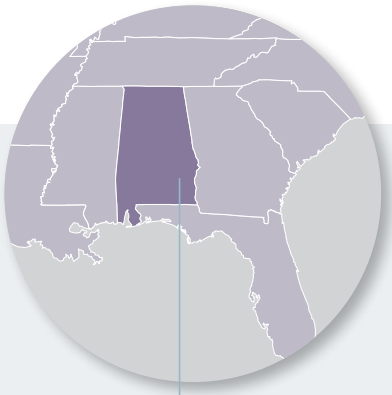
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



ALABAMA (AL)

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

Alabama'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 Alabama'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. Alabama'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 July 2018.

Summary of Findings

- Alabama's 2018 EPSDT periodicity schedule calls for 2 fewer visits than recommended by Bright Futures/AAP. The state's EPSDT screening requirements do not follow Bright Futures.
- The state's medical necessity definition, defined below, incorporates a preventive care purpose.
  - "Medical Necessity" or "Medically Necessary Care" means any health care service, intervention, or supply (collectively referred to as "service") that a physician (or psychologist, when applicable), exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness [including mental illnesses and substance use disorders], injury, disease, condition, or its symptoms, in a manner that is:
    - in accordance with generally accepted standards of medical practice;
    - clinically appropriate in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury, disease, or condition;
    - in accordance with medical necessity "guidelines/references" in Agency's Administrative Code, State Plan, and Provider Manual;
    - not primarily for the convenience of the patient or Provider;
    - not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, disease, or condition;
    - the service is not contraindicated; and
    - the Provider's records include sufficient documentation to justify the service.

    For these purposes, "generally accepted standards of medical practice" means:
    - Standards that are based on credible scientific evidence published in peer reviewed medical literature generally recognized by the relevant medical community are required when applicable; or
    - Alternatively, may consider physician specialty society recommendations [clinical treatment guidelines/guidance] and/or the general consensus of physicians practicing in relevant clinical areas.

    Application of medical necessity is unique with regard to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit/services. All full benefit eligible Medicaid enrollees under age twenty-one (21) may receive EPSDT benefit/services in accordance with sections 1905(a) and 1905(r) of the Social Security Act. Included are services identified as a result of a comprehensive screening visit or an inter-periodic screening, regardless of whether or not they are ordinarily covered for all other Medicaid Enrollees. Additionally, all services necessary to correct or ameliorate a physical or mental illness or condition are included. The fact that a Provider has prescribed, recommended, or approved services does not, in itself, make such services medically necessary, a medical necessity, or a Covered Service. At the Agency's request, the Provider must submit the written documentation to comply with "generally accepted standards of medical practice" as defined within the medical necessity definition. Experimental and cosmetic procedures are only allowed in limited circumstances as outlined in Agency's Administrative, Code Chapter 6, Rule No. 560-X-6-.13 Covered Services: Details on Selected Services.
- According to CMS, in 2016, Alabama selected all 10 pediatric preventive care measures in the Child Core Set.
- Alabama's preventive care performance rates were higher the national average, as shown in the table below, for well child visits for infants in 1st 15 months, adolescent immunizations, HPV vaccinations, chlamydia screening, and preventive dental services. The following pediatric preventive care measures were lower than the national average: PCP visits, well care visits for children 3 to 6 years of age and adolescents ages 12 to 21, childhood immunizations, and BMI documentation.
- Alabama has several pediatric preventive care performance improvement projects underway related to behavioral health screening, BMI screening, lead screening, immunizations, well child and adolescent visits, and oral health.

Promising Practices

Alabama Medicaid has established EPSDT Care Coordination to ensure that eligible children and families have needed opportunities to maximize their health and development. The Medicaid agency and the Department of Public Health have partnered to operate this effort, which includes follow-up of children who are behind on EPSDT visits, working closely with private and public providers. In addition, EPSDT care coordinators also receive referrals from physicians and dentists regarding medically at risk clients. They also assist in providing non-emergency transition and in recruiting private providers into Medicaid's EPSDT program.

Comparison of AL EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	
NS =	Not specified
U =	Universal (all screened)
S =	Selective (only those of higher risk screened)
U/S =	Universal and selective requirements
X =	Required
X+ =	Perform if unknown
S =	Subjective by standard testing methods
O =	Objective by standard testing methods
A =	Annually

See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	AL EPSDT	Bright Futures
- Birth through 9 months	6	7
- 1 through 4 years	6	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	AL EPSDT	Bright Futures
Infancy (Birth-9 months)		
- Length/height & weight	X	U
- Head circumference	X	U
- Weight for length	NS	U
- Blood pressure	NS	S
- Vision	S	S
- Hearing	S	U/S
- Developmental screening	S/X	U
- Developmental surveillance	S/X	U
- Psychosocial/behavioral assessment	S	U
- Maternal depression screening	NS	U
- Newborn blood screening	X+	U
- Critical congenital heart screening	NS	U
- Anemia	X	S
- Lead	S	S
- Tuberculosis	S	S
- Oral health	U/S	U/S
- Fluoride varnish	S	U
- Fluoride supplementation	NS	S

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

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See Bright Futures/AAP Periodicity Schedule for complete information.

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

**Recommended Health Education Counseling Topics from 14-21 years.

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Alabama'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	AL	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	92.2	95.2
• Ages 25 months-6 years (in past year)	84.3	87.7
• Ages 7-11 (in past 2 years)	88.2	90.9
• Ages 12-19 (in past 2 years)	85.7	89.6
- % of children by 15 months receiving 6 or more well-child visits	61.3	60.8
- % of children ages 3-6 with one or more well-child visits	60.3	68
- % of adolescents ages 12-21 receiving 1 well care visit	42.2	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	67.5	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	73.9	70.3
- % of sexually active women ages 16-20 screened for Chlamydia	57.9	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	25.2	20.8
- % of children ages 3-17 whose BMI was documented in medical records	6.9	61.2
- % of children ages 1-20 with at least 1 preventive dental service	49.5	48.2

Pediatric Preventive Care Financial Incentives, 2016	AL	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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This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under UC4MC28034 Alliance for Innovation on Maternal and Child Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.