

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Georgetown University
Health Policy Institute

CENTER FOR CHILDREN
AND FAMILIES

EPSDT EDUCATION FOR PROVIDERS AND ADVOCATES

WEDNESDAY, JULY 18TH
1 PM – 2:30 PM EASTERN

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AGENDA OVERVIEW

Welcome and Introductions

Marielle Kress, MPP, Director, Federal Advocacy, American Academy of Pediatrics

Guaranteeing Comprehensive Pediatric Benefits for Over 50 Years

Cindy Mann, JD, Partner, Manatt Health

Monitoring EPSDT and Data Sharing with Medicaid Managed Care Organizations

Colleen Sonosky, JD, Associate Director, Division of Children's Health Services, Department of Health Care Finance, Government of the District of Columbia

EPSDT: At Work In Pediatrics

Wendy Hobson-Rohrer, MD, MSPH, FAAP, Executive Director, South Main Clinic, University of Utah

Discussion

Kelly Whitener, JD, Associate Professor of the Practice, Georgetown University Center for Children and Families



SAVE THE DATE

WEBINAR: MEDICAL NECESSITY AND BEST PRACTICES FOR ENSURING CHILDREN ENROLLED IN MEDICAID CAN ACCESS NEEDED SERVICES

**THURSDAY, SEPTEMBER 20TH
1 PM – 2:30 PM EASTERN**



EPSDT: Guaranteeing Comprehensive Pediatric Benefits for Over 50 Years

Georgetown Center for Children and Families and
American Academy of Pediatrics Webinar
Cindy Mann, Partner

July 18, 2018

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Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

EPSDT is the Medicaid program's federally guaranteed benefit for all Medicaid enrollees under age 21. Under EPSDT, Medicaid must provide a comprehensive array of preventive, diagnostic, and treatment services.



Early and Periodic Screenings

Diagnostic Services

Treatment Services

- Regularly scheduled comprehensive health and developmental screenings
- Comprehensive unclothed physical exam
- Appropriate vision and hearing testing
- Appropriate immunizations (according to age and history)
- Appropriate laboratory tests
- Dental screenings and referrals to a dentist (for children beginning at age 3)
- Health education

- Medically necessary diagnostic services when a risk is identified, including follow-up testing, evaluation, and referrals

- States must provide timely treatment services as determined by child health screenings
- Health care or treatment services include those that are medically necessary to correct or ameliorate defects and address physical and behavioral health conditions

Source: SSA § 1905(r); 42 CFR § 441.56

EPSDT Requirements Create a Strong Legal Standard of Coverage for Children Whether in Fee for Service or Managed Care

Medical Necessity

- ✓ **Definition unique to children:**
Medicaid must cover treatments or procedures necessary to “correct or ameliorate defects and physical and mental illnesses and conditions”

Scope of Services

- ✓ **Scope of services unique to children:**
Medicaid must cover all medically necessary services that *could be covered under Medicaid*, regardless of whether they are covered under the State Plan

Medicaid Covered Services

Under EPSDT, states must cover all medically necessary services, including those that are “optional” for adults

Mandatory Services

- ✓ Family planning services and supplies
- ✓ Federally Qualified Health Clinics and Rural Health Clinics
- ✓ Home health services
- ✓ Inpatient and outpatient hospital services
- ✓ Laboratory and X-Rays
- ✓ Medical supplies and durable medical equipment
- ✓ Non-emergency medical transportation
- ✓ Nurse-midwife services
- ✓ Pediatric and family nurse practitioner services
- ✓ Physician services
- ✓ Pregnancy-related services
- ✓ Tobacco cessation counseling and pharmacotherapy for pregnant women

