

**Provider administration of
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
Screenings and Special Services for Kentucky Medicaid members**

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The purpose of this document is to deliver instruction for providing EPSDT Screenings and Special Services for participating and out-of-network health care professionals providing EPSDT services.

<https://mediproviders.anthem.com/ky>

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Specified in Section 1905 (r) of the Social Security Act, Medicaid’s program benefit for children is known as EPSDT. States share responsibility for implementing the benefit, along with the Centers for Medicare & Medicaid Services (CMS). States are responsible for assuring that the full EPSDT benefit is available to all children enrolled in Medicaid in the state, even if the state contracts with a managed care organization to deliver EPSDT services.

Since 1989, Medicaid’s EPSDT program has required states to cover all medically-necessary services, including both mandatory and optional services, for Medicaid-eligible persons under the age of 21 (American Academy of Pediatrics).

The goal of EPSDT is to assure that all Medicaid-enrolled individuals under the age of 21 receive the health care they need. EPSDT covers not only medically-necessary treatment to correct or ameliorate identified conditions, but also preventive and maintenance services. In addition, EPSDT covers age-appropriate medical, dental, vision and hearing screening services at specified times and when health problems arise or are suspected. A state may not limit the number of medically-necessary screenings a child receives and may not require prior authorization for either periodic or interperiodic screenings.

Who can provide EPSDT Screenings and/or EPSDT Special Services?

Any qualified provider operating within the scope of his or her practice, as defined by state law, can provide a screening service. These include:

- Physicians (including medical residents)
- Naturopathic physicians
- Physician’s assistants (PA)
- Registered nurses (RN) working under the guidance of a physician or APRN may also perform EPSDT Screenings; however, only a physician, PA or APRN can diagnose and treat problems found in a screening.

Medical screenings, including the physical, must be performed by a physician, certified nurse practitioner (CNP), RN or PA who is approved to perform well-child check-ups. Other trained personnel may perform some screening components (for instance, measurements or finger sticks).

This provider type may perform screenings	At these locations
Physicians	Anywhere a physician is authorized to practice
CNP	At a physician’s office, Rural Health Clinic, Federally Qualified Health Care Clinic (FQHC), health department or hospital
RN	At a rural health clinic, FQHC, health department or hospital

PA	At a physician’s office, rural health clinic, FQHC, health department or hospital
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NOTE: Two-year degree RNs who wish to perform EPSDT Screenings must first complete a Medicaid-approved pediatric health assessment course (PAC) or show proof of completion of a similar program of study. BSNs are exempt from taking a PAC.

Anthem Blue Cross and Blue Shield Medicaid (Anthem) provider credentialing scope:

Anthem credentials the following health care practitioners: medical doctors, doctors of osteopathic medicine, doctors of podiatry, chiropractors and optometrists providing services covered under the health benefits plan, and doctors of dentistry providing health services covered under the health benefits plan including oral maxillofacial surgeons. Medical residents are not credentialed or contracted individually since they are working under a supervising physician in good standing.

Anthem also credentials behavioral health practitioners, including psychiatrists and physicians who are certified or trained in addiction psychiatry, child and adolescent psychiatry and geriatric psychiatry; doctoral and clinical psychologists who are state licensed; master’s level clinical social workers who are state licensed; master’s level clinical nurse specialists or psychiatric nurse practitioners who are nationally and state certified and state licensed; and other behavioral health care specialists who are licensed, certified or registered by the state to practice independently. In addition, medical therapists (e.g., physical therapists, speech therapists and occupational therapists) and other individual health care practitioners listed in Anthem’s network directory will be credentialed.

Anthem credentials the following health delivery organizations (“HDO”): hospitals; home health agencies; skilled nursing facilities (nursing homes); free-standing surgical centers; lithotripsy centers treating kidney stones and free-standing cardiac catheterization labs if applicable to certain regions; as well as behavioral health facilities providing mental health and/or substance abuse treatment in an inpatient, residential or ambulatory setting.

These practitioners and providers are credentialed according to National Committee for Quality Assurance standards and any applicable state and/or federal requirements.

EPSDT Screening EPSDT Special Services Provider Participation Requirements
 (Per 907 KAR 11:034. Section III.)

