CardinalCare
Virginia's Medicaid Program

EPSDT
How to Operationalize it in Virginia Training
Q&As

1. **EPSDT seems to almost allow for everything to be approved under EPSDT criteria, yet I don't think that was the intent of the legislation. How do you suggest this best be adjudicated? Where is the line regarding approval vs. denial when it comes to Fee for Service population?**	As noted in CMS' EPSDT – A Guide for States, EPSDT is broad by design as it is a comprehensive benefit for individuals under 21. All requests for services for individuals under 21 (regardless of whether the individual is enrolled in managed care or is fee-for-service) must be reviewed through the EPSDT lens, considering the correct or ameliorate criteria, and decisions must be individualized and be based on the individual's condition.
2. **Please clarify when you refer to "any provider" who is performing a periodic or inter-periodic diagnostic screen.**	Per CMS' EPSDT – A Guide for States, any qualified provider operating within the scope of his or her practice (as defined by state law) can provide an EPSDT screening service for individuals under 21 who are enrolled in Medicaid. A screening conducted by a qualified provider who is not a Medicaid provider can still be the basis for EPSDT coverage for the follow up diagnostic services and treatment by a qualified Medicaid provider.
3. **May an MCO deny an out of network provider and offer an in network provider to provide the same services under the EPSDT benefit?**	Per contract, an enrollee shall be allowed to maintain his or her current providers (including out-of-network providers) for thirty (30) calendar days, or where services are authorized, for the duration of the service authorization or thirty (30) calendar days, whichever comes first. During the time period, the MCO agrees to maintain the enrollee's current providers at the Medicaid FFS rate and honor service authorizations issued prior to enrollment for the specified time period. Within the first 30 days of an enrollee's membership with a health plan, reasonable efforts shall be made to contact out-of-network providers who are providing services to enrollees during the initial transition of care period, and provide them with information on becoming credentialed, in-network providers. If the provider does not join the network, or the enrollee does not select a new in-network provider by the end of the 30-day period, the health plan shall choose one for the enrollee. The health plan shall offer single-case agreements to providers who are not willing to enroll in the plan's provider network.
4. **How would correct or ameliorate apply to preventive services i.e. no current condition so how would it apply?**	Services to prevent the development of a condition or maintain the individual's current level of functioning must be evaluated on a case-by-case basis through an appropriate screening utilizing EPSDT criteria.

	Further, some preventive services are built into periodicity schedules. Some of these services may be required at a higher frequency than contemplated by periodicity schedules if such need has been a determination by a qualified provider. CMS' EPSDT – A Guide for States provides the following example: "For example, a child determined by a qualified provider to be at moderate or high risk for developing early childhood caries [tooth decay] could be covered to receive dental exams and preventive treatments more frequently than the twice-yearly periodicity schedule recommended by the AAPD."
5. **How does a child get approved for EPSDT?**	EPSDT is a federally mandated Medicaid benefit under Title XIX. It is not a program or a waiver, and individuals under 21 receiving Medicaid benefits under Title XIX are entitled to EPSDT benefits. They do not have to enroll in or request EPSDT.
6. **Why doesn't the EPSDT benefit include FAMIS because it is a state developed coverage plan? We would almost have to cover same or FAMIS to give best care?**	Medicaid is governed under Title XIX of the SSA and FAMIS is governed by Title XXI of the SSA (Children's Health Insurance Program). EPSDT is a federally mandated Medicaid benefit, and does not extend to benefits available under other Titles. Virginia operates FAMIS as a standalone program from Medicaid. While FAMIS does cover certain screening, diagnostic, and preventive services, the EPSDT correct or ameliorate criteria does not apply to services requests from FAMIS recipients under 21.