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The Health Care Financing Administration has issued a Dear State Medicaid Director letter revising EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) reporting on the Form HCFA-416. Although the new form includes some new and helpful elements, the overall effect is to reduce the ability to track trends in preventive services for children.

On the positive side, the revised form contains some new elements:

- expanded reporting on dental services;
- new and more appropriate age groupings; and
- a new reporting element on lead blood tests.

On the negative side, the revised form, among other problems:

- allows states to use their own periodicity schedules for purposes of reporting, which prevents comparisons across states and across time;
- still does not distinguish managed care enrollees from fee-for-service enrollees;
- no longer collects separate information on vision and hearing screens;
- still does not include a separate line item for mental health referrals; and
- does not update the EPSDT participation goals, which have been stalled at 80 percent since fiscal year 1995.

States are to use the revised form for the *current fiscal year* (October 1, 1998 through September 30, 1999), and the report is due on *April 1, 2000*.

The revised reporting requirements will eventually be published in the HCFA

State Medicaid Manual,

§ 2700.4. We are asking HCFA to review our concerns with the new form prior to issuing the new State Medicaid Manual provisions.

Purpose of the Form

Congress requires states annually to report to HCFA on the extent to which their EPSDT programs are reaching poor children. 42 U.S.C. §§ 1396a(a)(43)(D), 1396d(r). In addition, the Medicaid Act requires HCFA to set participation goals for each state's EPSDT program. [\(1\)](#) HCFA requires states to report the EPSDT information on the Form 416. According to HCFA, the information on this form serves dual purposes, to:

- demonstrate the state's attainment of participant and screening goals; and
- show trend patterns and projections "from which decisions and recommendations can be made to ensure that eligible children are given the best possible health care."

Thus, the Form 416 is the state's self-reported record of EPSDT compliance for a certain year. In the study, *Children's Health Under Medicaid: A National Review of Early and Periodic Screening, Diagnosis, and Treatment*, the National Health Law Program used the Form 416 to document that few children are getting the preventive medical services they need through EPSDT. The data contained in the Form 416 is critical in assessing the state's record of compliance over time, as well as in identifying areas needing targeted efforts. Clearly, the Form 416 is an essential document for child health advocates.

Discussion of the Changes

Age groupings

To date, the Form 416 has required states to use the following four age groupings when reporting EPSDT information: