

---

# EPSDT Provider Education

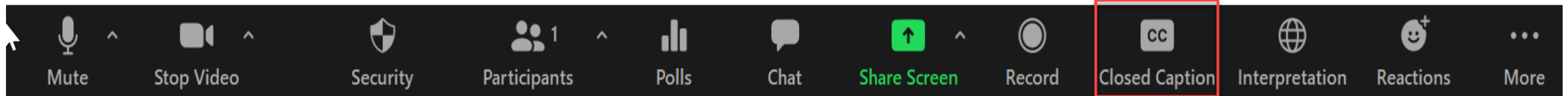
Early and Periodic Screening,  
Diagnostic & Treatment Program (EPSDT) Overview

January 24, 2023

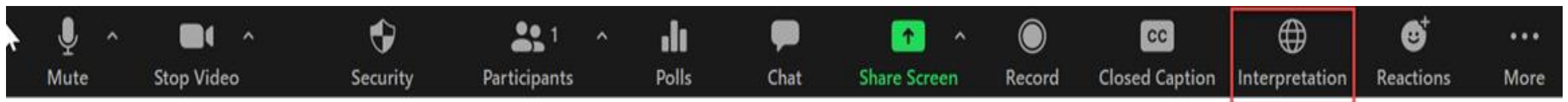


# Webinar Logistics

- This session will be recorded
- Private chat or email Tom Cogswell ([thomas.cogswell@dhsoha.state.or.us](mailto:thomas.cogswell@dhsoha.state.or.us)) with any Zoom issues
- Closed captioning is available:



- American Sign Language (ASL) interpretation is available. Pin the ASL Interpreter's video by clicking on the "More" button next to their name
- Todos los participantes que hablan español deberán seleccionar el botón Interpretación y luego el canal en español para que aparezca el sonido.



# OHA clinician leadership and EPSDT team

Dana Hargunani, MD, MPA, OHA Chief Medical Officer

Dawn Mautner, MD, MS, Medicaid Medical Director

Margaret Cary, MD, MPH, OHP Fee For Service Clinical Director

Jessica Ickes, EPSDT/Children's Policy Analyst

Liz Stuart, Project Manager

Laura Sisulak, Health Policy Analyst

# **Welcome and context**

Dana Hargunani, MD, MPH, OHA Chief Medical Officer

# Objectives for the session

Providers, partners and advocates will:

- Understand the change to EPSDT policy, effective January 1, 2023
- Understand what has changed, and what hasn't, with respect to historically non-covered services for children
- Understand requirements for OHA and CCOs that are the same, and which processes may remain different
- Be provided with a checklist for implementation
- Know where to access detailed guidance and submit questions

**What is changing with EPSDT?**

# First...what is EPSDT?

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.
- States must follow a periodicity schedule for children's services. Oregon follows the [Bright Futures periodicity schedule](#).
- States are required to provide comprehensive services and **furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions**, based on certain federal guidelines.
- In Oregon, EPSDT constitutes the child and youth benefit within the Oregon Health Plan.

[Oregon.gov/EPSDT](https://www.oregon.gov/EPSDT)

# Who qualifies for EPSDT services?

- OHP members under age 21 (members transition to adult coverage on their 21<sup>st</sup> birthday).
- In the future, youth with special health care needs (YSHCN) will be eligible until their 26<sup>th</sup> birthday.
  - This coverage expansion will not be implemented before July 2024.
  - This coverage expansion was approved by the Federal government as part of Oregon's 2022-2027 Medicaid 1115 waiver.

**These policies apply to both Open Card and CCO  
enrolled members**



# Until 2023, one element of EPSDT was waived

- Most EPSDT services have been provided in Oregon for many years.
- Oregon's [2017-2022 1115 Medicaid waiver](#) and prior waivers allowed the state to restrict coverage for treatment services identified during an EPSDT screening for individuals above age 1 to the extent that such services are not consistent with a prioritized list of conditions and treatments.
- This means Oregon did not cover **treatment** services that were “below the line” on the [Prioritized List of Health Services](#) for kids between the ages of 1 and 21.

