

United Healthcare Community Plan of Kentucky

EPSDT Overview & Supports delivered by:
Provider Quality Engagement Consultants (PQEC)

Last Updated May 5, 2025





Agenda

- EPSDT Definition
- EPSDT Benefits including preventive health screenings
 - Components of an EPSDT assessment / screening service
- Immunizations
- DMS approved periodicity schedule
- EPSDT Barriers/Solutions
- Patient Care Opportunity Report (PCOR)
- EPSDT Special Services
- Prior Authorization requirements
- How Working with Your PQEC Benefits Your Practice



EPSDT Definition

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

Treatment Correct or ameliorate defects and physical and mental illnesses or conditions

EPSDT Components

Comprehensive Health and
Developmental History

Comprehensive Unclothed
Physical Exam

Vision Screen

Dental Screen

Hearing Screen

Lead Screen

Appropriate Immunizations/
Vaccines for Children

Health Education and
Anticipatory Guidance

Any additional services that
are indicated as age
appropriate by the physician

Laboratory Screening and
Procedures



EPSDT Appropriate Immunizations

All children under age 21 who are eligible for EPSDT should receive all age-appropriate vaccines.

[Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S.](#)

[Recommended Adult Immunization Schedule for ages 19 years or older; 2025 U.S.](#)

Vaccines as recommended by the Advisory Committee on Immunization Practices.



DMS Periodicity Schedule

The American Academy of Pediatrics Periodicity Schedule shows the ages when a child should receive screening services.

American Academy of Pediatrics provides a periodicity schedule and guidance for periodic screening, vision, and hearing services: [periodicity_schedule.pdf](#)

A separate dental periodicity schedule and guidance by America's Pediatric Dentists is required: [bp_periodicity.pdf](#)

Early and Periodic Screening, Diagnostic, and Treatment | Medicaid

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Vogler, R, Shaw, J, Duncan, PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th ed. American Academy of Pediatrics, 2017). The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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AGE	Preterm*	Term†	3-6†	6-12†	12-24†	24-36†	36-48†	48-60†	60-72†	72-84†	84-96†	96-108†	108-120†	120-132†	132-144†	144-156†	156-168†	168-180†	180-192†	192-204†	204-216†
HEALTH	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Weight for Length	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Body Mass Index	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
HEARING SCREENING	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Vision	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
DEVELOPMENTAL, SOCIAL, BEHAVIORAL, MENTAL HEALTH	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Developmental Screening	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Autism Spectrum Disorder Screening	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Social-Emotional Screening	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Maternal, Infant, or Caregiver Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Depression and Suicide Risk Screening	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEEDURES*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Neonatal Exam	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Neonatal Exam	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Clinical Congenital Heart Defect	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Immunization	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Assess*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Lead†	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Substance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dyslipidemia*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sexually Transmitted Infection*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
HIV*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hepatitis B Virus Infection*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hepatitis C Virus Infection*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Stable/Unstable Aortic Aneurysm*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Cancer of Esophagus*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ORAL HEALTH*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fluoride Varnish*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Remineralization*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

KEY: • = to be performed; • = risk assessment to be performed with appropriate action to follow, if positive; • = range during which a service may be provided

