Early and Periodic Screening, Diagnosis, and Treatment Program
EPSDT

Florida - Sunshine Health Annual Training
EPSDT Overview

- EPSDT purpose and requirements mandated by the Agency for Health Care Administration (AHCA)
- Utilization Management determinations for members under 21 years of age for non-covered services and/or exhausted benefits
- EPSDT policy and procedure for the Utilization Management review process and covered services
- Processing requests for services including special considerations, Medical Director review and benefit exceptions
Part I

· AHCA Requirements
· EPSDT Defined
· Eligibility
· Coverage
AHCA Requirements

- Florida’s Agency for Health Care Administration outlines the requirements of the:
  
  **Florida Medicaid Child Health Check-up Program (CHCUP)**

- The Child Health Check-up Program is Florida’s name for the federal program known as:
  
  **Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)**
What is EPSDT?

- **Florida’s comprehensive** and preventive child health program for individuals under the age of 21 enrolled in Medicaid

- Assures availability and access of required health care resources

- Assists Medicaid recipients and parents/guardians to effectively use available resources
What is EPSDT? ...

**Early and Periodic Screening, Diagnosis and Treatment**

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<thead>
<tr>
<th>Early</th>
<th>Assess and identify problems early on prior to advancement and complications</th>
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<tr>
<td>Periodic</td>
<td>Check children’s health at periodic, age appropriate intervals</td>
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<tr>
<td>Screening</td>
<td>Provide physical, mental, developmental, dental, hearing, vision and other screenings to detect potential problems</td>
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<td>Diagnosis</td>
<td>Perform diagnostic testing and follow-up for high risk children</td>
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<td>Treatment</td>
<td>Control, correct or reduce health problems identified</td>
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What is EPSDT? ...

- Preventive screening and treatment for children under age 21 enrolled in Medicaid.

- Supports children’s health problems being addressed before they become advanced and treatment is more difficult and costly.

- Provides for coverage of all medically necessary services that are included within the categories of mandatory and optional services listed in the Social Security Act 1905 (a)
EPSDT Eligibility

- Determined by the AHCA contract with Sunshine Health
- Includes members covered under:
  - Managed Medical Assistance (MMA)
  - Child Welfare (CW)
  - Long-term Care (LTC)
EPSDT Coverage

EPSDT covers a treatment or service that is necessary to “correct or ameliorate” defects and physical and mental illnesses or conditions.
What does EPSDT Cover?

- Physician, nurse practitioner, hospital services
- Therapies: Physical, Occupational, Speech/Language
- Home health services
- Medical equipment, supplies and appliances
- Treatment for mental health and substance abuse disorders
- Treatment for:
  - Vision
  - Hearing
  - Dental diseases and disorders
What does EPSDT Cover? ...

- A service does not need to cure a condition to be covered.
- Services that maintain or improve the child’s current health condition are to be covered because they “ameliorate” a condition
  - Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems
  - Services are covered when they prevent a condition from worsening or prevent development of additional health problems
Scope of EPSDT Treatment
EPSDT Screening Services
Developmental & Behavioral Screening
Rehabilitation Services
Home and Community Based Services
Personal Care Services
Other covered services and supplies
Scope of Treatment

- Services do not need to be a cure to be covered
- Services are approved to allow the child’s condition to be more tolerable
- Children with disabilities are to receive services that can prevent conditions from worsening, reduce pain, and avert the development of more costly illnesses and conditions
EPSDT Screening Services

- Comprehensive health and developmental history
- Development and behavioral screening
- Vision, dental and hearing screening
- Comprehensive unclothed physical exam
- Appropriate immunizations
- Laboratory tests (including lead toxicity screening)
Developmental & Behavioral Health Screening

- Periodic developmental and behavioral screening during early childhood is essential to identify possible delays in growth and development when steps to address deficits can be most effective.
- These screenings are required for children enrolled in Medicaid.
Determinations of whether a service is rehabilitative must take into consideration that a child may not have attained the ability to perform certain functions.
Rehabilitation Services

- Community-based crisis services such as:
  - Mobile crisis teams
  - Intensive outpatient services

- Individualized mental health and substance use treatment services, including in non-traditional settings such as:
  - School
  - Workplace
  - Home
Rehabilitation Services

- Counseling and therapy, including the elimination of psychological barriers that would impede development of community living skills
- Medication management
- Rehabilitative equipment such as daily living aids
A plan of care should reflect goals appropriate for the child’s developmental stage.
Home & Community Based Services

- Includes intensive care coordination or “wraparound”
- Intensive in-home services
- Mobile crisis response and stabilization
- Screening, assessments, and treatments focusing on children who have been victims of complex trauma.
Personal Care Services

Determination of whether a child needs personal care services must be based upon the child’s individual needs and a consideration of family resources that are actually, not hypothetically, available.

