Overview of EPSDT: Navigating Medicaid’s Pediatric Benefit During COVID-19

April 23, 2020
Health/Well-Being Subcommittee, SECDCC
Agenda

• Children’s Health in DC Overview
• DHCF COVID-19 Updates
• EPSDT Benefit, EPSDT Periodicity Schedule & FY19 Well-Child Visit Utilization Data
• AAP & DC Health Guidance on Well-Child Visits during COVID-19
• DC HealthCheck Training & Resource Center
• Key Contact Information: DC Health, Children’s National and DHCF
Nearly All Children in the District Have Health Insurance and Medicaid is the Primary Insurer

- In 2018, about 1.8% of DC children lack health care coverage
- In FY17, almost 98% of eligible children were enrolled in Medicaid/CHIP
- CMS approval to continue Medicaid coverage for all beneficiaries through PHE

**Medicaid Enrollment FY2019**

- 95,000 children were enrolled in D.C. Medicaid
- Nearly 70% of the District’s children are enrolled in Medicaid/CHIP
- Over 30% of D.C. Medicaid enrollees are children
### DC MEDICAID DELIVERY SYSTEM

#### Managed Care Program
- Amerigroup DC
- AmeriHealth Caritas DC
- HSCSN
- Trusted Health Plan

90% of Medicaid Children

#### Fee-for-service Program (“Straight Medicaid”)
- Children with disabilities not residing in an institution
- Children residing in LTC facilities
- DYRS-linked children
- Children under custody of CFSA (foster care/adopted)

10% of Medicaid Children

#### Provider types serving children in DC:
- FQHCs (e.g. Unity, Mary’s Center, Community of Hope)
- Facility-based (e.g. Children’s National, Howard University, Georgetown)
  - Provider practice groups

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Government of the District of Columbia

Department of Health Care Finance

For Official Government Use Only
COVID-19: Medicaid Changes - Eligibility and Enrollment

Continued Access: Effective March 11, 2020 through 60 days after the Public Health Emergency declaration ends

<table>
<thead>
<tr>
<th></th>
<th>Medicaid</th>
<th>Alliance</th>
<th>ICP</th>
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<tbody>
<tr>
<td><strong>Current Beneficiaries</strong></td>
<td>• Eligibility automatically extended</td>
<td>• Eligibility automatically extended</td>
<td>• Eligibility automatically extended</td>
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<td></td>
<td>• Requirement to report changes is waived</td>
<td>• No face-to-face interview</td>
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<tr>
<td><strong>New Enrollees (MAGI)</strong></td>
<td>• Will allow self-attestation of verification requirements except U.S. citizenship and eligible immigration status</td>
<td>• Face-to-face application is waived</td>
<td>• Allow self-attestation of verification requirements except U.S. citizenship</td>
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<tr>
<td><strong>New Enrollees (Non-MAGI)</strong></td>
<td>• Will allow self-attestation of verification requirements except U.S. citizenship and eligible immigration status</td>
<td>• Allow self-attestation of verification requirements except U.S. citizenship</td>
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<td>• Level of care determinations for LTCSS</td>
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**Administrative/Operational Changes:**

• DHCF may exercise extended time to make eligibility determinations if needed to ensure continuity of all essential operations.

• DHCF is not required to act on any changes in circumstance that might affect eligibility, and individuals are not required to report changes.
## COVID-19: Medicaid Changes – Service Delivery, Prior Authorizations, Provider Enrollment, Hearings

<table>
<thead>
<tr>
<th>Service Delivery</th>
<th>Prior Authorization</th>
<th>Provider Enrollment</th>
<th>Fair Hearings</th>
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<tbody>
<tr>
<td>• Allow providers to deliver services via telehealth visits originating from a</td>
<td>• Suspend and Extending Prior Authorizations</td>
<td>• Allow out of state providers to deliver services</td>
<td>• Approval pending for suspension of fair hearing filing requirements to more than 120 days</td>
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<td>patient’s home</td>
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<td>(managed care) and 90 days (FFS)</td>
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<td>• Approval pending for inmate care needed in jail under certain circumstances</td>
<td>• Suspend PA Requirements</td>
<td>• Waive Application Fees, Criminal Background Checks, Site Visits, In-State Licensure</td>
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<td>• Cover COVID19 testing, services, treatments, vaccines, specialized equipment,</td>
<td>• Extend existing PAs</td>
<td>Requirements revalidation deadlines</td>
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<td>and therapies</td>
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<td>• Suspend PA Requirements</td>
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<td>• Extend existing PAs</td>
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<tr>
<td>• Suspend Provider Terminations</td>
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COVID-19: Medicaid Changes – Federal and Local Authorities

