

EARLY PERIODIC SCREENING DIAGNOSIS, AND TREATMENT PROGRAM

PURPOSE

The Medicaid Program of the Department of Public Health and Social Services in accordance with the State Plan and the Social Security Act (Section 1905 (a) (4) (B) implemented the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program to provide free health and dental screening services and follow-up treatments to eligible Medicaid recipients under age 19. (42 CFR, 441.50)

I. BACKGROUND

A. Eligibility

Aid to Families with Dependent Children (AFDC) recipients under age 19 are eligible to participate in the EPSDT Program.

B. Services (Section 441.56 CFR)

1. Screening

The EPSDT Program provides the following screening services:

- a. Health and developmental history
- b. Unclothed physical examination
- c. Developmental assessment
- d. Immunizations appropriate for age and health history
- e. Assessment of nutritional status
- f. Vision testing
- g. Hearing testing
- h. Laboratory procedures appropriate for age and population groups
- i. Dental services by direct referral to Public Health Dental Clinic for children ages three (3) years and over

2. Diagnosis and Treatment

In addition to any medical services included in the State Plan, the EPSDT Program provides the following diagnosis and treatment services:

- a. Diagnosis and treatment for defects in vision, including refractive eye examination and eyeglasses once every two (2) years or when referred by a screening physician. Prior authorization is required for both refractive eye examination and eyeglasses.
- b. Diagnosis and treatment for defects in hearing including hearing aids. Prior authorization is required for hearing aids. A referral by a physician and an evaluation report by an audiologist must be submitted to Medicaid.
- c. Dental care necessary to relieve pain and infections, restoration of teeth and maintenance of dental health. Prior authorization is required when a referral is made by a Public Health Dentist to a private Medicaid dentist.

C. Periodicity Schedule (Section 441.58 CFR)

EPSDT recipients are entitled to have one physical examination between the following age intervals:

- 0 - 4 months
- 5 - 7 months
- 8 - 11 months
- 12 - 23 months
- 2 - 3 years
- 4 - 5 years
- 6 - 7 years
- 8 - 11 years
- 12 - 15 years
- 16 - 18 years

see Attachment
A

D. Providers

The following Medicaid providers other than Public Health Centers provide screening services:

- Dr. Yolanda Carrera - Pediatrician
- Dr. Wen Yen Chen - Pediatrician
- Dr. Marciano Santos - Pediatrician
- Dr. Rudolfo Silan - Family Practitioner
- Dr. Efren Valenzuela - Pediatrician
- Southern Region Community Health Center

E. Other Services

Additional services such as scheduling appointments and transportation to and from providers are available for EPSDT recipients.

II. INFORMING OF EPSDT SERVICES

No later than sixty (60) days following initial AFDC eligibility determinations or of determinations after a period of ineligibility, each eligible family must be informed in writing and orally of the availability of the EPSDT Program.

A. Oral Informing

Applicants for the AFDC Program are informed orally by the Assistance Payment Workers (APW) of the Bureau of Economic Security (BES) about the EPSDT Program. An EPSDT Brochure (Attachment 1) and a Request for EPSDT Services Form (Attachment 2) are given to applicants. The top portion of the Request for EPSDT Services Form is completed by the applicant and signed by both the applicant and the APW. The following information is included in the top portion:

1. Name of Parent/Guardian
2. Case Number
3. Home Address
4. Telephone No.
5. Mailing Address

Attachment A - Revised 2012

HOW OFTEN SHOULD MY CHILDREN GET THEIR PHYSICAL EXAMINATIONS (P.E.)? THE FOLLOWING IS AN IDEAL SCHEDULE OF Physical Exams for children twenty (20) years old and below.

• PERIODICITY SCHEDULE:

INFANCY: ONE CHECK-UP AT (0-4 MO.) ONE CHECK-UP AT AGE: (5-7MO) AND ONE CHECK -UP AT AGE: (8-11) MONTHS OLD.