Example of an actual resource:
The child’s aunt is willing and available to assist three days a week for one hour with personal care.
Personal Care Services...

- Provide assistance with performing activities of daily living (ADLs) such as:
  1. Dressing
  1. Eating
  1. Bathing
  1. Transferring
  1. Toileting
  1. Preparing meals
  1. Managing medications

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Other Covered Services

- Case management services
- Incontinence supplies
- Organ transplants and any related services
- Specially adapted car seat that is needed by a child because of a medical problem or condition
- Nutritional supplements
E P S D T – Medical Necessity

Individual Medical Necessity
Experimental & Investigational Treatments
Efficacy of Treatment & Cost Effectiveness
The determination of whether a service is medically necessary for an individual child must be made on a **case-by-case** basis and takes into consideration the particular needs of the child, including:

- All aspects of a child’s needs, including nutritional, social development, and mental health and substance use disorders
- Long-term needs, not just what is required to address the immediate situation
- Medical necessity decisions are individualized, therefore flat limits or hard limits based on a monetary cap are not consistent with EPSDT requirements
Individual Medical Necessity

- A state could impose a “soft” limit for a certain number of physical therapy visits annually for children

- By providing an individual medical necessity review:
  If it were to be determined in an individual child’s case, upon review, that additional physical therapy services were medically necessary to correct or ameliorate a diagnosed condition, those services would have to be covered
Experimental Treatments

- EPSDT does not require coverage of treatments, services, or items that are experimental and investigational.
- Requests for investigational treatment for EPSDT are reviewed by the Medical Director.
- If necessary, peer to peer review is done to explore alternative non-investigational treatment options and medical necessity will apply.
- According to AHCA Rule 59G-1.036 - Clinical Trials: Medicaid reimburses for services as a result of member participation in a clinical trial if services are covered under FL Medicaid.
Efficacy & Cost Effectiveness

- A plan may not deny medically necessary treatment to a child based on cost alone.

- Cost effectiveness of alternatives need to be part of the prior authorization process.

- Services may be provided that are most cost effective as long as the less expensive service is equally effective and actually available.

- Services are to be provided in the most integrated setting appropriate to a child’s needs.
E P S D T - Understanding the Review Process

Utilization Management EPSDT Policies & Procedures

Processing Requests

Special Considerations

Benefit Exceptions

Medical Director Review & Determination

Single Case Agreement
Utilization management reviews are consistent with the following Sunshine Health medical policies:

- **FL.UM.02.01** - Medical Necessity Review
- **FL.UM.02** - Practice Guidelines-Clinical Criteria

Determinations and provider notifications will be made according to the expediency of the case as described in:

- **FL.UM.05** – Timeliness of UM Decisions

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Any decision to deny, reduce, suspend or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy:

- FL.UM.02.02 - Clinical Decision Criteria and Application
Processing Requests

When the utilization management staff receives a request for a non-covered benefit or for additional services once the benefit limit has been reached, the staff will review:

- All relevant clinical information about the member’s condition including special considerations on a case-by-case basis
Special Considerations

Factors that may require special consideration include:

1. Age
2. Co-morbidities and complications
3. Progress of treatment
4. Psychosocial issues
5. Home environment
6. Support structure
7. Acute vs. chronic condition and/or life-threatening illness
Benefit Exception

A benefit exception or a “downward substitution” may be considered for a request for a non-covered benefit or a benefit that has exceeded benefit limitations (benefit exhaustion) for MMA, CW, or LTC members over the age of 21.
The UM nurse will refer cases for MMA, CW or LTC members under the age of 21 to a Sunshine Health medical director to further review for medical necessity.

The medical director must consider the member’s history of recent use acute services, i.e., inpatient admissions or multiple ED visits as well as potential continued use of inpatient admissions or frequent emergency room visits.

The medical director will contact the attending physician for a peer-to-peer discussion if applicable.

A Level II Review is conducted if the medical director determines the request does not support medical necessity. The determination and expediency must align with the SHP Timeliness of UM Decision Policy.
Approval
Following the approval of a non-covered or exhausted benefit, the medical director sends a task to the UM nurse to enter the authorization.

