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Special Report, Analysis & Commentary:

An Introduction to EPSDT: Opportunities for Better Health for Wisconsin’s Children

HealthCheck is Wisconsin’s name for a vitally important federally supported Medicaid health screening and coverage program for children. Unfortunately for many low-income families and many of our state’s children, the important services available through HealthCheck are deeply embedded in a complex Medicaid bureaucracy and go unused. Consequently, the actual health screening services and treatment children receive varies widely and fails to conform to federal guidelines.

Our research suggests a dismal outcome for Wisconsin’s children. We found that HealthCheck fails to meet the promise of better health for children, in part because Wisconsin lacks effective outreach and education about the programs. Unfortunately, as we report, program participation is woefully inadequate as compared to other states. In many cases parents, health care providers, and many advocates have never even heard of HealthCheck or fundamentally misunderstand opportunities to secure needed health coverage and treatment for children.

What is HealthCheck and EPSDT?

HealthCheck is Wisconsin’s name for a vitally important Medicaid program for children. In federal Medicaid law, the program is known as Early and Periodic Screening, Diagnosis, and Treatment, or EPSDT for short. The “screening” component of EPSDT requires states to provide comprehensive health and developmental assessments for children up to the age of 21. The “diagnosis and treatment” component requires states to provide services to treat health problems identified through the comprehensive screenings, even if those services would not normally be covered under the state’s Medicaid plan.
EPSDT traces its roots to a government study and report that came out even before the federal Medicaid program was passed into law. The 1964 report studied the reasons why nearly 50 percent of young men were being rejected for military service. The study illustrated the importance of identifying and treating preventable child health conditions and showed that children from low income households were disproportionately affected by correctable physical and developmental conditions. In 1967, President Lyndon Johnson proposed expanding Medicaid funding in order to promote efforts “to discover, as early as possible, the ills that handicap our children.” Although President Johnson framed his Medicaid proposal as part of the broader war on poverty, EPSDT found critical bipartisan support in concerns over military readiness and national security.

EPSDT services became a mandatory Medicaid benefit in the summer of 1969 and the first federal program rules came out in 1972. Those rules established requirements for regularly scheduled and comprehensive health screenings, along with a mandate for states to undertake active efforts to reach and serve eligible children and families. In 1989, the legislature passed major amendments to federal law in response to evidence of wide variation in states’ implementation of EPSDT requirements. Almost across the board, states were failing to live up to their outreach and information obligations. Many states were failing to ensure that all the EPSDT required screening components were being performed, and the scope of treatment benefits varied from state to state.

The 1989 amendments made important clarifications to states’ EPSDT service obligations and established minimum performance standards for health screenings, but the most significant amendment made the full range of federal Medicaid benefits available for the treatment of health conditions identified through EPSDT screenings. States may limit services on the basis of medical necessity, but they cannot legally deny any medically necessary service that falls under the scope of federal Medicaid law. That broad coverage mandate makes EPSDT a uniquely powerful tool for covering children’s health needs.

Services provided under the EPSDT treatment mandate are known as “Other Services” when the treatment recommendations include services that would not normally be covered under a state’s Medicaid plan. In Wisconsin, “HealthCheck Other Services” can help children get access to services that would otherwise not be available or that would exceed program limits, such as advanced dental care, residential mental health treatment, and medically necessary supplies or medications.

HealthCheck Screening

Every Medicaid or BadgerCare eligible child up to age 21 is entitled to free, comprehensive health screenings according to a periodicity schedule established by the state Department of Health Services. Wisconsin’s current periodicity schedule allows for a total of 29 screenings between birth and adulthood:

- Birth to first birthday – six screenings
- First birthday to second birthday – three screenings
- Second birthday to third birthday – two screenings
- Third birthday to twenty-first birthday – one screening per year
Additional “interperiodic” screenings should be covered by HealthCheck whenever a child’s healthcare provider determines that more frequent screenings are medically necessary.