Optional Services

- ✓ Community supported living arrangements
- ✓ Chiropractic services
- ✓ Clinic services
- ✓ Critical access hospital services
- ✓ Dental services
- ✓ Dentures
- ✓ Emergency hospital services (in a hospital not meeting certain federal requirements)
- ✓ Eyeglasses
- ✓ State Plan Home and Community Based Services
- ✓ Inpatient psychiatric services for individuals under age 21
- ✓ Intermediate care facility services for individuals with intellectual disabilities
- ✓ Optometry services
- ✓ Other diagnostic, screening, preventive and rehabilitative services
- ✓ Other licensed practitioners' services
- ✓ Physical therapy services
- ✓ Prescribed drugs
- ✓ Primary care case management services
- ✓ Private duty nursing services
- ✓ Program of All-Inclusive Care for the Elderly (PACE) services
- ✓ Prosthetic devices
- ✓ Respiratory care for ventilator dependent individuals
- ✓ Speech, hearing and language disorder services
- ✓ Targeted case management
- ✓ Tuberculosis-related services

Example of a Covered Service



Mental Health and Substance Use Services

States must screen (periodically and interperiodically), diagnose, and provide treatment for mental health and substance use under Section 1905(a) of the Social Security Act, including:

- Hospital and clinic services
- Physician services
- Services provided by a licensed professional
- Rehabilitative services (e.g., community-based crisis services, medication management)

Federal guidance encourages states to provide:

- Trauma-focused screening, functional assessments and evidence-based practices in child-serving settings
- Employ validated screenings for mental health and substance use
- Design a comprehensive behavioral health benefit package using resources available in the state

The Cures Act amends the Medicaid benefit to require the provision of EPSDT services for children who are receiving inpatient psychiatric hospital services (effective January 1, 2019)

Required Services to Support Access

States must also offer services to promote access to preventive, screening, diagnostic, and treatment services.



Scheduling Assistance for Appointments



Necessary Transportation to and from Appointments



Related Travel Expenses



Language Assistance Services for Individuals with Limited English Proficiency

Beneficiary Communication

States are required to inform families about the EPSDT benefit within 60 days of a Medicaid eligibility determination and annually thereafter

Use clear and non-technical language about:

- Benefits of preventive health
- Services available and where and how to obtain the services
- That services under EPSDT are without cost to children under the age of 18 (and at state option, up to age 21)
- That supportive transportation and scheduling assistance are available

Communicate effectively to individuals who have limited English proficiency or who may be deaf or blind

Limitations of Medicaid Services for Children

Utilization Controls

Permitted

- ✓ Utilization controls, such as prior authorization for some services

Prohibited

- ✗ Prior authorization for screenings
- ✗ Using utilization controls that delay the provision of necessary treatment
- ✗ Service caps (“Hard limits”)

Experimental Treatment

- ✓ While EPSDT does not require coverage of experimental services, a state may do so if it determines that treatment would address a child’s condition
- ✓ Relying on the latest scientific evidence to inform coverage decisions

Cost Effective Alternatives

- ✓ Considering cost when deciding to cover a medically necessary treatment or an alternative
- ✓ Covering services in a cost effective way, permitted they are as good as or better than the alternative
- ✗ Denying treatment due to cost alone

Ensuring EPSDT Works On the Ground

- State-specific variability in application of medical necessity
- Role of Medicaid managed care
- Provider access
- Ensuring families and providers understand EPSDT requirements

Enabling new interventions and therapies are appropriately incorporated into Medicaid coverage for children



Services to address social determinants of health, if coverable under State Plan



New Therapies (e.g., gene therapies)

Thank You



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Monitoring EPSDT and Data Sharing with Medicaid Managed Care Organizations

Division of Children's Health Services

Health Care Delivery Management Administration

DC Department of Health Care Finance

AAP/CCF EPSDT Education for Providers and Advocates Webinar

July 18, 2018



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Agenda

- Overview of DC Medicaid & Children's Coverage
- EPSDT Basics & Pediatric Provider Education
- MCO Monitoring & Data Sharing to Improve EPSDT Utilization
- Child Health Policy Development & Monitoring



Department of Health Care Finance (DHCF)

- DHCF is the single state agency in the District responsible for implementing and administering DC Medicaid, the Children's Health Insurance Program (CHIP), Alliance, and Immigrant Children's Program.
- Responsible for providing Medicaid covered services through managed care and fee-for-service programs.
- DHCF's mission is to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia



Division of Children's Health Services

Responsible for the development, implementation, and monitoring of policies, benefits and practices for children's health care services, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit, the Children's Health Insurance Program (CHIP), and the Immigrant Children's Program.