No Downward Substitution
If the medical director determines that the request will not be considered as a downward substitution (benefit exception), the request will be considered an administrative denial, meaning the determination is not based on medical necessity.
Single Case Agreement

If a single case agreement is needed for payment of the approved service, the utilization management staff will follow the standard process to coordinate the payment agreement with the Sunshine Health network and finance staff.
Part II

- Outreach
- Care Coordination
- Early Steps Programs & Intervention Services
- Provider Education
- Processing Claims
E P S D T Outreach

Identifying Members
The Outreach Process
Successful & Unsuccessful Outreach
Outreach and Education
Outreach Incentives
Outreach Initiatives
Outreach and Care Coordination
How to Identify Members

· Members in need of screenings and services are identified through the health risk assessment in TruCare

· Members with due or overdue screenings are currently tracked in:
  
  o TruCare
  
  o Customer Relationship Management (CRM)
  
  o Interpreta

· A new report that targets EPSDT screenings will be available in 2018
Outreach Process

The standard outreach process is used for following-up with members that do not receive timely screenings:

- Three (3) telephone call attempts within 5 days, on 3 different days at different times, followed by an Unable to Reach (UTR) letter

- For members with more complex needs or multiple gaps in care, a Community Health Services Representative (CHSR) or field staff will conduct a home visit if geographically feasible
Successful Outreach

· Once the member is reached, the CM will educate members or their legal representatives on the importance of:
  o Scheduling a PCP appointment for a screening visit
  o Keeping up-to-date with screenings and immunizations

· CM will also offer to assist with appointment scheduling and transportation
Unsuccessful Outreach

If the member/family outreach is unsuccessful the case manager will utilize additional best practice outreach mechanisms including but not limited to:

- Checking CRM, pharmacy data, contacting the PCP or treating physicians/providers to obtain a valid phone number / address or the location of public places the member is known to visit frequently

- If the child is receiving services in the home, contact the current home health agency servicing the member and request assistance with connecting with the family
Outreach & Education

Member education covers:

- Importance of selecting a PCP at the time of enrollment
- Procedure and/or assistance for selecting a PCP
- Establishing a relationship with the member’s PCP is encouraged by all of the SHP staff who may come in contact with the member such as: member services, utilization management, case management and pharmacy
Outreach & Education

- Community Based Outreach and education are provided by field staff
- Members receive ongoing education through:
  - Mailings
  - Telephonic outreach
  - The care management mobile application
Outreach & Education

Members are educated on EPSDT while enrolled in the Start Smart for Your Baby (SSFB) Care Management Program:

- Supports improvements in pregnancy outcomes and infant health
- Educates member on prenatal care and reproductive life planning
- Referrals to the local Healthy Start Coalition Program
Outreach Incentives

- Members are rewarded with $50 for completing six (6) PCP well visits before a child is 15 months old
- Providers receive a Pay-for-Performance reward of $25 for each well visit
Outreach Initiatives

· In 2018 systematic screening reminder notices will be sent to members that download the new care management mobile application

· The advantages of using the mobile app include:
  o All new members / member representatives under the age of twenty-one (21) years will receive reminders to inform them of well-child visit services
  o Notices will include an offer to assist with scheduling and transportation
  o Members will receive education on screening and prevention
Outreach & Care Coordination

Care coordination is accomplished through transparency and sharing of the member’s record in the community by:

- Member Connection Representatives (MCR)
- Case Management
- Lifeshare
EPSDT

Care Coordination
Provider Collaboration
Early Steps Program
Early Intervention Services
Early Steps Resources
Care Coordination

Procedures for care coordination and continuity of care include the following minimum functions:

- Case Management (CM) works with the parent or legal guardian of the member and/or the CBCIH (for Child Welfare)
- CM facilitates referrals to community resources
- CM ensures members identified as having special health care needs can access specialists without the need for a referral
Care Coordination...

Prior to contacting the member Case Managers are required to:

- Access SHP applications to identify care gaps and abnormal lab results
- Determine if appropriate tests (such as blood lead screenings) have been ordered and results are within normal range
- Address abnormal values and care gaps with the member/parent or guardian
- Consult with the PCP as needed to facilitate care
Care Coordination: Provider Collaboration

- The primary case manager regularly communicates with the member’s PCP, treating behavioral health provider or other treating providers to assist the provider in making treatment decisions and ensure coordination of care.

- Case managers contact providers to share clinical information and coordinate care in a variety of ways including the SHP Provider Web Portal.
Care Coordination: Community Based Services

The primary case manager is responsible to connect the member/caregiver to community based services:

- Determine additional comprehensive needs following benefit exhaustion or exclusions
- Identify the community-based services to supplement the care needed by the member or the member’s caregiver(s)
- Locate the applicable service or enlisting an integrated care team member to assist with the member’s specific needs and connect the member to that service
The Early Steps Program is run by Children's Medical Services --

- Serves families with infants and toddlers, birth to 36 months of age, who have developmental delays or an established condition likely to result in a developmental delay

- Each child receives an Individualized Family Support Plan (IFSP) that meets his or her needs

- Families and caregivers also receive support to develop the skills and confidence they need to help their children learn and develop
Early Steps Program Features

- Brings services into the child's life rather than fitting the child into services
- Maximizes each child's learning opportunities
- Enhances each child's development and participation in community life
- Provides each child with a consistent team for evaluation and services
- Gives families options in service decisions and encourages active partnerships
Early Steps Program Features

