



## Cumplimiento y Asuntos Clínicos

**Policy:** Government Health Plan (GHP) EPSDT Program

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### **PURPOSE:**

The purpose of this policy is to clearly establish and define the requirements to be delegated to all MCOS participating in the GHP as it is related to the compliance with the EPSDT Programs requirements for needed services as well as members identification, notification, education, outreach, tracking and reporting. The scope also include the provision for providers EPSDT education with service requirements, compliance and surveillance of quality measures.

### **PROGRAM DESCRIPTION:**

EPSDT is a comprehensive child health care program of primary prevention, early diagnosis, treatment, correction and improvement (amelioration) of physical and mental health problems for GHP members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources as well as to assist the government health plan recipients in effectively utilizing these resources. All services must be directed to prevent, treat or ameliorate physical, mental or developmental problems or conditions by certified providers, in sufficient amount, duration and scope on basis of medical necessity.

EPSDT focuses on continuum of care by: assessing health needs, providing preventive screening, initiating needed referrals, and completing recommended medical treatment and appropriate follow up. Its services include screening, vision, dental and hearing services as well as all other medically necessary mandatory and optional services listed in the government health plan contract requirements to correct or ameliorate defects and physical and mental illness and conditions identified in an EPSDT screening.

**SCOPE:**

EPSDT consist of screening services in accordance with the periodicity requirements of Title 42 of the Code of Federal Regulations (42 CFR 441.58), preventive, diagnostic, treatment and rehabilitative services. The Program include, but is not limited to, coverage of inpatient and outpatient services, laboratory and x-ray, physician services, medications, dental, rehabilitative therapy, behavioral health, medical supplies and prosthetic devices as defined below in accordance to the Government Health Plan (GHP) contract with MCOs. However, EPSDT services do not include services that are experimental, that are solely for cosmetic purposes or that are not cost effective when compared to other interventions.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the ESPDT Schedules (Appendix 1). The EPSDT Periodicity Schedule is based on recommendations by the guidelines of the American Academy of Pediatrics and are intended to meet reasonable and prevailing standards of medical practice and specifies screening services at each stage of the child's life.

This schedule is offered to all PCP providers to document all age specific, required information related to EPSDT screenings and visits. PCP providers must ensure that members receive required health screenings in compliance with this schedule. The service intervals represent minimum requirements, and any services determined by a primary care provider to be medically necessary must be provided, regardless of the interval. The requirements and reporting forms for an EPSDT screening service are described in another section of this Policy.

**DEFINITIONS:**

1. Early means in the case of a child already enrolled in the PSG, as early as possible in the child's life, or in other cases, as soon after the member's eligibility for the services has been established.
2. Periodic means at intervals established by ASES EPSDT Requirements of screening to assure that a condition, illness, or injury is not incipient or present.
3. Screening means providing, in a regular scheduled, physical, mental, developmental, dental, hearing, vision, and other tests to detect potential problems Screening means regularly scheduled physical and behavioral health, growth, children and youth, and the identification, examinations and evaluations of the general development, and nutritional status of infants,

For the purpose of the EPSDT program, screening and diagnosis are not synonymous.

4. Diagnostic means the determination of the nature or cause of a condition, illness, or injury through the combined use of health history, physical, developmental and psychological examination, laboratory, test, X-rays, when appropriate.
5. Treatment means control, correct or reduce health problems diagnosed.

**REQUIREMENTS:**

Comprehensive periodic screenings must be performed by a clinician according to the time frames identified in the EPSDT (Early and Periodic Screening, Diagnostic and Treatment) Periodicity Schedule (Appendix 1) and inter periodic screenings as appropriate for each member age group.

PMG's and PCP's must implement processes to ensure age appropriate screening and care coordination when member needs are identified. Providers are encouraged to utilize the GHP approved standard developmental screening tools and charts, and complete training in the use of those tools. MCOs are required by ASES to establish monitoring processes for PMG's and PCP's providers and implement interventions for those not on-compliance.

EPSDT screenings and services must include the following:

1. A comprehensive health and developmental history including assessment of both physical and mental development, including substance abuse disorders.
2. Growth and development screening which includes physical, nutritional and behavioral health assessments (See Appendix 2A - 2D, Body Mass Index Charts).
3. Measurements (height, weight, body mass index; including head circumference for infants).
4. A comprehensive unclothed physical examination.
5. Appropriate immunizations according to age, health history and the guidance issued by the Advisory Committee on Immunization Practices (ACIP).
6. Laboratory testing, including blood lead screening assessment and serum blood lead testing, appropriate to age and identified risk factors. Anemia testing and diagnostic testing for sickle cell trait if a child has not been previously tested with sickle cell preparation or a hemoglobin solubility test.
7. Health education according to age group will be provided including the anticipatory guidance for the child and caregiver.
8. Periodical Vision screening with diagnosis and treatment services for visual defects, including eyeglasses.
9. Tuberculosis testing; as applicable
10. Periodical Hearing screening including diagnostics and treatment services including devices for communication augmentation and cochlear implants.
11. Appropriate oral health screening, intended to maintain oral health and to identify oral pathology, including tooth decay and/or oral lesions, conducted by the primary care physician and dental specialists. Services will also include dental emergency services for pain relief, infection treatment, and tooth restoration.