A health care provider meeting the requirements established in this section shall be eligible to participate in the Medicaid Program as a screening provider:

- A physician shall be licensed in the state of Kentucky;
- An early and periodic screening clinic or other organization qualified to provide a screening service, including a local health department, shall be under the direction of a licensed physician, pediatric advanced registered nurse practitioner, or registered professional nurse currently licensed by the state of Kentucky who shall be responsible

for assuring that the requirements of participation are met and that the procedure established by the Medicaid Program are carried out;

- A screening clinic conducted under the direction of a registered professional nurse or an advanced registered nurse practitioner shall have a licensed physician acting as medical consultant; and
- A screening examination or test performed by licensed professional staff, or supportive staff under the direct supervision of the licensed professional, shall be in accordance with the professional practice standards for the profession.

In general, states are encouraged to include in their state plans a range of provider types and settings likely to be sufficient to meet the needs of enrollees. Nonetheless, there may be cases in which the type of provider that is needed is not already participating in Medicaid. In such an instance, the state could meet the EPSDT requirement by, for example, entering into a single-service agreement with the needed provider.

EPSDT diagnostic and treatment provider and EPSDT Special Services provider participation requirements (per 907 KAR11:034):

- An EPSDT diagnostic or treatment provider shall meet the requirements for participation in the Kentucky Medicaid program as specified in Title 907 KAR for the particular diagnostic or treatment service rendered.
- Except as otherwise specified in Title 907 KAR, a provider seeking to provide an EPSDT special service, as established in Section 7 of this administrative regulation, shall first contact the department in writing or by telephone to apply for enrollment to become an EPSDT Special Services provider. In order to be enrolled, the provider shall supply documentation or other evidence which establishes that all of the following conditions are met:
 - The provider shall:
 - Be licensed, certified or authorized state law to provide the service; and
 - Not be suspended or otherwise disqualified.
 - If the provider is out of state, the provider shall meet comparable requirements in the state in which he does business.

Providers interested in enrolling as an EPSDT provider may contact Provider Enrollment at **1-877-838-5085** or visit the provider enrollment website at <http://www.chfs.ky.gov/dms/provEnr/default.htm>.

EPSDT Screenings and Special Services

Covered screening services include medical, mental health, vision, hearing and dental. There are five components to the medical screening:

- Comprehensive health and developmental history that assesses for both physical and mental health, as well as for substance use disorders;
- Comprehensive, unclothed physical examination;
- Appropriate immunizations, in accordance with the schedule for pediatric vaccines;

- Laboratory testing (including blood lead screening appropriate for age and risk factors)
- Health education and anticipatory guidance for both the child and caregiver.

Covered EPSDT Special Services may be preventive, diagnostic, treatment or rehabilitative. Examples of services covered through the EPSDT Special Services include, but are not limited to:

- Additional pairs of eyeglasses after the Medicaid Vision Program has paid for the first two pair in a year,
- Additional dental cleanings after the Medicaid Dental Program has paid for one cleaning,
- Nitrous oxide when used in dental treatment,
- Nutritional products when they are used as a supplement rather than as the child's total nutrition.

Please note that all EPSDT Special Services require prior authorization. Prior authorizations should be obtained by providers using Anthem Kentucky Medicaid procedures, as outlined in the policy *Precertification of Requested Services — Core Process*.

Critical components of EPSDT Screenings

Periodic screenings component:

- Unclothed physical exam — these are comprehensive head-to-toe assessments that must be completed at each screening visit and include at least the following:
 - Temperature, height and weight
 - Head circumference through age two
 - Blood pressure and pulse at age three and above
 - Measure body-mass index when clinically indicated
- Body mass index (BMI) percentile — it is necessary for a BMI percentile to be calculated at each visit.
- Comprehensive family/medical history — this information must be obtained at the initial screening visit from the parent(s), guardian, or responsible adult who is familiar with the child's history. The history must include an assessment of both physical and mental health development and the history must be updated at each subsequent visit.
- Immunization status — immunizations and applicable records must be updated according to the current immunization schedule of the Advisory Committee on Immunization Practices (ACIP). Dates and providers must be recorded in the medical record indicating when and who gave the vaccines, if not given by the screening provider. The state law has been changed so that private and public healthcare providers may share immunization data. Medicaid recipients shall be deemed to have given their consent to the release by the state Medicaid Agency of information to the State Board of Health or any other health care provider, by virtue immunization data should be recorded in the medical record.
- TB skin test — children who should be considered for tuberculin skin testing at ages 4-6 and 11-16 years:
 - Children whose parents immigrated (with unknown Tuberculin skin test [TST] status) from regions of the world with high prevalence of tuberculosis; continued potential exposure by travel to the endemic areas and/or household contact with

persons from the endemic areas (with unknown TST status) should be an indication for a repeat TST,

