

Absolute Total Care

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program Description 2025

TABLE OF CONTENTS

INTRODUCTION	1
PROGRAM GOALS	1
PROGRAM OBJECTIVES	2
PROVIDER SERVICE GUIDELINES	2
MEMBER IDENTIFICATION	4
EPSDT PROGRAM OUTREACH	4
EPSDT MEMBERS	4
EPSDT PROVIDERS	5
INCENTIVES	6
EPSDT PROGRAM EVALUATION	6

INTRODUCTION

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program is a Medicaid mandated comprehensive and preventive child health program for individuals under the age of 21, under the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) and section 1905(r)(5) of the Social Security Act (the Act). This federally required EPSDT Program is designed to provide a comprehensive preventive health care package to eligible members to assist with identification, early diagnosis and treatment of medical conditions which, if undetected, could result in serious medical conditions and/or costly care.

Absolute Total Care's (ATC) EPSDT Program serves members from birth through the month of their 21st birthday. The Program ensures that members (children and their caregivers) are aware of the requirements of EPSDT. This includes access to required screenings and necessary treatment services, and the member receives the required health care and services when they need it. The Program provides eligible members with physical, mental, vision, hearing, dental services and other screening/tests that are needed to treat and prevent health problems and conditions. These exams, screenings and services are in accordance with the South Carolina Department of Health and Human Services (SCDHHS) EPSDT program, which has adopted the American Academy of Pediatrics (AAP) / Bright Futures Recommendations for Preventive Pediatric Health Care (also referred to as the Bright Futures / AAP Periodicity Schedule).

ATC's EPSDT Program ensures that all medically necessary Medicaid covered services and screenings are provided either directly, through subcontracting or by referral.

ATC's EPSDT Program is integrated into other initiatives with congruent goals such as Quality Assurance (QA) initiatives.

To ensure that the EPSDT Program is dynamic and achieves the desired goals and objectives, the Program is evaluated through the annual Quality Improvement (QI) Program Evaluation.

PROGRAM GOALS

ATC's goals are to ensure that our EPSDT eligible members:

- Receive early detection and care so that health problems are averted or diagnosed and treated as early as possible.
- Improve health status and outcomes.
- Have health problems identified Early, starting at birth, and will be addressed to correct or ameliorate defects, physical and mental illnesses and conditions discovered by EPSDT screening services.
- Are given physical, mental and developmental assessments to include visual, dental and other Screening tests utilized to detect existing and or potential health problems and the member's health will be checked and monitored at Periodic age appropriate intervals.
- Undergo appropriate Diagnostic tests to follow-up when a risk is identified.

Treatment will be provided, per current practice guidelines, as recommended by the AAP for diagnosed health problems.

PROGRAM OBJECTIVES

- To ensure the availability and accessibility of required health care resources
- To assist and encourage Medicaid recipients and their parents or guardians to effectively utilize these resources, thereby improving the overall health of children enrolled in the ATC EPSDT Program
- To encourage and assist providers to promote early diagnosis and treatment of child and adolescent health issues before these issues become more complex and costly, through initial and periodic examinations and evaluations
- To provide outreach interventions to support and to keep both providers and members informed
- To ensure the quality of all EPSDT services provided to qualified members by supporting providers in improving their practices, by aligning the program with professional standards of care, by conducting quality improvement initiatives to measure and reward good performance and by implementing care coordination strategies.

PROVIDER SERVICE GUIDELINES

Provider Visits

ATC's EPSDT Program requires providers to perform EPSDT medical check-ups in their entirety and at the required intervals meeting reasonable standards of medical practice. ATC, a division of Centene Corporation, has adopted the AAP / Bright Futures Recommendations for Preventive Pediatric Health Care.

All components of exams must be documented and included in the medical record of each EPSDT eligible member. Initial well-child exams are to be completed within ninety (90) days of the initial effective date of membership and within twenty-four (24) hours of birth for all newborns.