- Provides a primary service provider to work with the member’s family, other caregivers, and the team
- These services are provided by contracted local Early Steps offices across the state of Florida
- There is no charge for most services provided or the services will be covered by insurance or Medicaid if applicable
Early Intervention Services

- Sunshine Health will authorize covered services recommended by the Early Steps Program when medically necessary
  - Early Steps is for children < 3 years of age
  - PCPs refer the member for an Early Steps Evaluation

- Sunshine Health and the local Early Steps Programs have established methods of communication for member referrals

- Sunshine Health participates in the Vaccines for Children Program and the Florida SHOTS data transfer
  - Data is sent to the Sunshine Health Inovalon HEDIS data base
# Early Steps: Resources

## Early Steps Resources

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<tr>
<th>Information or Referral</th>
<th>800-218-0001</th>
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<tr>
<td>[<a href="http://www.CMS-Kids.com/families/early">www.CMS-Kids.com/families/early</a> steps/early_steps.html](<a href="http://www.CMS-Kids.com/families/early">http://www.CMS-Kids.com/families/early</a> steps/early_steps.html)</td>
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## Children’s Medical Services

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<tr>
<th>Phone</th>
<th>850-245-4200</th>
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<tbody>
<tr>
<td>Email</td>
<td>CMS Central <a href="mailto:Office@doh.state.fl.us">Office@doh.state.fl.us</a></td>
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</tbody>
</table>
| Mailing Address | Children’s Medical Services  
4052 Bald Cypress Way  
Bin A06  
Tallahassee, FL 32399-1707 |
E P S D T Provider Education

Provider Education
HEDIS Child Measures
Provider Incentives
Provider Resources
Processing EPSDT Claims
Behavioral Health Screening
Healthy Behaviors
Provider Education

Providers are encouraged to:

- Perform a well-child visit at the physician’s discretion when the child presents at the office:
  - Following a previous or minor illness
  - Follow-up ED visit
  - For a sports / camp physical

- Perform well and sick at the same visit and bill appropriate to the services rendered

- Target infants and adolescents for preventive screenings and education
The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to measure performance on important dimensions of care and service. AHCA also uses HEDIS data to measure health plan performance.

Providers are educated on **HEDIS Child Measures** in the areas of:

- Preventive screenings and treatment
- Immunizations
- Follow-up visits
- Medication guidelines
Provider Incentives

- Pay for Performance implemented in 2016
- Provider paid a $25 incentive for HEDIS well child visits
Provider Resources

- Centers for Disease Control and Prevention Advisory Committee on Immunization Practices immunization schedules
  www.cdc.gov/vaccines/acip/index.html

- American Academy of Pediatrics (AAP) periodicity schedule
  https://brightfutures.aap.org/clinical-practice/Pages/default.aspx

- American Academy of Pediatric Dentistry (AAPD)
Providers: Processing Claims

- Providers must bill Sunshine Health using correct coding guidelines to ensure accurate reporting for EPSDT services

- Providers are required to submit immunization data to the state
Provider Education: Behavioral Health Screening

- Providers need to consider all aspects of a child’s needs including:
  - Developmental and behavioral health screenings
  - Substance use disorders

- Medical necessity may not contradict or be more restrictive than federal requirements therefore treatment for behavioral health services cannot be denied due to benefit limitations
Provider Education: Healthy Behaviors

Per AHCA mandate all managed care plans shall:

- Educate PCPs annually on the availability of healthy behavior programs and incentives to support member engagement
- Require all PCPs screen members for signs of alcohol or substance abuse as part of prevention during specific times such as:
  - Initial contact with a new member
  - Routine physical examinations
  - Initial prenatal contact
EPSDT

Looking Ahead
Looking Ahead

2018 Opportunities for Improvement:

- Process improvement in place for staff / providers to ensure understanding that EPSDT services cannot and should not be denied based on cost

- Sunshine Health will collaborate with providers on the following education initiatives:
  - To complete sick and well exams at their discretion especially when an infant may be too ill to receive immunizations
  - Annual alcohol or substance abuse screening training will be offered to providers
  - To increase the number of adolescent PCP follow-up visits after an office sick visit

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EPSDT Supports Caring for our Children
References

- FL.UM.14 Management Requests as part of EPSDT or as a Potential Benefit Exception
- FL.UM.05 Timeliness of UM Decisions
- FL.UM.02 Practice Guidelines and Clinical Criteria
- FL.UM.02.02 Clinical Decision Criteria and Application
- FL.UM.02.01 Medical Necessity Review
- Florida Medicaid Provider Fee Schedules
- AHCA contract F026
- Centers for Disease Control and Prevention Advisory Committee on Immunization Practices immunization schedules www.cdc.gov/vaccines/acip/index.html
- American Academy of Pediatrics (AAP) periodicity schedule https://brightfutures.aap.org/clinical-practice/Pages/default.aspx