The EPSDT services benefit is the pediatric component of the Medicaid program for all children under 21 who are enrolled in the managed care or fee for service delivery systems.



Division of Children's Health Services





Nearly All Children in the District Have Health Insurance and Medicaid is the Primary Insurer

- In 2016, 3.1% of DC children lack health care coverage
- In FY16, over 98% of eligible children were enrolled in Medicaid/CHIP (highest in nation; national participation rate is 93%)

Medicaid Enrollment FY2017

- ✓ 91,000 children were enrolled in D.C. Medicaid
 - 90% are enrolled in Medicaid Managed Care
 - 10% are enrolled in Fee-For-Service Medicaid
- ✓ Nearly 70% of the District's children are enrolled in Medicaid/CHIP
- ✓ About 30% of D.C. Medicaid enrollees are children

Serving Children through the Health Care System in the District of Columbia

DC MEDICAID DELIVERY SYSTEM

Managed Care Program

- Amerigroup DC
- AmeriHealth Caritas DC
- HSCSN
- Trusted Health Plan

90% of Medicaid Children

Fee-for-service Program (“Straight Medicaid”)

- Children with disabilities not residing in an institution
- Children residing in LTC facilities
- DYRS-linked children
- Children under custody of CFSA (foster care/ adopted)

10% of Medicaid Children

Provider types serving children in DC:

- FQHCs (e.g. Unity, Mary’s Center, Community of Hope)
- Facility-based (e.g. Children’s National, Howard University, Providence)
 - Provider practice groups



EPSDT Medicaid Benefit for Children



Access

- State duty to inform families of benefit and services their children are entitled to and provide assistance so that children can receive the services they need



Screenings and Education

- Assessments (and documentation) of physical, developmental and behavioral health in pediatric primary care visits
- Health education and counseling to parents



Diagnosis and Treatment

- When screenings/visits uncover health concerns, EPSDT requires coverage of services needed to diagnose and treat the concerns
- Medically necessary services must be covered as long as they fall in the federal categories of Medicaid services, and regardless of whether they are in the individual State's Medicaid Plan



Ensuring Children are going to the Doctor & Dentist under the EPSDT benefit

It is DHCF's goal to improve children's health outcomes by ensuring every child and adolescent receives preventive services, including well-child visits (required or recommended screenings), lead testing & dental services. Primary care services can help lead to needed diagnosis and treatment.



DHCF & the MCOs want children go to their primary care and primary dental providers regularly based on national clinical guidelines.



Well-Child Visits



- ✓ **EPSDT Periodicity Schedule** — when a child should be seen by pediatrician or primary care provider
- ✓ Communicating importance of well-child visits to families during home-visits, at day-care centers and with Head Start
- ✓ **Assistance from DHCF & MCOs in getting families access to well-child visits and dental services**



DC Health Check Provider Education

Fluoride Varnish Training

Trouble with this course?
E-mail us at healthcheck@ncemch.org

Post-Test

Overview
EPSDT Benefits
HealthCheck EPSDT

Health Supervision
Introduction
Health History
Physical Examination
Screening Services

Laboratory Tests
Metabolic
Sickle Cell
Lead
Anemia
Cholesterol
Tuberculosis
STIs
Immunizations
Health Education

Health Supervision

Laboratory Tests: Lead Screening

Childhood lead poisoning is the most common environmental disease in children younger than 6 years of age in the United States. Lead screening and prompt intervention in early childhood help reduce the risk of learning disabilities, attention deficits, hyperactivity, and behavioral disorders caused by elevated lead levels. Only a small percentage of children in the District are documented to be receiving blood lead screenings at the appropriate intervals. In response to this, the District is committed to improving this percentage.