The components of these visits are as follows:

- Comprehensive health and developmental history – assessment of physical health development and mental health development, including autism
- Comprehensive unclothed physical exam – a complete evaluation for all body systems
- Appropriate immunizations – to include an assessment of the child's immunization status at each screening and immunizations administered as appropriate
- Blood Lead Screening – for children from the ages of six months through 72 months. A Lead Screening Questionnaire should be completed at the time of each routine office visit for children in this age group. All children are considered at risk and must be screened for lead poisoning. The Centers for Medicare & Medicaid Services (CMS) requires that all children receive a screening blood lead test at 12 and 24 months of age. Children between the ages of 36 and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning. A blood lead test must be used when screening Medicaid-eligible children. A blood lead test result equal to or greater than 5µg/dl obtained by capillary specimen must be confirmed using a venous blood sample.

- Anemia Screening and Other Laboratory Testing – as indicated, as well as is appropriate for age and risk factors (including a hemocrit or hemoglobin test performed between six and nine months of age and at least once during adolescence for menstruating females); Blood pressure should be measured on children ages three and over at each screening.
- Anticipatory Guidance/Health Education – Health education is a required component of screening services and includes anticipatory guidance. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.
- Vision Screening – Vision should be assessed at each screening. In infants, the history and subjective findings of the ability to regard and reach for objects, the ability to demonstrate an appropriate social smile, and to have age appropriate interaction with the examiner is sufficient. At ages four and above, objective measurement using the age-appropriate Snellen Chart, Good-Lite Test, or Titmus Test should be done and recorded. If needed, a referral should be made to an ophthalmologist or optometrist.
- Dental Screening – A general assessment of the dental condition (teeth and/or gums) is obtained on all children, including fluoride treatments. As indicated and beginning at age 2 years old, a referral should be made to a dentist.
- Topical Fluoride Varnish – The best practices of the American Academy of Pediatrics recommend that children up to three years old who are at high risk for dental caries should receive fluoride varnish application in their primary care physician's office during their EPSDT visit two times per year (once every six months) and in their dental home two times per year (once every six months). The American Dental Association has established a new Current Dental Terminology (CDT) procedure code for the application of topical fluoride varnish. The primary care physician may bill for this procedure.
- Hearing Screening – A hearing test is required appropriate to child's age and educational level. For the child under age four, hearing is determined by whatever method is normally used by a provider, including, but not limited to, a hearing kit. For the child over age four, an audiometer, if available is recommended. If needed, an appropriate referral should be made to a specialist. It is recommended that high-risk neonates be evaluated with objective measures, such as brain stem evoked response testing, prior to discharge from the hospital nursery.
- Other Necessary Healthcare – The EPSDT Program must provide other necessary healthcare, diagnosis services, treatment, and other measures described in section 1905(a) of the Social Security Act to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services. When a screening examination indicates the need for further evaluation of an individual's health, the EPSDT benefit provides coverable diagnostic services. If problems are detected upon completion of screening, EPSDT providers will either treat or refer the child for further assessment, diagnosis and treatment to the appropriate health care professional.

Periodic Screening

Periodicity schedules for periodic screening, vision, and hearing services are provided at intervals that meet reasonable standards of medical practice. ATC abides by the recommendations of the Bright Futures / AAP Periodicity Schedule .

Preventive health is a major principal on which managed care organizations are based, measured and held accountable. The ATC EPSDT Program supports its providers to encourage members to participate. ATC will provide reminders of the need for a well-child examination to EPSDT eligible members via member newsletters, reminder mailings, and/or telephonic outreach.

MEMBER IDENTIFICATION

ATC's EPSDT Program, in operation with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, uses clinical data sources to which it has access, directly or through a vendor, to identify eligible members. The program integrates data from many sources, maintains clinical data pertaining to members' use of services and proactively uses these data to identify members who may benefit from outreach to engage in wellness activities.

The program uses several data sources, including claims or encounter data and pharmacy data (where applicable), to identify members eligible for wellness activities.

EPSDT PROGRAM OUTREACH

ATC implements ongoing processes for monitoring compliance with the EPSDT program requirements and initiates interventions to promote substantial and sustained improvement over time.