- CMS has encouraged States to implement most flexibilities pending CMS approval of emergency waivers
  - 1135 Waiver Submitted
  - Appendix K (IDD/ICF administrative changes; provider rate changes) submitted
  - CMS Disaster SPA under consideration, which may provide additional authority to increase rates for certain provider types, and authorize other flexibilities for programs such as My Health GPS

- The First Families Coronavirus Act
  - Provided an enhanced 6.2% FMAP to States effective January 1, 2020
  - Contingent on maintenance of effort of Medicaid eligibility and benefits, and requirements on cost-sharing, premiums COVID19 services coverage

- District of Columbia Emergency and Supplemental Emergency Acts
  - Required administrative hearing tolling deadlines
  - Required extension of eligibility for Medicaid and other social services
DHCF Guidance on Telehealth

• March 13: DHCF extended Medicaid telehealth services to be delivered in a beneficiary’s home to ensure health, safety and welfare of population

• March 20: DHCF extended to audio-only and updated Guidance
Telehealth Covered Services

- See Appendix A in Guidance (for specific telehealth billing codes)
- Some examples of Covered services include:
  - Evaluation and Management (Physician office or Outpatient appointment, Hospital care, ER outpatient)
  - Behavioral Health Care Treatment and Counseling
  - Speech Therapy
EPSDT
Medicaid Benefit for Children

**Access**
- State duty to inform families of benefit and services their children are entitled to and provide assistance so that children can receive the services they need

**Screenings and Education**
- Assessments (and documentation) of physical, developmental, and behavioral health in pediatric primary care visits
- Health education and counseling to parents

**Diagnosis and Treatment**
- When screenings/visits uncover health concerns, EPSDT requires coverage of services needed to diagnose and treat the concerns
- Medically necessary services must be covered as long as they fall in the federal categories of Medicaid services, and regardless of whether they are in the individual State's Medicaid Plan
# DC Medicaid HealthCheck Periodicity Schedule

Based on Recommendations from Preventive Pediatric Health Care from Bright Futures/American Academy of Pediatrics

The DC HealthCheck Periodicity Schedule follows the American Academy of Pediatrics (AAP) health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestation of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, early intervention services and programs. If a child comes under care for the first time at any point on the schedule, or if any items are not done at the suggested age, the schedule should then be brought up to date as soon as possible.

<table>
<thead>
<tr>
<th>AGE</th>
<th>HISTORY/INVESTIGATIONS</th>
<th>PHYSICAL EXAMINATION</th>
<th>MEASUREMENTS</th>
<th>HEAD CIRCUMFERENCE</th>
<th>WEIGHT FOR LENGTH</th>
<th>EYEBALL SIZE INDEX</th>
<th>BLOOD PRESSURE</th>
<th>ANTICIPATORY GUIDANCE</th>
<th>ORAL HEALTH</th>
<th>SENSORY SCREENING</th>
<th>DEVELOPMENTAL/BEHAVIORAL SCREENING</th>
<th>PROCEDURES</th>
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<tr>
<td></td>
<td>PREMATURE*</td>
<td>NEWBORN*</td>
<td>SGA</td>
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<td>12 mo</td>
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**Key**
- * to be performed
- **Risk assessment to be performed, with appropriate action to follow, if positive
- Range during which a service may be provided, with the symbol indicating the preferred age

For additional resources, including provider training that fulfills obligations for all DC Managed Care Organizations, please see the HealthCheck Provider Education System [http://www.dchealthcheck.net](http://www.dchealthcheck.net)

DC Medicaid HealthCheck Periodicity Schedule, 2014
## D.C. Exceeds the National Average for Children Receiving Well-Child Visits

<table>
<thead>
<tr>
<th>CMS 416</th>
<th>DC FY15</th>
<th>DC FY16</th>
<th>DC FY17</th>
<th>DC FY18</th>
<th>DC FY19</th>
<th>FY18 Natl</th>
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<tbody>
<tr>
<td>Participant Ratio (0-20)</td>
<td>63%</td>
<td>64%</td>
<td>66%</td>
<td>63%</td>
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<td>59%</td>
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<td>Under 1</td>
<td>88%</td>
<td>89%</td>
<td>91%</td>
<td>94%</td>
<td>92%</td>
<td>92%</td>
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<td>1-2</td>
<td>78%</td>
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<td>80%</td>
<td>78%</td>
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<td>79%</td>
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<td>3-5</td>
<td>70%</td>
<td>72%</td>
<td>73%</td>
<td>69%</td>
<td>68%</td>
<td>70%</td>
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<tr>
<td>6-9</td>
<td>62%</td>
<td>63%</td>
<td>66%</td>
<td>62%</td>
<td>62%</td>
<td>55%</td>
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<tr>
<td>10-14</td>
<td>61%</td>
<td>64%</td>
<td>66%</td>
<td>61%</td>
<td>63%</td>
<td>54%</td>
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<td>15-18</td>
<td>51%</td>
<td>55%</td>
<td>57%</td>
<td>54%</td>
<td>55%</td>
<td>45%</td>
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<tr>
<td>19-20</td>
<td>33%</td>
<td>32%</td>
<td>33%</td>
<td>31%</td>
<td>34%</td>
<td>23%</td>
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</table>