NEW! Read the [DHCF/DOEE Joint Letter Regarding Lead Poisoning Prevention Week](#) (10/28/16).

Read the December 2012 letter (Transmittal No. 12-33) from the District's Departments of the Environment, Health, and Health Care Finance to health care providers regarding the [importance of lead screening](#).

Periodicity and Guidelines for Lead Screening

Lead screening periodicity and guidelines can be summarized as below. For more information, contact the DC Lead Poisoning Prevention Division at (202) 535-2634 or 535-1394.

HealthCHECK

- ✓ Required training for pediatric providers serving Medicaid children on www.dchealthcheck.net
- ✓ Includes Fluoride Varnish Training
- ✓ Current info and materials from DHCF and CMS



MCO MONITORING & DATA SHARING



CMS-416 Form: Assessing Children’s Utilization of EPSDT Services

- To assess the effectiveness of each state’s EPSDT benefit, the Federal Centers for Medicare and Medicaid Services (CMS) collects children’s enrollment and utilization data from each state Medicaid program through the CMS-416 Form
- DHCF submits a completed CMS-416 Form to CMS on an annual basis.
- Each MCO submits quarterly and an annual MCO-416 reports to DHCF, which are used to monitor and track their EPSDT performance.

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT										
State Code	Fiscal Year	CENTERS for MEDICARE & MEDICAID SERVICES								
		Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age G 19-2	
1a. Total individuals eligible for EPSDT	CN:	0								
	MN:	0								
	Total:	0	0	0	0	0	0	0	0	
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	0								
	MN:	0								
	Total:	0	0	0	0	0	0	0	0	
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	0								
	MN:	0								
	Total:	0	0	0	0	0	0	0	0	
2a. State Periodicity Schedule										
2b. Number of Years in Age Group			1	2	3	4	5	4		
2c. Annualized State Periodicity Schedule			0.00	0.00	0.00	0.00	0.00	0.00	0.00	
3a. Total Months of Eligibility	CN:	0								
	MN:	0								
	Total:	0	0	0	0	0	0	0	0	
3b. Average Period of Eligibility	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4. Expected Number of Screenings per Eligible	CN:	0	0	0	0	0	0	0	0	
	MN:	0	0	0	0	0	0	0	0	
	Total:	0	0	0	0	0	0	0	0	
5. Expected Number of Screenings	CN:	0	0	0	0	0	0	0	0	
	MN:	0	0	0	0	0	0	0	0	
	Total:	0	0	0	0	0	0	0	0	
6. Total Screens Received	CN:	0								
	MN:	0								
	Total:	0	0	0	0	0	0	0	0	
7. SCREENING RATIO	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	0	0	0	0	0	0	0	0	
	MN:	0	0	0	0	0	0	0	0	
	Total:	0	0	0	0	0	0	0	0	
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	0								
	MN:	0								
	Total:	0	0	0	0	0	0	0	0	
10. PARTICIPANT RATIO	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	



What's the problem?

- Families switch MCOs throughout the year, and children may even receive services before enrolling in a MCO through the fee-for-service program.
- Lack of data sharing across MCOs results in inaccurate data for identifying children who are non-compliant for EPSDT services (including well-child visits, dental visits and lead screens).
- MCOs need more accurate data showing which children were truly non-compliant in order to improve and target outreach for EPSDT services.



MCO-MMIS Data Sharing Process



MCOs

- Sends list of children who are non-complaint for WCVs, dental visits and lead screens as defined by CMS-416

DHCF

- Runs list of non-complaint children against MMIS to determine if they had a documented WCV, dental visit or lead screen while enrolled in a different MCO or FFS

MCOs

- Receive the following data from the MMIS bump: CPT codes, diagnosis codes, dates of service, payer name, rendering provider information

★★★ What do the MCOs do with the data? ★★★

- ✓ Update their EPSDT non-complaint lists to conduct outreach to beneficiaries
- ✓ Used as supplemental data for:

EPSDT
Reporting
(e.g. MCO-416)

