



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Medicaid Benefits and EPSDT 101

Pam Appleby

Director, Bureau of Clinical Policy and Pharmacy

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# Agenda

- Medicaid 101

- High level program overview

- Authorities
    - Eligibility
    - Enrollment
    - Financing
    - Provider Enrollment
    - Benefits
    - Delivery Systems

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)/HealthCheck

# Medicaid Overview

- Medicaid is a publicly funded program that provides coverage of health care and long-term services and supports to about 80 million people in the United States with low-income or disabilities.
  - Medicaid pays for about 20% of all health care expenditures in the U.S.
- Both federal and state laws and regulations govern Medicaid.
- Each state administers its own Medicaid program within the framework of federal rules and policies.

# Medicaid Overview

- Enacted through Title XIX of the Social Security Act in 1965.  
Children's Health Insurance Program (CHIP) authorized through Title XXI in 1997
- The federal Centers for Medicare & Medicaid Services (CMS) is the federal agency providing oversight of and guidance to states.

# Medicaid State Plan

- Federal law requires each state to create a document known as a **Medicaid State Plan**.
- The Medicaid State Plan describes the benefits and eligibility for a state's Medicaid program.
- CMS must approve each state's Medicaid State Plan.
- To make a change to its Medicaid program that requires federal approval, a state must first update its Medicaid State Plan by submitting a State Plan Amendment (SPA) to CMS.

# Medicaid Eligibility

- Medicaid is an entitlement, meaning individuals who meet eligibility requirements are guaranteed coverage.
- The federal government sets minimum eligibility standards; states may expand coverage beyond these minimum requirements.
- Individuals qualify by virtue of their income and assets or by being age 65 and older or having a disability.

# Medicaid Enrollment

About 20% of Wisconsinites are on some form of Medicaid.

- 1.3 million individuals enrolled as of September 2024.

<https://www.forwardhealth.wi.gov/wiportal/Tab/42/icscontent/Member/caseloads/enrollment/enrollment.htm.spage>

- Most members receive full-benefit Medicaid

Some are on limited benefit programs

SeniorCare, family planning only services, Tuberculosis (TB) only

# Medicaid Financing

Medicaid is jointly financed by states and the federal government and administered by states within broad federal rules.

- The federal matching rate ranges from 50% to 77% across states.  
Wisconsin's matching rate is 60.43% for fiscal year (FY) 2025.
- Currently, Wisconsin Medicaid is an almost \$15 billion program.

# Medicaid Providers

- Many types of health care providers can choose to participate in Medicaid.
- Each state establishes minimum standards that a health care provider must meet to participate in their Medicaid program, referred to as **enrollment criteria**.
- Enrollment criteria might require a provider to:
  - Have a certain professional license or accreditation.
  - Pass a background check.
  - Meet some other professional or administrative standard.

# Medicaid Providers

- Providers must complete an enrollment process with the state to participate.
- The enrollment process captures relevant information about the provider, such as:
  - The type of provider they are
  - Where they are located
  - Any applicable licensing or accreditation information
  - Any other necessary information
- **Border-status providers** are located outside a state but near its border.

# Medicaid Benefits

- Federal law requires states to cover certain health care services under their Medicaid programs referred to as **mandatory benefits**.
- Federal law also gives states the option to cover certain additional health care services under their Medicaid programs referred to as **optional benefits**.
- For both mandatory and optional benefits, federal law sets broad coverage rules.
- Each state further defines specific coverage rules for its Medicaid program within these broad federal rules.

# Mandatory Benefits

- Transportation to medical care
- Inpatient hospital services
- Outpatient hospital services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Nursing facility services

# Mandatory Benefits

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
- Family planning services
- Tobacco cessation counseling for pregnant women
- Physician services
- Home health services
- Nurse Midwife services
- Certified pediatric and family nurse practitioner services

# Mandatory Benefits

- Freestanding birth center services when licensed or otherwise recognized by the state
- [Medication Assisted Treatment \(MAT\)](#)
- Routine patient costs of items and services for members enrolled in qualifying clinical trials

# Optional Benefits

- Private duty nursing services
- Clinic services
- Dental services and dentures
- Physical therapy, occupational therapy, speech, hearing and language disorder services
- Prescription drugs
- Prosthetics
- Optometry services and eyeglasses

# Optional Benefits

- Other diagnostic, screening, preventive, and rehabilitative services
- Services in an intermediate care facility for Individuals with intellectual disability
- Inpatient psychiatric services for individuals under age 21
- Hospice
- Other licensed practitioner services
- Case management

