

Responsiveness Summary – Early Periodic Screening Diagnostic and Treatment (EPSDT)

Comment on HCAR 4.106.5: Cost effectiveness should not be achieved by placing additional burdens on beneficiaries and their families. This section should be amended to assure that beneficiaries will not be required to accept purportedly equally effective and available cost effective alternatives, where those alternatives will be more burdensome than the requested service. We suggest this paragraph be amended to read:

Vermont Medicaid may approve a cost effective alternative to the requested EPSDT service provided the alternative is equally effective and available, and does not impose burdens on the beneficiary or the beneficiary's family that are not present with the requested EPSDT service.

Response: There are circumstances in which there may be additional inconvenience to the beneficiary or his/her family due to the approval of a cost effective alternative; however, it is the obligation of Vermont Medicaid, as stewards of Medicaid state and federal funding, to be fiscally responsible by covering cost effective alternatives that are available and equally as effective as the one requested. If an inconvenience is directly related to the medical condition being treated and is so consequential as to impact the condition or treatment, then the agency would not pursue the alternative as one that is cost effective because it would be determined that it is not actually an equally effective alternative.

Coverage of equally effective and available cost effective alternatives is within Vermont Medicaid's authority, is appropriate, and is necessary in order to be fiscally responsible. The rule is not being revised.