



Date: December 1, 2022

To: Providers who render, refer or seek approval for services for OHP members under age 21.

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Subject: Provider guide regarding services to OHP Children and Youth:
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Effective January 1, 2023, the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) are required to cover the full scope of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for children from birth until their 21st birthday. **Under EPSDT, the Oregon Health Plan (OHP) covers any medically necessary and medically appropriate service for enrolled children and youth until their 21st birthday, regardless of the Prioritized List.**

OHA has developed [this provider guide](#) to share information about services that were previously not covered that are now eligible for coverage for OHP members under age 21. It was designed for health care clinicians and providers to:

1. Understand the change to EPSDT policy and coverage as required by federal regulations for both OHA and CCOs, and
2. Learn how to seek approval and reimbursement for medically necessary and medically appropriate EPSDT services provided to OHP fee-for-service (open card) members, including how to:
 - Request prior authorization from OHA for services that require them.
 - Bill OHA for EPSDT services.
 - Submit documentation for post-service review.
 - Document care that is medically necessary and appropriate.

In addition to sharing [this provider guide](#), OHA has provided [guidance to the state's CCOs](#) and developed an [EPSDT Fact Sheet for OHP members](#) (currently under translation to additional languages). Further, OHA will be developing guidelines for prior authorization criteria for CCOs and the Fee-for-Service (Open Card) program. The change in coverage requirements will require updates to MMIS and future revision of existing Oregon Administrative Rules. More information may be found at [OHA's EPSDT web page](#).

Why is EPSDT changing?

The Oregon Health Plan has historically covered most EPSDT services. However, Oregon's [2017-2022 1115\(a\) Medicaid waiver](#) and prior waivers allowed the state to "restrict coverage of treatment services identified during an EPSDT screening for individuals above age 1 to the extent that such services are not consistent with a prioritized list of conditions and treatments." After careful consideration of community input and a comprehensive internal review, OHA decided not to seek renewal of the waiver regarding EPSDT. **At the direction of the Centers for Medicare & Medicaid**

Services, Oregon must meet all EPSDT benefit requirements for children and youth beginning January 1, 2023.

This change will ensure that under EPSDT, OHP covers any medically necessary and medically appropriate service for enrolled children and youth until their 21st birthday, regardless of:

- The location of the diagnosis on the Prioritized List of Health Services
- Whether it pairs, or is a non-pairing service
- Whether it is a “non-covered” ancillary service
- Whether it is covered under the State Plan

This policy change and new coverage requirements will help OHP-covered children, youth and families access the broad range of healthcare services available to them under this benefit. Expanding the scope of EPSDT services for OHP members under age 21 requires significant systems changes at OHA and in each CCO. OHA aims to implement these changes with minimal disruption and recognizes that the transition will require ongoing work to identify and address areas for improvement.

What should you do?

Providers should understand this policy change and become familiar with how to submit documentation explaining how services are medically necessary and appropriate (or dentally appropriate, in the case of a dental service). It is important that providers:

- Do not refuse to render service or refer care based on Prioritized List placement, and
- Know that medically necessary and medically appropriate services must be covered, regardless of pre-set limits or guidelines.

For providers serving fee-for-service (open card) members: To facilitate prompt processing of claims and prior authorization requests, please ensure you provide OHA with updated contact information for the contact(s) who can provide documentation of medical necessity and medical appropriateness.

- You can update your contact information by contacting Provider Enrollment at 1-800-336-6016, Option #6 or provider.enrollment@odhsoha.oregon.gov.

[This guide](#) provides details about how to submit documentation for prior authorization and billing for OHP fee-for-service (open card) members.

Providers serving CCO-enrolled members should consult the member’s CCO for its procedures for billing and reimbursement.

We encourage providers to reach out to OHA with questions and concerns at the email address provided below.

Questions?

If you have any questions about this announcement, contact the EPSDT team at EPSDT.Info@odhsoha.oregon.gov.

Additional information can be found at www.oregon.gov/EPSDT.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.