Early and Periodic Screening, Diagnostic & Treatment Benefit (EPSDT)
OHP Comprehensive Child and Youth Benefit

CCO Guidance Document

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Oregon Health Authority

HEALTH SYSTEMS DIVISION

Contents

Early & Periodic Screening, Diagnosis and Treatment (EPSDT)

This guide is to assist coordinated care organizations (CCOs) in their implementation of expanded coverage of EPSDT services (the Oregon Health Plan's comprehensive child and youth benefit) effective January 1, 2023.

What is EPSDT?

EPSDT is a benefit that provides comprehensive and preventive health care services for children and youth under age 21 who are enrolled in Medicaid and the Children's Health Insurance Plan (CHIP). 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.**

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems
- **Diagnostic**: Performing diagnostic tests to follow up when a risk is identified and
- **Treatment:** Control, correct or ameliorate (make more tolerable) health problems found.

The Centers for Medicare and Medicaid Services (CMS) requires that states follow a periodicity schedule for children's services. Oregon uses the Bright Futures periodicity schedule.

EPSDT is governed by the following regulations:

- 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

OHA's EPSDT webpage can be found here.

Background

The Oregon Health Plan has historically covered most EPSDT services. However, Oregon's 2017-2022 1115(a) Medicaid waiver and prior waivers allowed the state to "restrict coverage of 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." Through public comment and community dialogue during the 1115(a) Medicaid waiver renewal process in 2021-2022, OHA received clear feedback from the community including advocates, children's service organizations and other interested parties that the 2017-2022 waiver regarding EPSDT was preventing children from receiving medically necessary services.

After careful consideration of community input and a comprehensive internal review, OHA decided not to seek renewal of the waiver regarding EPSDT. **At the direction of the Centers for Medicare & Medicaid Services (CMS), Oregon must meet all EPSDT benefit requirements for children and adolescents beginning January 1, 2023.**

Covering EPSDT services for children from birth until their 21st birthday will increase access to the full breadth of preventive, developmental, dental, mental health, and specialty services so that Oregon's children and youth are supported holistically in their education, growth, development, and health.

Expanding the scope of EPSDT services for OHP members under age 21 requires significant systems changes at the Oregon Health Authority and in each Coordinated Care Organization. OHA recognizes that the transition will require ongoing work to identify and address areas for improvement.

Child and Youth Benefit Coverage Expansion

EPSDT is a comprehensive child and youth health care benefit for OHP members ages birth to 21 (EPSDT coverage ends when a person turns 21).[1] **This includes physical, dental, behavioral health, and pharmacy services.**

Beginning January 1, 2023, OHP must cover any 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 historically non-covered ancillary service.
- Whether it is covered under the State Plan.

[1] Although EPSDT is a federal *Medicaid* benefit, OHA applies the same EPSDT requirements to members ages birth to 21 who have *non-Medicaid* funded OHP-equivalent benefits. This includes individuals enrolled in the Healthier Oregon Program or HOP. The EPSDT requirements are identical in CCOs' Medicaid and non-Medicaid contracts.

Services and items which do not have a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code are not required to be covered under EPSDT at this time.

The Prioritized List remains a guidance tool for identifying services that may require documentation of medical necessity and medical appropriateness (and dental appropriateness, if applicable) for members under age 21. The Prioritized List cannot, however, be used as the basis for denying services under EPSDT.

The Health Evidence Review Commission (HERC) has recently reviewed previously non-covered services with the unique needs of children and youth in mind and continues to make updates to the Prioritized List to minimize the need for individual reviews prior to approval of services.

Coverage requirements for CCOs:

Beginning January 1, 2023, CCOs and OHA must cover all medically necessary and medically appropriate[2] services for members under age 21, regardless of pre-set limits or guidelines.

- All services for members under age 21 must be:
  - Approved; or
  - Reviewed individually for medical necessity and medical appropriateness (or dental appropriateness, for a dental service) **prior** to denial[3]

The Oregon Department of Justice advises, and federal guidance supports, that review of previously not covered services prior to denial is required by the federal EPSDT program. Other states' systems and processes for approving or denying EPSDT services rely upon individual review of medical necessity and medical appropriateness to comply with the federal EPSDT program.