AGE: (0 -4) MONTHS
(5 -7) MONTHS
(8 -11) MONTHS

EARLY CHILDHOOD: ONE CHECK-UP AT (12-24 MO) , ONE CHECK-UP AT AGE: (2-3)YEARS OLD), AND ONE CHECK -UP AT AGE: (4-5) YEARS OLD

AGE: (12-24) MONTHS
(2-3) YEARS OLD
(4 -5) YEARS OLD

LATE CHILDHOOD: ONE CHECK-UP AT SIX (6-7) EIGHT (8-11) AND TWELVE (12-15) YEARS OLD

AGE: (6 - 7) YEARS OLD
(8 -11) YEARS OLD
(12-14) YEARS OLD

ADOLESCENCE: ONE CHECK -UP AT AGE SIXTEEN (15-16) YEARS OLD , ONE CHECK-UP AT AGE: (17-18) YEARS OLD AND ONE CHECK-UP AT AGE: (19 - 20)

AGE: (15-16) YEARS OLD
(17- 18) YEARS OLD
(19-20) YEARS OLD

* **THERE IS A TOTAL OF TEN (12) PHYSICAL EXAMINATIONS.**

6. Interest in participating in the EPSDT PROGRAM
7. Screening Physician
8. Need of additional assistance for making appointments and/or transportation
9. Inform client of dental services available at Public Health
10. Client's signature and date
11. Worker's signature and date

A copy of the Request for EPSDT Services Form will be filed in the client's folder and the original and one copy will be submitted to the Medicaid EPSDT Coordinator. A mailbox is provided for the EPSDT Coordinator at BES for these forms and is picked up at least once a week.

B. Written Informing

Upon receiving the Request for EPSDT Services Forms from BES, the EPSDT Coordinator checks eligibility on PARTICIPANT MENU (PAR MENU) and EPSDT MENU before completing the form which will serve as the authorization for the screening exam.

1. The client must be eligible in PAR MENU.
2. Check PAR MENU using NAME BROWSE or PARTICIPANT BROWSE(SSN) to see if client was under a previous case number.
3. If participation field in EPSDT MENU = Y, N, or 0, the following two fields must = 0:
 - a. Service Date in the current periodicity span.
 - b. Provider Code in the current periodicity span.
4. Complete the bottom portion of the Request for EPSDT Services Form indicating the following:
 - a. Suffix Medicaid Case Number
 - b. Name of EPSDT client
 - c. Periodicity dates
 - d. Physician
 - e. EPSDT Coordinator signs and dates.
5. Inform the parent/guardian that the Request for EPSDT Services Form is valid during the period indicated and that services should only be performed by the physician indicated.
6. The original completed EPSDT Request for Services Form is mailed with an informing letter (Attachment 3) and the Physicians Clinic Schedule (Attachment 4).

C. New Approval Cases

A monthly register of newly approved EPSDT clients and the informing letters (Attachment 3) are printed the first of each month by the Division of Data Processing of the Department of Administration. The EPSDT Coordinator will inquire through PAR MENU AND EPSDT MENU to see if the client was under a previous case number and the status of participation.

1. If the client has not participated, the EPSDT Coordinator checks the pending file of the Request for EPSDT Services forms received

from BES.. If the Request for EPSDT Services Form is on file, the form is completed after verifying the participation status in the EPSDT MENU, and then mailed to the client with the informing letter and the Physicians Clinic Schedule.

2. If a Request for EPSDT Services Form is not on file, the informing letter is mailed with a blank Request for EPSDT Services form and the client is asked to come in if they are interested in participating.
3. For those cases where the EPSDT MENU shows current participation, the informing letter is filed in the New Approval folder for the current month. Documentation of the date a Request for EPSDT Services form was last issued or mailed should be made on the letter.