CMS Form 416, Annual EPSDT Participation Report, DC Submission of FYs 14-19
AAP Guidance on Well-Child Visits and Screening

• Pediatricians may choose to only conduct well visits for newborns, and for infants and younger children who require immunizations and to reschedule well visits for those in middle childhood and adolescence to a later date.
• Pediatricians may choose to limit well visits to early morning while reserving the remainder of the day for sick visits.
• Pediatricians are encouraged to dedicate specific rooms for sick visits and well visits; or for those with multiple practice sites to consider using one office location to see all well visits (staffed by those in higher risk categories).
• Pediatricians may choose to increase their capacity to deliver telehealth.
• When available, pediatricians are encouraged to utilize “drive through” dedicated COVID-19 testing sites. (Children’s National at Trinity University)
DC Health Interim Guidance to Pediatric Providers

- Balancing Safety & Access to Preventive Care
  - Role of Telemedicine and Billing for Well-Child Visits
  - Cohorting Strategies for In-person visits
  - WIC and 1-800-MOM-Baby Information
  - Newborn care for infants born to moms with COVID-19

American Academy of Pediatrics COVID-19 Response and Member Support

• Public Web Page (updated daily)
• Clinical guidance
• Information on Personal Protective Equipment (PPE)
• Telemedicine and telephone care resources
• Coding information
• Information for families
• Physician wellness tips
• Webinars

• Member emails and information
  • AAP News
  • AAP Daily Briefing
  • Letters from President
• COVID-19 ECHO Project
ECIN/DC MAP Guidance

This is a challenging time for us all, but our kids and families are resilient. As a community, we can support each other and help our kids feel safe and thrive.

Tips to Help Support Your Family:

- **Stay connected!** Talking to loved ones and friends helps to boost positive energy and reduce feelings of isolation.

- **Reach out to your child’s school** to find information and tips on distance learning and plans if your child receives additional services at school including meals or therapeutic services.

- Kids thrive with **routines and consistency**. Create a daily family schedule and keep bedtime consistent.

- **Create a Family Happy List.** Take some time to do the things that bring you and your kids joy and comfort, such as reading, watching movies, listening to music, playing games, and exercising.

- **Stay active!** Kids have a lot of energy. Plan times throughout the day to help your kids their wiggles out. Find kids exercise and yoga videos or put on some music and dance.

- **Provide a safe space for kids to ask questions.** While kids may not understand everything, they are smart and are aware of change. It’s okay to not know all the answers. Providing them with concrete, age-appropriate information can help to address any fears.

- **Shift expectations and priorities.** Focus on being flexible and kind to yourself and family during this time of change.

- **Give yourself small breaks and practice self-care.**

- **Model positive self-talk.** Examples include “We will get through this. We are all doing our part together.”

- **Recognize** that feelings such as loneliness, boredom, anxiety and stress are normal reactions that you and your family may feel. Get additional support from resources in the community.

(Modified from Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019 (COVID-19), National Child Traumatic Stress Network)
DC HealthCheck Training & Resource Center

- Required on-line training for pediatric providers serving Medicaid children
- On-line Fluoride Varnish Training for PCPs
- EPSDT & Dental Periodicity Schedules
- Outreach materials
- Updated Materials on COVID-19 from DHCF and CMS will be posted regularly

www.dchealthcheck.net
Contact Info for COVID-19

- DC Health Hotline: 202-576-1117 or coronavirus@dc.gov
- DC Resources: https://coronavirus.dc.gov
- Questions on DHCF Telehealth Policies and Transmittals: Jordan Kiszla in the Health Care Reform and Innovation Administration at jordan.kiszla@dc.gov
- Other DCHF resources: http://dhcf.dc.gov/ and www.dchealthcheck.net
- DHCF Division of Children’s Health Services email: healthcheck@dc.gov or dchs@dc.gov
  - Colleen Sonosky, Associate Director – 202-442-5913, colleen.sonosky@dc.gov
  - Tiarra Baskerville, Management Analyst, 202-899-3653, tiarra.baskerville@dc.gov
  - Gwendolyn Bell, Program Analyst, 202-442-5957, gwen.bell@dc.gov