Minnesota's Path to Medicaid Coverage of the Maternal Depression Screen within Infant Well Child Checks

States establish and administer their own Medicaid programs and determine the type, amount, duration, and scope of services. A mandatory benefit under Medicaid is the Early and Periodic Screening, Diagnostic, and Treatment Service (EPSDT), which covers visits commonly referred to as well child checks. There is a list of federally required services that are a part of EPSDT. State Medicaid agencies are required to provide for these services and support screening schedules based on best practices from "recognized medical organizations."

Based on that guidance, Minnesota's Medicaid agency, the Minnesota Department of Human Services (DHS), has the authority to administer the state's EPSDT program, called Child & Teen Checkups (C&TCs). The elements of the C&TC are billable, under the provision of the EPSDT by the federal Medicaid law. DHS issues a periodicity schedule for all screenings (hearing, vision, lead, developmental delay…) and reimburses providers for the C&TC visits. DHS continuously updates and improves this schedule, to keep in line with guidance from recognized medical organizations such as the American Academy of Pediatrics.

In 2010, Child & Teen Checkup (MN EPDST program) staff within the Minnesota Department of Human Services began to include Maternal Depression screening as a recommended but not required screen on the C&TC schedule for visits from birth to 12 months. This addition to the recommended elements of a C&TC then allowed providers to bill for the screen, as a part of the well child visit. Since the well child visit is billed to the child's insurance, all of the elements of the visit are billed to the child, including the maternal depression screen.

In the process of adding the screen to the C&TC periodicity schedule, DHS identified an appropriate billing code and guidance for providers on how to perform and bill for the screen, and added that to the provider manual under "maternal depression screening."

FAQs

Q: Do all insurance plans in Minnesota cover the maternal depression screen in the well child check, on the child's insurance?

A: All public plans do. At this time (March 2016) not all private payer plans do.

Q: What evidence did DHS use to determine this was an appropriate addition to the screening schedule?

A: MDH C&TC staff collaborated with DHS Children's Mental Health to develop the case. Briefly, maternal depression screening will improve child health outcomes because there are:

- Established negative outcomes for children of mothers with untreated depression.
- Established practices of screening for environmental risk factors for children.
- Evidence of disparities in prevalence of depression and in treatment rates leading to inequitable negative effects on children in low income settings and in families of color or Native American.
- Effective treatments are available (at different rates).

Q: Is it considered fraud to charge the child's insurance for a service provided to the mother?

A: No. This is a screening done to understand and respond to health risks for the baby.

Q: Could a father or other caregiver be screened?

A: The wording on the periodicity schedule for the screening is "maternal depression." However, the screens used for maternal depression are also valid for paternal depression.

Q: What are the documentation requirements?

A: The MN Medicaid agency, DHS, has detailed the requirements in the provider manual. Essentially, the requirements are that the use of a tool for the screen is noted in the child's encounter record. Marking the outcome (score) of the screen is not expected, required, or prohibited by state guidance. Examples of documentation practices for the maternal depression screen are found in the clinical guidelines.

Q: What is the child's provider supposed to do as a result of the screen?

A: If the screen score is low, the provider may give the family basic education handouts on maternal wellbeing and postpartum depression, available from MDH in seven languages. If the screen shows a concern, there are different types of responses, outlined in the clinical guidelines.

Q: Does this open the child's provider up to additional liability concerns?

A: The child's provider is responsible to support the child in achieving positive health. Evidence is clear that maternal mental health has a significant impact upon infant health. Screening for maternal depression is a key tool that a child's provider can use to address this possibility, while not taking on care for the mother. Screening and documenting an appropriate response to the screening results allows the child's provider to demonstrate they have completed an element of a high-quality well child check.

Q: Does the time this takes present a barrier?

A: Providers who have implemented the universal maternal depression screen have said that this actually decreases the time spent in the visit- allowing the provider to directly address a possible issue rather than trying to determine "how mom is doing" through conversation.

For more information about maternal depression screening, including information on how to implement universal maternal depression screening with a pediatric setting, please visit our webpage at Perinatal Mental Health - Information for Health Professionals (http://www.health.state.mn.us/divs/cfh/topic/pmad/professionals.cfm).

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