**EPSDT SERVICE DESCRIPTION:**

EPSDT services must be provided according to community standards of practice and the EPSDT Periodicity Schedule (See appendix 1). The Contractors (MCOs), through its subcontracted healthcare providers, are responsible for delivering the services as described in this policy. The healthcare providers must also adhere to the followings specific standards and requirements:

1. **Preventive visit-** A periodic preventive comprehensive health and developmental history including assessment of both physical and mental development. All elements of medical history, physical exam, developmental measurements, preventive laboratories, autism and depression screening needs to be done according to member age and risk factors. Appointments according to schedule (Appendix 1) should be done and tracking system to assure compliance must be in place. However, newly enrollees under CHIP eligible children should be seen within the first 90 days in the ambulatory setting and within the first 24 hours in the hospital setting.

2- **Immunization** – Includes all child and adolescent immunizations as specified in the PR Department of Health Immunization Schedule. All appropriate immunizations must be provided to establish and maintain up-to-date immunization for each EPSDT member (See Appendix 3 for schedule). PMG's and PCP must coordinate with the PR Department of Health Services Vaccines for Children program in the delivery of immunization services. Immunizations must be provided according to the Advisory Committee on Immunization Practices (ACIP).

The vaccines themselves are provided for by the Department of Health Immunization Program throughout their recognized and certified vaccination centers. MCOs will cover the cost related to vaccine administration, under the fee schedule established by the ASES contract to all MCOs. Vaccine for Non Federal Medicaid member will be covered by the MCOs.

3. **Vision Screening** - Eye examinations as appropriate to age according to the EPSDT Periodicity Schedule and medically necessary diagnosis and treatment for defects in vision including one pair of eyeglasses per year. In special circumstances replacement of eyeglasses could be approved with preauthorization before the one year benefit limit.

4. **Blood Lead Screening** - A blood lead screening risk assessment must be completed at each EPSDT visit at twelve (12) and twenty-four (24) age. Children between twenty-four (24) and seventy-two (72) months of age (up to 6 years of age) should receive a blood lead screening test if there is no record of a previous blood test.

PMG's and PCP's must implement protocols for:

- a. Care coordination for members with elevated blood lead levels to ensure timely follow-up and retesting.
- b. Coordination and transitioning of a child who has an elevated blood level to another specialist provider, as necessary.

5. **Tuberculosis Screening** - PMG's and PCP's must implement protocols for care and coordination of members who received TB testing to ensure timely reading of the TB skin test and treatment if medically necessary. Children at increased risk of tuberculosis (TB) include those who have contact with persons:

- a. Confirmed or suspected as having TB
- b. In jail or prison during the last five years.
- c. Living in a household with an HIV-infected person or the child is infected with HIV.
- d. Traveling/emigrating from, or having significant contact with persons indigenous to endemic countries.

6. **Hearing Screening** – Including:

- a. Each hospital or birthing center screens all newborns using a physiological hearing screening method as early as clinically possible prior to initial discharge. When there is an indication that a newborn or infant may have a hearing loss or congenital disorder, the family is referred to the Pediatric Health provider/ center for appropriate assessment and early intervention.
- b. Hearing screening evaluation according to age with appropriate referral to establish a diagnosis and necessary treatment to improve any auditory deficit that can interfere with appropriate communication with normal language development or delays in learning and social development. Hearing aids will be covered by the PSG, cochlear implants will be coordinated through the Puerto Rico Health Department Catastrophic Funds

7- **Nutritional Assessment** - Nutritional assessment is conducted to assist EPSDT members whose health status may improve with nutrition intervention. The PSG coordinates with the WIC program, available to all federally qualified Medicaid participants, to get and initial comprehensive nutritional evaluation as well as a nutritional follow up and assistance up to complete 5 years old. PMG's and PCP's providers are required to provide the required formulary and assessments necessary for initiation in the WIC Program to those children that requires special nutrition and supplements assistance. Also, assessment of nutritional status will be provided by the primary care provider (PCP) as a part of the EPSDT screenings specified in the EPSDT Periodicity Schedule and on an inter-periodic basis as determined necessary by the member's PCP. It also covers nutritional assessments provided by a registered dietitian when ordered by the member's PCP and contracted by the MCOs. This includes EPSDT eligible members who are under or overweight. Prior authorization (PA) is not required when the assessment is ordered by the PCP.

8- **Dental and Oral Health Services** – As soon as the eruption of the first tooth and no later than 12 months, a dental evaluation must be done by a certified dentist or dental hygienist working under the supervision of a certified dentist. The screening is intended to prevent dental problems or to identify gross dental or oral lesions. Providers must comply with the Preventive Dental Periodicity Schedule (Appendix 4). Other dental services may be covered in accordance to the plan benefits and medical necessity.