D. Re-open Cases

A monthly register of re-open cases and the informing letters (Attachment 5) are printed on the first of each month for those EPSDT clients who have not participated in the program or who had previously participated and received a screening examination more than a year ago. The EPSDT Coordinator will verify with the PAR MENU AND EPSDT MENU these re-open cases prior to sending the informing letter and a blank Request for EPSDT Services Form. For those cases where the EPSDT MENU shows current participation, the informing letters are kept on file. Documentation of the date a Request for EPSDT Services Form was issued or mailed should be indicated on the letter.

E. Periodic Informing

A monthly register of those eligible EPSDT clients who are entitled to another periodic examination is printed on the first of each month with the reminding letters (Attachment 6). These letters are sent without enclosures. The date these letters are sent should be documented on the register which is filed by month.

F. Annual Informing

Clients who indicated that they do not wish to participate in the EPSDT Program or who have not responded to the informing letters, are reminded annually in June (Attachment 7).

Walk-in clients are issued authorizations for screening examinations using the same procedure stated under B. 1 thru 5. The EPSDT MENU is updated whenever a Request for EPSDT Services Form is issued or mailed.

III. REVIEW OF SCREENING CARDS AND FOLLOW-UP ON TREATMENT

The claims processing unit batches and reviews all claims and submits those with EPSDT Screening Cards (Attachment 8) to the EPSDT Coordinator to review for completeness before payment is made. All items on the screening card should be completed. If there are any abnormalities described, treatment given should be documented. Immunizations are reviewed by using the DPH&SS Communicable Disease Control Unit's official Guam Immunization Schedule (Attachment 14). If a child was due for a shot at the time of screening and the shot was not given, documentation should indicate why. Otherwise, the claim will be denied or returned to the provider for complete documentation. The claim is also returned if the screening card is not signed by both the parent/guardian and the physician. Completed screening cards are filed by month of birth in alphabetical order.

Follow-up letters (Attachment 9) are sent when a referral is made by the screening physician. These letters are filed chronologically. Phone contacts are also acceptable as long as documentation is made on the screening card. The EPSDT Coordinator will update the EPSDT FILE whenever a referral is made using the codes as shown in the explanation of the EPSDT SUBSYSTEM. Also the initial service date of treatment is documented. Attachment 10 shows the EPSDT MENU SCREEN. Attachment 11 is the explanation of the EPSDT SUBSYSTEM.

IV. REPORTING REQUIREMENTS

- A. An EPSDT MONTHLY REPORT is due to the Medicaid Administrator by the 10th of each month for the previous month's activities. Attachment 12 is used.
- B. An EPSDT QUARTERLY REPORT (HCFA 420) is due to Baltimore, Maryland by the 30th of the following month after the end of the quarter. (Attachment 13)

APPROVED:

Jesse J. Catahan
ADMINISTRATOR, BHCF

July 10, 1989
DATE

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

BUREAU OF HEALTH CARE FINANCING

GOVERNMENT OF GUAM

#123 Chalan Kareta

Mangilao, Guam 96913-6304

Telephone: 735-7264, Fax: 734-6860

735-7281

KANSOU, ROWENA R
P O BOX 27049

DARRYL, HOKULANI K
30-10301-06

Age: 4

BARRIGADA, GUAM 96921

Dear Parent / Guardian:

We are writing to inform you that Medicaid clients, who qualify for Temporary And Needy Family (TANF) Program and who are under ~~19~~²⁰ age, eligible for free physical examinations under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program.

Participation is voluntary.

Since you have shown interest on the enclosed request for EPSDT services form, we encourage you to have the screening examination as early as you can between the dates shown under the periodicity schedule:

From **December 1, 2009** To **November 30, 2011**

You will need to bring your current monthly Medicaid card to obtain a (EPSDT) Prior Authorization for the free examination, when you come to our Medicaid office located on 2nd floor, room 219, Mangilao, ~~Monday through Thursday from 8:00 AM to 3:00 PM. (closed on Fridays)~~

Physical exams under the EPSDT can also be used to qualify for WIC services. The WIC Program gives nutrition education as well as food for pregnant, postpartum or breastfeeding women, infants and children up to age five. For more information, call the Mangilao WIC clinic: 735-7201.

