

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Early and Periodic, Screening, Diagnostic and Treatment (EPSDT)	<b>POLICY ID:</b> LA.QI.20
<b>BUSINESS UNIT:</b> LHCC	<b>FUNCTIONAL AREA:</b> Quality Improvement
<b>EFFECTIVE DATE:</b> 01/12	<b>PRODUCT(S):</b> Medicaid
<b>REVIEWED/REVISED DATE:</b> 9/11, 11/11, 10/12, 10/13, 7/14, 6/15, 5/16, 5/17, 5/18, 5/19, 2/20, 3/21, 5/22, 5/23, 3/24, 1/25, 5/25, <u>02/26</u>	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> n/a	

### POLICY STATEMENT:

This policy outlines the plan's responsibility in providing EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services to all members under the age of 21, in compliance with the terms of the State contract and Federal Government requirements and as defined by the required periodicity schedule.

### PURPOSE:

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is a Medicaid mandated program under the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) and section 1905(r)(5) of the Social Security Act (the Act). EPSDT includes periodic health, nutritional, and development-screening history, physical exam, -immunizations, pediatric laboratory test including lead toxicity screening, and health education, vision, dental, and hearing services. The EPSDT program has two primary objectives: (1) assuring the availability and accessibility of required health care resources; and (2) helping Medicaid recipients and their parents or guardians effectively use these resources. It encourages assessment of the child's health needs through initial and periodic examinations and evaluations and promotes early diagnosis and treatment of problems before they may become more complex and costly.

Plan is committed to providing preventive health screenings and improving the overall health of children enrolled in its health plan. With the high proportion of children in Plan's member population, Plan's ability to impact the incidence of EPSDT screening is of vital importance to the overall health and well-being of Plan's membership.

### SCOPE:

Louisiana Healthcare Connections (Plan) Quality Improvement Quality Management (QI/QM), Provider Consultants Relations and Member Services departments.

[LB1]

### DEFINITIONS:

**EPSDT** is an acronym for Early and Periodic Screening, Diagnostic and Treatment. Defined by law, EPSDT is Medicaid's comprehensive and preventive child health program for enrollees under the age of 21.

These services must be provided at intervals that meet reasonable standards of medical practice. Centene Corporation has adopted the American Academy of Pediatrics (AAP) *Recommendations for Preventive Pediatric Health Care*. The AAP periodicity schedule should be followed by the health plan unless otherwise dictated per State contract.

### POLICY:

Plan shall cover and provide all members under the age of 21 years with EPSDT services in compliance with the terms of the State contract and Federal Government 42 C.F.R § 441.50 –441.62 to ascertain physical and mental defects and provide treatment to correct or ameliorate defects and chronic conditions found; and as defined by the required periodicity schedule.

The health plan will monitor EPSDT well child visits in accordance with the established EPSDT goal that 80% of eligible members under the age of twenty one (21) are receiving EPSDT well child visits and services in accordance with the periodicity schedule for that Fiscal Federal year (FFY).

Plan shall implement ongoing processes for monitoring compliance with EPSDT program requirements and initiate interventions to promote substantial and sustained improvement over time. Although monitoring and implementing interventions related to the EPSDT program is a multi-disciplinary collaborative project across the Plan, the Quality Improvement (QI)VP/ Director maintains lead responsibility for the EPSDT Management program. The key aspects of the program include control monitoring reportsreport monitorization, employee education, provider level interventions and member level interventions. [LB2]