# What changed on January 1, 2023?

- No EPSDT requirements will be waived in Oregon.
- Under EPSDT, OHP covers **all medically necessary and medically appropriate services for enrolled children and youth until their 21st birthday**, regardless of:
  - The location of the diagnosis on the Prioritized List of Health Services
  - Whether it pairs, or is a non-pairing service
  - Whether it is a “non-covered” ancillary service
  - Whether it is covered under the Oregon’s Medicaid State Plan

# Medically Necessary and Medically Appropriate

- Medically Necessary, Medically Appropriate and Dentally Appropriate are defined in [Oregon Administrative Rule 410-120-0000](#).
- States are required to provide comprehensive medically appropriate and medically necessary services needed to correct and **ameliorate** health condition
- This includes services that impact conditions which, based on the child's individual circumstances, adversely affect the child's ability to grow, develop, or participate in school ([Statement of Intent 4](#) on the Prioritized List).
- Documentation needed to demonstrate medical necessity and appropriateness is outlined in [OHA's EPSDT Provider Guide](#).

# EPSDT & pharmacy coverage

- **Pharmaceutical reviews** for coverage will be aligned with the requirements for individual review of medical necessity and medical appropriateness as required.
- To encourage the submission of timely and complete documentation, the following language is being added to the Prior Authorization Request for Medications and Oral Nutritional Supplements (OHP 3978), effective January 1, 2023: “List all applicable diagnosis codes or contributing factors causing or exacerbating a funded condition, including any relevant comorbid conditions or impacts on growth, learning or development.”
- The addition of this language is intended to help facilitate individual reviews.

# CCO and Open Card implementation

## OHA and CCOs must:

- Comply with the EPSDT policy change and coverage requirements, effective January 1, 2023
- Ensure that services to OHP members under age 21 are **not** denied without an individual review for medical necessity and medical appropriateness.
- Abide by a definition of medical necessity and medical appropriateness that is not more restrictive than that listed in [Oregon Administrative Rule 410-120-0000](#)
- Follow the [Bright Futures periodicity schedule](#).
- Follow guidance for the application of prior authorization to EPSDT services

## CCOs and OHA may differ in:

- Prior authorization procedures.
- Billing procedures

**What's changing with the  
Prioritized List and Prior  
Authorizations?**

# The Prioritized List under EPSDT

- Under EPSDT, CCOs and OHA must cover **all medically necessary and appropriate (or dentally appropriate, in the case of a dental service) services for children and youth under age 21.**
- The Health Evidence Review Commission (HERC) reviews clinical evidence and update the Prioritized List. The List remains a **guidance tool** for identifying services that may require documentation to establish medical necessity and medical appropriateness (or dentally appropriateness) for members under 21.
- Location of a service on the Prioritized List may **not** be the sole reason for denial of a service.
- Note for providers who also serve adults: These changes do not apply to adults (ages 21+). Services under the funding line on the Prioritized List are generally not covered for adults.

# What *has* been moved on the Prioritized List?

The [Health Evidence Review Commission](#) has recently completed review of historically non-covered services with the unique needs of children and youth in mind to minimize the need for individual reviews prior to approval of services.

Examples of services moved above the line related to EPSDT:

- Treatment for conduct disorder and oppositional defiant disorder for children 18 or under.
- Treatment of tendon and ligament injuries (full tears)
- Orthodontic treatment for handicapping malocclusion. Review criteria that addresses this condition specifically may be found [here](#).

For more information: [Prioritized List of Health Services](#)



# Prior Authorization under EPSDT

- Prior authorization must be conducted on a case-by-case basis, evaluating each child's needs individually.
- Prior authorization procedures may not delay delivery of needed treatment services and must be consistent with the preventive intent of EPSDT.
- Prior authorization may not be required for any EPSDT screening services.
- Fee-for-Service reviews are managed through OHA's Medical Management Review process.
- There is no required change to prior authorization processes under EPSDT at this time.