1. If a child comes under care for the first time at any point on the schedule, all services are not accomplished at the suggested age. The child should be brought in for the next scheduled visit. 2. A general visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The general visit should include anticipatory guidance, parent medical history, and a discussion of benefits of breastfeeding and parent medical history. See "The Parent Visit" (https://doi.org/10.1542/peds.2012-0028). 3. Newborns should have an evaluation within 3 to 5 days of birth and within 1 to 2 hours after discharge from the hospital to make evaluation for feeding and jaundice. Breastfeeding mothers should receive formal breastfeeding evaluation, and their newborns should receive medical management and evaluation, as recommended in "Newborn Screening and the Role of the Nurse" (https://doi.org/10.1542/peds.2012-0028). 4. Newborns discharged less than 48 hours after delivery must be evaluated within 48 hours of discharge. 5. 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (https://doi.org/10.1542/peds.2012-0028). 6. Screen per "Screening Guidelines for the Assessment and Treatment of Children and Adolescents with Obesity" (https://doi.org/10.1542/peds.2012-0028). 7. Screen per "Screening Guidelines for the Assessment and Treatment of Children and Adolescents with Obesity" (https://doi.org/10.1542/peds.2012-0028). 8. Screening should occur per "Screening Practice Guidelines for Screening and Management of High Blood Pressure in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 9. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years. 10. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 3 and 4 years, in addition to the well visit at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (https://doi.org/10.1542/peds.2012-0028) and "Procedures for the Evaluation of the Visual System by Pediatricians" (https://doi.org/10.1542/peds.2012-0028). 11. Screen for lead per "Screening for Lead Exposure in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 12. Screen for substance use per "Screening for Substance Use in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 13. Screen for dyslipidemia per "Screening for Dyslipidemia in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 14. Screen for sexually transmitted infection per "Screening for Sexually Transmitted Infection in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 15. Screen for HIV per "Screening for HIV Infection in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 16. Screen for hepatitis B virus infection per "Screening for Hepatitis B Virus Infection in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 17. Screen for hepatitis C virus infection per "Screening for Hepatitis C Virus Infection in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 18. Screen for aortic aneurysm per "Screening for Aortic Aneurysm in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 19. Screen for cancer of the esophagus per "Screening for Esophageal Cancer in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 20. Screen for oral health per "Screening for Oral Health in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 21. Screen for anticipatory guidance per "Screening for Anticipatory Guidance in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 22. Screen for fluoride varnish per "Screening for Fluoride Varnish in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 23. Screen for remineralization per "Screening for Remineralization in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 24. Screen for anticipatory guidance per "Screening for Anticipatory Guidance in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 25. Screen for anticipatory guidance per "Screening for Anticipatory Guidance in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 26. Screen for anticipatory guidance per "Screening for Anticipatory Guidance in Children and Adolescents" (https://doi.org/10.1542/peds.2012-0028). 27. 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EPSDT Barriers and Solutions

- **Missed opportunities:**

Utilize PCOR for member missed appointment information and follow-up with members on missed appointments.

Episodic, acute care, and sport-required visits are opportunities to increase preventive care, immunizations, and health education for members.

- **Education on the importance of timely screenings:**

Providers to educate parents/guardians on importance of timely screenings and offer education on upcoming vaccinations before next visit when services may be due.

Utilize the 3C's Program- <https://www.unity4teenvax.org/3cs/>. The 3Cs program is a self-paced, comprehensive communication training initiative designed to help healthcare providers address common concerns and objections to recommended adolescent vaccines.

- **Outreach and engagement:**

Partner with community organizations to provide education.

Outreaching to members to schedule after hour appointments, weekend appointments, or family appointments to promote member/patient engagement and ability to access care.



What is a PCOR?

Patient Care Opportunity Report

UnitedHealthcare knows that you rely on dependable data to track the preventive health care needs of your patterns to help you meet quality care standards and Improve health outcomes.

That's why we provide you with the Patient Care Opportunity Report (PCOR) every month. On the PCOR you can see which of our Community & State members are due for screenings, immunizations or other health care services and then conduct the appropriate follow-up.

		Current Reporting Period						
Quality Measure	State	Eligible	Compliant	Non-Compliant	% Compliant	Payment for Each Closed Gap	Payment for Current Performance	Estimated Payment If All Gaps Closed
CIS : Childhood Immunization Status - Combination 10 Immunizations	KY	78	33	45	42.31%			
IMA : Immunizations for Adolescents - Combination 1 Immunizations	KY	15	6	9	40.00%			
WCV : Child and Adolescent Well-Care Visits	KY	334	201	133	60.18%			
Totals		427	240	187				



EPSDT Special Services

The necessary healthcare, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or ameliorate defects, physical and mental illnesses, and conditions that are identified by EPSDT screening services for children who are enrolled in Medicaid, whether or not such services are covered under the State Medicaid Plan.

- ✓ EPSDT Special Services that are not otherwise covered by the Kentucky Medicaid Program shall be covered subject to Prior Authorization.

Examples of EPSDT Special Services:

- Additional pairs of eyeglasses (after the Medicaid Vision Program has paid for the first two pair in a year).
- Additional dental cleanings (after the Medicaid Dental Program has paid for one cleaning).
- Nitrous oxide that is used in dental treatment.
- Nutritional products that are used as a supplement rather than as the child's total nutrition.