9. **Health Education and Anticipatory Guidance** – MCOs, the PMG's and contracted PCP's and other health providers must offer anticipatory guidance and health education for both the children and the caregivers in the following topics:

- Breast feeding
- Car Seat Safety
- Smoke free environment
- Accidents and injuries preventions
- UV protection
- Physical Activity
- Health Diet
- Prevention of STDs and HIV
- Clinical oral examination

- Caries risk assessment
  - Dental radiographic assessment
  - Prophylaxis and topical fluoride
  - Fluoride supplementation
10. **Mental Health and Substance Use Services** – Treatment for mental health and substance use are available for early detection, and to provide early referral for diagnosis and treatment. Screening tools are used to detect autism, substance and alcohol abuse and on adolescents and caregivers. Psychiatrist and psychology treatment will be provided according to medical needs, in individualized or family therapy interventions. Inpatient mental health and Substance Abuse, mental health partial ambulatory, and counseling services will be available as medically necessary.
  11. **Medically Necessary Therapies** - Medically necessary therapies are covered and includes physical therapy, occupational therapy and speech therapy necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.
  12. **Coordination with other State Agencies** – Coordination with other state agencies are done to assure adequate referral and service feedback. Service referral are done to WIC program for nutritional evaluations and provision of special nutritional requirement according to established diagnosis. Referrals to Early Head Start programs, are coordinated to assure that children with special needs or developmental gaps could receive the early intervention services appropriate for the identified problem. In Puerto Rico the community agency “Fondos Unidos” provide assistance to children with developmental and special needs. Appropriate referral for such services are coordinated with the PSG medical providers or MCOs case managers. The Puerto Rico Department of Health also provide services through the Early Interventions Programs available in all GHP regions.
  - 13- **Transportation Services** – Non emergency transportation to promote access to needed preventive, diagnosis and treatment services are provided by the Medicaid office under the Puerto Rico Health department. The MCOs case managers also identified other community resources, such as municipal government offices, to provide non-emergency transportation to EPSDT population to access medical or preventive services.
  - 14- **Language Access and Culturally Appropriate Services** – In most instances, PSG population receives services with health professional that are fully bilingual; Spanish and English. All participants enrolls and caregivers should be able to choose a provider that fully understand and communicate effectively the medically necessary instructions, education and orientation on both languages English and Spanish. Physician need to be trained in order to provide these services in a cultural and linguistic manner, taking in account cultural believes, languages barriers or limitations and ethnically diversity.

- 15- **Family Planning Services-** Family planning services will be provided to sexually active adolescents on childbearing age. Those services include orientation and education on pregnancy and sexually transmitted diseases prevention. Access to contraceptive methods is available under the Family Planning Program established in all MCOs regions.
16. **Other services** - Case management service is available through the MCO Case Management Program, where all children with special needs undergo a special registration according to the identified medical diagnosis. The registry will provide access to necessary care, without the need of a PCP referral, from specialized providers, clinics, surgical and medical procedure, laboratories and all necessary tests as well as medication treatment.
17. **Medical Supplies**, including diabetes test strips, when medically necessary, for children and youth under age 21.
18. **Organ transplant** are not under the current benefits for enrollees under the PRGHP, except for corneal, bone and skin transplants. When such services are necessary, coordination with the Puerto Rico Health Department is done by the MCOs Case management team to access them through the Catastrophic Funds. Those catastrophic Funds are identified to cover services not currently under the scope of benefits of the PRGHP but that could be clinically necessary, such as organ transplants, services out of Puerto Rico *including* any United State territory, medical equipment such as adapted car seats and nutritional supplements to compliment dietary restrictions for special conditions.
19. **Services Provided on Schools, Community base care** – MCOs are required to identify and develop necessary services coordination with all regional Community Base and School Services available to assist, complement or to provide clinical services to the EPSDT population. Current Community Base Primary Centers, or federally qualify and sponsor centers such as 330 - 329 and HIV treatment Center are required to be part of the contracted MCOS providers network.
- 20.– **Member Education, Identification and Tracking** - All MCOS will provide EPSDT members education on preventive periodicity schedules including immunization and preventive tests, members benefits, preventive services access and referrals, transportations services when needed, appointment system with outreach and tracking activities and policies.
21. **Providers Education, Compliance and Quality Measures** – All MCOS will educate the PCPs providers on EPSDT policies and procedures, periodicity schedules, EPSDT benefits, preventive and evidence base practices and services guidelines, EPSDT member identification, outreach and tracking activities and policies. Quality measures and understanding and tracking of HEDIS applicable parameters should also be provided.
22. **Reporting system** – all activities done to comply with the EPSDT members should be report to ASES by the MCOs, on a quarterly basis, at least meeting the requirements on

EPSDT report to CMS (appendix 5). Random EPSDT audits should be done by the MCO's on PCPS medical records and should be reported in terms of percent compliance with such required elements. Those quality elements should be part of the physician incentive programs. The reports should include results of outreach and tracking activities design to comply with the adequate standards of ESPDT member's access to care.