Dental services are also free for children age 16 and below at Public Health Dental Clinics. Appointments for dental clinics are made only on the first and third Friday of each month. For more information, please call one of the following: Monday to Friday (from 8:00 AM to 5:00 PM), Central Public Health 735-7364, ~~Dededo Public Health 635-7400, Inarajan Public Health 828-7624.~~

Physical examination may find health problems early and stop them from becoming serious. So it is important to see the doctor even if you feel well, not just when your children are sick. A Prior Authorization is needed for this free physical examination to be given under the EPSDT program.

Please come in and obtain an authorization at the Medicaid office. For more information, please call 735-7287.

SHEREE BLAS
EPSDT Coordinator

(Attachment 3) Revised-2012



GOVERNMENT OF GUAM
AGANA, GUAM 96910

Dear Parent/Guardian:

Medicaid clients who qualify for Aid to Families with Dependent Children (AFDC) Program and who are under 19 are eligible for FREE physical examinations under the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Participation is voluntary.

Since you have shown interest on the enclosed Request for EPSDT Services form, we encourage you to have the screening examination as early as you can between the dates shown under the periodicity schedule. Appointments are not necessary unless you chose a Public Health Clinic. Just bring the request form, which is your authorization, to the doctor you chose with your current Medicaid card and your children's shot records.

Dental services are also free at Public Health dental clinics. If you are from the Northern Part of the island, call 637-0400. If you are from the Central Part, call 734-2941 and if you are from the Southern Part, call 828-8685.

Enclosed you will find the Office Hours Schedule of Physicians who can do screening examinations.

Check-ups may find health programs early and stop them from becoming serious, so it is important to go to the doctor when you feel well, not just when you are sick.

If you need help, please call me at 734-2951, ext. 222.

Sincerely,

EPSDT COORDINATOR

Enclosures

ATTACHMENT 3

VOID stamp



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM
P. O. BOX 2816
AGANA, GUAM 96910



Dear Parent/Guardian:

Medicaid recipients who are eligible for the Aid to Families with Dependent Children (AFDC) Program and who are under the age of 19 are eligible to participate in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Participation is voluntary.

Screening examinations are free and include a comprehensive physical examination and treatment of illness identified. Dental screening at a Public Health Dental Clinic is also available.

We would like to encourage you to participate in this program by bringing the enclosed Request for EPSDT Services form to the Medicaid Office in Mangilao before _____.

We also encourage you to make a dental appointment at a Public Health Dental Clinic. If you are from the Northern Part of the island, call 632-4015. If you are from the Central Part, call 734-2901 and if you are from the Southern Part, call 828-8685.

Enclosed you will find the Office Hours Schedule of Physicians who have been contracted by the Medicaid Office to provide screening examinations.

Check-ups may find health problems early and stop them from becoming serious, so it is important to go to the doctor when you feel well, not just when you are sick.

If you need assistance, please call me at 734-2951, ext. 232.

Sincerely,

EPSDT COORDINATOR

Enclosures

ATTACHMENT 5

Revised
same as Attachment 3

PERIODICITY FOLLOW-UP - LETTER 2

Dear Parent/Guardian:

Your child is entitled to have another physical examination under the Medicaid Early Periodic Screening, Diagnosis and Treatment Program (EPSDT). Therefore, please pick up the EPSDT authorization for physical examination at the Medicaid Office, Room 235, in Mangilao.

If you have any questions, please call me at 734-2951, ext. 222, Medicaid Office.