Early Periodic Screening Diagnosis And Treatment Services – Special Services - PT (45) - Cabinet for Health and Family Services



EPSDT Prior Authorizations

UnitedHealthcare Community Plan of Kentucky may limit services by Prior Authorization. Those EPSDT diagnosis and treatment services and EPSDT Special Services that are not otherwise covered by the Kentucky Medicaid Program shall be covered subject to Prior Authorization.

Provider Notification: [Prior Authorization and Notification | UnitedHealthcare Community Plan of Kentucky | UHCprovider.com](#)

UnitedHealthcare Community Plan Prior Authorization Requirements: [UnitedHealthcare Community Plan Prior Authorization Requirements for Kentucky - Effective January 1, 2025](#)

Provider Forms and References: [Provider forms and references | UnitedHealthcare Community Plan of Kentucky | UHCprovider.com](#)



Working With Your PQEC

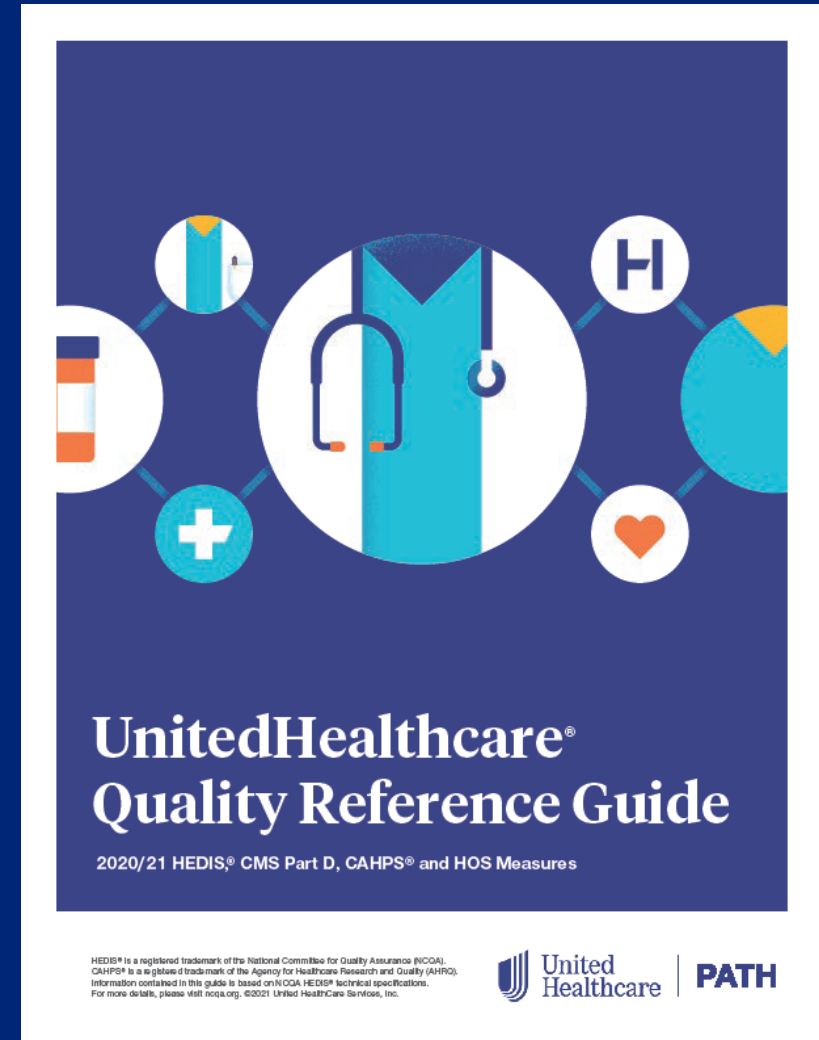
Reduces the need for a large records retrieval for HEDIS® at the end of the year.

Helps your practice maintain compliance with Kentucky state guidelines when there is an audit.

Allows your practice to increase quality scores based on state & accreditation specific quality measures.

Improved quality scores based on state and accreditation specific quality measures.

Helps you identify patients with gaps in care and facilitating close of identified gaps.





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