

EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT PLAN (EPSDT)

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Trillium
HEALTH RESOURCES

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INTRODUCTION

Trillium Health Resources (Trillium) is committed to providing preventive health screenings and improving the overall health of children enrolled in our plan. With the high proportion of children in our population, our ability to impact the incidence of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening is vital to the overall health and well-being of our members.

The EPSDT service is a Medicaid mandated program under the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) and section 1905(r)(5) of the Social Security Act (the Act). EPSDT includes periodic health (nutritional) and development history, physical exams, immunizations, laboratory tests, health education, vision, dental, and hearing services. The EPSDT program has two primary objectives:

1. Assuring the availability and accessibility of required health care resources; and
2. Helping Medicaid members and their parents or guardians effectively use these resources. It encourages assessment of the child's health needs through initial and periodic examinations and evaluations and promotes early diagnosis and treatment of problems before they become more complex and costly.

Trillium will cover regular wellness visits to all children enrolled in Medicaid under the age of 21 to allow health care providers to carefully monitor a child's overall health and development and to identify and address health concerns as early as possible, in compliance with the Department's standards for the timely provision of EPSDT services.

Trillium will also cover services, products, or procedures for our Medicaid members under the age of 21 if the service is medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition or health problem identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

EPSDT services will be provided in compliance with the terms of the *V.B.2.ii. in the contract a*, 42 U.S.C. § 1396d(r), and 42 C.F.R. § 441.50-62 and Federal Guidelines and as defined by the required periodicity schedule, in and no less than an amount, duration and scope for the same services under Fee-for-Service and as defined in the Department's EPSDT policies.

Trillium will implement ongoing processes for monitoring compliance with EPSDT program requirements and initiate interventions to promote substantial and sustained improvement over time.

Although monitoring and implementing interventions related to the EPSDT program is a multi-disciplinary collaborative effort across Trillium (Care Management, Member Engagement, Utilization Management (UM), Quality Management, and Network), the Utilization Management (UM) Director maintains lead responsibility for the EPSDT Management program. The key aspects of the program include monitoring reports, employee education, member education, provider education, provider level interventions and member level interventions.

Trillium will make use of State health agencies, vocational rehabilitation agencies, and Maternal and Child Health/Crippled Children's Services for referrals. We will also make use of other public health, mental health, and education programs and related programs, such as Head Start, Title I (Social Services) programs, and the Special Supplemental Food Program for Women, Infants and Children (WIC), to ensure an effective child health program.

PROCEDURE:

A.EPSDT Required Services and Coverage

The assigned primary care provider (PCP) is responsible for providing or arranging for the provision of complete EPSDT services, including screening, diagnosis and treatment. Screening services include:

- a.** Routine physical examinations as recommended and updated by the American Academy of Pediatrics (AAP) "Guidelines for Health Supervision III" and described in "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents".
 - a. Screening for developmental delay at each visit through the 5th year.
- b.** Screening for Autism Spectrum Disorders per AAP guidelines.
- c.** Health and development history.
- d.** Unclothed physical exam.
- e.** Development assessment and behavioral health screening.
- f.** Assessment and provision of immunizations as appropriate for age and health history, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices.
- g.** Assessment of nutrition status.
- h.** Vision testing.

- i. Hearing testing.
- j. Laboratory procedures appropriate for age and population groups, including blood lead screening.
- k. Oral health assessments, evaluations, prophylaxis and oral hygiene counseling for all children at preventive visits at regular intervals and in accordance with state Oral Health Periodicity Schedule.
- l. Infant members under the age of 1 must be referred to a dentist or dental professional working under the supervision of a dentist as part of the State's Medicaid Fee-for-Service program.
- m. Anticipatory guidance and health education.
- n. Referral for additional services if indicated for further diagnosis and treatment services.

