

POLICY AND PROCEDURE

DEPARTMENT: Quality Improvement	DOCUMENT NAME: Early and Periodic, Screening, Diagnosis and Treatment (EPSDT)
PAGE: 1 of 9	REPLACES DOCUMENT:
APPROVED DATE: 09/11	RETIRED:
EFFECTIVE DATE: 01/12	REVIEWED/REVISED: 11/11; 09/12; 10/13; 07/14; 06/15; 5/16; 5/17; 5/18; 5/19, 2/20
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.QI.20

SCOPE:

Louisiana Healthcare Connections (Plan) Quality Improvement, Provider Consultants and Member Services departments.

PURPOSE:

The Early and Periodic Screening, Diagnosis, 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 nutritional and development screening, immunizations, pediatric lead toxicity screening, and vision, dental, and hearing services. The EPSDT program has two primary objectives: (1) assuring the availability and accessibility of required healthcare 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 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.

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 and as defined by the required periodicity schedule.

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) Director maintains lead responsibility for the EPSDT Management program. The key aspects of the program include control monitoring reports, employee education, provider level interventions and member level interventions.

PROCEDURE:

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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. Health and development history
 - b. Unclothed physical exam
 - c. Development assessment and mental health screening
 - d. Assessment and provision of immunizations as appropriate for age and health history
 - e. Assessment of nutrition status
 - f. Vision testing
 - g. Hearing testing
 - h. Laboratory procedures appropriate for age and population groups
 - i. Lead risk assessment**
 - ~~h.~~**j. Oral health assessment**
 - ~~i.~~**k.** Direct referral for dental services for diagnosis and treatment for a child 2 years of age and over
 - ~~j.~~**l.** Anticipatory guidance and health education
 - ~~k.~~**m.** Referral for additional services if indicated for further diagnosis and treatment services

B. Control Monitoring Reports

1. *Care Gap Report*
 - a. ~~Monthly~~**Bi-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.
 - b. 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.
 - c. 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

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care gaps and assist them in scheduling appointments or arranging transportation as needed.

- d. Care gaps are viewable to the Care~~rese~~ 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 Cornerstone Learning through the Plan's CNET. Established employees are reminded intermittently about the availability of the training course through Plan's CNET site and other internal Plan communication platforms. Documentation of course completion and quiz results is maintained in Cornerstone Transcript.

D. Provider Interventions for Improvement

1. General provider education
 - a. 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 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

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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 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 measuring for provision of preventive screening and services in accordance with the Plan's practice guidelines. Standards are communicated through Plan's Provider Manual and Plan's website.
- b. Medical record compliance audits are conducted per associated policy (LA.QI.13)
- c. Preliminary results of audit reviewed with provider office at conclusion of audit. Education is offered upon audit conclusion. Audit findings are indicated via letter to the provider, and the provider is advised of the expectation that any area under 80 percent requires corrective action. Model record-keeping aids, such as standardized documentation forms are shared with provider as indicated.

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 work with providers to identify interventions for improvement and assist with implementation as indicated.

6. Provider Recognition

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- 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 (EPSDT brochure)
 - b. Member handbook ~~handbook~~
 - c. Member newsletter
 - d. Plan website
 - e. Member services on-hold message
 - f. Community events
 - g. Annual member birthday card mailings
 - h. Start Smart mailings
 - i. Newborn packet mailings (may include incentive program for EPSDT visits)
2. Targeted member education
 - 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.
 - c. Potential Community Health Representatives home visit (if member cannot be reached via mail or phone)
 - d. Potential referral to Case Management for continued non-compliance with EPSDT services on a case-by-case basis as indicated.
3. Documentation of member outreach, education, and information gathered from providers is maintained in OMNI.

REFERENCES:

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CC.QI.01 QAPI Program Description

Louisiana Periodicity Schedule:

<http://ldh.la.gov/assets/docs/BayouHealth/HealthPlanAdvisories/2018/HPA18-6.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 (2019)

American Academy of Pediatrics' Website (Bright Futures)

www.aap.org

Louisiana Department of Health website 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.

ATTACHMENTS

Required Medical, Vision, and Hearing Screenings (2018 Periodicity Schedule)

https://www.lamedicaid.com/provweb1/ProviderTraining/packets/2018ProviderTraining/2018_EPSDT_Periodicity_Schedule.pdf

DEFINITIONS:

EPSDT is an acronym for Early and Periodic Screening, Diagnosis, 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.

