

# Policy Terms for Pediatrics

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Given the dynamic landscape of health and health care policy, child advocates may feel challenged in understanding and responding to the major issues that impact children. We created Policy Terms for Pediatrics (PTP) to empower individuals invested in improving child health through policy and advocacy.

**Early and Periodic Screening, Diagnostic, and Treatment**

## WHAT DOES IT MEAN

**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT):** is the child-specific benefit package for Medicaid. The EPSDT benefit ensures that infants, children, adolescents, and young adults up to 21 years of age receive comprehensive preventive, dental, mental health, developmental, case management, and specialty services. It also covers other health services deemed medically necessary to treat, correct, or reduce illnesses. Such additional services must be offered to children covered by EPSDT even if the service is not available to the rest of a state's Medicaid population. All states participating in the Medicaid program must offer EPSDT. According to the Centers for Medicare and Medicaid Services, EPSDT can be further defined as the following:



**Early:** assessing and identifying problems early

**Periodic:** checking children's health at periodic, age-appropriate intervals

**Screening:** providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems

**Diagnostic:** performing diagnostic tests to follow up when a risk is identified and

**Treatment:** control, correct, or reduce health problems found

## WHY DO WE CARE

Medicaid is the single largest insurer of children, covering over 30 million children nationwide. This public insurance program covers some of the most vulnerable children, including low-income children, those with special health care needs, and those in the foster care/child protection system.



From basic health screenings to subspecialty care, the EPSDT service ensures that children covered by Medicaid receive comprehensive, age-appropriate, prevention-oriented and medically necessary care. In FY 2015, there were 42.1 million children, adolescents, and young adults eligible for EPSDT.. As a part of EPSDT, 49.5 million individual screenings were performed, and 9 million beneficiaries were referred for corrective treatment. In addition, nearly 19 million received dental services.

The EPSDT service has helped contribute to many positive outcomes in the Medicaid program including:

- Improved likelihood of having a usual source of care, including having recent well-child visits and dental check-ups
- Declines in infant mortality, low birthweight, and childhood deaths
- Improved school performance including increased school attendance Increased likelihood of attending college
- Higher wages when entering the workforce

Recent attempts at reforming the health care system have called for widescale modifications of the Medicaid program, including the way in which Medicaid is financed, eligibility guidelines, and benefits provided. The EPSDT service is among those benefits being considered for reform or elimination altogether. Removing the EPSDT service from the Medicaid program would be detrimental to those pediatric patients who depend on this child-specific benefit package to stay healthy, learn and ultimately lead productive lives.

## WHAT DO WE DO

1. Learn about the specific benefits offered by EPSDT
2. Educate elected officials about the importance of EPSDT to the patients you serve
3. Get involved with state-level policy initiatives revolving around EPSDT
4. Become active in organizations such as the American Academy of Pediatrics to advocate for EPSDT and Medicaid as a whole
5. Work with commercial payers to ensure that child benefit packages mirror those of EPSDT



### START BY READING MORE ...

<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

<http://www.dshs.texas.gov/thsteps/providers-EPSDT.shtm>

[https://www.aap.org/en-us/documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/documents/periodicity_schedule.pdf)

[https://www.aap.org/en-us/Documents/federaladvocacy\\_medicaidfactsheet\\_all\\_states.pdf](https://www.aap.org/en-us/Documents/federaladvocacy_medicaidfactsheet_all_states.pdf)

<http://www.marchofdimes.org/Value-of-Medicaid-Issue-Brief-April-2015.pdf>

[http://ccf.georgetown.edu/wp-content/uploads/2014/08/MCDCoverage\\_Children0to5.pdf](http://ccf.georgetown.edu/wp-content/uploads/2014/08/MCDCoverage_Children0to5.pdf)

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