# Prior Authorization for historically non-covered services under EPSDT

- At this time, OHA is not adding prior authorization requirements to any additional services in the fee-for-service program that were historically non-covered.
- Under EPSDT, prior authorization cannot be used as an administrative tool solely to manage operational processes.
- Prior authorization cannot be required for all historically non-covered services (for example, those below the line on the Prioritized List) solely as a way to operationalize EPSDT coverage expansion.
- It is, however, acceptable to use prior authorization as a utilization management tool under EPSDT (for example, to manage services that are high cost, high risk, or new procedures).

# Examples of treatment services that have been approved through individual review

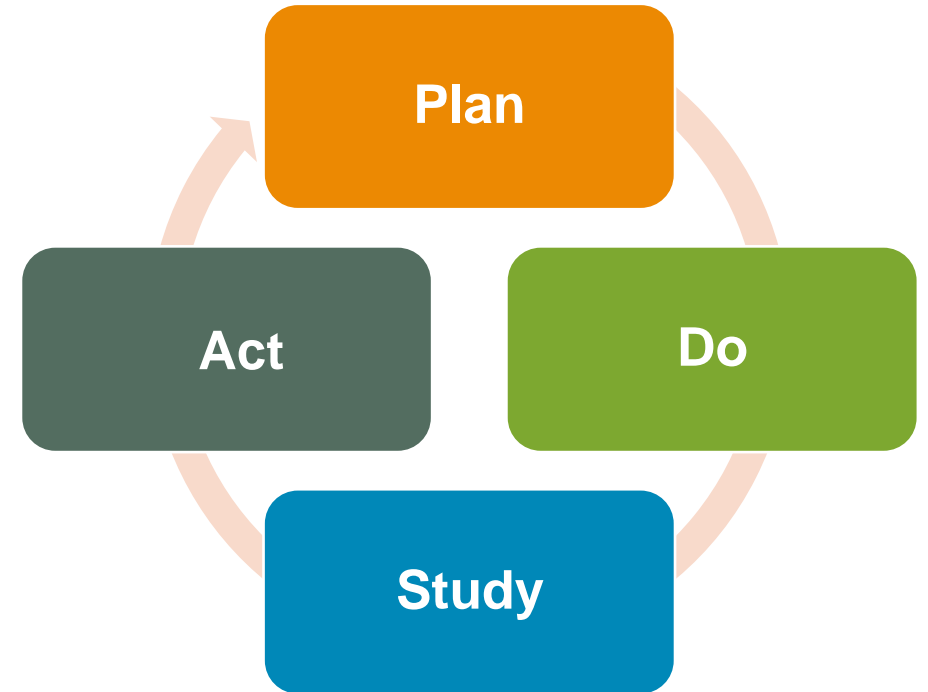
- Treatment of acne in some cases that affect child growth, development and participation in school
- Ancillary services that were previously not covered, such as durable medical equipment when determined to be medically necessary and medically appropriate.
- Removal of tonsils
- Additional therapy sessions beyond a defined threshold (e.g. 10 visits)

# Dos and don'ts under EPSDT

CCOs and OHA cannot:	CCOs and OHA can:
<p>Deny a service or claim solely because it is below the funding line, non-pairing, or a historically “non-covered” ancillary service. <b>This includes automatic denial by claims processing systems of services that have historically not been covered.</b></p>	<p>Deny a claim for administrative errors such as incorrect entries of diagnostic codes and other incorrectly entered factual information <b>without</b> first conducting an individual review for medical necessity and medical appropriateness.</p>
<p>Deny a claim solely due to a lack of chart notes or other documentation of medical necessity and medical appropriateness.</p>	<p>Deny a service or claim if it is not medically necessary and medically appropriate (or dentally appropriate, for a dental service) for the child/youth, based on individual review of clinical documentation.</p>
<p>Require prior authorization for all historically non-covered services (for example, those below the line on the Prioritized List) solely as a way to operationalize EPSDT coverage expansion.</p>	<p>Choose to automatically approve previously not covered services without a review for medical necessity.</p>
<p>Require prior authorization for any EPSDT screening services.</p>	<p>Use the Prioritized List as a guidance tool and not a denial tool.</p>