A complete HealthCheck screening should include each of the following components:

1. A comprehensive health and developmental history that covers the following topics:
   - A review of the health history of the child and the child’s family
   - A record of everything the child ate or drank in the last 24 hours and an assessment of the child’s eating habits and nutritional needs or concerns
   - An assessment of growth and development
   - A behavioral assessment to identify developmental delays or mental health concerns
   - Health education and guidance for the child and parents
   - A child should be referred for a psychiatric assessment if the behavioral and emotional health screening identifies certain indicators of concern

2. A comprehensive unclothed physical exam.
   - Girls who have reached puberty should receive a pelvic exam or a referral for an exam
   - Counseling about sexual development, birth control and STDs, along with appropriate testing or prescriptions, should be provided upon request by the child or parent

3. An age-appropriate vision screen.

4. A speech, hearing, and language development assessment and an age-appropriate hearing test.

5. An oral assessment plus referral to a dentist beginning at age 3.
   - The oral exam should be sufficient to identify a need for examination by a dentist, and should include an assessment of any potentially problematic behaviors, like thumb-sucking, and developmental concerns such as extra teeth or non-erupted teeth.
   - Dentists and dental hygienists are not required to be Medicaid-enrolled in order to be reimbursed for services provided under a HealthCheck referral from a Medicaid-enrolled provider.
   - Topical fluoride applications are recommended for children under age 5 with erupted teeth. One or two applications per year are recommended for child at low to moderate risk of dental caries and three or four applications are recommended for children at high risk.

6. Appropriate immunizations (according to age and health history).
   - HPV vaccinations are a covered service for children age 9 or older

7. Appropriate laboratory tests (including blood lead level testing when appropriate for age).
   - Lab tests should include a blood lead test at around 12 months and again at around 24 months regardless of any indication that a child has been exposed to lead.
   - Children between the ages of 3 and 5 should receive a blood lead test if they have never been tested before.
HealthCheck Diagnosis and Treatment

Wisconsin Medicaid and BadgerCare Standard Plan offer a fairly comprehensive package of health care benefits. With the more limited BadgerCare Benchmark Plan scheduled for elimination as of April 1, 2014, all Medicaid and BadgerCare eligible children in Wisconsin should have access to the full range of available benefits. Most often, treatment needs identified through HealthCheck screenings will be covered under the Standard plan benefits package, even though certain services might still require prior authorization.

Nonetheless, even with uniform access to full benefit Medicaid coverage, the expansive mandate of HealthCheck Other Services will have an important role to play in securing necessary coverage for children with exceptional health care needs. For example, “Other Services” can help bypass prior authorization requirements for certain types of over the counter medications and certain types of care can only be accessed through HealthCheck Other Services, such as day treatment or residential treatment for juvenile mental health or substance abuse issues.

In addition, some types of services, such as chiropractic care, in-home mental health services, and professional therapy services, are normally subject to restrictions such as visit or service limitations. In some fields of care, such as podiatry, standard Medicaid coverage may be limited only to specified types of procedures. Likewise, coverage for certain types of medical supplies or products may be limited to specific diagnoses or health conditions. Through HealthCheck other services, children can gain access to otherwise limited services whenever those services are medically necessary to correct or ameliorate a health condition.

How Does HealthCheck Work?

Access to HealthCheck benefits starts with a HealthCheck screening. Parents and caretakers of children enrolled in fee-for-service Medicaid or BadgerCare can call 1-800-722-2295 to find a local HealthCheck provider. All Medicaid and BadgerCare HMOs are required to provide HealthCheck benefits, so HMO members should check their plan handbooks to find out how to request a HealthCheck screening.

After a screening visit, parents should request written documentation of the date of the screening from the health care provider. There is no required referral form nor required format for the documentation. There is a standardized form (F00021). Health care providers can order standardized HealthCheck Verification Cards (“pink cards”-these show that there was a visit) by email using fillable order forms available online through the Department of Health Services’ forms center. This verification documentation will need to accompany any future prior authorization requests for HealthCheck Other Services, so parents should be prepared to bring a copy to any referral visits or interperiodic screening visits recommended by the screening provider.

Any Medicaid certified health care provider can request HealthCheck Other Services within 365 days of a screening. Usually, the provider who will be delivering the requested services will submit the prior authorization request. For example, if a HealthCheck screening provider refers a patient for dental care, the dental provider will typically identify
the medically necessary services and submit the prior authorization request. Likewise, if a patient is referred for an interperiodic mental health screening visit, the mental health provider will typically submit prior authorization requests for any medically necessary follow up and treatment services.