### PROCEDURE:

## A. EPSDT Required Services

1. The Member's assigned Primary Care Provider (PCP) is responsible for providing or arranging for the provision of complete EPSDT services, including screening, diagnosis, and treatment. Screening services include:
  - a. Comprehensive Health and development history (including assessment of both physical and mental health and development)
  - b. Comprehensive unclothed physical exam
  - c. Developmental and Autism Screening
  - d. Behavioral/~~Social/Emotional~~ Health Screening[LB3]
  - e. Assessment and provision of immunizations as appropriate for age and health history, including the Flu\* vaccine. \*See table 1 below
  - f. Assessment of nutritional status
  - g. ~~Vision Screening (subjective and objective)~~
  - h. ~~Hearing Screening (subjective and objective)~~[LB4]
  - i. Laboratory procedures appropriate for age and population groups (including ~~appropriate neonatal~~ ~~age-appropriate screenings for newborns~~[LB5], iron deficiency anemia, dyslipidemia, sexually transmitted infections, ~~urinalysis (dip-stick)~~, [LB6]and blood lead screening)
  - ~~j. ~~Lead risk assessment questionnaire (administered at every well visit)~~[LB7]~~
  - ~~k. ~~Perinatal Depression Screening administered to caregiver from birth to 1 year, must employ one of the following validated screening tools:~~~~
    - Edinburg Postnatal Depression Scale (EPDS)
    - Patient Health Questionnaire 9 (PHQ-9)
    - Patient Health Questionnaire 2 (PHQ-2) and, if positive, a full PHQ-9
  - ~~l. ~~Oral health risk assessment, including fluoride varnish application~~~~
  - ~~m. ~~Direct referral for dental services for diagnosis and treatment for a child 2 years of age and over~~[LB8]~~
  - ~~n. ~~Anticipatory guidance and health education~~~~
  - ~~o. ~~Referral for additional services if indicated for further diagnosis and treatment services~~~~
2. If a child misses a regular periodic screening, that child may be screened off-schedule in order to bring the child up to date at the earliest possible time. However, all screenings performed on children who are under two years of age must be at least 30 days apart, and those performed on children aged two through six years of age must be at least six months apart.
3. Documented laboratory procedures provided less than six months prior to the medical screening must not be repeated unless medically necessary. All components, including specimen collection, must be provided on-site during the same medical screening visit. The services shall be available both on a regular basis, and whenever additional health treatment or services are needed.
4. Lead Screening: Children ages six months to 72 months should be screened in compliance with Louisiana Medicaid EPSDT requirements and in accordance with practices consistent with current Centers for Disease Control and Prevention guidelines, which include the following specifications:
  - Administer a risk assessment at every well child visit;
  - Use a blood test to screen all children at ages 12 months and 24 months or at any age older than 24 months and up to 72 months, if they have not been previously screened; and

- Use a venous blood sample to confirm results when finger stick samples indicate blood lead levels  $\geq 5$   $\mu\text{g}/\text{dl}$  (micrograms per deciliter).
- Providers must report lead cases to the Office of Public Health's Childhood Lead Poisoning Prevention Program within 24 working hours. A lead case is indicated by a blood lead test result of  $>5$   $\mu\text{g}/\text{dl}$

**Table 1. Provisions Regarding Flu Vaccine Shortages:**

*If a Medicaid provider does not have the VFC pediatric influenza vaccine on hand to vaccinate a high priority Medicaid-enrolled child, the provider should not turn away, refer or reschedule the enrollee for a later date if the vaccine is available from private stock. The provider should use pediatric influenza vaccine from private stock and replace the dose(s) used from private stock with dose(s) from VFC stock when the VFC vaccine becomes available.*

*If a Medicaid provider does not have the VFC pediatric influenza vaccine on hand to vaccinate a non-high priority or non-high risk Medicaid-enrolled child, the enrollee can:*

- *Wait for the VFC influenza vaccine to be obtained, or*
- *If the enrollee chooses not to wait for the VFC influenza vaccine to be obtained, and the provider has private stock of the vaccine on hand, the MCO shall reimburse only the administration of the private stock vaccine.*
  - *If the provider intends to charge the enrollee for the vaccine, then prior to the injection, the provider shall inform the enrollee/guardian that the actual vaccine does not come from the VFC program, and the enrollee will be responsible for the cost of the vaccine. In these situations, the provider shall obtain signed documentation that the enrollee is responsible for reimbursement of the vaccine only.*

*Louisiana Department of Health, MCO Manual*

## B. Control Monitoring Reports

### 1. Care Gap Report

- Monthly, the predictive modeling application generates care gap alerts to include children due or past due for EPSDT screenings, immunizations, lead, and other treatment services.
- Care gaps are viewable to providers through the Plan's secure provider portal during the eligibility search function. Providers can view care gaps when looking up eligibility for an individual member or can filter to pull a list of members with EPSDT-related care gaps.
- Care gaps are viewable to customer services in the OMNI tool. When a Customer Services Representative (CSR) pulls up the member record, member-specific care gaps are viewable to the representative. CSRs are educated to notify members of existing care gaps and assist them in scheduling appointments or arranging transportation as needed.
- Care gaps are viewable to the Care Management (CM) staff in OMNI and the predictive modeling application. CM staff will educate and assist those CM-enrolled members who have known gaps in care in scheduling appointments and arrange transportation as needed.

## C. Plan Employee Education

During New Employee Orientation, new employees are encouraged to access the general overview training materials available on Centene University, Centene's internal learning & development platform on CNET. Established employees are reminded intermittently about the availability of the training course through the CNET site and other internal Plan communication platforms. Documentation of course completion and quiz results are maintained in each employee's Centene University transcript.