DOREEN MARTINEZ
EPSDT COORDINATOR

Revised for mailer 4/89

ANNUAL INFORMING LETTER - Letter 4

Dear Parent/Guardian:

This is to remind you that your child can have a free physical exam under Medicaid's Early Periodic Screening, Diagnosis and Treatment Program. Please see me at the Medicaid Office, Room 235, in Mangilao for an authorization for the free exam.

Remember, check-ups may find health problems early and stop them from becoming serious. Your child can also have routine dental exams and cleaning every six months at a Public Health Dental Clinic.

Please call me at 734-2951, ext. 222, if you have any questions.

Sincerely,

DOREEN MARTINEZ
EPSDT COORDINATOR

Revised for mailer 6/89



GOVERNMENT OF GUAM
AGANA, GUAM 96910

Dear Parent/Guardian:

We received your child/children's EPSDT (Early Periodic Screening, Diagnosis and Treatment examination card. The screening physician indicated that _____ should be referred to _____ for _____. Please make an appointment at _____.

It is very important for your child/children to receive further examination and treatment when a health problem is identified. Please notify me when you have made an appointment for your child/children, or when they have received their check-up. If you need assistance, please call me at 734-2944, Medicaid Office. I will be more than glad to help.

Sincerely,

EPSDT COORDINATOR

ATTACHMENT 9

*** MEDICAID CLAIMS SYSTEM ***
EPSDT INQ SCREEN

CASE-NO : 303613205 CASE-NAME: SMITH MARY JANEY
CASE-DOB : 061885 CASE-SSN : 999999999 ACT DATE : 060189
VILLAGE : MO PART : ELIG CODE:
REQ DATE : ASSISTANC: RESP DATE:

ELIGIBILITY PERIOD	DATE SVS	PRV CDE	I	D	I	A	G	N	O	S	I	S	C	O	D	E	S	A	N	D	D	A	T	E	S
- 0685 1085	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 1185 0186	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 0286 0586	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 0686 0587	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 0687 0589	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 0689 0591	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 0691 0593	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 0693 0597	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 0697 0501	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000
- 0601 0504	000000	000	0	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000	00	000000

BUREAU OF HEALTH CARE FINANCING

**Monthly Statistical Report
FISCAL YEAR
1989**

PERIOD:

MEDICAID

**II. EARLY PERIODIC SCREENING
DIAGNOSIS, AND TREATMENT -
EPSDT**

A. Number New Cases

**B. Number of New Eligible
Individuals**

**C. Number of Individuals
Requesting to participate
in the EPSDT Program**

**D. Number of Individuals due
for periodic examination**

**E. Number of Individuals
receiving screening
examinations**

Ages 0 - 5

Ages 6 - 18

1. Total Initial Exams

Ages 0 - 5

Ages 6 - 18

2. Total Periodic Exams

Ages 0 - 5

Ages 6 - 18

**F. Number of Referrals
Received from Screening
Physicians**

Ages 0 - 5

Ages 6 - 18

1. Number of Eye Referrals

Ages 0 - 5

Ages 6 - 18

2. Number of Hearing Referrals

Ages 0 - 5

Ages 6 - 18

3. Number of Cardiac Referrals

Ages 0 - 5

Ages 6 - 18

4. Number of Dental Referrals

Ages 0 - 5

Ages 6 - 18

5. Number of Other Referrals

Ages 0 - 5

Ages 6 - 18

G. Number of Dental Referrals
Received from Public Health Dental
Clinics

Ages 0 - 5

Ages 6 - 18

EPSDT SUBSYSTEM

The EPSDT Subsystem was developed on July 1984 to administer the EPSDT Program more effectively and efficiently.