HEDIS Reporting



Other Data Sharing Processes

School Health

- MCO receives data file 2-3 times per year
- Data includes: DC Public Schools (DCPS) school enrollment, dates of service for WCV/dental, school health form completion status, beneficiary contact information

Lead Screens

- MCO receives data file quarterly
- Data includes: list of children who have had a lead screening based data from the Department of Energy and Environment (DOEE) system

Enhanced Coordination

- ***In development:*** a) data sharing between DHCF, MCOs & Child and Family Services Agency; b) data sharing between DHCF, MCOs & Department of Youth Rehabilitation Services



Lesson's Learned

It's a win-win situation for all parties involved:

MCOs have more accurate information on which children need services



More effective coordination & outreach efforts between MCOs and child-serving District agencies



Increased EPSDT Utilization



Healthy District children



If your child is enrolled in DC Medicaid, he or she is eligible for free HealthCheck check-ups from birth to 21 years of age.

Regular check-ups can detect health problems early and in some cases, prevent health problems from occurring





Child Health Policy Development and Monitoring

- Coverage Goals: Crossing that Finish Line for Children's Health Coverage
- Utilization of Services
 - Documenting Well-Child Visits and Referrals
 - Defining and Quantifying the "T" in EPSDT
- Quality of Care
 - Using HEDIS Measurement & Core Measures
- Outcomes
 - Defining Outcome Measures to tell story of children's health well-being
- State Medicaid Agency Communication with:
 - Families
 - MCO & Provider Communities
 - Child-Serving Agencies Coordinating with the Medicaid Agency
 - PolicyMakers (Executive and Legislative)



Questions?





Contact Information

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healthcheck@dc.gov

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EPSDT: At Work In Pediatrics

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Executive Director, South Main Clinic, University of Utah
Chair, AAP Community Access to Child Health (CATCH) Committee



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INTRODUCTION



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UTAH MEDICAID



- **253,551** children (FY2016)
- **86.2%** are in managed care
- **71%** of all UT Medicaid/CHIP enrollees are children
- Medicaid/CHIP provide coverage to **17%** of all UT children

UTAH MEDICAID AND EPSDT

Early and Periodic Screening,
Diagnosis and Treatment (EPSDT)



UTAH (UT)

Medicaid's EPSDT benefit provides comprehensive health care services to children under age 21, with an emphasis on prevention, early detection, and medically necessary treatment. Each state Medicaid program establishes a periodicity schedule for physical, mental, developmental, vision, hearing, dental, and other screenings for infants, children, and adolescents to correct and ameliorate health conditions.

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th Edition)¹ and the corresponding Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)² provide theory-based and evidence-driven guidance for all preventive care screenings and health supervision visits through age 21. Bright Futures is recognized in federal law as the standard for pediatric preventive health insurance coverage.³ The Centers for Medicare and Medicaid Services (CMS) encourages state Medicaid agencies to use this nationally recognized Bright Futures/AAP Periodicity Schedule or consult with recognized medical organizations involved in child health care in developing their EPSDT periodicity schedule of pediatric preventive care.^{4,5} The following analysis of Utah's EPSDT benefit was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.

Utah's profile compares the state's 2018 Medicaid EPSDT benefit with the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, and the *Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)* published in *Pediatrics* in February 2017.² This state profile also contains information about Utah's 2016 Medicaid pediatric preventive care quality measures and performance based on the state's voluntary reporting on selected Child Core Set measures. Information about the state Medicaid medical necessity definition used for EPSDT and a promising practice related to pediatric preventive care is also found here. Utah's profile is based on a review of the state's Medicaid website, provider manual, and other referenced state documents, and an analysis of 2016 state Medicaid data reported to CMS on child health quality.⁶ Information is current as of March 2018.

- **New! AAP State EPSDT Profiles**
- <https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/Childrens-Health-Care-Coverage-Fact-Sheets.aspx>

UTAH MEDICAID AND EPSDT



CHEC

Child Health Evaluation and Care

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What does EPSDT look like in pediatric practice?

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WELL CHILD VISITS



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Children With Special Needs



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DISCUSSION



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