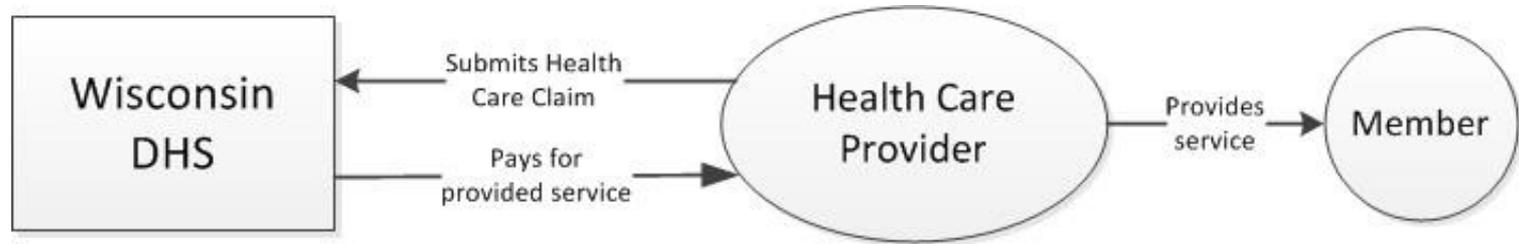
# Optional Benefits

- TB-related services
- Respiratory care services
- Personal care
- Primary care case management
- Primary and secondary medical strategies, treatment, and services for individuals with sickle cell disease
- Podiatry services
- Chiropractic services

# Medicaid Benefits

- Wisconsin covers all mandatory services and most optional services.
- States may establish coverage criteria, including requiring prior authorization, for a service to be reimbursable.
- Medicaid benefits are delivered through fee for service (FFS) and managed care (HMOs).
  - FFS benefits are managed and paid for by the state.
  - Managed care benefits are managed and delivered by the HMOs in accordance with state policies.

# Fee For Service Delivery



# Medicaid Benefits Delivery

- 13 contracted BadgerCare Plus HMOs with 840,000 members
- 9 contracted SSI HMOs with 53,000 members

Anthem Blue Cross Blue Shield (BCBS)\*, CHORUS Community, Dean, Group Health Cooperative of Eau Claire (GHC-EC)\*, Group Health Cooperative of South Central Wisconsin (GHC-SCW), ICare\*, MercyCare, Managed Health Services (MHS) Health\*, Molina HealthCare\*, My Choice Wisconsin, Network\*, Quartz\*, Security\*, United HealthCare Community Plan\*

# Medicaid Benefits Delivery

- Managed care benefits are managed and paid for by the health plan on behalf of the state.
  - HMOs contract with the state and receive a capitation payment to cover benefits and administrative costs.

Members choose an HMO or are assigned one by the state.
  - HMOs must provide the same level of service as the state does through FFS.

# Managed Care Delivery



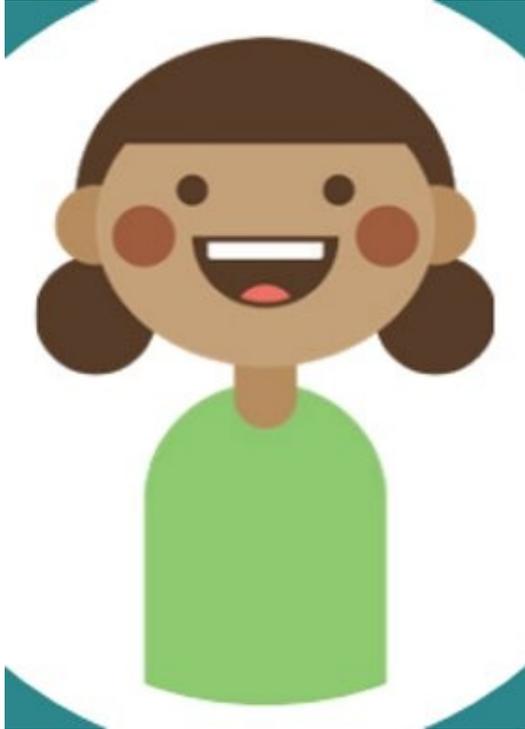
# What is EPSDT?

- Stands for Early Periodic Screening Diagnosis and Treatment.  
“HealthCheck” in Wisconsin
- A full range of services, including screening, diagnostic, treatment, and other necessary health care services.  
1905(a) of the Social Security Act
- Mandatory Medicaid benefit (not a separate program or eligibility option) for members under age 21.

# EPSDT's Goal

Ensure that children and young adults receive early detection and care so that health problems are prevented or diagnosed and treated as early as possible.