# Pathway to implementation

- These requirements are effective as of January 1, 2023.
- Full implementation is expected by the end of Q1 2023.



# Provider Checklist Resources

# Checklist: What should Providers do to prepare?

## All providers should:

- ✓ NOT assume historically non-covered services continue to be non-covered. They MUST be considered for each individual child/youth.
- ✓ Monitor claims/prior authorizations in Q1, 2023 and be prepared to re-submit if need be.
- ✓ Review [EPSDT Provider Guide](#) and [Member Fact Sheet](#)
- ✓ Sign up for [Provider Matters](#) and the Transformation Center Resources email (sign up here: <https://www.surveymonkey.com/r/OHATransformationCenterTA>) to receive information about upcoming EPSDT webinars for providers
- ✓ Bookmark this page: [Oregon.gov/EPSDT](https://www.oregon.gov/EPSDT)
- ✓ Contact our team with questions: [EPSDT.Info@odhsoha.oregon.gov](mailto:EPSDT.Info@odhsoha.oregon.gov)

# What should Providers do to prepare?

## Fee-for-Service providers should:

- ✓ Update contact info with Provider Enrollment at OHA to facilitate communication about post-service reviews
  - ✓ Provider Enrollment at 1-800-336-6016, Option #6 or [provider.enrollment@odhsoha.oregon.gov](mailto:provider.enrollment@odhsoha.oregon.gov)
- ✓ Ensure the ability to send secure email (resources in OHA's [EPSDT Provider Guide](#))

## CCO providers should:

- ✓ Consult the specific CCO for its procedures for billing, authorization, and reimbursement



# Where to find more information

OHA has developed the following materials to share information about this change:

- [EPSDT Guidance Document for CCOs](#)
- [EPSDT Policy Change Memo for OHP providers](#)
- [EPSDT Guidance for OHP Providers](#)
- [EPSDT Fact Sheet for OHP members](#) (available in 13 languages)

[\*\*Oregon.gov/EPSTDT\*\*](https://www.oregon.gov/EPSTDT)

All guidance documents and EPSDT communication materials will be available and updated on this page.

# Sign up for Session #2!

Ensuring EPSDT access: Documenting medical necessity, prior authorization and related processes for fee-for-service (FFS, or “Open Card”) patients

- February 7, 2023, noon to 1 p.m.
- Register here: <https://www.zoomgov.com/meeting/register/vJltc-Copz8oGlcpxF3BQWwG0ahpIrcIYPs>

Visit [Oregon.gov/EPSDT](https://Oregon.gov/EPSDT) for more information and registration

# EPSDT Regulations and Resources

- [Oregon Administrative Rule 410-130-0245](#) – Early and Periodic Screening, Diagnostic and Treatment Program
- Code of Federal Regulations [42 CFR § 441 Subpart B](#) – Early and Periodic Screening, Diagnostic and Treatment (EPSDT) of Individuals Under Age 21
- [EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#)
- [Medicaid.gov](#)
- [Health Resources & Service Administration – Maternal & Child Health Bureau](#)
- [Medicaid and CHIP Payment and Access Commission](#)



# Questions?

[EPSDT.Info@odhsoha.oregon.gov](mailto:EPSDT.Info@odhsoha.oregon.gov)

Dialogue with collaborators and partners, including families and members, helps us center equity. Thank you for your ongoing participation, and for providing us with the partnership and insights that help us better serve Oregon's communities.

**Thank you**