The following are explanations for the various fields in the EPSDT System:

- Case No.: The Medicaid number for the recipient (9 digits, numeric)
- Name: The full name of the recipient (Last, First, Middle Initial)
- Date of Birth: DOB (6 digits, MMDDYY)
- SS No.: The Social Security number of the recipient (9 digits, numeric)
- Village: The following codes are used for the various villages:

Agana - AG	Mongmong - MM
Agana Heights - AH	Mangilao - MO
Agat - AT	Merizo - ME
Anigua - AN	Ordot - OR
Apra Heights - AP	Piti - PI
Asan - AS	Santa Rita - Naval Station - SR
Anderson - AA	Sinajana - SI
Barrigada - BA	Talofof - TL
Chalan Pago - CP	Tamuning - TA
Dededo - DE	Toto - TO
Harmon - HA	Tumon - TU
Inarajan - IN	Yigo - YI
Latte Heights LH	Yona - YO
Maina - Nimita Hill - MI	Umatac - UM
Maite - MA	

PART: Status of participation in EPSDT

N=No
Y=Yes

Date of Req: The date that the recipient requests for EPSDT services.
(6 digits, numeric MMDDYY)

Assistance: Request for assistance in getting transportation or making appointment

N=No
Y=Yes

Date of Response: The date that the EPSDT Coordinator releases the Request for EPSDT Services Form

Eligibility Period: The period in which the EPSDT participant is entitled for a screening service (numeric, MMY-MMYY). A total of 10 eligibility periods is established by the system according to the following periodicity schedule for EPSDT:

- 0 - 4 months
- 5 - 7 months
- 8 -11 months
- 12 -23 months
- 2(24 months) - 3 years (47 months)
- 4(48 months) - 5 years (71 months)
- 6(72 months) - 7 years (95 months)
- 8(96 months) -11 years (143 months)
- 12(144 months)-15 years (191 months)
- 16(192 months)-18 years (227 months)

Date SVC: Date of service, the date that the EPSDT participant receives the screening.

PRV CDE: Provider Code, the provider number of the physician selected by the EPSDT participant as the screening physician.

4.b. **Early Periodic Screening, Diagnosis and Treatment Services (EPSDT)**

Early Periodic Screening, Diagnosis and Treatment services are screening and diagnostic services to determine physical or mental defects in recipients under age 21, and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered.

A. **Provider Eligibility Requirements**

The following providers are authorized to provide Early Periodic Screening, Diagnosis and Treatment services:

1. All Medicaid approved practitioners, physicians, dentists, audiologists and optometrists.
2. Independent clinics and hospitals that have executed a signed agreement with the Medicaid Program.

B. **Benefits Limitations**

1. **Covered Services**

- a. **Early Periodic Screening, Diagnosis and**

Treatment Services.

- b. Screening examination (and rescreening) once in each of ten (10) age intervals.
- c. Immunizations at the screening.
- d. Refractive eye examination and eyeglass prescription by an ophthalmologist or optometrist once every two (2) years or when referred by screening. Prior authorization is required for both eye examination and eyeglasses.
- e. Hearing test and hearing aid. Prior authorization is required for a hearing aid. Issuance and replacement is limited to once every three (3) years.
- f. Necessary dental care is furnished to children three (3) years of age and over by the Public Health Dental Clinic if a referral is made by the Screener. Prior authorization is required for dental care provided by private Medicaid provider.

- g. Medical care as covered under the State Plan.
- h. Assistance with transportation to and from screening, diagnostic services and treatment.
- i. Assistance with making medical appointments.

4.c. Family Planning Services and Supplies for Individuals of Child-Bearing Age

Provided with no limitations.

4.d. Tobacco-Use Cessation Treatments for Pregnant Women

A. Provider Eligibility Requirements

Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

B. Benefit Limitations

Provide counseling and medication coverage for at least two cessation attempts per year. Prior Authorization is required for counseling and medication.

1. Face-to-face counseling. Each cessation attempt is at least four sessions of at least 30 minutes each.
2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.

5. Physician's Services

Physician's services includes those medically necessary diagnostic or treatment services provided by or under the personal supervision of a physician and which are within the scope of practice of the physician's profession as defined by State Law. The services maybe furnished in the office, the patient's home, a hospital, skilled nursing facility or elsewhere.