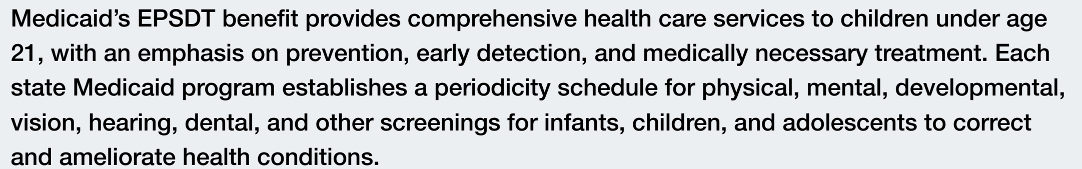
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

DELAWARE (DE)



Medicaid's EPSDT benefit provides comprehensive health care services to children under age 21, with an emphasis on prevention, early detection, and medically necessary treatment. Each state Medicaid program establishes a periodicity schedule for physical, mental, developmental, vision, hearing, dental, and other screenings for infants, children, and adolescents to correct and ameliorate health conditions.

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (4th Edition)[1] and the corresponding Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)[2] provide theory-based and evidence-driven guidance for all preventive care screenings and health supervision visits through age 21. Bright Futures is recognized in federal law as the standard for pediatric preventive health insurance coverage.[3] The Centers for Medicare and Medicaid Services (CMS) encourages state Medicaid agencies to use this nationally recognized Bright Futures/AAP Periodicity Schedule or consult with recognized medical organizations involved in child health care in developing their EPSDT periodicity schedule of pediatric preventive care.[4,5] The following analysis of Delaware's EPSDT benefit was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.

Delaware's profile compares the state's 2018 Medicaid EPSDT benefit with the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, and the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) published in *Pediatrics* in February 2017.[2] This state profile also contains information about Delaware's 2016 Medicaid pediatric preventive care quality measures and performance based on the state's voluntary reporting on selected Child Core Set measures. Information about the state Medicaid medical necessity definition used for EPSDT and a promising practice related to pediatric preventive care is also found here. Delaware's profile is based on a review of the state's Medicaid website, provider manual, and other referenced state documents, and an analysis of 2016 state Medicaid data reported to CMS on child health quality.[6] This profile was also reviewed by state Medicaid EPSDT officials. Information is current as of March 2018.

Summary of Findings

- Delaware's 2018 EPSDT requirements do not follow the Bright Futures/AAP Periodicity Schedule and screening recommendations. The state calls for two fewer visits than recommended by Bright Futures. Delaware plans to update its EPSDT policies in the near future.
- The state's medical necessity definition for EPSDT, described below, references EPSDT requirements and as such incorporates a preventive purpose.
  - Medical necessity is defined as: The essential need for medical care or services (all covered State Medicaid Plan services, subject to age and eligibility restrictions and/or EPSDT requirements) which, when prescribed by the beneficiary's primary physician care manager and delivered by or through authorized or qualitied providers, will:
    - Be directly related to the diagnosed medical condition or the effects of the condition of the beneficiary (the physical or mental functional deficits that characterize the beneficiary's condition) and be provided to the beneficiary only.
    - Be appropriate and effective to the comprehensive profile (e.g., needs, aptitudes, abilities, and environment) of the beneficiary and the beneficiary's family.
    - Be primarily directed to treat the diagnosed medical condition or the effects of the condition of the beneficiary in all settings for normal activities of daily living, but will not be solely for the convenience of the beneficiary, the beneficiary's family, or the beneficiary's provider.
    - Be timely, considering the nature and current state of the beneficiary's diagnosed condition and its effects, and will be expected to achieve the intended outcomes in a reasonable time.
    - Be the least costly, appropriate, available health service alternative, and will represent an effective and appropriate use of program funds.
    - Be the most appropriate care or service that can be safely and effectively provided to the beneficiary and will not duplicate other services provided to the beneficiary.
    - Be sufficient in amount, scope, and duration to reasonably achieve its purpose.
- According to CMS, in 2016, Delaware selected all 10 pediatric preventive care measures in the Child Core Set.
- Delaware's quality performance rates, as shown in the table below, were higher than the national average for 8 of the 10 preventive measures. The state's performance rates were lower than the national average for PCP visits by adolescents and adolescent immunizations.
- The state's pediatric preventive care performance improvement project is on lead screening.

Promising Practices

Delaware's Medicaid and Title V program are participating in the Collaborative Improvement and Innovation Network to Reduce Infant Mortality. This multi-year initiative focuses on 1) improving safe sleep practices; 2) reducing smoking before, during, and after pregnancy; 3) promoting optimal women's health before, after, and in-between pregnancies, during postpartum visits, and adolescent well visits; 4) incorporating evidence-based strategies to improve social determinants of health and equity in birth outcomes; 5) preventing births before 39 weeks; and 6) increasing the delivery of higher risk infants and mothers at appropriate level facilities.