Trillium will ensure and verify that network Behavioral Health providers coordinate with Primary Care Providers and specialists conducting EPSDT screenings. Trillium and CCH shall use integrated methods to coordinate and promote EPSDT services and compliance. Trillium shall analyze EPSDT performance to confirm compliance with targeted, data-driven performance improvement recommendations, Trillium T has established and operationalize data exchanges sufficient for Trillium and CCH, as mutually agreed, to address expanded benefits and develop alerts and notifications to inform care managers and providers. Trillium confirms that the benefits and clinical requirements for EPSDT are considered across the continuum by generating reports and tracking diagnoses and treatment resulting from screenings. Trillium shall regularly conduct provider audits to monitor EPSDT performance. If actionable improvement plans are required, Trillium will develop such actionable improvement plans, which will be operationalized by CCH in a manner and cadence as needed and mutually agreed upon.

B. Medical Necessity and Prior Authorization

Trillium will determine whether a service is medically necessary on a case-by-case basis, taking into account the medical necessity criteria specific to EPSDT defined in 42 U.S.C. § 1396d(r) and 42 C.F.R. §§ 441.50-62 and the particular needs of the child.

Trillium will not make an adverse benefit determination on a service authorization request for a child until the request is reviewed per EPSDT criteria.

- a. Trillium will clearly document that all EPSDT federal criteria were considered in the course of their service authorization review process for Medicaid members under 21 years of age.
- b. While an EPSDT request is under review, Trillium may suggest alternative services that may be better suited to meet the child's needs, engage in clinical or educational discussions with participants or providers, and/or engage in informal attempts to resolve participant concerns as long as Trillium makes clear that the member has the right to request authorization of the services he or she wants to request.
 - i. Trillium will not request that providers or members withdraw or modify a request for EPSDT services to accept a less number of hours, or less intensive type of service, or to modify a SNAP (score for neonatal acute physiology) or other clinical assessment.
 - ii. Material misinformation to or intimidation of providers or members that has the foreseeable effect of significantly discouraging a request for EPSDT services or the filing or prosecution of Office of Administrative Hearings (OAH) appeals is prohibited.

Upon conclusion of an individualized review of medically necessary services, Trillium will cover medical necessary services that are included within the categories of mandatory and optional services listed in 42 U.S.C. § 1396d(r), regardless of whether such services are covered under the North Carolina Medicaid State Plan and regardless of whether the request is labeled as such. Trillium will refer to and/or arrange for any medical service described in 42 U.S.C. § 1396d(r), when those services are not included within the scope of this contract. The final determination of medical necessity, per criteria specified in 42 U.S.C. § 1396d(r) and 42 C.F.R. §§ 441.50-62, is the responsibility of Trillium.

Specific limits (number of hours, number of visits, or other limitations on scope, amount or frequency, multiple services in the same day, or location of service) in clinical coverage policies, UM policies, service definitions, or billing codes do not apply to Medicaid members less than 21 years of age when those services are determined to be medically necessary per federal EPSDT criteria.

If a service is requested in quantities, frequencies, or at locations or times exceeding policy limits and the request is reviewed and approved to correct or ameliorate a defect, physical or mental illness, it will be provided. This includes limits on visits to physicians, therapists, dentists, or other licensed, enrolled clinicians. Visits to dentists will be billed to the Medicaid Fee-for-Service program.

Trillium will provide medically necessary services in the most economic mode possible, if:

-  The treatment made available is similarly efficacious to the service requested by the member's physician, therapist, or other licensed practitioner,
-  The determination process does not delay the delivery of the needed service,
-  Or when the determination does not limit the member's right to a free choice of providers within network

Trillium will provide referral assistance for non-medical treatment not covered but found to be needed because of conditions disclosed during screenings and diagnosis, including providing the names, addresses, and phone numbers of providers who have expressed a willingness to furnish uncovered services at little or no expense to the family. Trillium will not require prior authorization for preventive care for Medicaid members less than 21 years of age. We may require prior authorization for other diagnostic and treatment products and services provided under EPSDT.

C. Reports

Trillium will develop and utilize the following reports to monitor and manage the EPSDT program:

1. CMS 416 Report

- a. A quarterly report based on the CMS 416 methodology is produced in compliance with the terms of the state contract, as applicable.
- b. A rolling 12 months of data is used to calculate the report for members that meet enrollment requirements.
- c. Member age calculated by date of birth at end of reporting period.
- d. Member months are calculated using the 15th of the month (if the member was effective on or before the 15th of the month they will be counted for one month of eligibility).

- e. Screenings bucketed according to member's age at time of screening.
- f. The AAP periodicity schedule is used unless otherwise defined by State contract.
- f. Trillium participation score will be tracked internally over time to identify trends as applicable.

Care Gap Report

- a. Bi-monthly, the predictive modeling application generates care gap alerts to include children due or past due for EPSDT screenings, immunizations, lead and other treatment services.
- b. Care Gaps are viewable to providers through Trillium's secure web portal during the eligibility search function. Providers can view care gaps when looking up eligibility for an individual member or can filter to pull a listing of members with EPSDT related care gaps.
- c. Care Gaps are viewable to member services in the customer relationship manager (CRM) tool. When a member services representative pulls up the member record, member specific care gaps are viewable to the representative. **Member Service Representatives are educated to notify members of their respective care gaps and assist them to make an appointment or arrange transportation as needed.**
- d. Care Gaps are viewable to the case management (CM) staff in CRM and the predictive modeling application. Case management staff will educate and assist those members enrolled in case management that have known gaps in care to schedule appointments and arrange transportation as needed.

D. Plan Employee Education

During New Employee Orientation, new hires will be required to complete Trillium's EPSDT training. Provider Services, Care Managers, and UM staff are also required to complete the internal Trillium training. Trillium's EPSDT Training is available through its online learning management system, [MyLearningCampus.org](https://mylearningcampus.org).

E. Member Education

Trillium will inform our members about the EPSDT program in the following ways.

- 🌱 **Member and Recipient Handbook:** Annually, or as requested, Trillium will send members a Member and Recipient Handbook.

Our handbook educates members and their guardian on the EPSDT program, including program description, criteria for approval, and steps to request a service.

- 🌱 **Trillium's Website:** Our website will inform members and their guardian of the EPSDT program, along with key resources such as approval request forms, Medicaid guidelines, and strategies for increased access to services and supports.

- 🌱 **Training and Education:** Training videos will be available during New Member Orientation, and on demand anytime, describing the EPSDT program and qualifications.

- 🌱 **Staff Education:** Member Services Specialists and care managers will be trained on our EPSDT program to enable us to better assist members and their guardian in accessing non-covered benefits that may correct or ameliorate conditions for children with Medicaid in the future. Staff will be equipped with the tools to walk the member and their guardian through the necessary steps to request a service under the EPSDT program; outreach to members, as necessary, to educate and promote the use of the EPSDT program; and target sub-populations who may benefit from EPSDT services.

F. Provider Education and Interventions for Improvement

Trillium will provide the following education and interventions for improvement to our providers:

General provider education will be offered to all network providers where EPSDT is relevant on an annual basis via New Provider Orientation and Trillium's Provider Manual. The New Provider Orientation is on My Learning Campus, our e-learning platform, has several modules to educate providers on the EPSDT program. A three-part informational series provides details about accessing EPSDT services and the resources to submit requests. Trillium's Provider Manual informs providers of the clinical coverage policy for the EPSDT program and how to submit EPSDT requests for services which require authorization. The Provider Manual is distributed to providers upon enrollment into our provider network, annually thereafter, and is available on our website.

Targeted face-to-face provider education relevant to the providers' area of practice including:

1. EPSDT benefits
2. EPSDT medical necessity review per federal criteria: standards and processes
AAP/Bright Futures Periodicity Schedule
3. Immunizations
4. Required components of an EPSDT screening service
5. Providing or arranging for all required lab screenings
6. Medical transportation services available to members
7. Outreach activities related to EPSDT provided by Trillium
8. Necessary documentation required for reimbursement of EPSDT services
9. Into the Mouths of Babies/Physician Fluoride Varnish Program