- Children without specific risk factors who reside in high-prevalence areas; in general, a high-risk neighborhood or community does not mean an entire city is at high risk; rates in any area of the city may vary by neighborhood or even from block to block; physicians should be aware of these patterns in determining the likelihood of exposure; public health officials or local tuberculosis experts should help physicians identify areas with appreciable tuberculosis rates.
- Children at increased risk for progression of infection to disease:
 - Those with other medical conditions including diabetes mellitus, chronic renal failure, malnutrition and congenital or acquired immunodeficiency deserve special consideration.
- Children in close contact with known or suspected infectious cases of tuberculosis disease
- Children suspected to have tuberculosis disease:
 - Chest radiograph consistent with active or previously active tuberculosis.
 - TB skin test reaction >15mm
- Developmental surveillance and assessment — a comprehensive developmental history is required, if appropriate, to determine the existence of motor, speech, language, and physical problems or to detect the presence of any developmental lags.
- An age-appropriate developmental assessment is required at each screening. Information must be acquired on the child's usual functioning as reported by the child's parent, teacher, health care professional, or other knowledgeable individual. Developmental assessments must be performed by a RN, BSN; CRNP, PA or M.D.

Objective screenings:

- Nutritional status screening — nutritional status must be assessed at each screening visit. Screenings are based on dietary history, physical observation, height, weight, head circumference (ages two and under), hemoglobin/hematocrit, and any other laboratory determinations carried out in the screening process. A plotted height/weight graph chart is acceptable when performed in conjunction with a hemoglobin or hematocrit if the recipient falls between the 10th and 95th percentile.
- Health education including anticipatory guidance — health education and counseling for parent(s) or guardian and the youth (if age appropriate) are required at each screening visit.
 - Health education is designed to assist the parent in understanding what to expect in terms of health conditions and contributors to health. Health education also provides information about the benefits of healthy lifestyles and practices, as well as accident and disease prevention.
 - Anticipatory guidance is intended to address potential health risks, and upcoming developmental topics relevant to the child's age and health status.

Vision testing/screenings

- Vision screenings are available either as a result of the EPSDT referral or as a result of a request/need by the recipient. A subjective screening for visual problems must be

performed on children from birth through age two by history and observation. Gross examinations should be documented as grossly normal or abnormal. Objective testing begins at age three. Visual acuity screening must be performed through the use of the Snellen test, Allen Cards, photo refraction, or their equivalent. Objective testing must be referred out if not performed by the screening provider.

- If a child is uncooperative, perform a subjective assessment. The reason(s) for not being able to perform the test must be documented in the medical record. Proceed with billing the vision screening on the same date of service as the initial or periodic screening. The child should be rescheduled for an appointment to complete the vision screening.
- If a suspected visual problem manifests itself, regardless of whether such services coincide with the periodicity schedule, an interperiodic screening should be scheduled with the child's physician so the history and problem-focused physical exam can be obtained and an EPSDT referral issued to the appropriate specialist or consultant.

Providers must use an "EP" modifier to designate all services related to EPSDT well-child check-ups, including routine vision and hearing screenings. Post payment reviews are performed to determine appropriate utilization of services.

Trained office staff may perform a vision screening if successfully trained. A staff member must meet the following criteria to be considered trained.

- Employee observes a vision screening being performed on a minimum of three patients by a skilled/trained employee.
- Employee verbalizes an understanding of the steps required to perform a vision screening.
- Employee performs a vision screening under supervision on a minimum of three patients successfully.

Hearing Testing/Screenings

- Hearing screenings are available either as a result of an EPSDT referral or as a result of a request/need by the recipient. A subjective screening for hearing problems must be performed on children from birth through age four by history and observation. Gross examination should be documented as grossly normal or abnormal. Objective testing begins at age five. Hearing screenings must be performed through the use of a pure tone audiometer at 500 and 4,000 Hz at 25 decibels for both ears. If a child fails to respond at either frequency in either ear, a complete audiogram must be done. Objective testing must be referred out if not performed by the screening provider.
 - If a child is uncooperative, do a subjective assessment. The reason(s) for not being able to complete the test must be documented in the medical record. Proceed with billing the hearing screening on the same date of service as the initial or periodic screening. The child should be rescheduled for an appointment to complete the hearing screening.
 - If a suspected hearing problem manifests itself, regardless of whether such services coincide with the periodicity schedule, an interperiodic screening should be scheduled with the child's physician so the history and problem-focused physical exam can be obtained and an EPSDT referral issued to the appropriate specialist or consultant.

