



IMPROVING CHILDREN'S HEALTH IN NORTH CAROLINA

Using Medicaid's
**Early and Periodic
Screening, and Diagnostic
and Treatment**
to Address Social
Determinants of Health



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It Is Important for Providers to Remain Well-Informed About What Is Expected under EPSDT

The Early and Periodic Screening Diagnostic and Treatments (EPSDT) benefit ensures that children who are enrolled in Medicaid receive the care they need when they need it. EPSDT services follow age-specific schedules recommended by the American Association of Pediatrics and the Bright Futures Foundation Periodicity Schedule and are typically built into regular child wellness visits. However, the Office of the Inspector General explored EPSDT utilization rates and found children who were eligible for EPSDT were not receiving the correct number of complete medical screenings required by EPSDT guidelines.¹

EPSDT requires all yearly screenings to include the following five components²:

1. A comprehensive health and developmental history
2. A comprehensive unclothed physical examination
3. Appropriate immunizations
4. Appropriate laboratory tests
5. Health education

EPSDT allows for numerous reimbursement opportunities

- Periodic assessments, including health education, can take place outside of a clinical setting by any practitioner licensed by the state of North Carolina.³ Care coordinators and community health workers can take on this role to provide community-based symptom prevention strategies to patients.
- Screenings for healthy weight are covered by EPSDT and can be incorporated into regular wellness visits.
- Medicaid guidance recommends standard screenings to monitor mental, behavioral and emotional health at every child wellness visit and will reimburse two units of psychosocial screenings per visit.
- As of 2013, the American Medical Society allows providers to bill for coordinating care, linking patients to resources, and supporting transitions from inpatient care to other settings.

Steps to Increase Adherence to EPSDT:

1. Partner with local community agencies so that patients can easily be referred to programs that address social and medical needs identified through screening tools.
2. Adopt the Mental Health Competencies for Pediatric Primary Care and establish a practice environment that systematically integrates behavioral health.
3. Be intentional about regular age-specific screenings for adolescents because EPSDT participation decreases significantly as children age.⁴
4. Use care coordinators as a resource for patients to navigate healthcare and social service systems.

1. Levinson, D.R. (2010). Most Medicaid children in nine states are not receiving all required preventative screening services (OEI-05-08-00520). Washington DC: U.S. Government Printing Office. Retrieved from <https://oig.hhs.gov/oei/reports/oei-05-08-00520.pdf>

2. Ibid.

3. Harty, M.B. & Horton, K. (2013). Using Medicaid to advance community-based childhood asthma interventions: A review

of innovative Medicaid programs in Massachusetts and opportunities for expansion under Medicaid nationwide. Childhood Asthma Leadership Coalition. Washington DC: The George Washington University School of Public Health and Health Services. Retrieved from http://www.nchh.org/Portals/0/Contents/HCF_Community-Based-Asthma-Interventions-and-Medicaid-CALC-White-Paper_2.28.13.pdf

4. North Carolina Division of Medical Assistance (n.d.). Form CMS 416: Annual EPSDT participation report: Federal fiscal year 2016. Retrieved from <https://dma.ncdhhs.gov/medicaid/get-started/find-programs-and-services/health-check-and-epsdt>