Comparison of DE EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Delaware's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Delaware Medicaid EPSDT requirements with the 2017 Bright Futures/AAP Recommendations for Preventive Pediatric Health Care.[2]

Code

U = universal screening (all screened)

S = selective screening (only those of higher risk screened)

U/S = visits in that age group have universal and selective requirements.

NS = Not specified

See Bright Futures/Periodicity Schedule for complete information.

Number of Well Child Visits by Age	DE EPSDT	Bright Futures
- Birth through 9 months	7	7
- 1 through 4 years	5	7
- 5 through 10 years	6	6
- 11 through 14 years	4	4
- 15 through 20 years	6	6

Universal (U) and Selected (S) Screening Requirements	DE EPSDT	Bright Futures
Infancy (Birth-9 months)		
- Length/height & weight	U	U
- Head circumference	U	U
- Weight for length	NS	U
- Blood pressure	NS	S
- Vision	U	S
- Hearing	U	U/S
- Developmental screening	U	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Maternal depression screening	U	U
- Newborn blood screening	NS	U
- Critical congenital heart screening	NS	U
- Anemia	NS	S
- Lead	S	S
- Tuberculosis	S	S
- Oral health	U	U/S
- Fluoride varnish	U	U
- Fluoride supplementation	NS	S
- Nutritional assessment	S	—

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Comparison of DE EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

Code

U = universal screening (all screened)

S = selective screening (only those of higher risk screened)

U/S = visits in that age group have universal and selective requirements.

NS = Not specified

See Bright Futures Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	DE EPSDT	Bright Futures
Early Childhood (Ages 1-4)		
- Length/height & weight	U	U
- Head circumference	NS	U
- Weight for length	NS	U
- Body mass index	NS	U
- Blood pressure	NS	U/S
- Vision	U	U/S
- Hearing	U	U/S
- Developmental screening	U	U
- Autism spectrum disorder screening	NS	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Anemia	U/S	U/S
- Lead	U/S	U/S
- Tuberculosis	S	S
- Dyslipidemia	S	S
- Oral health	U	S
- Fluoride varnish	U	U
- Fluoride supplementation	NS	S
- Nutritional assessment	S	—
Middle Childhood (Ages 5-10)		
- Length/height & weight	U	U
- Body mass index	NS	U
- Blood pressure	NS	U
- Vision	U	U/S
- Hearing	U	U/S
- Developmental surveillance	U	U
- Psychological/behavioral assessment	U	U
- Anemia	S	S
- Lead screening	S	S
- Tuberculosis	S	S
- Dyslipidemia	S	U/S
- Oral health	U	S
- Fluoride varnish	S	U
- Fluoride supplementation	NS	S
- Nutritional assessment	S	—
Adolescence (Ages 11-20)		
- Length/height & weight	U	U
- Body mass index	NS	U
- Blood pressure	NS	U
- Vision	U	U/S
- Hearing	U	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Tobacco, alcohol or drug use assessment	NS	S
- Depression screening	NS	U
- Anemia	S	S
- Tuberculosis	S	S
- Dyslipidemia	S	U/S
- Sexually transmitted infections	S	S
- HIV	S	U/S
- Fluoride supplementation	NS	S
- Nutritional assessment	S	—

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Delaware's 2016 quality performance information on pediatric preventive care measures reported to CMS[6], as well as their use of financial incentives for pediatric preventive care.

Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set	DE	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	95.8	95.2
• Ages 25 months-6 years (in past year)	88.4	87.7
• Ages 7-11 (in past 2 years)	91.2	90.9
• Ages 12-19 (in past 2 years)	87.6	89.6
- % of children by 15 months receiving 6 or more well-child visits	70.6	60.8
- % of children ages 3-6 with one or more well-child visits	77.3	68
- % of adolescents ages 12-21 receiving 1 well care visit	56.4	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	73.8	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	69.5	70.3
- % of sexually active women ages 16-20 screened for chlamydia	58.8	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	23.2	20.8
- % of children ages 3-17 whose BMI was documented in medical records	62.3	61.2
- % of children ages 1-20 with at least 1 preventive dental service	48.5	48.2

Pediatric Preventive Care Financial Incentives, 2016	DE	US
- Use of preventive incentives for consumers	No	NA
- Use of performance incentives for providers	No	NA

References

[1] Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2017.

[2] Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Work Group. 2017 Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2017;139(4):e20170254.

[3] *FAQs about Affordable Care Act Implementation*. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.

[4] *EPSDT – A Guide for State: Coverage in the Medicaid Benefit for Children and Adolescents*. Baltimore, MD: Centers for Medicare and Medicaid Services, June 2014.

[5] *Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits*. Baltimore, MD: Centers for Medicare and Medicaid Services, February 2014.

[6] Quality information from the CMS Medicaid/CHIP child core set for federal fiscal year 2016 was obtained from: https://data.medicaid.gov/Quality/2016-Child-Health-Care-Quality-Measures/wnw8-atzy.

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