QI Outreach Teams conduct education and outreach, inform, track and follow-up with members and providers to improve overall EPSDT screening rates and related Healthcare Effectiveness Data and Information Set (HEDIS) performance measures. Monitoring and implementing interventions related to the EPSDT program is a multidisciplinary collaborative project across ATC. The Vice President of Quality Improvement maintains lead responsibility for the EPSDT Program.

EPSDT MEMBERS

ATC's EPSDT Program serves members through the month of their 21st birthday. Through the language line, the QI staff communicates with members in English, Spanish and all other prevalent non-English languages and alternative formats. ATC's Policies and Procedures (P&Ps) specify the processes through which the staff uses mailings, telephone outreach, and face-to-face interaction to outreach and inform eligible members about EPSDT services. ATC will continue to provide eligible members and providers with information to assist with understanding the importance and availability of age-appropriate, comprehensive EPSDT services.

The purpose of outreach and informing is to increase participation in the EPSDT program. Through ATC's member handbook, ATC provides information about EPSDT services to all parents/caregivers of EPSDT eligible members that include:

- The importance of preventive medical care as well as scheduling and keeping visits in accordance with the current Bright Futures / AAP Periodicity Schedule.
- How and where to access services, including necessary transportation and scheduling services.
- A statement that services are provided without cost.

ATC's informing and outreach efforts include:

- The member handbook
- Educational mailings
- Live and auto-dialer calls
- Care Gaps alerts posted to the member secure portal
- Member education/information through Start Smart for Your Baby Program in which new moms enrolled in the program qualify for an incentive if their newborn completes the first three EPSDT outpatient screenings by the third month of life.

EPSDT PROVIDERS

Primary Care Physicians (PCP) serving EPSDT eligible members are responsible for providing EPSDT services to their assigned EPSDT eligible members. ATC allows Physicians (pediatrics, family practice, general practice, internal medicine, and OB/GYN), Rural Health Centers (RHC), and Federally Qualified Health Centers (FQHC) to be PCPs. Providers are expected to provide all age appropriate EPSDT components per the current Bright Futures / AAP Periodicity Schedule.

The EPSDT visit is to include diagnosis, treatment or referral of members for diagnosis and treatment of suspected issues. Providers must possess the necessary equipment to perform all components of each EPSDT screening which includes, but is not limited to:

- Scale for weighing infants children and adolescents
- Length/height measuring board or device (children under two years old)
- Device for measuring height in the vertical position for (children who are over two years old)
- Blood pressure apparatus
- Screening audiometer
- Eye charts
- Developmental and behavioral screening tools
- Ophthalmoscope and otoscope

As administration of vaccinations during EPSDT visits is a requirement, provider enrollment into the Vaccines for Children (VFC) program is strongly recommended. The VFC program is a federally funded and state operated vaccine supply program that supplies vaccines at no cost to all public health and private health care providers.

ATC's provider information and outreach efforts include:

- Educate provider offices on billing and coding requirements for EPSDT and related HEDIS measures
- Provide a member noncompliant list
- Remind the provider about the EPSDT related care gap alerts that are displayed on the Provider Portal and rosters
- Educate providers on EPSDT documentation requirements
- Face-to-face provider educational meetings
- Provider manual
- Educational materials distributed in person and posted on the provider website
- New Provider Orientation to include EPSDT Program requirements, AAP / Bright Futures Recommendations for Preventive Pediatric Health Care (Bright Futures / AAP Periodicity Schedule), CDC Recommended Immunization Schedules, coding, billing and reimbursements

- Medical Record Reviews
 - Medical record documentation standards include measure for provision of preventive screening and services in accordance with ATC practice guidelines. Standards are communicated through the Provider Manual and the ATC website.
 - Medical record compliance audits.

INCENTIVES

Member Incentives

SCDHHS approved member incentives may be used to encourage and ensure eligible members receive needed EPSDT care and services.

Provider Incentives

Providers may receive performance-based incentives for improving EPSDT performance measure outcomes and the quality of care and services.

EPSDT PROGRAM EVALUATION

The EPSDT Program is evaluated in the Quality Improvement Program Evaluation annually. The evaluation outlines barriers and opportunities as well as actions to be implemented for the upcoming year.