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REVISION LOG:	DATE
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”	11/11
Revised KidMed links and sites to LaMedicaid	10/12
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.	10/13
Revised EPSDT Periodicity Schedule link and sample. Removed EPSDT/Connections Staff under “Member Interventions for Improvement” 2b.	07/14
Replaced “Provider Relations” with “Provider Consultants” Provider Interventions for Improvement updated. 3A – Replaced “mail” with “Plan’s secure web portal”	06/15
No revisions	5/16
No revisions	5/17
Revised EPSDT Periodicity Schedule link and attached a sample of the new Periodicity Schedule LDH began using effective 5/1/18.	5/18
Revised Member Services to Customer Services	5/18
Revised Customer Relationship Manager (CRM) to OMNI	5/18
Revised Centene University Course #142 to SharePoint and the Centene learning Center	5/18
Community Health Connections changed to Community Health Representatives	5/18
Removed the sample attachments: EPSDT Plan Participation Rate Report, EPSDT Provider Profile Report, EPSDT PCP report	5/18

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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	5/18
Under references, revised the link for: 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	5/18
Removed CMS 416 report. Revised AAP reference <i>Recommendations for Preventive Pediatric Health Care</i> to reflect most recent update.	5/19
<u>Care Gap Report Section, revised bi-monthly to monthly</u>	<u>02/2020</u>
<u>Revised Community Health Representatives to Community Health Service Representatives.</u>	<u>02/2020</u>
<u>Revised Case Manager to Care Manager</u>	<u>02/2020</u>
<u>EPSDT Required Services – Revised section to include oral health assessment and Lead risk assessment.</u>	<u>02/2020</u>
<u>Link to Periodicity Schedule reflects most recent schedule</u>	<u>02/2020</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to an actual signature on paper.

Manager of Quality Improvement: _____Signature on File_____

VP Quality:_____ Approval on file_____

2018 Louisiana Periodicity Schedule

Louisiana Medicaid EPSDT Periodicity Schedule

	Louisiana Medicaid EPSDT Periodicity Schedule																															
	INFANCY								EARLY CHILDHOOD								MIDDLE CHILDHOOD						ADOLESCENCE									
AGE	Prenatal	Newborn [2]	3-5 day	By 1 MO	2 MO	4 MO	6 MO	9 MO	12 MO	15 MO	18 MO	24 MO	30 MO	3 YR	4 YR	5 YR	6 YR	7 YR	8 YR	9 YR	10 YR	11 YR	12 YR	13 YR	14 YR	15 YR	16 YR	17 YR	18 YR	19 YR	20 YR	
HISTORY	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MEASUREMENTS																																
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Weight for Length		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Body Mass Index																•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Pressure		★	★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
SENSORY SCREENING																																
Vision Screening		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	★	•	★	•	•	★	•	★	•	★	★	★	★	★	
Hearing Screening		•	•	•	•	★	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	•	•	•	•	•	•	•	•	•	•	
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening								•					•																			
Autism Screening											•		•																			
Developmental Surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tobacco, Alcohol and Drug Use Assessment																						★	★	★	★	★	★	★	★	★	★	
Depression Screening																							•	•	•	•	•	•	•	•	•	
Maternal Depression Screening				•	•	•	•	•																								
PHYSICAL EXAMINATION		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
PROCEDURES																																
Newborn Blood		•	•	•	•	•	•	•																								
Newborn Bilirubin		•	•	•	•	•	•	•																								
Critical Congenital Heart Defect		•	•	•	•	•	•	•																								
Immunization [4]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Anemia						★			•	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead Risk Assessment [5]							•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Lead Screening [6]									•			•		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Tuberculosis			★				★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Dyslipidemia												★			★		★		★	•	•	•	•	•	•	•	•	•	•	•	•	
Sexually Transmitted Infections																						★	★	★	★	★	★	★	★	★	★	
HIV																						★	★	★	★	★	•	•	•	•	•	
ORAL HEALTH								•	•	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Fluoride Varnish							•				•					•																
Fluoride Supplementation								★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
ANTICIPATORY GUIDANCE [7]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

• = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←•→ = range during which a service may be provided
 [1] Baseline lab and developmental screening must be done at the initial medical screening on all children under age six. [2] The newborn screening examination at birth must occur prior to hospital discharge.
 [3] The physical examinations/assessment must be unclothed or undraped and include all body systems. [4] The state health department immunization schedule must be done at every medical screening.
 [5] Anticipatory guidance and verbal risk assessment for lead must be done at every medical screening. [6] The frequency of screening using the blood lead tests depends on the result of the verbal risk assessment. Blood Lead Screening at ages 12 and 24 months, or anytime between 36 and 72 months if not previously screened, is required by Louisiana State regulations. Details are in the "Public Health Surveillance Mandates" section of the Professional Services manual.
 [7] Youth, ages 12 through 20, must receive more intensive health education which addresses psychological issues, substance usage, and reproductive health issues at each screening visit.
 Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2017)