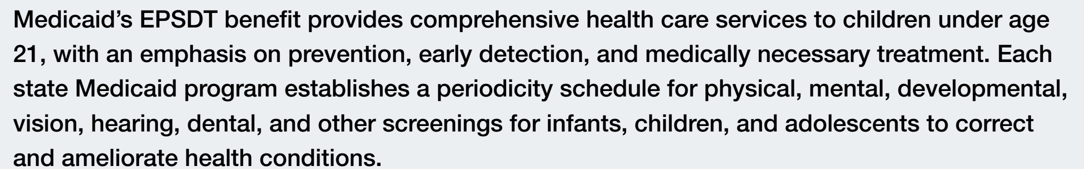
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

NEW MEXICO (NM)



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

New Mexico'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 New Mexico'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. New Mexico'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 April 2018.

Summary of Findings

- New Mexico's 2018 EPSDT periodicity schedule and screening recommendations follow the Bright Futures/AAP recommendations.
- The state's EPSDT medical necessity definition, described below, incorporates a preventive purpose.
  - In New Mexico, medically necessary services are defined in regulation as clinical and rehabilitative physical or behavioral health services that:
    - Are essential to prevent, diagnose or regain functional capacity;
    - Are delivered in the amount, duration, scope and setting that is clinically appropriate;
    - Are provided within professionally accepted standards of practice and national guidelines; and
    - Are required to meet the physical and behavioral health needs of the individual and are not primarily for the convenience of the individual, the provider or the payer.
- According to CMS, in 2016, New Mexico selected all pediatric preventive care measures in the Child Core Set.
- New Mexico's quality performance rates, as shown in the table below, were higher than the national average for preventive dental services. Performance rates were lower than the national average for PCP visits, well care visits for the 3 child/adolescent age groups, childhood and adolescent immunizations, HPV vaccinations, chlamydia screening, and BMI documentation.
- The state has pediatric preventive care performance improvement projects underway related to immunizations and oral health.

Promising Practices

- New Mexico is one of five states selected to participate with AcademyHealth and the National Academy for State Health Policy (NASHP) Community of Practice to address barriers to immunization. New Mexico will be improving collaboration between its Departments of Health and Human Services and Medical Assistance Division with a focus on improved policies and procedures that aim to increase overall immunization rates for Medicaid and low-income population, specifically children and pregnant women. In addition to identifying and reducing barriers to immunization, the project involves successful interface between the Medicaid Management and Information System and the state's Immunization Registry to improve the completeness of immunization records housed in New Mexico's Immunization Information Systems .
- In collaboration with New Mexico's Department of Health and the New Mexico Children, Youth & Families Department Early Childhood Services Program, the state Medicaid agency submitted a proposal to the Centers for Medicare and Medicaid Services to implement the Centennial home visiting pilot program beginning on January 1, 2019. Medicaid Managed Care Organizations in the state will be required to contract with agencies that deliver one of the two evidence-based, early childhood home visiting programs, Nurse Family Partnership or Parents as Teachers, or other similar evidence-based programs to provide Medicaid-reimbursable home visiting services to eligible pregnant women in designated counties. The program will focus on improving members' prenatal care and postpartum care utilization rates and promoting young children's physical and mental health, including regular visits to primary care providers for EPSDT services.

Comparison of NM EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on New Mexico's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 New Mexico 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	NM 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	NM 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 NM 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	NM 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 New Mexico'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	NM	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	93.1	95.2
• Ages 25 months-6 years (in past year)	83.1	87.7
• Ages 7-11 (in past 2 years)	86	90.9
• Ages 12-19 (in past 2 years)	82.8	89.6
- % of children by 15 months receiving 6 or more well-child visits	48.9	60.8
- % of children ages 3-6 with one or more well-child visits	55.8	68
- % of adolescents ages 12-21 receiving 1 well care visit	32.6	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	61	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	44.2	70.3
- % of sexually active women ages 16-20 screened for chlamydia	47.7	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	16.2	20.8
- % of children ages 3-17 whose BMI was documented in medical records	53.7	61.2
- % of children ages 1-20 with at least 1 preventive dental service	53.1	48.2

Pediatric Preventive Care Financial Incentives, 2016	NM	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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