Trained office staff may perform a hearing screening if successfully trained. A staff member must meet the following criteria to be considered trained:

- Employee observes a hearing screening being performed on a minimum of three patients by a skilled/trained employee
- Employee verbalizes an understanding of the steps required to perform a hearing screening.
- Employee performs a hearing screening under supervision on a minimum of three patients successfully.

Again, Providers must use an “EP” modifier to designate all services related to EPSDT well-child check-ups, including routine vision and hearing screenings. Post payment reviews are performed to determine appropriate utilization of services.

Dental services

- Dental care is limited to Medicaid-eligible individuals who are eligible for treatment under the EPSDT Program.
- Beginning with age one, recipients must be either under the care of a dentist or referred to a dentist for dental care.

Dental services required in the EPSDT benefit include:

- Dental care needed for relief of pain, infection, restoration of teeth, and maintenance of dental health (provided at as early an age as necessary); and
- Emergency, preventive, and therapeutic services for dental disease that, if left untreated, may become acute dental problems or cause irreversible damage to the teeth or supporting structures.

In addition, medically necessary oral health and dental services, including those identified during an oral screening or a dental exam, are covered for children. States must provide orthodontic services to EPSDT eligible children to the extent necessary to prevent disease and promote oral health, and restore oral structures to health and function. Orthodontic services for cosmetic purposes are not covered.

Once a child reaches the age specified by the state in its pediatric dental periodicity schedule, typically age one, a direct dental referral is required. The referral must be for an encounter with a dentist or with another dental professional, such as a dental hygienist, working under the supervision of a dentist.

As determined by dental practice acts in individual states, there is a wide range of dental professionals who can work under the supervision of a dentist, for example, dental hygienists, dental therapists, dental health aide therapists, dental hygienists in advanced practice, advanced practice dental therapists, dental assistants, and community dental health coordinators.

Dental screening may be performed by dental professionals or by medical professionals according to state scope of practice rules and can take place in community or group settings as well as clinical and medical and dental offices.

Documentation of EPSDT Services

All EPSDT Screenings and EPSDT Special Services must be recorded in the member's consolidated medical record. All EPSDT clinical practice guidelines should be adhered to and acknowledgement of such should be present in all medical records. At a minimum, medical records should include the following information:

- Member demographic information, included on each page of the medical record
- Date of service
- Current problem list
- Comprehensive history for the member, including past medical history, surgical history, family history, and social history
- An immunization record
- Evidence of an unclothed physical examination
- Documentation of the mental and physical development of the member
- Documented findings of results determined during screening
- Care and treatment plans, for any current problems and/or for problems discovered upon completion of screening
- Documentation of any refused services, including explanation for refusal
- Anticipatory guidance and/or health education provided to the member and/or member's caregivers.

Culturally-appropriate access to services

State Medicaid agencies and Medicaid managed care plans, as recipients of federal funds, have a responsibility to assure that covered services are delivered to children without a language barrier. Reasonable steps must be taken to assure individuals who have limited English proficiency have meaningful access to Medicaid services. Though interpreter services are not classified as mandatory (1905)(a) services, all providers who receive federal funds for the provision of Medicaid services are obligated, under Title VI of the Civil Rights Act, to make language services available to those with limited English proficiency.

Services provided out of state

States may need to rely upon out-of-state services if necessary covered services are not available locally, or if a Medicaid beneficiary is out of state at the time a need for medical services arises. States are required to pay for services provided in another state to the same extent services furnished in-state would be paid for if:

- The out-of-state services are required because of an emergency;
- The child's health would be endangered if she or he were required to travel to their home state;
- The state determines that the needed services are more readily available in the other state; or
- It is a general practice of the locality to use the services of an out-of-state provider, for example, in areas that border another state.
- Including out-of-state providers gives states the opportunity to expand the range and accessibility of Medicaid services that are available to their enrollees.

For out-of-area, or out-of-network services, precertification is required except for emergency care, EPSDT Screenings, family planning and obstetrical care.

Provider training

Anthem conducts initial training for newly contracted providers and provider groups, in addition to ongoing training, to ensure compliance with DMS programs, guidelines and requirements. Training includes but is not limited to services specific to the needs of special populations, cultural competency, documentation requirements, referral processes, ESPDT services and grievance processes.

