



CMCS Informational Bulletin

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SUBJECT: The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children and youth in managed care

For more than 40 years, Medicaid's EPSDT benefit has ensured that children and youth under age 21 receive a comprehensive array of preventive, diagnostic, and treatment services, as specified in section 1905(r) of the Social Security Act (the Act). This pediatric benefit is a comprehensive, high quality health benefit and helps meet children's health and developmental needs. EPSDT covers age-appropriate medical, dental, vision and hearing screening services at specified times, and when health problems arise or are suspected. In addition to screening, EPSDT covers diagnostic and treatment services described in section 1905(a) of the Act to correct or ameliorate identified conditions.

States have flexibility in determining how to ensure the provision of these services. Specifically, beneficiaries under age 21 are entitled to EPSDT services, whether they are enrolled in a managed care plan or receive services in a fee-for-service (FFS) delivery system. In states that use managed care to deliver some or all of the services included in the EPSDT benefit, it is important to include enough specificity in managed care plan contracts to avoid confusion about what the benefit includes and what entity is responsible for delivering it to ensure that eligible individuals under age 21 have access to the full EPSDT benefit.

States and plans can accomplish this in three ways.

First, states can be clear in their managed care contracts about the scope of services the state expects the plan to provide to children. Contracts between the state and the managed care plan must identify, define, and specify the amount, duration, and scope of each service that the managed care plan is required to furnish to enrollees (42 C.F.R. §438.210(a)(1)).¹ If a managed care plan is expected to provide the full range of preventive, screening, diagnostic and treatment services which must be available to beneficiaries under age 21, in other words the full EPSDT benefit, it must be clearly stated and described in the contract between the state and the managed care plan. Alternatively, states may carve out some EPSDT services, or services beyond contracted limits, and retain responsibility for them in fee-for-service coverage, or contract with another managed care plan to provide those services. For example, states may include well-child screenings and medical services within the managed care contract, but exclude behavioral health, dental care, or other services when they are provided through other contracts or through FFS. If a

¹ Pursuant to 42 C.F.R. §457.1230(d), the provisions in §438.210, excluding paragraphs (a)(5) and (b)(2)(iii), apply to CHIP managed care contracts.

managed care plan is not required under its contract to provide all EPSDT services, the contract must clearly describe which services are included.

Any EPSDT benefits not provided by the managed care plan remain the responsibility of the state Medicaid agency, so that in combination with benefits delivered through managed care and directly by the agency, eligible individuals under age 21 will have access to the full EPSDT benefit. If a managed care contract excludes benefits over specified limits, the state retains responsibility for providing necessary services above those limits.

Second, contracts should reflect a state's decision with respect to whether a plan or the state carries responsibility for informing beneficiaries of EPSDT benefits. States must inform all eligible individuals under age 21 about EPSDT benefits, provide or arrange for the provision of screening services in all cases where they are requested, and arrange for corrective treatment (42 C.F.R. §441.56). If the managed care plan's contract includes coverage of services within the EPSDT benefit, the plan's enrollee handbook must include information about EPSDT, both information on services provided by the plan as well as other EPSDT services delivered outside the plan and how to access them if applicable.

Finally, states must also report EPSDT data, by age and by basis of eligibility, on child health screening services, referrals for corrective treatment, and dental services to the Secretary each fiscal year, pursuant to section 1902(a)(43) of the Act. Fulfilling this obligation requires participation from contracted managed care plans, and contracts should ensure that states have access to the plan data necessary to meet this requirement.

In addition, states have options as to how to incorporate the EPSDT benefit into their state plan. Many states add language to each service section of the plan specifying that limitations in the plan do not apply to EPSDT eligible beneficiaries under age 21. Other states detail services available only to children in a separate EPSDT section of the state plan. To assure consistency and that the state plan reflects the statutory requirements, we encourage states to consider including the following language in their state Medicaid plan:

All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT-eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

For more information about EPSDT, please see [EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents](#)

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