

# United Healthcare Community Plan of Kentucky

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

Updated February 2026





# Agenda

- EPSDT Definition
- EPSDT Benefits including preventive health screenings
  - Components of an EPSDT assessment / screening service
- Immunizations
- 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; 2026: AAP-Immunization-Schedule.pdf](#)

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



# 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: [AAP-Immunization-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



**Table 1** Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2026

These recommendations must be read with the **Notes** that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the outlined purple bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mos	2 mos	4 mos	6 mos	8 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs	
Respiratory syncytial virus (RSV-mAb [nirsevimab, clesrovimab])	1 dose during RSV season depending on maternal RSV vaccination status (See Notes)		1 dose nirsevimab during RSV season (See Notes)																
Hepatitis B (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose																	
Rotavirus (RV): RV1 (2-dose series), RV2 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes														
Diphtheria, tetanus, and acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					4 <sup>th</sup> dose				5 <sup>th</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes					3 <sup>rd</sup> or 4 <sup>th</sup> dose (See Notes)									
Pneumococcal conjugate (PCV15, PCV20)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose					4 <sup>th</sup> dose									
Inactivated poliovirus (IPV)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose					3 <sup>rd</sup> dose					4 <sup>th</sup> dose					
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of 2025-2026 vaccine (See Notes)																		
Influenza	1 or 2 doses annually (See Notes)																		
Measles, mumps, and rubella (MMR)						See Notes	1 <sup>st</sup> dose					2 <sup>nd</sup> dose							
Varicella (VAR)								1 <sup>st</sup> dose				2 <sup>nd</sup> dose							
Hepatitis A (HepA)								See Notes	2-dose series (See Notes)										
Tetanus, diphtheria, and acellular pertussis (Tdap ≥7 yrs)																1 dose			
Human papillomavirus (HPV)	2-dose series																		
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥5 years)	See Notes																		
Meningococcal B (MenB-4C, MenB-FHbp)	See Notes																		
Respiratory syncytial virus vaccine (RSV [Abrysvo])	Seasonal administration during pregnancy if not previously vaccinated																		
Dengue (DEN4CYD: 9-16 yrs)	Seropositive in areas with endemic dengue (See Notes)																		
Mpox																			

● Range of recommended ages for all children ● Range of recommended ages for catch-up vaccination ● Range of recommended ages for certain high-risk groups or populations ● Recommended vaccination for those who desire protection ● Recommended vaccination based on shared clinical decision-making

### and Anticipatory Guidance/Counseling

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of this best practice for supporting information and references.

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY THE BIG AUTHORITY ON little teeth™	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination <sup>1</sup>	•	•	•	•	•
Assess oral growth and development <sup>2</sup>	•	•	•	•	•
Caries-risk assessment <sup>3</sup>	•	•	•	•	•
Radiographic assessment <sup>4</sup>	•	•	•	•	•
Prophylaxis and topical fluoride <sup>5,6</sup>	•	•	•	•	•
Fluoride supplementation <sup>7</sup>	•	•	•	•	•
Anticipatory guidance/counseling <sup>8</sup>	•	•	•	•	•
Oral hygiene counseling <sup>9</sup>	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling <sup>10</sup>	•	•	•	•	•
Counseling for nonnutritive habits <sup>11</sup>	•	•	•	•	•
Injury prevention and safety counseling <sup>12</sup>	•	•	•	•	•
Assess speech/language development <sup>13</sup>	•	•	•	•	•
Assessment develop/occlusion <sup>14</sup>	•	•	•	•	•
Assessment for pit and fissure sealants <sup>15</sup>	•	•	•	•	•
Periodontal-risk assessment <sup>16</sup>	•	•	•	•	•
Counseling for tobacco, vaping, and substance misuse	•	•	•	•	•
Counseling for human papilloma virus/vaccine	•	•	•	•	•
Counseling for intraoral/perioral piercing	•	•	•	•	•
Assess third molars	•	•	•	•	•
Transition to adult dental care	•	•	•	•	•

