Medicaid Benefits for Children and Adolescents

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EPSDT

- E - Early
- P - Periodic
- S - Screening
- D - Diagnostic
- T – Treatment
EPSDT Authorities

- Section 1905(a)(4)(b) – list of services
- Section 1905(r) of SS Act – definition of EPSDT benefit (OBRA 1989)
- Section 1902(a)(43) of SS Act – administrative requirements
- Section 1902(a)(10), following (G) – exception to comparability and ADS
- Part 5 of State Medicaid Manual – services
- Part 2 of State Medicaid Manual – data
EPSDT Authorities

- OBRA 89 defined for first time EPSDT benefit in law (added 1905(r))
- Additional changes include requirement to provide all medically necessary Medicaid coverable services (1905(r)(5))
- Legislative history indicates that any benefit can be prior authorized except for screening services (periodic and inter-periodic)
EPSDT

• Emphasis is on preventive care and early detections of illnesses/conditions

• EPSDT is the children’s benefit package in Medicaid, not an eligibility option
  – Medicaid-eligible individuals under the age of 21

• EPSDT is mandatory for most Medicaid eligible individuals under age 21.
Benefits and Services

• **Screening Services** (well child visits)
  1) Comprehensive health/developmental history
  2) Comprehensive unclothed physical
  3) Appropriate immunizations
  4) Laboratory tests including blood lead assessment
    - June 2012 states may implement targeted lead screening if they provide data to justify that approach
  5) Health education
Benefits and Services

5) Vision Services
   – Including eyeglasses

6) Dental Services
   – Including relief of pain and infections, restoration of teeth and maintenance of dental health

7) Hearing Services
   - Including hearing aids

8) All other medically necessary, §1905(a) Medicaid coverable services
Where do Patients Access Services?

- Hospitals
- Clinics (FQHCs, RHCs, IHS facilities)
- School Based Settings
  - Services included in a child’s IEP/IFSP (e.g., PT, OT, ST)
- Services must be provided by licensed providers listed in the State Plan
Periodicity schedules (screening)

- States must develop periodicity schedules that meet reasonable standards of medical and dental practice.
- States must consult with recognized medical or dental organizations involved in child health care OR may adopt a nationally recognized schedule such as Bright Futures.

  - [http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%2010107.pdf](http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%2010107.pdf)
Periodicity schedules (screening)

• Dental periodicity
  – Should be different than medical periodicity schedule
  – Consultation with dental organizations involved in child health care, such as the American Academy of Pediatric Dentistry
    • [http://www.aapd.org/advocacy/state_periodicity_schedules](http://www.aapd.org/advocacy/state_periodicity_schedules)

• Vision
• Hearing
When a screening indicates the need for further evaluation, diagnostic services must be provided.

The referral should be made without delay.

Provide follow-up to make sure that the child receives a complete diagnostic evaluation.
Treatment

• Health care must be made available for treatment or other measures to correct or improve illnesses or conditions discovered by the screening service.
Medical Necessity

• All Medicaid coverable, medically necessary, services must be provided even if the service is not available under the State plan to other Medicaid eligibles.
Medical Necessity

• Section 1905(r)(5) – medically necessary services coverable under 1905(a)

• The State makes the final determine medical necessity
  – Must be determined on a case-by-case basis
  – Provider recommendations

• CMS is looking more closely at medical necessity
Medical Necessity

• Prior authorization is allowed for services/items but must not impede the delivery of necessary services
• No arbitrary limitations on services are allowed, e.g., one pair of eyeglasses or 10 PT visits per year
• Additional services above what is covered in State plan must be allowed, when medically necessary (still must be Medicaid coverable)
  – State may determine which treatment it will cover among equally effective, actually available alternative treatments as long as the determination is specific to the individual child
Medical Necessity

• EPSDT does NOT include:
  – Experimental/Investigational Treatments
  – Services or items not generally accepted as effective
  – Services solely for caregiver convenience

• Services Vary by State
  – State must be able to justify coverage decisions citing evidence, literature etc., if questions arise
State’s Responsibilities

• States must ensure that all eligible children have access to Medicaid services *regardless of service delivery system*

• Informing (initially, and annually if services not utilized)

• Assistance with transportation and scheduling

• Set distinct periodicity schedules for screening, dental, vision and hearing services

• Annual reporting to CMS on the Form 416
EPSDT: Informing Requirements

• Children enrolled in Medicaid must be informed of benefits available through EPSDT:
  – within 6 months of enrollment, and annually thereafter
  – use of clear and non-technical language
  – content
    • What services are available?
    • How do I access those services?
    • What are the benefits of prevention?
    • There is no cost to the family for the services
    • How to access transportation and scheduling assistance
EPSDT and Managed Care

• All EPSDT requirements must be adhered to for individuals who receive services under managed care arrangements.
• State is responsible for medically necessary services not included in the managed care contract.
• 438.10 requires managed care organization’s informing materials to include information on how to access benefits not covered under the contract.
Managed Care: Information Requirements

• Medicaid managed care plans must share information with enrollees
  – annually
  – easy-to-understand
  – translated into other “prevalent” languages; free interpretation services for all languages

• Content
  – How to navigate the managed care system
  – Care coordination responsibilities
  – Covered benefits, cost sharing, service area
  – How to access benefits and services, including any prior authorization requirements and referral procedures
  – Up-to-date provider network information
  – How and where to access any carved out benefits
CMS Activities

- Provide States with technical assistance, data, and evaluation results to facilitate EPSDT program implementation

- Collect, analyze and report CMS-416 data

- Oral Health Initiative

- National EPSDT Improvement Workgroup
  - December 2010 convened state representatives, providers, consumer advocates and other maternal, child health experts
CMS Oral Health Activities

• Access to oral health care for children in Medicaid and CHIP a priority for CMS

• National Oral Health Strategy
  – Increase the rate of children ages 1-20 enrolled in Medicaid or CHIP who receive any preventive dental service by 10 percentage points over a 5-year period
  – Increase the rate of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a 5-year period
Report EPSDT performance annually to CMS using the form CMS-416

- The number of children provided child health screening services;
- The number of children referred for corrective treatment;
- The number of children receiving dental services, broken down by type of service and type of provider; and
- The State’s results in attaining the participation goals set for the States under section 1905(r)
Questions?

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