# Wisconsin's Health Check



- Well-child checks
  - Dental checks
  - Hearing and vision checks
  - Immunizations
  - Labs
- Issue-focused visits
- Outreach and case management
- Specialized treatment services

# HealthCheck Screens

- Components of a well child check:
  - Comprehensive health and developmental history
    - A health history
    - Nutritional assessment
    - Developmental-behavioral assessment
    - Health education and anticipatory guidance for the member and caregiver
  - Comprehensive unclothed physical exam
  - Hearing and vision screens

# HealthCheck Screens

- Components of a well child check:
  - Immunizations according to the Advisory Committee on Immunization Practices (ACIP) pediatric schedule
  - Labs – including blood lead testing
  - An oral assessment and referral to a dentist when the first tooth erupts or by age 1
- Wisconsin follows Bright Futures recommendations.
- No copayment for HealthCheck screens.

# Wisconsin's Health Check "Other Services" (HCOS)

- Services or products:
  - Needed beyond usual coverage amount
  - Or, not typically covered by Wisconsin Medicaid



# Wisconsin's Health Check "Other Services" (HCOS)

- Broad array of services
  - e.g., physician, dental, therapies, home health, durable medical equipment (DME)/disposable medical supplies (DMS)
- To improve the member's condition, prevent regression, or maintain the member's health care status
- States must make an individualized decision based on the needs of the child
  - Most HCOS services are prior authorized

# Service Coverage and Limits

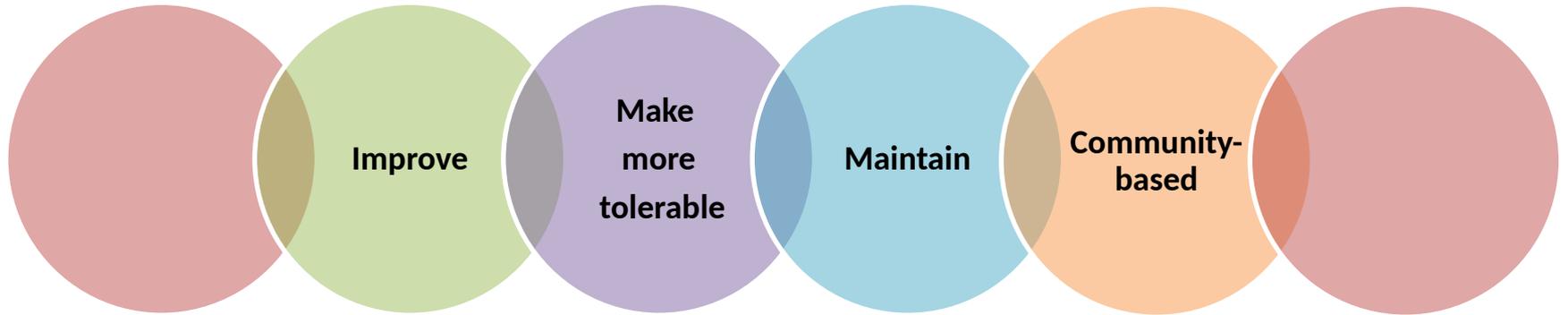
- States may not set hard limits on services for children but may set soft limits and require prior authorization (PA) for coverage above those limits.
- States may consider the relative cost effectiveness of services as part of the PA process.
- EPSDT does not require:
  - Coverage of experimental services.
  - Coverage of items not generally accepted as effective.
  - Services for caregiver convenience

# Medical Necessity

States define medical necessity and determine medical necessity for Medicaid coverage.

- Applied on an individualized basis, taking into account the child's needs.
- Treating health care provider makes a recommendation for appropriate services for the individual child
- State makes a decision based on the evidence.
- Wisconsin Administrative Code [DHS 101.03\(96m\)](#)

# Health Check Principles



# Medical Necessity



- Evidence-based interpretation:
- International Classification of Functioning, Disability, & Health (ICF) Model
- American Academy of Pediatrics (AAP)

# EPSDT and Delivery System

- EPSDT requirements apply to FFS and managed care delivery systems.
- Medicaid health plans must maintain and monitor a sufficient network of providers to provide access to services in a timely manner.
  - Health plans must meet state standards for timely access to care.
- FFS Medicaid covers services that are “carved out” of the managed care contracts.

# Outreach and Training



Update and improve:

- DHS websites
- ForwardHealth Portal
- Flyers and handouts
- Social media campaigns
- Routine training

# Federal Action

Bipartisan Safer Communities Act requires CMS to:

- Review state implementation of EPSDT with a focus on implementation by managed care plans.
- Identify gaps in state compliance and provide technical assistance to states to address.
- Issue guidance to states on EPSDT requirements.
  - <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>  
(published 9/26/2024)

• Issue a report to Congress.

# Questions & Discussion



LEARN MORE ABOUT  
**HealthCheck**

Go to [www.dhs.wisconsin.gov/healthcheck](http://www.dhs.wisconsin.gov/healthcheck)

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