A provider requesting HealthCheck Other Services approval should complete the appropriate standard prior authorization form, and check the HCOS box at the top. When in doubt, write the words “HealthCheck Other Services” in red ink across the top of the first page! This step is important to ensure that the prior authorization form goes directly to the department responsible for processing Other Services authorization requests. The prior authorization form should be accompanied by a copy of the HealthCheck screening verification and documentation supporting the medical necessity of the requested service. With the exception of certain over the counter medications, HealthCheck Other Services will not be covered without prior authorization approval.

HealthCheck Outreach and Case Management

Federal EPSDT rules require states to engage in active efforts to educate eligible populations about the availability of EPSDT benefits and to ensure that recipients have access and actually receive the full scope of EPSDT benefits. In Wisconsin, HealthCheck outreach functions are largely delegated to Medicaid HMO management and to local health, human services, or social services departments of municipalities that have elected to participate as certified case management agencies.

Wisconsin Medicaid policy does not provide a mechanism for reimbursing outreach efforts to eligible individuals who do not thereafter follow through with a HealthCheck screening. Reimbursement is only available when outreach actually results in a completed screening appointment and reimbursement is limited to a maximum of two hours of outreach and case management activity per completed HealthCheck screening.

Case management services include:

- Assisting eligible members or their family members with scheduling a HealthCheck screening and getting connected to a primary care provider.
- Assessing both health care and non-health care related service needs and making appropriate referrals.
- Ensuring that appropriate referrals are made following a screening, ensuring that referral appointments are kept, and following up on referral appointment results.
- Providing education about available services and assisting with obstacles to service access, such as transportation issues, language and cultural barriers, lack of familiarity with available service providers, and failure to recognize or acknowledge a need for care.

Case management agencies may elect to subcontract case management services through a non-certified agency, but individual case managers are expected to have education and experience relevant to the needs of the target populations they will serve.
Wisconsin Case Study: A Failure to Serve?
HealthCheck Policy and Practice

Although the EPSDT mandate of federal Medicaid law promises to make preventive and corrective care services available to all Medicaid eligible children, shortcomings in state implementation efforts and the practical realities of the healthcare industry and regional service infrastructure continue to limit the program’s ability to achieve its full potential.

HealthCheck referral services in Wisconsin pale in comparison to national averages among other states implementing EPSDT programs. For example, only 4.9% of Wisconsin HealthCheck visits resulted in a referral for corrective treatment. When compared to the national average of 29.3%, it is clear that HealthCheck is currently failing in its efforts to identify and treat EPSDT eligible children in the state. Additionally, national referral rates for corrective treatment increase dramatically as qualified children age. Wisconsin’s referral rates, however, drop significantly as children age. Specifically, the national rate of referral for an EPSDT eligible 20 year old is 51%. In Wisconsin, that number plunges to 2%.
For example, although a dental referral is a mandatory component of a HealthCheck screening for every child over three years of age, screening providers often overlook this requirement. Even when a dental referral is offered, recipients face a short supply of dental providers that accept Medicaid patients. Reports indicate that less than a quarter of HealthCheck eligible children receive dental care in any given year. **That places Wisconsin well below the national median rate of 41 percent of eligible children receiving preventative dental services through EPSDT programs.**
In general, statistics demonstrate that the probability of a child receiving a scheduled screening decreases significantly with age, leading to an overall underutilization of EPSDT benefits. While Wisconsin reports high participation rates for children up to age nine, those rates drop substantially for children aged 10 and older, and take another sharp drop for eligible young adults between the ages of 19 and 21. This decline in participation suggests that HealthCheck may be effectively identifying preventable or correctable health concerns in young children, but older children may not be receiving adequate continuing care services while health concerns arising in preadolescence or adolescence may be at a higher risk of going undetected and untreated. The rate of decline also suggests a need for additional outreach efforts targeted toward young adults and the families of teenage children.