We will announce, in advance, the schedule for these training sessions offered to all providers via mail, fax and/or provider website postings. Training documents are routinely reviewed and updated on the Anthem Kentucky Medicaid provider portal, and are available to be completed at the pace of the provider. Trainings are offered in large-group settings, via webinars or in-person, as appropriate. Medical residents are invited to attend and/or to participate in the completion of EPSDT trainings. We will maintain records of providers and staff who attend training and assess participant satisfaction and, when appropriate, participant knowledge following the training (*Anthem Provider Manual 2016*).

EPSDT care coordination

The goal for EPSDT Care Coordination Services is to provide children with opportunities to maximize their health and development by ensuring the availability and accessibility of comprehensive and continuous preventive health services throughout childhood.

EPSDT care coordination services are available to any provider, at no cost, who wishes to utilize these services. The scope of services include and are designed to support and assist your office personnel with identifying, contacting, coordinating, and providing follow up for visits with your office for children who are behind on their EPSDT screenings, immunizations, vision/hearing screenings, dental screenings, identify recipients who have high utilization of emergency room visits; follow up services for newborn hearing screenings, elevated blood lead levels, abnormal sickle cell and metabolic results; follow up on referrals, missed appointments, identify children at greatest risk for targeted outreach, and coordination for teen pregnancy prevention services.

To facilitate and support healthcare providers in delivery of EPSDT services, care coordinators are available to assist with transportation by providing members information about non-emergency medical transportation services available through the Human Service Transportation Delivery (HSTD) program, a regional brokerage system. Depending on a member's medical needs, transportation is provided by taxi, van, bus or public transit. Wheelchair service is also provided if required by medical necessity. Members can access information about transportation services on the KY Department for Medicaid Services (DMS) website.

EPSDT care coordination also emphasizes the importance of routine, continuous and relevant evidence-based provider education. A Kentucky EPSDT Provider toolkit, including the

periodicity and immunization schedules, as well as other resources, is distributed as a guide to all providers. A web portal for Anthem Kentucky Medicaid is available and updated frequently with pertinent information, resource guides, and additional educational materials. On-site training is also available, and strongly recommended for all provider practices. During on-site visits, chart reviews may be conducted, including instruction related to proper and effective chart documentation. A listing of members with outstanding service requirements (a 'gaps in care' report) is prepared and distributed to all providers with paneled members under the age of 21; providers are encouraged to conduct outreach efforts to facilitate delivery of healthcare services to members. The health plan conducts similar outreach to support member completion of health care services.

EPSDT care coordinators will encourage and assist private physicians to improve services to this population. Active physician involvement for treatment is vital. EPSDT care coordination services are available by contacting the health plan for information, at **1-855-661-2027, ext. 26720**.

Notice of right to appeal

Children under age 21, identical to all Medicaid enrollees, have the right to notice and an opportunity for a hearing.

If a state or managed care entity takes an "action" – to deny, terminate, suspend, or reduce a requested treatment or service, it must give the beneficiary written notice of the action and of their right to a hearing (a pre-termination hearing, in instances where services are reduced or terminated), including instructions on how to request a hearing. When services are being terminated or reduced, the notice must be sent at least ten days before the effective date of the action.

The notice must contain a statement of the intended action, the specific reasons and legal support for the action and an explanation of the individual's hearing rights, rights to representation and to continued benefits.

The beneficiary is entitled to a hearing before the state Medicaid agency, or, if a state's hearing process provides for it, an evidentiary hearing at the local level (for example at a county department of social services) with a right of appeal to the state agency. The hearing must be conducted at a reasonable time, date, and place by an impartial hearing official. A beneficiary must be allowed to present his or her case to an impartial decision maker and present evidence and witnesses. The beneficiary is also entitled to have representation, including legal counsel, a relative, or a friend. Before the hearing, beneficiaries must have the right to examine the case file and all documents that will be used at the hearing.

When a service is terminated or reduced, if the beneficiary requests a hearing within ten days of receiving notice of the termination or reduction, the beneficiary has the right to continued coverage of services pending a hearing decision.

Managed care enrollees must have access to health plan grievance and appeal processes, in addition to the state fair hearing system. Managed care plans must provide enrollees written notices that explain the action, the reason for the action, and the procedures for using the health plan grievance and state fair hearing processes, including rights to continued benefits. Managed care plans must resolve complaints in a timely manner, including within three working days when the enrollee or provider indicates that delay could seriously jeopardize the enrollee's life, health or ability to attain, maintain, or retain maximum function. The state can require enrollees to exhaust the plan's internal grievance process before obtaining a state fair hearing.

Information based on EPSDT — A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. The full version can be accessed at http://medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf.