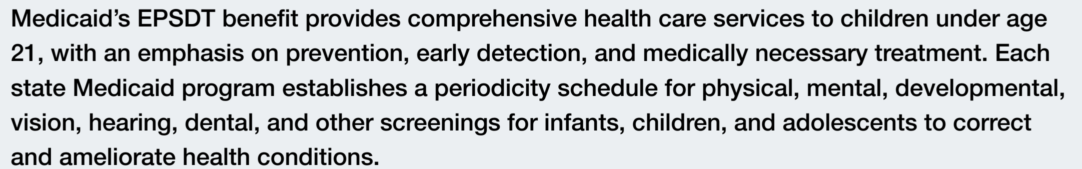
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

MISSISSIPPI (MS)



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 Mississippi's EPSDT benefit was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.

Mississippi'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 April 2017.[2] This state profile also contains information about Mississippi'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. Mississippi'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

- Mississippi's 2018 EPSDT requirements follow the Bright Futures/AAP screening recommendations and Periodicity Schedule.
- The state's EPSDT medical necessity definition, described below, does not include a preventive purpose.
  - "Medically necessary" or "medical necessity" as health care services that a provider, exercising prudent clinical judgement, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: 1) Appropriate and consistent with the diagnosis of the treating provider and the omission of which could adversely affect the patient's medical condition, 2) Compatible with the standards of acceptable medical practice in the United States, 3) Provided in a safe, appropriate and cost-effective setting given the nature of the diagnosis and the severity of the symptoms, 4) Not provided solely for the convenience of the beneficiary or family, or the convenience of any health care provider, 5) Not primarily custodial care, 6) There is no other effective and more conservative or substantially less costly treatment service and setting available, and 7) The service is not experimental, investigational or cosmetic in nature.
- According to CMS, in 2016, Mississippi selected 9 of the 10 pediatric preventive care measures in the Child Core Set. The measure for well care visits for children by 15 months of age was not selected.
- Mississippi's performance rates for the following pediatric preventive care measures, as shown in the table below, were higher than the national average for PCP visits for children ages 12 to 24 months, ages 25 months to 5 years, and ages 7 to 11 years; childhood immunizations; and preventive dental services. The following measures were lower than the national average: PCP visits for adolescents, well care visits for children ages 3 to 6 and for adolescents ages 12 to 21, adolescent immunizations, chlamydia screening, HPV vaccines, and BMI documentation.
- Mississippi is developing a childhood obesity performance improvement project.

Promising Practices

Mississippi's managed care organizations incentivizes parents to obtain recommended preventive screenings for their children. One plan (Magnolia Health) has a CentAccount Rewards program and parents receive $10 per EPSDT screening visit from birth to 9 months toward a $50 maximum; they receive $10 per EPSDT screening visit between 12 months and 3 years of age towards a $50 maximum; and they also receive $20 for an annual EPSDT screening from 3 to 20 years of age. Another plan (UnitedHealthcare Community Plan) also has a $25 Mastercard Reward card for parents who complete their child's EPSDT wellness exam during the specified time period. To increase EPSDT visit rates, UnitedHealthcare also has a Baby Blocks program for parents who have newborns up to 15 months of age. This program engages parents with a personalized, interactive tool that provides appointment reminders by text or email message. Members who enroll early in their pregnancy earn rewards by adhering to well-baby recommendations from the American Academy of Pediatrics.

Comparison of MS EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	
U =	Universal (all screened)
S =	Selective screening (only those of higher risk)
U/S =	Universal and selective requirement

See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	MS EPSDT	Bright Futures
- Birth through 9 months	7	7
- 1 through 4 years	7	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	MS EPSDT	Bright Futures
Infancy (Birth-9 months)		
- Length/height & weight	U	U
- Head circumference	U	U
- Weight for length	U	U
- Blood pressure	S	S
- Vision	S	S
- Hearing	U/S	U/S
- Developmental screening	U	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Maternal depression screening	U	U
- Newborn blood screening	U	U
- Critical congenital heart screening	U	U
- Anemia	S	S
- Lead	S	S
- Tuberculosis	S	S
- Oral health	U/S	U/S
- Fluoride varnish	U	U
- Fluoride supplementation	S	S

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

Code
U = Universal (all screened)
S = Selective screening (only those of higher risk)
U/S = Universal and selective requirement
See Bright Futures/AAP Periodicity Schedule for complete information.

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

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are the Mississippi'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	MN	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	96.2	95.2
• Ages 25 months-6 years (in past year)	89.8	87.7
• Ages 7-11 (in past 2 years)	91.3	90.9
• Ages 12-19 (in past 2 years)	86.9	89.6
- % of children by 15 months receiving 6 or more well-child visits	--	60.8
- % of children ages 3-6 with one or more well-child visits	53.7	68
- % of adolescents ages 12-21 receiving 1 well care visit	35	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	75.5	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	47.3	70.3
- % of sexually active women ages 16-20 screened for chlamydia	47.2	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	20.2	20.8
- % of children ages 3-17 whose BMI was documented in medical records	29	61.2
- % of children ages 1-20 with at least 1 preventive dental service	50	48.2

Pediatric Preventive Care Financial Incentives, 2016	MN	US
- Use of preventive incentives for consumers	Yes	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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