## D. Provider Interventions for Improvement

- General provider education
  - New provider orientation

- b. Provider Manual
  - c. Provider newsletter
  - d. Plan website
  - e. Provider-facing workshops and seminars
2. Targeted face-to-face provider education
- a. Utilize practitioner EPSDT participation report to identify providers with moderate to large panels of EPSDT eligible members and low participation scores.
  - b. Conduct face-to-face and/or virtual EPSDT specific education with the provider to include EPSDT program requirements, documentation, billing processes, missed opportunities, etc. Plan may also conduct chart audits to assist in determining reasons for low participation. Provider Consultants are available to brainstorm with Provider and assist as needed to implement interventions for improvement.
  - c. Track provider participation quarterly. If no improvement is noted after six months, Plan may conduct up to three (3) additional education sessions. If the provider continues without improvement in EPSDT participation rates, case should be presented to Plan quality committee for corrective action determination to include, but not limited to: Peer Review session with Plan's Chief Medical Officer (or designated Medical Director), closure of panel to new members, change in contract from capitated reimbursement to Fee-For-Service (FFS), termination of contract, etc.
3. PCP Reports
- a. Monthly provider report that shows timely status of members under age 21 who are currently due and past due are made available via Plan's secure provider portal.
  - b. Availability of these reports are communicated during PCP Orientation and PCP EPSDT education sessions.
4. Medical Record Reviews
- a. Medical record documentation standards include measures for provision of preventive screening and services in accordance with the Plan's practice guidelines. Standards are communicated through the Provider Manual and Plan website.
  - b. Medical record compliance audits are conducted, when required, per associated policy (LA.QI.13)
  - c. If an audit is performed, the practitioner or provider will be notified of the results. A written action plan including resolution timeframe will be included for any standards not meeting medical record documentation requirements outlined in policy LA.QI.13. [LB9]
5. Provider Profiling/P4P
- a. Plan Provider Profiling and/or Pay for Performance project is aimed at improving health outcomes by recognizing participating practitioners for meeting and/or exceeding standards for quality healthcare and services. Measures should include those that relate to EPSDT. Profiling reports are distributed quarterly.
  - b. Plan Quality Staff and/or Provider Consultants Relations [LB10] work with providers to identify interventions for improvement and assist with implementation as indicated.
6. Provider Recognition
- a. Practitioners may be recognized for providing quality services to members according to nationally recognized standards through Plan's Pay for Performance program and/or through publication in Plan's Provider Newsletter, website, or local news press release. Plan includes measures relating to EPSDT services in its recognition program methodologies.

## E. Member Interventions for Improvement

1. General member education: Members and their families are educated regarding the value of preventive health care, benefits provided as part of EPSDT services, how to access these services, their right to access these services, and their right to appeal any decisions relating to EPSDT services.
  - a. New Member Welcome Packet
  - b. Member handbook
  - c. Plan website and member educational blog articles
  - ~~d. Member services Member calls are initiated throughout the year to address wellness and other care gaps~~
  - ~~e.d. Community events~~
  - ~~f.e. Start Smart For Your Baby pregnancy and postpartum program materials~~
  - ~~g.f. Member education flyers –well child visits and fluoride varnish~~
  - ~~h.g. Social media~~
2. Targeted member education
  - ~~a. Member communications are initiated throughout the year to address wellness education and other care reminders~~
  - ~~a. Past due auto-reminder calls~~
  - ~~b. Telephonic past due reminder calls to provide education and counseling with regard to member compliance with prescribed treatment and EPDST appointments.~~
  - ~~e.b. Potential If indicated, Community Health Representatives home visit if member cannot be reached via mail or phone.~~
  - ~~d.c. If indicated, Potential referral to Care Management for continued non-compliance with EPSDT services on a case-by-case basis as indicated.~~
  - ~~e. Age-specific EPSDT wellness education and care reminders via email/SMS for parents of child members.~~
3. Documentation of member outreach, education, and information gathered from providers is maintained in ~~OMNI/CRM~~. [LB11][LI12][LI13]

### REFERENCES:

CC.QI.01 QAPI Program Description

Louisiana Periodicity Schedule: [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

Physician Incentive Program Proposal

Omnibus Budget Reconciliation Act of 1989

Section 1905(r)(5) of the Social Security Act

Department of Health and Human Services. Overview: Medicaid Early & Periodic Screening & Diagnostic Treatment

Benefit. Centers for Medicare & Medicaid Services. <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

<https://www.cms.gov/Regulations-and-Guidance/guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>

Periodicity Schedule: Recommendations for Preventive Pediatric Health Care, American Academy of Pediatrics'

Website (Bright Futures) [www.aap.org](http://www.aap.org)

Louisiana Department of Health website [www.ldh.la.gov](http://www.ldh.la.gov)

2019 Recommendations for Preventive Pediatric Health Care. Committee on Practice and Ambulatory Medicine and

Bright Futures Periodicity Schedule Workgroup. PEDIATRICS Vol. 143 No. 3, March 2019.