1. First examination at the eruption of the first teeth and no later than 12 months. Repeat every six months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.  
 2. By clinical examination.  
 3. Must be repeated regularly and frequency to be determined by dentist.  
 4. Timing, types, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.  
 5. Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.  
 6. Appropriate discussion and counseling should be an integral part of each visit for care.  
 7. Initially, discuss the need for nonnutritive sucking habits vs. pacifier, then the need to wean from the habit before mal-occlusion or deleterious effect on the dental/orthodontic course. For school-aged children and adolescent patients, counsel regarding any existing habits such as finger nail biting, chewing, or toucan.  
 8. At every appointment, initially discuss appropriate feeding practices, then intake of refined carbohydrates and frequency of snacking in caries development and childhood obesity. Monitor body mass index beginning at age two.  
 9. At first, discuss the need for nonnutritive sucking habits vs. pacifier, then the need to wean from the habit before mal-occlusion or deleterious effect on the dental/orthodontic course. For school-aged children and adolescent patients, counsel regarding any existing habits such as finger nail biting, chewing, or toucan.  
 10. Initially pacifiers, on teeth, play objects, sucking cards, second-hand smoke, when learning to walk, with sports and routine playing. Including the importance of mouthguards, then motor vehicles and high speed activities.  
 11. Counsel on for age appropriate speech articulation and fluency as well as achieving receptive and expressive language milestones.  
 12. Identify, if excessive, vertical, and sagittal growth patterns, asymmetry, occlusal disharmonies, functional status including temporomandibular joint dysfunction, orofacial influences on self image and emotional development.  
 13. For caries-associated primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures, place as soon as possible after eruption.  
 14. Periodontal probing should be added to the risk-assessment process after the eruption of the first permanent molars.

# 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.

Quality Measure	State	Current Reporting Period						
		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%			
<b>Totals</b>		<b>427</b>	<b>240</b>	<b>187</b>				



# 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

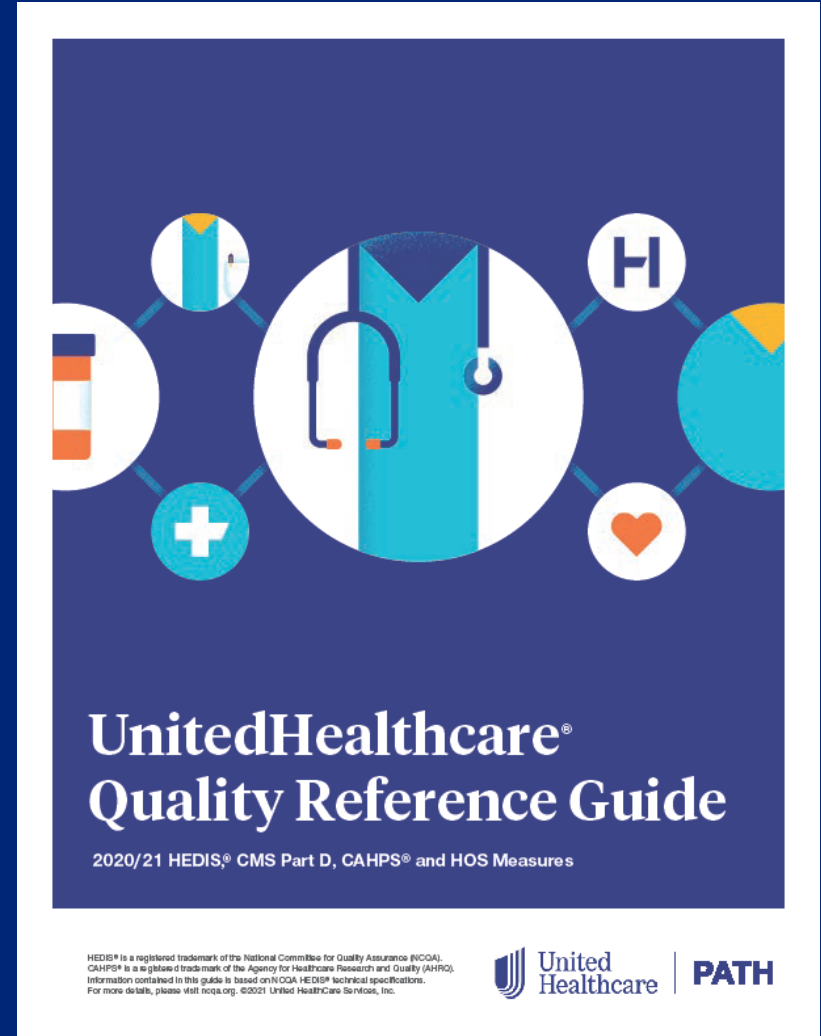
Reduces the need for a large records retrieval for HEDIS® at the end of the year.

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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