These requirements are effective January 1, 2023. Full implementation is expected by the end of Q1 2023. Compliance will be monitored through the quarterly Exhibit I Notice of Adverse Benefit Determination (NOABD) sample evaluation beginning with the Q2 2023 submissions.

[2] Medically Necessary, Medically Appropriate, and Dentally Appropriate are defined in Oregon Administrative Rule 410-120-0000.

[3] Claims with clerical errors such as incorrect entries of diagnostic codes and other incorrectly entered factual information may be denied without first conducting an individual review for medical necessity and medical appropriateness.

CCOs and OHA cannot:	CCOs and OHA can:
Deny a service or claim solely because it is below the funding line, non-pairing, or a historically "non-covered" ancillary service. This includes automatic denial by claims processing systems of services that have historically not been covered.	Deny a claim for administrative errors such as incorrect entries of diagnostic codes and other incorrectly entered factual information **without** first conducting an individual review for medical necessity and medical appropriateness.
	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.
	Choose to automatically approve previously not covered services without a review for medical necessity and medical appropriateness.
	Use the Prioritized List as a guidance tool but not a denial tool.

OHA is working to develop guidance regarding which EPSDT services can require prior authorization (pre-service review). This guidance will be released prior to January 1, 2023.

Additionally, the following requirements around utilization management apply:

Dos:

- Prior authorization must be conducted on a case-by-case basis, evaluating each child's needs individually.
- EPSDT allows states to establish limits on the number of treatment services a child may receive and require prior authorization for coverage of medically necessary and medically appropriate services above those limits.

Don'ts:

- 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.

CCOs and providers should continue to use their current medical review processes for historically not covered services, within the following parameters:

- CCOs cannot use a definition of medical necessity for children and youth that is more restrictive than the OHA's definition.
    - Medically Necessary, Medically Appropriate, and Dentally Appropriate are defined in Oregon Administrative Rule 410-120-0000.
- The staff member conducting the review needs the proper level of license/certification necessary for the type of decision they are making. If it is a technical denial because the

claim is missing a data element there is likely no clinical training needed to decide that. On the other extreme if the decision is highly clinical it may need to be a licensed specialist. Please see Exhibit B, Part 2, Section 3, Paragraph a of the CCO contract for further information.

- Providers should also refer to Statement of Intent 4 on the Prioritized List when making determinations of medical necessity and medical appropriateness for children and youth under 21.
- Providers may not refuse to render or refer care based on Prioritized List placement only or the fact that the service was historically not covered. Determinations must be made based on the child's individual needs.
- Additional guidance for providers will be available in December 2022 at www.oregon.gov/EPSDT

Pharmaceutical reviews for coverage will be aligned with the requirements for individual review of medical necessity and medical appropriateness as required under EPSDT. 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 as required by EPSDT.

Currently there are no changes regarding School-Based Health Services provided by public school districts for services required by the Individuals with Disabilities Education Act (IDEA). Please see Oregon Administrative Rule 410-141-3565 (8)(D)(h) for more information.

Please note: While CCOs' claims processing systems are being updated to facilitate updated review and approval processes for EPSDT, the following guidelines apply:

- Utilization controls can still be used. However, any established limits on services must be considered tentative pending an individual review for medical necessity and medical appropriateness (or dental appropriateness, as applicable). All medically necessary and medically appropriate services must be covered, regardless of pre-set limits.
- Final denial decisions must be based on case-by-case review of medical necessity and medical appropriateness (or dental appropriateness, as applicable), and the reason for a final denial cannot be solely that the service is below the line, non-pairing, or a non-covered ancillary service.

Communication Requirements for CCOs

Federal guidelines require a combination of face-to-face, written, and oral communication methods designed to inform all EPSDT beneficiaries (or their families/guardians) about EPSDT services. In order to meet this requirement, CCOs will need to:

- Provide information in clear and nontechnical language;
- Make sure information is available to those whose primary language is not English;
- Provide information in alternate formats, including but limited to braille or sign language; and
- Develop website content for members regarding EPSDT.

Federal guidelines and CCO contracts require that all EPSDT-eligible members are informed of EPSDT services and how to access them (this includes pregnant members and foster and adoptive parents).

- New members must be informed within 60 days of enrolling.
    - CCOs meet this requirement by sending member handbooks within 14 days of enrollment.
    - The 2023 CCO Model Member Handbook has been updated to include EPSDT information and is located on the CCO Contract Forms webpage.
    - Additional member-facing materials will be available soon on the OHA EPSDT webpage.
- Members must be informed immediately following birth for newborn infants.
- Members who have not used EPSDT services must be re-informed annually.

Communication of EPSDT benefits must include:

- The benefits of preventive healthcare;
- What EPSDT services are available;
- Age of eligibility for services;
- Availability of transportation & scheduling assistance;
- Availability of translation services; and
- That members are able to request a case-by-case review of a denied service/claim.

Additional Federal EPSDT Requirements

In addition to required communication about EPSDT services, CCOs are required to:

- Ensure that care is provided in a coordinated way with an emphasis on prevention
- Ensure transportation assistance is received by EPSDT-eligible members who request it
- Ensure scheduling assistance is received by EPSDT-eligible members who request it

- Ensure screening requirements for EPSDT are met by reporting in accordance with and complying with the selected periodicity schedule. In Oregon, this is the American Academy of Pediatrics and Bright Futures Guidelines and periodicity schedule.

Additionally:

- It is required that medically necessary visits outside of Oregon's periodicity schedule be covered. There is an obligation under EPSDT to connect children with necessary treatment. This includes treatment for illness, injury, changes in condition, and other issues not identified in a periodic screening visit.
- CCOs and their Participating Providers should all be culturally competent. This aligns with Oregon requirements that CCOs are required to ensure the provision of culturally and linguistically responsive services and providers in Oregon need to ensure they comply with HB 2011 (2019), which directs specified health care professional boards to require people authorized to practice the profession regulated by the board to complete cultural competency continuing education.
- CCOs cannot use a definition of medical necessity for children that is more restrictive than the OHA's definition.
    - Medically Necessary and Medically Appropriate are defined in Oregon Administrative Rule 410-120-0000.
- Services under the EPSDT benefit must be provided with reasonable promptness. CCOs meet this requirement by complying with the CCO access to care standards in OAR 410-141-3515.

No Longer Required:
After consultation with CMS, OHA learned that it is not required for a Primary Care Provider (PCP) assignment and member obligations to be assigned and agreed to in writing by the EPSDT member and/or member's family as noted in 42 CFR § 441 Subpart B. Requirements for PCP assignment will remain as currently outlined in CCO contract (Exhibit B, Part 4, Section 2, Paragraph l) and OAR 410-141-3860.

Grievance & Appeal System Requirements

Under Federal EPSDT guidelines, CCOs must follow existing Grievance and Appeal System requirements per 42 CFR 438.400 - 438.424, OARs 410-141-3875 - 410-141-3915, and Exhibit I of the CCO Contract. Per existing Grievance and Appeal System requirements, only OHA approved Member notice templates, inclusive of the required language outlined in the QA Notice Template Evaluation Criteria, may be used when communicating with members about service denials, grievances, and appeals.

Questions, Comments & Concerns

More information can be found at OHA's EPSDT webpage.

For questions or comments regarding this guidance document or EPSDT coverage for OHP members under age 21, please contact EPSDT.Info@odhsoha.oregon.gov.

Please note: OHA will update this guidance as new information, program improvements and/or quality improvement needs are identified.

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
- Medicaid.gov
    - EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents
- Health Resources & Service Administration - Maternal & Child Health Bureau
- Medicaid and CHIP Payment and Access Commission
- Bright Futures – American Academy of Pediatrics