On a certain level, even Wisconsin’s reported compliance rate for young children may be a falsely inflated indicator of success toward the goals of EPSDT. Although states are free to set their own periodicity schedules for EPSDT screenings, the Center for Medicare and Medicaid Services recognizes the periodicity schedule established by Bright Futures and the American Academy of Pediatrics as an example of clinically sound screening guidelines. Wisconsin has used Bright Futures recommendations to help develop a practice model for early childhood case management, but the state still relies on a modified version of the AAP’s 1988 periodicity schedule when it comes to EPSDT screenings. The current AAP recommendations include two screenings between birth and one year of age that are not included in Wisconsin’s periodicity schedule. To the extent that those additional screenings improve adult health outcomes, Wisconsin’s high early childhood participation reports may be overstating the success of the state’s HealthCheck practices. Specifically, the screening rate for children ages 6 to 9 goes from 88% to 44%. For children 10 to 14, there is a decrease from 74% to 46%. From age 15 to 18, the rate drops from 74% to only 36%. Finally, for children 19 to 21, the ratio decreases from 47% to 23%.
Another problem is that participation reports do not verify the completeness of reported screenings. A 2010 survey of nine states’ EPSDT programs by the Department of Health and Human Services concluded that more than three quarters of children receiving EPSDT screenings did not receive all the required components of a comprehensive health screening. As such, a high participation rate does not necessarily reflect a high rate of performance. If an incomplete screening fails to identify a treatable health condition, it cannot be regarded as a measure of success.

Finally, the experience of ABC for Health staff suggests that a surprising number of health care providers in Wisconsin are unaware or under-informed about HealthCheck and the program’s benefits and requirements. Although the program affords a reimbursement model for outreach to potential beneficiaries, there is no reliable funding source for provider education efforts and no compelling incentive for provider participation. Even if reports of high screening participation rates (at least among younger children) are reliable, a lack of provider awareness and performance incentive may mean a lack of effective referral, follow through, and treatment. The goals of EPSDT are not met if childhood health conditions are merely identified and not treated to yield improved adult health outcomes.

Recommendations for the Future of HealthCheck

ABC for Health recommends that the state of Wisconsin identify funding opportunities to enhance HealthCheck outreach and education efforts in the following areas:

- Develop strategies and culturally competent approaches for more effective outreach to young adults and the families of teenage children.
- Develop outreach materials that are culturally competent for effective outreach to different racial and ethnic populations. Take outreach efforts a step beyond simply reproducing the same materials in different languages.
- Develop HealthCheck service referral cards that promote comprehensive care delivery and streamline the referral process. Make these materials easy for providers to access and reproduce.
- Unite reimbursement for outreach efforts from screening participation outcomes and expand limits on reimbursable activities to allow for more comprehensive case management and care coordination activities in relation to HealthCheck services.
- Develop HealthCheck reimbursement models that incentivize complete and comprehensive screening and referrals and enhance specialty provider participation.
- Identify funding to develop and implement provider education programs and to incentivize provider participation.
- Adopt the current Bright Futures/AAP periodicity schedule to improve adult health outcomes for Wisconsin’s most vulnerable children.
Conclusion

The delivery of EPSDT screenings in Wisconsin fails to address the health care needs of children. Wisconsin claims of achieving an 80% participation goal for EPSDT screenings reflects a deceptive approach to success through the use of outdated criterion. Sadly this deception cheats the needy children of our state. Accordingly, Wisconsin will continue to underachieve in delivering EPSDT services to children and will face the consequence of higher costs to provide health care coverage which will result from federal penalties related to the failure to meet EPSDT requirements. These additional costs will likely pass to taxpayers. Wisconsin can and should do more for children health and fiscal responsibility.

The actions required to ensure an effective HealthCheck program will take a change of culture and policy at DHS, Managed Care organizations and at the individual provider level. However, such actions will increase healthcare access for at risk children in Wisconsin. Furthermore, they will allow health care providers to take medically necessary actions to promote wellness and reduce certain avoidable medical issues thereby saving taxpayers and healthcare systems money over the long term.

Wisconsin can and must take the necessary steps to ensure the correct and efficient application of the HealthCheck program in order to provide our children with the health care services they need and deserve.

Sources

Please click here for a list of references relied upon in this Reporter.

Coming Soon!

Future HealthWatch Reporters on topics in this EPSDT Series:

- EPSDT and Mental Health
- EPSDT and Dental Referrals
- HealthCheck Compliance in Wisconsin

ABC for Health, Inc. is a Wisconsin-based, nonprofit public interest law firm dedicated to linking children and families, particularly those with special health care needs, to health care benefits and services. ABC for Health’s mission is to provide information, advocacy tools, legal services, and expert support needed to obtain, maintain, and finance health care coverage and services.

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