Louisiana Department of Health MCO Manual

**ATTACHMENTS:**  
n/a

**ROLES & RESPONSIBILITIES:**

**REGULATORY REPORTING REQUIREMENTS:**  
La R.S. 46:460.54 applies to material changes to this policy.

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	<p>Procedure section updated with EPSDT Required Services.            Control Monitoring Report updated with Care Gap Report Section. VPMA replaced with Chief Medical Director.            Additions made to E. 1. General member education.            Removed "Corp" from CMS 416 report.            Changed "<i>Practitioner EPSDT Participation Report</i>" to "Care Gap Report".            Deleted section on "Healthcheck Days"</p>	11/2011
Annual Review	Revised KidMed links and sites to LaMedicaid	10/2012
Annual Review	<p>Provider Interventions for Improvement updated.            Removed provider specific member detail reports and listing of members due and members past due made available online and sent to PCP upon request.            Added "PCP Reports" and monthly provider report that shows status of members under 21 who are due this month, past due, up-to-date, or initial screening needed made available via mail.            Updated Targeted Member Information.            Removed past due reminder postcards.</p>	10/2013
Annual Review	<p>Revised EPSDT Periodicity Schedule link and sample.            Removed EPSDT/Connections Staff under "Member Interventions for Improvement" 2b.</p>	07/24/14
Annual Review	<p>Replaced "Provider Relations" with "Provider Consultants" Provider Interventions for Improvement updated.            3A – Replaced "mail" with "Plan's secure web portal"</p>	06/24/15
Annual Review	No revisions	05/24/16
Annual Review	No revisions	05/24/17
Annual Review	<p>Revised EPSDT Periodicity Schedule link and attached a sample of the new Periodicity Schedule LDH began using effective 5/1/18.            Revised Member Services to Customer Services            Revised Customer Relationship Manager (CRM) to OMNI            Revised Centene University Course #142 to SharePoint and the Centene learning Center            Community Health Connections changed to Community Health Representatives            Removed the sample attachments: EPSDT Plan Participation Rate Report, EPSDT Provider Profile Report, EPSDT PCP report            Minor grammatical edits; Referenced the department as QI/QM to encompass all Plans' Quality department name; clarified section B.1.a to include "in compliance with the terms of the state contract, as applicable".            Updated section C. to include reference to the current training available on the Centene learning center.            Updated References. A. Bi-monthly the predictive modeling... Updated 2. d. Care Gaps... Updated            Under references, revised the link for: Department of Health and Human Services. Overview: Medicaid Early &amp; Periodic Screening &amp; Diagnostic Treatment Benefit. Centers for Medicare &amp; Medicaid Services.  <a href="https://www.medicaid.gov/medicaid/benefits/epsdt/index.html">https://www.medicaid.gov/medicaid/benefits/epsdt/index.html</a></p>	05/24/18
Annual Review	Removed CMS 416 report. Revised AAP reference <i>Recommendations for Preventive Pediatric Health Care</i> to reflect most recent update.	05/16/19

Ad Hoc Review	Care Gap Report Section, revised bi-monthly to monthly Revised Community Health Representatives to Community Health Service Representatives. Revised Case Manager to Care Manager EPSDT Required Services – Revised section to include oral health assessment and Lead risk assessment. Link to Periodicity Schedule reflects most recent schedule	02/25/20
Annual Review	Revised Section E. Member Interventions for Improvement, 1f and 2c to include (Currently on hold due to COVID restrictions). Revised Section D. Provider Interventions for Improvement, 2b to include and/or virtual EPSDT Required Services – Revised section to include Developmental screenings	03/2021
Annual Review	Updated verbiage to reflect CMS goal for EPSDT compliance	05/27/22
Annual Review	Reformatted to latest Policy Template Included Perinatal Depression Screening Updated verbiage to reflect lead screening requirements	05/09/23
Annual Review	Updated verbiage to reflect new standards language. Updated with 2023 Periodicity Schedule	03/12/24
Annual Review	Revised Section A1.i to include urinalysis [dip-stick]. Revised Section D.4. to only include a reference to the MRR policy LA.QI.13. Revised Section E.1. to include Social media. Revised Section E.2. to include Age-specific EPSDT wellness education and care reminders via email/SMS for parents of child members. Revised Attachment Section to include the current EPSDT Periodicity Schedule published June 2024.	01/14/25
Ad Hoc Review	Revised section A.4. to reflect lead screening requirements.	05/12/25
<a href="#">Annual Review</a>	<a href="#">Revised Section A.1.d, A.1.g., A.1.h., A.1.i., A.1.j., A.1.m., Section D.4., to align with current Corporate policy and current MCO manual; revised Section E. to reflect current interventions.</a>	<a href="#">02/27/26</a>

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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