, mental, developmental, dental, hearing and vision screenings, along with any others necessary to detect potential problems.

Screening services include:

- Comprehensive health and developmental history;
- Comprehensive, unclothed physical exam;
- Appropriate immunizations based on the Advisory Committee on Immunization Practices;
- Laboratory tests;
- Health education;
- Vision services;
- Dental services;
- Hearing services and
- Other necessary health care services found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in the Medicaid state plan.

Notice that last category? It is loaded with terms of art that are important to understand. First, the service must be considered medically necessary. According to CMS, a determination of whether a service is medically necessary must be made on a case-by-case basis, taking into account a particular child's needs. Practically, this means that states may not impose hard limits on pediatric services because the service could be medically necessary for some children. States may impose tentative limits on services pending an individualized determination, a decision shared by the state and the child's treating provider, but absolute limits are not allowed. Second, the service must be provided regardless of whether it is covered under the state plan, as long as it could be covered under the plan. So under this standard, states must cover all of the mandatory and optional services listed at §1905(a) under EPSDT (services not listed at §1905(a) do not have to be provided, even if medically necessary).

Diagnostic

If a screening examination indicates that further evaluation is needed, states must provide diagnostic services.

Treatment

All physical and mental illnesses or conditions discovered by any screening or diagnostic procedure must be treated, regardless of whether the health services for such treatment are otherwise covered under the Medicaid state plan.



► How is EPSDT monitored?

EPSDT is the definitive standard for children's health coverage and its aim is to ensure children receive all the pediatrician recommended health care services needed to develop and thrive. However, it is difficult to monitor the provision of EPSDT services to determine whether the law is being implemented in a way that fulfills its promises.

Adding to the complexity, the responsibility to provide the full array of EPSDT benefits may shift depending on whether the child is enrolled in Medicaid fee-for-service or managed care. Ultimately, the state is always responsible, but managed care plans may also have affirmative duties to ensure that enrollees are provided with the required screenings, diagnostic procedures, and treatment. Monitoring care in the managed care setting is increasingly important as more and more states rely on managed care delivery systems. In 2013, more than two-thirds of children in Medicaid and CHIP were served by managed care plans.

States report EPSDT information to HHS on Form CMS-416. The form includes 14 questions, broken down into a total of 25 data points, for seven age groups. The bulk of the questions are designed to gather the relevant data points to calculate the screening ratio (expected number of screenings to total screens received), the participant ratio (total number of children who should receive at least one screen to total children actually receiving at least one screen), and the provision of dental services. Although Form CMS-416 collects EPSDT information from all states, it is unclear whether it accurately captures all the relevant data. Additionally, some states may not have provisions in place to ensure that managed care plans provide states with encounter data sufficient to accurately populate the form for children enrolled in managed care.

Interested in learning more about EPSDT in your state?

Here are some helpful online resources:

- CMS' EPSDT Guide for States: bit.ly/Uo5S89
- CMS' related data resources, including CMS-416 and the CHIPRA Initial Core Set of Children's Health Care Quality Measures: bit.ly/1XVGCKi
- NHeLP's 30 Questions to Ask about Managed Care and EPSDT: bit.ly/1oBntla
- HHS OIG report: Most Medicaid Children In Nine States Are Not Receiving All Required Preventive Screening Services (May 2010): 1.usa.gov/1QEXLiF
- HHS OIG follow-up report: CMS Needs To Do More To Improve Medicaid Children's Utilization of Preventive Screening Services (November 2014): 1.usa.gov/1WJk1pZ